SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS

AGENDA

THURSDAY, FEBRUARY 3, 2022

REGULAR SESSION 6:00 P.M.

HELD VIA ZOOM VIDEOCONFERENCE ONLY

To participate via Zoom videoconferencing
use the link below:

https://sonomavalleyhospital-org.zoom.us/j/95035482044?pwd=enBpRWIyYkNlbENIYkdqbWFvRmZTUT09

and enter the Meeting ID: 950 3548 2044, Passcode: 668583

To participate via telephone only,
dial: 1-669 900 9128 or 1-669 219 2599
and enter the Meeting ID: 950 3548 2044, Passcode: 668583

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Jenny Fontes at jfontes@sonomavalleyhospital.org at least 48 hours prior to the meeting.	**RECOMMENDATION**		
AGENDA ITEM			Pages
MISSION STATEMENT *The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.*			
1. CALL TO ORDER	*Rymer*		
2. PUBLIC COMMENT *At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.*			
3. BOARD CHAIR COMMENTS	*Rymer*		
4. CONSENT CALENDAR a. Board Minutes 1.06.22 b. Audit Meeting Minutes Draft 1.05.22 c. Finance Committee Minutes 12.28.21 d. Quality Committee Minutes 12.15.21 e. Governance Committee Minutes 11.17.21 f. Resolution 362: Brown Act Amendment AB 361 -Flexibility for Virtual Meetings g. Policy and Procedures h. Medical Staff Credentialing		Action	1-23

5. PORTRAIT OF SONOMA – OSCAR CHAVEZ	*Chavez*	Inform	
6. SINGLE AUDIT ON HRSA PROVIDER FUNDS RECEIVED	*Boerum*	Inform	24-35
7. FINANCE COMMITTEE QUARTERLY REPORT	*Boerum*	Inform	36-37
8. FINANCIALS FOR MONTH END DECEMBER 2021	*Dungan*	Inform	38-47
9. CEO REPORT	*Hennelly*	Inform	48-50
10. CMO REPORT	*Kidd*	Inform	51
11. QUALITY COMMITTEE ANNUAL REPORT	*Kidd/Cooper*	Inform	52-66
12. REVIEW ODC CONTRACT STRUCTURE	*Hennelly*	Inform	67-69
13. REVIEW/APPROVE PRECONSTRUCTION CONTRACT FOR ODC	*Hennelly*	Action	
14. AUTHORIZATION TO CONTRACT FOR PHASE 2 DEMOLITION AND VERIFICATION SERVICES	*Hennelly*	Action	
15. 2022 STRATEGIC PLAN	*Hennelly*	Action	70-77
16. DISCUSSION ABOUT IN-PERSON MEETINGS	*Rymer*	Inform	
17. BOARD COMMENTS	*Board Members*	Inform	
18. ADJOURN	*Rymer*		

Note: To view this meeting you may visit http://sonomatv.org/ or YouTube.com.

SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS' REGULAR MEETING

MINUTES

THURSDAY, JANUARY 6, 2022
HELD VIA ZOOM VIDEOCONFERENCE

	RECOMMENDATION	
MISSION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*		
1. CALL TO ORDER	*Rymer*	
The meeting was called to order at 6:00 p.m.		
2. PUBLIC COMMENT	*Rymer*	
None		
3. BOARD CHAIR COMMENTS		
None		
4. CONSENT CALENDAR	*Rymer*	Action
a. Board Minutes 12.02.21 b. Special Meeting Minutes 12.09.21 c. Finance Committee Minutes 11.23.21 d. Quality Committee Minutes 10.27.21 e. Resolution 362: Brown Act Amendment AB 361 - Flexibility for Virtual Meetings f. Policy and Procedures	*Rymer*	**MOTION:** by Kornblatt Idell to approve, 2nd by Boerum. All in favor.
5. BOARD MEMBER COMMITTEE ASSIGNMENTS	*Rymer*	Action
Mr. Rymer reviewed the 2022 Board Member Committee Assignments. Mr. Boerum will continue to Chair the Finance Committee and Mr. Rymer will continue as the other board member. Ms. Kornblatt Idell will chair the Quality Committee, Dr. Mainardi will remain on the Quality Committee in support. Mr. Boerum will continue to Chair the Governance Committee with Dr. Bjorndal's support. Mr. Boerum will act as Chair of the Audit Committee and Mr. Rymer will continue as Audit Committee support. Mr. Rymer will Chair the Affiliation Oversight Committee with Dr. Bjorndal's support.		**MOTION:** by Boerum to approve, 2nd by Bjorndal. All in favor.
6. QUALITY COMMITTEE WORKPLAN	*Mainardi*	Action
Dr. Mainardi reviewed the 2022 Quality Committee Workplan.		**MOTION:** by Boerum to approve, 2nd by Bjorndal. All in favor.
7. ADMINISTRATIVE REPORT FOR DECEMBER 2021	*Hennelly*	

Mr. Hennelly reviewed his Administrative Report for December 2021. November financial performance was stronger. There are changes in capital projects, the hospital is in the process of engaging a new contractor and architect for OCD, contract for approval of the new contractor is not ready. The EHR project contract will be ready soon for board review and approval. December 2022 date to go live is secured. CFO search is close to complete.		
8. ODC GC CONTRACT APPROVAL, SUBJECT TO MINOR REVISIONS APPROVED BY DISTRICT STAFF ANDLEGAL COUNSEL TO CONFORM TO APPLICABLE LAW AND OTHER MATTERS, COMPLETION OF PHASE I	*Hennelly*	Action
Deferred to a future Board Meeting after contract negotiations are completed.		
9. CMO REPORT	*Kidd*	
Dr. Kid gave the CMO Report. Covid19 cases are increasing in the hospital and around the country. General and return to work guidelines have been updated. Staff are wearing N95 masks in the hospital to prevent the spread of the virus and a second Covid19 testing machine was received which has doubled testing capabilities. There are new State health orders requiring boosters for all healthcare workers and a new E prescription mandate from the State requiring all prescriptions be sent electronically. Full MRI services are back up and running after securing additional staff and a new full time Social Worker has started work at the hospital. Dr. Kidd and Dr. Walther participated in UCSF's first virtual job fair. Dr. Kidd said it is a great program that she expects to be successful and expand. The legal team is conducting a final review of the EHR contract.		
10. FINANCIALS FOR MONTH END NOVEMBER 2021	*Dungan*	
Days cash on hand were 36.5, A/R days were 43.3, A/P was $4M, A/P days were 49.6. EBDA was -6.9% vs. budgeted EBDA of -9.2%. Ms. Dungan reviewed the cash projections. Operating cash was at $6.8M, average days cash on hand was 36.5 and average days cash on hand at the end of the month was 45.1. In December we received the Parcel Tax revenue of $2.1M, capital expenditures in December include a 25% deposit for the EHR/EPIC implementation, and the DOME and subcontractor payout of $1.9M. Ms. Dungan reviewed the 2022 FY projected spreadsheet. FY 2022, expected to break even with an EBDA of 0%.		
11. BOARD COMMENTS	*Hennelly*	
Mr. Boerum reported that a check in the amount of $1,195.42 is being sent to Sonoma Valley Hospital. The proceeds are from the remaining bank account balance from the Northern California Healthcare Authority. Sonoma Valley Hospital was a founding member of the organization.		
12. ADJOURN	*Rymer*	
Adjourned at 6:53 pm		

SVHCD
AUDIT COMMITTEE MEETING
MINUTES
TUESDAY, JANUARY 5, 2022
Via Zoom Teleconference

Present	Excused	Staff	Public
Bill Boerum, via Zoom Joshua Rymer, via Zoom Art Grandy, via Zoom Graham Smith, via Zoom		John Hennelly, CEO, via Zoom Ken Jensen, CFO, via Zoom Sarah Dungan, Controller, via Zoom Jenny Fontes, via Zoom	Elizabeth Marek, Armanino, via Zoom

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*			
1. CALL TO ORDER/ANNOUNCEMENTS	*Boerum*		
	Called to order at 6:00 pm		
2. PUBLIC COMMENT SECTION	*Boerum*		
	None		
3. Minutes 10.26.21	*Boerum*	**MOTION:** by Rymer to approve, 2nd by Grandy. All in favor.	
4. SVHCD SINGLE AUDIT REPORT 2021 FOR U.S. DEPT. HHS			
	Ms. Marek said the Single Audit Report is a Federal compliance Audit. Actually this was in the form of two separate Opinion Letters from the firm. If hospitals have expenditures over 750K and have received Federal funding such as grants, they are subject to an additional single audit. If the hospital expends the funds that were received recently, they may be subject to a single audit again. Sonoma Valley Hospital had received $5,723,511 in Federal Provider Relief Funds disbursed by the Health Resources and Services Administration (HRSA)		

	under the Health and Human Services Administration (HHS). These funds largely represented lost revenues due to the pandemic. Ms. Marek reviewed the Single Audit Report. She reported there were no deficiencies in internal control to be considered material weaknesses and the hospital complied in all material respects.		
5. ADJOURN	*Boerum*		
	Meeting adjourned at 6:43 p.m.		

SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, DECEMBER 28, 2021
Via Zoom Teleconference

Present	Excused	Staff	Public
Bill Boerum via Zoom Art Grandy via Zoom Bruce Flynn via Zoom Carl Gerlach via Zoom Catherine Donahue via Zoom	Joshua Rymer John Hennelly Wendy Lee Subhash Mishra Peter Hohorst	Jenny Fontes via Zoom Sarah Dungan via Zoom Ken Jensen via Zoom	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*			
1. CALL TO ORDER/ANNOUNCEMENTS	*Boerum*		
	Called to order at 5:04 p.m.		
2. PUBLIC COMMENT SECTION	*Boerum*		
3. CONSENT CALENDAR (ACTION)	*Boerum*		
a. Finance Committee Minutes 11.23.21		**MOTION:** by Flynn to approve with revisions, 2nd by Grandy. All in favor.	
4. FINANCIAL REPORT FOR MONTH END NOVEMBER 2021	*Dungan*		
	Ms. Dungan reported the hospital received the 1.2M from the CARES Act in November, the money is being held in a deferred revenue account. Days cash on hand were 36.5, A/R days were 43.3, A/P was $4M, A/P days were 49.6. EBDA was -6.9% vs. budgeted EBDA of -9.2%. Ms. Dungan reviewed the cash projections. Operating cash was at 6.8M,		

	average days cash on hand was 36.5 and average days cash on hand at the end of the month was 45.1. In December we received the Parcel Tax revenue of 2.1M, capital expenditures in December include a 25% deposit for EPIC, and the DOME and subcontractor payout of 1.9M. Ms. Dungan will restructure the capital plan to include strategic funding sources by the February or March FC meeting and will also revise the project expenditure chart		
5. ADJOURN	*Boerum*		
	Meeting adjourned at 5:37 p.m.		

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
December 15, 2021 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Michael Mainardi, MD Susan Kornblatt Idell Ingrid Sheets Ako Walther, MD Howard Eisenstark Cathy Webber		Carol Snyder	John Hennelly, CEO Sabrina Kidd, MD, CMO David Young, MD Kylie Cooper, Quality and Risk Mgmt Mark Kobe, CNO Judy Bjorndal, Board Member Jenny Fontes, Board Clerk

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Mainardi*	
	Meeting called to order at 5:01 pm	
2. PUBLIC COMMENT	*Mainardi*	
	None	
3. CONSENT CALENDAR	*Mainardi*	**ACTION**
• QC Minutes 10.27.21		**MOTION:** by Kornblatt Idell to approve, 2nd by Sheets. All in favor.
4. IMAGING QAPI	*Young*	
	Mr. David Young, Director of Diagnostic Imaging reviewed the Imaging Qapi presentation. He reported that contrast extravasations, exams performed match orders, exam tracking completeness, echo-report turnaround time, are all within goal, repeat analysis is close to goal, and CT tube quality is in the 90th percentile. PFT -report turn around has not met goal because there is only one physician that reads PFT exams. The goal is to have each PFT exam read within two days. Mr. Young said they are looking to	

	improve PFT report turn around in 2022. There are four new measures added in 2022, MRI near misses, echo inpatient order to exam performed, CT dose tracking, and wrong site/side. The 2021 performance improvement includes missing PCP at registration, stroke door to CT scanner and the stroke radiologist report.	
5. HOSPITAL QUAPI SCORECARD FOR OCT/NOV	*Cooper*	
	Ms. Kylie Cooper presented the Hopital Quapi Scorecard for October & November 2021. This included reviews of mortality, AHRQ patient safety indicators, patient falls (preventable harm), readmissions, blood culture contamination, CIHQ stroke certification measures, utilization management, core measures, core measures sepsis, infection prevention, inpatient patient satisfaction, and ambulatory surgery patient satisfaction.	
6. DRAFT BOARD QUALITY WORK PLAN 2022	*Mainardi/Kidd*	
	The Quality Work Plan for 2022 was reviewed and recommended by the committee.	
7. POLICIES AND PROCEDURES	*Cooper*	
	Ms. Cooper reviewed the following policies: **<u>Policies with changes made:</u>** Administration of Anesthesia Admission of Pediatric Patients to the Nursing Unit (retired) Anesthesia Coverage and Availability Compounding Drug Products COVID 19- Surge Planning Pharmacy Discharge Criteria Duties and Responsibilities of Chief Anesthesiologist Flexible Endoscopes-Reprocessing Metformin and Intravenous Contrast Media Patient Personal Belongings Policy Performance Improvement completion for the Department of Anesthesia Respiratory Assistance During In House Transport Physical Assessment of Adult and or Pediatric Patients (retired) Sterile Compounding	
9. REPORT ON CLOSED SESSION	*Mainardi*	
	No Medical Staff Credentialing to report.	

10. ADJOURN	*Mainardi*	
	6:00 pm	

SVHCD GOVERNANCE COMMITTEE MEETING

MINUTES

WEDNESDAY NOVEMBER 17, 2021

Present	Absent	Staff	Public
Bill Boerum via Zoom Judith Bjorndal via Zoom Amy Jenkins via Zoom		Jenny Fontes via Zoom Lynn McKissock via Zoom	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*			
1. CALL TO ORDER/ANNOUNCEMENTS	*Boerum*		
	Called to order at 6:00 p.m.		
2. PUBLIC COMMENT SECTION	*Boerum*		
	None		
3. CONSENT CALENDAR	*Boerum*		
Governance Committee Minutes 10.20.21		**MOTION:** by Bjorndal to approve, 2nd by Boerum. All in favor.	
4. REVISIONS CODE OF CONDUCT	*Boerum/McKissock*		
	Ms. McKissock joined the Governance Committee to review the Code of Conduct as it pertains to the Governance Committee and Board members. She spoke about the importance of transparency among board members and board training compliance.		
5. APPROVE WORK PLAN DRAFT	*Boerum*		
	Mr. Boerum reviewed and approved the 2022 work		

	plan draft. The work plan will be presented at the 12.02.21 Board meeting.		
6. ADJOURN	*Boerum*		
	Adjourned at 6:38 p.m.		

RESOLUTION NO. 362

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE SONOMA VALLEY HEALTHCARE DISTRICT PROCLAIMING A LOCAL EMERGENCY PERSISTS, RE-RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY AB361, AND RE-AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF THE LEGISLATIVE BODIES OF SONOMA VALLEY HEALTHCARE DISTRICT FOR THE PERIOD OCTOBER 1ST, 2021 TO OCTOBER 31ST, 2021 PURSUANT TO BROWN ACT PROVISIONS.

WHEREAS, the SONOMA VALLEY HEALTHCARE DISTRICT is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of SONOMA VALLEY HEALTHCARE DISTRICT's legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District's legislative bodies conduct their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provision for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the District's boundaries, caused by natural, technological or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, as a condition of extending the use of the provisions found in section 54953(e), the Board of Directors must reconsider the circumstances of the state of emergency that exists in the District, and the Board of Directors has done so; and

WHEREAS, emergency conditions persist throughout the State of California, specifically, where the governor of the state signed emergency legislation to permit the continued use of online and teleconferencing for public meetings in AB361; and

WHEREAS, COVID-19 continues to circulate in moderate to serious levels across the County and the District; and

WHEREAS, SONOMA VALLEY HOSPITAL maintains strict social distancing and vaccination requirements throughout its facilities; and

WHEREAS, SONOMA VALLEY HEALTHCARE DISTRICT acts as role model for safe behavior for the community; and

WHEREAS, Sonoma County's Public Health Officer has strongly recommended that, in compliance with Government Code 54953(e), local government agencies continue to hold public meetings via online and via teleconference (https://socoemergency.org/recommendation-of-the-health-officer-public-meetings/); and

WHEREAS, SONOMA VALLEY HEALTHCARE DISTRICT Chief Medical Officer has recommended that all public meetings be conducted online or via teleconference to minimize the risk of COVID-19 transmission; and

WHEREAS, the Board of Directors does hereby find that the ongoing pandemic and need to maintain social distance in public gatherings would create an unnecessary risk to staff, board members and the public, has caused, and will continue to cause, conditions of peril to the safety of persons within the District that are likely to be beyond the control of services, personnel, equipment, and facilities of the District, and desires to affirm a local emergency exists and re-ratify the proclamation of state of emergency by the Governor of the State of California; and

WHEREAS, as a consequence of the local emergency persisting, the Board of Directors does hereby find that the legislative bodies of SONOMA VALLEY HEALTHCARE DISTRICT shall continue to conduct their meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and that such legislative bodies shall continue to comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, all Sonoma Valley Healthcare District Board and Committee meetings will be fully noticed and agenized in compliance with the Brown Act and accessible to all via video conference. In addition, public comment will be permitted up to and including during the public comment portion of each meeting.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF SONOMA VALLEY HEALTHCARE DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Affirmation that Local Emergency Persists. The Board of Directors hereby considers the conditions of the state of emergency in the District and proclaims that a local emergency persists throughout the District, and

> WHEREAS, COVID-19 CONTINUES TO CIRCULATE IN MODERATE TO SERIOUS LEVELS ACROSS THE COUNTY, SONOMA VALLEY HOSPITAL MAINTAINS STRICT SOCIAL DISTANCING AND VACCINATION REQUIREMENTS IN ITS FACILITIES; AND,
>
> WHEREAS THE COUNTY'S PUBLIC HEALTH OFFICER AND THE HOSPITAL'S CHIEF MEDICAL OFFICER RECOMMEND AGAINST HOLDING IN-PERSON, PUBLIC MEETINGS INDOORS.

Section 3. Re-ratification of Governor's Proclamation of a State of Emergency. The Board hereby ratifies the Governor of the State of California's Proclamation of State of Emergency, effective as of its issuance date of September 16th 2021.

Section 4. Remote Teleconference Meetings. The Chief Executive Officer and legislative bodies of SONOMA VALLEY HEALTHCARE DISTRICT are hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, continuing to conduct open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 5. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective until the earlier of (i) November 6th, 2021, or such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the legislative bodies of SONOMA VALLEY HEALTHCARE DISTRICT may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

PASSED AND ADOPTED by the Board of Directors of SONOMA VALLEY HEALTHCARE DISTRICT, this 3rd day of February, 2022, by the following vote:

AYES:
NOES:
ABSENT: None
ABSTAIN: None

Document Tasks by Committee

Listing of currently pending and/or upcoming document tasks grouped by committee.

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)
Run date: 01/28/2022 9:51 AM

Report Parameters

Filtered by: Document Set: all applicable
Committee: 09 BOD-Board of Directors
Include Current Tasks: Yes
Include Upcoming Tasks: No

Grouped by: Committee

Sorted by: Document Name, Document Location

Report Statistics

Total Documents: 43

Committee: 09 BOD-Board of Directors

Committee Members: **Fontes, Jenny (jfontes)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Acuity Ratio and Staffing Plan-Nursing *Nursing Services Policies (NS)*	**Pending Approval**	1/27/2022	1

Summary Of Changes: **Nothing substantial. Cleaned up old language such as 'Lead RN' and Nurse Managers (we have Nurse Directors)**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Kobe, Mark (mkobe)**

Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Administrative Call *Governance and Leadership Policies*	**Pending Approval**	1/4/2022	24

Summary Of Changes: **Reviewed content and edited Administrative Team members who take the call.**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Hennelly, John (jhennelly)**

Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

Administrative Responsibility *Governance and Leadership Policies*	**Pending Approval**	1/4/2022	24

Summary Of Changes: **Content Reviewed, Position Title changed**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Hennelly, John (jhennelly)**

Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

Aid in Dying *Patient Rights Policies (PR)*	**Pending Approval**	1/27/2022	1

Summary Of Changes: **Included amendment to the law October 2021**
Removed Home care and Skilled Nursing references
Added "this policy shall be posted on the Hospital's Website for public view" under responsibilities
Added SB380, ABX2-15 to references

Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

ALARA | **Pending Approval** | 1/27/2022 | 1

Diagnostic Services Dept Policies

Summary Of Changes:	**Reviewed and updated names** **Added wording so abbreviations are defined.** **Fixed format issues.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)**
ExpertReviewers:	**Medical Director-Diagnostic Radiology**
Approvers:	**Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Annual Medical Surveillance | **Pending Approval** | 1/28/2022 | 0

Human Resources Policies (HR)\Employee Health

Summary Of Changes:	**Added protocols regarding the chain of command and under what authority the employee health nurse is reviewing records and making recommendations.** **Removed reference to Skilled Nursing Facility (SNF).**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**McKissock, Lynn (lmckissock)**
ExpertReviewers:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Billing Procedure 7630-105 | **Pending Approval** | 1/4/2022 | 24

Diagnostic Services Dept Policies

Summary Of Changes:	**Reviewed Policy, updated radiologist billing office contact information.** **Updated author/reviewers.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)**
ExpertReviewers:	**Medical Director-Diagnostic Radiology**
Approvers:	**Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

C-arm Equip Operation and Maintenance 7630-111 | **Pending Approval** | 1/27/2022 | 1

Diagnostic Services Dept Policies

Summary Of Changes:	**Reviewed Policy, corrected grammar, no content changes made.** **Updated author/reviewers**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)**
ExpertReviewers:	**Medical Director-Diagnostic Radiology**
Approvers:	**Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

C-arm Equipment Exemption 7630-113	**Pending Approval**	1/27/2022	1
Diagnostic Services Dept Policies			

Summary Of Changes: **Reviewed Policy, no content changes made**
Updated author/reviewers
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)**
ExpertReviewers: **Medical Director-Diagnostic Radiology**
Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Care of the Patient with Acute Alcohol Withdrawal or Delirium	**Pending Approval**	1/27/2022	1
Patient Care Policy			

Summary Of Changes: **Recommend retiring--EBSCO has this covered, in addition, there are specific order sets that outline the assessments and treatments.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Winkler, Jessica (jwinkler)**
ExpertReviewers: **Medical Director-Patient Care Services**
Approvers: **Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

CMS 1135 Waiver for Disaster Conditions	**Pending Approval**	1/27/2022	1
Emergency Preparedness Policies (EP)			

Summary Of Changes: **Reviewed, no changes to this policy**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kobe, Mark (mkobe)**
ExpertReviewers: **Finn, Stacey (sfinn)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Code of Ethics	**Pending Approval**	1/4/2022	24
Governance and Leadership Policies			

Summary Of Changes: **Reviewed, no changes**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Hennelly, John (jhennelly)**
Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

Compounding Policies, Annual Review	**Pending Approval**	1/27/2022	1
Medication Management Policies (MM)			

Summary Of Changes: **Removed staff member who no longer with the hospital from appendix staff list.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Construction or Renovation Projects, Infection Control	**Pending Approval**	1/27/2022	1
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Reviewed as result of Plan of Corrections. per SK** **Only editorial changes (added approvals list)** **Updated attached Infection Control Risk Assessment (ICRA) /Infection Control Construction Permit to delete Birthplace and format document.** **Send through approvals again,**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kidd, Sabrina (skidd), Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper), Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

COVID-19 On-Site Vaccination Protocol	**Pending Approval**	1/28/2022	0
Medication Management Policies (MM)			

Summary Of Changes:	**NEW POLICY** **Purpose: To define the process for administering COVID-19 vaccine initial doses and booster doses to registered Sonoma Valley Hospital (SVH) patients.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

e-Notification System	**Pending Approval**	1/27/2022	1
Governance and Leadership Policies			

Summary Of Changes:	**Changed verbage regarding where to find e-notification system on intranet** **referenced correct patient grievance and complaint policy** **Removed the designation of "Lead"**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Newman, Cindi (cnewman), Cooper, Kylie (kcooper)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Employee Food Refrigerator Temperature Monitoring	**Pending Approval**	1/27/2022	1
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Reviewed. No changes.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Encouraging Patients and Families to Report Concerns About Safety	**Pending Approval**	1/27/2022	1
Patient Rights Policies (PR)			

Summary Of Changes:	**Reviewed- No changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**

Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**		

Health Screening of Contract Workers and Students	**Pending Approval**	1/27/2022	1
Human Resources Policies (HR)\Employee Health			

Summary Of Changes:	**Updated to reflect requirements of COVID-19 vaccination as well as seasonal flu vaccination.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**McKissock, Lynn (lmckissock)**
ExpertReviewers:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

IV Compounding Outside of the Pharmacy	**Pending Approval**	1/27/2022	1
Medication Management Policies (MM)			

Summary Of Changes:	**Annual Review** **No changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Lidocaine Injection Prior to IV Cath	**Pending Approval**	1/27/2022	1
Patient Care Policy			

Summary Of Changes:	**POLICY TO BE RETIRED PER** **Mark Kobe, CNO** **Reason: No longer practiced** **Approval indicates approval for archiving this document**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kobe, Mark (mkobe)**
ExpertReviewers:	**Medical Director-Patient Care Services**
Approvers:	**Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Management of the Social Needs Patients	**Pending Approval**	1/27/2022	1
Medical Staff Policies (MS)			

Summary Of Changes:	**Updated workflow diagram to include new patient status in EHR that will allow physicians to order patient's daily meds without patient being fully admitted.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kidd, Sabrina (skidd)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Menu Planning	**Pending Approval**	1/27/2022	1
Food (Nutrition) Services Policies (NU)			

Summary Of Changes:	**Changed to organizational policy.** **1) removed list of specific diets (the sentence does not require an itemized list)** **3)Menu changes may be made and approved by the dietician--replaced need for approval by Manager of Food ans Nutrition; removed Supervisor as approver**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Kobe, Mark (mkobe)**
Approvers:	**Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Nursing Blood Product Administration Part 2-Pre-Transfusion Patient Preparation — **Pending Approval** — 1/27/2022 — 1

Laboratory Services Policies (LB)

Summary Of Changes:	**Updated an entire policies to reflect current practices**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kuwahara, Dawn (dkuwahara), Hadjiyianni, Nicolaos (nhadjiyianni), Baruwa, Shukurat (sbaruwa)**
ExpertReviewers:	**Medical Director-Lab**
Approvers:	**Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Nursing Staffing Floating and Call-Off — **Pending Approval** — 1/27/2022 — 1

Nursing Services Policies (NS)

Summary Of Changes:	**Cleaned up old obsolete language. Clarified language that ALL staff float including ICU RN to Med Surg when clearly indicated to staff the department safely and according to ratio. Staff are oriented to other departments and are expected to practice within the scope of their licensure.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kobe, Mark (mkobe)**
Approvers:	**01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

On Call Pharmacist — **Pending Approval** — 1/28/2022 — 0

Medication Management Policies (MM)

Summary Of Changes:	**NEW POLICY** **Purpose:** **To ensure Pharmacist support is available around the clock for urgent pharmacy-related issues.** **This policy describes the procedure and responsibilities for the on-call pharmacist to ensure that pharmacy support is available after-hours 7 days a week for urgent issues that cannot be addressed by the remote pharmacist after-hours service** **Note-Per Board Quality Committee recommendation, section 9 moved to become section 4 to make flow of duties and requirements more logical.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Ordering of Outpatient Services — **Pending Approval** — 1/27/2022 — 1

Medical Staff Policies (MS)

Summary Of Changes:	**Updated the ownership of the "master list" to Information Systems from Quality Department. Changed who does the monthly audit of licenses from Quality Department the Medical Staff Office. Removed Quality Department from who is notified of the addition of a new practitioner.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Finn, Stacey (sfinn)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Performance Improvement Plan — **Pending Approval** — 1/27/2022 — 1

Quality Assessment & Perfomance Imp. Policies (QA)

Summary Of Changes:	**Removed- • "While the organization is not required to participate in a CMS Quality Improvement Organization (QIO) cooperative project, its own projects shall be of comparable effort." under performance improvement Changed CQO to Director of Quality**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Post Offer Pre-Employment Screening HR8610-164.1 — **Pending Approval** — 1/27/2022 — 1

Human Resources Policies (HR)\Employee Health

Summary Of Changes:	**Added protocol to clarify the chain of command and under what authority the employee health nurse is reviewing records and making recommendations.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**McKissock, Lynn (lmckissock)**
ExpertReviewers:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Preparation of Methotrexate IM Doses Using ChemoClave System Procedure 8390-05 — **Pending Approval** — 1/27/2022 — 1

Pharmacy Dept

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Pyxis Medstation, Management and Use — **Pending Approval** — 1/27/2022 — 1

Medication Management Policies (MM)

Summary Of Changes:	**Reviewed, no changes.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

QAPI Procedures Sampling Plan-IV Room 8390-02 — **Pending Approval** — 1/27/2022 — 1

Pharmacy Dept

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Required Immunizations & Proof of Immunity — **Pending Approval** — 1/27/2022 — 1

Human Resources Policies (HR)\Employee Health

Summary Of Changes:	**Added protocol to clarify the chain of command and under what authority the employee health nurse is reviewing records and making recommendations.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**McKissock, Lynn (lmckissock)**
ExpertReviewers:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Respiratory Protection Program HR8610-164.14 — **Pending Approval** — 1/27/2022 — 1

Human Resources Policies (HR)\Employee Health

Summary Of Changes:	**Updated language to reflect current process (i.e., where new employees are completing mask fit testing; when PAPR Training is provided)**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**McKissock, Lynn (lmckissock)**
ExpertReviewers:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE::Avoidable Abbreviation List — **Pending Approval** — 1/27/2022 — 1

Diagnostic Services Dept Policies

Summary Of Changes:	**RETIRE:** **Reviewed with Chris Kutza, Director of Pharmacy. This department policy is duplicative of our organizational policy.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)**
ExpertReviewers:	**Medical Director-Diagnostic Radiology**
Approvers:	**Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Risk Management Program — **Pending Approval** — 1/27/2022 — 1

Governance and Leadership Policies

Summary Of Changes:	**Changed appropriate titles of staff** **No other changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Standing Orders and Protocols	**Pending Approval**	1/27/2022	1
Medication Management Policies (MM)			

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Sterile Compounding Procedures 8390-03	**Pending Approval**	1/27/2022	1
Pharmacy Dept			

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Surge Policy to Manage Patient Influx	**Pending Approval**	1/27/2022	1
Emergency Preparedness Policies (EP)			

Summary Of Changes:	**Updated to reflect surge capacity on the second floor and the addition of 8 negative pressure rooms for Airborne isolation. Added 2nd floor schematic as Attachments A, B and C for surge implementation guidelines and COVID specific plans**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kobe, Mark (mkobe)**
ExpertReviewers:	**Finn, Stacey (sfinn)**
Approvers:	**Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Tuberculosis Screening	**Pending Approval**	1/27/2022	1
Human Resources Policies (HR)\Employee Health			

Summary Of Changes:	**Added protocol to clarify the chain of command and under what authority the employee health nurse is reviewing records and making recommendations.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**McKissock, Lynn (lmckissock)**
ExpertReviewers:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Unit Dose Packaging	**Pending Approval**	1/27/2022	1
Medication Management Policies (MM)			

Summary Of Changes:	**Updated last accessed date for references.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Unusual Occurrence Report to Governmental Agencies	**Pending Approval**	1/27/2022	1
Governance and Leadership Policies			

Summary Of Changes:	**Corrected Titles of Hospital Staff** **No other changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Wound Classification	**Pending Approval**	1/27/2022	1
Surgical Services/OR Dept			

Summary Of Changes:	**Reviewed, references updated, author information updated.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Sonoma Valley Health Care District

Report of U.S. Department of Health and Human Services Award Expenditures

June 30, 2021

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Sonoma Valley Health Care District
Sonoma, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Sonoma Valley Health Care District (a California nonprofit corporation) (the "Organization"), which comprise the statement of net position as of June 30, 2021, and the related statements of revenues, expenses and change in net position and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 7, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies.

Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion.

The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Armanino LLP

Armanino[LLP]
San Ramon, California

December 7, 2021

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR A FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE, AND ON SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
Sonoma Valley Health Care District
Sonoma, California

Report on Compliance for the U.S. Department of Health and Human Services Awards

We have audited Sonoma Valley Health Care District's (the "Organization") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on its U.S. Department of Health and Human Services ("HHS") award for the year ended June 30, 2021.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to the HHS grant.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the Organization's HHS grant based on our audit of the types of compliance requirements referred to above.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on the HHS grant occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the Organization's HHS grant. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on Compliance for the U.S. Department of Health and Human Services Awards

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on the HHS grant for the year ended June 30, 2021.

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on its HHS grant to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the HHS grant and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weakness or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of U.S. Department of Health and Human Services Awards Required by the Uniform Guidance

We have audited the the Organization's financial statements as of and for the year ended June 30, 2021, and have issued our report thereon dated December 7, 2021, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of U.S. Department of Health and Human Services awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of U.S. Department of Health and Human Services awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Armanino LLP

Armanino LLP
San Ramon, California

December 7, 2021

Sonoma Valley Health Care District
Schedule of Expenditures of U.S Department of Health and Human Services Awards
For the Year Ended June 30, 2021

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Assistance Listing Number	Award Number	Total Federal Expenditures
Expenditures of U.S. Department of Health and Human Services Awards			
U.S. Department of Health and Human Services			
Health Resources and Services Administration ("HRSA")			
Provider Relief Fund	93.498		$ 5,723,511
Total Expenditures of U.S. Department of Health and Human Services Awards			$ 5,723,511

The accompanying notes to the Schedule of Expenditures of U.S. Department of Health and Human Services Awards are an integral part of this schedule.

Sonoma Valley Health Care District
Notes to Schedule of Expenditures of U.S.Department of Health and Human Services Awards
June 30, 2021

1. BASIS OF PRESENTATION

The accompanying schedule of expenditures of HHS awards (the "Schedule") includes the federal grant activity of Sonoma Valley Health Care District (the "Organization") under programs of the federal government for the year ended June 30, 2021. In accordance with the reporting requirements established by HHS, the Provider Relief Funds that the Organization received in the year ended June 30, 2020 are being reported in the Schedule of Expenditures of U.S. Department of Health and Human Services Awards for the year ended June 30, 2021. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the net position, change in revenues and expenses, or cash flows of the Organization.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or limited as to reimbursement. The expenditures of federal awards include both expenses attributable to Coronavirus and lost revenues in accordance with HHS guidelines and reporting requirements. Pass-through entity identifying numbers are presented where available and applicable.

3. INDIRECT COST RATE

The Organization has elected to not use the 10% de minimus indirect cost rate for HHS awards.

Sonoma Valley Health Care District
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2021

SECTION I - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report issued:	Unmodified
Internal control over financial reporting:	
Material weakness(es) identified?	No
Significant deficiency(ies) identified that are not considered to be material weaknesses?	None reported
Noncompliance material to financial statements noted?	No

Federal Awards

Internal control over major programs:	
Material weakness(es) identified?	No
Significant deficiency(ies) identified that are not considered to be material weaknesses?	None reported
Type of auditor's report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	No
Identification of major programs:	

Name of Federal Program or Cluster	Assistance Listing Number
Provider Relief Fund	93.498

Dollar threshold used to distinguish between Type A and Type B programs	$750,000
Auditee qualified as low-risk auditee?	No

SECTION II - SUMMARY OF FINANCIAL STATEMENT FINDINGS

There are no financial statement findings to be reported.

Sonoma Valley Health Care District
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2021

SECTION III - SUMMARY OF FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

There are no federal award findings to be reported.

Sonoma Valley Health Care District
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2021

There were no prior year findings.

To: Sonoma Valley Health Care District Board of Directors

Meeting Date: February 3, 2022

Prepared by: Bill Boerum, Board Member & Treasurer, Finance Committee Chair

Agenda Item Title: Quarterly Report of Finance Committee

Background:

The Finance Committee, with a full complement of authorized members including seven community members, met regularly every month of the past quarter at 5PM on the fourth Tuesday of the month, receiving administrative and financial reports – on an Inform basis - from the hospital CEO and CFO. The same reports are delivered the following week to the Board of Directors, the Committee routinely meeting the week before the Board. As per setting its agenda with the financial staff, the Committee confers and considers various financial and contractual matters, taking Action as needed for recommendations to the Board. It should be recognized that the Board does receive the minutes of Finance Committee meetings, summarizing discussions, matters reported as Inform, and of course recording Actions taken.

Actions taken or deferred for recommendation to the Board were:

- Approval to apply for a QIP Bridge loan up to $308,000, subject to the bank waiver regarding receivables as collateral. Having met with Union Bank, indications are that the waiver will be approved.
- The Committee deferred Action on the CHFFA loan which is a healthcare expansion loan used for large remodeling projects, construction, equipment, etc., until a determination is made as to the amount of funds which will be needed.
- The Committee motioned to move forward with a contract for the EHR.

In addition to statistical reports and updates, including the monthly Financial Report, the Committee received from the finance staff and CEO, we posed questions, and in discussion offered reactions and comment on the following:

- The status of the outpatient diagnostic center and the negotiations with the general contractor, Dome Construction to cover unexpected costs and disputed work on phase 1 (CT scanner); Phase 2 (MRI) will be re-bid. The CEO will engage the new contractors to finish phase 1 of the project with Board approval and will negotiate with the subcontractors directly. As of this date, the cost over-

runs on Phase 1 have yet to be resolved contractually, as well as the source of funding. An RFP for Phase 2 needs to be drafted and issued.

- Chief Medical Officer, Dr. Kidd reviewed the EHR Contract Proposal to implement the EPIC system. The entire system is expected to be operational in December 2022. The Foundation may fund the capital costs. Details were reported in the minutes of the November 23rd Committee
- Ms. Dungan, Controller reported SVH received $1.2M in Provider Relief Funds which also could be used to fund the EPIC system.
- At the latest meeting this week, the Committee reviewed projections it requested from the administration, for the next three years. The projected operating margins for 2022, 2023, and 2024 respectively – all substantially negative and at historic highs – are: $7,428,523; 6.985,413; 6,416,057. This again reveals the structural imbalance in our revenue streams and payer mix, which is not sustainable. Direction needs to be given by the Board to develop service lines – on a business plan basis – in parallel with our hopes to generate procedural volumes and diagnostics from UCSF Health.

This concludes the Quarterly Report.

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
AN AFFILIATE OF UCSF HEALTH

To: **SVH Finance Committee**
From: **Sarah Dungan, Controller**
Date: **January 25, 2022**
Subject: **Financial Report for the Month Ending December 31, 2021**

For the month of December the hospital's actual operating margin of $6,728 was $237,730 favorable to the budgeted operating margin of ($231,002). After accounting for all other activity; the net income for December was $442,029 vs. the budgeted net income of $808,232 with a monthly EBDA of 9.7% vs. a budgeted 7.0%. In December the hospital received $173,982 in additional provider relief funds from the CARES Act. Per the advice from our audit team, the funds are classified as a liability until we confirm the reporting requirements. The hospital also made the matching fee for the January – December 2021 HQAF IGT of $397,247 and will receive $1,298,801 in late February or early March.

Gross patient revenue for December was $24,212,343; $2,321,224 over budget. Inpatient gross revenue was under budget by ($694,325). Inpatient days were under budget by (18) days and inpatient surgeries were under budget by (5) cases. Outpatient gross revenue was over budget by $1,558,803. Outpatient visits were over budget by 114 visits, outpatient surgeries were over budget by 11 cases, and special procedures were over budget by 7 cases. The Emergency Room gross revenue was over budget by $1,456,746 with ER visits over budgeted expectations by 153 visits.

Deductions from revenue were unfavorable to budgeted expectations by ($2,076,324) due to higher gross revenue than budgeted.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by $253,735.

Operating Expenses of $5,078,250 were unfavorable to budget by ($16,005). Salaries and wages were under budget by $42,535 and agency fees are over by ($79,815). Due to COVID we are experiencing higher rates for agency fees for nurses and other clinical positions. Professional fees were over budget by ($68,374) due to higher than budgeted UCSF management costs including the new IT director. Supplies are over budget by ($80,537) due to higher than budgeted costs for surgical implants ($71,632). Purchased services are over budget ($62,594) primarily due to higher than budgeted IT costs including the increase in the Paragon extension ($26,441) and in Plant Operations ($23,682). The matching fee made in December was favorable to budget by $202,753.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net income for December was $262,112 vs. a budgeted net income of $86,641. The total net income for December after all activity was $442,029 vs. a budgeted net income of $808,232.

EBDA for the month of December was 9.7% vs. the budgeted 7.0%.

Patient Volumes – December

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	60	82	-22	65
Acute Patient Days	250	268	-18	294
Observation Days	43	0	43	21
OP Gross Revenue	$18,733	$15,717	$3,016	$31,255
Surgical Cases	119	113	6	123

Gross Revenue Overall Payer Mix – December

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	39.1%	39.8%	-0.7%	36.4%	39.7%	-3.3%
Medicare Mgd Care	20.5%	15.4%	5.1%	16.7%	15.4%	1.3%
Medi-Cal	11.6%	19.1%	-7.5%	16.3%	19.1%	-2.8%
Self Pay	1.1%	1.1%	0.0%	1.9%	1.1%	0.8%
Commercial	25.5%	21.5%	4.0%	25.7%	21.6%	4.1%
Workers Comp	2.2%	3.1%	-0.9%	3.0%	3.1%	-0.1%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for December:

For the month of December the cash collection goal was $3,282,913 and the Hospital collected $3,907,125 or over the goal by $624,212. The year-to-date cash collection goal was $22,531,289 and the Hospital has collected $22,079,773 or under goal by ($451,516).

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	46.3	36.5	0.1	28.3
Accounts Receivable Days	46.7	43.3	3.4	66.1
Accounts Payable	$3,640,716	$4,017,799	-$377,083	$3,229,066
Accounts Payable Days	44.9	49.6	-4.7	45.4

ATTACHMENTS:

- Attachment A is the Payer Mix Analysis which includes the projected collection percentage by payer
- Attachment B is the Operating Indicators Report
- Attachment C is the Balance Sheet
- Attachment D (two pages) is the Statement of Revenue and Expense. The first page breaks out the hospital operations and page two includes all other activity.
- Attachment E is the Variance Analysis
- Attachment F is the Cash Projection

Sonoma Valley Hospital
Payer Mix for the month of December 31, 2021

ATTACHMENT A

	Month				Year-to-Date			
Gross Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	9,460,293	8,693,972	766,321	8.8%	52,314,061	51,081,904	1,232,157	2.4%
Medicare Managed Care	4,966,549	3,376,881	1,589,668	47.1%	23,943,349	19,854,162	4,089,187	20.6%
Medi-Cal	2,804,582	4,164,976	-1,360,394	-32.7%	23,361,209	24,511,124	-1,149,915	-4.7%
Self Pay	258,995	230,551	28,444	12.3%	2,685,666	1,367,382	1,318,284	96.4%
Commercial & Other Government	6,201,667	4,750,158	1,451,509	30.6%	36,932,559	27,952,258	8,980,301	32.1%
Worker's Comp.	520,257	674,581	-154,324	-22.9%	4,349,986	3,961,428	388,558	9.8%
Total	**24,212,343**	**21,891,119**	**2,321,224**		**143,586,830**	**128,728,258**	**14,858,572**	

Net Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	1,065,772	1,032,616	33,156	3.2%	5,815,573	6,213,270	-397,697	-6.4%
Medicare Managed Care	496,655	389,692	106,963	27.4%	2,564,638	2,266,170	298,468	13.2%
Medi-Cal	280,178	438,572	-158,394	-36.1%	2,413,571	2,551,022	-137,451	-5.4%
Self Pay	100,386	86,987	13,399	15.4%	1,129,462	515,914	613,548	118.9%
Commercial & Other Government	1,665,724	1,365,862	299,862	22.0%	9,558,835	7,956,282	1,602,553	20.1%
Worker's Comp.	76,790	124,865	-48,075	-38.5%	740,594	720,816	19,778	2.7%
Prior Period Adj/IGT	1,297,989	1,300,000	-2,011	-0.2%	4,049,297	6,500,000	-2,450,703	-37.7%
Total	**4,983,494**	**4,738,594**	**244,900**	**5.2%**	**26,271,970**	**26,723,474**	**(451,504)**	**-1.7%**

Percent of Net Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	21.4%	21.8%	-0.4%	-1.8%	22.1%	23.3%	-1.3%	-5.6%
Medicare Managed Care	10.0%	8.2%	1.8%	22.0%	9.8%	8.5%	1.3%	15.3%
Medi-Cal	5.6%	9.3%	-3.7%	-39.8%	9.2%	9.5%	-0.3%	-3.2%
Self Pay	2.0%	1.8%	0.2%	11.1%	4.3%	1.9%	2.4%	126.3%
Commercial & Other Government	33.5%	28.9%	4.6%	15.9%	36.4%	29.8%	6.6%	22.1%
Worker's Comp.	1.5%	2.6%	-1.1%	-42.3%	2.8%	2.7%	0.1%	3.7%
Prior Period Adj/IGT	26.0%	27.4%	-1.4%	-5%	15.4%	24.3%	-8.9%	-37%
Total	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**-0.1%**	**-0.1%**

Projected Collection Percentage:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	11.3%	11.9%	-0.6%	-5.0%	11.1%	12.2%	-1.1%	-9.0%
Medicare Managed Care	10.0%	11.5%	-1.5%	-13.0%	10.7%	11.4%	-0.7%	-6.1%
Medi-Cal	10.0%	10.5%	-0.5%	-4.8%	10.3%	10.4%	-0.1%	-1.0%
Self Pay	38.8%	37.7%	1.1%	2.9%	42.1%	37.7%	4.4%	11.7%
Commercial & Other Government	26.9%	28.8%	-1.9%	-6.6%	25.9%	28.5%	-2.6%	-9.1%
Worker's Comp.	14.8%	18.5%	-3.7%	-20.0%	17.0%	18.2%	-1.2%	-6.6%

SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended December 31, 2021

ATTACHMENT B

	CURRENT MONTH				YEAR-TO-DATE			YTD
	Actual 12/31/21	Budget 12/31/21	Favorable (Unfavorable) Variance		Actual 12/31/21	Budget 12/31/21	Favorable (Unfavorable) Variance	Prior Year 12/31/20
				Inpatient Utilization				
				Discharges				
1	49	66	(17)	Med/Surg	283	338	(55)	312
2	11	16	(5)	ICU	90	88	2	74
3	60	82	(22)	Total Discharges	373	426	(53)	386
				Patient Days:				
4	163	176	(13)	Med/Surg	1,041	1,020	21	1,060
5	87	92	(5)	ICU	511	535	(24)	555
6	250	268	(18)	Total Patient Days	1,552	1,555	(3)	1,615
7	43	-	43	**Observation days**	150	-	150	123
				Average Length of Stay:				
8	3.3	2.7	0.7	Med/Surg	3.7	3.0	0.7	3.4
9	7.9	5.8	2.2	ICU	5.7	6.1	(0.4)	7.5
10	4.2	3.3	0.9	Avg. Length of Stay	4.2	3.7	0.5	4.2
				Average Daily Census:				
11	5.3	5.7	(0.4)	Med/Surg	5.7	5.5	0.1	5.8
12	2.8	3.0	(0.2)	ICU	2.8	2.9	(0.1)	3.0
13	8.1	8.6	(0.6)	Avg. Daily Census	8.4	8.5	(0.0)	8.8
				Other Utilization Statistics				
				Emergency Room Statistics				
14	764	611	153	Total ER Visits	4,632	3,642	990	4,155
				Outpatient Statistics:				
15	4,480	4,366	114	Total Outpatients Visits	27,754	26,709	1,045	23,073
16	12	17	(5)	IP Surgeries	62	96	(34)	96
17	107	96	11	OP Surgeries	632	567	65	603
18	49	42	7	Special Procedures	327	247	80	275
19	265	290	(25)	Adjusted Discharges	1,711	1,518	193	1,406
20	1,104	949	155	Adjusted Patient Days	7,100	5,529	1,570	5,838
21	35.6	30.6	5.0	Adj. Avg. Daily Census	38.6	30.1	8.5	31.7
22	1.4171	1.4000	0.017	Case Mix Index -Medicare	1.3882	1.4000	(0.012)	1.6691
23	1.4092	1.4000	0.009	Case Mix Index - All payers	1.3582	1.4000	(0.042)	1.5223
				Labor Statistics				
24	201	207	6	FTE's - Worked	204	206	2.0	206
25	225	228	3	FTE's - Paid	228	227	(0.4)	227
26	46.16	44.54	(1.62)	Average Hourly Rate	45.54	44.52	(1.02)	46.48
27	6.32	7.46	1.14	FTE / Adj. Pat Day	5.90	7.56	1.66	7.16
28	36.0	42.5	6.5	Manhours / Adj. Pat Day	33.6	43.1	9.5	40.8
29	150.1	139.0	(11.1)	Manhours / Adj. Discharge	139.6	157.0	17.5	169.5
30	23.4%	24.2%	0.8%	Benefits % of Salaries	24.1%	24.6%	0.5%	21.2%
				Non-Labor Statistics				
31	12.9%	11.8%	-1.0%	Supply Expense % Net Revenue	15.5%	12.5%	-3.0%	15.2%
32	2,422	1,933	(490)	Supply Exp. / Adj. Discharge	2,143	2,197	54	2,337
33	19,369	17,725	(1,644)	Total Expense / Adj. Discharge	17,502	19,599	2,097	19,747
				Other Indicators				
34	46.0			Days Cash - Operating Funds				
35	46.7	50.0	(3.3)	Days in Net AR	43.3	50.0	(6.7)	51.3
36	120%			Collections % of Net Revenue	98%			87.1%
37	44.9	55.0	(10.1)	Days in Accounts Payable	44.9	55.0	(10.1)	46.8
38	20.6%	21.7%	-1.1%	% Net revenue to Gross revenue	16.5%	20.8%	-4.3%	18.3%
39	20.2%			% Net AR to Gross AR	20.2%			16.9%

ATTACHMENT C

Sonoma Valley Health Care District
Balance Sheet
As of December 31, 2021

		Current Month	Prior Month	Prior Year
	Assets			
	Current Assets:			
1	Cash	$ 3,147,129	$ 2,973,404	$ 2,861,564
2	Cash - Money Market	3,843,684	3,843,478	1,737,651
3	Net Patient Receivables	6,560,757	6,836,273	7,678,304
4	Allow Uncollect Accts	(1,804,420)	(1,703,453)	(1,013,225)
5	Net A/R	4,756,337	5,132,820	6,665,079
6	Other Accts/Notes Rec	1,973,768	1,719,523	610,501
7	Parcel Tax Receivable	1,665,888	3,800,000	1,753,089
8	GO Bond Tax Receivable	2,601,816	2,601,816	3,168,950
9	3rd Party Receivables, Net	3,905,706	2,606,905	1,871,339
10	Inventory	1,036,379	1,037,520	889,518
11	Prepaid Expenses	739,622	831,637	653,441
12	Total Current Assets	$ 23,670,329	$ 24,547,103	$ 20,211,132
13	Property,Plant & Equip, Net	$ 51,734,067	$ 51,654,955	$ 52,487,746
14	Trustee Funds - GO Bonds	3,714,896	3,714,864	3,353,994
15	Designated Funds - Board Approved	1,000,000	1,000,000	1,000,000
16	Total Assets	$ 80,119,292	$ 80,916,922	$ 77,052,872
	Liabilities & Fund Balances			
	Current Liabilities:			
17	Accounts Payable	$ 3,640,716	$ 4,017,799	$ 3,229,066
18	Accrued Compensation	3,414,761	4,013,973	3,738,782
19	Interest Payable - GO Bonds	211,709	159,814	448,641
20	Accrued Expenses	2,294,936	2,133,097	1,639,114
21	Advances From 3rd Parties	-	-	-
22	Deferred Parcel Tax Revenue	1,900,002	2,216,669	1,899,986
23	Deferred GO Bond Tax Revenue	1,390,873	1,622,685	1,654,595
24	Current Maturities-LTD	348,292	402,082	308,922
25	Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26	Other Liabilities	1,595,483	1,430,275	120,580
27	Total Current Liabilities	$ 20,270,506	$ 21,470,128	$ 18,513,420
28	Long Term Debt, net current portion	$ 25,073,689	$ 25,113,726	$ 26,721,564
29	Fund Balances:			
30	Unrestricted	$ 19,281,400	$ 18,839,371	$ 17,988,539
31	Restricted	15,493,697	15,493,697	13,829,349
32	Total Fund Balances	$ 34,775,097	$ 34,333,068	$ 31,817,888
33	Total Liabilities & Fund Balances	$ 80,119,292	$ 80,916,922	$ 77,052,872

ATTACHMENT D

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended December 31, 2021

	Month						Year-To- Date				YTD
	This Year		Variance				This Year		Variance		
	Actual		$	%			Actual	Budget	$	%	Prior Year
					Volume Information						
1	60	82	(22)	-27%	Acute Discharges		373	426	(53)	-12%	386
2	250	268	(18)	-7%	Patient Days		1,552	1,555	(3)	0%	1,615
3	43	-	43	0%	Observation Days		150	-	150	*	123
4	$ 18,733	$ 15,717	$ 3,016	19%	Gross O/P Revenue (000's)		$ 112,169	$ 92,586	$ 19,583	21%	$ 85,456
					Financial Results						
					Gross Patient Revenue						
5	$ 5,479,697	$ 6,174,022	(694,325)	-11%	Inpatient		$ 31,417,426	$ 36,142,166	(4,724,740)	-13%	$ 32,674,515
6	11,505,239	9,946,436	1,558,803	16%	Outpatient		68,460,486	58,437,723	10,022,763	17%	51,218,554
7	7,227,407	5,770,661	1,456,746	25%	Emergency		43,708,918	34,148,369	9,560,549	28%	34,438,351
8	**$ 24,212,343**	**$ 21,891,119**	**2,321,224**	**11%**	**Total Gross Patient Revenue**		**$ 143,586,830**	**$ 128,728,258**	**14,858,572**	**12%**	**$ 118,331,420**
					Deductions from Revenue						
9	(20,375,398)	(18,274,954)	(2,100,444)	-11%	Contractual Discounts		$ (120,065,467)	$ (107,439,358)	(12,626,109)	-12%	$ (95,893,570)
10	(150,000)	(150,000)	-	0%	Bad Debt		(1,250,000)	(900,000)	(350,000)	-39%	(710,000)
11	(1,440)	(27,571)	26,131	95%	Charity Care Provision		(48,690)	(165,426)	116,736	71%	(83,000)
12	1,297,989	1,300,000	(2,011)	0%	Prior Period Adj/Government Program Revenue		4,049,297	6,500,000	(2,450,703)	-38%	-
13	**$ (19,228,849)**	**$ (17,152,525)**	**(2,076,324)**	**12%**	**Total Deductions from Revenue**		**$ (117,314,860)**	**$ (102,004,784)**	**(15,310,076)**	**15%**	**$ (96,686,570)**
14	**$ 4,983,494**	**$ 4,738,594**	**244,900**	**5%**	**Net Patient Service Revenue**		**$ 26,271,970**	**$ 26,723,474**	**(451,504)**	**-2%**	**$ 21,644,850**
15	$ 101,484	$ 92,649	8,835	**10%**	Other Op Rev & Electronic Health Records		$ 577,995	$ 555,894	22,101	4%	$ 495,823
16	**$ 5,084,978**	**$ 4,831,243**	**253,735**	**5%**	**Total Operating Revenue**		**$ 26,849,965**	**$ 27,279,368**	**$ (429,403)**	**-2%**	**$ 22,140,673**
					Operating Expenses						
17	$ 1,834,671	$ 1,797,391	(37,280)	-2%	Salary and Wages and Agency Fees		$ 10,874,417	$ 10,610,502	(263,915)	-2%	$ 11,077,409
18	669,397	$ 674,856	5,459	1%	Employee Benefits		4,055,616	4,030,850	(24,766)	-1%	3,867,649
19	$ 2,504,068	$ 2,472,247	(31,821)	-1%	Total People Cost		$ 14,930,033	$ 14,641,352	(288,681)	-2%	$ 14,945,058
20	$ 580,608	$ 512,234	(68,374)	-13%	Med and Prof Fees (excld Agency)		$ 3,442,646	$ 3,071,914	(370,732)	-12%	$ 2,488,628
21	641,633	561,096	(80,537)	-14%	Supplies		3,666,807	3,335,550	(331,257)	-10%	3,286,335
22	454,153	391,559	(62,594)	-16%	Purchased Services		2,605,003	2,375,153	(229,850)	-10%	2,618,219
23	229,639	252,880	23,241	9%	Depreciation		1,429,551	1,517,280	87,729	6%	1,538,590
24	103,415	105,938	2,523	2%	Utilities		775,881	708,505	(67,376)	-10%	749,574
25	48,877	46,909	(1,968)	-4%	Insurance		305,500	281,454	(24,046)	-9%	272,373
26	17,852	17,966	114	1%	Interest		98,364	107,796	9,432	9%	109,309
27	100,758	101,416	658	1%	Other		646,039	605,811	(40,228)	-7%	600,493
28	397,247	600,000	202,753	-34%	Matching Fees (Government Programs)		1,523,042	2,600,000	1,076,958	-41%	620,237
29	**$ 5,078,250**	**$ 5,062,245**	**(16,005)**	**0%**	**Operating expenses**		**$ 29,422,866**	**$ 29,244,815**	**(178,051)**	**-1%**	**$ 27,228,816**
30	**$ 6,728**	**$ (231,002)**	**$ 237,730**	**103%**	**Operating Margin**		**$ (2,572,901)**	**$ (1,965,447)**	**(607,454)**	**-31%**	**$ (5,088,143)**

ATTACHMENT D

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended December 31, 2021

	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual		$	%		Actual	Budget	$	%	Prior Year
					Non Operating Rev and Expense					
31	$ (14,316)	$ 976	(15,292)	-1567%	Miscellaneous Revenue/(Expenses)	$ (60,633)	$ 5,856	(66,489)	*	$ 43,637
32	-	-	-	0%	Donations	20,459	-	20,459	0%	498
33	-	-	-	*	Physician Practice Support-Prima	-	-	-	*	0
34	316,667	316,667	-	0%	Parcel Tax Assessment Rev	1,900,002	1,900,002	-	0%	1,900,002
35	(46,967)	-	(46,967)	0%	Extraordinary Items	(46,967)	-	(46,967)	0%	36
36	**$ 255,384**	**$ 317,643**	**(15,292)**	**-20%**	**Total Non-Operating Rev/Exp**	**$ 1,812,861**	**$ 1,905,858**	**(46,030)**	**-5%**	**$ 1,944,173**
37	**$ 262,112**	**$ 86,641**	**175,471**	**203%**	**Net Income / (Loss) prior to Restricted Contributions**	**$ (760,040)**	**$ (59,589)**	**(653,484)**	**1097%**	**$ (3,143,970)**
38	$ -	$ -	-	0%	Capital Campaign Contribution	$ -	$ -	-	0%	$ -
39	$ -	$ 523,803	(523,803)	0%	Restricted Foundation Contributions	$ 276,141	$ 3,142,818	(2,866,677)	100%	$ 4,534,416
40	**$ 262,112**	**$ 610,444**	**(348,332)**	**-57%**	**Net Income / (Loss) w/ Restricted Contributions**	**$ (483,899)**	**$ 3,083,229**	**(3,567,128)**	**-116%**	**$ 1,390,446**
41	179,917	197,788	(17,871)	-9%	GO Bond Activity, Net	864,416	1,180,645	(316,229)	-27%	1,110,504
42	**$ 442,029**	**$ 808,232**	**(366,203)**	**-45%**	**Net Income/(Loss) w GO Bond Activity**	**$ 380,517**	**$ 4,263,874**	**(3,883,357)**	**-91%**	**$ 2,500,950**
	$ 491,751	$ 339,521	152,230		**EBDA - Not including Restricted Contributions**	$ 669,511	$ 1,457,691	(788,180)		$ (1,605,380)
	9.7%	7.0%				2.5%	5.3%			-7.3%

*** Operating Margin without Depreciation expense:**

$ 6,728	**$ (231,002)**	**$ 237,730**	**103%**	**Operating Margin**	**$ (2,572,901)**	**$ (1,965,447)**	**$ (607,454)**	**-31%**
229,639	252,880	23,241	9%	Add back Depreciation	1,429,551	1,517,280	87,729	6%
$ 236,367	**$ 21,878**	**$ 260,971**	**-980%**	**Operating Margin without Depreciation expense**	**$ (1,143,350)**	**$ (448,167)**	**$ (519,725)**	**-155%**

Sonoma Valley Health Care District
Variance Analysis
For the Period Ended December 31, 2021

ATTACHMENT E

Operating Expenses	**YTD Variance**	**Month Variance**	
Salary and Wages and Agency Fees	(263,915)	(37,280)	Salaries and wages are under budget by $42,535 and agency fees are over by ($79,815). Agency fees are over budget in ICU, surgery, Respiratory Therapy, MRI and Social Services.
Employee Benefits	(24,766)	5,459	
Total People Cost	**(288,681)**	**(31,821)**	
Med and Prof Fees (excld Agency)	(370,732)	(68,374)	Professional fees are over budget due to higher than budgeted UCSF management costs including the unbudgeted position of IT director which is offset by a savings in salaries & wages.
Supplies	(331,257)	(80,537)	Supplies are over budget in surgery due to higher than budgeted implant costs ($71,632).
Purchased Services	(229,850)	(62,594)	Purchased services are over budget primarily due to higher than budgeted IT costs including the increase in the Paragon extension ($26,441) and in Plant Operations R&M ($23,682).
Depreciation	87,729	23,241	
Utilities	(67,376)	2,523	
Insurance	(24,046)	(1,968)	
Interest	9,432	114	
Other	(40,228)	658	
Matching Fees (Government Programs)	1,076,958	202,753	January - December 2021 HQAF IGT matching fee
Operating expenses	**(178,051)**	**(16,005)**	

Sonoma Valley Hospital
Cash Forecast
FY 2022

ATTACHMENT F

		Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
	Hospital Operating Sources													
1	Patient Payments Collected	3,768,614	3,604,012	3,741,094	3,556,171	3,899,456	4,078,858	3,667,320	3,580,044	3,818,142	3,646,790	3,763,729	3,682,225	44,806,456
2	Other Operating Revenue	50,926	33,133	27,360	158,301	168,773	44,417	77,649	77,649	77,649	77,649	77,649	77,637	948,792
3	Other Non-Operating Revenue	10,121	10,229	9,624	10,574	10,823	9,676	14,516	14,516	14,516	14,516	14,516	14,518	148,146
4	Unrestricted Contributions	14,875			6,564	12,201								33,640
5	Line of Credit													-
	Sub-Total Hospital Sources	**3,844,535**	**3,647,375**	**3,778,079**	**3,731,610**	**4,091,253**	**4,132,951**	**3,759,485**	**3,672,209**	**3,910,307**	**3,738,955**	**3,855,894**	**3,774,380**	**45,937,033**
	Hospital Uses of Cash													
6	Operating Expenses	5,686,921	4,339,055	4,171,999	4,009,059	3,881,749	5,775,434	4,332,476	4,171,825	4,321,291	4,274,996	4,337,288	4,306,571	53,608,664
7	Add Capital Lease Payments	116,550	26,560	34,320	20,919	15,355	93,827	14,502	14,502	14,502	14,502	14,502	82,109	462,150
8	Additional Liabilities/LOC													-
9	Capital Expenditures	114,099	104,421	21,501	56,972	29,172	-	1,590,000	445,500	445,500	445,500	638,012	638,012	4,528,689
	Total Hospital Uses	**5,917,571**	**4,470,037**	**4,227,821**	**4,086,949**	**3,926,275**	**5,869,260**	**5,936,978**	**4,631,827**	**4,781,293**	**4,734,998**	**4,989,802**	**5,026,692**	**58,599,502**
	Net Hospital Sources/Uses of Cash	**(2,073,036)**	**(822,662)**	**(449,742)**	**(355,339)**	**164,978**	**(1,736,310)**	**(2,177,493)**	**(959,618)**	**(870,986)**	**(996,043)**	**(1,133,908)**	**(1,252,312)**	**(12,662,470)**
	Non-Hospital Sources													
10	Restricted Cash/Money Market			1,000,000	2,000,000	(1,203,742)		(2,000,000)						(203,742)
11	Restricted Capital Donations	107,079	101,291	27,342	19,084	8,258		75,000	333,000	333,000	333,000	525,512	525,511	2,388,077
12	Parcel Tax Revenue	164,000					2,134,112				1,662,000			3,960,112
13	Other Payments - Ins. Claims/HHS/Grants/Loans					1,203,742	173,982	308,000		462,000		850,000		2,997,724
14	Other:													-
15	IGT			51,360				2,717,483	1,298,801				89,000	4,156,644
16	IGT - AB915			70,338								335,000		405,338
17	QIP					42,180								42,180
	Sub-Total Non-Hospital Sources	**271,080**	**101,291**	**1,149,040**	**2,019,084**	**50,438**	**2,308,094**	**1,100,483**	**1,631,801**	**795,000**	**1,995,000**	**1,710,512**	**614,511**	**13,746,333**
	Non-Hospital Uses of Cash													
18	Matching Fees		29,494		1,096,301		398,059					44,500		1,568,354
	Sub-Total Non-Hospital Uses of Cash	-	29,494	-	1,096,301	-	398,059	-	-	-	-	44,500	-	1,568,354
	Net Non-Hospital Sources/Uses of Cash	**271,080**	**71,797**	**1,149,040**	**922,783**	**50,438**	**1,910,035**	**1,100,483**	**1,631,801**	**795,000**	**1,995,000**	**1,666,012**	**614,511**	**12,177,979**
	Net Sources/Uses	**(1,801,956)**	**(750,865)**	**699,298**	**567,444**	**215,416**	**173,725**	**(1,077,010)**	**672,183**	**(75,986)**	**998,957**	**532,104**	**(637,801)**	
	Operating Cash at beginning of period	4,044,067	2,242,111	1,491,246	2,190,544	2,757,988	2,973,404	3,147,129	2,070,119	2,742,302	2,666,316	3,665,273	4,197,377	
	Operating Cash at End of Period	**2,242,111**	**1,491,246**	**2,190,544**	**2,757,988**	**2,973,404**	**3,147,129**	**2,070,119**	**2,742,302**	**2,666,316**	**3,665,273**	**4,197,377**	**3,559,576**	
	Money Market Account Balance - Undesignated	5,638,824	5,639,115	4,639,373	2,639,564	3,843,478	3,843,684	5,843,684	6,843,684	6,843,684	6,843,684	6,843,684	6,843,684	
	Total Cash at End of Period	**7,880,935**	**7,130,361**	**6,829,917**	**5,397,552**	**6,816,883**	**6,990,813**	**7,913,803**	**9,585,986**	**9,510,000**	**10,508,957**	**11,041,061**	**10,403,260**	
	Average Days of Cash on Hand	**58.8**	**52.3**	**45.5**	**40.0**	**36.5**	**46.3**							
	Days of Cash on Hand at End of Month	**54.6**	**50.1**	**47.3**	**35.3**	**45.1**	**46.0**	**53.8**	**65.2**	**64.7**	**71.5**	**75.1**	**70.8**	

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

To: SVHCD Board of Directors
From: John Hennelly
Date: 02.03.22
Subject: Administrative Report

December statistics continued along the trend we've seen for the first half of the fiscal year. Clinical quality metrics remain consistently strong while service scores remain inconsistent. In raw scores our customers remain satisfied with their care. When compared to other hospitals, we can improve. December financial performance continues the FY trends. Outpatient and ED volumes remain stronger than budget while inpatient cases have not met budget. Net income before non-operating items was $262,112, exceeding the budget of $86,641. EBDA was 9.7% versus a budget of 7%.

At SVH, December and January brought the highest Covid volumes of the pandemic to the hospital. Positivity rates post-holiday, impacted by the new Omicron variant, have increased significantly. Hospitalizations jumped almost exclusively due to people not being vaccinated. Severe illness and death were at record numbers. The prevalence of Covid in the community has greatly affected staffing. To date we've been able to staff all areas. No services have been reduced.

The ODC has begun again with the engagement of SKA (architects) and GMH builders. They are in the investigation stage of phase 1. We are approaching the project differently going forward. We will be spending more time (and money) in investigative stages to gather as much information as possible before engaging a contractor. Along these lines we will be contracting with SKA to revise the phase 1 design, primarily around air flow, to get HCAI (OSHPD) buy in over the next couple of months. Once that work is complete, we will execute a contract with GMH to do the work. GMH will be completing a few minor components while SKA is addressing the design issues.

EPIC remains on track for a December go live. Contracting details are being finalized with Providence and recruitment of a project manager is underway.

Update from 2025 Strategic Plan:

Strategic Priorities	Update
Enhance Quality and Services through the affiliation with UCSF Health	➢ We continue to focus on building relationships within the UCSF network o GI o Primary Care (Marin Health MG) o Gyn ➢ We are exploring contracting arrangements with various entities to create the best environment for recruiting physicians. ➢ A finalist has been identified for the CFO position. Offer pending.

Exceed Community Expectations especially in Emergency Services	➢ The hospital continues to provide guidance to our community regarding Covid guidelines. ➢ The hospital has expanded availability of boosters to the community through the hospital drive through. Appointments still need to be referred by a primary care physician. ➢ Phase 1 of the ODC continues to develop. Resolution of the Dome contract is complete. Dome and Taylor continue to provide the necessary documents to transition off the project. All data is expected to be received and final payment to Dome should occur by the end of January. Settlements with key subcontractors is complete. ➢ Engagement continues with community groups and community members.
Ensure Patients receive Excellent, Safe care	➢ Covid screening protocols continue to be deployed throughout the hospital. No issues have been identified. While the state does permit Covid positive staff to continue to work in extreme situations, SVH has continued its protocol of quarantining any staff who tests positive. ➢ Implementation of Epic is in the planning phase. Go live scheduled for December 2022.
Provide Access to Excellent Physicians	➢ The team continues to work on recruitment efforts to bring MDs to Sonoma. Focus currently on primary care and surgery.
Be a Healthy Hospital	➢ The State had mandated boosters for all hospital staff by 1/31. That mandate has been pushed to 2/28. We continue to strive for all staff to be fully vaccinated to minimize the risk of severe illness. We currently have 10 staff who are not vaccinated. We are planning for their departure 2/28/22.

SVH Performance Score Card

1. Quality and Safety

Objective	Target	Last period	This period	Trend	Supporting detail
Infection Prevention					
Central Line Blood Stream Infection CLABSI per 10k pt days	<1	0.0	0.0	⇆	
Catheter Associated Urinary Tract Infection- CAUTI per 10k pt days	<1	0.0	0.0	⇆	
CDIFF Infection per 10k pt days	<0.9	0.0	0.0	⇆	
Safety					
Patient Fall per 1000 pt days	<3.75	7.2	0.0	↑	No falls in December
Patient fall with injury per 1000 pt days	<3.75	0.0	0.0	⇆	
Surgical Site Infections per 1000 Acute Care Admissions	0.00	0.0	0.0	⇆	
Core Measures					
Sepsis Early Management Bundle % compliant	>81%	62.5 (n=5)	66.7 (n=6)	↑	Improvement seen month over month
Severe Sepsis 3 hour Bundle % compliant	>94%	77.8 (n=7)	83.3 (n=6)	↑	
Severe Sepsis 6 hr Bundle % compliant	100.00	100 (n=6)	100 (n=1)	⇆	
Core OP 23- Head CT within 45 mins % compliant	100.00	100 (n=3)	100 (n=1)	⇆	
Mortality					
Acute Care Mortality Rate %	<15.3	3.1	1.7	↑	
ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	124.5 (n=32)	171 (n=19)	↓	
Core Op 22 ED Left without being seen LWBS	<2%	1.1	1.2	↑	
PSI 90					
PSI 90 Composite Acute Care Admissions	0.00	0.0	0.0	⇆	
Preventable Harm					
Preventable Harm Events Rate	0.00	0.4	0.2	↑	Improved
Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	5.77	13.21	↓	Lower is better

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

2. Employees

Objective	Target	Last period	This period	Trend	Supporting Detail
Turnover	<3%	2.2	1.4	↑	
Workplace Injuries	<20 Per Year	1.0	1.0	↑	4 Injury in Q4, 11 Total YTD 2021

3.Patient Experience

Objective	Target	Last period	This period	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>50%	82.0	91.0	↑	
Communication	>60%	29.0	55.0	↑	
Discharge Instructions	**>70%**	25.0	99.0	↑	
HCAHPS					
Recommend the hospital	>50%	3.0	68.0	↑	
Communication with Nurse	>50%	5.0	1.0	↓	
Communication with Doctor	>50%	22.0	1.0	↓	
Cleanliness of Hospital	>50%	24.0	70.0	↑	
Communicaiton about medicines	>60%	34.0	5.0	↓	
Discharge Information	>50%	4.0	5.0	↑	

4. Volume

Objective	Target	Last period	This period	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>750	710.0	764.0	↑	
Surgical Volume Outpatient	>80	89.0	107.0	↑	
Surgical Volume Inpatient	>13	6.0	12.0	↑	
Inpatient Discharges	>50	62.0	60.0	↓	

5. Financial

Objective	Target	YTD Last period	YTD This period	Trend	Supporting Detail
EBDA in %	0.5	0.8	2.5	↑	
Days Cash on Hand month end	42	36.5	46.3	↑	
Net Revenue $M	49	21.0	26.0	↑	

To:	**SVHCD Board of Directors**
From:	**Sabrina Kidd, MD**
Meeting Date:	**February 3, 2022**
Subject:	**CMO Report**

January Highlights Included:

1. COVID-19:
    a. Case numbers, ED visits, and hospitalizations hit record highs while we simultaneously experienced severe staffing shortages. With excellent teamwork we have been able to maintain all service lines including elective procedures.
    b. We continue to be the Sonoma County "hub" for antibody infusion therapy distribution and provided a record number of Sotrovimab infusions in the month of January (13 patients in the first 3 weeks of January 2022).
    c. Our lab processed over 630 COVID-19 PCR tests in the first 3 weeks of January which is on target for a record high during the pandemic to date. (We processed 4951 tests during 2021 total).
    d. Vaccines:
        1. Boosters were mandated for all healthcare workers by CDPH on December 22, 2021 and as of February 1, 2022 all were required to be in compliance or face suspension from on site duties.
2. EPIC Implementation:
    a. We are working with legal and finalizing the terms of the EPIC contract. We are on schedule for our reserved December 3, 2022 "Go Live" date.
3. Med-Surg / ICU / Surgery / ED Updates:
    a. Case Management: We have experienced some turnover in our case management department and are actively working to resolve the resulting shortage.
4. Medical Staff:
    a. December meetings included: Medicine Committee, Surgery Committee, PI/PT and MEC/Peer Review.
    b. The next General Medical Staff meeting will be held February 15th via Zoom.
5. UCSF:
    a. Physician Recruitment
        i. We continue to work closely with UCSF on a potential solution for physician recruitment and GI in Sonoma.

Annual Quality Report

Year Ending 2021

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

Quality Overview 2021

- Metrics measured and reported monthly to Board Quality
  - Mortality
  - AHRQ Patient Safety Indicators
  - Patient Falls
  - Readmissions
  - Blood Culture Contamination
  - Stroke Core Measures
  - Utilization Management
  - Core Measures- Sepsis/ED/Colonoscopy
  - Infection Prevention
  - Inpatient and Outpatient Satisfaction

SONOMA VALLEY HOSPITAL
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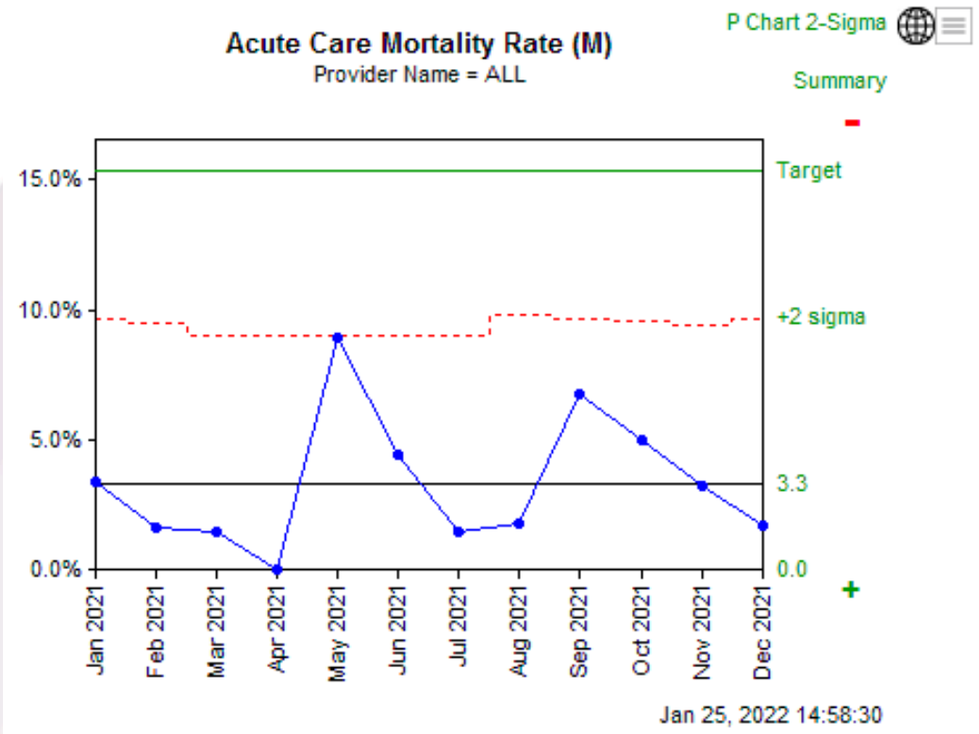
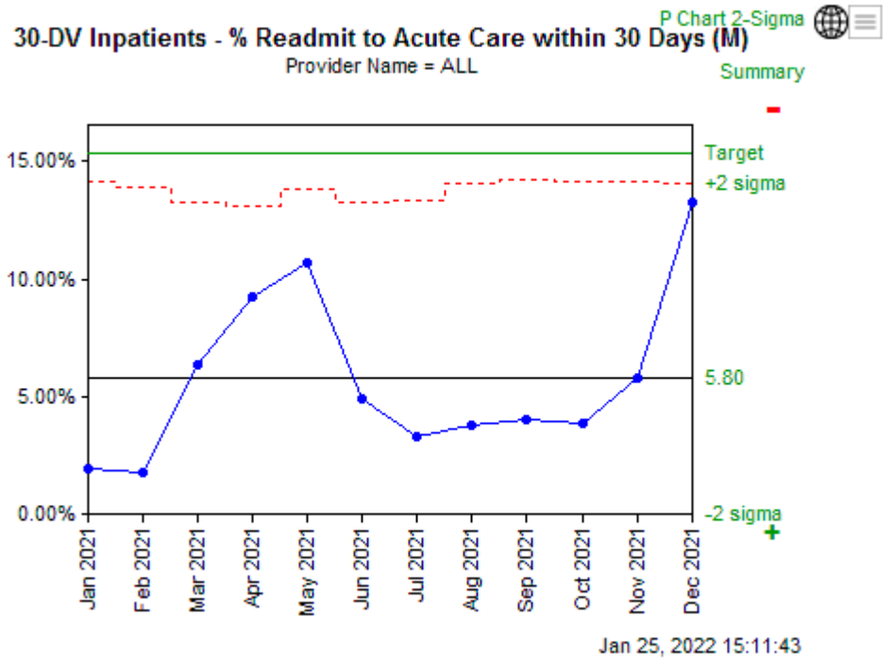
Quality Success 2021

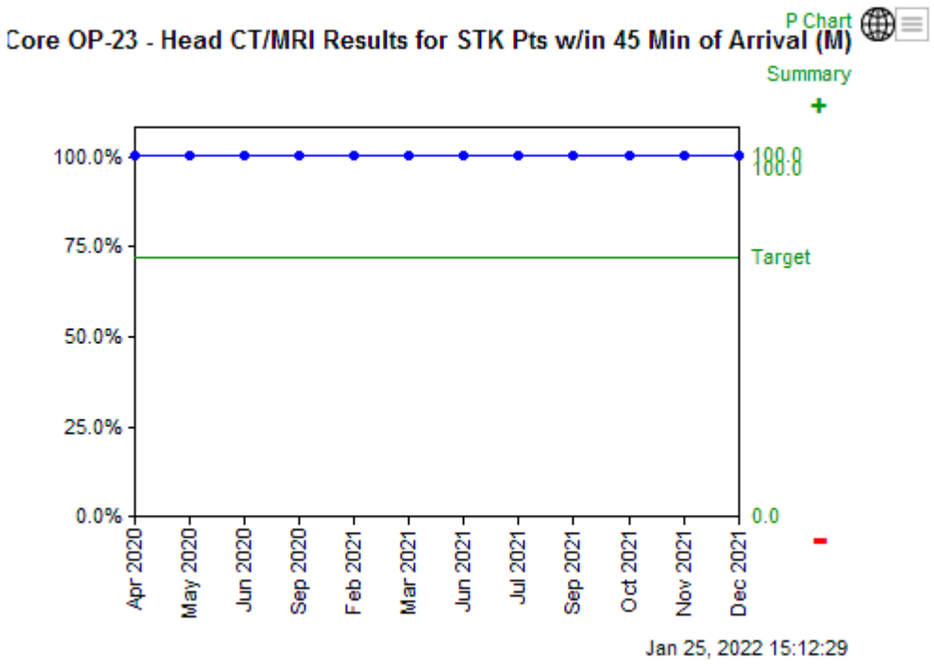
- Mortality Rates below benchmark 2021
- Falls with injury below benchmark 2021
- % of readmissions below benchmark for 2021
- Exceeded measures for stroke care each month

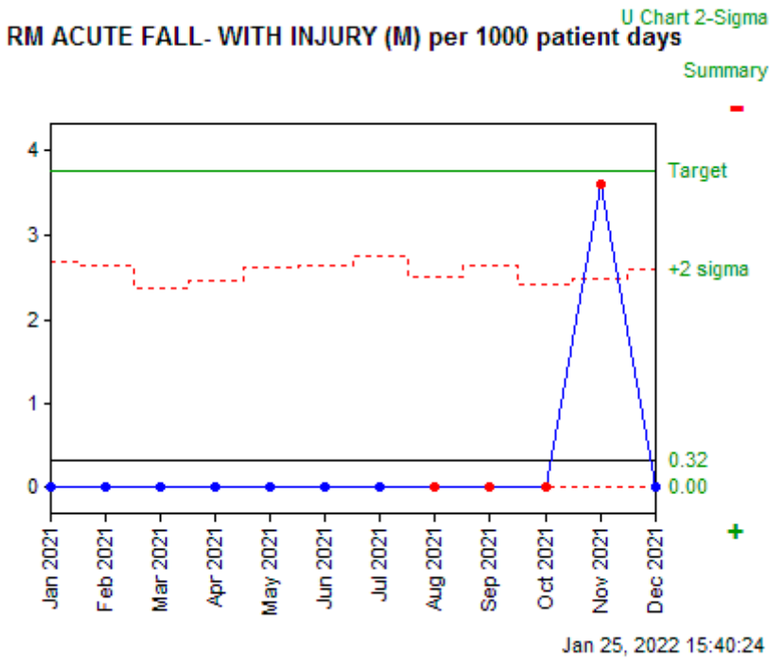
SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Success Data









SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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Opportunity for Improvement for 2022

- Opportunity to decrease LOS
- Continued collaboration between quality department and ED department to make significant improvements in our Sepsis measures, improvement seen Q4 2021
- Patient Satisfaction will be a hospital wide focus for 2022

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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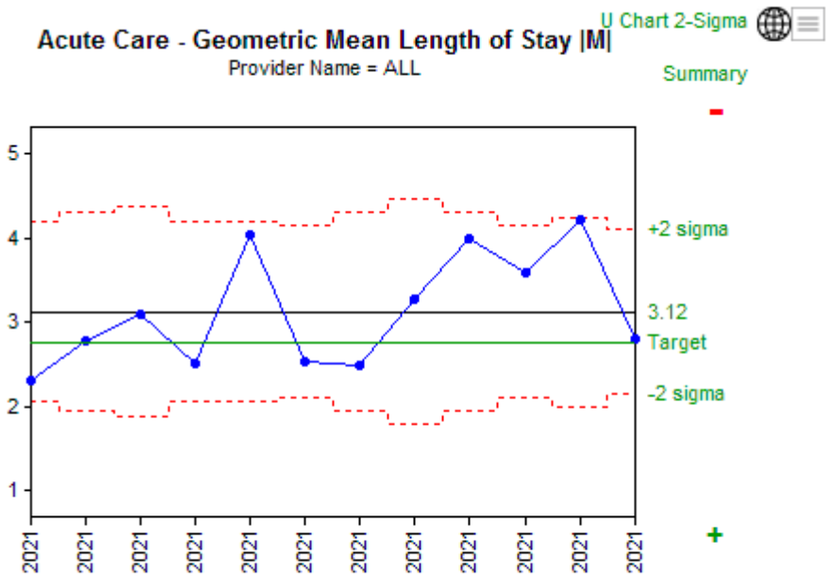
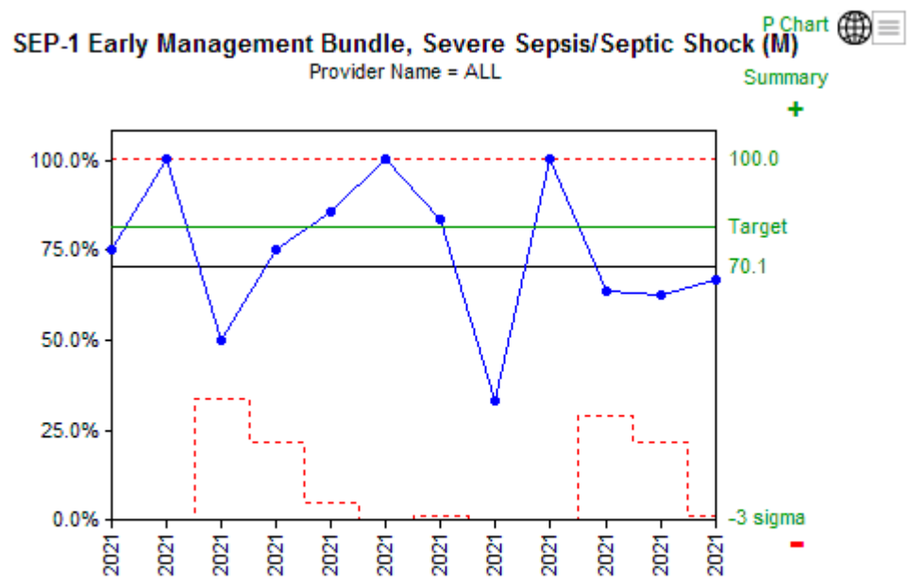
Opportunity Data





Service > HCAHPS

Indicator	Performance	Most Recent	Trend	Period				
01-Rate hospital 0-10 |M|	Bet. Target & Alarm	43	Improved	Sep 2021	50	30	n/a	25
01-Rate hospital 0-10 |Rolling 12 M|	Breaches Alarm	9	Deteriorated	Aug 2021	50	30	n/a	18
02-Recommend the hospital |M|	Target Met	99	Improved	Sep 2021	50	30	n/a	29
02-Recommend the hospital |Rolling 12 M|	Breaches Alarm	18	Improved	Aug 2021	50	30	n/a	19
03-Communication w/ Nurse |Rolling 12 M|	Breaches Alarm	23	Deteriorated	Aug 2021	50	30	n/a	32
03-Communication w/ Nurses |M|	Bet. Target & Alarm	33	Improved	Sep 2021	50	30	n/a	25

Quality Department Re-alignment

- Case Management and Social Work department now reporting to the CNO
- Quality Department reports to the CMO instead of CEO
- Department Members
  - Director of Quality and Risk Management
  - Quality Systems and Data Analyst
  - Infection Preventionist/Employee Health Nurse

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Quality Data Abstraction

- Traditionally data abstraction was performed by one individual, now is divided up between team members whilst we await the implementation of Q-Centrix (USCF connection)
- Q-Centrix is a data abstraction, quality focused and performance improvement company that provides secure quality data management to support a hospitals strategic initiatives. They will also take the lead on our infection prevention data abstraction.
- This transition will enable more time to focus on actionable items for the quality department

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Clinical Quality Review

- Director of Quality performs a weekly thorough quality review of all:
  - readmissions
  - hospital acquired infections,
  - surgical site infections,
  - frequent ER visits
- The reviews are then referred to departments or medical staff to review and institute plans of correction when indicated.

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COVID 19 Support

- Our Infection Preventionist takes all intake calls from employees regarding COVID 19 symptoms or exposures and refers to testing via our drive through or on an individual basis
- IP or Director of Quality follow up with staff regarding results and plan for return to work (RTW) following CDPH Guidelines
- Close communication between IP and Departmental Leaders regarding RTW plan to minimize affect on staffing
- Weekly Infection Control Committee Meetings to discuss COVID 19 employee issues and IP support
- Collaboration with CMO to revise/update COVID 19 policies and procedures

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Peer Review Support

- Director of Quality, through clinical quality review, patient grievances, or referrals, completes the Peer Review form and refers to appropriate medical director for follow up
- This has allowed for a more robust peer review process at SVH. On average there are 5-7 peer review cases that are reviewed by the Medical Executive Committee each month
- Results of the peer review are shared with the identified provider via a follow up letter with outcomes of the peer review and recommendations by MEC

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Grievance/Risk Management Support

- All patient grievances and/or complaints are investigated immediately upon receipt
- Patient grievances are received via letter, phone calls or verbally in-person. All grievances are entered into our risk management system (MIDAS) and are followed by the Director of Quality
- All grievances receive a letter within 7 days acknowledging receipt and a second letter within 30 days with follow up results of investigation and resolution

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Clinical Quality Committee Support

- Clinical Quality Committee meets monthly with all departmental leaders
- Each leader updates their progress on their QA and PI projects to the group
- Opportunity for all departmental leaders to meet and discuss quality issues; often an issue effects more than one department. This committee enables a platform to discuss, in real time, quality issues and formulate action plans

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QIP Partnership Award

- Sonoma Valley Hospital was recognized by Partnership HealthPlan of California (PHC), a nonprofit private healthcare organization, for scoring at the top of their Hospital Quality Improvement Program. SVH was one of just three hospitals in Northern California to be recognized for achieving a perfect score of 100%.
- Metrics reported were for the following:
  - Readmissions
  - Advance Care Planning (Palliative Care)
  - Patient Safety Events
  - Immunization Reporting
  - Patient experience/Patient Satisfaction

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Upgraded Statit and Administrative Dashboards

- Significant efforts made to improve Statit, our quality results dashboard, to achieve valid and reliable data abstraction, review and reporting on a monthly basis
- Formulation of the SVH Performance Dashboard for the administrative report

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To:	**SVHCD Board of Directors**
From:	**John Hennelly, President and CEO**
Meeting Date:	**January 25, 2022**
Subject:	**ODC Contract Design Selection Review Phase 2**

The hospital engaged Earl Consulting to review the ODC project to date and provide feedback, in collaboration with the Owner's Rep, Vertran Associates, and hospital executives John Hennelly and Kimberly Drummond. The review focused on key documentation through the course of the project including but not limited to status updates, meeting minutes and hospital and Board reports. The following summary is a compilation of the feedback from this group.

PHASE 1 – Dome Contract

The Outpatient Diagnostic Center (ODC) project began using a design build contract. Through a bidding process, SVH contracted with Dome Construction and Taylor Design to provide both the design of the project and the construction. The agreement failed to achieve the desired goals of the installation of a new CT and MRI and the renovation of surrounding areas for $21 million. There were several key facets that led to the failure of the project:

1. **Personnel** –
    a. During the bid phase, contractors provided their 'team.' The Dome team consisted of highly experienced individuals. The team assigned by Dome to the project was nowhere near the caliber of the team they included in the bid documents.
    b. The project superintendent was changed multiple times.
    c. One of the key results of (a) and (b) was that there was weak leadership of the project. Dome failed to adequately manage their subcontractors or the schedule.
    d. The assigned owner's representative changed mid project.
2. **Preparation** – there was a significant gap in preparation before construction began. This was likely the key failure in the project. Even a weak team can implement a solid plan.
    a. As-builts were not verified despite the owner recommending that they be confirmed.
    b. Existing conditions were 'assumed' in lieu of field work.
    c. Decisions on how to accommodate the MRI were deferred to some future time which prevented the team from fully understanding the total cost of the project.
3. **Contract Design** – the District was limited to the use of one of two models for contracting major capital projects; *design build* or *lowest responsive bidder*. Design-build was selected for this project. Given the high level of uncertainty in an older, existing structure, this model was not successful. As observed when costs are capped and existing conditions are not well understood, the design-builder will find ways to limit its risk through higher fees or exclusions. Existing conditions can be understood to minimize any exclusions before the project begins with

adequate discovery. Unfortunately, it can actually benefit the design-builder not to uncover the risks at the outset, but to identify them mid project and increase project costs via change orders.

4. **Accountability –** throughout the project, numerous deficiencies were discussed relating to design flaws, work product and scheduling. While issues were routinely raised, resolution ownership was not assigned and followed up on such that resolutions were often delayed or unrealized.

Going Forward

Phase 1 still needs to be completed. We are direct contracting with GMH Builders to finish phase 1. We will be using the standard AIA contract set to engage both GMH and SKA architects to complete this phase. Both organizations are submitting 'precon' contracts so that they can work with HCAI (OSHPD) and do investigative work before full contracts are submitted utilizing full investigative data.

While that work is being completed, we must issue an RFP for the remainder of the project, revision of the design, renovation of the imaging department and installation of the MRI. The decision to be made is which design to use for this contract; design-build, lowest responsive bidder, or something else? SVH Board Policy governing the procurement of construction contracts limits the hospital to either the lowest responsive bidder or design-build delivery (using best value selection) when the contract is in excess of $175K.

We have outlined above the drawbacks of using a **design-build model**. In fact, the design work is limited to revisions.

Lowest responsive bidder is designed to drive bidders to create the most efficient/cost effective way to complete a project. It does drive bids down. That having been said, it does not necessarily result in the best value. Quality may be compromised. There are no performance criteria that can be used for selection of one contractor over another. Public Contract Code 2000-2010 outlines the responsive bidder definition (Link to code section: Codes Display Text (ca.gov)) Low bid selection of a project is ideal when all project risks are known and the project scope is well defined.

Vertran has identified several alternate project delivery methods. These will require board approval and the adoption of new policies.

1) Some district hospitals are able to undertake job order contracts or award contracts through task orders or work orders as they do the contracting instead of the district. The makeup of the hospital versus district allows for such a delivery (i.e. the district does not sign work orders or enters into contracts but rather the hospital – a separate entity, enters into contracts).
2) Similarly, certain state public agencies (through approved legislation) are able to directly enter into job order contract arrangements with a max contract amount of $5M and an overall cap of $10M under Public Contract Code. AB2580 established that LA Unified School District could enter into these contract arrangements. PCC 20919 further expanded the ability of other state agencies to use the contracting method including the Golden Gate Bridge.

Given the state of the project, and the need to drive to completion as expediently as possible, our intent is to utilize the lowest responsive bidder framework. We further recommend that the Board pursue expanding the options for contracting for future projects.

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To:	**SVHCD Board of Directors**
From:	**John Hennelly, President and CEO**
Meeting Date:	**February 3, 2022**
Subject:	**2022 Strategic Plan**

The enclosed strategic plan provides a current state of our market, growth projections for healthcare, and provides updated detail on the strategic imperatives outlined in Vision 2025.

The District continues to grow at a very modest pace in concert with surrounding communities. All growth is coming from the 65+ age group. The percentage of the population 65 or older has risen again from 24.8% in 2019 to 27.4% in 2021.

While you will read about the continuation of the Outpatient Diagnostic Center and the plan for the implementation of Epic, there are many tactics that are in their infancy, and not ready to be forecasted for investment. Each has been reviewed for alignment with the strategic plan and is now being tested for market and financial viability. If viable, the projects below would be launched or brought for funding:

Q4-22

- structure with UCSF for new physicians to meet market deficits such as gastroenterology
- promotion of community wellness

Q1-23

- specialty/destination services to leverage the cache of Sonoma
- strategies to expand cardiac services in concert with medical staff and affiliation partners to enable SVH to admit and treat more cardiac patients

Q2-23

- strategies to expand physical therapy services to meet the market demand

Ongoing:

- collaboration with UCSF specialty departments to provide services in Sonoma such as oncology or neurology

It is my expectation that we will launch 2-3 of these initiatives successfully in the coming year.

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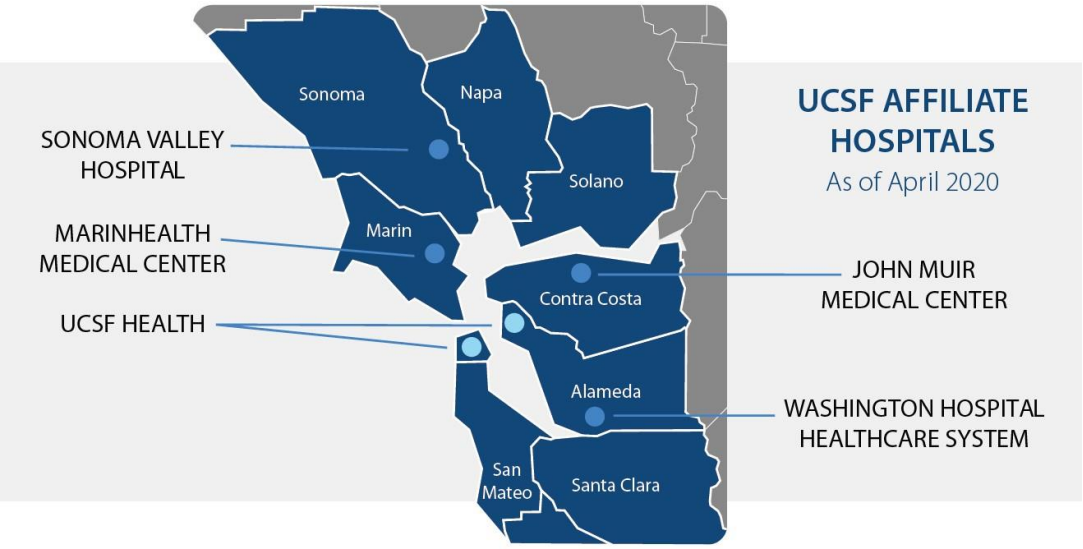
STRATEGIC PLAN 2022 01.31.2022

INTRODUCTION

The healthcare market continues to evolve. Beyond the ongoing consolidation of care sites and health systems, the global pandemic has forced a dramatic change in the provision of care. Specifically, we have taken a significant leap forward in the adoption of virtual care. Urgent care, primary care, and specialty care have all accelerated their deployment of virtual visits. This leads to better access to care but impacts hospitals in the potential to reduce low acuity ED visits. Notably, Covid-19 has accelerated the move to virtual care.

Sonoma Valley Hospital's role in the community remains vital. The hospital continues to be the primary access point for healthcare beyond primary care. The hospital strives to be the destination for emergent, diagnostic, and routine secondary, inpatient care. In partnership with our care network anchored by UCSF, the hospital strives to provide access to all services.



This plan outlines the strategic imperatives and tactics necessary to ensure Sonoma Valley Hospital effectively serves the community in the coming years.

MARKET

Hospitals continue to face a challenging marketplace. Services are gravitating toward outpatient settings as care becomes more efficient and inpatient care in some instances becomes unnecessary. This impacts volumes and revenues at the hospital. Additionally, insurers, including the Federal Government, fail to reimburse hospitals at rates commensurate with the cost of providing inpatient care. Many private insurers are actively redirecting care away from hospitals in search of less expensive care sites. While not unique to Sonoma Valley, SVH must strive to overcome these challenges as we look toward the future.

The care provided by SVH continues to be overwhelmingly focused on our primary communities, from Glen Ellen to Schellville. While the total population in our service area is projected to stay flat over the next five years, Sonoma and the surrounding community will continue to age. In 2015, 19.5% of our community was over the age of 64. In 2019 that rose to 24.8%. Today seniors make up 27.4%. Sg2, the healthcare intelligence provider, projects that our community will be 29.8% seniors by 2026. This growing seniors demographic is reflected in the hospital's dependence on Medicare and Medi-Cal reimbursements which currently represent around 74% of gross revenue.

Sonoma Valley Hospital's market share varies by service line. SVH is the inpatient market leader in general medicine and orthopedics and the outpatient market leader in diagnostics, the treatment of fractures, and wound care. The hospital trails Kaiser in both inpatient and outpatient surgery. Providence St Joseph also commands a significant market share.

While there is growth projected in the inpatient market over the next few years, it is modest at approximately two admissions per month.

Adult IP Forecasts	Volume		Growth
Zip Code 95476	**2019**	**2024**	**2019 - 2024**
General Medicine	841	873	32
Cardiovascular	364	393	29
Orthopedics	303	282	(21)
Women's Health	255	239	(16)
General Surgery	240	240	-
Neurosciences	135	139	4
Cancer	109	109	-
Spine	70	67	(3)
Other	38	40	2
Grand Total	**2,355**	**2,382**	**27**

Source: Sg2

Large growth continues to be projected in the outpatient arena. From 2019 to 2024, our need for outpatient services is expected to grow by approximately 40,000 visits across all specialties. That averages out to roughly 8,000 new visits per year according to Sg2. Some of that volume may be backloaded, delayed due to Covid, and present larger increases in the next few years. Based upon these projections, the hospital will be exploring opportunities in many of the services listed below. Of specific focus will be orthopedics, cardiology, cancer, neurosciences and ophthalmology. We will continue to work with our community-based behavioral health partners to ensure that services meet the growing demand.

Adult OP Forecasts	Volume		Growth
Zip 95476 Code	2019	2024	2019 - 2024
Orthopedics	88,254	93,889	6% (5,635)
Spine	66,780	69,091	3% (2,311)
General Medicine	63,097	65,329	4% (2,232)
Behavioral Health	30,814	38,232	24% (7,418)
Cardiology	30,966	34,654	12% (3,688)
Cancer	31,548	34,170	8% (2,622)
Neurosciences	28,893	31,485	9% (2,592)
Ophthalmology	25,947	28,415	10% (2,468)
Dermatology	23,861	25,879	8% (2,018)
Pulmonology	12,579	13,785	10% (1,206)
Nephrology	10,255	13,104	28% (2,849)
Endocrine	11,613	12,914	11% (1,301)
ENT	12,387	12,895	4% (508)
Gynecology	9,483	9,231	-3% (-252)
Gastroenterology	7,746	8,540	10% (794)
Urology	7,313	7,868	8% (555)
Vascular	4,958	5,500	11% (542)
Burns and Wounds	5,070	5,476	8% (406)
Infectious Disease	4,886	5,277	8% (391)
General Surgery	4,818	5,162	7% (344)
Allergy and Immunology	4,862	5,095	5% (233)
Rheumatology	4,501	4,748	5% (247)
Obstetrics	4,018	3,972	-1% (-46)
Breast Health	3,059	3,220	5% (161)
Hematology	1,800	2,006	11% (206)
Hepatology	1,282	1,441	12% (159)
Genetics	303	349	15% (46)
Grand Total	501,090	541,728	8% (40,638)

Source: Sg2

STRATEGIC INITIATIVES

In 2020, SVH identified four core strategic initiatives that will position SVH for success in the coming years.

1. Build a robust clinical service collaboration with UCSF. We will use our accessibility and efficiency to create a seamless patient experience with our partner, UCSF Health, and be recognized as their outpatient center in our region.
2. Exceed community expectations, especially in Emergency Services. Our Emergency Department is our core service to the community and we will continue to provide a place where people receive excellent care. We are trusted to provide the necessary emergency services our community expects.
3. Become a high-performing hospital. We are already among the top hospitals nationally for quality and safety. We are committed to continued improvement to earn the highest rankings, emphasizing our core values and the human experience.
4. Provide access to excellent physicians. SVH will continue to ensure our community has access to physicians locally and continue to bring specialists to the community so residents have access to the care they need close to home, including offering UCSF Health specialty services to the region.

The following are projects and tactics currently underway in support of our strategic initiatives.

UCSF Health Affiliation

- Implementation of a new electronic health record, EPIC, to align systems. UCSF has used the EPIC electronic health record for an extended period of time. SVH has chosen to migrate from our current system to EPIC to enable providers and patients to see all of their health information on one record.
- Implementation of telehealth services. Since before the pandemic, UCSF has provided telehealth services for inpatient consults. SVH is committed to expanding that relationship to include various outpatient specialties.
- Integration of IT services. SVH has engaged UCSF to provide management services over the information technology sector to insure the hospital has the best-in-class services and information.
- Collaboration on specialty clinics. SVH has engaged UCSF and the affiliate network to co-host specialty clinics in Sonoma.

Outpatient Diagnostic Center – This facility will bring best-in-class diagnostic services to Sonoma Valley and serve as a diagnostic center for UCSF Health patients throughout the North Bay. It will create operational efficiencies, increase revenue and meet the needs of our community and region for years to come.

Emergency Services – We offer excellent, compassionate emergency services which we continue to improve, such as by maintaining our Acute Stroke Ready Certification which improves care for stroke patients and providing access to UCSF Health physicians. We will continue to reduce wait times and improve the patient experience, understanding how vital the hospital is to the health of our community in providing excellent care, saving lives and being prepared to help with natural disasters.

Maintain active clinical partnerships with community providers. From the Community Health Center and our primary care providers to Sonoma's excellent schools to partners such as La Luz, By The Bay Health and Vintage House, the community is much better served when we have strong relationships among organizations. SVH will work closely with community partners to ensure the community gets the right care at the right time.

In addition to these core initiatives:

High Quality, Safe Care – We continue to implement hospital-wide initiatives to improve quality and safety of care. Team care and a strong physician leadership council lead the way.

Patient Access – Our goal of providing centralized patient access across the continuum of care is ongoing. Implementation of EPIC will add yet another level of integration, improving the process.

Master Facility Planning – We are beginning the visioning for the hospital of the future. As our care paths evolve, so will our physical plant needs. In addition, we will continue to monitor the 2030 seismic legislation.

Community Engagement – While there is clear community support for SVH, there is still a need to invite the community in and broaden the coalition to increase understanding of the importance of the hospital.

Employee Engagement – Our core values create a healthy hospital and a healthy work environment. We will continue to recruit, competitively compensate and maintain excellent staff. As the hospital continues to change with the times, we will honor and support our staff and ensure they are recognized for their service and commitment.

Physician Services – Our physicians are key to our future and success. We will continue to ensure we have enough primary and specialty care physicians to meet the needs of our community. As digital care and telehealth gain in popularity, we will work with our physicians and the Sonoma Valley Community Health Center to improve access to excellent care and meet community demand.