



**SONOMA VALLEY HEALTH CARE DISTRICT  
BOARD OF DIRECTORS**

**AGENDA**

**THURSDAY, MAY 5, 2022**

**REGULAR SESSION 6:00 P.M.**

**HELD VIA ZOOM VIDEOCONFERENCE ONLY**

**To participate via Zoom videoconferencing  
use the link below:**

<https://sonomavalleyhospital-org.zoom.us/j/95035482044?pwd=enBpRWIyYkNlbENlYkdqbWFvRmZTUT09>

**and enter the Meeting ID: 950 3548 2044, Passcode: 668583**

**To participate via telephone only,  
dial: 1-669 900 9128 or 1-669 219 2599**

**and enter the Meeting ID: 950 3548 2044, Passcode: 668583**

<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Jenny Fontes at <a href="mailto:jfontes@sonomavalleyhospital.org">jfontes@sonomavalleyhospital.org</a> at least 48 hours prior to the meeting.</p>	<b>RECOMMENDATION</b>		
<b>AGENDA ITEM</b>			
<p><b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p><b>1. CALL TO ORDER</b></p>	<p><i>Rymer</i></p>		
<p><b>2. PUBLIC COMMENT</b> <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p><b>3. BOARD CHAIR COMMENTS</b></p>	<p><i>Rymer</i></p>		
<p><b>4. CONSENT CALENDAR</b></p> <ul style="list-style-type: none"> <li>a. Board Minutes 04.07.22</li> <li>b. Finance Committee Minutes 03.22.22</li> <li>c. Quality Committee Minutes 03.23.22</li> <li>d. Governance Committee Minutes 03.16.22</li> <li>e. Resolution 362: Brown Act Amendment AB 361 -Flexibility for Virtual Meetings</li> <li>f. Policy and Procedures</li> <li>g. Medical Staff Credentialing</li> </ul>		<p>Action</p>	
<p><b>5. HCA-SEISMIC DISCUSSION, BRYAN BUCKLEW, PRESIDENT &amp; CEO, HOSPITAL COUNCIL, NORTHERN &amp; CENTRAL CALIFORNIA, SACRAMENTO</b></p>	<p><i>Bryan Bucklew</i></p>	<p>Inform</p>	

<b>6. CEO REPORT</b>	<i>Hennelly</i>	Inform	
<b>7. HUMAN RESOURCES ANNUAL REPORT</b>	<i>McKissock</i>	Inform	
<b>8. ODC UPDATE</b>	<i>Drummond</i>	Inform	
<b>9. FINANCE COMMITTEE QUARTERLY REPORT</b>	<i>Boerum</i>	Inform	
<b>10. FINANCIALS FOR MONTH END MARCH 2022</b>	<i>Armfield</i>	Inform	
<b>11. GOVERNANCE COMMITTEE RECOMMENDATIONS</b> <ul style="list-style-type: none"> <li>• <b>Format &amp; Instruction for Preparing Board Letters</b></li> <li>• <b>Investment Policy</b></li> <li>• <b>MOU- SVHCD – SVHF</b></li> <li>• <b>Guideline for BOD Meeting Minutes</b></li> <li>• <b>Board Committee Selection Process Policy</b></li> <li>• <b>Composition of Standing Committees</b></li> </ul>	<i>Boerum/Bjorndal</i>	Action	
<b>12. BOARD COMMENTS</b>	<i>Board Members</i>	Inform	
<b>13. ADJOURN</b>	<i>Rymer</i>		

Note: To view this meeting you may visit <http://sonomatv.org/> or YouTube.com.



**SONOMA VALLEY HEALTH CARE DISTRICT  
BOARD OF DIRECTORS' REGULAR MEETING**

**MINUTES**

THURSDAY, APRIL 7, 2022

**HELD VIA ZOOM VIDEOCONFERENCE**

	<b>RECOMMENDATION</b>	
<b>SONOMA VALLEY HOSPITAL BOARD MEMBERS</b> 1. Joshua Rymer, Chair, Present 2. Judith Bjorndal, First Vice Chair, Present 3. Michael Mainardi, Second Vice Chair, Present 4. Bill Boerum, Treasurer, Present 5. Susan Kornblatt Idell, Secretary, Present		
<b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER</b>	<i>Rymer</i>	
The meeting was called to order at 6:00 p.m.		
<b>2. PUBLIC COMMENT ON CLOSED SESSION</b>	<i>Rymer</i>	
None		
<b>3. CLOSED SESSION</b>	<i>Rymer</i>	
a. Calif. Government Code §54956.9(d)(1): Conference Regarding Existing litigation – One Potential Case		
<b>4. REPORT ON CLOSED SESSION</b>	<i>Rymer</i>	
The closed session was held to discuss pending litigation.		
<b>5. PUBLIC COMMENT</b>	<i>Rymer</i>	
None		
<b>6. BOARD CHAIR COMMENTS</b>	<i>Rymer</i>	
None		
<b>7. CONSENT CALENDAR</b>	<i>Rymer</i>	Action
a. Board Minutes 03.03.22 b. Finance Committee Minutes 02.22.22 c. Quality Committee Minutes 02.23.22 d. Governance Committee Minutes 02.16.22 e. Resolution 362: Brown Act Amendment AB 361 Flexibility for Virtual Meetings f. Policy and Procedures g. Medical Staff Credentialing		<b>MOTION:</b> by Kornblatt Idell to approve, 2 <sup>nd</sup> by Bjorndal. All in favor.
<b>8. LA LUZ – LEONARDO LOBATO</b>	<i>Lobato</i>	Inform
Mr. Leonardo Lobato reviewed his 2022 La Luz Center presentation which focused on short-term and long-term success. La Luz's vision is to have one Sonoma Valley working together where "all have equal opportunity for success," and its mission is to "strengthen communities" through family services, economic advancement, and community		

<p>engagement. La Luz’s aspiration is to provide every Latino in Sonoma Valley with at least one program every year and to help with objectives for themselves and their families. Strategies include, family services, economic advancement, community engagement, and organization. This can be accomplished through values and commitment, family, community, and by having an open mind and cultural sensitivity. Dr. Mainardi said he served on the BOD at the Community Health Center. One of the issues for Latino families was transportation for visits. Mr. Lobato said La Luz conducted a needs assessment, and transportation came up as being an issue. La Luz is working on solving the problem.</p>		
<p><b>9. CHIEF OF STAFF REPORT</b></p>	<p><i>Dr. Solomon</i></p>	<p>Inform</p>
<p>Dr. Solomon reviewed the Chief of Staff Report. He reported on the current medical staff by numbers and medical staff quality. He said Sonoma Valley Hospital is continuing to attract good physicians. Measures taken to enhance quality and improve experience include rounding by hospitalists at patient bedsides with a nurse and case manager. There are new measures in place to perform family meetings, and hospitalist have a dedicated chair they use to sit with patients. Dr. Solomon reviewed HCAPs in patient physician scores. Improved scores include communication between the doctor and patient, doctors listening carefully, and explaining ways you understand. Mr. Rymer said outpatient surgery is going to be a big growth area in the hospital’s future, he stressed the importance of follow up appointments after surgery. Dr. Solomon said they are focusing on improving outpatient surgery scores and expectations after surgery. He said medical staff meetings are well attended, their focus remains on attracting talented surgeons, and medical staff needs are underway. Mr. Rymer thanked Dr. Solomon for bringing a positive culture to the medical staff and Mr. Boerum expressed his concern about the utilization rate. Dr. Solomon said there is room to grow, and the focus is still on recruiting new surgeons.</p>		
<p><b>10. ODC UPDATE</b></p>	<p><i>Drummond</i></p>	<p>Inform</p>
<p>Ms. Drummond reported on the Outpatient Diagnostic Center (ODC). She reviewed milestones from March to July 2022. March milestones were met. Construction will begin, and project risks will be determined in May. The plan is that by the end of July construction will be complete, the architect will sign off on inspection, and HCAI will approve occupancy. Mr. Rymer questioned project risks and what might happen to plans should the project go off course. Ms. Drummond said they are working with HCAI to get only critical items they need done. If exhaust fan or electrical coordination need remediation, the goal is to get that done after occupancy. Ms. Drummond reviewed the CT suite remodel update. Forecast for CT occupancy as of 4/1/22 is \$844k, without project risks.</p> <p>Ms. Drummond reported on the MRI Suite Remodel Update. She reviewed milestones from March to July 2022. Vertran and the architect will be issuing the RFP for the contractor. A delivery model decision will be made in April and the bid package will be issued in May. In July the demolition is expected to be complete, the architect on board, and they will begin to amend the plan. Ms. Drummond reviewed the MRI</p>		

cost breakdown and approved costs. Additional costs will be brought to the Board as the project develops.		
<b>11. CT CONTRACT APPROVAL FOR GENERAL CONTRACTOR</b>	<i>Hennelly</i>	Action
		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Mainardi. All in favor.
<b>12. ANESTHESIA MACHINES QUOTE FOR APPROVAL</b>	<i>Hennelly</i>	Action
Mr. Hennelly reviewed the Anesthesia Machines Quote. The Foundation will be funding the new anesthesia machines. They are an upgrade to what the hospital has been using and will communicate with EPIC. Three machines are being purchased for three separate rooms.		<b>MOTION:</b> by Idell Kornblatt to approve, 2 <sup>nd</sup> by Bjorndal. All in favor.
<b>13. BRIDGE LOAN RESOLUTION 365</b>	<i>Dungan</i>	Action
Ms. Dungan reviewed the Bridge Loan Resolution 365. The hospital was approved for a second loan. The loan has the same terms as the previous loan. A two-year term, balloon payment at the end, zero percent interest, with a 1% administrative fee. Mr. Rymer mentioned the state may forgive the loan.		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Mainardi. All in favor.
<b>14. FY 2023 BUDGET UPDATE</b>	<i>Dungan</i>	Inform
FY 2023 Budget Update was not discussed at this meeting.		
<b>15. ENGAGE AUDITORS MID-YEAR REVIEW</b>	<i>Dungan</i>	Inform
Engage Auditors Mid-Year Review was not discussed at this meeting.		
<b>16. FINANCIALS FOR MONTH END FEBRUARY 2022</b>	<i>Dungan</i>	Inform
Mr. Dungan reviewed the Financials for Month End February 2022. Days cash on hand were 58.5, A/R days were 40.8, A/P was \$4.4M. EBDA was -13.8%. Ms. Dungan reviewed the cash projections; operating cash was \$9.2M.		
<b>17. CEO REPORT</b>	<i>Hennelly</i>	
Mr. Hennelly reviewed his CEO report. He said they are working to counter expense inflations with revenue increases. The staff continue to perform well according to the performance score card.		
<b>18. DISCUSSION ABOUT RETURNING TO IN-PERSON MEETINGS</b>	<i>Rymer</i>	
Mr. Rymer discussed returning to in-person meetings. Dr. Mainardi expressed his concern about returning to in-person meetings with a formal letter. In-person Board meetings will continue virtually. Ms. Fontes will research the capability for hybrid meetings (for both board members and the public) in the City Council meeting room on 1 <sup>st</sup> Street West where all in-person Board Meetings are held.		
<b>19. BOARD COMMENTS</b>	<i>Board Members</i>	
None		
<b>20. ADJOURN</b>	<i>Rymer</i>	

Adjourned at 7:52 pm



**SVHCD  
FINANCE COMMITTEE MEETING  
MINUTES  
TUESDAY, MARCH 22, 2022  
Via Zoom Teleconference**

Present	Not Present/Excused	Staff	Public	
Bill Boerum via Zoom Joshua Rymer via Zoom Catherine Donahue via Zoom Bruce Flynn via Zoom Subhash Mishra (MD) via Zoom Art Grandy via Zoom Peter Hohorst via Zoom Wendy Lee via Zoom	Carl Gerlach	Ben Armfield via Zoom Sarah Dungan via Zoom Jenny Fontes via Zoom John Hennelly via Zoom	Judy Bjorndal (MD) via Zoom	
AGENDA ITEM		DISCUSSION	ACTIONS	FOLLOW-UP
<b>MISSION &amp; VISION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>		<i>Boerum</i>	Action	
		Called to order at 5:00 p.m. Mr. Boerum requested a vote to approve adding item #4, GMH Contract Review as an Emergency item. Mr. Boerum said ODC Contract review will be a standing item on the Finance Committee agendas.	<b>MOTION:</b> by Rymer to approve adding GMH Contract Review as Emergency item, 2 <sup>nd</sup> by Flynn. All in favor.	
<b>2. PUBLIC COMMENT SECTION</b>		<i>Boerum</i>		
		None		
<b>3. CONSENT CALENDAR (ACTION)</b>		<i>Boerum</i>	Action	
a. Finance Committee Minutes 02.02.22			<b>MOTION:</b>	

		by Grandy to approve, 2 <sup>nd</sup> by Rymer. All in favor.	
<b>4. GMH CONTRACT REVIEW – Added as Emergency Item</b>		Inform	
	<p>Mr. Hennelly discussed the GMH Contract Review and presented his ODC Contract Update slides. He mentioned the CT and MRI are two separate projects. He said they are direct contracting with GMH to work with architects SKA on CT phase 1, estimate \$425K. After work is complete, the goal is to have HCAI provide occupancy for use of CT. In the contract there are contingency's, performance incentives, a liquidated damages clause, and exclusions for exhaust fan work and phase 2 work. Ms. Lee does not believe a 1K per day penalty for delayed work is enough and suggests escalating penalties. Mr. Hohorst inquired about the cost of removing asbestos and if that has been considered. Mr. Hennelly said there is an allowance of 5k if there needs to be any asbestos removal. Mr. Rymer asked about the impact of liquidated damages for exhaust fan work, and if there are incentives or penalties if they must do the fan work. Mr. Hennelly mentioned it is not included in the schedule, but the contract talks about unforeseen circumstances that they will revisit. Ms. Lee asked about the language of the penalties, and if the penalties of days slippage is by activity line item, or total phase 1. Mr. Hennelly said it is structured by the failure to deliver the project on 6/24. He mentioned the Project manager is currently Vertran. They are in the process of recruiting an internal Project Manager. Ms. Donahue suggested having the total project budget</p>		



	presented at the meetings to view the unknowns that come up and how much the estimates are to complete them.		
<b>5. BRIDGE LOAN RESOLUTION 365</b>	<i>Dungan</i>	Action	
	Ms. Dungan reviewed the Bridge Loan Resolution 365. The bridge loan is for a total of \$300,487.45, a 2-year term with balloon payment at the end of term, 0% interest, with a 1% admin fee.	<b>MOTION:</b> by Flynn to approve, 2 <sup>nd</sup> by Grandy. All in favor.	
<b>6. FY 2023 BUDGET UPDATE</b>	<i>Dungan</i>	Inform	
	Ms. Dungan discussed the FY 2023 Budget Update. Ms. Dungan said the meetings have started and Mr. Armfield has attended all the meetings. They did contract with a 3 <sup>rd</sup> party to do wage analysis; the results will be done in May.		
<b>7. ENGAGE AUDITORS MID-YEAR REVIEW</b>	<i>Dungan</i>	Inform	
	Ms. Dungan will be reaching out to the accounting firm to begin a 1231 analysis of the net AR.		
<b>8. DISCUSS LOAN BALANCE PAYDOWN</b>	<i>Boerum</i>	Inform	
	Mr. Boerum began the discussion of the loan balance paydown. He asked what Mr. Dungan's recommendation is regarding paying down the loan to save interest charges, as a tradeoff between available cash and interest. Ms. Dungan said she likes having the cash reserve for emergencies, and with the implementation of Epic, the new ERP system and ODC, she would like to have the cash reserve. However, there is an opportunity to pay down the line of credit with the ability to draw on the cash if needed. Ms. Donahue would like the new CFO to develop a cash management strategy. Mr. Hohorst mentioned the excess cash is in a money market firm gaining interest, it is a difference in the two		

	interest rates that make a difference. He believes with the uncertainty in the economy it would be a risk to be short of cash. Ms. Dungan will share the LOC agreements with the committee.		
<b>9. FINANCIAL REPORT FOR MONTH END FEBRUARY 2022</b>	<i>Dungan</i>	Inform	
	Ms. Dungan reported outpatient and ER volumes were up in February. The cash collection was under goal in February. Days cash on hand were 58.5, A/R days were 40.8, A/P was \$4.4M, A/P days were about 52 to 53.		
<b>10. ADJOURN</b>	<i>Boerum</i>		
	Meeting adjourned at 5:58 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE  
March 23, 2022 5:00 PM**

**MINUTES**

**Via Zoom Teleconference**

<b>Members Present – Via Zoom</b>	<b>Members Present cont.</b>	<b>Excused</b>	<b>Public/Staff – Via Zoom</b>
Michael Mainardi, MD Susan Kornblatt Idell Carol Snyder Ingrid Sheets		Howard Eisenstark	John Hennelly, CEO Ako Walther, MD Kylie Cooper, Quality and Risk Mgmt Mark Kobe, CNO Judy Bjorndal, Board Member Jenny Fontes, Board Clerk and EA

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Kornblatt Idell</i>	
	Meeting called to order at 5:01 p.m.	
<b>2. PUBLIC COMMENT</b>	<i>Kornblatt Idell</i>	
	None	
<b>3. CONSENT CALENDAR</b>	<i>Kornblatt Idell</i>	<b>ACTION</b>
<ul style="list-style-type: none"> <li>QC Minutes 02.23.22</li> </ul>		<b>MOTION:</b> by Mainardi to approve, 2 <sup>nd</sup> by Snyder. All in favor.
<b>4. RECRUITMENT OF QC BOARD MEMBER</b>	<i>Kornblatt Idell</i>	
	Currently, there are seven members in Quality Committee, four which are public members. Dr. Mainardi suggests leaving one slot available for Board members to transition back to their committee when they leave the Board. He said we currently have room for another member and if the person is qualified the Quality Committee should consider it. Ms. Snyder suggested advertising the committee positions in the newspaper, and Ms. Sheets suggested reaching out to the high school to talk about community service at the hospital.	

5. ANNUAL QUALITY DEPARTMENT REVIEW	<i>Cooper</i>	
	<p>Ms. Cooper presented the Annual Quality Department review for year-end 2021. Quality success in 2021 included low benchmark rates in mortality, falls with injury and percent of readmissions, and the hospital exceeded measures for stroke care each month. Ms. Cooper reviewed Opportunity for improvements in 2022, including an opportunity to decrease LOS, improve sepsis measures, and 2022 patient satisfaction. She gave an overview of Quality department re-alignment, data abstraction, clinical quality review, Covid-19 support, peer review support, grievance/risk management support, clinical quality support, QIP partnership reward (for Medi-cal recipients of care/2020 data), and upgraded statit and administrative dashboards.</p>	
6. QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Cooper/Kobe</i>	
	<p>Ms. Cooper reviewed the Quality Indicator Performance and Plan for February 2022, which included mortality, AHRQ patient safety indicators, patient falls, readmissions, blood culture contamination, CIHQ stroke certification measures, utilization management, core measures, core measures sepsis, and infection prevention. Mr. Kobe reviewed the inpatient patient satisfaction and ambulatory surgery patient satisfaction.</p>	
7. POLICIES AND PROCEDURES	<i>Cooper</i>	Review/ Recommend
	<p><i>Ms. Cooper reviewed the following policies:</i>  <b><u>Policies with changes made:</u></b>  Code of Ethics  Hepatitis B Vaccination Program  MRI Code Blue Procedure  NEW: COVID-19 Mandatory Vaccination  NEW: COVID 19 State and Federal Reporting  RETIRE -Notifiction Form_DOWNTIME event reporting  Radiologist Availability 7630-223  RETIRE-Aerosol Therapy Procedure  RETIRE: Radiation Safety Post Injection of Radioisotopes 7630-217  RETIRE - Suicide Risk Lethality Assessment Tool  Virtual Radiology Services</p>	

	<p><b><u>Policies with no content changes made:</u></b>  Bio-Ethical Issues  Certification of Technologists 7630-238  Contrast Extravasation 7630-121  Contrast Media Procurement and Storage 7630-123  Disclosure of Adverse Events or Unanticipated Outcomes  Filming and Recording of Patients  Handoff Communications with HealthCare Providers-SBAR  Peer Review and Focused Professional Practice Evaluation  Portable Fluoroscopy Usage Policy and Procedure 7630-210  Radiation Protection for Patients  Radiography in the Surgical Suite</p>	
<b>8. CLOSED SESSION/REPORT ON CLOSED SESSION</b>	<i>Kornblatt Idell</i>	
a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Medical Staff Credentialing was reviewed and approved.	<b>MOTION:</b> by Mainardi to approve, 2 <sup>nd</sup> by Snyder. All in favor.
<b>9. ADJOURN</b>	<i>Kornblatt Idell</i>	
	5:51 pm	



**SVHCD GOVERNANCE  
COMMITTEE MEETING  
MINUTES**

**WEDNESDAY MARCH 16, 2022**

<b>Present</b>	<b>Not Present</b>	<b>Staff</b>	<b>Public</b>	
Bill Boerum via Zoom Judith Bjordal via Zoom Amy Jenkins via Zoom		Jenny Fontes via Zoom		
<b>AGENDA ITEM</b>	<b>DISCUSSION</b>		<b>ACTIONS</b>	<b>FOLLOW-UP</b>
<b>MISSION &amp; VISION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Boerum</i>			
	Called to order at 6:01 p.m.			
<b>2. PUBLIC COMMENT SECTION</b>	<i>Boerum</i>			
	None			
<b>3. CONSENT CALENDAR</b>	<i>Boerum</i>		Action	
Governance Committee Minutes 02.16.22			<b>MOTION:</b> by Bjordal to approve, 2 <sup>nd</sup> by Jenkins. All in favor.	
<b>4. REVIEW COMPOSITON OF STANDING COMMITTEES</b>	<i>Boerum</i>			
	<p>The committee reviewed the Composition of Standing Committee document. Changes and revisions were made. The revisions will be submitted to the Board for approval.</p> <p>1. Audit Committee: The Committee observed that there is an even-number of members (4) on the Audit Committee. The Board may wish to consider appointing an additional member(s) in the event there is ever a tie vote.</p>			

	<p>2. Governance Committee: The Committee discussed whether a desired skill set should be established for Governance Committee members but did not make any recommendations for Board consideration at this time.</p> <p>3. Audit Committee, Finance Committee, and Governance Committees: The Committee observed that there are no term limits for appointees on Standing Committees. The Board may wish to consider whether term limits are appropriate.</p>		
<b>5. IDENTIFY SKILL SETS OF COMMITTEE MEMBERS &amp; CORRECT PROCEDURES</b>	<i>Boerum</i>		
	The committee reviewed the skills sets of committee members and correct procedures in the Composition of Standing Committee document. Changes and revisions were made. The revisions will be submitted to the Board for approval.		
<b>6. REVIEW DISTRICT BY LAWS</b>	<i>Boerum</i>		
	The Committee decided the District by Laws do not need to be reviewed at this time.		
<b>7. ADDITIONAL POLICY REVIEWS AND POLICY UPDATE PLANNING</b> <ul style="list-style-type: none"> <li>• GUIDELINES FOR BOARD MEETING MINUTES</li> <li>• BOARD COMMITTEE SELECTION PROCESS</li> <li>• CONFLICT OF INTEREST</li> </ul>	<i>Boerum</i>		
	<ul style="list-style-type: none"> <li>• There was one minor typo recognized in the Guidelines for Board Meeting minutes, no other changes were needed. The next review will be in three years, or when necessary.</li> <li>• The Board Committee Selection Process policy was reviewed and revised. The changes will be submitted to the Board for approval.</li> <li>• Consult with HR regarding Appendix “A” in Conflict of Interest, versus Org Chart.</li> </ul>		

<b>8. PLAN NEXT BOARD RETREAT</b>	<i>Boerum</i>		
	Spring retreat will be a Strategy off-sight discussion. The retreat will be held at the Sonoma Golf Club on May 11, 2022, from 9am – 1pm.		
<b>9. ADJOURN</b>			
	Adjourned at 7:22 p.m.		



RESOLUTION NO. 362

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE SONOMA VALLEY HEALTHCARE DISTRICT PROCLAIMING A LOCAL EMERGENCY PERSISTS, RE-RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY AB361, AND RE-AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF THE LEGISLATIVE BODIES OF SONOMA VALLEY HEALTHCARE DISTRICT FOR THE PERIOD OCTOBER 1<sup>ST</sup>, 2021 TO OCTOBER 31<sup>ST</sup>, 2021 PURSUANT TO BROWN ACT PROVISIONS.

WHEREAS, the SONOMA VALLEY HEALTHCARE DISTRICT is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of SONOMA VALLEY HEALTHCARE DISTRICT's legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District's legislative bodies conduct their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provision for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the District's boundaries, caused by natural, technological or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, as a condition of extending the use of the provisions found in section 54953(e), the Board of Directors must reconsider the circumstances of the state of emergency that exists in the District, and the Board of Directors has done so; and

WHEREAS, emergency conditions persist throughout the State of California, specifically, where the governor of the state signed emergency legislation to permit the continued use of online and teleconferencing for public meetings in AB361; and

WHEREAS, COVID-19 continues to circulate in moderate to serious levels across the County and the District; and

WHEREAS, SONOMA VALLEY HOSPITAL maintains strict social distancing and vaccination requirements throughout its facilities; and

WHEREAS, SONOMA VALLEY HEALTHCARE DISTRICT acts as role model for safe behavior for the community; and

WHEREAS, Sonoma County's Public Health Officer has strongly recommended that, in compliance with Government Code 54953(e), local government agencies continue to hold public meetings via online and via teleconference (<https://socoemergency.org/recommendation-of-the-health-officer-public-meetings/>); and

WHEREAS, SONOMA VALLEY HEALTHCARE DISTRICT Chief Medical Officer has recommended that all public meetings be conducted online or via teleconference to minimize the risk of COVID-19 transmission; and

WHEREAS, the Board of Directors does hereby find that the ongoing pandemic and need to maintain social distance in public gatherings would create an unnecessary risk to staff, board members and the public, has caused, and will continue to cause, conditions of peril to the safety of persons within the District that are likely to be beyond the control of services, personnel, equipment, and facilities of the District, and desires to affirm a local emergency exists and re-ratify the proclamation of state of emergency by the Governor of the State of California; and

WHEREAS, as a consequence of the local emergency persisting, the Board of Directors does hereby find that the legislative bodies of SONOMA VALLEY HEALTHCARE DISTRICT shall continue to conduct their meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and that such legislative bodies shall continue to comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, all Sonoma Valley Healthcare District Board and Committee meetings will be fully noticed and agenzied in compliance with the Brown Act and accessible to all via video conference. In addition, public comment will be permitted up to and including during the public comment portion of each meeting.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF SONOMA VALLEY HEALTHCARE DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Affirmation that Local Emergency Persists. The Board of Directors hereby considers the conditions of the state of emergency in the District and proclaims that a local emergency persists throughout the District, and

WHEREAS, COVID-19 CONTINUES TO CIRCULATE IN MODERATE TO SERIOUS LEVELS ACROSS THE COUNTY, SONOMA VALLEY HOSPITAL MAINTAINS STRICT SOCIAL DISTANCING AND VACCINATION REQUIREMENTS IN ITS FACILITIES; AND,

WHEREAS THE COUNTY'S PUBLIC HEALTH OFFICER AND THE HOSPITAL'S CHIEF MEDICAL OFFICER RECOMMEND AGAINST HOLDING IN-PERSON, PUBLIC MEETINGS INDOORS.

Section 3. Re-ratification of Governor's Proclamation of a State of Emergency. The Board hereby ratifies the Governor of the State of California's Proclamation of State of Emergency, effective as of its issuance date of September 16<sup>th</sup> 2021.

Section 4. Remote Teleconference Meetings. The Chief Executive Officer and legislative bodies of SONOMA VALLEY HEALTHCARE DISTRICT are hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, continuing to conduct open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 5. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective until the earlier of (i) November 6<sup>th</sup>, 2021, or such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the legislative bodies of SONOMA VALLEY HEALTHCARE DISTRICT may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

PASSED AND ADOPTED by the Board of Directors of SONOMA VALLEY HEALTHCARE DISTRICT, this 5th day of May, 2022, by the following vote:

AYES:

NOES:

ABSENT: None

ABSTAIN: None

## Document Tasks by Committee

Listing of currently pending and/or upcoming document tasks grouped by committee.

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 04/29/2022 8:27 AM

### Report Parameters

**Filtered by:** Document Set: all applicable  
 Committee: 09 BOD-Board of Directors  
 Include Current Tasks: Yes  
 Include Upcoming Tasks: No

**Grouped by:** Committee

**Sorted by:** Document Name, Document Location

### Report Statistics

Total Documents: 18

**Committee:** 09 BOD-Board of Directors

**Committee Members:** Fontes, Jenny (jfontes), Newman, Cindi (cnewman)

### Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
<b>Conflict of Interest</b> <i>Governance and Leadership Policies</i>	Pending Approval	4/28/2022	1
Summary Of Changes: <b>Reviewed. No Changes</b> Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Cooper, Kylie (kcooper)</b> ExpertReviewers: <b>Armfield, Ben (barmfield)</b> Approvers: <b>Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Discharge Planning for the Homeless Patient</b> <i>Discharge Planning (DP)</i>	Pending Approval	4/28/2022	1
Summary Of Changes: <b>No substantial changes. changed taxi voucher system to hospital transportation vendor or ride-sharing service.</b> Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Kobe, Mark (mkobe)</b> Approvers: <b>Cooper, Kylie (kcooper) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>NEW:: COVID 19 State and Federal Reporting</b> <i>Governance and Leadership Policies</i>	Pending Approval	3/29/2022	31
Summary Of Changes: <b>NEW POLICY</b> <b>To formalize Sonoma Valley Hospital Policy and Procedure regarding mandated reporting metrics for COVID 19</b>  <b>WHY:</b> <b>During the Public Health Emergency, as defined in §400.200, the hospital must report information in accordance with a frequency as specified by the Secretary of the Department of Health and Human Services (HHS) on COVID-19 in a standardized format specified by the Secretary.</b>			

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 04/29/2022 8:27 AM

Listing of currently pending and/or upcoming document tasks grouped by committee.

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Cooper, Kylie (kcooper)  
 Approvers: 06 CMO/Designee for signature -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>NEW::Casirivimab-Imdevimab Monoclonal Antibody</b> <i>Medication Management Policies (MM)</i>	Pending Approval	4/28/2022	1
---	------------------	-----------	---

Summary Of Changes: **New Policy**  
**Purpose: To outline the procedure for determining eligibility, ordering, obtaining, and administering Casirivimab-Imdevimab under United States FDA Emergency Use Authorization.**

Accepted changes proposed in Board Quality Meeting and altered wording to make policy more generalized to COVID monoclonal antibody therapies and not to a specific one. Policy title has been changed to be more inclusive/generalized regarding therapies: NEW NAME: |||| COVID-19 Monoclonal Antibody Therapy||||

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Kutza, Chris (ckutza), Kobe, Mark (mkobe), Kidd, Sabrina (skidd), Cooper, Kylie (kcooper)  
 ExpertReviewers: Kobe, Mark (mkobe)  
 Approvers: 06 CMO/Designee for signature -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>NEW::Medicinal Cannabis Use in the Terminally Ill</b> <i>Patient Rights Policies (PR)</i>	Pending Approval	3/29/2022	31
---	------------------	-----------	----

Summary Of Changes: **NEW POLICY**  
**To formulate a policy that allows permission for terminally ill patients to use medicinal cannabis while in the care of Sonoma Valley Hospital as required by SB 311, known as the Compassionate Access to Medical Cannabis Act.**  
**WHY:**  
**Effective January 1, 2022, SB 311, known as the Compassionate Access to Medical Cannabis Act (the Act), requires general acute care hospitals to permit terminally ill patients to use medicinal cannabis while in the health care facility.**

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Kutza, Chris (ckutza), Cooper, Kylie (kcooper)  
 ExpertReviewers: Kutza, Chris (ckutza)  
 Approvers: 06 CMO/Designee for signature -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Peer Review and Focused Professional Practice Evaluation</b> <i>Medical Staff Policies (MS)</i>	Pending Approval	3/29/2022	31
---	------------------	-----------	----

Summary Of Changes: **Reviewed--only minor formatting changes.**

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Kobe, Mark (mkobe), Kidd, Sabrina (skidd), Cooper, Kylie (kcooper)  
 Approvers: 06 CMO/Designee for signature -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Policies and Procedures</b> <i>Governance and Leadership Policies</i>	Pending Approval	4/28/2022	1
---	------------------	-----------	---

Summary Of Changes: **Multiple changes due to new policy portal and work flows- will send through entire policy for approval**  
**Removed references to SNF and Birthplace.**

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 04/29/2022 8:27 AM

Listing of currently pending and/or upcoming document tasks grouped by committee.

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Newman, Cindi (cnewman), Cooper, Kylie (kcooper)  
 ExpertReviewers: 06 CMO/Designee for signature  
 Approvers: 06 CMO/Designee for signature -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Release of Information-Patient Requests</b> <i>HIM/Medical Records</i>	<b>Pending Approval</b>	4/28/2022	1
--	-------------------------	-----------	---

Summary Of Changes: Updated to comply with regulatory requirements of 21st Century CURES Act regarding patient access to and delivery of electronic health information.  
 Removed reference to charging for copies of records and invoicing, we no longer charge patients.  
 Updated processing time for requests from 14 days to 10 days to align with CURES Act notification timeline for exceptions.

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Pryszmant, Rosemary (rpryszmant)  
 Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>RETIRE::Committee Review Charts</b> <i>HIM/Medical Records</i>	<b>Pending Approval</b>	4/28/2022	1
--	-------------------------	-----------	---

Summary Of Changes: RETIRE::This policy is for paper records and no longer needed.

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Pryszmant, Rosemary (rpryszmant)  
 Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>RETIRE::Creating a Duplicate Medical Record</b> <i>HIM/Medical Records</i>	<b>Pending Approval</b>	4/28/2022	1
--	-------------------------	-----------	---

Summary Of Changes: RETIRE::This process is no longer applicable, specifically relates to paper charting.

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Pryszmant, Rosemary (rpryszmant)  
 Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>RETIRE::Emergency Room Record Processing</b> <i>HIM/Medical Records</i>	<b>Pending Approval</b>	4/28/2022	1
---	-------------------------	-----------	---

Summary Of Changes: Reviewed and retired. This process is for paper records and no longer needed.

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Pryszmant, Rosemary (rpryszmant)  
 Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>RETIRE::HIV Test Result Filing</b> <i>HIM/Medical Records</i>	<b>Pending Approval</b>	4/28/2022	1
---	-------------------------	-----------	---

Summary Of Changes: Reviewed and retired. This process is for paper records and no longer needed.

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Pryszmant, Rosemary (rpryszmant)  
 Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 04/29/2022 8:27 AM

Listing of currently pending and/or upcoming document tasks grouped by committee.

<b>RETIRE::Maintenance of Fetal Monitoring Tracings</b> <i>HIM/Medical Records</i>	<b>Pending Approval</b>	4/28/2022	1
Summary Of Changes: <b>Reviewed and retired. OB unit closed and process is for paper records, no longer needed.</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Pryszmant, Rosemary (rpryszmant)</b>			
Approvers: <b>Cooper, Kylie (kcooper) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE::Medical Record Availability</b> <i>HIM/Medical Records</i>	<b>Pending Approval</b>	4/28/2022	1
Summary Of Changes: <b>Reviewed and retired. This process is for paper records and no longer needed.</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Pryszmant, Rosemary (rpryszmant)</b>			
Approvers: <b>Cooper, Kylie (kcooper) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE::Medical Record Department Storage Area</b> <i>HIM/Medical Records</i>	<b>Pending Approval</b>	4/28/2022	1
Summary Of Changes: <b>Reviewed and retired. This process is for paper records and no longer needed.</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Pryszmant, Rosemary (rpryszmant)</b>			
Approvers: <b>Cooper, Kylie (kcooper) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE::Paragon HIS Chart Locator</b> <i>HIM/Medical Records</i>	<b>Pending Approval</b>	4/28/2022	1
Summary Of Changes: <b>Recommend retirement, obsolete practice with use of EHR.</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Pryszmant, Rosemary (rpryszmant)</b>			
Approvers: <b>Cooper, Kylie (kcooper) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE::Unit Medical Record</b> <i>HIM/Medical Records</i>	<b>Pending Approval</b>	4/28/2022	1
Summary Of Changes: <b>Reviewed and retired. This process is for paper records and no longer needed.</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Pryszmant, Rosemary (rpryszmant)</b>			
Approvers: <b>Cooper, Kylie (kcooper) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE::Unit Medical Record and Storage Locations</b> <i>HIM/Medical Records</i>	<b>Pending Approval</b>	4/28/2022	1
Summary Of Changes: <b>Reviewed and retired. This process is for paper records and no longer needed.</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Pryszmant, Rosemary (rpryszmant)</b>			

## Document Tasks by Committee

**Sonoma Valley Hospital**

Run by: Newman, Cindi (cnewman)

Run date: 04/29/2022 8:27 AM

Listing of currently pending and/or upcoming document tasks grouped by committee.

Approvers: **Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

---





To: SVHCD Board of Directors  
From: John Hennelly  
Date: 05.05.22  
Subject: Administrative Report

---

While continuing to prepare for any future wave of Covid, the hospital is in a period of relative calm. Public reporting indicates a rise in community infections over the past month. So far, that has not translated into a rise in hospital admissions. In addition to continued readiness related to Covid, the hospital is focused on preparing for the electronic health record (EHR) transition from Paragon to Epic.

The hospital's **quality** performance continues to be strong. Continued focus on effective communication with patients (insuring they understand and can participate in their plan of care) and adherence to protocol driven care is showing strong results. Patient survey results indicate a high degree of confidence in the care teams and the hospital.

March's **financial performance** continued the trend of missing targeted margin but far exceeding the past several year's performance. ED volume exceeded budget and is running 7% over FY21 YTD. Unlike over the winter, March's volumes are not exceptionally inflated by Covid. Outpatient surgery continues to exceed targets and FY21 performance. Inpatient volumes continue to underperform though acuity has been higher than anticipated correcting some of the gap. Outpatient and ED revenues continue to significantly outpace budget and prior year.

The **Outpatient Diagnostic Center (ODC) project** is on time and meeting the revised budget. The new architect and general contractor, tasked with finishing the CT installation, are performing well, finishing ahead of many of the scheduled milestones. The team is working with HCAI (OSHPD) to resolve the remaining air flow issues (EF6). I continue to expect occupancy for the CT in late summer. We are also beginning the discovery phase of the MR project with planning around demo and abatement underway. This work should be completed by mid-summer. Once complete, the complete project will go out to bid. As discussed, we will be issuing an RFP for design/build for this project.

The **EPIC** project continues toward December go live. Significant activity will begin in June.

## Update from 2025 Strategic Plan:

Strategic Priorities	Update
Enhance Quality and Services through the affiliation with UCSF Health	<ul style="list-style-type: none"> <li>➤ We continue to focus on building our relationship around provider recruitment               <ul style="list-style-type: none"> <li>○ GI</li> <li>○ Primary Care</li> </ul> </li> <li>➤ We are exploring contracting arrangements with various entities to create the best environment for recruiting physicians.</li> <li>➤ CMO recruitment is underway.</li> </ul>
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> <li>➤ The hospital continues to provide guidance to our community regarding Covid guidelines.</li> <li>➤ The hospital has expanded availability of testing to the community through the hospital drive through. Appointments still need to be referred by a primary care physician.</li> <li>➤ Phase 1 of the ODC is underway. Occupancy planned for late Summer.</li> <li>➤ Engagement continues with community groups and community members.</li> </ul>
Ensure Patients receive Excellent, Safe care	<ul style="list-style-type: none"> <li>➤ Covid screening protocols continue to be deployed throughout the hospital. Visitors are required to be fully vaccinated or show a negative PCR result. These protocols are reviewed every two weeks.</li> <li>➤ Implementation of Epic is in the data collection phase. Teams have begun meeting and gathering data. Go live scheduled for December 2022.</li> </ul>
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> <li>➤ The team continues to work on recruitment efforts to bring MDs to Sonoma. Focus currently on primary care and surgery.</li> </ul>
Be a Healthy Hospital	<ul style="list-style-type: none"> <li>➤ All staff must be vaccinated against Covid or have a waiver. SVH employees and medical staff are 98% vaccinated. Provision of a second booster to qualifying individuals is under way. Those without vaccines or boosters are either exempted or on leaves of absences.</li> </ul>

# SVH Performance Score Card

## 1. Quality and Safety

Objective	Target	FEB.22	MAR.22	Trend	Supporting detail
<b>Infection Prevention</b>					
Central Line Blood Stream Infection CLABSI per 10k pt days	<1	0.0	0.0	↔	
Catheter Associated Urinary Tract Infection- CAUTI per 10k pt days	<1	0.0	0.0	↔	
CDIFF Infection per 10k pt days	<0.9	0.0	0.0	↔	
<b>Safety</b>					
Patient Fall per 1000 pt days	<3.75	4.1	0.0	↑	
Patient fall with injury per 1000 pt days	<3.75	0.0	0.0	↔	
Surgical Site Infections per 1000 Acute Care Admissions	0.00	0.0	0.0	↔	

<b>Core Measures</b>					
Sepsis Early Management Bundle % compliant	>81%	66.7 (n=6)	100 (n=7)	↑	
Severe Sepsis 3 hour Bundle % compliant	>94%	83.3 (n=6)	100 (n=7)	↑	
Severe Sepsis 6 hr Bundle % compliant	100.00	80 (n=5)	100 (n=7)	↑	
Core OP 23- Head CT within 45 mins % compliant	100.00	100 (n=2)	N/A	↔	No qualifying cases in March

<b>Mortality</b>					
Acute Care Mortality Rate %	<15.3	2.1	3.2	↔	

<b>ED</b>					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	140 (n=31)	125 (n=25)	↑	
Core Op 22 ED Left without being seen LWBS	<2%	1.6	0.9	↑	

<b>PSI 90</b>					
PSI 90 Composite Acute Care Admissions	0.00	0.0	0.0	↔	

<b>Preventable Harm</b>					
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.1	0.1	↔	Target 0, Alarm set at 5.0

<b>Readmissions</b>					
Readmissions to Acute Care within 30 days %	<15.3	11.63	14.2	↓	Lower is better



## 2. Employees

Objective	Target	FEB.22	MAR.22	Trend	Supporting Detail
Turnover	<3%	0.6	1.1	↔	
Workplace Injuries	<20 Per Year	2 (QTR 1)	3 (QTR 1)	↔	Injuries reported per Quarter

## 3. Patient Experience

Objective	Target	JAN. 22	FEB. 22	Trend	Supporting Detail
<b>Outpatient Ambulatory Services</b>					
Recommend Facility	>50%	13 (n=17)	92 (n=28)	↑	
Communication	>60%	14 (n=17)	90 (n=28)	↑	
Discharge Instructions	>70%	99 (n=17)	76 (n=28)	↓	
<b>HCAHPS</b>					
Recommend the hospital	>50%	91 (n=12)	82 (n=9)	↓	
Communication with Nurse	>50%	99 (n=12)	71 (n=9)	↓	
Communication with Doctor	>50%	87 (n=12)	12 (n=9)	↓	
Cleanliness of Hospital	>50%	70 (n=12)	98 (n=9)	↑	
Communication about medicines	>60%	8 (n=12)	89 (n=9)	↑	First time in 6 months in green
Discharge Information	>50%	8 (n=12)	89 (n=9)	↑	First time in 6 months in green

## 4. Volume

Objective	Target	FEB.22	MAR.22	Trend	Supporting Detail
<b>Patient Visits</b>					
Emergency Visits	>750	665.0	730.0	↑	
Surgical Volume Outpatient	>80	91.0	107.0	↑	
Surgical Volume Inpatient	>13	16.0	16.0	↔	
Inpatient Discharges	>50	49.0	65.0	↑	

## 5. Financial

Objective	Target	FEB.22	MAR.22	Trend	Supporting Detail
EBDA in %	0.5	-13.8	-7.1	↑	
Days Cash on Hand month end	42	58.5	58.8	↑	
Net Revenue \$M	49	34.8	38.8	↑	

## Scorecard Definitions for Quality Metrics

### **Central Line Associated Blood Stream Infection (CLABSI)**

Blood stream infection found in a patient with a central line in place and has been >48 hours since admission.

### **Catheter Associated Urinary Tract Infection (CAUTI)**

Urinary tract infection found in a patient who has a catheter in place and has been >48hrs since admission.

### **CDIFF (Clostridium Difficile)**

Clostridium Difficile found from a stool sample in a patient that has been admitted >48hrs

### **Sepsis Early Management**

Obtain Blood Cultures BEFORE antibiotics

Administer Antibiotics

Obtain Lactate Level

Lactate Level repeated (if elevated)

### **Severe Sepsis 3 hour bundle**

All above included plus-

Administer 30ml/kg of crystalloid for hypotension or Lactate >4

Focused MD exam

### **Severe Sepsis 6 hour bundle (septic shock only)**

Lactate greater than 4 or

If persistent hypotension with 1 hour of fluid administration add Vasopressor

Shock reassessment by physician

### **Mortality**

Acute care mortality benchmark is derived from CMS 5-star rating benchmark which is 15.3%.

Our average mortality rate each month is around 2-6%, most of our deaths are expected and are related to palliative care/hospice patients.

### **PSI 90**

Summarizes patient safety across multiple indicators including-

Pressure Ulcers

Falls with Hip Fracture

Perioperative (while in surgery) complications

Postoperative complications

### **Preventable Harm**

Unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment), that requires additional monitoring, treatment or hospitalization, or that results in death. This is a percentage of risk events that have a significance level of minor-major harm.

Derived from the risk events entered into our risk reporting platform.

Examples of risk events are- patient falls, surgical complications, mis-diagnosis, repeat visits, code blue, AMA, transfers to other facilities, documentation issues.

Goal is 0. Alarm is set at 5.0 which is the benchmark set by UCSF and chosen by Dr Kidd

### **Readmissions**

Percentage of patients that get readmitted to the hospital within 30 days of discharge.



# **Human Resources Department**

# **Annual Report 2021**

**Prepared by: Lynn McKissock, Chief Human Resources Officer**

## **Introduction**

It is the mission & vision of Human Resources to develop, implement and support programs and processes that add value to the Hospital and its employees, while demonstrating commitment to our core values creating a healthy hospital and healthy work environment.

While the HR Department is responsible for several ongoing projects and programs, the purpose of this report is to highlight the specific goals and accomplishments during 2021. However, here is a quick look at the other projects/programs HR manages:

- ACA Reporting/Employee Statements
- New Hire Orientation Program
- Wellness Program
- Employee Service Awards
- Employee Education Programs (Annual & New Hires)
- Workplace Violence Prevention Program
- Compliance Program
- Annual Employee Health Screenings
- Open Enrollment & Benefit Plan Administration
- Compensation Plan Management
- Quality Assurance/Performance Improvement Reporting
- HR & Employee Health Policies & Procedures

The HR team experienced a staff reduction in 2021 with the retirement of our Education Coordinator and the departure of our Recruiter. Our HR Analyst & Wellness Coordinator, Meghan Healy, really stepped up and absorbed all of the Recruiter duties (and even improved the process along the way) and between the two of us, we have managed to sustain all HR services, including all the busy end-of-year projects, such as Open Enrollment, Employee Health Screenings, and ACA Reporting. However, after a long six or seven months of doing so, I am very pleased to announce that we have now added one more person to our team – Lisa White, as our HR Coordinator. Lisa has quickly proven to be a great asset to the team and we are already experiencing the benefit of her knowledge, skills, experience and professionalism, and are grateful to have her assistance! We continue our search for an Education Coordinator.

## **Goals & Accomplishments**

The goals we established for ourselves in 2021 included:

- The full Phase I implementation of our new HRIS (Sage People), with a focus on the Annual Performance Evaluations and the Benefits Administration modules.
- Develop and implement a formalized and structured selection and onboarding process to ensure consistency, fairness and efficiency in our process, but most importantly to ensure that we are selecting the best of the best to join our team(s) and who will support and uphold our goals and values.
- To further drive the effort of diversity education for all staff, with a focus on bringing awareness to unconscious biases and the importance to recognize and understand those biases and where they come from, as well as how to mitigate the progression and promote a culture of acceptance and inclusion.

### HRIS (Sage People) Phase I Implementation

We successfully launched the first-time use of our new HRIS platform for the completion of our employee Annual Performance Evaluation process. This new system allows for a “central repository” for all evaluations and eliminates the paper-bound process previously used. This new process still requires the completion of a Self Evaluation by all staff which is then “sent” to their direct manager for review and reference while completing their own evaluation for the employee. At that point, the process involves a face-to-face meeting between employee and manager to review and discuss the draft evaluation before finalizing. Once finalized, both the employee and the manager electronically sign the evaluation and it becomes a record that is stored in the system – easily retrievable by either party for review at a later date. Additionally, the system provides for the entry and tracking of Objectives. These can be established by the employee directly or assigned by the manager. They can have individual target completion dates and reminders established for periodic review and status updates.

The other part of Phase I involved the implementation of a Benefits Administration module. This is replacing our previous, separate system and brings employee benefit information onto one platform. This module seamlessly interfaces with all the employee data in the HRIS, thereby eliminating the “redundancy” of managing two different systems. The expected project completion date was delayed due to a few unforeseen circumstances, so the system did not go live in time for Open Enrollment for the 2022 benefit year, but it is now live and active as of early April this year.

### Selection & Onboarding Process

With the unexpected loss of HR staff, this project, unfortunately, had to be delayed. However, it remains a top priority and we will push forward on this in 2022.

### Diversity Education

We have been successful in our efforts to move forward diversity education for all staff. This has primarily been achieved through our online education system, HealthStream. All new hire staff receive a diversity education course to be completed in their first thirty (30) days and all staff receive a module on this topic in their annual education assignment. Additionally, we were able to hold a Leadership Development Institute (LDI) session in the Fall of 2021, attended by all Leadership. We brought in a speaker who facilitated an informative workshop complete with reproducible tools and takeaways to guide Leaders with continuing the conversation going forward within their own departments. Topics included: How to create a sense of belonging; how to be aware of blind spots, micro-behaviors, and micro-aggressions; how to be a better ally to your team members and each other; how to use the SWEEP coaching formula; and intervention techniques to become a bias interrupter.

### COVID-19 Response

Year two of managing through this pandemic continued to keep us all quite busy! Of course, the year started with the vaccination clinics for all employees and community members. The COVID ICC team continues to meet weekly to review and discuss current status and conditions within the County, the City of Sonoma, as well as within our own employee population.

We created a mandatory vaccination policy for the COVID Vaccine (and updated several times as regulations and recommendations changed). This policy includes the mandatory, twice-weekly testing

of all employees who have received an approved exemption from the vaccine. HR maintains the tracking of all employee vaccination status and compliance with testing and we are pleased to say that we maintain a 97% vaccination rate among our employee base.

As an organization, we decided to continue the COVID Paid Sick Leave benefit, even though the State ended this requirement in the early Fall. We felt it was important to continue to support staff and emphasize the importance of calling off work if they became symptomatic, without the risk of losing pay. We offered free testing and coordinated with our Infection Prevention team on maintaining and updating our Return to Work guidelines, which were strictly followed to ensure a safe work environment for all. In early 2022, the State reimplemented the requirement for all employers to provide COVID Paid Sick Leave through September 30, 2022. Happily, we are already in compliance.

In the Fall, during our Annual Employee Health Screenings, we offered the COVID-19 booster to all staff, and of course now, offer the 2<sup>nd</sup> booster to all staff that qualify. We are pleased to say that 98% of all staff eligible for the booster have received one.

#### Retirement Savings Plans

We successfully completed a significant change in our employee retirement savings plan benefit by changing our Plan Administrator to Empower Retirement. This change has provided employees with greater accessibility and management over their retirement savings funds through a state-of-the-art cloud-based platform. Employees can now directly manage any changes in their plan contributions, all electronically, as well as other account information, and benefit from lower administrative fees. We continue to partner with Securities America who provide us with excellent, expert resources and Financial Advisors that regularly meet one-on-one with employees to help them review and manage their accounts.

#### Staff Education

Our Education Coordinator (Bonnie) was on LOA the 1<sup>st</sup> Quarter of 2021, and then retired in the 3<sup>rd</sup> Quarter. We have been actively recruiting for her replacement, without success (yet). However, we have been able to keep staff education going – at least at the minimum levels.

Prior to Bonnie's departure, she was able to setup the Annual education assignments in HealthStream for 2021. This included all the regulatory-required training for all staff, as well as some specific topics for designated staff, such as Stroke training for our ED/ICU staff; MRI Safety for EVS and Engineering staff; Identifying and Treating Malignant Hyperthermia for Nursing & Respiratory Therapy staff; Organ & Tissue Donation for all RN's; and Preventing Sexual Harassment for all staff. We are pleased to report that 94% of staff completed these assignments as of the end of year.

Clinical New Hire Competencies are now managed by our clinical managers, for their own direct reports. Fortunately, Bonnie did leave us with some fantastic resources for their use, including checklists and instructional information. The Annual Skills Lab was conducted in the same manner – by clinical managers directly, specific by department/unit.



## 2021 HR Dashboard

Performance Indicator	2021	2020	2019	2018
Employee Engagement Organizational Score (CY)	4.19	NA	4.05	4.17
Employee Engagement Survey Participation Rate (CY)	57%	NA	75%	53%
Turnover (CY)	21.2%	9.6%	15.5%	19%
Salary Costs / % of Net Revenue (FY)	\$23,763,341 / 48.28%	\$23,096,036 / 49.24%	\$26,822,982 / 46.64%	\$29,981,199 / 53.55%
Benefit Costs / % of Net Revenue (FY)	\$5,575,741 / 11.33%	\$5,565,682 / 11.87%	\$6,077,268 / 10.57%	\$6,562,905 / 11.72%
Registry/Traveler Costs (FY)	\$1,005,644	\$718,546	\$1,675,354	\$1,339,193
Leave of Absences (CY)	59	57	54	62
Number of Injuries (CY)	12	12	20	9
Number of Open WC Claims (CY)	24	18	19	10
Workers' Comp Costs (CY)	\$290,759	\$219,158	\$284,348	\$347,342
Cost of Employee Legal Claims (CY)	\$156,629	\$58,910	\$51,898	\$7,473
Wellness Program Participation (CY)	153 / 215 – 71%	133/227 – 59%	131/225 – 58%	147/235 – 63%

\* CY – Calendar Year; FY - Fiscal Year

### Employee Engagement Survey

We were able to successfully complete an Employee Engagement Survey this year – launched in February of 2022. We contracted with an outside vendor, Quality Review – the same company that provides us with our Rate My Hospital tool – at a very reasonable price. The surveys were sent to all employees via email and included a total of 20 questions distributed across four (4) domains: Employee; Manager; Organization; Community. The responses were provided on a scale of 1 to 5, with 1 being Very Poor and 5 representing Excellent. As you can see in dashboard above, the hospital-wide, overall score is higher than our two previous surveys, which is positive news! Here are the results by question and domain:

#### Overall Highest Scoring Items:

The person I report to treats me with respect.	Manager	4.60
My work unit strives to exceed the expectations of the people we serve.	Organization	4.53
I have a strong sense of purpose and accomplishment in the work I do.	Employee	4.50

#### Overall Lowest Scoring Items:

My pay is fair for the work I do.	Organization	3.50
This hospital cares about their employees' wellbeing.	Organization	3.90
I have all the tools, resources and information necessary to do my job well.	Employee	3.93

#### Community Item:

I would recommend this hospital to a friend or colleague as a great place to come for care.	Community	4.14
---	-----------	------

## Highest Scoring Items by Domain

### **Employee:**

I have a strong sense of purpose and accomplishment in the work I do.	4.50
The individuals in my work unit are productive and supportive of each other.	4.30
I feel supported in balancing my work life with my personal life.	4.26

### **Manager:**

The person I report to treats me with respect.	4.60
My supervisor is reliable and demonstrates ownership of their responsibilities.	4.44
I am encouraged to share ideas and suggestions about the services my work unit provides.	4.33

### **Organization:**

My work unit strives to exceed the expectations of the people we serve.	4.53
We treat each other with respect throughout the hospital.	4.37
We have excellent multidisciplinary teamwork.	4.05

## Lowest Scoring Items by Domain:

### **Employee:**

I have all the tools, resources and information necessary to do my job well.	3.93
I feel supported during times of high stress at work.	3.97
I would like to be working at this hospital five years from now.	4.18

### **Manager:**

I have regular conversations with my direct supervisor about my personal and/or professional development goals.	4.01
I feel supported in my efforts to achieve my highest potential at work.	4.15
My direct supervisor provides me with feedback that is meaningful and actionable.	4.31

### **Organization:**

My pay is fair for the work I do.	3.50
This hospital cares about their employees' wellbeing.	3.90
We have excellent multidisciplinary teamwork.	4.05

Firstly, we need to recognize and celebrate what is going well. The items receiving the highest overall score represent our efforts in creating a healthy workplace. One in which we show respect to each other; we recognize and appreciate that we are working together towards one common, meaningful purpose – to take care of our patients in our community; and that we are conscientious about our patient’s experience while in our care and make this one of our priorities.

Secondly, we recognize that we are not perfect and clearly we have some opportunities for improvement. To that end, we are actively engaged in the following activities:

- All Leaders are reviewing their specific unit/department’s survey results with their staff/direct reports and together, developing an Action Plan that identifies two or three items they can collectively work on to realize improvement.
- The Administrative Team is looking at the specific Organization domain responses and developing an Action Plan to support our efforts towards continuous improvement hospital-

wide. We will have a focus on how we can improve our employee's sense of wellbeing; having all the tools, resources, and information necessary to achieve their personal best; improve the interactions, communications, workflows, etc. between disciplines/work units; and of course pay.

Pay is one of the items we see year-over-year, consistently resulting in the lowest rating overall. This past year has experienced an even brighter light, if you will, on this concern as we all see the effects of inflation and the continued rise in the cost of living. Of course, it has always been a challenge for us as a small, non-profit, independent hospital – to remain competitive with the other, larger hospitals in our surrounding area. However, this continues to worsen as we are now seeing employees turning down shifts or actively leaving us all together, opting for the higher-paid opportunities.

Compensation plan management is a significant Human Resources project that requires continuous attention. We participate in the Allied for Health compensation surveys each year and use the response data to analyze our own salary structure data and guide our pay decisions. Our ability to make adjustments and/or provide increases is, of course, heavily reliant upon our financial ability.

However, we are now seeing unprecedented conditions of turnover, vacant positions, and employee job market competitiveness. This is not unique to Sonoma Valley Hospital, but rather a common condition we hear reported from a variety of organizations and hospitals alike throughout the state and nationwide. This is an “employee's market,” if you will. The job market is so competitive right now that employees are leaving their current positions and demanding higher wages in their new position negotiations. Of course, due to our small size we feel this impact on a more severe level than larger organizations that have more resources overall. That being said, we must find a way to remain relevant and competitive. This is why we have engaged with FutureSense, a compensation analysis team that will evaluate, analyze and strategize with us on how we can accomplish this. We anticipate this project to wrap up in the next couple of weeks and then we can plan our actions going forward.

### **Turnover**

As we can see in the data, while 2020 was the year to “shelter in place,” 2021 became the year of change. The presumption is that with the availability of vaccines, people were ready and comfortable to make changes in their lives. Unfortunately, while we do ask, we don't always receive a clear answer as to why someone is leaving, with 43% of the separations listed as “not specified” or reported as “personal.” The remaining reasons ranged from accepting another job, to moving out of the area, to retirement. We do send all employees that are leaving an Exit Interview form so we can further understand their experience while they were employed here. The questions ask about their experience with their direct supervisor, the performance evaluation process, how well their team worked together and, of course, how well they thought they were paid for the work they did. In response to the pay question, 65% reported Low or Fair, on a scale of Poor to Excellent.

### **Salaries, Benefits & Registry Costs**

Our cost of salaries as a percentage of our net revenues have been managed well, and our cost of benefits as a percentage of net revenues are lower than the average of the past four years. However, as mentioned above, this will be the year to consider and prepare for the need to allocate more of our funds towards our need to not only attract, but also retain qualified and capable staff in support of our desire to meet our expectations and goals of continued high-level, quality care.

As is the trend, when we see turnover go up, we also see the cost of Registry go up; although in FY 2021, it was still lower than the average of the last four years. To help manage this necessary expense during times of staff transitions, we piloted a program in early 2022 designed to incentivize our current part-time or per diem staff to pick up additional vacant shifts, rather than paying the ever-increasing agency fees. This program offers staff an “extra shift bonus” for each additional shift they pick up, above and beyond their regular schedule. We haven’t realized as much participation to date as initially expected, so we continue to review and evaluate how we can make this more effective and beneficial for all.

### **Leaves of Absence & Workers’ Compensation**

The number of staff that take a leave of absence from work for one reason or another (either for a personal reason; to care for a family member; or due to their own medical condition) seems to be fairly consistent year-over-year.

We continue to experience a relatively low number of work-related injuries compared to our annual quality threshold, as well as our four-year average. Out of the 12 new injuries, only three (3) cases required days away from work (for a total of 79 days). Of course, we are always interested in understanding the cause of injuries so we can respond with corrective actions, training, new equipment, etc. in an effort to mitigate the possibility of any future injuries. This year, the cause of injuries were all related to four specific causes: lifting, pulling/pushing; slip/trip/fall; “body motion;” and repetitive motion.

Despite the fact that we actually closed 15 claims in 2021, we do see a gradual increase in the number of open claims. Some of this is a result of re-opening previously closed claims due to the employee needing subsequent medical treatment, or claims that have remained open over a number of years for that same purpose. As an example of that, 38% of the current open claims are from injuries that occurred prior to 2020. In looking at our cost of claims, expenses can vary depending on the severity and/or treatment required, and at least two of our current claims fall into that significant category. Another contributor to our increase in expense this year was due to a large Compromise & Release (C&R) settlement (compensates for projected medical care expenses).

### **Cost of Employment Claims & Legal Advice**

Each year, we budget for legal fees associated with labor and employment advice from our employment lawyers. They provide us guidance and support with handling various situations, such as reviewing our HR policies and/or advising us through a unique situation. Also, from time to time we have legal claims filed against us for which we need legal representation. Most claims are managed through our liability insurance carrier where our cost is limited to a set deductible. However, there can be settlement expenses incurred in addition to the deductible. In 2021 we reached a settlement agreement in three cases, one of which was quite significant. We do not anticipate incurring this high of an expense in 2022.

### **HR Goals/Initiatives for 2022**

#### Expand our Recruitment Program

We will have a very big focus in 2022 on extending our reach and efforts to attract qualified candidates to this hospital. This will involve building or strengthening our partnerships with local schools and

professional schools throughout the State and/or Country, as well as building an international recruitment program.

#### Selection & Onboarding Process

We are continuing this important goal to develop and implement a formalized and structured selection and onboarding process that ensures consistency and fairness in our process while at the same time improves our ability to ensure we are selecting the best candidate for the position, who will support and uphold our goals and values.

#### HRIS (Sage People) Phase II Implementation

As we continue to improve and refine this new system, in 2022 we are looking forward to some system integrations, allowing our HRIS to share/receive data from our other payroll and time and attendance systems, as well as implementation of an electronic process for requesting/approving personnel status changes. We are also looking forward to offering a mobile app to employees which will allow them easy access our Employee Portal and their data and information resources.



**To: Board of Directors**  
**From: Lynn McKissock, Chief Compliance Officer**  
**Date: May 5, 2022**  
**Subject: 2021 Compliance Committee Report**

---

As the newly designated Chief Compliance Officer for the hospital, I am pleased to be providing you with my first report on the implementation and effectiveness of our compliance and ethics program.

The Compliance Program is designed to further our mission to provide high-quality patient care in a manner that ensures compliance with the law and the highest business ethics. To that end, a written Compliance Program was developed to serve as a practical guidebook that can be used by all personnel to assist them in performing their job functions in a manner that complies with applicable laws and policies.

The Compliance Committee, comprised of our Chief HR Officer (myself), Director of Quality, Chief Nursing Officer, Chief Ancillary Officer, Controller, Director of Information Technology, HIM Manager, and Medical Staff Coordinator, meet on a quarterly basis to review/discuss reported incidents and/or concerns received either formally or informally, as well as the quarterly report from our HIPAA sub-committee. In 2021, the committee reviewed four (4) incidents, all reported to regulatory oversight agencies, as required. We identified and developed the appropriate corrective actions for each and worked with the appropriate Leaders to implement.

Also in 2021, our Compliance Committee spent several weeks reviewing and updating our existing Compliance Program, which was then published on a couple of different platforms for easy accessibility by all staff. We reviewed and updated all of the hospital's HIPAA policies; we established a Compliance Hotline for staff use if they become aware of an unlawful or unethical situation (use of this hotline can be anonymous); and we implemented a Conflict of Interest Disclosure form that was developed for completion by all new hires and by current staff, as applicable.

For 2022, the Committee will engage in an additional project - evaluating the effectiveness of our program. Measuring the various elements of our program will help us identify any possible gaps and/or opportunities for continuous improvement.

# Status of Outpatient Diagnostic Center

Sonoma Valley Health Care District

Board of Directors

May 5, 2022

# CT Suite Remodel Update

- HCAI Replace Team, Review Work Plan
- Architect/Consultants – Pre-Construction Analysis

## February Milestones

- General Contractor Pre-Construction Services **Increment Funding**
- Architect – Present Options to Hospital  
Occupancy parallel paths – Duct Repair Work & Pre-Air Balance Resolution
- HCAI Consult – Pre-Air Balance

## March Milestones

- HCAI Review Plan – **Completed MARCH**
- Architect – Amend Plans HCAI – Duct Repair **4/6**; Pre-air Balance by **4/29**
- General Contractor – Schedule & Pricing, Contract Development – **Contract Executed 4/11**
- Project Risks Known – Exhaust Fan, Electrical Coordination, Corridor Ceiling

## April Milestones

- GC–Contract Approval – **Completed APRIL**
- General Contractor – Begin Construction
- Finalize Project Risks – HCAI review
- Occupancy/Training Schedule Plan

## May Milestones

- General Contractor – Construction Milestone – Duct Repair
- Architect/Engineers – Pre-Air Balance Resolution

## June Milestones

- General Contractor – Construction Completion
- Inspections – Architect sign-off
- HCAI – Occupancy – Construction Milestone 2

## July Milestones



# CT Suite Remodel Update

Incremental Funding	Approved Costs	Cost Incurred thru 4/30/22	Forecast CT Occupancy as of 4/30/22
Architect & General Contractor - 3 <sup>rd</sup> Party Review	\$103K	\$73K	\$103K
Architect Pre-Construction & Design	\$276K	\$29K	\$276K
General Contractor – Pre-Construction Services	No additional required		
<b>Subtotal</b>	<b>\$379K</b>	<b>\$102K</b>	<b>\$379K</b>
General Contractor – Construction	\$425K		\$425K
Vertran – Project Management	\$40K	\$12K	\$40K
<b>Total</b>	<b>\$419K</b>	<b>\$114K</b>	<b>\$844K</b>

# MRI Suite Remodel Update

- Architect – Preconstruction Services for Demolition
- HCAI Reactivate Project – Approved 3/9

## February Milestones

- Architect – Pre-Construction Services Contract – **Complete**
- Hospital – Develop Bid – General Contractor – Vertran/Architect – Informal Bid for Demolition/Abatement

## March Milestones

- Architect – Pre-Con Contract **Complete**; Amend Plans
- HCAI Plan Review
- Vertran/Architect – Informal Bid Package Development
- MRI RFP – Project Delivery Model Decision – **Design Build**

## April Milestones

- Bid Process for Demolition and Abatement – Vertran/Architect Issue Informal Bid Package
- Award Demo & Abatement Contracts - Increment Funding **(Was JUNE)**

## May Milestones

- General & Abatement Contractor – Demolition & Fire Barrier Duration TBD
- Architect – MRI Re-Design & CT Phase 2 Proposal & Negotiation

## June Milestones

- Demolition Completed
- Architect – Award Contract MRI Re-Design & CT Phase 2
- Architect – Amend Plans Duration TBD

## July Milestones

# Detailed MRI Costs Breakdown

Incremental Funding	Approved Costs	Cost Incurred to 3/31/22	Forecast Completion
<b>INCREMENT 1 – DEMOLITION/FIRE BARRIER, ABATEMENT</b>			
Architect – Demolition/Fire Barrier – Amend Plans, HCAI Administration	\$76K	\$0	\$76K
General & Abatement Contractor	\$0	\$0	TBD
Vertran – Project Management – Demo/Abatement & Informal Bid	\$15K	\$0	\$15K
<b>Subtotal INCREMENT 1</b>	<b>\$91K</b>	<b>\$0</b>	<b>\$TBD</b>
<b>INCREMENT 2 – MRI RE-DESIGN, CT PHASE 2 (HCAI FINAL), MRI RFP</b>			
Architect – Amend Plans MRI & CT Phase 2	\$0	\$0	TBD
Vertran – Project Management – MRI RFP	\$15K	\$6K	\$15K
<b>Subtotal INCREMENT 2</b>	<b>\$15K</b>	<b>\$6K</b>	<b>\$TBD</b>
<b>INCREMENT 3 – MRI CONSTRUCTION, CT PHASE 2</b>			
Architect – HCAI Administration; Construction Administration			TBD
General Contractor – Construction, Testing, Permits & Inspections	\$0	\$0	TBD
Vertran – Project Management			TBD
<b>Subtotal INCREMENT 3</b>	<b>TBD</b>		<b>TBD</b>
<b>TOTAL PROJECT COSTS</b>	<b>\$106K</b>	<b>\$6K</b>	<b>\$TBD</b>

SVH Board Approved 9.35M – Remaining Funds - \$6.2M Available

To: Sonoma Valley Health Care District Board of Directors

Meeting Date: May 5, 2022

Prepared by: Bill Boerum, Board Member & Treasurer, Finance Committee Chair

Agenda Item Title: Quarterly Report of Finance Committee

#### Background:

The Finance Committee, with a full complement of authorized members including seven community members, met regularly with very high attendance every month of the past quarter at 5PM on the fourth Tuesday of the month. It received administrative and financial reports – on an Inform basis - from the hospital CEO, Controller, and the CFO. Generally, the same reports are delivered the following week to the Board of Directors, the Committee routinely meeting the week before the Board.

As per setting each monthly agenda with the financial staff, the Committee confers and considers various financial and contractual matters, taking Action as needed for recommendations to the Board. It should be recognized that the Board does receive the minutes of Finance Committee meetings, summarizing discussions, matters reported as Inform, and of course recording Actions taken.

For the 2022 third fiscal quarter, the financial performance of the enterprise – as best measured by the operating margin – continued to show the negative results of the hospital's fundamental imbalance in its payer and patient mix.

Net Operating Margin	Actual	Budget	Year-ago
9 months	(5,023,306)	(4,109,955)	(7,999,633)
3 <sup>rd</sup> Quarter	(2,450,405)	(2,134,508)	(2,907,496)

The negative margin for the quarter was worst than budget and only slightly better (less of a loss) proportionately than a year ago.

The 2023 budget process to be deliberated at the end of this month needs to aggressively address the revenue and margin imbalances supported by near-term, tactical programs and actions, and as it may be guided by the results and next steps of the Board's strategic considerations at its retreat next week.

During the quarter, the Committee formed a sub-committee of four of its members to analyze revenue dynamics and consider enhancement strategies, in anticipation of the upcoming budget deliberations. Conferring several times, the sub-committee (consisting of the Committee Chair plus Members, Catherine Donahue, Carl Gerlach and Wendy Lee) drafted a report which was presented at the latest Committee meeting. It is attached to this message as an Addendum for the Board's information. It contains insightful findings and recommendations similar to the in-depth "Financial Priorities" presentation delivered by CFO Ben Armfield.

A number of updates and presentations were made to the Committee as Inform items, significantly including:

- Review of the portfolio management and analytics behind the employee retirement plan;
- On-going reporting of contract negotiations and work progress detail on Phase I (CT) of the Outpatient Diagnostic Center with detailed monthly schedules and timelines, and the outlook for Phase II (MRI);
- An analysis by the Administration (at its request) of partially paying down the line of credit versus cash conservation; and,
- Progress on development of the 2023 budget in anticipation of the joint session of the Board and Committee on May 24.

Actions taken or deferred for recommendation to the Board were:

- Approval for a QIP Bridge loan up to \$308,000, subject to the Union Bank waiver regarding receivables as collateral, which was consented
- Approved and recommended renewal of the Line of Credit with Union Bank.

This concludes the Quarterly Report with Addendum to follow.

## **ADDENDUM to Finance Committee Quarterly Report – May 5, 2022**

### **SVH Fiscal 2022-2023 Budget Readiness**

#### **Finance Committee - Sub Committee**

*Final Draft 2.22.22*

To achieve Fiscal Budget readiness for the 2022-2023 fiscal year, a detailed revenue analysis including historical revenue trends by Payor Type (e.g. Medicare, Commercial, Worker's Compensation, etc.) and by Service Type (e.g. ER, Inpatient, Outpatient, etc.) is needed that shows service volumes and contribution margins by "care pathway" <sup>(Note 1)</sup>. The Finance Committee ("FC") is requesting information below to assess the viability of the impending fiscal budget. Importantly, to achieve budgeted financial results, actionable measures must be identified with defined stakeholders and timelines. The FC and SVH will then be able to assess performance against these initiatives incrementally.

#### **Historical Financial Data**

1. Three years of SVH historical data by "care pathway" and related data to determine contribution margins and the services and resources used by patients: <sup>(Note 2)</sup>
  - a. Gross revenue
  - b. Reimbursements --- i.e., net revenue
  - c. Variable costs
2. Three years of data from Valley PCPs and UCSF PCPs and other Specialists as to:
  - a. Cases referred to other facilities and specialists out of Valley
3. Questions that would be beneficial to answer with this information:
  - a. Why do residents not use SVH for medical services?
  - b. Which providers refer which cases to SVH?
  - c. Under what conditions do providers refer cases to other facilities?
  - d. What are the opportunities to increase medical services at SVH?
  - e. Are there actions that SVH can take to increase its referrals?

Further inquiry/analysis/actions are TBD pending results of the above.

## **UCSF Affiliation Actionable Deliverables**

1. *“Robust Clinical Service Collaboration”* specifics
  - a. Actionable Deliverables by Quarter by “care pathway” with clearly defined SVH and UCSF Key Performance Indicators (“KPIs”) by quarter and actions to achieve
2. Recognition as *“their outpatient center in our region”* specifics
  - a. Actionable Deliverables by Quarter by “care pathway” with clearly defined SVH and UCSF KPIs and actions to achieve
  - b. How will we know / measure the following?
    - i. When SVH is recognized as “their outpatient center in our region”?
    - ii. Volume?
    - iii. Quality of care?
    - iv. Revenue?
    - v. Surveys?
3. *“Offering UCSF Health specialty services to the region”* specifics
  - a. Actionable Deliverables by Quarter by “care pathway” (e.g. specialty service type) with clearly defined SVH and UCSF KPIs and actions to achieve
4. *“Collaboration on Specialty Clinics”* and *“Co-host Specialty Clinics”* in Sonoma
  - a. Actionable Deliverables by Quarter by “care pathway” with clearly defined SVH and UCSF KPIs and actions to achieve
  - b. Suggest starting with 1 or 2 Specialties
5. *“Serve as a Diagnostic Center for UCSF Health patients throughout the North Bay”* specifics
  - a. Actionable Deliverables by Quarter by “care pathway” with clearly defined SVH and UCSF KPIs and actions to achieve
  - b. How will we know / measure when SVH is “serving as the Diagnostic Center for UCSF Health patients throughout the North Bay”?

The FC recommends a single individual from UCSF and SVH be designated as the Accountable Executives for the development of an 'actionable plan' and executing the plan to the KPIs established. There doesn't appear to be a committee or individual accountable for the 'success' of the UCSF/SVH Affiliation. Likely, UCSF has a different definition of success than SVH does.

### **Current Competitor Data**

1. What actions are competitors taking to increase market share?
2. What actions can SVH employ by Quarter?

### Example - Kaiser Strategies

Are you aware of what Kaiser recently negotiated? This is a strategy consistent with Kaiser's pre-paid model. Kaiser makes more money when their members/patients are WELL. Or in the case of a Medicaid deal, Kaiser will 'select' those who generate no/low costs. Regardless of thoughts about this deal, it was a 'strategy' developed by Kaiser to reduce Medicaid losses and they chased it and appear to have 'won'. These are shared as examples to re-enforce the need for an actionable strategy.

**Gov. Gavin Newsom's administration has negotiated a secret deal to give Kaiser Permanente a special Medicaid contract** that would allow the healthcare behemoth to expand its reach in California and largely continue selecting the enrollees it wants, which other health plans say leaves them with a disproportionate share of the program's sickest and costliest patients.

### **Current Clinical Partnerships with Community Providers**

1. What steps can be taken in the near term by Quarter to leverage these relationships?

### **Current Demographic Data**

1. Data compiled on slightly longer timeline (by end of Q2) are the following:
  - a. Valley residents unable to use SVH
  - b. Valley residents with PCPs out of Valley
  - c. Valley residents using Specialists out of Valley by Specialty



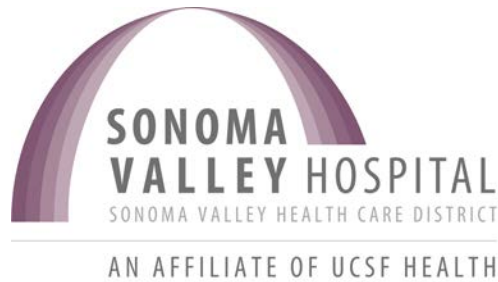
d. Further analysis/actions are TBD pending results of the above

### **Out of the Box Opportunities**

1. How can SVH capture referrals from the VA?
  - a. What % of Sonoma residents are Veterans?
2. Can SVH be designated as the hospital for care delivery to the California Prisons?
  - a. Leverage previous discussions on this topic.
3. What would it take to get SVH designated the hospital of care for the next pandemic?
  - a. Example - Seton Hospital in Daly City was in/near bankruptcy prior to Gavin Newsom designating it a COVID hospital. Reliable sources indicate that Seton's revenue as a result of this designation rose substantially.
4. Given PCP's are a primary source of referrals, would increasing the number of PCP's at SVH allow SVH to create a 'closed network' of services for the residents of Sonoma?

### **Notes:**

1. "Care pathway" describes the services (e.g., a CT scan) and resources (e.g., a radiology technician) used by a patient for attending to a medical need, such as cancer diagnosis and treatment. Except for cases attended by the Emergency Room, virtually all the patients served by SVH are referred by primary care physicians, specialists, and other providers. Information about existing care pathways would provide a basis for SVH plans to increase its revenues and to increase the extent to which SVH serves the needs of its community/market.
2. SVH should ensure the 'cost accounting' and revenue management of EPIC are included in the current implementation to ensure this data is captured going forward.



**To:** SVH Finance Committee  
**From:** Benjamin Armfield, CFO  
**Date:** April 26, 2022  
**Subject:** Financial Report for the Month Ending March 31, 2022

---

For the month of March the hospital's actual operating margin of (\$798,858) was (\$36,824) unfavorable to the budgeted operating margin of (\$762,034). After accounting for all other activity; the net loss for March was (\$302,881) vs. the budgeted net income of \$277,200 with a monthly EBDA of -7.1% vs. a budgeted -4.9%.

**Gross patient revenue** for March was \$25,618,267; 1,291,834 over budget. Inpatient gross revenue was under budget by (\$369,237). Inpatient days were over budget by 17 days and inpatient surgeries were close to budget at 16 cases. Outpatient gross revenue was over budget by \$729,790. Outpatient visits were over budget by 70 visits, outpatient surgeries were under budget by (3) cases, and special procedures were over budget by 17 cases. The Emergency Room gross revenue was over budget by \$931,281 with ER visits over budgeted expectations by 49 visits.

**Deductions from revenue** were unfavorable to budgeted expectations by (\$1,279,078) primarily due to higher gross revenue than budgeted.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$17,853.

**Operating Expenses** of \$4,712,502 were unfavorable to budget by (\$54,677). Salaries and wages were under budget by \$72,155 and agency fees are over by (\$59,716). Professional fees were over budget by (\$68,467) due to higher than budgeted UCSF management costs including the new IT director, higher than budgeted HR legal fees, and dietary management services and chef. Supplies are over budget by (\$13,104) due to higher costs in laboratory and surgery. Utilities are over budget due to receiving a smaller credit than anticipated related to the contract renewal process with AT&T.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for March was (\$500,738) vs. a budgeted net loss of (\$444,391). In the month of March the hospital received \$17,940 in donations from the Sonoma Valley Hospital Foundation. The total net loss for March after all activity was (\$302,881) vs. a budgeted net income of \$277,200.



EBDA for the month of March was -7.1% vs. the budgeted -4.9%.

**Patient Volumes – March**

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	65	83	-18	69
Acute Patient Days	293	276	17	309
Observation Days	8	0	8	16
OP Gross Revenue	\$19,517	\$17,856	\$1,661	\$17,755
Surgical Cases	122	126	-4	133

**Gross Revenue Overall Payer Mix – March**

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	36.6%	39.6%	-3.0%	36.5%	39.7%	-3.2%
Medicare Mgd Care	18.4%	15.4%	3.0%	17.5%	15.4%	2.1%
Medi-Cal	17.5%	19.0%	-1.5%	16.8%	19.1%	-2.3%
Self Pay	1.6%	1.1%	0.5%	1.6%	1.1%	0.5%
Commercial	23.1%	21.8%	1.3%	24.5%	21.6%	2.9%
Workers Comp	2.8%	3.1%	-0.3%	3.1%	3.1%	0.0%
Total	100.0%	100.0%		100.0%	100.0%	

**Cash Activity for March:**

For the month of March the cash collection goal was \$3,617,887 and the Hospital collected \$4,025,285 or over the goal by \$407,398. The year-to-date cash collection goal was \$33,443,428 and the Hospital has collected \$32,974,740 or under goal by (\$468,688).

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	58.8	58.5	0.3	36.3
Accounts Receivable Days	38.5	40.8	-2.3	46.9
Accounts Payable	\$3,900,288	\$4,402,661	-\$502,373	\$3,446,736
Accounts Payable Days	47.0	52.8	-5.8	47.2

**ATTACHMENTS:**

- Attachment A is the Payer Mix Analysis which includes the projected collection percentage by payer
- Attachment B is the Operating Indicators Report
- Attachment C is the Balance Sheet
- Attachment D (two pages) is the Statement of Revenue and Expense. The first page breaks out the hospital operations and page two includes all other activity.
- Attachment E is the Variance Analysis
- Attachment F is the Cash Projection



**Sonoma Valley Hospital**  
**Payer Mix for the month of March 31, 2022**

ATTACHMENT A

	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
<b>Gross Revenue:</b>								
Medicare	9,385,661	9,616,919	-231,258	-2.4%	79,035,963	78,868,758	167,205	0.2%
Medicare Managed Care	4,714,477	3,752,742	961,735	25.6%	37,670,231	30,690,528	6,979,703	22.7%
Medi-Cal	4,477,266	4,614,694	-137,428	-3.0%	36,154,864	37,874,551	-1,719,687	-4.5%
Self Pay	403,286	263,457	139,829	53.1%	3,467,500	2,125,392	1,342,108	63.1%
Commercial & Other Government	5,929,192	5,320,379	608,813	11.4%	53,034,274	43,248,551	9,785,723	22.6%
Worker's Comp.	708,385	758,242	-49,857	-6.6%	6,629,113	6,129,919	499,194	8.1%
<b>Total</b>	<b>25,618,267</b>	<b>24,326,433</b>	<b>1,291,834</b>		<b>215,991,945</b>	<b>198,937,699</b>	<b>17,054,246</b>	

	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
<b>Net Revenue:</b>								
Medicare	1,061,519	1,128,077	-66,558	-5.9%	8,887,463	9,414,852	-527,389	-5.6%
Medicare Managed Care	484,648	433,066	51,582	11.9%	3,960,574	3,516,686	443,888	12.6%
Medi-Cal	432,504	485,927	-53,423	-11.0%	3,675,585	3,958,190	-282,605	-7.1%
Self Pay	131,592	99,402	32,190	32.4%	1,389,376	801,910	587,466	73.3%
Commercial & Other Government	1,616,716	1,531,319	85,397	5.6%	14,264,329	12,432,371	1,831,958	14.7%
Worker's Comp.	108,595	140,351	-31,756	-22.6%	1,087,137	1,122,204	-35,067	-3.1%
Prior Period Adj/IGT	(4,676)	-	-4,676 *		4,650,889	6,835,000	-2,184,111	-32.0%
<b>Total</b>	<b>3,830,898</b>	<b>3,818,142</b>	<b>12,756</b>	<b>0.3%</b>	<b>37,915,353</b>	<b>38,081,213</b>	<b>(165,860)</b>	<b>-0.4%</b>

	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
<b>Percent of Net Revenue:</b>								
Medicare	27.7%	29.5%	-1.8%	-6.1%	23.4%	24.7%	-1.4%	-5.7%
Medicare Managed Care	12.7%	11.3%	1.4%	12.4%	10.4%	9.2%	1.2%	13.0%
Medi-Cal	11.3%	12.7%	-1.4%	-11.0%	9.7%	10.4%	-0.7%	-6.7%
Self Pay	3.4%	2.6%	0.8%	30.8%	3.7%	2.1%	1.6%	76.2%
Commercial & Other Government	42.2%	40.2%	2.0%	5.0%	37.6%	32.8%	4.8%	14.6%
Worker's Comp.	2.8%	3.7%	-0.9%	-24.3%	2.9%	2.9%	0.0%	0.0%
Prior Period Adj/IGT	-0.1%	0.0%	-0.1% *		12.3%	17.9%	-5.6%	-31.3%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-0.1%</b>	<b>-0.1%</b>

	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
<b>Projected Collection Percentage:</b>								
Medicare	11.3%	11.7%	-0.4%	-3.4%	11.2%	11.9%	-0.7%	-5.9%
Medicare Managed Care	10.3%	11.5%	-1.2%	-10.4%	10.5%	11.5%	-1.0%	-8.7%
Medi-Cal	9.7%	10.5%	-0.8%	-7.6%	10.2%	10.5%	-0.3%	-2.9%
Self Pay	32.6%	37.7%	-5.1%	-13.5%	40.1%	37.7%	2.4%	6.4%
Commercial & Other Government	27.3%	28.8%	-1.5%	-5.2%	26.9%	28.7%	-1.8%	-6.3%
Worker's Comp.	15.3%	18.5%	-3.2%	-17.3%	16.4%	18.3%	-1.9%	-10.4%

**SONOMA VALLEY HOSPITAL  
OPERATING INDICATORS  
For the Period Ended March 31, 2022**

**ATTACHMENT B**

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 03/31/22</u>	<u>Budget 03/31/22</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 03/31/22</u>	<u>Budget 03/31/22</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 03/31/21</u>
<b>Inpatient Utilization</b>								
<b>Discharges</b>								
1	46	67	(21)	Med/Surg	416	536	(120)	451
2	19	16	3	ICU	136	137	(1)	121
3	65	83	(18)	Total Discharges	552	673	(121)	572
<b>Patient Days:</b>								
4	184	181	3	Med/Surg	1,542	1,554	(12)	1,567
5	109	95	14	ICU	821	815	6	830
6	293	276	17	Total Patient Days	2,363	2,369	(6)	2,397
7	8	-	8	<b>Observation days</b>	180	-	180	169
<b>Average Length of Stay:</b>								
8	4.0	2.7	1.3	Med/Surg	3.7	2.9	0.8	3.5
9	5.7	5.9	(0.2)	ICU	6.0	5.9	0.1	6.9
10	4.5	3.3	1.2	Avg. Length of Stay	4.3	3.5	0.8	4.2
<b>Average Daily Census:</b>								
11	5.9	5.8	0.1	Med/Surg	5.6	5.7	(0.0)	5.7
12	3.5	3.1	0.5	ICU	3.0	3.0	0.0	3.0
13	9.5	8.9	0.5	Avg. Daily Census	8.6	8.6	(0.0)	8.7
<b>Other Utilization Statistics</b>								
<b>Emergency Room Statistics</b>								
14	730	681	49	Total ER Visits	6,750	5,645	1,105	6,213
<b>Outpatient Statistics:</b>								
15	5,049	4,979	70	Total Outpatients Visits	41,833	40,852	981	35,158
16	16	17	(1)	IP Surgeries	103	147	(44)	143
17	106	109	(3)	OP Surgeries	929	877	52	890
18	65	48	17	Special Procedures	484	382	102	402
19	273	312	(39)	Adjusted Discharges	2,469	2,422	47	2,108
20	1,229	1,036	193	Adjusted Patient Days	10,538	8,507	2,031	8,796
21	39.7	33.4	6.2	Adj. Avg. Daily Census	38.5	31.0	7.4	32.1
22	1.7738	1.4000	0.374	Case Mix Index - Medicare	1.4444	1.4000	0.044	1.5690
23	1.5846	1.4000	0.185	Case Mix Index - All payers	1.4179	1.4000	0.018	1.4974
<b>Labor Statistics</b>								
24	205	215	10	FTE's - Worked	205	209	3.8	207
25	227	237	10	FTE's - Paid	227	231	3.6	228
26	47.54	45.74	(1.80)	Average Hourly Rate	46.39	44.92	(1.48)	46.68
27	5.72	7.10	1.38	FTE / Adj. Pat Day	5.90	7.43	1.52	7.11
28	32.6	40.5	7.9	Manhours / Adj. Pat Day	33.6	42.3	8.7	40.5
29	147.0	134.6	(12.4)	Manhours / Adj. Discharge	143.6	148.7	5.1	169.0
30	22.4%	23.9%	1.4%	Benefits % of Salaries	24.6%	24.6%	0.1%	22.1%
<b>Non-Labor Statistics</b>								
31	15.6%	15.3%	-0.3%	Supply Expense % Net Revenue	16.7%	13.3%	-3.5%	15.8%
32	2,187	1,872	(315)	Supply Exp. / Adj. Discharge	2,278	2,087	(191)	2,410
33	17,471	15,214	(2,256)	Total Expense / Adj. Discharge	18,010	18,059	49	19,761
<b>Other Indicators</b>								
34	57.2			Days Cash - Operating Funds				
35	38.5	50.0	(11.5)	Days in Net AR	41.7	50.0	(8.3)	50.9
36	112%			Collections % of Net Revenue	99%			101.1%
37	47.0	55.0	(8.0)	Days in Accounts Payable	47.0	55.0	(8.0)	46.4
38	15.0%	15.7%	-0.8%	% Net revenue to Gross revenue	15.6%	19.2%	-3.6%	17.7%
39	14.4%			% Net AR to Gross AR	14.4%			17.9%

**Sonoma Valley Health Care District**  
**Balance Sheet**  
**As of March 31, 2022**

**ATTACHMENT C**

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
<b>Assets</b>			
Current Assets:			
1 Cash	\$ 2,856,174	\$ 3,342,020	\$ 1,275,042
2 Cash - Money Market	5,844,476	5,844,185	3,638,083
3 Net Patient Receivables	7,072,017	7,124,422	6,446,661
4 Allow Uncollect Accts	(2,283,478)	(2,117,220)	(1,006,831)
5 Net A/R	4,788,539	5,007,202	5,439,830
6 Other Accts/Notes Rec	1,831,571	1,778,140	1,832,721
7 Parcel Tax Receivable	1,665,888	1,665,888	1,753,089
8 GO Bond Tax Receivable	1,225,217	1,225,217	1,411,343
9 3rd Party Receivables, Net	495,689	495,689	184,922
10 Inventory	1,033,302	1,044,623	883,604
11 Prepaid Expenses	906,701	923,701	774,496
12 Total Current Assets	\$ 20,647,557	\$ 21,326,665	\$ 17,193,130
13 Property, Plant & Equip, Net	\$ 51,363,470	\$ 51,557,815	\$ 52,688,262
14 Trustee Funds - GO Bonds	4,785,876	5,091,558	4,573,447
15 Designated Funds - Board Approved	1,000,000	1,000,000	1,000,000
16 Total Assets	\$ 77,796,903	\$ 78,976,038	\$ 75,454,839
<b>Liabilities &amp; Fund Balances</b>			
Current Liabilities:			
17 Accounts Payable	\$ 3,900,288	\$ 4,402,661	\$ 3,446,736
18 Accrued Compensation	3,850,924	3,613,514	3,693,562
19 Interest Payable - GO Bonds	61,714	315,500	179,447
20 Accrued Expenses	2,010,048	1,797,166	1,822,435
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	950,001	1,266,668	949,985
23 Deferred GO Bond Tax Revenue	695,437	927,249	827,300
24 Current Maturities-LTD	348,292	348,292	285,430
25 Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26 Other Liabilities	1,569,456	1,578,083	252,412
27 Total Current Liabilities	\$ 18,859,894	\$ 19,722,867	\$ 16,931,041
28 Long Term Debt, net current portion	\$ 25,033,848	\$ 25,047,129	\$ 27,190,475
Fund Balances:			
30 Unrestricted	\$ 18,247,781	\$ 18,568,602	\$ 16,569,661
31 Restricted	15,655,380	15,637,440	14,763,662
32 Total Fund Balances	\$ 33,903,161	\$ 34,206,042	\$ 31,333,323
33 Total Liabilities & Fund Balances	\$ 77,796,903	\$ 78,976,038	\$ 75,454,839

**Sonoma Valley Health Care District  
Statement of Revenue and Expenses  
Comparative Results  
For the Period Ended March 31, 2022**

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
<b>1</b>	65	83	(18)	-22%	Acute Discharges	552	673	(121)	-18%	572	
<b>2</b>	293	276	17	6%	Patient Days	2,363	2,369	(6)	0%	2,397	
<b>3</b>	8	-	8	0%	Observation Days	180	-	180	*	169	
<b>4</b>	\$ 19,517	\$ 17,856	\$ 1,661	9%	Gross O/P Revenue (000's)	\$ 167,497	\$ 143,633	\$ 23,865	17%	\$ 131,798	
					<b>Financial Results</b>						
					<b>Gross Patient Revenue</b>						
<b>5</b>	\$ 6,101,094	\$ 6,470,331	(369,237)	-6%	Inpatient	\$ 48,494,748	\$ 55,305,176	(6,810,428)	-12%	\$ 49,357,402	
<b>6</b>	12,068,734	11,338,944	729,790	6%	Outpatient	101,950,566	90,652,671	11,297,895	12%	79,387,007	
<b>7</b>	7,448,439	6,517,158	931,281	14%	Emergency	65,546,631	52,979,852	12,566,779	24%	52,672,782	
<b>8</b>	\$ 25,618,267	\$ 24,326,433	1,291,834	5%	<b>Total Gross Patient Revenue</b>	\$ 215,991,945	\$ 198,937,699	17,054,246	9%	\$ 181,417,191	
					<b>Deductions from Revenue</b>						
<b>9</b>	(21,669,938)	(20,330,720)	(1,339,218)	-7%	Contractual Discounts	\$ (181,051,756)	\$ (166,093,347)	(14,958,409)	-9%	\$ (150,757,547)	
<b>10</b>	(100,000)	(150,000)	50,000	33%	Bad Debt	(1,600,000)	(1,350,000)	(250,000)	-19%	(1,070,000)	
<b>11</b>	(12,755)	(27,571)	14,816	54%	Charity Care Provision	(75,725)	(248,139)	172,414	69%	(235,743)	
<b>12</b>	(4,676)	-	(4,676)	*	Prior Period Adj/Government Program Revenue	4,650,889	6,835,000	(2,184,111)	-32%	2,722,396	
<b>13</b>	\$ (21,787,369)	\$ (20,508,291)	(1,279,078)	6%	<b>Total Deductions from Revenue</b>	\$ (178,076,592)	\$ (160,856,486)	(17,220,106)	11%	\$ (149,340,894)	
<b>14</b>	\$ 3,830,898	\$ 3,818,142	12,756	0%	<b>Net Patient Service Revenue</b>	\$ 37,915,353	\$ 38,081,213	(165,860)	0%	\$ 32,076,297	
<b>15</b>	\$ 82,746	\$ 77,649	5,097	7%	Other Op Rev & Electronic Health Records	\$ 838,862	\$ 788,841	50,021	6%	\$ 769,592	
<b>16</b>	\$ 3,913,644	\$ 3,895,791	17,853	0%	<b>Total Operating Revenue</b>	\$ 38,754,215	\$ 38,870,054	\$ (115,839)	0%	\$ 32,845,889	
					<b>Operating Expenses</b>						
<b>17</b>	\$ 1,906,405	\$ 1,918,844	12,439	1%	Salary and Wages and Agency Fees	\$ 16,446,859	\$ 16,174,579	(272,280)	-2%	\$ 16,633,807	
<b>18</b>	686,798	712,635	25,837	4%	Employee Benefits	6,229,653	6,149,372	(80,281)	-1%	5,909,598	
<b>19</b>	\$ 2,593,203	\$ 2,631,479	38,276	1%	Total People Cost	\$ 22,676,512	\$ 22,323,951	(352,561)	-2%	\$ 22,543,405	
<b>20</b>	\$ 582,343	\$ 513,876	(68,467)	-13%	Med and Prof Fees (excl Agency)	\$ 5,156,690	\$ 4,611,524	(545,166)	-12%	\$ 3,917,998	
<b>21</b>	596,460	583,356	(13,104)	-2%	Supplies	5,624,364	5,055,735	(568,629)	-11%	5,079,467	
<b>22</b>	413,201	405,938	(7,263)	-2%	Purchased Services	3,799,365	3,592,967	(206,398)	-6%	3,851,279	
<b>23</b>	223,335	252,880	29,545	12%	Depreciation	2,105,806	2,275,920	170,114	7%	2,299,186	
<b>24</b>	132,210	100,830	(31,380)	-31%	Utilities	1,121,702	1,019,316	(102,386)	-10%	1,031,789	
<b>25</b>	48,877	46,909	(1,968)	-4%	Insurance	465,826	422,181	(43,645)	-10%	403,188	
<b>26</b>	16,977	17,966	989	6%	Interest	146,966	161,694	14,728	9%	158,013	
<b>27</b>	105,896	104,591	(1,305)	-1%	Other	1,078,766	916,721	(162,045)	-18%	936,960	
<b>28</b>	-	-	-	*	Matching Fees (Government Programs)	1,601,524	2,600,000	998,476	-38%	620,237	
<b>29</b>	\$ 4,712,502	\$ 4,657,825	(54,677)	-1%	<b>Operating expenses</b>	\$ 43,777,521	\$ 42,980,009	(797,512)	-2%	\$ 40,841,522	
<b>30</b>	\$ (798,858)	\$ (762,034)	(36,824)	-5%	<b>Operating Margin</b>	\$ (5,023,306)	\$ (4,109,955)	(913,351)	-22%	\$ (7,995,633)	



**Sonoma Valley Health Care District  
Statement of Revenue and Expenses  
Comparative Results  
For the Period Ended March 31, 2022**

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
<b>31</b>	\$ (18,826)	\$ 976	(19,802)	*						\$ 24,146	
<b>32</b>	279	-	279	0%	Miscellaneous Revenue/(Expenses)	\$ (89,038)	\$ 8,784	(97,822)	*	\$ 498	
<b>33</b>	-	-	-	*	Donations	26,864	-	26,864	0%	0	
<b>34</b>	316,667	316,667	-	0%	Physician Practice Support-Prima	-	-	-	*	2,850,003	
<b>35</b>	-	-	-	0%	Parcel Tax Assessment Rev	2,850,003	2,850,003	-	0%	36	
<b>36</b>	\$ 298,120	\$ 317,643	(19,523)	-6%	Extraordinary Items	(97,933)	-	(97,933)	0%	\$ 2,874,683	
					<b>Total Non-Operating Rev/Exp</b>	\$ 2,689,896	\$ 2,858,787	(70,958)	-6%		
<b>37</b>	\$ (500,738)	\$ (444,391)	(56,347)	13%	<b>Net Income / (Loss) prior to Restricted Contributions</b>	\$ (2,333,410)	\$ (1,251,168)	(984,309)	79%	\$ (5,120,950)	
<b>38</b>	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
<b>39</b>	\$ 17,940	\$ 523,803	(505,863)	0%	Restricted Foundation Contributions	\$ 437,824	\$ 4,714,227	(4,276,403)	100%	\$ 5,468,729	
<b>40</b>	\$ (482,798)	\$ 79,412	(562,210)	-708%	<b>Net Income / (Loss) w/ Restricted Contributions</b>	\$ (1,895,586)	\$ 3,463,059	(5,358,645)	-155%	\$ 347,779	
<b>41</b>	179,917	197,788	(17,871)	-9%	GO Bond Activity, Net	1,404,167	1,774,009	(369,842)	-21%	1,668,606	
<b>42</b>	\$ (302,881)	\$ 277,200	(580,081)	-209%	<b>Net Income/(Loss) w GO Bond Activity</b>	\$ (491,419)	\$ 5,237,068	(5,728,487)	-109%	\$ 2,016,385	
	\$ (277,403)	\$ (191,511)	(85,892)		<b>EBDA - Not including Restricted Contributions</b>	\$ (227,604)	\$ 1,024,752	(1,252,356)		\$ (2,821,764)	
	-7.1%	-4.9%				-0.6%	2.6%			-8.6%	

\* Operating Margin without Depreciation expense:

\$ (798,858)	\$ (762,034)	\$ (36,824)	-5%	<b>Operating Margin</b>	\$ (5,023,306)	\$ (4,109,955)	\$ (913,351)	-22%	\$ (7,995,633)
223,335	252,880	29,545	12%	Add back Depreciation	2,105,806	2,275,920	170,114	7%	2,299,186
\$ (575,523)	\$ (509,154)	\$ (7,279)	-13%	<b>Operating Margin without Depreciation expense</b>	\$ (2,917,500)	\$ (1,834,035)	\$ (743,237)	-59%	\$ (5,696,447)

**Sonoma Valley Health Care District  
Variance Analysis  
For the Period Ended March 31, 2022**

**ATTACHMENT E**

<b>Operating Expenses</b>	<b>YTD Variance</b>	<b>Month Variance</b>	
Salary and Wages and Agency Fees	(272,280)	12,439	Salaries and wages are under budget by \$72,155 and agency fees are over by (\$59,716). Agency fees are over budget in emergency room, surgery, respiratory therapy, and physical therapy.
Employee Benefits	(80,281)	25,837	Paid time off is over budget by (\$16,596)3 and employee benefits are under by \$42,433.
<b>Total People Cost</b>	<b>(352,561)</b>	<b>38,276</b>	
Med and Prof Fees (excl Agency)	(545,166)	(68,467)	Professional fees are over budget due to higher than budgeted UCSF management costs including the unbudgeted position of IT director which is offset by a savings in salaries & wages. The hospital has also contracted management and chef costs for dietary for 8-weeks beginning in March. Human resources has also experienced higher than budgeted legal costs in March.
Supplies	(568,629)	(13,104)	
Purchased Services	(206,398)	(7,263)	
Depreciation	170,114	29,545	
Utilities	(102,386)	(31,380)	Utilities are over budget due to receiving a smaller credit than anticipated related to the contract renewal process with AT&T.
Insurance	(43,645)	(1,968)	
Interest	14,728	989	
Other	(162,045)	(1,305)	
Matching Fees (Government Programs)	998,476	-	
<b>Operating expenses</b>	<b>(797,512)</b>	<b>(54,677)</b>	

Sonoma Valley Hospital  
Cash Forecast  
FY 2022

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Actual Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
<b>Hospital Operating Sources</b>													
1 Patient Payments Collected	3,768,614	3,604,012	3,741,094	3,556,171	3,899,456	4,078,858	3,650,080	3,486,789	4,046,254	3,646,790	3,557,629	3,579,175	44,614,923
2 Other Operating Revenue	50,926	33,133	27,360	158,301	168,773	44,417	57,192	298,629	63,676	80,485	80,485	80,485	1,143,862
3 Other Non-Operating Revenue	10,121	10,229	9,624	10,574	10,823	9,676	11,783	17,553	5,064	14,516	14,516	14,518	138,997
4 Unrestricted Contributions	14,875			6,564	12,201		8,303	6,126	279				48,347
5 Line of Credit													-
<b>Sub-Total Hospital Sources</b>	<b>3,844,535</b>	<b>3,647,375</b>	<b>3,778,079</b>	<b>3,731,610</b>	<b>4,091,253</b>	<b>4,132,951</b>	<b>3,727,358</b>	<b>3,809,097</b>	<b>4,115,273</b>	<b>3,741,791</b>	<b>3,652,630</b>	<b>3,674,178</b>	<b>45,946,129</b>
<b>Hospital Uses of Cash</b>													
6 Operating Expenses	5,686,921	4,339,055	4,171,999	4,009,059	3,881,749	5,466,683	4,329,164	4,812,819	4,572,839	4,871,799	4,256,798	4,216,081	54,614,966
7 Add Capital Lease Payments	116,550	26,560	34,320	20,919	15,355	93,827	13,280	13,280	13,280	13,280	14,502	82,109	457,262
8 Additional Liabilities/LOC													-
9 Capital Expenditures	114,099	104,421	21,501	56,972	29,172	308,751	190,985	66,365	32,940	1,245,500	638,012	638,012	3,446,730
<b>Total Hospital Uses</b>	<b>5,917,571</b>	<b>4,470,037</b>	<b>4,227,821</b>	<b>4,086,949</b>	<b>3,926,275</b>	<b>5,869,260</b>	<b>4,533,429</b>	<b>4,892,464</b>	<b>4,619,059</b>	<b>6,130,579</b>	<b>4,909,312</b>	<b>4,936,202</b>	<b>58,518,958</b>
<b>Net Hospital Sources/Uses of Cash</b>	<b>(2,073,036)</b>	<b>(822,662)</b>	<b>(449,742)</b>	<b>(355,339)</b>	<b>164,978</b>	<b>(1,736,310)</b>	<b>(806,072)</b>	<b>(1,083,367)</b>	<b>(503,786)</b>	<b>(2,388,788)</b>	<b>(1,256,682)</b>	<b>(1,262,024)</b>	<b>(12,572,829)</b>
<b>Non-Hospital Sources</b>													
10 Restricted Cash/Money Market			1,000,000	2,000,000	(1,203,742)		(2,000,000)						(203,742)
11 Restricted Capital Donations	107,079	101,291	27,342	19,084	8,258		146,527		17,940	333,000	525,512	525,511	1,811,544
12 Parcel Tax Revenue	164,000					2,134,112				1,662,000			3,960,112
13 Other Payments - Ins. Claims/HHS/Grants/Loans					1,203,742	173,982					611,000	850,000	2,838,724
14 Other:													-
15 IGT			51,360				2,717,483	1,298,801					4,067,644
16 IGT - AB915			70,338								382,000		452,338
17 QIP					42,180					497,844			540,024
<b>Sub-Total Non-Hospital Sources</b>	<b>271,080</b>	<b>101,291</b>	<b>1,149,040</b>	<b>2,019,084</b>	<b>50,438</b>	<b>2,308,094</b>	<b>864,010</b>	<b>1,298,801</b>	<b>17,940</b>	<b>2,492,844</b>	<b>1,518,512</b>	<b>1,375,511</b>	<b>13,466,644</b>
<b>Non-Hospital Uses of Cash</b>													
18 Matching Fees		29,494		1,096,301		398,059		78,482			44,500		1,646,836
<b>Sub-Total Non-Hospital Uses of Cash</b>	<b>-</b>	<b>29,494</b>	<b>-</b>	<b>1,096,301</b>	<b>-</b>	<b>398,059</b>	<b>-</b>	<b>78,482</b>	<b>-</b>	<b>-</b>	<b>44,500</b>	<b>-</b>	<b>1,646,836</b>
<b>Net Non-Hospital Sources/Uses of Cash</b>	<b>271,080</b>	<b>71,797</b>	<b>1,149,040</b>	<b>922,783</b>	<b>50,438</b>	<b>1,910,035</b>	<b>864,010</b>	<b>1,220,319</b>	<b>17,940</b>	<b>2,492,844</b>	<b>1,474,012</b>	<b>1,375,511</b>	<b>11,819,809</b>
<b>Net Sources/Uses</b>	<b>(1,801,956)</b>	<b>(750,865)</b>	<b>699,298</b>	<b>567,444</b>	<b>215,416</b>	<b>173,725</b>	<b>57,939</b>	<b>136,952</b>	<b>(485,846)</b>	<b>104,056</b>	<b>217,330</b>	<b>113,487</b>	
Operating Cash at beginning of period	4,044,067	2,242,111	1,491,246	2,190,544	2,757,988	2,973,404	3,147,129	3,205,068	3,342,020	2,856,174	2,960,230	3,177,560	
<b>Operating Cash at End of Period</b>	<b>2,242,111</b>	<b>1,491,246</b>	<b>2,190,544</b>	<b>2,757,988</b>	<b>2,973,404</b>	<b>3,147,129</b>	<b>3,205,068</b>	<b>3,342,020</b>	<b>2,856,174</b>	<b>2,960,230</b>	<b>3,177,560</b>	<b>3,291,047</b>	
Money Market Account Balance - Undesignated	5,638,824	5,639,115	4,639,373	2,639,564	3,843,478	3,843,684	5,843,923	5,844,185	5,844,476	5,844,476	5,844,476	6,844,476	
<b>Total Cash at End of Period</b>	<b>7,880,935</b>	<b>7,130,361</b>	<b>6,829,917</b>	<b>5,397,552</b>	<b>6,816,883</b>	<b>6,990,813</b>	<b>9,048,991</b>	<b>9,186,205</b>	<b>8,700,650</b>	<b>8,804,706</b>	<b>9,022,036</b>	<b>10,135,523</b>	
<b>Average Days of Cash on Hand</b>	<b>58.8</b>	<b>52.3</b>	<b>45.5</b>	<b>40.0</b>	<b>36.6</b>	<b>46.3</b>	<b>54.3</b>	<b>58.5</b>	<b>58.8</b>				
<b>Days of Cash on Hand at End of Month</b>	<b>54.6</b>	<b>50.1</b>	<b>47.3</b>	<b>35.3</b>	<b>45.1</b>	<b>46.0</b>	<b>59.7</b>	<b>60.0</b>	<b>57.2</b>	<b>59.9</b>	<b>61.4</b>	<b>68.9</b>	



*Healing Here at Home*

---

**Meeting Date:** February 2, 2012  
**Prepared by:** Kevin Carruth, Governance Committee Chair, Peter Hohorst, Board Chair  
**Policy:** **Format and Instruction for Preparing Board Letters #P-2012.02.02**

**Recommendations:**

1. The Board shall adopt this Board Letter format and the instructions entitled “Board Letter Writing Basics” as Board Policy.
2. Direct the Board Members, Board Committee Chairs, and the CEO to use the Transmittal Format for all agendaized Board meeting items, including items agendaized and/or prepared by the CEO’s staff.
3. Direct the Board Chair, with support from the CEO, to ensure that all items on the regular or special Board agendas are accompanied by a Board Letter.
4. Direct the Chair to state the reason for exceptions to the Board policy and approve exceptions at the start of Board Meetings by a 4/5 vote of the Board prior to allowing any discussion and/or action on exception.

**Background and Reasons for Recommendations:**

Consistent with the Mission of the District the Governance Committee (GC) assists the Board to improve its functioning, structure, and infrastructure, while the Board serves as the steward of the District. The Board must ensure that it possesses the necessary systems to fulfill these responsibilities and execute these roles. In this regard it is the Board’s duty to ensure that its meetings are conducted in a productive manner.

The GC assists the Board in its responsibility to ensure that the Board functions effectively. To this end the GC formulates policy to convey Board expectations and directives for Board action. The Board approved the Board Letter format in May 2011. This is presented now in the format used for the Board Policy Manual.

To repeat the background provided in May, government bodies typically have standard formats for agenda item documents, the Sonoma City Council and Sonoma County Boards of Supervisors being two prime examples. Local government boards typically require all items on the agenda to conform to their standard format. The amount of information needed for various agenda items can vary tremendously. The standard Board Letter format proposed here allows the presenter to demonstrate that the issue has been carefully analyzed by providing the facts along with the analysis and the conclusions that can be drawn from the analysis. It provides all the information available to the Board members in writing, in advance, and when done well will

often result in few, if any, questions and Board Agenda items can often be placed on the Consent Agenda. Well prepared Board Letters are the vehicle for informing the Board so they can in turn make well informed decisions. Board Letters become the permanent documentation of the information provided to the Board at the time of its action. It should further reduce the need for detailed minutes because the critical information should have been included in the Board Letter and need not be repeated in the minutes. It will facilitate more items being on the consent calendar if they are sufficiently clear and non-controversial, which can then allow the Board to have more time to focus on the critical issues.

Most units of local government also provide written instructions on how to use those formats in a consistent and appropriate manner. Instruction can prove particularly helpful to those preparing the Board Letters and assures the Board receives kinds of standard information in a standard format on everything that comes before the Board for discussion, action, etc.

It is the opinion of the Board Chair that since the adoption of this approach in May the Board has had shorter and more effective Board meetings, since most of the information is available for Board member's and the public's consideration in advance of the meeting.

**Consequences of Negative Action/Alternative Actions:**

The Board Letter format and the accompanying instruction would not be placed in the Board Policy Manual.

**Financial Impact:**

1. When done well, the Board should continue to have more information and better analysis that can lead to more thoughtful recommendations by the Board members and/or CEO and with the increased likelihood of the Board having sufficient information to make the best decision for the District.
2. This Board policy will require the hospital staff to take the time to fully present the facts and then analyze the issue before presenting a conclusion and recommendation. The staff will then need to write the Board Letters for issues presented to the Board by the CEO, when the CEO does not prepare the item. The CEO will need to review and approve all hospital generated items before submitting them for the Board agenda. The time used to thoughtfully prepare the Board Letter so as to fully inform the Board's decision making process is time that cannot be used for other purposes.
3. Board members are uncompensated. It will similarly require time from Board members to submit Board Letters for items they desire to have on the agenda.
4. Reducing the time invested in the production of the meeting minutes will continue to save a very substantial amount of hospital secretarial time that can be redirected to more productive purposes.

**Contract History:**

No contract is involved in this proposal.

**Board Committee Review:**

The Board's Governance Committee Charter directs the GC to draft policies and decisions regarding governance performance and submit them to the Board for deliberation and action. This proposal was considered by the Governance Committee on January 23, 2012. The Governance Committee unanimously supports the recommendation.

**Attachments:**

Policy #3 -- Format and Instructions for Preparing Board Letters



## **POLICY #3**

### **POLICY TITLE**

Format and Instructions for Preparing Board Letters

### **PURPOSE**

To provide the District's standard format for Board Letters along with instructions in order to better inform the Board on Regular and Special Board Meeting agenda items and to ensure consistent levels of information are provided to the Board prior to its discussion and/or action.

### **SCOPE AND APPLICABILITY**

This is a SVCHD Board Policy and it specifically applies to the Board, Board Committees, the CEO, and those preparing Board items on behalf of the CEO.

### **RESPONSIBILITY**

When preparing the Board Meeting agendas, it is the specific responsibility of the Board Chair, supported by CEO, to ensure that all agenda items are transmitted to the Board for discussion and/or action via a Board Letter as described in this policy.

### **FREQUENCY OF REVIEW/REVISION**

This shall occur every three years or more often if required, to confirm that it is still being followed and to make changes if necessary. If revisions are needed they will be taken to the Board for action.

Next scheduled review is February 2015.

### **POLICY HISTORY**

On May 12, 2011, the Board adopted this basic policy. This action includes the Board Letter Writing Basics as a guide to those who prepare Board Letters.

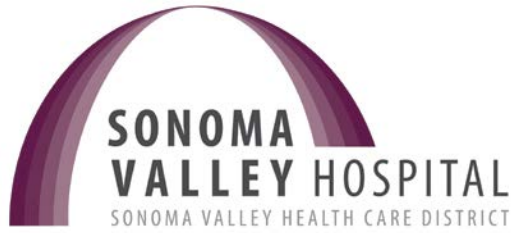


## **Board Letter Writing Basics**

**A Writer's Guide for  
Creating Board Letters in the  
Sonoma Valley Health Care District**

**February 2012**  
v. 0.1





Healing Here at Home

*Table of Contents*

**INTRODUCTION.....3**

**BOARD LETTER WRITING BASICS.....4**

**What are Board Letters?.....4**

**Board Letter Format .....4**

**BOARD LETTER FORMAT .....4**

**Date.....4**

**Subject.....4**

**Recommendation(s) .....5**

**Reasons for Recommendation(s) and Background.....5**

**Fiscal Implications .....5**

**Contract History .....6**

**Consequences of Negative/Alternative Action.....6**

**Board Committee Review.....6**

**Attachment(s) .....6**

**STANDARD BOARD LETTER FORMAT.....7**

## *INTRODUCTION*

The “Board Letter Writing Basics Writer’s Guide” is a tool in the quiver of the transmittal writer in the Sonoma Valley Health Care District (SVHCD). Its purpose is to be a “job aid” for Board Members, Board Committee Chairs, and the CEO of Sonoma Valley Hospital (SVH) that are creating or approving items for inclusion on the Board Agenda and the Board Letters requesting discussion or action by the SVHCD Board of Directors.

This guide will provide:

- Background on Board meetings and Board Letters, including why and how they are used.
- Overview of the format of Board Letters and the definition of each section.
- Examples of Recommended Action language.

“Meeting” includes any congregation of a majority of the members of the SVHCD Board of Directors, at the same time and place to hear, discuss, or deliberate upon any issue that is under the subject matter jurisdiction of the District. Under this definition, gatherings of the Board of Supervisors to address issues under the subject matter jurisdiction of the Board and where issues are discussed, decided, or voted upon are meetings subject to the Brown Act.

Regular meetings occur at a time and location set by District By-laws. At least 72 hours prior to the meeting, the body must post an agenda containing a brief general description of each item to be discussed or transacted at the meeting, including items to be discussed in closed sessions.

The purpose of the brief general description is to inform interested members of the public about the subject matter under consideration so that they can determine whether to monitor or participate in the meeting. The description must be sufficient to provide interested persons with an understanding of the subject matter that will be considered.

## ***BOARD LETTER WRITING BASICS***

### **What are Board Letters?**

Board Letters are the documents used to convey recommendations for SVHCD Board of Directors' discussion and/or action.

Board Letters include recommendations and supporting documentation providing background material that enables the Board to make well informed decisions.

### **Board Letter Format**

The District has established a standard Board Letter format. Board Letters are comprised of the following sections:

- Date
- Subject
- Recommendation(s)
- Reasons for Recommendation(s) and Background
- Fiscal Implications
- Contract History
- Consequences of Negative Action/Alternative Action
- Board Committee Review
- Attachments

All sections are required in all Board Letters, but in some cases the information may be very brief, e.g., if there is no prior contract history it may only state "There is no contract history with this firm/individual."

The following describes each section and explains why and how they are used.

#### **Date**

The Date should be the date of the Board Meeting when the item will be heard. Do not use the date the Board Letter is prepared.

#### **Subject**

The Subject should be a concise and consolidated statement of the action(s) to be taken. The subject line will be used on the Draft and Final Board Agendas provided to the Board and the public.

## **Recommendation(s)**

Make sure all actions you are asking the Board to take are clearly indicated. There can be one recommendation or many, depending on what needs to be accomplished.

The wording for the agenda is also taken from this section, along with the Subject so as to make the public fully aware of the possible Board action(s).

Here are a few helpful tips when completing the Recommendation(s) section of your Board Letter:

- Do not simply refer to “attached”; instead, spell out the item that the Board will be approving. For example: “Approve Agreement with ABC Corporation relating to...”
- Don’t include too much detailed information that describes every nuance of the recommendation. Keep the recommended action concise, particularly when the detail is in documents attached to the Board Letter such as an appropriation contact modification, contractual agreement, etc.

## **Reasons for Recommendation(s) and Background**

This section provides a brief justification for each action being recommended in the order they are being recommended. You should anticipate and answer key policy and economic questions that could be raised. If you are requesting delegation of authority to execute or extend a contract, explain why in this section.

Include as Background information that the Board of Directors may need to place the recommended action in proper historical perspective. The goals are to:

- Describe the relevant historical facts to put the situation/program/service/contract in perspective.
- If the action is new, why is it needed; if continuing, how was it provided before?
- If appropriate, what other alternatives were explored and why were they rejected in favor of the recommendation(s).

## **Fiscal Implications**

- Advise the Board of whether or not there is a fiscal impact in the current budget year and any out years that will be affected by the decision. Describe how the expenditure is covered if there is no fiscal impact. For example, if the recommendation is funded by an outside source of funds, state “There is no impact on the General Fund. Costs are fully covered by \_\_\_\_\_,” i.e., a grant from the State Department of Health Services, or a generous grant by the Smith Family Trust.
- Also advise the Board of staff time that will be needed to accomplish the recommendation(s) since that is a cost as well.

### **Contract Selection Process and History**

If the recommended action refers to an agreement or contract, there is contract history. This section is intended to provide a brief history of the contractor/vendor's relationship to the District and describe the procurement process. If there is no agreement/contract, state, "Not applicable."

### **Consequences of Negative/Alternative Action(s)**

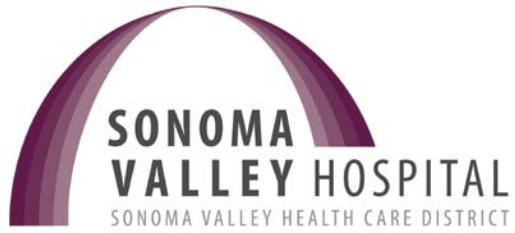
This section should be a concise statement of the consequences that will follow should the recommended action not receive Board approval. The statement begins: "Failure to approve this action may result in..." Use wording that does not create liability problems for the District if the Board elects to delay action or reject/modify staff recommendation. List the alternative actions the Board could take and the possible consequences of those decisions.

### **Board Committee Review**

This section should briefly explain what Board Committee(s) reviewed the issue and when, and include their input and/or recommendation for Board consideration. If there is a requirement for Board Committee review, that should also be noted. If it was not reviewed by a Board Committee, that should also be explained.

### **Attachments**

Include documents referred to in the Board Letter, such as contracts/agreements and amendments, resolutions, relevant correspondence, reports, audits, etc. so the Board can have easy access to background or related materials that will better inform the Board when it is making its decision.



*Healing Here at Home*

---

**Meeting Date:**

**Prepared by:** [Name, department]

**Agenda Item Title:**

**Recommendation(s):**

**Background and for Recommendation(s):**

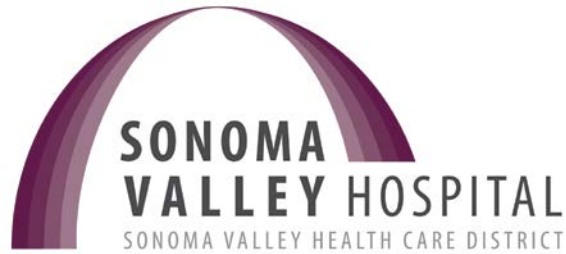
**Consequences of Negative Action/Alternative Actions:**

**Financial Impact:**

**Contract Selection Process and History:**

**Board Committee:**

**Attachments:**



*Healing Here at Home*

Sonoma Valley Hospital Sonoma Valley Healthcare District Policy and Procedure <b>Organizational</b>	
Title: <b>Investment Policy #P-2014.03.06</b>	Number: LD118 Page: 1 of 1

Carl Gerlach, CEO	01/22/08	Effective Date:	November 24, 1980
Approved By	Date	Revision Dates:	
Signature		Review Dates:	6/89, 3/96, 3/99, 7/00, 12/01, 3/05, 12/07, <u>2/22</u>

**POLICY**

Until such time as surplus funds exceed \$5,000,000, all investments shall be placed with the Local Agency Investment Fund (LAIF). If surplus funds exceed \$5,000,000, an investment policy ~~shall is to~~ be developed and approved by the Finance Committee. Funds required under bond indentures which are invested by a trustee are not covered by this policy.

**ACCOUNTABILITY/RESPONSIBILITY FOR REVIEW**

Board of Directors

**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN**  
**THE SONOMA VALLEY HEALTH CARE DISTRICT**  
**AND**  
**THE SONOMA VALLEY HOSPITAL FOUNDATION FOR FUND RAISING ACTIVITIES**

This Agreement is made and executed in Sonoma, California, on **DATE**, by and between the Sonoma Valley Health Care District (hereinafter referred to as "District"), a District duly organized and existing under the Local Health Care District Law of the State of California (California Health and Safety Code, Division 23, Sections 3200-32492), with its principal place of business at Sonoma, California and the Sonoma Valley Hospital Foundation, a hospital foundation organized and operating as a tax-exempt 501(c)(3) corporation with its principal place of business at Sonoma, California (hereinafter referred to as "Foundation"). The District and the Foundation may be referred to herein as "Party" or "Parties." The District and the Foundation desire to enter into this Agreement for fund raising activities with respect to the following:

**RECITALS**

Whereas, the District and the Foundation agree that significant philanthropic support is needed to continue to provide patient-focused, state-of-the-art health care and health-related programs to residents and visitors in its service area; and

Whereas, the District and the Foundation agree that such support can most effectively be garnered through a hospital foundation operated as a 501(c)(3) corporation, and as such an organization, the Foundation is best suited to provide and develop philanthropic support for the District; and

Whereas, the District and the Foundation agree that in order to provide and develop philanthropic support for the District, the Foundation will develop and implement a fund development program in support of health care for residents and visitors of the District.

Now therefore, in consideration of the promises and the mutual covenants herein contained, and for other good and valuable consideration, it is agreed:

**1. Responsibilities and Mutual Expectations**

**A. Responsibilities of the Foundation**

- i. The Foundation will develop, implement and refine a rolling three-year philanthropic strategic plan to maximize community support for the health care of the residents and visitors of the District.
- ii. The Foundation will continue to work with the Hospital and District leadership to determine annual and longer term goals and mission.
- iii. The Foundation agrees to support the capital, program, and other needs of District-owned facilities and District-operated programs.
- iv. The Foundation shall ensure there are two (2) ex-officio directors on the Foundation Board. Ex-officio directors shall be selected as follows: one shall be selected by the Board or Directors of the District; one shall be selected by the CEO of the Hospital.
- v. The Foundation will accept and process all gifts in accordance with all applicable laws and regulations.
- vi. The Foundation shall operate according to fundraising best practices and ethical



standards.

vii. The Foundation shall make its books and records available to the District and its agents for review and inspection upon reasonable written notice and at reasonable times.

~~vii-viii.~~ The Foundation shall present annually a report of its activities, funding, and otherwise to the Board of Directors of the District.

Formatted: Font color: Black

#### B. Responsibilities of the District.

- i. The District will direct all charitable contributions in support of the District to the Foundation for acceptance and gift processing. If unusual circumstance requires a gift to be accepted directly by the District, the District will do so in accordance with the Foundation's Gift Acceptance Policy. (see attachment)
- ii. The District agrees to honor donor instructions by using the restricted funds it receives from the Foundation only for the purposes intended by the donor.
- iii. The District shall select one (1) ex-officio director on the Foundation Board, as described in Section 1.A.iv above.
- iv. The District agrees to make all books and records pertinent to the Foundation available to the Foundation for review and inspection upon reasonable notice and at reasonable times.
- v. The District shall be responsible for funding 50% of the cost for annual independent audits of the Foundation's financial statements.

### 2. Request for and Transfer of Funds

- A. All grant funding requests for the District from the Foundation will be submitted in writing to the Foundation and have the Hospital CEO's written approval. The Foundation agrees to review grant requests submitted by the CEO within sixty (60) calendar days ~~or of~~ receipt.
- B. If a grant is approved by the Foundation Board, the Foundation will notify the primary project contact, as indicated on the grant application, within seven (7) calendar days of approval.
- C. If a grant is denied by the Foundation Board, explanation of the Board's decision will be submitted in writing to the Hospital CEO within seven (7) calendar days ~~of denial~~.
- D. Grants approved by the Foundation Board will be paid within thirty (30) days of receiving request for payment, which shall ~~be~~ submitted in writing by the Hospital CEO or Accounting Department and shall be accompanied by the corresponding invoice or purchase order ~~showing the equipment and/or services~~.

### 3. Funding Cost of Foundation Operations

- A. Based on a budget approved by the Foundation Board, the Sonoma Valley Hospital will assist in funding an agreed upon portion of operating expenses of the Foundation.

### 4. Terms and Termination

- A. *Term.* The term of this Agreement shall automatically renew at midnight on June 30 of

each calendar year unless either Party exercises their right to terminate the Agreement under Section B below.

B. *Termination.* This Agreement may be terminated by either Party, with or without cause, by giving sixty (60) days written notice as provided in Paragraph 11 of this Agreement.

C. *Dissolution and Distribution of Assets.* In the event that this MOU is terminated or the Foundation ~~be is~~ dissolved by the Foundation Board, all properties, monies, and assets will be distributed as outlined in ~~the Fourth~~ section four of the Foundation's Articles of Incorporation.

5. **Negotiation and Mediation Clause.** In the event of a disagreement or dispute between the Parties arising out of or connected with this Agreement, the disputed matter shall be resolved as follows:

A. *Negotiation.*

- i. The parties shall attempt in good faith to promptly resolve any dispute arising out of or relating to this Agreement ~~promptly~~ by negotiation between the District and Foundation Board Chairs. Any party may give the other party written notice of any dispute not resolved in the normal course of business. Within 15 days after delivery of the notice, the receiving party shall submit to the other a written response. The notice and response shall include with reasonable particularity (a) a statement ~~of~~ of each party's position and a summary of arguments supporting that position, and (b) the name and title of the executive who will represent that party and of any other person who will accompany the executive. Within 30 days after delivery of the notice, the chairs of both parties shall meet at a mutually acceptable time and place.
- ii. Unless otherwise agreed in writing by the negotiating parties, the above described negotiation shall end at the close of the first meeting of chairs described above ("First Meeting"). Such closure shall not preclude continuing or later negotiations, if desired.
- iii. All offers, promises, conduct and statements, whether oral or written, made in the course of the negotiation by any of the parties, their agents, employees, experts and attorneys are confidential, privileged and inadmissible for any purpose, including impeachment, in arbitration or other proceeding involving the parties, provided that evidence that is otherwise admissible or discoverable shall not be rendered inadmissible or non-discoverable as a result of its use in the negotiation.
- iv. At no time prior to the First Meeting shall either side initiate an arbitration or litigation related to the Agreement except to pursue a provisional remedy that is authorized by law or by agreement of the parties. However, this limitation is inapplicable to a party if the other party refuses to comply with the requirements of Paragraph i above.
- v. All applicable statutes of limitation and defenses based upon the passage of time shall be tolled while the procedures specified in Paragraphs i and ii above are pending and for 15 calendar days thereafter. The parties will take such action, if any, required to effectuate such tolling.

**B. Mediation.**

- i. If the matter is not resolved by negotiation pursuant to paragraphs i -v above, then the matter will proceed to mediation as set forth below.
  - ii. Either party may commence mediation by providing the other party a written request for mediation, setting forth the subject of the dispute and the relief request.
  - iii. The parties agree that any and all disputes, claims or controversies arising out of or relating to this Agreement shall be submitted for mediation.
  - iv. The parties will cooperate in selecting a mediator and in scheduling the mediation proceedings. The parties agree that they will participate in the mediation in good faith and that they will share equally in its costs.
  - v. All offers, promises, conduct and statements, whether written or oral, made in the course of the mediation by any of the parties, their agents, employees, experts and attorneys, and by the mediator, are confidential, privileged and inadmissible for any purpose, including impeachment, in any arbitration or other proceeding involving the parties, provided that evidence that is otherwise admissible or discoverable shall not be rendered inadmissible or non-discoverable as a result of its use in the mediation.
6. **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of California.
7. **Forum.** Any mediation to enforce or interpret the provisions of this Agreement or the Parties' rights and liabilities arising out of this Agreement or the performance hereunder shall be maintained only in the County of Sonoma, California, or within one or such County's incorporated cities.
8. **Severability.** If any provision of the Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless continue in full force and effect without being impaired or invalidated in any way.
9. **Integration.** This Agreement contains the entire agreement among the Parties and supersedes all prior and contemporaneous oral and written agreements, understandings, and representations among the Parties. No amendments to this Agreement shall be binding unless executed in writing by all of the Parties.
10. **Waiver.** No waiver of any of the provisions of this Agreement shall be deemed, or shall constitute a waiver of any other provision, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the Party making the waiver.
11. **Notices.** Any notice required by this Agreement shall be effective only if sent by certified or registered mail, postage prepaid, as follows:

If to District:  
Chair, Board of Directors and President/CEO  
Sonoma Valley Hospital, 347 Andrieux St, Sonoma, CA 95476

If to Foundation:  
Chair, Board of Directors and Executive Director  
Sonoma Valley Hospital Foundation, 347 Andrieux St, Sonoma, CA 95476

For the purpose of determining compliance with any time limit in this Agreement, a notice shall be deemed to have been duly given on the second business day ~~after~~ after mailing, if mailed to the Party to whom notice is to be given in the manner provided in this Section. Either Party may, at any time, change its address designated above by giving to the other Party thirty (30) days' written notice of the new address to be used for the purposes of this Section.

12. **Assignability.** Neither this Agreement nor any duties or obligations hereunder shall be assignable by any Party hereto without the prior written consent of the other Parties.

In witness whereof, the Parties have executed this Agreement as of the date first above written.

**Sonoma Valley Health Care District**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
~~Jane Hirsch~~ Joshua Rymer, Chair, Board of Directors

**Sonoma Valley Hospital Foundation**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
~~Kevin Jaggie~~ Brian Sebastian, Chair, Board of Directors



SUBJECT: GUIDELINE FOR THE BOARD OF DIRECTORS MEETING MINUTES	POLICY #P-2017.12.07
	PAGE 1 OF 2
DEPARTMENT: BOARD OF DIRECTORS	EFFECTIVE:
APPROVED BY:	REVISED: 3/11,12/17

**MINUTES FORMAT AND GUIDELINE:**

Minutes shall reflect the agenda topics, order and format.

All changes to the agenda shall be noticed in the minutes.

All motions, whether passed or not shall be noticed in the minutes; notice shall include the name of the director making the motion, and the specific action(s) taken. If multiple motions are made, each one shall be noticed separately. A brief summary of the discussion, if any, regarding the motion shall also be noticed.

When members of the public make comments at Board meetings, their comments shall be included in the minutes with their names (when provided). Direct quotes of the speaker shall be used with the exception when multiple speakers make the same comment (or nearly the same) on one topic, only one of the comments of one speaker shall be noticed in the minutes. Detailed summarization of the comments of the remaining speakers, with names, shall be included in that instance.

Consent Calendar – Suggested changes to items on the consent calendar shall be noticed in the minutes with motions accordingly.

All presentations shall be noticed in the minutes and shall include: the speaker’s name (s), and the key talking and subject points. Detailed reporting and commentary shall be omitted.

Written reports in the Board packet from Board committees shall be noticed in the minutes. Only limited detail on the presentations supporting these written reports shall be captured.

The Financial and Administrative reports in the Board Packet shall be noticed in the minutes. Commentary on these reports should be limited to capturing factual data. A summary of discussions about these reports shall be noticed in the minutes as needed for clarity. These summaries should be brief unless action is taken by the Board concerning these reports and is pertinent to a vote.

Board comments shall be noticed in the minutes and shall include the name of the director and a detailed summarization of the comments.

The time of the meeting’s adjournment shall be noticed in the minutes.



SUBJECT: GUIDELINE FOR THE BOARD OF DIRECTORS MEETING MINUTES

POLICY #P-2017.12.07

PAGE 2 OF 2

DEPARTMENT: BOARD OF DIRECTORS

EFFECTIVE:

APPROVED BY:

REVISED: 3/11,12/17

In cases where an audio or video recording of a Board meeting is made for whatever purpose by or at the direction of the District Board, these recordings shall be retained until the minutes are approved or for thirty (30) days, whichever is longer. (California Government Code section 54953.5(b)). These recordings are subject to the California Public Records Act.

Recordings of Board Committee meetings shall be retained until the minutes of the meeting have been approved by the Committee.



**Board Committee Selection Process Policy**

Approved P 2012.10.04  
Revised P 2022.04.20  
~~2018.02.01~~

**POLICY**

~~It is the policy of the~~ Sonoma Valley Health Care District Board ~~shall; to-~~

- ~~U~~tilize Board Committees for assistance in providing oversight and governance of District operations.

Formatted: Bulleted + Level: 1 + Aligned at: 0.32" + Indent at: 0.57"

~~It is the policy of the Sonoma Valley Health Care District Board to-~~

- ~~U~~tilize the experience and expertise of the citizens in the community to assist the Board members assigned to Board Committees.

Formatted: Bulleted + Level: 1 + Aligned at: 0.32" + Indent at: 0.57"

~~It is the policy of the Sonoma Valley Health Care District Board to-~~

- ~~E~~ncourage involvement of the public in the District's operations by maintaining full staffing of ~~regular and alternate public~~ Community members on Board Committees.

Formatted: Bulleted + Level: 1 + Aligned at: 0.32" + Indent at: 0.57"

The Current Board Committees are: Affiliation Oversight Committee, Audit Committee, Finance Committee, Quality Committee, Governance Committee.

**PROCEDURE**

When a public member vacancy occurs on a Board Committee, the Committee Chair shall notify the Board Chair of the vacancy.

For Board Committees with voting and alternate public members, the Committee Chair may elect to promote an alternate public member to be a voting member and notify the Board Chair of the alternate member vacancy.

The Board Chair shall notify the Board Clerk of the public member vacancy on the Committee.

The Board Clerk shall solicit written applications for the vacant public member Committee position by preparing an advertisement and/or press release for publication in local newspapers based on selection criteria from the Committee's charter and containing pertinent information, including the time and date deadline for submitting the application.

Candidates for the public member position ~~shall be~~ will be directed to the Board Clerk to obtain an information package and application form. Candidates ~~will~~ shall submit the application form and current resume/CV to the Board Clerk.

Candidate applications ~~shall will~~ be received and date stamped by the Board Clerk.

Committee candidate interviews ~~shall will~~ be scheduled at a regular or special Board meeting at a time and date to be determined by the Board Chair.

Committee candidates ~~shall will~~ be interviewed and prioritized by the Board.

The Board Chair ~~shall will~~ appoint the top ranked applicant (or applicants) to the vacant position (or positions) on the Board Committee subject to the approval of a majority of the Board.

The Board Clerk ~~shall will~~ ensure that newly appointed public Board Committee members are added to the Committee distribution list to receive notices of meetings.

~~The Board Clerk will send each n~~New public Committee members shall receive a copy of the appropriate Committee Charter, Board Orientation Guide.



## Composition of Standing Committees

### Affiliation Oversight Committee (4)

Ex Officio (4) ~~& Staff:~~

Board Chair - Joshua Rymer

Board - Judith Bjorndal

UCSF Affiliates Network President - Shelby Decosta

UCSF – ~~vacant~~ Theodore Abraham

~~No Community~~

Staff: CEO John Hennelly

### Audit Committee (6 4)

Ex Officio (2) ~~& Staff (2)~~

Board Chair – Joshua Rymer

Board Treasurer & Finance Chair – Bill Boerum

~~CEO John Hennelly~~

~~CFO Ben Armfield~~

Community (2)

Art Grandy

Graham Smith

Non-Voting: CEO; John Hennelly, CFO; Benjamin Armfield, CMO; Controller

A majority of the members of the Audit Committee shall have financial expertise, including an understanding of generally accepted accounting principles and financial statements, an understanding of internal controls and procedures for financial reporting, and an understanding of audit committee functions

### Finance Committee (9)

Ex Officio (2) ~~& Staff~~

Treasurer – Bill Boerum

Member – Joshua Rymer

Community (6):

Catherine Donahue

Bruce Flynn

Carl Gerlach

Art Grandy

Peter Hohorst

Wendy Lee

Medical Staff (1)

Subhash Mishra

Non-Voting: CEO; John Hennelly, CFO; Benjamin Armfield

Formatted: Right

Rev. 03.16.22

All District Citizen members of the committee must be stakeholders of the District. The District Board has defined stakeholder for the purpose of committee membership as:

- Living some or all of the time in the District~~.,~~ ~~or~~
- Maintaining a place of business in the District~~.,~~ ~~or~~
- Being an accredited member of the Hospital's Medical Staff.

It is recommended that a majority of the community members have a financial background.

### Governance Committee (3)

Ex Officio (2) ~~& Staff~~

Board Chair - Bill Boerum

Board – Judith Bjorndal

Community (1):

Amy Jenkins

The GC shall be staffed by the Hospital's CEO and/or Administrative Representative. At the request of the GC Chair, the Compliance Officer shall attend GC meetings.

~~The GC, with input from the Standing Committees and the Board, shall identify the skill sets of the current members and the skills sets ideal for the Standing Committees as a whole, and present a matrix to the Board for its action and use when recruiting and screening potential Standing Committee members. SVH employees and family members are not permitted to be on the Board Committees. SVH employees and family members are not permitted to be on the Board Committees.~~

### Quality Committee (7 to 9)

Ex Officio (2) ~~& Staff:~~

Board – Susan Kornblatt Idell, Chair ~~Michael Mainardi (?)~~

Board – Michael Mainardi ~~Susan Kornblatt Idell, Chair~~

Community (5):

Howard Eisenstark, MD

Carol Snyder, RN

Ingrid Sheets

Ako Walther, MD

Cathy Webber

Non-Voting Members: ~~Sabrina Kidd~~, MD, CMO; Mark Kobe, CNO; Kylie Cooper, Director of Quality

A Majority of the community members should have a clinical background and/or demonstrate an interest in hospital quality outcomes.

Formatted: Right

Rev. 03.16.22

~~Voting Members: The Board Quality Committee shall have at least seven and no more than nine voting members. • Two Board members o One of whom shall be the QC chair, the other the vice chair. • One designated position from the Medical Staff leadership (the Chief or Vice Chief). • At least four and no more than six members of the public selected by the Governing Board. Quorum Requirement: Half plus one member present. Chair One of the appointed Board Members Composition Voting Committee Members, Presenters, CEO, Chief Medical Officer (CMO) and Chief Nursing Officer (CNO), Chief Quality Officer (CQO)~~

Rev. 03.16.22

Formatted: Right