CLOVERDALE HEALTH CARE DISTRICT

Regular Meeting Agenda

FEBRUARY 10, 7:00 P.M.

Chamber of Commerce
126 N. Cloverdale Blvd.

ROLL CALL: PRESIDENT: MARTIN VICE PRESIDENT: WINTER TREASURER: DeMARTINI SECRETARY: DELSID MEMBER HANCHETT

AGENDA APPROVAL:

PUBLIC COMMENT PERIOD: PUBLIC COMMENT PERIOD PROVIDES TIME FOR MEMBERS OF THE AUDIENCE TO ADDRESS THE BOARD ON MATTERS WHICH DO NOT APPEAR ON TONIGHT'S AGENDA. TIME LIMIT FOR COMMENTS TO THE BOARD ON NON-AGENDIZED ITEMS IS LIMITED TO FIVE MINUTES (GOVERNMENT CODE SECTION 54954.3(b))

ITEMS:

1. Election of Officers
2. Minutes November 2019- January 2020
3. Financial Statement January 2020
4. Managers Report-
5. Presentation by Health Action Cloverdale
6. From Members-

Adjourn to Executive Meeting: none

Adjourn to Regular Meeting

Adjourn till March 9, 2020

All agenda items, reports, minutes, are available for review at the offices of the Cloverdale Health Care District located at 209 N. Main St. Cloverdale Ca 95425 and are available upon request. Posted per Government Code section 54954.2 February 6, 2020 Any disabled, handicapped or other meeting attendees needing special assistance or other accommodations for participation, please contact the business office 24 hrs prior to the meeting. 707-894-5862.

Minutes of the
Cloverdale Healthcare District
Board of Directors Meeting
November 18, 2019

There were present, Mary Jo Winter, Neena Hanchett, Harry Martin, and Jim DeMartini. Manager Tom Hinrichs was also present.

The agenda was approved.

1. **September 2019 Minutes:** The September, 2019 minutes were approved upon motion by DeMartini, second by Hanchett.

2. **Financial Statement:** The Financial Statement, as presented by Hinrichs was approved upon motion by DeMartini, second by Martin.

3. **District Manager's Report:** Hinrichs reported that there have been no surprises. He went on to describe the District's response to the Kincade fire and commended Director Delsid for reporting for duty as a driver but, thankfully, not having to drive a rig.

4. **Audit Review:** Hinrichs presented the final 2018-2019 year end audit. After discussion the audit was approve upon motion by DeMartini, second by Martin.

5. **From Members**: An alternate plan for a volunteers' event was discussed. No action was taken.

Dated: November 19, 2019

Jim DeMartini,
Secretary Pro Tem

CLOVERDALE AMBULANCE
Balance Sheet
January 31, 2020

ASSETS

Current Assets			
Exchange Bank Bus. Checking	$	87,378.82	
RESERVE/CAPITAL ACCT		238,542.29	
Ambulance Replacment Savings		185,875.96	
Accounts Receivable Ambulance		114,637.95	
Reserve for Doubtful Accts.		(3,279.45)	
Prepaid insurance		(439.77)	
IGT Refundable deposits		438.00	
Total Current Assets			623,153.80
Property and Equipment			
Land		17,789.00	
Ambulance and Equipment		462,048.41	
Furniture and fixtures		16,563.64	
Building and Improvements		323,365.96	
A/D - Other Fixed Assets		(373,922.00)	
Total Property and Equipment			445,845.01
Other Assets			
Total Other Assets			0.00
Total Assets			$ 1,068,998.81

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts payable	$	4,496.15	
Accrued retirement benefits		(2,151.54)	
Accrued Interest		57.20	
Accrued AFLAC		355.55	
Total Current Liabilities			2,757.36
Long-Term Liabilities			
Total Long-Term Liabilities			0.00
Total Liabilities			2,757.36
Capital			
Fund Balance		731,591.05	
Prior Year Profit (Loss)		394,003.84	
Net Income		(59,353.44)	
Total Capital			1,066,241.45
Total Liabilities & Capital			$ 1,068,998.81

CLOVERDALE AMBULANCE
Income Statement
Compared with Budget
For the Seven Months Ending January 31, 2020

	Current Month Actual	Current Month Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance
Revenues					
Ambulance Service	$ 87,844.00	$ 61,500.00	$ 416,356.50	$ 430,500.00	(14,143.50)
Less - Contract Allowances	(33,641.61)	(25,000.00)	(213,519.96)	(210,000.00)	(3,519.96)
Interest	0.00	33.33	0.00	233.31	(233.31)
Property Tax (13)	0.00	0.00	23,577.44	23,333.31	244.13
Special Assessment	0.00	0.00	92,593.11	97,314.00	(4,720.89)
Interest Income	0.00	33.33	443.38	233.31	210.07
GEMT Supplemental Payments	0.00	0.00	1,082.00	0.00	1,082.00
IGT Supplemental Payment	0.00	0.00	0.00	0.00	0.00
Other (Income) and Expenses	0.00	0.00	3,181.69	5,833.31	(2,651.62)
Total Revenues	54,202.39	36,566.66	323,714.16	347,447.24	(23,733.08)
Cost of Sales					
Total Cost of Sales	0.00	0.00	0.00	0.00	0.00
Gross Profit	54,202.39	36,566.66	323,714.16	347,447.24	(23,733.08)
Expenses					
Salaries & Wages	30,982.00	30,000.00	223,357.00	210,000.00	13,357.00
Health benefits employer	4,777.42	5,333.33	32,750.44	37,333.31	(4,582.87)
Fuel Expense	724.32	1,316.67	9,559.89	9,216.69	343.20
Work Comp ACHD	1,598.00	1,454.00	11,186.00	10,178.00	1,008.00
Payroll Exp UTI/ETT	618.08	666.67	1,083.36	1,100.00	(16.64)
Amb Repair Maintenance	732.15	816.67	4,226.05	5,716.69	(1,490.64)
Supplies Patient	1,383.89	2,000.00	12,263.77	14,000.00	(1,736.23)
Employee Benefits Volunteers	1,020.35	416.67	3,264.03	2,916.69	347.34
Outside Services	0.00	1,175.00	12,113.84	12,100.00	13.84
Patient Refunds	1,758.64	0.00	1,758.64	1,758.64	0.00
employer soc. sec.	1,918.56	1,833.33	13,772.08	12,833.31	938.77
Employer Medicare	448.70	508.33	3,221.02	3,558.31	(337.29)
Dues & Subscriptions	0.00	0.00	2,704.00	2,700.00	4.00
Ambulance Replacement	0.00	0.00	25,000.00	25,000.00	0.00
Capital Equipment	0.00	416.67	1,949.27	2,916.69	(967.42)
Utilities	483.42	500.00	3,664.71	3,500.00	164.71

CLOVERDALE AMBULANCE
Income Statement
Compared with Budget
For the Seven Months Ending January 31, 2020

	Current Month Actual	Current Month Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance
Insurance - General	1,343.00	1,579.92	9,401.00	11,059.44	(1,658.44)
Legal	0.00	250.00	2,587.50	1,750.00	837.50
Accounting	0.00	0.00	6,500.00	6,500.00	0.00
Office expense	1,145.07	1,375.00	11,698.42	9,625.00	2,073.42
Office Building Repair	0.00	83.33	526.85	583.31	(56.46)
Payroll Tax FUTA	176.58	216.67	309.52	315.00	(5.48)
Telephone	192.36	333.33	1,374.74	1,400.00	(25.26)
IGT CA DHCS FEE	0.00	0.00	0.00	0.00	0.00
GEMT QAF Quarterly assessment	0.00	0.00	7,664.58	7,800.00	(135.42)
Total Expenses	49,302.54	50,275.59	401,936.71	393,861.08	8,075.63
Net Income	$ 4,899.85	($ 13,708.93)	($ 78,222.55)	($ 46,413.84)	(31,808.71)

STAFF REPORT
FEBRUARY 2020

Manager Report-- No operational issues. No Equipment issues, No work comp issues. Transport volume was up with 66 responses for the month. See the operational report for breakdowns.

IGT- The FY 18-19 wiring request has been received for FY 18-19. The wire function is to complete by March 20th, 2020. We will be transferring $95.436.00, a little less than FY 17-18. Loss of use would be for about a month. We have signed the FY 19-20 IGT Letter of Intent and submitted our cost report.

Runs by Provider Impression Report

Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
Pain (G89.1)	7	10.61%
Weakness (General) (R53.1)	7	10.61%
Abdominal Pain / Problems (R10.84)	4	6.06%
Alcohol Intoxication (F10.92)	4	6.06%
Cold/Flu Symptom (J00)	4	6.06%
Diabetic - Hypoglycemia (E13.64)	3	4.55%
Seizure - Post (G40.909)	3	4.55%
Altered Level of Consciousness (R41.82)	2	3.03%
Cardiac Arrest (I46.9)	2	3.03%
Chest Pain - Suspected Cardiac (I20.9)	2	3.03%
Genitourinary System Issue (Urinary) (N39.9)	2	3.03%
No Apparent Illness/Injury (Adult) (Z00.00)	2	3.03%
Respiratory Distress - Pulmonary Edema / CHF (J81.0)	2	3.03%
Stroke/CVA (I63.9)	2	3.03%
Traumatic Injury (T14.90)	2	3.03%
	1	1.52%
ALTE (Apparent life threatening event in infant) (R68.13)	1	1.52%
Anxiety / Emotional Upset (F41.9)	1	1.52%
Behavioral / Psychiatric - Disorder/Issue (F99)	1	1.52%
Cardiac Dysrhythmia - Tachycardia (R00.0)	1	1.52%
Dizziness / Vertigo (R42)	1	1.52%
Fever (R50.9)	1	1.52%
G.I. Bleed (K92.2)	1	1.52%
Gastrointestinal System Issue (G.I.) (K92.9)	1	1.52%
Headache (R51)	1	1.52%
Hypertension (I10)	1	1.52%
Hypotension (I95.9)	1	1.52%
Medication Related Issue (Non- Overdose) (T50.905)	1	1.52%
Respiratory Distress - Bronchospasm (J98.01)	1	1.52%
Respiratory Distress - Unspecified (J80)	1	1.52%
Seizure - Active (G40.901)	1	1.52%
Sepsis (A41.9)	1	1.52%
TIA (G45.9)	1	1.52%
	Total: 66	**Total: 100.00%**

Elite cvemsa

Call Summary Report

Response Mode to Scene

Response Mode To Scene (eResponse.23)	Number of Runs	Percent of Total Runs
Code 3	59	89.39%
Code 2	5	7.58%
Code 3 Downgraded to Code 2	2	3.03%
	Total: 66	Total: 100.00%

Transport Mode from Scene

Disposition Transport Mode From Scene (eDisposition.17)	Number of Runs	Percent of Total Runs
Code 2	55	83.33%
	5	7.58%
Code 3	5	7.58%
Code 3 Downgraded to Code 2	1	1.52%
	Total: 66	Total: 100.00%

Elite cvemsa

Runs by Day of Week

Incident Day Name	Number of Runs	Percent of Total Runs
Sunday	11	16.67%
Monday	9	13.64%
Tuesday	11	16.67%
Wednesday	7	10.61%
Thursday	13	19.70%
Friday	9	13.64%
Saturday	6	9.09%
	Total: 66	Total: 100.00%

Runs by Response Disposition

Disposition Incident Patient Disposition (eDisposition.12)	Number of Runs	Percent of Total Runs
Treated, Transported by this EMS Unit	61	92.42%
Field Pronouncement – BLS/ALS	2	3.03%
Against Medical Advice (AMA)	1	1.52%
Canceled on Scene - No Patient Contact	1	1.52%
Released at Scene (RAS)	1	1.52%
	Total: 66	Total: 100.00%

Elite cvemsa

Transported by Destination Report

Disposition Destination Name Delivered Transferred To (eDisposition.01)	Number of Runs	Percent of Total Runs
Healdsburg District Hospital	28	41.18%
Sutter Santa Rosa Regional Hospital	13	19.12%
Kaiser Permanente - Santa Rosa	11	16.18%
Santa Rosa Memorial Hospital	11	16.18%
	5	7.35%
	Total: 68	Total: 100.00%

Report Filters

Incident Date: is between '1/1/2020' and '1/31/2020'

Agency Name (Dagency.03): is in 'Cloverdale Health Care District Ambulance'

1. Total calls and transports

Year	Collection Rate	Avg. Charge per Transport	Transports
FY 16-17			563
FY 17-18			560
FY 18-19			517

2. Ambulance Provider Actual Revenue & Expenses

Revenue and Expenses (in dollars)			
Year	**FY 16-17**	**FY 17-18**	**FY 18-19**
Private payments	$11,000.00	$12,100.00	$5,100.00
Medicare	$188,450.00	$192,800.00	$187,400.00
Medi-Cal	$24,700.00	$19,100.00	$25,000.00
Other third payments	$116,300.00	$147,800.00	$117,200.00
Other (describe)	$242,700.00	$282,700.00	$374,196.00
Total Revenues	$583,150.00	$654,500.00	$708,896.00
Total Expenses	$555,200.00	$597,350.00	$617,350.00
NET INCOME	$27,950.00	$57,150.00	$91,546.00

3. Percent of Payor mix (combine Medicare HMO with Medicare, MediCal

Year	FY 16-17	FY 17-18	FY 18-19
Medicare	55.00%	59.00%	57.00%
Medicaid	23.00%	17.00%	17.00%
Commercial	21.00%	19.00%	23.00%
Private Pay	1.00%	5.00%	3.00%