



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

**THURSDAY, SEPTEMBER 1, 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/97672051333?pwd=aHI3amlUQUwzQ3NMNC9VcHhtM0czQT09&from=addon>

and enter the Meeting ID: 976 7205 1333, Passcode: 568014

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

and enter the Meeting ID: 976 7205 1333, Passcode: 568014

<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			
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>Bjorndal</i>		
2. CLOSED SESSION CEO Compensation			
3. REPORT ON CLOSED SESSION	<i>Bjorndal</i>		
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>			
5. BOARD CHAIR COMMENTS	<i>Bjorndal</i>		
6. CONSENT CALENDAR <ol style="list-style-type: none"> a. Board Minutes 08.04.22 b. Finance Committee Minutes 07.26.22 c. Quality Committee Minutes 07.27.22 d. Resolution 362: Brown Act Amendment AB 361 -Flexibility for Virtual Meetings 		Action	1-13

e. Medical Staff Credentialing f. Policy and Procedures			
7. CHIEF OF STAFF REPORT	<i>Solomon</i>	Inform	14-16
8. NEW QUALITY COMMITTEE MEMBERS	<i>Idell Kornblatt</i>	Action	17-29
9. STRATEGIC PLANNING DISCUSSION Sg2	<i>Hennelly</i>	Inform	—
10. EPIC IMPLEMENTATION UPDATE	<i>Resendez</i>	Inform	—
11. IS ANNUAL REPORT	<i>McKinney</i>	Inform	30-38
12. RESOLUTION 367 FOR GO BOND TAX RATE	<i>Armfield</i>	Action	39-42
13. CEO REPORT	<i>Hennelly</i>	Inform	43-46
14. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform	47
15. CEO REVISED INCENTIVE BONUS APPROVAL	<i>Bjorndal</i>	Action	48
16. ODC UPDATE	<i>Drummond/ Hennelly</i>	Inform	—
17. INCREMENTAL FUNDING REQUEST - ODC	<i>Drummond/ Hennelly</i>	Action	49
18. CAPITAL AND CASH FLOW PLAN	<i>Armfield/ Hennelly</i>	Inform	50-54
19. FINANCIALS FOR MONTH END JULY 2022	<i>Armfield</i>	Inform	55-63
20. BOARD COMMENTS	<i>Board Members</i>	Inform	—
21. ADJOURN	<i>Bjorndal</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, AUGUST 4, 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 he will not attend the next Finance and Board meeting. Ms. Bjorndal will be filling in as the Board Chair for the next Board meeting. The Board is currently preparing for their retreat in October.		
2. PUBLIC COMMENT ON CLOSED SESSION	<i>Rymer</i>	
None		
3. CLOSED SESSION		
RECOMMENDATION FOR CEO INCENTIVE AWARD FOR 2022		
4. REPORT ON CLOSED SESSION		
The closed session was held to discuss the Recommendation for CEO Incentive Award for 2022 and to gather feedback. No decisions were taken.		
5. CONSENT CALENDAR	<i>Rymer</i>	Action
a. Board Minutes 07.07.22 b. Finance Committee Minutes 06.28.22 c. Quality Committee Minutes 06.29.22 d. Governance Committee Minutes 05.18.22 e. Resolution 362: Brown Act Amendment AB 361 - Flexibility for Virtual Meetings f. Medical Staff Credentialing	<i>Rymer</i>	MOTION: by Kornblatt Idell to approve, 2 nd by Boerum. All in favor.
6. HOSPITAL TRANSFORMATION <i>MARK FINUCANE, MANAGING DIRECTOR, ALVAREZ & MARSAL</i>	<i>Finucane</i>	Inform
Mr. Finucane from Alvarez and Marsal Healthcare industry group reviewed his presentation. He said there are degrees of stress in hospitals due to the pandemic, inflation, and labor costs, and there are State and local healthcare challenges. Labor issues are a challenge, and California market landscape is changing quickly, which relates to		

pressures on payers, such as Medicaid. The Kaiser deal with the State of California for a MediCal offering is moving forward. Northern California market trends are Kaiser, Stanford, UCSF, and Providence. Bigger hospital systems are getting bigger. Mr Finucane advised that SVH keep eye on Population Health. Mr. Finucane said any strategic plan should involve transformation instead of incremental change.		
7. RECOMMENDATION FOR CEO INCENTIVE AWARD FOR 2022 AND SALARY ADJUSTMENT	<i>Rymer</i>	Action
The CEO Compensation Committee recommend Mr. Hennelly receive 2/3 of his potential ‘personal’ incentive bonus, based on hospital and team achieving four of his five objectives for fiscal year 2021/2022. The Committee also recommends a salary adjustment for this coming year of +2%. Mr. Rymer will send the final recommendation to Ms. Decosta at UCSF.		MOTION: by Mainardi to approve, 2 nd by Boerum. All in favor.
8. UNISON AGREEMENT	<i>Armfield/ Hennelly</i>	Action
The Unison agreement was originally approved by the board in 2019 to build an alternative energy plant on the SVH campus. Unison has sought a change to the agreement in light of changes to the way that PG&E charges for and manages interconnection. The fiscal impact on the hospital is that the agreement will likely produce larger savings over a longer period of time (i.e., 25 years instead of 20 years). The changes to the contract were reviewed and supported by the Finance Committee.		MOTION: by Boerum to approve, 2 nd by Bjorndal. All in favor.
9. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform
Mr. Hennelly said GI recruitment is the biggest project that the affiliation group is working on. UCSF is recruiting for the GI physician, and it is a national recruitment. The GI physician’s location will be in the hospital or close by. The clinic will be branded UCSF or co-branded. Mr. Hennelly said the other main initiative is the migration to EPIC and the diagnostic center.		
10. CEO REPORT	<i>Hennelly</i>	Inform
Mr. Hennelly welcomed Ms. Jessica Winkler the new Chief Nursing Officer. He said Covid continues to dominate and there was a surge in July. About 4 staff per day are sent home (or stay home) due to infection. The Outpatient Diagnostic Center (ODC) has received signoff by HCAI and the plans for Phase 2 of the ODC is being developed.		
11. ODC UPDATE	<i>Drummond/ Hennelly</i>	Inform
Ms. Drummond said they are continuing site planning for MRI with the architects. Mr. Hennelly mentioned the plan is move forward with the planned \$9M budget.		
12. FINANCE COMMITTEE QUARTERLY REPORT	<i>Boerum</i>	Inform
Mr. Boerum said the operating margin for fiscal 2021/2022 was -\$7M, or 7% below budget. However, much of this variance for the year relates to changes in our Intergovernmental Transfer Program (IGT) funding, as opposed to financial results from operations. And the fourth quarter performance was significantly better than budgeted. Mr. Boerum said the committee should talk about the necessity of a		

quarterly report. Mr. Rymer said the quarterly reports are supposed to be an update as to what the committee is doing during the quarter and what they are working on to impact future months results.		
13. FINANCIALS FOR MONTH END JUNE 2022	<i>Armfield</i>	Inform
<p>Mr. Armfield reviewed the Financial Report for month and year ending in June 2022. He said they are working on initiatives such as an evaluation of 3rd party opportunities to help on the cost side with supply chains.</p> <p>Mr. Armfield said June was a favorable month compared to budget. From an operational perspective volume dipped, but the hospital still exceeded budgeted Operating Margin by over 20%. The net income in June was \$920K, significantly higher than budgeted, however, since the overage was largely due to the hospital's ability to recognize Provider Relief Funds, there was no impact on cash. June saw decreased volumes on the outpatient side and there has been a rebound in inpatient surgical volume. The hospital received a preliminary review of the likely insurance recovery from cyberattack. In addition, the AP accountant position was filled.</p>		
14. BOARD COMMENTS	<i>Board Members</i>	Inform
Mr. Rymer said filing closes for the November election for two board seats in about two weeks.		
15. ADJOURN	<i>Rymer</i>	
Adjourned at 7:37 pm		



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, JULY 26, 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 Wendy Lee via Zoom Joshua Rymer via Zoom	Subhash Mishra (MD) via Zoom	Ben Armfield via Zoom Kimberly Drummond via Zoom Jenny Fontes via Zoom John Hennelly via Zoom Dawn Kuwahara via Zoom Celia Kruse De La Rosa via Zoom	Judy Bjorndal 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>Rymer</i>			
	Called to order at 5:00 p.m.			
2. PUBLIC COMMENT SECTION	<i>Rymer</i>			
	None			
3. CONSENT CALENDAR (ACTION)	<i>Rymer</i>		Action	
a. Finance Committee Minutes 06.28.22			MOTION: by Flynn to approve 2 Nd by Grandy. All in favor.	
4. ODC UPDATE	<i>Hennelly</i>		Inform	
The breakers have been replaced and the test and balance are done and has been submitted to HCAI. HCAI leadership has changed. Ms. Drummond met with the new leadership and said they are making every effort to move forward. CT training will be delayed if there is no occupancy.				

<p>Ms. Drummond reported that the team, in conjunction with the architects, are reviewing new options for the MRI location and looking at the cost of work. They are reviewing options that fit within the budget.</p>			
<p>5. UNISON ENERGY <i>Tim Lukes (Co-CEO)</i></p>	<p><i>Lukes/Drummond/Armfield</i></p>	<p>Action</p>	
<p>Mr. Armfield introduced Mr. Tim Lukes, Co-CEO at Unison Energy. Mr. Lukes answered the committee's key questions. He said Unison is backed by two private equity firms, Hunt Capital, and AIM. They sign long term contracts with their clients. They have long term financials and are stable financially. They only bill for electricity produced, their risk exposures are related to their clients' financial stability only (i.e., if the clients go out of business). They have a wide variety of clients; it is a stable business. Debt service coverage is about 60%. They have reserves in the bank for major maintenance and it is budgeted for many years. Each project has its own SPV which includes equipment and contracts into a hold code. The committee will recommend option 2 to the BOD to extend ESA term to 25 years.</p>		<p>MOTION: by Grandy to approve 2Nd by Flynn. All in favor.</p>	
<p>6. FINANCIAL REPORT FOR MONTH END JUNE 2022</p>	<p><i>Armfield</i></p>	<p>Inform</p>	
<p>Mr. Armfield said June was a positive month. Net income in June was \$920K, exceeding budget of \$80K provider relief funds were recognized and there was no impact on cash in June. YTD there was an operating loss of \$7M falling short of the budget in the prior year. If you remove IGT funding, the operating margin did exceed both budget and prior year by 14% to 15%.</p> <p>Mr. Armfield will bring more information on departmental collaboration opportunities, management solutions, supply chains opportunities to the next FC meeting for recommendations. He also suggested adding cash flow projections to the August FC meeting.</p>			
<p>7. ADJOURN</p>	<p><i>Rymer</i></p>		
	<p>Meeting adjourned at 6:36 p.m.</p>		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
July 27, 2022, 4:00 PM
MINUTES
Via Zoom Teleconference**

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Susan Kornblatt Idell Ingrid Sheets Howard Eisenstark		Michael Mainardi, MD. Carol Snyder	John Hennelly, CEO Ako Walther, MD Kylie Cooper, Quality and Risk Mgmt. Judy Bjorndal, Board Member Jenny Fontes, Board Clerk and EA Michael Musong, Lab Technical Supervisor Nicolaos Hadjiyianni, Lab Manager Dr. Carl Speizer, Public

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	
	Meeting called to order at 4:02 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 06.29.22 		MOTION: by Eisenstark to approve, 2 nd by Sheets. All in favor.
4. LABORATORY REPORT	<i>Musong/ Hadjiyianni</i>	INFORM
	Mr. Musong reviewed the current YTD review for the Laboratory. He presented the scope of services, accomplishments, upcoming projects, challenges, volumes, and Covid data from 2021 to present. Mr. Musong said the surveys take place every two years. Ms. Cooper said it is a state requirement that two transfusions per quarter need to be observed, from ordering to completion.	
5. PATIENT CARE SERVICES DASHBOARD	<i>Winkler</i>	INFORM

	Ms. Winkler reviewed the patient care services dashboard. She reviewed the medication scanning rate, quality indicators, case management/utilization management, nursing turnover, outpatient experience, and nurse staffing effectiveness. Ms. Winkler said she is working with Ms. Dinger-Stone to help improve the reporting on case management/utilization data. Ms. Winkler said the texting service response rate for rate your hospital is better with outpatient and ER than with inpatients. Survey data is around 30%.	
6. QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Cooper</i>	INFORM
	Ms. Cooper reviewed the Quality Indicator Performance and Plan for June 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.	
7. PATIENT SATISFACTION DISCUSSION	<i>Cooper</i>	INFORM
	Ms. Kornblatt Idell said she would like Ms. Winkler and Ms. Cooper to figure out what satisfaction scores mean and how to change them, and what can the committee do to help address patient satisfaction scores. Ms. Winkler said she believes more community engagement will improve scores. She is collaborating with staff to improve patient experience. Ms. Kornblatt Idell said this discussion will remain on the agenda, to determine if there are any changes, and what the next steps will be.	
8. COMMITTEE MEMBER OPENING	<i>Kornblatt Idell</i>	INFORM
	Ms. Kornblatt Idell asked the committee to reach out to people they know that may be interested in being committee members in Quality.	
9. POLICIES AND PROCEDURES	<i>Cooper</i>	REVIEW/ RECOMMEND
	<i>Ms. Cooper reviewed the following policies:</i> Admission-Discharge Alcoholic Beverages Policy Biological Indicator Use 7471-102	

CAIR Utilization
Case Management Intervention
Change in Patient Condition
Code Blue Management for Patient Emergency
Color Coded Wristbands and Door Placards
Condition Code 44 Inpatient to Observation Status
Critical Value Reporting
Dress Code, Central Sterile
Employment Conditions
Filming and Recording of Patients
General Food Service Information
Important Message from Medicare Guideline PR8750-108
Intensity of Service Severity of Illness Screening Process
Intravenous Contrast Admin 7630-159
Leaving Against Medical Advice
Multidisciplinary Teams
NEW Version:: Patient Abuse Reporting
Observation Status
Oral Care
Paging Codes Overhead
Patient Status Determination
Philosophy of Resource and Case Management
DC8750- 114
Physician Advisor
Respiratory Care Practitioner (RCP) Protocols
RETIRE::Implanted Port Access and Management
RETIRE::Patient Abuse and Neglect Protection
RETIRE::Patient Abuse Prohibition at Sonoma Valley
Hospital
RETIRE::Patient Abuse Prohibition Prevention
RETIRE::Patient Abuse Prohibition-Identification
RETIRE::Patient Abuse Prohibition-Investigating
Instructions
RETIRE::Patient Abuse Prohibition-Protection during
Investigation
RETIRE::Patient Abuse Prohibition-Screening
RETIRE::Patient Abuse Prohibition-Training
RETIRE::Patient Abuse Reporting-legacy pp
RETIRE::Patient Rights
RETIRE::Patient Rights & Responsibilities
RETIRE::Pediatric Assessment
Social Work Referrals
Standby, Call-back, Call-in and Call-off Pay

	<p>Texting by Case Managers PR8750-122 Wound Care Protocol NEW: Patient Abuse</p> <p><u>Policies awaiting approval:</u> Stroke Admission Transfer Guidelines NEW: Patient Abuse</p>	
10. 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 Sheets All in favor.
11. ADJOURN	<i>Kornblatt Idell</i>	
	4:58 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 1st day of September, 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: 08/26/2022 1:25 PM

Report Parameters

Filtered by: Document Set: - All Available Document Sets -
 Committee: 09 BOD-Board of Directors
 Include Current Tasks: Yes
 Include Upcoming Tasks: No

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 2

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
PPE 90-day Supply Policy (EP) <i>Emergency Preparedness Policies (EP)</i>	Pending Approval	8/26/2022	0
Summary Of Changes: No Substantive Changes. Moderators: Newman, Cindi (cnewman) Lead Authors: Dugger, James (jdugger) Approvers: Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Stroke Admission Transfer Guidelines <i>Patient Care Policy</i>	Pending Approval	8/26/2022	0
Summary Of Changes: Reviewed, no changes. Moderators: Newman, Cindi (cnewman) Lead Authors: Winkler, Jessica (jwinkler) ExpertReviewers: Medical Director-Patient Care Services Approvers: 00 Clinical P&P multidisciplinary review -> 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)			

SVH CHIEF OF STAFF BOARD REPORT

DATE: Board Meeting September 1, 2022

TERM OF REPORT: May 2022 – August 2022

CHIEF OF STAFF: Andrew Solomon, MD

CURRENT MEDICAL STAFF BY THE NUMBERS:

Total Medical Staff: 143

Active Medical Staff: 50

New Medical Staff: Carlos Plata Martinez, MD Anesthesia
Kimberly Eustache, MD Emergency Medicine
Anusuya Mokashi, MD Radiology
Christopher Yoo, MD Radiology
Kamaldeep Sanhu, MD TelePsych
Kate Donnelly, PAC Orthopedics
Amrita Kaur, DPM Podiatry

Contract change for our Tele Radiology from VRad to Emergence

MEDICAL STAFF QUALITY:

ED Rate My Hospital Physician Scores:

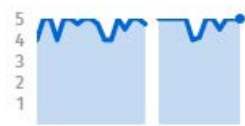
Year to Date

How would you rate the courtesy of your doctor?

630 Responses



4.6587



How would you rate the time your doctor spent with you?

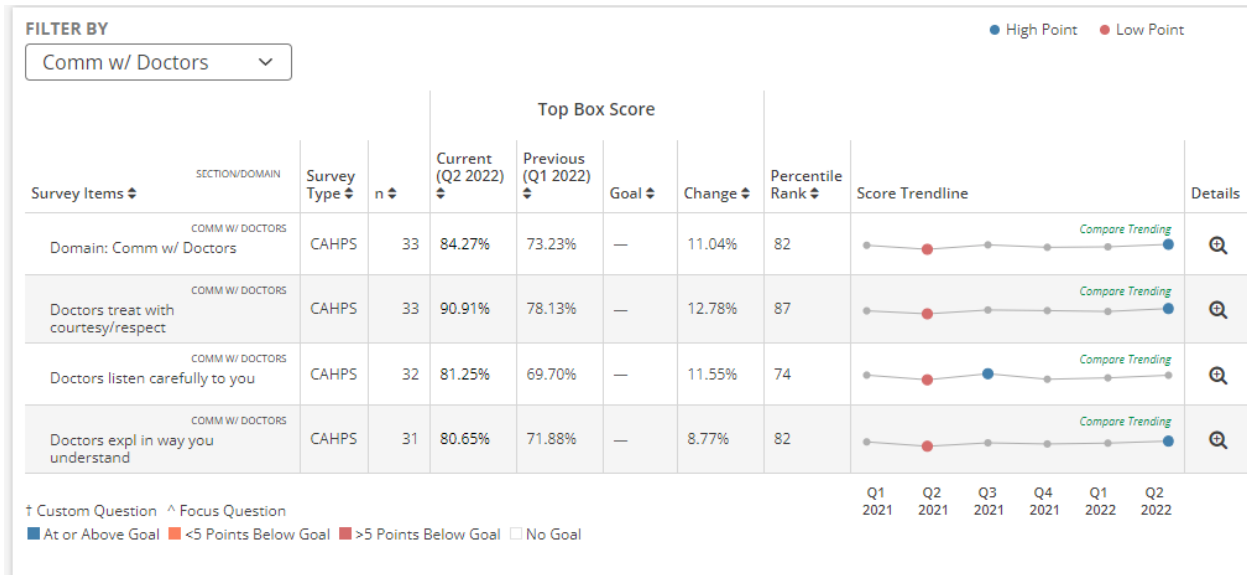
629 Responses



4.4674



HCAHPS Physician Scores: Year to Date



OASCAHPS Physician Scores: Year to Date



MEDICAL STAFF MEETINGS:

General staff meeting:

June 14 meeting was supposed to be in person but was cancelled due to a spike in Covid cases. A new meeting has been scheduled for Oct 11. We are exploring the possibility of having it in person at the Golf Club.

MEC: Has had some challenging issues and the team has continues to work well together. Peer review continues to function better than in years past. ED medical director is leaving the organization and a replacement has been identified and will take over the role at the beginning of September.

Surgery department continues to function well. Great team. New anesthesia machines should be installed in the next couple of months.

MEDICAL STAFF NEEDS/ CONCERNS:

SVH successfully navigated the recent Covid surge, in which many hospital employees were out sick.

EPIC transition is on track and scheduled for December 2022. The bulk of our Medical Staff should be well prepared for the transition because many are part of health systems that currently use EPIC.

New Chief Nursing officer, Jessica Winkler, was hired from within the Sonoma Valley Hospital organization. She brings great energy and enthusiasm to our team.

CMO search is in the final stages.

Physician staffing in the ED and with the Hospitalist is facing challenges. These are being addressed by the contracted companies with several candidates in the credentialing process.

SUMMARY:

Overall satisfaction remains high. Our new CEO has done an excellent job managing the significant changes that have occurred and we are well positioned to handle the transition to a new electronic health record.

TO: Members of the Sonoma Valley Hospital (SVH) Board of Directors
FROM: Susan Kornblatt Idell, BOD member and Chair, SVH Quality Committee
DATE: 24 August 2022
RE: Two candidates for consideration as appointees to the SVH Quality Committee

The SVH Quality Committee currently has openings for Community members. I have attached to this memo, the CV's of two exceptional candidates, Carl Speizer, MD and Kathy Beebe, PhD, RNC-OB. I ask that you review their credentials and consider them for appointment to the SVH Quality Committee.

Carl Speizer, MD, MPH has practiced Occupational Health and Medicine as well as Emergency Medicine for over 35 years in Napa and Sonoma, including formerly at Sonoma Valley Hospital. Dr. Speizer's professional experience includes as a Medical Director, Managing Partner, Clinical Instructor, in Compliance, Finance and as an Expert Medical Reviewer. Dr. Speizer has been a Sonoma Valley resident for ten years.

Kathy Beebe, PhD, RNC-OB Kathy Beebe is a registered nurse, and was formerly employed at SVH in the maternity unit. She has practiced in various perinatal settings for over 40 years as a staff nurse and educator. For the past 18 years, she has been a full-time faculty member at Dominican University of California, in the department of nursing. Her research interests include investigations into methods for improving perinatal outcomes by promoting access to care before, during and after pregnancy and childbirth. Dr. Beebe has been a Sonoma Valley resident for 34 years.

Carl Speizer, M.D., M.P.H.
707 363 0771
cspeiz1@gmail.com

Medical
Practice

Medical Director, Wine Country Occupational Medicine
2014-2021

Medical Director, Occupational Health Clinic, Sonoma
Valley Hospital 2013-2014

Medical Director, Employee Health, Queen of the Valley
Medical Center. 2007-present

Medical Director, WorkHealth, Occupational Medical
Clinic 2003-2014

Physician, WorkHealth, Occupational Medical Clinic
2001-2014

Partner, Napa Valley Emergency Medical Group
Queen of the Valley Hospital 1991-2007

Partner, Intercommunity Emergency Medical Group
Presbyterian Community Hospital 12401 Washington Blvd.
Whittier, CA 90606 1986-91

Clinical Instructor Los Angeles County Harbor UCLA Medical
Center Torrance, CA 1986-88

Professional
& Administrative
Activities

Managing Partner, Napa Valley Emergency Medical Group
2003-5

Medical Director, Emergency Department
Queen of the Valley Hospital, 1996-2002

Chairman, EMTALA Compliance Committee
Queen of the Valley Hospital, 2001-2007

Finance Committee, Napa Valley Physicians, IPA 1999

Chairman, Organization and Government Committee
Napa County Medical Society 1998- 2004

President, Napa County Medical Society, 1997

Board of Directors, Napa County Medical Society,
1995-2005

Expert Medical Reviewer, Medical Board of CA., 1996-2004

Chairman, Napa County Emergency Medical Care Committee
1993-95

Paramedic Base Station Medical Director
Queen of the Valley Hospital 1992-95

Member, CAL-ACEP Emergency Medical Services Committee
1994-5

Member, Board of Directors
Napa County Sexual Assault Nurse Examiners / Response
Team 1993-8

Chairman, Department of Emergency Medicine and Family
Practice
Queen of the Valley Hospital 1996

Emergency Department Quality Assurance Committee
Queen of the Valley Hospital 1993-present

Infection Control Committee,
Queen of the Valley Hospital 1993-95

Emergency Department Committee,
Queen of the Valley Hospital 1993-97

Financial Director, Intercommunity Emergency Medical Group
1988-91

Pharmacy and Therapeutics Committee, Presbyterian
Intercommunity Hospital 1988-90

Physician surveyor, Emergency Heart Care program, American
Heart Association, Los Angeles, CA. 1988-90

Lectures

1998, Stroke Update, Community Lecture series, Napa, CA.

1997, Advances in Medicine, Napa County Medical Society,
Retired Physicians

1992-96, Paramedic Lecture Series, Pulmonary Embolism,
SIDS, CSpine/Spinal Cord Trauma, Head Trauma, Near
Drowning, Use of Pulse oximeter in the Pre hospital setting,
Common Arrhythmias, Medical Legal Issues in Prehospital
care.

1988-91, Resident Physician Lecture Series, Family Practice
Residents, Presbyterian Intercommunity Hospital.
Pharmacology Update, Toxicology, Common Hand Injuries;
Diagnosis and Treatment.

Board Certification & Fellowship

American Board of Emergency Medicine, 1987
Re-certification 1997 and 2007

Residency

Los Angeles County Harbor UCLA Medical Center
Emergency Medicine 1984-86

Internship Los Angeles County Harbor UCLA Medical Center
Transitional 1983-84

Education

New York Medical College
M. D. 1983

UCLA School of Public Health
M.P.H. Epidemiology 1978

San Diego State University
B.S. Zoology 1975

Publications

Speizer C, Rennie CJ, Breton H: Prevalence of InFlight Medical
Emergencies on Commercial Airlines.
Annals Of Emergency Medicine Vol. 18, No. 1, 1989.

Professional Affiliations

California Medical Association
Napa County Medical Society

Awards

Queen of the Valley, Nursing Education Award, 1995

American Heart Association
Exceptional Service Award 1990

Irving Innerfield, MID Award
New York Medical College 1983
For outstanding clinical medicine and research

Occupational
Medicine CME

UCSF Advances Occupational Medicine 40 hours April 2002
ACOEM Commercial Driver Med. Exam Course 4 hours
Sept. 2003
WOHC 12 hours Sept. 2003
ACOEM Practice Guidelines 7.5 hours June 2004
ACOEM Basic Curriculum In Occ. Med. 15 hours Nov. 2004
ACOEM State of the Art. 3 hours Nov. 2004
ACOEM Use of the AMA Guides 15 hours June 2005
WOHC 12 hours Sept. 2005
ACOEM Health Conference 15 hours May 2007
WOHC 12 hours Sept. 2007
John Muir Med. Ctr. Ortho update 15 hours June 2008
WOHC 22 hours Sept. 2008
St. Mary's Med Ctr. Spine Treatment 3 hours June 2009
UCD Occ. and Envir. Medicine Update 7 hours May 2009
John Muir Ctr. Ortho Update 7 hours April 2010
UCD Occ. and Envir. Medicine Update 7 hours May 2011
UCD Spine Care Conference 12 hours May 2012

Kathleen R. Beebe, PhD, RNC-OB
Professor Emerita of Nursing, Adjunct Professor of Physician Assistant Studies,
Dominican University of California
kathleen.beebe@dominican.edu

Summary of Qualifications

- Doctor of Philosophy in Nursing
- Master's Degree in Nursing – Perinatal Clinical Specialist
- Minor Degree in Education
- Professor of Nursing, tenured – Department of Nursing, Dominican University of California
- Forty years of clinical nursing practice and teaching experience in the specialty of perinatal nursing
- Former Interim Chair, Department of Nursing – Dominican University of California

Education

2002-2003 – Post-Doctoral Fellowship, University of California at San Francisco, School of Nursing, Department of Family Health Care Nursing, Center for Symptom Management.

1997-2002 – PhD in Nursing, University of California at San Francisco, School of Nursing, Department of Family Health Care Nursing.

2001-2002 – Minor degree in Education, School of Nursing, University of California at San Francisco

1996-1998 - Master of Science in Nursing, University of California at San Francisco; Perinatal Clinical Nurse Specialist. Articulated to the PhD program in 1997.

1973-1978 - Bachelor of Science in Nursing, California State University Hayward, Hayward, CA.

Employment History

2022	Professor Emerita, Department of Nursing, Adjunct Professor, Physician Assistant Studies, Dominican University of California, San Rafael, CA
2003 – 2022	Assistant Professor (2003-2007), Associate Professor (2007-2013), and Professor (2013 – present) - Department of Nursing, Dominican University of California, San Rafael, CA
2013-2014	Interim Chair, Department of Nursing – Dominican University of California
2003	Lecturer, San Francisco State University – Perinatal Clinical Faculty at California Pacific Medical Center for Baccalaureate and Generic Masters’ nursing students, San Francisco, CA
1993 - 2010	Staff RN, Labor and Delivery, Santa Rosa Memorial Hospital, Santa Rosa, CA
1991 - 1993	Staff RN, Labor and Delivery, Community Hospital, Santa Rosa, CA
1990 - 1992	Staff RN, Antepartum Testing Center, Alta Bates/Herrick Hospital, Berkeley, CA
1989 - 1991	Staff RN, Labor and Delivery, Sonoma Valley Hospital, Sonoma, CA

1986 - 1988	Staff RN, Labor and Delivery, Eden Medical Center, Castro Valley, CA
1984 - 1986	Staff RN, Labor and Delivery, Alta Bates Hospital, Berkeley, CA
1981 - 1983	Staff RN; PM Charge Nurse, Labor and Delivery, Long Beach Memorial Medical Center - Women's Hospital, Long Beach, CA
1979 - 1981	Staff RN, Labor and Delivery, Cedars-Sinai Medical Center, Beverly Hills, CA
1978 - 1979	Staff RN, Labor and Delivery, Obstetrics and Gynecology Unit, Peninsula Hospital, Burlingame, CA

Licensures and Certifications

- Registered Nurse License, California. (RN283917)
- Public Health Nurse License, California.(26808)
- Obstetrical Nurse Clinician, Certificate, Long Beach Memorial Women's Hospital 1983.
- Inpatient Obstetrical Nurse, Certificate, National Certification Corporation (NCC), 1985 - present.
- High Risk Perinatal Nurse, Certificate, American Nurse's Association (ANA), 1986 - 2002.
- Perinatal Clinical Nurse Specialist, Certificate, Masters Program Graduate, University of California, San Francisco School of Nursing – 1998.
- HypnoBirthing® Trainer Certificate – 2011-2014

Professional Organizations - Memberships

- AWHONN - The Association of Women's Health, Obstetric, and Neonatal Nurses (formerly NAACOG) - 1985 - present
- Sigma Theta Tau International, Alpha Eta and Rho Alpha Chapters- 1998 – present
- Western Institute of Nursing Research – 2019-2021

Professional Service and Leadership

- ExamSoft faculty trainer and departmental administrator – 2020-present
- Teacher of the Year Nominee - 2020
- Dominican University of California PREC (professional review and ethics committee) – 2011-2013 (replaced for sabbatical leave in 2011-2012), and 2016 – 2019 (chair in 2017-2018).
- Dominican University of California Department of Nursing Curriculum Committee – membership - 2012-present.
- Dominican University of California Department of Nursing ATI Task Force – Chair – 2011
- Dominican University of California Department of Nursing Assessment and Evaluation Committee – Chair-2010-2011 and 2018-2019
- Dominican University of California Faculty Affairs Committee – Recording Secretary – 2010-2011, Co-chair – 2016-2017, HNS Representative Member – 2021 - Present
- Dominican University of California Department of Nursing Admissions and Progression Committee – Chair – 2008-2009, and 2016-2017.

- North Bay Network for Health Education (NBNHE) – Board of Directors – 2004 – 2009.
- The Presentation School – Founding Board of Trustees and Recording Secretary – 1997 – 2001.
- AWHONN California Section Research Committee – 2006 – 2010

Scholarships and Grants

- 2011 and 2019 Dominican University of California Sabbatical Leave Grant Award
- 2007-2008 Dominican University of California Intramural Grant Award.
- 2001 AWHONN/Hill-Rom Maternal-Child Investigator Award
- National Institute of Health Training Grant Award recipient 1998-2003 - University of California at San Francisco (T32 training grant for symptom management, NIH-NINR #NR07088-05)
- Regents Fellowship Award recipient 1997-1998 - University of California at San Francisco

Publications

Baratte-Beebe, K., & Lee, K. (1999). Sources of midsleep awakenings in childbearing women. *Clinical Nursing Research*, 8(4), 386-397.

Lee, K. A., Zaffke, M. E., & Baratte-Beebe, K. (2001). Restless legs syndrome and sleep disturbance during pregnancy: The role of folate and iron. *Journal of Women's Health and Gender-Based Medicine*, 10(4), 327-333.

Beebe, K. (2002). The influence of biopsychosocial characteristics in the late third trimester on pre-hospitalization labor in nulliparas. *Dissertation Abstracts*.

Beebe, K. (2005). The perplexing parity puzzle. *Lifelines*, 9(5), 394-399.

Beebe, K., & Humphreys, J. (2006). Expectations, perceptions, and management of labor in nulliparas prior to hospital admission. *Journal of Midwifery and Women's Health*, 51, 347-353.

Beebe, K. & Lee, K.A. (2007). Sleep in late pregnancy. *Journal of Perinatal and Neonatal Nursing*, 23(2), 103-108.

Beebe, K., Lee, K. A., Carrieri-Kohlman, V., & Humphreys, J. (2007). The effects of childbirth self-efficacy and anxiety during pregnancy on pre-hospitalization labor. *JOGNN*, 36(5), 410-418.

Beebe, K. (2014). Hypnotherapy for Labor and Birth. *Nursing for Women's Health*.

Beebe, K., Gay, C., Richoux, S., & Lee, K. (2017). Symptom experience in pregnancy. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 46 (4), 508 – 520.

Gay, C., Richoux, S., Beebe, K. & Lee, K. (2017). Sleep disruption and duration in late pregnancy is associated with excess gestational weight gain among overweight and obese women. *Birth*, 44(2), 173-180

Beebe, K., Lee, K. A., Morris, M, & Gay, C. (September, 2021, Under review). Maternal symptom experience throughout the first three postpartum months. *Journal of Midwifery and Women's Health*.

National Presentations

Beebe, K., Lee, K., Carrieri-Kohlman, V, Humphreys, J. (2003). The influence of biopsychosocial characteristics in the late third trimester on pre-hospitalization labor in nulliparas. Poster Presentation, AWHONN Convention, June 1-4, 2003, Milwaukee, WI.

Beebe, K & Humphreys, J. (2006). Experiences of nulliparas in labor prior to hospital admission. Poster Presentation, AWHONN Convention, June 24-28, 2006, Baltimore, MD.

Beebe, K. Bailey, N., & Philips, W. (2008). Efficacy of a handheld response device. Poster Presentation, Mosby Nursing Faculty Development Conference, San Francisco, CA., January, 2008.

Beebe, K, Bailey, N., & Phillips, W. (2008). Efficacy of a handheld response device to improve classroom interaction and learning outcomes. Poster Presentation, Emerging Technologies in Nursing Education, July 14-15, 2008, Seattle, WA.

Beebe, K. (2010). The shift from hell: A delegation training exercise. Poster Presentation, AWHONN Convention, September 21-25, 2010, Las Vegas, NV.

Beebe, K., Linnard-Palmer, L., Christiansen, E., Harris, P., Kovac, B., & Catolico, O. (2016). Standardizing medication calculation competency testing in an undergraduate nursing program. Poster Presentation, Elsevier Faculty Development Conference, January -7-10, 2016, Las Vegas, NV.

Beebe, K., & Beebe, J. (2019) Vascular access in obstetrics: Perspectives of perinatal and anesthesia providers. Podium Presentation, Association for Vascular Access Conference, October 3-5, 2019 Las Vegas, NV.

Beebe, K., Morris, M, Gay, C., & Lee, K. (2021). Symptom prevalence during postpartum recovery: What does age have to do with it? Podium Presentation, Western Institute of Nursing, April 14 2021 Virtual.

Local and Regional Presentations

- | | |
|------|--|
| 1982 | <i>Implications of renal disease in pregnancy</i> - Inservice to perinatal nursing staff, Long Beach Memorial Hospital, Long Beach, CA |
| 1984 | <i>Trends in maternal transport</i> - "The diabetic patient" - Podium presenter, Children's Hospital, San Francisco continuing education conference, San Francisco, CA |
| 1985 | <i>CVP monitoring of the pregnant patient with preeclampsia</i> – Inservice to perinatal nursing staff, Alta Bates Hospital, |

- Berkeley, CA
- 1985 - 1986 *Perinatal clinical skills training program* - Lecturer and preceptor, Alta Bates Hospital, Berkeley, CA
- 1986 *Meconium: Delivery room preparation and management* – Inservice to perinatal nursing staff, Samuel Merritt Hospital, Oakland, CA
- 1986 *A potpourri of perinatal topics: High risk conditions* – Podium presenter, Children’s Hospital, San Francisco continuing education conference, Fremont, CA
- 1986 - 1992 *Basic labor and delivery skills training program* - Lecturer, Alta Bates Hospital, Berkeley, CA
- 1987 - 1993 *Essentials of perinatal nursing: Review for certification* - Continuing education course developer and presenter, Castro Valley, Berkeley, and Santa Rosa, CA
- 1988 *Antepartum nursing care for the preterm labor patient* - Inservice presentation to perinatal nursing staff, Eden Hospital, Castro Valley, CA
- 1989 *Priorities of care for the patient on intravenous tocolytic therapy* – Inservice presentation to perinatal nursing staff, Eden Hospital, Castro Valley, CA
- 1996 - 1997 *Physiology of pregnancy* - Teaching assistant, Masters Program, Perinatal CNS track, University of California, San Francisco (UCSF).
- 1998 *Understanding the latent phase of labor* – Poster and Teaching module presentation, Long Beach Memorial Hospital, Long Beach, CA.
- 2001 - 2002 *Postpartum complications* – Invited guest lecture, UCSF Masters Program in Nursing.
- March and May, 2006 *Pre-hospitalization labor in nulliparas* – Poster presentation, “Thrive with Research Evidence-Based Practice”, Kaiser Permanente Research Program, Samuel Merritt College, and Sigma Theta Tau - Nu Xi Chapter; Kaiser Permanente, Santa Rosa, California.
- June, 2006 *Evidence-based practice: using a conceptual model of symptom management as a framework for best practice* – Invited podium presenter - Sigma Theta Tau Evidence-Based Practice Conference, Sonoma State University, Cotati, CA.
- Spring, 2007 *Assessment of the pregnant patient* – Invited guest lecture, Family Nurse Practitioner Program, San Francisco State University, San Francisco, CA.
- January, 2008, March, 2008, & July, 2008 *Efficacy of a handheld response device to improve classroom interaction and learning outcomes* – Poster presentation, Mosby Faculty Development Institute, San Francisco, CA; Dominican University of California WASC event, San Rafael, CA; and Emerging Technologies in Nursing Education, Seattle, WA..
- February, 2011 *The shift from hell: A delegation training exercise* – Poster presentation, AWHONN California Section Conference, Berkeley, CA.

- November 2010 & October 2012 *Anesthesia assessment of the pregnant patient and newborn* – Invited guest lecture, CRNA Graduate Program, Samuel Merritt University, Oakland, CA.
- December, 2012 *Hypnotherapy for pregnancy and childbirth* – Sabbatical presentation, Dominican University of California community
- March, 2013 *Look deep into my eyes: Hypnotherapy for labor and birth* – Poster presentation, AWHONN California Section Conference, Folsom, CA
- Summer 2019 *Clinical Medicine Unit – Obstetric Patient* – Invited guest lectures, Physician Assistant Program, Dominican University of California, San Rafael, CA.

Book Reviews

- Completed October, 2004. – Mandeville, L. K. & Troiano, N. H. (1999). *High-Risk and Critical Care Intrapartum Nursing, 2nd Ed.* Philadelphia, PA: Lippincott, Williams, & Wilkins.
- Completed August, 2005 – Simpson, K.R., & Creehan, P. A. (2001). *Competence Validation for Perinatal Care Providers, 2nd Ed.* Philadelphia, PA: Lippincott, Williams, & Wilkins.
- Completed May, 2006 – Ricci, S. (2007). *Essentials of maternity, newborn, and women's health nursing; online study guide.* Philadelphia, PA: Lippincott, Williams, & Wilkins.
- Completed March 2008 – Ricci, S. & Kyle. *Essentials of maternal, pediatric, and women's health nursing; study guide.* Philadelphia, PA: Lippincott, Williams, & Wilkins.

Editorial Contributions

- Peer Reviewer – *Journal of Obstetric, Gynecologic, and Neonatal Nursing* – 2008 - present
- Peer Reviewer – *Journal of Midwifery and Women's Health* – 2007 – present
- Reviewer – McMasters Online Review of Evidence (M.O.R.E.) – 2006-2010
- Peer Reviewer – *Women's Health Issues* – 2008
- Interviewee – New York Times – Melina Wenner Moyer. *What is Hypnobirthing? And Should you Try it?* May 3, 2019 <https://parenting.nytimes.com/pregnancy/hypnobirthing>

Community Volunteer Work

- La Casa de la Amistad - migrant farm worker health services - 1993-1994.
- St. Francis Solano School - elementary school nurse - 1991-1997.
- The Presentation School - elementary school nurse - 1997-2002.
- The Presentation School – Board of Trustees, Founding member and recording secretary – 1997-2001.
- Alzheimer's Association – Memory Walk participant, fundraiser, and team captain – 2000-present.
- March of Dimes Fundraising Volunteer – 2007
- Sonoma County Emergency Medical Corps - 2021.

Awards and Recognitions

- Teacher of the Year Nominee – Dominican University of California, 2020
- John F. Kennedy PhD Senior Appreciation Award – Dominican University of California, May 12, 2022

Information Technology

Annual Board Report

Terry McKinney

Director of Information Technology

August 2022

Strategic Priorities

Strategic Priority 1

Bolster security and protection of data.

The Information Technology Department commits to reinforcing security efforts through proven solutions, as well as protecting all hospital data and PHI.

Strategic Priority 2

Design and Execute the Epic IT implementation phases.

The Information Technology Department works intrinsically with its EHR provider and project management resources to ensure project deliverables are met.

Strategic Priority 3

Modernize infrastructure and improve operational systems backbone.

The Information Technology Department invests and plans for best-of-breed technology infrastructure that can meet current demands and future growth.

Strategic Priority 4

Establish best-in-class service delivery model.

The Information Technology Department develops opportunities where user needs are simply not met but exceeded.

Strategic Priority 5

Champion and embrace the UCSF Affiliation.

The Information Technology Department facilitates and promotes its strong partnership with UCSF and its preferred partners.

Strategic Priority 1 Security

Completed

- MFA (Multi-factor authentication)
- Email encryption
- SVH.com domain purge
- Active Directory cloud synchronization (Azure AD)
- Email spam filtering service
- Cloud-based data backup

In-Progress

- User Training and Awareness

Strategic Priority 2 Epic Implementation

Completed

- EHR selection (Epic): December 2021
- Contract signed: March 2022
- Epic Project Manager assigned: June 2022
- Project kick-off: June 2022

In-Progress

- Epic project implementation activity (workflow readiness, interfacing with 3rd party applications, sunsetting applications replaced by Epic)

Strategic Priority 3 Infrastructure

Completed

- Network Core Switch Stack Replacements
- Overhead Paging (repaired/replace existing wiring and equipment)

In-Progress

- Additional network hardware upgrades
- Cellular Signal Boosting
- Overhead Paging System Overhaul Analysis
- Phone Tree and Call Routing

Strategic Priority 4 IT Service Delivery Model

Completed

- O365 (Office 365)

In-Progress

Resources

- Staffing (role/responsibilities optimization)
- Services (Helpdesk), SLA (Service Level Agreement)

Strategic Priority 5 UCSF Affiliation

Benefits

- Shared High Standards
- Relationship building
- Access to SME's (Subject Matter Experts)
- Cost saving opportunities (product, licensing, preferred partner lists)

Future State Initiatives

- ERP Migration
- eFaxing

Questions



To: Sonoma Valley Health Care District Board of Directors
From: Ben Armfield, Chief Financial Officer
Date: September 1, 2022
Subject: Resolution No. 367 - Setting the Tax Rate for the 2022-23 Fiscal Year GO Bonds

Recommendation:

Management recommends the approval of the General Obligation Bonds tax rate of \$19.90 per \$100,000 of the assessed value of the secured property in the District.

Background and Reasoning:

This is consistent with prior year resolutions. The total assessed value of the secured property in the District is \$12,257,508,661. The tax required to assure payment of the principle, interest, and reasonable reserve for the Bonds for Fiscal Year 2022-2023 is \$2,444,728. The rate, calculated per the Sonoma County's approved formula is \$19.90 per \$100,000 of assessed valuation.

Consequences of Negative Action/Alternative Actions:

Without the resolution, the County is directed to apply the most recently provided tax rate.

Financial Impact:

The resolution will instruct the County to collect the General Obligation Bond tax to be paid to the bond holders.

Selection Process and Contract History:

The Hospital has done similar resolutions in the past and the same methodology was applied for setting the tax rate for 2022-23.

Other Items of Note:

The 2022-23 tax rate calculation and resolution has been reviewed by our consultant Gary Hicks, who has been a subject matter expert for SVH in this space for many years.

Attachments:

Resolution No. 367



SONOMA VALLEY HEALTH CARE DISTRICT

RESOLUTION No. 367

**RESOLUTION SETTING THE TAX RATE FOR THE 2022-23 FISCAL YEAR
FOR THE PAYMENT OF PRINCIPAL AND INTEREST ON THE SONOMA
VALLEY HEALTH CARE DISTRICT (SONOMA COUNTY, CALIFORNIA)
GENERAL OBLIGATION BONDS, ELECTION OF 2008**

WHEREAS, by resolution, adopted by the Board of Directors (the "Board") of the Sonoma Valley Health Care District (the "District") on August 6, 2008, the Board determined and declared that public interest and necessity demanded the need to raise moneys for the expansion, improvement, acquisition, construction, equipping and renovation of health facilities of the District (the "Project"), and the Board called an election to be held within the boundaries of the District in accordance with the California Elections Code;

WHEREAS, a special municipal election was held in the District on November 4, 2008 and thereafter canvassed pursuant to law;

WHEREAS, an election there was submitted to and approved by the requisite two-thirds (2/3) vote of the qualified electors of the District a question as to the issuance and sale of general obligation bonds of the District for the purpose of raising money for the Project in the maximum aggregate principal amount of \$35,000,000, payable from the levy of an *ad valorem* tax against all taxable property in the District;

WHEREAS, pursuant to Chapter 4 of Division 23 (commencing with section 32300) of the California Health and Safety Code (the "Act"), the District is empowered to issue general obligation bonds;

WHEREAS, the District sold, on January 27, 2009, an initial series of bonds for the purpose of raising funds needed for the Project and for other authorized costs in the aggregate principal amount of \$12,000,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) General Obligation Bonds, Election of 2008, Series A (2009)" (the "2009 Bonds"); and

WHEREAS, the District sold, on August 1, 2010, an additional series of bonds for the purpose of raising funds needed for the Project and for other authorized costs in the aggregate principal amount of \$23,000,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) General Obligation Bonds, Election of 2008, Series B (2010)" (the "2010 Bonds"); and

WHEREAS, the District sold, on January 28, 2014, a refunding series of bonds for the purpose of refunding the 2009 Bonds in the aggregate principal amount of \$12,437,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) 2014 General Obligation Refunding Bonds" (the "2014 Bonds"); and

WHEREAS, the District sold, on July 28, 2021, a refunding series of bonds for the purpose of refunding the 2010 Bonds in the aggregate principal amount of \$15,825,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) 2021 General Obligation Refunding Bonds" (the "2021 Bonds" and together with the 2014 Bonds, the "Bonds"); and

WHEREAS, Sonoma County (the "County") has requested that the District provide to the County the tax rate required for Fiscal Year 2022-23 to pay principal and interest on the Bonds and to provide a reasonable reserve;

NOW, THEREFORE, THE BOARD OF DIRECTORS OF SONOMA VALLEY HEALTH CARE DISTRICT DOES HEREBY RESOLVE, DETERMINE AND ORDER AS FOLLOWS:

Section 1. Recitals. All of the recitals herein are true and correct. To the extent that the recitals relate to findings and determinations of the Board, the Board declares such findings or determinations to be made thereby.

Section 2. Tax Rate; Remittance.

(a) Based upon the County's estimate of assessed valuation of all secured property in the District (\$12,257,508,661) the tax rate required to assure payment of the principal of, interest on and a reasonable reserve for the Bonds for Fiscal Year 2022-23 is \$19.90 per \$100,000 of assessed valuation. It is the intent of the District to provide to the County, by resolution, the tax rate required to assure payment of the principal of, interest on and a reasonable reserve for the Bonds for Fiscal Year 2022-23 and each Fiscal Year thereafter, so long as the Bonds remain outstanding. However, in the event the District fails to provide a tax rate in any year, the County is directed to apply the most recently provided tax rate in such year.

(b) The District hereby delegates to the County Board of Supervisors the authority to annually levy and collect the annual *ad valorem* property taxes required for the payment of the principal of and interest on the Bonds.

(c) The District hereby requests that such amounts, as collected, be remitted directly to The Bank of New York Mellon Trust Company, N.A., the District's paying agent for the Bonds.

Section 3. Request for Necessary County Actions. The County Board of Supervisors and the County Auditor-Controller-Treasurer-Tax Collector, and other officials of the County, are hereby directed to take whatever action that may be necessary pursuant to law to provide for the levy and collection of a property tax on all taxable property within the District at the tax rate specified in Section 2(a) above.

Section 4. General Authority. The Chair, the Secretary, the Chief Executive Officer and the Chief Financial Officer, and their respective designees, are each hereby authorized, empowered and directed in the name and on behalf of the District to take any and all steps which they or any of them might deem necessary or appropriate in order to give effect to this resolution.

Section 5. Effective Date. This resolution shall take effect immediately on and after its adoption.

PASSED AND ADOPTED this 1st day of September 2022, by the following vote:

AYES:

NAYS:

ABSTAIN:

ABSENT:

Joshua M. Rymer
Chair, Board of Directors
Sonoma Valley Health Care District

ATTEST:

Judith Bjorndal
Secretary, Board of Directors
Sonoma Valley Health Care District



To: SVHCD Board of Directors
 From: John Hennelly
 Date: 09.01.22
 Subject: Administrative Report

As summer closes, we continue our path of managing Covid, upgrading our infrastructure, and recruitment.

The **Covid** pandemic/endemic continues. We experienced a predictable lull in August following the surge in July. As we begin September, the virus' impact on Sonoma appears to be in a lull. We remain prepared as the next upswing could happen at any time. SVH 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.

Infrastructure work continues. The new **128 slice CT scanner**, part of the Outpatient Diagnostic Center, is live with staff participating in applications training. The MRI project planning continues. We plan to circulate a revised project to the Board in October. Build work on **EPIC** continues. Teams are engaged and continue to meet deadlines toward the 12/3/22 go live.

With a new CNO on board, we are now focused on completing our **Chief Medical Officer** recruitment. We expect to have a candidate secured in the next few weeks. Concurrently the hospital is aggressively recruiting in several key areas. Our GI recruitment is underway through UCSF. In Physical Therapy we are welcoming 4 new practitioners, essentially doubling our team at our Highway 12 location.

The hospital's **quality** performance through July continues to be strong. Ongoing measures related to outcomes, readmissions, hospital acquired conditions are very positive.

July's **financial results** exceeded our most targets for the fourth month in a row. Operating margin exceeded budget by 28% and EBDA by 36%. July did underperform last July by \$120,000 and \$140,000 respectively.

Update from 2025 Strategic Plan:

Strategic Priorities	Update
Enhance Quality and Services through the	<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

affiliation with UCSF Health	<ul style="list-style-type: none"> ➤ CMO (Chief Medical Officer) recruitment is underway. A selection should occur soon.
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 the availability of testing to the community through the hospital drive through. ➤ Phase 1 (CT) of the ODC is complete. The MRI project is in planning. ➤ 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 are actively submitting and reviewing data sets. 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	JUN.22	JUL.22	Trend	Supporting detail
Infection Prevention					
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	↔	
Safety					
Patient Fall per 1000 pt days	<3.75	0.0	7.0	↓	2 patient falls, no injury
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%	100 (n=7)	75 (n=8)	↓	Delay in Antibiotic (1 patient) and Fluid Administration (1 patient)
Severe Sepsis 3 hour Bundle % compliant	>94%	100 (n=7)	87.5 (n=7)	↓	
Severe Sepsis 6 hr Bundle % compliant	100.00	100 (n=4)	100 (n=3)	↔	
Core OP 23- Head CT within 45 mins % compliant	100.00	66.7 (n=3)	100 (n=1)	↑	

Mortality					
Acute Care Mortality Rate %	<15.3	2.9	0.0	↑	

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	180 (n=30)	190 (n=27)	↓	Volumes remain high, 818 Visits
Core Op 22 ED Left without being seen LWBS	<2%	2.8	3.7	↓	

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	0.000	0.000	↔	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	4.69	1.82	↑	Lower is better

2. Employees

Objective	Target	JUN.22	JUL.22	Trend	Supporting Detail
Turnover	<3%	0.9	0.9	↔	
Workplace Injuries	<20 Per Year	1 (QTR2)	0 (QTR3)	↑	Total 4 YTD

3. Patient Experience

Objective	Target	MAY.22	JUN.22	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>50%	1 (n=20)	7 (n=21)	↑	
Communication	>60%	6 (n=20)	1 (n=21)	↓	
Discharge Instructions	>70%	7 (n=20)	25 (n=21)	↑	
HCAHPS					
Recommend the hospital	>50%	98 (n=13)	99 (n=8)	↑	
Communication with Nurse	>50%	94 (n=13)	71 (n=8)	↓	
Communication with Doctor	>50%	91 (n=13)	94 (n=8)	↑	
Cleanliness of Hospital	>50%	86 (n=13)	17 (n=8)	↓	
Communication about medicines	>60%	99 (n=13)	85 (n=8)	↓	
Discharge Information	>50%	34 (n=13)	96 (n=8)	↑	

4. Volume

Objective	Target	JUN.22	JUL.22	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>750	860.0	818.0	↓	
Surgical Volume Outpatient	>80	89.0	76.0	↓	
Surgical Volume Inpatient	>13	16.0	18.0	↑	
Inpatient Discharges	>50	73.0	60.0	↓	

5. Financial

Objective	Target	JUN.22	JUL.22	Trend	Supporting Detail
EBDA in %	>0.5	29.4	-5.4	↓	
Days Cash on Hand month end	>42	54.9	53.8	↓	
Net Revenue (\$M) (Annualized)	>\$49	\$ 50.2	\$ 46.6	↓	



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.

Revision Date: 08/25/22		Tactic Completed	Tactics under way now	Tactics to begin in the next 12 months	Tactics in conceptual form		
			UCSF/SVH Joint Operating Dashboard				
	Initiative	Description/Tactic	Benefits/Impact	Start Date	Target Completion Date	Update	
Strategic Objective							
1 Increase Access to San Francisco based UCSF Care - ability for Sonomans to access care at UCSF in the city has been difficult. This objective seeks to improve pathways to access care.	1.1	Expansion of Telemedicine Services with UCSF Affiliate Network	Neurology coverage for stroke and inpatient care	24/7 availability of neuro consult for stroke cases in ED	2019	2019	complete
			Infectious Disease coverage for hospital	Specialty coverage for ED and inpatient units			complete
			Intensivist Coverage of ICU	Expanded medical team would expand the types of cases that could be treated at SVH.	2022	2023	Discussing the viability of concept
	1.2	Beta Site for Capacity Management (transfer) Center	Integration of SVH into the UCSF/Phillips capacity management system	The integration will improve both site's ability to place patients in the right setting for their needs. Impact to SVH increased transfers both in and out as needed.	Summer 2023	2023-2024	UCSF/Phillips building the system now.
2 Increase Access to Locally Provided Specialists/Primary Care - establishment of care sites in Sonoma will aid in access to UCSF care.	2.1	Physician Employment	Joint recruitment of GI specialists based in Sonoma	Provision of service currently unavailable in Sonoma and highly in demand.	2021	in process	Agreement finalized, position advertised via UCSF
			Joint recruitment of orthopedic surgeon based in Sonoma	Orthopedics is in strong demand in Sonoma. Planning to insure availability over coming years.		2023-25	This is in concept stage at this point. Discussions will occur between existing partners to develop a plan.
			Engagement of UCSF faculty in growth or under represented service lines	Engagement can increase the types of care available in Sonoma and increase connectivity with programs at UCSF.	2022	2023	Issuance of RFP to faculty to identify programs which could be cited in Sonoma. Proposals must address market need.
	2.2	Expansion of Clinically Integrated Network	Opportunity to contractually link Sonoma providers to UCSF network improving network access, quality oversight, and financial stability for practices	Helps insure stability of practices in Sonoma and improved access to broader network.		2023	UCSF revising program
3 Increase Facility Utilization - objective is to use available space and resources at SVH to alleviate capacity issues at UCSF where needs align. The result will be more availability of services in Sonoma.	3.1	Grow UCSF surgical presence in Sonoma	Objective is to engage UCSF surgeons to practice in Sonoma and at SVH.	Increase availability of surgical services in Sonoma/increase utilization of SVH operating rooms			Next steps, ODC, EPIC go live to provide common working platform
	3.2	Explore collaborative opportunities in orthopedics	Details listed in section 2. Listed here to note it serves this objective.				
	3.3	Increase utilization of ODC by UCSF	Online scheduling	UCSF is moving to self scheduling which enables the patient to select the best location for their service based upon availability or location. This could optimize utilization of SVH assets.	2022	2023	
	3.4	Development of Post Acute program	Objective is to insure adequate postacute care is available in Sonoma	Meeting market demand and insuring Sonoma has the right setting for care. Activation of dormant space at SVH.		2024	This is in concept stage at this point.
							Engage BTB Health on this?
4 Enhance IT Integration - maximize connectivity between two organizations to improve integration of data available to community and patients	4.1	Maximize data availability between sites	EPIC implementation	Installation of EPIC will improve connectivity between UCSF and SVH.	January 2022	12/3/2022	Implementation underway
			Optimize EPIC data transfer between instances	Maximizing data integration between SVH Epic and UCSF Epic will optimize utilization by clinicians and patients	Summer 2023	2025	Once SVH is live on Epic, SVH team will poll users to identify biggest opportunities for improvement.
	4.2	Integration of IT management	Contract executed between UCSF and SVH for the provision of management services to SVH		2022	2022	Complete
5 Share Resources/Reduce Costs - by collaborating, can the two organizations save money?	5.1	Integration of coordination of care w UCSF and/or Marin Health					
	5.2	Leadership Development	Sound leadership yields high performing organization	Investment in leadership is paramount in a high performing organization. Impact is more innovation (growth), better staff and patient satisfaction, increased market competitiveness, higher employee retention.	2022	ongoing	New Leader Orientation launched 8/22 and will be held monthly. UCSF resources for executive support being investigated.
	5.3	Explore JV opportunities around ODC	Develop a business case for a joint venture between SVH and UCSF around the ODC and surgical services	A joint venture would provide both capital and focus from UCSF on Sonoma.	CY2023	2024	
Parking Lot		Exploration of ways to integrate purchase of goods and services		Cooperating with UCSF on purchasing could yield significant savings			Management continually on the look out for such opportunities. Supplies were reviewed in 2022 - no opportunity. Reimbursement rates - not allowed unless UCSF has a controlling interest.



FY 2023 CEO GOALS

DRAFT 08/26/22

GOAL	OBJECTIVE	METRIC	Definition	PERFORMANCE MEASURE
Growth	Expand medical services in Sonoma	Start a new program or add a new provider to an existing program in collaboration w UCSF Bring a new physician practice to market	Provider/program must be seeing patients. Pending = provider retained but not yet started.	2 new starts = Max 1 new start +1 pending = Target 1 new start = Threshold
Service Excellence	Outpatient Satisfaction	4.5 or higher average score on "Rate My Hospital" for all Outpatient departments as measured each month	4.5 is the average for all participating departments over the course of the year	>4.7 score = Max >4.6= Target ≥4.5= Threshold
Quality	Excellent Patient Safety and Outcomes	Meet or exceed the national benchmark in all measured quality outcomes on a 12-month rolling average		12 quality metrics met = Max 11 met = Target 10 met = Threshold
People	Engaged and Satisfied Staff	50% staff participate and rate their satisfaction at 3.8/5 or higher	Both metrics must be met to qualify. Measured score is composite score on each survey.	>4.1 score = Max >3.95= Target ≥3.8= Threshold
Finance	Financial Viability	Exceed Budgeted Operating Income, Before Depreciation and Amortization (EBDA) prior to restricted donations and GO bond		> \$1 million = Max > \$0.5 million = Target > met budget = Threshold
Finance	Financial Stability	Maintain a rolling average of days of cash on hand	Performance is measured by averaging final day of each month	>50 Days = Max >45 = Target ≥42 = Threshold

- All goals weighted equally



To: SVH Board of Directors
From: John Hennelly, CEO
Date: 9/2/2022
Subject: Approval of additional funds to address CT construction deficiencies

RECOMMENDATION TO THE BOARD OF DIRECTORS:

Management is recommending that the Sonoma Valley Hospital Board of Directors approve the expenditure of \$329,000 to fund required work identified during final inspection granting occupancy of the CT.

BACKGROUND:

Through the course of work and inspection, several deficiencies were identified that must be addressed.

1. CT on emergency power - \$30,000. The new CT scanner is required to be placed on emergency power (E-power). While work was completed in this area, it was determined that modifications must be made.
2. Latent Defects - \$299,000.
 - a. Smoke dampers were installed during construction in an effort to remedy existing conditions. The final remediation of conditions no longer requires the dampers. The dampers must now be removed. \$25,000
 - b. Hydronic Balancing related to the chilled water system. The work was supposed to be completed by the prior contractor. \$10,000
 - c. Electrical Coordination Study - \$35,000
 - d. Architectural - \$106,000
 - e. Fees - \$3,000
 - f. Contingency - \$21,000
 - g. Hydronic Power Remediation – **if** the balancing listed above proves inadequate, further efforts must be made to remedy the conditions. While unlikely, we are requesting approval to enable resolution should it be needed. \$99,000

These costs were not budgeted. The defects are largely due to errors caused by Dome/Taylor. The hospital will attempt to recoup these costs from Dome/Taylor once the project is complete (all possible defects have been discovered).





To: Sonoma Valley Health Care District Board of Directors
From: Ben Armfield, Chief Financial Officer
Date: September 1, 2022
Subject: 5-Year Capital Spending Plan

OVERVIEW:

Enclosed is our 5-year capital spending plan, which reflects projected hospital capital expenditures from fiscal year 2023 through fiscal year 2027. The capital plan itself was originally presented to the Finance Committee back in June and included a high-level projection of both our capital needs and financial trajectory over a 5-year period. We are bringing this back to the committee this month for the purposes of providing additional context and detail into some of the priorities, initiatives, and actionable tactics that will help achieve the hospital's goal of financial viability.

CAPITAL PLAN OVERVIEW:

This capital spending plan is reflective of capital purchases that are currently projected to be funded directly by Sonoma Valley Hospital. In other words, this excludes capital items that are being funded directly by the Sonoma Valley Hospital Foundation.

As was discussed during the budget planning session, FY23 is a critical year for the hospital and our capital spending plan reflects the significance of such. We are projecting to spend \$4.38M in capital expenditures next fiscal year. Roughly 90% of this (or \$4M) is earmarked for the completion of two milestone projects: the Epic EMR implementation (\$2,798,000), and the completion of the Outpatient Diagnostic Center (ODC) (\$1,200,000) – which are the projected incremental costs required to complete the MRI work that will not be covered by foundation contributions. The remaining \$384,000 is for emergent capital needs related to end of life equipment and hardware, critical physical plant improvements, and specific surgical equipment and instrumentation that are required to both support the service as well as facilitate further service line growth.

It is worth noting that even looking at next fiscal year, there are quite a few moving pieces and looming unknowns related to specific projects that required us to estimate the capital outlay in some situations. For example, we budgeted \$1,200,000 to fund the additional costs and completion of the Outpatient Diagnostic Center (ODC). The total required outlay to support the completion of this is currently unknown and most likely will not be able to be fully quantified until we get through the demolition phase of the project.

IMPACT:

In conjunction with estimating our capital planning trajectory, we are also including a cash flow summary (*III. Projected Cash Flow Summary*) that quantifies the impact to our days cash on hand. The impact to our days cash is dependent upon the following assumptions: the projected capital outlay for each respective year, and the year over year change in total funding sources (dollars coming in) and uses (dollars going out).

Based on a projected capital outlay of \$4.38M, we are projecting to go to 41.2 by the end of fiscal year 2023. The budgeted reduction is obviously significant, but it is largely driven by the implementation of Epic and the completion of the ODC. We paired down our capital spending plan to prioritize these big-ticket projects and once these projects are completed our capital spending is projected to re-align to historical levels.

This spending plan also represents a conservative estimate as this does not include additional non-hospital funding sources that are currently being pursued. As these sources are vetted further for feasibility and fit, procurement of additional funding would have a material impact on our estimated days cash on hand.



ROADMAP TO FINANCIAL VIABILITY:

Community support is one of the hospital's biggest strengths. Financially, the support the Community has provided SVH through parcel tax revenues, general obligation bonds, and philanthropic donations have been invaluable. Historically, the parcel tax revenue the hospital receives, close to \$3.8M in FY22, was designed to "fill the gap", or cover the deficit created due to systemic failures and shortfalls of other payment vehicles.

Prior to the pandemic, Sonoma Valley Hospital's financial performance was trending towards operational profitability. In FY19, parcel taxes covered the overall operating loss of (\$2.9M), and the hospital had a positive contribution to cash flow, posting a positive operating margin excluding depreciation of \$394,000.

Unfortunately, COVID-19 was upon us midway through FY20 and the financial gap has widened due to the continued financial fallout from the pandemic.

SVH Operating Margin by FY	FY22	FY21	FY20	FY19
Operating Margin	\$ (7,017,390)	\$ (6,402,371)	\$ (6,542,384)	\$ (2,997,743)
Operating Margin (excl. Depr)	\$ (4,234,000)	\$ (3,346,000)	\$ (3,434,000)	\$ 394,000
Op Revenues as a % of Op Expenses	88%	89%	88%	95%

Financial Objectives

To fully meet the growing needs of this community and to ensure the go-forward health of the organization, we feel strongly about the need of developing a financial viability plan that starts to trim the financial gap and targets getting back to pre-pandemic levels. It is with this in mind that we are beginning the communication of our goal of achieving financial viability, which is for the hospital to achieve an operational "break-even" status in our operating margin (excluding depreciation) by the end of fiscal year 2027. Specific objectives identified:

Strategic Objectives

- Generate a positive operating margin (excluding depreciation) by the end of fiscal year 2027
- Fund 100% of total "routine" capital spend from operations
- Maintain average days cash on hand in excess of 50.0 days
- Develop strategy for paying down line of credit

Strategic Initiatives

The strategic initiatives identified that will achieve these objectives are below:

- Strategic Growth Priorities
- Revenue Cycle Enhancement
- Disciplined Cost Management

Strategic Growth Priorities

Strategic initiatives focusing on program and volume growth are covered in detail in the developing overall strategic plan. These initiatives will be the most significant contributors for revenue generation through data-driven, strategic investments to grow targeted service-lines. Some, but not all, of the strategic growth opportunities that have been prioritized for FY23 are below:

- Outpatient Diagnostic Center (ODC)
- GI Physician Recruitment
- Physical Therapy Expansion
- Destination Program Development

- Orthopedic Program Growth
- Primary Care Strategy
- Cardiology Expansion

Revenue Cycle Enhancement

Improving revenue cycle performance is the most significant priority from a business operations standpoint and needs to be THE area of focus in the near-term.

In addition to the overall complement of services (and their respective volumes) that are performed, the dollars SVH brings in can be grouped into two critical buckets:

1. Reimbursement payment rates negotiated with third party payors; and
2. The ability to collect what is owed to us, or revenue cycle management

SVH has opportunities to improve in both. Currently, SVH's net revenues (as a % of gross revenue) have been hovering around ~15% for some time. We are currently benchmarking this against our market competitors, but this is historically low for an acute care hospital. Our commercial/third party reimbursement contracts also appear to be below our peers, some well below, and have not seen an adjustment in multiple years. Certainly, challenges exist as SVH is a small, independent district hospital and lacks the leverage larger facilities/health systems enjoy. Regardless, there are avenues available for improvement and the development of a payor contracting plan is essential.

Revenue Cycle Enhancement Initiatives & Tactics

- **Develop Payor Contracting Strategy**– through payor contracting reviews and renegotiations, we will achieve more alignment between our payor contracts and our existing footprint of services. This will result in higher per case reimbursements across all of our managed care payors.

ACTIONS

- Review and assess opportunities to strategically align with the current operating model of the hospital | FY23 (currently ongoing)
- Identify and evaluate opportunities to partner with third-party for renegotiating specific payor contracts | FY23 (currently ongoing)
- Review historical financial performance by benefit plan and develop metric baselines for measurement | FY23
- Develop KPIs (annual yields per payor contract, contribution margin by payor contract) and set milestones for renegotiation by contract and targeted price increase | FY23
- **Revenue Cycle Steering Committee** – the launch of the Revenue Cycle Steering Committee will be tasked with identifying hospital specific revenue cycle issues and opportunities and will have annual targets related to the identification and implementation of revenue enhancement opportunities.

ACTIONS

- Create steering committee of subject matter experts (revenue cycle, medical records, case management, professional providers, etc.) that identifies and solves revenue cycle issues and opportunities in collaborative, team-oriented structure | FY23 (currently being formalized)
- Identify actionable quick wins that are actionable | FY23
- Develop process for report-outs and specific KPIs for measurement of success and tracking concurrent progress | FY23
- **Denial Management** – improve financial revenue collections through enhanced, disciplined denial management.

ACTIONS



- Develop formal, structured process for triaging and tracking payor denials | FY23
- Develop timeline of report outs to the revenue cycle steering committee | FY23
- Develop KPIs for on-going tracking | FY23
- **EPIC Revenue Cycle Enhancements** – we also plan to see numerous benefits with the transition to Epic, especially as it relates to our revenue cycle processes and workflows. Automated workflows and gained efficiencies will result in further revenue cycle enhancements and bottom-line performance.

Disciplined Cost Management

Effective management of resources is also critical. SVH needs to continue efforts to strive for operational excellence by enhancing our culture of cost accountability and continuous performance improvement.

Cost Management Initiatives & Tactics

- **Labor Management and Productivity**

ACTIONS

- Develop new process and tool for review of staffing requisitions and FTE approvals | FY23
- Develop process for reviewing and approving all traveler requests | FY23
- Assess need for departmental tools such as labor productivity reporting and volume adjusted staffing reports | FY23

- **Monthly Departmental Reviews**

ACTIONS

- Enhance our culture of accountability related to achieving SVH goals by implementing departmental monthly operating reviews (DMORs) | FY23 3rd Qtr

- **Supply Cost Optimization**

ACTIONS

- Seek opportunities with affiliations (UCSF) to leverage relationships for preferred pricing | FY23

WRAP-UP:

This plan, although certainly fluid, is an executive-level summary that provides a foundation for our financial “roadmap” and where we are looking to go – both in the short and long term. As it currently stands, we are vetting the prioritization and sequencing of these opportunities. As the overall strategic plan gets finalized, we will also be sharing an overall master plan that includes more details on strategic and financial tactics that will allow us to achieve our goal of financial viability over time.

ATTACHMENTS:

- 5-Year Capital Spending Plan



Sonoma Valley Hospital
5 Year Capital Spending Plan
 July 2022

I. 5-Year Capital Spending Plan Summary							
Project/Equipment	Proj Cost	BUDGET FY23	PROJ FY24	PROJ FY25	PROJ FY26	PROJ FY27	Additional Comments
EHR Implementation - CT Epic	\$ 3,500,000	\$ 2,798,000					Implementation costs related to Epic implementation
Air Handler & Exhaust Fan	\$ 3,100,000				\$ 1,550,000	\$ 1,550,000	Replacement
MRI / ODC	\$ 1,200,000	\$ 1,200,000					Addtl costs over ODC budget (current cost is an estimate)
Elevators - NPC Compliance - Replace jacks/doors	\$ 550,000		\$ 550,000				2030 Seismic Regulation
Enterprise Resource Planning (ERP) Implementation	\$ 500,000		\$ 250,000	\$ 250,000			New ERP - Cost is currently an estimate
Security Access - Exterior doors	\$ 250,000			\$ 250,000			
Structural - SPC4D Compliance, Analysis	\$ 150,000		\$ 150,000				Dependent upon seismic regulations
Anchorage - NPC Assessment	\$ 120,000				\$ 120,000		Non-Performance Compliance Assessment
Kitchen - Cooking & Serving Table	\$ 85,000		\$ 85,000				
GI Suite - Medivator compliance	\$ 82,720						To bring medivator room to compliance
Surgical trays	\$ 60,000	\$ 60,000					Cost is currently estimated - need to refine
MRI patient monitor	\$ 60,000	\$ 60,000					Replacement (End of Life)
Medivator	\$ 54,000	\$ 54,000					End of life
EKG Machines - 4	\$ 52,000	\$ 52,000					Replacement (End of Life)
Cataract Surgery Equipment	\$ 50,000	\$ 50,000					Cost is currently estimated - need to refine
Sewer pumps in the basement	\$ 40,000	\$ 40,000					
Pipes - replacement (East Wing) corroded	\$ 25,000	\$ 25,000					Split with Ensign
3-Bay Sink Surgery	\$ 23,000	\$ 23,000					Would need HCAI
Electric Parallel Bars	\$ 10,000	\$ 10,000					
Kitchen - Pass-thru warming cabinet	\$ 10,000	\$ 10,000					Need to get further info./Forefront
Nursing - Hovermat	\$ 5,898						
Physical Therapy / OP Services Expansion	TBD		TBD	TBD			
Routine Capital Pool / Contingency	\$ 600,000		\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000	\$150,000 / year for routine capital items starting in FY24
TOTAL PROPOSED CAPITAL SPENDING	\$ 10,527,618	\$ 4,382,000	\$ 1,185,000	\$ 650,000	\$ 1,820,000	\$ 1,700,000	

II. Projected Operational Margin Analysis	BUDGET FY23	PROJ FY24	PROJ FY25	PROJ FY26	PROJ FY27	FY23-27 Chg	% Chg
Total Operating Revenue	\$ 54,964,398	\$ 59,661,459	\$ 63,278,197	\$ 65,213,151	\$ 67,152,888	\$ 12,188,490	22%
Total Operating Expenses (less Depreciation)	\$ 58,583,664	\$ 61,386,854	\$ 64,035,869	\$ 65,573,769	\$ 67,150,117	\$ 8,566,453	15%
Operating Margin (excl. Depreciation)	\$ (3,619,266)	\$ (1,725,395)	\$ (757,672)	\$ (360,618)	\$ 2,771	\$ 3,622,037	100%
Net Revenue Annual Increases		10.0%	7.0%	3.5%	3.4%		
Operating Expense Annual Increases		5.0%	4.5%	2.5%	2.5%		

III. Projected Cash Flow Summary	BUDGET FY23	PROJ FY24	PROJ FY25	PROJ FY26	PROJ FY27	FY23-27 Chg	% Chg
Hospital Sources & (Uses)							
Net Hospital Sources / (Uses) from Operations	\$ (7,836,504)	\$ (5,942,633)	\$ (4,974,910)	\$ (4,577,856)	\$ (4,214,467)		
Capital Expenditures (SVH Funded)	\$ (4,382,000)	\$ (1,185,000)	\$ (650,000)	\$ (1,820,000)	\$ (1,700,000)		
Other: Reclassification of \$1M Board Designated Funds	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -		
Net Hospital Sources (Uses) of Cash	\$ (11,218,504)	\$ (7,127,633)	\$ (5,624,910)	\$ (6,397,856)	\$ (5,914,467)	\$ 5,304,037	47%
Non-Hospital Sources & (Uses)							
Restricted Cash/Capital Donations	\$ -	\$ -	\$ -	\$ -	\$ -		
Parcel Tax Revenue	\$ 3,800,000	\$ 3,800,000	\$ 3,800,000	\$ 3,800,000	\$ 3,800,000		
IGT Revenue	\$ 6,737,099	\$ 6,737,099	\$ 6,737,099	\$ 6,737,099	\$ 6,737,099		
IGT Matching Fees (Expense)	\$ (2,519,861)	\$ (2,519,861)	\$ (2,519,861)	\$ (2,519,861)	\$ (2,519,861)		
Other: Healthcare Loan Expansion Program	\$ -	\$ -	\$ -	\$ -	\$ -		
Net Non-Hospital Sources (Uses) of Cash	\$ 8,017,238	\$ 8,017,238	\$ 8,017,238	\$ 8,017,238	\$ 8,017,238	\$ -	0%
Net Sources / (Uses) of Cash	\$ (3,201,266)	\$ 889,605	\$ 2,392,328	\$ 1,619,382	\$ 2,102,771	\$ 5,304,037	166%
Cash at beginning of period (Includes MM)	\$ 9,523,589	\$ 6,322,323	\$ 7,211,929	\$ 9,604,256	\$ 11,223,639		
Cash at end of period	\$ 6,322,323	\$ 7,211,929	\$ 9,604,256	\$ 11,223,639	\$ 13,326,410	\$ 7,004,086	111%
Projected Days of Cash on Hand at Beginning of period	63.92	41.16	44.72	56.99	64.97		
Budgeted Days of Cash on Hand at end of period	41.16	44.72	56.99	64.97	75.26	34.10	83%
Projected Annual Change in Days Cash	(22.76)	3.56	12.27	7.98	10.29		



To: Sonoma Valley Health Care District Board of Directors
From: Ben Armfield, Chief Financial Officer
Date: September 1, 2022
Subject: Financial Report for July 2022

OVERALL PERFORMANCE – MONTH:

Financial performance from operations in July was very similar to our performance in June. Our operating margin was favorable compared to budget and now marks the fourth straight month where the hospital’s operating performance exceeded the monthly target. The operating margin of (\$751,087) in July was 28% better than what was budgeted for the month, while our Operating EDDBA (operating margin excluding depreciation) of (\$521,027) was 36% better than budget as well.

After accounting for all operating and non-operating revenues and expenses (including parcel tax and GO bond activity), SVH posted a net loss of (\$290,120), which fell short of our total budgeted loss of (\$127,954).

Table 1 | Operating Margin - July 2022

	Month of July 2022				Year To Date July 2022							
	Current Year		Variance		Current Year				Prior Year			
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (751,087)	\$ (1,042,214)	\$ 291,127	28%	\$ (751,087)	\$ (1,042,214)	\$ 291,127	28%	\$ (630,496)	\$ (120,591)	-19%	
Operating EDDBA*	\$ (521,546)	\$ (813,127)	\$ 291,581	36%	\$ (521,546)	\$ (813,127)	\$ 291,581	36%	\$ (383,471)	\$ (138,075)	-36%	

* Operating Margin less Depreciation

NET REVENUE and OPERATING EXPENSES:

Net revenue did exceed budget for July by 8%, which was a positive given that our volumes, particularly surgical cases, weren’t as strong as prior months. \$3.8M of net revenue was booked for the month of July.

Operating expenses tracked very close to budget and ended up coming in just under for the month. They also were flat with the prior year. Staffing remains a challenge in some hard to recruit areas, but we continue to manage and flex labor appropriately. Our total FTEs this year are 3% less than what we were running in the prior year.

Table 3 | Operating Revenues & Expenses - July 2022

	Month of July 2022				Year To Date July 2022							
	Current Year		Variance		Current Year				Prior Year			
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Net Patient Revenue	\$ 3,885,256	\$ 3,585,870	\$ 299,386	8%	\$ 3,885,256	\$ 3,585,870	\$ 299,386	8%	\$ 4,018,131	\$ (132,875)	-3%	
Total Operating Revenue	\$ 3,964,934	\$ 3,690,593	\$ 274,341	7%	\$ 3,964,934	\$ 3,690,593	\$ 274,341	7%	\$ 4,094,122	\$ (129,188)	-3%	
Total Operating Expenses	\$ 4,716,021	\$ 4,732,807	\$ 16,786	0%	\$ 4,716,021	\$ 4,732,807	\$ 16,786	0%	\$ 4,724,618	\$ 8,597	0%	
SVH FTEs (Paid)	224.0	231.5	7.4	3%	224.0	231.5	7.4	3%	231.0	7.0	3%	

VOLUMES:

Surgical volumes for the month took a hit in July, particularly on the outpatient side. Outpatient surgeries were ~ 30% off both budget and prior year. Most of the decrease is from some of our more

consistent surgeons and should only be a short-term dip. Inpatient surgeries continue to maintain levels consistent with our recent run-rate.

The hospital's emergency room continues to be busy as volumes for the month exceeded budget by over 10%. Total outpatient visits fell below budget in July. Some of this relates to continuing staffing challenges the hospital faces in some key areas, coupled with a slower month on the surgical side. We have been successful in addressing some of these gaps and anticipate total OP volumes increasing going forward.

Table 4 | Patient Volumes - July 2022

	Month of July 2022				Year To Date July 2022							
	Current Year		Variance		Current Year		Variance		Prior Year		Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%	
Acute Discharges	60	62	(2)	-3%	60	62	(2)	-3%	69	(9)	-13%	
Acute Patient Days	284	257	27	11%	284	257	27	11%	221	63	29%	
IP Surgeries	18	13	5	38%	18	13	5	38%	15	3	20%	
OP Surgeries	76	109	(33)	-30%	76	109	(33)	-30%	115	(39)	-34%	
Total Surgeries	94	122	(28)	-23%	94	122	(28)	-23%	130	(36)	-28%	
Special Procedures	47	46	1	2%	47	46	1	2%	67	(20)	-30%	
Total Outpatient Visits	4,057	4,588	(531)	-12%	4,057	4,588	(531)	-12%	4,656	(599)	-13%	
Total ER Visits	818	733	85	12%	818	733	85	12%	807	11	1%	

CASH ACTIVITY:

We missed our cash goal for the month, collecting 95%, or \$3.8M, of the \$4.0M target in July. However, we are tracking positive for the month of August and anticipate exceeding our goal this month.

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

Table 5 | Cash / Revenue Cycle Indicators- July 2022

	Current Year		Variance		Prior Year		Variance	
	Jul-22	Jun-22	Var	%	Jul-21	Var	%	
	Days Cash on Hand - Avg	53.8	58.6	(4.8)	-8%	65.5	(11.7)	-18%
A/R Days	40.9	41.2	(0.3)	-1%	40.3	0.6	1%	
A/P Days	57.6	50.0	7.7	15%	51.0	6.6	13%	

MONTHLY FINANCE UPDATES:

Much of this past month has been focused on our FY23 financial audit as fieldwork is completing this week. Some of the items we had planned on bringing forward to the committee for action this month will now be presented for approval at September's meeting.

Please see below for a summary of those key initiatives and the work we are prioritizing in the month ahead:

Financial Audit:

As mentioned above, we are in the middle of our FY23 financial audit and auditors were here on-site this past week as they started their audit fieldwork. They will continue to be on-site through this week and our focus will remain on coordinating remaining items with them to stay on schedule.

Departmental Collaboration Opportunities:

We have been evaluating opportunities to engage third party partners to help us in a couple key areas. We have completed our due diligence and plan on bringing a recommendation forward to the Finance Committee next month.

Cyber-Attack Insurance Claim:

We are finishing our responses to the initial correspondence that requested additional documentation and detail surrounding our \$1.5M claim. We will have our response submitted within the next couple of weeks and will await further follow-up.

Revenue Cycle Payor Contracting Review:

Our work continues in performing due diligence with potential partners to engage in this initiative. We are working with multiple third-party firms to assess our opportunities within the managed care contracting space. We have received statements of work and are currently evaluating the potential opportunities.

Departmental Staffing Updates:

Recruitment efforts are ongoing for Sarah Dungan's replacement. As mentioned last month we did fill our AP accountant vacancy and that individual started with us full-time last week.

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 Cash Projection



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

ATTACHMENT A

Gross Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	7,868,717	8,801,290	-932,573	-10.6%	7,868,717	8,801,290	-932,573	-10.6%
Medicare Managed Care	4,804,387	3,933,604	870,783	22.1%	4,804,387	3,933,604	870,783	22.1%
Medi-Cal	4,429,972	3,894,226	535,746	13.8%	4,429,972	3,894,226	535,746	13.8%
Self Pay	523,590	407,728	115,862	28.4%	523,590	407,728	115,862	28.4%
Commercial & Other Gov't	6,029,260	5,862,981	166,279	2.8%	6,029,260	5,862,981	166,279	2.8%
Worker's Comp.	1,213,922	722,807	491,115	67.9%	1,213,922	722,807	491,115	67.9%
Total	24,869,847	23,622,636	1,247,211	5.3%	24,869,847	23,622,636	1,247,211	5.3%

Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	931,695	1,032,363	-100,668	-9.8%	931,695	1,032,363	-100,668	-9.8%
Medicare Managed Care	493,281	453,938	39,343	8.7%	493,281	453,938	39,343	8.7%
Medi-Cal	473,941	410,062	63,878	15.6%	473,941	410,062	63,878	15.6%
Self Pay	90,971	122,318	-31,347	-25.6%	90,971	122,318	-31,347	-25.6%
Commercial & Other Gov't	1,692,430	1,433,396	259,034	18.1%	1,692,430	1,433,396	259,034	18.1%
Worker's Comp.	202,939	133,792	69,147	51.7%	202,939	133,792	69,147	51.7%
Prior Period Adj/IGT	-	-	0	*	-	-	0	*
Total	3,885,256	3,585,870	299,387	8.3%	3,885,256	3,585,870	299,387	8.3%

Percent of Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	24.0%	28.8%	-4.8%	-16.7%	24.0%	28.8%	-4.9%	-17.1%
Medicare Managed Care	12.7%	12.7%	0.0%	0.3%	12.7%	12.7%	0.0%	0.3%
Medi-Cal	12.2%	11.4%	0.8%	6.7%	12.2%	11.4%	0.8%	6.7%
Self Pay	2.3%	3.4%	-1.1%	-31.4%	2.3%	3.4%	-1.1%	-31.4%
Commercial & Other Gov't	43.6%	40.0%	3.6%	9.0%	43.6%	40.0%	3.6%	9.0%
Worker's Comp.	5.2%	3.7%	1.5%	40.0%	5.2%	3.7%	1.5%	40.0%
Prior Period Adj/IGT	0.0%	0.0%	0.0%	*	0.0%	0.0%	0.0%	*
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-0.1%	-0.1%

Net Revenue as a % of Gross	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	11.8%	11.7%	0.1%	0.9%	11.8%	11.7%	0.1%	0.9%
Medicare Managed Care	10.3%	11.5%	-1.3%	-11.0%	10.3%	11.5%	-1.3%	-11.0%
Medi-Cal	10.7%	10.5%	0.2%	1.6%	10.7%	10.5%	0.2%	1.6%
Self Pay	17.4%	30.0%	-12.6%	-42.1%	17.4%	30.0%	-12.6%	-42.1%
Commercial & Other Government	28.1%	24.4%	3.6%	14.8%	28.1%	24.4%	3.6%	14.8%
Worker's Comp.	16.7%	18.5%	-1.8%	-9.7%	16.7%	18.5%	-1.8%	-9.7%
TOTAL	15.6%	15.2%			15.6%	15.2%		

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

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 07/31/22</u>	<u>Budget 07/31/22</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 07/31/22</u>	<u>Budget 07/31/22</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 07/31/21</u>
Inpatient Utilization								
Discharges								
1	47	48	(1)	Med/Surg	47	48	(1)	55
2	13	14	(1)	ICU	13	14	(1)	14
3	60	62	(2)	Total Discharges	60	62	(2)	69
Patient Days:								
4	177	171	6	Med/Surg	177	171	6	179
5	107	86	21	ICU	107	86	21	42
6	284	257	27	Total Patient Days	284	257	27	221
7	8	-	8	Observation days	8	-	8	31
Average Length of Stay:								
8	3.8	3.6	0.2	Med/Surg	3.8	3.6	0.2	3.3
9	8.2	6.2	2.0	ICU	8.2	6.2	2.0	3.0
10	4.7	4.1	0.6	Avg. Length of Stay	4.7	4.1	0.6	3.2
Average Daily Census:								
11	5.7	5.5	0.2	Med/Surg	5.7	5.5	0.2	5.8
12	3.5	2.8	0.7	ICU	3.5	2.8	0.7	1.4
13	9.2	8.3	0.9	Avg. Daily Census	9.2	8.3	0.9	7.1
Other Utilization Statistics								
Emergency Room Statistics								
14	818	733	85	Total ER Visits	818	733	85	807
Outpatient Statistics:								
15	4,057	4,588	(531)	Total Outpatients Visits	4,057	4,588	(531)	4,656
16	18	13	5	IP Surgeries	18	13	5	15
17	76	109	(33)	OP Surgeries	76	109	(33)	115
18	47	46	1	Special Procedures	47	46	1	67
19	227	248	(21)	Adjusted Discharges	227	248	(21)	332
20	1,075	1,027	48	Adjusted Patient Days	1,075	1,027	48	1,064
21	34.7	33.1	1.6	Adj. Avg. Daily Census	34.7	33.1	1.6	34.3
22	1.7145	1.4000	0.315	Case Mix Index - Medicare	1.7145	1.4000	0.315	1.3078
23	1.6153	1.4000	0.215	Case Mix Index - All payers	1.6153	1.4000	0.215	1.3637
Labor Statistics								
24	195	210	15	FTE's - Worked	195	210	15.2	202
25	224	231	7	FTE's - Paid	224	231	7.4	231
26	47.53	46.39	(1.13)	Average Hourly Rate	47.53	46.39	(1.13)	44.19
27	6.46	6.99	0.53	FTE / Adj. Pat Day	6.46	6.99	0.53	6.73
28	36.8	39.8	3.0	Manhours / Adj. Pat Day	36.8	39.8	3.0	38.4
29	174.2	165.1	(9.2)	Manhours / Adj. Discharge	174.2	165.1	(9.2)	122.9
30	24.0%	25.6%	1.6%	Benefits % of Salaries	24.0%	25.6%	1.6%	24.7%
Non-Labor Statistics								
31	14.8%	17.0%	2.2%	Supply Expense % Net Revenue	14.8%	17.0%	2.2%	16.0%
32	2,534	2,462	(72)	Supply Exp. / Adj. Discharge	2,534	2,462	(72)	1,937
33	20,993	19,468	(1,525)	Total Expense / Adj. Discharge	20,993	19,468	(1,525)	14,496
Other Indicators								
34	53.8			Days Cash - Operating Funds				
35	40.9	50.0	(9.1)	Days in Net AR	40.9	50.0	(9.1)	40.3
36	95%			Collections % of Cash Goal	95%			99.1%
37	57.6	55.0	2.6	Days in Accounts Payable	57.6	55.0	2.6	51.0
38	15.6%	15.2%	0.4%	% Net revenue to Gross revenue	15.6%	15.2%	0.4%	16.2%
39	15.0%			% Net AR to Gross AR	15.0%			17.3%

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

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 1,688,209	\$ 2,493,558	\$ 2,242,111
2	Cash - Money Market	6,095,597	5,845,329	5,638,824
3	Net Patient Receivables	6,723,103	6,701,039	6,592,553
4	Allow Uncollect Accts	(1,456,290)	(1,426,077)	(1,477,415)
5	Net A/R	5,266,813	5,274,962	5,115,138
6	Other Accts/Notes Rec	2,050,614	1,604,206	1,818,190
7	Parcel Tax Receivable	3,800,000	4,007,928	3,800,000
8	GO Bond Tax Receivable	2,485,089	2,485,089	2,601,816
9	3rd Party Receivables, Net	10,905	10,905	10,905
10	Inventory	1,042,858	1,037,598	948,036
11	Prepaid Expenses	1,146,889	828,299	1,078,794
12	Total Current Assets	\$ 23,586,974	\$ 23,587,874	\$ 23,253,814
13	Property, Plant & Equip, Net	\$ 52,665,866	\$ 52,121,398	\$ 52,389,263
14	Trustee Funds - GO Bonds	5,754,812	5,752,065	6,115,089
15	Designated Funds - Board Approved	-	1,000,000	1,000,000
16	Total Assets	\$ 82,007,652	\$ 82,461,337	\$ 82,758,166
 Liabilities & Fund Balances				
Current Liabilities:				
17	Accounts Payable	\$ 4,760,845	\$ 4,187,686	\$ 3,313,114
18	Accrued Compensation	3,357,472	3,694,715	3,648,969
19	Interest Payable - GO Bonds	269,295	217,400	538,371
20	Accrued Expenses	1,881,655	1,845,632	1,918,872
21	Advances From 3rd Parties	-	-	-
22	Deferred Parcel Tax Revenue	3,483,333	3,800,000	3,483,337
23	Deferred GO Bond Tax Revenue	2,277,999	2,485,090	2,549,933
24	Current Maturities-LTD	217,475	301,957	430,034
25	Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26	Other Liabilities	106,158	106,158	252,412
27	Total Current Liabilities	\$ 21,827,967	\$ 22,112,372	\$ 21,608,776
28	Long Term Debt, net current portion	\$ 25,560,448	\$ 25,476,513	\$ 26,819,927
29	Fund Balances:			
30	Unrestricted	\$ 18,569,059	\$ 18,822,273	\$ 18,989,953
31	Restricted	16,050,179	16,050,179	15,339,510
32	Total Fund Balances	\$ 34,619,238	\$ 34,872,452	\$ 34,329,463
33	Total Liabilities & Fund Balances	\$ 82,007,652	\$ 82,461,337	\$ 82,758,166

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

	Month			
	This Year		Variance	
	Actual	Budget	\$	%
1	60	62	(2)	-3%
2	284	257	27	11%
3	-	-	-	0%
4	\$ 18,317	\$ 17,729	\$ 590	3%
5	\$ 6,570,220	\$ 5,912,481	\$ 657,739	11%
6	9,545,916	11,225,081	(1,679,165)	-15%
7	8,771,469	6,503,611	2,267,858	35%
8	\$ 24,887,605	\$ 23,641,173	1,246,432	5%
9	(20,886,403)	(19,842,285)	(1,044,118)	-5%
10	(100,000)	(200,000)	100,000	50%
11	(15,946)	(13,018)	(2,928)	-22%
12	-	-	-	*
13	\$ (21,002,349)	\$ (20,055,303)	(947,046)	5%
14	\$ 3,885,256	\$ 3,585,870	299,386	8%
15	\$ 79,678	\$ 104,723	(25,045)	-24%
16	\$ 3,964,934	\$ 3,690,593	274,341	7%
17	\$ 1,880,707	\$ 1,896,854	16,147	1%
18	709,979	679,062	(30,917)	-5%
19	\$ 2,590,686	\$ 2,575,916	(14,770)	-1%
20	\$ 545,205	\$ 595,303	50,098	8%
21	575,604	609,994	34,390	6%
22	425,442	428,039	2,597	1%
23	229,541	229,087	(454)	0%
24	172,238	141,935	(30,303)	-21%
25	53,384	52,833	(551)	-1%
26	25,388	(23,325)	(48,713)	209%
27	98,533	123,025	24,492	20%
28	-	-	-	*
29	\$ 4,716,021	\$ 4,732,807	16,786	0%
30	\$ (751,087)	\$ (1,042,214)	291,127	28%

Volume Information

Acute Discharges	60	62	(2)	-3%
Patient Days	284	257	27	11%
Observation Days	-	-	-	*
Gross O/P Revenue (000's)	\$ 18,317	\$ 17,729	\$ 589	3%

Financial Results

Gross Patient Revenue

Inpatient	\$ 6,570,220	\$ 5,912,481	\$ 657,739	11%
Outpatient	9,545,916	11,225,081	(1,679,165)	-15%
Emergency	8,771,469	6,503,611	2,267,858	35%
Total Gross Patient Revenue	\$ 24,887,605	\$ 23,641,173	1,246,432	5%

Deductions from Revenue

Contractual Discounts	\$ (20,886,403)	\$ (19,842,285)	(1,044,118)	-5%
Bad Debt	(100,000)	(200,000)	100,000	50%
Charity Care Provision	(15,946)	(13,018)	(2,928)	-22%
Prior Period Adj./Government Program Revenue	-	-	-	*
Total Deductions from Revenue	\$ (21,002,349)	\$ (20,055,303)	(947,046)	5%

Net Patient Service Revenue

Other Op Rev & Electronic Health Records	\$ 79,678	\$ 104,723	(25,045)	-24%
Total Operating Revenue	\$ 3,964,934	\$ 3,690,593	\$ 274,341	7%

Operating Expenses

Salary and Wages and Agency Fees	\$ 1,880,707	\$ 1,896,854	16,147	1%
Employee Benefits	709,979	679,062	(30,917)	-5%
Total People Cost	\$ 2,590,686	\$ 2,575,916	(14,770)	-1%
Med and Prof Fees (excl'd Agency)	\$ 545,205	\$ 595,303	50,098	8%
Supplies	575,604	609,994	34,390	6%
Purchased Services	425,442	428,039	2,597	1%
Depreciation	229,541	229,087	(454)	0%
Utilities	172,238	141,935	(30,303)	-21%
Insurance	53,384	52,833	(551)	-1%
Interest	25,388	(23,325)	(48,713)	*
Other	98,533	123,025	24,492	20%
Matching Fees (Government Programs)	0	-	-	*
Operating expenses	\$ 4,716,021	\$ 4,732,807	16,786	0.4%

Operating Margin

	Year-To-Date				YTD
	This Year		Variance		Prior Year
	Actual	Budget	\$	%	
Acute Discharges	60	62	(2)	-3%	69
Patient Days	284	257	27	11%	221
Observation Days	-	-	-	*	31
Gross O/P Revenue (000's)	\$ 18,317	\$ 17,729	\$ 589	3%	\$ 19,624
Inpatient	\$ 6,570,220	\$ 5,912,481	\$ 657,739	11%	\$ 5,146,317
Outpatient	9,545,916	11,225,081	(1,679,165)	-15%	12,026,381
Emergency	8,771,469	6,503,611	2,267,858	35%	7,617,466
Total Gross Patient Revenue	\$ 24,887,605	\$ 23,641,173	1,246,432	5%	\$ 24,790,164
Contractual Discounts	\$ (20,886,403)	\$ (19,842,285)	(1,044,118)	-5%	\$ (20,548,733)
Bad Debt	(100,000)	(200,000)	100,000	50%	(200,000)
Charity Care Provision	(15,946)	(13,018)	(2,928)	-22%	(23,300)
Prior Period Adj./Government Program Revenue	-	-	-	*	-
Total Deductions from Revenue	\$ (21,002,349)	\$ (20,055,303)	(947,046)	5%	\$ (20,772,033)
Net Patient Service Revenue	\$ 3,885,256	\$ 3,585,870	299,386	8%	\$ 4,018,131
Other Op Rev & Electronic Health Records	\$ 79,678	\$ 104,723	(25,045)	-24%	\$ 75,991
Total Operating Revenue	\$ 3,964,934	\$ 3,690,593	\$ 274,341	7%	\$ 4,094,122
Salary and Wages and Agency Fees	\$ 1,880,707	\$ 1,896,854	16,147	1%	\$ 1,803,453
Employee Benefits	709,979	679,062	(30,917)	-5%	701,974
Total People Cost	\$ 2,590,686	\$ 2,575,916	(14,770)	-1%	\$ 2,505,427
Med and Prof Fees (excl'd Agency)	\$ 545,205	\$ 595,303	50,098	8%	\$ 535,448
Supplies	575,604	609,994	34,390	6%	643,402
Purchased Services	425,442	428,039	2,597	1%	468,891
Depreciation	229,541	229,087	(454)	0%	247,025
Utilities	172,238	141,935	(30,303)	-21%	146,934
Insurance	53,384	52,833	(551)	-1%	48,877
Interest	25,388	(23,325)	(48,713)	*	16,716
Other	98,533	123,025	24,492	20%	111,898
Matching Fees (Government Programs)	0	-	-	*	0
Operating expenses	\$ 4,716,021	\$ 4,732,807	16,786	0.4%	\$ 4,724,618
Operating Margin	\$ (751,087)	\$ (1,042,214)	291,127	28%	\$ (630,496)

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

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
31	\$ (10,896)	\$ (14,622)	3,726	*	Non Operating Rev and Expense						
32	-	-	-	0%	Miscellaneous Revenue/(Expenses)	\$ (10,896)	\$ (14,622)	3,726	*	\$ (15,323)	
33	-	-	-	*	Donations	-	-	-	0%	0	
34	316,667	316,667	-	0%	Physician Practice Support-Prima	-	-	-	*	0	
35	-	-	-	0%	Parcel Tax Assessment Rev	316,667	316,667	-	0%	316,667	
36	\$ 305,771	\$ 302,045	3,726	1%	Extraordinary Items	-	-	-	0%	0	
					Total Non-Operating Rev/Exp	\$ 305,771	\$ 302,045	3,726	1%	\$ 301,344	
37	\$ (445,316)	\$ (740,169)	294,853	-40%	Net Income / (Loss) prior to Restricted Contributions	\$ (445,316)	\$ (740,169)	294,853	-40%	\$ (329,152)	
38	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
39	\$ -	\$ 489,946	(489,946)	0%	Restricted Foundation Contributions	\$ -	\$ 489,946	(489,946)	100%	\$ 121,954	
40	\$ (445,316)	\$ (250,223)	(195,093)	78%	Net Income / (Loss) w/ Restricted Contributions	\$ (445,316)	\$ (250,223)	(195,093)	78%	\$ (207,198)	
41	155,196	122,269	32,927	27%	GO Bond Activity, Net	155,196	122,269	32,927	27%	142,081	
42	\$ (290,120)	\$ (127,954)	(162,166)	127%	Net Income/(Loss) w GO Bond Activity	\$ (290,120)	\$ (127,954)	(162,166)	127%	\$ (65,117)	
	\$ (215,775)	\$ (511,082)	295,307		EBDA - Not including Restricted Contributions	\$ (215,775)	\$ (511,082)	295,307		\$ (82,127)	
	-5.4%	-13.8%				-5.4%	-13.8%			-2.0%	
	\$ (521,546)	\$ (813,127)	291,581	36%	Operating EBDA - Not including Restricted Contributions	\$ (521,546)	\$ (813,127)	291,581	36%	\$ (383,471)	

* Operating Margin without Depreciation expense:

\$ (751,087)	\$ (1,042,214)	\$ 291,127	28%	Operating Margin	\$ (751,087)	\$ (1,042,214)	\$ 291,127	28%	\$ (630,496)
229,541	229,087	(454)	0%	Add back Depreciation	229,541	229,087	(454)	0%	247,025
\$ (521,546)	\$ (813,127)	\$ 290,673	36%	Operating Margin without Depreciation expense	\$ (521,546)	\$ (813,127)	\$ 290,673	36%	\$ (383,471)

Sonoma Valley Hospital
Cash Forecast
FY 2023

ATTACHMENT E

	Actual July	Forecast Aug	Forecast Sept	Forecast Oct	Forecast Nov	Forecast Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources													
1 Patient Payments Collected	3,924,051	3,734,519	3,621,207	3,989,228	3,869,771	3,843,928	4,065,106	3,872,360	4,237,155	3,996,942	4,132,251	4,022,275	47,308,793
2 Other Operating Revenue	19,072	104,723	104,723	104,723	104,723	104,723	104,723	104,723	104,723	104,723	104,723	104,732	1,171,034
3 Other Non-Operating Revenue	10,204	10,801	10,801	10,801	10,801	10,801	10,801	10,801	10,801	10,801	10,801	10,806	129,020
4 Unrestricted Contributions													-
5 Line of Credit													-
Sub-Total Hospital Sources	3,953,328	3,850,043	3,736,731	4,104,752	3,985,295	3,959,452	4,180,630	3,987,884	4,352,679	4,112,466	4,247,775	4,137,813	48,608,848
Hospital Uses of Cash													
6 Operating Expenses	5,333,189	4,601,024	4,526,007	4,678,557	4,594,131	4,649,093	4,779,230	4,598,493	4,831,885	4,710,812	4,795,189	4,755,861	56,853,471
7 Add Capital Lease Payments	13,501												13,501
8 Additional Liabilities/LOC													-
9 Capital Expenditures	354,797	34,000	34,000	34,000	34,000	2,234,000							2,724,797
Total Hospital Uses	5,701,488	4,635,024	4,560,007	4,712,557	4,628,131	6,883,093	4,779,230	4,598,493	4,831,885	4,710,812	4,795,189	4,755,861	59,591,770
Net Hospital Sources/Uses of Cash	(1,748,160)	(784,981)	(823,276)	(607,805)	(642,836)	(2,923,641)	(598,600)	(610,609)	(479,206)	(598,346)	(547,414)	(618,048)	(10,982,922)
Non-Hospital Sources													
10 Restricted Cash/Money Market	750,000			4,000,000			(3,000,000)						1,750,000
11 Restricted Capital Donations	210												210
12 Parcel Tax Revenue	192,601					2,134,000			1,502,000				3,828,601
13 Other Payments - Ins. Claims/HHS/Grants/Loans			1,500,000										1,500,000
14 Other:													-
15 IGT							5,400,000	688,278				41,568	6,129,846
16 IGT - AB915										227,253			227,253
17 QIP											380,000		380,000
18 HELP II LOAN						2,000,000							2,000,000
Sub-Total Non-Hospital Sources	942,811	-	1,500,000	4,000,000	-	4,134,000	2,400,000	688,278	-	1,729,253	380,000	41,568	15,815,910
Non-Hospital Uses of Cash													
18 Matching Fees					2,258,179	240,898	-	-	-	-	20,784		2,519,861
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	2,258,179	240,898	-	-	-	-	20,784	-	2,519,861
Net Non-Hospital Sources/Uses of Cash	942,811	-	1,500,000	4,000,000	(2,258,179)	3,893,102	2,400,000	688,278	-	1,729,253	359,216	41,568	13,296,049
Net Sources/Uses	(805,349)	(784,981)	676,724	3,392,195	(2,901,015)	969,461	1,801,400	77,669	(479,206)	1,130,907	(188,198)	(576,480)	
Operating Cash at beginning of period	2,493,558	1,688,209	903,228	1,579,952	4,972,147	2,071,132	3,040,593	4,841,993	4,919,662	4,440,456	5,571,363	5,383,165	
Operating Cash at End of Period	1,688,209	903,228	1,579,952	4,972,147	2,071,132	3,040,593	4,841,993	4,919,662	4,440,456	5,571,363	5,383,165	4,806,685	
Money Market Account Balance - Undesignated	5,845,329	5,845,329	5,845,329	1,845,329	1,845,329	1,845,329	4,845,329	4,845,329	4,845,329	4,845,329	4,845,329	4,845,329	
Total Cash at End of Period	7,533,538	6,748,557	7,425,281	6,817,476	3,916,461	4,885,922	9,687,322	9,764,991	9,285,785	10,416,692	10,228,494	9,652,014	
Average Days of Cash on Hand	54.8												
Days of Cash on Hand at End of Month	53.8	45.5	49.2	45.2	25.6	32.6	62.8	59.5	59.6	66.3	66.1	60.9	