



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

AGENDA

THURSDAY, JULY 7, 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=enBpRWIyYkNlbnENlYkdqbWFvRmZTUT09>

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 jfontes@sonomavalleyhospital.org at least 48 hours prior to the meeting.</p>	RECOMMENDATION		
AGENDA ITEM			
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p>1. CALL TO ORDER</p>	<i>Rymer</i>		
<p>2. CLOSED SESSION CEO Evaluation</p>			
<p>3. REPORT ON CLOSED SESSION</p>	<i>Rymer</i>		
<p>4. PUBLIC COMMENT <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>5. BOARD CHAIR COMMENTS</p>	<i>Rymer</i>		
<p>6. CONSENT CALENDAR a. Board Minutes 06.02.22 b. Joint Board-Finance Minutes 05.24.22 c. Finance Committee Minutes 05.24.22 d. Quality Committee Minutes 05.25.22 e. Resolution 362: Brown Act Amendment AB 361 -Flexibility for</p>		Action	Pages 1-19

Virtual Meetings f. Medical Staff Credentialing g. Policy and Procedures			
7. VALLEY OF THE MOON POST ACUTE SEMI-ANNUAL REPORT	<i>Tully</i>	Inform	
8. QUALITY COMMITTEE QUARTERLY REPORT	<i>Cooper/ Kornblatt Idell</i>	Inform	Pages 20-26
9. CEO REPORT – Q & A	<i>Armfield</i>	Inform	Pages 27-29
10. ODC UPDATE	<i>Drummond</i>	Inform	
11. APPROVAL EXPANSION OF ODC PHASE I	<i>Drummond</i>	Action	Page 30
12. PIVOT POINT UPDATE	<i>Armfield</i>	Inform	
13. EPIC IMPLEMENTATION UPDATE	<i>Resendez</i>	Inform	
14. FINANCIAL REPORT FOR MONTH END MAY 2022	<i>Armfield</i>	Inform	Page 31-32
15. BOARD COMMENTS	<i>Board Members</i>	Inform	
16. ADJOURN	<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, JUNE 2, 2022

HELD VIA ZOOM VIDEOCONFERENCE

	RECOMMENDATION	
SONOMA VALLEY HOSPITAL BOARD MEMBERS 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		
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	<i>Rymer</i>	
The meeting was called to order at 6:00 p.m. Mr. Rymer said we will approve the election of two board seats at his meeting and requested assistance from the Board in finding two new members.		
2. PUBLIC COMMENT	<i>Rymer</i>	
None		
3. BOARD CHAIR COMMENTS		
None		
4. CONSENT CALENDAR	<i>Rymer</i>	Action
a. Board Minutes 05.05.22 b. Finance Committee Minutes 04.26.22 c. Quality Committee Minutes 04.27.22 d. Governance Committee Minutes 04.20.22 e. Governance Committee Recommendation - Policies f. Resolution 362: Brown Act Amendment AB 361 Flexibility for Virtual Meetings g. Policy and Procedures h. Medical Staff Credentialing	<i>Rymer</i>	MOTION: by Boerum to approve, 2 nd by Kornblatt Idell. All in favor.
5. IN-PERSON MEETINGS	<i>Rymer</i>	Action
Mr. Rymer explained the masking and safety requirements for in-person meetings. Mr. Mainardi read data about a recent increase in Covid19 infections, and said he supports remaining on zoom for upcoming meetings. The Board supported Mr. Mainardi. Mr. Rymer suggested the Board continue to meet remotely through December 2022, based on California's assembly bill 36.		MOTION: by Rymer to approve, 2 nd by Mainardi. All in favor.
6. SVHF ANNUAL UPDATE	<i>Pier</i>	Inform
Mr. Pier presented the Foundation's annual update with their 2022 objectives. The Foundation is finishing up the fundraising appeals for lifesaving equipment. They raised about \$600K to purchase anesthesia machines, new surgery tables, a coagulator machine, and mobile		

workstations. The foundation is deepening relationships with existing donors. Donors are being engaged with handwritten notes and emails, and the foundation is looking for ways to develop programs to do more for donors. In addition, the Foundation is developing more fundraising strategies with Sonoma Valley Hospital and strengthening the Board with additional community leaders. The Foundation has helped Sonoma Valley Hospital raise money for ODC construction, women's health and wellness, the new electronic health record system, covid19 response, continuing education, project pink, and the ICU renovation project. They have collected \$1.6M in capital campaign pledges and supported the parcel tax effort. The highest priority of the Foundation is the completion of the ODC project.		
7. CEO REPORT	<i>Hennelly</i>	Inform
Mr. Hennelly said the EPIC project was launched; Community Technologies was onsite for the launch with UCSF's support. CMO and CNO recruitment is ongoing, panel interviews will be scheduled in June.		
8. APPOINTMENT OF CEO COMPENSATION COMMITTEE	<i>Rymer</i>	Action
Mr. Rymer nominated Dr. Bjorndal to the CEO compensation committee.		MOTION: by Kornblatt Idell to approve, 2 nd by Mainardi. All in favor.
9. CEO GOALS FOR FY 2023	<i>Hennelly</i>	Action
Mr. Hennelly reported on his CEO Goals for FY 2023. He said that growth and financial viability goals have not been met. Mr. Hennelly is meeting with UCSF this week to talk about the GI opportunities. Mr. Rymer and Dr. Mainardi said the metrics listed on the spreadsheet need to be clear. Mr. Boerum said growth opportunities need to be more specific and thanked Mr. Hennelly for making the operating margin important.		MOTION: by Mainardi to approve, 2 nd by Boerum. All in favor.
10. ODC UPDATE	<i>Hennelly</i>	Inform
Mr. Hennelly reported on the ODC. He said the CT was down for five days last week but is on track now. Stroke patients were transferred to other facilities. The air handling issues have been fixed, and he is working on occupancy. The estimate for occupancy is four weeks. The electrical panel that needs to be replaced will cost between \$30K and \$50K. The MRI has moved from informal to a formal bid process that has slowed the process down.		
11. EPIC IMPLEMENTATION UPDATE	<i>Hennelly</i>	Inform
Mr. Hennelly said they continue to recruit for an in-house Project Manager. He is working with the UCSF team reviewing candidates.		
12. EPIC CONSULTING CONTRACT APPROVAL	<i>Hennelly</i>	Action
Mr. Hennelly reported on the Epic Consulting Contract agreement.		MOTION:

<p>Pivot Point will provide support and consultation services throughout EPIC implementation. He said the company will fill the position of Project Manager if a Project Manager is not hired. Mr. Rymer asked why there is no addendum regarding deliverables for the contract and would like to know what the hospital is getting for \$200K. Mr. Hennelly said they have been meeting with Pivot Point to get specific deliverables to define the general engagement. Community Technologies will implement EPIC, Pivot Point will manage change controls, communications, and oversight. Mr. Hennelly said there will be an addendum to the contract that will lay out specific deliverables.</p>		<p>by Mainardi to approve, 2nd by Boerum. All in favor.</p>
<p>13. FOREFRONT CONTRACT APPROVAL</p>	<p><i>Drummond/ Hennelly</i></p>	<p>Action</p>
<p>Mr. Hennelly reported on the Forefront contract, a firm engaged to manage the food service function. The Finance Committee and the Board recommended approval of the Forefront Contract.</p>		<p>MOTION: by Boerum to approve, 2nd by Bjorndal. All in favor.</p>
<p>14. APPROVE FY 2023 BUDGET</p>	<p><i>Armfield</i></p>	<p>Action</p>
<p>There has been an overall modest growth in patient volumes, particularly on the OP side, and a \$1M budgeted improvement in operating margin. FY23 is a very critical year for the hospital. SVH is budgeted to go-live with new electronic medical record, Epic, in December. Conversion to Epic is critical to hospital's long-term success but may present short-term challenges and budget risks in FY 2023. Outpatient volumes are expected to grow, inpatient volumes are expected to remain flat. The Board approved the FY 2023 Budget.</p>		<p>MOTION: by Kornblatt Idell to approve, 2nd by Mainardi. All in favor.</p>
<p>15. APPROVE FY 2023 CAPITAL SPENDING PLAN</p>	<p><i>Armfield</i></p>	<p>Action</p>
<p>Mr. Armfield reviewed the FY 2023 Capital Spending Plan. The Board approved the FY 2023 Capital Spending Plan.</p>		<p>MOTION: by Kornblatt Idell to approve, 2nd by Mainardi. All in favor.</p>
<p>16. FINANCIALS FOR MONTH END APRIL 2022</p>	<p><i>Armfield</i></p>	<p>Inform</p>
<p>Mr. Armstrong reviewed the Financial Report for Month End April 2022. Operating loss of 630K vs. budgeted operating loss of \$712K. and \$4.1M net revenue in April. April saw a better financial performance than previous months. Volumes for month of April were all close to budget, 119 surgeries, 4800 outpatient visits, which is 4% higher than FY average. Mr. Armfield is exploring opportunities to increase net revenue in the FY and beyond.</p>		
<p>17. ELECTION RESOLUTION</p>	<p><i>Rymer</i></p>	<p>Action</p>
<p>Mr. Rymer reported on the Election Resolution for November 2022.</p>		<p>Vote by Roll Call: Rymer – Aye Bjorndal - Aye Boerum - Aye Kornblatt Idell - Aye Mainardi - Aye</p>

18. BOARD COMMENTS	<i>Board Members</i>	Inform
None		
19. ADJOURN	<i>Rymer</i>	
Adjourned at 7:52 pm		



**SONOMA VALLEY HEALTH CARE DISTRICT
JOINT BOARD OF DIRECTORS AND FINANCE
COMMITTEE
SPECIAL BUDGET STUDY SESSION
MINUTES**

TUESDAY, MAY 24, 2022

HELD VIA ZOOM VIDEOCONFERENCE

	RECOMMENDATION	
<p>SONOMA VALLEY HOSPITAL BOARD MEMBERS</p> <ol style="list-style-type: none"> 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 <p>SONOMA VALLEY HOSPITAL FINANCE COMMITTEE MEMBERS PRESENT:</p> <ol style="list-style-type: none"> 1. Catherine Donahue 2. Bruce Flynn 3. Carl Gerlach 4. Art Grandy 5. Peter Hohorst 6. Wendy Lee 7. Dr. Subhash Mishra 		
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i></p>		
<p>1. CALL TO ORDER</p>	<i>Rymer</i>	
<p>The meeting was called to order at 4:01 p.m.</p>		
<p>2. PUBLIC COMMENT</p>	<i>Rymer</i>	
<p>None</p>		
<p>3. FY 2023 BUDGET</p>	<i>Armfield/ Dungan</i>	
<p>Mr. Armfield presented the FY2023 budget and discussed the key takeaways, which include overall modest growth in patient volumes, particularly on the OP side, and a \$1M budgeted improvement in operating margin. FY23 is a very critical year for the hospital. SVH is budgeted to go-live with new electronic medical record, Epic, in December. Conversion to Epic is critical to hospital's long-term success but may present short-term challenges and budget risks in FY 2023. Outpatient volumes are expected to grow, inpatient volumes are expected to remain flat.</p> <p>Mr. Rymer suggested reinstating a revenue enhancement program. Mr. Grandy suggested looking into the CHIFFA help loan again.</p>		No action was taken.

<p>Mr. Armfield discussed the budget schedules. The proposed budget projects gross patient revenue at \$309,857,127. Some of the major assumptions in the budget include, 6% price increase, staff salary increases at 2% starting in January 2023, and additional provisions for anticipated market adjustments for specific staffing positions. The projected operating margin is (\$6.3 million). Projected net income is estimated at \$5.1 million. Cash projected at the end of the year is \$5.9 million.</p> <p>The board and committee unanimously agreed to recommend that the budget be accepted at the June meeting of the Healthcare District Board.</p>		
<p>4. ADJOURN</p>	<p><i>Rymer</i></p>	
<p>Adjourned 4:49 p.m.</p>		



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, MAY 24, 2022
Via Zoom Teleconference

Present	Not Present/Excused	Staff	Public	
Bill Boerum via Zoom Catherine Donahue via Zoom Bruce Flynn via Zoom Carl Gerlach via Zoom Art Grandy, via Zoom Peter Hohorst via Zoom Subhash Mishra (MD) via Zoom Wendy Lee via Zoom Joshua Rymer via Zoom		Ben Armfield via Zoom Celia Kruse de la Rosa, viz Zoom Kimberly Drummond via Zoom Sarah Dungan via Zoom Jenny Fontes via Zoom John Hennelly via Zoom Dawn Kuwahara via Zoom	Judy Bjordal via Zoom Susan Kornblatt Idell via Zoom	
AGENDA ITEM	DISCUSSION		ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Boerum</i>			
	Called to order at 5:02 p.m.			
2. PUBLIC COMMENT SECTION	<i>Boerum</i>			
	None			
3. CONSENT CALENDAR (ACTION)	<i>Boerum</i>		Action	
a. Finance Committee Minutes 04.26.22			MOTION: by Rymer to approve with revisions, 2 nd by Flynn. All in favor.	
4. REPORT ON SUB COMMITTEE WITH ADMINISTRATION	<i>Boerum/Lee</i>		Inform	

<p>Ms. Lee said the meeting was focused on long term revenue generation. She said Mr. Hennelly and Mr. Armfield presented the strategic planning document which was very helpful, and the subcommittee was glad to hear about the strategic thinking regarding the partnership with UCSF. Ms. Lee said they agreed to with the Finance committee, recommends the budget review be shortened to 5 or 6 key points, and the review go to the consent calendar, and the time spend on Financials is reallocated to more strategic discussions around revenue generation and strategic initiatives. Mr. Rymer thanked the subcommittee for their strategic analysis and thinking about where the hospital might move to help the financials. He said the meeting was interesting and productive. He requested that Mr. Armfield and Mr. Hennelly speak about 5 key points:</p> <ul style="list-style-type: none"> • When they would have a streamlined financial reporting with more focus on net revenues. • The idea of a capital plan versus cash flows for 3 years. • An initial business plan for easy rewards. • How they would like the subcommittee managed. • How to restructure the Finance committee meetings to emphasize the subcommittee’s ideas and suggestions. <p>Mr. Hennelly said he hopes to meld the subcommittee back into the Finance Committee and the focus should be on prioritization. He would appreciate the Finance Committee’s perspective on prioritization. Mr. Boerum suggested an agenda item at the next Finance meeting that explains how Mr. Hennelly and Mr. Armfield would like to prioritize the ideas and initiatives that have been identified.</p>			
<p>5. FOREFRONT CONTRACT REVIEW</p>	<p><i>Drummond</i></p>	<p>Action</p>	
<p>The Forefront Contract was reviewed and approved. Contract will be submitted to the June 2nd Board meeting with revisions and a cover memo for final approval.</p>		<p>MOTION: by Flynn to approve with revisions, 2nd by Gerlach. All in favor.</p>	
<p>6. EPIC CONTRACT UPDATE</p>	<p><i>Hennelly</i></p>	<p>Inform</p>	
<p>Mr. Hennelly said EPIC will launch in less than two weeks, Pivotpoint will provide a project lead, and project support, the first quote is around \$150K.</p>			
<p>7. ODC UPDATE</p>	<p><i>Drummond</i></p>	<p>Inform</p>	

<p>CT repairs will be complete in mid-June. HCAI has accepted the amended construction document. Electrical coordination study was done. It was determined that an electrical panel needs to be replaced. The cost is between \$40k – \$60k.</p> <p>The architect met with the HCAI safety officer regarding the MRI. The safety officer was concerned about the safety requirements for the central wing. A formal bid package will go out in August 2022 for the demolition, fire barriers, and the roof protection of the central wing.</p>			
<p>8. FINANCIAL REPORT FOR MONTH END APRIL 2022</p>	<p><i>Armfield</i></p>	<p>Inform</p>	
<p>Mr. Armstrong reviewed the Financial Report for Month End April 2022. Operating loss of 630K vs. budgeted operating loss of \$712K. and \$4.1M net revenue in April. April saw a better financial performance than previous months. Volumes for month of April were all close to budget, 119 surgeries, 4800 outpatient visits, which is 4% higher than FY average. Mr. Armfield is exploring opportunities to increase net revenue in the FY and beyond.</p>			
<p>9. ADJOURN</p>	<p><i>Boerum</i></p>		
	<p>Meeting adjourned at 5:50 p.m.</p>		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
May 25, 2022 5:00 PM**

MINUTES

Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Susan Kornblatt Idell Ingrid Sheets Cathy Webber Carol Snyder Howard Eisenstark Michael Mainardi, MD			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 David Young, Director of Diagnostic Services

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	
	Meeting called to order at 5:00 p.m.	
2. PUBLIC COMMENT	<i>Kornblatt Idell</i>	
	None	
3. CONSENT CALENDAR	<i>Kornblatt Idell</i>	ACTION
<ul style="list-style-type: none"> QC Minutes 04.27.22 		MOTION: by Snyder to approve, 2 nd by Webber. All in favor.
4. IMAGING QA/PI	<i>Young</i>	INFORM
	Mr. Young reviewed the 2022 Quality Measures including CT tube quality control, contrast extravasations, wrong site/side, repeat analysis, MRI near misses, echo inpatient order to Exam performed and CTDi dose tracking. Mr. Young reviewed performance improvement. He said they provided more training to staff and tightened up analysis and reporting of “missing PCP at registration.” The efforts increased measures to 98%. The stroke-door to CT	

	scan is 25 minutes and stroke-door to radiologist report is 45 minutes.	
5. QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Cooper</i>	INFORM
	Ms. Cooper reviewed the Quality Indicator Performance and Plan for April 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, inpatient patient satisfaction and ambulatory surgery patient satisfaction. Mr. Kobe reviewed the rate your hospital scores.	
6. POLICIES AND PROCEDURES	<i>Cooper</i>	REVIEW/ RECOMMEND
	<p><i>Ms. Cooper reviewed the following policies:</i></p> <p><u>Policies with changes made:</u> Assessment and Reassessment (CM) Blood or Body Fluids Exposure Follow-Up (Patient /Visitor) Case Finding Criteria for Assessment Case Management in the Emergency Department Central Venous Catheter/Implanted Port: Access and Management Classification of Employees Equipment Cleaning Policy Expedited Review of Continued Hospital Stay Flowmeters for Oxygen Procedure Fluoroscan Foodborne Illness Outbreak Investigation Infection Prevention Program (2022) Infection Prevention Risk Assessment (2022) MRSA Active Surveillance Culture (ASC) NEW::Medicinal Cannabis Use in the Terminally Ill Outbreak Management Outpatient Infusion Service Oxygen Protocol Patient Positioning Patient Transportation Pet Therapy Visitation Plan for Patient and Family Education Pre-admission Evaluation</p>	

	Prevention of Catheter Associated Urinary Tract Infections Prevention of Central Line Associated Blood Stream Infections Reporting Infections and Communicable Diseases to Infection Control Restraint Use RETIRE::Cardioversion RETIRE:Hand off protocol Scope of Service Skilled Level of Care Criteria Transfer Process, Case Management Role Visitor Policy in the Intensive Care Unit <u>Policies awaiting revisions:</u> Medicinal Cannabis Use in the Terminally Ill Outpatient Infusion Service	
8. CLOSED SESSION/REPORT ON CLOSED SESSION	<i>Kornblatt Idell</i>	ACTION
a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Medical Staff Credentialing was reviewed and approved.	MOTION: by Eisenstark to approve, 2 nd by Mainardi. All in favor.
9. ADJOURN	<i>Kornblatt Idell</i>	
	6:25 pm	

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 1ST, 2021 TO OCTOBER 31ST, 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 16th 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 6th, 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 7th day of July, 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: 07/01/2022 2:50 PM

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: 12

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
Community Resources, Relationship of Case Management <i>Case Management/UM Dept</i>	Pending Approval	7/1/2022	0
Summary Of Changes: No major changes, updated to current process Moderators: Newman, Cindi (cnewman) Lead Authors: Kobe, Mark (mkobe) Approvers: 00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Neutropenic Precautions, Guidelines for Care of the Immunocompromised Patient <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	7/1/2022	0
Summary Of Changes: Added EBSCO as reference for Central line access care Updated Infection Preventionist's phone number. Updated Visitation section to state "Anyone who is ill or has been recently exposed to a contagious disease may not visit and nursing staff shall have final decision on who can visit:."			
Moderators: Newman, Cindi (cnewman) Lead Authors: Montecino, Stephanie (smontecino) ExpertReviewers: 06 CMO/Designee for signature Approvers: Cooper, Kylie (kcooper) -> 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)			
Outpatient Infusion Service <i>Medication Management Policies (MM)</i>	Pending Approval	6/20/2022	11
Summary Of Changes: Added verbiage on including an H&P and a med list for infusion patients with orders. Added sentence to refer nurses to policy #7430-104 Discharge of Patients Criteria from Surgical Care Unit for D/C guidelines for infusion patients. Adjustment to clarify H&P requirement and med reconciliation. Added verbiage referring to use of discharge criteria found in SCU policy 7430-104.			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/01/2022 2:50 PM

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

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kutza, Chris (ckutza), Fry, Dana (dfry)
 ExpertReviewers: Fry, Dana (dfry)
 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)

Physician Suspension: Medical Records <i>Medical Staff Policies (MS)</i>	Pending Approval	7/1/2022	0
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Summary Of Changes: No changes

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kobe, Mark (mkobe), Finn, Stacey (sfinn), Kidd, Sabrina (skidd), Cooper, Kylie (kcooper)
 ExpertReviewers: Pryszmant, Rosemary (rpryszmant)
 Approvers: Cooper, Kylie (kcooper), 06 CMO/Designee for signature - (Committee) -> 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)

RETIRE::Cardioversion <i>ICU Dept</i>	Pending Approval	5/26/2022	36
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Summary Of Changes: RETIRE this protocol in favor of EBSCO Dynamic Health skill: "Performing Electrical Cardioversion in Adults."

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Winkler, Jessica (jwinkler)
 Approvers: Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

RETIRE::Care Transitions Program <i>Case Management/UM Dept</i>	Pending Approval	7/1/2022	0
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Summary Of Changes: Retire.
 This was written for the grant and no decision has been made to continue this program in this manner

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kobe, Mark (mkobe)
 Approvers: 00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

RETIRE::Case Management in Skilled Nursing Unit <i>Case Management/UM Dept</i>	Pending Approval	7/1/2022	0
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Summary Of Changes: Retire policy; no longer relevant

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kobe, Mark (mkobe)
 Approvers: 00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

S aureus Decolonization Protocol for Patients Undergoing Total Joint Replacement Surgery <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	7/1/2022	0
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Summary Of Changes: Reviewed. Made some minor changes and defined some acronyms.
 Minor change completion of word (CHG)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/01/2022 2:50 PM

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

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Montecino, Stephanie (smontecino)**
 ExpertReviewers: **Fry, Dana (dfry)**
 Approvers: **Cooper, Kylie (kcooper) -> 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)**

Scabies Infestation and Outbreak Management <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	7/1/2022	0
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Summary Of Changes: **Fixed acronyms, no content changes. Updated Owner/Author/Reviewers/approvals.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Montecino, Stephanie (smontecino)**
 ExpertReviewers: **06 CMO/Designee for signature**
 Approvers: **Cooper, Kylie (kcooper) -> 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)**

Sterile Compounding <i>Medication Management Policies (MM)</i>	Pending Approval	7/1/2022	0
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Summary Of Changes: **Updated to include beyond use dates and compounding instructions that include use of glovebox isolator.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza)**
 Approvers: **01 P&P 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)**

Sterile Compounding Procedures 8390-03 <i>Pharmacy Dept</i>	Pending Approval	7/1/2022	0
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Summary Of Changes: **Added instructions for use and maintenance of glovebox isolator**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza)**
 Approvers: **01 P&P 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)**

Toy Cleaning Policy <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	7/1/2022	0
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Summary Of Changes: **Literature search for toy cleaning policy, all organizations are referencing the 2007 policies. Nothing more current available yet.**

Changes made to policy include adding the OWNER Director of Quality

**AUTHORS/REVIEWERS:
 Infection Preventionist
 Board Quality Committee**

**APPROVALS:
 Policy & Procedure Team:
 Performance Improvement /
 Pharmacy & Therapeutics Committee:
 Medical Executive Committee:
 The Board of Directors:**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/01/2022 2:50 PM

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

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Montecino, Stephanie (smontecino)**
ExpertReviewers: **06 CMO/Designee for signature**
Approvers: **Cooper, Kylie (kcooper) -> 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)**

Quarterly Board Quality Committee Report

Quarter 1 2022

2022 Work Plan

<u>January 1/26</u>	<u>February 2/23</u>	<u>March 3/23</u>	<u>April 4/27</u>
<ul style="list-style-type: none"> ▪ ED QA/PI ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 4th Qtr ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Pharmacy QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Annual Quality Department Review ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Infection Prevention Annual Risk Assessment / Plan ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 1st Qtr ▪ Policies and Procedures ▪ Credentialing
<u>May 5/25</u>	<u>June 6/22</u>	<u>July 7/27</u>	<u>August 8/24</u>
<ul style="list-style-type: none"> ▪ Imaging QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ PT/OT QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ ED QA/PI ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 2nd Qtr ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Lab QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing
<u>September 9/28</u>	<u>October 10/26</u>	<u>November No Meeting</u>	<u>December 12/14</u>
<ul style="list-style-type: none"> ▪ Pharmacy QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Inpatient Services QA/PI ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 3rd Qtr ▪ Policies and Procedures ▪ Credentialing 		<ul style="list-style-type: none"> ▪ Imaging QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing

Hospital Wide Quality Initiatives





- **Emergency Department-** Improved performance in Q1 regarding sepsis care. 100% of all cases reviewed by Director of Quality, Director of Emergency Services and Medical Director of ED. Real time review of all Sepsis bundle fall outs.
- **Inpatient services-** Monthly audits of antibiotic administration and care plan documentation. Emphasis on patient education with nursing staff and respiratory therapy staff
- **Pharmacy-** Monthly audits of smart pump compliance (iv infusion pumps that allow nurses to pick medication delivered, predetermined hard stops to prevent errors)
- **Readmissions-** All readmissions within 7 days are reviewed by Medical Director of Hospitalist Medical Group and direct follow up with providers if warranted

Hospital Wide Quality Initiatives

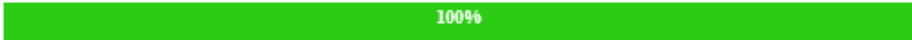



- **Stroke Care- Monthly audits of all stroke patients that include the following:**
 - Door to CT scan time
 - Door to MD evaluation
 - Door to Neurologist consultation
 - Door to Lab results and EKG performed
 - Door to tPA decision and tPA administration time (if indicated)

Core Measures





Core Measures > HOP Colonoscopy

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📄	
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (Q)	 History 	 Target Met	100.0% 14/14	 Improved	Q1-2022	89.0%	50.0%	n/a	100.0%





Core Measures > HOP ED Throughput

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📄	
Core OP-18b - Median Time ED Arrival to ED Departure - Reporting Measure (Q)	 History 	 Target Met	125.00	 Improved	Q1-2022	132.00	140.00	n/a	125.00


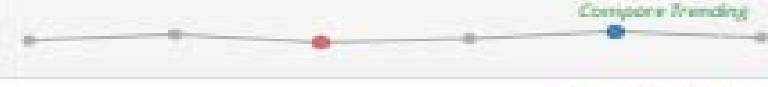


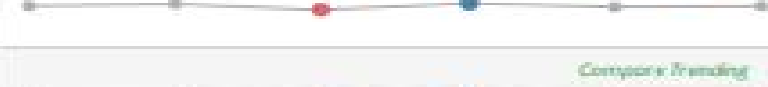
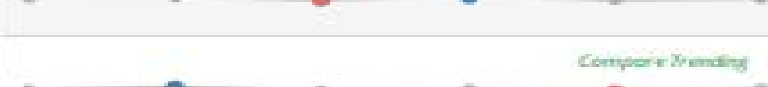

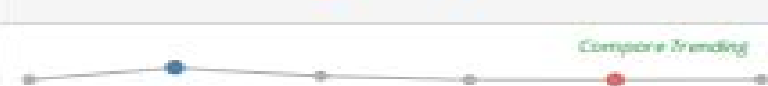



Core Measures > Sepsis -SEP-1-

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📄	
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (Q)	 History 	 Target Met	88.9% 16/18	 Improved	Q1-2022	81.0%	80.0%	n/a	88.9%

Stroke > HOP Stroke

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📄	
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (Q)	 History 	 Target Met	100.0% 4/4	 No Change	Q1-2022	72.0%	70.0%	n/a	100.0%

Patient Experience HCAHPS

Survey Items #	SECTION/DOMAIN	Survey Type #	n #	Top Box Score			Percentile Rank #	Score Trendline	
				Current (Q1 2022) #	Previous (Q4 2021) #	Goal #			
Rate hospital 0-10	GLOBAL ITEMS	CAHPS	34	79.41%	80.95%	—	-1.54%	87	 Compare Trending
Recommend the hospital	GLOBAL ITEMS	CAHPS	33	72.73%	90.48%	—	-17.75%	65	 Compare Trending
Domain: Comm w/ Nurses	COMM W/ NURSES	CAHPS	34	81.37%	71.21%	—	10.16%	76	 Compare Trending
Domain: Response of Hosp Staff	RESPONSE OF HOSP STAFF	CAHPS	31	79.53%	78.97%	—	0.56%	96	 Compare Trending
Domain: Comm w/ Doctors	COMM W/ DOCTORS	CAHPS	33	73.23%	71.21%	—	2.02%	19	 Compare Trending
Domain: Hospital Environment	HOSPITAL ENVIRONMENT	CAHPS	34	64.71%	61.36%	—	3.34%	53	 Compare Trending
Cleanliness of hospital environment	HOSPITAL ENVIRONMENT	CAHPS	34	73.53%	63.64%	—	9.89%	66	 Compare Trending
Quietness of hospital environment	HOSPITAL ENVIRONMENT	CAHPS	34	55.88%	59.09%	—	-3.21%	38	 Compare Trending
Domain: Comm About Medicines	COMM ABOUT MEDICINES	CAHPS	21	54.76%	53.13%	—	1.64%	27	 Compare Trending
Domain: Discharge Information	DISCHARGE INFORMATION	CAHPS	33	78.31%	85.62%	—	-7.31%	8	 Compare Trending
Domain: Care Transitions	CARE TRANSITIONS	CAHPS	34	53.52%	46.37%	—	7.15%	69	 Compare Trending

HCAHPS Initiatives

- Bedside rounding by Hospitalists- MD has designated chair they take into patient rooms
- Beginning in 2022 family conferences are completed for patients that have an ICU stay greater than 3 days or an Inpatient Stay greater than 5 days
- Daily rounding with MD and Nurses at patient bedside
- Daily rounding at patient bedside with Case Management



To: SVHCD Board of Directors
From: John Hennelly
Date: 07.07.22
Subject: Administrative Report

As we close FY22, we have much to recognize. While still turbulent, Covid is proving less lethal. Occupancy of our new CT and surrounding spaces is forthcoming. Quality performance remains strong, and volumes and revenues are rebounding consistent with most of the year. FY23 promises more growth and a significant investment in EPIC as our new electronic health record.

While the spring presented an increase in **COVID** cases after a late winter lull, June has provided some of the most challenging weeks with staff testing positive at rates exceeding January. Positivity rates and subsequent quarantining of staff has placed significant stress upon the organization. While community transmission is high, it is fortunately not translating into hospitalizations. The hospital continues to require masking by everyone in the hospital in addition to the expectation of being vaccinated or having a recent negative PCR (lab) test.

The **Outpatient Diagnostic Center (ODC)** CT phase remains slated to open in early August. All related construction work is complete. The team continues to work with HCAI to gain acceptance of completing this additional work after occupancy.

The MR project is under review. The plan as drawn poses risks related to retrofitting of the structure to accommodate a new function (MR). The team is reviewing this plan as well as coming up with alternative locations should the plan be prohibitively expensive or time consuming. Once this plan review is completed, we will proceed with a bid process to complete the plan.

The hospital's **quality** performance through May continues to be strong, very similar to what was reported for April. Ongoing measures related to outcomes, readmissions, hospital acquired conditions are very positive. The American Heart Association awarded Sonoma Valley Hospital with their **Get With The Guidelines Silver Plus** award for consistent exceptional care of stroke patients. The hospital is consistently delivering high quality care.

May's **financials** were very strong. We exceeded our operating targets for the second month in a row. YTD our operating margin remains 12% behind target and marginally better than same time last year. The 4th quarter though, has been quite strong through 2 months with operating margin at 18% over budget. Of concern, operating expenses are 3% over last year and management expects that to rise as contractual and labor adjustments occur.

Volumes in May was strong. ED visits exceeded budget by 33%, a remarkable 228 visits. Surgeries were at budget both for the month and YTD. Versus 2021, surgeries are even, and total visits are up almost 8000. Days cash remain strong at 60.6.

Several key **leadership** changes will be occurring this month. Mark Kobe, CNO, is stepping down after 10 years in leadership at SVH. After an extensive recruitment, a new chief nurse has been selected. Sarah Dungan, Controller, is leaving for a role at Benioff Children’s Hospital. We wish them both well. Recruitment for CMO is underway.

The hospital is 1 month into a 6-month project to replace our medical records system. The Epic implementation is on time and will go live 12/3/22.

Update from 2025 Strategic Plan:

Strategic Priorities	Update
Enhance Quality and Services through the affiliation with UCSF Health	<ul style="list-style-type: none"> ➤ We focus on building our relationship around provider recruitment <ul style="list-style-type: none"> ○ GI – contract executed with UCSF to recruit ○ Primary Care ➤ CMO recruitment is underway. First round interviews will occur the second week of July.
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> ➤ The hospital continues to provide guidance to our community regarding Covid guidelines. ➤ The hospital has expanded availability of testing to the community through the hospital drive through. ➤ Phase 1 of the ODC is almost complete. Occupancy planned for August. ➤ Engagement continues with community groups and community members.
Ensure Patients receive Excellent, Safe care	<ul style="list-style-type: none"> ➤ 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. ➤ Implementation of Epic is in the data collection phase. Teams have begun meeting and gathering data. Go live scheduled for December 2022.
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> ➤ The team continues to work on recruitment efforts to bring MDs to Sonoma. Focus currently on primary care and surgery.
Be a Healthy Hospital	<ul style="list-style-type: none"> ➤ 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. ➤ The hospital continues to review emergency drills including Active Shooter.

SVH Performance Score Card

1. Quality and Safety

Objective	Target	APR.22	MAY.22	Trend	Supporting detail
Infection Prevention					
Central Line Blood Stream Infection CLABSI per 10k pt days	<1	1.0	0.0	↑	
Catheter Associated Urinary Tract Infection- CAUTI per 10k pt days	<1	1.0	0.0	↑	
CDIFF Infection per 10k pt days	<0.9	0.0	0.0	↔	
Safety					
Patient Fall per 1000 pt days	<3.75	0.0	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	↔	

Core Measures					
Sepsis Early Management Bundle % compliant	>81%	87.5 (n=8)	100 (n=7)	↑	
Severe Sepsis 3 hour Bundle % compliant	>94%	87.5 (n=8)	100 (n=7)	↑	
Severe Sepsis 6 hr Bundle % compliant	100.00	100 (n=5)	100 (n=5)	↑	
Core OP 23- Head CT within 45 mins % compliant	100.00	100.0	100 (n=3)	↔	

Mortality					
Acute Care Mortality Rate %	<15.3	2.5	2.9	↔	

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	179.5 (n=26)	197 (n=31)	↓	High volumes, 923 ER visits
Core Op 22 ED Left without being seen LWBS	<2%	1.1	3.8	↓	

PSI 90					
PSI 90 Composite Acute Care Admissions	0.00	0.0	0.0	↔	

Preventable Harm					
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.062	0.000	↑	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	7.25	6.25	↑	Lower is better

2. Employees

Objective	Target	APR.22	MAY.22	Trend	Supporting Detail
Turnover	<3%	0.8	0.9	↔	
Workplace Injuries	<20 Per Year	0 (QTR2)	1 (QTR2)	↑	Injuries reported per Quarter

3. Patient Experience

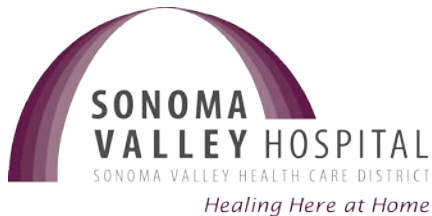
Objective	Target	MAR.22	APR.22	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>50%	11 (n=15)	88 (n=24)	↑	
Communication	>60%	72 (n=15)	16 (n=24)	↓	
Discharge Instructions	>70%	16 (n=15)	38 (n=24)	↑	
HCAHPS					
Recommend the hospital	>50%	44 (n=12)	67 (n=15)	↑	
Communication with Nurse	>50%	33 (n=12)	89 (n=15)	↑	
Communication with Doctor	>50%	4 (n=12)	58 (n=15)	↑	
Cleanliness of Hospital	>50%	10 (n=12)	35 (n=15)	↑	
Communication about medicines	>60%	58 (n=12)	15 (n=15)	↓	
Discharge Information	>50%	58 (n=12)	5 (n=15)	↓	

4. Volume

Objective	Target	APR.22	MAY.22	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>750	773.0	923.0	↑	
Surgical Volume Outpatient	>80	98.0	103.0	↑	
Surgical Volume Inpatient	>13	21.0	18.0	↓	
Inpatient Discharges	>50	80.0	73.0	↑	

5. Financial

Objective	Target	APR.22	MAY.22	Trend	Supporting Detail
EBDA in %	0.5	-2.5	-1.8	↑	
Days Cash on Hand month end	42	57.5	62.7	↑	
Net Revenue (\$M)	\$49.0	\$42.9	\$47.2	↑	





To: SVH Board of Directors
From: John Hennelly, CEO
Date: 7/7/2022
Subject: Extend Exception for Emergency Contract

RECOMMENDATION TO THE BOARD OF DIRECTORS:

Management is recommending to the Sonoma Valley Hospital Board of Directors that they authorize additional work on the CT Project of the Outpatient Diagnostic Center as an emergency contract per the exception clause in the Policy and Procedures Governing Bidding for Facility Projects.

Management is asserting that this additional work for the CT Project continues in a state of emergency and we should not delay the work through a competitive solicitation of bid.

BACKGROUND:

SVH budgeted \$1M to complete the CT Project for Phase 1. SVH Board of Directors authorized Management to enter into negotiated contract with a GMH Builders as an emergency contract to complete Phase 1. Phase 2 of the CT Project to decommission the old CT and transition the new CT from normal to emergency power were part of original project scope and planned to be publicly bid separately as part of the MRI scope of project.

The current design & construction team (SKA and GMH Builders), have concentrated efforts to complete Phase 1. HCAI, the regulatory agency required the design team to complete an Electrical Coordination Study in Phase 1 to inform any electrical infrastructure correction work required in order to place the CT on emergency power. Additional corrective mechanical work and new penthouse access have been identified as corrective scope that needs to be completed.

Timing is of the essence to place the new CT on emergency generator power as we are now in fire season. If the Hospital were to experience PG&E loss of power, the CT would not be operational. The current design and construction team have dedicated extensive planning through the electrical coordination study that will allow them to complete this work immediately after Phase 1. This work will bring the CT Project to completion with HCAI. A public bid at this juncture could take 8-10 weeks to award the project and additional time if a new team were selected for them to gain full understanding of the Hospital infrastructure, secure approvals from HCAI and mobilize to complete the work.

The completion of Phase 1 and additional proposed work is estimated to cost \$1.235M in comparison to a budget of \$1.2M. A public bid for this work would cost the Hospital valuable time and result in a higher overall project cost.



EPIC implementation: Sonoma Valley Hospital

Board Meeting
July 7, 2022

Schedule	Budget	Scope
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Project Manager: Brian Resendez

Start Date: 6/2/2022 **End Date:** 12/16/2022

Progress: 15%

Phase: Discovery / Data Gathering

Key Activities & Milestones	Target End	% Done
Kick Off & Site Visit	6/2/22	100%
Revenue Kick Off	6/2/22	100%
Facility Structure	6/2/22	100%
Functional Readiness – Clinical Informatics	6/17/22	100%
Data Gathering	6/17/22	100%
Weekly Readiness Meetings Begin	6/24/22	100%
Super User Identification	TBD	0%
CDM Validation #1	TBD	0%
CDM Validation #2	8/4/2022	0%
BCA Presentation	9/13/2022	0%
BDI Device Testing	TBD	0%
WAS/PAS End user device validation/testing	10/14/2022	0%
CDM Validation #3	10/18/2022	0%
Workflow Review and Practice for Front Desk	11/14/2022	0%
End User Training	11/18/2022	0%
BDI MRT Testing	TBD	0%
Surgery Preference Card Build Turnover	TBD	0%
Reporting Overview Training	TBD	0%
Data Conversion Load	TBD	0%
Technical Dress Rehearsal (on site)	11/01/22	0%

KEY ACCOMPLISHMENTS THIS REPORTING PERIOD

Jun 02 – Jun 30

- Implemented Project Management tools for Schedule management as well as Issue, Risk and Decision Management and tracking.
- Completed Discovery Sessions
- Completed Data Gathering Sessions
- Identified areas for Deep Dive Analysis
- Began review of 3rd party systems and contracting / quoting activities
- Pharmacy formulary scanning was completed
- Completed VPN Tunnel between sites
- Took delivery of 90 new Monitors

PLANNED ACTIVITIES, NEXT REPORTING PERIOD

- Deep Dives for workflows identified during discovery requiring additional information and potential GAP.
- Prepare CDM for 1st review submittal first week in August
- Complete renaming of Workstations
- Upgrade workstations to Epic standards
- Understanding how Ambulatory / Community Physicians will work within Epic

RED	Issues or risks presenting putting scope, budget, or schedule in jeopardy
YELLOW	Issues or risks presenting putting scope, budget, or schedule on watch list
GREEN	Little to no issues or risks presenting that materially impact scope, budget, or schedule



To: Sonoma Valley Health Care District Board of Directors
From: Ben Armfield, Chief Financial Officer
Date: July 7, 2022
Subject: Financial Report for May 2022

OVERALL PERFORMANCE:

May was a positive month financially compared to our operating budgeted targets and now marks the second straight month where the hospital’s operating margin exceeded budget. The operating margin of (\$609,936) in May was 23% better than what was budgeted for the month. We are still trailing budget for this fiscal year as our year-to-date operating loss of (\$6.26M) is 12% off our budgeted loss of (\$5.6M).

All-in, after accounting for all operating and non-operating revenues and expenses (including parcel tax and GO bond activity), the hospital posted a positive net income of \$11,104 for the month of May.

Table 1 | Operating Margin - May 2022

	Month of May 2022				Year To Date May 2022							
	Current Year		Variance		Current Year		Variance		Prior Year		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (609,936)	\$ (792,444)	\$182,508	23%	\$ (6,263,605)	\$ (5,614,850)	\$ (648,755)	-12%	\$ (6,360,890)	\$ 97,285	2%	
Operating EBDA*	\$ (386,530)	\$ (539,564)	\$153,034	28%	\$ (3,710,405)	\$ (2,833,170)	\$ (877,235)	-31%	\$ (3,552,559)	\$ (157,846)	-4%	

* Operating Margin less Depreciation

While still behind budget for the year, 4th quarter financial performance from operations has been a positive, as we have made significant progress during the first two months of this final quarter, exceeding budget by a combined ~\$265,000, or close to 20%.

Table 2 | Operating Margin - 4th Quarter FY2022 by Month

Operating Margin - 4th Quarter Fiscal Year 2022				
	Current Year		Variance	
	Actual	Budget	\$	%
April 2022	\$ (630,363)	\$ (712,451)	\$ 82,088	12%
May 2022	\$ (609,936)	\$ (792,444)	\$ 182,508	23%
June 2022	TBD	TBD		
4th Quarter FY22	\$ (1,240,299)	\$ (1,504,895)	\$ 264,596	18%

NET REVENUE:

Net revenue was a positive for the month, both compared to our budget target as well as our current fiscal year trend as we have now set fiscal year highs in net revenue in back to back months. We posted \$4.12M in April, and May’s net revenue of \$4.15M was +10% compared to budget and set a new high for the fiscal year. Both April and May net revenue was also +10% higher than what we had been averaging this fiscal year through March.

OPERATING EXPENSES:

Operating expenses of \$4.86M was negative vs budget by (\$223,000), or 5%. We continue to see cost overages in some of the same areas that have been reported on throughout the fiscal year – purchased services due to unbudgeted UCSF IT director and mgmt. costs, supplies due to increased volumes as well as ongoing COVID testing, and utilities due to continued increases in our PG&E utility costs.

Year to date, our operating expenses are 2% over budget and 3% higher than the prior year.

Table 3 | Operating Revenues & Expenses - May 2022

	Month of May 2022				Year To Date May 2022						
	Current Year		Variance		Current Year		Variance		Prior Year		Variance
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%
Net Patient Revenue	\$ 4,147,780	\$ 3,763,729	\$ 384,051	10%	\$ 46,180,265	\$ 45,741,762	\$ 438,503	1%	\$ 44,837,615	\$ 1,342,650	3%
Total Operating Revenue	\$ 4,247,461	\$ 3,841,378	\$ 406,083	11%	\$ 47,234,082	\$ 46,685,901	\$ 548,181	1%	\$ 45,798,021	\$ 1,436,061	3%
Total Operating Expenses	\$ 4,857,397	\$ 4,633,822	\$ (223,575)	-5%	\$ 53,497,687	\$ 52,300,751	\$ (1,196,936)	-2%	\$ 52,158,911	\$ (1,338,776)	-3%

VOLUMES:

May was another strong volume month for the hospital as most key statistical indicators exceeded budget. We did see a dip in our total OP visits during this past month but we are still favorable to budget for the year and up significantly when comparing to prior year.

Total surgeries were basically flat with budget in May, but we do continue to see an increase in our inpatient surgeries compared to our current year run-rate (we averaged ~10 IP surgeries/month this fiscal year through January).

We had more patient days in May than any other month during the last two fiscal years. It was also a very busy month in the emergency room as the 923 ER visits was also a high for this fiscal year.

Table 4 | Patient Volumes - May 2022

	Month of May 2022				Year To Date May 2022						
	Current Year		Variance		Current Year		Variance		Prior Year		Variance
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Discharges	73	82	(9)	-11%	705	837	(132)	-16%	716	(11)	-2%
Acute Patient Days	313	268	45	17%	2,945	2,904	41	1%	2,925	20	1%
IP Surgeries	18	17	1	6%	142	181	(39)	-22%	181	(39)	-22%
OP Surgeries	103	107	(4)	-4%	1,130	1,086	44	4%	1,099	31	3%
Total Surgeries	121	124	(3)	-2%	1,272	1,267	5	0%	1,280	(8)	-1%
Special Procedures	52	47	5	11%	579	473	106	22%	516	63	12%
Total Outpatient Visits	4,654	4,876	(222)	-5%	51,298	50,360	938	2%	44,060	7,238	16%
Total ER Visits	923	695	228	33%	8,446	7,034	1,412	20%	7,842	604	8%

CASH ACTIVITY:

It was a positive month for cash collections in May. For the month, the cash collection goal was \$3,717,044 and the hospital collected \$3,904,692, or 105% of the monthly goal. YTD, our cash collections are 99.3% of our overall target.

Cash continues to be strong with days remaining over our target of 50.

Table 5 | Cash / Revenue Cycle Indicators- May 2022

	Current Year		Variance		Prior Year	Variance	
	May-22	Apr-22	Var	%		May-21	Var
	Days Cash on Hand - Avg	60.6	59.2	1.4	2%	65.5	(4.9)
A/R Days	39.9	39.3	0.6	2%	49.7	(9.8)	-20%
A/P Days	51.7	51.7	0.0	0%	46.1	5.6	12%

FINANCE OPERATIONS UPDATE:

Please see below for a summary of key initiatives and highlights pertaining to our finance team and the work we are prioritizing in the month ahead:

Leadership Update:

I regret to inform the Board that we will be losing a great leader over the next month. Sarah Dungan has accepted a position at Benioff Children's Hospital to serve as their controller. This is Sarah's last Board of Directors meeting as her last day with the hospital is 7/15/22. Selfishly, Sarah is a huge loss. Not only for the finance team but for the entire organization. She has been a faithful servant to this health care district and it is hard to quantify the impact she has had on this hospital and community. Her skills and presence will be sorely missed. It will most certainly not be easy to say 'goodbye' to Sarah, but we are all excited to see her excel in this new role. Please join me in congratulating Sarah and in wishing her well in this new, exciting endeavor!

We have begun the recruitment for her replacement and will share more details with the Board as those efforts ramp-up.

Revenue Cycle Payor Contracting Review:

Our team has engaged multiple consultative firms to assist us in identifying potential opportunities specific to payor contracting. It has been some time since the hospital's payor contracts have been reviewed, and we want to prioritize this project in the months ahead. We are in the process of receiving competitive bids and engagement proposals, and as that work finishes we would like to plan on presenting these proposals and our respective recommendations to both the Finance Committee and Board of Directors - should we determine that this engagement warrants moving forward.

Revenue Enhancement Steering Committee:

We will be formalizing our internal revenue cycle steering committee next month. This group will engage subject matter experts across multiple disciplines and will be tasked with identifying and solving revenue cycle issues and opportunities that are uncovered through structured analysis and service line drilldowns. We will provide concurrent updates as this group gets going and starts their work.

Additional Funding Sources:

We have initiated the application process on the Healthcare Expansion Loan Program II (HELP II). The HELP II program provides low, fixed interest loans for the capital needs of California's nonprofit small and rural health facilities. These loans can be used for a variety of sources, and eligible health facilities can borrow up to \$2 million. This loan can be used to help fund construction projects, purchase new equipment, and also refinance existing debt (up to \$1 million). All district hospitals are eligible for this loan. We would like to continue to move this forward with the goal of presenting a full recommendation to the Board in August. We can pull ourselves out of the application process at any time.

Departmental Collaboration Opportunities:

One of our most significant challenges operationally relates to staffing as external forces are making it more and more difficult to successfully recruit and retain staff. Similar to what we have done in Pharmacy, we have been performing due diligence on the feasibility of engaging third-party partners to help us identify management solutions related to staffing, as well as operational and clinical best practices. We will provide more details to the Board as this work continues and ultimately, if deemed viable, recommendations on moving forward.

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 May 31, 2022

ATTACHMENT A

Gross Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	7,985,782	9,465,833	-1,480,051	-15.6%	96,739,389	97,509,461	-770,072	-0.8%
Medicare Managed Care	4,914,763	3,698,257	1,216,506	32.9%	47,626,271	37,971,667	9,654,604	25.4%
Medi-Cal	6,002,149	4,562,417	1,439,732	31.6%	45,902,902	46,879,379	-976,477	-2.1%
Self Pay	376,088	263,378	112,710	42.8%	4,223,451	2,643,828	1,579,623	59.7%
Commercial & Other Gov't	5,296,333	5,243,895	52,438	1.0%	63,998,103	53,551,488	10,446,615	19.5%
Worker's Comp.	1,586,893	743,516	843,377	113.4%	8,790,469	7,586,150	1,204,319	15.9%
Total	26,162,008	23,977,296	2,184,712	9.1%	267,280,585	246,141,973	21,138,612	8.6%

Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	986,975	1,110,312	-123,337	-11.1%	10,932,995	11,614,940	-681,945	-5.9%
Medicare Managed Care	512,610	426,779	85,831	20.1%	4,993,948	4,356,930	637,018	14.6%
Medi-Cal	595,810	480,423	115,387	24.0%	4,633,622	4,906,399	-272,777	-5.6%
Self Pay	197,033	99,373	97,660	98.3%	1,771,934	997,516	774,418	77.6%
Commercial & Other Gov't	1,558,684	1,509,217	49,467	3.3%	17,279,119	15,389,194	1,889,925	12.3%
Worker's Comp.	248,825	137,625	111,200	80.8%	1,425,751	1,391,753	33,998	2.4%
Prior Period Adj/IGT	47,843	-	47,843	*	5,142,896	7,085,030	-1,942,134	-27.4%
Total	4,147,780	3,763,729	384,051	10.2%	46,180,265	45,741,762	438,503	1.0%

Percent of Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	23.8%	29.5%	-5.7%	-19.3%	23.7%	25.4%	-1.8%	-7.2%
Medicare Managed Care	12.4%	11.3%	1.0%	9.0%	10.8%	9.5%	1.3%	13.5%
Medi-Cal	14.4%	12.8%	1.6%	12.5%	10.0%	10.7%	-0.7%	-6.5%
Self Pay	4.8%	2.6%	2.1%	79.9%	3.8%	2.2%	1.7%	75.9%
Commercial & Other Gov't	37.6%	40.1%	-2.5%	-6.3%	37.4%	33.6%	3.8%	11.2%
Worker's Comp.	6.0%	3.7%	2.3%	64.1%	3.1%	3.0%	0.0%	1.5%
Prior Period Adj/IGT	1.2%	0.0%	1.2%	*	11.1%	15.5%	-4.4%	-28.1%
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-0.1%	-0.1%

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

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual</u> <u>05/31/22</u>	<u>Budget</u> <u>05/31/22</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>		<u>Actual</u> <u>05/31/22</u>	<u>Budget</u> <u>05/31/22</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>	<u>Prior</u> <u>Year</u> <u>05/31/21</u>
Inpatient Utilization								
Discharges								
1	56	66	(10)	Med/Surg	539	668	(129)	566
2	17	16	1	ICU	166	169	(3)	150
3	73	82	(9)	Total Discharges	705	837	(132)	716
Patient Days:								
4	203	176	27	Med/Surg	1,911	1,905	6	1,928
5	110	92	18	ICU	1,034	999	35	997
6	313	268	45	Total Patient Days	2,945	2,904	41	2,925
7	7	-	7	Observation days	193	-	193	205
Average Length of Stay:								
8	3.6	2.7	1.0	Med/Surg	3.5	2.9	0.7	3.4
9	6.5	5.8	0.7	ICU	6.2	5.9	0.3	6.6
10	4.3	3.3	1.0	Avg. Length of Stay	4.2	3.5	0.7	4.1
Average Daily Census:								
11	6.5	5.7	0.9	Med/Surg	5.7	5.7	0.0	5.8
12	3.5	3.0	0.6	ICU	3.1	3.0	0.1	3.0
13	10.1	8.6	1.5	Avg. Daily Census	8.8	8.7	0.1	8.7
Other Utilization Statistics								
Emergency Room Statistics								
14	923	695	228	Total ER Visits	8,446	7,034	1,412	7,842
Outpatient Statistics:								
15	4,654	4,876	(222)	Total Outpatients Visits	51,298	50,360	938	44,060
16	18	17	1	IP Surgeries	142	181	(39)	181
17	103	107	(4)	OP Surgeries	1,130	1,086	44	1,099
18	52	47	5	Special Procedures	579	473	106	516
19	276	309	(33)	Adjusted Discharges	3,019	3,031	(12)	2,697
20	1,183	1,009	174	Adjusted Patient Days	12,643	10,494	2,149	10,952
21	38.2	32.5	5.6	Adj. Avg. Daily Census	37.7	31.3	6.4	32.7
22	1.4615	1.4000	0.062	Case Mix Index - Medicare	1.4481	1.4000	0.048	1.5444
23	1.4405	1.4000	0.041	Case Mix Index - All payers	1.4245	1.4000	0.025	1.4894
Labor Statistics								
24	207	213	6	FTE's - Worked	205	210	4.2	208
25	231	236	5	FTE's - Paid	227	232	4.1	228
26	47.75	45.72	(2.02)	Average Hourly Rate	46.72	45.07	(1.65)	46.63
27	6.05	7.24	1.19	FTE / Adj. Pat Day	6.03	7.39	1.37	6.99
28	34.5	41.3	6.8	Manhours / Adj. Pat Day	34.3	42.1	7.8	39.8
29	147.9	134.9	(13.1)	Manhours / Adj. Discharge	143.9	145.9	2.0	161.7
30	24.0%	24.1%	0.1%	Benefits % of Salaries	24.5%	24.6%	0.1%	22.2%
Non-Labor Statistics								
31	16.0%	15.4%	-0.7%	Supply Expense % Net Revenue	16.5%	13.6%	-3.0%	13.9%
32	2,410	1,873	(537)	Supply Exp. / Adj. Discharge	2,291	2,047	(244)	2,313
33	17,796	15,283	(2,513)	Total Expense / Adj. Discharge	17,982	17,561	(422)	19,706
Other Indicators								
34	62.7			Days Cash - Operating Funds				
35	39.9	50.0	(10.1)	Days in Net AR	41.3	50.0	(8.7)	49.7
36	105%			Collections % of Cash Goal	99%			100.5%
37	51.7	55.0	(3.3)	Days in Accounts Payable	51.7	55.0	(3.3)	46.1
38	15.9%	15.7%	0.1%	% Net revenue to Gross revenue	15.7%	18.6%	-2.9%	19.7%
39	15.0%			% Net AR to Gross AR	15.0%			17.6%

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

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 3,687,036	\$ 2,920,110	\$ 2,260,520
2 Cash - Money Market	5,845,048	5,844,748	1,638,344
3 Net Patient Receivables	6,458,134	6,289,515	7,105,046
4 Allow Uncollect Accts	(1,401,209)	(1,329,479)	(1,465,814)
5 Net A/R	5,056,925	4,960,036	5,639,232
6 Other Accts/Notes Rec	1,737,108	1,735,967	1,551,383
7 Parcel Tax Receivable	207,928	207,928	185,362
8 GO Bond Tax Receivable	260,172	1,225,217	49,916
9 3rd Party Receivables, Net	173,533	212,052	5,309,989
10 Inventory	1,035,056	1,034,500	883,273
11 Prepaid Expenses	873,195	927,672	767,866
12 Total Current Assets	\$ 18,876,001	\$ 19,068,230	\$ 18,285,885
13 Property, Plant & Equip, Net	\$ 52,153,382	\$ 52,080,041	\$ 52,620,502
14 Trustee Funds - GO Bonds	5,751,245	4,785,913	5,935,057
15 Designated Funds - Board Approved	1,000,000	1,000,000	1,000,000
16 Total Assets	\$ 77,780,628	\$ 76,934,184	\$ 77,841,444
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 4,328,839	\$ 3,948,671	\$ 3,310,069
18 Accrued Compensation	4,193,635	4,003,079	4,110,021
19 Interest Payable - GO Bonds	165,504	113,609	358,909
20 Accrued Expenses	1,834,206	1,575,907	1,973,740
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	316,667	633,334	316,651
23 Deferred GO Bond Tax Revenue	231,813	463,625	275,770
24 Current Maturities-LTD	348,292	348,292	270,436
25 Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26 Other Liabilities	1,492,509	1,500,767	252,412
27 Total Current Liabilities	\$ 18,385,199	\$ 18,061,018	\$ 16,341,742
28 Long Term Debt, net current portion	\$ 25,443,604	\$ 24,932,445	\$ 27,183,234
29 Fund Balances:			
30 Unrestricted	\$ 17,979,645	\$ 18,099,934	\$ 19,187,553
31 Restricted	15,972,180	15,840,787	15,128,915
32 Total Fund Balances	\$ 33,951,825	\$ 33,940,721	\$ 34,316,468
33 Total Liabilities & Fund Balances	\$ 77,780,628	\$ 76,934,184	\$ 77,841,444

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

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
1	73	82	(9)	-11%	Acute Discharges	705	837	(132)	-16%	716	
2	313	268	45	17%	Patient Days	2,945	2,904	41	1%	2,925	
3	7	-	7	0%	Observation Days	193	-	193	*	205	
4	\$ 19,244	\$ 17,616	\$ 1,628	9%	Gross O/P Revenue (000's)	\$ 204,543	\$ 178,142	\$ 26,401	15%	\$ 166,673	
					Financial Results						
					Gross Patient Revenue						
5	\$ 6,918,443	\$ 6,361,197	557,246	9%	Inpatient	\$ 62,737,480	\$ 68,000,230	(5,262,750)	-8%	\$ 60,715,541	
6	10,365,776	11,105,884	(740,108)	-7%	Outpatient	122,230,687	112,309,690	9,920,997	9%	100,679,631	
7	8,877,789	6,510,215	2,367,574	36%	Emergency	82,312,418	65,832,053	16,480,365	25%	66,294,270	
8	\$ 26,162,008	\$ 23,977,296	2,184,712	9%	Total Gross Patient Revenue	\$ 267,280,585	\$ 246,141,973	21,138,612	9%	\$ 227,689,442	
					Deductions from Revenue						
9	(21,874,009)	(20,035,996)	(1,838,013)	-9%	Contractual Discounts	\$ (224,172,429)	\$ (205,531,960)	(18,640,469)	-9%	\$ (189,333,745)	
10	(50,000)	(150,000)	100,000	67%	Bad Debt	(1,850,000)	(1,650,000)	(200,000)	-12%	(1,270,000)	
11	(138,062)	(27,571)	(110,491)	-401%	Charity Care Provision	(220,787)	(303,281)	82,494	27%	(248,003)	
12	47,843	-	47,843	*	Prior Period Adj/Government Program Revenue	5,142,896	7,085,030	(1,942,134)	-27%	7,999,921	
13	\$ (22,014,228)	\$ (20,213,567)	(1,800,661)	9%	Total Deductions from Revenue	\$ (221,100,320)	\$ (200,400,211)	(20,700,109)	10%	\$ (182,851,827)	
					Net Patient Service Revenue						
14	\$ 4,147,780	\$ 3,763,729	384,051	10%	Other Op Rev & Electronic Health Records	\$ 46,180,265	\$ 45,741,762	438,503	1%	\$ 44,837,615	
15	\$ 99,681	\$ 77,649	22,032	28%	Total Operating Revenue	\$ 47,234,082	\$ 46,685,901	\$ 548,181	1%	\$ 45,798,021	
16	\$ 4,247,461	\$ 3,841,378	406,083	11%	Operating Expenses						
					Salary and Wages and Agency Fees	\$ 20,290,953	\$ 19,925,480	(365,473)	-2%	\$ 20,335,956	
17	\$ 1,948,386	\$ 1,903,171	(45,215)	-2%	Employee Benefits	7,609,068	7,565,275	(43,793)	-1%	7,274,049	
18	695,481	710,750	15,269	2%	Total People Cost	\$ 27,900,021	\$ 27,490,755	(409,266)	-1%	\$ 27,610,005	
19	\$ 2,643,867	\$ 2,613,921	(29,946)	-1%	Med and Prof Fees (excl Agency)	\$ 6,196,500	\$ 5,638,085	(558,415)	-10%	\$ 4,935,970	
20	\$ 439,690	\$ 513,583	73,893	14%	Supplies	6,915,516	6,203,819	(711,697)	-11%	6,239,741	
21	664,704	578,140	(86,564)	-15%	Purchased Services	4,795,951	4,404,843	(391,108)	-9%	4,622,011	
22	499,353	405,938	(93,415)	-23%	Depreciation	2,553,200	2,781,680	228,480	8%	2,808,331	
23	223,406	252,880	29,474	12%	Utilities	1,429,380	1,218,161	(211,219)	-17%	1,258,674	
24	191,037	100,306	(90,731)	-90%	Insurance	565,485	515,999	(49,486)	-10%	496,999	
25	50,782	46,909	(3,873)	-8%	Interest	190,075	197,626	7,551	4%	190,246	
26	25,772	17,966	(7,806)	-43%	Other	1,299,556	1,124,393	(175,163)	-16%	1,178,360	
27	109,875	104,179	(5,696)	-5%	Matching Fees (Government Programs)	1,652,003	2,725,390	1,073,387	-39%	2,818,574	
28	8,911	-	(8,911)	*	Operating expenses	\$ 53,497,687	\$ 52,300,751	(1,196,936)	-2%	\$ 52,158,911	
29	\$ 4,857,397	\$ 4,633,822	(223,575)	-5%	Operating Margin	\$ (6,263,605)	\$ (5,614,850)	(648,755)	-12%	\$ (6,360,890)	
30	\$ (609,936)	\$ (792,444)	\$ 182,508	23%							

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

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
31	\$ (6,937)	\$ 976	(7,913)	*						\$ 1,893	
32	-	-	-	0%	Miscellaneous Revenue/(Expenses)	\$ (110,043)	\$ 10,736	(120,779)	*	\$ 498	
33	-	-	-	*	Donations	26,864	-	26,864	0%	0	
34	316,667	316,667	-	0%	Physician Practice Support-Prima	-	-	-	*	3,483,337	
35	-	-	-	0%	Parcel Tax Assessment Rev	3,483,337	3,483,337	-	0%	36	
36	\$ 309,730	\$ 317,643	(7,913)	-2%	Extraordinary Items	(97,933)	-	(97,933)	0%	\$ 3,485,764	
					Total Non-Operating Rev/Exp	\$ 3,302,225	\$ 3,494,073	(93,915)	-5%		
37	\$ (300,206)	\$ (474,801)	174,595	-37%	Net Income / (Loss) prior to Restricted Contributions	\$ (2,961,380)	\$ (2,120,777)	(742,670)	35%	\$ (2,875,126)	
38	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
39	\$ 131,393	\$ 523,803	(392,410)	0%	Restricted Foundation Contributions	\$ 754,624	\$ 5,761,833	(5,007,209)	100%	\$ 5,833,982	
40	\$ (168,813)	\$ 49,002	(217,815)	-445%	Net Income / (Loss) w/ Restricted Contributions	\$ (2,206,756)	\$ 3,641,056	(5,847,812)	-161%	\$ 2,958,856	
41	179,917	197,788	(17,871)	-9%	GO Bond Activity, Net	1,764,001	2,169,585	(405,584)	-19%	2,040,674	
42	\$ 11,104	\$ 246,790	(235,686)	-96%	Net Income/(Loss) w GO Bond Activity	\$ (442,755)	\$ 5,810,641	(6,253,396)	-108%	\$ 4,999,530	
	\$ (76,800)	\$ (221,921)	145,121		EBDA - Not including Restricted Contributions	\$ (408,180)	\$ 660,903	(1,069,083)		\$ (66,795)	
	-1.8%	-5.8%				-0.9%	1.4%			-0.1%	

* Operating Margin without Depreciation expense:

\$ (609,936)	\$ (792,444)	\$ 182,508	23%	Operating Margin	\$ (6,263,605)	\$ (5,614,850)	\$ (648,755)	-12%	\$ (6,360,890)
223,406	252,880	29,474	12%	Add back Depreciation	2,553,200	2,781,680	228,480	8%	2,808,331
\$ (386,530)	\$ (539,564)	\$ 211,982	28%	Operating Margin without Depreciation expense	\$ (3,710,405)	\$ (2,833,170)	\$ (420,275)	-31%	\$ (3,552,559)

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

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	(365,473)	(45,215)	Salaries and wages are under budget by \$106,609 and agency fees are over by (\$151,824). Agency fees are over budget in ICU, Med-Surg, Emergency room, EKG, Radiology, Respiratory Therapy, and OP physical therapy.
Employee Benefits	(43,793)	15,269	
Total People Cost	(409,266)	(29,946)	
Med and Prof Fees (excl Agency)	(558,415)	73,893	Professional fees are under budget due to a true-up in UCSF management fees.
Supplies	(711,697)	(86,564)	Patient chargeable supplies are over budget in surgery (\$39,885) and in pharmacy (\$29,099).
Purchased Services	(391,108)	(93,415)	Purchased services are over budget due to higher than budgeted costs in Lab, Radiology and Human Resources for the wage analysis.
Depreciation	228,480	29,474	
Utilities	(211,219)	(90,731)	Utilities are over budget due to higher monthly electrical costs.
Insurance	(49,486)	(3,873)	
Interest	7,551	(7,806)	
Other	(175,163)	(5,696)	
Matching Fees (Government Programs)	1,073,387	(8,911)	
Operating expenses	(1,196,936)	(223,575)	

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	Actual Apr	Actual May	Forecast Jun	TOTAL
Hospital Operating Sources													
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	3,503,549	4,052,749	3,682,225	45,069,851
2 Other Operating Revenue	50,926	33,133	27,360	158,301	168,773	44,417	57,192	298,629	63,676	264,816	56,618	80,485	1,304,326
3 Other Non-Operating Revenue	10,121	10,229	9,624	10,574	10,823	9,676	11,783	17,553	5,064	9,937	17,119	14,518	137,021
4 Unrestricted Contributions	14,875			6,564	12,201		8,303	6,126	279	15,416	2,225		65,988
5 Line of Credit													-
Sub-Total Hospital Sources	3,844,535	3,647,375	3,778,079	3,731,610	4,091,253	4,132,951	3,727,358	3,809,097	4,115,273	3,793,717	4,128,711	3,777,228	46,577,187
Hospital Uses of Cash													
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	5,000,268	3,771,660	4,216,081	54,258,297
7 Add Capital Lease Payments	116,550	26,560	34,320	20,919	15,355	93,827	13,280	13,280	13,280	101,402	97,328	82,109	628,211
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	940,342	301,819	150,000	2,317,368
Total Hospital Uses	5,917,571	4,470,037	4,227,821	4,086,949	3,926,275	5,869,260	4,533,429	4,892,464	4,619,059	6,042,012	4,170,808	4,448,190	57,203,875
Net Hospital Sources/Uses of Cash	(2,073,036)	(822,662)	(449,742)	(355,339)	164,978	(1,736,310)	(806,072)	(1,083,367)	(503,786)	(2,248,295)	(42,097)	(670,962)	(10,626,689)
Non-Hospital Sources													
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	168,037	129,168	150,000	874,726
12 Parcel Tax Revenue	164,000					2,134,112				1,457,960			3,756,072
13 Other Payments - Ins. Claims/HHS/Grants/Loans					1,203,742	173,982					602,403		1,980,127
14 Other:													-
15 IGT			51,360				2,717,483	1,298,801			86,363	47,843	4,201,850
16 IGT - AB915			70,338							386,922			457,259
17 QIP					42,180					340,880			383,060
Sub-Total Non-Hospital Sources	271,080	101,291	1,149,040	2,019,084	50,438	2,308,094	864,010	1,298,801	17,940	2,353,799	817,933	197,843	11,449,353
Non-Hospital Uses of Cash													
18 Matching Fees		29,494		1,096,301		398,059		78,482		41,568	8,911		1,652,815
Sub-Total Non-Hospital Uses of Cash	-	29,494	-	1,096,301	-	398,059	-	78,482	-	41,568	8,911	-	1,652,815
Net Non-Hospital Sources/Uses of Cash	271,080	71,797	1,149,040	922,783	50,438	1,910,035	864,010	1,220,319	17,940	2,312,231	809,022	197,843	9,796,538
Net Sources/Uses	(1,801,956)	(750,865)	699,298	567,444	215,416	173,725	57,939	136,952	(485,846)	63,937	766,925	(473,119)	
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	2,920,110	3,687,036	
Operating Cash at End of Period	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	2,920,110	3,687,036	3,213,917	
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	5,844,748	5,845,048	5,845,048	
Total Cash at End of Period	7,880,935	7,130,361	6,829,917	5,397,552	6,816,883	6,990,813	9,048,991	9,186,205	8,700,650	8,764,858	9,532,084	9,058,965	
Average Days of Cash on Hand	58.8	52.3	45.5	40.0	36.6	46.3	54.3	58.5	58.8	59.2	60.6		
Days of Cash on Hand at End of Month	54.6	50.1	47.3	35.3	45.1	46.0	59.7	60.0	57.2	57.5	62.7	60.8	