



Healing Here at Home

**SONOMA VALLEY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING AGENDA
Thursday, May 1, 2014
6:00 p.m. Regular Session
Closed Session**

**COMMUNITY MEETING ROOM
177 First Street West, Sonoma, CA**

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	<i>Nevins</i>	
2. PUBLIC COMMENT ON CLOSED SESSION	<i>Nevins</i>	
3. CLOSED SESSION A. <u>Calif. Health & Safety Code § 32106</u> Trade Secrets Regarding Business Strategy.	<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>	<i>Nevins</i>	
6. CONSENT CALENDAR A. Regular Board Minutes, 04.03.14 B. FC Minutes 03.25.14 C. QC Minutes 03.26.14 D. QC Policy & Procedure E. MEC Credentialing Report, 04.23.14	<i>Nevins</i>	Action
7. RESOLUTION No. 321: APPROVE INCREASE OF UNION BANK LINE OF CREDIT	<i>Nevins</i>	Action
8. RESOLUTION No. 322: APPROVE ACQUISITION OF PORTABLE X-RAY MACHINE	<i>Nevins</i>	Action
9. ROLLING STRATEGIC PLAN	<i>Mather</i>	Action
10. MARKETING ANNUAL REPORT	<i>Kenney</i>	Inform

11. OB UPDATE	<i>Kobe</i>	Inform
12. FINANCIAL REPORT FOR MARCH 2014	<i>Cox/Tarver</i>	Inform
13. ADMINISTRATIVE REPORT FOR APRIL 2014	<i>Mather</i>	Inform
14. SVH STAFF SATISFACTION SURVEY 2014	<i>Davis</i>	Inform
15. OFFICER & COMMITTEE REPORTS A. Governance Committee Report <ul style="list-style-type: none"> ▪ 2014 Form 700 Compliance Update ▪ 2014 Board Ethics Training Update B. Applicant Interviews for Finance Committee position	<i>All</i>	Inform/Action
16. ADJOURN Next regular Board meeting, June 5, 2014	<i>Nevins</i>	

6.

CONSENT CALENDAR



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING MINUTES
Thursday, April 3, 2013
Community Meeting Room**

Board Present	Board Absent/Excused	Staff/Other Present	Staff/Other cont.
Bill Boerum Peter Hohorst Sharon Nevins Jane Hirsch	Kevin Carruth	Robert Cohen, MD Kelly Mather Bob Kelley Josh Rymer Mark Kobe D. Paul Amara, MD	Dawn Kuwahara Celia Kruse de la Rosa David Cox Keith Chamberlin, MD Selma Blanus Jared Hubbell, MD

AGENDA ITEM	DISCUSSION	ACTION	FOLLO W-UP
MISSION AND VISION STATEMENTS	<i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community. 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>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	Meeting called to order at 6:01 p.m. Dr. Cohen announced that <i>Consumer Reports</i> named SVH the 11 th best hospital in the country based on patient safety.		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
<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>	None.		
3. CONSENT CALENDAR:	<i>Nevins</i>	Action	
<u>Minutes</u> A. Regular Board Minutes, 02.06.14 B. FC Minutes 01.28.14 C. GC Minutes 01.28.14 D. QC Minutes 01.29.14 <u>Other</u> E. QC Policy & Procedures F. MEC Credentialing Report, 02.26.14		MOTION by Boerum to approve A-F and 2 nd by Hirsch. All in favor.	
4. DRAFT ROLLING STRATEGIC PLAN	<i>Rymer/Mather</i>	Inform	

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	Mr. Rymer presented the initial data of the plan and Ms. Mather presented the strategies behind the plan. Tonight's presentation was solely informational. The intention is to bring the plan back to the Board in May 2014 for action and approval.		Bring Plan back 5/1 for action.
5. SAVE OB COMMITTEE UPDATE	<i>Kenney/Kobe/Cohen</i>	Inform	
	Dr. Cohen, Mr. Kenney and Mr. Kobe presented the findings of the Save OB Committee over the past three months. Dr. Amara and Dr. Chamberlin presented strongly in favor of keeping OB open and are still working toward reductions in costs. Dr. Amara asked the Board for a commitment to keep OB open for one-year and reassess after that time. Ms. Nevins, Board Chair replied that the Board is not ready to make that commitment in light of uncertain Medicare reimbursements and other factors. Mr. Hohorst expressed that the most important thing is the survival of the hospital as a whole.		
6. FINANCIAL REPORT FOR FEB 2014	<i>Cox</i>	Inform	
	<p>Mr. Cox announced that SCAN Health Plan (a Medicare part D plan with a 4.5 star rating) will be available in Sonoma and Napa counties in January 2015.</p> <p>Ms. Nevins requested a briefing from Mr. Cox on the SGR bill (the so called "doc fix" bill) passed by the Senate and signed into law on 3/31/14. The bill will temporarily delay cuts to doctor reimbursements under Medicare for a one year period.</p> <p>Ms. Mather confirmed that the search for a new CFO is well underway and that there has been good response.</p>		
7. 2015 BUDGET ASSUMPTIONS	<i>Mather</i>	Inform	
	Ms. Mather gave a general overview of the budget assumptions for next year. There will be a Board Budget Study Session at the end of May 2014 and the full budget will be presented to the Board on June 5, 2014.		
8. CEO ADMIN REPORT FOR MARCH 2014	<i>Mather</i>	Inform	
	Ms. Mather presented the Administrative Report for the month of March 2014.		
9. OFFICER AND COMMITTEE REPORT		Action	
	Mr. Boerum is seeking endorsement to run for a full three-year term on the ACHD Board.	MOTION to endorse Mr. Boerum by NEVINS and 2 nd by HOHORST. All in favor.	
9. QUALITY COMMITTEE APPLICANT INTERVIEWS	<i>All</i>	Action	
	All thirteen candidates who submitted an application attended the Board meeting	MOTION by	.

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	this evening and 12 out of 13 interviewed for the 4 open positions. The voting results are tabulated below.	HOHORST to increase the QC by one (1) member and 2 nd by BOERUM. All in favor.	
10. ADJOURN	<i>Nevins</i>		
	Meeting adjourned at 8:35 p.m. Next Board meeting is 5/1/14.		

VOTING RESULTS for QUALITY COMMITTEE APPLICANTS

SVH Board Meeting, April 3, 2014

			CHAIR	1 ST VICE CHAIR	2 ND VICE CHAIR	TREASURER	SECRETARY		
	LAST NAME	FIRST NAME	Nevins	Carruth Excused	Hirsch	Hohorst	Boerum	TOTAL POINTS	POSTION ON QC
	Adam	Richard		---					
	Berezin	Stephen	Rescinded	---	---	---	---		
	Beugelmans	Geetal		---					
	Dunlap	Mary Lou		---					
	Ely	George		---			3	3	
	Grant	Kevin	2	---				2	
	Jones	Kendall	Rescinded	---	---	---	---		
	Lazarus	Wayne	Left meeting	---	---	---	---		
#1	Mainardi	Michael	4	---	4	1	1	10	voting
#3	Sheets	Ingrid	1	---	1	2	4	8	non-voting
#4	Snyder	Carol		---	2		2	4	non-voting
	Tait	Carol		---					
	Wall	Margaret "Peg"		---					
#4	Webber	Cathy		---		4		4	non-voting
#2	Woodward	Kelsey	3	---	3	3		9	non-voting



**SONOMA VALLEY HEALTH CARE DISTRICT
FINANCE COMMITTEE
MEETING MINUTES
Tuesday, March 25, 2014
Schantz Conference Room**

Members Present	Members Present cont.	Staff/ Public/Other	Staff/ Public/Other cont.	Excused/Absent
Dick Fogg Kristina Gritsutenko Phil Woodward Peter Hohorst Sharon Nevins	Steve Barclay Shari Glago Subhash Mishra, M.D. (by phone)	Bernadette Jensen Kathryn Kyle Sam McCandless Gigi Betta Stephen Berezin		Keith Chamberlin, M.D. Mary Smith Kelly Mather

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION AND VISION STATEMENTS	<i>The mission of the SVHCD is to maintain, improve and restore the health of everyone in our community. The vision of the SVHCD is that SVH will be a nationally recognized, compassionate place of healing known for excellence in clinical quality. We serve as the guide and indispensable link in our community members' health care journey.</i>		
1. CALL TO ORDER	<i>Fogg</i>		
	Meeting was called to order at 5:03pm Mr. Fogg announced that Committee Member Richard Conley has resigned due to a conflict in his schedule. There will be an open application process to fill this voting position on the Committee.		
2. PUBLIC COMMENT SECTION	<i>Fogg</i>		
	None.		
3. CONSENT CALENDAR	<i>Fogg</i>	Action	
A. FC Minutes 2.25.14		MOTION by Nevins to approve 2.25.14 Minutes and 2 nd by Glago. All in favor.	
4. FEB 2014 FINANCIALS	<i>Gritsutenko</i>	Inform	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	<p>Ms. Gritsutenko presented the Financials for February 2014 and distributed three reports: Statement of Cash Flows, Statistical Analysis, and Days in A/P and A/R.</p> <p>Mr. Woodward asked that the first line item #1 (Net Income/Loss) be broken out into two sub-categories. Mr. Barclay suggested distinguishing between operating revenue, non-operating revenue and restricted revenue. Ms. Nevins and Ms. Gritsutenko will work together to incorporate suggested changes into the format.</p> <p>How SVH is capitalizing interest on the new ER is an unanswered question from the Committee. Ms. Nevins advised that there is an ongoing investigation being conducted by Mr. Fogg, two Board members, a Finance Committee member and one Hospital staffer. Their findings will be reported back to the FC at a future meeting.</p>		
5. BUDGET ASSUMPTIONS 2015	<i>Gritsutenko/Nevins</i>	Inform/Action	
	Ms. Gritsutenko presented 2015 budget assumptions and Ms. Nevins reviewed 2015 major strategies.		
6. PATIENT BILLING UPDATE	<i>Jensen/Kyle</i>		
	Ms. Jensen and Ms. Kyle presented a comprehensive, informative and engaging update on patient billing including vendor assignments, CBO activities, and efficiencies needed to improve collections,		
7. ADJOURN	Fogg		
	<p>Adjourn Meeting adjourned at 7:05pm Next FC meeting is April 22, 2014</p>		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING MINUTES
Wednesday, March 26, 2014
Schantz Conference Room**

Committee Members Present	Committee Members Present	Committee Members Absent/Excused	Admin Staff /Other
Jane Hirsch John Perez Robert Cohen M.D. Susan Idell	Leslie Lovejoy Howard Eisenstark Kevin Carruth	Paul Amara M.D. (vacation) S. Douglas Campbell M.D.	Melissa Evans Gigi Betta Richard Adams Carol Snyder

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
1. CALL TO ORDER	<i>Hirsch</i>		
	Meeting called to order at 5:02pm. Mr. Hirsch introduced Richard Adam and Carol Snyder, both applicants for the Quality Committee open positions and sitting in on tonight's meeting.		
2. PUBLIC COMMENT	<i>Hirsch</i>		
	None.		
3. CONSENT CALENDAR	<i>Hirsch</i>	Action	
A. QC Meeting Minutes, 2.26.14		MOTION: by Idell to approve 2.26.14 Minutes and 2 nd by Eisenstark. All in favor.	
4. POLICIES & PROCEDURES	<i>Lovejoy</i>	Action	
a) Emergency Department b) Environmental Services c) Information Management d) Organizational Multiple Departments e) Pharmacy f) Record of Care		MOTION: by Eisenstark to accept Polices a-f and 2 nd by Idell. All in favor.	
5. ANNUAL SKILLED NURSING FACILITY REPORT 2013	<i>Evans</i>	Inform	
	Ms. Evans gave a comprehensive and engaging report on the SVH Skilled Nursing Facility for 2013.		
6. QUALITY REPORT FOR MARCH 2014	<i>Lovejoy</i>	Inform	

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	Ms. Lovejoy gave the Quality Report for the month of March 2014 which covered Survey Preparation, Performance Evaluations, Employee Satisfaction Survey, Improvement Plan for Fiscal Stewardship, the Quality section of the SVH website and Orientation.		Ms. Lovejoy to bring a Press Ganey Employee Satisfaction Survey to next meeting.
7. CLOSING COMMENTS/ANNOUNCEMENTS	<i>Hirsch</i>		
8. ADJOURN	<i>Hirsch</i>		
	There was a group discussion on the topic of transparency in pricing and Ms. Hirsch distributed handouts on the subject. Public session adjourned at 6:15pm.		
9. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Hirsch</i>	Inform	
10. CLOSED SESSION	<i>Amara</i>	Action	
11. REPORT OF CLOSED SESSION/ADJOURN	<i>Hirsch</i>	Inform	
	Closed session adjourned at 6:30pm.		



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: Multiple (refer to attached Summary Sheet)	
APPROVED BY	DATE: 2/28/2014
Director's/Manager's Signature	Printed Name

Leslie Lovejoy

Leslie Lovejoy, RN
Chief Nursing Officer, CQO

3-12-14

Date

Robert Cohen

Robert Cohen, MD
Chief Medical Officer

3/14/14

Date

D. Paul Amara, MD
President of Medical Staff

Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Pharmacy Department**

New document or revision written by: Chris Kutza, Director of Pharmacy

Type X Revision X New Policy	Regulatory <input type="checkbox"/> CMS <input type="checkbox"/> CDPH (formerly DHS) <input type="checkbox"/> TJC (formerly JCHAO) <input type="checkbox"/> Other:
X Organizational: Clinical	X Departmental <input type="checkbox"/> Interdepartmental

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

MM8610-114 Vaccine Screening-Pneumococcal and Influenza—Updated (Replaces MM-120)
 MM8610-119 Pharmacist Review of Medication Orders—Updated (Replaces MM-119, 175, 183)
 MM8610-120 Access to Patient Information for Medication Management—Updated (Replaces MM-118)
 MM8610-121 Floorstock Medications—Updated (Replaces MM-144)
 MM8610-122 Formulary Management—Updated (Replaces MM-102)
 MM8610-123 Storage of Medications—Updated (Replaces MM-111)
 MM8610-124 Inspection of Nursing Units and Medication Storage Areas—Updated (Replaces MM-146)
 MM8610-125 Temperature Monitoring of Medication Storage—Updated (Replaces MM-174)

Reviewed By	Date	Approved (Y/N)	Comment
<i>Douglas Campbell, MD - Chairman</i>	<i>3/13/14</i>	<i>yes</i>	
<i>D. Paul Amara, MD - Med Staff President</i>	<i>4/17/14</i>	<i>✓</i>	
<i>Michael Brown, MD - Chairman Surgery</i>	<i>4/2/14</i>	<i>yes</i>	



Policy Submission Summary Sheet

Title of Document: **Organizational-Multiple Departments**

Type: **Revision**

Policy	Comments
EC LS8610-103 Material Flammability Standards	reviewed; updated to standard of TB 117-2000
EC SAF8610-117 Cell Phone Usage	retire; not a safety issue
ECEQP8610-On-Call Engineer	reviewed; updated with staff changes
ECLS8610-106 Fire Alarm Testing	reviewed; only minor changes in wording
ECLS8610-111 Fire Drill Procedure	revised to include new wing
ECSAF 8610-116 Smoking Policy	retire; refer to LD8610-133
LD8610-133 Smoking Policy	reviewed; added smoking locations
EM 8610-Chart 17 element of NIMS	delete; in EOP Plan
IM8610-117 Telephone & Verbal Orders	Delete; new policy MS8610-120
IM8610-102 Disclosure of PHI	delete; duplicate to RC8610-116
IM8610-201 IS security agreement & code of ethics	retire; refer to IM8610-183 IM System Security and Password Control
LD8610-128 Meal Reimbursement	Retire; included in Travel Policy HR8610-135
LD8610-104 Mileage Allowance	reviewed; updated mileage rate from State of CA to IRS Standard
LD8610-114 Customer Relations	revised with minor changes
LD8610-118 Investment Policy	not Leadership policy; sent to Board
LD8610-142 Complaints and Service of Legal Proceedings	reviewed; updated with minor changes
LD8610-202 Leased Employees & Letter of agreement	retire; not a policy
LD8610-314 Involving Patients & Families in safe Care	retire; no longer in use
LD8610-316 Organ Tissue Donation	reviewed; no changes
LD8610-320 Plan for Patient Family Education	reviewed; minor word changes
MS8610-120 Verbal and Telephone Order Policy	new policy; already through committees
PC8610-111 Routine Care of the Pediatric Patient	Revised; updated assessment regarding less than 5 yrs; use of elimination Flow Chart
PC8610-127 Pediatric assessment	Reviewd; updated reference to current standard
PC8610-151 Autopsy Policy	reviewed; updated to current standard
PC8610-161 Do Not Resuscitate	reviewed; no changes
PC8610-163 Hand off Communication SBAR	reviewed; no changes
PC8610-303 Car Seat Safety Program	reviewed; no changes
PCLB8610-205 Nitrazine Testing for Amniotic Fluid	reviewed; updated to Standard
PCLB8610-204 Critical Value Reporting	reviewed; no changes
PCLB8610-Point of Care Testing	reviewed; no changes
PCLB8610-201- AccuChek Inform II Glucose Monitoring	revised to include Standards and procedure of Inform II System
RC8610-114 Retention of Health Information	revised; includes McKesson Patient Folder for records 2012- to current
<u>New Policies</u>	
EC-SAF8610-145 Electrical Safety Testing Policy	new policy
EC-LS8610-102 Hospital Fire Response Plan	new policy
LD8610-303 Vendor PO Assignment	new policy
Reviewed By:	
Policy & Procedure Team	Date 02/26/2014 Approved (Y/N) Yes
Surgery Committee	3/5/14
Medicine Committee	3/13/14

7.

RESOLUTION No. 321

**SONOMA VALLEY HEALTH CARE DISTRICT
RESOLUTION No. 321**

RESOLUTION OF THE SONOMA VALLEY
HEALTHCARE DISTRICT (“the District”) AUTHORIZING EXECUTION OF
LINE OF CREDIT AGREEMENT AND RELATED DOCUMENTATION
WITH THE UNION BANK (“the Bank”)

WHEREAS, the District wishes to secure from the Bank an increase in the Line of Credit from \$5,000,000 to \$7,000,000 to be used for the provision of health care services to the people of the Sonoma Valley Health Care District either for operational or expansion of the Sonoma Valley Hospital.

WHEREAS, the transaction with Union Bank (“the Bank”) by which the Bank will issue the LOC benefiting the District.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Sonoma Valley Healthcare District, as follows:

Section 1. The District shall enter into an arrangement with the Bank hereby approved by the Board of Directors by which the Bank will issue increase the LOC benefiting the District with all other terms remaining substantially the same.

Section 2. The District’s Chief Executive Officer is authorized and directed to take such action and to execute on behalf of the District any transaction documents necessary or desirable to effectuate securing the LOC from the Bank on terms that are consistent with the terms set forth herein.

Section 3. The Secretary of this District is hereby authorized to execute, acknowledge and deliver a certified copy of this Resolution and the Bank’s authorization to obtain Credit, Grant Security, Guarantee or Subordinate Document to the Bank and any other person or agency which may require copies of this Resolution and that the certification of the Secretary as to the above-named officers will be binding on this District.

PASSED AND ADOPTED on this **1st day of May 2014**, by the following vote:

Ayes: _____

Noes: _____

Absent: _____

Abstain: _____

Sharon Nevins, Chair, Board of Directors

Bill Boerum, Secretary, Board of Directors

8.

RESOLUTION No. 322

SONOMA VALLEY HEALTH CARE DISTRICT

RESOLUTION No. 322

**RESOLUTION OF THE GOVERNING BOARD OF SONOMA VALLEY HEALTH
CARE DISTRICT OF THE COUNTY OF SONOMA, STATE OF CALIFORNIA,
REQUESTING APPROVAL TO INCREASE THE CELTIC EQUIPMENT LEASE**

RESOLVED by the Governing Board of the Sonoma Valley Health Care District, a District of the County of Sonoma, State of California, that:

WHEREAS, The District requests approval to increase the Celtic Equipment Lease to \$2,500,000;

NOW, THEREFORE, BE IT RESOLVED by the SVHCD Board of Directors as follows:

1. On March 10, 2014, the SVH Foundation Board of Directors approved to support the District in this need and will provide any and all funds raised for this purpose directly to the District for lease of this equipment.

PASSED AND ADOPTED on this **1st day of May 2014**, by the following vote:

Ayes: _____

Noes: _____

Absent: _____

Abstain: _____

Sharon Nevins, Chair, Board of Directors

Bill Boerum, Secretary, Board of Directors

9.

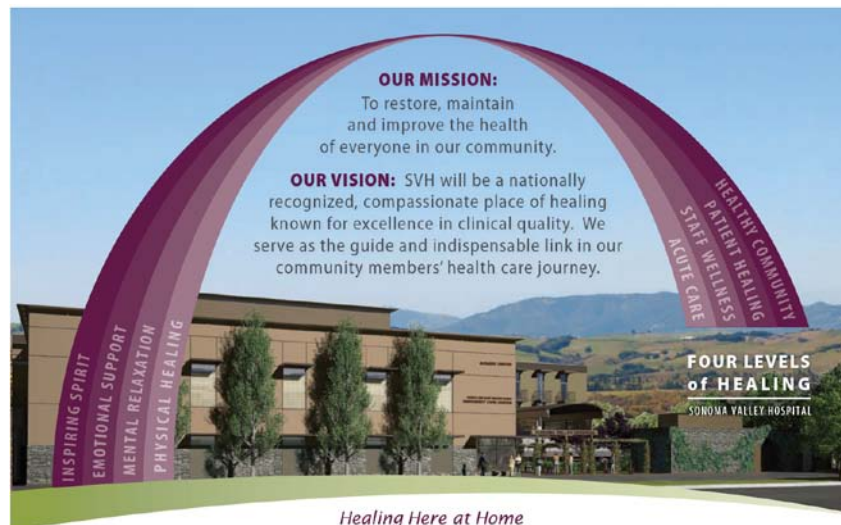
ROLLING STRATEGIC PLAN

Sonoma Valley Hospital 2014 Three-Year Rolling Strategic Plan

Executive Summary

Sonoma Valley Hospital (“SVH”) has entered a new era of service to the Sonoma Valley. The Hospital has made tremendous strides in patient service levels, upgrade of its physical plant and creation of a positive culture. SVH is the preferred choice among residents for Emergency, Diagnostics, Rehabilitation, Skilled Nursing, Home Health Care and Occupational Health. SVH is in the process of redefining itself for the future in order to stay financially viable; provide the services that best address community needs; and help our residents to stay healthy.

In order to become sustainable amid the shifting landscape of modern health care, SVH must rethink its role as a community hospital. New and sustainable sources of revenue are needed to replace diminishing income from traditional inpatient services. Difficult choices must be made in terms of which services are offered. New models and sources of revenue must be identified from regional expansion of selected services (e.g., Home Health Care) and increased market share of inpatient procedures. And finally, continued generous support from the community is needed.



OUR VALUES: C.R.E.A.T.I.N.G **Compassion:** We show consideration of the feelings of others at all times. **Respect:** We honor and acknowledge the value of the people, places and resources in providing care. **Excellence:** We strive to exceed the expectations of the people we serve. **Accountability:** We are reliable, self-responsible owners of the outcomes of our organization. **Teamwork:** We are productive and participative staff members who energize others. **Innovation:** We seek new and creative solutions to deliver quality healthcare. **Nurturing:** We cultivate, develop and educate those with whom we work to achieve their highest potential. **Guidance:** We direct and lead our community members through their healthcare journey and in health improvement.

Environment Assessment: Trends in Hospital Healthcare

SVH, like many other hospitals, faces numerous challenges and rapid changes to the environment in which it operates.

Changes in reimbursement and medical practice rules are impacting hospital margins:

- Government rules and reimbursement practices are placing severe pressure on Hospital revenues as patient care is pushed to outpatient treatment; reimbursement rates are reduced; patient outcomes are tied to reimbursement; and post-facto audits cause reimbursement take-backs.
- Commercial, fee-for-service margins are declining as insurers take their cue from governmental reimbursement and medical practice requirements.
- At the same time, regulatory requirements for Hospital operations, staffing and procedures are not being scaled back to provide commensurate expense reduction opportunities.

There are opportunities on the horizon that may offset some of the margin pressure, but they are not here yet:

- The health care market is moving toward a capitation model, which, once implemented, holds the possibility of higher margins, improved cash flow, and aligned incentives for improving community health.
- Advances in medical treatment, technology and health care practices are becoming a necessary part of hospital expense management to help offset the pressure on revenues.
- Tight integration of physicians and hospital networks has created more alignment to lower the costs of providing services and protecting market share.

SVH Situation Analysis

- SVH serves a very small community making it difficult for the hospital to ever be fully self-supporting. It has become clear that both community and philanthropic support are required to sustain the Hospital financially.
- SVH's service area has a disproportionate share of 50+ residents and is under-represented in younger age categories. Seniors make up a significant portion of the SVH market with 19.5% of the valley being over 65 years of age. This is significantly higher than the 13.2% average in the U.S.
- Consistent with a large and growing senior population, SVH is experiencing an increase in Medicare patients as a percent of total volumes. Due to lower government reimbursement, this is also placing pressure on margins.
- SVH's service area has a large and fast growing Latino population. By 2016, more than 32% of the Valley's population will be Hispanic. Latinos are expected to make up over 50% of California population by 2050, and that benchmark could be reached in the SVH service area before that time.
- SVH has dramatically improved its service delivery over the past few years and now ranks above the national average for patient satisfaction and patient safety.
- Consistent with other institutions, the Hospital is experiencing steep declines in inpatient volumes.

- However, gross outpatient revenue is increasing dramatically, up by ~50% between 2010 and 2013.
- Hospital margins are extremely low. Some services lose money (e.g., Obstetrics) while other procedures (e.g. Joint Replacement and Bariatric Surgeries) are profitable and are targeted areas of growth.
- The Hospital is known and valued by the community for its emergency care services.
- SVH has a good share of the market for Medicine, Gynecology, Inpatient Rehabilitation/Skilled Nursing, Outpatient Rehabilitation, Home Health Care and Diagnostics. SVH is showing positive growth and recovery in Orthopedics and Gastroenterology.
- Demand for new/additional physicians in the SVH service area should be relatively low during the planning period. Expected growth varies by sub-specialty, but current projections show no significant recruitment is needed until 2016.

Competitive Assessment

SVH is one of eight hospitals in a 25-mile radius from Sonoma and is significantly smaller than all but one of these facilities. Kaiser Permanente is the largest competitor for SVH (when both San Rafael and Santa Rosa facilities are combined) although capturing volume from these hospitals will require SVH to win a larger share of the health plans used by valley businesses and residents.



Sonoma Valley Hospital Inpatient Market Position

- SVH inpatient cases decreased by 8.7% between 2010 and 2013, from 1,790 cases in 2010 to 1,636 in 2013. The decline in inpatient volume is, at least in part, a function of having certain procedures moved from inpatient to outpatient.
- Sonoma Valley Hospital's share of inpatient cases fell to 43.5% in 2012 (2013 data on market share is not yet available), decreasing 2.5% since 2010. Share loss can be attributed to implementation of case management as SVH provides appropriate levels of care for all patients.
- Marin General Hospital now has about a 6% inpatient market share, up from 3% in 2010, which shows that the regional partnership is effective.
- Santa Rosa Memorial and Napa's Queen of the Valley hospitals also handle a large number of inpatient procedures that could be done at SVH. Sonoma Valley Hospital lost share in five of its top seven inpatient procedures and lost significant share in other, less common procedures (e.g., General Medical, Pulmonary, Neurology, Neonatology).

Inpatient Share	SVH Cases	SVH Share 2012	Share Change 2010-12
Rehabilitation (SNF)	353	90.5%	-4.1%
Orthopedics	176	35.5%	1.7%
Obstetrics	151	46.0%	-1.1%
Infectious Diseases	149	65.4%	-4.4%
Gastroenterology	112	56.3%	3.8%
Cardiology	109	35.2%	-2.6%
General - Surgical	93	35.5%	-0.6%
All Other	285	23.7%	-7.4%
Total	1,428	43.5%	-2.5%

- Kaiser Santa Rosa and San Rafael combined handle approximately 13.8% of inpatient procedures for Sonoma Valley residents and have a large share of many of the most common procedures.

Inpatient Share for Selected Procedures	SVH	Kaiser Combined	Santa Rosa Memorial	Marin General	Queen of the Valley
General - Surgical	35.5%	18.7%	6.1%	4.2%	8.4%
Cardiology	35.2%	13.9%	6.1%	14.5%	8.1%
Infectious Disease	65.4%	15.8%	4.4%	0.9%	1.8%
Orthopedics	35.5%	15.6%	8.1%	5.0%	7.1%
Obstetrics	46.0%	22.3%	4.9%	2.1%	4.9%

Outpatient Market Position

- Outpatient surgical market share for the primary service area increased significantly, from 27% in 2010 to 32.1% in 2013. However, SVH is underperforming in surgery and is experiencing significant outmigration for surgeries that can easily be done locally.
- Kaiser Santa Rosa and San Rafael handle approximately 17% of outpatient surgeries performed for residents in the combined service. Sonoma patients are attracted to Kaiser due to its attractive pricing for its HMO offering despite experiencing considerable inconvenience in traveling to facilities outside the Sonoma Valley.
- Queen of the Valley in Napa and Petaluma Valley Hospital are secondary competitors for outpatient surgeries. Queen of the Valley handles about 9% of Sonoma Valley residents' outpatient surgeries.

Emergency Department Market Position

- The Hospital's emergency market share continues to be high at 68% for the combined service area and the number of emergency visits is increasing each year.

Strategic Priorities 2014-2016

1) REDESIGN THE SMALL COMMUNITY HOSPITAL MODEL FOR GREATER VIABILITY

Trends in health care and hospital economics make it clear that small hospitals can no longer be all things to all patients. To be viable, the Hospital must reinvent itself in four important ways: actively manage the mix of services offered with an emphasis on outpatient services; pursue viable opportunities to reach a broader, regional audience with selected services; eliminate or reduce costs for unprofitable services; and continue to reduce the cost structure to below Medicare payments for each patient.

2) INSPIRE SONOMA EMPLOYERS TO OFFER HEALTH PLANS THAT USE SONOMA VALLEY HOSPITAL AND ITS AFFILIATED PHYSICIANS

The changing nature of reimbursement and stronger ties between physicians and hospitals mean that SVH will increase revenues by identifying financially attractive health plan partners for Sonoma Valley residents as an alternative to Kaiser. Access to the SVH must become an important reason for employers and residents when choosing a health plan.

3) IMPROVE FACILITY TO BE A STATE-OF-THE-ART HOSPITAL

With opening of the new Emergency Department and Surgical Center, the Hospital took a major step toward becoming a state-of-the-art facility. However, significant additional work is needed to bring the remaining physical plant up-to-date. The Hospital will undertake a multi-year capital campaign working with the Sonoma Valley Hospital Foundation and philanthropic community to obtain the capital needed for additional facility improvements.

4) BUILD A HEALING HOSPITAL AND A HEALTHIER COMMUNITY

With the implementation of capitation models and the decline in inpatient volumes, hospitals will need to focus on creating healthier communities in order to succeed. SVH will continue its efforts to become a place of healing, committed to high quality services and staff who inspire physical, mental, emotional and spiritual healing for the Sonoma Valley residents.

The Future

Sonoma Valley Hospital has emerged from a period of turmoil and uncertainty about its future. The Hospital has made significant progress in stabilizing the organization and dramatically improving service delivery and quality. With generous support from the community, the Hospital has completed construction of a new Emergency Department and Surgery Center, which opened in February of 2014. The Hospital also has addressed some of the long-standing deferred maintenance issues to bring older facilities up to seismic requirements, allowing these areas to function effectively for another 20 years.

Reimbursements from Medicare and Medi-Cal are significantly below cost and the Hospital still must rely on the support of an annual parcel tax to achieve financial stability. The future will include ongoing pressure on margins as insurance companies and government policies work to further reduce reimbursement for care. The community has been very generous in recent years through the approval of a General Obligation Bond, the parcel tax and significant philanthropic contributions.

Sonoma Valley Hospital is uniquely positioned to succeed in the continually evolving landscape that is health care today. The old hospital model, in which the economics of health care is largely based on serving those who are acutely ill is no longer viable. The 'Future' is a hospital economic model growing from the need to serve the entire community as a place of healing and a partner in health.

Implementation Plan for the Strategic Priorities

RE-DESIGN A SMALL COMMUNITY HOSPITAL MODEL FOR VIABILITY

	QTR 1	QTR 2	QTR 3	QTR 4	FY 2016	FY 2017
Increase surgeries with focused marketing of Orthopedics and operate as Surgery Center	X					
Leverage new cost accounting system to enhance service unit and procedure profitability	X	X				
Negotiate improved systems for reimbursement systems with health plan partners (above cost)		X	X			
Complete expansion of home care agency to Marin County; consider Napa & West County			X		North Bay	
Win back ancillary services when patients are referred to out-of-area specialists through PCP			X	X		
Increase outside referrals to SVH's Skilled Nursing Unit	X	X	X	X	X	
Increase Rehabilitation, Occupational Health and Wound Care service market share through continued community outreach	X	X	X	X	X	

INSPIRE SONOMA EMPLOYERS TO OFFER HEALTH PLANS THAT USE SONOMA VALLEY HOSPITAL AND ITS AFFILIATED PHYSICIANS

	QTR 1	QTR 2	QTR 3	QTR 4	FY 2016	FY 2017
Launch Employer Health Wellness Program	X					
Build local employer loyalty and promote partner health plans to reduce out-migration	X	X				
Offer new Medicare Advantage plan partner to Sonoma County		X	X			
Expand capitation model to additional health plans covering a larger percent of Sonoma Valley residents			X	X		
Build loyalty and support growth of SVH affiliated physician practices through networking and the community seeing physicians as a “trusted source”	X	X	X	X		
Share in savings from health and wellness programs led by Hospital for population health	X	X	X	X		

FACILITY IMPROVEMENTS TO BE A STATE-OF-THE-ART HOSPITAL

	QTR 1	QTR 2	QTR 3	QTR 4	FY 2016	FY 2017
Complete 1 st Floor refurbishment (Lobby, Lab, Corridors) to improve the image of quality	X					
Obtain an open MRI and move it inside the hospital (with philanthropic support) for more referrals		X				
Begin capital campaign for a new Outpatient Diagnostic Center to enhance efficiency and reduce costs			X			
Build IT infrastructure for patient portal and create the foundation for more technology				X		
Refurbish 3 rd floor with an Integrative Health Center to enhance patient services and visits				X		
Replace diagnostic imaging equipment for more efficiency and reduced costs					X	
Consider East Wing facility upgrades and SNF expansion					X	

BUILD A HEALING HOSPITAL AND A HEALTHIER COMMUNITY

	QTR 1	QTR 2	QTR 3	QTR 4	FY 2016	FY 2017
Complete the 11 healing hospital modules and share best practices across the nation	X					
Launch Integrative Health Center offering a broad range of healthy and healing therapies	X					
Expand the SVH Staff wellness program to family members for increased health cost savings		X				
Offer Wellness University & other classes to the community to improve brand loyalty			X			
Continue to offer Health Awareness & Education programs through Compass, Girl Talk & Women's Health Center	X	X	X	X		
Support Sonoma Valley Health Roundtable initiatives and lead the Circle of Wellness	X	X	X	X		
Show improvement toward goals for a Healthy Sonoma County 2020 in the Valley				X	X	X

10.

MARKETING
ANNUAL REPORT



**Sonoma Valley Hospital
Marketing & Communications Report
May 2014**

Overview

- **2013-14 has been a pivotal year**
 - Reintroduce SVH to community through New Wing
 - Revitalize community communications to be consistent, proactive, comprehensive
 - Discuss shift from inpatient to outpatient; acute care to healing and wellness
 - Launch regional expansion of services
 - Realign marketing with growth objectives, budget

2014-15 Goals

Reputation

- Continue to strengthen perception that SVH plays indispensable role in health of Sonoma Valley

Marketing

- Support services with greatest growth and revenue potential
- Support regional expansion

Audiences

All Sonoma Valley Residents with emphasis on:

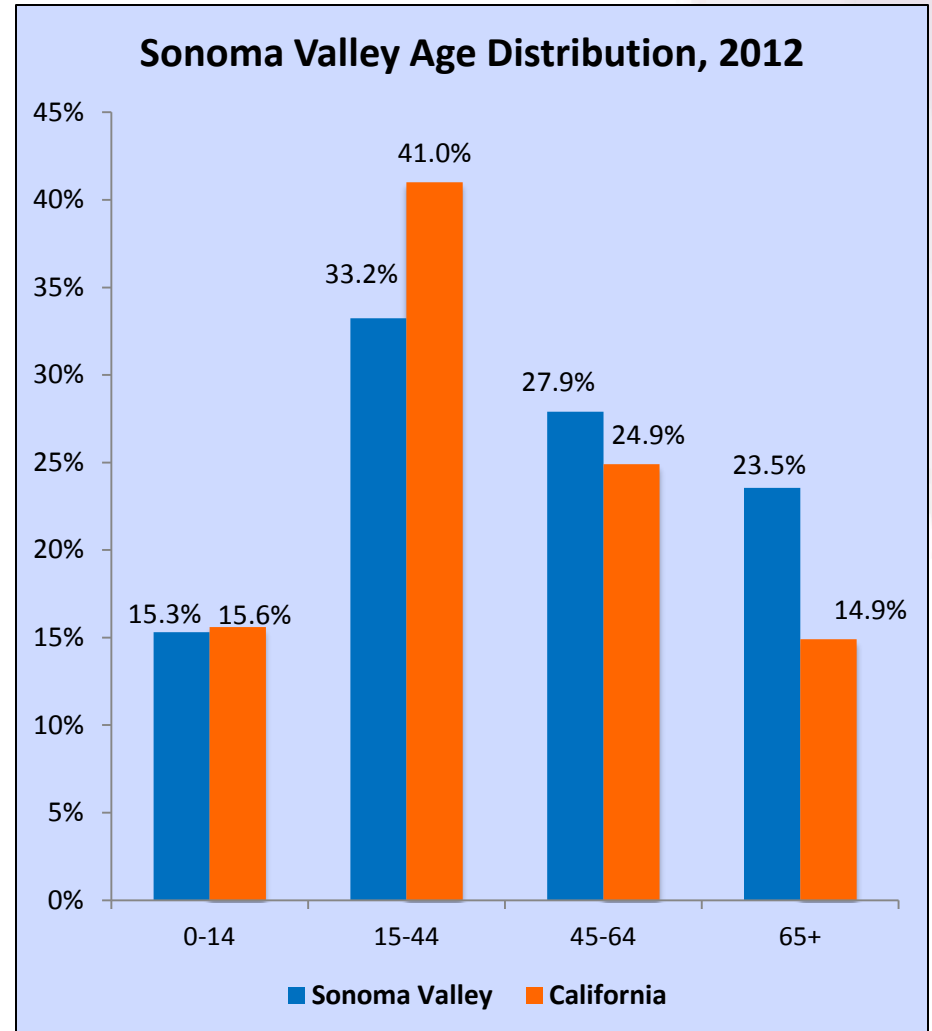
- Seniors
- Women
- Hispanics
- Employers

North Bay Residents

- Home Health, Orthopedic

Stakeholders

- PCPs, Specialists
- Prima, Meritage, MGH
- Hospital Staff
- Community Leaders
- Community Health Partners
- Donors and Philanthropists



Reputation

- New Wing opening reset the conversation
- Discussion of structural problems and issues no longer overwhelms conversation with community
- Consistent communications about SVH programs and achievements are changing perceptions
- SVH seen as sustainable with plan for future



Community Outreach

- Reintroduced SVH through New Wing tours, community meetings, media
- Increased effort to educate community
 - Financial Sustainability
 - Inpatient vs outpatient trends
 - Services realignment
 - Health Care Reform impact
 - Quality of Care achievements
 - Healing Hospital

Community Outreach

- Continue expanded community outreach in coming year
 - Chamber of Commerce, La Luz, Community Health Center, Vintage House, Springs Alliance, Council on Aging, service organizations
- SVH's ongoing commitment to community health through services and programs
 - Senior wellness, Binational Health Fair, health screenings, school programs, Integrative Health Network, Compass, Life Line

Community Communications

April 2014

This Month at SONOMA VALLEY HOSPITAL



New health assessment program

Women's Resource Room Adds Health Program

The Hospital's new Women's Resource Room has added a computer-based health assessment program that assists women in understanding their level of health.

The room was made possible by a grant from Impact100. It has a lending library with books and information materials in English and Spanish, and two computer stations with internet access to online health sites, each of which contains a self-guided biofeedback program and the health assessment program.

The Women's Resource Room is located within the Hospital's Women's Health Center at 246 Perkins St. in Sonoma. Women are invited to drop by Monday through Friday from 8:00 am to 4:30 pm, except between 12:00 and 1:00 pm. For more information, call 707-935-5215.

Earth Day Event Set For April 22

The Hospital's Green Team is planning an Earth Day event for employees and the community on April 22, from 11:30 am to 1:30 pm.

Held in the Hospital's Norman Gilroy Healing Garden (courtyard behind main entrance), this special event will include information and resources on recycling, safe household cleaning, organic gardening, water conservation and environmentally-friendly products.

Special highlights will be fresh food demonstrations, a seed exchange table and displayed art made with repurposed materials. For more information, call 707-935-5257.

In partnership with Practice Greenhealth, a national organization for health care providers, Sonoma Valley Hospital has made a commitment to improve eco-friendly practices that benefit the health of patients, staff, and the environment.

SPOTLIGHT ON SERVICES

Weight Loss Surgery At SVH

Sonoma residents have access to a state-of-the-art Bariatric Surgery Program at Sonoma Valley Hospital. Board Certified surgeons offer surgical procedures that help patients lose excess weight and improve their health by resolving obesity-related medical conditions. Procedures include Laparoscopic and minimally invasive bariatric surgery including Vertical Sleeve Gastrectomy and Gastric Bypass.

A team approach provides patients with comprehensive pre- and post-operative support including a nurse navigator to guide patients through every step of the procedure; a nutritionist to help patients adjust to changes in diet after surgery; and a financial advisor to assist patients with verifying insurance coverage and identifying payment options for uninsured patients. Surgeries are conducted by Scott Perryman, MD, and Cystine Lee, MD, both Board Certified and fellowship-trained physicians in advanced, minimally-invasive bariatric procedures. For more information about the bariatric program or the monthly information sessions, or to schedule a consultation, contact Prima Medical Group at 707-938-3870.

SVH Installs Tub For Water Births, Schedules OB Tour And Classes

The Birthplace at SVH has installed a spa tub in one of its private rooms for expectant women interested in a water birth. The new tub has been funded by a grant from the Sonoma Valley Hospital Foundation.

Water birth offers delivering moms many benefits, according to the American Pregnancy Association, including promoting more efficient contractions, less pain, and more oxygen for the baby. The tub's warm water has been shown to increase the woman's energy, is soothing and relaxing, and can reduce stress-related hormones.

The Birthplace at Sonoma Valley Hospital offers three private suites for labor, delivery and recovery, and five postpartum rooms, staffed by an experienced team of skilled obstetric nurses who provide personalized attention. A pediatrician and anesthesiologist are available 24 hours a day. Care is planned so that infants stay in their mother's room unless there is a medical need for nursery care.

The Birthplace has a very low cesarean section rate, compared with the national average, and encourages breastfeeding, providing access to a lactation specialist onsite and later, in the community, for follow up consultation.

TOUR & CLASSES SCHEDULED

SVH is offering women in the community the opportunity to tour The Birthplace and meet Hospital OB staff on April 22 at 6:00 pm. Tours will be conducted in English and Spanish. Call 707-935-5301 to reserve a place.

The Birthplace also has announced childbirth classes beginning April 17, June 5 and July 31. The four weekly classes are intended for second and third trimester women and their partners, and are held from 5:00 pm to 7:30 pm. Cost is \$100. To register, or for more information, call 707-935-5084.

Girl Talk Event Will Discuss Female Sexuality

"Female Sexuality: An Owner's Manual" is the theme of the May Girl Talk discussion series on women's health topics, jointly sponsored by SVH and Prima Medical Group/Sonoma.

Heather Howard, PhD, MPH, a board certified sexologist and mind-body health facilitator will discuss the basics of female sexuality, including sexual anatomy and physiology, sexual function, and common challenges to sexual well-being.

girl TALK
THE WOMEN'S HEALTH CENTER

In addition to her private practice work, Heather is an associate professor of clinical sexuality at The Institute for Advanced Study of Human Sexuality (IASHS), a clinical skills instructor for the Stanford School of Medicine Obstetrics & Gynecology Department; and a gynecological teaching associate with Project Prepare, through which she teaches medical students and providers to provide sexual counseling and to perform comfortable and effective breast and pelvic exams in the exam room.

The event will be held in the Rodeo Room of Saddles Restaurant at MacArthur Place, 29 East MacArthur St., Sonoma, on Friday, May 2, from 6:00 to 8:00 pm. There is no cost for attendance, and a red bar and appetizers are provided. Space is limited, so please register by April either by calling 707-771-8803 or emailing primgirltalk@primgroup.com.

Celebration Of Women In May

Save the date for the Sonoma Valley Hospital Foundation's Annual Celebrate Women Luncheon event on May 22 to honor several of the community's most outstanding women. This year, Kimberly Blaz Liglia Booker and Pam Gibson will be honored for their dedication, commitment and leadership through their efforts in a teen, community involvement philanthropy.

Event proceeds benefit Women's Health programs at Sonoma Valley Hospital luncheon and silent auction will be held at The Lodge at Sonoma Renaissance Hotel. For more information go to svhfoundation.com, call 707-935-5411 or email ksaylor@svh.com.

Integrative Health Community Event

How stress, anxiety and inflammation affect your health is the topic for quarter's SVH-sponsored public forum presented by the Hospital's Integri Health Network.

The talk will be given Thursday April 24 at 5:00 - 6:30 pm at the Vintage 4 at 264 1st St. East, in Sonoma. For information or to register, call 707-935-5411.

Fun Bike Ride

Sonoma Valley Hospital will support Sonoma Napa Echealon Ride-to-Revitalize fun ride on the scenic coast through the Sonoma Valley Community Fund. Participants choose from three ride levels: 10, 40 or 65 miles, all beginning at the Sonoma Fairgrounds. It's a great opportunity to join friends and family for a ride through the County and help more than 20 nonprofits. Information is available at rideorevel.com.


Expanded communications to highlight SVH services, achievements, community health contributions

GRAND OPENING!

COMPASS

HEALTH ASSESSMENT CENTER

If one of your resolutions for the New Year is improved health and fitness, Compass will help you get there. Come to our opening events and learn more.



OPENING EVENTS

Join us for activities, lectures and workshops on how to create a New Year's resolution for a healthier you.

Grand Opening
Saturday, January 11th
9 am - 3:30 pm

Opening Continues
Monday - Thursday
Jan 13th - 16th
9 am - 6:30 pm

www.compass-sonoma.com

Compass Health Assessment Center is a special collaboration between Sonoma Valley Hospital and Parkpoint Health Clubs to provide you with a personalized guide to enhanced health and fitness. You need not be a Parkpoint member to use Compass services.

Compass brings together Hospital clinicians and Parkpoint fitness professionals who use state-of-the-art technology to help you assess your health and level of fitness, identify realistic goals, and supply the expertise and guidance you need to find success.

Get the results you want:

- Improved fitness
- Increased energy and endurance
- Effective weight loss
- Better balance and flexibility
- Improved wellbeing and confidence
- Enhanced sports performance

Compass Health Assessment Center is located adjacent to Parkpoint Health Club in the Maxwell Village Shopping Center off Highway 12 in Sonoma.

For more information:
Please visit our website at www.compass-sonoma.com or contact: Mel Salada, Compass Wellness Director and Exercise Physiologist at 936-3111, ext 24 or email mel@parkpointhealthclub.com

SONOMA VALLEY HOSPITAL • PARKPOINT HEALTH CLUBS

COMPASS

New Directions in Health

19151 Sonoma Hwy, Sonoma, Ca 95476



FOR IMMEDIATE RELEASE
March 28, 2014

Contact: Cella Kruse De La Rosa
Tel: 707-935-5257
Email: ckrusedelarosa@svh.com

Sonoma Valley Hospital Ranked Among Safest Hospitals In The U.S. By Consumer Reports

Sonoma Valley Hospital (SVH) has been ranked among the 15 safest hospitals in the country by Consumer Reports in an article published in the May 2014 issue of the organization's magazine.

According to Consumer Reports, the ranking includes information from 2,591 hospitals in 50 states plus the District of Columbia. Hospitals are ranked on combined performance in five patient safety measures (mortality, readmission, scanning, infections and communication) with a score between 1 and 100. The highest ranking hospital in the report achieved a safety score of 78; SVH received a score of 73.

"We are delighted to receive this news because we value patient safety very highly."

Communications	2013-14	2014-15
News Releases	Increased frequency to average 1/week in Jan-Mar 2014; some in Spanish	Continue
Direct Mail	New Wing "Thank You" mailing to District "Choose SVH" mailing to all major employers	Quarterly employer outreach
Radio	Sponsor programs PSAs, expert interviews Outreach to Latino stations	Continue radio sponsorship
Advertising	Monthly ads in IT and Sun began in January Google Advertising test	Continue monthly ads Some targeted ads (budget permitting) incl. Google
Website	Update and expand More frequent CEO blogs	Continue to update; include video, testimonials
Social Media	Revitalize SVH Facebook page; link with other groups. Create Girl Talk Facebook page. Increase activity on Twitter, Yelp, Meetup.	Emphasize YouTube in conjunction with website

Social Media

SVH Website

+50% Website Traffic*

Average 250/day
65% New visitors
35% Returning visitors

SVH Facebook Page

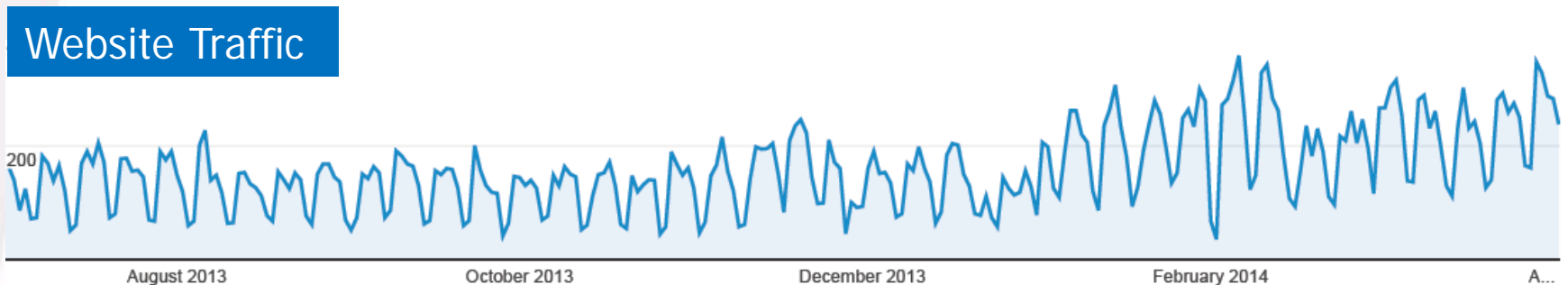
+23% Likes (554)*

74% women, 25-54

+64% Av. reach*

+84% Reach/post (439)*

*Since 7/1/13



Marketing Priorities

- Provide marketing support to increase:
 - Orthopedic and Bariatric surgeries
 - Regional use of Home Health Care
 - Local use of Women's Health, SNF, Rehabilitation, Occupational Health, Outpatient Diagnostics services
 - Employer adoption of health plans providing access to SVH services
 - Support SCAN introduction
- Continue to strengthen relationships
 - Prima, Meritage, MGH, PCPs

Women's Health

- Engage women through education; highlight SVH services

Women's Health

- Women's Health Center/Resource Room
- Expanded services
 - Urodynamics
 - Pelvic health
 - Mammograms
 - Bone density

Girl Talk

- Affinity Group with 300+ women
- Quarterly Meetings with expert speakers
- Facebook Page (May)

PROJECT PINK
SONOMA VALLEY HOSPITAL FOUNDATION



Servicios de Salud de las Mujeres Disponibles en Sonoma Valley Hos

girlTalk
The Women's Health Center
SONOMA VALLEY HOSPITAL

Home Health

- Expanded regionally with new name
- Marin launch with MGH support, then Western Sonoma County
- Goal: 1,200 visits/mo. by July

Home Health Visits

Sep	Oct	Nov	Dec	Jan	Feb	Mar
742	944	911	951	1040	872	1106



**HEALING
AT HOME**

SKILLED HOME HEALTH CARE
A Service of Sonoma Valley Hospital



(707) 935-5135

Orthopedics

■ Aches & Pains Pilot

- Lecture & screening (Jan-Mar)
- Use Rehab as portal to SVH services; reach younger audience
- 80 participants
- Tracking SVH services use over 3 months

■ Joint Pain Screening

- Direct mail to select SV households
- No-cost screening offer

Are painful joints keeping you from the **active life** you desire?



Many pain th to enjo

This free Joi the steps yd knee or sho

The Joint S Sonoma Va no-cost, or of our afflii examine yd discuss yo

Our surgeons are specialists in treatin arthroscopic surgery, which can be d joint replacement when necessary. If excellent chance that your surgery ca While there is no cost for the appoint the number of screenings available is Call 707.935.5257 for an appoi

Have Aches And Pains? We Can Help!

Understanding nagging pain is the purpose of a new Sonoma Valley Hospital program, the "Aches and Pains Clinic." At the end of the lecture, sign-up for a no-cost private screening at a later date with a Hospital Physical Therapist to assess the cause of your pain and identify treatment options.



ATTEND A FREE LECTURE AT OUR ACHES AND PAINS CLINIC

Hospital Instructor: Marek Grzybowski, Physical Therapist

January 28 (Tues) 6pm - 7pm • January 29 (Wed) 2pm - 3pm
February 25 (Tues) 6pm - 7pm • February 26 (Wed) 2pm - 3pm
March 25 (Tues) 6pm - 7pm • March 26 (Wed) 2pm - 3pm

Space is limited, to RSVP call
707.935.5345

ACHES AND PAINS CLINIC LOCATION:
Hospital Conference Room in Basement
347 Andreux Street • Sonoma, CA 95476
707.935.5000 • www.svh.com



Healing Happens at Home

Bariatric

■ Support Prima with Bariatric marketing

BARIATRIC SURGERY Now Available In The North Bay

North Bay residents now have access to a state-of-the-art Bariatric Surgery Program, located at Sonoma Valley Hospital in the town of Sonoma. Our board-certified surgeons offer surgical procedures that help patients lose excess weight and improve their health by resolving obesity-related medical conditions.

OUR SERVICES

Our Bariatric Surgery Program draws on training and expertise that puts it on a par with the finest teaching hospitals. Our certified surgeons are part of a collaborative with Stanford, UC Davis and UCLA to share best practices and the latest techniques who choose to have bariatric surgery with us benefit from the best of both worlds: a rigorous academic program in an intimate, caring community hospital setting. Our surgeons operate in Sonoma Valley Hospital's new state-of-the-art Surgery Center.

We offer:

- Laparoscopic and minimally invasive bariatric surgery including Vertical Sleeve Gastrectomy and Gastric Banding.
- Team approach to support and guide the patient. This includes a nurse navigator to guide patients through every step of the procedure; a nutritionist to help patients adjust to changes in diet after surgery; and a financial advisor who can assist patients with verifying insurance coverage and providing payment options for uninsured patients.
- Intimate, caring environment providing comfortable private rooms and a healing environment that only a small hospital can provide.
- Comprehensive pre- and post-operative support to ensure patients are prepared and ready for surgery, both physically and emotionally.
- Monthly support group for patients to discuss life after bariatric surgery.



Scott Perryman, MD



Crystine Lee

OUR PHYSICIANS

Scott Perryman, MD, and Crystine Lee, MD, are both board-certified and fellowship-trained physicians in advanced, minimally invasive bariatric surgery. They collaborate as a team on every case before the procedure and also operate as a team to enhance patient safety by limiting the time under anesthesia.

ABOUT US

Sonoma Valley Hospital is an intimate hospital located in the town of Sonoma with a deep commitment to healing. We recently opened our entire hospital, adding the newest systems and technology, and have remodeled patient rooms for greater comfort and privacy. Our new state-of-the-art Surgery Center is the most modern in the North Bay.

CONTACT US

For more information about our bariatric program or monthly informational sessions, or to schedule a consultation, please contact us at: 707.938.3870.



NEW YEAR A NEW YOU!

Learn how weight loss surgery can change your life!

FREE INFORMATIONAL SEMINAR
at Prima Medical Group in Sonoma!
January 30th, 2014 • 6:00pm - 8:00pm



SCOTT PERRYMAN, M.D.

Board Certified, Stanford trained surgeon will discuss the impact of obesity on overall health.

THE PROGRAM will focus on how weight loss surgery can help resolve diseases associated with excess weight. Participants will have the opportunity to meet patients who have successfully undergone weight loss surgery. Our bariatric team will be available to answer questions about insurance coverage and you will be given information on how to proceed with the program.



Space is limited! Registration is required.
To register, call (707) 721-8803

SEMINAR LOCATION:

Prima Medical Group - Sonoma
651 1st Street West, Suite K • Sonoma, CA 95476
P: (707) 938-3870 • www.primamedgroup.com



Skilled Nursing Facility

- Expanded case manager outreach
- Developed new materials telling complete story
- Goal: 750 days/mo.

Sonoma Valley Hospital's
Skilled Nursing Facility
 Ranks Among The Best In The Nation

MEDICARE FOUR TO FIVE STAR RATING
 2013 Winner AHCA/NCAL Commitment to Quality Award

Sonoma Valley's Skilled Nursing Facility provides excellent post-acute care, high-level patient experience and outstanding continuity of care.

Attentive Professional Medical Care 24/7

- 2 on-site physicians available 24 hours per day (ER doctor and Acute Care Hospitalist)
- RNs-only nursing staff (no LVNs)
- Case manager
- 27 licensed beds
- Semi-private rooms completely remodeled in 2012
- IV antibiotics every 4 hours, TPN, PPN, blood transfusions



All of Sonoma Valley's Skilled Nursing rooms have been extensively remodeled.

On-site access to:

- Laboratory
- Pharmacy
- Medical Imaging, MRI, CT
- Respiratory Therapy
- Registered Dietitian
- Social Worker

Contact Case Management:
 707.935.5058 (phone)
 707.935.5118 (fax)
 347 Andrieux Street
 Sonoma, CA, 95476

SONOMA VALLEY HOSPITAL
 SONOMA VALLEY HEALTH CARE DISTRICT
 Healing Here at Home

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
SNF Days	457	615	585	606	530	733	752	642	750
Hospice	0	19	7	8	5	21	16	8	10

Employer Outreach

- Direct mail to employers during enrollment
 - Fall 2013 push to local employers
 - Focus on SVH expanded services, health plan options
- Quarterly employer outreach in 2014 with expanded message
 - SVH services
 - Insurance options
 - Occupational Health services
- Employer Wellness Program



Healing Here at Home

Sonoma Valley Hospital Health Plans

The following major health plans provide access to Sonoma Valley Hospital and its services. Choosing one of these plans enables you and your employees to support your local hospital and ensure the continued availability of good health care here in Sonoma. We greatly appreciate your support.



The health plan that gives you access to Sonoma Valley Hospital
CHOOSE WESTERN HEALTH ADVANTAGE >

LAST DAY TO ENROLL
March 31

Act now. Don't miss out on affordable, quality health care.

advantage you

¿Necesita cobertura médica?
Podemos ayudarle | 888.563.2250

A HEALTH PLAN THAT KEEPS YOU CLOSE TO HOME

Western Health Advantage


SONOMA VALLEY HOSPITAL
VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Other Services


- Provide marketing support through community outreach and collateral materials
 - Outpatient Diagnostics
 - Outpatient Nutritional Services
 - Wound Care
 - Senior Wellness
 - Specialists (ENT, Urology, Spine)
 - Occupational Health
 - Outpatient Rehab/PT

Sonoma Valley Hospital
Hospital

Nutrition Counseling Services



Sonoma Valley Hospital provides personalized nutrition counseling for discharged patients and community members for nutrition-related medical conditions and improvement in health and wellness.



SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

11.

OB UPDATE

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	PayorMix%	Annualized Projection
Operating Stats	Total Primary - Inpatient	62	44	47	54	54	39	37	50	73	460		
	Total Primary - Outpatient	29	21	31	48	30	26	27	51	65	328		
	Total Primary Statistics	91	65	78	102	84	65	64	101	138	788		
	Total Inpatient Revenue	170,962	121,700	141,570	175,320	163,973	120,139	96,011	136,461	230,054	1,356,188	82%	2,034,282
	Total Outpatient Revenue	27,987	23,652	21,088	55,681	25,822	17,121	20,031	41,596	59,530	292,508	18%	438,762
	Total Emergency Revenue	0	1,558	2,058	0	1,426	467	467	2,856	0	8,832	1%	13,248
	Total Gross Patient Revenue	198,949	146,910	164,716	231,001	191,221	137,727	116,509	180,913	289,584	1,657,528		2,486,292
	Total Inpatient Revenue	69,666	56,763	56,773	73,961	79,352	53,008	40,524	55,576	92,423	578,046		828,853
	<i>Net Rev as a % of Gross Rev</i>	<i>41%</i>	<i>47%</i>	<i>40%</i>	<i>42%</i>	<i>48%</i>	<i>44%</i>	<i>42%</i>	<i>41%</i>	<i>40%</i>	<i>43%</i>		<i>41%</i>
	Total Outpatient Revenue	1,933	4,196	955	5,364	3,192	1,486	1,137	3,484	7,139	29,922		44,884
<i>Net Rev as a % of Gross Rev</i>	<i>7%</i>	<i>18%</i>	<i>5%</i>	<i>10%</i>	<i>12%</i>	<i>9%</i>	<i>6%</i>	<i>8%</i>	<i>12%</i>	<i>10%</i>		<i>10%</i>	
Total Emergency Revenue	0	118	452	0	233	233	0	0	0	1,037		1,555	
<i>Net Rev as a % of Gross Rev</i>	<i>0%</i>	<i>8%</i>	<i>22%</i>	<i>0%</i>	<i>16%</i>	<i>50%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>12%</i>		<i>12%</i>	
Total Net Patient Revenue	71,599	61,076	58,180	79,324	82,778	54,728	41,660	59,060	99,563	607,968		875,292	
<i>Net Rev as a % of Gross Rev</i>	<i>36%</i>	<i>42%</i>	<i>35%</i>	<i>34%</i>	<i>43%</i>	<i>40%</i>	<i>36%</i>	<i>33%</i>	<i>34%</i>	<i>37%</i>		<i>35%</i>	
Supplemental Funding													
Medicare DSH	47,143	47,143	47,143	47,143	47,143	47,143	47,143	47,143	47,143	47,143	377,148		565,722
Total Estimated Operating Revenue	118,742	108,220	105,324	126,468	129,921	101,871	88,804	106,204	146,706	1,032,260		1,441,013	
<i>Net Rev as a % of Gross Rev (after DSH)</i>	<i>60%</i>	<i>74%</i>	<i>64%</i>	<i>55%</i>	<i>68%</i>	<i>74%</i>	<i>76%</i>	<i>59%</i>	<i>51%</i>	<i>62%</i>		<i>58%</i>	
Direct Expenses													
Total Salaries	77,716	79,157	85,377	89,947	80,997	84,159	81,389	62,129	71,786	712,657		1,068,985	
Total Paid Time Off	5,371	7,827	6,421	7,527	6,198	11,934	10,510	4,538	4,539	64,865		97,297	
Employee Benefits													
1000 FICA	6,150	6,476	6,799	6,885	5,443	5,930	7,711	5,136	6,026	56,557		84,835	
1100 SUI	0	0	0	0	0	0	0	0	0	0		0	
1120 EMPLOYEE BENEFITS-UI KS	0	0	0	0	0	0	0	0	0	0		0	
1300 GROUP HEALTH INSURANCE	0	0	0	0	0	0	0	0	0	0		0	
1400 EMP BEN - LIFE/AD&D/LTD	0	0	0	0	0	0	0	0	0	0		0	
1500 PENSION EXPENSE	0	0	0	0	0	0	0	0	0	0		0	
1600 COMPENSATION INS	0	0	0	0	0	0	0	0	0	0		0	
1700 COBRA HEALTH INSUR EMPLOYEE BENEFITS	0	0	0	0	0	0	0	0	0	0		0	
1730 EMPLOYEE RECREATION	0	0	0	0	0	0	0	0	0	0		0	
1800 OTHER P/R EMPLOYEE BENEFITS	0	0	0	0	0	0	0	0	0	0		0	
1900 TUITION REIMB	0	0	0	0	0	0	0	0	0	0		0	
1920 EMPLOYEE BENEFITS-SERVICE FEE	0	0	0	0	0	0	0	0	0	0		0	
1995 BENEFITS CHARGE IN/OUT	0	0	0	0	0	0	0	0	0	0		0	
9110 TRANSFER EMP BEN-FICA	0	0	0	0	0	0	0	0	0	0		0	
9120 TRNS EMP BEN - HEALTH	0	0	0	0	0	0	0	0	0	0		0	
9130 TRNS EMP BEN - PENSION	0	0	0	0	0	0	0	0	0	0		0	
9140 No Name Found	0	0	0	0	0	0	0	0	0	0		0	
9160 TRANSFER EMP BEN-WORK COMP	0	0	0	0	0	0	0	0	0	0		0	
9170 TRANSFER EMP BEN-SUI	0	0	0	0	0	0	0	0	0	0		0	
9310 TRNSF-EMP BEN-FICA	0	0	0	0	0	0	0	0	0	0		0	
9320 TRANSFER EMP BEN-HEALTH	0	0	0	0	0	0	0	0	0	0		0	
Benefits Allocation	18,776	19,619	20,740	22,357	20,715	22,898	19,859	14,864	16,872	176,700		265,050	
Total Employee Benefits	24,926	26,095	27,539	29,242	26,158	28,828	27,570	20,000	22,898	233,256		349,885	
Total Prof Fees-Agency	6,521	6,248	2,290	-2,074	0	1,570	11,349	5,753	29,538	61,194		91,791	
Prof Fees-Phys													
2000 PROFESSIONAL FEES-PHYSICIANS	0	0	0	0	0	0	0	0	0	0		0	
2010 PROFESSIONAL FEES-DIRECTOR	1,024	1,024	1,024	1,216	1,280	1,088	1,152	1,088	1,088	9,984		14,976	
2050 PROFESSIONAL FEES-MEDICAL CALL	0	0	0	0	0	0	0	0	0	0		0	
2510 PROF FEE-EMP PHYCL	21,800	21,800	21,800	21,800	21,800	21,800	21,800	21,800	21,800	196,200		294,300	
Total Prof Fees-Phys	22,824	22,824	22,824	23,016	23,080	22,888	22,952	22,888	22,888	206,184		309,276	
Total Prof Fees-Other	0	0	0	0	0	0	0	0	0	0		0	
Total Supplies	660	1,551	1,707	1,000	791	1,237	899	1,281	2,034	11,161		16,742	
Total Minor Equipment	278	0	0	429	129	558	42	0	4	1,437		2,156	
Total Pat Chg Supplies	221	0	0	0	0	14	0	48	4	4,998		7,497	
Total Purchased Svcs	0	0	0	4,690	20	0	0	0	0	4,710		7,065	
Total Purch Mgd Care	0	0	0	0	0	0	0	0	0	0		0	
Total Depreciation	0	0	0	0	0	0	0	0	0	0		0	
Total Utilities	0	0	0	0	0	0	0	0	0	0		0	
Total Insurance	0	0	0	0	0	0	0	0	0	0		0	
Total Interest	0	0	0	0	0	0	0	0	0	0		0	
Total Education-Travel	1,131	-607	0	374	239	0	0	124	396	1,657		2,485	
Total Other Expenses	314	349	289	444	169	201	290	266	465	2,787		4,180	
Total Direct Expenses	139,963	143,444	146,448	154,595	137,781	151,390	155,001	117,026	154,547	1,300,195		1,957,358	
Contribution Margin	(21,221)	(35,224)	(41,124)	(28,127)	(7,860)	(49,519)	(66,197)	(10,822)	(7,841)	(267,936)		(516,345)	
Manhours													
Total Productive Manhours	1,241	1,112	1,298	1,421	1,207	1,170	1,224	836	1,095	10,605		15,907	
Total NonProductive Manhours	32	113	83	76	6	170	227	140	46	893		1,339	
Total Manhours	1,404	1,277	1,393	1,497	1,213	1,340	1,591	1,127	1,634	12,476		18,713	
Total FTEs	8	7	8	8	7	8	9	7	9	8		8	
<i>Calendar Days</i>	<i>31</i>	<i>31</i>	<i>30</i>	<i>31</i>	<i>30</i>	<i>31</i>	<i>31</i>	<i>28</i>	<i>31</i>	<i>274</i>		<i>365</i>	

12.

**FINANCIAL REPORT
FOR MARCH 2014**



To: SVH Finance Committee
From: David Cox, CFO, MGH
Date: April 28, 2014
Subject: Financial Report for the Month Ending March 31, 2014

Overall Results for March 2014

SVH is reporting an operating profit of \$541,271 for March, which includes the favorable impact of recording \$1.3 million of LIHP funds, which are expected to be received in July. Without this entry, SVH would have reported an operating loss of about (\$800,000). The operating loss for the year is now (\$2.7 million), slightly behind budget. The year to date loss is offset by non-operating gains totaling \$2.9 million, and our Net Income is \$233,199, which is positive to budget. Also, in March we are recording a reserve for our receivable from Palm Drive Hospital due to their recent Chapter 9 filing.

Overall, we are experiencing lower inpatient activity and a poorer payer mix than expected, offset by a favorable expense variance and the benefit of State of California reimbursement programs. However, on a year over year basis, we are showing an increase in March on discharges, patient days, SNF days, surgical cases, and outpatient revenues and patient activity in March was relatively strong.

Patient Volumes - March

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	117	125	-8	88
Acute Patient Days	407	447	-40	315
SNF Patient Days	750	718	32	589
Home Care Visits	1,106	1,250	-144	1,101
OP Gross Revenue	\$9,999	\$9,168	\$831	\$8,906
Surgical Cases	156	139	17	115

Our payer mix is presented below and the significant issue is the increase in the Medi-Cal percent of charges this year, which is occurring nationally and is attributed to the recent increase in eligibility standards as a result of healthcare reform. Our collection ratio in March was 23.0%, below the budget of 24.6%. Year to date, the ratio is 24.3% compared to the budget of 25.2%. Although that doesn't sound like a lot, the impact on SVH year to date is about \$1.5 million of Net Revenue.

Overall Payer Mix - March

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	51.6%	49.8%	1.8%	51.1%	49.4%	1.7%
Medi-Cal	14.2%	10.6%	3.8%	12.0%	10.7%	1.3%
Self Pay	1.7%	3.7%	-2.0%	3.0%	3.8%	-.08%
Commercial	20.2%	28.9%	-8.7%	23.9%	29.0%	-5.1%
Managed MC	5.3%	2.8%	2.5%	4.4%	2.9%	1.6%
Workers Comp	3.2%	1.5%	1.7%	3.2%	1.5%	1.7%
Capitated	3.8%	2.7%	1.1%	2.4%	2.7%	-0.3%
Total	100%	100%		100%	100%	

Expenses were \$5,005,960 on a budget of \$4,914,962 or (\$90,998) over budget for the month of March. Miscellaneous Revenue is over budget by (\$453,661) due the reserve of the Palm Drive Receivable of \$452,754, although we expect a good portion of this receivable to be eventually paid. The following is a summary of the operating expense variances:

- Total productivity FTE's were over budget at 292 on a budget of 286, or \$36,803 over budget. Registry was over budget by (\$61,963), due to the use of registry in OB, (\$29,537) and Surgery (\$16,458).
- Medical and Prof Fees are over budget by (\$52,013), (\$46,500) is due to additional Prima Physician call.
- Supplies are over budget by (\$43,654) due to Surgery supplies being over budget by (\$58,573) due to March's volumes.
- Purchase Services are over budget by (\$70,190) due to Patient Financial Services contracts for collection companies, (\$64,130).

The EBIDA prior to the restricted donations for the month was \$772,658 or 13.9%.

Cash Collections on Patient Receivables:

For the month of March the cash collection goal was \$3,209,323, the Hospital collected \$3,084,635 or under the goal by \$124,688. Year to date the Hospital patient collections goal was \$29,427,397 and had collection of \$29,913,085 or \$485,688 over the goal. We attribute the collection shortfall in March to lower revenues two months ago and normal variation. A recent review of our valuation of accounts indicated that collections have been better than expected on the June 2013 receivables and that we have been somewhat over reserved. Management will be gradually increasing the reserve through the end of our fiscal year.

Fiscal 2015 Budget Process

The Fiscal 2015 budget process is now well under way and management is attempting to implement significant cost reductions in all departments next year.

**Sonoma Valley Hospital
Sonoma Valley Health Care District
March 2014 Financial Report**

**Finance Committee
April 28, 2014**



March's Patient Volumes

	Actual	Budget	Variance	Prior Year
Acute Discharges	117	125	-8	88
Acute Patient Days	407	447	-40	315
SNF Patient Days	750	718	32	589
Home Health Care Visits	1,106	1,250	-144	940
Outpatient Gross Revenue (in thousands)	\$9,999	\$9,168	\$831	\$8,906
Surgical Cases	156	139	17	115

Summary Statement of Revenues and Expenses Month of March 31, 2014

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1Total Operating Revenue	\$ 5,547,231	\$ 4,399,606	\$ 1,147,625	26%	\$ 4,201,578
2Total Operating Expenses	\$ 5,005,960	\$ 4,914,962	\$ (90,998)	-2%	\$ 4,577,334
3Operating Margin	\$ 541,271	\$ (515,356)	\$ 1,056,627	205%	\$ (375,756)
4NonOperating Rev/Exp	\$ (196,619)	\$ 248,712	\$ (445,331)	-179%	\$ 383,140
5Net Income before Restricted Cont.	\$ 344,652	\$ (266,644)	\$ 611,296	-229%	\$ 7,384
6Restricted Contribution	\$ 56,417	\$ 149,505	\$ (93,088)	-62%	\$ 136,471
Net Income with Restricted 7Contributions	\$ 401,069	\$ (117,139)	\$ 518,208	-442%	\$ 143,855
8EBIDA before Restricted Contributions	\$ 772,658	\$ 185,595	\$ 587,063		\$ 212,295
9EBIDA before Restricted Cont. %	14%	4%	10%		5%
10 Net Income without GO Bond Activity	\$ 329,244	\$ (189,815)	\$ 519,059		\$ (116,172)

Summary Statement of Revenues and Expenses Year to Date March 31, 2014 (9 months)

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1Total Operating Revenue	\$ 38,269,798	\$ 39,309,127	\$ (1,039,329)	-3%	\$ 36,986,008
2Total Operating Expenses	\$ 40,933,257	\$ 41,865,908	\$ 932,651	2%	\$ 39,475,756
3Operating Margin	\$ (2,663,459)	\$ (2,556,781)	\$ (106,678)	-4%	\$ (2,489,748)
4NonOperating Rev/Exp	\$ 2,896,659	\$ 2,565,210	\$ 331,449	13%	\$ 3,171,817
5Net Income before Restricted Cont.	\$ 233,199	\$ 8,429	\$ 224,770	2667%	\$ 682,069
6Restricted Contribution	\$ 3,260,990	\$ 1,786,319	\$ 1,474,671	83%	\$ 524,163
7Net Income with Restricted Contributions	\$ 3,494,189	\$ 1,794,748	\$ 1,699,441	95%	\$ 1,206,232
8EBIDA before Restricted Contributions	\$ 2,438,568	\$ 2,835,239	\$ (396,671)		\$ 2,831,714
9EBIDA before Restricted Cont. %	6%	7%	-1%		8%
10 Net Income without GO Bond Activity	\$ (762,693)	\$ (972,450)	\$ 209,757		\$ (429,935)

13.

**ADMINISTRATIVE
REPORT FOR APRIL
2014**



To: Sonoma Valley Healthcare District Board of Directors
From: Kelly Mather
Date: 4/27/14
Subject: Administrative Report

Summary: Budget season is upon us and we will complete the first draft of the FY 2015 budget in mid-May. A study session with Finance and the Board is scheduled for 5 p.m. on May 20th.

Leadership and Organizational Results (Dashboard)

As demonstrated by the March dashboard, we are still doing well compared to the goals for this year. March was a good month for volumes and surgery volumes were the highest we've had in years. We believe this is due to the new wing. Home Care, SNF and Outpatient gross revenue were all better than budget. Patient satisfaction is way up again and that is even with the construction on the med/surg floor. The staff satisfaction survey results are here. We had 76% participation for the organization and have a score of 76 which is at the 77th percentile. It is one less point than last year, but it is still very good. With so many changes, the pressure of the new wing opening and the volatility in Healthcare – we are very pleased with this outcome. Engagement scores for staff are higher than years past and this reflects that staff is acting more like owners. Satisfaction scores are lower, which reflects concerns about resources, job security and change. Satisfaction with physical conditions and pay went up.

Strategic Planning

The rolling strategic plan for 2014 is ready for review and approval. We have 4 major initiatives for the next fiscal year. 1) Reinvent the hospital to ensure viability 2) Reduce outmigration through Sonoma Valley employer loyalty and partner health plans 3) Continue to improve the reputation, service and efficiency by creating a new outpatient service center and creating a new foundation for information technology through philanthropic donations 4) Improve the health of the community through the Healing Hospital model.

Operations

Our tri-annual accreditation survey was completed on April 17th by CIHQ. The leaders did an excellent job and we are now responding to the initial report. High compliments were given to Dietary, Plant Operations, Human Resources, Infection Control, Quality, Pharmacy and Nursing. We are appealing a few findings, but the main concerns were about physical plant and medical staff. The final report will be presented to the Quality committee in May.

Expenses

Since last August, SVH has been making efficiency changes to our organization as a result of lower inpatient volumes and increased expenses for additions such as the new wing and information systems. We have moved into the second level of the operational improvement plan to cut 10% of the expenses from FY 2014. These changes will result in less spending on physician leadership, some position eliminations, reductions in FTE's and elimination of some non-essential service contracts. This new plan is in action and will be complete by June 1st. Each month we review OB but it is budgeted for FY 2015.



MARCH 2014 DASHBOARD

PERFORMANCE GOAL	OBJECTIVE	METRIC	ACTUAL RESULT	GOAL LEVEL
Service Excellence	High In-Patient Satisfaction	5 out of 8 HCAHPS results above the 50 th percentile	7 out of 8 87.6%	>5 = 5 (stretch) >4 = 4 >3 = 3 (Goal) >2 = 2 <1=1
	High Out-Patient Satisfaction	Press Ganey monthly mean score	Outpatient 93.7% Surgery 95.2 % Emergency 88.9%	>94% = 5 (stretch) >93%=4 >92% =3 (Goal) >91%=2 <90%=1
Quality	Excellent Clinical Outcomes	Value Based Purchasing Clinical Score	100% for 9 months of the last 12	100% for 12 mos= 5 100% 9/12 mos=4 100% 6/12 mos =3 >90%=2 <80%=1
People	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of current mean score	2013 76% mean score at 77 th percentile	>85 th = 5 (stretch) >82nd=4 >80th=3 (Goal) >77th=2 <76 th =1
Finance	Financial Viability	YTD EBIDA	6%	>10% (stretch) >9%=4 >8% (Goal) <7%=2 <6%=1
	Efficiency and Financial Management	FY 2014 Budgeted Expenses	\$40,933,257 (actual) \$41,865,908 (budget)	<2% =5 (stretch) <1% = 4 <Budget=3 (Goal) >1% =2 >2% = 1
Growth	Surgical Cases	Increase surgeries by 2% over prior year	1183 YTD FY2014 1139 YTD FY 2013	>2% (stretch) >1%=4 >0% (Goal) <0%=2 <1%=1
	Outpatient Volumes	2% increase (gross outpatient revenue over prior year)	\$85.1 million YTD \$76.1 million 2013 (11% increase)	
Community	Community Benefit Hours	Hours of time spent on community benefit activities for the fiscal year	1220.5 hours for 9 months	>1500 = 5 >1200 = 4 >1000 = 3 >750 = 2 <500 = 1



FY 2013 - 2014 TRENDED RESULTS

MEASUREMENT	Goal FY 2014	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2013	May 2013	Jun 2013
Inpatient Satisfaction	>87%	86.9	86.5	85.2	86.7	88.8	88.2	86.1	86.9	87.6	86.5	86.1	86.5
Outpatient Satisfaction	>93%	93.8	94.2	93.9	92.5	94.5	92.9	94	94.2	93.7	92.8	91.8	92.7
Surgery Satisfaction	>93%	93.2	94.1	93.7	92.7	93.1	91.7	92.5	93.1	95.2	92.8	92.0	92.6
Emergency Satisfaction	>89%	89.4	89.6	88.6	86.9	88.6	89.7	89.5	89.7	88.9	89.1	89.5	88.9
Value Based Purchasing Clinical Score	100	88	77	100	100	100	100	100	80	100	100	90	100
Staff Satisfaction	>77%	77	77	77	77	77	77	77	76	76	77	7	77
Turnover	<10%	2.8	2.8	2.8	7.9	7.9	7.9	9.9	9.9	9.9	3.6	3.6	3.6
EBIDA	>8%	7	12	7	6	6	6	5	5	6	9	0	8
Net Revenues	>3.9m	4.08	4.35	4.0	4.5	3.9	4.1	3.75	3.46	5.54	3.9	3.3	3.8
Expense Management	<4.5m	4.4	4.4	4.3	5.0	4.3	4.4	4.55	4.27	5.0	4.4	4.5	4.7
Net Income	>50	185	440	883	990	-57	412	13	-160	401	91	-651	732
Days Cash on Hand	>20	8	11	8	7	11	7	7	6	11	17	12	7
A/R Days	<55	64	53	50	48	50	52	51	47	51	55	56	62
Total FTE's	<320	315	315	320	312	313	315	310	301	318	320	311	317
FTEs/AOB	<4.5	4.25	4.33	4.45	4.12	4.39	4.39	4.39	4.4	3.8	4.29	4.25	4.25
Inpatient Discharges	>100	100	102	107	91	85	112	91	79	117	88	99	87
Outpatient Revenue	>\$8.8m	10.1	9.8	9.2	10.2	9.3	8.8	9.1	8.6	9.99	8.9	9.3	8.3
Surgeries	>130	135	130	120	135	135	138	113	121	156	115	147	116
Home Health	>1000	760	760	748	941	903	951	1040	872	1106	1101	1140	990
Births	>15	15	11	13	9	14	11	6	14	19	12	15	8
SNF days	>660	457	615	585	606	531	733	754	641	750	589	638	470
MRI	>120	119	121	111	125	111	83	103	108	122	125	104	106
Cardiology (Echos)	>70	76	68	93	76	61	50	45	50	55	70	91	73
Laboratory	>12.5	12.0	11.8	13.1	13.9	11.9	12.5	13.1	11.1	13.3	11.9	12.4	10.7
Radiology	>850	959	931	885	801	819	877	963	837	851	829	915	828
Rehab	>2587	2868	2893	2543	2471	2572	2899	2485	2403	2903	2771	2736	2657
CT	>300	392	368	299	277	295	285	332	295	334	328	272	301
ER	>775	838	789	795	801	665	751	811	655	na	729	795	716
Mammography	>475	486	457	465	677	569	489	430	445	447	481	545	431
Ultrasound	>300	263	343	329	342	341	307	290	350	438	343	302	292
Occupational Health	>550	492	576	853	521	642	535	579	504	534	523	556	494

14.

2014 STAFF
SATISFACTION
SURVEY

Sonoma Valley Hospital

March 2014

This report displays the results of your Employee Partnership survey. It can be used to understand your employees' perceptions of the workplace and improve partnership with them.

Included in this report are the survey results for your organization's overall Partnership Score, Partnership Principles and priorities. It is important to remember that the information and scores presented in this report are best viewed as a starting point for creating stronger Employee Partnerships and improving your organization's overall performance.

76% of the facility participated in the survey.

Your facility's overall Partnership Score is 76.0.

Compared to your last report, your overall Partnership Score has declined by 1.0.

Compared to other facilities in the Press Ganey database, you are in the **77th** percentile. That means that your facility has a higher level of partnership than **77%** of the facilities in our national database.

There are **666** facilities with a total of **232,254** employees in the All Facility DB peer comparison.

There are **68** facilities with a total of **24,294** employees in the FTE's 251-500 peer comparison.

There are **24** facilities with a total of **22,181** employees in the AHA Region 9 peer comparison.

Overall Performance

Your Overall Performance is displayed as an Overall Partnership Score, an Overall Satisfaction Score, and an Overall Engagement Score. Use these scores as high-level summaries of the current status of your Employee Partnership. The data provided below for each standard question on the survey includes: the number of respondents (n), your current level of performance (Mean Score), the amount of change in performance from your last survey (Mean Change), the percentage of each question's ratings that were marked "Strongly Agree" and "Agree" (% Favorable), how your current level of performance compares with the National All Facility Database (National Rank), and how it compares with your Comparison Groups (Peer Rank). The table also includes the mean score that represents the 90th percentile in the National All Facility Database.

Overall Partnership Scores

This is your Overall Partnership Score, a combination of employees' Overall Satisfaction and Overall Engagement. It is the highest-level "picture" of your workforce, including overall mean score as well as comparative data.

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank ₁	Peer Group Rank ₂	National 90th Mean
March 2014	330	76.0 ▼	86.8%	77th ▼	61st	74th	80.0
February 2013	347	77.0 * ▲	87.2%	80th ▲	85th	95th	79.2
February 2012	339	74.3 ** ▲	85.3%	58th ▲	45th	67th	79.4

Overall Satisfaction Scores

This is your Overall Satisfaction Score. This score summarizes responses to questions that drive employee satisfaction—their baseline needs.

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank ₁	Peer Group Rank ₂	National 90th Mean
March 2014	330	72.8 ▼	82.1%	76th ▼	58th	75th	77.5
February 2013	347	75.0 ** ▲	83.8%	85th ▲	90th	97th	76.4
February 2012	339	71.3 ** ▲	80.6%	60th ▲	48th	68th	76.9

Overall Engagement Scores

This is your Overall Engagement Score. This score summarizes responses to questions that drive employee engagement—what they give back.

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank ₁	Peer Group Rank ₂	National 90th Mean
March 2014	330	80.3 ▲	91.9%	77th ▲	61st	70th	83.8
February 2013	347	79.7 ▲	90.7%	68th ▲	72nd	89th	83.1
February 2012	339	78.2 * ▲	90.3%	53rd ▲	39th	64th	82.9

*This mean score is significantly different from the previous mean score at the $p < .05$ level.
 **This mean score is significantly different from the previous mean score at the $p < .01$ level.

1 Your peer group is FTE's 251-500
 2 Your peer group is AHA Region 9

Partnership Principles™: Satisfaction Scores

Systems and Leadership, Resources, Teamwork and Direct Management are the sections on your survey that measure employee satisfaction. Only standard questions are included in the section score calculations.

Satisfaction: Systems and Leadership

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	68.5 ▼	79.2%	77th ▲	67th	66th	74.7
February 2013	346	69.8 * ▲	79.8%	76th ▲	84th	90th	73.2

Satisfaction: Resources

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	69.0 ▼	78.5%	61st ▼	48th	64th	77.0
February 2013	347	70.9 ** ▲	80.1%	74th ▲	79th	94th	75.5

Satisfaction: Teamwork

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	328	79.2 ▼	92.0%	84th ▼	73rd	84th	81.0
February 2013	347	81.3 * ▲	93.0%	91st ▲	93rd	98th	80.5

Satisfaction: Direct Management

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	74.6 ▼	84.0%	70th ▼	41st	70th	79.9
February 2013	346	78.0 ▲	87.4%	84th ▲	86th	98th	79.4

Partnership Principles™: Engagement Scores

Our Organization, Our Work and My Work are the sections on your survey that measure employee engagement. Only standard questions are included in the section score calculations.

Engagement: Our Organization

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	81.9 ▲	92.9%	73rd ▲	56th	50th	86.6
February 2013	346	80.6 ▲	92.0%	60th ▲	67th	78th	86.3

Engagement: Our Work

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	78.4 ▲	91.5%	79th ▲	61st	73rd	81.2
February 2013	345	78.1 ▲	90.6%	78th ▲	84th	94th	80.4

Engagement: My Work

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	80.7 ▲	91.0%	74th ▲	57th	74th	84.4
February 2013	347	80.5 ▲	89.4%	70th ▲	74th	88th	83.8

*This mean score is significantly different from the previous mean score at the $p < .05$ level.

**This mean score is significantly different from the previous mean score at the $p < .01$ level.

1 Your peer group is FTE's 251-500

2 Your peer group is AHA Region 9

Satisfaction Question Scores

This section lists detailed information about your individual standard question scores that measure employee satisfaction; each standard question is listed in the order it appears on your survey. To ensure confidentiality, data for questions are only provided when the questions are answered by three or more respondents. Statistically significant changes in mean score from the previous report period are marked with asterisks (* or **), and the amount of change is listed.

		n	Mean Score	Mean Change	% Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
Systems and Leadership	My work group is asked for opinions before decisions are made.	324	58.3 ▼	-2.1	64.8%	68th ▼	55th	62nd	68.7
	I have opportunities to influence policies and decisions that affect my work.	324	62.2 ▼	-2.4	69.7%	72nd ▼	58th	64th	70.9
	Excellent performance is recognized here.	326	72.1 ▼	-3.5	85.5%	79th ▼	70th	81st	77.3
	Leaders do a good job of communicating major developments.	328	77.3 ▼	-2	90.2%	84th ▼	71st	82nd	79.6
	Leaders really listen to employees.	326	68.8 ▼	-2.1	80.9%	79th ▼	67th	80th	74.5
	Leaders do a good job of planning for the future.	326	75.9 ▼	-0.2	87.4%	85th ▼	76th	89th	77.6
	Compared to other healthcare organizations my pay is fair.	324	60.7 ▲	+3.8	70.6%	49th ▲	35th	20th	72.8
Resources	As long as I perform well, this organization will try to find a place for me.	323	71.6 * ▼	-4.2	84.5%	53rd ▼	44th	55th	81.2
	I have the equipment I need to do my job well.	328	71.9 * ▼	-4.1	82.0%	57th ▼	31st	59th	80.6
	Physical conditions (light, heat, space, appearance) in my area are good.	327	75.8 * ▲	+4.3	86.8%	68th ▲	60th	86th	81.8
Teamwork	There is adequate staffing in my work group.	327	59.6 * ▼	-5.3	66.6%	55th ▼	41st	59th	70.7
	There is good coordination of effort in my work group.	328	78.0 ▼	-3	92.0%	79th ▼	65th	75th	81.0
Direct Management	Members of my work group treat one another with dignity and respect.	327	80.5 ▼	-1.2	92.0%	88th ▼	76th	83rd	80.9
	My last performance review helped me improve.	320	71.8 ▼	-3.2	85.3%	62nd ▼	37th	63rd	78.9
	My direct manager communicates effectively.	326	74.7 ▼	-3.3	84.0%	75th ▼	57th	76th	79.1
	My direct manager provides coaching to help me achieve my goals.	321	72.7 ▼	-2.9	82.8%	68th ▼	40th	73rd	78.8
	My direct manager can be trusted.	324	75.3 * ▼	-4.4	82.7%	64th ▼	37th	50th	81.3
	It is easy to talk to my direct manager about things that go wrong on my job.	329	76.3 ▼	-3	83.8%	70th ▼	43rd	66th	81.5
	My direct manager recognizes my ideas or suggestions for improvement.	325	75.7 ▼	-3.6	84.9%	74th ▼	49th	70th	80.0
My direct manager recognizes my good work.	326	76.1 * ▼	-5.1	84.3%	66th ▼	37th	53rd	82.0	

*This mean score is significantly different from the previous mean score at the p < .05 level.

1 Your peer group is FTE's 251-500

2 Your peer group is AHA Region 9

Engagement Question Scores

This section lists detailed information about your individual standard question scores that measure employee engagement; each standard question is listed in the order it appears on your survey. To ensure confidentiality, data for questions are only provided when the questions are answered by three or more respondents. Statistically significant changes in mean score from the previous report period are marked with asterisks (* or **), and the amount of change is listed.

		n	Mean Score	Mean Change	% Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
Our Organization	I believe the quality of care here is excellent.	327	83.5 ▲	+1.9	95.1%	75th ▲	55th	60th	87.7
	I would recommend this organization to a friend as a great place to work.	327	82.2 ▲	+0.9	92.0%	80th ▲	65th	61st	85.5
	I think this organization is highly regarded in the community.	326	75.2 * ▲	+4.5	89.2%	45th ▲	28th	28th	87.3
	The values of this organization are evident in our everyday practices.	328	80.2 ▲	+0.1	92.9%	72nd ▲	59th	62nd	86.1
	I would recommend the healthcare services provided here to my friends and relatives.	329	83.1 ▲	+0.4	93.9%	66th ▲	42nd	42nd	88.6
	Overall, I am satisfied with this organization.	328	82.5 ▲	+0.3	92.9%	81st ▲	70th	70th	85.4
	I plan to be working for this organization one year from now.	326	87.0 ▲	+0.5	94.1%	79th ▲	52nd	51st	88.9
Our Work	Employees in my work group are fully attentive to the needs of others.	325	79.2 ▼	-0.5	94.4%	77th ▼	61st	74th	82.1
	Employees in my work group do everything they can to make this organization successful.	324	80.7 ▲	+0.3	93.8%	79th ▼	61st	65th	83.3
	Employees in my work group regularly express their concerns and suggestions about our work.	324	78.6 ▲	+2	91.6%	71st ▲	51st	77th	82.1
	Employees in my work group report a strong sense of connection to their work.	325	80.6 ▲	+1.3	94.4%	83rd ▲	71st	73rd	82.4
	Employees who work here are seldom distracted from their work.	323	67.1 ▼	-1.6	78.3%	71st ▼	46th	70th	73.3
	Our employees do everything they can to provide high quality service.	330	84.3	0	96.6%	84th ▼	75th	77th	85.3
My Work	Overall, I am satisfied with my job.	328	81.9 ▼	-1.1	93.2%	78th ▼	64th	74th	84.9
	My work provides me an opportunity to be creative and innovative.	328	76.4 ▼	-0.9	86.5%	73rd ▼	53rd	75th	81.2
	My work makes good use of my skills and abilities.	330	82.9 ▼	-1.7	93.0%	69th ▼	50th	74th	86.3
	My work gives me a feeling of accomplishment.	330	84.2 ▼	-0.2	93.9%	71st ▼	58th	78th	87.1
	I am given opportunities for ongoing education and professional development.	321	71.1 * ▲	+5.4	82.8%	64th ▲	40th	44th	79.3
	My work is meaningful.	330	87.5 ▼	-0.2	96.3%	68th ▼	65th	76th	90.4

*This mean score is significantly different from the previous mean score at the $p < .05$ level.

1 Your peer group is FTE's 251-500

2 Your peer group is AHA Region 9

Custom Questions Scores

Data on the custom questions added to your survey is displayed below. If seven or more hospitals in the database are asking the same custom question, comparative data is provided.

	n	Mean Score	Mean Change	% Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
I am satisfied with the manner in which my direct manager handles complaints, grievances, and problems.	323	70.5 * ▼	-4.5	79.5%	45th ▼	51st	N<7	78.8
My direct manager sets a good example of customer service.	324	81.3 ▼	-2.8	90.1%	70th ▼	N<7	53rd	83.4
Our benefits program fits my needs.	309	63.9 * ▲	+4.5	77.0%	11th ▲	6th	N<7	79.8
Employees are treated with respect by the physicians.	320	74.6 ▲	+1.5	91.8%	66th ▲	N<7	57th	78.9
This organization is respectful of differences such as gender, race, religion, age, etc.	328	87.3 ▲	+0.8	95.7%	58th ▼	47th	N<7	89.6
Employees are held accountable for their actions.	323	73.3 ▼	-1.9	85.4%	66th ▼	N<7	64th	78.3

*This mean score is significantly different from the previous mean score at the p < .05 level.

1 Your peer group is FTE's 251-500

2 Your peer group is AHA Region 9

Strengths and Opportunities

Celebrate your strengths and let your opportunities guide your partnership improvement efforts.

STRENGTHS

The Strength index lists the items on the survey that you are performing well on. The items appearing in your Strength Index are those questions that have a relatively high mean score and a relatively high correlation to Overall Partnership.

Rank	Last Rank	Section	Strength
1	9	Custom Section	My direct manager sets a good example of customer service.
2		My Work	My work is meaningful.
3	5	My Work	My work makes good use of my skills and abilities.
4	4	Our Organization	The values of this organization are evident in our everyday practices.
5		My Work	My work gives me a feeling of accomplishment.
6	2	Teamwork	Members of my work group treat one another with dignity and respect.
7	3	Teamwork	There is good coordination of effort in my work group.
8	8	Custom Section	This organization is respectful of differences such as gender, race, religion, age, etc.
9	10	Our Work	Employees in my work group report a strong sense of connection to their work.
10		My Work	My work provides me an opportunity to be creative and innovative.

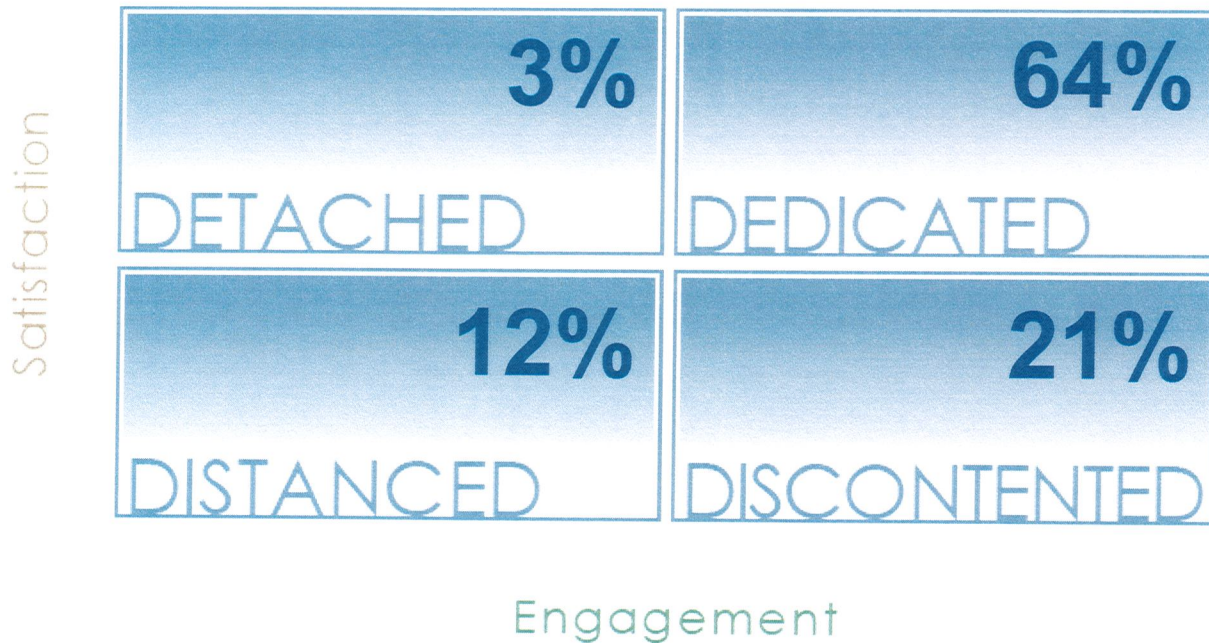
OPPORTUNITIES

The Opportunity index lists the items on the survey that have the greatest opportunity for improvement. Those items appearing in your Opportunity Index are questions that have a relatively low mean score, and a relatively high correlation to Overall Partnership.

Rank	Last Rank	Section	Opportunity
1	6	Systems and Leadership	Leaders really listen to employees.
2	2	Custom Section	I am satisfied with the manner in which my direct manager handles complaints, grievances, and problems.
3	4	Direct Management	My direct manager provides coaching to help me achieve my goals.
4	3	Systems and Leadership	My work group is asked for opinions before decisions are made.
5	8	Direct Management	My direct manager recognizes my ideas or suggestions for improvement.
6	9	Direct Management	My direct manager communicates effectively.
7	5	Systems and Leadership	Excellent performance is recognized here.
8		Direct Management	My last performance review helped me improve.
9		Direct Management	My direct manager recognizes my good work.
10		Direct Management	My direct manager can be trusted.

Employee Partnership

Employees can fall within high or low levels of satisfaction and engagement. This model provides a snapshot of the types of employees and level of partnerships within your organization. This information will help you understand the percentage of employees that have the potential to move into the Dedicated quadrant. The more employees in the Dedicated quadrant, the more positive outcomes for your organization.



Detached

Employees who are only getting their basic requirements met, who are not encouraged to feel a sense of meaning or connection with their employer, are Detached. These employees feel the organization is meeting their needs, such as pay, but are insecure and unable to see the meaning or purpose of their work.

Dedicated

In contrast, Dedicated employees feel that the organization is providing what they need and also feel connected to their work and the organization because they feel supported and respected by their employer. They find a sense of meaning in their job, are willing to volunteer, and participate in improvement efforts. These employees seek out ways to improve their performance, the quality of care patients receive, and their organizations. These employees are true partners with their organizations, and are the people who give all they have to contribute to its success.

Distanced

The least desired situation is to have a majority of your workforce in the Distanced quadrant. These employees feel both dissatisfied and disengaged and typically will either exit the organization voluntarily or create turmoil for the rest of the workforce.

Discontented

Employees who feel emotionally vested with the organization but feel that their basic needs are not being met are considered Discontented. Because these employees are emotionally tied to their employers, they may be empowered to participate in changing and shaping the organization, but may feel their pay is unfair or that their supervisor cannot be trusted for example.

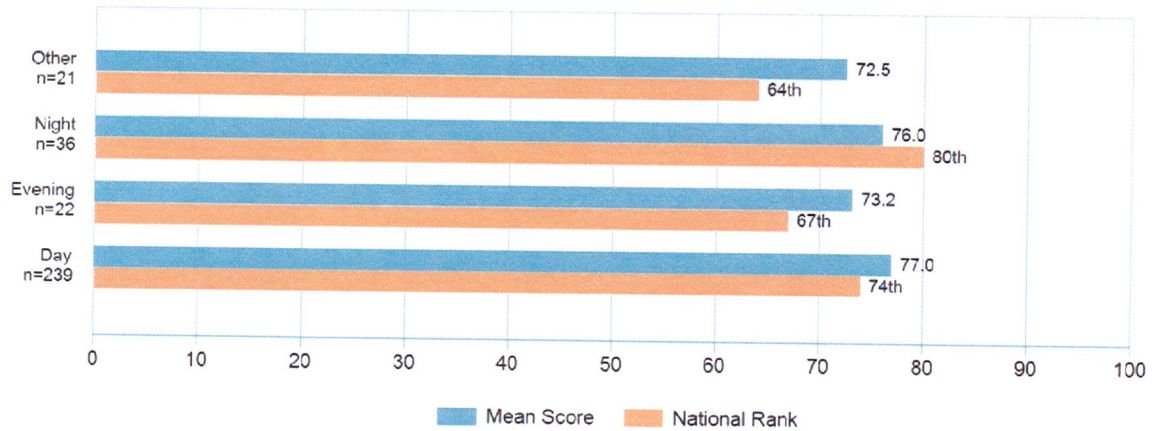
*Percentages may not total 100% due to rounding.

Demographic Analysis

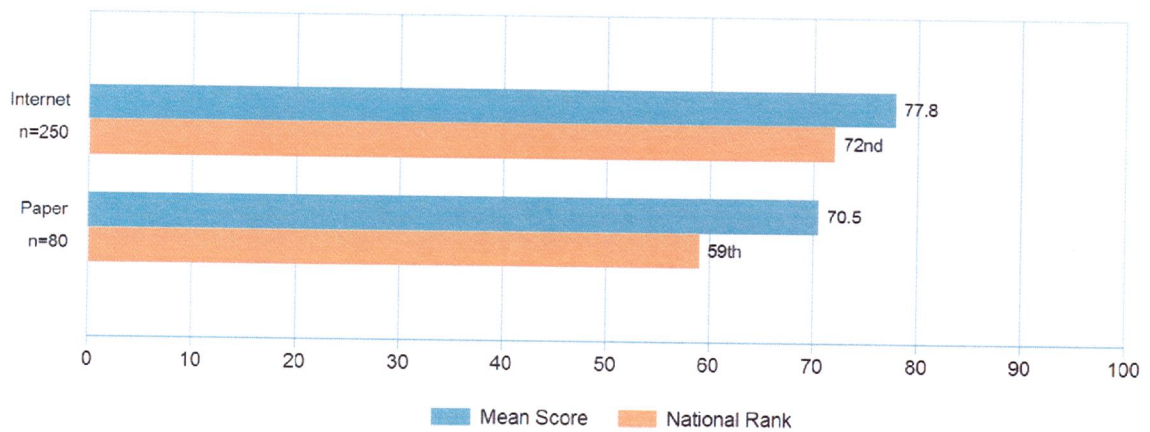
This section provides demographic information about the individuals who responded to your survey for the current report period. The information comes from the "General Questions" section of your survey or from your data uploads.

Understanding your employee demographic breakdown is a valuable tool. Demographic analysis can be used to identify characteristics in your work population, to further understand your employees, and to identify trends and potential key areas of opportunities.

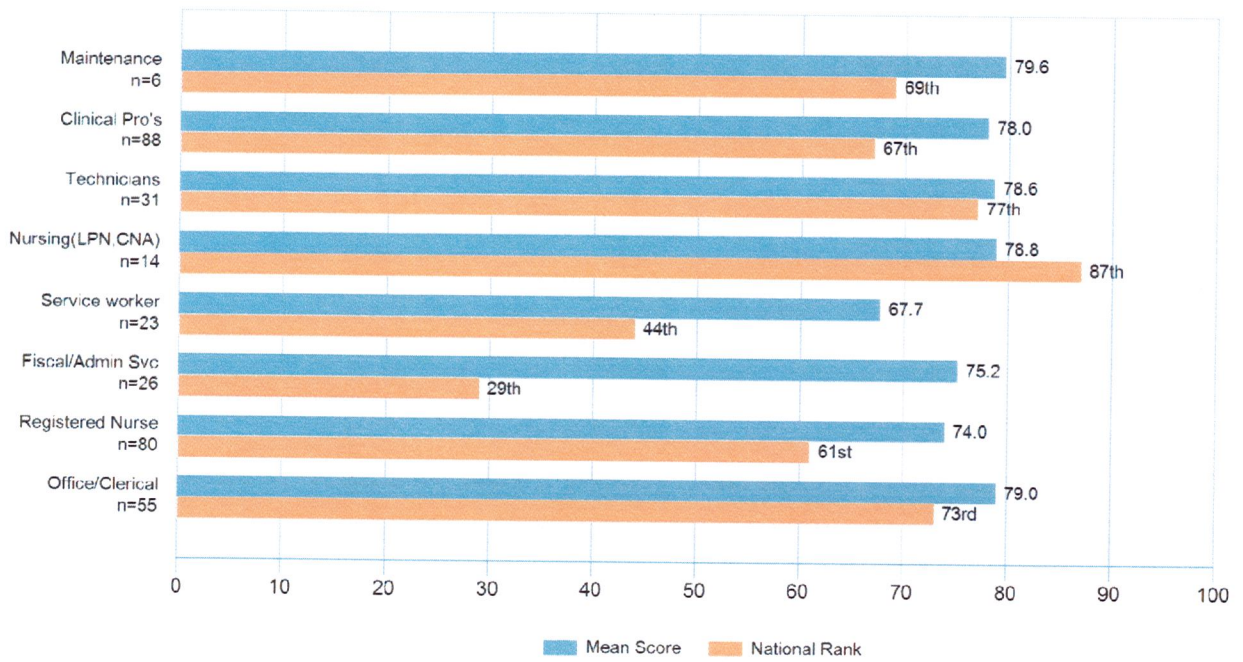
My shift is



Mode



Which best describes your job?



15.B.

**OFFICER & COMMITTEE
REPORTS**

Applicant Interviews for Finance Committee



Board Committee Application

Date:

Contact Information

PLEASE PRINT

Name	Stephen Berezin
Street Address	529 Michael Dr
City, State, Zip	Sonoma, CA 95476
Home Phone	707-343-1625
Other Phone (mobile)	415-265-5474
E-Mail Address	spb529@sonic.net

Are you a resident of the Sonoma Valley Health Care District?	<input checked="" type="checkbox"/> Yes ___ No
Are you an employee or official of the District?	___ Yes <input checked="" type="checkbox"/> No
If yes, what position do you hold?	
Which Committee are you applying for?	<input checked="" type="checkbox"/> Finance Committee <input type="checkbox"/> Audit Committee <input checked="" type="checkbox"/> Quality Committee

Why do you want to become a Committee member (or alternate)?

I served in the past on two committees, CBOC as Vice Chair and the CEO's Construction Committee. It is important to me to continue to assist the hospital, in any way possible, so that it continues to serve the community which depends on its facilities and services. In a word I would like to continue my association with the hospital district to help it thrive!

Qualifications

Since I now have some experience with two of the working committees, I believe I could learn quickly the new responsibilities.

Work Experience

See Resume/Bio

Committee Experience

What do you feel are your strengths and weaknesses in serving on a committee?

See qualifications. Obviously I have had successful experience working with members of the hospital staff. I greatly enjoyed the opportunity.

What is your availability to attend Committee meetings regularly?	I am regularly available
If offered a position, when could you start?	When Called

Please attached a current resume and return with this completed application to:

Attn: Board Clerk
Sonoma Valley Hospital
347 Andrieux Street
Sonoma, CA 95476

Stephen Berezin

Objective

Although my original education was scientific, (see below), I became a fulltime real estate development professional in 1973 and I continue to this day in a reduced role. I consider myself very conversant with financial issues as they apply to real estate as well as corporate activities. At this stage in my life I would like to give back to the community in which I live, in a meaningful way.

Work experience

[1966-1970] Argonne Nat'l Laboratory Chicago, IL

Postdoctoral Fellow

- Participation with one of the High Energy Physics research groups in exploring strong interactions using the Zero Gradient Synchrotron

[1969-1972] Doyle O'Connor Company Chicago, IL

Consultant

- Employed by the investment banking group to participate in group decisions regarding potential investment in young high-tech companies.

[1972-1978] Pacific Nat'l Equity Company San Francisco, CA

Partner

- Pacific Nat'l Equity Co was originally formed for the purpose of pursuing investment banking of high-tech companies as well as real estate development and financing. In 1973 I took over the development of heavily subsidized senior citizen in San Francisco using various FHA programs then available. This was as a result of a court order requiring the City and County to provide relocation housing for seniors displaced by the Yerba Buena Center redevelopment project in which we participated as developers. In the course of my activities, I successfully completed four conversions of older hotels to safe SRO housing for seniors. In addition, I also developed market rate multifamily rental and for sale housing totaling more than 2000 units, in various cities throughout the nation as well

[1979-1987] Foxcroft Associates San Francisco, CA

Partner

- Continued my real estate development activities mainly in San Francisco. Among projects completed are 210 Units of high rise condominiums and another whole block mixed use redevelopment project in the Western Addition of San Francisco.

[1988-1993] Berezin & Associates San Francisco, CA

Principal

- I became a licensed real estate broker and pursued independent

brokerage opportunities as well a property management.

[1993-present] The Rapallo Group, Inc San Francisco, CA

Principal

- The Rapallo Group was formed primarily for the purpose and rehabilitating and managing various properties held by close family members and associates and well as management of other classes of financial assets. I directed the rehabbing and structural upgrading of three UMB buildings to modern retail and office space in the Civic Center area of San Francisco. In addition, I was responsible for the disposition of various properties no longer desired by our investors. We continue to manage the properties we currently hold.
-

Education

1956-60 Penn State University, University Park, PA

BS Physics

1960-1966 Stanford University, Palo Alto, CA

PhD Physics

Professional Licenses

California Real Estate Broker

Professional memberships

California Realtor

Other Real Estate Activities

I am a lecturer in continuing education courses for Lawyers in the field of real estate development, sponsored by Lorman Educational Services. We cover the planning process through construction to delivery and customer service. Other lecturers cover various legal issues having to do with contracting, financing, investor requirements, as well as zoning and planning issues.

Sonoma Valley Health District

Vice Chairman Citizen's Bond Oversight Committee, Member of the CEO's Construction Committee



Board Committee Application

Date: 4/24/14

Contact Information

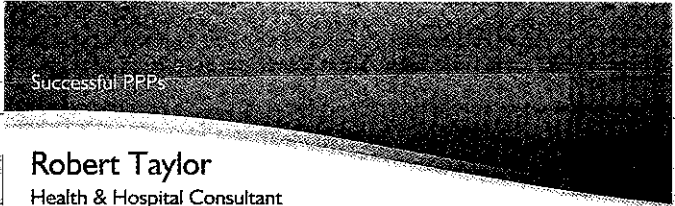
PLEASE PRINT

Name	ROBERT TAYLOR
Street Address	650 ADLER CT
City, State, Zip	SONOMA, CA 95476
Home Phone	707-935-7828
Other Phone (mobile)	703-835-4488
E-Mail Address	rtaylor7850@gmail.com

Are you a resident of the Sonoma Valley Health Care District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you an employee or official of the District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what position do you hold?	
Which Committee are you applying for?	<input checked="" type="checkbox"/> Finance Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Quality Committee

Why do you want to become a Committee member (or alternate)?

see attached



Qualifications

see attached

Robert Taylor
 Health & Hospital Consultant
 650 Adler Ct
 Sonoma, CA, USA
 001-703-835-4488 (mobile)
 001-707-935-7828 (residence)
 email: rtaylor7850@gmail.com
 skype: robtaylor7

Work Experience

see attached

Committee Experience

See attached

What do you feel are your strengths and weaknesses in serving on a committee?

See attached

What is your availability to attend Committee meetings regularly?	Any time I am retired and live in Sonoma.
If offered a position, when could you start?	Immediately

Please attached a current resume and return with this completed application to:

Attn: Board Clerk
Sonoma Valley Hospital
347 Andrieux Street
Sonoma, CA 95476

Board Committee Application (Finance Committee)

Supporting Information

Robert Taylor

Why do you want to become a Committee Member?

I think the SVH plays a very important role in the community. I think its future depends on high quality medical care and a strong financial position. Given my extensive background in hospitals and public finances/budgets, I believe I can contribute to ensuring a strong financial future for the SVH.

Qualifications

- Strong educational background, with an MBA and Masters of Public Administration
- Extensive experience with public finances/budgets, as an employee of Finance Ministries at: (i) the Canadian provincial level (Budget Bureau, Government of Saskatchewan – where I was responsible for, inter alia, reviewing the provincial health budgets for a population of one million residents); and (ii) the Canadian federal level, where I was in the Treasury Board Secretariat for the national Ministry of Finance
- Also, 27+ years in the World Bank Group, where I worked with Ministries of Finance in more than 25 countries, principally in improving public services, including health
- From 2001-2012, I managed the Health advisory practice of the International Finance Corporation (part of the World Bank Group), where we assisted governments in financing, constructing, equipping and operating new hospitals and health facilities through public-private partnerships. Our group completed more than 20 successful projects during my tenure, covering a broad range of countries and health facilities (including new hospitals in Mexico, Brasil, and Lesotho)
- Familiarity with all types of health insurance contracting and payment arrangements (including DRG, fee-for-service, capitation, etc)
- Familiarity and experience with financial/budget modeling for hospitals

Work Experience (see attached CV)

Committee Experience

None

What do you feel are your strengths and weaknesses in serving on the committee?

Strengths:

- Experience and familiarity with hospital finances and operations
- Worked with all levels of government (local, provincial/state, national) in more than 25 countries
- Strong focus on ensuring high quality public services (through my extensive background with the World Bank Group)

Weaknesses

- Only recently moved to Sonoma (August 2012)

Curriculum Vita: Robert R. Taylor

Overview

More than 27 years experience with the World Bank Group (IFC and the World Bank) assisting governments in improving public services (infrastructure, health, education).

From 2001-2012, he was Head of IFC's global transaction advisory practice for health public-private partnerships (PPPs). Under his management, the Department completed more than 20 successful health projects, covering a broad range of health care services and facilities across many regions and levels of government. The main elements of the advisory practice involved: (a) developing a pipeline of potential projects and screening project proposals for feasibility, bankability, affordability, and public impact; (b) acting as transaction advisor to governments to prepare and implement specific health PPP transactions.

The project-specific transaction advisory work involved:

- Initial project design and financial/technical analysis
- Preparing the necessary project documents for legislative and/or Cabinet approval
- Conducting investor roadshows to promote the PPP project
- Extensive liaison with lenders and investors to help mobilize financing for the project.
- Drafting all tender and PPP contract documents (which could then be replicated for similar PPPs)
- Assisting governments in conducting the public tender and selecting the winning bidder
- Assisting governments in completing all actions required for commercial and financial close of the PPP transactions
- Providing post-transaction assistance to governments in PPP contract management to facilitate successful implementation of the projects and to address any issues that may arise in the initial period

Employment Experience

November 2012 to present: independent Health/Hospital consultant (since retiring from IFC)

October 1997 – October 2012. International Finance Corporation (World Bank Group): Advisory Services Dept. Worked directly on structuring and implementing many PPPs, including infrastructure (Bucharest water, Panama power) from 1997-2000. Subsequently, initiated and managed the global transaction advisory practice for health PPPs from 2001-2012 (with more than 20 successful health projects)

May 1985- October 1997: World Bank. Task managed several loans to support improvement of infrastructure services and other sectors

July 1982-April 1985: Ministry of Finance, Government of Canada. Worked in the Treasury Board Secretariat for reviewing plans/budgets of state-owned enterprises

July 1981-July 1982: KPMG Consulting. Worked on a major project to corporatize a federal ministry

July 1974-1978: Budget Bureau , Ministry of Finance. Provincial Government (Saskatchewan)

Education

MBA: University of Western Ontario, Canada

MA and Masters of Public Administration: Queen's University, Canada

Contact Information

650 Adler Ct
Sonoma, California
USA, 95476

Mobile: 001-703-835-4488

Skype: robtaylor7

Email: rtaylor7850@gmail.com