

Petaluma
HEALTH CARE
DISTRICT

BOARD MEETING

July 21, 2015

AGENDA

Petaluma Health Care District Board of Directors Regular Meeting

Date/Time: Tuesday, July 21, 2015; 12:00 noon – 3:00 pm
1425 N. McDowell Blvd., Suite 103

Board Lunch available at 11:45am

PLEASE NOTE LOCATION & TIME

Persons seeking accommodation for disabilities who wish to attend can contact PHCD at 285-2143 x130

Meeting Roles:

Elece Hempel, President

Leader

Betty Daniels

Recorder

Facilitator

MISSION

The Mission of the Petaluma Health Care District is to improve the health and well-being of our community through leadership, advocacy, support, partnerships and education.

VISION

The Petaluma Health Care District envisions: A healthier community; A thriving hospital; Local access to comprehensive health and wellness services for all

The Board values public comments and wishes to convey that although Board members cannot discuss items that are not on the agenda, they listen carefully and appreciate and value input from the public.

There are two opportunities to address the Board during the Board meeting. The first opportunity is during **Public Comments** where the public is invited to make comments on items that are not listed on the current agenda. Public comments are limited to 3 minutes per person totaling no more than 15 minutes. If more than three persons wish to address the Board on the same topic, they are encouraged to select a spokesperson. The Board does not take action or discuss items not appearing on the agenda.

The second opportunity for public input is before the Board discusses and takes action on a specific Agenda item.

The Petaluma Health Care District is governed by a publicly elected five-member Board of Directors to serve Southern Sonoma County. Board of Directors meetings are held on the third Tuesday of each month from 12:00 noon to 3:00pm unless otherwise noticed. Copies of Agendas and approved minutes are available on the PHCD website, www.phcd.org

STRATEGIC PRIORITY	AGENDA ITEM	METHOD	TIME	RESPONSIBILITY
	1. CALL TO ORDER <ul style="list-style-type: none"> • Roll Call • Timekeeper • Call for Conflict • Mission and Vision 	(2 minutes)	12:00 pm	Elece Hempel, Board President
	2. CONSENT CALENDAR- The following item is considered routine and non-controversial and will be enacted by one motion as recommended. At the request of the Board of Directors, a specific item may be discussed and/or removed from the Consent Calendar for separate action. <ul style="list-style-type: none"> • Approval of July 21, 2015 Agenda • Approval of June 16, 2015 Board of Directors Minutes 	Motion and Action (3 minutes)	12:02 pm	Elece Hempel, Board President
	3. PUBLIC COMMENTS (non-agenda items – 3 minutes per-person up to 15 minutes)	Informational	12:05 pm	
	4. BOARD COMMENTS	Informational (5 minutes)	12:10 pm	
	5. TELEMEDICINE PRESENTATION: <ul style="list-style-type: none"> • Improving Access to Care 	Informational (1 hour)	12:15 pm	Jim Roxburgh, RN, MPA Director, Dignity Health Telemedicine Network
INFRASTRUCTURE DEVELOPMENT	6. ADMINISTRATIVE REPORT: <ul style="list-style-type: none"> • CEO Update <ul style="list-style-type: none"> ○ ACHD June Update ○ ACHD Policy Groups ○ HeartSafe Community AED Package ○ PHCD Articles ○ CEO Annual Evaluation in July • President's Report <ul style="list-style-type: none"> ○ Board Composition 	Informational (15 minutes)	1:15 pm	Ramona Faith, CEO
				Elece Hempel, Board President

STRATEGIC PRIORITY	AGENDA ITEM	METHOD	TIME	RESPONSIBILITY
FISCAL SUSTAINABILITY	7. FISCAL SUSTAINABILITY: <ul style="list-style-type: none"> • May 2015 Financials • Lynch Creek Walgreen Project • Warehouse Update • KCoe Isom District Annual Financial Audit FY 2014-2015 <i>Public Comments</i>	Presentation/ Discussion/ Action (20 minutes)	1:30 pm	Josephine S. Thornton, MS, Board Treasurer Andrew Koblick, Controller
PETALUMA VALLEY HOSPITAL	8. PETALUMA VALLEY HOSPITAL <ul style="list-style-type: none"> • SRM Alliance Board Update 	Information/ Discussion (15 minutes)	1:50 pm	Jane Read, VP of Operations, Petaluma Valley Hospital
	9. PETALUMA PEOPLE SERVICES CENTER	Information (5 minutes)	2:05 pm	Elece Hempel, Executive Director, PPSC
INFORMATIONAL ITEMS	10. INFORMATIONAL ITEMS <ul style="list-style-type: none"> • Upcoming Events: <ul style="list-style-type: none"> ○ Petaluma Bounty – Brews & Bites for Bounty – 7-28-15 ○ Opening PHC Rohnert Park Clinic – 8-12-15 at noon ○ Clo's Golf Classic Hospice Event – 8-21-15 ○ Center for Well-Being Luncheon – 9-11-15 ○ PEF – The Bash – 9-12-15 • Letters of Acknowledgement • District Ads/Newspaper Articles of Interest • Future Board meetings <ul style="list-style-type: none"> ○ August 4th – Special Board Meeting ○ August 18, 2015 ○ September 1st – Special Board Meeting ○ September 15, 2015 	Information (5 minutes)	2:10 pm	Ramona Faith, CEO
	11. ADDITIONAL PUBLIC COMMENTS (limit to 5 minutes)	Discussion (5 minutes)	2:15 pm	Elece Hempel, Board President

	<p>12. ADJOURN TO CLOSED SESSION:</p> <ul style="list-style-type: none"> • Government Code §54956.8 Closed Session; real property transaction; meeting with negotiator – 400 North McDowell Blvd.; The Camden Group • Government Code §54957.6 closed session regarding employee matters. 	Discussion/ Action (30 minutes)	2:20 pm	
	13. ADJOURN TO OPEN SESSION	Action (5 minutes)	2:50 pm	Elece Hempel, Board President
	14. PLUS / DELTA	Input	2:55 pm	Board
	15. ADJOURN	Action	3:00 pm	Elece Hempel, Board President

MINUTES

Petaluma
HEALTH CARE
DISTRICT

**MINUTES OF THE JUNE 16, 2015 REGULAR MEETING OF THE
PETALUMA HEALTH CARE DISTRICT BOARD OF DIRECTORS**

CALL TO ORDER:

President Hempel called the meeting to order at 7:30am in the conference room at 1425 N. McDowell Blvd., Suite 103.

PRESENT:

Fran Adams, RN, BSN, Secretary
Elece Hempel, President
Robert Ostroff, MD, Vice President
Josephine S. Thornton, MA, Treasurer

ABSENT:

Kathie Powell, MS, Member-At-Large

ALSO PRESENT:

Suzanne Cochrane, Board Clerk, PHCD
Ramona Faith, CEO, PHCD
Andrew Koblick, Controller, PHCD
Jane Read, VP of Operations, PVH

MISSION AND VISION:

Director Ostroff read the mission and vision of the Petaluma Health Care District.

The mission of the Petaluma Health Care District is to improve the health and well-being of our community through leadership, advocacy, support, partnerships and education.

Petaluma Health Care District envisions: A healthier community; a thriving hospital; local access to comprehensive health and wellness services for all

CONFLICT OF INTEREST:

Director Powell is in communication with legal counsel regarding possible conflict of interest issues.

CONSENT CALENDAR:

A motion was made by Director Ostroff, seconded by Director Adams to approve the June 16, 2015 Agenda and the May 19, 2015 minutes. This motion was passed by a vote of 4 ayes (Directors: Ostroff, Thornton, Hempel, Adams) and one absent (Powell).

PUBLIC COMMENTS:

There were no public comments.

BOARD COMMENTS:

President Hempel acknowledged Director Ostroff's birthday.

ADJOURNED TO CLOSED SESSION:

President Hempel adjourned the meeting into closed session pursuant to:

- Government Code §54957.6 closed session regarding employee matters
- Government Code §54956.8 closed session; real property transaction; meeting with negotiator – 400 North McDowell Blvd.; The Camden Group

ADJOURN TO OPEN SESSION:

President Hempel adjourned the meeting into open session and reported no action was taken in closed session.

PETALUMA VALLEY HOSPITAL:

Jane Read, VP of Operations, Petaluma Valley Hospital, reported neurology coverage is being supported by telemedicine and the new Director of PVH's Hospitalists program is scheduled to start in July. Full time nurse practitioners will also be assisting in the coverage of the Hospitalists program.

Petaluma Valley Hospital has been running a census of 20 to 25 daily on the Med/Surg unit due to referrals from the transfer center. ER coverage is being supported by Queen of the Valley physicians due to the increased volume in the ER.

The Family Birthing Center assessment date has been moved to August. Focus continues on the survey assessment results for JCAHO Accreditation. Employment engagement scores for Petaluma Valley Hospital increased from last survey which are above the national norm for the St. Joseph Health system.

ADMINISTRATIVE REPORT:

CEO Report:

Board of Directors had no additional questions pertaining to the CEO report included in the Board packet. Directors acknowledged the article titled "Palm Drive Health Care District looks to recast its role" that mentioned the model of the Petaluma Health Care District which supports the hospital and community health initiatives. Ramona Faith will be presenting the District model to the Palm Drive Board of Directors on June 18, 2015. No additional information was discussed.

President's Report:

President Hempel brought forth a concern regarding Director Powell's availability to attend Board meetings. Per Board By-Laws, absences of Directors for three out of five meetings are to be brought to the board's attention for discussion. Board directed Ramona Faith to communicate with Director Powell the Board's concern regarding absences and to determine if there is a conflict of interest and report at the July Board meeting. It was also suggested for Directors to submit recommendations of names who might be interested in applying for an open position should Director Powell vacate her position. Ramona Faith will follow up on recommendations.

FISCAL SUSTAINABILITY:

April 2015 Financials:

Andrew Koblick, Controller, reviewed the April 2015 financials.

As of April 30, 2015 the Statement of Net Assets reflected assets of \$11,159,768 and liabilities and deferred revenue of \$1,225,807 leaving the net fund balance at \$9,933,961.

April financials showed a net loss of \$107,961 which is \$25,513 more than the budgeted loss of \$82,448. A year to date net loss of \$843,798 which is \$94,158 better than the budgeted year to date loss of \$937,956.

A motion was made by Director Adams, seconded by Director Ostroff to approve the April 2015 Financials. This motion was passed by a vote of 4 ayes (Directors: Thornton, Adams, Hempel, Ostroff) and 1 absent (Powell).

Proposed 2015-2016 Budget – Draft #2

Andrew Koblick presented Draft #2 of the 2015-16 Budget showing a loss of \$1,253,410. The proposed budget reflects an increase from Draft #1 for grant funding, community outreach, and marketing the district.

Director Thornton requested a budget be prepared using a break even scenario for the board to review for future planning. Andrew Koblick will prepare a break even budget for board to review.

A motion was made by Director Thornton to approve the budget as presented with a break even budget to be prepared and presented to the board, seconded by Director Ostroff and passed by a vote of 4 ayes (Directors: Thornton, Adams, Hempel, Ostroff) and 1 absent (Powell).

Ramona Faith presented a proposal from MedVal Advisors to conduct an appraisal for District Assets at the McDowell Campus and Hospice of Petaluma. Discussion ensued with the Board recommending to place this item on hold until deemed appropriate.

PETALUMA HEALTH CENTER UPDATE:

No information was discussed.

PETALUMA PEOPLE SERVICES CENTER:

Elece Hempel, Executive Director of PPSC, reported on recent meetings regarding a purple binder process which tracks client referrals to community based organizations. A pilot program will begin at no cost.

INFORMATIONAL ITEMS:

Ramona Faith reviewed upcoming events, letters of acknowledgement, newspaper articles, and future board meetings.

ADJOURN:

President Hempel adjourned the meeting at 10:15am

Submitted by Fran Adams, Board Secretary

RECORDED BY: Suzanne Cochrane, Board Clerk

TELEMEDICINE PRESENTATION

Information presented at meeting

ADMINISTRATIVE REPORT

CEO REPORT/ UPDATE

CEO Petaluma Health Care District Board Report July 2015

Operations:

Browman Development has confirmed that Walgreens has decided not to move forward with the development of the Lynch Creek Walgreens Project. Walgreens has merged with a European pharmaceutical company and unfortunately that merger has resulted in Walgreens taking on a different business strategy. With that said, the amount of time spent with city denials and delays throughout the entitlement process also contributed to the project not moving forward. A lost opportunity to better serve the Petaluma community.

Erin Hawkins, Community Outreach Project Manager, returned from leave July 6, 2015 as a 64-hour employee. Erin is leading a collaborative multi-agency grant writing effort to apply for a St. Joseph Health Community Building Initiative Grant. The District will be serving as the lead organization in partnership with SJH Sonoma County and PPSC to engage community residents in prioritizing and addressing community health needs for the most vulnerable. July CHIPA meeting included an ACHD presentation and in-depth review of PHCD and CHIPA capacity to conduct advocacy work, and the role of ACHD in advocating for Healthcare District needs. This is a key step in creating an advocacy strategy for CHIPA, which is currently being developed as part of the Wellness and Prevention Work Group. Meetings are being held with CHIPA workgroup chairs and co-chairs to review logic models and progress in developing work plans. District continues to facilitate meetings and provide significant writing support to Petaluma Sober Circle in order to update and finalize the final concept paper and request for funding.

Management functions for Healthquest CPR and Lifeline of the North Bay have been delegated among staff, CEO and Controller. Internal operational processes are being reviewed by staff to identify opportunities to improve efficiencies and effectiveness of our work. District has standardized AED sales/invoice package and renewal process. District is in conversation with several local businesses who have shared their interest in joining the HeartSafe Community Program. These business partnerships are expected to result in approximately 20 AED sales. Lifeline of the North Bay marketing plan is being reviewed. Focus this past month has been to distribute the Go-Safe mobile GPS device to subscribers who have been waiting for the new device.

On June 26, 2015, the District hosted a retirement celebration for Maria Larsen, District Manager.

Erin Howseman joined the District June 29, 2015 as a temporary employee to serve as Administrative Assistant to the CEO and Petaluma Health Care District Board Clerk due to a resignation. Over the next few months an interview process will be initiated to identify a permanent replacement.

Community:

Community outreach included the following:

- June 18, 2015, District CEO attended Palm Drive Health Care District Community Health Committee meeting to provide information on how the Petaluma Health Care District is leading community health initiatives to improve the health of Petaluma residents and the surrounding area. The Palm Drive Health Care District Board of Directors wants to create a structure and process for improving community health outcomes for their jurisdiction.
- July 18, 2015, Petaluma Health Care District, SJH and Annadel Medical Group formed a partnership agreement to serve as a sponsor of the Children's Area for the Petaluma Rivertown Revival Festival. The community event serves as a marketing opportunity for the District with staff managing a booth and educating the community on District led community health initiatives. CPR Instructors will be demonstrating choke saving measures.



ACHD Update for June 2015



Executive Director Update

David McGhee and I visited El Camino Hospital early in June to welcome new ACHD Board member Julia Miller and to tour the hospital facilities. We enjoyed a wonderful lunch with Julia, Tomi Ryba, CEO and her senior management team. This was a great opportunity to see their electronic medical record system and learn about their plans for remodeling the facilities.

In late June, Amber King and I visited with Tom Hayes, CEO at Eastern Plumas Healthcare District and he shared his views on various issues related to seismic safety, OSHPD, staffing, and cooperative ventures with neighboring Healthcare Districts. We also visited with Matt Rees, CEO at Mayers Memorial Hospital in Fall River Mills, and had the pleasure of presenting him with the 2014 ACHD Advocate of the Year award. Matt graciously provided a tour of the facilities, along with their plans for capital financing and construction to upgrade the hospital. Congratulations to Matt Rees, 2014 ACHD Advocate of the Year.

This month, ACHD and our Advocates, Hurst Brooks Espinosa, LLC (HBE), attended the June County Medical Services Program (CMSP) Board meeting in Sacramento. A memorandum, created by HBE and found [here](#), provides an update on the recent eligibility and program changes that the County Medical Services Program (CMSP) Governing Board enacted on June 25, 2015. Additionally, there are two noteworthy items still under discussion by the Governing Board. Please recall that CMSP provides limited-term health coverage for uninsured low-income, indigent adults that are not otherwise eligible for other publicly funded health programs. Thirty-five, primarily rural California counties participate in CMSP. The CMSP Governing Board, established by law in 1995, is charged with overall program and fiscal responsibility for the program. ACHD will continue to advance Healthcare District issues with the CMSP Board and seek opportunities for individual and collaborative grants in support of our members.

As reported in our May update, ACHD and Via Consulting have approved a collaborative project to do research in the area of best practices in governance by Healthcare Districts. This project will be kicking off in September 2015. The project objectives are to:

- Identify structures, processes and practices which promote effective governance
- Elicit feedback on barriers/challenges to effective governance
- Collect data on real-life governance success stories as well as efforts that were not successful

The end product will be a formal written report to be shared with ACHD Members, followed by an educational session at our Annual Meeting.

ACHD has completed our downtown office enhancements and members can now enjoy a modern environment that captures the spirit of California's Healthcare Districts. We are still seeking historical pictures of your District, including staff in front of District buildings, or any pictures you believe reflects your District are much appreciated. Please send pictures to ACHD's Legislative Assistant,



Samantha Kesner, at Samantha.Kesner@achd.org or mail them to 1215 K St., Suite 2005 Sacramento, CA 95814. Thank you for your help in creating an office environment that will reflect the diversity and strength of our membership.

Lastly, there is still time to take advantage of the new opportunity for Healthcare District staff to engage directly in legislative and budget policy and implementation at the Association level. Please find the original memo detailing the newly created Policy Groups, [here](#). If you, or your staff, are interested in joining a Policy Group, please send an Interest Form, found [here](#), to Amber King at Amber.King@achd.org.



ACHD Standing Committees

During the month of June, ACHD requested interest forms from Member Trustees and Executives who are interested in serving on an ACHD Standing Committee. We received numerous requests from interested Members to serve on the following committees:

- **Advocacy Committee:** Responsible for the oversight of legislative, regulatory, collaborative, and grassroots activities of the Association, as well as the ALPHA Fund.
- **Education Committee:** Responsible for the Association's educational programs and content.
- **Finance Committee:** Responsible for the oversight of the financial activities of the Association, as well as the ALPHA Fund.
- **Governance Committee:** Responsible for Board and Committee Member succession and orientation, annual assessment of the Association Bylaws and Board and Committee Policies and Procedures.

Over the next few weeks, the Governance Committee will review the interest forms and will notify ACHD Members of the membership of the committees for 2015-16.

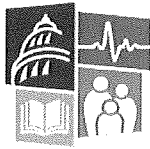


CEO Evaluation

Available free of charge to all Member Healthcare Districts, ACHD offers an online Healthcare District CEO Evaluation Tool for assessing how each District Trustee perceives the CEO to be performing. There are two options; one for District CEOs no longer managing a hospital and one for District CEOs who do manage a hospital.

The ACHD Board strongly encourages each District Board to complete a CEO Evaluation on an annual basis.

Member Districts interested in completing the CEO Evaluation may email Sheila Johnston at Sheila.Johnston@achd.org.



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS



Certified Healthcare District

As public entities, Healthcare Districts have well defined obligations for conducting business in a manner that is open and transparent. To assist ACHD Members in demonstrating compliance with these obligations, the ACHD Governance Committee has developed a core set of standards referred to as Best Practices in Governance. Healthcare Districts that demonstrate compliance with these practices will receive the designation of ACHD Certified Healthcare District.

Districts achieve Certification by demonstrating compliance with public agency reporting requirements in the following areas:

- Transparency
- Website Content
- Executive Compensation and Benefits
- State Agency Reporting
- Financial Reporting

To date, the following Healthcare Districts have achieved certification status:

- **Antelope Valley Healthcare District**
November, 2014
- **Beach Cities Health District**
October, 2014
- **John C. Fremont Healthcare District**
March, 2015
- **Palomar Health District**
August, 2014
- **Petaluma Health District**
May, 2015
- **Sequoia Healthcare District**
August, 2014

Member Districts interested in applying for Certified Healthcare District status should contact Ken Cohen at Ken.Cohen@achd.org.



Legislative Updates

The Legislative policy committee deadline is July 17, in which all bills must pass out of policy committees to continue moving forward this year. This deadline also marks the beginning of the summer break for legislators, who will resume the session on August 17. Find an update on all legislation with an active



ACHD position [here](#) and ‘watch’ bills [here](#). Additionally, log in to the Advocacy Center on [My ACHD](#) to find detailed information on legislation, including support and opposition letters.

The Governor signed [SB 277](#) (Pan) to eliminate the personal belief exemption from required immunizations in order to attend public or private K-12 schools and daycare facilities. ACHD supported this bill and is pleased with the outcome.

Additionally, ACHD Advocacy staff has been actively working on two key scope-of-practice expansion bills:

- [AB 1306 \(Burke\)](#) would expand the scope of practice for certified nurse-midwives. Unfortunately, Assemblymember Burke agreed to take amendments for the California Medical Association (CMA) to prohibit the direct employment of certified nurse-midwives. With those amendments, ACHD changed our position from “support” to “oppose unless amended.” AB 1306 will be heard in the Senate Business & Professions Committee on July 13.
- [SB 323 \(Hernandez\)](#) would expand the scope of practice of nurse practitioners. CMA has strongly opposed SB 323 and has been working to amend the bill with the same language included in AB 1306 to prohibit the direct employment of nurse practitioners. SB 323 failed to pass out of the Assembly Business & Professions Committee on June 30, and will be reconsidered on July 14.



Informational Hearing – Second Extraordinary Session: Shoring up California’s Public Health Care and Developmental Services Financing

The Senate held an informational hearing on July 2, 2015 as part of the Second Extraordinary Session. Members of the Senate Public Health and Developmental Services Committee include Senators Ed Hernandez (chair), Mike Morrell (vice chair), Joel Anderson, Jim Beall, Isadore Hall, Mark Leno, Mike McGuire, Holly Mitchell, Bill Monning, John Moorlach, Jim Nielsen, Richard Pan, and Lois Wolk.

After opening remarks from many members of the committee, the Administration provided an overview of the proclamation establishing the special session and spent the majority of their time presenting on the managed care organization (MCO) tax. The Administration does not have any new proposals – they presented on the reformulated MCO tax that was part of their 2015-16 budget proposal. Additionally, the Administration made it clear that Medi-Cal rate increases must expand access to services and that rate increases for developmental services must increase oversight and effective management.

Read Hurst Brooks Espinosa’s summary of the Informational Hearing [here](#).



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS



ACHD 2015-16 State Budget Updates

Governor Jerry Brown signed the 2015-16 state budget in private on June 24, 2015, announcing his action via Twitter (follow @JerryBrownGov). The Governor made few changes to the plan, using his blue pencil to line-item veto only about \$1.3 million (the smallest line-item veto total since 1982, also under Governor Brown). We've listed the accompanying trailer bills acted upon below. Additional details on the final budget plan can be found [here](#).

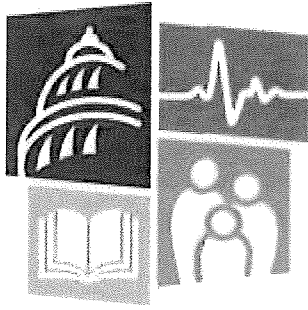
The final 2015-16 state budget includes a spending plan of \$115 billion with a deposit of \$3.5 billion to the state's Rainy Day Fund and the payoff of \$1.9 billion in state debts, primarily dedicated to repaying state special fund loans. The budget also includes the final payment on the Economic Recovery Bonds (ERBs), the final payment for local government pre-2004 mandate reimbursements, and paying off the remaining \$1 billion in K-14 deferrals.

Note that there continue to be other trailer bills that have yet to be considered by the Legislature, including AB 113, the Redevelopment/Local Government omnibus bill and action on the Cap and Trade expenditure plan. The Legislature also continues its work in two extraordinary sessions to consider transportation and healthcare funding.

Final 2015-16 Trailer Bill List

AB 93	2015-16 Conference Report
SB 97	Budget Bill Junior (revisions to AB 93)
AB 95	Transportation
AB 104	K-12 Omnibus
AB 114	Public Works
AB 116	Supplemental Appropriations
AB 117	General Government 2
AB 119	Skilled Nursing Fee*
SB 75	Health Omnibus
SB 78	Local Control Funding Formula (LCFF) Clean-up
SB 79	Human Services 2
SB 80	Earned Income Tax Credit (EITC)
SB 91	Higher Education
SB 82	Developmental Disabilities
SB 83	Resources Omnibus
SB 84	General Government
SB 85	Public Safety
SB 88	Drought
SB 98	PEMCHA: State Employees

* 2/3 vote required



ACHD

ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

ACHD Policy Groups

On May 1, ACHD announced an opportunity for Healthcare District staff to engage directly in legislative and budget policy and their implementation at the Association level. There is still time to submit an interest form to join a Policy Group.

The four Policy Groups are aligned with the key issues in the following areas:

1. Hospitals/Clinics/Skilled Nursing Facilities
2. Community Based/Public Health
3. Workforce/Labor Relations
4. Governance/Transparency/Government Operations

ACHD is seeking knowledgeable District staff in the above areas to provide input on how legislative, state budget and ballot measure proposals will impact your Districts.

If you, or your staff, are interested in joining a Policy Group, please send an Interest Form, found [here](#), to Amber King at Amber.King@achd.org. Please contact Amber King at (916) 266-5207 with any questions.

Sincerely,

Ken Cohen

Executive Director

Association of California Healthcare Districts

2015 Policy Group Interest Form

Please fill out this form and return by May 15, 2015. Completed forms and questions regarding the Policy Groups should be directed to Amber King, ACHD Senior Legislative Advocate, at Amber.King@achd.org or (916) 266-5207.

Name: _____

Title: _____

District: _____

Phone Number: _____

Email: _____

I am interested in:

- ☐ Hospital/Clinics/Skilled Nursing Facilities
- ☐ Community Based/Public Health
- ☐ Workforce/Labor Relations
- ☐ Governance/Transparency/Government Operations

My background includes?

- ☐ Operations
- ☐ Outpatient Services/Patient Care
- ☐ Finances
- ☐ Project Management/Construction
- ☐ Human Resources/Risk Management
- ☐ Governance
- ☐ Public Health

Petaluma HEALTH CARE DISTRICT

HEALTHQUEST

A service of the Petaluma Health Care District

CPR | AED | First Aid | AED Sales & Service

According to the American Heart Association (AHA), **sudden cardiac arrests (SCA) are the leading cause of death in the U.S., claiming more than 350,000 lives each year, and the number one cause of death in the workplace.** Survival rates are highest when immediate bystander CPR is provided within 10 seconds of collapse and defibrillation occurs within three to five minutes of collapse. CPR initiated along with the use of an Automated External Defibrillators (AED) can increase survival rates from 5% to 70%.

A HeartSafe Community initiative was launched in 2013 by the Petaluma Health Care District in collaboration with Petaluma and Rancho Adobe Fire Departments, Petaluma Save a Life, Saves Lives Sonoma, REDCOM 9-1-1 Dispatch, Petaluma Valley Hospital and the American Heart Association. The goal of the initiative is to help strengthen the community's response to sudden cardiac emergencies outside the walls of the hospital through bystander CPR/AED training and strategic AED installation and maintenance plans. **Petaluma was designated in 2015 as the first city in Sonoma County by the Sonoma County Board of Supervisors and Petaluma City Council as a "HeartSafe Community"**. Currently the program expands beyond Petaluma to include Santa Rosa, Rohnert Park, Cotati and Tomales.

HeartSafe Community Program is managed by Healthquest CPR, an authorized training center of the American Heart Association (AHA) and a service of the Petaluma Health Care District (PHCD). The Program meets all regulations found in the California Health and Safety Codes in Title 22 for Public Access Defibrillators, local Emergency Medical Services (EMS), and OSHA. The Program Policy and Procedures were developed under American Heart Association Guidelines.

Become a HeartSafe Community Partner so you can confidently respond to cardiac and breathing emergencies and help decrease the number of residents who die from a sudden cardiac arrest – which can occur anywhere at any time at any age. Attached you will find the HeartSafe Community Program Membership Price List.

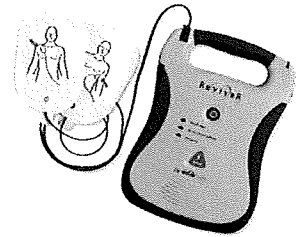
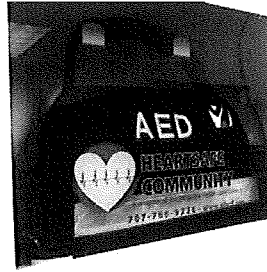
If you have questions, need more information about our HeartSafe Community Program or CPR/AED classes, please contact Healthquest CPR at (707) 766-9226 or healthquest@phcd.org.

To learn more about the Petaluma Health Care District, visit our website at www.phcd.org.

HeartSafe Community Program Membership Price List

HeartSafe Community AED Package: \$1,700.00*

- AED with manufacturer warranty
- Carry case, battery and 1 set of electrodes
- Rescue kit
- Wall cabinet with alarm capability
- Wall sign
- Site Assessment
- Policy and procedure assistance
- EMS registration
- Two individuals certified in American Heart Association CPR/AED by Healthquest CPR
- Initial HeartSafe Annual Maintenance Membership includes:
 - Medical direction
 - Monthly maintenance emails
 - Expiration date tracking
 - Post cardiac event evaluation
 - Upgrade assistance
 - Recall assistance/Legislation watch
 - Second set of adult electrodes
 - **Free** pad replacement in the event of AED use, up to once per year



HeartSafe Community Maintenance Membership Renewal: \$200* per year (per AED)

Annual Maintenance Program ensures the AED device and CPR responders are rescue ready and compliant with California's Health and Safety Code 1797.196. The first year is included in the AED package. After the first year, the program is \$200 per AED annually. Subscription to the Annual Maintenance Program is mandatory for purchased or donated AEDs to remain in the HeartSafe Community Program. Membership includes the following:

- All components listed in initial Membership
- Free replacement electrodes upon expiration
- Two individuals certified in American Heart Association CPR/AED by Healthquest CPR every two years

Additional Services Offered

Regularly scheduled American Heart Association CPR/AED certification classes through Healthquest CPR

First Aid and Health Care Provider CPR training

Maintenance plan for existing AEDs including replacement parts (batteries and electrodes)

Pediatric electrodes

Pricing for any AED model upon request

**Pricing is subject to change.*

North Bay **Business Journal**

June 29, 2015

BUSINESS BRIEFS

Health Care

Association of California Health Care Districts named **Petaluma Health Care District** as California Health Care District of the Year. The award, given to just one out of 78 districts, recognizes implemented programs and services that have yielded direct and measurable benefits on the health and well-being of its residents.

Petaluma Health Care District Launches HeartSafe Community for Businesses as Arrow Benefits Group Partners for CPR/AED Training

BY GARY QUACKENBUSH

According to the American Heart Association (AHA), sudden cardiac arrests (SCA) are the leading cause of death in the U.S., claiming more than 350,000 lives each year, and the number one cause of death in the workplace. Survival rates are highest when immediate bystander CPR is provided within 10 seconds of collapse and defibrillation occurs within three to five minutes of collapse. Companies with employees trained in Cardiopulmonary Resuscitation (CPR) and to use Automated External Defibrillators (AED) may have survival rates of 70% or greater. Without AEDs, survival rates are less than 5%.

To help strengthen the community's response to cardiac emergencies, the Petaluma Health Care District (PHCD) launched the HeartSafe Community (HSC) initiative in 2013 in collaboration with health care providers, nonprofits and the public sector, and considers businesses one of the most critical environments needing to be "rescue ready".

HSC is managed by PHCD's Healthquest CPR, an AHA-authorized training center that trained nearly 3,000 local residents in 2014. The program provides residents, as well as employees of Southern Sonoma County businesses and organizations, with CPR training and access to life-saving equipment with the strategic installation and maintenance of AEDs, enabling ordinary people to confidently respond to cardiac and breathing emergencies.

"We encourage employers to see the value in creating a rescue ready workplace environment, especially considering more people are living and working longer," said Ramona Faith, PHCD CEO. "Through CPR training and an accessible AED, employees feel a sense of empowerment to act quickly in a cardiac medical emergency, and it also rein-

forces a company culture that revolves around health and wellness, an important value for any employer. Above all, it could save a life at the office."

Today's AED devices are easy to use and provide audible instructions on how to operate them. No one can "over-shock" a SCA victim because sensors detect if an electric charge is needed and prevent activation if not required. In addition, PHCD started a registration program to ensure that AEDs are maintained and easy to locate, with signage telling people where they are. The goal is to have an AED accessible to every business throughout the community.

"We have documented instances where HSC training has saved lives, and this initiative has made it possible for Petaluma to meet all the requirements for official recognition as a 'HeartSafe Community' with a declaration from the Petaluma City Council issued this month," Faith said. "We are very proud of this designation, but would like more businesses to get on board, understanding the importance of CPR/AED instruction and helping us expand our network of local access sites for life-saving training."

Serving as a catalyst for promoting health in the workplace, PHCD's first HSC business partnership with Arrow Benefits Group kicked off in early 2015.

According to Faith, "While PHCD is offering training, AED placement and maintenance for all business types, Arrow became so invested in the success of HSC, that it created its own health and wellness series featuring training and education. One reason for doing so directly relates to the correlation between workplace wellness programs, related benefits and a decline in health claims and absenteeism."

"Our clients have inquired about wellness programs, and we are thrilled to utilize our position as a leading benefits provider to offer a multitude of health-related education and training opportunities," said Andrew McNeil, principal with Arrow, a United Benefits Advisors partner firm and one of the largest benefits consulting and brokerage companies in the U.S. "We see the value and importance of promoting heart health and cardiac arrest responsiveness, which benefits our community well beyond the office walls."

Arrow hosts free quarterly CPR/AED classes on a first-come basis for its clients. Upon completion of the course, participants receive the AHA two-year certification card and a copy of the AHA's Heartsaver CPR/AED course manual. Arrow also hosts a Community Wellness Training Series comprised of nutrition classes, workplace health and other related lectures and classes.

Along with Arrow, several businesses have engaged with HSC, including Carlsen & Associates, Celsius 44 Condominiums, Cinnabar Theater, Clear Blue Commercial, Daymen Corporation, Lucchesi Center, George Petersen Insurance, Soligent and Zandex Corporation, among others.

PHCD's HSC program extends beyond Petaluma to Cotati, Rohnert Park, Penngrove and Santa Rosa. For more information on CPR and/or AEDs or how businesses can partner with PHCD to further its HSC program, call 707-766-9226 or email healthquest@phcd.org.

To sign up for an Arrow Benefits Group CPR/AED class or learn about its next Community Wellness Training topic, call McNeil at 707-992-3789, or email him at AndrewM@arrowbenefitsgroup.com.



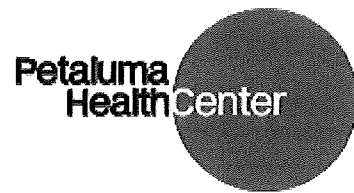
Press Democrat
Sunday Section – Towns
June 29, 2015

City designated HeartSafe

Petaluma is the first city in Sonoma County to be designated a HeartSafe Community, thanks to outreach efforts by the Petaluma Health Care District to address heart health education and provide life-saving CPR training.

HeartSafe, <http://heartsafe-community.org> is a privately run public health initiative intended to help more people survive cardiac arrest.

PRESIDENT'S REPORT



July 14, 2015

Petaluma Health Care District
Attn: Ramona Faith, CEO
1425 N. McDowell Boulevard
Petaluma, CA 94954

Via Email and US PO

Dear President and Board Members,

This letter will serve as my formal resignation from the PHCD Board effective today, July 14, 2015.

As you know, Petaluma Health Center has conducted business with the St. Joseph Health System for several years. The volume of that business has increased to the point that during this fiscal year (July 1st), we will be crossing the threshold that defines a legal conflict of interest for me regarding PHCD board discussions and decisions related to renewing the Petaluma Valley Hospital lease. The lease is tremendously significant to our community and I believe that the PHCD board should have five members who do not have a conflict of interest in this matter. Because of this, I believe resigning from the board completely is the right thing to do at this time.

Please know that I have thoroughly appreciated and enjoyed serving with you to improve the health of our community and ensure solid hospital and primary health care services are available for all. I am proud of our achievements and the significant progress the District has made to further local health and wellness collaborations between a great group of community based organizations. The PHCD is certainly at the forefront of community health initiatives!

As a board and as individuals, you are all tremendously talented and knowledgeable, and I feel lucky to have served by your side and with Ramona, our CEO, for all these years. I am hopeful that I am giving sufficient advance notice to ensure a new board member can be appointed in a timely manner.

I will always champion your cause and remain available to you if you think I can help in any way. I look forward to seeing your many future accomplishments and the successful negotiation of the hospital lease. If there is anything I can do to help, please do not hesitate to call me.

Sincerely,

A handwritten signature in cursive script that reads "Kathryn Powell".

Kathryn Powell, MSHA, MA
Chief Executive Officer

FISCAL SUSTAINABILITY

Petaluma Health Care District
Executive Financial Summary
The Month and Year to Date May 31, 2015

As of May 31, 2015 the Statement of Net Assets reflected assets of \$10,993,272 and liabilities and deferred revenue of \$1,156,291 leaving the net fund balance at \$9,836,980.

The month ended May 31, 2015 showed a net loss of \$96,979 which is \$13,344 more than the budgeted loss of \$83,635. The eleven months ended May 31, 2015 showed a year to date net loss of \$940,781 which is \$80,814 better than the budgeted year to date loss of \$1,021,595

	May-2015 Actual	May-2015 Budget	Variance		YTD Actual	YTD Budget	Variance
Operations Revenue	167,131	174,589	(7,458)		1,841,215	1,907,888	(66,673)
Operations Expense	(275,036)	(279,632)	4,596		(2,940,725)	(3,169,330)	228,605
Results from Operations	(107,905)	(105,043)	(2,862)		(1,099,510)	(1,261,442)	161,932
Other Income	10,926	21,408	(10,482)		158,729	239,847	(81,118)
Net Income(loss)	(96,979)	(83,635)	(13,344)		(940,781)	(1,021,595)	80,814

The results from operations are as follows:

Revenues for the month of May are \$7,458 less than budget due to:

- Lifeline revenues are \$977 less than budget.
- HealthQuest revenues are \$4,598 less than budget.
- Miscellaneous Income \$592 less than budget.

In June AED sales were \$10,395 better than budget for the month and \$7,375 better than budget for the year.

Expenses for the month of May are \$4,596 better than budget.

Year to Date:

- Revenues are \$66,673 less than budget.
- Expenses are \$228,605 better than budget.

Though the final results for the year are not completed it is estimated that Income (Loss) from Operations and Net Income (Loss) will be better than budget.

Month and Year to date investing revenue for is \$10,482 and \$81,118 less than budget respectively primarily attributed to:

- Portfolio income is \$4,765 and \$13,286 less than budget due to lower return on investment than budgeted.
- Unrealized portfolio gains are \$4,050 more and \$24,501 less respectively than budget.
- Realized loss on securities is \$10,100 and \$44,191 less than budget respectively due to a liquidation of securities to provide for cash flow.

Petaluma Health Care District
Statement of Net Assets
For the Eleven Months Ending May 31, 2015

	<u>05/31/15</u>	<u>06/30/14</u>
ASSETS		
CURRENT ASSETS		
Cash	\$61,870	\$35,498
Accounts Receivable	47,579	66,108
Rent Receivable	0	107
Interest Receivable	10,266	7,649
Inventory	1,741	1,741
Prepaid Expenses/Deposits	<u>73,497</u>	<u>52,654</u>
Total Current Assets	194,953	163,757
INVESTED ASSETS		
Portfolio Funds	3,568,585	4,538,086
LAIF Funds	<u>772</u>	<u>770</u>
Total Invested Assets	3,569,357	4,538,856
OTHER ASSETS		
1301 Southpoint Second Deed of Trust	513,600	520,124
PHC New Clinic Loan	1,227,282	1,353,164
Deferred Affiliation Expense	<u>30,112</u>	<u>46,623</u>
Total Other Assets	1,770,994	1,919,911
PROPERTY, PLANT AND EQUIPMENT		
Land	962,310	962,310
Property, Plant, Equipment(Net)	4,327,753	4,786,438
Construction in Progress	<u>167,904</u>	<u>167,904</u>
Total Prop, Plant, Equip	5,457,967	5,916,652
TOTAL ASSETS	<u><u>\$10,993,272</u></u>	<u><u>\$12,539,176</u></u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	\$41,203	\$155,056
Sales Tax Payable	70	403
Prepaid Healthquest	782	434
Advanced Rent Deposits	5,000	5,000
Payroll/Benefits Payable	127,989	125,340
Accrued Board Benefits	298,378	318,436
Line of Credit	<u>0</u>	<u>90,000</u>
Total Current Liabilities	473,422	694,668
Deferred Lease Revenue-SRM Alliance	682,869	1,066,747
FUND BALANCE		
General Fund	1,586,980	2,527,761
Board Designated Funds	<u>8,250,000</u>	<u>8,250,000</u>
	9,836,980	10,777,761
TOTAL LIABILITIES AND NET ASSETS	<u><u>\$10,993,272</u></u>	<u><u>\$12,539,176</u></u>

**Petaluma Health Care District
Statement of Revenue and Expense
For the Eleven Months Ending May 31, 2015**

05/31/15	Month to Date Budget	Variance		05/31/15	Year to Date Budget	Variance
REVENUE						
\$115,690	\$116,667	(\$977)	Lifeline Service Revenue	\$1,241,455	\$1,283,333	(\$41,878)
5,569	10,167	(4,598)	HQ Service Revenue	84,304	99,833	(15,529)
	1,250	(1,250)	AED Retail Sales	10,730	13,750	(3,020)
	42	(42)	Bad Debt Recovery	194	458	(264)
34,898	34,898		Rent/CAM Income-Hospital-Non Cash	383,878	383,878	
2,590	2,590		Rent/CAM Income-Warehouse	28,186	28,187	(1)
8,184	8,183	1	Rent/CAM Income 1550 Prof Dr.	91,586	89,826	1,760
200	792	(592)	Other Income	882	8,623	(7,741)
<u>\$167,131</u>	<u>\$174,589</u>	<u>(\$7,458)</u>	TOTAL REVENUE	<u>\$1,841,215</u>	<u>\$1,907,888</u>	<u>(\$66,673)</u>
EXPENSE						
(\$103,310)	(\$112,767)	\$9,457	Payroll, Taxes, Benefits	(\$1,184,252)	(\$1,263,455)	\$79,203
	(417)	417	Administration/LAFCO	(7,676)	(4,583)	(3,093)
(1,126)	(1,250)	124	Board Member Benefits	(12,073)	(13,750)	1,677
(150)	(271)	121	Employee Programs	(5,324)	(5,179)	(145)
(53,835)	(60,459)	6,624	Purchased Services	(608,282)	(665,045)	56,763
(4,708)	(667)	(4,041)	Events/Marketing	(12,074)	(7,334)	(4,740)
(108)	(42)	(66)	Temporary Help	(19,530)	(7,959)	(11,571)
	(875)	875	Cost of Sales-AED	(9,509)	(9,625)	116
(30)	(375)	345	Web Page Administration	(14,519)	(18,126)	3,607
(971)	(1,000)	29	Other Program Supplies	(13,152)	(11,001)	(2,151)
(267)	(333)	66	Kitchen Supplies	(3,616)	(3,667)	51
(1,707)	(1,650)	(57)	Equipment Rental	(20,987)	(18,149)	(2,838)
(2,140)	(2,271)	131	Liability Insurance	(19,084)	(24,979)	5,895
(354)	(333)	(21)	Property Insurance	(3,890)	(3,667)	(223)
(4,724)		(4,724)	Program Support	(4,724)	(5,000)	276
(8,962)	(8,899)	(63)	Rent Expense	(97,389)	(97,262)	(127)
	(42)	42	Occupancy Costs		(458)	458
(1,182)	(1,192)	10	Utilities	(13,590)	(13,108)	(482)
(1,920)	(1,200)	(720)	Telephone	(14,791)	(13,199)	(1,592)
(250)	(292)	42	Repairs/Maintenance	(4,812)	(3,208)	(1,604)
(225)	(250)	25	Landscaping	(2,925)	(2,750)	(175)
	(5,083)	5,083	Professional - Legal	(5,006)	(55,917)	50,911
			Professional - Accounting	(25,691)	(25,000)	(691)
			Professional - Other	707		707
(1,102)	(1,309)	207	Postage	(12,376)	(14,392)	2,016
(1,137)	(888)	(249)	Office Supplies	(14,209)	(9,763)	(4,446)
			Office Equipment		(3,000)	3,000
(2,450)	(738)	(1,712)	Computer Support	(8,726)	(8,113)	(613)
(3,198)	(991)	(2,207)	Mileage Reimb. & Vehicle Expense	(12,292)	(10,908)	(1,384)
(1,785)	(458)	(1,327)	Travel (Out of town)	(4,666)	(5,041)	375
(1,534)	(2,875)	1,341	Advertising	(27,728)	(31,626)	3,898
(2,861)	(1,150)	(1,711)	Dues & Subscription	(12,164)	(12,649)	485
(456)	(862)	406	Meeting, Food, & Refreshments	(4,635)	(9,487)	4,852
(40)	(833)	793	Training, Classes, Facilitators	(5,100)	(9,166)	4,066
(10,325)	(3,283)	(7,042)	Sponsorship	(53,458)	(57,083)	3,625
(6,262)	(3,333)	(2,929)	Program Support-CHIPA	(15,113)	(36,667)	21,554
			HC2 Sponsorship	(15,000)	(13,333)	(1,667)
			Bad Debt Expense	(7,500)		(7,500)
	(267)	267	Interest Expense	(7,872)	(2,933)	(4,939)
(348)	(367)	19	EFT Bank Fees	(4,204)	(4,033)	(171)
(1,425)	(667)	(758)	Credit Card Fees	(13,527)	(7,334)	(6,193)
(855)	(1,083)	228	Portfolio Mgmt Fee	(10,656)	(11,917)	1,261
(38,793)	(39,574)	781	Depreciation Expense	(426,725)	(435,310)	8,585
(14,995)	(15,202)	207	Equipment Depreciation	(165,637)	(167,226)	1,589
(1,501)	(1,501)		Amortization Expense	(16,511)	(16,511)	
			Assessments	(437)		(437)
	(4,583)	4,583	Election Fees		(30,417)	30,417
<u>(\$275,036)</u>	<u>(\$279,632)</u>	<u>\$4,596</u>	TOTAL EXPENSE	<u>(\$2,940,725)</u>	<u>(\$3,169,330)</u>	<u>\$228,605</u>
<u>(\$107,905)</u>	<u>(\$105,043)</u>	<u>(\$2,862)</u>	Income (Loss) from Operations	<u>(\$1,099,510)</u>	<u>(\$1,261,442)</u>	<u>\$161,932</u>
OTHER INCOME						
\$8,152	\$12,917	(\$4,765)	Portfolio Income	\$128,798	\$142,084	(\$13,286)
8,724	8,391	333	Note Interest Income	97,523	96,663	860
4,050		4,050	Unrealized Appreciation-Non Cash	(24,501)		(24,501)
(10,000)	100	(10,100)	Realized Gain/Loss on Securities	(43,091)	1,100	(44,191)
<u>\$10,926</u>	<u>\$21,408</u>	<u>(\$10,482)</u>	Total Other Income	<u>\$158,729</u>	<u>\$239,847</u>	<u>(\$81,118)</u>
<u>(\$96,979)</u>	<u>(\$83,635)</u>	<u>(\$13,344)</u>	Net Income (Loss)	<u>(\$940,781)</u>	<u>(\$1,021,595)</u>	<u>\$80,814</u>

PETALUMA
VALLEY
HOSPITAL

SJH-SC President's Report – June 2015

SRMH Open MRI – Petaluma

SJH-SC leadership is reviewing and finalizing plans around the acquisition of an open MRI service which was extended to SJH as a result of the SRMH acquisition of Redwood Regional Medical Group (RRMG). Final transaction terms are going to the SRMH board for approval at the May 2015 meeting. The transaction terms include SJH purchasing the assets of the MRI and replacing the current unit in the medical office building complex immediately north of the PVH campus under the SRMH license along with the other RRMG acquired assets. The local ministry area wide overhead allocation has been adjusted proportionately to SRMH in alignment with the addition of recently acquired RRMG outpatient services assigned to the SRMH license.

Annadel Specialty Recruitment

Annadel Medical Group has initiated specialist recruitment in key specialties to help meet the specialty needs of the North Bay region including Petaluma and Santa Rosa. The key specialist recruitment areas include: neurosurgery (3rd Annadel surgeon), Thoracic Surgery, GI, neurology, and vascular surgery. Two intensivists recently accepted positions and will be starting at SRMH in (May and August 2015).

Hospitalist Services

SRMH and PVH leadership continues to recruit hospitalists for both the SRMH and PVH hospitalist programs. SRMH also continues to search for a hospitalist medical director. PVH recently signed a contract with a hospitalist medical director, Dr. P.J. Lally. SJH administrative and medical staff leadership are greatly looking forward to Dr. Lally's arrival in July 2015. Additional recruitment efforts continue in order to fill an additional .5 hospitalist FTE at PVH to support regional referral efforts.

Petaluma Valley Hospital Operations Update June 2015

Quality:

- The Joint Commission Focused Survey Assessment action plan is being finalized.
- The 2015 Leapfrog Assessment is being resubmitted to improve the C rating received by PVH.
- The Bariatric Standards of Care Task Force kicked off on June 16, 2015. This patient population is increasing and requires a plan to care for patients with equipment to facilitate patient safety.

Service:

- The Family Birthing Center (FBC) Centricity Upgrade occurred with no issues.
- The WestCom call light system interface with the hospital's ASCOM phones has been completed. We continue to work on process issues to maintain a quiet environment.

Stewardship:

- Preparation is underway for the FY16 budget. All productivity targets are reviewed during this process. Daily productivity is being monitored in challenging areas such as Med/Surg.
- A Sitter Plan of Action is being implemented to reduce sitter usage while maintaining a safe environment.

People:

- The Emergency Department turnover has been high due to staff relocations and the full-time status requirement. A 12-hour shift proposal has been approved with plans being finalized for this staffing model. It is expected this will assist in staff recruitment and retention. This was in response to staff requests for an alternative to 5-eight hour shifts per week.
- Nursing internships began on June 15, 2015 with eight new staff joining PVH nursing units. As a reminder, this program is offered by Sonoma State University for new graduates. Participants are guaranteed a per diem position upon completion. Specialty units are hiring new graduates who require additional education and orientation. However, this program saves the initial 10 weeks of orientation.

Innovation:

- PVH Computer Physician Order Entry (CPOE) continues to run between 90-95%.
- The Innovation Lab will be visiting PVH on July 29, 2015 to solicit ideas from physicians and staff on ways to support clinical or process ideas that could potentially be implemented at SJH.

SRM ALLIANCE HOSPITAL SERVICES (PETALUMA VALLEY HOSPITAL)
BOARD OF TRUSTEES MINUTES
Tuesday, May 26, 2015
Burns Hall A&B

Member Name	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Robert Curry	P	P	P	P	P							
Rick Igram	P	P	P	A	P							
Dr. Anthony Kosinski	P	P	P	P	P							
Sister Mary Bernadette McNulty, C.S.J.	P	A	P	P	A							
Scott Pritchard	P	P	A	P	P							
Todd Salnas	P	P	P	P	P							
Sister Marian Schubert, C.S.J.	P	P	P	A	P							
Josephine Thornton	P	P	P	P	P							
Michael Tomasini	P	P	P	P	P							
Pamela Tuft	P	A	P	P	P							

Others Present: Jaynie Boren; Cathy Camenga; Richard Carvolth, M.D.; Terri Dente; Ramona Faith; Jessica Jauregui; June Lang; Andrea Learned; Hazel Marston; James Neel, M.D.; Jane Read; Mich Riccioni; Jim Watson (*via conference phone*); David Ziolkowski.
Guests: Michele Bouit; Niall Foley; Sam Lee; Kimberly Sullivan.

ITEM	DISCUSSION/RECOMMENDATIONS		ACTION	FOLLOW-UP
Call to Order/Mission Statement	<p>Pamela Tuft called the meeting to order at 9:32 a.m. and read aloud the Mission of St. Joseph Health.</p> <p>Board Comment/Call for Conflicts/Public Comment: Following no response to the request for Board Comment, Call for Conflict or Public Comment, the Chair moved to the Administrative Update.</p>		None indicated.	None.

ITEM	DISCUSSION/RECOMMENDATIONS	ACTION	FOLLOW-UP
Administrative Update	<p>Sonoma County President Update: Todd Salinas referred to the informational update and responded to questions posed. Highlights included that additional details regarding the SRMH acquisition of a Petaluma-based open MRI service as a continuation of the original RRMG transaction will be forthcoming; In anticipation of the PHCD Request for Proposal (RFP); Kaufman Hall is updating the financial projection model to reflect the current operating and financial performance of PVH and the current experience with the Affordable Care Act (ACA).</p> <p>2016 Potential Board Member Candidates: A discussion ensued with potential candidates identified and current board members assigned for contact. It was restated that the board should reflect the diversity of the community. It was also noted that the upcoming efforts associated with the Petaluma Health Care District (PHCD) lease process requires the need for additional community support/outreach.</p> <p>PVH Operations Update: Jane Read referred to the informational update and responded to questions posed. Ms. Read clarified that the call light system will now connect with the hospital's ASCOM portable telephones that are carried by the nursing staff.</p> <p>PHCD CEO Report: Ramona Faith referred to the informational update and responded to questions posed. Ms. Faith announced that the PHCD has been selected as the Association of California Healthcare District's (ACHD) "Healthcare District of the Year". This selection is attributed to the Community Health Initiative of the Petaluma Area (CHIPA) and the HeartSafe Community efforts. The Board members urged that this be shared both locally and SJH-wide.</p>	<p>None indicated.</p> <p>None indicated.</p> <p>None indicated.</p> <p>None indicated.</p>	<p>None.</p> <p>Board members assigned to contact identified candidates to ascertain interest in board membership.</p> <p>None.</p> <p>None.</p>
Consent Agenda	<p>Ms. Tuft referred members to items on the Consent Agenda which included the Minutes of the Board of Trustees Meeting dated April 28, 2015 and the April 2015 Financials. It was clarified that the board members would like to continue to receive strategic trackers and dashboards on a monthly basis with informational materials with discussion agendized quarterly.</p>	<p>It was MOVED, SECONDED and PASSED to approve the Consent Agenda.</p>	<p>Strategic Tracker and Dashboard to continue monthly and agendized quarterly.</p>

ITEM	DISCUSSION/RECOMMENDATIONS	ACTION	FOLLOW-UP
Adjournment to Executive Session	Ms. Tuft called the Executive Session to order at 10:36 a.m. Pursuant to Government Code §54957.6 closed session regarding pending litigation, personnel issues, and trade secrets (Health & Safety Code Section 32106(b)). Discussion will concern development of new services and programs.	None indicated.	None.
Adjournment to Open Session	Ms. Tuft adjourned the meeting to Open Session at 1:38 p.m. and reported that the FY2016 ISFP and the Medical Staff Report dated April 28, 2015 was approved during Executive Session.	None indicated.	None.
Other Business:	<u>SRM Alliance Hospital Services Board Secretary – Jim Watson</u> Todd Salinas brought forth Jim Watson for approval as Board Secretary to replace Robynn VanPatten. <u>Plus/Delta:</u> There were no comments at this time.	It was MOVED, SECONDED and PASSED to approve the appointment of Jim Watson as Board Secretary.	None.
Adjournment	Informational materials included the Strategic Focus Topic Review, Safety/Environment of Care Quarterly Report, PVH/SRMH Foundation and Fund Development Quarterly Report; Healthy Communities/Advocacy Report; Communication and Marketing Report for May 2015, Strategic Action Plan Dashboard through March 2015, the Regional Patient Satisfaction Tactical Dashboard dated May 19, 2015 and the Policies and Procedures Approved at Executive Committee on May 19, 2015. Ms. Tuft adjourned the meeting at 1:45 p.m.	None indicated.	None.

These minutes are transcribed by:

Hazel Marston, Executive Assistant

These minutes are approved by the Board of Trustees:

Jim Watson, Board Secretary

**St. Joseph Health
Sonoma County - Executive Summary**

Petaluma Valley Hospital Summary

Volumes

Inpatient days were 21% above target for the month; discharges were above target by 3%. ER visits exceeded target by 13%; ER admits were below target by 9%.

OP Surgeries were slightly below target by 2%; YTD surgeries were flat. IP Surgeries were below target by 4%; YTD surgeries were 6% above target. Observation visits exceeded target by 34%.

Hospice visits were 1% below target; YTD visits were slightly above target at 1%.

\$ in 1000's, Fav / (Unfav)	Current Month				Year to Date			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Acute Discharges	221	215	6	3%	2,399	2,217	182	8%
Acute Patient Days	832	689	143	21%	8,469	7,149	1,320	18%
Observation Visits	47	35	12	34%	506	353	153	43%
Outpatient Visits	5,187	5,040	147	3%	57,303	54,335	2,968	5%
Hospice Visits	5,685	5,733	(48)	(1%)	56,853	56,550	303	1%

Income Statement

Operating income for May was \$655K above target. Non-Operating income was \$4K below target.

Net Revenue	7,615	6,320	1,295	20%	78,245	67,230	11,015	16%
Operating Expense	7,075	6,435	640	10%	76,359	68,606	7,753	11%
Income from Operations	540	(115)	655	568%	1,886	(1,375)	3,261	237%
Non-Operating Income	3	7	(4)	(58%)	43	78	(35)	(45%)
Net Income	543	(108)	651	602%	1,929	(1,298)	3,227	249%
Operating Margin	7.1%	(1.8%)	8.9%		2.4%	(2.0%)	4.5%	
Net Income Margin	7.1%	(1.7%)	8.8%		2.5%	(1.9%)	4.4%	

Income Statement W/O Hospital Fee

Year-to-date the hospital fee had a negative impact of \$1.6M on income from operations.

Net Revenue	7,615	6,320	1,295	20%	75,590	67,230	8,360	12%
Operating Expense	7,075	6,435	640	10%	72,055	68,606	3,449	5%
Income from Operations	540	(115)	655	568%	3,535	(1,375)	4,910	357%
Non-Operating Income	3	7	(4)	(58%)	43	78	(35)	(45%)
Net Income	543	(108)	651	602%	3,578	(1,298)	4,876	376%
Operating Margin	7.1%	(1.8%)	8.9%		4.7%	(2.0%)	6.7%	
Net Income Margin	7.1%	(1.7%)	8.8%		4.7%	(1.9%)	6.7%	

**St. Joseph Health
Sonoma County - Executive Summary**

The average length of stay was 3.8 with a case mix index of 1.19 (budget of 1.23). The Medicare percentage of discharges was 49.3% compared to target of 44.6%, and contracted discharges were 23.5% compared to target of 22.9%.

Salaries were \$392K above target. Benefits, including non-productive wages, were \$96K below target.

Professional fees exceeded target by \$216K mainly due to contract labor (physician locums).

Purchased services were \$39K above budget. Supply costs exceeded budget by \$99K.

Paid FTEs/AOB were 5.8 compared to target of 6.8. Productive FTEs per AOB for May were 5.3 compared to a target of 5.9. Productive FTEs per AOB were 4.1 without Hospice.

The non-operating income reported for the month was \$3K compared to a target of \$7K. The net income for May was \$543K compared to a targeted loss of \$108K.

Balance Sheet

Net days in AR for May were 42.9 compared to 47.1 days in June 2014. Net A/R is \$10.2M compared to \$10.0M at June 30, 2014.

Petaluma Valley Hospital
Income Statement Comparison
May-15

	Month to Date			Year to Date			Prior Year		
	Actual	Budget	Var \$	Actual	Budget	Var \$	Actual	Budget	Var %
Net Patient Revenue, net of bad debt	7,435	6,237	1,198	10,713	66,320	10,713	70,290	16.2%	
Other Revenue	180	83	97	302	910	302	1,320	33.1%	
Total Revenue	7,615	6,320	1,295	11,015	67,230	11,015	71,610	16.4%	
Salaries & Wages	2,927	2,535	392	1,055	26,739	1,055	26,589	3.9%	
Employee Benefits	1,170	1,266	(96)	(687)	13,339	(687)	12,885	(5.2%)	
Professional Fees	648	432	216	2,305	4,751	2,305	5,919	48.5%	
Supplies	718	619	99	1,124	6,453	1,124	6,383	17.4%	
Purchased Services	938	899	39	35	9,787	35	9,808	0.4%	
Other Expense	324	298	26	4,460	3,259	4,460	4,245	136.9%	
Depreciation & Amortization	349	385	(36)	(539)	4,259	(539)	3,541	(12.7%)	
Interest Expense	1	2	(1)	1	18	1	21	3.6%	
Total Expense	7,075	6,435	640	7,753	68,606	7,753	69,391	11.3%	
Income from Operations	540	(115)	655	3,261	(1,375)	3,261	2,219	237.1%	
Interest & Investment Income	4	7	(3)	(34)	78	(34)	55	(43.4%)	
Other Non-Operating Income	(1)	-	(1)	(1)	-	(1)	(425)	0.0%	
Net Non-Operating Gain (Loss)	3	7	(4)	(35)	78	(35)	(370)	(44.7%)	
Net Income	543	(108)	651	3,227	(1,298)	3,227	1,849	248.6%	
Operating Margin %	7.1%	-1.8%		2.4%	-2.0%		3.1%		
EBIDA Margin %	11.7%	4.3%		7.2%	4.3%		8.1%		
Net Margin %	7.1%	-1.7%		2.5%	-1.9%		2.6%		

PETALUMA VALLEY HOSPITAL

Balance Sheet

May 31, 2015

Assets	Current Year	Prior Year	Increase (Decrease)
Cash & Equivalents	\$ 9,073	\$ 7,872	\$ 1,201
Patient AR	\$ 45,205	\$ 42,924	\$ 2,281
Allow for Doubtful & Cont	(35,001)	(32,955)	(2,046)
Accounts Receivable-Net	\$ 10,204	\$ 9,969	\$ 235
Inventory	\$ 1,300	\$ 1,134	\$ 166
Other Current Assets	\$ 1,501	\$ 1,663	\$ (162)
Inventory & Other Current Assets	\$ 2,801	\$ 2,797	\$ 4
Total Current Assets	\$ 22,078	\$ 20,638	\$ 1,440
Marketable Securities	\$ -	\$ -	\$ -
Land	\$ -	\$ -	\$ -
Land Improvements	\$ 359	\$ 359	\$ -
Building and Improvements	\$ 10,357	\$ 10,388	\$ (31)
Leasehold Improvements	\$ 6,183	\$ 5,844	\$ 339
Major Movable Equipments	\$ 32,673	\$ 32,575	\$ 98
Construction in Progress	\$ 2,247	\$ 3,273	\$ (1,026)
Total Fixed Assets	\$ 51,819	\$ 52,439	\$ (620)
Accum Depreciation	\$ (37,229)	\$ (36,000)	\$ (1,229)
Net Total Fixed Assets	\$ 14,590	\$ 16,439	\$ (1,849)
Board Design Assets	\$ -	\$ -	\$ -
Restricted Assets	\$ 2,230	\$ 2,076	\$ 154
Assets Held in Trusts	\$ -	\$ -	\$ -
Total Assets Limited as to Use	\$ 2,230	\$ 2,076	\$ 154
Investments & Other	\$ -	\$ -	\$ -
Long Term Note Rec	\$ 210	\$ 233	\$ (23)
Invest in & Net Rec from Affiliates	\$ -	\$ -	\$ -
Deferred Financing Costs	\$ (21,643)	\$ (21,487)	\$ (156)
Goodwill Net	\$ 10	\$ 16	\$ (6)
Total Other Long Term Assets	\$ (21,423)	\$ (21,238)	\$ (185)
Total Assets	\$ 17,475	\$ 17,915	\$ (440)
Liabilities & Fund Balance	Current Year	Prior Year	Increase (Decrease)
Accounts Payable - General	\$ 2,296	\$ 2,062	\$ 234
Acc Comp & Rel Liab	\$ 3,549	\$ 3,682	\$ (133)
Accrued Liabilities	\$ 2,112	\$ 2,237	\$ (125)
Payable to 3rd Party	\$ 464	\$ (573)	\$ 1,037
Current Portion of LTD - SJHS Bonds	\$ 109	\$ 104	\$ 5
Current Portion of LTD - VRDB	\$ -	\$ -	\$ -
Current Portion of LTD - Other	\$ -	\$ -	\$ -
Total Current Liabilities	\$ 8,530	\$ 7,512	\$ 1,018
Other Non Current Liabilities	\$ 176	\$ 177	\$ (1)
Net LTD - SJHS Bonds	\$ 120	\$ 234	\$ (114)
Net LTD - Other	\$ -	\$ -	\$ -
Total Net Long Term Debt	\$ 120	\$ 234	\$ (114)
Beginning Fund Balance	\$ 9,992	\$ 10,365	\$ (373)
Current Year Income / (Loss)	\$ 1,929	\$ 3,270	\$ (1,341)
Net Unrealized Gain/ (Loss) on Investment	\$ -	\$ -	\$ -
Equity Transfers / Contributed Capital	\$ (3,357)	\$ (3,668)	\$ 311
Restricted Contributions	\$ 443	\$ 419	\$ 24
Trans to SJHS Foundation	\$ (358)	\$ (350)	\$ (8)
Other Adjustments to Fund Balance	\$ -	\$ (44)	\$ 44
Total Fund Balance / Equity	\$ 8,649	\$ 9,992	\$ (1,343)
Total Liabilities & Fund Balance	\$ 17,475	\$ 17,915	\$ (440)

**Petaluma Valley Hospital
Key Indicators
FY2015 as of May 31, 2015**

	Month				Year to Date			
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>% Variance</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>% Variance</u>
Acute Discharges	221	215	6	3%	2,399	2,217	182	8%
Acute Days	832	689	143	21%	8,469	7,149	1,320	18%
Acute Average Daily Census	26.8	22.2	5	21%	25.3	21.3	4	18%
Acute Length of Stay	3.8	3.2	0.6	17%	3.5	3.2	0.3	9%
Medicare Casemix Index	1.33	1.43	(0.09)	-6%	1.43	1.43	0.00	0%
Outpatient Visits	5,187	5,040	147	3%	57,303	54,335	2,968	5%
ED visits	1,481	1,311	170	13%	15,302	13,293	2,009	15%
ED admits	149	164	(15)	-9%	1,559	1,565	(6)	0%
Observation Visits	47	35	12	34%	506	353	153	43%
Hospice of Petaluma Visits	2,301	2,248	53	2%	22,049	22,381	(332)	-1%
Memorial Hospice Visits	3,384	3,485	(101)	-3%	34,804	34,169	635	2%
Total Hospice	5,685	5,733	(48)	-1%	56,853	56,550	303	1%
Deliveries	29	35	(6)	-17%	390	395	(5)	-1%
Epidurals	10	14	(4)	-29%	145	166	(21)	-13%
Inpatient Surgeries	52	54	(2)	-4%	600	565	35	6%
Outpatient Surgeries	111	113	(2)	-2%	1,274	1,260	14	1%
Total Surgeries	163	167	(4)	-2%	1,874	1,825	49	3%
Paid FTE/AOB	5.8	6.8	1.0	15%	6.1	7.2	1.0	14%
Paid FTE/AOB excl Hospice (1)	4.6	5.1	0.6	12%	4.8	5.5	0.7	13%
Cost Per Discharge	\$ 13,176	\$ 12,512	\$ (664)	-5%	\$ 12,522	\$ 13,347	\$ 825	6%
Supply Expense Per APD	\$ 374	\$ 371	\$ (3)	-1%	\$ 393	\$ 387	\$ (6)	-1%
Salary & Benefit Expense Per APD	\$ 2,229	\$ 2,489	\$ 260	10%	\$ 2,214	\$ 2,618	\$ 404	15%
Net Revenue per APD	\$ 3,869	\$ 4,027	\$ (158)	-4%	\$ 3,862	\$ 4,272	\$ (410)	-10%
Charity Care	\$ 199,109	\$ 429,000	\$ 229,891	54%	\$ 3,971,792	\$ 4,719,000	\$ 747,208	16%

(1) Revenue generated by each Hospice FTE is significantly less than revenue generated by acute care hospital employees. Therefore, the FTE/AOB which includes Hospice employees is much higher.

Excluding Hospice revenues and FTEs makes the number comparable to SRMH and other acute facilities without Hospice services.


PVH May 2015

Highlights


- **(+) OP Volume**
 - OP visits 3% over budget in May; 5% YTD
 - ER visits/admits 10% over budget in May; 15% YTD
- **(+) Acute Average Daily Census**
 - ADC 21% over budget in May (+5 pts/day)
 - 18% over budget YTD (+4 pts/day)
- **(-) Deliveries**
 - Deliveries 17% below budget in May; -1% YTD

PETALUMA
PEOPLE
SERVICES

INFORMATIONAL ITEMS

Lagunitas  Sanctuary

The 4th Annual **BREWS AND BITES FOR BOUNTY** Presents

IN SUPPORT OF 






Petaluma BOUNTY
Healthy Food for Everyone
A PROGRAM OF PPSC

**TUESDAY
JULY 28, 2015
5:30 TO 8:30
\$20**

LIVE, LOCAL MUSIC BY
THE HIGHWAY POETS

-Featuring- **TASTY NOPALITO MEXICAN FARE,
BOUNTY FARM SALAD AND DESSERT, PLUS
AN AMAZING GARDEN DELIGHTS RAFFLE,
AND ALL YOUR FAVORITE LAGUNITAS
BEERS ON SALE.**

TICKETS AVAILABLE AT:
WWW.PETALUMABOUTY.ORG OR AT THE DOOR
More Info: Petaluma Bounty • 707-364-9118
www.petalumabouty.org

The money we raise at this events helps us ensure that healthy food will be available for EVERYONE in our community. Get your tickets

at: <http://www.petalumabouty.org/event/brews-and-bites-and-garden-delights-for-bounty/>



Memorial Hospice • Hospice of Petaluma • North County Hospice

February 2015

Suzanne Cochrane
Petaluma Healthcare District
1425 N. McDowell Blvd, Suite 103
Petaluma, CA 94954

Dear Suzanne,

The Clo's Golf Classic benefiting Hospice of Petaluma is turning 25 and we want you on board for this epic celebration! We are so grateful for your commitment and support of Hospice of Petaluma over the past quarter of a century and would like to invite you to, again, join us as a sponsor on **Friday, August 21st 2015 at Rooster Run Golf Course.**

In 1990 this tournament set out to support an organization that had given to so many throughout Sonoma County. Now in its 25th year it has a dedicated group of golfers who participate to support Hospice of Petaluma year after year with 100% of the proceeds going to Hospice of Petaluma and programs such as Grief Services, Community Education and Volunteer Services.

Hospice of Petaluma has provided end of life and grief services to the community since 1977. **We offer services regardless of the ability to pay and are able to do so through the kind and incredibly generous gifts of donors and community members like you.**

We sincerely appreciate all of the support you have offered in the past and hope you will consider participating as a Sponsor for the 2015 event. Please take some time to review the attached information; there are several levels of sponsorship available. Feel free to contact Meghan Monahan Langhals with any questions. (meghan.monahan@stjoe.org | 707-778-6242)

On behalf of Hospice of Petaluma and the Clo's Golf Classic Committee we thank you in advance for your generosity and hope to see you in August!

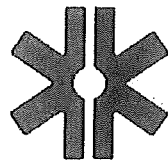
Sincerely,

Tom Griffith
Chair, 2015 Clo's Golf Classic

Meghan Monahan Langhals
Coordinator – Special Events & Development
Hospice Services of St. Joseph Health

SAVE THE DATE

We hope you'll set aside some time to join Center for Well-Being as we honor the leaders in health and wellness and raise funds to help us defeat chronic disease in the North Bay.



CELEBRATION OF DREAMS

Friday, September 11, 2015
11:30 am - 1:30 pm
Santa Rosa Golf & Country Club
333 Country Club Drive, Santa Rosa

Celebration of Dreams will fund programming for heart disease and diabetes management and prevention.

WE HOPE YOU'LL JOIN US.

SEP

SOIREE!

14

OCT

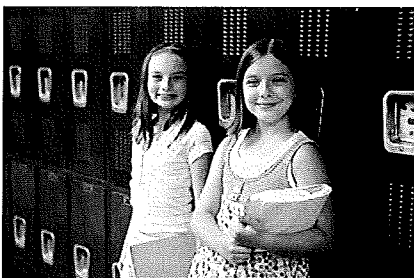
PEF & NORTH BAY
ASSOCIATION OF
REALTORS –
PETALUMA
CHAPTER
PRESENT LIVE
THEATER FOR
LOCAL STUDENTS:
THE HOBIT

WELCOME TO PEF

HISTORY In 1982, a group of teachers, business leaders and community activists in Petaluma convened to develop funding solutions for area schools in response to major budget deficits throughout the California school system. The outcome was the creation of the Petaluma Educational Foundation (PEF), a privately funded, non-profit organization whose primary goal is to raise money in the community to benefit education. PEF does not receive any government funding.

Donate Now!

PEF VIDEO



- Posted in
- Comments Off on THE BASH 2015 – Cirque du Soiree!

« Traxx Bar & Grill 10th Annual Golf Tourney benefiting PEF

718 W. School St.

Cotati, CA 94931

July 11, 2015

Lifeline

P.O. Box 750757

Petaluma, CA 94975

Re: Case # C27485785

Dear Lifeline helpers,

I just want to thank you for your excellent service. I suspect you saved my life!

On July 2, I was scheduled for a medical procedure and was rushing up my front stairs when I lost my balance. I fell hard on the concrete walkway, injuring my shoulder and head. Dizzy and unable to rise, I pressed my Lifeline button and hoped for the best.

My first contact, my daughter, was out of town. My second contact, my neighbors, got your call and found me. They called the fire department emergency team who gave me immediate care, then took me to the hospital emergency room. I was treated and admitted to the hospital, where I was confined for three days.

When I got home, I learned that you had notified my daughter where I was and what had happened. After I was released and recuperated at home, I celebrated my 85th birthday by having the staples removed from my head wound!

I just want to thank you for being there, and so efficient when I needed you.

Sincerely,

A handwritten signature in black ink, appearing to read "Prudence Draper", with a stylized, flowing script.

Prudence Draper

PS Thanks, also for the lovely birthday card.

RECEIVED
JUN 25 2015
PETALUMA VALLEY HOSPITAL DISTRICT

**Petaluma Valley
Hospital
Foundation** 
ST. JOSEPH
HEALTH SYSTEM
Your health. Your future. Our passion.

June 15, 2015

Petaluma Valley Hospital
400 North McDowell Boulevard
Petaluma, CA 94954-2366

707.778.2796 Tel
707.781.1420 Fax
www.petalumavalleyhospital.org

Ms. Ramona Faith
Petaluma Health Care District
1425 N McDowell Blvd Ste 103
Petaluma, CA 94954

Dear Ramona:

Thank you for your gift of \$10,000.00 in support of the 2015 Gene and Evelyn Benedetti Leadership Celebration.

Proceeds from this year's celebration will be used to purchase high definition gastroenterology equipment for Petaluma Valley Hospital. The equipment is vital for diagnosis and for monitoring progress of many gastroenterology diseases. It is a life-saving asset for the hospital.

Thank you once again for your support of this important event for Petaluma Valley Hospital. Your participation in this purchase means a great deal to the physicians and hospital staff and will positively impact the lives of all in our community.

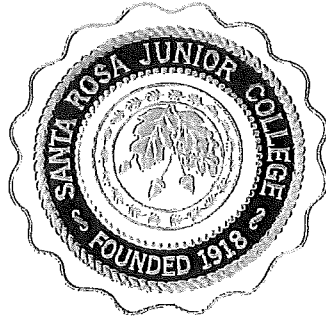
Sincerely,



Carli Thomas
Petaluma Valley Hospital Foundation

*Thanks Ramona
+ PHCD!
We appreciate your
support.*

P.S. We encourage you to retain this letter as proof of your contribution to Petaluma Valley Hospital, which is an exempt institution under the provisions of section 501 (c) (3) of the Internal Revenue Code. For the record, we affirm that Petaluma Valley Hospital did not provide any goods or services in consideration of your donation. Our tax identification number is Tax ID # is 68-0395200.



Dear Ramona and Susan:

Please accept my heartfelt thanks and appreciation on behalf of our SRJC Petaluma students, faculty and staff for your very generous table sponsorship at our *4th Annual Building Community Breakfast*.

This year's event exceeded all our expectations, and continues to affirm for us the power and generosity of our local community. Your sponsorship will enable us to help students like Kim, Jamar and Adriana reach their educational dreams right here in Petaluma. We are enormously grateful for your friendship and continued commitment to SRJC Petaluma and hope to see you at next year's breakfast in celebration of the 20th anniversary of this great campus!

With gratitude,

Leenie Atwood

From: Allison Murphy <allisonmurphymft@gmail.com>
Sent: Wednesday, July 08, 2015 11:15 AM
To: Ramona Faith; Erin Hawkins; Suzanne Cochrane; Leenie Atwood
Subject: Thank You

Dear Ramona and members of the Petaluma Health Care District Staff:

I received the letter approving 2015/16 funding for Mother Care. I wanted to extend my gratitude for the support of the Petaluma Health Care District and I look forward to the opportunities that lie ahead.

My Best,

Allison

Allison Murphy, MFT
Counseling, Training and Consultation
Mothers Care, Founder & Director
205 Keller St, Suite 201
Petaluma, CA 94952
707-776-0959
Allison@mothercaresupport.com
www.mothercaresupport.com



As part of the Federal HIPAA regulations, I must remind you that email is not a secure means of electronic communication. Any confidential information should not be transmitted electronically. If you have received this in error, please destroy the email and related attachments and send a reply to my office. Thank you.

Dear Ramona,

Just wanted to congratulate
you on the District's many
achievements! The District
of the Year award is
excellent news and
well-deserved. You have

been providing great
leadership. As a partner
and Retaluman, I am
grateful!

Warm regards,

Pat Ingram

Dear Suzanne, Ramona and
Leenie,

Thank you so much for
your kind words and
thoughts. It means a lot to
me to have such compassionate
support.

I was so blessed to have
my mom, and to have people
like you in my life. Love, Joan

Nurse Woman of the Year

ARGUS-COURIER STAFF

A Petaluma nurse has been named North Bay Woman of the Year by the Leukemia and Lymphoma Society's Greater Bay Area Chapter. The group announced that **Wendi Thomas, registered nurse at Petaluma Valley Hospital**, and Tom Schmidt, executive chef at John Ash & Co. restaurant, were named the 2015 North Bay Man and Woman of the Year. Schmidt and Thomas raised the most funds out of the six candidates competing for the title and as a group, this year's class of candidates raised than \$256,000 in honor of the 2015 North Bay Boy and Girl of the Year.

"These wonderful men and women brought so much joy and hope into our lives," said Eddie Zentner, father of Jayden, the Boy of the Year. "Jayden made memories and friends to last a lifetime. Thank you so much for honoring Jayden as the Boy of the Year. Jayden has laughed and enjoyed more in the last 10 weeks than he has over the last two years."

More than 150 guests attended the grand finale celebration to honor the candidates and Boy and Girl of the Year, who are both local blood cancer survivors, and celebrate the revealing of the 2015 North Bay Man and Woman of the Year winners. President and CEO of St. Francis Winery & Vineyards, Christopher Silva, served as master of ceremonies and local representative of LLS's Beat AML initiative, Christine Attia, shared the importance of LLS's mission to create a world without blood cancers. At the end of the evening's program, Tom Schmidt was announced as Man of the Year, having raised over \$130,000 and Wendi Thomas was announced as Woman of the Year, having raised over \$28,000. Since the inception of the North Bay Man and Woman of the Year, Schmidt has raised the most funds of any North Bay candidate.

The Man and Woman of the Year campaign is an annual 10-week fundraising competition between leaders, who use their leadership skills and strong ties to their communities to raise funds to help blood cancer patients live longer and more fulfilling lives. The candidates compete in honor of the Boy and Girl of the Year to raise the most funds for blood cancer research. Every dollar counts as one vote.



SEBASTOPOL — Sonoma West Medical Center is set to open for business.

The hospital has received its building permit, and expects a visit from the Office of Statewide Health Planning and Development for the final signoff on health and safety codes sometime this week. Formerly known as Palm Drive Hospital, the facility will serve once again as West Sonoma's only hospital.

"We're very, very excited and can hardly wait. It's been an incredible process and it's so good to see the opening coming so close," said Raymond Hino, CEO of the hospital.

The 37-bed facility — currently licensed for 20 — features a two-bay, 24-hour, no-wait emergency room and 50,000 square feet of space.

The staff — many of which will be returning from Palm Drive — will utilize electronic health record technology and telemedicine. The focus of patient treatment will be on outpatient services, with group of specialists including endocrinology, urology, and a neurologist specializing in Alzheimer research. By offering these specialized services, the hospital hopes to draw patients from other regions as well.

"The key to profitability is to do things better and have more specialists that other hospitals don't have," said Dan Smith, a long-time supporter of the hospital and chairman of the board of Sonoma West Medical Center Inc.

The hospital will utilize new technology and the latest equipment including use of iRobot for Skype video patient/doctor consultations, CAT scan and other high end systems on site.

The new Vitros 5600 blood chemistry analysis machine performs 120 tests for 20 or more patients simultaneously in about 10 minutes.

New flooring, doors, fresh paint and other improvements have been made to the hospital which features a single patient room model. Patients can also order off a menu 24/7, including wine.

"The business strategy acknowledges a huge shift in the past 30 years from inpatient to outpatient services," said Smith,

The facility had been sitting empty after Palm Drive Hospital closed its doors April 28, 2014, amidst two bankruptcies filed in the last seven years, declines in overnight patients, reduced payments from insurance companies and competition from nearby hospitals. Santa Rosa, Sebastopol's neighboring city eight miles to the east, is home to three major medical centers.

The facility was originally slated for an April 6 opening, which was pushed to April 27 and finally to July because of unexpected developments in retrofitting the building.

Earlier this year, the Palm Drive Health Care District's board of directors approved \$500,000 for renovations to the hospital, which included upgrading the emergency room, laboratory and radiology. The atrium and landscaping were replanted as well.

The district's budget includes \$1 million in support for the new medical center and \$480,000 for the hospital's current bankruptcy plan.

With \$3.2 million in cash bond reserves, the district still has about \$18 million in outstanding bond debt. The nonprofit hospital expects to run at about an \$800,000 loss the first year. Startup capital includes \$6 million from donors, \$2 million from Sonoma County Community Foundation, and a commitment from a private donor for \$2 million if needed.

A grand opening is planned for August.

Read more at <http://www.northbaybusinessjournal.com/northbay/sonomacounty/4026109-181/sebastopols-sonoma-west-medical-center#bV45hIb1FhQDkGZG.99>

WIC comes to health center

By ARGUS-COURIER STAFF

A new site for the Women Infant and Children's program, or WIC, has opened at Petaluma Health Center's main campus on North McDowell Boulevard.

The WIC program provides supplemental foods, healthcare referrals, nutrition education, and breastfeeding promotion and support to low-income pregnant, breastfeeding and postpartum women, and to infants and children up to age five who are found to be at nutritional risk. "Ensuring that young children have access to prevention-focused health care, nutritious foods and wellness opportunities are important components of our strategy to ensure that every child in Sonoma County is kindergarten-ready," said Dr. Nurit Licht, of the Petaluma Health Center.

The expansion was funded by Sonoma County's First 5 initiative.

"This alliance between the Petaluma Health Center and the county strengthens the continuum of care and highlights the value of co-locating services in the community," said Supervisor David Rabbitt. "Partnerships like these bring us closer to our goal of being the healthiest county in California by 2020."

The Petaluma WIC site will see approximately 1,250 families a month, the majority of whom are patients of Petaluma Health Center. The center provides primary health care, dental services, integrative medicine, chronic disease care management, nutrition services, behavioral health services and wellness programs to 27,000 patients.

Rohnert Park health clinic on track with infusion of county funds

BY MARTIN ESPINOZA
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A community clinic being built in Rohnert Park is getting a \$400,000 infusion of funds from Sonoma County to help the facility open on time next month.

The clinic will be housed in the same building on State Farm Drive that is occupied by Kaiser Permanente.

A project of the Petaluma Health Center, the clinic will help address the shortage of primary health care services in Rohnert Park, said Supervisor Shirlee Zane, who advocated for the funding.

"Rohnert Park is our third-largest city in the county and it's the only one that doesn't have a health clinic," Zane said, referring to a system of federally qualified health centers that have been rapidly growing in the past two decades.

Health centers like the Petaluma Health Center, the West County Health Centers and the Santa Rosa Community Health Centers received hundreds of thousands of dollars under President Barack Obama's Affordable Care Act. The federal funding helped the clinics expand services and even open new facilities.

Rohnert Park received no such funds, because no federally qualified health center exists there. The city has historically lacked health care options for low-income and uninsured residents.

Zane said the \$400,000 helps fill an \$800,000 funding gap for purchasing equipment to get the clinic fully operational by July. That goal is necessary for the clinic to obtain the best reimbursement from the federal Centers for Medicare & Medicaid Services, the clinic's primary source of revenue.

The latest allocation is on top of a \$500,000 contribution from the county made earlier this year.

Zane said the funds are a matter of fairness.

"Petaluma's expansion into Rohnert Park happened after the Affordable Care Act," Zane said. "All those funds had been distributed two years ago. They should get the same amount of funding the other clinics got."

Zane said Petaluma Health Center still needs to raise \$400,000 to completely close its current funding gap. She said she hopes someone will "step up" to fill that gap.

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