



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE  
REGULAR MEETING AGENDA**

**Thursday, January 28, 2015**

**5:00 p.m. Regular Session**

(Closed Session will be held upon  
adjournment of the Regular Session)

**Location: Schantz Conference Room  
Sonoma Valley Hospital – 347 Andrieux Street, Sonoma CA 95476**

AGENDA ITEM	RECOMMENDATION	
<b>MISSION STATEMENT</b> <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Hirsch</i>	
<b>2. PUBLIC COMMENT SECTION</b> <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less, Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>	<i>Hirsch</i>	
<b>3. CONSENT CALENDAR</b> A. Quality Committee Minutes, 12.18.14	<i>Hirsch</i>	Action
<b>4. QUALITY REPORT FOR DECEMBER 2014</b>	<i>Lovejoy</i>	Inform/Action
<b>5. AHRQ CULTURE OF SAFETY SURVEY REPORT</b>	<i>Lovejoy</i>	Inform/Action
<b>6. ANNUAL REPORT</b>	<i>Hirsch</i>	Inform
<b>7. PROPOSED 2015 BOARD QUALITY WORKPLAN AND EDUCATION OFFERINGS</b>	<i>Hirsch/Lovejoy</i>	Inform/Discuss/Action
<b>8. DASHBOARD SUBCOMMITTEE</b>	<i>Lovejoy, Woodward, Rymer, Idell.</i>	Discuss
<b>9. CLOSING COMMENTS/ANNOUNCEMENTS</b>	<i>Hirsch</i>	
<b>10. ADJOURN</b>	<i>Hirsch</i>	
<b>11. UPON ADJOURNMENT OF THE REGULAR OPEN SESSION</b>	<i>Hirsch</i>	
<b>12. CLOSED SESSION:</b> <u>Calif. Health &amp; Safety Code § 32155</u> <ul style="list-style-type: none"> <li>Medical Staff Credentialing &amp; Peer Review Report</li> <li>Quality Assurance Report</li> </ul>	<i>Amara/Lovejoy</i>	Action
<b>13. REPORT OF CLOSED SESSION</b>	<i>Hirsch</i>	Inform
<b>14. ADJOURN</b>		

3.

## CONSENT CALENDAR



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE  
REGULAR MEETING MINUTES  
Wednesday, December 18, 2014  
Schantz Conference Room**

<b>Committee Members Present</b>		<b>Committee Members Excused</b>	<b>Admin Staff /Other</b>
Jane Hirsch Joshua Rymer Carol Snyder Susan Idell Kelsey Woodward	Ingrid Sheets Carol Snyder Kevin Carruth Cathy Webber	Howard Eisenstark MD Michael Mainardi MD Robert Cohen MD Paul Amara MD	Gigi Betta Leslie Lovejoy

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>	<b>FOLLOW-UP</b>
<b>1. CALL TO ORDER</b>	<i>Hirsch</i>		
	Meeting called to order at 5:08 PM		
<b>2. PUBLIC COMMENT</b>	<i>Hirsch</i>		
	No public present.		
<b>3. CONSENT CALENDAR</b>	<i>Hirsch</i>	Action	
<u>Minutes:</u> A. Quality Committee Minutes, 11.20.14	There were a few corrections to the QC minutes 11.20.14. Under Attendance, Board Clerk will delete Carol Snyder under <i>Excused</i> and Fe Sendaydiego and Michelle Donaldson under <i>Admin Staff</i> . The Minutes were approved <b>as amended</b> .	<b>MOTION</b> by Sheets to approve Minutes <b>as amended</b> and 2 <sup>nd</sup> by Idell. All in favor.	
<b>4. QUALITY REPORT NOVEMBER 2014</b>	<i>Lovejoy</i>	Inform/Action	
	<ul style="list-style-type: none"> <li>Ms Lovejoy shared her <i>Incentivizing Quality Patient Care: an Evolving CMS Strategy</i> presentation with the Committee. Ms. Lovejoy gave this presentation to the District Board on December 4, 2014.</li> <li>Together with Hospice by the Bay, a Palliative Care Program has been implemented at SVH.</li> <li>There has been some turnover in Case Management and interviewing is ongoing to replace the position of Case Manager Assistant.</li> <li>The Hospital retained a consultant to identify</li> </ul>	<b>MOTION</b> by Idell to approve and 2 <sup>nd</sup> by Sheets. All in favor.	

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	opportunities for improvement in Skilled Nursing. An action plan is being developed to promote healthier positive margins while maintaining the quality of care.		
<b>5. BOARD QC DASHBOARD Q3</b>	<i>Lovejoy</i>	Inform/Action	
	<ul style="list-style-type: none"> <li>Ms. Lovejoy reviewed the third quarter dashboard with the Committee. The quality and patient safety indicators presented are selected by the Committee for quarterly reporting to ensure an effective QAPI program.</li> <li>Ms. Hirsch proposed putting a subcommittee together to make suggested changes to improve both the <u>Quarterly Dashboard and Credentialing Report</u> formats. The subcommittee will be made up of Kelsey Woodward, Joshua Rymer, Susan Idell and Leslie Lovejoy.</li> </ul>	<b>MOTION</b> by Idell to approve and 2 <sup>nd</sup> by Sheets. All in favor.	
<b>6. BOARD QUALITY WORKPLANS 2014/15</b>	<i>Hirsch</i>	Discuss	
	<ul style="list-style-type: none"> <li>The Committee discussed the Workplan for 2015 including what worked and what did not in 2014. A workplan for 2015 was drafted and will be brought back to the meeting on 1.28.15 for approval. Suggestions for the 2015 workplan: <ul style="list-style-type: none"> <li>❖ Dr. Cohen would like to present on Peer Review and EMTALA (the latter in a Closed Session).</li> <li>❖ The Committee's suggested presentations include but are not limited to, the Bariatric Service Line, Palliative Care, OB, Health Roundtable, Wound Care and an Annual Nursing Report. If Committee members have any other suggestions, please email Ms. Hirsch or Ms. Lovejoy.</li> </ul> </li> <li>As a general rule, the Committee agreed that there should be no more than two presentations or reports given at any one QC meeting.</li> </ul>		
<b>7. CLOSING COMMENTS/ANNOUNCEMENTS</b>	<i>Hirsch</i>		
<b>8. ADJOURN</b>	<i>Hirsch</i>		
	Regular session adjourned at 5:58 PM		

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
<b>9. UPON ADJOURNMENT OF REGULAR OPEN SESSION</b>	<i>Hirsch</i>	Inform	
<b>10. CLOSED SESSION</b>	<i>Amara</i>	Action	
<u>Calif. Health &amp; Safety Code § 32155</u> – Medical Staff Credentialing & Peer Review Report			
<b>11. REPORT OF CLOSED SESSION</b>	<i>Hirsch</i>		
<b>12. ADJOURN</b>	Closed Session adjourned at 6:10PM		

4.

QUALITY COMMITTEE  
REPORT FOR DECEMBER  
2014



To: Sonoma Valley Healthcare District Board Quality Committee  
From: Leslie Lovejoy  
Date: 01/28/15  
Subject: Quality and Resource Management Report

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January Priorities:

1. Regulatory Agency Follow-up visits
2. Population Health
3. Case Management Orientations and redesign
4. Infrastructure and education

1. Regulatory Agency Follow-up visits:

A recent survey identified some opportunities for improvement in our emergency department. The issues were:

A. The addition of EMTALA training as required education for emergency department physicians during the process of privileging and re-credentialing. The medical staff office will monitor as part of the packet. Also, Emergency Services was expected to provide immediate education to all emergency department physicians and nurses regarding the citation and the issue of stabilization.

B. Quality Monitoring: Nursing will review all critical care non-CCT transfers accompanied by one of our RNs; physician documentation of phone calls to and from on-call physicians; and the accessibility of a CCT ambulance for critical care transfers.

CDPH accepted the plan of correction on 12/12/14. We had a follow-up survey on January 12<sup>th</sup> and we were found to be in substantial compliance with our Plan of Correction. CDPH will now send their findings to CMS. We should hear from them soon regarding their decision to cite with penalties or not.

2. Population Health:

Improving the health of the community is a large piece of the hospital's mission and is integrated within the strategic plan. Population health refers to the management of selected populations of the community requiring help with either improving health outcomes or managing disease processes. Marin General Hospital, Meritage Medical Network, Prima physicians and the Meritage ACO have been managing at risk seniors over the past few years and have made in-roads in reducing re-admissions using a case manager home visit and phone calls. SVH case management has had a readmission reduction program involving phone calls at 7 day intervals over 30 days post discharge. We are developing a community care network structure so that we can identify and

manage Sonoma community members and staff in the next few months. There are a number of steps that we will be taking to do this:

1. Identifying a triage process for care coordination using current SVH programs and identifying Gaps;
2. Identifying a pilot population (5-10) to start and learn from;
3. Pulling the team together: case manager, health coach and others;
4. Identifying a communication tool and program goals; and
5. Building in metrics to demonstrate program effectiveness.

We will be working with Meritage ACO in their expansion of “Carebook” through Zynx Corp. to understand the real time communication flow and decide how it can be expanded to our program. We will also be approaching local colleges regarding the development of an elective course in health coaching from which we can generate a volunteer group of health coaches.

### 3. Case Management:

We are in the process of orienting two new team members and exploring how to design the team for increased efficiency and productivity. Additional responsibilities and a more complex case load have necessitated re-design. The Utilization Review function has taken on a broader scope as part of the Skilled Nursing PI Project. In addition, Case Management will be an important piece of the puzzle when we move closer to the population health strategies that are being developed. We are also working with the Sonoma State peer health navigation program to introduce our first health coach intern.

### 4. Infrastructure and Education:

We have implemented a number of systems changes over the past few years such as e-notification, CIHQ accreditation, project management, cost accounting software, and we are adding a new statistical process control module for improved data decision making in July. In 2015, the Quality Department is providing skill development education sessions to help the leaders integrate these new systems into their work and gain mastery. We are in the process of developing a schedule of education for our leadership team and expect to have that completed by the end of this month.

Topics for discussion: Culture of Safety 2014; Quality Committee Work Plan for 2015



5.

## AHRQ CULTURE OF SAFETY SURVEY REPORT

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## CULTURE OF SAFETY: TALKING POINTS

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1. **Goal of the Culture of Safety Program**: continuous improvement efforts to create a safe culture for patients, staff and visitors.

2. During the Wellness Fair at the end of October, we asked for feedback using the AHRQ (Agency for Healthcare Research and Quality (CMS)) Culture of Safety Survey to measure our progress.

a. When you look at the current results, you will notice a column called NDB. This is the National database consisting of 420,796 hospital survey responses. We will use this to determine how we are doing compared to national trends.

b. SVH has been participating in this survey since 2009 every 1-2 years. We will be measuring yearly from now on. The next measurement period will be during Wellness Week this fall.

c. How to read the responses. Most of the items are straight forward and scores are based on % Agreement with the statements . Occasionally there are questions that the scores may not make sense. For example, take the statements: *My supervisor/manager overlooks patient safety problems that happen over and over or It is often unpleasant to work with staff from other hospital units* . The score here is the % of respondents who Disagree with the statement. I have added the direction of a positive response in the last column to make this easier to read.

3. Next Steps:

- 100% of Leaders will be using the Midas program, in 2015, for immediate response to event reports and will be able to look at outcomes and be able to provide communication and feedback to their team.
- Your leader will ask you about patient safety issues when they round on you and use morning huddles to ask about patient safety concerns.
- You will be assigned a Health Stream module every year to keep the information fresh.

4. We depend on you! Please use the E-notification system to report events, complaints and compliments and don't forget GOOD CATCHES!! If you have ideas for system improvements with E-notification, please email your comments to Cindi Newman or have your leader pass them along.

## **AHRQ\* Dimensions**

	<b><u>2009</u></b>	<b><u>2011</u></b>	<b><u>2013</u></b>	<b><u>2014</u></b>	<b><u>NDB</u></b>
<i>Teamwork In Units</i>	88.5	92.5	91.5	92	80.25
<i>Supervisor Expectations &amp; Actions</i>	83.25	87.5	78.25	88.5	75.5
<i>Organizational Learning</i>	78.66	86.66	76.66	84	73.33

	<b><u>2009</u></b>	<b><u>2011</u></b>	<b><u>2013</u></b>	<b><u>2014</u></b>	<b><u>NDB</u></b>
<i>Management Support for Patient Safety</i>	80.33	86	77.66	85.6	73
<i>Overall Perceptions of Patient Safety</i>	72	75.77	73	80	66.5
<i>Feedback and Communication About Error</i>	64.66	78	70.66	74	66

	<b><u>2009</u></b>	<b><u>2011</u></b>	<b><u>2013</u></b>	<b><u>2014</u></b>	<b><u>NDB</u></b>
<i>Communication Openness</i>	69.66	74.66	70.66	71	63.99
<i>Frequency of Events Reported</i>	63	54	67	72	61.33
<i>Teamwork Across Units</i>	68	67.75	73	80	58.5

	<b><u>2009</u></b>	<b><u>2011</u></b>	<b><u>2013</u></b>	<b><u>2014</u></b>	<b><u>NDB</u></b>
<i>Staffing</i>	42.25	53.75	58.75	64	55.25
<i>Handoffs &amp; Transitions</i>	60	48.25	55.5	56.5	42
<i>Nonpunitive Response to Error</i>	55.66	55.33	54	52.6	45.33

**\*AHRQ:** Agency for Healthcare Research and Quality

6.

## SVHCD ANNUAL REPORT

SONOMA VALLEY HOSPITAL

# GATEWAY to Health Care

2014 ANNUAL REPORT

NEW PAGE 14



SONOMA VALLEY HOSPITAL  
**GATEWAY TO HEALTHCARE**  
2014 ANNUAL REPORT

## SONOMA VALLEY HEALTH CARE DISTRICT

### Board of Directors 2014



Peter Hohorst

Jane Hirsch

Sharon Nevins

Bill Boerum

Kevin Carruth



## LETTER FROM THE BOARD CHAIR

### A YEAR OF GREAT PROGRESS

Looking back on the past year, I am impressed with the many accomplishments our hospital has to report. While it was a challenging year financially, as it was for most Hospitals, under Kelly Mather's leadership Sonoma Valley Hospital made excellent progress in a number of critical areas.

The Hospital delivered a modern Emergency Department and Surgery Center, as promised, and completed extensive renovations to much of the existing facility. The Hospital adapted quickly and strategically to the many changes underway in health care today, from Medicare reimbursement to the Affordable Care Act, and did so while rebalancing its cost structure to align with continuing downward pressures on reimbursement. In the process, the quality of patient care continued to improve and our quality scores are among the highest in the country. We are **now** recognized as one of the safest hospitals in the nation.

Looking ahead to the new year, we have good reason for optimism. Hospital administration and staff are well prepared to address even more government-imposed changes. Also, there is every indication we will see revenue continue to grow, as it has over the past four years. With all of this, our Hospital has demonstrated continuing commitment to work with community partners to realize its mission to restore, maintain and improve the health of everyone in the District.

It's clear that our clinical staff and administrative leadership are prepared to do whatever it takes to ensure that the Sonoma Valley has the best health care available, and in this they have the full support of the District Board. I find it gratifying to see our Hospital adapt to unrelenting change with such resiliency and creativity, while remaining attentive to the needs and expectations of our community.

Sharon Nevins, Chair of the SVHCD Board of Directors



*Sharon Nevins*

## TABLE OF CONTENTS

- 5 Letter from SVHCD Board Chair
- 6 Table of Contents
- 9 Letter from SVH President / CEO

### INSIDE THE NEW ED

- 11 The New Sonoma Valley Hospital ED
- 13 A Life Twice Saved

### INSIDE THE NEW OR

- 14 State-Of-The-Art OR

### IN A HEALING ATMOSPHERE

- 17 You Are Cared For from the Moment You Walk In

### HOME CARE OUTREACH

- 18 Healing At Home

### WOMEN'S HEALTH

- 21 Women's Health Added to Preventive Care Roster

### PARTNERING WITH

- 22 Sonoma Valley Hospital Promotes a Culture of Wellness
- 23 Partnership with Parkpoint Health Clubs Keeps Fitness on Track

### OCCUPATIONAL HEALTH

- 25 Meeting the Needs of Local Businesses and Their Employees

### THE BIRTHPLACE

- 26 How We Treat the Babies Is How They Will Treat the World

### DOCTOR OF THE YEAR

- 30 David Streeter, MD







## **2014 ANNUAL REPORT: QUALITY**

33 Top Hospital Readmission  
Performance

## **FINANCE TEAM**

34 Message from Committee Chair

## **SALUTE**

36 Kevin Carruth

## **FINANCIAL SUMMARY**

38 For Fiscal Year 2014

## **AUXILIARY APPRECIATION**

40 Serving Their Community and  
Their Hospital

## **SPECIAL FEATURE**

42 Newcomers Meet the Hospital  
First through Joyce

## **FOUNDATION**

45 The Sonoma Valley Hospital  
Foundation

## **SUPPORTING THE HOSPITAL**

46 Part of a Personal Passion

48 The Art of Perennial Giving

50 Supporting the Heart and  
Hearth of the Hospital

52 Donors

**HEALING HERE AT HOME**  
NEW PAGE 20





## LETTER FROM THE CEO

# A NEW SONOMA VALLEY HOSPITAL

Fiscal year 2014 was an exciting and challenging year. The highlight was the opening of our new wing, which brought a beautiful new look to our Hospital. We now receive many compliments about our facilities and people say the Hospital feels like a place of healing. Our gratitude goes out to the community of Sonoma, which came together to support our Hospital with the General Obligation Bond of \$35 million and philanthropic donations of \$11.3 million, which enabled us to complete this project without additional debt. Our leadership team did an outstanding job from construction to community outreach, to the transition into the new Emergency and Surgery Departments and our Medical/Surgical floor.

Health care literally changed before our eyes this year. As part of Health Care Reform, the Center for Medicare Services began to actively deny payment for inpatients we had treated over the past three years. Meanwhile, we saw the number of Medi-Cal patients, for which the Hospital is paid 20 percent of the cost, rise from 5 percent to 15 percent. These cuts in revenue, along with the additional threat of reduced support from Medicare, required a reduction in expenses by more than 10 percent in 2014. No one enjoys reducing expenses, but the entire team, including our physicians, came together and implemented the necessary changes to ensure that services continued in our community.

Despite the financial challenges, our patient satisfaction, quality outcomes and staff satisfaction are all in the top 25 percent of the nation. Our Skilled Nursing Facility and Home Health Care services received national awards for excellence again in 2014, and we also were nationally recognized as one of the top 15 hospitals for safety. Finally, our “culture of health” is evident everywhere at SVH.

I am extremely proud to serve our community as CEO. As I enter my fifth year, I look forward to navigating through these tumultuous times and showing what a small community hospital can and should be in the future.

Kelly Mather, President and CEO, Sonoma Valley Hospital



*Kelly Mather*

*Opposite page:  
on Saturday, November 16, 2013,  
the people of Sonoma came out  
to celebrate their beautiful new  
Sonoma Valley Hospital.*





MARCIA AND GARY NELSON FAMILY  
EMERGENCY CARE CENTER



# INSIDE THE NEW ED

## THE NEW SONOMA VALLEY HOSPITAL ED

"This is a different hospital," says Mark Kobe. "It's a different Emergency Department than it was when I started three years ago." Mark, who has been the Director of Nursing at several other Bay Area hospitals over the last thirty years, says SVH is "clearly focused on high quality care and high quality patient satisfaction. We're not just talking about it. We continue to do it."

Whereas the old ED was small, cramped and tired, "Now," he says, "with the size and the number of rooms the new ED can handle eight patients at any given time, and allow them privacy and confidentiality – both while checking in and in the rooms."

The staff and physicians are adjusting to the difference. "So many visitors mention how wonderful it is," he says. "Now when you walk into the ED – even with every room full, with many nurses and staff at the nursing station and different people providing patient care, it is quiet, calm, peaceful and enhances healing."

The Sonoma Valley Hospital Emergency Department has always scored highly for patient satisfaction, and over the last year, even in the transition, scores have remained in the upper quartile nationally. "And that," he says, "is rare and something to be proud of."

Not only are the compliments flowing, volumes are up. Since May the ED has seen about a 15 percent increase, he says. "Word about our new Emergency Department has spread. We're even starting to see people from outside Sonoma."

Mark Kobe, RN, MPA, Director of Nursing



*(L-R): Melanie McKenzie, RN; Nicole Medeiros, ED tech, Katie Dykes, RN, Mark Kobe, RN MPA, Kelly Williams, RN*







# A LIFE TWICE SAVED

## I TRUST SONOMA VALLEY HOSPITAL WITH MY LIFE

*"I don't like to imagine life in Sonoma without Sonoma Valley Hospital."*

"I trust Sonoma Valley Hospital with my life. I've done so twice, so I can say that with confidence. I've also been to the Hospital many times as a Sonoma Law Enforcement Chaplain in dire situations involving death."

In September of 2005, the death could have been his. "When I was admitted to the SVH emergency room, I was dehydrated, had highly elevated blood pressure and difficulty breathing. Dr. Cohen definitely saved my life."

Then again, in July of this year, Joseph once again faced a life-threatening emergency. "I was driving home from work, commuting from San Rafael to Sonoma, and my heart was racing. I did not know what was wrong. I felt light headed. Now that I know what was wrong, I would not have done what I did then – which was drive myself to the ER."

"It was a Thursday, and they were slammed, so a nurse actually came out into the waiting area and said, 'Let me take your blood pressure,' and he was listening to my heart and said, 'You're in atrial!' Atrial Fibrillation is a regular irregularity of the rhythm of the heartbeat, which can produce pain, increased risk of stroke, or even heart failure. "So my heart was racing and wouldn't stop, and when that happens your blood pressure drops, and the longer it lasts the lower your blood pressure gets. The doctors gave him a sedative, and then cardioverted (shocked) him. "It was pretty serious what they had to do," he says. "Fortunately, it all worked out and when I woke up I felt fine." I had a follow-up EKG the next day and it showed nothing wrong, and Dr. Price said, "This may never happen again. But since it has happened, it's more likely that it will happen." So they all said, next time, don't drive yourself. Just call 911!

Joseph Jacobs



# INSIDE THE NEW OR

## STATE-OF-THE-ART OR

The new Sonoma Valley Hospital is evident the moment you step onto the new surgical floor. It's light, spacious, gleaming and quiet. The dedication to high quality care that the Hospital is known for is still there, but it's now found in a modern facility, one offering more room for the surgeons to operate.

"For instance, spine cases require a special bed, and that requires a lot of space," says Allan Sendaydiego. "If you don't have room to maneuver, it increases the risk of violating the sterile technique. We now have that room."

The Hospital has always ensured we have safety. "Our infection rate is very, very low compared to other hospitals," he says. He credits the constant training, even for every-day practices. "We use skill labs and in-services to make sure that we maintain our competency."

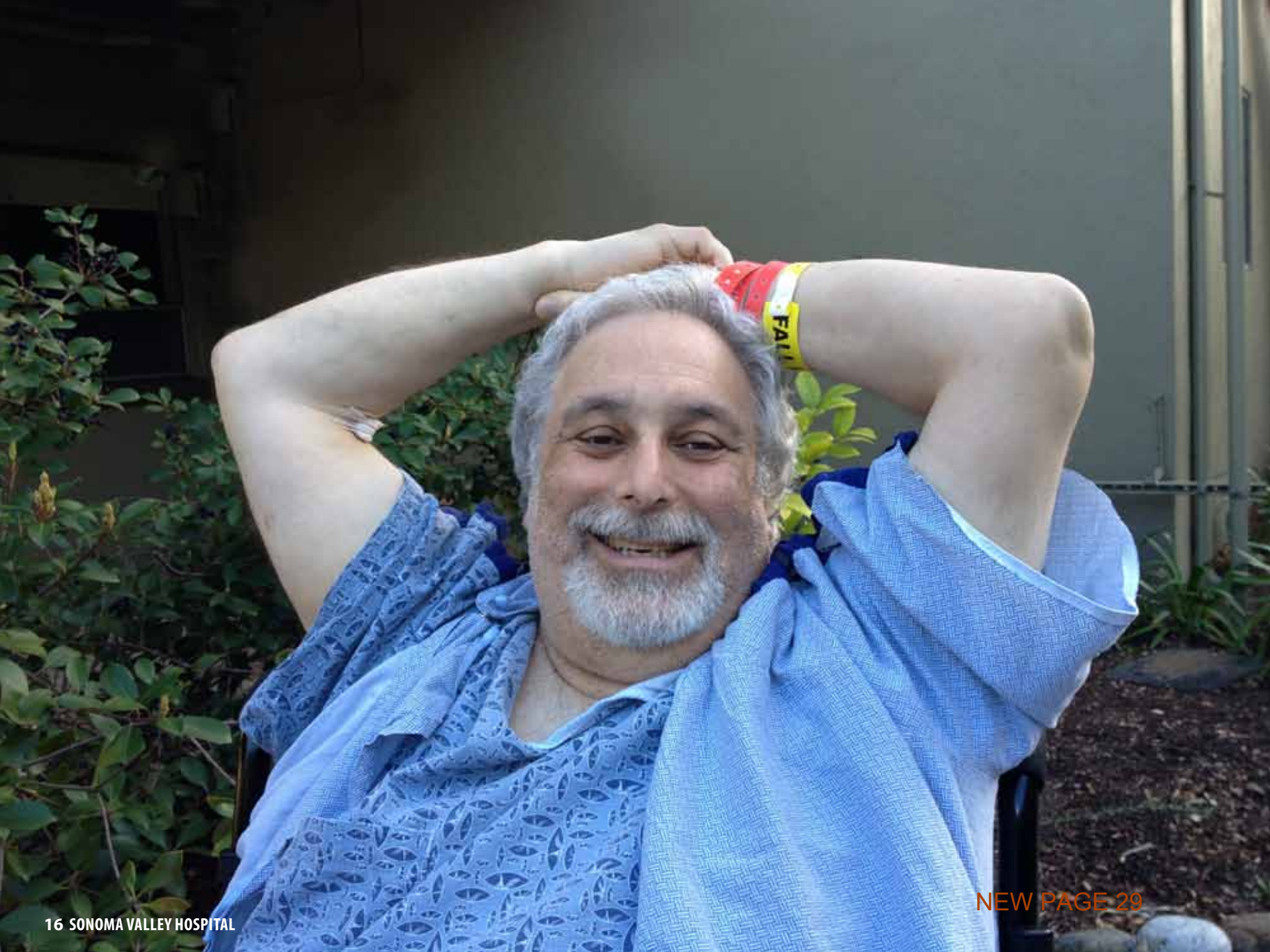
Now, in addition to pristine surroundings, the Hospital team is focused on making surgery at Sonoma Valley Hospital as pleasant as possible. "We are working with our patients to prepare them for surgery by reducing their anxiety and using techniques to put them at ease," he says. "We want to make patients feel like they're going for a massage instead of going into surgery."

"We are seeing an uptrend in the number of surgeries and our market share, and my ultimate goal is for all Sonomans to choose our Hospital and encourage their physicians to bring their cases here."

Allan Sendaydiego, RN, BSN, Director of Perioperative Services







# IN A HEALING ATMOSPHERE

## YOU ARE CARED FOR FROM THE MOMENT YOU WALK IN

We're not just any other hospital. When North Bay resident Kenn Rabin needed hip replacement surgery, he couldn't find a local hospital he liked, one which would accept his insurance and where his orthopedic surgeon had privileges. So he decided to travel to Sonoma, where his new insurance would cover his stay in the more intimate Sonoma Valley Hospital and also provide the services of a highly recommended orthopedic surgeon, Michael Brown, MD.

"I had a pre-op session with Dr. Brown and I really liked him," says Kenn. "He put my mind at ease. Then I met the Nurse Navigator, Janet Alexander, who answered all my questions and even questions I didn't know I had. I felt like, wow, these guys really have everything under control!"

He found the whole experience appealing. "The hospital building is very modern and friendly and the town of Sonoma is small and personal, so I almost felt I was in a vacation area – and some of that feeling came into the Hospital." The Hospital had just opened a new wing and Kenn was one of the very first patients in the new Surgery Center. "Everything was bright and shining," he says, "and looked like it had just had the shrink wrap removed." The facility is new, but the personal approach to health care is a SVH tradition. "I just feel that the personal attention I got was way more than I would have received anywhere else," he says. "I could get help whenever I needed it, almost immediately."

He says his surgery went beautifully and the rehab team was great. He also loved his time recovering in the Hospital's Skilled Nursing Facility, where he could go out into the gardens every day. "For me to be able to go out into the sunlight and be in a really restful place with friends and family – that was the icing on the cake. The first time I went out to the garden I felt like a human being again."

A small but memorable detail: patients preparing for surgery receive a "comfort" bag containing a guided relaxation CD and other aids to reduce stress and support healing. "The idea of it was just wonderful," he says. "It says, 'You're here, and you're special and we're special. We're not just any other hospital, and we really want to reinforce this idea of caretaking.' I felt they succeeded more than any medical facility I've ever been in."

Kenn Rabin

# HOME CARE OUTREACH

## HEALING AT HOME

The Sonoma Valley Hospital Home Care Program was recently renamed Healing At Home to better communicate its mission and reflect its expanded regional presence.

Equipped with the latest technology of an electronic health record, staff members now provide services in Sonoma, Marin and Napa counties, visiting patients to help them heal in their homes and avoid being re-admitted to the hospital.

“Having the electronic medical record meant moving into the modern world,” says Barbara Lee, “and it laid the groundwork for the geographic expansion.” But the story is not all about geography. “The emphasis is on our shared values and how we put them into action.” Healing At Home is all about healing for life and it includes teaching people how to be safe and independent in the home.

For example, a new diabetic or a heart patient, who’s going home with new medications and admonitions to make life style changes, will need help once they get home. “We have the luxury of giving them more time, one-to-one attention, in a setting where people are – literally – at home,” said Barbara. Healing At Home serves a high mix of Medicare patients and a “significant” number of patients referred by other hospitals. Healing At Home is about just that, empowering people to learn and to have the help they need to manage their own recovery.

“It’s an exciting time,” said Barbara. “I can’t emphasize enough that our team lives the mission of restoring, maintaining and improving the health of our community, and they model this with our patients.”

Barbara Lee, RN, MSN, Director of Healing at Home



*Above (L-R): Patient greets Healing At Home nurse Michael Orsi, RN  
Opposite page: Barbara Lee (center) and the Healing At Home staff*

**NEW PAGE 31**









# WOMEN'S HEALTH

## WOMEN'S HEALTH ADDED TO PREVENTIVE CARE ROSTER

Women's Health is a priority at the new Sonoma Valley Hospital. We now offer more services, programs and resources to help women with their health concerns. This includes the new Women's Health Resource Room in the Women's Health Center, which offers health assessment and biofeedback programs as well as access to information on women's health topics. We've also added Pelvic Health services, which are offered through the Rehabilitation Department.

Dawn Kuwahara says the aim is to reach more women in the community and address the issues that concern them. "We are dedicated to the health of our community and we understand the importance of living well. We know that women make most of the health care decisions for their families. So making sure that we address their needs is very important to us." She points to a number of outreach and educational programs available for women:

- Project Pink – a twice-yearly event, enables women in the community who couldn't otherwise afford it to get a mammogram, funded through the Sonoma Valley Hospital Foundation.
- Pelvic Health – provides rehabilitation services for women who may have problems in such areas as urodynamics or incontinence, or require surgery.
- GirlTalk – is a series of education programs put on by the Hospital, to inform women on their special health concerns, including issues such as stress, diet and fitness.
- Aches and Pains – is a community education program designed to help both women and men learn about the different ways to deal with moderate musculoskeletal pain before the need for surgery.

"This outreach has been years in the planning and continues to grow," says Dawn. "In these programs we have found an important niche that our community is responding to and using to improve their health."

Dawn Kuwahara, RN, Director of Ancillary Services

*Opposite page (L-R): Veronica Loza and Cynthia Oranje*

# PARTNERING WITH

## SONOMA VALLEY HOSPITAL PROMOTES A CULTURE OF WELLNESS

“Our definition of wellness is actively participating in your health and taking responsibility for your choices and behaviors that either add to or take away from your health,” says Sonoma Valley Hospital Wellness Coordinator Steven Lewis.

The Hospital serves as a guide into the world of healing, offering events and workshops on different topics on wellness, introducing a range of healing practices such as Feldenkrais, or massage, or naturopathy and offering a regular schedule of exercise and balance classes. “Exercise can give you space in your mind,” he says, “getting you away from the stress of your day.” Exercise routines vary to combine stretching, strengthening and general movement.

Staff, too, are encouraged to participate in the program. “The benefit for having a healthy staff is fewer injuries and fewer medical claims,” he says. “We want to have good business ethics, we want to be a good community partner, and we want to promote health.” The café is an important part of this effort and works hard to offer food that is good, high in nutrients and low in the less healthy aspects.

For assessment and fitness coaching, the Hospital partners with Parkpoint Fitness Clubs to support Compass, a place where people can come to be assessed and then work on improving their overall health through diet and exercise, as recommended.

Steven Lewis, Wellness Coordinator



*Top: Steven Lewis, Wellness Coordinator, instructs in meditation and (bottom) leads staff in stretching exercises*

# THE COMMUNITY

## PARTNERSHIP WITH PARKPOINT HEALTH CLUBS KEEPS FITNESS ON TRACK



For health assessment and fitness coaching, the Hospital has collaborated with Parkpoint Health Clubs in Sonoma to create Compass Health Assessment Center. Compass provides an integrated approach to health and fitness, bringing together Parkpoint Fitness professionals and Hospital clinicians.

“We check your body composition, your BMI, your blood pressure; we do blood panels, check your nutrition, your living habits, your cardiovascular ability, strength, and flexibility,” says Compass Wellness Director Mel Salada, “So we can get a real picture of how healthy you are or how much help you need to improve your health.”

Once a patient has been assessed, the Compass staff prescribes a plan of action. “So you’re going to eat better, you’re going to exercise in a way we design that’s safe for you,” Mel says. “The thing is, you can get by, but why not get by without a future problem?” Medical Director Suzannah Bozzone, MD checks each assessment for any red flags or special needs. Should a patient be diabetic or need a special diet, Allison Evanson, RD, MS, the Clinical Nutrition Coordinator and Outpatient Dietitian for the Hospital, is on hand to make recommendations.

Compass has agreements in place so people with or without insurance can still get some care on an affordable basis. “It’s better for the community,” says Mel, “if we can keep everybody a little bit healthier.”

Mel Salada, Compass Wellness Director

*Top: Wellness Director Mel Salada and Health Navigator L C Arisman help patient Nancy Overhauser with fitness challenge. Bottom: Medical Director of Wellness Suzannah Bozzone, MD*





# OCCUPATIONAL HEALTH

## MEETING THE NEEDS OF LOCAL BUSINESSES AND THEIR EMPLOYEES

A growing number of employers in Sonoma are choosing SVH's Occupational Health Department for a broad range of services, all performed with the characteristic Sonoma Valley Hospital dedication to healing and personal attention.

"We have many years' experience working with employers and their employees," says Physician's Assistant Patricia Stillman. "We see a wide variety of injuries and employees from every type of business." Injuries in the workplace can vary from lacerations, fractures and back strains to eye injuries and repetitive stress injuries, and include desk workers, field workers and executives. The Hospital has even seen someone who'd been bitten by a bat and needed rabies shots. SVH helps them all, at a rate of about 100 per week.

"Recently, we had a patient who'd been using a leaf blower and came in with a foreign body embedded in his throat," says Patricia. "He was having a horrible gag reflex, but it was located just beyond where our instruments could reach it." The team handled the paperwork and got him to an otolaryngologist right away. "We know the right procedures," she says. "We know the right documents and get patients out promptly to the right places."

The Hospital sees helping patients and businesses as helping the community. Accordingly, the Hospital is now offering Employer Wellness Programs that both support employee health and help reduce employer health care costs.

The Occupational Health Department also offers Travel Medicine services for both employers and individuals, taking care of vaccinations and medications and ensuring that travelers have all the information needed for each destination visited.

*Opposite page: Joe Cornett, RN, wound care nurse, helping patient Nolberto Jauregui, who was injured on the job.*

# THE BIRTHPLACE

## HOW WE TREAT THE BABIES IS HOW THEY WILL TREAT THE WORLD

"Women want a safe outcome for their babies, and for them the best option is the Hospital," says Sue Gixti, RN, Charge Nurse at The Birthplace at Sonoma Valley Hospital since 2011. Here mothers and families are treated with attention, respect and human kindness. "Giving birth is probably one of the most sacred things a woman can do," she says. "There's no greater thing I believe a woman can do to test her inner strength. Afterward, they're so proud of what they've achieved. That is a really special moment."

At The Birthplace, comfort is all-important. Patients can bring in their own things from home such as photos or candles. We now also have a birthing tub, thanks to the Sonoma Valley Hospital Foundation. This addition was made because many women in the community told us they wanted a birthing tub.

Safety is another major consideration for expectant mothers. "We have our obstetricians, pediatricians and anesthesiologists on call. In addition, the surgery team is trained at getting the operating room ready for the patient while the doctors are on their way. The nurses are a highly trained so they can respond appropriately under all circumstances."

"We recently had a woman from overseas come in who needed an emergency C-section," she says. "The baby was fine, but very premature, so we transported him to Santa Rosa. The next day we transported the mother to Santa Rosa and she was singing our praises. She said her son chose to be born in Sonoma. She was incredibly thankful. She told us all, "He came early because he chose to be born here, and one day he will come back here -- maybe as a doctor."

Sue Gixti, RN, Charge Nurse in The Birthplace



*Sue Gixti, RN*

## A BIRTHPLACE FAMILY STORY

*"Dr. Amara is awesome, and the Hospital was so accommodating. I just recommend it to everyone."*

Christine Mettler has had all three of her children in the same room in The Birthplace: Dawson, 8, Bryson, 5, and now Trinity, born in May 2014.

"It's really nice," she says. "It's so convenient for my husband and family to come and see us, and I could wait till the last minute to go to the hospital."

This time around she took advantage of the Birthplace's Lamaze classes for a completely natural birth. "I'm so thankful for my nurse Kristen. She was like a doula. She went through the journey with me. When I was birthing, she was hugging me and I was crying, and my husband was holding my hand. I was honored to have her with me."

Christine and her husband created a spa atmosphere in the room with the new birth tub, which eased the pain of labor. "We had the birth tub going, and my husband put on Hawaiian music and turned off the lights, and he was pouring water on my back, and the nurse left us completely alone. And there we were together, knowing we were just about to give birth to our daughter. It was a really special time."



(L-R): Christine and Richard Mettler with sons Dawson, 8, Bryson, 5, and baby Trinity







# NATIONALLY RECOGNIZED

## OUR VERY *SKILLED* SKILLED NURSING FACILITY

This year, the Sonoma Valley Hospital Skilled Nursing Facility was one of only 77 across the nation and six in California to receive the American Healthcare Association Silver National Quality Award, given in recognition for commitment to improving quality care. “We’re very proud of that,” says Director Melissa Evans.

For her, the credit goes to the outstanding staff. “Our wonderful RNs and CNAs function at a very high level, taking care of post-acute patients, rehabilitating them, giving them IV meds, blood transfusions, everything they need to get them ready to go home or to a longer-term facility.” Patients here get to see their doctors daily, which she says contributes to their healing.

SNF maintains its high quality care despite the challenges and barriers that are occurring all across the health care field. “The ever changing insurance rules and the increasing focus on managing care sometimes makes it difficult for patients to qualify for important post-acute care,” she says. “The Federal payments are paying us less for what we do, and yet we often have sicker patients, which is hard on everyone – both acute care hospitals and skilled nursing facilities.”

Because hospitals now are encouraged to discharge patients earlier, the Skilled Nursing Facility has to be able to handle all post-acute patients. These patients often come from all over the North Bay or other hospitals and therefore we staff with only Registered Nurses. “We’re a very, very skilled Skilled Nursing Facility,” she says.

In addition to post-acute care, the Skilled Nursing Facility offers a palliative program with a palliative care nurse. We are also the first hospital in the North Bay to have a Hospice Care Room, offered in partnership with Hospice by the Bay. Located in the Skilled Nursing Facility, the single-bed Hospice Room provides patients in the final days of life with a “home away from home” – a comfortable and safe haven where they can be attended by hospice and hospital staff, and spend time with family members and friends.

Melissa Evans, RN, Director of the Skilled Nursing Facility



*Melissa Evans (center) and the SNF team*

*Opposite page: Merlita Santos, RN, provides care for a SNF patient*

# DOCTOR OF THE YEAR

## DAVID STREETER MD

"When I started in private practice in 1988, there was no such thing as a hospitalist," says hospitalist David Streeter, MD, this year's Doctor of the Year. "We'd go see our hospitalized patients in the morning before office hours, and then at noon, and then after hours. And it was a pretty hectic lifestyle, but that's the way everybody did it."

They had call partners, and call systems in place, but if something happened to the patient midway through the day, which might call for another therapy or test, it could take hours for the patient's actual doctor to become available. When the hospitalist concept evolved, it meant quicker, more efficient care for the patient, and, as Dr. Streeter says, was a "win-win" for doctors and hospitals.

"I love hospitalist work," says Dr. Streeter. "The sickest of all the patients are the ones I see, so it's really more like what we trained for in LA County. I like to diagnose. I'm a diagnostician. It's my favorite thing."

The Sonoma Valley Hospital core group of hospitalists includes, besides Dr. Streeter, and hospitalist director Dennis Verducci, MD, Matthew Gilmartin, MD, Larry Burchett, MD. They are part of Sound Physicians, hospital medicine organized and dedicated to improving quality and reducing costs of health care patients in the communities they serve.

"I think we have the best doctors, who can do critical care as well as regular ward medicine very well, and we have a lot of continuity of care within our group," says Dr. Streeter. "Sound Physicians offers good administrative support for us, and they demand high quality from physicians, and have a good system for communications and patient hand-off. I think we have the best hospitalist program in Northern California."





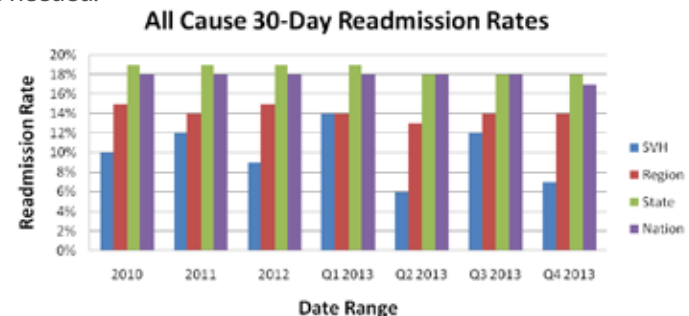


# 2014 ANNUAL REPORT: QUALITY

## TOP HOSPITAL READMISSION PERFORMANCE

Having to come back to the Hospital after a recent admission can result in a great deal of stress for our patients and their families. Readmissions often result in mental-emotional stress, financial hardships, slowing down of the healing process, and increased health care costs. Hospital and physician leadership know how important it is to promote post-hospitalization recovery. In order to facilitate that and prevent an unexpected readmission, we start by making sure that follow-up appointments are made before the patient leaves to ensure that patients see their primary care physicians within a week of admission. Our Care Coordination Team uses best practice tools to identify those patients at risk for readmission; makes follow-up phone calls to check in to ensure post-hospitalization questions and needs are addressed; makes referrals to our Home Health Care Agency and Skilled Nursing Facility should our patients need more intensive post-hospital care; and involves other community agencies as needed.

Our efforts to assist our patients in the thirty days after discharge make a difference in our patients' lives, promote healing, and have been effective in building a spirit of collaboration among all care provider agencies and groups. We know this is true because the Centers for Medicare and Medicaid Services (CMS) has looked at our patient data and compared it with other hospitals in our region, across the State, and nationally. As you can see by this graph, Sonoma Valley Hospital exceeds both State and national benchmarks for the rate of readmission, within thirty days, of our patients to the Hospital. Within our region of 23 hospitals, Sonoma Valley Hospital ranks third in having the lowest readmission rate.



The Board Quality Committee and the Hospital team monitor readmissions on a quarterly basis and share this information with the Health Care District Board through the Board Quality Committee. This Committee is composed of Board and community members who share a passion for making sure the Hospital provides the best care possible to our community. Data such as this confirm what Hospital leaders, staff, physicians, and community members know about Sonoma Valley Hospital: a deep commitment to High Quality Patient Care that promotes Healing Here at Home.

*Opposite page, front row (L-R): Robert Cohen, MD, Jane Hirsch, Chair, Kevin Carruth, Cathy Webber; Back row: Carol Snyder, Ingrid Sheets, Kelsey Woodward*  
*Not pictured: Joshua Rymer, Paul Amara, MD, Leslie Lovejoy, RN, PhD, Susan Idell, Howard Eisenstark, MD, and Michael Mainardi, MD*

# FINANCE TEAM

## MESSAGE FROM COMMITTEE CHAIR

Hospital financial matters may best be described as “many independent turning wheels.” While Hospital management has an excellent understanding of our “business,” industry-wide issues, with declining insurance payments and unfunded Federal mandates, are bringing sharply increased financial pressures on both medical professionals and all hospitals.

The Hospital Finance Committee, consisting of nine volunteer voting members – six District citizens, two elected District Board members and one member of the Hospital Medical Staff – assists the Hospital Board in its responsibility for the oversight of the District’s financial condition, and recommends and advises the Board on all financial decisions.

In our local response to the pressures affecting health care nationally, the Sonoma Valley Hospital is very grateful and fortunate to have strong community financial support with District voters approving both a parcel tax and the recent General Obligation Bond issuance. This support has allowed our Hospital to receive a “Top 15 Quality Hospital” national ranking and to build a new state-of-the-art Emergency Department (used by 80 percent of District residents) and Surgery Center.

Thanks to all residents and voters in the Health Care District for their on-going and very critical financial support -- we wouldn’t have a high quality local hospital without you.

Dick Fogg, Chair, SVH Finance Committee

*Opposite page (L-R): Ken Jensen, Phil Woodward, Sharon Nevins, Chair Dick Fogg, Shari Glago, Stephen Berezin, Jeannette Tarver.  
Not pictured, Peter Hohorst, Mary Smith, Subhash Mishra, MD, Steve Barclay, Richard Conley and Keith Chamberlin, MD.*

**NEW PAGE 47**





# SALUTE

## KEVIN CARRUTH

*"I appreciate the voters of the District electing me to a four-year term in 2010, and giving me the opportunity to represent them during this time of momentous local and national change. Our Hospital now has a state-of-the-art Emergency Department and operating suites, the best in the North Bay. This could not have been accomplished without the community's strong financial support of the bond measure, the parcel tax, and the Hospital's fundraising efforts. I am particularly proud of the outstanding improvements made in the Hospital's quality of health care; our fledgling efforts reaching out to the Latino community; and our foundational work developing a professional governance framework for the Board. All this, while simultaneously managing the significant impacts of Health Care Reform. I pass my baton knowing this community is exceptionally well served by the District Board, the Hospital CEO and staff, and our doctors. Thank you for allowing me the opportunity to serve." - Kevin Carruth*

Kevin Carruth was elected to the Board of Directors of the Sonoma Valley Health Care District in 2010 and has served his four-year term with distinction. On the completion of his time in office, fellow Board members and CEO Kelly Mather praised his contribution to the Board and to the Health Care District.

"Kevin is as an incredible talent," said former Board Chair Peter Hohorst. "He's got an immense background in administrative management and helped us significantly to work together smartly and efficiently. He's leaving a Board that is functioning very well and able to get their job done, with the best team approach we've had, in terms of the doctors, the staff and the Board working together with a common focus." Sharon Nevins, current Board Chair, praised his commitment. "He cares passionately about the efficient functioning of the Board, and he brought us to a new level of productivity. He also cares passionately about the District, and always the interests of the community were paramount. He was a champion of the Latino community and guardian of the health of the District. He helped guide the District in the early days of the design and construction of the new wing."

"Kevin has been an outstanding Board member and community leader for the Health Care District," said CEO Kelly Mather. "His expertise in governmental operations, Board structure, politics and construction was a great benefit to our team. Kevin inspired me to become a better leader and I truly appreciate his support and coaching over the past four years."

*Opposite page: Kevin Carruth*  
**NEW PAGE 49**





# FINANCIAL SUMMARY

## FOR FISCAL YEAR 2014

Fiscal year 2013-2014 was one of transition for Sonoma Valley Hospital. As with most hospitals, there was a lot of uncertainty resulting from the Affordable Care Act, as well as the introduction of California Care and the expansion of Medi-Cal. In addition, our patient mix changed as inpatient admissions continued to decline while outpatient services grew dramatically.

In response to changes in reimbursement and increased costs, the Hospital embarked on a \$3 million cost reduction and revenue improvement plan, resulting in greater certainty in projecting net income.

The Hospital continues to refine the Electronic Health Record (EHR) it recently implemented, and as a result will be eligible for government reimbursement of its costs totaling more than \$700,000.

Construction was completed on the new Emergency Department and Surgery Center and both were opened in February. It is anticipated that they will contribute to the financial viability of the Hospital in the coming year.



The following is a comparative summary Statement of Revenues and Expenses:

	2014	2013	2012
Operating Revenues	\$ 50,575,675	\$47,007,060	\$47,178,367
Operating Expenses	\$ 54,611,766	\$52,795,659	\$51,851,271
Operating Margin	\$ (4,036,091)	\$ (5,788,599)	\$ (4,672,904)
Total Non-Operating Revenues / Expenses	\$ 3,263,456	\$ 3,888,785	\$ 4,037,988
Capital Campaign/Restricted Contributions	\$ 3,757,072	\$ 3,858,727	\$ 2,043,087
Increase in Net Assets	\$ 2,984,437	\$ 1,958,913	\$ 1,408,171

SVH's revenue includes patient care services for inpatient hospital care, skilled nursing services, outpatient and emergency services and home health care services. The following chart displays the net revenue percentages by payer mix over the period 2012 – 2014. In general, government programs do not cover the costs of providing patient care services, and SVH must rely on other sources of revenue to cover the total costs of hospital programs. SVH continues to stress quality and has dramatically reduced hospital acquired conditions and readmissions. As a result of increased quality scores, Medicare has increased their payments to us by 1.25%.

INSURANCE TYPE	2014	2013	2012
Medicare & Medicare HMOs	43.5%	45.0%	45.8%
Medi-Cal and Medi-Cal HMOs	15.7%	12.1%	13.2%
Commercial Insurance	31.8%	31.4%	33.0%
Workers Compensation	3.2%	3.9%	3.2%
Capitated	1.6%	0.1%	0.1%
Uninsured	4.2%	7.5%	4.7%
Total	100%	100%	100%

*Opposite page: (left) Materials Management and Accounting teams (right) Admitting and Patient Financial Services teams*

# AUXILIARY APPRECIATION

## SERVING THEIR COMMUNITY AND THEIR HOSPITAL

**The Sonoma Valley Hospital Auxiliary Volunteers.** The men and women of the Sonoma Valley Hospital Auxiliary, whether up front welcoming patients and visitors, or behind the scene helping nurses and families on the floors, are the in-house community support the Hospital has depended on for over 30 years.

The tasks the volunteers handle are varied. Most people recognize the escort volunteers in the front lobby who provide information and guidance. Others work upstairs in the Surgery Center, acting as liaisons between patients' families and nurses, or helping out in the Skilled Nursing Facility. Still others take care of the gift shop, and all volunteer for the various fund-raising activities. Auxiliary contributions range from art therapy to facilitating a highly popular Pet Therapy program.



*Above: Volunteer Coordinator Colleen Wilson*

Much of the money these volunteers raise goes to grants for education for non-nursing staff. "They're proud of that," says Volunteer Coordinator Colleen Wilson, who explains that the funds also go toward purchase of certain equipment, such as the recent acquisition of a centrifuge for the lab. "The existing piece of equipment was 21 years old," she says, "and we'd been told it could fail at any time, so we voted to pay for a new one and two days later, it blew! We had the new one delivered asap." The Auxiliary has also bought equipment for physical therapy, and much more. "A couple of years ago," says Colleen, "they paid for one of the rooms down in Skilled Nursing, and this year they gave \$5,000 for Hospital Reconstruction Phase Two." They also fund Lifeline for seniors, and there are 10 seniors who get their Lifeline paid for thanks to the Sonoma Valley Hospital Auxiliary.

"They are totally unsung heroes," says Colleen. "Nobody really knows how much goes on behind the scenes." The Hospital is grateful for each individual who personally gives of his and her time for the community and for the Hospital. Their dedicated, individual commitment is an essential part of Sonoma Valley Hospital.

*Opposite (Back Row L-R): Margaret Johnson, Marie Martini, Jane Moehrke, Marie Davis, Sherrie Conrad, Dolores Silva, Eugene Schultheiss (Front Row L-R): Joann McMillan, Sharon Cornelius*

**NEW PAGE 53**





# SPECIAL FEATURE

## NEWCOMERS MEET THE HOSPITAL FIRST THROUGH JOYCE

*There's nothing about the Hospital I don't believe in!"*

When she retired about 18 years ago, after 22 years working with Gary and Marcia Nelson, a friend mentioned to fellow Soroptimist Joyce Murphy that the woman who was running Sonoma Valley Greeting Service was about to retire. She said, "Joyce, you'd be perfect for this!"

Since then, Joyce has been introducing new families to the warmth and friendliness of Sonoma, which she personifies, and to about 30 Sonoma businesses, including Sonoma Valley Hospital.

"When I introduce the Hospital, I usually say, 'Are you with Kaiser?' and then, if they are, I say, 'Well it's good for you to know about the Hospital because if you have an emergency, they can take care of you and stabilize you until they can get you to Kaiser.'" She knows from first hand experience about the quality of care and the value of having the Hospital right here. She had a knee replacement a few years ago and, more recently, went to the ER after a fall. "Dr. Schluter, the ophthalmologist, did the initial surgery at the Hospital and saved my eye." She also attends the education classes, especially the balance classes, when she can.

"I sometimes say, 'I used to be in Kaiser, but as I got older, I wanted to have my care closer to home.' And I always talk about our wonderful CEO. She's done so much for the Hospital. And we have a variety of good doctors. We're so fortunate. Many towns have lost their hospitals, and we're so lucky to have a hospital here that's financially stable.

Joyce Murphy, Sonoma Valley Greeting Service









# FOUNDATION

## THE SONOMA VALLEY HOSPITAL FOUNDATION

It has been a year of celebration – for the opening of our new wing, and the community support that made that possible, for our year for the record books for Project Pink events, and for the ability to fund important equipment that improves patient care for our community. We are touched by the generosity of our donors.

In this report, we celebrate three families who embody the spirit of generosity that allows us to continue to do what we do. We are blessed to have each of them in our community and for the support they provide to the Hospital.

- Lynn Woodward and her brother, Phil, grew up learning about lending a helping hand in our community through their mother. They continue the family tradition and together with Phil's wife, Connie, have put much thought into how they can help now and in the future. Their efforts will leave a lasting legacy for our Hospital and exemplify a true spirit of giving.
- Joan and Sandy Weill heard of our needs and knew they could help make an impact and indeed they did – with their donation, we were able to fund the Operating Room wing.
- Jean Arnold Sessions, a breast cancer survivor, with a great abundance of energy and thought, has hosted Jean's PJ Party to fun Project Pink, which provides free mammograms for women in need in our community.



*Selma Blanus*

On the following pages, we honor these families and all of our donors for their incredible support. We are deeply grateful - each gift truly makes a difference to our patients and those who provide care for them. With these gifts, we are able to continue to provide life-saving mammography technology to women in need; to provide funds for small equipment purchases to improve patient care, including wound care models to demonstrate cautions and techniques, blood sample test equipment for our home health nurses, a portable x-ray through a grant from Wine Country Weekend allowing critical images to be obtained without having to move patients – and more. For all of this, we are grateful to you. To our health and community.

Selma Blanus, Executive Director

*Opposite (Back Row L-R): Jennifer Hainstock, Kevin Jaggie, Sharon Nevins, Roger Nelson, Jim Lamb, David Good, Chair  
(Front Row L-R): Dr. Jerome Smith, Nancy Lilly, Selma Blanus, Marcia Levy. Not pictured: Bill Lynch*

# SUPPORTING THE HOSPITAL

## PART OF A PERSONAL PASSION

*"The Hospital is very important to me."*

Joan and Sandy Weill, well-known and influential philanthropists in the worlds of art, music and education, are now in their fourth year in Sonoma and during this relatively short time, have contributed generously to the Hospital and to the community. "When we're part of a community, we want to give back when we can," says Joan. "We've done that no matter where we've been, and it has to be something we're passionate about. I'm very involved in health care in New York, and I feel it's very important, especially for a woman, because women are really the gatekeepers for the health of our whole family. And it's up to us to make sure our family is well." She first encountered the Hospital after a fall on an early visit here. "We met a terrific doctor there, Noah Weiss, and he got me excited about the Hospital," she says. "And I had such respect for him, I figured if this is his hospital, this is a good thing! So that's what started our interest."

Now, with a home here, the Weills have been characteristically generous. For Joan, supporting what she believes in is a personal passion. "Philanthropy is not about writing a check," she says. "You have to be passionate about the mission and you have to be able to express it and understand it. I think that it's important for people to realize that the health of a community is really the most important thing you can give to a community. Without that, it wouldn't work as a community. And I think people almost have an obligation to support your hospital and all the good things that it does in any way they can."

The new Sonoma Valley Hospital stands as proof that with such dedicated community support, anything is possible. "The New ER is beautiful. It's not a scary place. It's comforting. And the care is personalized, which is really important to people. And that's what counts."

Joan and Sandy Weill



# SUPPORTING THE HOSPITAL

## THE ART OF PERENNIAL GIVING

*This town needs a great hospital - and they're doing it!*

Lynn Woodward and her extended family demonstrate their love of the Sonoma community with philanthropy. "My mother created the Woodward Family Foundation," says Lynn, "and our whole family each gave a certain amount from the Foundation every year to whomever we wanted. Now that my mother has passed away, I decided I wanted to do something significant now, not just when I die."

Lynn learned the most advantageous estate planning would be to take stock of her future needs and create a road map for charitable giving today. Her plan is to set aside an amount for charity today, putting half of that into her personal endowment fund, and giving the other half outright, to the charities of her choice for the next six years. "It means people get the money now -- and also in the future!"

One of the four local nonprofits Lynn feels close to, and wants to give to, is the Hospital Foundation. "I just really feel strongly that this town needs a great hospital -- and they're doing it. So I felt anything I could do to help out is great -- how can I do that now?" She chose to give to the Hospital Foundation because she feels the community needs the Hospital to succeed. "If they didn't get the money for the new wing, if they went down, and we had to go to Petaluma or Napa, it may be okay now, but I wouldn't want that when I get older. If I had an accident, I want to know I can get to the hospital within minutes, and I know somebody will be there to help out. It's just more comforting."

Lynn Woodward

*Please see our website with expanded information and options for Legacy Giving, [www.svhfoundation.com](http://www.svhfoundation.com)*





# SUPPORTING THE HOSPITAL

## SUPPORTING THE HEART AND HEARTH OF THE HOSPITAL

A major force behind Sonoma Valley Hospital's Project Pink has been Jean Arnold Sessions, whose passion for giving back comes from a deep sense of appreciation for a life she describes as blessed with sorrows, great joy and magical serendipity. Her special gift is to create a place, once a year, where women can meet, get cozy, laugh and party, in their PJ's, while giving to help the cause they all feel passionate about: helping women triumph over breast cancer.

"Julia Child always said that when you reach a certain point in your career, and in your success, you're required to give back. I firmly believe that," she says, "and it feels good to give back in a fun way, where women can come together and thrive and have fun and really celebrate that we're women and that we have particular health areas that we need to pay attention to."



For the last seven years, funds from Jean's Pajama Party have helped the Hospital to provide mammograms, sponsored by the Sonoma Valley Hospital Foundation, to those women in the community who otherwise could not afford them. Early detection is critical to breast cancer survival rates. Project Pink has provided not only hundreds of mammograms but also provided a safety net and peace of mind for women in our community.

In helping women, Jean and her Group Foundation are helping the whole community. "Women are the nurturers," she says, "that connect easily in times of need. Women are the hearth and connection to the heart of the community."

Jean Arnold Sessions

*Above (L-R): Kim Kelley (Jean Arnold Group Foundation Board Member), Kelly Mather (CEO, Sonoma Valley Hospital), Jean Arnold Sessions (Chairman, Jean Arnold Group Foundation), Christy Coulston (Jean Arnold Group Foundation Board Member) and Selma Blanusa (Executive Director, Sonoma Valley Hospital Foundation). Opposite: Jean Arnold Sessions*

**NEW PAGE 63**





# FOUNDATION DONORS

July 1, 2013 - June 30, 2014

We gratefully recognize the following donors for their gifts to the SVH Foundation. This includes event support, grants and outright gifts from individuals, business and foundations.

## TRIBUTE GIFTS

### **In honor of The Bettencourt Family**

Don L. Bettencourt

### **In honor of Kimberly Blattner**

Kenneth and Karen Adelson  
Drew and Ellen Bradley  
Dennis and Mollie Collins  
Julie Coplon  
Laurie Hake  
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 and Winery  
 Mike and Mary Benziger  
 Call of the Sea  
 Charles Creek Vineyards  
 Judy D'Amico  
 George Dawnay  
 Envolv Winery  
 The Epicurean Connection  
 Eric Ross Winery  
 the girl & the fig  
 Cline Cellars and Jacuzzi  
 Family Vineyards  
 Landmark Vineyards  
 Leaderglass  
 Steven Lewis  
 Jack Lundgren and  
 Suzanne Brangham  
 Mac Arthur Place  
 Muscardini Cellars  
 Nacht & Lewis

Otto Construction  
 Parkpoint Health Club  
 Patt's Copy World  
 Patz and Hall Winery  
 Pharmaca  
 The Renaissance Lodge at  
 Sonoma Resort and Spa  
 Rodolph Designer Fabric Outlet  
 Vanessa & Rand Rognlien  
 Rose Mary and Ed Schmidt  
 Sojourn Cellars  
 Sonoma Paint Center  
 Dr. Robin Knuttel - Sonoma Skin  
 Dermatology  
 St. Anne's Crossing Winery  
 Hilda Teran-Franklin  
 Three Sticks  
 Viansa Winery and Marketplace  
 Wellington Vineyards

We regret any errors or  
 omissions.







**The Sonoma Valley Hospital Annual Report for 2014**

Produced by Sonoma Valley Hospital

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**NEW PAGE 74**



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NEW PAGE 75



7.

PROPOSED  
2015 QUALITY COMMITTEE  
WORK PLAN

## 2015 Proposed Quality Committee Work Plan

January	February	March	April
<ul style="list-style-type: none"> <li>▪ AHRQ Culture of Safety Survey Report</li> <li>▪ Proposed 2015 Plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Completed 2014 Quality Dashboard &amp; proposed 2015 dashboard</li> <li>▪ 2015 QA/PI Project prioritization</li> <li>▪ SNF annual report (Melissa)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual review of QA/PI Program</li> <li>▪ Medical Staff QA/PI process (Dr. Cohen)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual Home Care Report *(Barbara)</li> <li>▪ Patient Care Services Report (Mark, Lisa)</li> </ul>
May	June	July	August
<ul style="list-style-type: none"> <li>▪ Annual Infection Control Report* (Kathy)</li> <li>▪ Update on the Patient Experience (Mark)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Wound Care Service Line Report (Dawn)</li> <li>▪ Health Roundtable (Kelly)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual Risk Management Report</li> <li>▪ Care Coordination Process</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical Services Transformation Project (Allan)</li> <li>• Palliative Care Project</li> </ul>
September	October	November	December
<ul style="list-style-type: none"> <li>▪ Performance Improvement Reports – PI Fair</li> <li>▪ Hospitalist Services (Dr. Cohen, Dr. Verducci)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bariatric Service Line (Michelle, Dr. Perryman)</li> <li>▪ Update on OB (Mark, Cynthia &amp; Dr. Amara)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual Contract Evaluation Report* (Laura)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evaluation of the Quality Committee Work Plan</li> </ul>

\*Required