



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING AGENDA
Tuesday, October 13, 2015
5:00 p.m. Closed Session
6:00 p.m. Regular Session**

BASEMENT CONFERENCE ROOM

Sonoma Valley Hospital, 347 Andrieux Street, Sonoma

AGENDA ITEM	RECOMMENDATION	
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
CALL TO ORDER	<i>Nevins</i>	
2. PUBLIC COMMENT ON CLOSED SESSION	<i>Nevins</i>	
3. CLOSED SESSION <u>Calif. Government Code § 31255: Quality Dashboard Report for Hospital Quality Assurance</u> <u>Calif. Government Code § 31255: Public Employment - Executive Employment Agreement with Chief Executive Officer</u>	<i>Nevins</i>	
4. REPORT OF CLOSED SESSION	<i>Nevins</i>	
5. 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>		
6. CONSENT CALENDAR A. Regular Board Minutes 9.3.15 B. FC Minutes-no minutes C. QC Minutes 8.26.15 D. GC Minutes 7.28.15 E. Policy & Procedure Approval F. MEC Credentialing Report 9.23.15	<i>Nevins</i>	Action
7. CALIFORNIA HEALTHCARE FOUNDATION	<i>Dr. Sandra Hernandez</i>	Inform
8. REPORT OF THE PRESIDENT OF THE MEDICAL STAFF	<i>Dr. Chamberlin, MD, MBA</i>	Inform
9. QUALITY PERFORMANCE METRICS UPDATE	<i>Lovejoy</i>	Inform/Action

10. FINANCIAL REPORT FOR AUGUST 2015	<i>Jensen</i>	Inform
11. ADMINISTRATIVE REPORT FOR SEPTEMBER 2015	<i>Mather</i>	Inform
12. OFFICER & COMMITTEE REPORTS <ul style="list-style-type: none"> • South Lot Committee Update 	<i>Hohorst</i>	Inform/Action
13. BOARD COMMENTS	<i>Board Members</i>	Inform/Discuss
14. ADJOURN The next Regular Board meeting is November 5, 2015	<i>Nevins</i>	

6.

**CONSENT
CALENDAR**



SVHCD BOARD OF DIRECTORS
REGULAR MEETING MINUTES
 Thursday, September 3, 2015
 6:00 p.m. Regular Session
 COMMUNITY MEETING ROOM
 177 FIRST STREET WEST, SONOMA, CA

	RECOMMENDATION	
MISSION STATEMENT The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.		
1. CALL TO ORDER Meeting called at 6:00pm Jane Hirsch is excused from the meeting.	<i>Nevins</i>	
2. PUBLIC COMMENT SECTION Dr. Keith Chamberlin, the new SVH Chief of Medical Staff announced that going forward he will have a place on the Board Agenda titled Report of the Chief of Staff.	<i>Nevins</i>	
3. CONSENT CALENDAR	<i>Nevins</i>	Action
A. Regular Board Minutes 8.6.15 B. FC Minutes 7.28.15 C. QC Minutes 7.22.15 D. Policy & Procedure Approval E. Medical Staff Bylaws Rules & Regulations F. MEC Credentialing Report 8.26.15		MOTION to approve by Hohorst and 2 nd by Boerum. All in favor.
4. SOUTH LOT RECOMMENDATION COMMITTEE	<i>Hohorst</i>	Inform/Action
The South Lot Recommendation Committee asked that the Board of Directors accept the Committee's conclusions thus far and authorize the Committee to continue their exploration (Phase II). The Board agreed and asked that the Committee report back to the Board with financing options.		
5. RESOLUTION No. 325 SETTING GO BOND TAX RATE 2014-15	<i>Jensen</i>	Action
Roll Call Vote: Hohorst-aye; Nevins-aye; Rymer-aye; Boerum-aye; Hirsch-excused.		MOTION by Boerum to approve and 2 nd by Hohorst. All in favor.

6. CAPITAL PLAN	<i>Jensen</i>	Action
		MOTION to approve by Hohorst and 2 nd by Boerum. All in favor.
7. FINANCIAL REPORT FOR JULY 2015	<i>Jensen</i>	Inform
After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net income for July was \$42,569 vs. a budgeted net income of \$23,876. The total net income for July after all activity was \$202,834 vs. a budgeted net income of \$204,739.		
8. CULTURE OF HEALTH PRESENTATION	<i>Mather</i>	Inform
9. ADMINISTRATIVE REPORT FOR AUGUST 2015	<i>Mather</i>	Inform
<ul style="list-style-type: none"> • The new fiscal year started with an 8% EBIDA and met budget expectations • The Hospital is receiving many positive compliments about the Surgery department from patients and physicians alike. • The Physical Therapy team, Chelsey Holdsworth, Allison Evanson, Leslie Lovejoy and Steven Lewis did an outstanding job on the Buck Institute lifestyle medicine program, “ReMind”. • The Hospital modeling a new way to improve health for patients with cognitive memory issues. 		
10. OFFICER & COMMITTEE REPORTS	<i>Chairs</i>	Inform/Action
<u>Chair Report</u>		Inform/Action
<ul style="list-style-type: none"> • The Annual SVHCD Board Retreat is Thursday, October 15, 2015 and will take place at the George Ranch Clubhouse in Sonoma, CA. The time of the Retreat TBD. • The October 2015 Board Meeting date has been changed to Tuesday, October 13 at 6:00pm and will take place in the Schantz Conference Room at the Sonoma Valley Hospital. 		
11. BOARD COMMENTS	<i>Board</i>	Inform
12. ADJOURN	<i>Nevins</i>	
Meeting adjourned at 7:45pm The next Regular Board meeting is October 13, 2015		

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**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING **MINUTES**
Wednesday, September 23, 2015
Schantz Conference Room**

Committee Members Present	Committee Members Present cont.	Committee Members Excused	Admin Staff /Other
Jane Hirsch Carol Snyder Joshua Rymer M. Mainardi Kelsey Woodward Cathy Webber Ingrid Sheets		Susan Idell H. Eisenstark Keith Chamberlin, MD, MBA Brian Sebastian, M.D.	Robert Cohen MD Leslie Lovejoy Mark Kobe Gigi Betta

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>		
	The meeting was called to order 5:00pm		
2. PUBLIC COMMENT	<i>Hirsch</i>		
	None		
3. CONSENT CALENDAR	<i>Hirsch</i>	Action	
<ul style="list-style-type: none"> • QC Minutes, 8.26.15 		MOTION by Rymer to approve and 2 nd by Mainardi. All in favor.	

4. POLICES, ORDER SET & REVISION	<i>Lovejoy/Kobe</i>	Action	
<ol style="list-style-type: none"> 1) Access to Public Records Policy 2) Emergency Department Staffing Policy 3) Revised Alcohol Withdrawal Order Set 4) Revision to Medical Staff R&Rs 	The Emergency Department Staffing Policy is to be revised and brought back to the next QC meeting for approval on 10.28.15.	MOTION by Rymer to approve #1, 3, & 4 only and 2 nd by Mainardi. All in favor.	

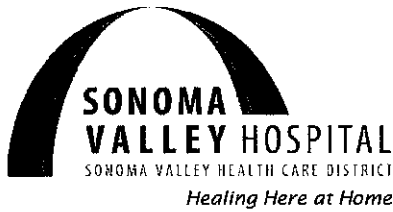
5. QUALITY REPORT SEPTEMBER 2015	<i>Lovejoy</i>	Inform/Action	
	<p>The annual Performance Improvement Fair is 9.30.15 in the Basement Conference Room. Ms. Woodward and Sheets will be judging the 12 Clinical Projects and 10 Support Services projects. Attached to this report are the judging criteria and a list of topics to be presented.</p> <p>The Hospital had an unscheduled visit from the State for a federal complaint validation survey and it looks like the requirements to clear outstanding complaints may have been met.</p> <p>The Quality Dept. is working a method to communicate Midas E-Notification data by department and event type to Leaders. The Quality Dept. has developed this process in response to AHRQ Culture of Safety results. Attached are the Good Catch Summary YTD and Policy & Procedure Feedback Template.</p>	MOTION by Mainardi to approve and 2 nd by Sheets. All in favor.	
6. CLOSING COMMENTS	<i>Hirsch</i>		
			.
7. ADJOURN	<i>Hirsch</i>		
	Meeting adjourned at 5:45pm		
8. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Hirsch</i>		
	There was no Credentialing & Peer Review Report submitted and therefore no Closed Session.		
9. CLOSED SESSION	<i>Sebastian</i>	Action	
<u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report			
10. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action	
11. ADJOURN	<i>Hirsch</i>		



**SONOMA VALLEY HEALTH CARE DISTRICT
 GOVERNANCE COMMITTEE MEETING**
MINUTES
TUESDAY July 28, 2015
8:30AM

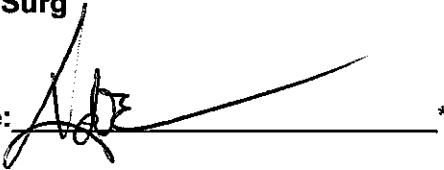
ADMINISTRATION CONFERENCE ROOM
 347 ANDRIEUX STREET, SONOMA, CA 95476

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/ANNOUNCEMENTS Meeting called to order at 8:30am B. Boerum was absent from the meeting.	<i>Hohorst</i>	
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 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.</i>	<i>Hohorst</i>	
3. CONSENT CALENDAR <ul style="list-style-type: none"> • Minutes from 4.28.15 • Meeting cancelled 5.26.15 • Meeting cancelled 6.23.15 	<i>Hohorst</i>	Action MOTION to approve 4.28.15 Minutes by Hohorst. All in favor.
4. ACHD TRANSPARENCY CERTIFICATION STATUS No action at this time.	<i>Hohorst</i>	Inform/Action
5. ORIENTATION MANUAL REVIEW Recommended submitting revised manual concept to Board for approval on 8.6.15	<i>Hohorst</i>	Action MOTION to approve by Hohorst. All in favor.
6. REVIEW OF BOARD POLICIES No action at this time.	<i>Hohorst</i>	Inform/Action
7. ADJOURN Meeting adjourned at 8:15am	<i>Hohorst</i>	



ORDER SET Summary Sheet

Title of Document: **Alcohol Withdrawal**
 New Document or Revision written by: **Mark Kobe, CNO**
 Date of Document: **July 23, 2015**

X Revision to Order Set	Regulatory: x CIHQ x CDPH x CMS
X Organizational: ICU/Med Surg Director/Manager Signature:  *	x Departmental

Please briefly state changes to existing document/form or overview of new document/form here:
 (include reason for change(s) or new document/form)

The following Organizational Order Set has been revised:

ALCOHOL WITHDRAWAL ORDER SET:

1. Addition of optional order to service 4-8 ounces wine or beer with lunch and dinner
2. Lowered threshold on Severity Assessment Score to admit patient to ICU from Med/Surg
3. Lowered threshold on Severity Assessment Score to administer PO Benzodiazepines in Med/Surg
4. Lowered threshold on Severity Assessment Score to administer IV Benzodiazepines in ICU
5. Increased reassessment times to assure safe monitoring with lower Severity Assessment thresholds

The revision reflects a philosophical shift to addressing the withdrawal patients need for intervention early on in the plan of care. Allowing beer and wine with meals is common practice in the region and may help ward off early DTs especially in the elderly. Allowing earlier intervention with IV Benzodiazepines in the ICU may help control the patient sooner and avoid over sedation and potential intubation.

*This is not a Policy but an Order Set using Policy format. No signature page is required.

Reviewed by:	Date	Approved (Y/N)	Comment
P.I. or P. T. Committee	7/23/15	yes	
Surgery Committee	8/5	yes	
Medicine Committee	8/13	yes	
Medical Executive Committee	8/20	yes	
Board Quality	9/23	yes	
Board of Directors	10/13		

Alcohol Withdrawal Order Set

Allergies _____

1. **Discontinue any other sedatives/hypnotics, CNS depressants, and narcotics upon initiation of this order set unless rewritten on this form.**
2. **Admit to:** Med/Surg Telemetry ICU
3. **Initial laboratory tests (if not previously ordered):**
 - Serum alcohol Phosphorus B-12
 - CBC Magnesium ALT
 - PT/INR GGT
 - AST CMP
 - ABG (for patient with history of obstructive airway disease)
 - _____
4. **Diet:** NPO; Clear Liquids; Full Liquid; Regular, no caffeine
 Wine or beer with lunch and dinner, 1-2 servings (4-8 ounces) if no medical contraindication (alcoholic hepatitis)
5. **Monitoring parameters:**
 - Score patient using Severity Assessment Score Q4hrs if the score is ≤ 5
 - Obtain vital signs and oximetry Q4hrs if Severity Assessment Score is ≤ 5
 - If the Severity Assessment Score is 6-7, repeat scoring in 2 hours
6. **Initiate fall protocol**
7. **Medications:**
 - PO Benzodiazepines:
 - Chlordiazepoxide (Librium) 50mg PO Q6hr x 4 doses, then 25mg PO Q6hr x8 doses, then 25mg PO daily (hold for excessive sedation) PLUS Chlordiazepoxide (Librium) 50mg PO Q1hr PRN Severity Assessment Score ≥ 7
 - Diazepam 10mg PO Q6hr x4 doses, then 5mg PO Q6hr x8 doses, then 5mg PO BID (hold for excessive sedation) PLUS Diazepam 10mg PO Q1hr PRN Severity Assessment Score ≥ 7
 - IV Benzodiazepines:
 - Lorazepam 2mg IV Q6hr x4 doses, then 1mg IV Q6hr PLUS Lorazepam 2mg IV Q1hr PRN Severity Assessment Score ≥ 7
 - IV Fluids
 - Saline lock every shift and PRN
 - IV _____ at _____ ml/hr
 - Vitamins
 - Thiamine 100mg PO Daily + Multivitamin 1 tab PO Daily + Folic acid 1mg PO Daily + Magnesium SO₄ 1gm IVPB Daily
 - Add multivitamin 10ml, thiamine 100mg, folic acid 1mg, magnesium SO₄ 1gm to first liter of IV fluid Daily
 - Metoprolol tartrate (hold for SBP ≤ 90 , HR ≤ 60)
 - 12.5mg PO BID
 - 25mg PO BID
 - 50mg PO BID
 - 5mg IV q6hr PRN SBP ≥ 180 ; HR ≥ 120
 - Clonidine (hold for SBP ≤ 90)
 - 0.1mg PO Q8hr
 - 0.2mg PO Q8hr

Attending Physician Signature

Date

Time

Alcohol Withdrawal Order Set

Sonoma Valley Hospital
Sonoma Valley Healthcare District
Sonoma, 95476

Alcohol Withdrawal Order Set

- Promethazine
 - 25mg PO Q4hr PRN nausea/vomiting
 - 25mg IM Q4hr PRN nausea/vomiting
 - 25mg IV Q4hr PRN nausea/vomiting
- Ondansetron 4mg IV Q6hr PRN nausea/vomiting

8. Notify physician:

- SBP >180mmHg, <90mmHg, DBP >110mmHg, HR >120, HR <60, Temp >102.1, RR <8, Oxygen saturation <90%
- Severe agitation not relieved after 3 doses of benzodiazepine
- Patient unresponsive or significant change in mental status
- Seizures

9. Transfer to ICU if Severity Assessment Score is > 7 x 2 assessments 4 hours apart

- Initiate ICU Alcohol Withdrawal Benzodiazepine Algorithm (follow algorithm on next page)

10. Other orders:

- _____
- _____

ICU Alcohol Withdrawal Benzodiazepine Algorithm

Step 1

- For Severity Assessment Score of ≤ 5 , no benzodiazepine needed; reassess in 30 minutes
- If Severity Assessment Score remains ≤ 5 x3 consecutive assessments, continue assessments Q2hr
- For Severity Assessment Score of 5-7; give Lorazepam 2mg IV; reassess in minutes
- For Severity Assessment Score of 8-10 give Lorazepam 4mg IV; reassess in 15 minutes
- For Severity Assessment Score of ≥ 10 , give Midazolam 10mg IV; reassess in 15 minutes
- If Severity Assessment Score remains ≥ 10 for 3 consecutive assessments, proceed to step 2

Step 2:

Give lorazepam 4mg IV AND initiate lorazepam infusion at 4mg/hr; reassess in 30 minutes

- Severity Assessment Score of ≤ 6 ; decrease rate by 2mg/hr and reassess in 1 hr
- After reassessment may titrate in 2mg/hr increments to off if score remains ≤ 6
- Resume treatment at step 1 once infusion is stopped
- Severity Assessment Score of 7-9; no change in infusion rate and reassess in 30 minutes
- Severity Assessment Score of ≥ 10 ; give lorazepam 4mg IV AND increase lorazepam rate by 2 mg/hr; reassess in 30 minutes
- If rate exceeds 20mg/hr, call physician to reassess

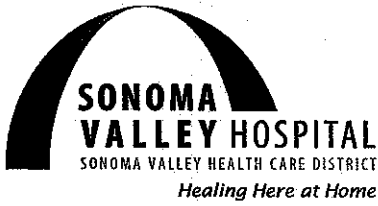
Attending Physician Signature

Date

Time

Alcohol Withdrawal Order Set

Sonoma Valley Hospital
Sonoma Valley Healthcare District
Sonoma, 95476



POLICY AND PROCEDURE
Approvals Signature Page

Review and Approval Requirements

The SVH departmental/organizational policies and/or procedures on the attached list have been reviewed and approved by the following organizational leaders for meeting all of the following criteria. All of these policies and procedures are:

- Consistent with the Mission, Vision and Values of the Sonoma Valley Health Care District
- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent with evidence-based practice

We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.

Organizational: GL8610-169 Access to Public Records	
APPROVED BY:	DATE: 9-0-15
Director's/Manager's Signature	Printed Name Vivian Woodall

Keith J. Chamberlin MD MBA

Keith J. Chamberlin, MD MBA
 President of Medical Staff

9/17/15

Date

Kelly Mather

Kelly Mather
 Chief Executive Officer

9/29/15

Date

Sharon Nevins
 Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Organizational Policy**

New Document or Revision written by: **Vivian Woodall**

Date of Document: **9-08-15**

Type: <input checked="" type="checkbox"/> Revision <input type="checkbox"/> New Policy	Regulatory: <input checked="" type="checkbox"/> CIHQ <input checked="" type="checkbox"/> CMS <input type="checkbox"/> CDPH <input type="checkbox"/> Other:
Organizational: <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Non-Clinical	<input type="checkbox"/> Departmental <input type="checkbox"/> Interdepartmental (list departments effected)

Please briefly state changes to existing document/form or overview of new document/form here:
 (include reason for change(s) or new document/form)

GL8610-169 Access to Public Records-Revised; Old policy 169 (Public Records Review) had not been updated since 2005, was very brief, and had no reference to the Public Records Act (Calif. Government code Section 6250, et. seq.). The District Board Governance Committee rewrote the entire policy, had it reviewed by legal counsel, and passed it on to the District Board for approval, which they did in May 2015. This revised policy did not undergo the normal committee process and was considered a Board policy – which it is not; it is an organizational policy.

I retrieved the revised policy, reviewed it, and discussed it in the P&P meeting of August 19, 2015. The policy did not contain language on how to request records, did not contain a request form, and no request logging system had been created (as called for in the policy). I have added a paragraph to the policy on requesting public records, have created a request form containing log information (to be maintained by SVH Administration), and made minor word and formatting changes.

The newly revised policy is now ready to go to Med Exec for approval, and then will be sent once again to the District Board for final approval.

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	8/18/2015	Yes	
Surgery Committee	n/a	/	
Medicine Committee	n/a	/	
P.I. or P. T. Committee	n/a	/	
Medical Executive Committee	9/17/2015	/	
Board Quality	9/23 9/22/2015	/	
Board of Directors	10/13 10/01/2015	/	

PROPOSAL TO REVISE MEDICAL STAFF RULES & REGULATIONS

Medical Screening Examinations

1. Are performed in the Emergency Department by a licensed physician
2. Are performed in the Labor and Delivery Unit by a registered nurse who has been determined by the Labor and Delivery Managing Director **and the Medical Director of the Labor and Delivery Department** to be qualified and experienced in obstetrical nursing and who is required to follow protocols approved by the Medical Staff. Refer to Organizational Policy # PC8610-209 – Standardized Procedure for Medical Screening Examination for the Obstetrical Patient Performed by RN
3. In all circumstances in the event the RN performing the screening examination is uncertain about the nature of the patient’s condition or the existence of an emergency or active labor, a physician shall be required to examine the patient and make the determination of the existence of an emergency or active labor.

Reviewed by:	Date	Approved
Medicine Committee	9/10	yes
Medical Executive Committee	9/17	yes
Board Quality	9/23	yes
Board of Directors	10/13	

8.

**PRESIDENT OF THE
MEDICAL STAFF
REPORT**



SONOMA VALLEY HOSPITAL MEDICAL STAFF

To: SVHCD Board of Directors
Date: October 13, 2015
From: Keith Chamberlin, MD, MBA
RE: Report of the President of the Medical Staff

The medical staff is very interested in the value proposition we offer to the community that supports Sonoma Valley Hospital. Why should patients come to Sonoma Valley Hospital as opposed to other local facilities? What value do we offer them, as a medical staff?

Value is defined as quality divided by price. As price is a bit out of the control of the medical staff, we must focus on quality. And then the question of course, is how do you define quality?

Quality means different things to different people. To patients, it is how long do I wait in the office? How fast can I get an appointment? Are the doctors and nurses nice to me? Do they seem to actually CARE about me? And I assume they will make be better.

To payors it is meeting a set of metrics. To the government it is meeting another set of metrics. To the hospital yet another set of metrics. All designed to ensure "quality."

Then there is the view of quality by the medical staff. As a medical staff we have some written metrics, but mostly, and most importantly, *we know quality when we see it*. We have that innate ability to measure the intangibles. And the job of the medical staff is to ensure we have faith and trust in our colleagues; that we have no compunction about referring patients to them; and frankly that we would send our family to them.

We have department peer review, which is very valuable, and specialty specific. However, in a small community hospital it can be difficult for a department of one, or a department filled with financially related partners to adequately review each other. That is when the rumor mill starts and whisper campaigns get going.

We propose to eliminate all that, by forming a multi-specialty high level review committee, composed of physicians appointed by the Chief of Staff and Vice-Chief. This committee will accept cases for that are referred by a variety of sources for a variety of reasons and will be the medical staff final authority for quality determination.

It is our belief as a medical staff that this level of review by our peers will result in a "we now see it, and we now know it" demonstrable level of quality assurance. It is in progress.

9.

QUALITY
PERFORMANCE
METRICS UPDATE



To: Sonoma Valley Healthcare District Board
 From: Leslie Lovejoy
 Date: 10/07/2015
 Subject: Update on Hospital Quality Performance Metrics

Quality Performance Metrics for CMS reporting years 2013 and 2014 place the organization in the top quartile nationally on most quality measures. The purpose of this report is to provide an update on CMS incentives and penalties for 2016 and to educate on additional performance measures that have recently been publicly reported.

1. Incentive Metrics Performance

Quality Incentive Program	Goal	Implications for 2016 Reimbursement
<u>Value Based Purchasing (VBP):</u> focuses on clinical quality measure performance, the patient experience survey scores (HCAHPS), selected mortality outcomes and patient safety measures including infection control.	Held back 1.75% of reimbursement; hospital earns this back through performance on quality metrics for 2014.	Sonoma Valley Hospital performance realized full earn back for fiscal year 2016 plus a 0.3905075186% incentive payment for performance.
<u>Readmissions Reduction Program (RRP):</u> probably the most significant incentive program that looks at hospital readmission rates for all unplanned readmissions within 30days of an acute stay.	Readmissions by DRG must be under 1.0 to avoid penalty.	Readmissions for CHF, Pneumonia and Acute Myocardial Infarction are all under .97. No penalties for FY 2015 and 2016
<u>Hospital Acquired Conditions Reduction Program (HAC):</u> included in the value based purchasing program but adds additional pressure to reduce certain complications from two domains: potentially preventative complications of care (Patient Safety Indicators) and hospital acquired infections (CDC Infection Prevention Indicators). 25%.	Based on 2013-2014 hospital data, the goal is to avoid penalties that are awarded to the bottom 25% of reporting hospitals. The bottom 25% scored at or below a threshold score of 6.75	Sonoma Valley Hospital's total HAC score is 2.75 and we do not incur any payment reduction penalties for Hospital Acquired Conditions. Note: during this period the hospital did not report any Central Line Infections, Catheter Associated Urinary Tract Infections or Surgical Site Infections thus exceeding national benchmarks.

2. CMS Hospital Compare Star Ratings

Star Ratings have been in place for both Home Care and the Skilled Nursing Facilities for quite awhile and we have maintained a 5 star rating for Home Care (top 25%) and a 4 Star rating for our Skilled Nursing Facility. CMS has been working on creating the same type of rating for hospitals. They are weighting all quality metrics and HCAHPS performance into a single star rating which is currently being published on the Hospital Compare website. Sonoma Valley Hospital received a 3 Star rating. Only 11% of hospitals nationally received a Star rating of 4 or 5. Data Range: 4thQ 2013 through 3rd Q 2014.

3. Leapfrog Hospital Survey Results

The hospital participated in the annual hospital survey this past June and the results are soon to be released. The Leapfrog Group is a voluntary program aimed at mobilizing employer purchasing power to alert America's health industry that big leaps in health care safety, quality and customer value will be recognized and rewarded. Among other initiatives, Leapfrog works with its employer members to encourage transparency and easy access to health care information as well as rewards for hospitals that have a proven record of high quality care.

Sonoma Valley Hospital's Summary Score		NATIONAL AVERAGES	
Quality	62	Quality	61
Resource Use	68	Resource Use	62
Value	64	Value	62

The Value score is a combination of Quality (65%) and Resource Use (35%). The updated Hospital Safety Score/Grade has not been released (A through D) at the time of this report.

4. California Hospital Compare Performance Report

A recent report published by Kaiser Permanente discussed the unveiling of the California Healthcare Compare Website. The site provides information on quality for five common conditions or procedures: childbirth, hip and knee replacement, colon cancer screening, diabetes, and back pain. And it gives cost information — by county for 100 procedures, ranging from treating a broken ankle to cancer chemotherapy. Sonoma Valley Hospital ranked fourth for hip and knee replacement in quality and first in the patient experience scores and 5th for childbirth in our region.

5. Program Beta Incentive programs for Patient Safety

Program Beta developed programs, Quest for Zero, to reduce the risk of harm for patient both in the Emergency Department and in OB. The programs include intensive clinical training for both the nursing staff and physicians and have a longstanding reputation for reducing risk and improving the quality of patient care. The Emergency Department successfully completed Tier 2 of the 3 tier program this year and the OB department completed Tier 1. This resulted in some premium credits as well as safe, quality patient care. Beta is piloting a Quest for Zero program for Surgical Services and we will be participating sometime in 2016.

10.

**FINANCIAL REPORT
AUGUST 2015**



Healing Here at Home

To: SVH Finance Committee
From: Ken Jensen, CFO
Date: September 22, 2015
Subject: Financial Report for the Month Ending August 31, 2015

I am pleased to advise you that the actual financial performance for Sonoma Valley Hospital for the first two months of the fiscal year was relatively on target with budgeted expectations. The actual loss of (\$229,180) from operations for August was \$94,412 better than the budgeted loss of (\$323,592). The year-to-date actual loss from operations was (\$404,959) compared to the budgeted loss of (\$531,679). After accounting for all other activity, the August net income was a positive \$174,563 vs. the budgeted expectation of \$92,907. Year-to-date the total net income was \$79,752 better than budget with a year to date EBIDA of 7.6% being better than the budgeted 6.3%.

For August, **gross patient revenue** was \$19,759,895, which was better than budget by \$355,367. Inpatient revenue was under budget due to lower than expected acute patient days (\$720,124). Outpatient revenue was over budget by \$615,503 due to higher than budgeted volumes, and the ER gross revenue was over budget by \$783,846. SNF was under budget by (\$251,986) due to volume and Home Health was under budget by (\$71,872) due to volume. Home Health has had difficulty in recruiting a physical therapist. The payer mix was relatively consistent with the budget.

Deductions from revenue were worse than budgeted by (\$287,330) due to the shift of expected revenue from inpatient to outpatient which has a lower collection rate. The deduction would have been higher but the hospital recorded an IGT payment of \$244,244, which offset the actual amount.

After accounting for all other operating revenue, the **total operating revenue** was \$61,222 better than budget.

Operating Expenses of \$4,863,202 were under budget by \$33,190. Expenses included \$122,122 for the IGT matching payment. The significant negative variances were: Employee Benefits which were over budget by (\$34,005) which was due to a higher number of employees on disability (not to be confused with Workers' Comp); Other expenses are over budget due to one-time "carry over" costs which should have been posted in July. Most other costs were under budgeted expectations.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for August was (\$8,192) vs. a budgeted net loss of (\$91,630). The total net income for August after all activity was \$174,563 vs. a budgeted net income of \$92,907.

EBIDA for the month of August was 7.0% vs. the budgeted 5.1%.

Patient Volumes – August

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	74	100	-26	104
Newborn Discharges	15	13	2	9
Acute Patient Days	297	366	-69	376
SNF Patient Days	634	687	-53	687
Home Care Visits	917	1,209	-292	1,109
OP Gross Revenue	12,910	11,583	1327	10,410
Surgical Cases	122	133	-11	133

Overall Payer Mix – August

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	45.2%	49.4%	-4.2%	46.8%	49.0%	-2.2%
Medi-Cal	18.8%	17.6%	1.2%	19.0%	17.6%	1.4%
Self Pay	0.8%	1.8%	-1.0%	1.3%	1.8%	-0.5%
Commercial	21.5%	20.3%	1.2%	20.8%	20.5%	0.3%
Managed MC	7.1%	4.9%	2.3%	6.0%	4.8%	1.3%
Workers Comp	3.6%	3.2%	0.5%	3.1%	3.4%	-0.3%
Capitated	3.0%	2.9%	0.1%	3.0%	3.0%	0.0%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for August:

For the month of August the cash collection goal was \$3,526,257 and the Hospital collected \$3,517,966, or under the goal by \$8,291. The year-to-date cash goal is \$6,622,543 and the Hospital has collected \$7,189,440, or over the goal by \$566,897. The cash collection goal is based upon net hospital revenue from 90 days ago. Days of cash on hand are 16 days at August 31, 2015. Accounts Receivable decreased from July, from 45.7 days to 45.3 days in August. Accounts Payable is down by \$266,631 from July and Accounts Payable days are at 45.6.

ATTACHMENTS:

- Attachment A is the Payer Mix Analysis. We have added the projected collection percentage by payer.
- Attachment B is the Operating Indicators Report
- Attachment C is the Balance Sheet

- Attachment D is the (two pages) is the Statement of Revenue and Expense. The first page breaks out the actual hospital operations and page two includes all other activity.
- Attachment E is the Variance Analysis. A the line number tie to the Statement of Revenue and Expense line numbers and explains any significant variances.
- Attachment F are the graphs for Revenue and Accounts Payable.
- Attachment G is the Statistical Analysis
- Attachment H is the Cash Forecast



Sonoma Valley Hospital
Net Revenue by Payer for the month of August 31, 2015

ATTACHMENT A

August-15

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	8,908,073	9,530,937	(622,864)	-3.2%
Medi-Cal	3,703,927	3,393,796	310,131	1.6%
Self Pay	156,959	343,723	(186,764)	-1.0%
Commercial	4,280,491	4,007,218	315,603	1.6%
Medicare Managed Care	1,403,145	937,420	465,725	2.4%
Worker's Comp.	718,061	622,371	95,690	0.5%
Capitated	589,237	569,063	20,174	0.1%
Total	19,759,895	19,404,528	397,697	2.1%

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	2,050,735	2,095,585	(44,851)	-2.1%
Medi-Cal	548,955	507,712	41,244	8.1%
Self Pay	66,059	183,145	(117,086)	-63.9%
Commercial	1,555,831	1,417,718	138,114	9.7%
Medicare Managed Care	251,153	138,457	112,696	81.4%
Worker's Comp.	204,491	146,631	57,861	39.5%
Capitated	22,214	23,161	(947)	-4.1%
Prior Period Adj/IGT	(244,244)	(125,250)	(118,994)	95.0%
Total	4,455,195	4,387,158	68,037	1.6%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	46.0%	47.8%	-1.7%	-3.6%
Medi-Cal	12.3%	11.6%	0.7%	6.5%
Self Pay	1.5%	4.2%	-2.7%	-64.5%
Commercial	34.9%	32.3%	2.6%	8.1%
Medicare Managed Care	5.6%	3.2%	2.5%	78.6%
Worker's Comp.	4.6%	3.3%	1.2%	37.3%
Capitated	0.5%	0.5%	0.0%	-5.6%
Prior Period Adj/IGT	-5.5%	-2.9%	-2.6%	92.0%
Total	100.0%	100.0%	0.0%	0.0%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	23.0%	22.0%	1.0%	4.7%
Medi-Cal	14.8%	15.0%	-0.1%	-0.9%
Self Pay	42.1%	53.3%	-11.2%	-21.0%
Commercial	36.3%	35.4%	1.0%	2.7%
Medicare Managed Care	17.9%	14.8%	3.1%	21.2%
Worker's Comp.	28.5%	23.6%	4.9%	20.9%
Capitated	3.8%	4.1%	-0.3%	-7.4%
Prior Period Adj/IGT	-1.2%	-0.6%	-0.6%	91.5%

YTD

	Actual	Budget	Variance	% Variance
Medicare	18,568,525	19,261,104	(692,579)	-3.6%
Medi-Cal	7,541,897	6,924,987	616,910	8.9%
Self Pay	498,426	692,279	(193,853)	-28.0%
Commercial	8,321,912	8,232,196	89,716	1.1%
Medicare Managed Care	2,393,863	1,899,172	494,691	26.0%
Worker's Comp.	1,243,524	1,337,495	(93,971)	-7.0%
Capitated	1,180,242	1,176,619	3,623	0.3%
Total	39,748,389	39,523,852	224,537	-2.3%

YTD

	Actual	Budget	Variance	% Variance
Medicare	4,105,003	4,228,507	(123,504)	-2.9%
Medi-Cal	1,140,770	1,035,978	104,792	10.1%
Self Pay	115,932	281,701	(165,769)	-58.8%
Commercial	3,048,919	2,994,052	54,868	1.8%
Medicare Managed Care	381,928	280,508	101,420	36.2%
Worker's Comp.	306,168	315,114	(8,945)	-2.8%
Capitated	41,067	47,888	(6,821)	-14.2%
Prior Period Adj/IGT	(356,954)	(250,500)	(106,454)	42.5%
Total	8,782,834	8,933,247	(150,413)	-1.7%

	Actual	Budget	Variance	% Variance
Medicare	46.7%	47.3%	-0.6%	-1.3%
Medi-Cal	13.0%	11.6%	1.4%	12.0%
Self Pay	1.3%	3.2%	-1.8%	-58.1%
Commercial	34.7%	33.5%	1.2%	3.6%
Medicare Managed Care	4.3%	3.1%	1.2%	38.5%
Worker's Comp.	3.5%	3.5%	0.0%	-1.2%
Capitated	0.5%	0.5%	-0.1%	-12.8%
Prior Period Adj/IGT	-4.1%	-2.8%	-1.3%	44.9%
Total	100.0%	100.0%	0.0%	0.0%

	Actual	Budget	Variance	% Variance
Medicare	22.1%	22.0%	0.2%	0.7%
Medi-Cal	15.1%	15.0%	0.2%	1.1%
Self Pay	23.3%	40.7%	-17.4%	-42.8%
Commercial	36.6%	36.4%	0.3%	0.7%
Medicare Managed Care	16.0%	14.8%	1.2%	8.0%
Worker's Comp.	24.6%	23.6%	1.1%	4.5%
Capitated	3.5%	4.1%	-0.6%	-14.5%
Prior Period Adj/IGT	-0.9%	-0.6%	-0.3%	41.7%

Sonoma Valley Health Care District
Balance Sheet
As of August 31, 2015

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 2,337,246	\$ 3,151,932	\$ 1,757,489
2	Trustee Funds	3,021,372	3,021,373	1,753,339
3	Net Patient Receivables	7,491,117	7,346,106	7,926,063
4	Allow Uncollect Accts	(670,887)	(696,498)	(765,750)
5	Net A/R	6,820,230	6,649,608	7,160,313
6	Other Accts/Notes Rec	8,199,845	8,131,202	7,187,423
7	3rd Party Receivables, Net	492,562	97,218	1,876,820
8	Inventory	848,309	842,420	766,592
9	Prepaid Expenses	736,862	878,955	552,420
10	Total Current Assets	\$ 22,456,426	\$ 22,772,708	\$ 21,054,396
12	Property, Plant & Equip, Net	\$ 54,344,324	\$ 54,631,826	\$ 56,486,369
13	Specific Funds	282,754	247,317	1,122,919
14	Other Assets	143,494	143,494	138,384
15	Total Assets	\$ 77,226,998	\$ 77,795,345	\$ 78,802,068
 Liabilities & Fund Balances				
Current Liabilities:				
16	Accounts Payable	\$ 3,171,125	\$ 3,437,756	\$ 4,229,266
17	Accrued Compensation	4,412,862	4,194,116	3,992,303
18	Interest Payable	821,830	707,575	818,974
19	Accrued Expenses	1,173,221	1,263,247	2,589,123
20	Advances From 3rd Parties	1,593,706	1,694,150	441,536
21	Deferred Tax Revenue	4,927,774	5,420,552	5,842,977
22	Current Maturities-LTD	1,700,683	1,720,434	1,700,683
23	Line of Credit - Union Bank	5,923,734	5,923,734	5,698,734
24	Other Liabilities	290,576	341,885	(653,400)
25	Total Current Liabilities	\$ 24,015,511	\$ 24,703,449	\$ 24,660,196
26	Long Term Debt, net current portion	\$ 38,552,061	\$ 38,650,064	\$ 40,424,302
27	Fund Balances:			
28	Unrestricted	\$ 12,519,400	\$ 12,356,040	\$ 12,423,959
29	Restricted	2,140,026	2,085,792	1,293,612
30	Total Fund Balances	\$ 14,659,426	\$ 14,441,832	\$ 13,717,571
31	Total Liabilities & Fund Balances	\$ 77,226,998	\$ 77,795,345	\$ 78,802,068

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended August 31, 2015**

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
1	74	100	(26)	-26%							
2	634	687	(53)	-8%							
3	917	1,209	(292)	-24%							
4	12,910	11,583	1,327	11%							
					Volume Information						
					Acute Discharges	184	194	(10)	-5%	209	
					SNF Days	1,253	1,338	(85)	-6%	1,338	
					Home Care Visits	1,898	2,458	(560)	-23%	2,255	
					Gross O/P Revenue (000's)	\$ 25,499	\$ 23,775	1,723	7%	\$ 21,289	
					Financial Results						
					Gross Patient Revenue						
5	\$ 4,686,882	\$ 5,407,006	(720,124)	-13%	Inpatient	\$ 9,768,588	\$ 10,719,168	(950,580)	-9%	\$ 10,126,383	
6	7,566,610	6,951,107	615,503	9%	Outpatient	15,046,092	14,593,727	452,365	3%	12,792,687	
7	5,045,672	4,261,826	783,846	18%	Emergency	9,930,125	8,616,292	1,313,833	15%	7,797,564	
8	2,162,530	2,414,516	(251,986)	-10%	SNF	4,383,974	4,842,520	(458,546)	-9%	4,865,270	
9	298,201	370,073	(71,872)	-19%	Home Care	619,610	752,145	(132,535)	-18%	698,627	
10	\$ 19,759,895	\$ 19,404,528	355,367	2%	Total Gross Patient Revenue	\$ 39,748,389	\$ 39,523,852	224,537	1%	\$ 36,280,531	
					Deductions from Revenue						
11	\$ (15,458,044)	\$ (15,032,042)	(426,002)	-3%	Contractual Discounts	\$ (31,076,602)	\$ (30,619,949)	(456,653)	-1%	\$ (27,879,842)	
12	(50,000)	(89,314)	39,314	44%	Bad Debt	(200,000)	(178,628)	(21,372)	-12%	(140,000)	
13	(40,900)	(21,264)	(19,636)	-92%	Charity Care Provision	(45,907)	(42,528)	(3,379)	-8%	(50,000)	
14	244,244	125,250	118,994	0%	Prior Period Adj/Government Program Revenue	356,954	250,500	106,454	0%	-	
15	\$ (15,304,700)	\$ (15,017,370)	(287,330)	2%	Total Deductions from Revenue	\$ (30,965,555)	\$ (30,590,605)	(374,950)	1%	\$ (28,069,842)	
16	\$ 4,455,195	\$ 4,387,158	68,037	2%	Net Patient Service Revenue	\$ 8,782,834	\$ 8,933,247	(150,413)	-2%	\$ 8,210,689	
17	\$ 157,070	\$ 171,184	(14,114)	-8%	Risk contract revenue	\$ 312,020	\$ 342,368	(30,348)	-9%	\$ 472,484	
18	\$ 4,612,265	\$ 4,558,342	53,923	1%	Net Hospital Revenue	\$ 9,094,854	\$ 9,275,615	(180,761)	-2%	\$ 8,683,173	
19	\$ 21,757	\$ 14,458	7,299	-50%	Other Op Rev & Electronic Health Records	\$ 81,648	\$ 28,916	52,732	182%	\$ 233,812	
20	\$ 4,634,022	\$ 4,572,800	61,222	1%	Total Operating Revenue	\$ 9,176,502	\$ 9,304,531	(128,029)	-1%	\$ 8,916,984	
					Operating Expenses						
21	\$ 2,122,715	\$ 2,193,616	70,901	3%	Salary and Wages and Agency Fees	\$ 4,317,861	\$ 4,417,175	99,314	2%	\$ 4,083,948	
22	859,747	\$ 825,742	(34,005)	-4%	Employee Benefits	1,691,156	1,628,861	(62,295)	-4%	1,516,618	
23	\$ 2,982,462	\$ 3,019,358	36,896	1%	Total People Cost	\$ 6,009,017	\$ 6,046,036	37,019	1%	\$ 5,600,566	
24	\$ 336,369	\$ 346,606	10,237	3%	Med and Prof Fees (excl Agency)	\$ 676,583	\$ 687,128	10,545	2%	\$ 730,943	
25	490,881	504,639	13,758	3%	Supplies	941,167	1,054,533	113,366	11%	1,145,770	
26	267,905	352,170	84,265	24%	Purchased Services	554,937	704,340	149,403	21%	699,082	
27	292,597	283,132	(9,465)	-3%	Depreciation	584,205	566,263	(17,942)	-3%	600,429	
28	92,627	98,958	6,331	6%	Utilities	197,019	197,916	897	0%	217,010	
29	25,270	20,834	(4,436)	-21%	Insurance	50,540	41,668	(8,872)	-21%	38,510	
30	38,658	41,244	2,586	6%	Interest	77,094	83,138	6,044	7%	84,746	
31	214,311	166,951	(47,360)	-28%	Other	368,777	330,188	(38,589)	-12%	(356,792)	
32	122,122	62,500	(59,622)	-95%	Matching Fees (Government Programs)	122,122	125,000	2,878	2%	645,940	
33	\$ 4,863,202	\$ 4,896,392	33,190	1%	Operating expenses	\$ 9,581,461	\$ 9,836,210	254,749	3%	\$ 9,406,204	
34	\$ (229,180)	\$ (323,592)	94,412	29%	Operating Margin	\$ (404,959)	\$ (531,679)	126,720	24%	\$ (489,220)	

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended August 31, 2015**

	Month					Year-To- Date				YTD Prior Year
	This Year		Variance			This Year		Variance		
	Actual	Budget	\$	%		Actual	Budget	\$	%	
35	\$ 8,488	\$ 13,657	(5,169)	-38%						
36	-	5,805	(5,805)	-100%						
37	(37,500)	(37,500)	-	0%						
38	250,000	250,000	-	0%						
39	<u>\$ 220,988</u>	<u>\$ 231,962</u>	<u>(10,974)</u>	<u>-5%</u>						
40	<u>\$ (8,192)</u>	<u>\$ (91,630)</u>	<u>83,438</u>	<u>-91%</u>	Net Income / (Loss) prior to Restricted Contributions	<u>\$ 34,377</u>	<u>\$ (67,755)</u>	<u>102,132</u>	<u>-151%</u>	<u>\$ (24,061)</u>
41	\$ 54,234	\$ 35,183	19,051	54%						
42	\$ -	\$ 20,833	(20,833)	0%						
43	<u>\$ 46,042</u>	<u>\$ (35,614)</u>	<u>81,656</u>	<u>-229%</u>	Net Income / (Loss) w/ Restricted Contributions	<u>\$ 124,028</u>	<u>\$ 44,277</u>	<u>79,751</u>	<u>180%</u>	<u>\$ 93,763</u>
44	242,777	242,777	-	0%						
45	(114,256)	(114,256)	-	0%						
46	<u>\$ 174,563</u>	<u>\$ 92,907</u>	<u>81,656</u>	<u>88%</u>	Net Income/(Loss) w GO Bond Activity	<u>\$ 377,397</u>	<u>\$ 297,645</u>	<u>79,752</u>	<u>27%</u>	<u>\$ 96,941</u>
	\$ 323,063	\$ 232,745			EBIDA	\$ 695,676	\$ 581,646			\$ 661,114
	7.0%	5.1%				7.6%	6.3%			7.4%

11.

**ADMINISTRATIVE
REPORT SEPTEMBER
2015**



To: Sonoma Valley Health Care District Board of Directors
From: Kelly Mather
Date: 10/8/15
Subject: Administrative Report

Summary

We have started off the new fiscal year well and are ahead of budget for the first three months of the year. The major focus for many of the team members this past month has been the conversion to ICD-10. A physician office staff luncheon was well attended and our team did an outstanding job preparing for this change. We are watching our cash very closely for the next few months just in case there is the anticipated slow down in receivables. Also, the leadership development institute was a great success. We continued to focus on overcoming the typical dysfunctions for teams such as conflict, accountability, trust, communication and agreeing on a common goal or vision for the organization. At this retreat, we also asked for more direct input from the team leaders on the vision for the future of SVH.

Dashboard and Trended Results

The patient satisfaction goals have been increased and while we are inconsistent, we did meet the inpatient goal in July. Emergency satisfaction is not as high as usual. There are several new physicians now working in the E.R. Progress was made on the VBP score and it is now at goal of 52 and we are .25 away from the 90th percentile again. We are succeeding in meeting our EBIDA goal and expense management has been very good. The main concern is days of cash on hand, which is still below 20 as the parcel tax monies will not be received until December. On the community outreach front, we have exceeded our goals and put on many excellent and well attended health education events in September and October.

Strategic Update

Quality: The annual Performance Improvement Fair was held on September 30th and the projects and boards were excellent this year.

Physician Outreach: The physician satisfaction survey will go out in October.

Optimization of each Service Area: OB is now complete. Home Care suspended for ICD-10 and will finish by December. The MAJOR project will be inpatient, which will start in January.

Time Share: If the pain management and the Nephrologists sign leases, the time share will be full. Marketing of our many specialist options in Sonoma begins this winter.

Outpatient Services: Satellite Healthcare will likely begin construction in December and will be in the old Emergency Department.

Employer Direct Program: We have signed the agreement and should see increased volumes for Bariatrics, Orthopedics and GYN as a result of this program.

Parcel tax renewal vote in 2017: The committee will meet again this month and has elected to schedule a vote in Spring 2017 for renewal. The length of time and amount requested has not been decided.

Population Health: We are writing a grant and are beginning a pilot for the Community Care Network for MediCal patients. The fall class for Wellness University is half way complete. The Health Roundtable sponsored education on ACE (Adverse Childhood Events) with Hanna Boys Center was well done.

Community Opinion Survey: The survey is complete with 317 respondents.

Philanthropy: The Foundation has raised \$350k toward the new 3D mammography unit. The project will cost \$550k.

AUGUST DASHBOARD

PILLAR	PERFORMANCE GOAL	METRIC	ACTUAL RESULT	GOAL LEVEL
Service Excellence	Highly satisfied Inpatients	Maintain at least 5 out of 9 HCAHPS domain results above the 70 th percentile	5 out of 9 in July	>7 = 5 (stretch) 6 = 4 5 = 3 (Goal) 4 = 2 <4=1
Service Excellence	Highly satisfied Emergency Patients	Maintain at least 5 out of 7 ERCAPS domain results above the 70 th percentile	2 out of 7 in July	7 = 5 (stretch) 6 = 4 5 = 3 (Goal) 4 = 2 3 = 1
Quality	Excellent Clinical Outcomes	Value Based Purchasing Clinical Score at 50 or higher	52 (80 TH percentile)	>55 = 5 (stretch) >52 = 4 >50 =3 (Goal) >47=2 <40 =1
People	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of 75 th percentile or higher	79.6% mean score at 91st percentile	>80th = 5 (stretch) >77th=4 >75th=3 (Goal) >72nd=2 <70 th =1
Finance	Financial Viability	YTD EBIDA	7.6%	>5% (stretch) >4.5%=4 >4.0% (Goal) >3/5%=2 <3.5%=1
	Efficiency and Financial Management	Meet FY 2016 Budgeted Expenses	\$9,581,461 (actual) \$9,836,210 (budget)	<2% =5 (stretch) <1% = 4 <Budget=3 (Goal) >1% =2 >2% = 1
Growth	Surgical Cases	Increase surgeries by 2% over prior year	247 YTD FY2014 268 YTD FY2015	>3% = 5 >2% = 4 >1% = 3 (Goal)
	Outpatient & Emergency Volumes	2% increase (gross outpatient revenue over prior year)	\$25.4 mm YTD \$21.2 mm prior year	>5% = 5 (stretch) >3% = 4 >2% = 3 (Goal) <2% = 2
Community	Community Benefit Hours	Hours of time spent on community benefit activities per year	404.25 hours for 2 months	>1500 = 5 >1200 = 4 >1000 = 3 >750 = 2 >500 = 1



FY 2016 TRENDED RESULTS

MEASUREMENT	Goal FY 2016	Jul 2015	Aug 2015	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Inpatient Satisfaction	6/9	5		5	6	4	5	3	6	7	4	7	
Emergency Satisfaction	5/7	2											
Value Based Purchasing Clinical Score	>50	52									47	48	48
Staff Satisfaction	>75th	91	91	76	76	76	76	76	91	91	91	91	91
FY YTD Turnover	<10%	1.2	1.2	2.6	3.6	4.6	4.9	5.5	6.5	7.4	7.6	8	8.3
YTD EBIDA	>4%	8.2	7.6	4.9	7.3	6.5	6.7	6.9	6.2	5.4	4.7	4.2	3.8
Net Operating Revenue	>4.5m	4.48	4.6	3.8	4.7	4.0	4.1	4.4	4.6	4.1	4.1	4.1	4.5
Expense Management	<4.8m	4.7	4.8	4.4	4.6	4.4	4.3	4.6	5.0	4.7	4.8	4.6	5.1
Net Income	>50k	202	174	-381	304	67	-1	29	-211	-382	-278	74	139
Days Cash on Hand	>20	22	16	14	11	10	13	17	12	15	20	17	16
A/R Days	<50	46	45	48	51	51	49	53	48	47	47	43	47
Total FTE's	<315	313	310	303	304	303	300	299	303	310	304	307	309
FTEs/AOB	<4.0	3.6	3.77	3.49	4.01	4.1	4.12	4.12	3.46	3.79	4.05	3.91	3.36
Inpatient Discharges	>100	110	74	87	107	96	111	104	98	113	95	97	97
Outpatient Revenue	>\$11m	12.6	12.9	11.1	11.7	10.9	10.1	11.8	10.5	11.8	11.2	10.7	12.0
Surgeries	>130	125	122	122	155	118	117	129	136	137	144	118	122
Home Health	>1000	981	917	1111	1319	1090	1103	1097	1109	1232	1154	963	1014
Births	>15	16	15	21	13	16	18	11	11	16	7	11	24
SNF days	>660	619	634	597	527	580	596	654	607	669	487	626	669
MRI	>120	143	131	143	221	116	100	108	116	157	138	125	144
Cardiology (Echos)	>65	66	62	62	67	66	67	62	56	67	61	63	66
Laboratory	>12.5	12.1	12.2	13.0	13.0	11.5	11.4	12.5	11.5	12.1	12.3	11.9	12.3
Radiology	>850	1036	1011	900	1047	856	890	1111	1053	1156	1030	1014	965
Rehab	>2587	3014	2384	2468	3028	2634	3010	2478	2751	3113	3063	3008	2873
CT	>300	384	345	323	368	295	316	392	309	347	302	357	335
ER	>800	878	888	851	863	761	824	988	845	769	876	943	846
Mammography	>475	462	439	433	605	462	339	487	444	466	497	476	453
Ultrasound	>325	395	314	367	372	238	299	309	317	357	391	354	345
Occupational Health	>650	733	728	758	739	602	648	653	588	679	687	573	660