



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING AGENDA
Thursday, December 6, 2012
6:00 p.m. Public Session**

**Location: Community Meeting Room
177 First Street West, Sonoma, CA 95476**

AGENDA ITEM	RECOMMENDATION	
MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	Hohorst	
2. PUBLIC COMMENT SECTION <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. At all times please use the microphone.</i>	Hohorst	
3. CONSENT CALENDAR: A. Board Regular Meeting Minutes 11.1.12 B. Board Special Meeting 11.7.12 C. Board Special Meeting 11.15.12 D. Quality Committee Minutes 10.24.12 E. Medical Staff Appointments and Reappointments 11.28.12	Hohorst	Inform/Action
4. SWEARING IN OF ELECTED BOARD MEMBERS	Hohorst	Inform/Action
5. ELECTION OF DISTRICT OFFICERS	All	Inform/Action
6. SOUTH LOT RECOMMENDATION	Hohorst/Mather	Inform
7. MARKET ASSESSMENT DATA	Mather	Inform
8. 2013 COMMUNICATIONS PLAN	Maites	Inform
9. LATINO NEEDS AND OUTREACH PLANS	Kuwahara	Inform
10. CONSTRUCTION COMMITTEE UPDATE	Coss	Inform
11. SYSTEM INITIATIVES	Reid	Inform
12. FINANCIAL REPORT: A. October 2012 Financial Report	Reid	Inform
13. ADMINISTRATIVE REPORT: A. Dashboard for October 2012	Mather	Inform

AGENDA ITEM	RECOMMENDATION	
14. OFFICER & COMMITTEE REPORTS: A. Chair Report 1. January 2013 Meeting Date B. Quality Committee 1. Contract Administration C. Governance Committee 1. Confidentiality Acknowledgement 2. Amendment of SVHCD Bylaws D. JPA/Northern California Health Care Authority	TBD	Inform/Action
	Carruth	Inform/Action
	Carruth	Inform/Action
	Boerum	Inform
15. ADJOURN: <i>The next regularly scheduled meeting of the SVHCD Board will be held on Thursday, January 10, 2013.</i>		

3.A.

MINUTES

11.1.12



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING MINUTES
Thursday, November 1, 2012
Community Meeting Room**

Board Members Present	Board Members Absent	Administrative Staff Present
Peter Hohorst, Chair Madolyn Agrimonti Kevin Carruth Bill Boerum Sharon Nevins		Kelly Mather, CEO Rick Reid, CFO Robert Cohen, Chief Medical Officer Paula Davis, Chief Human Resources Officer

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
MISSION AND VISION STATEMENTS	<p><i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p> <p><i>The vision of the SVHCD is that: SVH will be a nationally recognized, compassionate place of healing and known for excellence in clinical quality. We serve as the guide and indispensable link for our community's health care journey.</i></p>		
1. CALL TO ORDER	6:03 p.m.		
2. 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. At all times please use the microphone.</i>	There was no public comment.		
3. CONSENT CALENDAR: A. Board Meeting Minutes 10.4.12 B. Board Study Session Minutes 10.9.12 C. Quality Committee Minutes 9.26.12		MOTION: by Boerum; second by Agrimonti to approve the Consent Calendar and carried. All in favor; none opposed.	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
D. Medical Staff Appointments and Reappointments 10.24.12			
4. UPDATE ON TODD TRUST OF THE SONOMA VALLEY FUND	<i>Barbara Hughes, President of Community Foundation Sonoma County Harriet Derwingson, Incoming Board Chair of Community Foundation Sonoma County and Board Chair of the Todd Trust Committee</i>		
	<p>Ms. Hughes reported back in 2010 the Community Foundation learned that two donors from Glen Ellen, Roland and Hazel Todd, who had passed away in 2009, and left a large bequest to the Community Foundation Sonoma County in the amount of \$9,000,000 as part of the Todd Estate. This was the second largest bequest the Community Foundation had ever received. The Todds left instructions on how to deploy their bequest, which were that the funds be deployed primarily in Sonoma Valley and secondarily in Sonoma County in the following three areas of interest: 1) To support the sick, the elderly, and the needy; 2) Support underfunded governmental services; and 3) Provide funding for land, trail acquisition, and open space. For this particular bequest the funds would not be available to the Community Foundation until 2014, according to the Todd's Trust. At that time, the funds would be split into two separate funds. One would be expendable for capital type expenditures and improvements and the other would be an endowment that would support the three areas that were mentioned. The Todd Trust Committee consists of the Community Foundation Board and some individuals who work in the Boyes Springs community. Ms. Derwingson had been serving as Chair for over a year and the Todd Trust team had been running for two years.</p>		
5. LEGISLATIVE UPDATE	<i>Suzanne Ness, Regional Vice President, Hospital Council of Northern and Central California</i>		
	<p>Ms. Ness gave an overview of the California Hospital Association (CHA), which is statewide and has 400 hospitals as members. Every acute care hospital in the State, including acute/psych hospitals and rehab.</p> <p>She reported the State's debt was \$9.2 billion. At that time, the State's revenue was projected to be \$89 billion. The Governor proposed to deal with the deficits through cuts and increased revenues. Portion of the cuts were programs such as, Calworks, Medi-Cal, In-Home Supportive Services, and other health and human services. There were also cuts in education and by May 2012, the deficit had grown to be \$16 billion, which is why the California Hospital Association is one of the four biggest supporters of the Governor's Proposition 30. Without Proposition 30 the next round of cuts would be between \$7 and \$9 billion more. On December 4 the Governor would organize a special legislative session. These are called "extraordinary sessions" and are an extension of the regular session that would continue for as long as it needs to where Bills could be passed during that time on a different set of rules than when it would normally take place. They would deal with health benefits exchange and cuts with Medicaid. On a two-year legislation session, they had anticipated about 3,500 pieces of</p>		

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	<p>legislation that had 120 people total (40 Senators and 80 Assemblymen). One of the Bills, which were nurse ratios, were not regulations developed to enforce the Nurse Ratio Law, therefore, a Bill was brought forward this time that would have penalties for non-immediate jeopardy ranging from \$2,500 to \$25,000 to be levied by CDPH based on whether or not the nurse ratio was in effect at the time the patient was visited. The Governor vetoed the Bill by CHA's request and now there were draft regulations to be reviewed before December 10, 2012. The Flu Vaccination Bill was opposed by CHA and the Governor also vetoed. This Bill was about any facility having to reach a 90% vaccine compliance rate by January 2015 or adopt a model mandatory vaccination policy that would be enforced by CDPH.</p> <p>Ms. Ness informed that one of the Bills sponsored was the hospital fee where the State matches the contribution to Medicaid and is the lowest of all 50 states; therefore, the hospitals had agreed to contribute to match the federal dollars. A current fee program called the "30-Month Fee" was passed and the total amount of new revenue in California, due to the hospital contributions to the federal share, was \$289 billion.</p> <p>Mr. Boerum had asked what the status and outlook was of any legislation to enable hospitals, including district hospitals or only district hospitals, to employ physicians. Ms. Ness replied that California Medical Association had opposed.</p> <p>Dr. Cohen asked if there were any efforts to legislate authorization to have a standalone Emergency Room in California. Ms. Ness said it was brought up last year in Southern California, where there were hospitals interested, but the issue was not reevaluated due to competition within the hospital community.</p> <p>Ms. Ness continued to report that the other issue in the public's mind was the hospitals' billing process relative to the cost, how to transfer liability for patients who do not pay as opposed to patients who do and have insurance, how to bill and post it, which is another ballot measure for legislation next year. A new Medi-Cal payment system was in place based on diagnostic related groups. The State would no longer charge a fee for service to Medi-Cal. CHA has a large contingent of acute/psych hospitals and work with hospital emergency rooms over issues of behavioral health. They had spent the last year with a small group of attorneys and judges around the State rewriting the Lanterman Act, which is the Act under 51/50s are designated by law enforcement. Primarily focused on how the law interacts with emergency room situations. By the end of this year, the moratorium on Sustained Growth Rate (SGR) for physician payments under Medicare and payroll tax cut expires.</p> <p>Ms. Nevins commented that the Board would like to stay informed on the new healthcare legislative issues and if there was a way to be kept informed.</p>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
	Ms. Ness would provide the website where updated information is posted.		
6. STUDER CONFERENCE INSIGHTS	<i>Paula Davis</i>		
	Ms. Davis reported on the Studer conference called, “What’s Right in Health Care” that she and several SVH leadership team members attended. The conference had excellent key note speakers. The hospitals who presented were those who have adopted the Studer model and had excelled in their patient and staff satisfaction scores.		
7. CONSTRUCTION UPDATE	<i>Peter Hohorst, Chair</i>		
	Mr. Hohorst presented the New Wing construction schedule with actual dates.		
8. FINANCIAL REPORT	<i>Rick Reid, CFO</i>		
A. September 2012 Financial Report	Mr. Reid reported volumes in September were below. SVH had extra volume in August that came in early because it was budgeted in September. The acute discharges, patient days, and SNF days were down. The outpatient reimbursement was down in total. Had lower self-paid utilization and higher commercial utilization in the Emergency Room, so there was a positive net revenue variance on reimbursement with gross charges down. The net revenue in September was \$3.7 million on a budget of \$4 million or \$284,000 under budget that was all volume related. Expenses were better than budget by \$168,000. Under budget were salaries by \$70,000, supplies by \$64,000, and purchase services by \$23,000. A net loss before restricted contributions was \$49,000. The restricted contributions of \$114,000 did not relate to the capital campaign that was related to the Foundation contribution for the X-ray room. That money was raised last year and was given to the Hospital for the month of September. Therefore, there was a net income after the restricted contributions of \$65,000. On the quarter, there was \$55,000 under the net revenue budget. On the expenses there was \$242,000 under budget, which represented the salaries that were under budget by \$94,000 and under budget in other expenses by \$94,000 due to lower spending for the quarter. Capital spending for the first quarter was \$15,896. The net income before the restricted contributions was \$104,771 on a budgeted loss of \$56,000 or \$161,000 better than anticipated from the first quarter. The net income after restricted contributions was \$223,538 on a budget of \$86,000 with a variance of \$137,000 better than budget. The EBIDA before the restricted contributions was 7% on a budget of 6%.		
9. ADMINISTRATIVE REPORT	<i>Kelly Mather, CEO</i>		
	Ms. Mather reported Phase 1 construction was on track and SVH had currently raised \$5,000,000 for the gap between the \$42,000,000 project scope and cost versus the \$31,000,000 from the bond, including the \$3,000,000 already collected. The medical office building and Wellness Center project was moving forward very quickly. The Study Session with the Planning Commission was on November 8. The Hospital has had three neighborhood meetings, one		

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	<p>specifically for the mobile home parks across the street from Macarthur where the community had some concerns. SVH held a meeting on October 30, 2012 with low turnout, but made some contacts. This project would require either a “general plan amendment” or a “specific use amendment”. Also met with four of the eight Commissioners and most of the City Council. She also had visited Synergy Wellness Center at Queen of the Valley in Napa and learned a great deal about how exercise medicine and wellness have changed the community and the amount of interest once the facility was built. She reiterated that this project was about the seniors and their exercising.</p> <p>She gave a brief summary of the strategic planning and marketing data from iVantage. She reported orthopedic and general surgery did increase in 2011, as a result of new physicians joining SVH. However, the Hospital’s market share had gone down from 48% to 45%. Last year, the decrease was Pulmonary and Medicine from inpatient. Currently working with Sonoma Mission Inn, who may partner with SVH to provide surgery service line that would promote health and healing before and after the surgery with pre and post-op massage, which reduces complications.</p>		
10. OFFICER & COMMITTEE REPORTS:	<i>Peter Hohorst, Chair</i>		
A. Chair Report			
1. Extended Due Date for Vacant Board Committee Applications	Mr. Hohorst announced extending the due date for submitting applications for the Board Committee vacancies from October 17 to November 1, 2012. The Board would be conducting interviews with the applicants on Wednesday, November 7 at 6:00 p.m. in the Community Meeting Room in Sonoma.	MOTION: by Agrimonti; second by Carruth to approve the extended due date to submit applications for vacancies in the Board Committee and carried. All in favor; none opposed.	
2. CEO Contract Extension	Mr. Hohorst discussed the CEO contract extension to July 2015 and was officially approved by the Board.	MOTION: by Agrimonti; second by Boerum to approve the CEO contract extension to July 2015 and carried. All in favor; none opposed.	
B. Audit Committee	<i>Peter Hohorst, Chair</i>		
1. 2011-2012 Audit Financials	Mr. Hohorst reported there were no material changes to the financial reports received back in July 2012. All of the accruals and items were done correctly and before the end of the year. There were three to four minor suggestions in terms of procedures that were in the process of being implemented.	MOTION: by Carruth; second by Boerum to accept the 2011-2012 audit financial report and carried. All in favor; none opposed.	
C. Quality Committee	<i>Kevin Carruth</i>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
1. Dashboard	<p>Ms. Nevins reported that she, Ms. Lovejoy and Ms. Hirsch were given an assignment from the Quality Committee to begin the process of setting up hospital indicators approved by the Board and published, as a result of changes that were taking place nationwide in terms of transparency of operations. One of the recommendations was that when SVH adopts one of the indicators, they are measurable outside of the Hospital. The reports would be published on a quarterly basis.</p> <p>Mr. Carruth added the report was unanimously supported by the Quality Committee.</p>	<p>MOTION: by Boerum; second by Carruth to approve the hospital indicators, subject to changes, after reviewing the data and carried. All in favor; none opposed.</p>	
D. Governance Committee	<p><i>Kevin Carruth</i></p>		
1. Legal Duties of Board Member Responsibilities	<p>Mr. Carruth gave a brief update from last month's meeting that the Board approved the position description for the Board Chair and issues were raised.</p> <p>He recommended adopting, as a totality, the Board Chair and Board Member legal duties and responsibilities, which would amend the approval at the last meeting. It would also include the limits of power and authority of the positions.</p>	<p>MOTION: by Agrimonti; second by Nevins to approve the combined legal duties and responsibilities of the Board Chair and Board Member and carried. All in favor; none opposed.</p>	
2. Orientation of New Board Members	<p>Mr. Carruth discussed that the Governance Committee was continuously working on the orientation for new Board members and putting together a policy.</p> <p>Ms. Hirsch, a new Board member, commented that the orientation was very comprehensive and is a good tool for those who are interested in running for the Board and knowing the responsibilities.</p>		
3. Conflict of Interest Code Policy	<p>Mr. Carruth reported that the Conflict of Interest Code had been reviewed, revised, and approved by SVH's counsel.</p> <p>Ms. Nevins suggested a simpler interpretation of the policy. Mr. Carruth recommended having SVH's counsel attend one of the Board meetings to further clarify.</p>	<p>MOTION: by Boerum; second by Nevins to approve the Conflict of Interest Code policy as written and carried. All in favor; none opposed.</p>	
4. 2012 Compliance Plan/ Confidentiality Acknowledgement	<p>Ms. Davis briefly explained the Compliance Plan and Confidentiality Acknowledgement policies.</p> <p>Mr. Carruth also commented that the Compliance Committee would be reporting to the Governance Committee and a recommendation of a timetable and a plan that would go to the Governance Committee so that the Board is informed.</p> <p>Mr. Carruth discussed that the Confidentiality Acknowledgement policy was reviewed and approved by SVH's counsel. He suggested adding this policy at next month's Quality Committee agenda and providing the form for signatures. The Board recommended adding the Confidentiality Acknowledgement in the Board Committee agendas for November and signatures provided by each</p>	<p>MOTION: by Carruth; second by Boerum to approve the Compliance Plan and Confidentiality Acknowledgement and recommendation to take to the Governance Committee with an action plan to address all of the policies that were referenced. All in favor; none opposed.</p>	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
	Committee member.	MOTION: by Nevins; second by Boerum to approve the recommendation to add the Confidentiality Acknowledgement in the Board Committee agendas for November, including signatures from each Committee member. All in favor; none opposed.	
E. JPA/Northern California Health Care Authority	<i>Bill Boerum</i>		
	Mr. Boerum reported that the next JPA/Northern California Health Care Authority meeting would take place at SVH on November 20, 2012 at 6:00 p.m. to discuss the budget and the final steps of engaging a new Executive Director. However, Ms. Mather brought up that the quarterly Medical Staff meeting would take place at the same date and time. Therefore, Mr. Boerum would be suggesting to the JPA/Northern California Health Care Authority Board to change the meeting date so the Board could attend the Medical Staff meeting.		
11. ADJOURN	8:00 p.m.		

3.B.

MINUTES

11.7.12



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS
SPECIAL MEETING MINUTES
Wednesday, November 7, 2012
Community Meeting Room**

Board Members Present	Board Members Absent	Administrative Staff Present
Peter Hohorst, Chair Madolyn Agrimonti Bill Boerum Kevin Carruth Sharon Nevins		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
MISSION AND VISION STATEMENTS	<p><i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p> <p><i>The vision of the SVHCD is that: SVH will be a nationally recognized, compassionate place of healing and known for excellence in clinical quality. We serve as the guide and indispensable link for our community's health care journey.</i></p>		
1. CALL TO ORDER	<p>6:03 p.m.</p> <p>Mr. Hohorst thanked the applicants for submitting their applications for the vacant Board Committee positions.</p>		
<p>2. PUBLIC COMMENT</p> <p><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. At all times please use the microphone.</i></p>	<p>There was no public comment.</p>		
3. BOARD INTERVIEWS BOARD COMMITTEE APPLICANTS	<p><i>Peter Hohorst, Chair</i></p>	<p>MOTION: by Carruth; second by Boerum to appoint</p>	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
		<p>Mr. Conley as the voting member of the Citizens Bond Oversight Committee and Ms. Smith, as the non-voting alternate. All in favor; none opposed.</p> <p>MOTION: by Carruth; second by Nevins to appoint Mrs. Barrett and Mr. Nevins, as the non-voting alternates for the Citizens Bond Oversight Committee. Three approved and two opposed. The affirmative has it and the motion is carried.</p>	
CITIZENS BOND OVERSIGHT COMMITTEE	<i>Mr. Richard Conley – Citizens Bond Oversight and Finance Committee Applicant</i>		
	<p>Mr. Conley discussed his background of 20 years experience in the California wine industry with a strong background in finance and operations management. He was the Chief Operating Officer from the last three companies he was employed. He is currently the Chair of the Audit Committee for Oculus Innovative Sciences, Inc. since 1999, where the founder developed a compound with wound healing for diabetic and foot ulcers. Mr. Conley is retired and looking for opportunities to utilize his skills as a volunteer.</p>		
	<i>Ms. Mary Dieter Smith, Citizens Bond Oversight Committee Applicant</i>		
	<p>Ms. Smith is currently an SVH Finance Committee member and had served for one year. She was the Chief Financial Officer at Sonoma Valley Bank. She had been working in the banking industry since 1970 and was also Chief Financial Officer and Chief Operating Officer in Oregon. Although she does not have the experience to analyze the appropriate expenditure of funds, which is what the Citizens Bond Oversight Committee position requires, she is confident she is qualified.</p>		
FINANCE COMMITTEE	<i>Peter Hohorst, Chair</i>	MOTION: by Agrimonti; second by Nevins to appoint Mr. Woodward and Mr.	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
		Conley as the voting members of the Finance Committee. All in favor; none opposed.	
	<i>Mrs. Edie Barrett, Finance Committee Applicant</i>		
	Mrs. Barrett is a retired citizen and has lived in Sonoma for 6 years. She worked at AT&T as a marketing manager. She received a Bachelor's Degree and an MBA from San Jose State University. She had been volunteering most of her adult life.		
	<i>Mr. Bert Nevins, Finance and Quality Committee Applicant</i>		
	Mr. Nevins briefly described his background in the garment business for 25 years and in real estate before retiring.		
	<i>Mr. Phil Woodward, Finance Committee Applicant</i>		
	Mr. Woodward discussed his vast experience in accounting, finance, and banking. He received an MBA from Northwestern University and is a CPA. Currently, he is the President of his own wine business called, Woodward-Graff Wines, and is also the Chairman of the Foundation. He co-founded Chalone Wine Group, where he was the CEO and Chairman for 28 years before he sold the company. He previously worked at Deloitte & Touche for six years, where he had worked in hospitals relating to Medicare. He had served in several Board positions. He and his wife, who works for California Pacific Medical Center in San Francisco, have lived in Sonoma for 10 years.		
QUALITY COMMITTEE	<i>Peter Hohorst, Chair</i>	MOTION: by Boerum; second by Agrimonti to appoint Ms. Epperly as the voting member of the Quality Committee when the current voting member would be appointed to the Board on 12/8/12. Dr. Eisenstark, Ms. Herbst, and Mr. Perez are appointed as the non-voting alternates. All in favor; none opposed.	
	<i>Ms. Lynn Cox, Quality Committee Applicant</i>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
	Ms. Cox explained her background working for the health and human services industry for over 25 years as director, certified geriatric case manager, and entrepreneur. She is currently working at Hired Hands Inc. Homecare as the Homecare Director and maintaining a small private practice in the geriatric care management field.		
	<i>Dr. Howard Eisenstark, Quality Committee Applicant</i>		
	Dr. Eisenstark recently retired from Napa State Hospital as Assistant Medical Director. He had worked at Napa State Hospital for over 27 years. He had been involved in several committee work and quality improvement on patient care at Napa State Hospital. He is a physician trained in psychiatry and received his M.D. Degree from State University of New York, Downstate Medical Center. Dr. Eisenstark had been attending the SVHCD Board and Quality Committee meetings since August of this year.		
	<i>Ms. Brenda Epperly, Quality Committee Applicant</i>		
	Ms. Epperly discussed her work experience in healthcare for over 35 years (21 years in state government). She is a registered nurse and recently retired as the Director of Allied Care Health Care in the California Correctional Health Care Services where she was responsible for the Pharmacy, Medical Records, Lab, Imaging, Dietary, and all Rehab Services for patient care for the statewide prison system. In addition, she was the Director of Nursing for Foundation for California Community Colleges where she developed the health care programs of the foundation section drawing in \$24 million in nursing and health care program grant funds. She holds a Masters Degree in Nursing Administration and Education from University of Phoenix.		
	<i>Ms. Maida Herbst, Quality Committee Applicant</i>		
	Ms. Herbst had been involved in health care since 1966. She had been retired for four years. Before retiring she was the Director of Health Information and Clinical Documentation Surveyor at Queen of the Valley Hospital in Napa.		
	<i>Ms. Susan Kornblatt Idell, Quality Committee Applicant</i>		
	Ms. Idell also had worked in the field of health care and aging for the past 30 years. The first of half of her career was working at U.C. San Francisco and was in charge of the geriatrics gerontology curriculum planning and development with the School of Medicine, Nursing, Pharmacy, and Dentistry. After working at U.C. San Francisco she worked at On-Lok Lifeways as the Education and Training Director. On-Lok is a national model of care for the frail elderly population. It is a joint capitated and pulled financing between Medicare and Medicaid. Currently, she is a wine proprietor of Idell Family Vineyards.		
	<i>Mr. John Perez, Quality Committee Applicant</i>		
	Mr. Perez has more than 25 years of experience working with hospitals and physicians as an informatics executive where he developed software and		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
	consultant methodologies focused on quality initiatives. Retired in 2009 as the Chief Executive Officer from RPI, Inc., a manufacturing solutions provider to consumer digital photo market.		
4. ADJOURN	8:08 p.m.		

DRAFT

3.C.

MINUTES

11.15.12



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS
SPECIAL MEETING MINUTES
Thursday, November 15, 2012
Schantz Conference Room**

Board Members Present	Board Members Absent	Administrative Staff Present
Peter Hohorst, Chair Madolyn Agrimonti Bill Boerum Sharon Nevins	Kevin Carruth	Dr. Robert Cohen, Chief Medical Officer Michelle Donaldson, Assistant Administrator & Director of Surgery

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
MISSION AND VISION STATEMENTS	<p><i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p> <p><i>The vision of the SVHCD is that: SVH will be a nationally recognized, compassionate place of healing and known for excellence in clinical quality. We serve as the guide and indispensable link for our community's health care journey.</i></p>		
1. CALL TO ORDER	6:02 p.m.		
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3. APPROVAL OF EXCLUSIVITY CONTRACT WITH SOUND PHYSICIANS	<i>Dr. Robert Cohen</i>	MOTION: by Nevins; second by Boerum to approve the exclusive contract	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
		between SVH and Sound Physicians All in favor; none opposed.	
	<p>Dr. Cohen had requested for the Board to approve an exclusive contract with Sound Physicians for one year. Within the last 5-6 years SVH had been under contract with Marin Hospitalist Group where they had provided SVH Hospitalist physicians with an exclusive “closed contract”. A closed contract meant that no one else can offer the same service within the Hospital. SVH would like to terminate the contract with Marin Hospitalist Group, which is not affiliated with Marin General Hospital, on November 16, 2012 and begin a new contract on November 17, 2012 with similar services through Sound Physicians, who is a national management company that serves 100 hospitals nationwide and 7 hospitals in California.</p> <p>The reason for the change was Sound Physicians would bring added value to SVH management and increase revenue, as a result of more expertise. Sound Physicians would also be providing tracking and performance reports monitored on a monthly basis.</p>		
4. ADJOURN	6:20 p.m.		

3.D.

QUALITY
COMMITTEE
MINUTES
10.24.12



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING MINUTES
Wednesday, October 24, 2012
Schantz Conference Room**

Committee Members Present	Committee Members Absent	Community Members Present	Administrative Staff Present
Kevin Carruth, Chair Dr. Jerome Smith Dr. Paul Amara Sharon Nevins Joel Hoffman Bob Burkhart Jane Hirsch		Dr. Howard Eisenstark	Dr. Robert Cohen, Chief Medical Officer Leslie Lovejoy, Chief Quality & Nursing Officer Lorna Gantenbein, Risk Management Manager

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
MISSION AND VISION STATEMENTS	<i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i> <i>The vision of the SVHCD is that: SVH will be a nationally recognized, compassionate place of healing and known for excellence in clinical quality. We serve as the guide and indispensable link for our community's health care journey.</i>		
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2. 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 Committee 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 Committee consideration. At all times please use the microphone.</i>	There was no public comment.		
3. CONSENT CALENDAR: A. Prior Meeting Minutes 9.26.12 B. Tracking Report for		MOTION: by Nevins; seconded, to approve the Consent Calendar	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
Uncorrected Items		and carried. All in favor; none opposed.	
4. PHYLLIS CARTER REQUEST	<i>Dr. Robert Cohen</i>		
	Ms. Carter did not attend the meeting; therefore, Dr. Cohen reported that he, the Chief Quality and Nursing Officer, and the Risk Management Manager of SVH met with Ms. Carter to hear her story. Dr. Cohen assured her that the Hospital would take care of the issue and post information in the SVH website that would be educational for women regarding breast augmentation and/or reconstruction surgery after mastectomy and risks.		
5. BOARD SOLICITING COMMITTEE MEMBERS	<i>Kevin Carruth, Chair</i>		
	Mr. Carruth reported that the Board had been soliciting committee members for Quality, Finance, and the Citizens Bond Oversight Committees. The Board would conduct interviews on November 7, 2012. The Governance Committee had extended the deadline and would be on the November Board agenda.		
6. QUALITY TRAINING FOR THE BOARD AND COMMITTEES	<i>Kevin Carruth, Chair</i>		
	Mr. Carruth discussed the quality training for the Board and Quality Committee, including SVH's Chief Executive Officer, Chief Financial Officer, Chief Medical Officer, Chief Quality and Nursing Officer, Chief Human Resources Officer, and Chief of Medical Staff. This was discussed at a prior meeting and would like to discuss further on what should be done for a Board training session. How to create a baseline of understanding on commonality of language, terms, and concepts on which the Board and Committees could build. He recommended having this discussed at next month's meeting.		
7. QUALITY COMMITTEE CHARTER REVIEW AND ANNUAL REPORT TO THE BOARD	<i>Kevin Carruth, Chair</i>		
	Mr. Carruth encouraged the Committee to review the Quality Committee Charter and give feedback at next month's meeting. Ms. Nevins suggested she and Ms. Hirsch would like to contribute further information in the Charter that includes the ability of the Committee to look towards the future and be able to consider issues that are imminent and be prepared for.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
8. QUALITY REPORT	<i>Leslie Lovejoy</i>		
	<p>Ms. Lovejoy reported the Hospital participated in the statewide disaster drill called the “Great Shake Out Part 3”, which would involve a major earthquake and loss of communication. The focus was to test communication with other agencies outside the Hospital and contact Public Health and all of the emergency responders. She also mentioned the Delivery System Reform Incentive Pool plan, which is a federally funded incentive program for Medi-Cal and the uninsured. It is part of the Affordable Care Act and the goal of the program is rewarding hospitals for improving health care in three of four projects over a three-year period of time. The plan would be submitted to CMS and if they agree, SVH would be accountable for three years, which one of those years is 2012. The first two projects that were put into plan involved the accurate access of race, ethnicity, language ability, and age in the demographics in order to capture the data through EHR.</p> <p>She announced the Leadership team received training in “Culture of Safety” at the Leadership Development Institute that took place on October 25. The focus was to build the safety initiatives that were already in place and move to the “Just Culture”, which provides transparency in terms of safety. The AHRQ Patient Safety Survey would be conducted in January 2013.</p> <p>Also, SVH received a notice from The Joint Commission of a complaint for lack of response from one department to the ICU. The suggested plans of action submitted by SVH had been accepted and The Joint Commission would not investigate further,</p>		
9. POLICIES & PROCEDURES:	<i>Leslie Lovejoy</i>		
A. Adult Hypoglycemia	The Committee recommended the policy be amended and brought back at next month’s meeting.		
10. DASHBOARD	<i>Leslie Lovejoy</i>		
	<p>Ms. Lovejoy explained the performance indicators were used to create a monthly quality Dashboard. The goal was for greater transparency for the Hospital through the Board and educates the public and media.</p> <p>The recommendation from the Committee that this would be presented on a monthly basis.</p>		
11. NOVEMBER AND DECEMBER MEETING DATES	<i>Kevin Carruth, Chair</i>		
	Mr. Carruth announced a new meeting date for November scheduled on November 28 at 5:00 p.m. and December’s meeting scheduled on December 20 at 5:00 p.m.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
12. CLOSING COMMENTS	<i>Kevin Carruth, Chair</i>		
	There was no closing comment.		
13. ADJOURN	6:20 p.m.		
14. UPON ADJOURNMENT OF THE REGULAR OPEN SESSION	<i>Kevin Carruth, Chair</i>		
	There was no comment.		
16. REPORT OF CLOSED SESSION	<i>Kevin Carruth, Chair</i>	MOTION: by Nevins; second by Hirsch to forward the Credentialing Report to the Board and carried. All in favor; none opposed.	

4.

**SWEARING IN OF
ELECTED
BOARD MEMBERS**

Oath of Office

(Government code Section 1360-1363.3105)

(Section 3, Article XX, State Constitution)

STATE OF CALIFORNIA)

) ss.

COUNTY OF SONOMA)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

(Name of Office)

(Candidate's Signature)

Subscribed and sworn to before me this _____ day of _____, 2012.

(Signature of Person Administering Oath)

(Office or Title)

7.

**MARKET
ASSESSMENT DATA**



2012 Market Assessment

10/31/2012

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SERVICE AREA DEFINITION

Sonoma Valley Hospital is located in Northern California about 45 miles north of San Francisco.

Sonoma Valley Hospital had a 2011 Primary Service Area population of 35,618 and Secondary Service Area population of 4,017.

Sonoma Valley Hospital had a Combined service Area population of 39,635 in 2011 with 17% ages 14 and younger, 33% ages 15-44, 30% ages of 45-64, and 20% 65 and older.

Sonoma Valley Hospital’s Combined Service Area and Target Service Areas are mapped in Figure 1 and listed in Table 1.

Figure 1: Service Area Designations

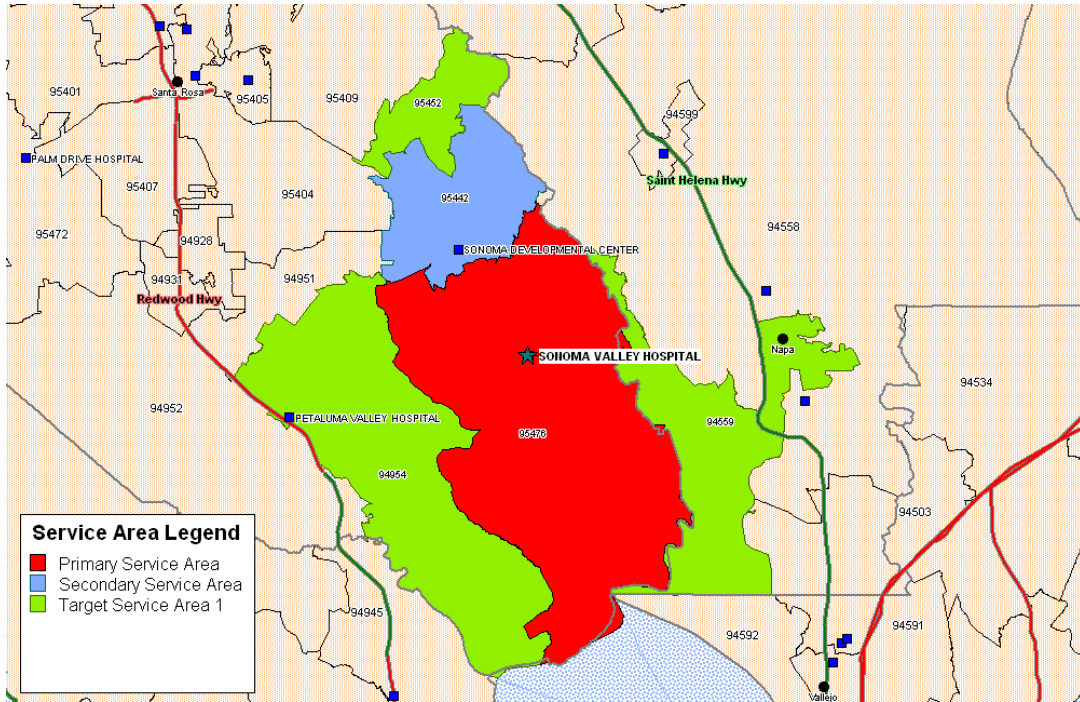


Table 1: Sonoma Valley Hospital Service Area

2012 Service Area Designation	ZIP Code	City
Primary Service Area	95416	ZIP Enclosed in 95476 Sonoma
Primary Service Area	95433	ZIP Enclosed in 95476 Sonoma
Primary Service Area	95476	Sonoma
Primary Service Area	95487	ZIP Enclosed in 95476 Sonoma
Secondary Service Area	95442	Glen Ellen
Target Service Area	94559	Napa
Target Service Area	94954	Petaluma
Target Service Area	95452	Kenwood

*Enclosed ZIP Codes are typically PO Box ZIP Codes within a delivery area.

COMPETITOR PROFILE

Listed below are Sonoma Valley Hospital's competitors in terms of market presence. Sonoma Valley Hospital Captured 45.5% of all inpatient admissions from the Combined Service Area in 2011; this market share was the largest in the Combined Service Area. The Kaiser Foundation Hospitals in Santa Rosa are the greatest competitor with a combined market share of 19.1% in 2011. Other competitors in the market include St. Rosa Memorial Hospital, Marin General Hospital, and Queen Valley Medical Center; together, these hospitals captured 16.1% of the inpatient admissions in the Combined Service Area.

Table 2: Sonoma Valley's Market Competitors – Combined Service Area

Facility	City	State	Total Beds	Distance from Sonoma	2011 Market Share %
SONOMA VLY HSP	SONOMA	CA	56		45.5
KAISER FND HSP ST ROSA	SANTA ROSA	CA	173	23 mi Northwest	8.5
KAISER FND HSP SAN RAFAEL	SAN RAFAEL	CA	116	25 mi South	7.8
ST ROSA MEM HSP	SANTA ROSA	CA	256	21 mi Northwest	6.2
MARIN GEN HSP GREENBRAE	GREENBRAE	CA	218	30 mi South	6
QUEEN VLY MC NAPA	NAPA	CA	181	17 mi East	3.9
UCSF MC SAN FRAN	SAN FRANCISCO	CA	660	43 mi South	3.9
KAISER FND HSP SAN FRAN	SAN FRANCISCO	CA	236	43 mi South	1.9
SUTTER MC ST ROSA	SANTA ROSA	CA	120	21 mi Northwest	1.9
PETALUMA VLY HSP	PETALUMA	CA	80	14 mi West	1.5
KAISER FND HSP REHAB CTR	VALLEJO	CA	200	43 mi South	1.1
NOVATO COMM HSP	NOVATO	CA	47	20 mi Southwest	0.7

*Source: Most Recent CMS Cost Report for period ending 03/31/12 and 2011 CA OSHPD state data.

Tables 3 and 4 below show the facility operating indicators as well as beds and days information for Sonoma Valley Hospital and its competitors.

Table 3: 2011 Market Competitors Operating Indicators

Facility	Hospital Discharges	Inpatient Days	Average Daily Census	Occupancy	Average Length of Stay	Adjusted Admissions	Operating Expenses	Net Patient Revenue	Total FTE	Hospital FTE
SONOMA VLY HSP	1,551	5,744	15.7	0.281	3.7	3,455.8	43,329,274	37,508,797	294	248
CA PACIFIC MC PACIFIC HOSP	21,172	114,099	312.6	0.668	5.4	31,488.6	740,310,811	871,737,290	2,753	2,673
KAISER FND HSP REHAB CTR	10,735	49,504	135.6	0.678	4.6	0.0	0	0	1,249	1,055
KAISER FND HSP SAN FRAN	13,181	63,797	174.8	0.741	4.8	0.0	0	0	1,366	1,273
KAISER FND HSP SAN RAFAEL	5,870	22,609	61.9	0.534	3.9	0.0	0	0	481	460
KAISER FND HSP ST ROSA	8,927	31,969	87.6	0.506	3.6	0.0	0	0	684	657
MARIN GEN HSP GREENBRAE	9,187	40,861	111.9	0.514	4.4	13,829.8	282,273,495	295,524,262	1,092	1,061
PETALUMA VLY HSP	3,159	11,193	30.7	0.383	3.5	5,883.7	78,010,432	78,684,840	397	310
QUEEN VLY MC NAPA	8,127	40,339	110.5	0.611	5	14,433.6	233,400,268	253,469,925	1,188	1,175
SONOMA DEVEL CTR ELDRIDGE	184	1,203	3.3	0.254	6.5	221.6	155,177,009	141,780,405	1,011	15
ST HELENA HSP	5,642	24,282	66.5	0.441	4.3	8,041.4	178,592,806	163,896,116	835	815
ST ROSA MEM HSP	11,860	57,473	157.5	0.615	4.8	16,423.5	311,162,420	324,900,455	1,262	1,244
SUTTER MC ST ROSA	5,900	26,425	72.4	0.603	4.5	9,304.3	160,209,777	169,218,268	640	640
UCSF MC SAN FRAN	29,260	184,438	505.3	0.766	6.3	45,570.8	1,637,175,538	1,766,688,017	5,665	5,629

Table 4: 2011 Market Competitors Bed and Days Information

Facility	Total Beds	Total Days	Inpatient Beds	Inpatient Days	Newborn Days	Routine Beds	Routine Days	SNF Beds	SNF Days	Case Mix Index
SONOMA VLY HSP	50	4,305	56	5,744	509	50	4,305	27	7,198	1.38
CA PACIFIC MC PACIFIC HOSP	388	81,926	468	114,099	13,129	388	81,926	56	15,196	2.31
KAISER FND HSP REHAB CTR	160	40,128	200	49,504	3,042	160	40,128	0	0	2.28
KAISER FND HSP SAN FRAN	182	47,000	236	63,797	4,711	182	47,000	0	0	2.18
KAISER FND HSP SAN RAFAEL	104	20,319	116	22,609	0	104	20,319	0	0	1.3
KAISER FND HSP ST ROSA	142	25,102	173	31,969	2,800	142	25,102	0	0	2.55
MARIN GEN HSP GREENBRAE	164	23,001	218	40,861	2,919	164	23,001	0	0	1.63
PETALUMA VLY HSP	71	9,043	80	11,193	865	71	9,043	0	0	1.74
QUEEN VLY MC NAPA	159	33,462	181	40,339	1,596	159	33,462	0	0	1.94
SONOMA DEVEL CTR ELDRIDGE	13	1,203	13	1,203	0	13	1,203	0	0	1.02
ST HELENA HSP	139	20,742	151	24,282	482	139	20,742	30	0	1.85
ST ROSA MEM HSP	218	45,993	256	57,473	1,957	218	45,993	0	0	2.52
SUTTER MC ST ROSA	94	18,299	120	26,425	2,889	94	18,299	0	0	2.28
UCSF MC SAN FRAN	500	139,661	660	184,438	3,032	500	139,661	0	0	2.15

*Source: Most Recent CMS Cost Report for period ending 03/31/12

LABOR AND MARKET STATISTICS

Figure 2 shows the annual labor force and employment in Sonoma County since 2007. Since 2007 the county’s labor force has increased only 0.5% and employment fell 4.4%. The unemployment rate during the same time period rose from 4.2% to 8.9%, peaking at 10.5% in 2010 (Figure 3). The current unemployment rate of 8.9% in Sonoma County is slightly above the national unemployment rate of 7.8%.

Figure 2: Labor Force and Employment – Sonoma County 2007-2012

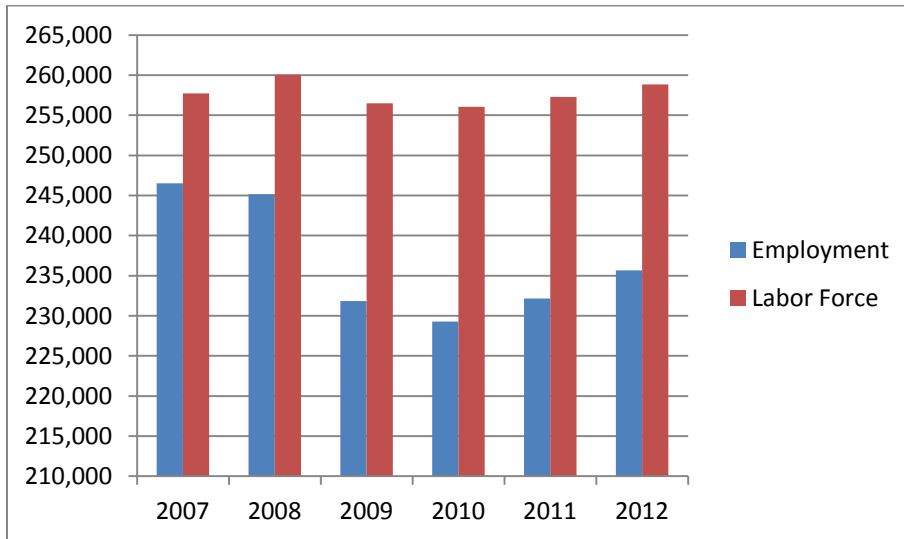
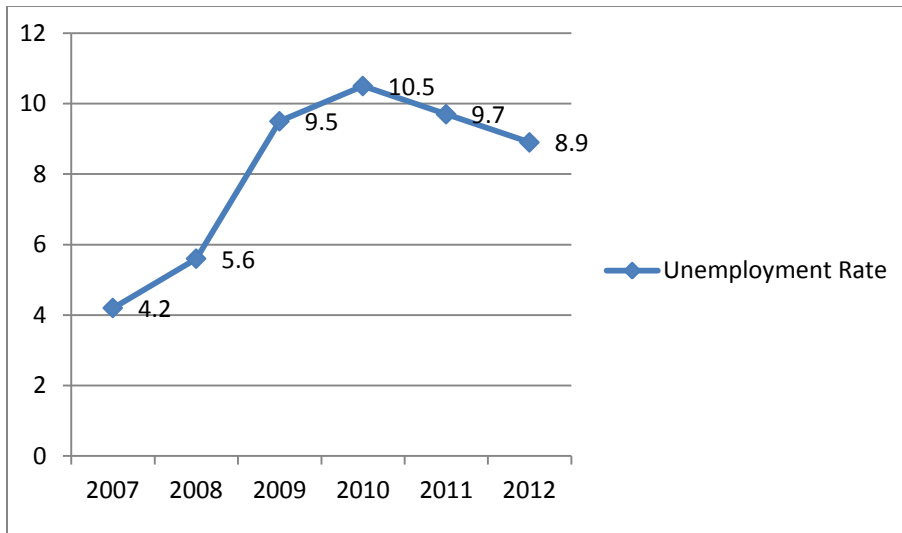


Figure 3: Unemployment Rate – Sonoma County 2007-2012



Source: US Department of Labor, Bureau of Labor Statistics

Please note that 2012 Rate is average year-to-date.

UTILIZATION RATES

Table 5 compares and contrasts state and national utilization rates over the five-year period from 2006-2010. During this time, the US and CA both saw an increase in rates for emergency visits and other outpatient visits. Utilization rates for admissions and inpatient days decreased for both the US and CA.

Table 5: US and California Utilization Rates 2006-2010

	Utilization Rates	2006	2007	2008	2009	2010
CA	Admissions	95.3	90.4	94.6	92.9	91.9
	Inpatient Days	508	473.5	493.3	475.7	468.1
	Inpatient Surgeries	25.4	26.3	24.7	24.3	24.4
	Births	14.6	14.2	14.4	13.5	13.2
	Emergency Outpatient Visits	285.6	276.2	275.2	285.5	293.7
	Other Outpatient Visits	1,213.50	991.8	1,060.90	1,020.00	1094.4
	Outpatient Surgeries	34.4	34.5	35.8	33.8	33.9
US	Admissions	118.5	117.2	117.5	115.7	113.7
	Inpatient Days	657.6	645.1	644.2	627.5	613.5
	Inpatient Surgeries	33.8	33.8	33.2	32.9	32.2
	Births	13.6	13.5	13.4	12.9	12.4
	Emergency Outpatient Visits	396.4	400.6	404.2	414.6	411.7
	Other Outpatient Visits	1,611.50	1,599.90	1,646.20	1,676.40	1696.1
	Outpatient Surgeries	57.7	56.9	57	56.5	56.2

*Source: AHA Statistics

SERVICE AREA DEMOGRAPHICS

POPULATION BY AGE AND ZIP CODE

Sonoma Valley Hospital Combined Service Area has an estimated total population of 39,635 while the Target Service Area has a significantly greater number with an estimated total population of 66,624.

Figure 4 shows the population density for the service area. Table 6 shows each ZIP Code’s population distribution by age.

Figure 4: 2011 Service Area Population Density

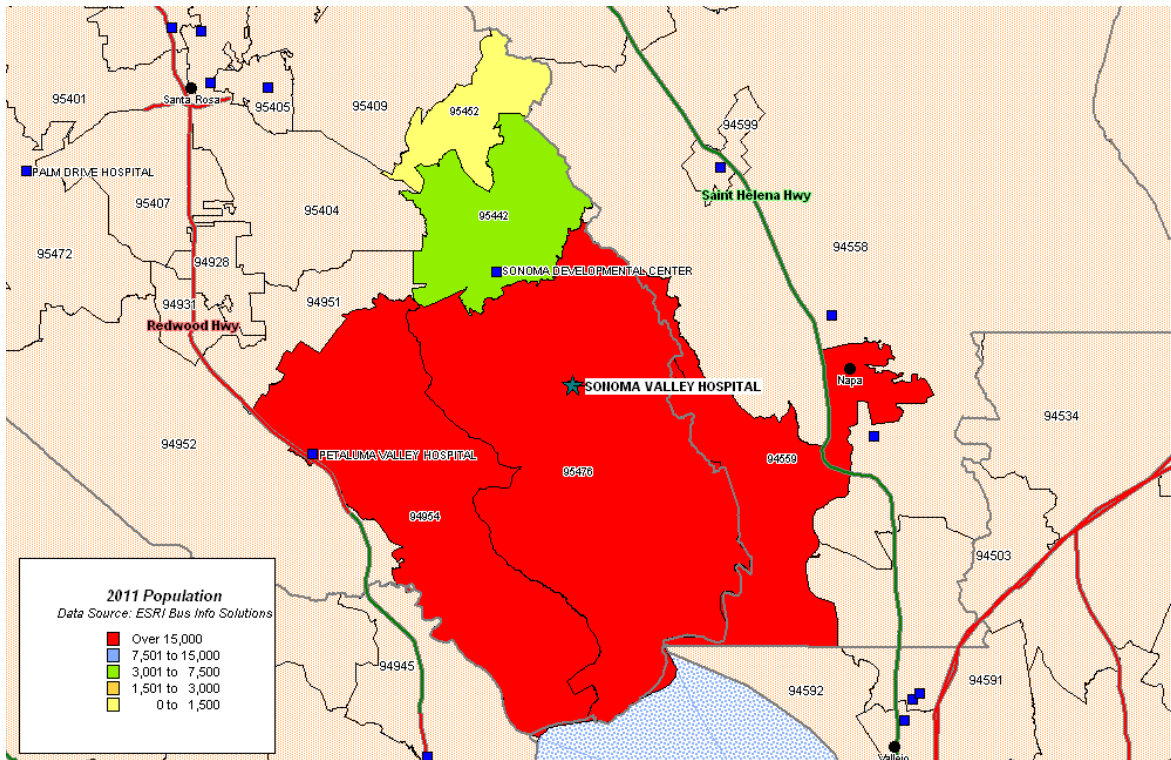


Table 6: 2011 Service Area Population by Age and ZIP Code

	City	Total Population	0-14	Percent of Total	15-44	Percent of Total	45-64	Percent of Total	65+	Percent of Total
Primary	95476 Sonoma	35,618	6,110	17.2%	11,688	32.8%	10,749	30.2%	7,071	19.9%
Secondary	95442 Glen Ellen	4,017	452	11.3%	1,094	27.2%	1,803	44.9%	668	16.6%
Total Combined Service Area		39,635	6,562	16.6%	12,782	32.2%	12,552	31.7%	7,739	19.5%
Tertiary	94559 Napa	27,778	5,175	18.6%	12,404	44.7%	7,010	25.2%	3,189	11.5%
Tertiary	94954 Petaluma	37,031	7,337	19.8%	14,186	38.3%	10,666	28.8%	4,842	13.1%
Tertiary	95452 Kenwood	1,455	136	9.3%	318	21.9%	556	38.2%	445	30.6%
Total Target Service Area		66,264	12,648	19.1%	26,908	40.6%	18,232	27.5%	8,476	12.8%
Combined Service Area				16.6%		32.2%		31.7%		19.5%
Total Service Area				19.1%		40.6%		27.5%		12.8%
California				20.4%		43.1%		24.9%		11.5%
United States				19.7%		40.7%		26.4%		13.2%

Figure 5 shows Sonoma Valley Hospital's Service Area age distribution contrasted with state and national figures. The population of Sonoma Valley Hospital's Combined Service Area is older (45+) than both the average for the State of California and the United States. The Target Service Area had a much younger population with 59.7% under the age of 44. Table 7 shows the age distribution comparisons for the Primary, Secondary, and Combined Service Areas as well as for the Target Service Area, California, and the US.

Figure 5: Age Distribution Comparison

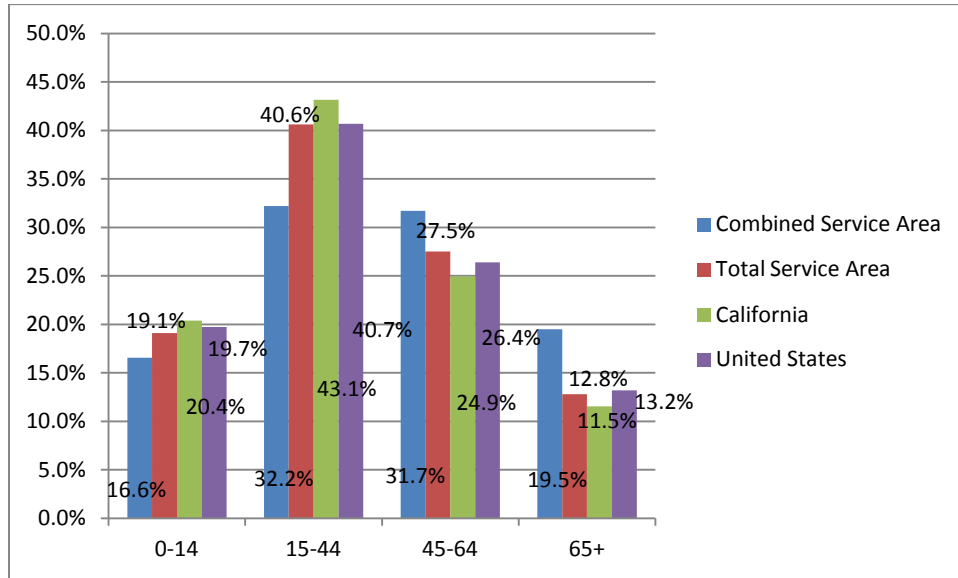


Table 7: Population Age Distribution

Service Area	0-14	15-44	45-64	65+
Combined Service Area	16.6%	32.2%	31.7%	19.5%
Target Service Area	19.1%	40.6%	27.5%	12.8%
California	20.4%	43.1%	24.9%	11.5%
United States	19.7%	40.7%	26.4%	13.2%

Figure 5 shows Sonoma Valley Hospital’s Combined Service Area age distribution contrasted with state and national figures. The population of Sonoma Valley Hospital’s Combined Service Area is older (45+) than both the average for the State of California and the United States. The Target Service Areas showed a similar distribution. Table 6 shows the age distribution comparisons for Primary, Secondary, and Combined Service Areas, California, and the US.

Figure 5: Age Distribution Comparison – Combined Service Area

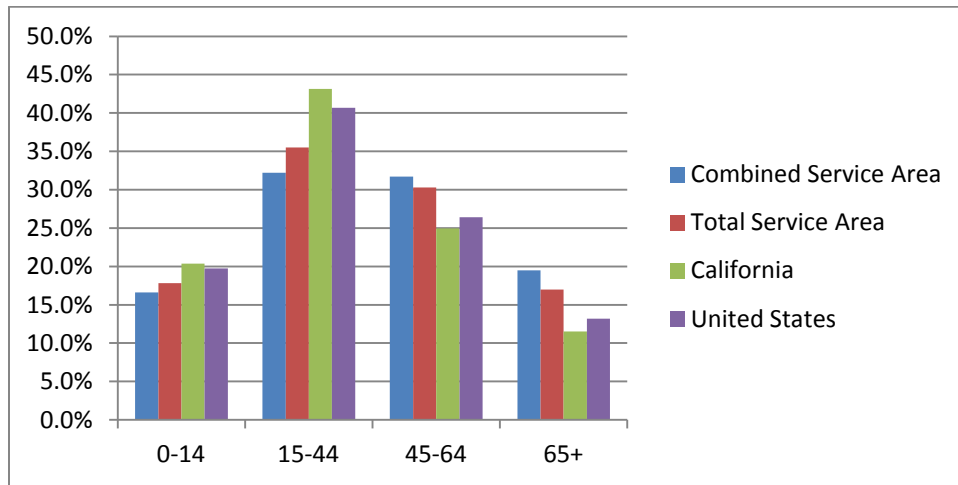


Table 6: Population Age Distribution

Percent of Totals	0-14	15-44	45-64	65+
Combined Service Area	16.6%	32.2%	31.7%	19.5%
Total Service Area	17.8%	35.5%	30.3%	17.0%
California	20.4%	43.1%	24.9%	11.5%
United States	19.7%	40.7%	26.4%	13.2%

POPULATION GROWTH BY ZIP CODE

Sonoma Valley Hospital’s Primary Service Area population is expected to grow over 4% from 2011-2016. However, the populations in the Secondary Service Area and all of the Target Service Areas are expected to remain flat. Both the total populations for California and the US are projected to grow over 3%.

Table 7: Population Change 2011-2016

2012 Service Area		2011 Population	2016 Population	Volume Change 2011-2016	Percent Change 2011-2016
Combined Service Area	--Total Combined Service Area	39,635	41,060	1,425	3.60%
Primary Service Area	--Total Primary Service Area	35,618	37,084	1,466	4.12%
Primary Service Area	95476 Sonoma	35,618	37,084	1,466	4.12%
Secondary Service Area	--Total Secondary Service Area	4,017	3,976	-41	-1.02%
Secondary Service Area	95442 Glen Ellen	4,017	3,976	-41	-1.02%
Target Service Area	Total Target Service Area	66,264	67,049	785	1.18%
Target Service Area	94559 Napa	27,778	28,209	431	1.55%
Target Service Area	94954 Petaluma	37,031	37,404	373	1.01%
Target Service Area	95452 Kenwood	1,455	1,436	-19	-1.31%
All Service Areas	--Total Market--	105,899	108,109	2,210	2.09%
California		37,330,168	37,348,606	38,737,802	3.4%
United States		309,379,375	310,857,160	321,825,910	3.5%

Figure 6: Population Change 2011-2016



Population Growth by Age Cohort

Sonoma Valley Hospital's Combined Service Area is projected to grow almost 4% from 2011-2016. Figure 7 shows projected population change by age cohort. The Combined Service Area is projected to experience little growth or to lose population from all age cohorts excluding seniors 65+; however, the senior population is a smaller number of individuals.

Figure 7: Population Growth by Age Cohort – Combined Service Area – 2011-2016

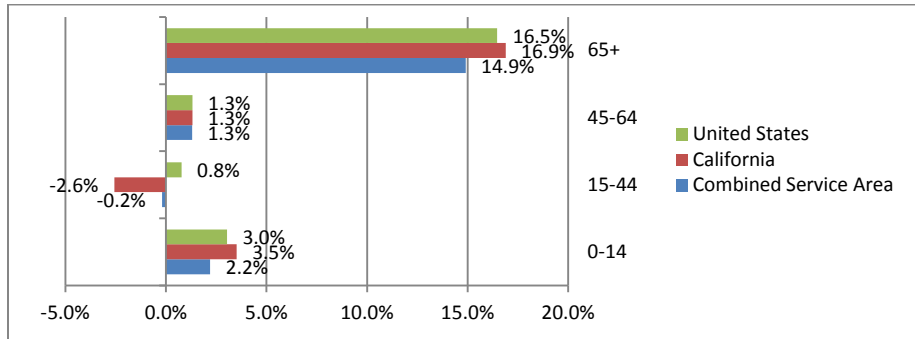
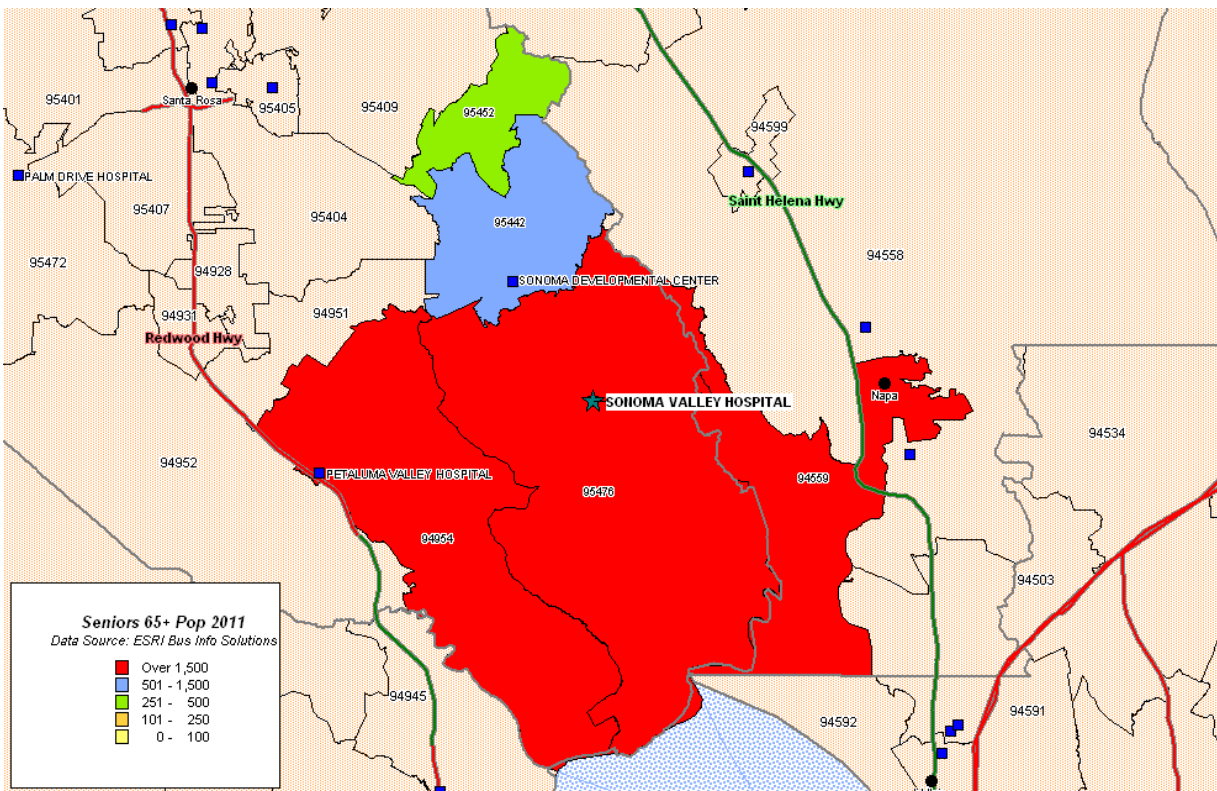


Figure 8: 2011 Service Area Senior 65+ Population



Hispanic Population by ZIP Code

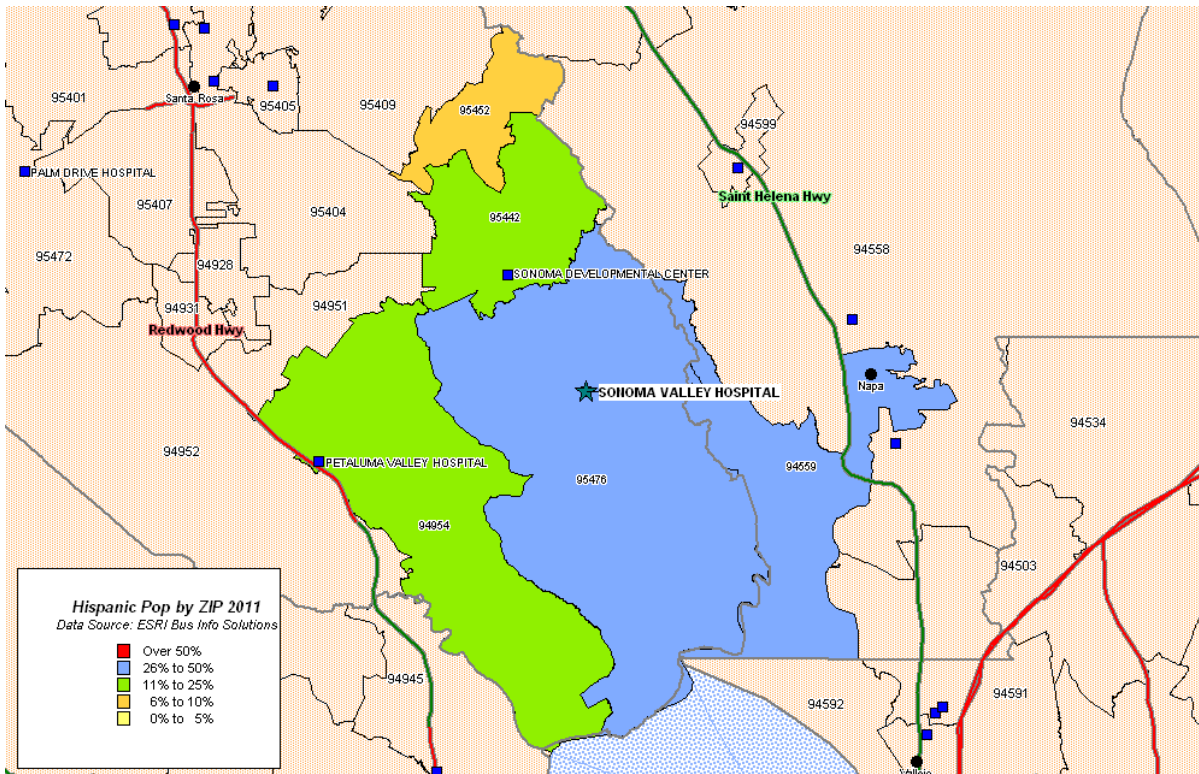
In 2011, over 27% of the Combined Service Area population was estimated to be Hispanic and is expected to grow over 17% from 2011-2016. In 2016, it is estimated that over 30% of the population will be Hispanic. Table 8 and Figure 9 show the distribution of the Hispanic population by ZIP Code.

According to the US Census, there are 78,553 Foreign Born individuals in Sonoma County; only 31,393 of these are naturalized citizens. Therefore, an estimated 47,160 (60%) are either not naturalized or are undocumented.

Table 8: Hispanic Population by ZIP Code

2012 Service Area Designation	ZIP Code - City Name	2011 Population	Percent of 2011 Total Population	2016 Population	Percent of 2016 Population	Volume Change 2011-2016	Percent Change 2011-2016
Combined Service Area	--Total Combined Service Area	10,820	27.30%	12,744	31.04%	1,924	17.78%
Primary Service Area	--Total Primary Service Area	10,287	28.88%	12,133	32.72%	1,846	17.94%
Primary Service Area	95476 Sonoma	10,287	28.88%	12,133	32.72%	1,846	17.94%
Secondary Service Area	--Total Secondary Service Area	533	13.27%	611	15.37%	78	14.63%
Secondary Service Area	95442 Glen Ellen	533	13.27%	611	15.37%	78	14.63%
Target Service Area 1	--Total Target Service Area 1	20,527	30.98%	23,515	35.07%	2,988	14.56%
Target Service Area 1	94559 Napa	11,423	41.12%	12,986	46.03%	1,563	13.68%
Target Service Area 1	94954 Petaluma	8,999	24.30%	10,405	27.82%	1,406	15.62%
Target Service Area 1	95452 Kenwood	105	7.22%	124	8.64%	19	18.10%
All Service Areas	--Total Market--	31,347	29.60%	36,259	33.54%	4,912	15.67%

Figure 9: Hispanic Population by ZIP Code



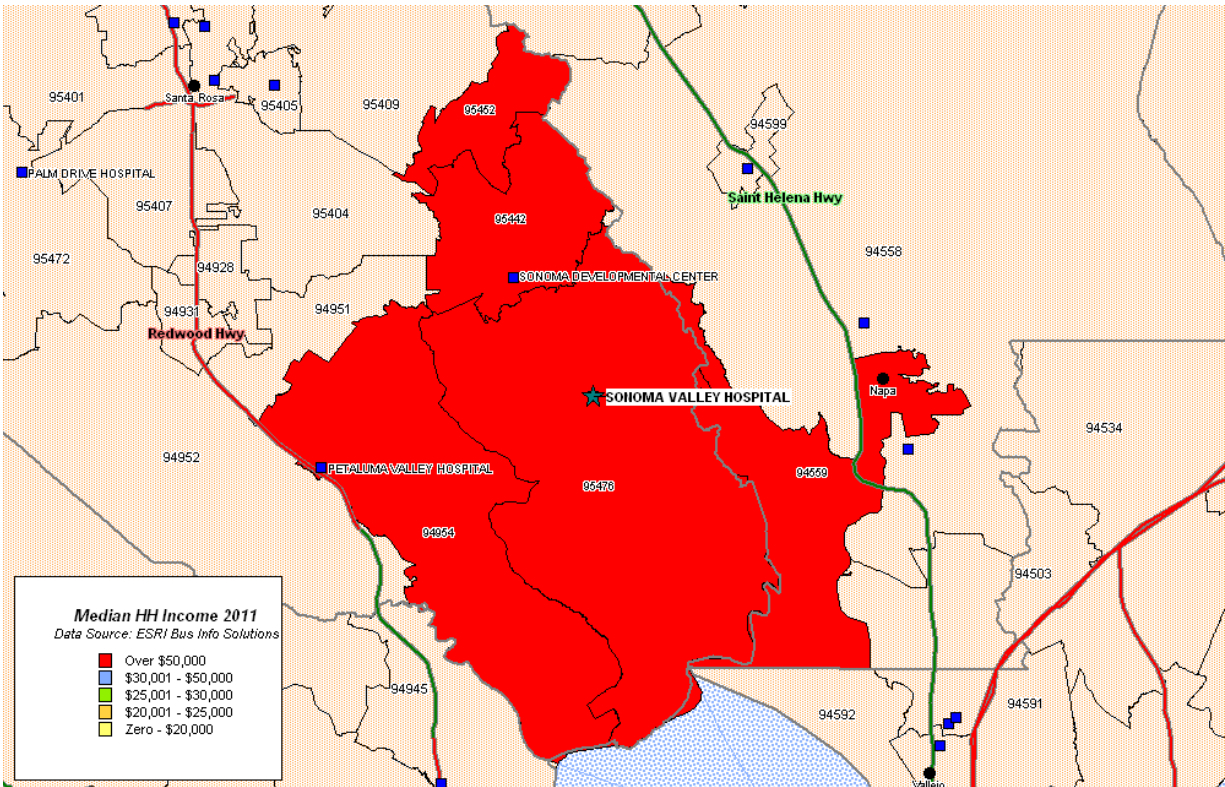
Median Household Income

Sonoma Valley Hospital’s Combined Service Area has a median household income of \$61, 456. It is consistent with the median household income for California at \$62,456 but significantly higher than the median household income for the United States at \$53,358. The Combined Service Area median household income is projected to increase 2.5% to \$73,531 by 2016.

Table 9: Service Area Median Household Income Change 2011-2016

2012 Service Area Designation		2011 Median Household Income	2016 Median Household Income	Income Change 2011-2016	Percent Change 2011-2016
Combined Service Area	--Total Combined Service Area	\$61,456	\$73,531	\$12,075	19.65%
Primary Service Area	--Total Primary Service Area	\$60,145	\$72,650	\$12,505	20.79%
Primary Service Area	95476 Sonoma	\$60,145	\$72,650	\$12,505	20.79%
Secondary Service Area	--Total Secondary Service Area	\$74,236	\$82,507	\$8,271	11.14%
Secondary Service Area	95442 Glen Ellen	\$74,236	\$82,507	\$8,271	11.14%
Target Service Area 1	--Total Target Service Area 1	\$72,754	\$80,420	\$7,666	10.54%
Target Service Area 1	94559 Napa	\$60,467	\$67,087	\$6,620	10.95%
Target Service Area 1	94954 Petaluma	\$82,371	\$90,672	\$8,301	10.08%
Target Service Area 1	95452 Kenwood	\$68,070	\$78,632	\$10,562	15.52%
All Service Areas	--Total Market--	\$68,169	\$77,582	\$9,413	13.81%

Figure 10: 2011 Service Area Median Household Income



2011 Patient Origin

Table 10 below shows dependency ratios for each of the ZIP Codes included in the Combined Service Area. 74.2% of Sonoma Valley Hospitals Medicare inpatient discharges in 2011 came from its home ZIP Code of Sonoma. Interestingly, while discharges in the Combined Service Area were down, the total number of Medicare inpatient discharges increased slightly with new discharges coming from the Target Service Area.

Table 10: Sonoma Valley Hospital CMS (Medicare) Patient Origin

ZIP Code - City Name	Sonoma 2011 Medicare Inpatient Discharges	Dependency Ratio	Sonoma 2010 Medicare Inpatient Discharges	Dependency Ratio
95476 Sonoma	600	74.2%	681	85.0%
95442 Glen Ellen	62	7.7%	79	9.9%
	662	Total 2011 Medicare Discharges from 94567, 95442	760	Total 2011 Medicare Discharges from 94567, 95442
	809	Total 2011 Medicare Discharges	800	Total 2010 Medicare Discharges

Source: CMS (Medicare) Service Area File

Service Area Demographics – Observations and Conclusions

New demographic estimates show that Sonoma’s total population is expected to increase over 4% in the next five years while Glen Ellen’s population is expected to decrease slightly. However, because neither city has much population, the hospital is not likely to see significant growth from demographic increases. The senior 65+ population is expected to increase over 14%. However, the volume of that growth is not large. Also noteworthy is the significant Hispanic population; it is over 27% of the population and is expected to grow to over 30% of the total population.

Note: Source for above demographic data is ESRI Business Solutions unless otherwise noted.

HOSPITAL UTILIZATION AND MARKET SHARE

Inpatient Market Share – California State Data

Tables 11a and 11b below show inpatient market share using data from the California Office of Statewide Health Planning and Development (OSHPD). Sonoma Valley Hospital has a 45.5% market share. Its largest market share is in the Rehabilitation (92.6%), Medicine (54.5%), Neurology (42.5%), and General Surgery (36.1%) service lines.

Table 11a: Inpatient Market Share – 2011 CA State Data – Combined Service Area

Product Line	Total Market	SONOMA VLY HSP		CA PACIFIC MC PACIFIC		KAISER FND HOSP		MARIN GEN HOSP		PALM DRIVE HOSP	
	Cases	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share
CARDIOLOGY	369	125	33.9	9	2.4	102	27.6	59	16	0	0
CARDIOVASCULAR	60	0	0	3	5	15	25	16	26.7	0	0
GASTROENTEROLOGY	208	106	51	3	1.4	40	19.2	9	4.3	0	0
GYNECOLOGY	72	36	50	1	1.4	16	22.2	3	4.2	0	0
MEDICINE	613	334	54.5	6	1	133	21.7	12	2	2	0.3
MENTAL HEALTH	91	7	7.7	2	2.2	4	4.4	10	11	0	0
NEUROLOGY	193	82	42.5	14	7.3	31	16.1	8	4.1	0	0
NEUROSURGERY	114	5	4.4	10	8.8	8	7	27	23.7	2	1.8
OB-DELIVERY	379	182	48	6	1.6	96	25.3	13	3.4	0	0
OB-OTHER	26	9	34.6	2	7.7	7	26.9	0	0	0	0
ONCOLOGY	59	13	22	0	0	13	13	8	13.6	0	0
ORTHOPEDECS	449	175	39	11	2.4	91	12.6	24	5.3	0	0
PULMONARY	218	98	45	7	3.2	45	6.2	4	1.8	0	0
REHABILITATION	404	374	92.6	9	2.2	3	0.4	0	0	0	0
SURGERY-GENERAL	352	127	36.1	16	4.5	76	10.5	15	4.3	3	0.9
SURGERY-OTHER	20	1	5	0	0	5	0.7	2	10	0	0
TRANSPLANT	5	0	0	1	20	0	0	0	0	0	0
UNGROUPED OR INVALID DRG	7	3	42.9	0	0	2	0.3	0	0	0	0
UROLOGY	128	46	35.9	3	2.3	34	4.7	8	6.3	0	0
VASCULAR	20	0	0	0	0	4	0.6	11	55	0	0
Primary Service Area	3,484	1,611	46.2	95	2.7	676	19.4	204	5.9	7	0.2
Secondary Service Area	303	112	3.7	8	2.6	49	16.2	25	8.3	0	0
Combined Service Area (ex NB and Neo)	3,787	1,723	46	103	3	725	19	229	6	7	0
Target Service Area 1	5,202	29	0.6	99	1.9	1,467	28.2	108	2.1	4	0.1
Total Service Area (ex NB and Neo)	8,989	1,752	19.5	202	2.2	2,192	24.4	337	3.7	11	0.1

Table 11b: Inpatient Market Share – 2011 CA State Data – Combined Service Area

Product Line	Total Market	PETALUMA VLY HOSP		QUEEN VLY HOSP NAPA		ST ROSA MEM HOSP		UCSF MC		ALL OTHER HOSPITALS	
	Cases	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share
CARDIOLOGY	903	0	0	23	6.2	20	5.4	4	1.1	27	7.3
CARDIOVASCULAR	139	0	0	0	0	6	10	5	8.3	15	25
GASTROENTEROLOGY	512	5	2.4	10	4.8	7	3.4	19	9.1	9	4.3
GYNECOLOGY	149	1	1.4	4	5.6	2	2.8	3	4.2	6	8.3
MEDICINE	1549	8	1.3	19	3.1	36	5.9	16	2.6	47	7.7
MENTAL HEALTH	273	1	1.1	0	0	3	3.3	0	0	64	70.3
NEUROLOGY	460	2	1	2	1	16	8.3	14	7.3	24	12.4
NEUROSURGERY	254	2	1.8	14	12.3	6	5.3	15	13.2	25	21.9
OB-DELIVERY	1,085	10	2.6	16	4.2	23	6.1	5	1.3	28	7.4
OB-OTHER	105	1	3.8	1	3.8	2	7.7	2	7.7	2	7.7
ONCOLOGY	166	3	5.1	2	3.4	8	13.6	5	8.5	7	11.9
ORTHOPEDECS	930	9	2	9	2	40	8.9	14	3.1	76	16.9
PULMONARY	661	2	0.9	15	6.9	24	11	6	2.8	17	7.8
REHABILITATION	479	0	0	8	2	5	1.2	0	0	5	1.2
SURGERY-GENERAL	877	6	1.7	13	3.7	27	7.7	23	6.5	46	13.1
SURGERY-OTHER	52	1	5	2	10	3	15	4	20	2	10
TRANSPLANT	10	0	0	0	0	0	0	3	60	1	20
UNGROUPED OR INVALID DRG	22	0	0	0	0	0	0	1	14.3	1	14.3
UROLOGY	309	4	3.1	8	6.3	5	3.9	9	7	11	8.6
VASCULAR	54	0	0	3	15	2	10	0	0	0	0
Primary Service Area	3,484	49	1.4	145	4.2	191	5.5	134	3.8	372	10.7
Secondary Service Area	303	6	2	4	1.3	44	14.5	14	4.6	41	13.5
Combined Service Area (ex NB and Neo)	3,787	55	2	149	4	235	6	148	4	413	11
Target Service Area 1	5,202	1,043	20	1,256	24.1	319	6.1	172	3.3	705	13.6
Total Service Area (ex NB and Neo)	8,988	1,098	12.2	1,405	15.6	554	6.2	320	3.6	1,118	12.4

Inpatient Surgical Market Share – California State Data

Tables 12a and 12b show inpatient surgical market share for the Combined Service Area. Sonoma Valley Hospital captured 26.4% market share in the combined service area and 22.3% of the Secondary Service Area. Sonoma Valley Hospital's largest market share are in the Gynecology (47%), General Surgery (36.3%), and Orthopedic (35%) service lines.

Table 12a: 2011 Inpatient Surgical Market Share – CA OSHPD Data – Combined Service Area

Product Line	Total Market	SONOMA VLY HSP		CA PACIFIC MC PACIFIC		KAISER FND HOSP OAKLAND		KAISER FND HOSPS		MARIN GEN HOSP		PALM DRIVE HOSP	
	Cases	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share
CARDIOLOGY	91	1	1.1	3	3.3	0	0	22	24.2	32	19.6	0	0
CARDIOVASCULAR	60	0	0	3	5	0	0	15	25	16	11.5	0	0
GYNECOLOGY	66	31	47	1	1.5	0	0	16	24.2	3	2.2	0	0
NEUROSURGERY	114	5	4.4	10	8.8	6	5.3	8	7	27	15.7	2	1.8
ONCOLOGY	1	0	0	0	0	0	0	1	100	0	25	0	0
ORTHOPEDECS	386	135	35	11	2.8	5	1.3	76	19.7	21	2.7	0	0
SURGERY-GENERAL	347	126	36.3	16	4.6	5	1.4	76	21.9	15	3.2	3	0.9
SURGERY-OTHER	16	1	6.3	0	0	0	0	5	31.3	2	4.5	0	0
TRANSPLANT	5	0	0	1	20	0	0	0	0	0	0	0	0
UROLOGY	54	7	13	1	1.9	0	0	20	37	5	6.5	0	0
VASCULAR	20	0	0	0	0	0	0	4	20	11	24.1	0	0
Primary Service Area	1,048	281	26.8	43	4.1	15	1.4	223	21.3	116	11.1	5	0.5
Secondary Service Area	112	25	22.3	3	2.7	1	0.9	20	17.9	16	14.3	0	0
Combined Service Area (ex NB and Neo)	1,160	306	26.4	46	4	16	1.4	243	20.9	132	11.4	5	0.4
Target Service Area 1	1,453	8	0.6	44	3	56	3.9	414	28.5	35	2.4	4	0.3
Total Service Area (ex NB and Neo)	2,613	314	12	3.4	10	72	2.8	657	25.1	167	6.4	9	0.3

Table 12a: 2011 Inpatient Surgical Market Share – CA OSHPD Data – Combined Service Area

Product Line	Total Market	PETALUMA VLY HOSP		QUEEN VLY HOSP NAPA		ST ROSA MEM HOSP		SUTTER MC ST ROSA		UCSF MC		ALL OTHER HOSPITALS	
	Cases	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share
CARDIOLOGY	91	0	0	11	12.1	9	9.9	10	11	1	1.1	2	2.2
CARDIOVASCULAR	60	0	0	0	0	6	10	6	10	5	8.3	9	15
GYNECOLOGY	66	1	1.5	4	6.1	2	3	2	3	3	4.5	3	4.5
NEUROSURGERY	114	2	1.8	14	12.3	6	5.3	2	1.8	15	13.2	17	14.9
ONCOLOGY	1	0	0	0	0	0	0	0	0	0	0	0	0
ORTHOPEDECS	386	8	2.1	9	2.3	38	9.8	8	2.1	13	3.4	62	16.1
SURGERY-GENERAL	347	6	1.7	13	3.7	25	7.2	6	1.7	23	6.6	33	9.5
SURGERY-OTHER	16	0	0	1	6.3	2	12.5	0	0	3	18.8	2	12.5
TRANSPLANT	5	0	0	0	0	0	0	0	0	3	60	1	20
UROLOGY	54	4	7.4	5	9.3	0	0	0	0	8	14.8	4	7.4
VASCULAR	20	0	0	3	15	2	10	0	0	0	0	0	0
Primary Service Area	1,048	18	1.7	56	5.3	72	6.9	31	3	66	6.3	122	11.6
Secondary Service Area	112	3	2.7	4	3.6	18	16.1	3	2.7	8	7.1	11	9.8
Combined Service Area (ex NB and Neo)	1,160	21	1.8	60	5.2	90	7.8	34	2.9	74	6.4	133	11.5
Target Service Area 1	1,453	171	11.8	287	19.8	126	8.7	43	3	86	5.9	179	12.3
Total Service Area (ex NB and Neo)	2,613	192	7.3	347	13.3	216	8.3	77	2.9	160	6	312	12

Inpatient Market Share – Trend Analysis

Between 2009-2011, Sonoma Valley Hospital had a slight decrease in overall inpatient market share (from 48.7% in 2009 to 45.5% in 2011). However, there is an overall decrease in inpatient care throughout the United States (please refer to Table 5 on page 7). In addition, Sonoma Valley Hospital experienced significant increase in the General Surgery and Orthopedics service lines. Table 13 shows 2009-2011 volumes and market share for Sonoma Valley Hospital’s Combined Service Area.

Table 13: Inpatient Market Share Trend – CA OSHPD Data – Combined Service Area

Product Line	2011 Market Cases	2011 Hospital Cases	2011 Market Share	2010 Market Cases	2010 Hospital Cases	2010 Hospital Share	2009 Market Cases	2009 Hospital Cases	2009 Market Share
All Product Lines	3,787	1,723	45.50%	3,772	1,804	47.80%	3,637	1,772	48.70%
CARDIOLOGY	369	125	33.90%	378	138	36.50%	307	113	36.80%
CARDIOVASCULAR	60	0	0.00%	59	0	0.00%	43	1	2.30%
GASTROENTEROLOGY	208	106	51.00%	226	123	54.40%	234	124	53.00%
GYNECOLOGY	72	36	50.00%	66	39	59.10%	69	42	60.90%
MEDICINE	613	334	54.50%	660	374	56.70%	594	354	59.60%
MENTAL HEALTH	91	7	7.70%	85	10	11.80%	77	12	15.60%
NEUROLOGY	193	82	42.50%	180	81	45.00%	164	84	51.20%
NEUROSURGERY	114	5	4.40%	90	9	10.00%	107	18	16.80%
OB-DELIVERY	379	182	48.00%	339	161	47.50%	412	204	49.50%
OB-OTHER	26	9	34.60%	36	15	41.70%	56	25	44.60%
ONCOLOGY	59	13	22.00%	75	11	14.70%	58	16	27.60%
ORTHOPEDICS	449	175	39.00%	384	142	37.00%	328	103	31.40%
PULMONARY	218	98	45.00%	265	135	50.90%	272	140	51.50%
REHABILITATION	404	374	92.60%	424	403	95.00%	408	385	94.40%
SURGERY-GENERAL	352	127	36.10%	340	112	32.90%	337	107	31.80%
SURGERY-OTHER	20	1	5.00%	13	1	7.70%	20	1	5.00%
TRANSPLANT	5	0	0.00%	2	0	0.00%	8	0	0.00%
UNGROUPED OR INVALID DRG	7	3	42.90%	1	0	0.00%	0	0	0.00%
UROLOGY	128	46	35.90%	126	50	39.70%	119	41	34.50%
VASCULAR	20	0	0.00%	23	0	0.00%	24	2	8.30%

Medicare Inpatient Market Share Trend

Table 13 below shows the Medicare inpatient market share trend for Sonoma Valley Hospitals and its competitors. Marin General did have an increase in market share. In addition, there was a nearly 3% increase in patients going to hospitals with a less than 2% market share in the Combined Service Area. These cases can potentially be captured.

Table 13 – Medicare Inpatient Market Share – 3 Year Trend – Combined Service Area

Hospital	2011		2010		2009	
	Medicare Discharges	Medicare Market Share	Medicare Discharges	Medicare Market Share	Medicare Discharges	Medicare Market Share
SONOMA VLY HSP	662	38.00%	760	41.60%	673	44.00%
KAISER FND HSP SAN RAFAEL	191	11.00%	224	12.20%	135	8.80%
MARIN GEN HSP GREENBRAE	126	7.20%	90	4.90%	82	5.40%
KAISER FND HSP ST ROSA	118	6.80%	115	6.30%	99	6.50%
ST ROSA MEM HSP	98	5.60%	95	5.20%	91	6.00%
QUEEN VLY MC NAPA	85	4.90%	83	4.50%	80	5.20%
SONOMA DEVEL CTR ELDRIDGE	73	4.20%	87	4.80%	64	4.20%
KAISER FND HSP SAN FRAN	36	2.10%	39	2.10%	15	1.00%
UCSF MC SAN FRAN	34	2.00%	37	2.00%	34	2.20%
SUTTER MC ST ROSA	28	1.60%	27	1.50%	26	1.70%
PETALUMA VLY HSP	19	1.10%	21	1.10%	28	1.80%
KAISER FND HSP REHAB CTR	15	0.90%	32	1.70%	19	1.20%
All Other Hospitals	257	14.80%	219	12.00%	182	11.90%
Totals	1,742	100.00%	1,829	100.00%	1,528	100.00%

Medicare Inpatient Market Share by ZIP Code and Hospital

Tables 14a and 14b below show the Combined Service Area’s distribution of Medicare inpatients by Hospital and ZIP Code.

Table 14a: 2011 Medicare Inpatient Market Share by ZIP Code and Hospital – Combined Service Area

	Total Cases	Sonoma Vly Hsp		Kaiser Fnd Hsp San Fran		Kaiser Fnd Hsp San Rafael		Kaiser Fnd Hsp St Rosa		Marin Gen Hsp Greenbrae	
	#	#	%	#	%	#	%	#	%	#	%
95476 Sonoma	1,520	600	39.50%	32	2.10%	187	12.30%	104	6.80%	117	7.70%
95442 Glen Ellen	222	62	27.90%	0	0	0	0	14	6.30%	9	4.10%
Combined Service Area	1,742	662	67.4	32	2.1	187	12.3	118	13.1	126	11.8

Table 14b: 2011 Medicare Inpatient Market Share by ZIP Code and Hospital – Combined Service Area

	Total Cases	Queen Vly Mc Napa		Sonoma Devel Ctr Eldridge		St Rosa Mem Hsp		Sutter Mc St Rosa		Ucsf Mc San Fran		All Other Hospitals	
	#	#	%	#	%	#	%	#	%	#	%	#	%
95476 Sonoma	1,520	84	5.50%	0	0	79	5.20%	0	0	0	0	317	20.90%
95442 Glen Ellen	222	0	0	73	32.90%	19	8.60%	6	2.70%	7	3.20%	27	12.20%
Combined Service Area	1,742	84	5.5	73	32.9	98	13.8	6	2.7	7	3.2	344	33.1

Outpatient Market Share – Ambulatory Surgery

Using data from the California OSHPD data, Tables 15a and 15b show the ambulatory surgery market share for the Combined Service Area. Sonoma Valley Hospital had 15.6% of the ambulatory surgery cases in the Combined Service Area. The market share was up over 2% from 13.5% in 2010.

Table 15a: 2011 Ambulatory Surgery Market Share – Combined Service Area

Product Line	Total Market	SONOMA VLY HSP		KAISER FOUNDATION HSPS		MARIN GEN HSP		PALM DRIVE HSP		PDI SURG CTR		PETALUMA VLY HSP	
	Cases	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share
CARDIOLOGY	323	6	1.9	89	27.6	59	18.3	0	0	0	0	12	3.7
GASTROENTEROLOGY	915	141	15.4	232	25.4	40	4.4	5	0.5	0	0	43	4.7
GYNECOLOGY	220	34	15.5	72	32.7	7	3.2	0	0	0	0	22	10
MEDICINE	2,609	462	17.7	487	18.7	77	3	11	0.4	0	0	295	11.3
MENTAL HEALTH	34	0	0	1	2.9	0	0	0	0	0	0	0	0
NEUROLOGY	179	41	22.9	33	18.4	7	3.9	0	0	0	0	7	3.9
OB-OTHER	92	18	19.6	12	13	1	1.1	0	0	0	0	5	5.4
ONCOLOGY	402	34	8.5	105	26.1	20	5	0	0	0	0	31	7.7
ORTHOPEDICS	889	226	25.4	246	27.7	5	0.6	2	0.2	0	0	81	9.1
PULMONARY	44	0	0	0	0	4	9.1	0	0	0	0	2	4.5
SURGERY-OTHER	243	0	0	22	9.1	1	0.4	0	0	151	62.1	8	3.3
UNGROUPED OR INVALID DRG	8	1	12.5	4	50	0	0	0	0	0	0	1	12.5
UROLOGY	273	8	2.9	80	29.3	14	5.1	0	0	0	0	26	9.5
Primary Service Area	2340	812	34.7	471	20.1	127	5.4	2	0.1	67	2.9	83	3.5
Secondary Service Area	326	84	25.8	74	22.7	21	6.4	0	0.0	0	0.0	8	2.5
Combined Service Area	6231	971	15.6	1383	22.2	235	3.8	18	0.3	151	2.4	533	8.6
Target Service Area	3565	75	2.1	838	23.5	87	2.4	16	0.4	84	2.4	442	12.5
Total Service Area	12462	1942	15.6	2766	22.2	470	3.8	36	0.3	302	2.4	1066	8.6

Table 15b: 2011 Ambulatory Surgery Market Share – Combined Service Area

Product Line	Total Market	QUEEN VALLEY HSP		ST ROSA MEM HSP		SUTTER MC ST ROSA		UCSF MC		ALL OTHER HSP	
	Cases	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share
CARDIOLOGY	323	22	6.8	54	16.7	41	12.7	10	3.1	30	9.3
GASTROENTEROLOGY	915	255	27.9	12	1.3	13	1.4	46	5	128	14
GYNECOLOGY	220	23	10.5	4	1.8	18	8.2	15	6.8	25	11.4
MEDICINE	2,609	579	22.2	122	4.7	67	2.6	121	4.6	388	14.9
MENTAL HEALTH	34	0	0	0	0	1	2.9	0	0	32	94.1
NEUROLOGY	179	24	13.4	10	5.6	6	3.4	10	5.6	41	22.9
OB-OTHER	92	22	23.9	0	0	26	28.3	1	1.1	7	7.6
ONCOLOGY	402	70	17.4	46	11.4	12	3	37	9.2	47	11.7
ORTHOPEDICS	889	110	12.4	39	4.4	12	1.3	20	2.2	148	16.6
PULMONARY	44	24	54.5	0	0	4	9.1	4	9.1	6	13.6
SURGERY-OTHER	243	12	4.9	1	0.4	8	3.3	12	4.9	28	11.5
UNGROUPED OR INVALID DRG	8	0	0	0	0	0	0	0	0	2	25
UROLOGY	273	42	15.4	8	2.9	6	2.2	47	17.2	42	15.4
Primary Service Area	2340	132	5.6	102	4.4	73	3.1	144	6.2	327	14.0
Secondary Service Area	326	11	3.4	32	9.8	22	6.7	29	8.9	45	13.8
Combined Service Area	6231	1183	19.0	296	4.8	214	3.4	323	5.2	924	14.8
Target Service Area	3565	1040	29.2	162	4.5	119	3.3	150	4.2	552	15.5
Total Service Area	12462	2366	19.0	592	4.8	428	3.4	646	5.2	1848	14.8

Outpatient Market Share – Emergency Department Visits by Primary Payer

Table 16 shows emergency department visits by primary payer type. Sonoma Valley Hospital captured 26.9% of all ED visits in the Combined Service Area. Sonoma Valley Hospital saw 90.5% of the Medicare cases and 67.9% of the commercial insurance cases.

Table 16: 2011 ED Visits by Primary Payer – Combined Service Area

**Primary Payer	Total Market	SONOMA VLY HSP		KAISER FND HOSPS		PALM DRIVE HOSPITAL		PETALUMA VLY HSP		QUEEN VLY HSP NAPA		ST ROSA MEM HSP MONTGOMERY		All Other Hospitals	
	Cases	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share	Cases	Market Share
Auto Medical	2	0	0	0	0	2	100	0	0	0	0	0	0	0	0
BCBS	2,104	760	36.1	0	0	0	0	650	30.9	377	17.9	81	3.8	236	11.2
Champus/Tricare	220	33	15	1	0.5	0	0	118	53.6	32	14.5	11	5	25	11.4
Commercial	595	404	67.9	10	1.7	10	1.7	49	8.2	35	5.9	18	3	69	11.6
EPO	79	0	0	39	49.4	0	0	0	0	0	0	0	0	40	50.6
HMO	5,125	417	8.1	3,820	74.5	0	0	221	4.3	284	5.5	37	0.7	346	6.8
Invalid	18	15	83.3	0	0	0	0	0	0	0	0	0	0	3	16.7
Medi-Cal	5,254	1,586	30.2	256	4.9	9	0.2	1,065	20.3	1945	37	108	2.1	285	5.4
Medicare A	2,234	2,021	90.5	64	2.9	10	0.4	0	0	0	0	0	0	139	6.2
Medicare B	1,619	0	0	0	0	0	0	686	42.4	731	45.2	143	8.8	59	3.6
Medicare HMO	2,038	0	0	1,388	68.1	0	0	210	10.3	363	17.8	10	0.5	67	3.3
Other	55	8	14.5	1	1.8	1	1.8	4	7.3	36	65.5	2	3.6	3	5.5
Other Federal	11	0	0	1	9.1	0	0	0	0	9	81.8	0	0	1	9.1
Other Payor-Non-Federal	710	1	0.1	0	0	0	0	145	20.4	481	67.7	60	8.5	23	3.2
POS	6	0	0	1	16.7	0	0	0	0	0	0	0	0	5	83.3
PPO	1,831	563	30.7	3	0.2	0	0	665	36.3	389	21.2	48	2.6	163	8.9
Self Pay	2,685	839	31.2	174	6.5	10	0.4	551	20.5	704	26.2	116	4.3	291	10.8
Title V	17	0	0	0	0	0	0	1	5.9	0	0	0	0	16	94.1
Veterans Affairs	57	0	0	0	0	0	0	28	49.1	10	17.5	4	7	15	26.3
Workers Comp	627	157	25	49	7.8	3	0.5	96	15.3	200	31.9	20	3.2	102	16.3
Primary Service Area	8,784	6,258	71.2	1,437	16.4	12	0.1	91	1	170	1.9	244	2.8	572	6.5
Secondary Service Area	762	412	54.1	182	23.9	3	0.4	4	0.5	7	0.9	70	9.2	84	11
Combined Service Area	9,546	6,670	70	1,619	17	15	0	95	1	177	2	314	3	656	7
Target Service Area 1	15,741	134	0.9	4,188	26.6	30	0.2	4394	27.9	5419	34.4	344	2.2	1,232	7.8
Total Service Area	25,287	6,804	26.9	5,807	23.0	45	0.2	4,489	17.8	5,596	22.1	658	2.6	1,888	7.5

Outpatient Market Share – Trend Analysis

Table 17 shows the outpatient trend for both Ambulatory Surgery and Emergency Department visits 2009-2011. Sonoma Valley Hospital experienced an increase in Emergency Department visits from 2009 - 2011 and an increase in Ambulatory Surgeries 2010-2011; this increase was despite a drop in total market case for Ambulatory Surgery. There was a decrease in Ambulatory Surgeries from 2009-2010. This drop may be attributed to the weakening economy; many chose not to have elective and preventive procedures.

Table 17: Outpatient Market Share – Trend Analysis – Combined Service Area

	2011			2010			2009		
	Market Cases	Hospital Cases	Market Share	Market Cases	Hospital Cases	Market Share	Market Cases	Hospital Cases	Market Share
Ambulatory Surgery	6,231	971	15.6	6,670	899	13.5	7,364	1,515	20.6
Emergency	9,546	6,670	69.6	9,057	6,297	69.5	9,005	6,395	71.0

Inpatient Demand Estimates

Inpatient Demand in the Combined Service Area is projected to increase 6.3% from 2011-2016. Table 18 below shows the current and projected demand for each service line.

Table 18: Inpatient Projected Demand – Combined Service Area

Product Line	2011 Estimated Cases	2016 Estimated Cases	2011-2016 Volume Change	2011-2016 Percent Change
CARDIOLOGY	369	400.6	31.6	8.60%
CARDIOVASCULAR	60	66.3	6.3	10.50%
GASTROENTEROLOGY	208	218.4	10.4	5.00%
GYNECOLOGY	72	72.7	0.7	0.90%
MEDICINE	613	653.1	40.1	6.50%
MENTAL HEALTH	91	90.8	-0.2	-0.20%
NEUROLOGY	193	205.3	12.3	6.40%
NEUROSURGERY	114	121.4	7.4	6.50%
OB-DELIVERY	379	383.9	4.9	1.30%
OB-OTHER	26	26.3	0.3	1.10%
ONCOLOGY	59	62.9	3.9	6.70%
ORTHOPEDICS	449	486.4	37.4	8.30%
PULMONARY	218	234.1	16.1	7.40%
REHABILITATION	404	441.3	37.3	9.20%
SURGERY-GENERAL	349	366.3	17.3	4.90%
SURGERY-OTHER	20	20.8	0.8	4.20%
TRANSPLANT	5	5.1	0.1	2.10%
UNGROUPED OR INVALID DRG	7	7.4	0.4	6.20%
UROLOGY	128	137.9	9.9	7.70%
VASCULAR	20	21.4	1.4	7.20%
CSA Total Exc NB and Neonates (789-795)	3,784.0	4,022.40	238.4	6.30%
NEONATE (789-794)	138	139.9	1.9	1.40%
NORMAL NEWBORN (795)	263	265.9	2.9	1.10%
CSA Total Exc Only Normal Newborn (795)	3,922.0	4,162.30	240.3	6.10%
Combined Service Area (CSA) Total Cases	4,185.00	4,428.20	243.2	5.80%

Outpatient Demand Estimates by Service Line

Table 19 below shows outpatient demand estimates by service line. Sonoma Valley Hospital's Combined Service Area is projected to increase for all service lines. In particular, the demand for Diagnostic Outpatient is expected to grow 11.4%.

Table 19: Outpatient Projected Demand – Combined Service Area

Service Area	<u>Emergency Department</u>			
	2011 Estimated	2016 Estimated	2011-2016 Volume	2011-2016 Percent
Combined Service Area	11,645.80	12,047.50	401.7	3.40%
Primary Service Area	10,465.50	10,880.90	415.4	4.00%
Secondary Service Area	1,180.30	1,166.60	-13.7	-1.20%
Target Service Area 1	19,470.10	19,673.00	202.9	1.00%
Total Service Area	31,115.90	31,720.60	604.60	1.90%

Service Area	<u>Ambulatory Surgery</u>			
	2011 Estimated	2016 Estimated	2011-2016 Volume	2011-2016 Percent
Combined Service Area	1,429.10	1,527.70	98.6	6.90%
Primary Service Area	1,284.30	1,379.80	95.5	7.40%
Secondary Service Area	144.8	147.9	3.1	2.10%
Target Service Area 1	2,389.30	2,494.70	105.4	4.40%
Total Service Area	3,818.40	4,022.40	204	5.30%

Service Area	<u>Diagnostic Outpatient</u>			
	2011 Estimated	2016 Estimated	2011-2016 Volume	2011-2016 Percent
Combined Service Area	44,913.00	50,046.30	5,133.30	11.40%
Primary Service Area	40,361.10	45,200.10	4,839.00	12.00%
Secondary Service Area	4,551.90	4,846.20	294.3	6.50%
Target Service Area 1	75,088.10	81,723.20	6,635.10	8.80%
Total Service Area	120,001.20	131,769.60	11,768.40	9.80%

Service Area	<u>Total Outpatient Visits</u>			
	2011 Estimated	2016 Estimated	2011-2016 Volume	2011-2016 Percent
Combined Service Area	57,988.00	63,621.60	5,633.60	9.70%
Primary Service Area	52,110.90	57,460.80	5,350.00	10.30%
Secondary Service Area	5,877.10	6,160.70	283.7	4.80%
Target Service Area 1	96,947.50	103,891.00	6,943.50	7.20%
Total Service Area	154,935.50	167,512.50	12,577.10	8.10%

Hospital Utilization and Market Share – Observations

Like many markets in the US, inpatient utilization in Sonoma Valley Hospital's service area is decreasing. However, outpatient utilization is increasing. A drop in inpatient market share, while not desirable, does not necessarily indicate a hospital is losing business in the service area. In addition, demand for the inpatient service lines that Sonoma Valley Hospital is strong in (Rehabilitation, Medicine, General Surgery and Neurology) is expected to increase over the next five years.

MEDICAL STAFF ANALYSIS

Physician Supply and Demand

Physician Demand – Combined Service Area – GMENAC Model

Table 20 shows the physician demand estimates for the combined service area. The demand for physicians in is expected to increase only slightly from 2011-2016.

<i>Specialty Group</i>	<i>Specialty</i>	<i>2011 Estimated Number of Physicians</i>	<i>2016 Estimated Number of Physicians</i>
All Physicians	Overall Total	71.4	73.9
Primary Care	Fam/Gen Practice	11.6	12
	Gen Int Med	9.2	9.6
	Pediatrics	5.2	5.4
	Total Primary Care	26.1	27
Medical Sub-Specialties	Allergy	0.4	0.5
	Cardiology	1.9	2
	Dermatology	1	1
	Endocrinology	0.3	0.3
	Gastroenterology	1	1
	Hematology/Oncology	0.8	0.8
	Infectious Disease	0.2	0.2
	Nephrology	0.4	0.5
	Neurology	1.1	1.1
	Pulmonary Disease	0.7	0.7
	Rheumatology	0.4	0.4
	Total Medical Sub-Spec.	8.2	8.5
Surgical Specialties	Ob-Gyn	4.5	4.7
	General Surgery	4.3	4.4
	Cardiac Surgery	0.7	0.7
	Neurosurgery	0.6	0.6
	Ophthalmology	2.2	2.3
	Orthopedics	2.6	2.7
	ENT	1.1	1.1
	Plastic Surgery	0.7	0.7
	Thoracic Surgery	0.3	0.3
	Urology	1.5	1.5
	Total Surgical Spec.	18.3	19
Hospital Based	Radiology	3.4	3.5
	Anesthesiology	3.6	3.8
	Pathology	1.7	1.7
	Total Hospital-Based	8.7	9
Other Specialties	Psychiatry	4.8	4.9
	Urgent Care/Emer Med	2.2	2.3
	Physical Medicine	0.4	0.5
	Misc Other	2.6	2.7
	Total Other	10.1	10.4

Physician Supply

Physician Supply – Based on CMS (Medicare) National Provided Identifier File

The Combined Service Area has a total of 89 physicians; 64 of those are located in the Primary Service Area. Table 20 shows the physician supply for the Combined Service Area.

	Service Area	2011 Providers
Physicians	Primary Service Area	64
	Secondary Service Area	25
	Combined Service Area	88
	Target Service Area 1	130
	Total Service Area	307
Specialists * Non-physician providers	Primary Service Area	140
	Secondary Service Area	8
	Combined Service Area	148
	Target Service Area 1	540
	Total Service Area	836
All Providers	Primary Service Area	204
	Secondary Service Area	33
	Combined Service Area	236
	Target Service Area 1	670
	Total Service Area	1,143

8.

2013
COMMUNICATIONS
PLAN

Proposed FY 13 Communications Plan

December 6, 2012



WHAT HAS BEEN DONE?

CY 2012 Communications - Corporate/Brand

- Parcel Tax Campaign
 - "For You" and "Thank You"
- Physical Therapy Clinic
 - Marketed new clinic which opened in February
- Capital Campaign
 - "Peace of Mind" campaign for Emergency & Surgery services
- Growth Team
 - Worked with physician offices to increase awareness and referrals for all services



WHAT HAS BEEN DONE?

CY 2012 Communications – Service Area Support

- Mammography
 - Offered sponsored mammograms in May and October
- Joint Replacement
 - Some advertising
- Bariatrics
 - Advertising for the support group
- The Birth Place
 - Table at the farmers market all summer



2011 INPATIENT MARKET SHARE

Product Line	Inpatient Cases 2011	Inpatient t Cases 2010	2011 Market Share
Cardiology	125	138	33.9%
Gastroenterology	106	123	51%
Gynecology	36	39	50%
Medicine	334	374	54.5%
Neurology	82	81	42.5%
OB Delivery	182	161	48%
Orthopedics	175	142	39%
Pulmonary	98	135	45%
Rehabilitation	374	403	92.6%
General Surgery	127	112	36.1%
Urology	46	50	36%
TOTAL MARKET SHARE			45%

2011 OUTPATIENT SURGERIES

OUTPATIENT SURGERY	REIMBURSEMENT	NUMBER OF CASES
Breast	82,235.62	27
Cardiology	49,577.13	9
Gastroenterology	8,223.84	5
General	744,260.88	168
Gynecology	267,692.52	65
Obstetric	19,357.36	8
Ophthalmology	420,101.12	189
Orthopedic	1,738,656.38	394
Pain Management	403,568.36	181
Podiatry	284,584.59	42
Urology	137,520.41	34
Vascular	114,526.90	20
Brachytherapy	141,346.20	7
Grand Total	4,420,345.99	1152

2011 SURGERY OUTMIGRATION

Service Line	Number of lost cases	Average Reimbursement	Total lost reimbursement per service
SURGERY-OTHER (GENERAL)	221	\$4,430.	\$979,056.
GASTROENTEROLOGY	683	\$1,644.	\$1,122,852.
GYNECOLOGY	148	\$4,118.	\$609,464.
OB-OTHER	80	\$2,419.	\$193,520.
ORTHOPEDECS	643	\$4,412.	\$2,836,916.
UROLOGY	193	\$4,044.	\$780,492.
TOTAL	1968		\$6,522,300.

NEW COMMUNICATIONS TEAM

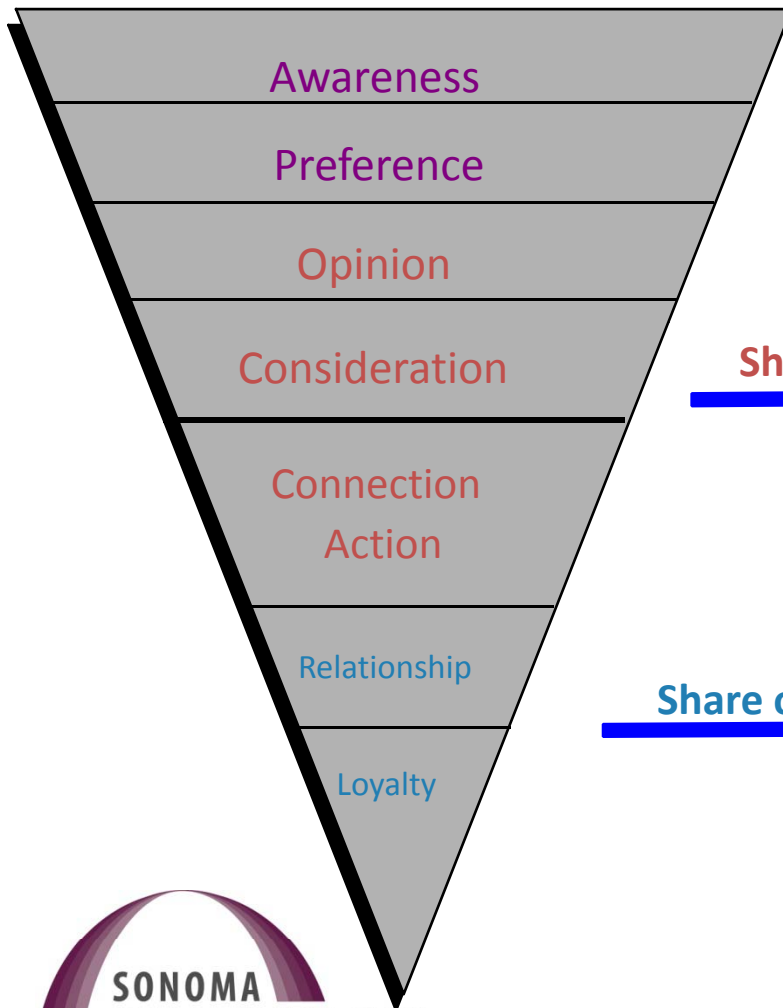
Jamie Maites, Director of Communications

- Nearly 10 years marketing/communications Experience
- Team has 25+ years experience in hospital marketing
 - Strategic Marketing Planning
 - Creative Direction
 - Media Planning and Buying
 - Public Relations
 - Web and Online Marketing
- Bring to SVH best practices from El Camino Hospital and Marin General Hospital



THE ROLE OF MARKETING

Share of Voice



Share of Mind



Marketing has the highest level of influence in this area

Share of Heart



Share of heart is influenced by a combination of rational and emotional triggers. Experience, all play an important role.

Share of Market



alignment, technology/latest equipment and other operational considerations have the highest level of influence in this area.

FY 2013 & 14 PLANNING APPROACH

- Analyzed all data sources
- Held internal meetings to assess resources and needs
- Reviewed prior efforts and future plans
- Developed a plan for remainder of fiscal year
- Awaiting strategic plan that is in process to plan beyond June 30, 2013
- Created general recommendations for Q1 & Q2 of FY14
- FY 2013: Focus efforts where greatest brand awareness and volume impact can be realized while supporting existing internal plans/needs



CURRENT SITUATION

- Community perceptions are mixed; some major supporters, but there have been negative media stories in the recent past.
- Assumed perception is “I will use the hospital for emergency services and diagnostics, but I won’t use it for surgery.”
- Physician relationships are solid. Need some ongoing support to keep them strong.
- Marketing has been reactive and not strategically planned.



MARKETING GOALS

- Biggest business opportunities are in general surgery
 - Bariatrics
 - Total Joint
- Support basic needs of key service areas
- Build loyalty with seniors and women in the community



TARGET AUDIENCE

- Current Patients
- Internal Audiences
- Influencing Groups: Physicians, PRIMA, WHA, donor community (align with Foundation efforts), media, community leaders
- Prospective Patients
 - Women 35+
 - Seniors 55+ (skew female)
- Hispanic Community



MARKETING OBJECTIVES

- Build positive awareness in the community with patients, prospective patients and influencers
 - Reinforce “Healing Here at Home” tagline
- Drive prospective patients to key service areas to build volume.



POSITIONING

- Consider a brand positioning that is believable while trumping concerns about quality:
 - Positioning: Sonoma Valley Hospital nimbly and innovatively delivers health and wellbeing services and programs that meet the specific needs of the community we serve. And we are the portal for all healthcare needs through our partnerships and larger network of physicians and hospitals. “Healing Here at Home”
 - *Note: Leverage the future plans for being a “holistic/zen health resource” as a foundation differentiating and owning “health and wellbeing”. Balance this message with higher acuity messages so awareness and perceptions of SVH as a resource for quality surgery is maintained.*



MARKETING STRATEGIES

- Assess all patient experience “touch points” to ensure high satisfaction and impact from the experience and for the brand
- Leverage existing programs and services to gain greatest efficiencies
- Align messaging (across all media channels) to build share of voice and share of market
- Use high quality service area(s) to keep a consistent presence in the community and media
- Long term: Build affinity with women (the family medical officer) in the community.



TOP-LINE FOCUS DECEMBER - JUNE

- Drive Orthopedic & Bariatric interest
- Start a relationship with women in the community
- Fill in gaps of marketing support “must haves”
- Maintain higher level of consistent market presence



GENERAL BRAND AWARENESS

- Primarily done through public relations
 - Identify opportunities to gain media attention for SVH through unique media stories:
 - Foundation PR
- A brand awareness halo effect is also realized from service line communications
- Partnerships also positively impact the brand through WHA and PRIMA
- Community Outreach
 - Community Trust
 - School Partnerships
 - Hispanic Community Relations
 - Home Care Program
 - Employer Relations



CONSUMER MARKETING

Orthopedic Support (Dec. – Jan.)

- Events
 - Test 2 joint replacement lectures involving key orthopedic surgeons, nurse navigator, Janet Alexander, representatives from PT, etc.
 - Track leads and inquiries and sign up new patient appointments (using physician schedules)
- Paid Media
 - Run consistently in both the Sonoma Index Tribune and the Sonoma Sun
 - List in local media's events calendars



CONSUMER MARKETING

Orthopedic Support (Dec. – Jan.), cont.

- Collateral/Content
 - Develop program fact sheet that includes all the differentiating services
 - Tightly align the orthopedic message with rehabilitation and healing program
 - Build out content on the website
 - Joint Camp
 - Value of the nurse navigator (and personalized approach)
 - Healing Program
- Physician Outreach
 - Build MRI volume, educate orthopedists on MRI capabilities
- Coordinate all other communications channels to support this effort (internal, PR, web, etc.)



CONSUMER MARKETING

Bariatrics Support (Feb. – Mar.)

- Events
 - Leverage existing bariatric information sessions
 - Based on demographics and opportunity, build presence online
- Collateral/Content
 - Develop program overview flyer and team bio sheet
 - Communicate differentiating and engaging program components
 - Drive prospective patients to existing monthly information/support group sessions
 - Highlight specialized staff such as nurse navigator, dietician, support group leader and psychologist
 - Feature healing program
- Coordinate marketing efforts with PRIMA



CONSUMER MARKETING

Women's Services (APR. – MAY)

- Event
 - Launch the first annual women's health fair ("Spring into Health" in May). Possible event information:
 - The Women's Center (concept)
 - Mammography
 - Bone health (orthopedics)
 - Weight management (and by extension bariatrics)
 - GYN health
 - Maternity
 - Future of SVH (holistic health) using tools similar to those used in the schools
 - Free screenings using PRIMA physicians
 - Ask a Doctor
 - Senior Fit Program
 - Healing Program
- Promote through a combination of radio and print
- Coordinate with Pajama Party & Foundation's event, "Celebration of Women" and PULSE award



MEDIA FLOW CHART

SONOMA VALLEY HOSPITAL		January					February				March				April					May				June					Cost																															
		24	31	7	14	21	28	4	11	18	25	4	11	18	25	1	8	15	22	29	6	13	20	27	3	10	17	24																																
PRINT																																																												
Sonoma Index Tribune	1/4 Page	■				■				■				■				■		■				■				\$5,565																																
Sonoma Valley Sun	1/2 Page	■						■				■				■				■		■				■		\$2,450																																
BROADCAST																																																												
Radio Sponsorship - Event																														■																														\$2,000
																														\$10,015																														



INTERNAL MARKETING

- Keep staff informed on changes and improvements and educate/remind them of primary data points and information about SVH programs
 - Updates currently being sent bi-monthly through newsletter
 - Align messaging with external messaging focus/topics
- Educate about the organization's focus and market dynamics
 - e.g. 30% Hispanic population and cultural needs/sensitivities and service expectations



REFERRAL & INFLUENTIAL GROUPS

- Sonoma County Physicians
- Provide easy-to-access referral information to physician office staff
- Develop a calendar of communications topics for the Growth Committee to deliver to physicians
 - Offer FREE Travel Medicine support for each physician as a gift for 2013.
 - Educate physicians on MRI capabilities
 - Distribute information on support programs such as Senior Fit and Home Care



OPERATIONAL MARKETING SUPPORT

- Develop a strategic communications brief for external marketing vendors to follow
- SVH leadership to work more collaboratively with PRIMA on existing and promised marketing efforts.
- Develop collateral system
- Prioritize important collateral revisions and new collateral



OPERATIONAL MARKETING SUPPORT, CONT.

- Website Maintenance and Updates
 - Fix Google Search issues and Directory Listings
 - Update content for key service areas being supported by marketing
- Develop process for internal brochure displays and elimination of competitive presence
- Prepare Nurse Navigators/other intake staff to collect data and manage leads
- Assess other key “touch points” to ensure consistency and best brand face forward



FY 2014 CONSIDERATIONS & POSSIBILITIES

- Efforts that prove successful from December – June
- Support for and leverage of New Wing and ED opening
- Incremental support for key service areas to be considered
 - Expand Bariatric marketing through a Google AdWords campaign
- New Mover program will be assessed to leverage projections of 4% growth for the combined service area
- Marketing of new programs or services to be considered:
 - The Women's Center (still to be developed)
 - An employer offering
 - Senior oriented programs
- Hispanic outreach to align with Bi-National Health Fair at La Luz
- Overhaul Sonoma Valley Hospital website
- Evaluate Call Center



PROPOSED CY 2013 BUDGET

\$230,000 **TOTAL CY 2013 Communications Budget**

\$100,000 Internal SVH use (staffing/activities/printing)

\$35,000 Marketing Specialist (based at MGH)

\$95,000 External marketing (planned by MGH Communications Team)



METRICS

- Calls/inquiries/leads received by the orthopedic and bariatric nurse navigators
- Attendees at lectures and events
- Positive feedback from staff, physicians and other influence points
- Positive press
- Calls to the hospital call center
(if we move forward with a call center)
- Long Term: Change in Market Share



9.

LATINO NEEDS
AND
OUTREACH PLANS

Healing Here at Home: Latino Health Needs Assessment

Our 2013 Community Benefit

Objective: To provide opportunities for health-education, prevention and screening to maintain, improve and restore the health of our whole community.

Our Plan: To serve and engage the entire community, working collaboratively with community organizations in a synergistic way.



LATINO HEALTH NEEDS ASSESSMENT

Population

Hispanic Population by Zip Code

2012 Service Area Designation	Zip Code	2011 Population	% of 2011 Total Population	2016 Population	% of 2016 Population	Volume change 2011-2016	% change 2011-2016
Combined Service Area	95476 95442	10,820	27.30%	12,744	31.04%	1,924	17.78%
Primary Service Area	95476	10,287	28.88%	12,133	32.72%	1,846	17.94%
Secondary Service Area	95442	533	13.27%	611	15.37%	78	14.63%

Source: 2012 Ivantage Market Assessment

LATINO HEALTH

How is our Latino population doing on:

- Education
- Health Care Access
- Health Care Risks

EDUCATION

Progress in High School completion rates* Sonoma County

	2006	2011
All	74%	81%
White, non-Hispanic	78%	94%
Hispanic	62%	64%

*Percentage of 9th graders that graduated 4 years later

Source: California Dept. of Education, Data Quest, Enrollment and Graduates 2008-2011

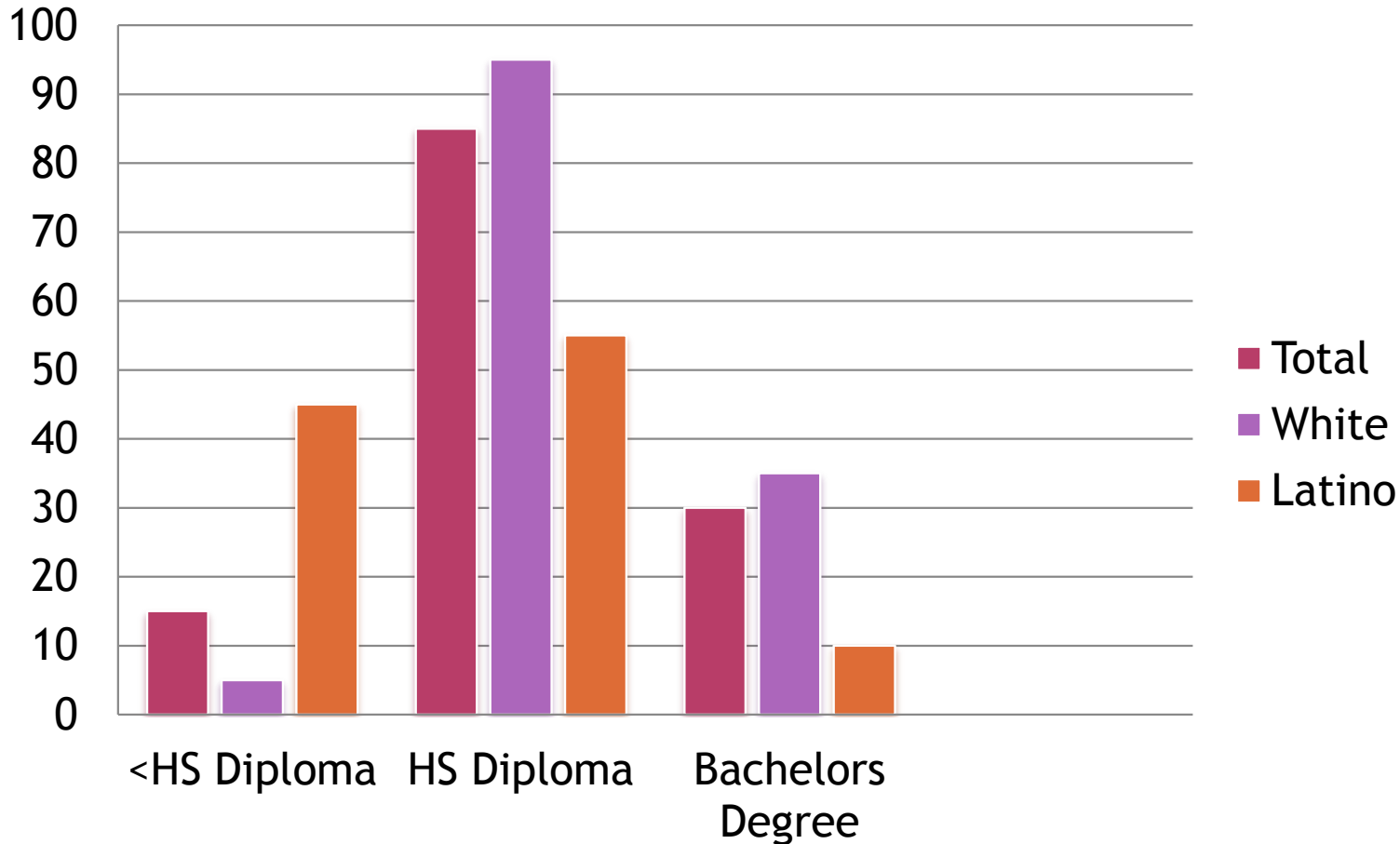
EDUCATION

Percent of High School Graduates prepared for college:

- Latinos 16.3%
- Whites 34.6%

Source: California Dept. of Education 2010-2011

Racial Disparities in Educational Attainment for those 25 years and older in Sonoma County 2010



Source: US Census Bureau, 2006-2010, 5 year estimates table

Reading Proficiency

9% of Sonoma Valley English language learners are reading proficiently in the 3rd grade

- 91% tested below proficiency
- 62% of those were at below or far below basic

Source: 2012 California Star Testing - Sonoma Valley
Unified School District

HEALTH CARE ACCESS:

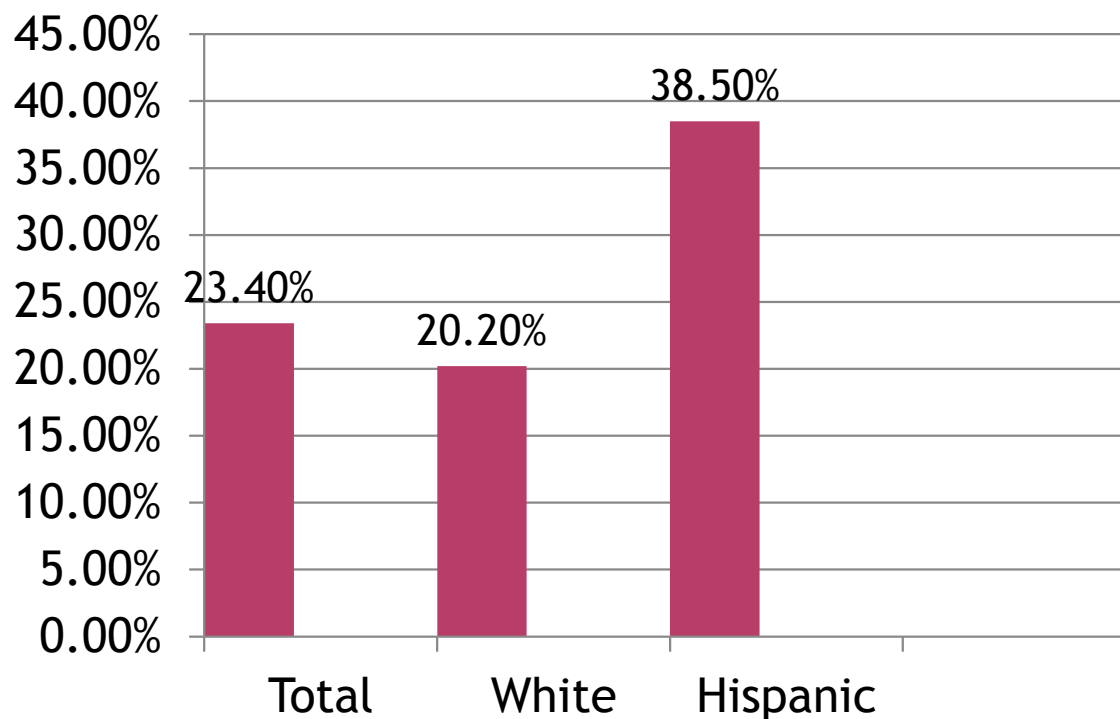
Uninsured Sonoma County Residents <65 years old

	2001	2009
White, non-Hispanic	13.3	12.3
Hispanic	34.8	43.6

Source: CHIS, 2001-2009

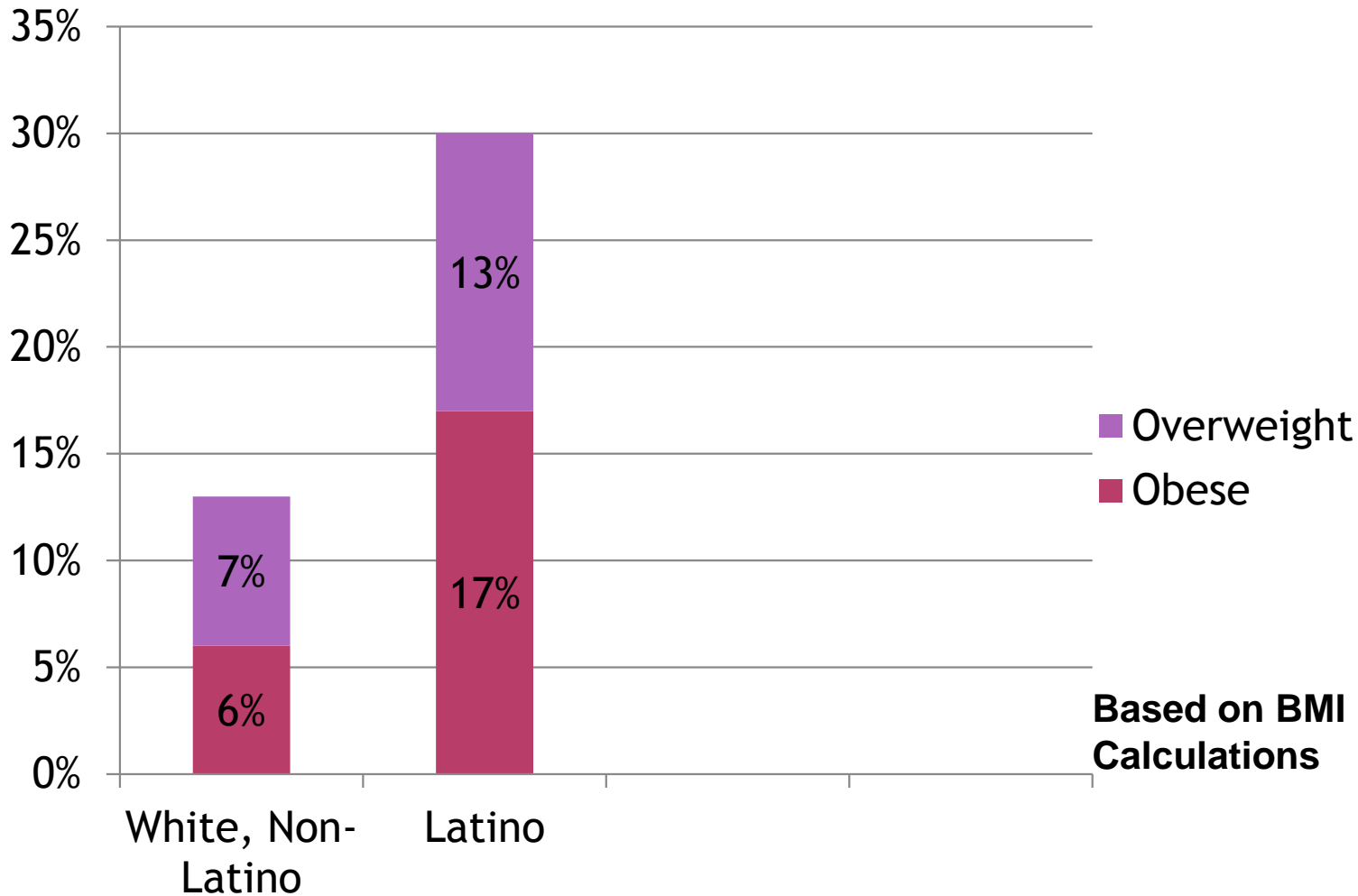
HEALTH RISKS: OBESITY

Disparities in obesity in Sonoma County 2007-2009

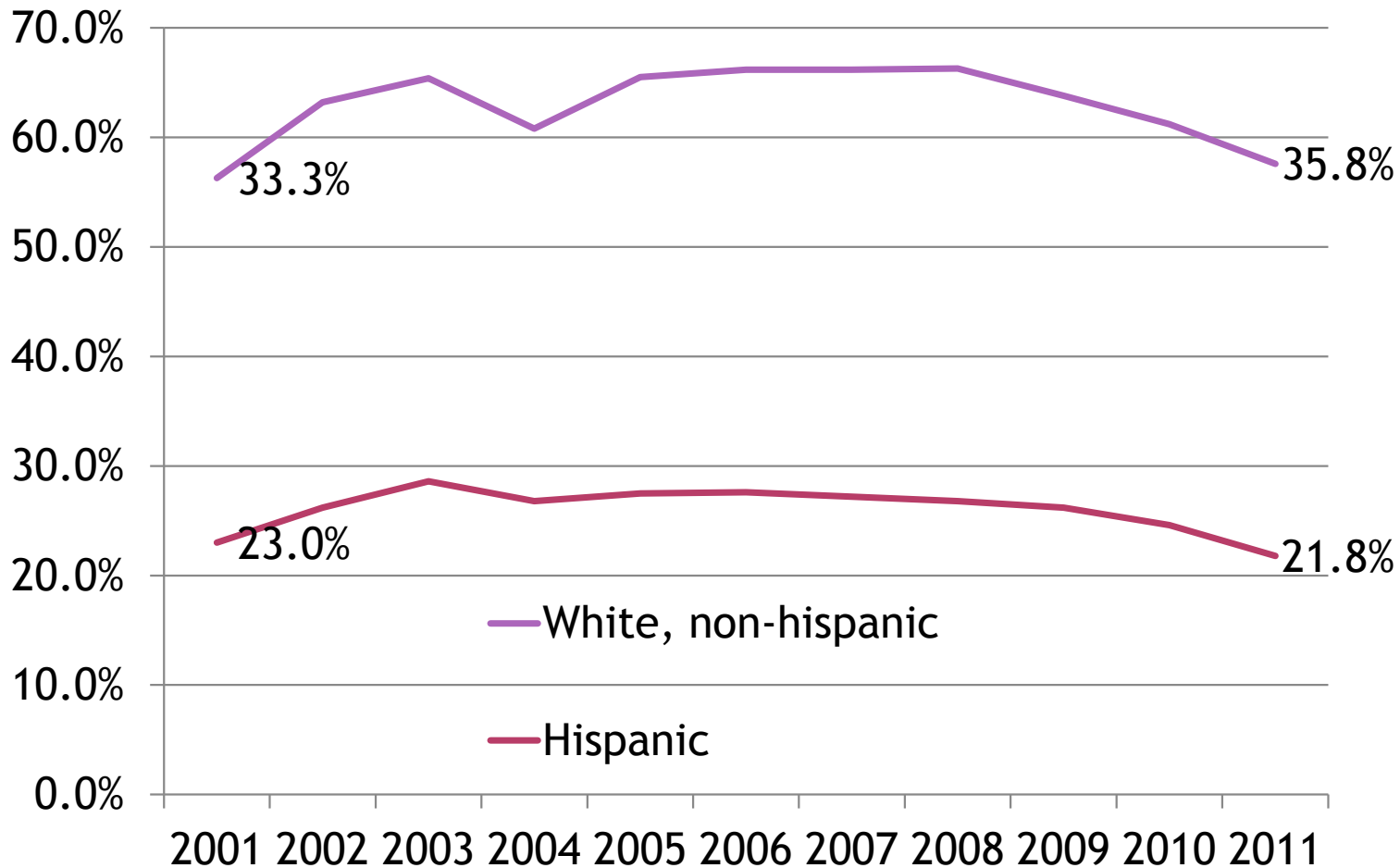


Source: CHIS, 2007-2009 pooled data

PROPORTION OF 5TH GRADERS IN THE SVUSD WHO ARE OVERWEIGHT OR OBESE



Percent of 7th grade students meeting basic* fitness standards by race/ethnicity, Sonoma County



ENVIRONMENT AND OBESITY

“ Obesity is not just a problem of the individual, but also a problem rooted in environmental and community factors.”

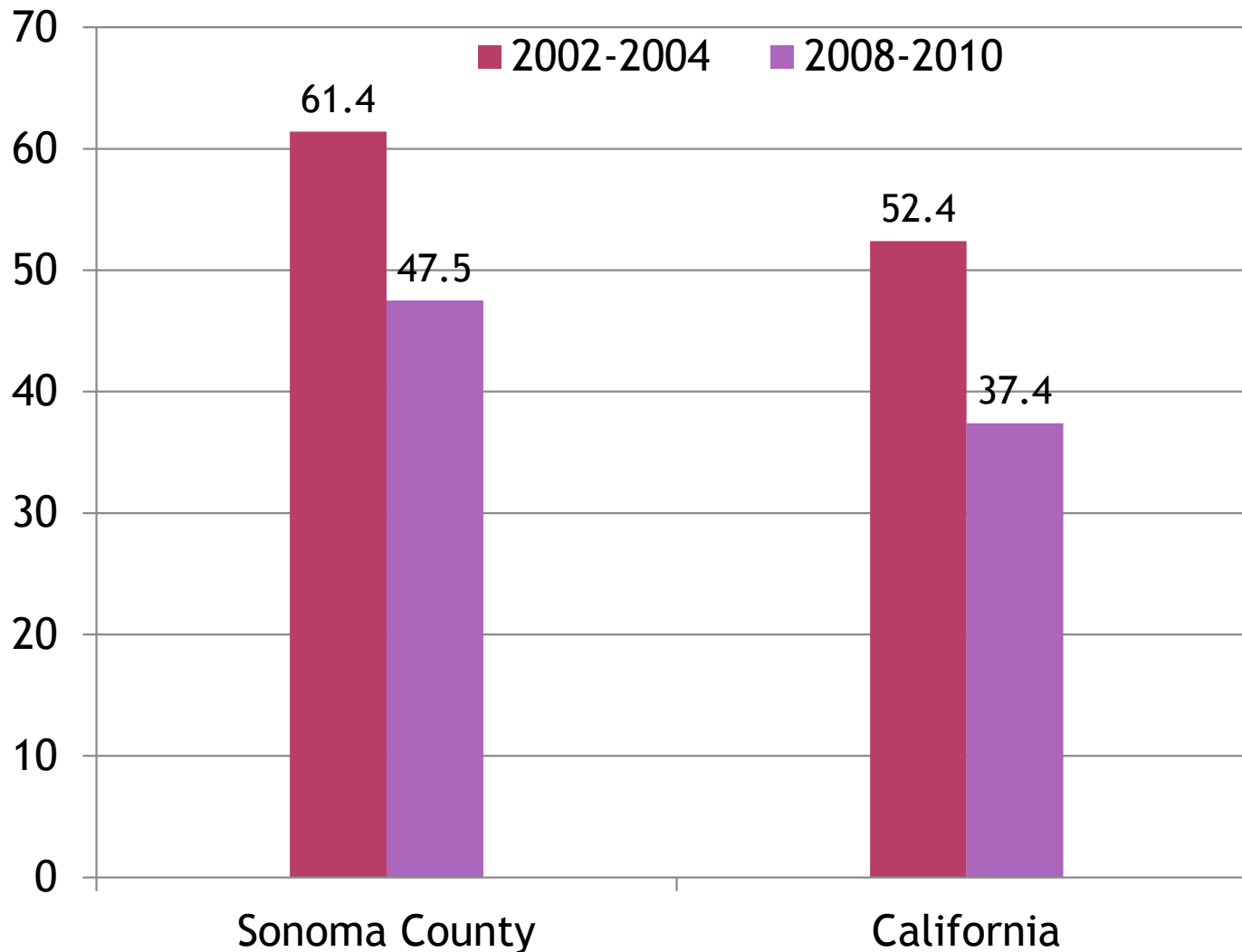
(Galvez, Frieden & Landrigan, 2003)

GENERAL HEALTH STATUS

Leading Causes of Death in Sonoma County, 2002-2004 & 2008-2010

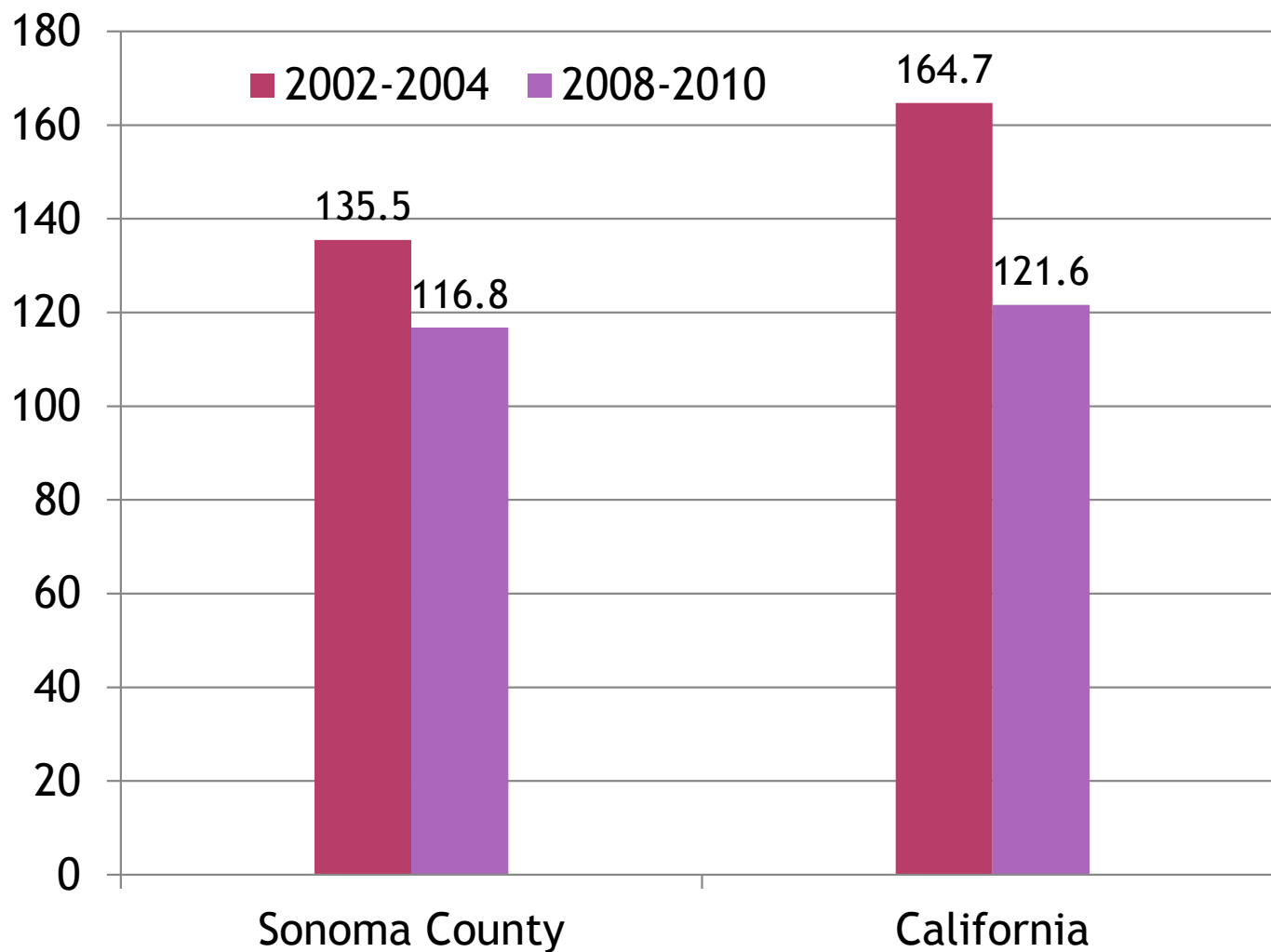
	2002-2004	2008-2010
Cancer	23.9%	24.9%
Coronary heart disease	17.3%	16.6%
Stroke	9.1%	6.8%
Chronic lower	5.6%	6.0%
Unintentional injuries	4.3%	4.2%
Alzheimer's disease	3.6%	6.5%
Pneumonia/influenza	2.9%	1.9%
Diabetes	2.5%	2.3%
Suicide	1.7%	1.9%
Chronic liver disease and cirrhosis	1.4%	1.7%

STROKE DEATH RATE*, FALLING BUT STILL HIGHER THAN CALIFORNIA



*Rates are age-adjusted to US std population per 100,000
Source: CDPH, County Health Profiles 2006-2012

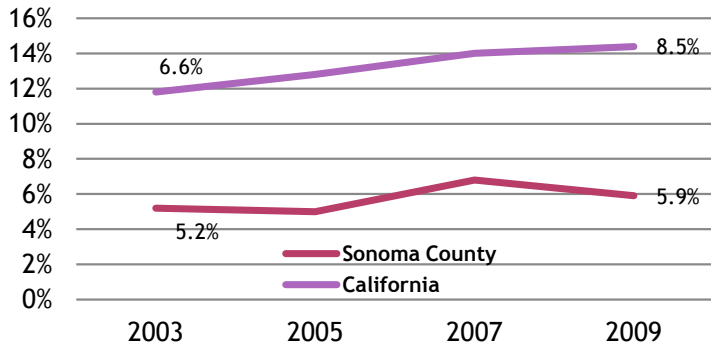
CORONARY HEART DISEASE DEATH RATE*, SONOMA COUNTY AND CALIFORNIA



*Rates are age-adjusted to US 2000 std population per 100,000
Source: CDPH, County Health Profiles 2006-2012

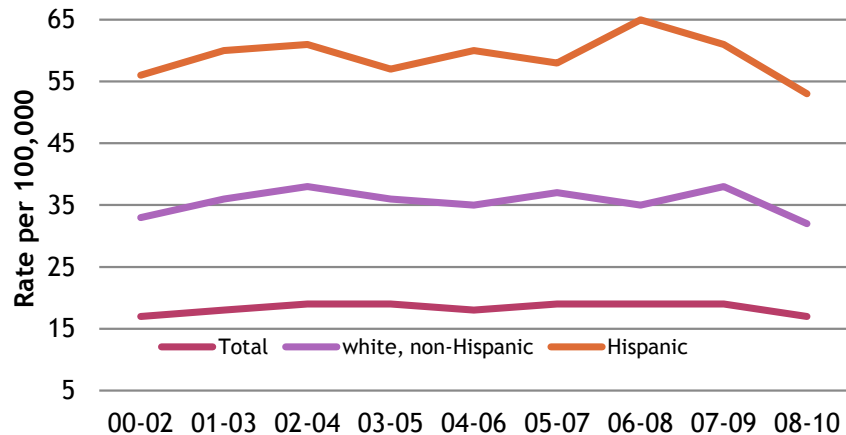
DIABETES – INCREASING PREVALENCE YET DECREASING DEATH RATE

Percent of adults reporting ever being diagnosed with diabetes, Sonoma County and California



Source: CHIS, 2003-2009

Diabetes death rate* by race/ethnicity, Sonoma County 2000-2010



Source: CDPH, Death Statistics 2000-2010

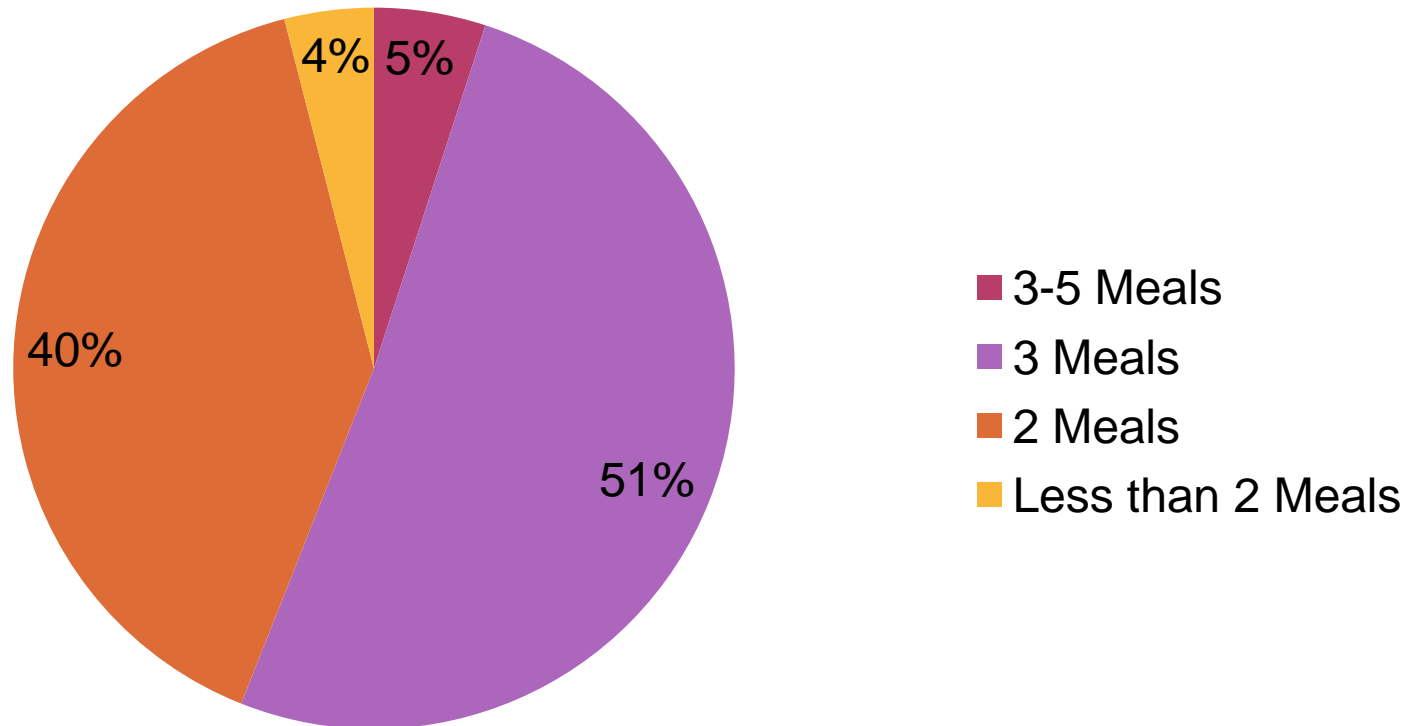
PROJECT ENLACE SURVEY: URGENT NEEDS IN FARMWORKER COMMUNITIES

Workplace Concerns:

- Health Insurance
- Workplace Safety
- Pesticides

FOOD

Average Daily Meals Eaten



Participants Ate on Average:

Grains 5days/Week

Red Meat 3Days/Week

3 Portions Vegetables 4 Days/Week

3 Portions Fruit 5 Days/Week

HEALTH

The top 4 Health Concerns:

- Diabetes #1
- Obesity #2
- Heart Disease #3
- HIV/AIDS #4

Other Concerns:

- Paying for services 89%
- Lack of Health Insurance 87%
- Quality of Clinic Services 54%

OTHER CONCERNS

- Discrimination
- Parenting Resources Needed
 - Protecting children from delinquency
 - Parenting classes
 - College preparation
- Community Services Lacking
 - Recreation for youth and adults
 - Public transportation
 - Cultural events

HOW ARE WE ADDRESSING THESE ISSUES/CONCERNS

➤ Education

Schools of Hope

High School Mentoring

Community Planning Council with SVUSD

Wellness classes to 6th/9th graders, SVUSD

➤ Nutrition/Obesity/Diabetes/Heart Disease

I Move

Diabetes Roundtable

Nutrition classes at La Luz

Wellness classes to 6th / 9th graders, SVUSD

HOW ARE WE ADDRESSING THESE ISSUES/CONCERNS

- Workplace Concerns

 - Occupational Health Services

- Discrimination/Stress

 - Bilingual interpreters available in many departments

 - Hospital paperwork available in Spanish

HOW ARE WE ADDRESSING THESE ISSUES/CONCERNS

- Paying for Services/Lack of Health Insurance
New pricing policy
- College Preparation
SVHS Senior Project mentoring
SVUSD Community Planning Council
- Other
La Luz Binational Health Fair (flu vaccinations)
Sponsored Mammograms

OPPORTUNITIES

- Birth Center
 - Parenting classes
 - Hire interpreter
- Increased presence at cultural/community events
- Increased collaboration with community organizations

We are fully committed to improving and restoring the health of our whole community. By working together with other organizations in a synergistic way, we are confident that we can do so.

Thank you





SURVEY: URGENT NEEDS IN FARMWORKER COMMUNITIES

Sonoma Valley

Project Enlace: Linking communities to Vital Resources Results from a community survey of 100 farmworker families

Demographics:

<i>Female</i>	43.3%
<i>Male</i>	56.6%
<i>Born in Mexico</i>	94%
<i>Born in U. S.</i>	3.0%
<i>Born in Central America</i>	0.10%
<i>Born in Philippines</i>	1.0%

Housing:

<i>Apartment</i>	63%
<i>Single Family Home</i>	30%
<i>Mobile Home</i>	3%
<i>Other</i>	4%
<i>Average Time in Community</i>	4 - 5 years

Education:

<i>High School or Less</i>	64%
<i>No Formal Education</i>	21%
<i>Some College</i>	9%
<i>G.E.D.</i>	3%

Communication:

<i>Mostly Spanish</i>	89%
<i>Bilingual</i>	10%

Income Per Family:

<i>Less than \$1500/mo</i>	71%
<i>Between \$1000 and \$1500/mo</i>	33%
<i>Highest Concern is Unemployment</i>	

ABOUT PROJECT ENLACE

The goal of Project Enlace is to improve access to vital resources for farmworker communities. This fact sheet is a summary of the most urgent needs identified through a community sampling of 100 farmworker families in Sonoma Valley surveyed in early 2011. Survey methodology included convenience sampling and was administered by community volunteers affiliated with **Poder Popular Sonoma**, a program of **La Luz Center**. **The National Latino Research Center (NLRC)**, along with partner agencies across the state, developed a community education program to address the top three needs that were identified. Funded by the California Endowment, the survey was also implemented in San Diego, San Benito, Monterey, Merced, Fresno, Riverside, and Imperial Counties to identify needs in their communities. The results will serve governmental and community based organizations in designing health and education programs specifically focused for farmworker communities statewide.

Workplace Concerns:

- 91%** Health Insurance
- 81%** Workplace Safety
- 75%** Pesticide Use



Food in Sonoma Valley Farmworker Communities

73% of participants stated that access to free or reduced cost is the most important issue for the farmworker community

Food Accessibility:

Want More Information about How to Apply for Cal Fresh (Food Stamps)	54%
Know of Locations to Access Free Food	79%
Accessed Food at Any Location	70%

Fruits & Vegetables Consumed:

Eat Vegetables 7 Days/Week	19%
Eat Vegetables 5 Days/Week	24%
Eat Vegetables 3 Days/Week (average 3 portions)	50%
Eat Fruit 7 Days/Week	31%
Eat Fruit 5 Days/Week	28%

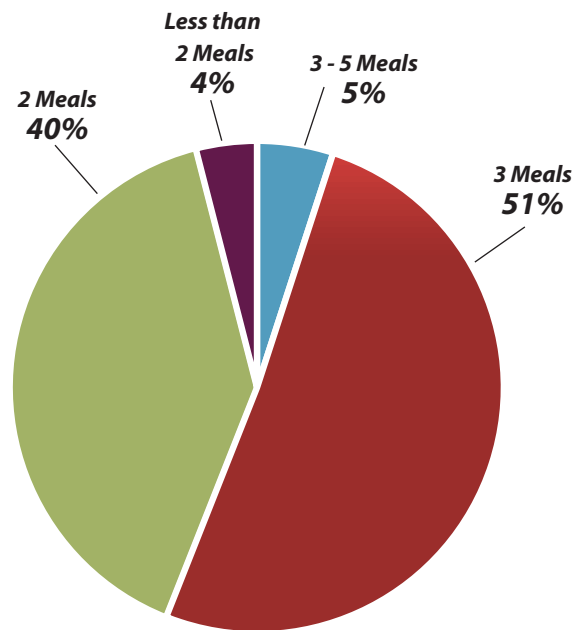
Beverages Consumed with Meals:

Water	78%
Soda	33%
Juice	32%

Missing from Daily Diet:

Seafood	53%
Chicken	45%
Fruit	26%
Vegetables	25%
Beef	23%
Pork	11%

Average Daily Meals Eaten



- 3-5 Meals
- 3 Meals
- 2 Meals
- Less Than 2 Meals

Participants Ate on Average:

- Grains** 5 Days/Week
- Red Meat** 3 Days/Week
- 3 Portions Vegetables** 4 Days/Week
- 3 Portions Fruit** 5 Days/Week



Health in Sonoma Valley Farmworker Communities

89% of adult participants and 40% of children do not have health insurance

The Top 4 Health Concerns:

- Diabetes #1
- Obesity #2
- Heart Disease #3
- HIV/AIDS #4

Other Concerns:

- Paying for Services 89%
- Lack of Health Insurance 87%
- Quality of Clinic Services 54%

Substance Abuse Concerns

- Alcohol 80%
- Marijuana 73%
- Cocaine/Meth/Other Drugs 55%

Causes of Stress

- Discrimination 96%
- Ice/Border Patrol "la Migra" 91%
- Gang Intimidation 65%

Those with Insurance Had:

- 61% **Medi-Cal**
- 2% **Employer Provided** Insurance
- 52% stated their families have utilized **Medi-Cal** services at some point in time
- 21% of families have utilized **Healthy Families (SCHIP)**



Housing & Finance in Sonoma Valley Farmworker Communities

The majority of participants want more information on how to qualify for low income housing and how to improve housing conditions

The Top 3 Housing Issues:

<i>Housing Costs</i>	94%
<i>Housing Conditions (mold, disrepair)</i>	77%
<i>High Cost of Utilities (gas, electricity, water)</i>	61%

Community Services Lacking:

<i>Recreation for Kids & Youth</i>	86%
<i>Public Transportation</i>	76%
<i>Adult Recreation</i>	62%
<i>Cultural Events</i>	54%

Parent Resources Needed

<i>Protecting children from "Delinquency"</i>	78%
<i>Parenting Classes</i>	77%
<i>College Preparation</i>	60%

Safety Concerns:

<i>Gangs</i>	82%
<i>Police Activity</i>	64%
<i>Robbery</i>	58%
<i>Domestic violence</i>	50%

Information Needed:

<i>How to Qualify for Low Income Housing</i>	90%
<i>How to Improve Housing Conditions</i>	78%

The Top Financial Concerns:

90% of participants want more information about low income housing

67% want information about reduced utility bills for low income families

63% would like to learn how to start their own business

62% would like to learn about income tax preparation



Action • Advocacy • Activism

We invite you to take the results of this work to build healthy and strong communities for farmworkers and their families where their contribution to our state's economy and society is recognized and appreciated.

Report Authors:

Konane Martinez, Sandra Carmona

Acknowledgements

For their work on this project, the authors would like to acknowledge:

Dr. Amy Ramos

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Maricamen Reyes-Larios

La Luz Center

Sabina Rafaela, Poder Popular Sonoma

A special THANK YOU to:

The Lideres comunitarios of Poder Paular Sonoma for their assistance in data collection and for delivering vital information to the farmworker community.

For more information about Project Enlace and the survey results, please contact:

National Latino Research Center (NLRC)

California State University San Marcos

333 S. Twin Oaks Valley Road

San Marcos, CA 92096-0001

760-750-3500 • Fax 760-750-3510

e-mail nlrc@csusm.edu

10.

CONSTRUCTION
COMMITTEE
UPDATE

Revised - Tuesday November 28, 2012

Sonoma Valley Hospital - Phase 1 - Expansion.

Project Update/ Dashboard - Increment 1 & 3

Revised 11/28/2012

Schedule	Target	Actual
MRI relocation	9/26/2012	9/26/2012
Complete New Entrance	9/27/2012	9/27/2012
Start New Building	9/27/2012	9/27/2012
Install Footings	12/31/2012	Dependant on weather
Steel Top Out	2/13/2013	
Deck Pour Completion	4/9/2013	
Enclose Building Exterior	7/8/2013	
Interior Wall Close Up	6/28/2013	
Permanent Power	8/23/2013	
Substantial Completion	10/28/2013	
Final Completion	11/12/2013	Recovery Schedule
Generator On Line	2/13/2013	
Chillers On Line	3/28/2013	

Contract	Target	Actual
GMP Sign off	11/30/2012	In Progress

Budget	
July Approved Budget	\$39,739,376
August Approved Infrastructure	\$1,500,000
Board Review Meeting, October 9th	\$1,369,624
Total Required Budget	\$42,609,000

Project Contingency	\$465,432
Donor Wall/Fountain Utilities	\$22,307
South Lot Fence Extention 48'	\$13,320
IT Basement Fire Alarm Change Order	\$40,000
Remaining Project Contengency	\$369,805



Critical Issues	Comments
DIA for South Parking Lot	In progress
IS/IT Scope and sign off	1-Oct Outstanding
Potential Weather Delay	In progress Recovery schedule
Security Sign user sign off	Outstanding
PG&E Coordination	In progress TBD
NPC -3 Extention	submitted 10/15/2012
Facility Impacts	
Building Pad Compaction	5-Nov Pending
MRI Trailer Move	9-Nov Complete
Upcoming Activites	
Building Pad Foundations	19-Nov
Foundation Compaction	Pending
Moving MRI Trailer	Complete
Critical or High Impact	Potential Risk / Unresolved/ Medium Impact

Owner Decisions	Target Date	Completion Date
Approval of Interior Design / Lighting	10/13/2012	11/6/2012
Security & Signage	11/16/2012	Outstanding
Two West Interior- Lighting and Design.	9/27/2012	9/27/2012
IS / IT Scope and Contract	10/1/2012	Outstanding
Voice IP / vs. Tele Switch	11/19/2012	Outstanding
Site Signage - Exterior	11/1/2012	11/4/2012
Site Signage - Interior	1/1/2013	TBD
Nurse Call - 2 west	10/31/2012	TBD
Equipment list/plan/cutsheets	10/15/2012	In budget
Med Gas Room/ MPOE room	10/19/2012	Outstanding
Materials Management - Permit	10/19/2012	TBD
Licencing Requirements	11/30/2012	TBD
Donor Wall and Fountain	1/1/2013	TBD
ED/OR user Sign Off	10/31/2012	11/5/2012
OR Break Room	2/15/2012	11/5/2012
Two west Waiting Room	2/15/2013	TBD

11.

**SYSTEMS
INITIATIVES**

Sonoma Valley Hospital

Marin General Hospital Affiliation
Savings and Benefits

Affiliation Items

- ▶ Cost Savings and Cost Avoidance
- ▶ Physician Relationships – Prima Medical Foundation
- ▶ North Bay Initiatives
- ▶ Future Initiatives

Cost Savings and Cost Avoidance FY 2013 Annual Amounts

CFO Consolidation with PDH	\$ 39,000
HIM Director with MGH	\$ 70,000
Supply Contract Savings	\$ 100,000
Health Insurance WHA	\$ 500,000
Health Insurance savings over 2013 increase	\$ 500,000
IT consolidations	\$ 324,000
District Health Leadership Forum Membership	\$ 15,000
IT System Savings, with MGH	\$ 25,000
Total Savings and Avoidance	<u>\$ 1,573,000</u>

Physician Relationships – Prima Medical Foundation

- ▶ Recruitment of Primary Care Physicians who are Dedicated to SVH
- ▶ Recruitment of Specialist's Dedicated to SVH
 - Orthopedic Surgeon
 - General Surgeon
 - OB/GYN (Starting in March 2013)
- ▶ Lower recruitment costs than if SVH did it alone
- ▶ Prima Office Location in Sonoma

Physician Relationships – Prima Medical Foundation

- ▶ Specialist Time Share at Prima's Sonoma Office
 - Urology
 - Hematology
- ▶ Family Practice Marketing being performed by Prima
- ▶ Physicians are Happy and Staying in Sonoma

North Bay Initiatives

- ▶ Addition of Palm Drive Hospital into the System
- ▶ Looking at other Hospitals Joining the System
- ▶ Meritage IPA
 - Common Goals and Incentives
- ▶ Western Health Advantage
 - Includes 7 other hospitals in 3 counties
 - New Health Insurance Product Offer a Choice to Small Groups
 - Risk Bearing Product that Marin has taken the Risk and will share the Profits

Future Initiatives

- ▶ Recently consolidated marketing with MGH
 - No Savings but increased expertise
- ▶ Additional Staff Sharing with Palm Drive and MGH
- ▶ IT System consolidations for Stage 2 with all 3 hospitals
- ▶ Development of a System Identity in the Future
- ▶ Other Ideas that make sense for all involved

12.A.

OCTOBER 2012
FINANCIAL REPORT

Sonoma Valley Hospital
Sonoma Valley Health Care District
October 31, 2012 Financial Report

District Board
December 6, 2012

October's Patient Volumes

	Actual	Budget	Variance	Prior Year
Acute Discharges	121	129	-8	134
Acute Patient Days	443	456	-13	456
SNF Patient Days	576	713	-137	633
Outpatient Gross Revenue (in thousands)	\$8,935	\$8,363	\$572	\$7,493
Surgical Cases	128	132	-4	126

Summary Statement of Revenues and Expenses Month of October 31, 2012

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1 Total Operating Revenue	\$ 3,977,444	\$ 3,975,442	\$ 2,002	0%	\$ 3,756,948
2 Total Operating Expenses	\$ 4,406,584	\$ 4,416,469	\$ 9,885	0%	\$ 4,245,193
3 Operating Margin	\$ (429,140)	\$ (441,027)	\$ 11,887	3%	\$ (488,245)
4 NonOperating Revenue/Expenses	\$ 483,628	\$ 459,942	\$ 23,686	5%	\$ 323,922
5 Net Income	\$ 54,488	\$ 18,915	\$ 35,573	188%	\$ (164,323)
6 Restricted Contribution	\$ 12,633	\$ 47,500	\$ (34,867)	-73%	\$ -
7 Net Income with Restricted Contributions	\$ 67,121	\$ 66,415	\$ 706	1%	\$ (164,323)
8 EBIDA before Restricted Contributions	\$ 344,252	\$ 274,279	\$ 69,973		\$ 44,174
9 EBIDA before Restricted Cont. %	9%	7%	2%		1%
10 EBIDA after Restricted Contributions	\$ 356,885	\$ 321,779	\$ 35,106		\$ 44,174
11 EBIDA after Restricted Cont. %	9%	8%	1%		1%
12 Net Income without GO Bond Activity	\$ (56,435)	\$ (61,907)	\$ 5,472		\$ (290,459)

Summary Statement of Revenues and Expenses Year to Date October 31, 2012

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1 Total Operating Revenue	\$ 15,518,698	\$ 15,572,441	\$ (53,743)	0%	\$ 15,494,467
2 Total Operating Expenses	\$ 7,196,802	\$ 17,449,685	\$ 252,883	1%	\$ 16,677,612
3 Operating Margin	\$ (1,678,104)	\$ (1,877,244)	\$ 199,140	11%	\$ (1,183,145)
4 NonOperating Revenue/Expenses	\$ 1,837,363	\$ 1,839,768	\$ (2,405)	0%	\$ 1,287,501
5 Net Income	\$ 159,259	\$ (37,476)	\$ 196,735	525%	\$ 104,356
6 Restricted Contribution	\$ 131,400	\$ 190,000	\$ (58,600)	-31%	\$ -
7 Net Income with Restricted Contributions	\$ 290,659	\$ 152,524	\$ 138,135	91%	\$ 104,356
8 EBIDA before Restricted Contributions	\$ 1,155,472	\$ 983,980	\$ 171,492		\$ 956,267
9 EBIDA before Restricted Cont. %	7%	6%	1%		6%
10 EBIDA after Restricted Contributions	\$ 1,286,872	\$ 1,173,980	\$ 112,892		\$ 956,267
11 EBIDA after Restricted Cont. %	8%	8%	0%		6%
12 Net Income without GO Bond Activity	\$ (334,965)	\$ (550,764)	\$ 215,799		\$ (392,447)



To: SVH Finance Committee
From: Rick Reid, CFO
Date: December 4, 2012
Subject: Financial Report for the Month Ending October 31, 2012

Presented below are the results and analysis for the month ending October 31, 2012.

Overall Results for October 2012

Overall for October, SVH has net income of \$67,121 on budgeted income of \$66,415, for a favorable difference of \$706. Total net revenue was under budget by (\$306). This brought the total operating revenue to \$3,977,444 or \$2,002 over budget. Expenses were \$4,406,584 on a budget of \$4,416,469 or \$9,885 under budget. The EBIDA prior to the restricted donations for the month was \$344,252 or 8.7%.

Patient Volumes

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	121	129	-8	134
Acute Patient Days	443	456	-13	456
SNF Patient Days	576	713	-137	633
OP Gross Revenue	\$8,935	\$8,363	\$572	\$7,493
Surgical Cases	128	132	-4	126

Net Operating Revenues

Net operating revenues for October were \$4.0 million on a budget of \$4.0 million or \$2,002 over budget.

Inpatient Net Revenue:

- Medicare discharges over budget by 2, the impact was \$23,702, offset by unfavorable rates of (\$37,375)
- Medi-Cal patient days over budget by 12, the impact was \$41,802, offset by an unfavorable rates of (\$23,118)
- Other patient days under budget by 8, with an unfavorable rate variance for a total impact of (\$79,701)
- Commercial patient days under budget by 29, the impact was (\$152,350), offset with a favorable rate of \$4,775

Skilled Nursing Home:

- Volume was under budget by 137 days and patient acuity was under budget, net impact (\$76,710)

Outpatient:

- Volume was over budget for a favorable impact of \$209,901, offsite by unfavorable Reimbursements of (\$62,549)

Home Care:

- Volume was over budget by 131 visits or \$26,618 over budget

Expenses

October's expenses were \$4.4 million on a budget of \$4.4 million or under budget by \$9,885.

The following is a summary of the operating expense variances for the month of October:

- Total productivity FTE's were under budget at 281, on a budget of 287. Total salaries and Agency Fees under budget by a total of \$16,243.
- Employee benefits were over budget by (\$44,733) due to paid time off over by (\$31,386) all due to the spread of the budget.
- Depreciation is over budget by (\$31,404) due to placing the Electronic Health Records into service.
- Other expenses were under budget by \$34,407 due to reduced spending in Administration.

Capital Campaign Summary:

For the month of October the Hospital received \$12,633 in capital campaign donations. The total amount received from the Capital Campaign to date is \$2,064,354. The funds are included on line 16, Specific Funds on the Balance Sheet. Included on line 16 is also \$21,776 for miscellaneous restricted funds and \$114,334 received from the Foundation for the X-ray machine.

	Receipts	Spending	Balance
Emergency Dept.	\$1,001,000	\$0	\$1,001,000
Operating Room	\$0	\$0	\$0
General	\$1,064,354	\$0	\$1,064,354
Total Capital Campaign	\$2,064,354	\$0	\$2,064,354
X-Ray Machine	\$114,334	\$0	\$114,334
Misc. Restricted Funds	\$21,776	\$0	\$21,776
Total Specific Funds	\$2,200,464	\$0	\$2,200,464

Other Outpatient Volume Comparison

These comparisons are for actual FY 2013 compared to actual FY 2012. These are not budget comparisons.

Outpatient & ER Visits

	OP Visits				ER – Inpatient				ER - Outpatient			
	CY	PY	Change	%	CY	PY	Change	%	CY	PY	Change	%
July	4,091	4,304	-213	-5.0%	109	114	-5	-4.4%	729	772	-43	-5.6%
Aug	4,392	4,692	-300	-6.4%	106	105	1	.9%	778	718	60	8.4%
Sept	3,888	4,757	-869	-18.3%	111	107	4	3.1%	677	693	-16	2.3%
Oct	4,456	4,640	-184	-4.0%	95	108	-13	-12%	706	679	27	4.0%
YTD	16,827	18,393	-1,566	-8.5%	421	434	-13	-3.0%	2,890	2,862	28	.1%

Outpatient Procedures

	Oct 2012	Oct 2011	Change	CY YTD	PY YTD	Change
Labor & Delivery	0	0	0	3	0	3
ACU	4	1	3	9	6	3
Clinical Lab	1,530	1,480	50	5,447	6,205	-758
ECHO	55	64	-9	217	247	-30
EKG	156	176	-20	576	630	-54
Medical Imaging	583	702	-119	2,159	2,625	-466
Mammography	315	287	28	991	1,042	-51
Nuclear Medicine	19	25	-6	94	99	-5
MRI	101	84	17	314	333	-19
Ultrasound	227	216	11	947	965	-18
CT Scanner	172	176	-4	686	707	-21
Wound Care	88	107	-19	328	392	-64
Offsite PT	751	812	-61	3,224	3,220	4
Occ. Health	324	374	-50	1,267	1,468	-201
Speech Therapy	28	28	0	69	94	-25
Offsite Occ. Therapy	103	108	-5	496	360	136
Total	4,456	4,640	-869	16,827	18,393	-1,566

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended October 2012**

	Month				Year-To-Date				YTD Prior Year
	This Year		Variance		This Year		Variance		
	Actual	Budget	\$	%	Actual	Budget	\$	%	
Volume Information									
1 Acute Discharges	121	129	(8)	-6%	462	493	(31)	-6%	513
2 SNF Days	576	713	(137)	-19%	2,508	2,732	(224)	-8%	2,326
3 Home Care Visits	1,043	912	131	14%	3,834	3,700	134	4%	3,821
4 Gross O/P Revenue (000's)	5,952	5,736	216	4%	\$ 22,345	\$ 22,644	(299)	-1%	\$ 20,957
Financial Results									
Gross Patient Revenue									
5 Inpatient	\$ 5,718,221	\$ 5,296,605	421,616	8%	\$ 20,421,677	\$ 20,251,381	170,296	1%	\$ 19,490,106
6 Outpatient & Emergency	8,629,253	8,095,122	534,131	7%	33,118,675	32,431,661	687,014	2%	29,142,036
7 SNF	1,899,141	2,086,783	(187,642)	-9%	7,889,997	7,997,883	(107,886)	-1%	7,084,883
8 Home Care	305,446	268,337	37,109	14%	1,133,386	1,088,253	45,133	4%	996,641
9 Total Gross Patient Revenue	\$ 16,552,061	\$ 15,746,847	805,214	5%	\$ 62,563,735	\$ 61,769,178	794,557	1%	\$ 56,713,666
Deductions from Revenue									
10 Contractual Discounts	\$ (12,555,093)	\$ (11,567,011)	(988,082)	-9%	\$ (46,515,227)	\$ (45,418,852)	(1,096,375)	-2%	\$ (41,049,945)
11 Bad Debt	(100,000)	(337,403)	237,403	70%	(1,230,000)	(1,323,511)	93,511	7%	(1,200,000)
12 Charity Care Provision	(278,903)	(175,687)	(103,216)	-59%	(666,098)	(689,158)	23,060	3%	(301,362)
13 Prior Period Adjustments	-	-	-	0%	-	-	-	0%	-
14 Total Deductions from Revenue	\$ (12,933,996)	\$ (12,080,101)	(853,895)	*	\$ (48,411,325)	\$ (47,431,521)	(979,804)	*	\$ (42,551,307)
15 Net Patient Service Revenue	\$ 3,618,065	\$ 3,666,746	(48,681)	-1%	\$ 14,152,410	\$ 14,337,657	(185,247)	-1%	\$ 14,162,359
16 Risk contract revenue	\$ 345,033	\$ 296,658	48,375	16%	\$ 1,265,758	\$ 1,186,632	79,126	7%	\$ 1,282,833
17 Net Hospital Revenue	\$ 3,963,098	\$ 3,963,404	(306)	0%	\$ 15,418,168	\$ 15,524,289	(106,121)	-1%	\$ 15,445,192
18 Other Operating Revenue	\$ 14,346	\$ 12,038	2,308	19%	\$ 100,530	\$ 48,152	52,378	109%	\$ 49,275
19 Total Operating Revenue	\$ 3,977,444	\$ 3,975,442	2,002	0%	\$ 15,518,698	\$ 15,572,441	(53,743)	0%	\$ 15,494,467
Operating Expenses									
20 Salary and Wages and Agency Fees	\$ 1,978,138	\$ 1,994,381	16,243	1%	\$ 7,725,870	\$ 7,836,724	110,854	1%	\$ 7,460,715
21 Employee Benefits	755,262	710,529	(44,733)	-6%	2,884,596	2,824,368	(60,228)	-2%	2,618,803
22 Total People Cost	\$ 2,733,400	\$ 2,704,910	(28,490)	-1%	\$ 10,610,466	\$ 10,661,092	50,626	0%	\$ 10,079,518
23 Med and Prof Fees (excl Agency)	\$ 358,089	\$ 393,284	35,195	9%	\$ 1,494,891	\$ 1,574,856	79,965	5%	\$ 1,841,056
24 Supplies	490,489	496,389	5,900	1%	1,884,491	1,913,248	28,757	2%	1,962,503
25 Purchased Services	381,674	379,627	(2,047)	-1%	1,577,652	1,527,344	(50,308)	-3%	1,188,891
26 Depreciation	231,076	199,672	(31,404)	-16%	749,284	798,688	49,404	6%	623,544
27 Utilities	79,289	82,610	3,321	4%	339,698	330,440	(9,258)	-3%	301,295
28 Insurance	24,375	20,374	(4,001)	-20%	82,500	81,496	(1,004)	-1%	81,336
29 Interest	28,677	25,681	(2,996)	-12%	126,885	102,724	(24,161)	-24%	110,904
30 Other	79,515	113,922	34,407	30%	330,935	459,797	128,862	28%	488,565
31 Operating expenses	\$ 4,406,584	\$ 4,416,469	9,885	0%	\$ 17,196,802	\$ 17,449,685	252,883	1%	\$ 16,677,612
32 Operating Margin	\$ (429,140)	\$ (441,027)	11,887	3%	\$ (1,678,104)	\$ (1,877,244)	199,140	11%	\$ (1,183,145)
Non Operating Rev and Expense									
33 Electronic Health Records & Misc. Rev.	\$ 180,684	\$ 147,250	33,434	23%	\$ 625,587	\$ 589,000	36,587	6%	\$ 20,752
34 Donations	-	-	-	0%	-	-	-	0%	3,600
35 Professional Center/Phys Recruit	-	-	-	0%	-	-	-	0%	(1,175)
36 Physician Practice Support-Prima	(65,630)	(65,630)	-	0%	(262,520)	(262,520)	-	0%	(212,550)
37 Parcel Tax Assessment Rev	245,018	250,000	(4,982)	-2%	980,072	1,000,000	(19,928)	-2%	980,071
38 GO Bond Tax Assessment Rev	153,567	158,333	(4,766)	-3%	614,268	633,332	(19,064)	-3%	614,266
39 GO Bond Interest	(30,011)	(30,011)	-	0%	(120,044)	(120,044)	-	0%	(117,463)
40 Total Non-Operating Rev/Exp	\$ 483,628	\$ 459,942	23,686	5%	\$ 1,837,363	\$ 1,839,768	(2,405)	0%	\$ 1,287,501
41 Net Income / (Loss) prior to Restricted Contributor	\$ 54,488	\$ 18,915	35,573	188%	\$ 159,259	\$ (37,476)	196,735	*	\$ 104,356
42 Capital Campaign Contribution	\$ 12,633	\$ 47,500	(34,867)	-73%	\$ 17,066	\$ 190,000	(172,934)	-91%	\$ -
43 Restricted Foundation Contributions	\$ -	\$ -	-	100%	\$ 114,334	\$ -	114,334	100%	\$ -
44 Net Income / (Loss) w/ Restricted Contributions	\$ 67,121	\$ 66,415	706	1%	\$ 290,659	\$ 152,524	138,135	91%	\$ 104,356
45 Net Income w/o GO Bond Activity	\$ (56,435)	\$ (61,907)	5,472	9%	\$ (334,965)	\$ (550,764)	215,799	39%	\$ (392,447)

Sonoma Valley Health Care District
Balance Sheet
For The Period Ended
As of October 31, 2012

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 1,610,070	\$ 1,970,612	\$ 3,458,514
2 Trustee Funds	339,459	339,459	143,815
3 Net Patient Receivables	9,135,553	9,348,449	6,774,397
4 Other Accts/Notes Rec	4,966,606	4,781,832	4,967,659
5 Allow Uncollect Accts	(2,403,484)	(2,937,281)	(1,674,712)
6 3rd Party Receivables	1,243,352	1,133,196	905,763
7 Due Frm Restrict Funds	-	-	-
8 Inventory	1,006,343	904,219	931,580
9 Prepaid Expenses	1,027,932	975,589	1,499,103
10 Total Current Assets	<u>\$ 16,925,831</u>	<u>\$ 16,516,075</u>	<u>\$ 17,006,119</u>
11 Board Designated Assets	\$ 186,193	\$ 186,028	\$ 253,467
12 Property, Plant & Equip, Net	10,733,972	10,886,701	9,774,234
13 Hospital Renewal Program	17,662,442	16,724,159	9,680,044
14 Unexpended Hospital Renewal Funds	14,679,830	15,801,807	22,224,290
15 Investments	1,497	1,497	36,984
16 Specific Funds	2,200,464	2,185,865	31,831
17 Other Assets	329,937	331,513	424,610
18 Total Assets	<u>\$ 62,720,166</u>	<u>\$ 62,633,645</u>	<u>\$ 59,431,579</u>
Liabilities & Fund Balances			
Current Liabilities:			
19 Accounts Payable	\$ 5,332,841	\$ 5,215,176	\$ 3,478,640
20 Accrued Compensation	3,570,074	3,360,763	3,403,514
21 Interest Payable	428,557	285,705	431,528
22 Accrued Expenses	185,589	140,857	749,459
23 Advances From 3rd Parties	1,370,428	1,341,993	597,056
24 Deferred Tax Revenue	3,174,973	3,573,556	3,188,671
25 Current Maturities-LTD	1,508,538	1,547,746	1,293,799
26 Other Liabilities	96,975	97,889	-
27 Total Current Liabilities	<u>\$ 15,667,975</u>	<u>\$ 15,563,685</u>	<u>\$ 13,142,667</u>
28 Long Term Debt, net current portion	\$ 37,864,203	\$ 37,949,090	\$ 38,679,526
29 Fund Balances:			
30 Unrestricted	\$ 6,927,878	\$ 6,860,760	\$ 7,560,843
31 Restricted	2,260,110	2,260,110	48,543
32 Total Fund Balances	<u>\$ 9,187,988</u>	<u>\$ 9,120,870</u>	<u>\$ 7,609,386</u>
33 Total Liabilities & Fund Balances	<u>\$ 62,720,166</u>	<u>\$ 62,633,645</u>	<u>\$ 59,431,579</u>

Sonoma Valley Hospital
Statistical Analysis
FY 2013

Statistics	ACTUAL	BUDGET	ACTUAL												
	Oct-12	Oct-12	Sep-12	Aug-12	Jul-12	Jun-12	May-12	Apr-12	Mar-12	Feb-12	Jan-12	Dec-11	Nov-11	Oct-11	Sep-11
Acute															
Acute Patient Days	443	456	347	432	396	354	363	436	435	399	448	455	449	456	552
Acute Discharges	121	129	109	117	115	107	116	129	128	145	125	130	133	134	136
SNF Days	576	713	617	682	633	688	729	618	672	567	662	685	543	633	567
HHA Visits	1,043	912	802	1,052	937	941	989	997	1,023	950	967	913	911	1,024	881
Emergency Room Visits	801	793	788	884	838	810	863	717	783	692	791	741	739	787	800
Gross Outpatient Revenue (000's)	\$8,935	\$8,363	\$8,151	\$9,014	\$8,153	\$7,667	\$8,120	\$7,880	\$8,707	\$7,983	\$8,640	\$7,838	\$7,863	\$7,493	\$7,667
Equivalent Patient Days	2,214	2,493	2,202	2,509	2,202	2,355	2,362	2,236	2,451	2,214	2,412	2,374	2,115	2,281	2,272
Births	9	16	11	16	9	15	6	23	11	10	9	17	19	11	17
Surgical Cases - Inpatient	37	38	37	40	41	28	37	38	37	31	33	43	43	39	43
Surgical Cases - Outpatient	91	94	97	98	82	92	99	99	117	84	99	89	101	87	83
Total Surgical Cases	128	132	134	138	123	120	136	137	154	115	132	132	144	126	126
Medicare Case Mix Index	1.29	1.40	1.49	1.40	1.61	1.50	1.64	1.36	1.29	1.40	1.32	1.47	1.39	1.44	1.52
Income Statement															
Net Revenue (000's)	3,963	3,963	3,707	3,926	3,822	4,832	3,741	3,739	3,925	3,867	3,924	4,247	3,668	3,746	4,000
Operating Expenses (000's)	4,407	4,416	4,221	4,312	4,257	5,278	4,686	4,413	4,372	4,160	4,230	4,584	3,973	4,245	4,312
Net Income (000's)	67	66	65	127	31	889	343	(14)	24	36	23	(13)	16	(164)	53
Productivity															
Total Operating Expense Per Equivalent Patient Day	\$1,990	\$1,771	\$1,917	\$1,719	\$1,933	\$2,241	\$1,984	\$1,974	\$1,784	\$1,879	\$1,746	\$1,931	\$1,878	\$1,861	\$1,898
Productive FTEs	281	287	291	284	281	285	285	274	271	272	266	274	256	283	280
Non-Productive FTE's	36	30	39	37	41	34	28	28	28	26	35	27	39	30	34
Total FTEs	316	317	330	321	322	318	313	302	303	299	300	302	295	314	314
FTEs per Adjusted Occupied Bed	4.43		4.37	3.97	4.53	4.05	4.11	4.05	3.84	3.80	3.84	3.94	4.19	4.26	4.14
Balance Sheet															
Days of Expense In General Operating Cash	12		14	13	14	13	15	20	16	20	25	23	23	29	27
Net Days of Revenue in AR	53		50	50	50	48	47	46	45	44	45	45	43	40	42

Sonoma Valley Hospital
Statement of Cash Flows
For the Period Ended

	<u>Current Month</u>	<u>Year To Date</u>
Operating Activities		
Net Income (Loss)	67,121	290,659
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	231,065	749,285
Net changes in operating assets and liabilities:		
(Increase)/Decrease Patient accounts receivable - net	(320,901)	(800,483)
(Increase)/Decrease Other receivables and other assets	(293,354)	1,780,546
(Increase)/Decrease Prepaid expenses	(52,343)	(458,452)
(Increase)/Decrease in Inventories	(102,124)	(142,206)
(Decrease)/Increase in Deferred revenues	(370,148)	(1,174,160)
(Decrease)/Increase in Accounts payable, accrued expenses	513,643	77,614
Net Cash Provided/(Used) by operating activities	<u>(327,041)</u>	<u>322,803</u>
Investing Activities		
Net Purchases of property, plant and equipment - Other Fixed Assets	(78,336)	(209,268)
Net Purchases of property, plant and equipment - GO Bond Purchases	(938,283)	(3,720,125)
Net Proceeds and Distributions from investments	-	35,342
Net Book Value of Assets Disposed	-	-
Change in Restricted Funds	-	-
Change in Limited Use Cash (Payment)/Refund of Deposits	1,107,213	3,889,723
Net cash Provided/(Used) by investing activities	<u>90,594</u>	<u>(4,328)</u>
Financing Activities		
Proceeds (Repayments) from Borrowings - Banks & Carriers	(124,095)	(499,254)
Proceeds (Repayments) from Borrowings - Other		
Net Intercompany Borrowings/(Repayments)		
Change in Post Retirement Obligations & Other Net Assets	-	-
Net Equity Transfers to related entities (Cash and Non-Cash)		
Net cash Provided/(Used) by financing activities	<u>(124,095)</u>	<u>(499,254)</u>
Net increase/(Decrease) in cash and cash equivalents	<u>(360,542)</u>	<u>(180,779)</u>
Cash and Equivalents at beginning of period	<u>1,970,612</u>	<u>1,790,849</u>
Cash and Equivalents at October 31, 2012	<u><u>1,610,070</u></u>	<u><u>1,610,070</u></u>

**Cash Flow Projection
Sonoma Valley Hospital**

Updated: 11/29/12

	Oct-12 Actual	Nov-12 Projected	Dec-12 Projected	Jan-13 Projected	Feb-13 Projected	Mar-13 Projected	Apr-13 Projected	May-13 Projected	Jun-13 Projected	Jul-13 Projected	Aug-13 Projected	Sep-13 Projected	Oct-13 Projected
Operating Activities													
1	Net Income	67,118	73,701	92,035	54,788	105,267	186,631	111,032	153,805	52,768	52,768	52,768	52,768
2	Add: Depreciation & Amortization	231,065	201,661	201,661	201,661	201,661	201,661	201,661	201,661	301,661	301,661	301,661	301,661
3	Decrease (Inc) in Net Accts Receivable	(320,901)	464,521	376,053	-	250,702	-	-	-	-	-	-	-
4	Dec (Inc) in Inventories/Other Rec'v & Assets	(395,478)	607,000	1,277,000	607,000	714,115	7,000	(143,000)	197,000	(4,826,007)	-	882,115	750,000
5	Decrease (Inc) in Prepaid Expenses	(52,343)	85,494	81,990	43,244	40,327	40,327	40,327	40,327	40,327	40,327	40,327	40,327
6	Increase (Dec) in Accounts Payable	117,665	(134,575)	(2,447,053)	(486,782)	6,568	(244,840)	(7,516)	(12,173)	662,635	-	(444,851)	(222,425)
7	Increase (Dec) in Payroll Accruals	209,311	(637,386)	346,057	358,057	28,979	346,057	250,364	(1,155,639)	238,364	262,057	352,057	142,364
8	Increase (Dec) in Accrued Expenses	44,732	125,188	22,979	34,979	28,979	22,979	34,979	28,979	22,979	(61,021)	28,979	(73,021)
9	Increase (Dec) in Deferred Revenue	(370,148)	(427,021)	(398,584)	401,416	(398,584)	(398,584)	(398,584)	(398,584)	4,384,424	(398,584)	(398,584)	(398,584)
10	Increase (Dec) in Interest Payable	142,852	142,853	142,853	142,853	(714,265)	142,853	142,853	142,853	142,853	142,853	(714,448)	142,670
11	Increase (Dec) in Other Liabilities	(914)	-	-	-	-	-	-	-	-	-	-	-
12	Net Cash Provided By Operating Activities	(327,041)	501,436	(305,010)	1,357,216	263,749	304,083	232,116	(801,771)	920,004	340,061	100,024	735,760
Capital and Related Financing Activities													
13	Purchase of Capital Equipment/CIP	(1,016,619)	(1,000,000)	(1,000,000)	(1,050,000)	(1,050,000)	(1,050,000)	(3,050,000)	(3,050,000)	(3,100,000)	-	-	(15,000)
14	New Financing	-	-	-	-	-	-	-	-	-	-	-	-
15	Transfers from Bond Fund	1,121,977	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	3,000,000	3,000,000	3,000,000	-	-	-
16	Repayments of Long-Term Debt	(124,095)	(150,798)	(150,798)	(150,798)	(150,798)	(150,798)	(150,798)	(150,798)	(150,798)	(150,798)	(150,798)	(89,099)
17	Transfers From (To) Restricted/Trustee Funds	(14,764)	-	-	-	-	-	-	-	-	-	-	-
18	Net Cash Used in Financing Activities	(33,501)	(150,798)	(150,798)	(200,798)	(200,798)	(200,798)	(200,798)	(200,798)	(250,798)	(150,798)	(150,798)	(165,798)
19	Net Increase (Decrease) in Operating Cash	(360,542)	350,638	(455,808)	1,156,418	62,951	103,285	31,318	(1,002,569)	669,206	189,263	(50,774)	569,962
Operating Cash Balances													
20	Cash At Beginning of Period	1,970,612	1,610,070	1,960,708	1,504,900	2,661,318	2,724,269	2,827,554	2,858,872	1,856,303	2,525,509	2,714,772	2,663,998
21	Change	(360,542)	350,638	(455,808)	1,156,418	62,951	103,285	31,318	(1,002,569)	669,206	189,263	(50,774)	569,962
22	Cash At End of the Period	1,610,070	1,960,708	1,504,900	2,661,318	2,724,269	2,827,554	2,858,872	1,856,303	2,525,509	2,714,772	2,663,998	3,233,960
Statistics													
23	Days Cash on Hand (Operating Only)	12	15	12	21	21	22	22	14	20	21	21	25
24	Days in Net Accounts Receivable	53	50	47	47	45	45	45	45	45	45	45	45
25	Days in Accounts Payable	90	90	60	50	50	45	45	45	60	60	50	45

Notes:

- * Maintain cash around \$1.5 million
- * Hold off major capital spending to January, unless cash improves
- * Pay back Napa State starting in January
- * Reduce days in Accounts Payable to 45 by year end
- * Maintain days in Accounts Receivable at 45

13.A.

**ADMINISTRATIVE
REPORT**



To: Sonoma Valley Healthcare District Board of Directors
From: Kelly Mather
Date: 11/29/12
Subject: Administrative Report

Summary:

We have ended the first four months of the fiscal year ahead of budget. October was a good month for outpatient volumes. November has been action packed with the wellness fair, medical staff activities, and open enrollment.

Phase 1 Construction & Campus Expansion Plans

The Construction Committee has met twice to review the proposed budget and scope increases for the New Wing (Phase 1) project. Recommendations have been made, and we now await the Finance Committee’s recommendation on the project affordability. We anticipate meeting our fundraising targets due to recent pledges. We are still on track to open in fall 2013. The Planning Commission study session for the South Lot development of an MOB and Wellness Center was held on November 8th and a follow up neighbor meeting was held on November 15th. We are re-evaluating our options for a medical office building due to the feedback from both of these meetings.

Strategic Planning & Marketing

Western Health Advantage has had positive response in Sonoma. Unfortunately, due to the timing of approvals, we are a little late getting the word out to the employers in Sonoma. The broker community seems excited. 2011 market share data has been presented to the Board and medical staff and it shows positive growth in Orthopedics and General Surgery, as hoped. More analysis is coming with the rolling three year strategic plan beginning in January. We started marketing Orthopedics again this fall with a “Joint Pain” seminar in December. We will have the new “Surgery Services” healing program ready for marketing in January. The 2013 communication plan, prepared with Marin General, is complete and ready for Board input. Our brand awareness of “Healing Here at Home” and improving our reputation will be a major focus in 2013.

Leadership and Organizational Results (Dashboard)

As you can see from the October dashboard, our results for inpatient satisfaction took another dip below the 40th percentile. We were focusing on the outpatient satisfaction and it has now held in the mid 90’s and exceeded goal. The Value Based Purchasing clinical score is up to 91% and expected to reach 100% again now that the Electronic Health Record changes have been implemented. For staff satisfaction, we had staff forums in November and over 84% of benefitted staff attended. Community benefit and outreach activities for November included the “Warm Coat” drive, leaders mentoring Sassarini students with schools of hope, and cookies for the neighbors to thank them for putting up with the noise from construction. The hospital is working with the Sonoma Valley Health Round Table on two grants to inspire and increase physical activity at the Middle Schools.



OCTOBER 2012 DASHBOARD

ERFRMANCE GOAL	OBJECTIVE	METRIC	ACTUAL RESULT	GOAL LEVEL
Service Excellence	High In-Patient Satisfaction	Press Ganey percentile ranking of current mean score	Inpatient 84.2 mean at 16th percentile	>70th = 5 (stretch) >60th = 4 >50th = 3 (Goal) >40th = 2 <40th=1
	High Out-Patient Satisfaction	Press Ganey monthly mean score	Outpatient 92% Surgery 93.8 % Emergency 84.5%	>93% = 5 (stretch) >92%=4 >91%=3 (Goal) >90%=2 <90%=1
Quality	Excellent Clinical Outcomes	Value Based Purchasing Clinical Score	91%	100% for 12 mos= 5 100% 6/12 mos=4 100% 3/12 mos =3 >90%=2 <80%=1
People	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of current mean score	2012 74.7% mean score at 58 th percentile (survey 1/2013)	>70 th = 5 (stretch) >65th=4 >60th=3 (Goal) >55th=2 <55 th =1
Finance	Financial Viability	YTD EBIDA	8%	>10% (stretch) >9%=4 >8% (Goal) <7%=2 <6%=1
	Efficiency and Financial Management	FY 2013 Budgeted Expenses	\$17,196,802 (actual) \$17,449,685 (budget)	<2% =5 (stretch) <1% = 4 <Budget=3 (Goal) >1% =2 >2% = 1
Growth	Inpatient Volumes	1% increase (acute discharges over prior year)	462 YTD FY 2013 493 YTD FY 2012	>2% (stretch) (Outpt) >1%=4 >0% (Goal)
	Outpatient Volumes	2% increase (gross outpatient revenue over prior year)	\$34.25 million YTD \$30.13 million in 2012	<0%=2 (Inpt) <5%=1
Community	Community Benefit Hours	Hours of time spent on community benefit activities	614 hours in just 4 months	>1000 = 5 >800 = 4 >600 = 3 >400 = 2 >200 = 1



FY 2012 TRENDED RESULTS

MEASUREMENT	Goal	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012
Inpatient Satisfaction	>86%	86.3	85.6	85.2	84.2	86.3	87.6	86.5	88.2	83.7	87.5	87.9	86.9
Outpatient Satisfaction	>92%	91.	94.2	94.4	92	89.7	92.2	90.5	90.5	91.6	91.7	91	90.9
Surgery Satisfaction	>92%	90.2	91.9	90.8	93.8	94.2	92.2	91.5	93.7	92.9	91.5	90.1	90.5
Emergency Satisfaction	>85%	87.3	88.2	82.5	84.5	85.5	84.1	81.9	85.6	87.8	88.9	88.7	88.2
Value Based Purchasing Clinical Score	>75	100	90	90	91	78.1	83.2	70	88.8	100	100	100	100
Staff Satisfaction	75%	75	72	72	72	72	72	72	75	75	75	75	75
Turnover	<12%	7.9	7.9	7.6	7.6	8.8	9.0	9.0	9.0	7.9	7.9	7.9	7.9
EBIDA	>8%	9	9	8	8	6	5	6	6	6	6	7	9
Net Revenues	>3.9m	3.83	3.98	3.7	3.96	3.68	4.26	3.9	3.9	3.9	3.76	3.76	4.85
Expense Management	<4.3m	4.2	4.3	4.2	4.4	3.9	4.5	4.2	4.1	4.3	4.4	4.7	5.2
Net Income	>50	29	125	65	55	16	-12	23	35	25	-15	342	889
Days Cash on Hand	>35	16	13	14	12	23	18	25	20	16	18	15	13
A/R Days	<55	50	50	50	53	58	61	63	57	59	59	59	60
Total FTE's	<321	322	321	330	316	295	303	300	299	303	302	313	318
FTEs/AOB	<4.5	4.53	4.53	4.37	4.43	4.19	3.94	3.84	3.8	3.84	4.05	4.1	4.06
Inpatient Discharges	>148	115	117	109	121	133	130	125	145	152	129	116	107
Outpatient Revenue	\$7.5m	8.1	9.0	8.1	8.9	7.8	7.83	8.6	8.0	8.7	7.8	8.1	7.7
Surgeries	>130	123	138	97	128	144	132	132	115	154	137	136	120
Home Health	>900	937	1052	802	1043	1024	913	967	950	1023	997	989	941
Births	>15	9	16	11	9	19	17	9	10	11	23	6	15
SNF days	>630	633	682	617	576	543	685	662	567	672	618	729	688
MRI	>120	84	95	82	130	97	101	96	93	141	94	149	83
Cardiology (Echos)	>70	78	56	74	72	88	71	93	75	92	74	77	68
Laboratory	>12.5	12.6	12.9	11.7	13.7	14.2	12.8	13.4	12.8	14.0	14.5	12.5	12.6
Radiology	>850	892	876	811	931	991	1023	1006	961	1011	1143	899	790
Rehab	>2587	2612	2798	2455	2471	2503	2240	2135	2526	2690	2674	2697	2520
CT	>356	304	326	281	327	318	358	323	336	278	293	419	301
ER	>775	838	823	788	801	739	741	791	804	783	717	863	810
Mammography	>475	404	487	472	629	572	553	440	519	493	458	539	481
Ultrasound	>300	312	352	275	336	345	307	319	336	319	336	314	321
Occupational Health	>550	585	538	465	521	568	449	526	574	521	462	615	567

14.B.

QUALITY
COMMITTEE



Meeting Date: November 28, 2012

Prepared by: Ellen Shannahan- Materials Management Director

Agenda Item Title: Contract Administration

Recommendation:

Per TJC and CMS standards, we are presenting the attached Contract Administration packet to the Board Quality Committee. Two reports are included which provide a synopsis of each contract housed and managed in the Materials Management Department, as well as Policy and Procedure LD8610-182 Contract Administration. All contracts meet the scope of work performance and expectations and there are no outliers for this year.

Background:

The Materials Management Analyst, under the supervision of the Materials Management Director, manages a contract database consisting of 103 clinical and 182 non-clinical contracts. Centralization of the contracts ensures consistency regarding the organization's oversight of care, treatment and services provided through contractual arrangements as well as ensure that contracts are authorized at the appropriate administrative level and executed in a consistent fashion throughout the hospital.

Consequences of Negative Action/Alternative Action:

By not having an organization policy in regard to contract administration as well as a contracts database to help manage the process, SVH could be out of compliance with the Public Contract Codes, Government Codes, and Civil Codes and TJC guidelines.

Financial Impact:

By not having proper procedures in place SVH could inappropriately enter into a contract that could have adverse financial impacts. Additionally, SVH could be open to negative legal ramifications.

Selection Process and Contract History:

N/A

Board Committee:

Quality Committee

Attachments:

Policy and Procedure LD8610-182 Contract Administration

Clinical Contracts Report

Non-Clinical Contracts Report



SUBJECT: Contract Administration	POLICY #LD8610-182
DEPARTMENT: All	PAGE 1 OF 5
APPROVED BY:	EFFECTIVE:
	REVISED: 8-23-12

PURPOSE:

To establish and maintain consistency regarding the organization’s oversight of care, treatment and services provided through contractual arrangements as well as ensure that contracts are authorized at the appropriate administrative level and executed in a consistent fashion throughout the hospital.

POLICY:

- Any contract involving a legally binding commitment between Sonoma Valley Hospital and another party, shall be prepared, reviewed, executed, and monitored in a consistent manner to ensure legal and financial viability.
- There shall be a written contractual agreement with each contract entity providing care, treatment, and service. The expectations of the contract entity, as well as the nature and scope of care, treatment, and services to be provided shall form part of the contractual agreement.
- All contracts must be approved by the Chief Financial Officer.
- Only the Chief Executive Officer has the authority to enter the hospital into contractual agreements.
- The Materials Management Contract Analyst shall insure proper review and coordination of all contracts that are housed in the Materials Management Department.
- Any services that are provided to patients via contractual agreement shall meet all applicable state and federal requirements. Contractors shall also meet Joint Commission requirements and/or other applicable regulatory body requirements, if appropriate.

PROCEDURE:

Administration of Program:

The program is administered by the Materials Management Contracts Analyst under the direction of the Director of Materials Management. The Materials Management Contracts Analyst will ensure that:



SUBJECT: Contract Administration	POLICY #LD8610-182
DEPARTMENT: All	PAGE 2 OF 5
APPROVED BY:	EFFECTIVE:
	REVISED: 8-23-12

- HIPAA language is included in the contract if clinical.
- If recommended by the CEO, legal reviews are performed to ensure applicable state and federal requirements are met.
- Insurance documentation is on file and current.
- Communication with all affected departments is maintained.
- Pertinent contract information is recorded and updated in the contracts database.
- Reviews of Contracted Services are performed.

New Contract Initiation:

The appropriate department manager identifies the need for a new contract. Upon receipt or development of a draft contract, the department manager will review the contract to ensure service performance guidelines and expectations are clearly defined. The department manager then completes the Flow Sheet for New Contracts (Exhibit A) located on the Intranet in the Forms Bin. The proposed contract is then sent to the Materials Management Contracts Analyst along with the completed Flow Sheet for New Contracts. The completed Flow Sheet must contain all required signatures for approval.

After the Materials Management Contract Analyst ensures the proposed contract meets standardized compliance guidelines, the contract is routed to the Director of Materials Management, Chief Financial Officer, and CEO for approval. After contract execution by the CEO, the Contracts Analyst ensures counter-execution, enters contract information into the database, files the original fully executed contract, and sends copies of the contract to the Department and Accounting Managers.

Existing Contract Review:

The Materials Management Contracts Analyst is responsible for sending out the Contract Review Sheet (Exhibit B) for all clinical contract service reviews annually, based on contract anniversary dates. The purpose of this review is to ensure that contract entities are providing the same level of high-quality care, treatment and service as that provided directly by the organization and that such care, treatment and service is provided in a safe and effective manner.

Contracts related to non-clinical services will be routed for reviews no less than every three years, unless requested by management.



SUBJECT: Contract Administration

POLICY #LD8610-182

DEPARTMENT: All

PAGE 3 OF 5

EFFECTIVE:

APPROVED BY:

REVISED: 8-23-12

REFERENCE:

TJC, California Hospital Association, HIPAA Guidelines, CHA Records Retention Guide for Health Care Providers (Eight Edition, March 2011).

Exhibit A



FLOW SHEET FOR NEW CONTRACTS

Department Director completes the following and submits this sheet to Materials along with contract:

Name of Service: _____

Nature of Service: _____

Main Contact: _____ Ph: _____

Continuous until cancelled?

Start Date: _____ End Date: _____ Yes No

Compensation: _____

Contract Type:

- Contract Type options: Clinical Provider, Non-Clinical Provider, Education, Registry, Travelers, Medical Staff, Transfer Agreement, Administrative, Service Agreement, Consulting, Software Licensing, Equipment Rental, Property Lease.

To be completed by Materials Management

- Materials Management completion options: HIPAA Compliant, MD Ranger Percentiles (Physician Contracts Only), Reviewed by Legal, Insurance Required, Hourly, Annually, Per Diem, Service Hours.

Note: Department Director and Materials Management Director must sign prior to presenting to CEO.

Signatures and dates for Department Director, Materials Management Director, Chief Financial Officer, and President & CEO.

Exhibit B



CONTRACT REVIEW SHEET

Reviewer: _____ Complete Review by: _____

Name of Service: _____

This contract will automatically renew expire on: _____

Contract requires _____ days written notice to terminate.

Select at least TWO of the following:

	Yes	No
Service provided has been timely, appropriate and effective	<input type="checkbox"/>	<input type="checkbox"/>
Contracted personnel have demonstrated competency in their job functions	<input type="checkbox"/>	<input type="checkbox"/>
Service has consistently met the requirements of a quality assurance program	<input type="checkbox"/>	<input type="checkbox"/>
The level of patient care has been comparable to the level of care provided by SVH staff	<input type="checkbox"/>	<input type="checkbox"/>
Direct observations of patient care has been consistently favorable	<input type="checkbox"/>	<input type="checkbox"/>
Input from patients, families, and organizational staff been consistently favorable	<input type="checkbox"/>	<input type="checkbox"/>
Input from clinical leaders and the medical staff been consistently favorable	<input type="checkbox"/>	<input type="checkbox"/>
There have been significant complaints or concerns regarding the quality of the service	<input type="checkbox"/>	<input type="checkbox"/>
There have been a significant number of negative incident reports	<input type="checkbox"/>	<input type="checkbox"/>
Contracted personnel have responded to concerns related to services rendered	<input type="checkbox"/>	<input type="checkbox"/>

Contract service has met expectations for the review period

Contract service has not met expectations for the review period

The following actions(s) have or will be taken:

- Monitoring and oversight of the contract service has been increased
- Training and consultation has been provided to the contract service
- Penalties or other remedies have been applied to the contract entity
- Terms of the agreement have been renegotiated without disruption in the continuity of patient care
- The contractual agreement has been terminated without disruption in the continuity of patient care
- Other: _____

Do you wish to continue using this service? Yes No

Department Director

Date

Materials Management Director

Date

CLINICAL CONTRACTS

ADVANTAGE RN Effective: 03/05/2012
STAFFING SERVICE Expiration:

Manager: JAN PRESTON

AMERICAN RED CROSS Effective: 12/08/1999
COVERS EXCHANGE OF INFORMATION IN A DISASTER Expiration:

Manager: JACKIE LYONS

ANESTHESIOLOGY CONSULTANTS OF MARIN Effective: 01/15/2009
ANESTHESIOLOGIST AGREEMENT Expiration: 05/31/2014

Manager: ROBERT COHEN

AT HOME NURSING Effective: 02/06/2003
STAFFING SERVICE Expiration: 07/04/2013

Manager: JAN PRESTON

BLOOD CENTERS OF THE PACIFIC Effective: 07/01/2011
AGREEMENT FOR BLOOD BANK SERVICES Expiration: 06/30/2013

Manager: LOIS VALENZUELA

BOSTON REED COLLEGE - PHLEBOTOMY EXTERNSHIP Effective: 07/01/2009
EXTERNSHIP PROGRAM FOR PHLEBOTOMY TECHNICIANS Expiration:

Manager: LOIS VALENZUELA

BROOKS, PATRICIA - INTEGRATIVE MEDICINE Effective: 03/01/2010
BEHAVIORAL SERVICES Expiration: 02/27/2013

Manager: LESLIE LOVEJOY

CALIFORNIA ADVANCED IMAGING MEDICAL ASSOCIATES, INC. Effective: 02/28/2005
DIAGNOSTIC RADIOLOGY SERVICES Expiration: 12/29/2013

Manager: JACKIE LYONS

CALIFORNIA PACIFIC MEDICAL CENTER - STROKE TELEMEDICINE Effective: 02/01/2010
STROKE TELEMEDICINE Expiration: 12/31/2012

Manager: ROBERT COHEN

CALIFORNIA PACIFIC MEDICAL CENTER - TRANSFER AGREEMENT Effective: 03/15/2005
WITH SUTTER WEST BAY HOSPITALS Expiration: 12/31/2015

Manager: MARK KOBE

CALIFORNIA STATE UNIVERSITY, CHICO Effective: 10/01/2008
STUDENT NURSE PRECEPTOR PROGRAM Expiration: 02/28/2015

Manager: JAN PRESTON

CLINICAL CONTRACTS

CALIFORNIA TRANSPLANT DONOR NETWORK

ORGAN DONATION

Effective: 06/19/2007

Expiration:

Manager: MARK KOBE

CARDIOVASCULAR ASSOCIATES OF MARIN AND SAN FRANCISCO

RENTAL OF VNUS RADIOFREQUENCY GENERATOR EQUIPMENT FROM DR AQUINO

Effective: 05/12/2008

Expiration:

Manager: MICHELLE DONALDSON

CAREERSTAFF UNLIMITED, INC

STAFFING SERVICE

Effective: 12/01/2005

Expiration:

Manager: DAWN KUWAHARA

CIRRUS HEALTHCARE, LLC - STAFFING

STAFFING SERVICE FOR PHYSICAL AND OCCUPATIONAL HEALTH

Effective: 07/19/2010

Expiration:

Manager: DAWN KUWAHARA

COMPHEALTH MEDICAL STAFFING

TEMPORARY STAFFING AGREEMENT

Effective: 05/16/2006

Expiration:

Manager: DAWN KUWAHARA

COMPREHENSIVE PHARMACY SERVICES (CPS)

PHARMACY MANAGEMENT

Effective: 01/24/2011

Expiration: 01/23/2016

Manager: PAULA DAVIS

CONSENTRA HEALTH SERVICES, INC

OCCUPATIONAL HEALTH AGREEMENT FOR EMPLOYEE PHYSICAL EXAMINATIONS

Effective: 04/20/2007

Expiration:

Manager: DAWN KUWAHARA

COUNTY OF SONOMA, DHS, RECEIVING HOSPITAL AGREEMENT

AGREEMENT TO BE THE EMS RECEIVING HOSPITAL THROUGH 6/30/15

Effective: 06/21/2011

Expiration: 06/30/2015

Manager: ROBERT COHEN

COVERAGE SERVICES - AMARA, PAUL, MD

OB & GYN ON-CALL

Effective: 02/20/2008

Expiration: 04/04/2013

Manager: ROBERT COHEN

COVERAGE SERVICES - CLINTON, MARIANNE, MD

PEDIATRIC ON-CALL

Effective: 07/01/2012

Expiration: 06/30/2014

Manager: ROBERT COHEN

COVERAGE SERVICES - DETORRES, CHARLES, MD

PEDIATRIC ON-CALL

Effective: 05/19/2008

Expiration: 04/20/2013

Manager: ROBERT COHEN

CLINICAL CONTRACTS

COVERAGE SERVICES - MARIANO, ELPIDO, MD

SURGERY ON-CALL

Effective: 02/01/2008

Expiration: 02/01/2013

Manager: ROBERT COHEN

COVERAGE SERVICES - PRICE, JAMES, MD

SPECIALTY - CARDIOVASCULAR DISEASE

Effective: 06/02/2011

Expiration: 07/31/2014

Manager: ROBERT COHEN

COVERAGE SERVICES - SMITH, JEROME, MD

PEDIATRIC ON-CALL

Effective: 02/20/2008

Expiration: 06/29/2014

Manager: ROBERT COHEN

COVERAGE SERVICES - SONOMA PLAZA PEDIATRICS

PEDIATRIC ON-CALL

Effective: 04/20/2012

Expiration: 04/19/2014

Manager: ROBERT COHEN

COVERAGE SERVICES - VELUZ, CESAR, MD

GENERAL SURGERY

Effective: 04/15/2008

Expiration: 02/21/2013

Manager: ROBERT COHEN

CRITICAL OPTIONS

STAFFING SERVICE

Effective: 03/30/2005

Expiration: 09/26/2014

Manager: JAN PRESTON

CROSS COUNTRY STAFFING

HEALTHCARE STAFFING SERVICE FOR OCC HEALTH

Effective: 06/08/2010

Expiration:

Manager: DAWN KUWAHARA

DIABLO VALLEY COLLEGE

Effective: 09/01/2012

Expiration: 08/31/2015

Manager: LOIS VALENZUELA

FAST RESPONSE SCHOOL OF HEALTH CARE EDUCATION

CLINICAL TRAINING AFFILIATION AGREEMENT

Effective: 07/10/2009

Expiration: 07/09/2013

Manager: MARK KOBE

FLEXCARE MEDICAL STAFFING

STAFFING SERVICE

Effective: 03/14/2008

Expiration:

Manager: JAN PRESTON

FOOTHILL DE ANZA COLLEGE

Effective: 07/15/2012

Expiration: 07/14/2017

Manager: JACKIE LYONS

CLINICAL CONTRACTS

HIGH TECH INSTITUTE (EDUCATION INSTITUTE) EXTERNSHIPS FOR ENTRY LEVEL SURGICAL TECHS	Effective: 10/24/2002 Expiration:
Manager: CHRIS KUTZA	
HOSPICE BY THE BAY DEVELOPMENT OF HOSPITAL'S PALLIATIVE CARE PROGRAM	Effective: 05/15/2012 Expiration: 05/14/2013
Manager: ROBERT COHEN	
INTELISTAF HEALTHCARE, INC. (aka MSN STAFFING) STAFFING AGREEMENT	Effective: 03/03/2005 Expiration:
Manager: JAN PRESTON	
JOHN MUIR HEALTH - TRANSFER AGREEMENT PATIENT TRANSFER AGREEMENT	Effective: 10/06/2006 Expiration: 01/22/2015
Manager: MARK KOBE	
LIFEWATCH CARDIAC MONITORING	Effective: 04/01/2012 Expiration:
Manager: KATHY COLE	
LONDON HOUSE CONVALESCENT HOSPITAL TRANSFER AGREEMENT	Effective: 05/11/2005 Expiration:
Manager: MARK KOBE	
MARIN HOSPITALIST MEDICAL GROUP, INC. HOSPITALIST COVERAGE SERVICES AND MEDICAL DIRECTOR AGREEMENT	Effective: 12/01/2007 Expiration:
Manager: ROBERT COHEN, MD	
MARIN MEDICAL LABORATORIES PATHOLOGY SERVICES & MEDICAL DIRECTOR AGREEMENT	Effective: 05/28/2011 Expiration: 05/27/2014
Manager: ROBERT COHEN	
MAXIM HEALTHCARE SOLUTIONS STAFFING SERVICE	Effective: 04/27/2007 Expiration:
Manager: JAN PRESTON	
MEDEX HEALTHCARE, INC. NETWORK AGREEMENT FOR OCC HEALTH REFFERALS IN RELATION TO WORKERS COMPENSATION	Effective: 03/07/2008 Expiration:
Manager: DAWN KUWAHARA	
MEDICAL DIRECTOR - CARDIOLOGY JAMES PRICE, MD	Effective: 11/01/2005 Expiration: 07/31/2014
Manager: ROBERT COHEN	

CLINICAL CONTRACTS

MEDICAL DIRECTOR - HOME CARE

WALTER PREHN, MD

Effective: 10/01/2007

Expiration: 06/27/2014

Manager: ROBERT COHEN

MEDICAL DIRECTOR - ICU

DENNIS VERDUCCI, MD

Effective: 10/01/2007

Expiration: 04/24/2014

Manager: ROBERT COHEN

MEDICAL DIRECTOR - OB

PAUL AMARA, MD

Effective: 10/01/2007

Expiration: 02/28/2014

Manager: ROBERT COHEN

MEDICAL DIRECTOR - OCCUPATIONAL HEALTH

JOHN ALCHEMY, MD

Effective: 06/01/2012

Expiration: 05/31/2014

Manager: DAWN KUWAHARA

MEDICAL DIRECTOR - PALLIATIVE CARE

BRIAN SEBASTIAN, MD

Effective: 05/15/2012

Expiration: 05/14/2014

Manager: ROBERT COHEN

MEDICAL DIRECTOR - SKILLED NURSING FACILITY (1)

CLINTON LANE, MD / CO-DIRECTOR

Effective: 02/01/2008

Expiration: 04/20/2014

Manager: ROBERT COHEN

MEDICAL DIRECTOR - SKILLED NURSING FACILITY (2)

ROLF OLNESS, MD / CO-DIRECTOR

Effective: 04/20/2011

Expiration: 04/20/2014

Manager: ROBERT COHEN

MEDICAL DIRECTOR SUBSTITUTE 1 - OCCUPATIONAL HEALTH

CARL SPEIZER, MD

Effective: 06/12/2012

Expiration: 06/11/2014

Manager: DAWN KUWAHARA

MEDICAL STAFF OFFICERS AGREEMENT, CHAIR DEPT OF MEDICINE

DOUGLAS CAMPBELL, MD

Effective: 10/01/2007

Expiration: 06/30/2013

Manager: ROBERT COHEN

MEDICAL STAFF OFFICERS AGREEMENT, CHAIR DEPT SURGERY

PAUL AMARA, MD

Effective: 10/01/2007

Expiration: 06/30/2013

Manager: ROBERT COHEN

MEDICAL STAFF OFFICERS AGREEMENT, PRESIDENT

JEROME SMITH, MD

Effective: 07/01/2009

Expiration: 06/30/2013

Manager: ROBERT COHEN

CLINICAL CONTRACTS

MEDTOX LABORATORIES Effective: 03/08/2012
SPECIMEN TESTING FOR OCCUPATIONAL HEALTH Expiration:

Manager: DAWN KUWAHARA

MENDOCINO-LAKE COMMUNITY COLLEGE Effective: 03/16/2009
PARAMEDIC STUDENT INTERNSHIP EXPERIENCE Expiration: 04/18/2015

Manager: MARK KOBE

MGA HEALTHCARE Effective: 02/24/2012
STAFFING SERVICE Expiration:

Manager: JAN PRESTON

MUIRLAB Effective: 04/01/2011
LABORATORY SERVICES AGREEMENT Expiration: 04/01/2016

Manager: LOIS VALENZUELA

NAPA STATE HOSPITAL - CALIF. DEPT. OF MENTAL HEALTH Effective: 07/01/2010
SVH TO PROVIDE SERVICES TO NSH PATIENTS. VERBAL AGREEMENT TO CONTINUE SERVICES WHILE NEW AGREEMENT IS UNDER NEGOTIATIONS. Expiration: 06/30/2012

Manager: RICK REID

NAPA VALLEY COLLEGE Effective: 08/20/2001
NURSING STUDENT EDUCATION PROGRAM Expiration:

Manager: PAULINE HEADLEY

NORTH BAY EYE ASSOCIATES Effective: 01/01/2010
AGREEMENT TO PROVIDE SMALL INCISION CATARACT SURGERY TO PATIENTS OF SVH Expiration:

Manager: MICHELLE DONALDSON

NORTHERN CALIFORNIA TRANSPLANT BANK Effective: 09/11/2000
TISSUE DONATION Expiration:

Manager: MARK KOBE

ON ASSIGNMENT STAFFING SERVICES, INC. Effective: 08/24/2007
STAFFING SERVICE Expiration:

Manager: JAN PRESTON

ONWARD HEALTHCARE Effective: 05/25/2004
STAFFING AGREEMENT Expiration:

Manager: JAN PRESTON

PACIFIC UNION COLLEGE Effective: 03/12/2007
NURSING STUDENT AGREEMENT Expiration:

Manager: PAULINE HEADLEY

CLINICAL CONTRACTS

PER DIEM STAFFING SYSTEMS, INC.

STAFFING AGREEMENT FOR TEMPORARY RESPIRATORY THERAPISTS

Effective: 02/01/2012

Expiration: 02/07/2015

Manager: KATHY COLE

PETALUMA ICF-DDH, INC

TRANSFER AGREEMENT

Effective: 09/10/2001

Expiration:

Manager: MARK KOBE

PREFERRED HEALTHCARE

TEMPORARY AND PERMANENT STAFFING SERVICE

Effective: 06/06/2008

Expiration:

Manager: DAWN KUWAHARA

RCM HEALTH CARE SERVICES

STAFFING SERVICE

Effective: 02/24/2012

Expiration:

Manager: JAN PRESTON

REDWOOD EMPIRE SCHOOLS INSURANCE GROUP

TESTING OCC HEALTH PROVIDES TO REDWOOD EMPIRE

Effective: 07/01/2008

Expiration: 06/30/2013

Manager: DAWN KUWAHARA

REDWOOD REGIONAL MEDICAL GROUP

FOR PROFESSIONAL B READING OF CHEST FILMS

Effective: 04/17/2007

Expiration:

Manager: DAWN KUWAHARA

RESPONSE 1 MEDICAL STAFFING

STAFFING AGREEMENT FOR NURSES

Effective: 04/10/2012

Expiration:

Manager: JAN PRESTON

RHUDE, MARY ELLEN - PATHOLOGY TRANSCRIPTION

PATHOLOGY TRANSCRIPTION SERVICE AGREEMENT

Effective: 03/01/2011

Expiration:

Manager: JACKIE LYONS

RTG MEDICAL

TEMPORARY STAFFING AGREEMENT

Effective: 07/16/2009

Expiration:

Manager: JACKIE LYONS

RX REMOTE SOLUTIONS

REMOTE PHARMACY SERVICES

Effective: 09/12/2012

Expiration:

Manager: CHRIS KUTZA

SAMUEL MERRITT UNIVERSITY - PHY. THPY. EDUCATION

PHYSICAL THERAPY EDUCATION AGREEMENT

Effective: 10/28/2009

Expiration:

Manager: DAWN KUWAHARA

CLINICAL CONTRACTS

SAN JOAQUIN VALLEY COLLEGE Effective: 10/18/2011
EXPERIENCE FOR RESPIRATORY THERAPY PROGRAM Expiration:

Manager: KATHY COLE

SANTA ROSA JUNIOR COLLEGE Effective: 07/01/2005
NURSING STUDENT EDUCATION PROGRAM Expiration:

Manager: JAN PRESTON

SANTA ROSA MEMORIAL HOSPITAL - REFERENCE LAB Effective: 05/08/2008
AGREEMENT WITH SRMH AS REFERENCE LAB Expiration: 03/31/2015

Manager: LOIS VALENZULA

SANTA ROSA MEMORIAL HOSPITAL - TRANSFER AGREEMENT Effective: 02/09/2009
TRANSFER AGREEMENT Expiration: 03/27/2016

Manager: MARK KOBE

SIERRA VALLEY CANCER REGISTRY SERVICES, INC Effective: 12/01/2001
CANCER REPORTING SERVICE Expiration: 10/16/2014

Manager: CELIA LENSON

SONOMA DEVELOPMENTAL CENTER - TRANSFER AGREEMENT Effective: 04/15/1981
PATIENT TRANSFER AGREEMENT. NO MONEY INVOLVED WITH CONTRACT Expiration:

Manager: MARK KOBE

SONOMA HEALTHCARE CENTER - TRANSFER AGREEMENT Effective: 10/17/1994
TRANSFER AGREEMENT Expiration:

Manager: MARK KOBE

SONOMA STATE UNIVERSITY - NURSE TRAINING Effective: 09/03/2008
NURSING EDUCATION AGREEMENT Expiration: 09/03/2013

Manager: PAULINE HEADLEY

SONOMA VALLEY COMMUNITY HEALTH CENTER Effective: 04/27/2009
LAB AND RADIOLOGY TRANSFER AGREEMENT Expiration:

Manager: MARK KOBE

SPECIALTY LABORATORIES Effective: 07/01/2007
TESTING SERVICE Expiration:

Manager: LOIS VALENZUELA

SSI - SURGICAL STAFF, INC. Effective: 11/13/2007
SURGERY STAFFING AGREEMENT Expiration:

Manager: MICHELLE DONALDSON

CLINICAL CONTRACTS

SURGISTAFF TEMPORARY STAFFING FOR SURGERY	Effective: 10/12/2005 Expiration: 11/07/2013
Manager: JAN PRESTON	
SUTTER MEDICAL CENTER OF SANTA ROSA - TRANSFER AGREEMENT TRANSFER AGREEMENT	Effective: 06/01/2004 Expiration: 05/31/2014
Manager: MARK KOBE	
SUTTER MEDICAL CENTER OF SANTA ROSA - HOSPITAL EXPERIENCE AND PRECEPTORSHIP STAFF PRECEPTORSHIPS. NEW CONTRACT UNDER NEGOTIATION.	Effective: 10/15/2005 Expiration: 08/31/2012
Manager: PAULINE HEADLEY	
TELEMED2U, LLC AGREEMENT TO PROVIDE TELEMEDICINE CONSULTATION IN REGARDS TO INFECTIOUS DISEASES	Effective: 11/01/2010 Expiration: 02/28/2013
Manager: ROBERT COHEN, M.D.	
TOURO UNIVERSITY PRECEPTORSHIP PRECEPTORSHIP AGREEMENT	Effective: 07/01/2009 Expiration:
Manager: CHRIS KUTZA	
UC DAVIS - PRECEPTORSHIP PRECEPTORSHIP AGREEMENT FOR FAMILY NURSE PRACTITIONER AND PHYSICIAN ASSISTANT TRAINEES	Effective: 10/01/2010 Expiration:
Manager: JAN PRESTON	
UC DAVIS - TELEMEDICINE AGREEMENT TO PROVIDE IN-PATIENT AND OUT-PATIENT INFECTIOUS DISEASES CONSULTATION THROUGH THE USE OF TELEMEDICINE.	Effective: 06/15/2006 Expiration: 06/30/2013
Manager: ROBERT COHEN	
UCSF PERINATAL/NEONATAL AGREEMENT PRECEPTORSHIP AND CONSULTATION AGREEMENT	Effective: 07/01/2005 Expiration: 06/30/2019
Manager: PAULINE HEADLEY	
UCSF, SCHOOL OF NURSING NURSING EDUCATION AGREEMENT	Effective: 09/17/2009 Expiration: 09/16/2014
Manager: JAN PRESTON	
UNIVERSITY OF SAN FRANCISCO NURSING PRECEPTORSHIP	Effective: 02/16/2012 Expiration: 02/15/2014
Manager: PAULINE HEADLEY	
VALLEY EMERGENCY PHYSICIANS MEDICAL GROUP, INC. AGREEMENT TO PROVIDE PHYSICIAN SERVICES TO THE EMERGENCY DEPARTMENT.	Effective: 10/05/2005 Expiration: 02/28/2013
Manager: ROBERT COHEN	

CLINICAL CONTRACTS

VERIHEALTH, INC
MEDICAL TRANSPORTATION

Effective: 12/01/2004
Expiration:

Manager: MARK KOBE

V-RAD
SERVICE AGREEMENT FOR DIAGNOSTIC RADIOLOGY

Effective: 09/30/2008
Expiration:

Manager: JACKIE LYONS

WORKWELL SYSTEMS, INC
AGREEMENT FOR SVH TO PROVIDE PRE-EMPLOYMENT SCREENING.

Effective: 07/01/2010
Expiration:

Manager: DAWN KUWAHARA

YWCA
STAFF TRAINING IN REGARDS TO DOMESTIC VIOLENCE

Effective: 08/19/1988
Expiration: 06/30/2013

Manager: MARK KOBE

NON-CLINICAL CONTRACTS

3M HEALTH INFORMATION SYSTEMS

CODING SOFTWARE LICENSES FOR MEDICAL RECORDS.

Effective: 05/30/1995

Expiration: 07/21/2015

Manager: FE SENDAYDIEGO

4PAWS WELLNESS & LEARNING

SOCIAL THERAPY CANINES FOR SNF

Effective: 10/20/2010

Expiration:

Manager: MELISSA EVANS

ABBOTT LABORATORIES - RUBY CELL-DYN

SERVICE CONTRACT FOR RUBY CELL-DYN HEMATOLOGY

Effective: 05/11/2009

Expiration: 02/10/2014

Manager: SHANNAHAN/VALENZUELA

ABBOTT NUTRITION

PRICING AGREEMENT: SETS & SOLUTIONS

Effective: 08/19/2011

Expiration:

Manager: NANCY ANGEL

ABILITY

NETWORK SERVICE AGREEMENT FOR MANAGED SERVICES FOR MEDICARE

Effective: 04/01/2010

Expiration:

Manager: RICK REID

ACCESS MEDIQUIP

MEDICAL EQUIPMENT AGREEMENT (3RD PARTY BILLING)

Effective: 04/08/2009

Expiration:

Manager: MICHELLE DONALDSON

ACCLAIM CREDIT TECHNOLOGIES

ASSIGNMENT OF ACCOUNTS, COLLECTION DUTIES, LITIGATION

Effective: 08/01/2012

Expiration:

Manager: RICK REID

ACCORD LIMITED

CONSULTANT/FACILITATOR FOR BOARD ASSESSMENT AND RETREAT

Effective: 03/31/2011

Expiration:

Manager: KELLY MATHER

ACCOUNTEMPS

TEMPORARY STAFFING AGREEMENT FOR ACCOUNTING PROFESSIONALS

Effective: 04/02/2012

Expiration:

Manager: COLLEEN WILSON

AGFA SERVICE MAINTENANCE AGREEMENT

MAINTENANCE AGREEMENT FOR IMAGING EQUIPMENT

Effective: 08/01/2008

Expiration: 07/31/2013

Manager: JACKIE LYONS

AIR LIQUIDE BULK OXYGEN

PROVIDE BULK OXYGEN

Effective: 12/15/2007

Expiration:

Manager: FACILITIES

NON-CLINICAL CONTRACTS

ALCON LABORATORIES Effective: 07/06/2010
PRICING AGREEMENT: CATARACT DISPOSABLES Expiration:

Manager: ELLEN SHANNAHAN

ALLSCRIPTS - MISYS HEALTHCARE SOFTWARE SUPPORT Effective: 10/03/2005
INFORMATION SYSTEMS FOR HOME CARE Expiration:

Manager: FE SENDAYDIEGO

AMERICAN CHILLER SERVICE, INC Effective: 10/23/2008
THIS IS CHILLER SERVICE FOR THE SIEMENS 64-SLICE CT, ASSET NUMBER 006005 Expiration:

Manager: FACILITIES

AMERINET - GPO Effective: 04/14/2009
PRICING AGREEMENT: BRACCO CONTRAST MEDIA Expiration:

Manager: ELLEN SHANNAHAN

AMERISOURCE BERGEN Effective: 10/01/2012
Expiration: 09/30/2017

Manager: CHRIS KUTZA

ANGELICA TEXTILE SERVICES, INC Effective: 12/10/1988
LINEN CONTRACT Expiration:

Manager: SHERYL STARR

APRIA Effective: 05/29/2012
PRICING AGREEMENT: CONSIGNMENT WALKERS, CANES, AND CRUTCHES Expiration:

Manager: ELLEN SHANNAHAN

ARCHER NORRIS Effective: 10/01/2011
LITIGATION/ADVERSARIAL SERVICES Expiration:

Manager: KELLY MATHER

AT&T LOCAL AND LONG DISTANCE Effective: 05/20/2008
SERVICE AGREEMENT FOR ILEC ISDN Expiration: 11/07/2014

Manager: BEVERLY SEYFERT

AT&T MANAGED INTERNET SERVICES Effective: 10/27/2006
AGREEMENT FOR MANAGED INTERNET SERVICES Expiration:

Manager: FE SENDAYDIEGO

BAY ALARM - OFFSITE Effective: 08/13/2007
ONGOING BURGLAR ALARM SERVICE AND MONITORING FOR OFFSITE FACILITIES -
WOMEN'S HEALTH AND HOMECARE Expiration:

Manager: FACILITIES

NON-CLINICAL CONTRACTS

BD - SERVICE FOR BACTEC 9120 Effective: 07/08/2012
SERVICE AGREEMENT FOR BACTEC 9120 Expiration: 07/06/2015

Manager: PAM WILEY

BDM, LTD Effective: 03/27/2012
INTERNATIONAL DEBT COLLECTION SERVICE Expiration:

Manager: RICK REID

BEST - BETA EQUIPMENT SUPPORT & TECHNOLOGY Effective: 07/12/2007
INSURANCE COVERAGE FOR HEALTH CARE EQUIPMENT Expiration:

Manager: ELLEN SHANNAHAN

BETA HEALTHCARE Effective: 08/24/2001
LIABILITY INSURANCE Expiration:

Manager: JEANNETTE TARVER

BRACCO DIAGNOSTICS Effective: 12/31/2007
PRICING AGREEMENT: CONTRAST MEDIA SUPPLIES Expiration: 12/31/2014

Manager: JACKIE LYONS

CAHHS - JOINT UNEMPLOYMENT INSURANCE PROGRAM Effective: 01/01/1978
AGREEMENT TO PARTICIPATE IN CALIFORNIA HOSPITAL ASSOCIATION JOINT
UNEMPLOYMENT INSURANCE PROGRAM Expiration:

Manager: PAULA DAVIS

CALIFORNIA HEALTH COLLABORATIVE Effective: 01/01/2005
CANCER REGISTRY Expiration:

Manager: CELIA LENSON

CANTRELL DRUG COMPANY Effective: 10/18/2012
Expiration: 12/31/2015

Manager:

CARDIAC SCIENCE Effective: 08/01/2009
Expiration: 07/31/2013

Manager: KATHY COLE

CHANCELLOR CONSULTING GROUP, INC. Effective: 06/03/2011
ASSESSMENT OF THE CURRENT HEALTH PLAN AGREEMENTS Expiration:

Manager: RICK REID

CINGULAR WIRELESS, LLC - ANTENNA LEASE Effective: 01/27/1993
LEASE AGREEMENT FOR CINGULAR TO UTILIZE SVH ROOFTOP FOR CELLULAR
EQUIPMENT Expiration: 08/31/2013

Manager: FACILITIES

NON-CLINICAL CONTRACTS

CINTAS - DOCUMENT SHREDDING
DOCUMENT SHREDDING AGREEMENT

Effective: 06/01/2011
Expiration: 06/01/2014

Manager: SHERYL STARR

CINTAS - SCRAPER MATS

Effective: 09/01/2012
Expiration: 08/31/2015

Manager: SHERYL STARR

COMCAST, GUEST INTERNET SVCS.
INTERNET ACCESS

Effective: 01/10/2008
Expiration:

Manager: FE SENDAYDIEGO

COMCAST, INTERNET SERVICES
INTERNET ACCESS

Effective: 05/04/2006
Expiration:

Manager: FE SENDAYDIEGO

COMMERCIAL ENERGY OF CALIFORNIA
NATURAL GAS PURCHASE AGREEMENT

Effective: 02/01/2009
Expiration: 06/30/2013

Manager: FACILITIES

CONMED LINVATEC
PRICING AGREEMENT: SERVICE PROGRAM

Effective: 12/10/2009
Expiration:

Manager: ELLEN SHANNAHAN

COOK PAGING
PAGER SERVICE

Effective: 12/10/2007
Expiration:

Manager: BEVERLY SEYFERT

COSCO FIRE PROTECTION
INSPECT AND TEST FIRE EQUIPMENT FOUR TIMES A YEAR.

Effective: 03/01/2012
Expiration:

Manager: FACILITIES

COSS, KEVIN
CONTRACT CONSULTING

Effective: 06/26/2012
Expiration: 08/16/2013

Manager: RICK REID

COUNTY OF SONOMA, DHS, EMERGENCY PLANNING & PREPAREDNESS AGREEMENT
MOU TO COLLABORATE WITH OTHER HEALTH ORGANIZATIONS, THE DHS, EMS AND COUNTY OF SONOMA IN THE EVENT OF A DISASTER.

Effective: 11/15/2005
Expiration: 06/29/2013

Manager: MARK KOBE

DANIELS SHARPSMART
MEDICAL WASTE DISPOSAL FOR SHARPS

Effective: 06/01/2011
Expiration: 06/01/2014

Manager: SHERYL STARR

NON-CLINICAL CONTRACTS

DELTA DENTAL OF CALIFORNIA Effective: 01/01/2007
DENTAL HEALTH PLAN FOR SVH EMPLOYEES Expiration: 12/31/2012

Manager: PAULA DAVIS

DEPUY ORTHOPAEDICS, INC Effective: 11/01/2008
PRICING AGREEMENT Expiration: 11/21/2014

Manager: ELLEN SHANNAHAN

DEZEMBER, ROBIN Effective: 04/18/2011
LEGAL CONSULTING IN RESPECT TO PATIENTS OF NAPA STATE HOSPITAL Expiration:

Manager: KELLY MATHER

DIAGNOSTICA STAGO, INC Effective: 02/12/2009
ONE YEAR SERVICE AGREEMENT Expiration: 02/11/2013

Manager: VALENZUELA/SHANNAHAN

DIGNITY HEALTH Effective: 12/01/2011
AFFILIATE AGREEMENT FOR PREMIER PURCHASING Expiration:

Manager: RICK REID

DISCOVERY OFFICE SYSTEMS Effective: 07/02/2009
PRICING AGREEMENT: PARTS, LABOR, DRUM, DEVELOPER AND TONER FOR THE KIP/KIP
3100 Expiration:

Manager: FACILITIES

DIVERSIFIED HEALTHCARE RESOURCES, INC. Effective: 05/16/2011
MEDI-CAL AND GOVERNMENT PROGRAM ELIGIBILITY Expiration: 05/15/2013

Manager: RICK REID

EMPIRE ELEVATOR Effective: 03/30/2001
ELEVATOR REPAIR CONTRACT Expiration: 12/31/2012

Manager: FACILITIES

EXIT-WRITER Effective: 03/14/2008
SOFTWARE LICENSE Expiration: 03/14/2014

Manager: FE SENDAYDIEGO

FIRST AMERICAN LEASING Effective: 08/23/2011
MASTER LEASE FOR X-RAY ROOM/CARESTREAM Expiration: 08/22/2016

Manager: RICK REID

FIRST FINANCIAL HEALTHCARE SOLUTIONS Effective: 04/12/2011
MASTER LEASE AGREEMENT FOR ELECTRONIC HEALTH RECORDS Expiration: 03/31/2014

Manager: RICK REID

NON-CLINICAL CONTRACTS

FORT DOCS

RECORD MANAGEMENT SERVICES

Effective: 07/01/2008

Expiration: 07/01/2013

Manager: CELIA LENSON

GE HEALTHCARE FINANCIAL SERVICES - LOAN

LOAN

Effective: 03/04/2010

Expiration: 03/03/2016

Manager: JEANNETTE TARVER

GE HEALTHCARE FINANCIAL SERVICES - SECURED LOAN

SECURED LOAN

Effective: 09/07/2010

Expiration: 09/06/2013

Manager: RICK REID

GE SERVICE - ANESTHESIA

SERVICE OF ANESTHESIA MACHINES

Effective: 01/01/2008

Expiration: 12/31/2013

Manager: FACILITIES

GE SERVICE - ANESTHESIA MACHINES

SERVICE AGREEMENT FOR DATEX-OHMEDA SERVICE ANESTHESIA MACHINES

Effective: 01/01/2011

Expiration: 12/31/2014

Manager:

GE SERVICE - C-ARM 9900

5 YR SERVICE AGREEMENT FOR C-ARM 9900

Effective: 06/17/2011

Expiration: 06/16/2017

Manager: JACKIE LYONS

GE SERVICE - C-ARM ULTIMACARE

ULTIMACARE WITH GLASS SERVICE CONTRACTS FOR C-ARMS 9800 & 9900

Effective: 07/19/2010

Expiration:

Manager: JACKIE LYONS

GE SERVICE - MOBILE MRI

SERVICE CONTRACT FOR MOBILE MRI VAN

Effective: 07/06/2011

Expiration: 07/05/2018

Manager: JACKIE LYONS

GEMINI DIVERSIFIED SERVICES, INC.

CREDENTIAL VERIFICATION SERVICE

Effective: 09/19/2011

Expiration:

Manager: LESLIE LOVEJOY

GERBER LIFE INSURANCE CO. (VISION CARE)

VISION CARE INSURANCE FOR EMPLOYEES

Effective: 01/01/2010

Expiration: 12/31/2012

Manager: RAYLENE WEST

GERSTMAN, PHYLLIS, RHIA, CCS

MEDICAL RECORDS CODER

Effective: 02/21/2000

Expiration: 10/31/2013

Manager: CELIA LENSON

NON-CLINICAL CONTRACTS

GUARDIAN BIOMEDICAL SERVICES

CONSULTANT AGREEMENT FOR PREVENTATIVE MAINTENANCE INSPECTION OF MEDICAL EQUIPMENT

Manager: FACILITIES

Effective: 08/01/2005

Expiration:

HAROLD WELLS ASSOC., INC - APC UPS SYSTEM

SERVICE AGREEMENTS FOR: UPS IN SERVER ROOM AND GALAXY 4000

Manager: FE SENDAYDIEGO

Effective: 09/10/2009

Expiration: 11/02/2013

HEALTH SERVICES ADVISORY GROUP (HSAG) - HOMECARE

REVIEW ORGANIZATION USED BY MEDICARE TO REVIEW HOSPITAL/SNF/HOMECARE CHARGES FOR MEDICARE PATIENTS

Manager: MARK KOBE

Effective: 11/24/2008

Expiration:

HEALTHCARE ACADEMIES, LLC

DEVELOPER OF RESEARCH, PUBLICATIONS, AND SERVICES

Manager: MARNI RICHARDS

Effective: 12/13/2011

Expiration: 12/12/2014

HEALTHSTREAM

MASTER SERVICE AGREEMENT FOR LEARNING CENTER LICENSES AND SOFTWARE

Manager: PAULA DAVIS

Effective: 03/10/2011

Expiration: 03/10/2014

HOLOGIC, INC. - FLUOROSCAN

OR X-RAY EQUIPMENT SERVICE PLAN

Manager: JACKIE LYONS

Effective: 01/22/2008

Expiration: 02/06/2015

HONEYWELL INC

HVAC TEMPERATURE CONTROL MAINTENANCE

Manager: FACILITIES

Effective: 09/11/1992

Expiration:

HOSPIRA WORLDWIDE, INC.

PRICING AGREEMENT

Manager: ELLEN SHANNAHAN

Effective: 09/15/2009

Expiration: 07/31/2014

HUNTLEIGH HEALTHCARE

PRICING AGREEMENT: ARJOHUNTLEIGH INTERMITTANT PNEUMATIC COMPRESSION (IPC) PRODUCTS

Manager: ELLEN SHANNAHAN

Effective: 05/15/2009

Expiration: 05/14/2014

ICAD, INC. MAMMO SERVICE AGREEMENT

DIAMOND SERVICE PLAN AGREEMENT FOR "TOTAL LOOK" (AT SVH) AND "SECOND LOOK" (AT WOMEN'S CENTER)MAMMOGRAPHY.

Manager: JACKIE LYONS

Effective: 10/21/2009

Expiration: 10/20/2013

IDEA CONSULTING GROUP

SOFTWARE LICENSE AND MAINTENENCE

Manager: JEANNETTE TARVER

Effective: 01/29/2009

Expiration:

NON-CLINICAL CONTRACTS

IMPLANTIUM, LLC Effective: 12/20/2007
SUPPLIER OF SURGICAL IMPLANTS (SPINAL) Expiration: 12/20/2014

Manager: MICHELLE DONALDSON

INFO STOR, INFORMATION STORAGE CENTERS INC. Effective: 09/24/2003
STORAGE OF IS FILES Expiration:

Manager: FE SENDAYDIEGO

INTEGRITY DOCUMENT SOLUTIONS, INC Effective: 11/01/2010
AGREEMENT TO PROVIDE SVH WITH PERSONNEL TO PERFORM CLERICAL DUTIES IN REGARDS TO RELEASE OF INFORMATION REQUESTS (ROI) Expiration: 10/31/2013

Manager: CELIA LENSON

INTERACTIVATION HEALTH NETWORKS Effective: 04/01/2010
ACCESS TO THE PATIENT CHANNEL OFFERING HEALTH AND WELLNESS PROGRAMMING Expiration: 03/31/2015

Manager: MARK KOBE

IVANTAGE HEALTH ANALYTICS, INC. Effective: 09/01/2012
Expiration: 08/31/2014

Manager: KELLY MATHER

JOHNSON & JOHNSON - STERRAD LEASE Effective: 07/02/2011
TWO YEAR SERVICE AGREEMENT OR STERRAD STERILIZATION SYSTEM Expiration: 07/01/2013

Manager: MICHELLE DONALDSON

JOURNAL WATCH Effective: 02/10/2011
MASSACHUSETTS MEDICAL SOCIETY WEBSITE SUBSCRIPTION AGREEMENT Expiration: 02/09/2013

Manager: RICK REID

JTEC HEALTHCARE CONSTRUCTION MANAGEMENT Effective: 03/26/2009
CONSTRUCTION MANAGEMENT: UTILITY PLANT, HVAC, MED & IS WIRING Expiration:

Manager: KELLY MATHER

KENTFIELD HOSPITAL Effective: 08/01/2012
Expiration: 07/30/2014

Manager: KELLY MATHER

KMA ASSOCIATES Effective: 07/01/1996
AGREEMENT TO PROVIDE DRG CODING AUDITS FOR MEDICARE PATIENTS Expiration:

Manager: CELIA LENSON

KRONOS, INC. Effective: 12/01/2007
MASTER LEASE AGREEMENT FOR WORKFORCE TIMEKEEPER Expiration: 02/09/2014

Manager: FE SENDAYDIEGO

NON-CLINICAL CONTRACTS

KUEBLER, MELINDA - RADIOLOGY TRANSCRIPTION
AGREEMENT TO PROVIDE RADIOLOGY TRANSCRIPTION

Effective: 12/11/2007
Expiration:

Manager: JACKIE LYONS

LABOR COMPLIANCE SPECIALISTS - CONSULTING
LABOR COMPLIANCE CONSULTING FOR FACILITY UPGRADE PROJECT

Effective: 12/01/2011
Expiration: 08/04/2013

Manager: KELLY MATHER

LOVING ANIMALS PROVIDING SMILES (LAPS)
PET THERAPY FACILITY AGREEMENT

Effective: 03/14/2011
Expiration:

Manager: MELISSA EVANS

MARIN GENERAL HOSPITAL - AFFILIATION
MANAGEMENT AND AFFILIATION AGREEMENT BETWEEN SVH AND MGH

Effective: 05/12/2011
Expiration:

Manager: KELLY MATHER

MARIN GENERAL HOSPITAL - ANCILLARY SERVICES
COVERED SERVICES FOR MARIN EMPLOYEE MEMBERS

Effective: 01/01/2012
Expiration:

Manager: KELLY MATHER

MARIN IPA (MIPA)
AGREEMENT FOR MANAGEMENT SERVICES PROVIDED TO SVH FOR NAPA STATE
HOSPITAL PATIENTS

Effective: 09/01/2010
Expiration:

Manager: DR. ROBERT COHEN

MCKESSON - VOLUME II PARAGON
CONTRACT SUPPLEMENT FOR PARAGON SOFTWARE

Effective: 12/21/2001
Expiration:

Manager: FE SENDAYDIEGO

MCKESSON - VOLUME IV OR SCHEDULE/CHARGES
CONTRACT SUPPLEMENT FOR OR SCHEDULING AND CHARGING (INCLUDES DE LAGE
LANDEN LEASE)

Effective: 09/09/2010
Expiration: 09/08/2015

Manager: FE SENDAYDIEGO

MCKESSON - VOLUME V CCMD/CERMe
MASTER AGREEMENT FOR SOFTWARE LICENSES FOR CAREENHANCE CLINICAL
MANAGEMENT (CCMS) AND CAREENHANCE REVIEW MANAGER ENTERPRISE (CERMe)

Effective: 03/28/2011
Expiration:

Manager: LESLIE LOVEJOY

MCKESSON - VOLUME VI ELECTRONIC HEALTH RECORDS
INCLUDES FIRST FINANACIAL MASTER LEASE AGREEMENT AND MED ONE EQUIPMENT
LEASE AGREEMENT

Effective: 04/12/2011
Expiration: 03/31/2014

Manager: FE SENDAYDIEGO

MCKESSON - VOLUME VII CITRIX SERVICE
CITRIX SERVICE MAINTENANCE - SYSTEM CARE CONNECT 2000 BASIC

Effective: 12/12/2011
Expiration:

Manager: FE SENDAYDIEGO

NON-CLINICAL CONTRACTS

MCN HEALTHCARE - ELLUCID POLICY MANAGER

SOFTWARE LICENSES: ELLUCID POLICY MANAGER AND LIBRARY, AND STAY ALERT EMAIL

Effective: 03/17/2011

Expiration: 03/16/2014

Manager: LESLIE LOVEJOY

MD BUYLINE

BENCHMARKING SERVICE FOR CAPITAL EQUIPMENT

Effective: 10/27/2009

Expiration: 12/31/2015

Manager: ELLEN SHANNAHAN

MD RANGER INC.

SUBSCRIPTION FOR COMPENSATION BENCHMARKING PHYSICIANS

Effective: 01/26/2011

Expiration:

Manager: RICK REID

MED ASSETS NET REVENUE SYSTEMS (ACCURO)

MEDICAL CODING SUBSCRIPTION

Effective: 01/31/2008

Expiration: 01/04/2013

Manager: RICK REID

MEDASSETS

PRICING AGREEMENT: WOUND CLOSURE AND ENDO-MECHANICAL PRODUCTS

Effective: 03/20/2006

Expiration:

Manager: ELLEN SHANNAHAN

MEDISCRIBES, INC.

MEDICAL TRANSCRIPTION SERVICE USED BY MEDICAL RECORDS

Effective: 08/31/2010

Expiration: 08/30/2013

Manager: CELIA LENSON

MEDTRONIC NEUROLOGICAL - PRICING AGREEMENT

PRICING AGREEMENT: SPINAL CORD STIMULATION PRODUCTS

Effective: 06/15/2009

Expiration: 07/30/2014

Manager: ELLEN SHANNAHAN

MOSS-ADAMS LLP

AUDITING THE 6/30/11 BALANCE SHEET

Effective: 09/12/2011

Expiration:

Manager: RICHARD REID, CFO

MUTUAL OF OMAHA - DISABILITY INSURANCE

LONG TERM DISABILITY INSURANCE FOR SVH EMPLOYEES. INCLUDES BASIC AND ENANCED OPTIONS.

Effective: 01/01/2011

Expiration:

Manager: RAYLENE WEST

NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

MOA FOR DEFINITIVE MEDICAL CARE IN THE EVENT OF A NATIONAL DISASTER

Effective: 02/11/2002

Expiration: 11/30/2016

Manager: MARK KOBE

NAVISITE, INC

EMAIL PROVIDER

Effective: 04/12/2005

Expiration: 12/01/2013

Manager: FE SENDAYDIEGO

NON-CLINICAL CONTRACTS

NEARTERM CORPORATION Effective: 02/16/2012
TO PROVIDE AN INTERIM BUSINESS OFFICE DIRECTOR / PATIENT ACCOUNTING MANAGER Expiration:

Manager: RICK REID

NOVASURE EQUIPMENT LEASE - AMARA Effective: 04/01/2012
EQUIPMENT LEASE FOR NOVASURE Expiration: 03/31/2013

Manager: MICHELLE DONALDSON

NUTRICOPIA Effective: 06/01/2005
DIETETIC CONSULTANT SERVICES Expiration: 01/31/2013

Manager: MARY FINKENBINDER

OCCUPATIONAL HEALTH : FIRST HEALTH Effective: 09/11/1989
MEDICAL PROVIDER NETWORK Expiration:

Manager: DAWN KUWAHARA

OCS HOMECARE Effective: 10/22/2009
PATIENT SATISFACTION SURVEYS Expiration:

Manager: BARBARA LEE

OLYMPUS AMERICA, INC Effective: 10/01/2006
LEASE OF ENDOSCOPIC EQUIPMENT Expiration: 12/21/2013

Manager: MICHELLE DONALDSON

OPTIMAL PHONE INTERPRETERS Effective: 04/16/2008
LANGUAGE INTERPRETATION SERVICES Expiration:

Manager: LISA DUARTE

ORKIN SERVICES OF CALIFORNIA, INC. Effective: 12/15/2011
PEST CONTROL Expiration: 12/31/2012

Manager: FACILITIES

ORTHO CLINICAL - VITROS 5600/SUPPLY - PURCHASING AGREEMENT Effective: 07/13/2009
PRICING AGREEMENT: VITROS 5600 SUPPLIES Expiration: 11/20/2013

Manager: ELLEN SHANNAHAN

OWENS & MINOR DISTRIBUTION, INC. Effective: 05/01/2009
DISTRIBUTION SERVICES Expiration: 02/28/2017

Manager: ELLEN SHANNAHAN

PACIFIC BIOMED Effective: 02/01/2008
MAINTENANCE AGREEMENT FOR VENTILATOR SERVICE Expiration: 06/13/2013

Manager: KATHY COLE

NON-CLINICAL CONTRACTS

PALM DRIVE HOSPITAL Effective: 07/01/2012
SHARED SERVICES AGREEMENT Expiration:

Manager: KELLY MATHER

PAPERLESS PAY CORPORATION Effective: 05/30/2012
WEB SERVICE FOR ELECTRONIC PAY STUBS Expiration: 05/29/2015

Manager: JEANNETTE TARVER

PARA (PETER A RIPPER & ASSOCIATES) Effective: 03/15/2004
SERVICE AGREEMENT TO PROVIDE ASSISTANCE WITH ANALYSIS OF FINANCIAL OPERATIONS Expiration:

Manager: RICK REID

PETRAK & ASSOCIATES, INC. Effective: 12/01/2011
HEALTHCARE REIMBURSEMENT CONSULTING Expiration:

Manager: RICK REID

PhDX SYSTEMS, INC. Effective: 01/14/2011
SUBSCRIPTION AND SERVICE AGREEMENT FOR PHYSICIAN RESEARCH NETWORK - KNEE AND HIP ARTHROPLASTY. Expiration:

Manager: ROBERT COHEN

PHILIPS MEDICAL SYSTEMS Effective: 08/18/2006
LICENSE AND SERVICE OF PHILIPS SYSTEM FOR VIEWING AND ARCHIVING MEDICAL IMAGES Expiration: 08/18/2013

Manager: JACKIE LYONS

PIRAMAL Effective: 06/03/2011
LEASE AGREEMENT FOR ANESTHESIA VAPORIZERS Expiration: 06/02/2014

Manager: CHRIS KUTZA

PITNEY BOWES - POSTAGE METER Effective: 06/01/2006
MAINTENANCE ON DIGITAL MAILING SYSTEM #PB DM 500 Expiration: 04/25/2017

Manager: MARNI RICHARDS

PLANTS PLUS Effective: 03/17/2009
RENTAL AND MAINTENANCE AGREEMENT FOR PLANTS IN THE LOBBY. Expiration: 03/01/2013

Manager: ELLEN SHANNAHAN

PRAXAIR HEALTHCARE SERVICES Effective: 01/15/2007
PRODUCT SUPPLY AGREEMENT FOR MEDICAL GASES Expiration:

Manager: FACILITIES

PRESS GANEY Effective: 09/20/2010
SHORT TERM CONTRACT FOR MEASUREMENT AND IMPROVEMENT SERVICES IN REGARDS TO SVH EMPLOYEES Expiration: 12/31/2013

Manager: PAULA DAVIS

NON-CLINICAL CONTRACTS

PRIMA MEDICAL FOUNDATION - FUNDING AGREEMENT

FUNDING AGREEMENT

Effective: 03/01/2011

Expiration:

Manager: KELLY MATHER

PRIORITY INTEGRATED MARKETING

SERVICE AGREEMENT FOR MARKETING, ADVERTISING, SIGNAGE AND WEBSITE DEVELOPMENT

Effective: 05/20/2011

Expiration:

Manager: KELLY MATHER

PROPERTY LEASE 1151 BROADWAY, SONOMA

HOME CARE OFFICE LEASE

Effective: 11/01/2005

Expiration:

Manager: BARBARA LEE

PROPERTY LEASE 19312 SONOMA HWY

PROPERTY LEASE FOR 19312 SONOMA HWY FOR PT AND PATIENT ACCT.

Effective: 04/12/2011

Expiration: 04/11/2016

Manager: KELLY MATHER

PROPERTY LEASE 246 PERKINS ST., SONOMA

WOMEN'S HEALTH & WELLNESS

Effective: 05/01/2008

Expiration: 05/01/2013

Manager: JACKIE LYONS

PROPERTY LEASE 651 FIRST STREET WEST

PROPERTY LEASE FOR 651 FIRST STREET WEST SUITES H,J & L

Effective: 03/01/2011

Expiration: 02/28/2015

Manager: KELLY MATHER

PROPERTY LEASE SOUTH LOT

LEASE FOR THE SOUTH PARKING LOT.

Effective: 09/01/2009

Expiration: 08/31/2013

Manager: KELLY MATHER

PROVATION - WOLTERS KLUWER HEALTH, INC.

SUBSCRIPTION FOR PROVATION PHYSICIAN ORDER SETS FROM WOLTER KLUWER HEALTH. INCLUDES MASTER LEASE AGREEMENT WITH CREEKRIDGE CAPITAL

Effective: 03/31/2011

Expiration: 03/30/2016

Manager: ROBERT COHEN

PROVOX / ATRIX TECHNOLOGIES

SOFTWARE SUPPORT AND MAINTENENCE AGREEMENT

Effective: 10/01/2001

Expiration: 04/30/2013

Manager: FE SENDAYDIEGO

PYXSIS - CAREFUSION

MEDICATION DELIVERY SYSTEM MASTER SUPPORT AGREEMENT

Effective: 09/14/2007

Expiration: 03/31/2014

Manager: CINDY LAI

REACH IPS

COLD SITE DATE STORAGE ASSESSMENT

Effective: 06/20/2012

Expiration:

Manager: RICK REID

NON-CLINICAL CONTRACTS

REDWOOD MEDNET, INC. HEALTH INFORMATION EXCHANGE SERVICE	Effective: 06/30/2011 Expiration:
Manager: FE SENDAYDIEGO	
RELAYHEALTH - ePREMIS CLAIMS MANAGEMENT CONTRACT	Effective: 09/30/2009 Expiration: 09/29/2014
Manager: JEANNETTE TARVER	
SEMPERMED USA, INC. PRICING AGREEMENT: SEMPERMED PRODUCTS THROUGH OWENS & MINOR	Effective: 01/01/2008 Expiration:
Manager: ELLEN SHANNAHAN	
SEVENEX GROUP, THE	Effective: 10/15/2012 Expiration: 04/14/2015
Manager: RICK REID	
SIEMENS MEDICAL SOL. - ACUSON SC2000 GOLD SERVICE CONTRACT FROM END OF WARRANTY (6/8/2012)	Effective: 06/08/2011 Expiration: 06/08/2016
Manager: JACKIE LYONS	
SIEMENS MEDICAL SOL.- 64 CT SUPPORT SERVICES	Effective: 02/25/2008 Expiration: 01/31/2014
Manager: JACKIE LYONS	
SIEMENS MEDICAL SOL.- MAMMO/SERVICE GOLD CONTRACT FOR ASSET # 106001	Effective: 09/26/2009 Expiration: 09/25/2014
Manager: JACKIE LYONS	
SIEMENS MEDICAL SOL.- MAMMOGRAPHY MASTER LEASE AGREEMENT FOR MAMMOGRAPHY LASER IMAGER	Effective: 10/30/2008 Expiration: 10/30/2013
Manager: JACKIE LYONS	
SIEMENS MEDICAL SOL.- RADIOLOGY INFO SYSTEM CONTRACT FOR RADIOLOGY INFORMATION SYSTEMS	Effective: 08/18/2006 Expiration:
Manager: JACKIE LYONS	
SODEXO MANAGEMENT AGREEMENT FOR SODEXO TO MANAGE AND OPERATE THE AREAS OF PLANT OPERATIONS, ENVIRONMENTAL SERVICES AND NUTRITION.	Effective: 10/04/2010 Expiration: 10/03/2015
Manager: KELLY MATHER	
SOFTCHOICE MASTER SERVICES AGREEMENT FOR CITRIX CONSULTING	Effective: 08/11/2011 Expiration: 09/21/2013
Manager: FE SENDAYDIEGO	

NON-CLINICAL CONTRACTS

SONOMA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES- PATERNITY PROGRAM
TO PROVIDE UNMARRIED MOTHERS AND FATHERS A DECLARATION OF PATERNITY.

Effective: 01/01/1995
Expiration: 09/30/2014

Manager: CELIA LENSON

SONOMA COUNTY OFFICE OF EDUCATION (SCOE)
STUDENT VOCATIONAL TRAINING

Effective: 08/24/1999
Expiration: 06/30/2013

Manager: PAULA DAVIS

SONOMA VALLEY GREETING SERVICE
INFORMATION REGARDING SVH TO NEW RESIDENTS IN SONOMA

Effective: 08/07/2008
Expiration:

Manager: HARMONY PLENTY

SPACELABS - SOFTWARE SUPPORT
SOFTWARE SUPPORT AGREEMENT FOR ICS

Effective: 07/15/2011
Expiration: 06/30/2013

Manager: FE SENDAYDIEGO

STANLEY SECURITY SOLUTIONS
SECURITY

Effective: 08/04/2010
Expiration:

Manager: FACILITIES

STUDER GROUP, LLC
LEADERSHIP DEVELOPMENT CONSULTATION AND SOFTWARE

Effective: 03/01/2011
Expiration: 02/28/2014

Manager: KELLY MATHER

SUTURE EXPRESS
PRICING AGREEMENT: SUTURES

Effective: 04/27/2010
Expiration:

Manager: ELLEN SHANNAHAN

THOMSON REUTERS - KINETIDEX SUBSCRIPTION
KINETIDEX CD WIN A SYSTEM SUBSCRIPTION

Effective: 09/30/2011
Expiration: 09/29/2013

Manager: FE SENDAYDIEGO

TOSHIBA / ZOOM IMAGING SOLUTIONS, INC
LEASE CONTRACT FOR COPIERS

Effective: 11/15/2008
Expiration: 10/31/2013

Manager: ELLEN SHANNAHAN

TRANSUNION - OMNI SPOT CHECK
SERVICE FOR MED DATA / OMNI SPOT CHECK SYSTEM

Effective: 02/24/2006
Expiration:

Manager: MARNI RICHARDS

TRILOGI, INC.
ACCOUNT RECOVERY SERVICES

Effective: 01/15/2012
Expiration:

Manager: RICK REID

NON-CLINICAL CONTRACTS

TRISTAR Effective: 01/01/1997
ADMINISTRATION CONTRACT FOR WORKERS COMPENSATION Expiration: 06/30/2014

Manager: PAULA DAVIS

TULLY-WIHR Effective: 07/11/2007
PRICING AGREEMENT: FORMS Expiration:

Manager: ELLEN SHANNAHAN

UCDAVIS -TELEHEALTH EQUIPMENT Effective: 10/06/2011
eHEALTH EQUIPMENT LOAN AGREEMENT Expiration: 06/30/2013

Manager: MARK KOBE

UNITED HEALTHCARE - HMO A Effective: 01/01/2010
EMPLOYEE HEALTH PLAN - HMO A Expiration: 12/31/2012

Manager: PAULA DAVIS

UNITED HEALTHCARE - HMO B Effective: 01/01/2010
EMPLOYEE HEALTH PLAN - HMO B Expiration: 12/31/2012

Manager: PAULA DAVIS

UNITED HEALTHCARE INSURANCE CO. (PPO) Effective: 01/01/2010
EMPLOYEE HEALTH INSURANCE (PPO) - PART OF PACIFICARE CONTRACT Expiration: 12/31/2012

Manager: PAULA DAVIS

UNIVERSAL PROTECTION SERVICE Effective: 02/01/2012
SECURITY PERSONNEL Expiration: 01/31/2013

Manager: FACILITIES

UP-TO-DATE, INC Effective: 05/01/2010
CLINICAL SUBSCRIPTION DATABASE Expiration: 04/30/2013

Manager: ROBERT COHEN

VERA BERG & ASSOCIATES Effective: 10/01/2011
AGREEMENT FOR FUNDRAISING CAMPAIGN DIRECTOR Expiration: 07/06/2013

Manager: KELLY MATHER

VERATHON - WARRANTY EXTENSION Effective: 02/29/2012
GVL - LARGE & MEDIUM BLADE PREMIUM FOUR YEAR TCC WARRANTY EXTENSION Expiration: 02/28/2013

Manager: MICHELLE DONALDSON

WALDRON LANDSCAPING Effective: 10/01/2007
AGREEMENT FOR GROUNDS LANDSCAPING MAINTENANCE Expiration:

Manager: FACILITIES

NON-CLINICAL CONTRACTS

WELLNESS NETWORK

SUBSCRIPTION FOR ACCESS TO THE PATIENT CHANNEL

Effective: 03/17/2010

Expiration:

Manager: LESLIE LOVEJOY

WELLNESS PATHWAYS - LESLIE LOVEJOY

CONSULTATION REGARDING QUALITY AND RESOURCE MANAGEMENT

Effective: 12/01/2010

Expiration: 05/30/2013

Manager: KELLY MATHER

WESTCON MEDICAL INDUSTRIES, INC

PRICING AGREEMENT: AMSINO MEDICAL PRE-FILLED SYRINGES

Effective: 05/08/2008

Expiration:

Manager: ELLEN SHANNAHAN

WILDFIREWEB, INC

HOSTING AGREEMENT FOR SVH.COM DOMAIN

Effective: 04/23/2009

Expiration:

Manager: BEVERLY SEYFERT

WINCARE

SOFTWARE LICENSING AGREEMENT

Effective: 09/16/1994

Expiration:

Manager: FE SENDAYDIEGO

WYETH PHARMACEUTICALS

RESEARCH PROJECT FOR DR. CHAGNON

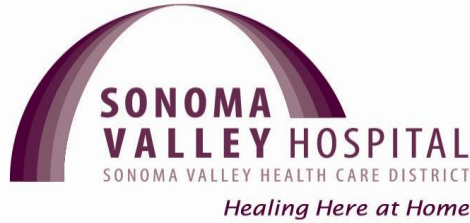
Effective: 08/12/2008

Expiration: 08/11/2013

Manager: ROBERT COHEN

14.C.

GOVERNANCE
COMMITTEE



POLICY CONCERNING CONFIDENTIAL INFORMATION

State and Federal laws, as well as ethical obligations, require that information concerning the care, condition and treatment of our patients be treated as confidential matters.

Accordingly, other hospital information including departmental, operational, statistical and financial data should be held in similar confidence. No confidential information may be used by any individual connected with the hospital for their own purposes.

Any and all inquiries by members of the media concerning the Hospital and/or its patients should be referred to the office of the President/CEO. Confidential material is not to be shared or communicated to the press, public or staff. Documents subject to disclosure pursuant to the California Public Records Act will not be deemed to be subject to this Policy. Questions concerning the applicability of the California Public Records Act to a document will be submitted to Administration for legal review.

Board members, committee members and staff are reminded that failure to adhere to this policy may result in possible employment or legal ramifications.

ACKNOWLEDGEMENT

I acknowledge that I understand my obligation to keep information concerning hospital business and patient information confidential.

Signature

Date

Print Name



Meeting Date: December 6, 2012

Prepared by: Kevin Carruth, Chair, Governance Committee
Peter Hohorst, Board Chair

Agenda Item Title: Amending the District Bylaws

Recommendation:

The Board directs the following changes to the District Bylaws:

1. Remove the Citizen Advisory Committee and add the Citizens' Bond Oversight Committee (CBOC);
2. Add District residency requirements for all Board Committees and the United States citizenship requirement for the CBOC;
3. Add a prohibition against District and SVH employees, consultants, contractors, and their family members from being appointed and serving on all Board Committees.

Background:

The Citizen Advisory Committee is not a committee used or needed to assist the Board and there are no members on the committee. Should this or any additional Board Committees be needed in the future they can be added by amending the District Bylaws.

The CBOC is a committee established by the voters and is a functioning Board Committee with full membership. It should be listed in the Board Bylaws. This corrects that inadvertent oversight.

The CBOC calls out that it is a "citizen" committee and, therefore, the Board should require United States citizenship of all appointees. Further, since all Board Committees are serving to assist the Board in its role, and since Board members are required to be District residents, by extension the Board should require all Board Committee appointees to be District residents.

All Board Committees have oversight of the District as a part of their committee charter, and in that role they are aiding the Board in its oversight of the District and the CEO. It is, therefore, not appropriate to appoint District or SVH employees, consultants, contractors, or their family members to Board Committees thereby creating circular relationships where the CEO manages/supervises the staff, consultants and contractors and in turn they, or their families, have an oversight role regarding the District and SVH, and by implication the CEO. Employees, consultants, contractors, and their family members are always welcome and encouraged to attend Board Committee meetings, provide public

comment on matters not on the agenda, and testify in regard to matters on the agenda. The SVH CEO and staff, as well as consultants and contractors, have and will continue to provide support to the Board Committees as requested by the Board Committees.

The current District Bylaws are attached. See page 11 for the current language. The proposed language additions follow and if approved, it will read as follows:

Section 4. Committees

The Board may create committees in order to facilitate its business and to ensure access to expertise and citizen input. All committees shall be advisory to the Board and have no authority to make decisions or take actions on behalf of the Board unless specifically delegated by the Board. A committee is created or disbanded by majority vote of the Board. Committee members shall be residents of the District, and in the case of the Citizen's Bond Oversight Committee shall also be United States citizens. District or SVH employees, consultants, contractors, or members of their families shall not be appointed as members of a Board Committee.

a. Types of Committees

(1) Standing Committees assist the Board by gathering information, evaluating proposals and policies, and make recommendations regarding key and continuous or regularly recurring functions of the District. The duties and responsibilities for the Board Standing Committees are contained in the Board approved Committee Charters. The Board standing committees shall be:

- (a) Finance Committee
- (b) Quality Committee
- (c) Governance Committee
- (d) Audit Committee
- (e) Citizens' Bond Oversight Committee

Consequences of Negative Action/Alternative Action:

The Bylaws do not speak to any of these issues and will continue to be silent, providing no guidance to the Board, or accountability to the public, and allowing deviations from the recommended policy to occur.

Financial Impact:

None

Selection Process and Contract History:

Not applicable.

Board Committee:

The Governance Committee unanimously recommends this action.

Attachment:

Sonoma Valley Health Care District Bylaws



BYLAWS

of the

SONOMA VALLEY HEALTH CARE DISTRICT

Sonoma, California

BYLAWS

of the

SONOMA VALLEY HEALTH CARE DISTRICT

Approved by the Board of Directors December 1, 2011



Peter Hohorst, Chair



Kelly Mather, President and Chief Executive Officer

Orig. Date:	10.31.90
Revised:	02.27.91
	12.02.92
	01.05.94
	07.30.97
	01.08.03
	02.28.03
	02.25.04
	06.29.05
	09.27.06
	12.06.06
	05.30.07
	07.01.09
	11.05.09
	09.02.10
	10.07.10
	02.03.11
	12.01.12

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Bylaws of the Sonoma Valley Health Care District

Article I Preamble

These District Bylaws are adopted by the Sonoma Valley Health Care District (the District) Board of Directors (the Board) pursuant to and consistent with Division 23 of the Health and Safety Code of the State of California, known as “The Local Health Care District Law.” These District Bylaws are established to further enable the Board to faithfully exercise its powers and fiduciary duties in accordance with applicable law. The Board-approved Policy and Procedures Manual shall be used to assist further in implementing the responsibilities of the Board.

Section 1. Mission

The Mission of the Sonoma Valley Health Care District is to maintain, improve, and restore the health of everyone in our community.

This mission is pursued subject to available financial and human resources and leadership consistent with the Local District Health Care Law of California. The District sets forth Core Values as a framework to provide operational guidance for achieving its mission.

The Core Values of the Sonoma Valley Health Care District are that those who live in Sonoma Valley will experience outstanding health care because:

- a. There will be direct access to appropriate care when needed and overall health will be coordinated in a comprehensive fashion.
- b. Care will show respect and honor the dignity of everyone.
- c. The available services will (a) match the needs of the community, (b) be fiscally sustainable, and (c) meet or exceed all quality standards.
- d. Wise stewardship will be exercised regarding the District’s financial resources to ensure stability, agility, and prudent growth.
- e. Partnerships with physicians, other healthcare providers, and payers will extend the range of available services and conserve resources.
- f. We will feel informed and proud of the quality of health care available in the District.

Section 2. Relationships

Bylaws of the Sonoma Valley Health Care District

The Board recognizes that it is most effective in maintaining, improving, and restoring the health of everyone in our community when it works in collaboration with others. Among our partners are the community, the Hospital, the medical community, and other healthcare providers. Although the responsibilities of the Board are set forth in our public trust as the duties of fiduciary responsibility and care and in state law, it is the intent of the Board to maximize its impact on health by building strong, cooperative relationships.

a. **The Community**

The Board is publicly elected to represent the collective interests of all people in the District, regardless of whether they may be patients at the Hospital. That trust is exercised by inquiring and listening to the concerns of the entire community regarding health care expectations, community resources that might be available, and matters of good organizational citizenship. It is also the Board's responsibility to ensure that the public is informed about its own health and the operations of the Hospital and other healthcare services. The public is also welcome and encouraged to monitor District operations and policy and participate in the discussion of the public actions of the Board. It is the intent of the Board to honor the full spirit of transparency in its work.

b. **The Hospital**

The major resource available to the Board for serving the community's health needs is Sonoma Valley Hospital. This is an Acute Care, community hospital providing emergency care, in-patient and ambulatory acute care, skilled nursing, therapy, and related services. It serves the community by providing prompt response to acute health needs and coordination of care and by providing resources to the medical community.

c. **The Medical Staff**

Physicians are a self-governing community of peers who set standards for quality of care and professional conduct. Some of these professionals are Hospital employees; most are not. The community is best served when an appropriate mix of practitioners is free to reach professional excellence, with the Board providing required oversight and necessary resources.

Bylaws of the Sonoma Valley Health Care District

d. Other Healthcare Providers

The District recognizes that maintaining, improving, and restoring the health of everyone in our community involves collaboration with the entire health care community. Individuals who have insurance plans that involve providers outside the Valley who use only the Hospital's emergency or diagnostic and support services are included in our mission. So are those who use the services of other local providers and are referred to Sonoma Valley Hospital for supportive care. Patients of the Hospital can expect that their care will include referral for advanced treatment at Bay Area hospitals that offer specialized services. The District works with local adjunctive services to ensure a supportive community environment.

Article II The Board as a Legal Entity

The name of the District shall be the Sonoma Valley Health Care District (the District).

The principal office for transacting business and maintaining records of the Sonoma Valley Health Care District shall be the Sonoma Valley Hospital (the Hospital), located at 347 Andrieux Street, Sonoma, California 95476. The district also maintains a Web site at <http://www.svh.com/healthcare-district-information/>.

Section 1. Powers

The Board shall have accountability and authority for those powers set forth in the Local Health Care District Law of California [California Health and Safety Code (H&S) 32,000] that are necessary for fulfilling its mission. These shall include, but are not limited to the following abilities to:

- a. Form a medical staff to be known as "The Medical Staff of Sonoma Valley Hospital"; such medical staff shall be self-governing, subject to the District Board's final approval of members and their privileges, hospital rules for quality of patient health and safety, indemnification of practice, and Medical Staff Bylaws [California Health and Safety Code (H&S) 32128, 32129].
- b. Form a service organization to be known as "The Sonoma Valley Hospital Auxiliary" whose bylaws are subject to approval by the Board.

Bylaws of the Sonoma Valley Health Care District

- c. Hire, direct, evaluate, and terminate if necessary the President and Chief Executive Officer of the Hospital and any other individuals neither working for the Hospital or reporting directly to the Chief Executive Officer but necessary for meeting the Mission of the District [H&S 32121].
- d. Enter into contracts for provision of health care and make certain resources are available to medical staff members who are serving the community [H&S 32121, 32129].
- e. Establish and maintain standards for quality of care in facilities under the District's direction [H&S 32125].
- f. Create entities or enter into contractual relationships with existing entities useful for promoting the District's Mission [H&S 32121, 32131].
- g. Acquire, lease, manage, and dispose of real assets for the purpose of meeting its Mission [H&S 32121, 32123, 32126].
- h. Authorize the purchase, lease, management, and disposal of capital and other equipment needed to meet its Mission [California Health and Safety Code 32122, 32132].
- i. Place before the public for vote parcel tax and bond measures to finance healthcare services and facilities [H&S 32127].
- j. Sue and be sued and exercise related actions as a corporate entity [H&S 32121].
- k. Manage its financial assets in a responsible fashion, including authorization for borrowing funds and letting of contracts [H&S 32127, 32130, 32132, 32133, 32136, 32138].
- l. Create committees, policy, and take other actions necessary to enhance the mission of the District [H&S 32121].
- m. Receive input from the public and inform the public regarding matters related to the operation of the District.

The Board exercises its responsibilities through setting goals, assessing the healthcare environment and performance of the hospital, and requesting responsive action. All District powers shall only be exercised pursuant to specific delegation by the Board of Directors.

Bylaws of the Sonoma Valley Health Care District

Section 2. District Bylaws as Basis of Authority

a. Amendment

These District Bylaws shall be reviewed biannually at the beginning of even numbered years. They may be changed by an affirmative vote of at least three Board members at a regularly scheduled board meeting.

b. Relationship to Other Bylaws

The Bylaws of the Sonoma Valley Health Care District Medical Staff (the Medical Staff) are understood to be a subset of the District Bylaws with respect to their relationship with the District. Any action or procedure that is required, allowed, or prohibited in the Medical Staff Bylaws will also be required, allowed, or prohibited in the District Bylaws. The District Board and the Medical Staff shall consult on any proposed changes in either document that may affect both groups. Changes in the Medical Staff Bylaws shall be approved by the District Board; changes in District Bylaws that may affect the Medical Staff require corresponding revision of the Medical Staff Bylaws. The same relationship exists between the District Bylaws and the Bylaws of the Sonoma Valley Hospital Auxiliary (the Auxiliary).

In any case where there is a conflict between either the Medical Staff or Auxiliary with the District Bylaws, the District Bylaws shall be controlling.

Article III Board of Directors

Section 1. Members

a. Selection

The Board shall consist of five members, elected by the public from registered voters of the District in accordance with California Health and Safety Code Section 32100. Three members shall be elected in years evenly divisible by four and two members shall be elected in alternating even-numbered years. In the event of a Board vacancy, a new Board member shall be appointed to fill the

Bylaws of the Sonoma Valley Health Care District

vacated position from applying individuals who meet qualification for election by vote of the remaining Board members in a publicly noticed and open meeting. The appointed Board member shall serve until the next general election returns are certified by the registrar of voters unless the vacancy occurs in the first half of the director's term, but less than 130 days prior to the next general election. In this case the appointed director shall serve the balance of the term (Section 1780 of the California Government Code).

b. Fiduciary Responsibilities

Board members have fiduciary responsibilities to the District. Those living in the District trust the Board to act on their behalf.

- (1) The duty of care requires that Board members act toward the District with the same watchfulness, attention, caution, and prudence that a reasonable person in the circumstances would. The duty of loyalty requires that Board members not place their personal interests above those of the District.
- (2) Board members shall comply with the District's Conflict of Interest Code as detailed in the Board Policy and Procedures Manual.
- (3) The only actions of the Board are those agreed by a majority of Board members in publically noticed meetings that are consistent with state law and regulations. Diversity of informed and well-articulated opinion among Board members is expected while questions are open before the board.
- (4) Board members respect privacy of information by not requesting or seeking to obtain information that is not authorized or necessary for conducting the business of the Board. Board members respect confidentiality by not revealing information to others who are not legally authorized to have it or which may be prejudicial to the good of the District. Board members respect information security by requesting and monitoring policies that protect the privacy of individuals served by or doing business with the District.

Bylaws of the Sonoma Valley Health Care District

c. Personal Qualifications

In their service to the District, Board members are expected to:

- (1) Actively promote the mission of the District: to maintain, improve, and restore the health of everyone in our community.
- (2) Devote sufficient time to their duties to ensure they are fully knowledgeable regarding matters about which the Board deliberates.
- (3) Provide respectful, positive, independent input into the group decision making process.
- (4) Seek input from the community and represent the District to the community as ambassadors.
- (5) Maintain a high level of personal integrity.

Section 2. Officers

The officers of the Board and their duties shall consist of the following:

a. Chair

- (1) Serve as the Board's primary liaison with the Chief Executive Officer and with the press and the public
- (2) Prepare the Board agenda and request necessary support materials for meeting
- (3) Conduct meetings of the Board
- (4) Sign documents as authorized by the Board
- (5) Appoint members to committees subject to approval by a majority of the Board
- (6) Coordinate the Board's performance evaluation of the President and Chief Executive Officer

Bylaws of the Sonoma Valley Health Care District

- b. First Vice Chair
 - (1) Serve in the capacity of the chair when necessary or as delegated.
 - (2) Serve as the permanent Board representative on the Joint Conference Committee of the Medical Executive Committee.

- c. Second Vice Chair
 - (1) Serve as chair or member of the Board Quality Committee.
 - (2) Serve in the capacity of the chair when necessary or as delegated.

- d. Secretary
 - (1) Direct that minutes, records, and other support material are prepared and made available in a timely fashion.
 - (2) Serve or cause to be served all notices of the Board.
 - (3) Sign documents as authorized by the Board.
 - (4) Serve as chair or member of the Board Governance Committee.

- e. Treasurer
 - (1) Serve as chair or member of the Board Finance Committee.

Section 3. Elections

Beginning with the calendar year 2012 officers will be elected at the first regular Board meeting in December of each year. Election is by majority vote of the members of the newly-installed Board in even numbered years and by majority vote of existing members in odd numbered years. Officers may be elected to consecutive terms. In the event that the Board fills a vacant position, it may decide either to confirm the new Board member in the previous Board member's office or conduct a new set of elections.

Section 4. Committees

The Board may create committees in order to facilitate its business and to ensure access to expertise and citizen input. All committees shall be advisory to the Board and have no authority

Bylaws of the Sonoma Valley Health Care District

to make decisions or take actions on behalf of the Board unless specifically delegated by the Board. A committee is created or disbanded by majority vote of the Board.

a. Types of Committees

(1) Standing Committees assist the Board by gathering information, evaluating proposals and policies, and make recommendations regarding key and continuous or regularly recurring functions of the District. The duties and responsibilities for the Board Standing Committees are contained in the Board Policy and Procedures manual. The Board standing committees shall be:

- (a) Finance Committee
- (b) Quality Committee
- (c) Governance Committee
- (d) Audit Committee
- (e) Citizen Advisory Committee

(2) Advisory Committees ("Ad Hoc") may be established to study and make recommendations to the Board on specific matters. The scope of such committees shall be limited and shall not be of continuous or on-going nature. Upon determination by the Board that the period for advice has passed or upon acceptance of the Advisory Committee's written report by the Board, the Advisory Committee shall be disbanded. Advisory Committees shall be comprised of two Board members and are not subject to Brown Act provisions.

b. Types of Meetings

Meetings of the Board and its standing Committees are conducted in accordance with the Ralph M. Brown Act (the Brown Act). A quorum for the Board or for its standing committees shall consist of a majority. Agendas for regular Board and standing committee meetings will be available 72 hours in advance of meetings, and for special meetings 24 hours in advance, giving the date, time and location of meetings. No action will be taken concerning an item not previously noticed on the published agenda. Exceptions exist in the case of an emergency where the majority of the Board determines that an emergency exists (Government Code 54956.5), in which case there is a need to take immediate action. The other

Bylaws of the Sonoma Valley Health Care District

exception is if a regular or special meeting is appropriately noticed and the need for urgent action came to the attention of the District subsequent to the agenda being posted. In that case, if two-thirds of the Board members present vote (or there is a unanimous vote if less than two-thirds are present) that there is a need to take immediate action. Public comment will be invited and considered at all open meetings (regular, emergency and special Board meetings and standing committee meetings), and meeting agendas, support materials, and minutes will be available to the public.

- (1) Emergency Board meetings can be called on one hour's notice by the Chair or any Board member. News media that has submitted a prior written request for notification of emergency meetings shall be notified in advance of the meeting.
- (2) Special Board meetings may be called by any two Board members with 24 hours notice and are subject to rules applying to regular meetings. News media that has submitted a prior written request for notification of special meetings shall be notified in advance of the meeting.
- (3) Closed Board meetings may be held for purposes of considering the appointment, employment, evaluation of performance, discipline, dismissal or to hear complaints or charges concerning a Hospital employee or member of the Medical Staff; in consideration of pending litigation; or in matters of negotiations concerning real property, labor contracts, or discussion of trade secrets. Closed meetings shall be announced, conducted, and reported in accordance with the Brown Act, and the public may not participate. Standing committees may hold closed meetings if their charter or Board delegation includes issues allowing closed meetings.

c. Participation of Directors on Standing Committees

No more than two Board members shall be appointed to serve on any Standing Committee at one time. Other Board members may attend standing Committee Meetings as members of the public at any time. In the event of the absence of a regular Board member on a Standing Committee, the Chair of the Board, or in succession, the Chair of the Standing Committee may designate other Directors to serve in the capacity of absent Board committee members. All appointed

Bylaws of the Sonoma Valley Health Care District

members of Board committees, including *ex officio* appointments and recognized alternates shall be voting members and shall count toward establishing a quorum. Board members who attend standing committee meetings as members of the public may not participate in the discussions to avoid a possible violation of the Brown Act.

Section 5. Compensation

- a. Each member of the Board of Directors shall be allowed his/her necessary traveling and incidental expenses incurred in the performance of official business of the District pursuant to the Board's policy.

Section 6. Indemnification

- a. Any person made or threatened to be made a party to any action or proceeding, whether civil or criminal, administrative or investigative, by reason of the fact that he/she, his/her estate, or his/her personal representative is or was a Director, officer or employee, of the District, or an individual (including a medical staff appointee or committee appointee) acting as an agent of the District, or serves or served any other corporation or other entity or organization in any capacity at the request of the District while acting as a Director, officer, employee or agent of the District shall be and hereby is indemnified by the District, as provided in Sections 825 et.seq. of the California Government Code.
- b. Indemnification shall be against all judgments, fines, amounts paid in settlement and reasonable expenses, including attorney's fees actually and necessarily incurred, as a result of any such action or proceeding, or any appeal therein, to the fullest extent permitted and in the manner prescribed by the laws of the State of California, as they may be amended from time to time, or such other law or laws as may be applicable to the extent such other law or laws is not inconsistent with the law of California, including Sections 825 et.seq. of the California government Code.
- c. Nothing contained herein shall be construed as providing indemnification to any person in any malpractice action or proceeding arising out of or in any way connected with such person's practice of his or her profession

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Article IV Delegation of Authority

The Board honors the distinction between governance and management. The Board shall exercise its responsibilities for oversight by operating at the policy level, setting strategic direction and goals, monitoring key outcomes, and taking corrective action where needed.

Section 1. Chief Executive Officer

The District employs or contracts with a President and CEO for the Hospital who acts on behalf of the District within the constraints of the Board Bylaws and Board Policies set by the Board. The Board delegates to the President and CEO the authority to perform the following functions:

- a. Manage the District's human, physical, financial, knowledge, and community good will resources in support of the District's Mission to maintain, improve, and restore the health of everyone in our community.
- b. Manage the activities and resources of the Sonoma Valley Hospital.
- c. Ensure that the hospital complies with applicable laws, regulations, and standards.
- d. Provide supporting resources to the Board and its committees as requested.
- e. Support the operations of the Board by providing reports, general information, staff support, and other resources.
- f. Annually, create a draft update on the District's rolling Three -Year Strategic Plan and the Budget.
- g. Promote awareness of the hospital, good will in the community, and philanthropic support.
- h. Serve as the contact executive in affiliation agreements with other district hospitals, physician foundations, and other healthcare partners.
- i. Negotiate, sign, monitor, and terminate or renegotiate contracts.
- j. Sign checks to meet the District's financial obligations in accordance with Board Policy.
- k. Discharge these functions in a positive, legal, and ethical fashion so as to bring respect to the District.
- l. Carry out directives from the Board.

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Section 2. Medical Staff

a. Establishment of a Medical Staff

There shall be a Medical Staff for the Hospital established in accordance with the requirements of the Local Healthcare District Law [California Health and Safety Code (H&S) 32,000], whose membership shall be comprised of all physicians, dentists and podiatrists who are duly licensed and privileged to admit or care for patients in the Hospital. The Medical staff shall be an integral part of the Hospital. The District shall appoint the Medical Staff by approving their credentialing. The Medical Staff shall function in accordance with the Medical Staff Bylaws, Rules and Regulations and Policies that have been approved by the Medical Staff and by the District.

The Medical Staff shall be represented as described in Article IV of these Bylaws and shall be afforded full access to the District through the Board's regular meetings and committees as described herein. The Medical Staff, through its officers, department chiefs, and committees, shall be responsible and accountable to the District for the discharge of those duties and responsibilities set forth in the Medical Staff's Bylaws, Rules and Regulations, and Policies and as delegated by the District from time to time.

b. Bylaws, Rules, and Regulations

The Medical Staff is responsible for the development, adoption, and periodic review of the Medical Staff Bylaws and Rules and Regulations, consistent with these District Bylaws, applicable laws, government regulation, and accreditation standards. The Medical Staff Bylaws, Rules and Regulations and all amendments thereto, shall become effective upon approval by the Medical Staff and the District. Whenever there is a reference in the Medical Staff Bylaws, Rules and Regulations, to the "Board of Directors" or "the District," that term shall refer to and be considered as the Sonoma Valley Health Care District as described in Article I of these Bylaws.

c. District Action on Membership and Clinical Privileges

(1) Medical Staff Responsibilities: The Medical Staff is accountable to the District for the quality of care, treatment and services rendered to patients in the Hospital. The Medical Staff shall be responsible for investigating and evaluating matters relating to Medical Staff membership status, clinical

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privileges, and corrective action, except as provided in Section 3(d) in Article 4 of the Medical Staff bylaws. The Medical Staff shall adopt and forward to the District specific written recommendations, with appropriate supporting documentation, that will allow the District to take informed action. When the District does not concur with a Medical Staff recommendation, the matter shall be processed in accordance with the Medical Staff Bylaws and applicable law before the District renders a final decision. The District shall act on recommendations of the Medical Staff within the period of time specified in the Medical Staff Bylaws or Rules and Regulations, or if no time is specified, then within a reasonable period of time. However, at all times the final authority for appointment to membership on the Medical Staff of the Hospital remains the sole responsibility and authority of the District.

- (2) Criteria for District Action: The process and criteria for acting on matters affecting Medical Staff membership status and clinical privileges shall be as specified in the Medical Staff Bylaws.
- (3) Terms and Conditions of Staff Membership and Clinical Privileges: The terms and conditions of membership status in the Medical Staff, and the scope and exercise of clinical privileges, shall be as specified in the Medical Staff bylaws unless otherwise specified in the notice of individual appointment following a determination in accordance with the Medical Staff Bylaws.
- (4) Initiation of Corrective Action and Suspension: Where in the best interests of patient safety, quality of care, or the Hospital staff, the District may take action subject to the standards and procedures in the Medical Staff Bylaws, Rules and Regulations and applicable law.

The Chief Executive Officer may summarily suspend or restrict clinical privileges of any Medical Staff member subject to the standards and procedures in the Medical Staff Bylaws, Rules and Regulations and applicable law.

- (5) Fair Hearing and Appellate Procedures: The Medical Staff Bylaws shall establish fair hearing and appellate review mechanisms in connection with Staff recommendations for the denial of Staff appointments, as well as denial of reappointments, or the curtailment suspension or revocation of privileges. The hearing and appellate procedures employed by the District upon referral of such matters shall be consistent with the Local Healthcare

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District Law [California Health and Safety Code (H&S) 32,150, and those specified in the Medical Staff Bylaws, Rules and Regulations.

d. Accountability to the District

The Medical Staff shall conduct and be accountable to the District for conducting activities that contribute to the preservation and improvement of quality patient care and safety in the Hospital.

e. Documentation

The District shall receive and act upon the findings and recommendations emanating from the activities required by Article IV, Section 2(d). All such findings and recommendations shall be in writing and supported and accompanied by appropriate documentation upon which the District can take appropriate action.

Section 3. Contractual Relationships

The District may enter into contractual relationships with other Districts, provider organizations, or consortia in order to share resources and improve access to care to better serve the needs of those in the Valley.