



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS**

AGENDA

THURSDAY, DECEMBER 8, 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/97672051333?pwd=aHI3amlUQUwzQ3NMNC9VcHhtM0czQT09&from=addon>

and enter the Meeting ID: 976 7205 1333, Passcode: 568014

**To participate via telephone only,
dial: 1-669 900 9128 or 1-669 219 2599**

and enter the Meeting ID: 976 7205 1333, Passcode: 568014

<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact Interim District Clerk Stacey Finn at sfinn@sonomavalleyhospital.org at least 48 hours prior to the meeting.</p>	RECOMMENDATION		
AGENDA ITEM			
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p>1. CALL TO ORDER</p>	<i>Rymer</i>		
<p>2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p>3. BOARD CHAIR COMMENTS</p>	<i>Rymer</i>		
<p>4. CONSENT CALENDAR a. Board Minutes 11.03.22 b. Finance Committee Minutes 10.25.22 c. Governance Committee Minutes 09.29.22 d. Medical Staff Credentialing e. Policy and Procedures</p>	<i>Rymer</i>	Action	Pages 3-5 Pages 6-10 Pages 11-13 Pages 14-53
<p>5. PRESENTATION OF NEW BOARD MEMBER SWEARING-IN EVENT</p>	<i>Rymer</i>	Inform	Pages 54-61
<p>6. ELECTION OF SVHCD BOARD CHAIR AND OFFICERS</p>	<i>Bjorndal</i>	Action	

7. APPROVAL OF TEMPORARY MRI CONCEPT REVIEW	<i>Hennelly/ Drummond</i>	Action	Pages 62-65
8. RESOLUTION NO. 369 HONORING MICHAEL MAINARDI, MD	<i>Chair</i>	Action	Pages 66-67
9. RESOLUTION NO. 370 HONORING JOSHUA RYMER	<i>Chair</i>	Action	Pages 68-69
10. ANNUAL REPORT TO THE COMMUNITY	<i>Kruse de la Rosa</i>	Inform	Pages 70-79
11. AUDITED FINANCIAL STATEMENTS FYE JUNE 30, 2022	<i>Boerum/ Armfield</i>	Action	Pages 80-145
12. RESOLUTION NO. 368 – CHFFA BRIDGE LOAN PROGRAM YEAR II	<i>Armfield</i>	Action	Pages 146-155
13. GOVERNANCE COMMITTEE: a. Conflict of Interest Policy b. Standardization of Board Policies c. Limitation of Board Member Committee Terms	<i>Boerum</i>	Action	Pages 156-172
14. FINANCE COMMITTEE 2023 WORK PLAN	<i>Boerum</i>	Action	Page 173
15. DISCUSSION – HOLDING OF IN-PERSON MEETINGS	<i>Chair</i>	Inform	
16. CEO REPORT	<i>Hennelly</i>	Inform	Pages 174-177
17. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform	
18. EPIC UPDATE	<i>Hennelly/ Resendez</i>	Inform	
19. ODC UPDATE	<i>Drummond/ Hennelly</i>	Inform	
20. FINANCIALS FOR MONTH END OCTOBER 2022	<i>Armfield</i>	Inform	Pages 178-189
21. BOARD COMMENTS	<i>Board Members</i>	Inform	
22. ADJOURN	<i>Chair</i>		

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, NOVEMBER 3, 2022

HELD VIA ZOOM VIDEOCONFERENCE

	RECOMMENDATION	
SONOMA VALLEY HOSPITAL BOARD MEMBERS 1. Joshua Rymer, Chair, Present 2. Judith Bjorndal, First Vice Chair, Present 3. Michael Mainardi, Second Vice Chair, Present 4. Bill Boerum, Treasurer, Present 5. Susan Kornblatt Idell, Secretary, Present		
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER Meeting called to order at 6:00 p.m.	<i>Rymer</i>	
2. PUBLIC COMMENT None	<i>Rymer</i>	
3. BOARD CHAIR COMMENTS Mr. Rymer indicated this is his last meeting as Board Chair. He has been on the Board for eight years, an interesting time in health care. He expressed his respect for the professionals and administrators working to improve health care in the community. Mr. Rymer mentioned significant achievements at SVH over the past few years. The Hospital's relationship with UCSF has already delivered tremendous value to our community, and the future potential is even greater. SVH played a leadership role in the response to COVID and he was very proud of that effort. He thanked the Foundation for its investment in the Hospital. A creative way was found to improve the EHR and implement Epic. SVH was able to shed underperforming service lines, two of which were picked up and continued by community partners, as well as sell the South Lot to help create much-needed cash for the Hospital and housing for the community. Passage of the parcel tax indicated a dramatic uptick in community support and investment in the Hospital. He looked forward to growth and greater stability in the future. New Board members will take their seats at the December meeting.	<i>Rymer</i>	
4. CONSENT CALENDAR a. Board Minutes 10.06.22 b. Finance Committee Minutes 09.27.22 c. Quality Committee Minutes 09.28.22 f. Medical Staff Credentialing e. Policy and Procedures	<i>Rymer</i>	Action
5. NATIONAL PACE ASSOCIATION PRESENTATION	<i>Kornblatt Idell/ Fitzgerald</i>	Inform

<p>Mr. Peter Fitzgerald introduced himself and the PACE organization (which stands for Program of All-inclusive Care for the Elderly), a community-based, comprehensive, capitated, and coordinated system for those 55 years or older with multiple complex care needs at a nursing home level. The organization has been in existence for 50 years; On Lok in San Francisco was a prototype. There are currently about 300 centers across the country. The goal is to keep patients at home. Services provided include: primary care, medical care, nursing, occupational therapy, physical therapy, social work, nutrition, meals, drugs, home care coordination, and transportation, among others. Participants enroll in the program and attend in-network hospitals; out-of-network hospitals are not covered. 99% of participants are lower income adults.</p> <p>Major start-up costs are the PACE center itself and a source of working capital. It generally takes organizations about two years to break even, then is self-sustaining. There is a detailed application process through the State, Federal government, and Medicare. Applicants need to submit detailed planning. It can take two and a half years to get through the process. Total start-up costs are estimated to be around \$10 million, with market research and development costing \$150,000 and the remaining 40% being working capital and 60% site development.</p> <p>Nationally PACE organizations are serving on average 10% of the people they could be serving. California has approximately 20 PACE organizations so a bit higher than average market penetration is seen. In rural areas penetration can be as high as 50%. For example, a center in the Humboldt area has about 40% penetration. Participants using a particular center would be located no more than 45 minutes away. Available research indicates that PACE is very effective.</p>		
<p>6. FINANCE COMMITTEE QUARTERLY UPDATE</p>	<p><i>Boerum</i></p>	<p>Inform</p>
<p>Mr. Boerum briefly presented the quarterly report as written.</p>		
<p>7. CEO REPORT</p>	<p><i>Hennelly</i></p>	<p>Inform</p>
<p>Mr. Hennelly welcomed Dr. Sujatha Sankaran, UCSF faculty, as the Hospital's new CMO. 50% of her time will be working as the Chief Medical Officer for the hospital, 25% of her time will be in clinical practice (primary and/or hospital care), and the remaining 25% of her time will be taken up with her role on the UCSF faculty. She will be added to the Board's Quality Committee.</p> <p>COVID continues to be present in the community, as well as flu and RSV. 90% of the Hospital's current focus is on the Epic implementation. The CT is operational and plans continue for the MRI build-out.</p>		
<p>8. UCSF AFFILIATION UPDATE</p>	<p><i>Hennelly</i></p>	<p>Inform</p>
<p>Mr. Hennelly reported that talks continue with UCSF regarding participation in SVH projects, primarily the Outpatient Diagnostic Center. UCSF does plan to engage with management after the first of the year regarding scheduling. Mr. Rymer added that UCSF had made a prior commitment of \$2 million which, to the best of his knowledge, has not happened to date.</p>		

9. EPIC UPDATE	<i>Hennelly/ Resendez</i>	Inform
Mr. Resendez reviewed current status of the Epic implementation. The team is waiting for some printers scheduled to arrive around November 12-14. Technical dress rehearsal took place this week. All areas of operational readiness are moving forward. Regarding clinical readiness, operating room preference cards are a bit late, but are on track for November 19-20. The revenue cycle area is in good shape and training is under way, as well as with registration/patient access. He then reviewed key risks, all of which had been closed out. Many staff are at least part way through their training, and approximately 50% of physicians have some experience with Epic or have used it at other facilities.		
10. ODC UPDATE	<i>Drummond/ Hennelly</i>	Inform
Ms. Drummond indicated that the team is studying costs and potential revenue upside for a temporary placement of the new MRI. Work has already begun with the City of Sonoma regarding plans for the new MRI permanent location.		
11. FINANCIALS FOR MONTH END OCTOBER 2022 • Capital Spending Summary	<i>Armfield</i>	Inform
Mr. Armfield reviewed financial performance for September which was a step back from recent positive trends. The budgeted operating margin budget was missed by \$443,900 or 43%. The variance related to operating expenses (specifically supplies, with implant costs 70% over budget due to a one-time catch-up). Traveler and agency fees caused a people cost overage, and traveler costs will probably continue in October. Volumes tracked close to budget month to month, with increases occurring in occupational health, physical therapy, and orthopedic surgery. Total net loss of (\$56,979) was due to how Foundation donations are recorded. SVH is still meeting budget for the year. Despite gross revenues exceeding budget by nearly 10%, net revenue was slightly down in September, adjusted for volume about 10% off budget. Significant progress has been made already on variances to budget earlier in the fiscal year. Days' cash ended at 34.1 for September due to cash collections being \$1 million less than the prior month and higher than normal operating expenses. Projected days' cash is tracking favorably to the end of the year. \$126,000 was spent during the first quarter on capital assets put into service, with the majority spent on CIP (construction in process projects) funded by the Foundation.		
12. BOARD COMMENTS	<i>Board Members</i>	Inform
Ms. Kornblatt Idell thanked a community member for raising the question of why Sonoma Valley did not have a PACE center; that inquiry resulted in today's presentation. She and Dr. Bjorndal thanked Mr. Rymer and Dr. Mainardi for their work on the Board since this is their last meeting.		
13. ADJOURN	<i>Rymer</i>	
Adjourned at 7:35 pm		



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, OCTOBER 25, 2022
Via Zoom Teleconference

Present	Not Present/Excused	Staff	Public	
Bill Boerum via Zoom Art Grandy via Zoom Wendy Lee via Zoom Carl Gerlach via Zoom Subhash Mishra via Zoom Joshua Rymer via Zoom Catherine Donahue via Zoom	Bruce Flynn Peter Hohorst	John Hennelly, CEO, via Zoom Ben Armfield, CFO, via Zoom Kimberly Drummond via Zoom Dawn Kuwahara, RN, BSN, Chief Ancillary Officer, via Zoom Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO, via Zoom Celia Kruse de la Rosa via Zoom	Judith BJORNDAL via Zoom Susan Kornblatt Idell via Zoom	
AGENDA ITEM		DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
1. CALL TO ORDER/ANNOUNCEMENTS		<i>Boerum</i>		
		Called to order at 5:01 p.m. Mr. Boerum announced that Vivian Woodall has returned temporarily as Board Clerk. Catherine Donahue has joined the executive staff at Hanna Center.		
2. PUBLIC COMMENT SECTION		<i>Boerum</i>		
		None		
3. CONSENT CALENDAR (ACTION)		<i>Boerum</i>	Action	
a. Finance Committee Minutes September 27, 2022		Changes requested to the prior meeting minutes were: add Dr. Mishra present, add Ms. Donahue present and Mr. Rymer excused.	MOTION: by Grandy to approve with changes, 2 Nd by Gerlach. All in favor.	

4. ODC UPDATE	<i>Drummond/Hennelly</i>	Inform	
	<p>Ms. Drummond reported that the CT project was progressing. The emergency contract was approved and latent defects should be completed by the end of December. Vertran is developing an RFQ/RFP for a team to design the modular structure; the RFP will be issued in November with team selection by end of December. Two entities with previous SVH experience will be included in that process. Volumes will be reviewed on the temporary project and be presented at November Committee and December Board meetings.</p> <p>Mr. Rymer asked about experiences with original design build construction vs. renovation considering recent contract difficulties. Renovation is much more difficult to work through. Ms. Drummond said the MRI is considered an OSHPD 3 build, not full occupancy, so there is some simplification. The new building will be much simpler vs. all of the renovations that would have been necessary to bring the existing building up to code. It is considered new construction with new power and new infrastructure. The CT exhaust and plumbing were run through entire west tower so presented their own challenges. The upcoming tunnel connection inside the hospital will also require an RFQ/RFP for general contractor and will happen after schematic design is complete in April 2023.</p>		
5. EPIC UPDATE	<i>Hennelly</i>	Inform	

	<p>The Epic implementation go-live is six weeks away. All teams are on track with the only risk area being hardware deployment. All indicators are on track for a December 3rd rollout. A more comprehensive report will be available for next week's Board meeting. Management indicated the Hospital is still planning to use the additional \$650,000 contingency.</p>		
6. PAYOR CONTRACTING STRATEGY UPDATE	<i>Armfield</i>	Inform	
	<p>Mr. Armfield reported that the Hospital is identifying opportunities in payor contracts. Statements of work and qualifications were received from two candidates but fees were not in line with expectations. A third bid was received within the last few days from a company who has prior SVH experience. A recommendation will be brought to the Committee prior to Thanksgiving.</p>		
7. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform	
	<p>Mr. Hennelly reviewed the UCSF affiliation matrix. Neurology, stroke, and infectious disease are complete. SVH would need intensivist coverage to expand patient case types. The transfer center is in progress. SVH is currently recruiting for a GI specialist. Orthopedic surgeons have been reaching out to the Hospital which is encouraging. PT will enhance that. The clinically integrated network is currently being reviewed and should be out in the next few months. A new CMO signed on this morning who is a faculty member at UCSF; it is hoped this will open some doors for surgical services. The upcoming Epic implementation should remove a barrier to physician collaboration. After going live the affiliation will look at optimization of data transfer.</p>		

	Mr. Rymer suggested highlighting what has changed month to month on the UCSF matrix going forward.		
8. AUDIT UPDATE	<i>Armfield</i>	Inform	
	The auditors are in the process of finalizing the FY22 audit. A new audit standard relating to how operating leases are reported was required this year. Preliminary financials have been received and the associated narratives are being developed. The audit report should be available for Committee review in mid-November.		
9. FINANCIAL REPORT FOR MONTH END SEPTEMBER 2022 • Capital Spending Q1 Review	<i>Armfield</i>	Inform	
	<p>Mr. Armfield reported that financial performance took a step back from its recent trend in September. The budgeted operating margin was missed by approximately \$444,000 or 43%. The variance related to operating expenses, and specifically supplies, with implant costs 70% over budget due to a one-time catch-up. Traveler and agency fees made up the people cost overage. Volumes have tracked close to budget month to month. The total net loss of (\$56,979) was due to how Foundation donations are recorded. SVH is still meeting budget for the year. He indicated that the Hospital is certainly experiencing labor shortages and is exploring alternative methods to fill nursing and physician positions. A revenue cycle staff member will be promoted to manager. Monthly department operating reviews will be re-implemented after the Epic rollout in December.</p> <p>Mr. Armfield briefly discussed 1st quarter capital spending, with the majority being CIP (construction projects in process) related to</p>		

	Epic, as well as CIP which is Foundation funded relating to the CT and MRI installation.		
10. ADJOURN			
	Meeting adjourned at 6:12 p.m.		



**SVHCD GOVERNANCE
COMMITTEE MEETING**

MINUTES

THURSDAY SEPTEMBER 29, 2022

Present	Not Present	Staff	Public	
Bill Boerum via Zoom Judith Bjordal via Zoom Amy Jenkins via Zoom		Stacey Finn via Zoom		
AGENDA ITEM	DISCUSSION		ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Boerum</i>			
	Called to order at 6:08 p.m.			
2. PUBLIC COMMENT SECTION	<i>Boerum</i>			
	None			
3. CONSENT CALENDAR	<i>Boerum</i>		Action	
Governance Committee Minutes 07.20.22			MOTION: by Bjordal to approve, 2 nd by Jenkins. All in favor.	
4. STANDING COMMITTEE MEMBER TERMS/ ISSUES	<i>Boerum</i>		Inform	
<ul style="list-style-type: none"> • <i>ETHICS TRAINING FOR DISTRICT BOARD MEMBERS</i> • <i>CONFLICT OF INTEREST POLICY</i> 				
	Dr. Bjordal spoke about the policy process and the need for a policy on policies. The goal is to streamline and clarify the policy process. Committee discussion on the recommendation of Ms. Finn to use the hospital policy portal to track and manage the Board policies. Committee agrees that the portal would be useful and would like to use the portal.			

	<p>Dr. Bjorndal and Ms. Jenkins proposed that they begin the process of reviewing the policy process and updating the current policies.</p> <p>Committee discussion regarding the current status of the policies on expectations, such as attendance and behavior, orientation, code of conduct and terms of appointment.</p> <p>Discussion of term limits for committee members. Ms. Jenkins suggested that a term would set the expectation of the members. The recommendation is to have four year terms. The term will not preclude a member for continuing to serve on the committee.</p> <p>Dr. Bjorndal spoke about the requirement of committees to report to the Board quarterly. This is currently not in policy.</p> <p>Ms. Finn spoke about the need to finalize the conflict of interest policy. It is due to the county before the end of the year. The Conflict of Interest policy will be brought forward at the next meeting for finalization.</p> <p>Recommendation to have policy update as a standing agenda item with Dr. Bjorndal and Ms. Jenkins responsible parties.</p>		
<p>5. POLICY REVIEW AND POLICY UPDATES</p> <ul style="list-style-type: none"> • GIFT TICKET AND HONORARIA – WITH MS. JENKIN’S EDITS • RESIDENCY REQUIREMENTS FOR MEMBERS OF BOARD COMMITTEES • COMMUNITY FUNDING • LEGAL DUTIES, ROLES & RESPONSIBILITIES 	<i>Boerum</i>	Action	
	Discussion to bring the policies back after further review and proper formatting.		
	Discussion on next meeting. Currently it is scheduled for October 19 th . Dr. Bjorndal and Ms. Jenkins will not be available that date. Committee agreement to not meeting in October, and will meet next on November. 16 th .		
6. ADJOURN			

	Adjourned at 7:00 p.m.		
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Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)
Run date: 11/30/2022 2:01 PM

Report Parameters

Filtered by: Document Set: - All Available Document Sets -
Committee: 09 BOD-Board of Directors
Include Current Tasks: Yes
Include Upcoming Tasks: No

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 132

Committee: 09 BOD-Board of Directors

Committee Members: Finn, Stacey (sfinn), Newman, Cindi (cnewman)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Accountability <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	11/8/2022	22
Summary Of Changes: Reviewed, no changes Moderators: Newman, Cindi (cnewman) Lead Authors: Finn, Bridget (bfinn) Approvers: Finn, Bridget (bfinn) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Asbestos Abatement <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Replaced reference to Chief Engineer with Plant Operations manager Moderators: Newman, Cindi (cnewman) Lead Authors: Gatenian, Grigory (ggatenian) Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Bulk Liquid Oxygen <i>Engineering Dept</i>	Pending Approval	10/11/2022	50
Summary Of Changes: Changed scope of actions due to installed Emergency Oxygen Connectors. Moderators: Newman, Cindi (cnewman) Lead Authors: Gatenian, Grigory (ggatenian) Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Cleaning Supplies and Chemicals <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: CAVICIDE, NEUTRAL DISINFECTANT, QC54 PEROXIDE GLASS & SURFACE CLEANER and QC93 ULTRA CONCENTRATED ACID BATHROOM CLEANER are being replaced with OxyCide Daily Disinfectant Cleaner. HY-SHEEN AEROSOL DUST MOP TREATMENT is no longer being used. CAVICIDE – METREX RESEARCH - Replaced with OxyCide Daily Disinfectant Cleaner			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

HY-SHEEN AEROSOL DUST MOP TREATMENT - UNISOURCE - No longer being used

NEUTRAL DISINFECTANT – ECOLAB - Replaced with OxyCide Daily Disinfectant Cleaner

QC54 PEROXIDE GLASS & SURFACE CLEANER - ECOLAB Replaced with OxyCide Daily Disinfectant Cleaner

QC93 ULTRA CONCENTRATED ACID BATHROOM CLEANER – ECOLAB Replaced with OxyCide Daily Disinfectant Cleaner

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

Lead Authors: **Ramirez, Joseph (jramirez)**

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

Closed Circuit TV-Security Management	Pending Approval	11/19/2022	11
<i>Physical Environment Policies (PE)</i>			

Summary Of Changes: **Reviewed, no changes.**

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

Lead Authors: **Gatenian, Grigory (ggatenian)**

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

CMS 1135 Waiver for Disaster Conditions	Pending Approval	11/17/2022	13
<i>Emergency Preparedness Policies (EP)</i>			

Summary Of Changes: **Minor changes Spelled out acronyms added online waiver submission instructions for CMS and CDPH**

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

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

ExpertReviewers: **Finn, Stacey (sfinn)**

Approvers: **00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Conduct	Pending Approval	10/11/2022	50
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: **Removed line item #2 that break and lunch periods are posted. Adjusted numbering of line items.**

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

Lead Authors: **Finn, Bridget (bfinn)**

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

Conference Room Usage by Outside Groups	Pending Approval	10/11/2022	50
<i>Governance and Leadership Policies</i>			

Summary Of Changes: **Updated Conference Rooms to reflect current space allocation.
Updated verbiage to reflect Administration hours of 9 am to 5 pm
Updated language regarding the approval and response to groups.
Added Policy "footer"
Reference line, Owner, Autor/Reviewers, Approvals**

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

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

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

Confined Space Program	Pending Approval	11/19/2022	11
<i>Engineering Dept</i>			

Summary Of Changes: **Reviewed and recommend to retire this policy. With the removal of the high pressure boiler in 2013 we no longer have a**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

vessel requiring entrance of a confined space.

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Gatenian, Grigory (ggatenian)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Credit Card Use in Cafe	Pending Approval	10/11/2022	50
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: **Updated to reflect that cashier no longer swipes cards, patrons insert card into card reader or utilize tap to pay function of card reader**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Finn, Bridget (bfinn)**
 Approvers: **Finn, Bridget (bfinn) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Daliy Routine, Central Sterile	Pending Approval	11/19/2022	11
<i>Central Sterile Dept</i>			

Summary Of Changes: **Typos, extra consonants removed. Described process, removed reference to CST rounding to other departments, added routine duties of CST**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Winkler, Jessica (jwinkler), Fry, Dana (dfry)**
 Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Delegation of Authority	Pending Approval	10/11/2022	50
<i>Emergency Preparedness Policies (EP)</i>			

Summary Of Changes: **Delegation of authority changed with ultimate decision making up to SVH Board of Directors.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kobe, Mark (mkobe), Hennelly, John (jhennelly)**
 Approvers: **Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Diesel Fuel Calculations	Pending Approval	10/11/2022	50
<i>Engineering Dept</i>			

Summary Of Changes: **Reviewed the policy and updated department name and added fuel level logging to the policy.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Gatenian, Grigory (ggatenian)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Electrical Failure	Pending Approval	11/19/2022	11
<i>Engineering Dept</i>			

Summary Of Changes: **The policy was reviewed and no changes were made.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Gatenian, Grigory (ggatenian)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Engineering Earthquake procedure	Pending Approval	11/19/2022	11
<i>Engineering Dept</i>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

Summary Of Changes: **Reviewed, minor formatting changes. Added Medical Gas room number in New Wing.**

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

Lead Authors: **Gatenian, Grigory (ggatenian)**

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

Equipment Inventory

Pending Approval

11/19/2022

11

Physical Environment Policies (PE)

Summary Of Changes: **The policy was reviewed and no changes were made.**

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

Lead Authors: **Gatenian, Grigory (ggatenian)**

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

Equipment Utility Failure

Pending Approval

11/19/2022

11

Physical Environment Policies (PE)

Summary Of Changes: **This policy was reviewed and no changes were made.**

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

Lead Authors: **Gatenian, Grigory (ggatenian)**

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

Exit Lights

Pending Approval

10/11/2022

50

Engineering Dept

Summary Of Changes: **Updated procedure for annual testing, updated National Fire Protection Association reference.**

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

Lead Authors: **Gatenian, Grigory (ggatenian)**

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

Expired Testing

Pending Approval

10/11/2022

50

Engineering Dept

Summary Of Changes: **Added some clarifying information per CIHQ corrections.
Removed unnecessary steps. Added authors, reviewers and approvals**

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

Lead Authors: **Gatenian, Grigory (ggatenian)**

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

Extension Cords Adapters

Pending Approval

11/19/2022

11

Physical Environment Policies (PE)

Summary Of Changes: **Reviewed, no changes.**

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

Lead Authors: **Gatenian, Grigory (ggatenian)**

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

Fire Damper Inspections

Pending Approval

10/11/2022

50

Engineering Dept

Summary Of Changes: **Changed the frequency of inspection for Skilled Nursing Facilities to 4 years to comply with code.**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Gatenian, Grigory (ggatenian)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

General Safety <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Changed the title of the approver.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Gatenian, Grigory (ggatenian)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Hospital Emergency Water Supply <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Updated department name.
 -Returned the department name back to Engineering. No other changes.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Gatenian, Grigory (ggatenian)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Ice Machine Maintenance Procedure <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **This policy was reviewed and clarifying changes were made for daily maintenance of responsible parties.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Gatenian, Grigory (ggatenian)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Infection Control for Projects <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Removed incorrect references to NFPA codes**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Gatenian, Grigory (ggatenian)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Interim Life Safety Measures <i>Physical Environment Policies (PE)</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Policy was reviewed and no changes were made.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Gatenian, Grigory (ggatenian)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Job Descriptions <i>Human Resources Policies (HR)</i>	Pending Approval	11/8/2022	22
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Summary Of Changes: **Updated language to provide clearer descriptions and procedures.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **McKissock, Lynn (lmckissock)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

Approvers:	Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Key Return Process	Pending Approval	11/19/2022	11
<i>Physical Environment Policies (PE)</i>			
Summary Of Changes:	The policy was reviewed and no changes were made.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
NEW: HIPAA Transmission Security	Pending Approval	11/19/2022	11
<i>Information Systems Dept</i>			
Summary Of Changes:	NEW POLICY		
	This new policy was instituted as a result of findings from the cyber-attack response.		
	The purpose of this Policy is to ensure that electronic Protected Health Information ("ePHI") and Personal Information is maintained by Sonoma Valley Hospital (SVH) and is transmitted in a secure manner. HIPAA Technical Standard 45 C.F.R. §§ 164.310(a)(2)(iv), 164.312(e)(1).		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Hennelly, John (jhennelly), McKinney, Terry (tmckinney)		
Approvers:	Cooper, Kylie (kcooper), 06 CMO/Designee for signature - (Committee) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
NEW: Organizational ScreenSaver Appropriate Use, Submission and Publishing	Pending Approval	10/11/2022	50
<i>Governance and Leadership Policies</i>			
Summary Of Changes:	New Policy		
	To provide the process and guidelines for companywide screensavers on Sonoma Valley Hospital (SVH) hardware and the assurance of standards for content and design compliance. Additionally to establish procedures for submissions, approvals, and publication.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Hennelly, John (jhennelly)		
Approvers:	01 P&P Committee -> 09 BOD-Board of Directors - (Committee)		
NEW:: Acceptable Use of Secure Messaging (Epic)	Pending Approval	11/17/2022	13
<i>Patient Rights Policies (PR)</i>			
Summary Of Changes:	NEW POLICY		
	to outline acceptable use of secure messaging within the Epic EHR		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Pryszmant, Rosemary (rpryszmant), Cooper, Kylie (kcooper)		
ExpertReviewers:	McKinney, Terry (tmckinney)		
Approvers:	06 CMO/Designee for signature -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 09 BOD-Board of Directors - (Committee)		
On-Call Engineer	Pending Approval	11/19/2022	11
<i>Physical Environment Policies (PE)</i>			
Summary Of Changes:	Updated staff information, added response time "within 30 minutes"		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Organizational Chart	Pending Approval	11/19/2022	11
<i>Governance and Leadership Policies</i>			
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)		
Patient Owned Electrical Equipment	Pending Approval	11/19/2022	11
<i>Physical Environment Policies (PE)</i>			
Summary Of Changes:	Removed reference to TJC, Labor and Delivery department. Added reference to CIHQ.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Permanent Log-Record Retention	Pending Approval	11/19/2022	11
<i>Engineering Dept</i>			
Summary Of Changes:	Reviewed, no changes.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Piped Medical Gases Procurement and Contingency Plan	Pending Approval	10/11/2022	50
<i>Engineering Dept</i>			
Summary Of Changes:	The policy was review and vendor contact information was updated.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Request for PTO	Pending Approval	10/11/2022	50
<i>Engineering Dept</i>			
Summary Of Changes:	Changed to wording to require written PTO requests.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE:: Accreditation and Regulatory Agencies	Pending Approval	10/31/2022	30
<i>Food & Nutrition Services Dept Policies</i>			
Summary Of Changes:	Retire: redundant to organizational policies		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Finn, Bridget (bfinn) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

RETIRE:: Assessment Sample, Care Unit Environmental <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: RETIRE:: Content reflected in 8440-69 Quality Control Criteria and Assessment Standards			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Bassinets/solet Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – No OB Unit nor specific bed type			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Bathroom Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions and all Patient Room Cleaning policies			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Birthing Room Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – No OB Unit nor specific room type			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Birthing Room Cleaning After Cesarean Section <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – No OB Unit nor specific room type			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Blinds Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE:: Body Substance Isolation for the EVS Department Pending Approval 11/19/2022 11
Employees
EVS Dept Policies

Summary Of Changes: **Retire – Content reflected in organizational Infection Prevention policies**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE:: Bonnet Carpet Cleaning Pending Approval 11/19/2022 11
EVS Dept Policies

Summary Of Changes: **Retire – Content reflected in 8440-35 Floor Care Procedures**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE:: Café Cleaning Pending Approval 11/19/2022 11
EVS Dept Policies

Summary Of Changes: **Retire – No content in this policy**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE:: Carpet Care Pending Approval 11/19/2022 11
EVS Dept Policies

Summary Of Changes: **Retire – Content reflected in 8440-35 Floor Care Procedures**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE:: Carpet Cleaning Procedure- Extraction Pending Approval 11/19/2022 11
EVS Dept Policies

Summary Of Changes: **Retire – Content reflected in 8440-35 Floor Care Procedures**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

RETIRE:: Carpet Vacuuming <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – Content reflected in 8440-35 Floor Care Procedures			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Cord Blood Gas Collection <i>Surgical Services/OR Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes: RETIRE:: We do not do Labor and delivery.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Winkler, Jessica (jwinkler), Fry, Dana (dfry)			
Approvers: Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Employee Work Schedule <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes: RETIRE:: Policy is not needed, recommend to retire.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Gatenian, Grigory (ggatenian)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Fire Drill Procedure <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes: RETIRE::Duplicate policy. Remove. see CE8610-136			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Gatenian, Grigory (ggatenian)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Interim Life Safety <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes: RETIRE:: Redundant. Content is reflected in Organization policy - CE8610-150 - Interim Life Safety Measures.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Gatenian, Grigory (ggatenian)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Mandatory Safety Training <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes: RETIRE:: Redundant to organizational policy, recommend to retire.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Gatenian, Grigory (ggatenian)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

RETIRE:: Patient Owned Electrical Equipment <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	Retire:: redundant to organizational policy		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE:: Preventive Maintenance <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	RETIRE:: This policy is replaced by EC-EQP8610-107 organizational policy. Recommend to retire.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE:: Purchasing Procedures <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	RETIRE:: Policy is outdated and is not required for issuing P.O.'s. Recommending to retire.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE:: Refrigerant <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	RETIRE:: Reviewed, retire. We do not have refrigerant on site, neither we handle it anymore. We contact licensed vendors.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE:: Scheduled Duties <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	RETIRE:: Policy not required. Recommend to retire.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE:: Watch and Floor Duties <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	RETIRE:: Recommend to retire - refers to removed equipment. There are no defined "Watch and Floor" duties in the department any more.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

RETIRE::Age-Specific Competencies <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire:: Patient interaction reflected in 8440-62 Patient Room Cleaning - Occupied</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE::Bio-Medical Equipment Phone Directory <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: RETIRE:: Duplicate policy. There is organizational EC-EQP8610-133 policy. Recommend to retire.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Gatenian, Grigory (ggatenian)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE::Confidentiality <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire, policy content reflected in organizational HIPAA confidentiality policy.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Finn, Bridget (bfinn)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE::Department Phone Tree <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: RETIRE::There is a hospital wide notification system in place. This policy is redundant, recommend to retire.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Gatenian, Grigory (ggatenian)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE::Emergency Delivery Diesel Fuel <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: RETIRE::policy as content is reflected in the Emergency Operations Plan</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Gatenian, Grigory (ggatenian)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE::Equipment Inventory <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: RETIRE:: duplicative of organizational policy</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Gatenian, Grigory (ggatenian)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

RETIRE::Fire Alarm Testing <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	RETIRE:: The content of this policy is in organizational policy CE8610-134.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE::Humidity and Temperature Monitoring in Surgical Suites <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	RETIRE::Redundant to organizational policy IO8610-102. Recommend to retire.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE::On-Call Engineer <i>Engineering Dept</i>	Pending Approval	10/11/2022	50
Summary Of Changes:	RETIRE:: Redundant to organizational policy		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE_Cath Lab Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	Retire – No Cath Lab		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Ramirez, Joseph (jramirez)		
ExpertReviewers:	Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE_Chair and Couch Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Ramirez, Joseph (jramirez)		
ExpertReviewers:	Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE_Chemo Spills <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	Retire – No Chemo		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Ramirez, Joseph (jramirez)		
ExpertReviewers:	Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		

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RETIRE_Cleanliness, Standards for <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – Content reflected in 8440-69 Quality Control Criteria and Assessment Standards			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE_Contaminated Equipment and Surfaces <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions and Patient Room Cleaning policies			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE_Contaminated Linen By Radioactive Materials or Chemotherapeutic Waste <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – no chemo nor radioactive soiled linen generated in units			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE_Crib Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – No OB Unit nor specific bed type			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE_Dusting <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE_Emergency Department Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – Content reflected in Patient Room Cleaning policies & New policy – 8440-99 Clinical Unit Cleaning			

Document Tasks by Committee

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

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Equipment Calibration	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – non an EVS function**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Equipment Training	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – Content reflected in 8440-25 Department In-service**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Finish Removal	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – Content reflected in 8440-35 Floor Care Procedures**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Gift Shop Cleaning	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – No gift shop**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Glove Policy for EVS Employees	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – PPE content reflected in cleaning policies and organizational policies**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

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

Document Title	Status	Effective Date	Page Count
RETIRE_Hand Washing <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – PPE content reflected in cleaning policies and organizational policies</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Infection Control Guidelines for EVS Employees <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Content reflected in organizational CEHAZ8610-101 – Medical Waste Management Plan, Room Cleaning and Clinical Unit Cleaning policies</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Infectious Waste Removal <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire - Content reflected in organizational CEHAZ8610-101 – Medical Waste Management Plan</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Medical Waste Holding Area Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire - Content reflected in organizational CEHAZ8610-101 – Medical Waste Management Plan</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Mercury Spill Clean Up <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Mercury free facility – haz mat spill procedures reflected in organizational Haz Mat Spill Response Policy</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Mirror Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions</p>			

Document Tasks by Committee

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

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Mission and Vision Statement	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – Contents reflected in 8440-73 Scope of Services**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Night Stand Cleaning	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Nursery Cleaning	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – No OB/Nursery Unit**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_OB Suite Terminal Cleaning	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – No OB Unit**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Over Bed Table Cleaning	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

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RETIRE_Patient Bathroom Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Content reflected in patient room cleaning policies</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Pharmaceutical Waste Disposal <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire - Content reflected in organizational CEHAZ8610-101 – Medical Waste Management Plan</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Pictures and Wall Hangings Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Portable Commode Cleaning After Discharge Transfer <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Portable Commode Cleaning Occupied Unit <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Q-Clean Feedback Tool <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Content reflected in 8440-69 Quality Control Criteria and Assessment Standards</p>			

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Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Refrigerator Cleaning	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Selection of Equipment	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – Contents reflected in 8440-25 Department In-service**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Shower Cleaning	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Sink (Stainless Steel)	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Sink Cleaning	Pending Approval	11/19/2022	11
<i>EVS Dept Policies</i>			

Summary Of Changes: **Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

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RETIRE_Special Procedures, Cleaning After <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – no Special Procedures unit			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE_Spill Clean Up <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – Contents reflected in Medical Waste Management Plan, Hazardous Materials Management Plan & Floor Care Procedures			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE_Storage Equipment Room Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – Contents reflected in 8440-42 Janitor Closet Maintenance			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE_Supply Room Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – Content reflected in 8440-82 Supply & Equipment Room Maintenance			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE_Telephone Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Ramirez, Joseph (jramirez)			
ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE_Toilet and Hopper Toilet Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions			

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Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Trash and Linen Receptacle Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Retire – Content reflected in 8440-93 Waste Removal & Receptacle Maintenance**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Tub Room Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Urinal Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Vent Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE_Wall Mounted Needle Holder, Replacing and Disposing of <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Retire – Content reflected in 8440-93 Waste Removal & Receptacle Maintenance and Medical Waste Management Plan**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

RETIRE_Walls, Windows and Ceiling Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Water Fountain Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Wet Floor Safety <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Contents reflected in 8440-72 Safety on the Job; 8440-35 Floor Care Procedures and area cleaning policies</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Wheelchair, Gurney and Gerchair Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE_Window Cleaning <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Retire – Content reflected 8440-101 Furniture, Fixture & Equipment Specific Cleaning Instructions</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramirez, Joseph (jramirez)</p> <p>ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Room Cleaning- Discharge ISOLATION <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
<p>Summary Of Changes: Replaced "10% bleach solution" with "Hospital Approved Disinfectant".</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Room Cleaning-Discharge Transfer <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Replaced 10% Bleach Solution with Hospital Approved Disinfectant .**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Room Cleaning-Occupied ISOLATION <i>EVS Dept Policies</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Replaced -10% Bleach Solution with Hospital approved disinfectant cleaner.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramirez, Joseph (jramirez)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Security, Lockers, Offices <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
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Summary Of Changes: **Changed the title of the approver.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Gatenian, Grigory (ggatenian)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Smoking Policy <i>Governance and Leadership Policies</i>	Pending Approval	10/11/2022	50
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Summary Of Changes: **Reviewed and revised with updated language.**
Deleted: C. The transition from current hospital policy to a smoke free campus will become effective March 1, 2016.
Deleted: E. This policy and the restrictions within will be widely publicized to employees, physicians, visitors, contractors, vendors and the community at large.
Deleted: F. Employees needing assistance should they decide to quit smoking are encouraged to contact their primary care physician for assistance.
Deleted: H. See "Frequently Asked Questions" fact sheet for more information.

Added to G: Non compliance will result in removal from hospital property.

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Hennelly, John (jhennelly)**
 Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

Utilities Management Plan <i>Physical Environment Policies (PE)</i>	Pending Approval	10/11/2022	50
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Summary Of Changes: **Policy updated with minor corrections to processes due to department and equipment changes.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Gatenian, Grigory (ggatenian), Drummond, Kimberly (kdrummond)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/30/2022 2:01 PM

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

Utility Failure Reporting <i>Engineering Dept</i>	Pending Approval	10/11/2022	50
Summary Of Changes:	Updated the frequency of the report to Safety Committee		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Valve Lock-Out <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	Reviewed, clarified reference to the tags.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Vendor Phone List <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	Updated contact information for some vendors		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Work Related Injuries <i>Engineering Dept</i>	Pending Approval	11/19/2022	11
Summary Of Changes:	"Approved by" position change throughout the policy, minor text changes.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gatenian, Grigory (ggatenian)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		



SUBJECT: HIPAA Transmission Security

POLICY: IM8610-xxxx

DEPARTMENT: ORGANIZATIONAL

PAGE 1 of 2

EFFECTIVE:

REVISED:

PURPOSE:

The purpose of this Policy is to assure that electronic Protected Health Information (“ePHI”) and Personal Information is maintained by Sonoma Valley Hospital (SVH) is transmitted in a secure manner.

POLICY:

SVH enacts reasonable safeguards to ensure ePHI and Personal Information is transmitted to outside entities in a secure manner and is protected against loss, alteration, duplication, substitution, or destruction.

PROCEDURE:

I. ePHI Transmissions

- A. All transmissions of ePHI or Personal Information from SVH domains to a network outside of the aforementioned networks utilize an encryption mechanism between the sending and receiving entities or the file, document, or folder containing said ePHI is encrypted before transmission.
- B. Prior to transmitting ePHI or Personal Information from SVH domains to a network outside of the aforementioned networks, the receiving person or entity is authenticated.
- C. All transmissions of ePHI from SVH domains to a network outside of the aforementioned networks should include only the minimum necessary amount of PHI.

II. SVH may email ePHI through a secure email system.

- A. For transmissions of ePHI or Personal Information via email, SVH automatically encrypts email that may contain ePHI or Personal Information by scanning for such ePHI using preconfigured rules established by the SVH IT department.
- B. Employees may manually encrypt emails by adding “secure” to the subject line of the email message.



SUBJECT: HIPAA Transmission Security

POLICY: IM8610-xxxx

DEPARTMENT: ORGANIZATIONAL

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EFFECTIVE:

REVISED:

III. PHI Transmissions Using Electronic Removable Media

A. When transmitting ePHI or Personal Information via removable media, including but not limited to floppy disks, CD ROM, memory cards, magnetic tape and removable hard drives, the sending party must:

- i. Use an encryption mechanism to protect against unauthorized access or modification
- ii. Authenticate the person or entity requesting said ePHI in accordance with the Person or Entity Authentication Policy.
- iii. Send the minimum necessary amount of said ePHI required by the receiving person or entity.

IV. Cell Phone

- i. Workforce members may send text messages containing ePHI or Personal Information to each other using a HIPAA compliant application that provides for encryption of text messages.

REFERENCES:

HIPAA Technical Standard 45 C.F.R. §§ 164.310(a)(2)(iv), 164.312(e)(1).

APPROVER:

HIPAA Security Officer

AUTHORS/REVIEWERS:

Director of Information Services / HIPAA Security Officer

APPROVALS:

Policy & Procedure Team:

Medicine Committee:

Medical Executive Committee:

Board Quality Committee:

The Board of Directors:



SUBJECT: Organizational ScreenSaver: Appropriate Use, Submission and Publishing

POLICY GL8610-201

DEPARTMENT: Organizational
REVIEWED/REVISED:

PAGE 1 OF 2

PURPOSE

To provide the process and guidelines for companywide screensavers on Sonoma Valley Hospital (SVH) hardware and the assurance of standards for content and design compliance. Additionally to establish procedures for submissions, approvals, and publication.

POLICY

To keep the SVH Community informed, screensavers are used for internal communication of:

- general hospital messaging,
- culture team promotion,
- health education,
- professional development,
- emergency preparedness,
- quality and safety updates, or hospital policy information,

Content should relate to hospital activities.

PROCESS

Community Outreach and Marketing Department (C/M) oversees the screensaver program. A calendar is developed and maintained by C/M in coordination with the CEO. Submittals must pertain to one of the categories listed above. Any submittal that does not fall into one of the categories above must be approved by the submitter's manager and the CEO. Screensaver content is updated per the approved schedule and remains published for as long as requested and approved.

Submittals are made by leadership team members. Anyone interested in submitting material for posting should go through their manager or a member of the management team.

SUBMISSIONS

Submissions are given to the C/M for approval and posting.

Artwork and Content Specifications:

Content: Information provided is clear and succinct and relevant to SVH

Completed artwork: provide in DOC, PPT, PDF (editable) or Publisher.

Recommended Layout/Orientation: landscape, horizontal, or square are preferred

Recommended Image size = 1920x1080 px. Video Aspect 16:9

Images: High resolution (image file size range: 700 KB – 2MB);

File Size: Not to exceed 5MB.

NOTE: If you are providing **unfinished artwork** ensure that the individual components meet the above specifications. Separate written content: provide in either DOC, PPT, or handwritten.

Direct all questions to C/M. Assistance will be provided as needed.



SUBJECT: Screen Saver Communication;
Appropriate Use, Submission and Publishing

POLICY GL8610-201

DEPARTMENT: Organizational

PAGE 1 OF 2

REVISED:

EFFECTIVE:

Submission Process:

- Send your artwork, text, and details to C/M (hard copy or digital).
- Be aware that postings are uploaded in batches. The department will strive to upload/take down as close to your requested dates.
- Provide a follow-up contact.

Allow four working days for approvals. SVH design standards will be applied to all requests being made, if design/formatting assistance is needed C/M will provide. Allow additional time for planning purposes. C/M contact: administration@sonomavalleyhospital.org, intercompany mail, or by calling X-5257.

Review/Approval Process: Content will be reviewed by C/M. C/M may consult CEO for approval as needed. Artwork will meet the determined specification. When approved, submission is batched and included in the next scheduled screensaver update.

PUBLISHING

The companywide SVH screensaver is comprised of individual slides. Slides are batched. When the batch is ready for publication, it is then transferred to Information Services (IS) for publication.

FREQUENCY

The batches will be updated as needed.

OWNER

Chief Executive Officer

AUTHORS/REVIEWERS

Marketing and Community Outreach Manager
BOD Quality Committee:

APPROVALS

P&P Committee:
Board of Directors:



SUBJECT: Acceptable Use of Secure Messaging (*Epic*)

POLICY: PR8610-E100

DEPARTMENT: Organizational

Page 1 of 4

EFFECTIVE:

REVISED:

PURPOSE:

This policy helps outline the fundamental guidelines and appropriate usage of secure messaging applications when using Epic's secure chat / secure messaging functionality within Haiku, Canto and Rover. These safeguard Protected Health Information (PHI), Personally Identifiable information (PII) and all other confidential information when communicating through secure messaging to comply with HIPAA and HITECH compliance mandates. This policy supports the confidentiality and integrity of caregiver-to-caregiver communication as defined by regulatory agencies such as Centers for Medicare and Medicaid Services (CMS).

POLICY

The electronic transmission of confidential information must adhere to federal and state laws and SVH information security, privacy and confidentiality policies and standards. CMS allows for secure messaging as long as it includes the following attributes: secure sign-on process, encrypted messaging in transit and at rest, delivery and read receipts, date and time stamps, and customized message retention time frames. Centers for Medicare and Medicaid Services (CMS) does not permit secure messaging be used for communicating patient care orders. Authorized users of secure messaging shall promote the efficient use of Sonoma Valley Hospital (SVH) information systems and shall refrain from engaging in activities that interfere with others or disrupt the systems' intended uses.

SVH reserves the right to limit or restrict user access to SVH information and information systems. SVH mobile computing devices are the property of SVH and must be protected from loss, theft, unauthorized use, disclosure, modification, or destruction.

DEFINITIONS:

Secure Chat, provides a robust secure messaging application that is HIPAA compliant. It is one component of Epic's unified communication strategy intended to improve and safeguard the way clinicians communicate. Patient-centric messages can be attached to a patient record in Epic, and general messages also can be exchanged between users. The application provides read receipts. When a user receives a message, a push notification alerts the recipient who then can click directly into the patient's chart. The user does not have to be logged into Haiku to receive messages and the lock-screen notification does not reveal any protected health information. No patient information is actually stored on the user's device.

SUBJECT: Acceptable Use of Secure Messaging (*Epic*)

POLICY: PR8610-E100

DEPARTMENT: Organizational

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Rover, is a mobile application from Epic Systems that allows clinicians to record documentation and conduct barcode validation at the point of care, typically at the patient's bedside. Rover connects in real time to Epic's central data repository, providing access to other information held in the Epic system, like patient lists and charts.

Haiku and Canto, are mobile applications from Epic Systems for use on mobile devices. Haiku is for iPhone and Android mobile devices, Canto is for use on the iPad. These offer providers with a means to access Epic patient records and performing specific functions such as viewing patient lab results information, provider schedules and inbasket folders, and offers specific functions such as capturing an image in the patient's record and secure messaging with other providers or caregivers using Secure Chat through Epic's Rover application.

STANDARDS OF USE:

- Secure messaging is meant to convey brief, non-emergent messages. Text messaging must not be used for time sensitive or critical information. Urgent or critical results shall be communicated through direct communication as currently established.
- Caregivers should follow existing practices around timely responses used for other communication methods. If responses are not received via Secure Chat in a timely manner, reach out to caregivers using alternative methods.
- Texting orders is prohibited regardless of the application utilized. The recipient should request that the ordering provider enter orders into Epic. If in any case the provider is not able to enter orders, caregivers should follow current standards for verbal orders.
- Secure Chat messages are not stored on the device nor are part of the legal medical record. Messages are stored on the server and not within the Haiku/Canto/Rover applications. **All messages are discoverable.**
- High reliability principles apply to secure chat conversations as they do with all other patient care conversations. Secure Chat shall not be used to send unprofessional or inappropriate information.



SUBJECT: Acceptable Use of Secure Messaging (*Epic*)

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- Caregivers are encouraged to use patient centric messages when applicable. Patient centric messages enable caregivers to click on the patient header to view additional patient clinical information and reports.
- Secure Chat alone is not sufficient to complete a physician to physician consult request. SVH bylaws require the requesting provider to communicate verbally with the consulting provider.
- When information contained in a secure message is used for treatment purposes, the relevant information should be documented in the medical record in accordance with existing policies and standards of care. Messages about admitted patients quickly become irrelevant which is why all clinical documentation shall be referenced within Epic Hyperspace.
- Secure Chat does not allow correspondence between providers and patients. To communicate with patients, providers and patients should use InBasket and MyChart messages.
- When clinical images are intended to become part of the legal medical record, then the Epic applications Haiku, Canto, or Rover are the preferred mechanism for photo capture.
- Nurses shall use provider notification flowsheet in Hyperspace or Rover to document Secure Chat communication.
- Messages will not be purged; users cannot delete messages. If the user sends a chat about the wrong patient, the sender should send another message stating the error and which messages should be disregarded. Recipients shall also clarify any messages that may seem clinically inappropriate or questionable.
- SVH prohibits users from taking screen shots or any replications of texts or images sent via Epic Secure Chat on a non SVH sanctioned device by taking photographs of the secure message transmissions or with another phone. Misuse of text messaging tools may result in limitation of access to these tools, loss of medical privileges, or other disciplinary action, up to and including termination of employment, as defined by other SVH Security and Confidentiality policies.
- Mobile devices must be physically secured when stored or taken off site. Tracking of department owned Haiku, Canto or Rover mobile communication devices and who is assigned to the device is the responsibility of each unit. Shared devices that don't leave the facility don't need to be assigned to an individual. Lost or stolen devices with a



SUBJECT: Acceptable Use of Secure Messaging (*Epic*)

POLICY: PR8610-E100

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secure text application installed must be immediately reported to the department manager and a ticket submitted to the IT Service Desk.

- Caregiver education relating to the established guidelines, proper use for Secure Chat, and the cleaning of the device should be documented.

REFERENCES:

CIHQ PR-10

OWNER:

Director of Information Systems

AUTHORS/REVIEWERS:

Director of Information Management
Director of Quality
Chief Medical Officer
Board Quality Committee

APPROVALS:

Policy & Procedure Team:
Medicine Committee:
Surgery Committee:
Performance Improvement/
Pharmacy & Therapeutics Committee
Medical Executive Committee:
The Board of Directors:



SUBJECT: HIPAA Transmission Security

POLICY: IM8610-xxxx

DEPARTMENT: ORGANIZATIONAL

PAGE 1 of 2

EFFECTIVE:

REVISED:

PURPOSE:

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POLICY:

SVH enacts reasonable safeguards to ensure ePHI and Personal Information is transmitted to outside entities in a secure manner and is protected against loss, alteration, duplication, substitution, or destruction.

PROCEDURE:

I. ePHI Transmissions

- A. All transmissions of ePHI or Personal Information from SVH domains to a network outside of the aforementioned networks utilize an encryption mechanism between the sending and receiving entities or the file, document, or folder containing said ePHI is encrypted before transmission.
- B. Prior to transmitting ePHI or Personal Information from SVH domains to a network outside of the aforementioned networks, the receiving person or entity is authenticated.
- C. All transmissions of ePHI from SVH domains to a network outside of the aforementioned networks should include only the minimum necessary amount of PHI.

II. SVH may email ePHI through a secure email system.

- A. For transmissions of ePHI or Personal Information via email, SVH automatically encrypts email that may contain ePHI or Personal Information by scanning for such ePHI using preconfigured rules established by the SVH IT department.
- B. Employees may manually encrypt emails by adding “secure” to the subject line of the email message.



SUBJECT: HIPAA Transmission Security

POLICY: IM8610-xxxx

DEPARTMENT: ORGANIZATIONAL

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III. PHI Transmissions Using Electronic Removable Media

A. When transmitting ePHI or Personal Information via removable media, including but not limited to floppy disks, CD ROM, memory cards, magnetic tape and removable hard drives, the sending party must:

- i. Use an encryption mechanism to protect against unauthorized access or modification
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IV. Cell Phone

- i. Workforce members may send text messages containing ePHI or Personal Information to each other using a HIPAA compliant application that provides for encryption of text messages.

REFERENCES:

HIPAA Technical Standard 45 C.F.R. §§ 164.310(a)(2)(iv), 164.312(e)(1).

APPROVER:

HIPAA Security Officer

AUTHORS/REVIEWERS:

Director of Information Services / HIPAA Security Officer

APPROVALS:

Policy & Procedure Team:

Medicine Committee:

Medical Executive Committee:

Board Quality Committee:

The Board of Directors:



SUBJECT: Organizational ScreenSaver: Appropriate Use, Submission and Publishing

POLICY GL8610-201

DEPARTMENT: Organizational
REVIEWED/REVISED:

PAGE 1 OF 2

PURPOSE

To provide the process and guidelines for companywide screensavers on Sonoma Valley Hospital (SVH) hardware and the assurance of standards for content and design compliance. Additionally to establish procedures for submissions, approvals, and publication.

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- health education,
- professional development,
- emergency preparedness,
- quality and safety updates, or hospital policy information,

Content should relate to hospital activities.

PROCESS

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Submittals are made by leadership team members. Anyone interested in submitting material for posting should go through their manager or a member of the management team.

SUBMISSIONS

Submissions are given to the C/M for approval and posting.

Artwork and Content Specifications:

Content: Information provided is clear and succinct and relevant to SVH

Completed artwork: provide in DOC, PPT, PDF (editable) or Publisher.

Recommended Layout/Orientation: landscape, horizontal, or square are preferred

Recommended Image size = 1920x1080 px. Video Aspect 16:9

Images: High resolution (image file size range: 700 KB – 2MB);

File Size: Not to exceed 5MB.

NOTE: If you are providing **unfinished artwork** ensure that the individual components meet the above specifications. Separate written content: provide in either DOC, PPT, or handwritten.

Direct all questions to C/M. Assistance will be provided as needed.



SUBJECT: Screen Saver Communication;
Appropriate Use, Submission and Publishing

POLICY GL8610-201

DEPARTMENT: Organizational

PAGE 1 OF 2

REVISED:

EFFECTIVE:

Submission Process:

- Send your artwork, text, and details to C/M (hard copy or digital).
- Be aware that postings are uploaded in batches. The department will strive to upload/take down as close to your requested dates.
- Provide a follow-up contact.

Allow four working days for approvals. SVH design standards will be applied to all requests being made, if design/formatting assistance is needed C/M will provide. Allow additional time for planning purposes. C/M contact: administration@sonomavalleyhospital.org, intercompany mail, or by calling X-5257.

Review/Approval Process: Content will be reviewed by C/M. C/M may consult CEO for approval as needed. Artwork will meet the determined specification. When approved, submission is batched and included in the next scheduled screensaver update.

PUBLISHING

The companywide SVH screensaver is comprised of individual slides. Slides are batched. When the batch is ready for publication, it is then transferred to Information Services (IS) for publication.

FREQUENCY

The batches will be updated as needed.

OWNER

Chief Executive Officer

AUTHORS/REVIEWERS

Marketing and Community Outreach Manager
BOD Quality Committee:

APPROVALS

P&P Committee:
Board of Directors:



SUBJECT: Acceptable Use of Secure Messaging (*Epic*)

POLICY: PR8610-E100

DEPARTMENT: Organizational

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EFFECTIVE:

REVISED:

PURPOSE:

This policy helps outline the fundamental guidelines and appropriate usage of secure messaging applications when using Epic's secure chat / secure messaging functionality within Haiku, Canto and Rover. These safeguard Protected Health Information (PHI), Personally Identifiable information (PII) and all other confidential information when communicating through secure messaging to comply with HIPAA and HITECH compliance mandates. This policy supports the confidentiality and integrity of caregiver-to-caregiver communication as defined by regulatory agencies such as Centers for Medicare and Medicaid Services (CMS).

POLICY

The electronic transmission of confidential information must adhere to federal and state laws and SVH information security, privacy and confidentiality policies and standards. CMS allows for secure messaging as long as it includes the following attributes: secure sign-on process, encrypted messaging in transit and at rest, delivery and read receipts, date and time stamps, and customized message retention time frames. Centers for Medicare and Medicaid Services (CMS) does not permit secure messaging be used for communicating patient care orders. Authorized users of secure messaging shall promote the efficient use of Sonoma Valley Hospital (SVH) information systems and shall refrain from engaging in activities that interfere with others or disrupt the systems' intended uses.

SVH reserves the right to limit or restrict user access to SVH information and information systems. SVH mobile computing devices are the property of SVH and must be protected from loss, theft, unauthorized use, disclosure, modification, or destruction.

DEFINITIONS:

Secure Chat, provides a robust secure messaging application that is HIPAA compliant. It is one component of Epic's unified communication strategy intended to improve and safeguard the way clinicians communicate. Patient-centric messages can be attached to a patient record in Epic, and general messages also can be exchanged between users. The application provides read receipts. When a user receives a message, a push notification alerts the recipient who then can click directly into the patient's chart. The user does not have to be logged into Haiku to receive messages and the lock-screen notification does not reveal any protected health information. No patient information is actually stored on the user's device.

SUBJECT: Acceptable Use of Secure Messaging (*Epic*)

POLICY: PR8610-E100

DEPARTMENT: Organizational

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EFFECTIVE:

REVISED:

Rover, is a mobile application from Epic Systems that allows clinicians to record documentation and conduct barcode validation at the point of care, typically at the patient's bedside. Rover connects in real time to Epic's central data repository, providing access to other information held in the Epic system, like patient lists and charts.

Haiku and Canto, are mobile applications from Epic Systems for use on mobile devices. Haiku is for iPhone and Android mobile devices, Canto is for use on the iPad. These offer providers with a means to access Epic patient records and performing specific functions such as viewing patient lab results information, provider schedules and inbasket folders, and offers specific functions such as capturing an image in the patient's record and secure messaging with other providers or caregivers using Secure Chat through Epic's Rover application.

STANDARDS OF USE:

- Secure messaging is meant to convey brief, non-emergent messages. Text messaging must not be used for time sensitive or critical information. Urgent or critical results shall be communicated through direct communication as currently established.
- Caregivers should follow existing practices around timely responses used for other communication methods. If responses are not received via Secure Chat in a timely manner, reach out to caregivers using alternative methods.
- Texting orders is prohibited regardless of the application utilized. The recipient should request that the ordering provider enter orders into Epic. If in any case the provider is not able to enter orders, caregivers should follow current standards for verbal orders.
- Secure Chat messages are not stored on the device nor are part of the legal medical record. Messages are stored on the server and not within the Haiku/Canto/Rover applications. **All messages are discoverable.**
- High reliability principles apply to secure chat conversations as they do with all other patient care conversations. Secure Chat shall not be used to send unprofessional or inappropriate information.



SUBJECT: Acceptable Use of Secure Messaging (*Epic*)

POLICY: PR8610-E100

DEPARTMENT: Organizational

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EFFECTIVE:

REVISED:

- Caregivers are encouraged to use patient centric messages when applicable. Patient centric messages enable caregivers to click on the patient header to view additional patient clinical information and reports.
- Secure Chat alone is not sufficient to complete a physician to physician consult request. SVH bylaws require the requesting provider to communicate verbally with the consulting provider.
- When information contained in a secure message is used for treatment purposes, the relevant information should be documented in the medical record in accordance with existing policies and standards of care. Messages about admitted patients quickly become irrelevant which is why all clinical documentation shall be referenced within Epic Hyperspace.
- Secure Chat does not allow correspondence between providers and patients. To communicate with patients, providers and patients should use InBasket and MyChart messages.
- When clinical images are intended to become part of the legal medical record, then the Epic applications Haiku, Canto, or Rover are the preferred mechanism for photo capture.
- Nurses shall use provider notification flowsheet in Hyperspace or Rover to document Secure Chat communication.
- Messages will not be purged; users cannot delete messages. If the user sends a chat about the wrong patient, the sender should send another message stating the error and which messages should be disregarded. Recipients shall also clarify any messages that may seem clinically inappropriate or questionable.
- SVH prohibits users from taking screen shots or any replications of texts or images sent via Epic Secure Chat on a non SVH sanctioned device by taking photographs of the secure message transmissions or with another phone. Misuse of text messaging tools may result in limitation of access to these tools, loss of medical privileges, or other disciplinary action, up to and including termination of employment, as defined by other SVH Security and Confidentiality policies.
- Mobile devices must be physically secured when stored or taken off site. Tracking of department owned Haiku, Canto or Rover mobile communication devices and who is assigned to the device is the responsibility of each unit. Shared devices that don't leave the facility don't need to be assigned to an individual. Lost or stolen devices with a



SUBJECT: Acceptable Use of Secure Messaging (*Epic*)

POLICY: PR8610-E100

DEPARTMENT: Organizational

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EFFECTIVE:

REVISED:

secure text application installed must be immediately reported to the department manager and a ticket submitted to the IT Service Desk.

- Caregiver education relating to the established guidelines, proper use for Secure Chat, and the cleaning of the device should be documented.

REFERENCES:

CIHQ PR-10

OWNER:

Director of Information Systems

AUTHORS/REVIEWERS:

Director of Information Management
Director of Quality
Chief Medical Officer
Board Quality Committee

APPROVALS:

Policy & Procedure Team:
Medicine Committee:
Surgery Committee:
Performance Improvement/
Pharmacy & Therapeutics Committee
Medical Executive Committee:
The Board of Directors:

New Board Member Swearing-In Ceremony

SVHCD Board of Directors

December 2022

Wendy Lee







Denise Kalos











To: SVHCD Board of Directors
From: John Hennelly, CEO
Date: 12/1/2022
Subject: Temporary MRI Concept Review

RECOMMENDATION TO THE BOARD OF DIRECTORS:

We recommend approval of the proposed temporary installation of the new 3 tesla MRI the north parking lot of the hospital acknowledging several key facts:

- The project will enable the hospital to bring the new magnet to market 15 months ahead of schedule
- The temporary project will cost approximately \$1.2m
- The magnet will be active for approximately 12 months during which we expect to recoup the \$1.2m expenditure
- The initial expenditure will decrease days cash by approximately 6.5 days, based on current cash and operating expense levels
- Should the temporary project experience delays the 12-month window could be reduced which would limit our ability to recoup the \$1.2m

BACKGROUND:

As we prepare for the installation of a 3-tesla magnet in 2025, we considered the viability of hosting the magnet on site more quickly in a temporary location. The team investigated the reasonableness, cost and time needed to make this happen in enough time to recoup the expense through the incremental volume we might experience in advance of completion of the permanent location in 2025.

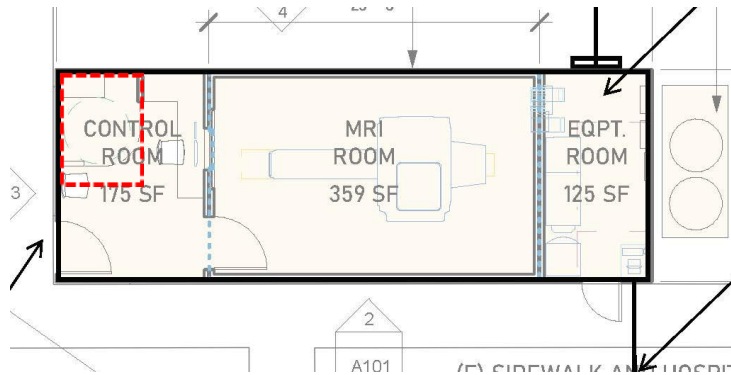
MRI - Temp / Permanent Project Milestones



Task Name	2022				2023				2024				2025			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1 + Sonoma Valley Hospital - Container Project																
26																
27 + Sonoma Valley Hospital - Modular Project																

Based upon initial planning, we have approximately 12 months of time to recoup our investment. The magnet will need to begin to be relocated to the permanent site approximately 3 months before it is set to open.

The magnet would be housed in a prefabricated temporary unit in the parking lot next to the old emergency department. The space would be relatively modest with a changing area nested into the control room (red box). Patients would be escorted to the unit through the hospital, exiting the building through the old emergency department.



Breakeven Analysis:

The cost of the prefabricated temporary unit, installed, with the magnet anchored, is approximately \$1.2m. That is the investment we must recoup during this 12-month period.

Our current 1.5-tesla magnet can scan roughly one patient per hour (8 per shift). Over the past 12 months we’ve averaged 4.5 scans per day due having only one technologist. The 3-tesla magnet’s power reduces scan times such that this unit could scan upwards of 12 patients in an 8-hour shift. Given demand across the Bay we are considering keeping both magnets operational into the future. In addition to increasing capacity, the hospital would benefit from having 3+ techs on staff enabling us to staff through PTO or vacancies.

Project Investment / Fixed Costs		Assumptions / Comments
Temporary MRI Structure Cost	\$ 1,180,000	
Incremental Labor Cost	\$ 225,000	Incremental Operational Fixed Costs 1 MRI Tech + 1 Transporter
Total Investment / Fixed Costs	\$ 1,405,000 A	
Per Scan Margins		
Projected Reimbursement / Scan	\$ 855	Historical w/ small assumed changes in payor mix
Variable Costs / Scan	\$ 80	Historical variable supply costs
Net Margin / Visit	\$ 775 B	
Other		
MRI Structure Re-Sale Price	\$ -	Not assuming any re-sale of structure
MRI Scans Needed to Breakeven		
	1,813 A/B	



The chart below illustrates the time needed to capture **1,813** scans based upon the number of scans done each day. Number of scans will be determined by complexity, staffing, distance from waiting room to magnet, latent market demand, ability to register/authorize/schedule. As noted above, we estimate we have 12 months available. The available time could be longer if there are construction delays in the permanent location. Given we are using a prefab structure, outside of the walls of the hospital, the probability of delay is lower than we've seen in the past.

<u>Estimated months to B/E based on:</u>	<u># of Months*</u>	<u>Methodology</u>
Historical FY22 volumes (~4.5 scans/day)	21	Based on annual historical volumes (1.5 tesla)
12 Scans / Day	8	Based on estimated full capacity of new 3.0 tesla
8 Scans / Day	11	Based on 8 incremental MRI scans/day, M-F
6 Scans / Day	15	Based on 6 incremental MRI scans/day, M-F
5 Scans / Day	18	Based on 5 incremental MRI scans/day, M-F

* Assumes current hours of operation, Monday - Friday

Just under 8 scans per day is what would be required to break even in the 12-month window we expect to have. Based upon the chart below, the volume exists to meet this target though it would require significant operational efficiency to achieve the goal.

- Orthopods would need to continue to focus on the Sonoma market
- Patients would need to be referred to SVH and scheduled quickly
- Patients would need to show up for their appointment
- SVH would need to ensure staffing such that scans are occurring without fail

Sources of Incremental Volume:

	Wait time (business days)	Latent demand
SVH	10 days	80
UCSF*	40 days	~1620
Sonoma Market*		~600
TOTAL AVAILABLE		2300+

*UCSF has 27 magnets across the bay area (3, 3 tesla). Assumed 10 scans per day per magnet = 10,800 waiting scans. Assumed 15% in north bay = 1620

*A significant portion of scans are completed at competing centers due to our wait time. Data is drawn from Crimson Market Advantage which looks at orthopods on our medical staff and where their scans are completed. Petaluma Valley, Novato and Sutter Solano represent 70% of the opportunity with the Queen and Marin getting barely 20% of the outmigration.



Capacity Calculations	New 3.0 Tesla	Current 1.5 Tesla
MRI Operational Days (per year)	252	252
MRI Scan Capacity (per day)	12	8
MRI Scan Capacity (per 5-day week)	60	40
MRI Scan Capacity (per year)	3,024	2,016

Assumptions:

- Financials – Used historical FY22 financials and payor mix from PatientsDB
- Revenue – Assumed historical FY22 revenues / scan, by financial class
- Payor Mix – Used FY22 as baseline and made adjustments based on estimated volume capture (commercial + 5%, managed medi-cal -3%, managed Medicare -2%) More availability would yield more discriminating patients.
- Labor Cost – Incremental labor includes 1 MRI tech + 1 Patient Transporter. Other resources providing services from other departments (scheduling/registration, medical records, patient accounting for billing and collecting) will be absorbed into current workflows and will not require additional investment.
- Variable Costs – Used historical variable costs per scan from PatientsDB. Variable costs are supply costs (contrasts) incurred to perform the MRI scan.

Risks:

- Temp Construction Delays – We could see delays with the delivery of the container. We could see delays from PG&E installing the 400amp circuit.
- Labor shortage – We currently have 1 MR tech. We're training another. Market pay is such that our techs often leave or more lucrative locations.

Non Valued Factors:

- Temporary Structure Re-Sale Value – An opportunity potentially exists to recoup a portion of the initial investment through the re-sale of the temporary structure once the 3-tesla magnet gets relocated to the permanent site. We did not value this into the analysis due to the current unknowns in re-sale value and probability of finding a buyer.
- Dr Peter Carrol – He has stated he will begin doing work here when we have a 3-tesla magnet.
- Orthopedics – Could increased MR availability increase surgeries?
- Breast imaging – 3T will enable more types of exams

Other Considerations:

- UCSF funding – Would UCSF be willing to share this expense?
- Permanent structure delays – If the permanent location were delayed, our temp location would have more time to breakeven or could yield a profit.

**SONOMA VALLEY HEALTH CARE DISTRICT BOARD OF DIRECTORS
RESOLUTION NO. 369**

HONORING RETIRING BOARD MEMBER MICHAEL MAINARDI, M.D.

Whereas, Michael Mainardi, M.D., has rendered extraordinary service to the Sonoma Valley Health Care District, Sonoma Valley Hospital and our community; and

Whereas, Michael has served on the District's Board of Directors since 2018; and

Whereas, Michael was chair of the Board Quality Committee and demonstrated his willingness and the patience to sit through all 21 revisions of the Quality Charter; and

Whereas, Michael tirelessly advocated for needed GI services in the District, and

Whereas, Michael, with his distinguished career in internal medicine and gastroenterology, brought a valuable medical perspective to the Board; and

Whereas, Michael's support and leadership, as Chair of their Board of Directors, of the Sonoma Valley Community Health Center, was instrumental in strengthening its relationship with the Hospital Board; and

Whereas, Michael has always been willing to help and has been an outstanding Board member; and

Whereas, Michael has a unique way of finding patience and smiling through almost any situation; and

Whereas, Michael can always be counted on to give recognition and appreciation to staff and colleagues; and

Whereas, Michael always seeks find positive solutions; and

Whereas, Michael's wife, Ricki, will be dancing in the streets on the day Michael retires from the board so that she can have her husband back; and

Whereas, Michael always willingly arranged for use of the George Ranch facilities; and

Whereas, Michael and Ricki will continue their international cruises and other exciting travel; and

Whereas, Michael will continue to enjoy the fabulous wines of Sonoma Valley, and

Whereas, Michael Mainardi will be sorely missed by all as a cherished and valued member of the Sonoma Valley Health Care District Board.

NOW THEREFORE BE IT RESOLVED, that his colleagues and admirers salute Michael Mainardi's leadership, thank him for his outstanding service to the Hospital, the District, and the

Community and wish him well in all future endeavors, both personal and professional.

PASSED AND ADOPTED this 8th day of December, 2022, by the following vote.

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

_____, Chair
Sonoma Valley Health Care District

_____, Secretary
Sonoma Valley Health Care District

**SONOMA VALLEY HEALTH CARE DISTRICT BOARD OF DIRECTORS
RESOLUTION NO. 370**

HONORING RETIRING BOARD MEMBER JOSHUA RYMER

Whereas, Joshua Rymer has rendered extraordinary service to the Sonoma Valley Hospital and our community; and

Whereas, Joshua has served on the Hospital's Board of Directors since 2014; and,

Whereas, Joshua has served as the Chair of the Hospital's Board of Directors in 2018, 2019, 2021 and 2022; and

Whereas, Joshua has used his consulting background, particularly in strategic planning, and with a global perspective, to actively participate in, and help shepherd, the Hospital's strategic plans, even before he was a member of the Board; and

Whereas, Joshua has served on all of the Hospital's Board Committees, including the Governance, Finance, Affiliation Oversight and Quality Committees; and

Whereas, Joshua has used his insightful energy to promote and strengthen the affiliation between UCSF and SVH; and

Whereas, Joshua leveraged his exemplary training and knowledge of the hospital facilities to support the design and construction of the Hospital's new Outpatient Diagnostic Center; and

Whereas, Joshua managed to maintain a culture of communication with Board and SVH staff in the new era of Zoom meetings; and

Whereas, Joshua has always been willing to help and has been an outstanding board member; and

Whereas, Joshua is unique in his ability to get his point across with humor and humanity; and

Whereas, Joshua can always be counted on to give recognition and appreciation to staff and colleagues; and

Whereas, Joshua will now enjoy his nightly refreshment every evening; and

Whereas, Joshua and his husband Tim will enjoy more travels to Africa, New York, Big Sky and many more places; and

Whereas, Joshua will continue as an avid snowboarder and bicyclist; and

Whereas, Joshua Rymer will be sorely missed by all as a cherished and valued member of the Sonoma Valley Health Care District Board.

NOW THEREFORE BE IT RESOLVED, that his colleagues and admirers salute Joshua Rymer's leadership, thank him for his outstanding service to the Hospital, the District, and the Community and wish him well in all future endeavors, both personal and professional.

PASSED AND ADOPTED this 8th day of December, 2022, by the following vote.

AYES: _____

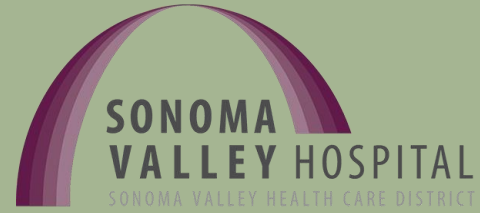
NOES: _____

ABSENT: _____

ABSTAIN: _____

_____, Chair
Sonoma Valley Health Care District

_____, Secretary
Sonoma Valley Health Care District



2022 ANNUAL COMMUNITY REPORT: OVERVIEW

JULY 2021 – DECEMBER 2022



OVERVIEW

JULY 2021 – DECEMBER 2022



- The Annual Community Report is our summary of key accomplishments achieved or started in the past 18 months (July 1, 2021 – December 2022)
- Highlights span across community collaborations to clinical achievements

We have an exciting story to share!

OVERVIEW

JULY 2021 – DECEMBER 2022

- **Theme: Becoming “That” Future**
 - **Your Hospital Reaches For More**

- **Undertone: Reflection**



OVERVIEW

JULY 2021 – DECEMBER 2022



Highlights:

➤ Parcel Tax passage

➤ 10-year

➤ Clinical Achievements

➤ American Heart Association National Recognition

➤ UCSF Affiliation Expansion

➤ Leadership, Clinical, Referrals, Marketing

OVERVIEW

JULY 2021 – DECEMBER 2022



Highlights:

- **Community Collaborations and Partnerships:**
 - Pediatric Vaccine Clinics
 - Back to School Health Fair
 - Sonoma Valley Mental Health Coalition
 - Active Aging Lecture Series
- **Issues:** Housing, Shelter, Community Care
- **Partners:** SVCHC, Vintage House, La Luz Center, S.O.S., Hanna Center, Supervisor Gorin, City of Sonoma

OVERVIEW

JULY 2021 – DECEMBER 2022



Highlights:

- **ODC CT Scan Suite Open**
 - Medical Imaging Diagnostic Center for the North Bay
 - State-of-the-art made possible by donors
- **Epic/MyChart Implementation**
 - Epic is an under statement, Epic has been an undertaking like no other this team has experienced. Setting up the community drive-through vaccine clinics was a cake-walk in comparison

...The Band is now ready to play

OVERVIEW

JULY 2021 – DECEMBER 2022

- **This will be our first bilingual report!**
- **FY22 financial reports and highlights will be included**
- **Acknowledgement of the support we received from our communities and donors.**



OVERVIEW

JULY 2021 – DECEMBER 2022

A story that reinforces our commitment of care atop an undercurrent of state-of-the-art technology and interconnectivity for patients, medical community, clinicians, and all that come to their community hospital for care.

Coming!

QUESTIONS

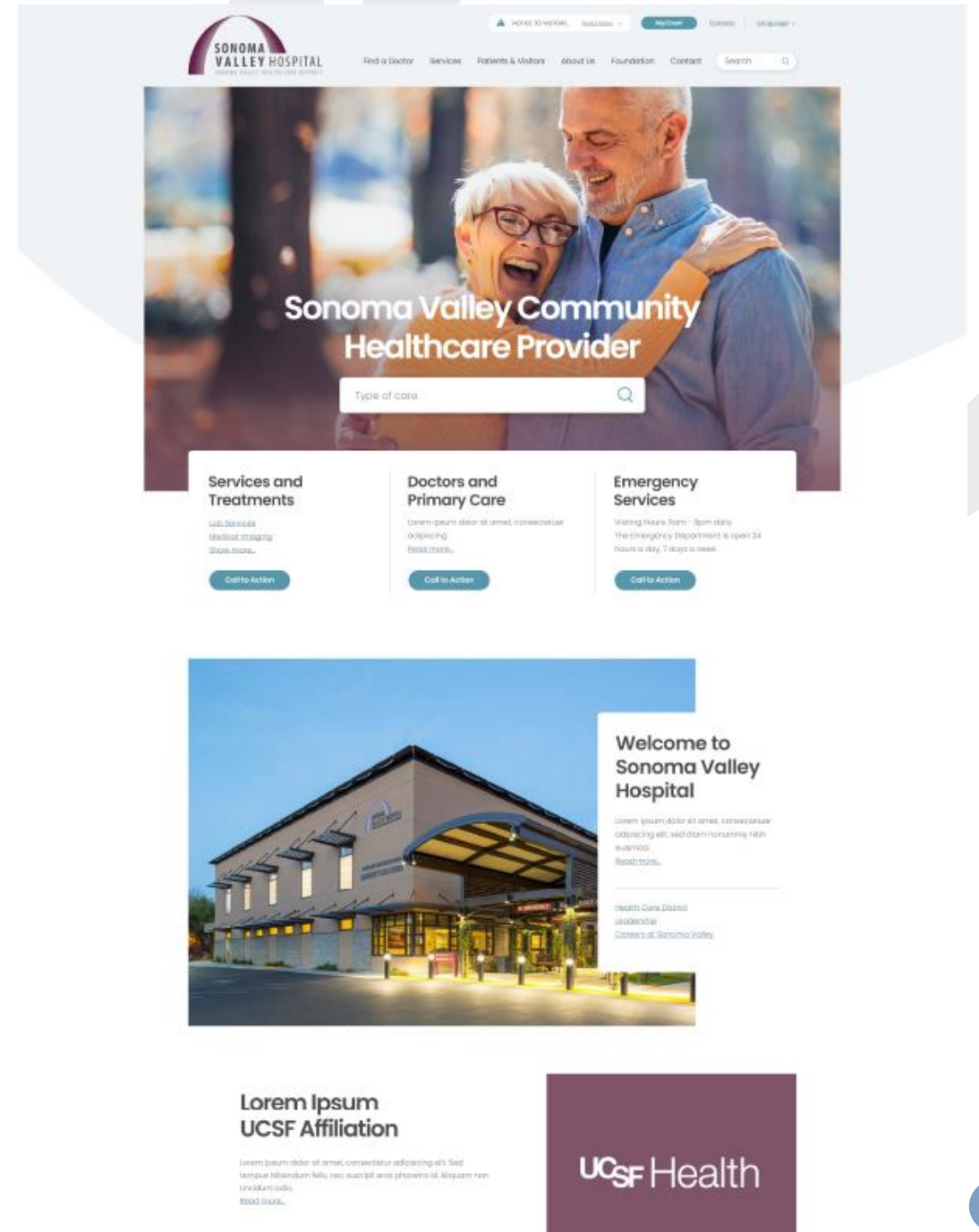


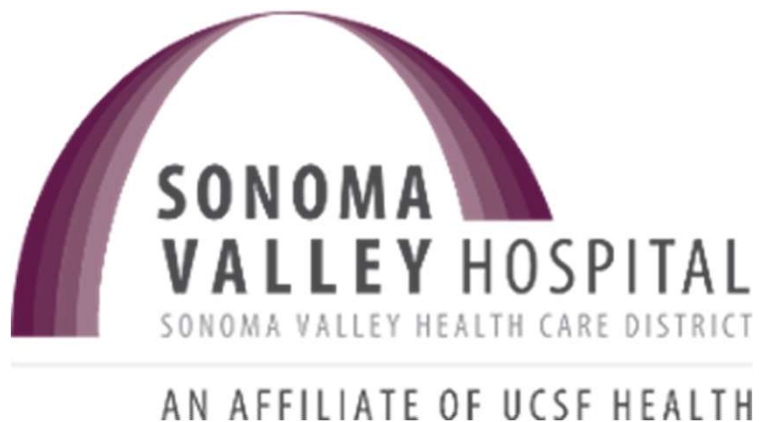
WEBSITE REFRESH

JULY 2021 – DECEMBER 2022

We're working on a new data-driven web design refresh for next year.

Visitors will be connected to information and services in fewer clicks than before





Sonoma Valley Health Care District June 30, 2022 Audit Results

Contents




Section

- I** Client Service Team
- II** Audit Highlights
- III** Areas of Audit Focus
- IV** Financial Statement Analysis
- V** Required Communications
- V1** New GASB Pronouncements
- VII** Executive Session

Client Service Team



Experience, Expertise and Commitment - Engagement Team

Engagement Member	Role	Sample of Clients Served	Education / Experience and Background
<p>Brian D. Sackstein Audit Partner</p> 	<p>Engagement Partner</p>	<ul style="list-style-type: none"> • Northwell Health Inc. • Eastern Long Island Hospital • Community based FQHC's all country-wide 	<ul style="list-style-type: none"> • Member of Healthcare Financial Management Association • Member of the New York State Society of CPAs (Healthcare Committee) • Member of the AICPA
<p>Paul Peterson Audit Partner</p> 	<p>Concurring Review Partner</p>	<ul style="list-style-type: none"> • Concurring review partner for: <ul style="list-style-type: none"> • Oroville Hospital • Palo Verde HC District • All other healthcare clients 	<ul style="list-style-type: none"> • Member of Armanino Technical Standards Committee • Member of AICPA
<p>Liz Marek Senior Audit Manager</p> 	<p>Engagement Manager</p>	<ul style="list-style-type: none"> • Oroville Hospital • Palo Verde Healthcare District • Mission Neighborhood Health Centers • Santa Cruz Community Health Centers • VEP Healthcare, Inc. 	<ul style="list-style-type: none"> • Member of AICPA • Member of Healthcare Financial Management Association

Audit Highlights



Audit Highlights

- Opinion
 - Unmodified Opinion on the Financial Statements
- No difficulties encountered in performing the audit
- No major change in originally planned timeline
- No material weaknesses or significant deficiencies in internal control were identified based upon our procedures

Financial Statement Analysis



Audit Highlights

- Risk Based Audit Approach – Areas of Audit Focus:
 - Walk-through of all key Internal Controls over significant operating cycles
 - Test of controls over payroll process
 - Net Patient Receivables:
 - Look-back analysis of June 30, 2021 A/R collections
 - Interim A/R analysis as of March 2022 (for A/R at December 2021)
 - Analysis of collection activity subsequent to June 30, 2022
 - Provider Relief Funds – No Single Audit required for FY 2022 but will be required for FY 2023
 - Capital Asset activity
 - Review of SVH implementation of GASB 87 in FY 2022
 - Bonds Payable, Bond refinance in August 2021, Line of Credit and Capital leases
 - Revenue Recognition – testing of sample of patient claims for services provided.
 - Analytical and substantive testing of expenses

Overview of Financial Statements

Statements of Net Position

Total Assets

- **Overall decrease of \$355k (<1 %)**
 - Decrease in cash \$(1.3M)
 - Increase In Patient A/R, net \$415k
 - Decrease in capital assets, net \$(460k)
 - Increase in Right-of-use assets, net \$1.4M

Total Liabilities

- **Overall decrease of \$941k (~2 %)**
 - Decrease due to bond and loan paydowns \$(2.2M)
 - Increase in Lease obligation \$1.4M
 - Decrease in accounts payable and accrued expenses \$(477k)

Total Net Position

- **Overall increase of \$586k to \$35M for FY 2022**

Overview of Financial Statements (continued)

Statements Of Revenues, Expenses and Change in Net Position

Total Operating Revenues

- Overall increase of \$877k (2%)
 - Increase in net patient service revenues due to continued recovery of volume

Total Operating Expenses

- Overall increase of \$1.3M (2%)
 - Decrease in salaries, wages and benefits \$(590k)
 - Increase in medical professional fees \$623k
 - Increase in non-medical professional fees \$1.3M
 - Decrease in Other expenses \$(1.1M)

Nonoperating income

- Overall increase of \$950k (14%)
 - Provider Relief Funds \$1.4M
 - Decrease in GO Bond tax assessment revenues \$(737k)
 - Decrease in interest expense (including GO) \$(178k)

Total Increase in Net Position for FYE 2022 \$586k

Total Increase in Net Position for FYE 2021 \$5.1M

Overview of Financial Statements (continued)

STATEMENT OF CASH FLOWS

Net Cash Used in Operations	\$(5.6M)
Net Cash Provided by Noncapital Financing	\$6.2M
Net Cash Used in Capital Financing	\$(2.0M)
Net Cash Used in Investing Activities	\$(200K)
Net Decrease in Cash – June 30, 2022	\$(1.3M)

Overview of Financial Statements (continued)

NOTES TO THE FINANCIAL STATEMENTS

Significant Notes:

- Note 2 – Summary of Significant Accounting Policies
- Note 3 – Affiliation Agreement with UCSF
- Note 5 – Net Patient Services Revenues
- Note 6 – Provider Relief Funds
- Note 10 – Capital Assets
- Note 11 – Right-of-use assets
- Note 12 – Lease Obligation Liability
- Note 13 – Line of Credit
- Note 14 – Long-Term Debt
- Note 21 – Commitments and contingencies

Required Communications



Required Communications

Communication with those Charged with Governance

- Auditor Responsibilities
- Planned Scope and Timing
- Significant Accounting Policies
 - Note 2; new policy for GASB 87
- Significant Accounting Estimates
 - A/R contractual allowance reserves and bad debt allowance
 - Useful lives of capital assets
 - Accrual for workers' comp liability
- Significant Disclosures
- No Significant Disagreements or Issues Encountered During the Audit
- Uncorrected and Corrected Misstatements
- No Material Weaknesses or Significant Deficiencies

New GASB Pronouncements

- **Accounting Changes on the Horizon**

- **Statement No. 101 of the Governmental Accounting Standards Board**

- **Document Title: GASBS 101 — Compensated Absences**

- **Recognition and Measurement**

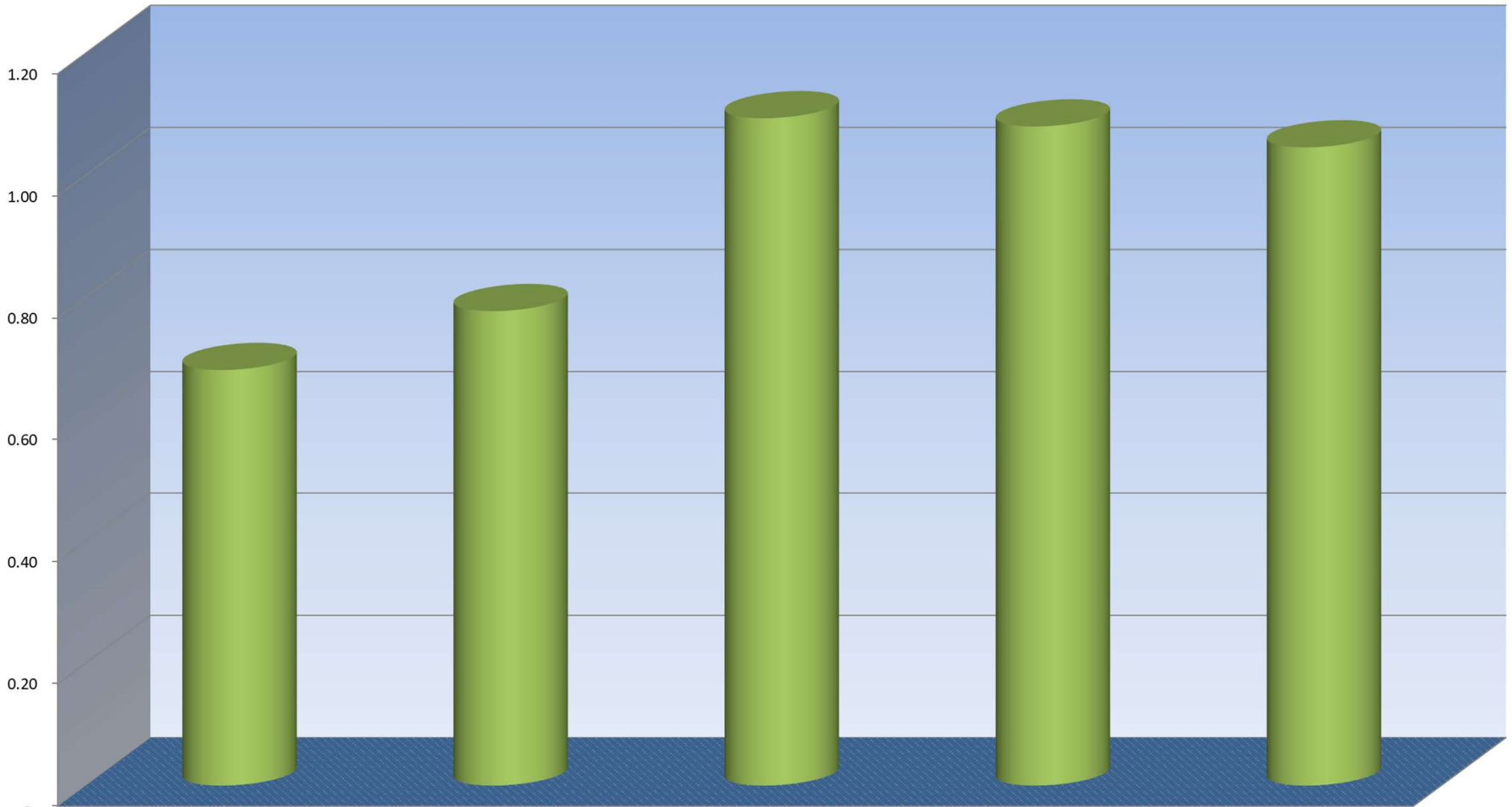
This Statement requires that a liability for certain types of compensated absences—including parental leave, military leave, and jury duty leave—not be recognized until the leave commences. This Statement also requires that a liability for specific types of compensated absences not be recognized until the leave is used.

- **Effective Date**

The requirements of this Statement are effective for fiscal years beginning after December 15, 2023, and all reporting periods thereafter. Earlier application is encouraged.

Trend Analysis

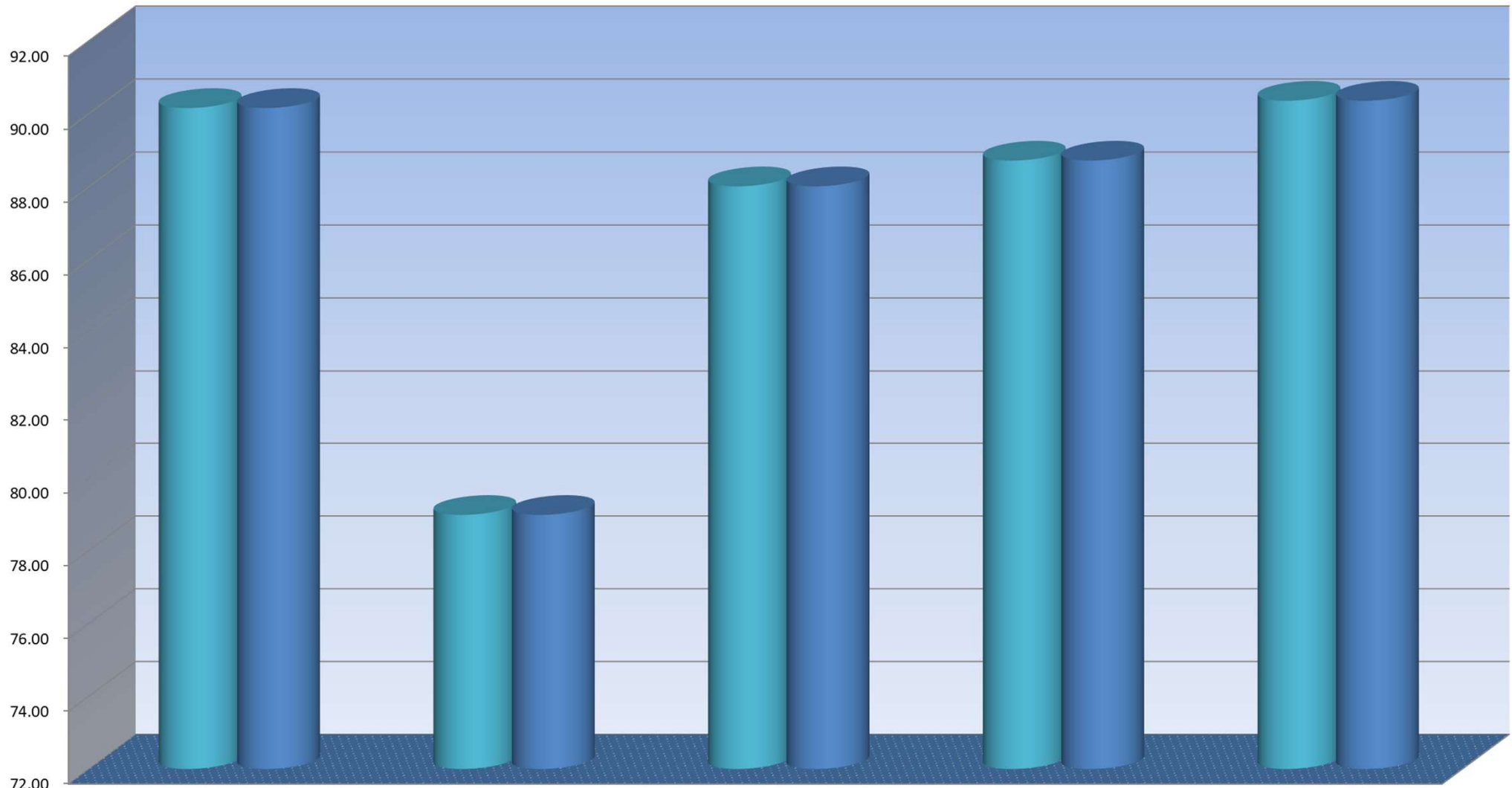
Current Ratio



	2018	2019	2020	2021	2022
Current Ratio	0.68	0.78	1.09	1.08	1.05

Trend Analysis

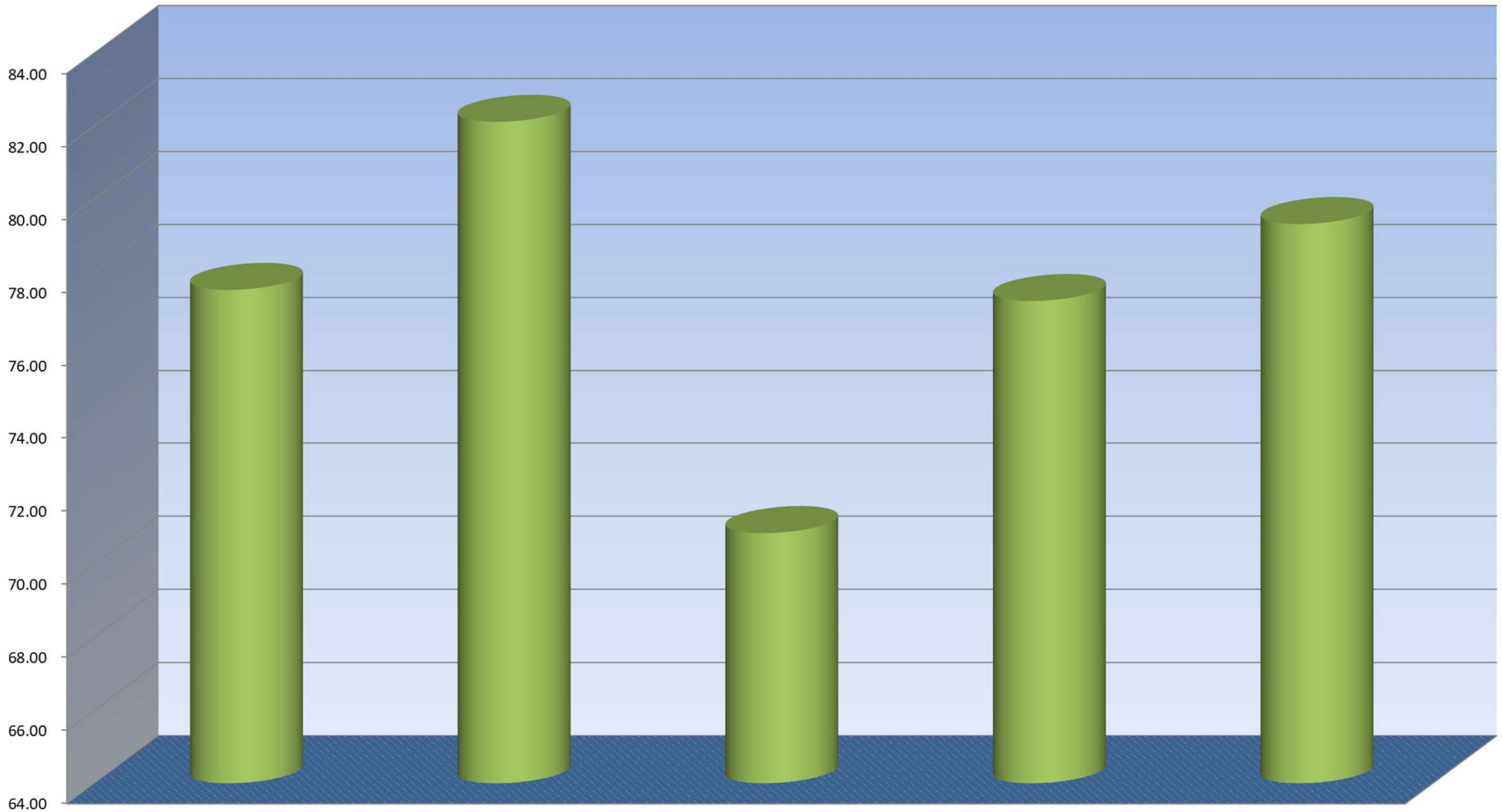
Days in Gross and Net Accounts Receivable



	2018	2019	2020	2021	2022
Days in Net A/R	90.16	78.98	88.01	88.72	90.36
Days in Gross A/R	90.16	78.98	88.01	88.72	90.36

Trend Analysis

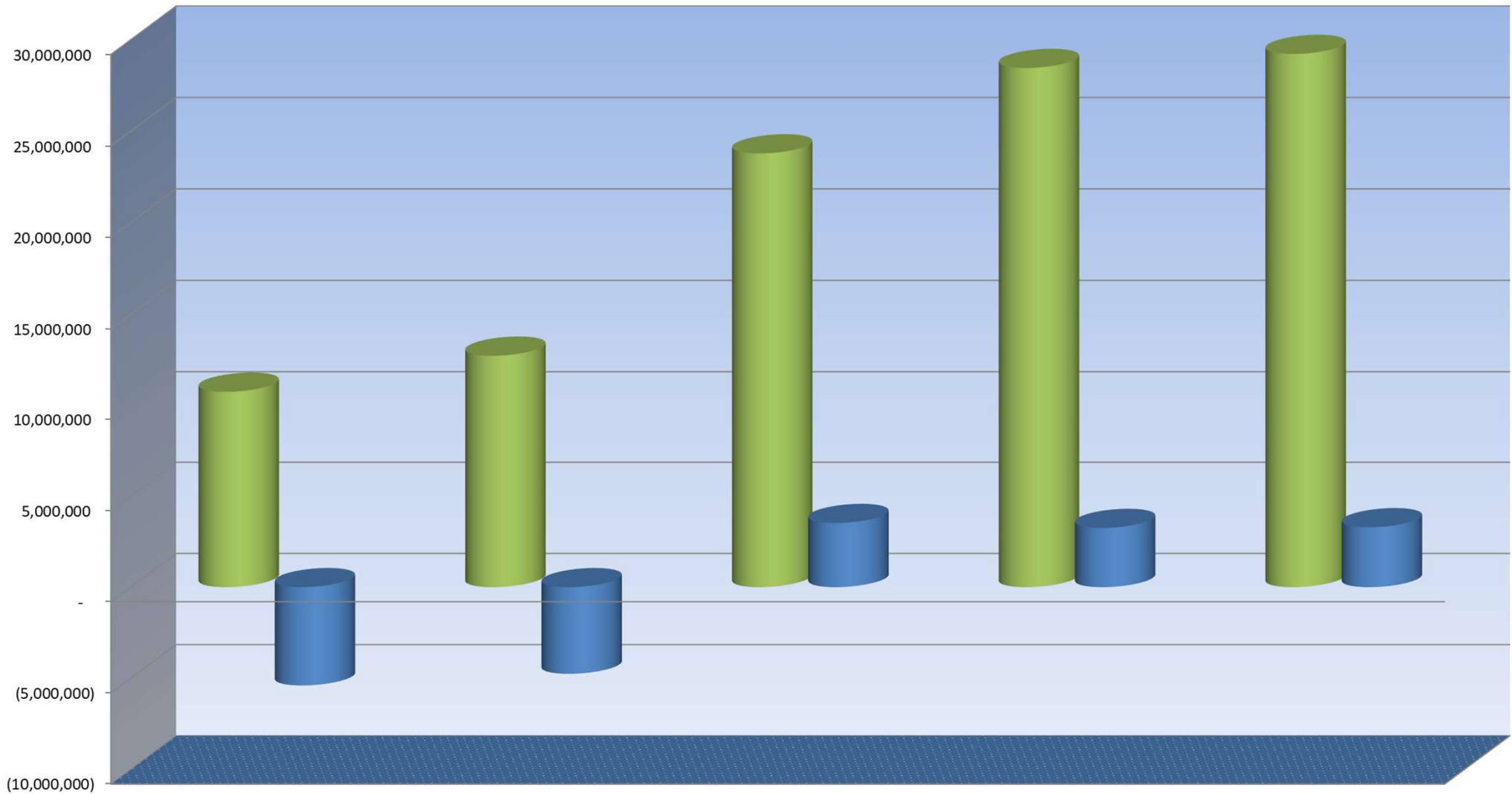
Days in Account Payable



	2018	2019	2020	2021	2022
Days in Account Payable	77.51	82.11	70.84	77.21	79.31

Trend Analysis

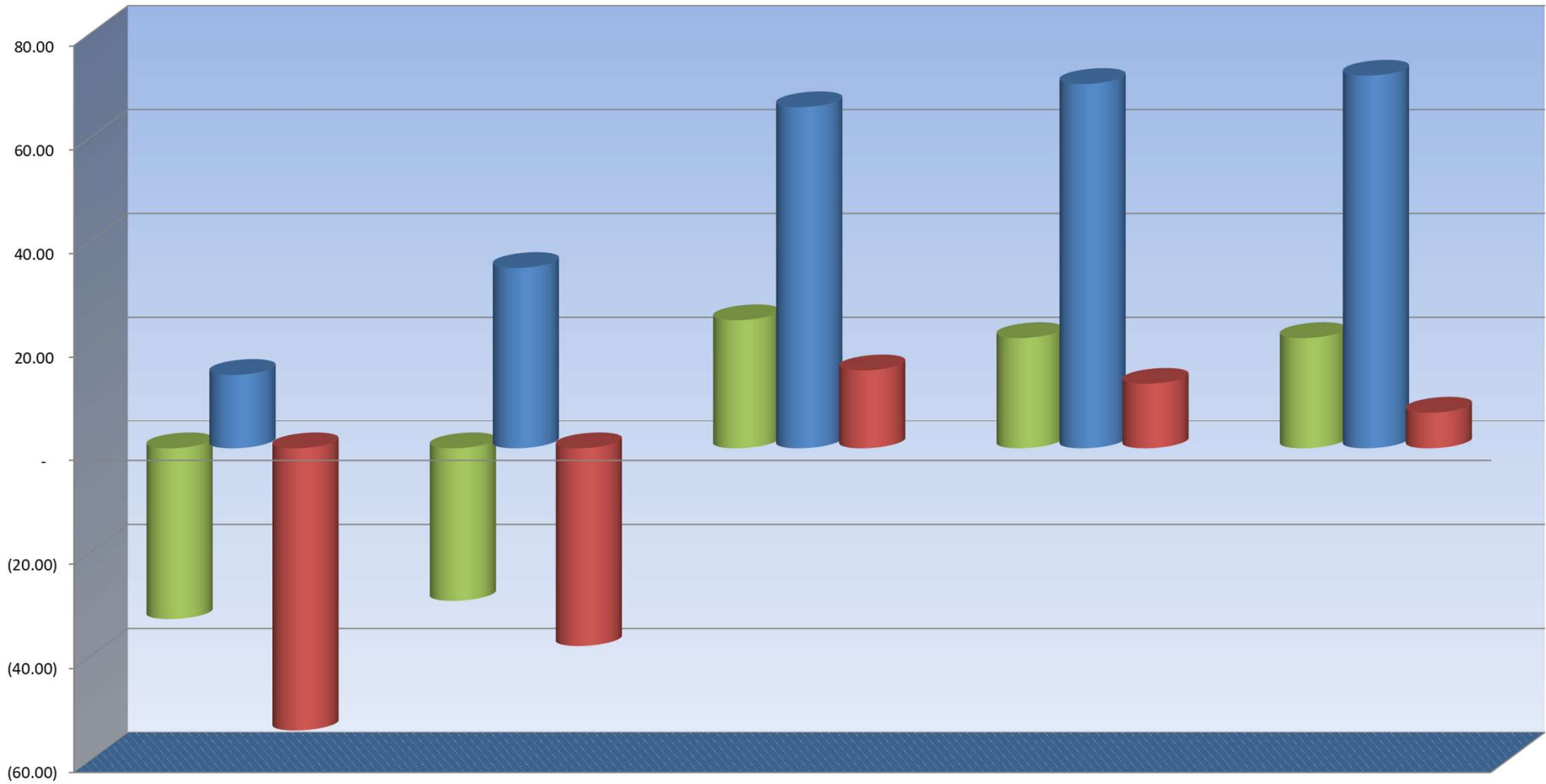
Composition of Net Position



	2018	2019	2020	2021	2022
■ Without donor restrictions	10,752,334	12,725,601	23,788,636	28,459,412	29,225,436
■ Net assets available for operations	(5,391,602)	(4,754,466)	3,518,841	3,247,768	3,286,732

Trend Analysis

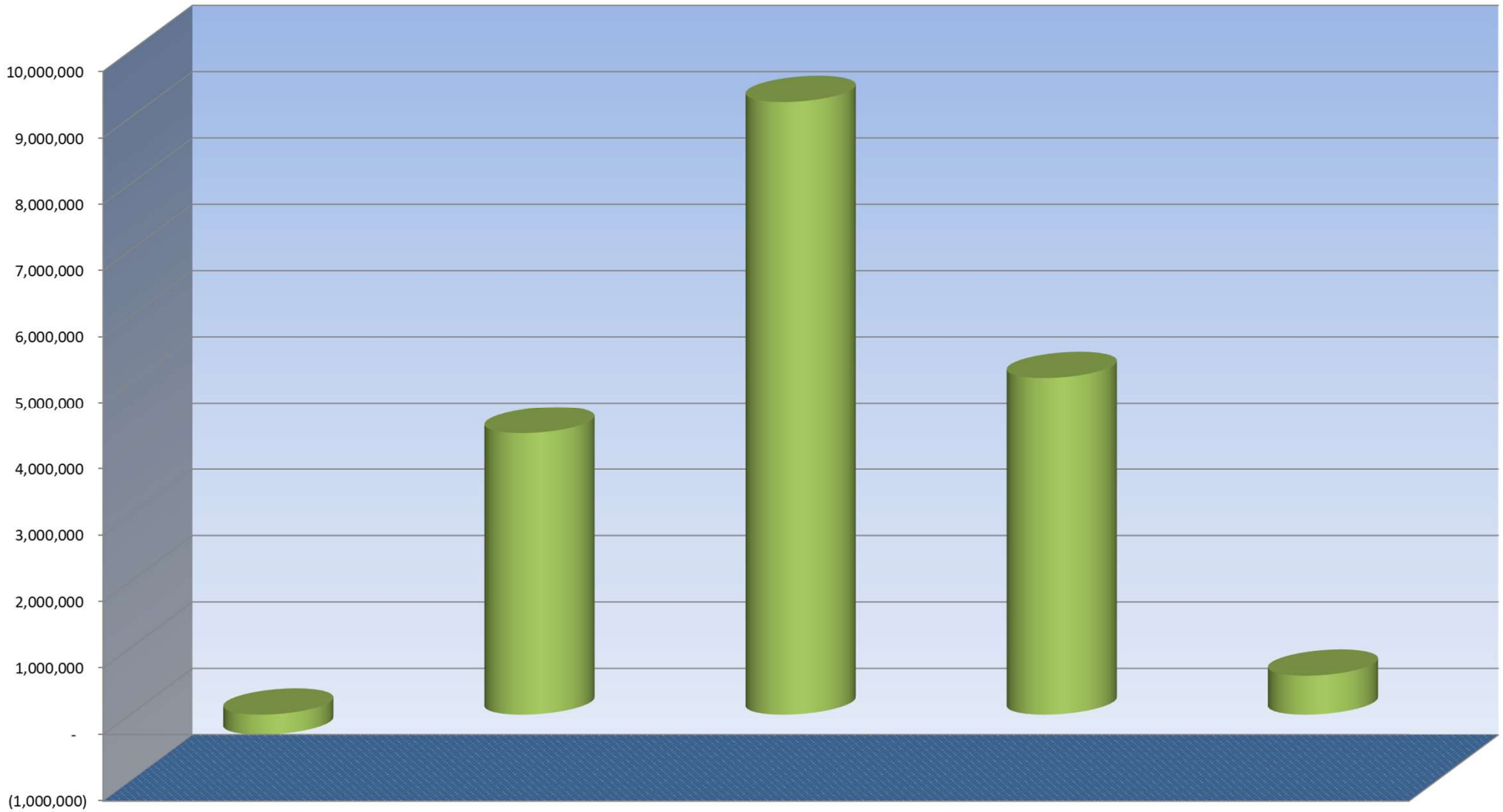
Days in Cash and other Reserves



	2018	2019	2020	2021	2022
Days in Reserve	(32.84)	(29.33)	24.80	21.37	21.38
Days in Cash	14.27	34.87	65.82	70.29	71.89
Days in Working Capital	(54.26)	(38.02)	15.14	12.56	7.00

Trend Analysis

Total Revenue to Expenses



	2018	2019	2020	2021	2022
Net income	(299,835)	4,238,453	9,237,650	5,077,642	585,671



**What
Questions Do
You Have?
We're here to help!**



Brian D. Sackstein, CPA

Audit, Partner

929.923.7876 |

Brian.Sackstein@armaninollp.com

Liz Marek

Audit, Senior Manager

925.790.2784

Liz.Marek@armaninollp.com

Sonoma Valley Health Care District

Financial Statements
and Supplementary Information

June 30, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Sonoma Valley Health Care District
Sonoma, California

Opinion

We have audited the accompanying financial statements of Sonoma Valley Health Care District (the "District"), which comprise the statements of net position as of June 30, 2022 and 2021, and the related statements of revenues, expenses and change in net position, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Sonoma Valley Health Care District as of June 30, 2022 and 2021, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis of Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Sonoma Valley Health Care District and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As discussed in Footnote 2, the District has implemented Governmental Accounting Standards Board ("GASB") 87, Leases during the year ending June 30, 2022. The June 30, 2021 financial statements have not been restated for the impact of GASB 87. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Sonoma Valley Health Care District's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.



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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sonoma Valley Health Care District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Sonoma Valley Health Care District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 4 - 12 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The information on pages 40 - 41, which is the responsibility of management, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the financial statements, and, accordingly, we do not express an opinion or provide any assurance on it.

DRAFT

Armanino^{LLP}
San Ramon, California

November 22, 2022

Sonoma Valley Health Care District
Management's Discussion and Analysis (Unaudited)
As of, and for the Years Ended, June 30, 2022, 2021 and 2020

Introduction

This management's discussion and analysis of the financial performance of Sonoma Valley Health Care District (the "District") provides an overview of the District's financial activities for the years ended June 30, 2022 and 2021. The District operates Sonoma Valley Hospital (the "hospital") located in Sonoma, California. Management's discussion and analysis should be read in conjunction with the accompanying financial statements and notes to financial statements of the District.

Financial highlights

- The District's net position increased in 2022 by approximately \$586,000 or 2% and increased in 2021 by approximately \$5,078,000 or 17%.
- Cash and cash equivalents decreased in 2022 by approximately \$1,344,000 or 13% and decreased in 2021 by approximately \$372,000 or 3%. The decrease in 2022 was due to a reduction in Inter-Governmental Transfer ("IGT") payments received during the year as well as an increase in payments for operating expenses. The decrease in 2021 was due to an increase in payments for operating expenses over net revenues collected.
- Net patient accounts receivable increased in 2022 by approximately \$415,000 or 9% and increased in 2021 by approximately \$960,000 or 24%. The increase in 2022 is attributable to the increase in net revenue from increased volumes, particularly in the 4th quarter of 2022. The increase in 2021 was due to an increase in net revenue, primarily driven by the reduction in volumes and net revenue the hospital experienced due to the COVID-19 pandemic in 2020.
- The District reported operating losses in both 2022 (\$8,022,000) and 2021 (\$7,618,000). The operating loss in 2022 increased by approximately \$403,000 or 5% from the operating loss reported in 2021. The increase in the operating loss in 2022 is due to an increase in operating expenses over net revenue.

Sonoma Valley Health Care District
Management's Discussion and Analysis (Unaudited)
As of, and for the Years Ended, June 30, 2022, 2021 and 2020

Operational Changes and Future Plans

In 2022 the hospital continued to deal with and manage through the challenges created by the COVID-19 pandemic. Despite these challenges, the hospital experienced continued growth in 2022, particularly with patient volumes in the outpatient setting to the point they exceeded pre-pandemic levels in a number of key areas. Regaining volume on the inpatient side has been more challenging as inpatient volumes continue to be lower than what the hospital had been running pre-pandemic. COVID-19 has continued to create challenges in effectively managing resources and operating expenses, and the hospital still had to incur significant costs related to COVID-19 test processing, testing supplies, entrance screeners to screen all staff, patients, and visitors. The hospital also had to rely more heavily on registry and traveler staff due to the ongoing nursing and healthcare worker shortage that also resulted from the fallout of the pandemic.

The hospital continued to focus efforts on growing their affiliation with UCSF to enhance quality and overall services. In September 2021 the hospital and UCSF hired a Director of Information Systems Technology, further expanding the alignment and shared resources between Sonoma Valley Hospital and UCSF. Through this affiliation, the hospital has been able to enhance and strengthen IT security and also leverage UCSF in assisting with the implementation of our new Electronic Medical Record. In March of 2022, the health care district, along with UCSF, recruited and hired a new CFO. The CFO is also a UCSF employee. Senior leadership of Sonoma Valley Hospital and UCSF formed a Joint Operating Committee in 2022. This committee focuses on identifying opportunities to create collaborative programs, establishing a pipeline to assist in physician recruitment, and the overall enhancement and growth of services through the affiliation.

In December 2021 the Sonoma Valley Health Care District Board of Directors approved hospital management to move forward with the implementation of Epic, which is a new Electronic Medical Record, and in June 2022, the project was officially started. This transition will significantly improve the coordination of care for patients in the community as Epic will allow for a much more efficient and streamlined way to share clinical information with other facilities and providers. The new Electronic Medical Record will also enhance and simplify multiple front and back-end processes that will generate additional revenue capture. The project is estimated to be complete and operational in December 2022.

The CT project, which is the 1st phase of the Outpatient Diagnostic Center, was initially projected to be completed in early 2021 but had been delayed due to uncontrollable factors attributable to COVID-19 as well as unforeseen structural issues discovered during the construction. The project was completed this summer and the hospital gained occupancy to operationalize in August 2022. The work on the MRI project, which is the 2nd phase of the Outpatient Diagnostic Center, has begun and is estimated to be completed during the first quarter of fiscal year 2025.

In November 2021, Sonoma Valley Health Care District residents voted to approve a ballot measure that extended the parcel tax, which was set to expire in June 2022. The ballot measure, which supports Sonoma Valley Hospital, was passed by an overwhelming majority by the residents of the district. The new measure renews the yearly tax of \$250 per parcel and was extended for ten years.

The District will continue to grow their affiliation with UCSF to provide access to specialty physicians to keep patients in the community and will focus on the acute care hospital needs of the community with

Sonoma Valley Health Care District
Management's Discussion and Analysis (Unaudited)
As of, and for the Years Ended, June 30, 2022, 2021 and 2020

emergency and outpatient services being a priority.

Using this annual report

The District's financial statements consist of three statements—statement of net position, a statement of revenues, expenses and change in net position, and a statement of cash flows. These statements provide information about the activities of the District, including resources held by the District but restricted for specific purposes by creditors, contributors, grantors or enabling legislation. The District is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting.

The statement of net position and statement of revenues, expenses and change in net position

The statement of net position and the statement of revenues, expenses and change in net position report information about the District's resources and its activities. One of the most important questions asked about the District's finances is, "Is the District as a whole, better or worse off as a result of the year's activities?" The statement of net position and the statement of revenues, expenses and change in net position report information about the District's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the District's net position and changes thereto. The District's net position - the difference between assets and liabilities - is one way to measure the District's financial health or financial position. Over time, increases or decreases in the District's net position is one indicator of whether its financial health is improving or deteriorating. Other non-financial factors, such as changes in the District's patient base and measures of the quality of service it provides to the community, should be considered, as well as local economic factors.

The statement of cash flows

The final required statement is the statement of cash flows. The statement reports cash receipts, cash payments and net changes in cash and cash equivalents resulting from four defined types of activities. It provides answers to questions such as where did cash come from, what was cash used for and what was the change in cash and cash equivalents during the reporting period.

The District's net position

The District's net position is the difference between its assets and liabilities reported in the statement of net position. The District's net position increased by approximately \$585,670, or 2% in 2022 from 2021 and increased by approximately \$5,078,000, or 17% in 2021 from 2020, as shown in Table 2.

Sonoma Valley Health Care District
Management's Discussion and Analysis (Unaudited)
As of, and for the Years Ended, June 30, 2022, 2021 and 2020

Table 1: Statements of Net Position

	2022	2021	2020
ASSETS			
Current assets			
Cash and cash equivalents	\$ 9,338,887	\$ 10,682,617	\$ 11,054,230
Patient accounts receivable, net of allowance for doubtful accounts of \$1,426,077 and \$1,440,049 in 2022 and 2021, respectively	5,295,597	4,880,570	3,920,682
Estimated third-party payor settlements	168,520	191,797	94,987
Property tax receivable	6,477,689	6,745,740	7,195,321
Other receivables	1,533,590	1,517,831	1,272,442
Inventories	1,037,597	934,048	864,337
Prepaid expenses and other current assets	828,300	871,738	764,658
Total current assets	<u>24,680,180</u>	<u>25,824,341</u>	<u>25,166,657</u>
Fixed assets			
Capital assets, net	52,121,397	52,581,236	49,267,897
Right-of-use lease assets, net	1,429,057	-	-
Total fixed assets	<u>53,550,454</u>	<u>52,581,236</u>	<u>49,267,897</u>
Noncurrent investments			
Restricted for debt service	5,754,812	5,935,165	5,528,299
Total noncurrent investments	<u>5,754,812</u>	<u>5,935,165</u>	<u>5,528,299</u>
Total assets	<u>\$ 83,985,446</u>	<u>\$ 84,340,742</u>	<u>\$ 79,962,853</u>
LIABILITIES AND NET POSITION			
Current liabilities			
Accounts payable and accrued expenses	\$ 6,511,304	\$ 6,065,424	\$ 4,968,824
Accrued payroll and related liabilities	2,560,559	3,482,666	3,389,085
Deferred tax revenue	6,285,090	6,581,749	7,109,173
Line of credit	5,473,734	5,473,734	5,473,734
Bonds payable, current portion	2,159,000	1,862,000	1,743,000
Capital lease obligations, current portion	174,908	263,030	82,652
Lease obligations, current portion	393,336	-	-
Notes payable, current portion	45,648	186,787	252,342
Total current liabilities	<u>23,603,579</u>	<u>23,915,390</u>	<u>23,018,810</u>
Long-term liabilities			
Accrued workers' compensation liability	945,000	973,000	707,000
Bonds payable, net of current portion	22,730,000	24,664,000	26,526,000
Capital lease obligations, net of current portion	71,314	354,392	171,018
Lease obligations, net of current portion	1,046,818	-	-
Notes payable, net of current portion	608,487	39,383	223,090
Total long-term liabilities	<u>25,401,619</u>	<u>26,030,775</u>	<u>27,627,108</u>
Total liabilities	<u>49,005,198</u>	<u>49,946,165</u>	<u>50,645,918</u>
Net position			
Net investment in capital assets	20,858,306	19,737,910	14,796,061
Restricted			
For debt service	5,754,812	5,935,165	5,528,299
Total restricted	<u>5,754,812</u>	<u>5,935,165</u>	<u>5,528,299</u>
Unrestricted	8,367,130	8,721,502	8,992,575
Total net position	<u>34,980,248</u>	<u>34,394,577</u>	<u>29,316,935</u>
Total liabilities and net position	<u>\$ 83,985,446</u>	<u>\$ 84,340,742</u>	<u>\$ 79,962,853</u>

Sonoma Valley Health Care District
Management's Discussion and Analysis (Unaudited)
As of, and for the Years Ended, June 30, 2022, 2021 and 2020

Receivables

In 2022, estimated third party cost report settlements decreased by approximately \$23,000 or 12% compared to 2021. The decrease in 2022 is due to the less outstanding balances due from third-parties. Property tax receivable decreased by approximately \$268,000 or 4% from 2021. Other receivables increased by \$16,000 or 1% from 2021, and increased by \$245,000 or 19% in 2021 from 2020. The majority of the balance sitting in other receivables relates to the hospital's insurance claim resulting from the cyberattack in November 2020.

Capital assets

At the end of 2022 and 2021, the District had approximately \$52,121,000 and \$52,581,000, respectively, invested in capital assets, net of accumulated depreciation, as detailed in Note 10 to the financial statements.

Right-of-use Lease Assets and Obligations

Effective July 1, 2021, the District implemented Governmental Accounting Standards Board ("GASB") 87 which required the recognition of certain lease assets and liabilities in the amount of \$1,652,113. Amortization expense related to the right-of-use assets was \$223,056 for the year ended June 30, 2022.

Debt

At June 30, 2022 and 2021, the District had approximately \$25,789,000 and \$27,370,000, respectively, in bonds, equipment notes payable and notes payable outstanding as detailed in Notes 14 and 15 to the financial statements. The District has a line of credit agreement with a bank for an amount not to exceed \$5,500,000, maturing on January 31, 2024. The District had unused credit on the line of \$26,000 as of June 30, 2022 and 2021.

Sonoma Valley Health Care District
Management's Discussion and Analysis (Unaudited)
As of, and for the Years Ended, June 30, 2022, 2021 and 2020

Table 2: Statements of Revenues, Expenses and Changes in Net Position

In 2022 the District's operating loss increased by \$403,000 or 5% from 2021. In 2021 the operating loss increased by \$605,000 or 9% from 2020, as shown in Table 2 below:

	<u>2022</u>	<u>2021</u>	<u>2020</u>
Operating revenues			
Net patient service revenue	\$ 49,882,545	\$ 48,979,099	\$ 46,618,700
Capitation revenue	218,140	245,100	287,390
	<u>50,100,685</u>	<u>49,224,199</u>	<u>46,906,090</u>
Operating expenses			
Salaries and wages	23,150,818	23,740,884	23,077,573
Employee benefits	5,488,972	5,575,741	5,565,682
Purchased services	5,464,343	5,227,906	4,589,543
Professional fees, medical	6,426,196	5,802,960	5,418,479
Professional fees, non-medical	2,042,947	770,008	304,758
Supplies	7,569,438	6,665,341	6,119,489
Facilities and equipment	398,062	644,186	622,096
Utilities	1,589,238	1,353,824	1,188,966
Insurance	614,358	540,199	466,482
Depreciation and amortization	3,006,014	3,056,269	3,108,248
Other expenses	<u>2,371,883</u>	<u>3,465,064</u>	<u>3,457,769</u>
Total operating expenses	<u>58,122,269</u>	<u>56,842,382</u>	<u>53,919,085</u>
Loss from operations	<u>(8,021,584)</u>	<u>(7,618,183)</u>	<u>(7,012,995)</u>
Nonoperating income (expenses)			
General obligation bond tax assessment revenues	2,521,572	3,259,264	3,264,864
Parcel tax assessment revenues	3,784,676	3,777,872	3,771,152
General obligation bond interest	(838,430)	(1,083,722)	(1,151,759)
Interest expense	(275,108)	(207,077)	(312,663)
Gain on sale of assets	-	4,600	2,005,303
Provider relief funds	1,377,724	-	5,572,969
Contributions to Prima Medical Foundation	121,360	-	(133,171)
Investment income	19,312	24,912	111,196
Other income, net	<u>1,011,410</u>	<u>996,855</u>	<u>661,394</u>
Total nonoperating income (expenses), net	<u>7,722,516</u>	<u>6,772,704</u>	<u>13,789,285</u>
Capital contributions	<u>884,739</u>	<u>5,923,121</u>	<u>2,461,360</u>
Changes in net position	585,671	5,077,642	9,237,650
Net position, beginning of year	<u>34,394,577</u>	<u>29,316,935</u>	<u>20,079,285</u>
Net position, end of year	<u>\$ 34,980,248</u>	<u>\$ 34,394,577</u>	<u>\$ 29,316,935</u>

*The District's net patient revenue is comprised of comprehensive services that span the continuum of healthcare services: inpatient and outpatient hospital patient care services and emergency room services. Net patient service revenue represents payments made by government programs, insurance companies and patients and is not the gross billed charges.

Sonoma Valley Health Care District
Management's Discussion and Analysis (Unaudited)
As of, and for the Years Ended, June 30, 2022, 2021 and 2020

The following chart shows the percentage of government programs (Medicare, Medicare HMO, Medi-Cal and Medi-Cal Managed Care), commercial insurance and other net patient revenue. Government programs generally do not cover the cost of providing patient care services and therefore are augmented by commercial insurance payments. The District's payor mix is the reason that the parcel tax is so critical to the ongoing operations of the District.

Payor mix - Percentage of total cash collections;

	FY 2022	FY 2021	FY 2020
Medicare	24.8 %	25.6 %	26.8 %
Medicare HMO	10.9 %	9.0 %	8.3 %
Medi-Cal	1.0 %	1.6 %	1.8 %
Medi-Cal Managed Care	17.5 %	21.8 %	22.4 %
Commercial insurance	34.5 %	30.6 %	31.6 %
Workers compensation	3.3 %	3.1 %	2.8 %
Capitated	0.1 %	0.1 %	0.2 %
Other government	3.4 %	1.8 %	1.5 %
Self pay - other	4.5 %	6.4 %	4.6 %
	100.0 %	100.0 %	100.0 %

Over the period, the District has continued to experience the shift from inpatient to outpatient care. The District's experience with this shift in patient care services is consistent across all hospitals in the United States. Insurance companies, including Medicare, the District's largest payor, are more frequently requiring services to be provided in the outpatient setting.

Operating losses

The first component of the overall change in the District's net position is its operating income or loss; generally, the difference between net patient services and other operating revenues and the expenses incurred to perform those services. In each of the past three years, the District has reported an operating loss. This is consistent with the District's operating history as the District was formed and operates primarily to serve residents of Sonoma Valley, regardless of their ability to pay. The District levies property taxes to provide sufficient resources to enable the facility to serve lower income and other residents.

The operating loss for 2022 increased by approximately \$403,000, or 5% as compared to 2021. In 2021 the operating loss increased by \$605,000 or 9% as compared to 2020. The major components of those changes in operating loss are:

- Total operating revenues increased by \$876,000 or 2% in 2022. Total operating revenues increased by \$2,318,000 or 5% in 2021 compared to 2020. The increase in 2022 is due to the continued recovery of outpatient and emergency service volumes from the COVID-19 pandemic.

Sonoma Valley Health Care District
Management's Discussion and Analysis (Unaudited)
As of, and for the Years Ended, June 30, 2022, 2021 and 2020

- Salaries and wages and benefits decreased in 2022 by \$677,000 or 2%. Salaries, wages, and benefits increased during 2022 in clinical departments related to the increase in patient volumes, particularly in outpatient department and emergency services. The increase in cost was more offset by the decrease in administrative salaries from the CEO, CFO, and CMO being employed by UCSF as of January 2021. Salaries, wages and benefits increased in 2021 by \$673,000 or 2% due to the significant decrease in overall salaries, wages, and benefits resulting from the COVID-19 pandemic in 2020.
- Purchased services increased in 2022 by \$236,000 or 5% compared to 2021 and increased in 2021 by \$638,000 or 14% compared to 2020. The increase in 2022 is due to a full year of costs related to outsourcing of COVID-19 test processing and an increase of information technology security costs.
- Medical Professional fees increased in 2022 by \$623,000 or 11% from 2021 due to the increase in usage of nursing and clinical registry. Medical professional fees increased in 2021 by \$384,000 or 7% primarily due to the increase in use and hourly cost (due to COVID-19) of nursing and clinical registry.
- Non-medical professional fees increased in 2022 by \$1,273,000, or 165% from 2021. The primary driver of this increase is due to the CEO, CFO, and CMO, and IT Director being employed by UCSF as part of our affiliation agreement. This increase in cost was offset by a savings in salaries, wages, and benefits, as these costs were included in administrative salaries up until January of 2021. Nonmedical professional fees decreased in 2021 by \$465,000 or 153% from 2020 due to the same classification change as noted above, which was effective January 2021.
- Supplies increased in 2022 by \$904,000 or 14% from 2021. The primary driver in this increase is COVID-19 as the hospital had significant increases in supply costs - both related to testing for COVID-19 as well as incurring incremental costs due to the ongoing supply chain issues caused by the pandemic. Laboratory supply costs increased \$340,000 or 54% in 2022 from 2021. Also contributing to this increase is continued growth in patient volumes year over year, specifically with outpatient, emergency, and procedural volumes. Supplies increased in 2021 by \$546,000 or 9% from 2020 primarily due to regained patient volumes that were lost in 2020 due to COVID-19, and also increase costs related to COVID-19 testing supplies.
- Facilities and equipment increased in 2022 by \$246,000 or 38% from 2021 due to a new audit standard that restates equipment leases. Facilities and equipment increased in 2021 by \$22,000 or 4% from 2020 due to an increase in costs related to equipment leased in the pharmacy.
- Other expenses decreased in 2022 by \$1,093,000 or 32% compared to 2021 due to a reduction in the IGT matching fee, which decreased by \$1,167,000 in 2022 from 2021. Other expenses increased in 2021 by \$7,000 or less than 1% compared to 2020.

Sonoma Valley Health Care District
Management's Discussion and Analysis (Unaudited)
As of, and for the Years Ended, June 30, 2022, 2021 and 2020

Nonoperating revenues and expenses

Nonoperating revenues and expenses consist primarily of parcel taxes levied by the District, investment income, interest expense and noncapital grants and gifts.

Parcel taxes in 2022 of \$3,800,000 remained consistent to 2021. In 2022 interest expense increased by \$68,000 or 33% due to a new audit standard that requires the recognition of interest expense of the lease obligation of specific operating leases held by the hospital. Also contributing to the increase is the change in interest rates during the 4th quarter of 2022, which increase interest expense on the hospital's line of credit. In 2021 interest expense decreased by \$174,000 or 12% due to the payoff of notes and lease obligations. Furthermore, in 2022 nonoperating revenues include provider relief funds from the CARES Act of \$1,378,000.

Capital grants and gifts

The District received gifts from Sonoma Valley Hospital Foundation and various individuals for the construction costs related to the outpatient diagnostic center and to purchase capital assets in the amount of \$885,000 in 2022 and \$5,923,000 in 2021; a decrease of \$5,038,000 in 2022 compared to 2021. Capital grants and gifts increased by \$3,462,000 in 2021 over 2020.

The District's cash flows

Changes in the District's cash flows are consistent with changes in operating losses and nonoperating revenues and expenses, as discussed earlier.

Contacting the District's financial management

This financial report is designed to provide our patients, suppliers, taxpayers and creditors with a general overview of the District's finances and to show the District's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to the Chief Financial Officer by telephoning (707) 935-5003.

Sonoma Valley Health Care District
 Statements of Net Position
 June 30, 2022 and 2021

ASSETS	2022	2021
Current assets		
Cash and cash equivalents	\$ 9,338,887	\$ 10,682,617
Patient accounts receivable, net of allowance for uncollectible accounts of \$1,426,077 and \$1,440,049 in 2022 and 2021, respectively	5,295,597	4,880,570
Estimated third-party payor settlements	168,520	191,797
Property tax receivable	6,477,689	6,745,740
Other receivables	1,533,590	1,517,831
Inventories	1,037,597	934,048
Prepaid expenses and other current assets	828,300	871,738
Total current assets	24,680,180	25,824,341
Fixed Assets		
Capital assets, net	52,121,397	52,581,236
Right-of-use lease assets, net	1,429,057	-
Total fixed assets	53,550,454	52,581,236
Noncurrent investments		
Restricted for debt service	5,754,812	5,935,165
Total noncurrent investments	5,754,812	5,935,165
Total assets	\$ 83,985,446	\$ 84,340,742
LIABILITIES AND NET POSITION		
Current liabilities		
Accounts payable and accrued expenses	\$ 6,511,304	\$ 6,065,424
Accrued payroll and related liabilities	2,560,559	3,482,666
Deferred tax revenue	6,285,090	6,581,749
Line of credit	5,473,734	5,473,734
Bonds payable, current portion	2,159,000	1,862,000
Capital lease obligations, current portion	174,908	263,030
Lease obligations, current portion	393,336	-
Notes payable, current portion	45,648	186,787
Total current liabilities	23,603,579	23,915,390
Long-term liabilities		
Accrued workers' compensation liability	945,000	973,000
Bonds payable, net of current portion	22,730,000	24,664,000
Capital lease obligations, net of current portion	71,314	354,392
Notes payable, net of current portion	608,487	39,383
Lease obligations, net of current portion	1,046,818	-
Total long-term liabilities	25,401,619	26,030,775
Total liabilities	49,005,198	49,946,165
Net position		
Net investment in capital assets	20,858,306	19,737,910
Restricted		
Restricted for debt service	5,754,812	5,935,165
Total restricted	5,754,812	5,935,165
Unrestricted	8,367,130	8,721,502
Total net position	34,980,248	34,394,577
Total liabilities and net position	\$ 83,985,446	\$ 84,340,742

The accompanying notes are an integral part of these financial statements.

Sonoma Valley Health Care District
 Statements of Revenues, Expenses and Change in Net Position
 For the Years Ended June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Operating revenues		
Net patient service revenue	\$ 49,882,545	\$ 48,979,099
Capitation revenue	<u>218,140</u>	<u>245,100</u>
Total operating revenues	<u>50,100,685</u>	<u>49,224,199</u>
Operating expenses		
Salaries and wages	23,150,818	23,740,884
Employee benefits	5,488,972	5,575,741
Purchased services	5,464,343	5,227,906
Professional fees, medical	6,426,196	5,802,960
Professional fees, non-medical	2,042,947	770,008
Supplies	7,569,438	6,665,341
Facilities and equipment	398,062	644,186
Utilities	1,589,238	1,353,824
Insurance	614,358	540,199
Depreciation and amortization	3,006,014	3,056,269
Other expenses	<u>2,371,883</u>	<u>3,465,064</u>
Total operating expenses	<u>58,122,269</u>	<u>56,842,382</u>
Loss from operations	<u>(8,021,584)</u>	<u>(7,618,183)</u>
Nonoperating income (expenses)		
General obligation bond tax assessment revenues	2,521,572	3,259,264
Parcel tax assessment revenues	3,784,676	3,777,872
General obligation bond interest	(838,430)	(1,083,722)
Interest expense	(275,108)	(207,077)
Contributions to Prima Medical Foundation	121,360	-
Investment income	19,312	24,912
Gain on sale of assets	-	4,600
Provider relief funds	1,377,724	-
Other income, net	<u>1,011,410</u>	<u>996,855</u>
Total nonoperating income, net	<u>7,722,516</u>	<u>6,772,704</u>
Capital contributions	<u>884,739</u>	<u>5,923,121</u>
Change in net position	585,671	5,077,642
Net position, beginning of year	<u>34,394,577</u>	<u>29,316,935</u>
Net position, end of year	<u>\$ 34,980,248</u>	<u>\$ 34,394,577</u>

The accompanying notes are an integral part of these financial statements.

Sonoma Valley Health Care District
 Statements of Cash Flows
 For the Years Ended June 30, 2022 and 2021

	2022	2021
Cash flows from operating activities		
Cash received from patients and third-parties	\$ 49,798,059	\$ 48,187,609
Cash payments to contractors, vendors and suppliers	(25,945,720)	(23,434,913)
Cash payments to employees and benefit programs	(29,503,632)	(29,043,309)
Net cash used in operating activities	(5,651,293)	(4,290,613)
Cash flows from noncapital financing activities		
Noncapital grants, contributions and other	2,284,251	735,958
Contribution from Prima Medical Foundation	121,360	-
District tax revenues	3,756,072	3,700,029
Net cash provided by noncapital financing activities	6,161,683	4,435,987
Cash flows from capital and related financing activities		
Purchase of capital assets	(1,714,632)	(5,845,442)
Principal payments on note payable	(180,522)	(249,262)
Principal payments on capital lease obligations	(371,200)	(160,928)
Principal payments on lease obligations	(211,959)	-
Principal payments on bond payable	(1,637,000)	(1,743,000)
Interest paid on long-term debt	(1,344,779)	(1,319,300)
Proceeds from sale of capital assets	-	514
Tax revenue related to general obligation bonds	2,521,568	3,259,264
Capital grants and gifts	884,739	5,923,121
Net cash used in capital financing activities	(2,053,785)	(135,033)
Cash flows from investing activities		
Purchases of investments	180,353	(406,866)
Interest received from investments	19,312	24,912
Net cash provided by (used in) investing activities	199,665	(381,954)
Net decrease in cash and cash equivalents	(1,343,730)	(371,613)
Cash and cash equivalents, beginning of year	10,682,617	11,054,230
Cash and cash equivalents, end of year	\$ 9,338,887	\$ 10,682,617

The accompanying notes are an integral part of these financial statements.

Sonoma Valley Health Care District
 Statements of Cash Flows
 For the Years Ended June 30, 2022 and 2021

	2022	2021
Reconciliation of loss from operations to net cash and cash equivalents used in operating activities		
Loss from operations	\$ (8,021,584)	\$ (7,618,183)
Adjustments to reconcile loss from operations to net cash and cash equivalents used in operating activities		
Depreciation and amortization	3,006,014	3,056,269
Provision for doubtful accounts	2,000,000	1,370,000
Changes in operating assets and liabilities		
Patient accounts receivable, net	(2,325,903)	(2,309,780)
Estimated third-party payor settlements	23,277	(96,810)
Accounts payable and accrued expenses	(186,721)	1,398,417
Other operating assets and liabilities	(146,376)	(90,526)
Net cash used in operating activities	\$ (5,651,293)	\$ (4,290,613)

Supplemental schedule of noncash investing and financing activities

Acquisition of capital assets financed with long-term debt	\$ -	\$ 524,680
Right-of-use lease assets recorded under GASB 87	\$ 1,652,113	\$ -
Lease obligation liability recorded under GASB 87	\$ (1,652,113)	\$ -

The accompanying notes are an integral part of these financial statements.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

1. NATURE OF OPERATIONS

Sonoma Valley Health Care District (the "District") is a political subdivision of the State of California organized under the State of California Local Health Care District Law as set forth in the Health and Safety Code of the State of California. The Health Care District is governed by an elected Board of Directors and is considered the primary government for financial reporting purposes.

The Health Care District owns and operates Sonoma Valley Hospital (the "Hospital"). The Hospital is located in Sonoma, California, and is licensed for 48 general acute care beds and 27 skilled nursing beds. It also provides 24-hour basic emergency care, outpatient diagnostic and therapeutic services, and it operated a home health agency through September 2018. The Hospital derives a significant portion of its revenues from third-party payors, including Medicare, Medi-Cal and commercial insurance organizations.

The District Board has approved the planning phase and construction of a new outpatient diagnostic center (the "center"). The construction of the center commenced during fiscal year 2020, and is funded entirely by donor contributions raised by the Sonoma Valley Hospital Foundation. See Note 15, Transactions with Sonoma Valley Hospital Foundation, for further discussion.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of preparation

The District's financial statements are presented in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). The financial statement presentation, required by GASB Statements No. 34, 37 and 38 provides a full accrual basis, comprehensive, entity-wide perspective of the District's assets, results of operations and cash flows. The District follows the "business-type activities" reporting requirements of GASB Statement No. 34. For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operating revenues and expenses.

In June 2015, the GASB issued Statement No. 76, The Hierarchy of Generally Accepted Accounting Principles for State and Local Governments ("GASB No. 76"), which is effective for financial statements for periods beginning after June 15, 2015. The objective of GASB No. 76 is to identify, in the context of the current governmental financial reporting environment, the hierarchy of generally accepted accounting principles ("GAAP"). The "GAAP hierarchy" consists of the sources of accounting principles used to prepare financial statements of state and local governmental entities in conformity with GAAP and the framework for selecting those principles. Statement no. 76 reduces the GAAP hierarchy to two categories of authoritative GAAP and addresses the use of authoritative and nonauthoritative literature in the event that the accounting treatment for a transaction or other event is not specified within a source of authoritative GAAP.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Governmental Accounting Standards Board (GASB) 87

In June 2017, the GASB issued Statement No. 87, Leases. GASB 87 increases the usefulness of governmental financial statements by requiring recognition of certain lease assets and liabilities for all leases, including those that previously were classified as operating leases and recognized as income by lessors and expenditures by lessees. GASB 87 replaces the previous lease accounting methodology and establishes a single model for lease accounting based on the foundational principle that leases are a financing of the right to use an underlying asset.

GASB 87 defines a lease as a contract that conveys control of the right to use another entity's nonfinancial asset as specified in the contract for a period of time in an exchange or exchange-like transaction. GASB 87 applies to all contracts meeting this definition of a lease, unless specifically excluded. GASB 87 requires a lessee to recognize a lease liability and an intangible asset representing the lessee's right to use the leased asset at the commencement of the lease. GASB 87 requires the lessee to measure its lease liability as the present value of all payments expected to be made during the lease term.

The lessee will generally report amortization expense for the lease assets over the shorter of the term of the lease or the useful life of the underlying asset. Amortization expense of \$223,056 for the year ending June 30, 2022 is reported within depreciation and amortization expense. As of July 1, 2021, the Foundation recorded right-of-use lease assets and associated liabilities of \$1,652,113; see Notes 9 and 10.

GASB 87 was effective as of July 1, 2021, with restatement of financial statements for all prior periods presented, unless such restatement is not practicable. The District has chosen not to restate the June 30, 2021 financial statements, as it is not practicable to do so, noting that the impact of the implementation of GASB 87 right-of-use assets and corresponding lease obligation balances was approximately \$378,000.

Proprietary fund accounting and financial statement presentation

The District utilizes the proprietary fund method of accounting whereby revenues and expenses are recognized on the accrual basis and the financial statements are prepared using the economic resources measurement focus.

Net position of the District is comprised of the following three components:

Net investment in capital assets - consists of capital assets (both restricted and unrestricted), net of accumulated depreciation and reduced by the outstanding balances of any borrowings that are attributable to the acquisition, construction or improvement of those capital assets.

Restricted net position - consists of net position with limits on their use that are externally imposed by creditors (such as through debt covenants), grantors, contributors or by laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Proprietary fund accounting and financial statement presentation (continued)

Unrestricted net position - consists of the remaining net position that does not meet the definition of invested in capital assets, net of related debt or restricted net position.

Use of estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and cash equivalents

Cash and cash equivalents include deposits with financial institutions and investments in highly liquid debt instruments with an original maturity of three months or less. Cash and cash equivalents exclude amounts whose use is limited by Board designation or by legal restriction.

Patient accounts receivable and concentration of credit risk

Patient accounts receivable consist of amounts owed by various governmental agencies, insurance companies and private patients. The District manages its receivables by regularly reviewing the accounts, providing appropriate reserves for contractual allowances and uncollectible accounts based upon historical net collections, the aging of individual accounts, as well as current economic and regulatory conditions. Patient accounts receivable from government agencies represent the only concentrated group of credit risk for the District and management does not believe there are any material credit risks associated with these governmental agencies. Contracted and other private patient accounts receivable consist of various payors including individuals involved in diverse activities, subject to differing economic conditions. While the overall concentration of these other payor receivables is significant, they do not represent any individual concentrated credit risk to the District. Estimated net receivables from all Medicare and Medi-Cal programs combined account for approximately 37% of net patient accounts receivable at both June 30, 2022 and 2021.

Allowance for uncollectible patient accounts receivable

The District provides care to patients without requiring collateral or other security. Patient charges not covered by a third-party payor are billed directly to the patient if it is determined that the patient has the ability to pay. A provision for uncollectible accounts is recognized based on management's estimate of amounts that ultimately may be uncollectible given historical collection trends. At June 30, 2022 and 2021, the District recorded an allowance for uncollectible accounts receivable for amounts due directly from patients totaling \$1,426,077 and \$1,440,049, respectively.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investments

The District maintains a portion of its cash and cash equivalents in the State of California Local Agency Investment Fund ("LAIF") pooled investment. The funds deposited in LAIF are invested in accordance with Government Code Sections 16340 and 16480, the stated investment authority for the Pooled Money Investment Account. Balances are stated at their estimated fair value.

Noncurrent investments consist of Board-designated and restricted funds set aside by the Board for future capital improvements and other operational reserves, over which the Board retains control and may at its discretion, use for other purposes; assets set aside for qualified capital outlay projects in compliance with state law and assets restricted by donors or grantors.

Investment income, realized gains and losses and unrealized gains and losses on investments are reflected as nonoperating income or expense.

Fair value measurements

In February 2015, the GASB issued Statement No. 72, Fair Value Measurement and Application ("GASB No. 72"), which is effective for financial statements for periods beginning after June 15, 2015. GASB No. 72 addresses accounting and financial reporting issues related to fair value measurements. The definition of fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement provides guidance for determining a fair value measurement for financial reporting purposes. This statement also provides guidance for applying fair value to certain investments and disclosures related to all fair value measurements.

The District reports the fair value of its investments in accordance with GASB 72. This standard requires an entity to maximize the use of observable inputs (such as quoted prices in active markets) and minimize the use of unobservable inputs (such as appraisals or other valuation techniques) to determine fair value. In addition, the District reports certain investments using the net asset value per share as determined by investment managers under the so called "practical expedient". The practical expedient allows net asset value per share to represent fair value for reporting purposes when the criteria for using this method are met. Fair value measurement standards also require the District to classify these financial instruments into a three-level hierarchy based on the priority of inputs to the valuation technique or in accordance with net asset value practical expedient rules, which allow for either Level 2 or Level 3 reporting depending on lock-up and notice periods associated with the underlying funds.

Investments measured and reported at fair value are classified and disclosed in one of the following categories:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair value measurements (continued)

Level 2 - Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies. Level 2 also includes practical expedient investments with notice periods for redemption of 90 days or less.

Level 3 - Pricing inputs are unobservable for the instrument and include situations where there is little, if any, market activity for the instrument. The inputs into the determination of fair value require significant management judgment or estimation. Level 3 also includes principal expedient investments with notice periods for redemption of more than 90 days.

In some instances, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such instances, an instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

Market price is affected by a number of factors, including the type of instrument and the characteristics specific to the instrument, as well as the effects of market, interest and credit risk. Instruments with readily available active quoted prices or for which fair value can be measured from actively quoted prices generally will have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value. It is reasonably possible that change in values of these instruments will occur in the near term and that such changes could materially affect amounts reported in the District's financial statements.

Pledges receivable

Pledges are recorded at their present value net of applicable discounts. There are no discounts recorded as of June 30, 2022 and 2021, as all pledge balances are expected to be collected within one year. An allowance for uncollectible pledges receivable is established based upon management's judgment including such factors as prior collection history and aging statistics of pledge balances. At June 30, 2022 and 2021, management determined that no allowance for uncollectible pledges was required, as all balances are considered to be fully collectible.

Inventories

Inventories consist primarily of hospital operating supplies and pharmaceuticals and are stated at cost, determined by the first-in, first-out method, not in excess of fair value.

Restricted for debt service

According to the terms of the General Obligation Bond indenture agreements, certain amounts are held by the bond trustee and paying agent and are maintained and managed by the trustee and are invested in noncurrent investments. These assets are available for the settlement of future current bond obligations.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Capital assets

Capital asset acquisitions over \$5,000 are capitalized and recorded at cost. Donated property is recorded at its fair value on the date of donation. Equipment under capital lease is amortized on the straight-line basis over the shorter of the lease term or the estimated useful life of the equipment. Leasehold improvements are amortized using the straight-line method over the shorter of the lease term or the estimated useful life of the related assets.

Depreciation and amortization of property and equipment is computed using the straight-line method over the following estimated useful lives:

Land improvements	10 - 20 years
Buildings and improvements	20 - 40 years
Equipment	2 - 10 years

Whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recovered, the District, using its best estimates and projections, reviews for impairment the carrying value of long-lived identifiable assets to be held and used in the future. Any impairment losses identified are recognized when determined. Recoverability of assets is measured by comparison of the carrying amount of the asset to the net undiscounted future cash flows expected to be generated from the asset. If the future undiscounted cash flows are not sufficient to recover the carrying value of the assets, the asset's carrying value is adjusted to fair value. As of June 30, 2022 and 2021, the District has determined that no capital assets are significantly impaired.

Costs of borrowing

Except for capital assets acquired through gifts, contributions or capital grants, interest cost on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Risk management

The District is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; employee health, dental and accidents; and medical malpractice. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Risk management (continued)

The District maintains professional liability insurance on a claims-made basis, with liability limits of \$15,000,000 per claim and \$25,000,000 in aggregate, which is subject to a \$5,000 per claim deductible. Additionally, the District is self-insured for workers' compensation benefits. The District purchases a workers' compensation excess policy that insures claims with no limits in the amounts and a \$500,000 deductible. An actuarial estimate of uninsured losses from workers' compensation claims has been accrued as a liability in the accompanying financial statements.

Statements of revenues, expenses and change in net position

The District's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the District's principal activity. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Other transactions such as property tax revenue, interest expense, investment income, gain on sale of capital assets, gifts and contributions, and government grants and bequests are reported as nonoperating income.

Net patient service revenue

Net patient service revenue is reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and adjusted in future periods as final settlements are determined.

The distribution of net patient revenue, which represents both cash collected and expected to be collected, by payor is as follows:

	<u>2022</u>	<u>2021</u>
Medicare	24.8 %	25.6 %
Medicare HMO	10.9 %	9.0 %
Medi-Cal	1.0 %	1.6 %
Medi-Cal Managed Care	17.5 %	21.8 %
Commercial Insurance	34.5 %	30.6 %
Workers Compensation	3.3 %	3.1 %
Capitated	0.1 %	0.1 %
Self-pay-other	4.5 %	6.4 %
Other government	3.4 %	1.8 %

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Charity care

The District provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Capitation revenues

The District, in association with Meritage Medical Network (formerly Marin Independent Practice Association) ("Meritage") has an agreement with a health maintenance organization ("HMO") to provide medical services to subscribing participants. Under this agreement, the District receives monthly capitation payments based on the number of each HMO's participants, regardless of the services actually performed by the District. The District is not responsible for the cost of services provided to subscribing participants by other hospitals. The District reassesses the profitability of the agreements for exposure risks in the event future medical costs to provide medical services exceed the related future capitation payments.

Property tax revenues

Taxes for District operations and for debt service payments related to District General Obligation Bonds are levied annually on the taxable property within the District.

In March 2002, the District voters adopted a special tax on each taxable parcel of land within the District at an annual rate of up to \$130 per parcel for five years. In March 2007, the District voters extended the special tax at an annual rate of up to \$195 per parcel. In June 2017, the District voters approved an extension of the special tax at an annual rate of up to \$250 per parcel for a five-year period through 2022. In November 2021, District residents voted to renew the parcel tax at the same yearly amount of \$250, but extended the term from five to ten years.

The purpose of the special parcel tax is to ensure continued local access to emergency room and acute hospital care and other medical services for residents of the District and for visitors to the area.

Property tax revenue funds were designated as follows:

	2022	2021
Designated for hospital operations	\$ 3,784,676	\$ 3,777,872
Levied for hospital operations and debt service payments	2,521,572	3,259,264
	\$ 6,306,248	\$ 7,037,136

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Property tax revenues (continued)

The District recognizes property taxes receivable when the enforceable legal claim arises (January 1) and recognizes revenues over the period for which the taxes are levied (July 1 to June 30). Property taxes are considered delinquent on the day following each payment due date. Property tax revenues are nonexchange transactions that are reported as nonoperating income.

Grants and contributions

The District receives grants as well as contributions from individuals and private organizations. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating income.

During the year ending June 30, 2022, the District received payments from the U.S. Department of Public Health and Human Services ("HHS") Provider Relief Fund. The Provider Relief Fund payments were recognized in the current year based upon lost revenues reported to HHS in the initial filing for period 1. See Note 6.

Compensated absences

District policies permit most employees to accumulate paid time-off benefits that may be realized as paid time-off or as a cash payment upon termination. The expense and the related liability are recognized as paid time-off benefits when earned. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the statement of financial position date plus an additional amount for compensation-related payments, such as social security and Medicare taxes computed using rates in effect at the date of computation.

Income taxes

The District operates under the purview of the Internal Revenue Code, Section 115, and corresponding California Revenue and Taxation Code provisions. As such, it is not subject to state or federal taxes on income. However, income from the unrelated business activities of the District may be subject to income taxes.

3. AFFILIATION AGREEMENT WITH UCSF HEALTH

The District has entered into an affiliation agreement with UCSF Health dated August 20, 2018 to share best practices, increase patient, family and community satisfaction with patient care and create over time a comprehensive, sustainable and integrated health care network to serve the needs of the Sonoma Community.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

3. AFFILIATION AGREEMENT WITH UCSF HEALTH (continued)

The District and UCSF Health have formed a Joint Operations Committee ("JOC") that is responsible for coordinating activities and discussing and negotiating any agreements necessary to support the affiliation agreement. Effective January 1, 2021, the District and UCSF Health entered into a first amendment of the affiliation agreement which extended the initial term of the agreement to commence on the effective date of the first amendment and to end on the 5th anniversary of such date. The first amendment also redefines the structure and authority of the JOC and adds a management services section whereby certain executive leadership roles are directly employed by UCSF Health and shall manage the District in accordance with the term of the affiliation agreement.

4. CASH DEPOSITS

At June 30, 2022 and 2021, the District's cash deposits had carrying amounts of \$9,338,887 and \$10,682,617, respectively, and bank balances of \$9,696,423 and \$11,140,756, respectively.

5. NET PATIENT SERVICE REVENUES

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. The difference between the Hospital's established rates and the amounts paid under third-party contracts are reflected as contractual adjustments. Medicare and Medi-Cal settlements are estimated and recorded in the financial statements in the year services are provided, or when amounts are estimable. Laws and regulations governing the Medicare and Medi-Cal programs are complex and subject to interpretation. The District believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medi-Cal programs. Changes in Medicare, Medi-Cal, or other programs or the reduction of program funding could have an adverse impact on future net patient service revenues.

A summary of the payment arrangements with major third-party payors is as follows:

Medicare - Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. The District's classification of inpatients under the Medicare program and the appropriateness of their admissions are subject to an independent review by a peer review organization under contract with the District. Most outpatient services at the District provided to Medicare beneficiaries are paid at prospectively determined rates per encounter that vary according to procedures performed. At June 30, 2022, the District's Medicare cost reports have been audited and final settled by the fiscal intermediary through June 30, 2018.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

5. NET PATIENT SERVICE REVENUES (continued)

Medi-Cal - Payments for inpatient acute care services rendered to Medi-Cal program beneficiaries are reimbursed under a diagnostic related group (DRG) methodology. Under this methodology, similar to Medicare, services are paid at prospectively determined rates per discharge according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient skilled nursing care services rendered to Medi-Cal program beneficiaries are reimbursed at prospectively determined per diem rates. Outpatient services rendered to Medi-Cal program beneficiaries are reimbursed based on prospectively determined fee schedules. At June 30, 2022 the District's Medi-Cal cost reports have been audited and final settled through June 30, 2019.

Others - Payments for services rendered to other than Medicare and Medi-Cal patients are based on established rates or agreements with certain commercial insurance companies, health maintenance organizations, Napa State, and preferred provider organizations which provide for various discounts from established rates.

Net patient service revenues consisted of the following:

	2022	2021
Services provided to Medicare patients	\$ 160,050,901	\$ 138,551,115
Services provided to Medi-Cal patients	50,502,466	46,739,072
Services provided to other patients	84,181,019	65,500,698
Gross patient service revenues	294,734,386	250,790,885
Contractual allowances and allowance for doubtful accounts	(244,851,841)	(201,811,786)
Total net patient service revenue	\$ 49,882,545	\$ 48,979,099

The District receives funds under Assembly Bill No. 915 legislation for MediCal services provided through an Inter-Governmental Transfer (IGT) whereby funds are advanced by the District to be matched by the federal government. As a result of participation in the Hospital Provider Fee and the Rate Range IGT programs, the District recognized gross revenues of \$4,314,418 and IGT expense of \$1,652,003 for the year ended June 30, 2022. The District recognized gross revenues of \$7,706,425 and IGT expense of \$2,818,573 for the year ended June 30, 2021 under these two programs. Revenue and expense under these programs are recorded upon notification by the Department of Health Care Services of final earned amounts for MediCal services in the specific service year of calculation. The revenues recognized under these programs are recorded within net patient service revenues, and the IGT expense paid into the programs is reflected within other expenses.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

6. FEDERAL GRANTS - PROVIDER RELIEF FUNDS

As part of the CARES Act, the U.S. Department of Public Health and Human Services ("HHS") is authorized to distribute \$178 billion in grants through the Provider Relief Fund, including to hospitals and other healthcare providers on the front lines of the coronavirus response. The Provider Relief Fund is to support healthcare-related expenses or lost revenue attributable to COVID-19 and ensures uninsured individuals can get treatment for COVID-19. The District recognized revenues of \$1,377,724 related to Provider Relief Fund payments received from HHS during the year ended June 30, 2022. The recognition of revenue for amounts funded under the Provider Relief Fund grant in the current year is based on the District's calculation of lost revenues as reported in the initial filing with HHS for Period 1.

7. INVESTMENTS RESTRICTED FOR DEBT SERVICE

District investment balances and average maturities were as follows at June 30, 2022:

	Fair Value	Less than 1	1 to 5
Money market mutual fund	\$ 5,754,812	\$ 5,754,812	\$ -

District investment balances and average maturities were as follows at June 30, 2021:

	Fair Value	Less than 1	1 to 5
Money market mutual fund	\$ 5,935,165	\$ 5,935,165	\$ -

Except for the investment of unexpended funds borrowed for construction, the District's investment policy limits the first \$5,000,000 of investments to the LAIF. Once investments exceed \$5,000,000, the policy (California Government Code) limits investments to bonds and other obligations of the US Treasury, US agencies or instrumentalities, or the state of California; bonds of any city, county, school district, or special road district of the state of California; bonds of banks for cooperatives, federal land banks, federal intermediate credit banks, Federal Home Loan Bank, Tennessee Valley Authority and the National Mortgage Association or certificates of deposit.

The investment policy does not specifically address interest rate risk, credit risk, custodial credit risk, concentration of credit risk or foreign currency risk.

Inherent rate risk

Inherent rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest. The money market mutual fund has a maturity of less than one year and is redeemable in full immediately.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

7. INVESTMENTS RESTRICTED FOR DEBT SERVICE (continued)

Credit risk

Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. At June 30, 2022 and 2021, the District's investment in a money market mutual fund was rated AAA by both Moody's Investors Service and Standard and Poor's.

Concentration of credit risk

This risk relates to the risk of loss attributed to the magnitude of the District's investment in a single issuer. For the year ended June 30, 2022 the District had a single money market mutual fund investment.

8. FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the District's assets at fair value as of June 30, 2022:

	Level 1	Level 2	Level 3	Fair Value
Money market mutual funds	\$ 5,754,812	\$ -	\$ -	\$ 5,754,812

The following table sets forth by level, within the fair value hierarchy, the District's assets at fair value as of June 30, 2021:

	Level 1	Level 2	Level 3	Fair Value
Money market mutual funds	\$ 5,935,165	\$ -	\$ -	\$ 5,935,165

9. PROPERTY TAX RECEIVABLE

Property tax receivable consisted of the following:

	2022	2021
Special parcel tax	\$ 3,992,600	\$ 3,964,000
Tax for general obligation bond debt service payments	2,485,089	2,781,740
	\$ 6,477,689	\$ 6,745,740

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

10. CAPITAL ASSETS

Capital assets activity as of June 30, 2022, consisted of the following:

	Balance, <u>June 30, 2021</u>	Purchases and <u>Transfers</u>	Sales, Transfers, and <u>Retirements</u>	Balance, <u>June 30, 2022</u>
Non-depreciable capital assets				
Land	\$ 646,687	\$ -	\$ -	\$ 646,687
Construction in progress	<u>10,133,726</u>	<u>1,728,043</u>	<u>(145,433)</u>	<u>11,716,336</u>
Total non-depreciable capital assets	<u>10,780,413</u>	<u>1,728,043</u>	<u>(145,433)</u>	<u>12,363,023</u>
Depreciable capital assets				
Land improvements	794,811	-	-	794,811
Buildings and improvements	64,743,099	134,956	56,832	64,934,887
Equipment	<u>31,053,754</u>	<u>460,120</u>	<u>(1,140)</u>	<u>31,512,734</u>
	96,591,664	595,076	55,692	97,242,432
Less accumulated depreciation	<u>(54,790,841)</u>	<u>(2,782,958)</u>	<u>89,741</u>	<u>(57,484,058)</u>
Total depreciable capital assets	<u>41,800,823</u>	<u>(2,187,882)</u>	<u>145,433</u>	<u>39,758,374</u>
Total capital assets, net	<u>\$ 52,581,236</u>	<u>\$ (459,839)</u>	<u>\$ -</u>	<u>\$ 52,121,397</u>

Capital assets activity as of June 30, 2021, consisted of the following:

	Balance, <u>June 30, 2020</u>	Purchases and <u>Transfers</u>	Sales, Transfers, and <u>Retirements</u>	Balance, <u>June 30, 2021</u>
Non-depreciable capital assets				
Land	\$ 646,687	\$ -	\$ -	\$ 646,687
Construction in progress	<u>4,556,924</u>	<u>5,576,802</u>	<u>-</u>	<u>10,133,726</u>
Total non-depreciable capital assets	<u>5,203,611</u>	<u>5,576,802</u>	<u>-</u>	<u>10,780,413</u>
Depreciable capital assets				
Land improvements	794,811	-	-	794,811
Buildings and improvements	64,576,291	166,808	-	64,743,099
Equipment	<u>30,652,514</u>	<u>626,513</u>	<u>(225,273)</u>	<u>31,053,754</u>
	96,023,616	793,321	(225,273)	96,591,664
Less accumulated depreciation	<u>(51,959,330)</u>	<u>(3,056,269)</u>	<u>224,758</u>	<u>(54,790,841)</u>
Total depreciable capital assets	<u>44,064,286</u>	<u>(2,262,948)</u>	<u>(515)</u>	<u>41,800,823</u>
Total capital assets, net	<u>\$ 49,267,897</u>	<u>\$ 3,313,854</u>	<u>\$ (515)</u>	<u>\$ 52,581,236</u>

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

11. RIGHT-OF-USE LEASE ASSETS

Changes in right-of-use asset activity as of June 30, 2022, consisted of the following:

	<u>Balance at July 1, 2021</u>	<u>Additions</u>	<u>Balance at June 30, 2021</u>
Lease obligation assets			
Building	\$ -	\$ 1,194,167	\$ 1,194,167
Equipment	<u>422,905</u>	<u>272,744</u>	<u>695,649</u>
	422,905	1,466,911	1,889,816
Less accumulated amortization	<u>(237,702)</u>	<u>(223,057)</u>	<u>(460,759)</u>
	<u>\$ 185,203</u>	<u>\$ 1,243,854</u>	<u>\$ 1,429,057</u>

12. LEASE OBLIGATION LIABILITY

The District has entered into non-cancellable lease agreements that expire at various dates through February 2027. Rent under the agreements is expensed as incurred over the terms of the underlying leases. As discussed in Footnote 2, the District has not restated the June 30, 2021 financial statements for the right-of-use asset and lease obligation balances under GASB 87 as they have been determined to be immaterial.

Changes in lease obligation liability activity as of June 30, 2022 consisted of the following:

	<u>Balance at July 1, 2021</u>	<u>Additions</u>	<u>Payments</u>	<u>Balance at June 30, 2021</u>
Buildings	\$ -	\$ 1,194,167	\$ (86,863)	\$ 1,107,304
Equipment	<u>195,347</u>	<u>262,599</u>	<u>(125,096)</u>	<u>332,850</u>
	195,347	1,456,766	(211,959)	1,440,154
	<u>\$ 195,347</u>	<u>\$ 1,456,766</u>	<u>\$ (211,959)</u>	<u>\$ 1,440,154</u>

Future maturities of capital lease obligations are as follows:

<u>Year ending June 30,</u>	
2023	\$ 393,336
2024	355,799
2025	310,163
2026	231,069
2027	148,033
Thereafter	<u>1,754</u>
	<u>\$ 1,440,154</u>

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

13. LINE OF CREDIT

The District had a line of credit agreement with a bank for an amount not to exceed \$6,750,000 that matured on January 31, 2022. On this date, the line of credit was extended for an amount not to exceed \$5,500,000, with an interest rate of 2.5% plus Term SOFR, maturing on January 31, 2024. The line of credit is collateralized with the District's cash, cash equivalents and receivables. At any time prior to the maturity date, subject to the terms of the loan, the District may borrow, repay and reborrow so long as the maximum principal balance outstanding does not exceed \$5,500,000 on or before January 31, 2024.

The District is required to comply with certain restrictive covenants, including maintaining a total liabilities to tangible net worth ratio of not greater than 2.0 to 1.0, at all times tangible net worth to be no less than \$9 million and the loan outstanding balance shall be limited to 70% of the sum of net accounts receivable, contributions receivable, special parcel tax and cash. The District was in compliance with these covenants at June 30, 2022 and 2021.

The District had unused credit remaining on the line of credit of \$26,266 at June 30, 2022 and 2021.

14. LONG-TERM DEBT

The District's long-term debt transactions as of June 30, 2022, consisted of the following:

	<u>Balance, June 30, 2021</u>	<u>Additions</u>	<u>Decreases / Amortization</u>	<u>Balance, June 30, 2022</u>
GO Bond principal	\$ 26,526,000	\$ 15,825,000	\$ (17,462,000)	\$ 24,889,000
Notes payable	<u>226,170</u>	<u>608,487</u>	<u>(180,522)</u>	<u>654,135</u>
	<u>\$ 26,752,170</u>	<u>\$ 16,433,487</u>	<u>\$ (17,642,522)</u>	<u>\$ 25,543,135</u>

The District's long-term debt transactions as of June 30, 2021, consisted of the following:

	<u>Balance, June 30, 2020</u>	<u>Additions</u>	<u>Decreases / Amortization</u>	<u>Balance, June 30, 2021</u>
GO Bond Principal	\$ 28,269,000	\$ -	\$ (1,743,000)	\$ 26,526,000
Notes payable	<u>475,432</u>	<u>-</u>	<u>(249,262)</u>	<u>226,170</u>
	<u>\$ 28,744,432</u>	<u>\$ -</u>	<u>\$ (1,992,262)</u>	<u>\$ 26,752,170</u>

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

14. LONG-TERM DEBT (continued)

General obligation bonds payable

On November 4, 2008, the District electorate approved the authorization to issue a total of \$35,000,000 in general obligation bonds. On April 1, 2009, the District issued \$12,000,000 principal amount of general obligation bonds (Sonoma Valley Health Care District General Obligation Bonds, Election of 2008, Series A 2009). Bond proceeds were to be used to pay for a portion of the costs of renovating and retrofitting the District's existing hospital facility, to purchase equipment, to refund outstanding indebtedness, to pay costs of issuance and to pay bond interest due August 1, 2009. \$4,000,000 of the proceeds were used to refund all of the then outstanding Revenue Bonds. \$8,000,000 of the proceeds and the proceeds from all future bonds authorized by the election will be used to construct a new central utility plant, improve utility infrastructure, make all necessary seismic upgrades to existing facilities, and purchase additional medical equipment and install information systems wiring (the "Project").

The Bonds are general obligations of the District payable from ad valorem taxes. In the event the District fails to provide sufficient funds for payment of principal and interest when due, a commercial insurance company has guaranteed to pay that portion of principal and interest for which funds are not available.

In August 2010, the District issued \$23,000,000 of additional general obligation bonds (Sonoma Valley Health Care District General Obligation Bonds, Election of 2008, Series B (2010) in order to finance the second and final phase of the Project. During this phase, which was completed in February 2014, the District completed all construction and improvement aspects of the Project and finished purchasing the equipment budgeted in the Project.

In February 2014, the District issued \$12,437,000 of additional general obligation bonds (2014 General Obligation Refunding Bonds), bearing interest at 3.78%, to refund all of the outstanding Sonoma Valley Health Care District General Obligation Bonds, Election of 2008, Series A 2009. The 2009 General Obligations Bonds were refunded in February 2014 and the funds were transferred to an escrow account held by a trustee until the bonds were fully called in August 2014. The balance of the 2014 General Obligation Refunding Bonds is \$9,064,000 and \$9,736,000 as of June 30, 2022 and 2021, respectively.

On August 10, 2021, the District issued \$15,825,000 in par value 2021 General Obligation Refunding Bonds ("2021 Bonds") to refund in full the outstanding District General Obligations Bonds, Election of 2008, Series B (2010). Interest on the 2021 Bonds is payable semi-annually at a fixed rate of 1.79% with principal payments due annually beginning August 1, 2022 through August 1, 2031. The balance of the 2021 Bonds is \$15,825,000 as of June 30, 2022. The balance of the 2008 Series B (2010) bonds at June 30, 2021 was \$16,790,000.

Notes payable

The District has five equipment loans totalling \$654,135 and \$226,170 as of June 30, 2022 and 2021, respectively, maturing during the years 2023 and 2024.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

14. LONG-TERM DEBT (continued)

Debt service requirements

The future maturities of the long-term debt are as follows:

<u>Year ending June 30,</u>	<u>General Obligation Bonds</u>		<u>Note Payable</u>	
	<u>Principal</u>	<u>Interest</u>	<u>Principal</u>	<u>Interest</u>
2023	\$ 2,159,000	\$ 599,161	\$ 45,648	\$ 319
2024	2,277,000	543,827	608,487	-
2025	2,406,000	484,472	-	-
2026	2,561,000	420,446	-	-
2027	2,728,000	351,130	-	-
2028 - 2032	<u>12,758,000</u>	<u>641,688</u>	<u>-</u>	<u>-</u>
	<u>\$ 24,889,000</u>	<u>\$ 3,040,724</u>	<u>\$ 654,135</u>	<u>\$ 319</u>

Interest costs

Interest costs incurred on all outstanding debt during the year is summarized as follows:

	<u>2022</u>	<u>2021</u>
Interest cost:		
Paid	\$ 896,139	\$ 842,159
Accrued	<u>217,399</u>	<u>448,640</u>
Total interest expense	<u>\$ 1,113,538</u>	<u>\$ 1,290,799</u>

15. CAPITAL LEASE OBLIGATIONS

Capital lease obligations outstanding are as follows:

<u>Description</u>	<u>Maturity</u>	<u>Interest Rates</u>	<u>Original Issue</u>	<u>June 30, 2022</u>
Capital leases - equipment net of interest	February 2024	0%	\$ 522,032	\$ 246,222
Less current portion				<u>(174,908)</u>
				<u>\$ 71,314</u>

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

15. CAPITAL LEASE OBLIGATIONS (continued)

<u>Description</u>	<u>June 30, 2021</u>	<u>Increases</u>	<u>Decreases</u>	<u>Outstanding June 30, 2022</u>
Capital leases - equipment	\$ 617,422	\$ -	\$ (371,200)	\$ 246,222

<u>Description</u>	<u>June 30, 2020</u>	<u>Increases</u>	<u>Decreases</u>	<u>Outstanding June 30, 2021</u>
Capital leases - equipment	\$ 253,670	\$ 524,680	\$ (160,928)	\$ 617,422

Future minimum lease payments of capital lease obligations are as follows:

Year ending June 30,

2023	\$ 174,908
2024	<u>71,314</u>
	<u>\$ 246,222</u>

16. EMPLOYEE BENEFITS PLAN

Defined contribution plan

The District contributes to a defined contribution pension plan (the "Plan") covering substantially all employees. Pension expense is recorded for the amount of the District's required contributions, determined in accordance with the terms of the Plan. The Plan is administered by the District's Board of Directors. The Plan provides retirement benefits to Plan members and death benefits to beneficiaries of Plan members. Benefit provisions are contained in the Plan document and are established and can be amended by action of the District's governing body. The Plan contribution by the District, expressed as a percentage of covered payroll, was 3.24% and 3.26% for 2022 and 2021, respectively.

Deferred compensation plans

The District offers its employees a deferred compensation plan created in accordance with Internal Revenue Code Section 457. The Plan is available to all employees and permits them to defer a portion of their salary. An employer match is also provided and is vested at the rate of 16.7% per year.

The District's contributions to the defined contribution and the deferred compensation Plans totaled \$504,805 and \$481,861 for 2022 and 2021, respectively.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

17. MEDICAL MALPRACTICE COVERAGE AND CLAIMS

The District has joined together with other providers of health care services to form Beta Healthcare Group ("Beta"), a public entity risk pool (the "Pool") currently operating as a common risk management and insurance program for its members. The District purchases medical malpractice insurance from the Pool under a claims-made policy. The District pays an annual premium to the Pool for its tort insurance coverage. The District purchases excess liability insurance through a commercial insurer for amounts in excess of the coverage provided under Beta. The Pool's governing agreements specifies that the Pool will be self-sustaining through member premiums and will reinsure through commercial carriers for claims in excess of stop-loss amounts. The District will accrue any malpractice losses in excess of all policy limits, if they are determined to be estimable and probable of occurrence. As of June 30, 2022 and 2021, the District has determined that no accrual is required for such losses under the various medical malpractice policies in place.

18. WORKERS' COMPENSATION CLAIMS

The District is self-insured for workers' compensation claims of its employees up to \$500,000, with commercial stop-loss insurance coverage purchased for claims in excess of these amounts through June 30, 2022. A liability is accrued for self-insured workers' compensation claims, including both claims reported and claims incurred but not yet reported of \$945,000 and \$973,000 as of June 30, 2022 and 2021, respectively. The District utilizes an actuary to estimate the ultimate costs to settle such claims. Estimated future payments related to workers' compensation claims have been discounted at a rate of 1% at June 30, 2022 and 2021. It is reasonably possible that the District's estimate could change by a material amount in the near term.

19. TRANSACTIONS WITH SONOMA VALLEY HOSPITAL FOUNDATION

Sonoma Valley Hospital Foundation, Inc. (the "Foundation") is authorized by the District to solicit contributions on behalf of the Hospital. In the absence of donor restrictions, the Foundation has discretionary control over the amounts, timing and use of their distributions. The District recorded contributions from the Foundation of \$884,739 in 2022 and \$5,923,121 in 2021. As of June 30, 2022 the Foundation raised donor restricted contributions totaling \$9,304,232 related to the outpatient diagnostic center capital campaign. At June 30, 2022 and 2021, the Foundation's unaudited cash basis financial statements reported net assets of \$11,002,333 and \$11,269,159, respectively. The Foundation is not considered a component unit of the District because the Foundation is not controlled by the District.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

20. RELATED PARTY TRANSACTIONS

During 2010, the District contributed \$100,000 to Meritage for the development of Prima Medical Foundation ("PMF"), a joint venture with Meritage, Marin Healthcare District ("MHD") and Marin Medical Practice Concepts, Inc. ("MMPC"). The PMF's purpose is establishing, operating and maintaining multi-specialty medical clinics. The successful establishment and operation of PMF in Marin and Sonoma Counties is expected to be a cornerstone in the District's plans to ensure adequate health care services to the greater Sonoma Area. The District's contribution from PMF totaled \$121,360 for the year ended June 30, 2022. The District did not receive a contribution for the year ended June 30, 2021.

21. COMMITMENTS AND CONTINGENCIES

Litigation

The District is a defendant in various legal proceedings arising out of the normal conduct of its business. In the opinion of management and its legal representatives, the District has valid and substantial defenses, and settlements or awards arising from legal proceedings, if any, will not exceed existing insurance coverage, nor will they have a material adverse effect on the financial position, results of operations, or liquidity of the District.

Regulatory environment

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services and Medicare and Medi-Cal fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. The District is subject to routine surveys and reviews by federal, state and local regulatory authorities. The District has also received inquiries at times from health care regulatory authorities regarding its compliance with laws and regulations. Although the District's management is not aware of any violations of laws and regulations, it has periodically received corrective action requests as a result of completed and ongoing surveys from applicable regulatory authorities. Management continually works in a timely manner to implement operational changes and procedures to address all corrective action requests from regulatory authorities. Breaches of these laws and regulations and non-compliance with survey corrective action requests could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2022 and 2021

22. CHARITY CARE

During the years ended June 30, 2022 and 2021, the District incurred estimated costs of \$249,737 and \$264,160, respectively, in free or discounted services for underserved. This includes services provided to persons who have health care needs and are uninsured, under-insured and ineligible for a government program and are otherwise unable to pay for medically necessary care based on their individual financial situation. Costs are computed based on a relationship of costs to charges similar to a Medicare cost to charge ratio. During the years ended June 30, 2022 and 2021 there were 72 and 63 patient cases under this policy, respectively.

23. SUBSEQUENT EVENTS

The District has evaluated subsequent events through November 22, 2022, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the District's financial statements.

SUPPLEMENTARY INFORMATION

Sonoma Valley Health Care District
 Supplementary Information Related to Community Support
 For The Years Ended June 30, 2022 and 2021

Uncompensated care

In September 2004, the District adopted a formal community benefits policy, developed under guidelines provided by the California Hospital Association and began to identify those patients who are medically indigent. The District's policy is to provide service to all who require it, regardless of their ability to pay. As such, it provides substantial amounts of uncompensated care. When this care is provided to patients who lack financial resources (and therefore are deemed medically indigent), it is classified as community benefits. When it is provided to patients who have the means to pay but decline to do so, it is classified as a provision for uncollectible accounts. Neither community benefits nor the provision for uncollectible accounts is reflected in net patient service revenues.

In addition, the District provides services to other medically indigent patients under certain government-reimbursed public aid programs. Such programs pay providers amounts that are less than established charges for the services provided to the recipients and frequently the payments are less than the cost of rendering the services. Finally, some undetermined portion of the provision for uncollectible accounts represents care to indigent patients whom the District has been unable to identify.

Uncompensated charges relating to these services are as follows:

	2022	2021
Community benefits (charity care) allowances	\$ 249,737	\$ 264,160
State Medi-Cal and other public aid programs	50,313,730	46,514,354
Provision for uncollectible accounts	2,000,000	1,370,000
	\$ 52,563,467	\$ 48,148,514

The District's estimated costs of providing uncompensated care and community benefits to the poor and the broader community are as follows:

	2022	2021
Uncompensated costs of community benefits and uncollectible accounts	\$ 23,777	\$ 60,240
Medi-Cal and other public aid programs	5,239,498	5,981,537
	\$ 5,263,275	\$ 6,041,777

Benefits for the broader community include the unpaid costs of providing service to the elderly, providing health screenings and other health-related services, training health professionals, educating the community with various seminars and classes and the costs associated with providing free clinics and other community service programs.

Sonoma Valley Health Care District
 Supplementary Information Related to Community Support
 For The Years Ended June 30, 2022 and 2021

Community support

The District recorded the following amounts related to community support as follows:

	2022	2021
Noncapital gifts and grants included in nonoperating income	\$ 86,784	\$ 135,773
Capital grants and contributions from Sonoma Valley Hospital Foundation	797,955	5,787,348
	\$ 884,739	\$ 5,923,121
Fundraising expenses included in operating expenses	\$ -	\$ 35,663



To: Sonoma Valley Health Care District Board of Directors
From: Ben Armfield, Chief Financial Officer
Date: December 8, 2022
Subject: Resolution No. 368 - CHFAA Bridge Loan Program Year II

Recommendation:

Administration recommends the Sonoma Valley Health Care District Board of Directors approve Resolution No. 368, which authorizes the execution and delivery of the Non-Designated Public Hospital Bridge Loan II Program between Sonoma Valley Health Care District and California Health Facilities Financing Authority (CHFFA).

Background and Reasoning:

The QIP Bridge loan was a District Hospital Leadership Forum (DHLF) sponsored budget item for the State of California to provide needed funds for CA District hospitals to bridge the 2-year period of the Prime Grant (ended 12/31/2020) to the new QIP program. The DHLF lobbied extensively for this loan with state legislatures and it was signed by the Governor in September 2021.

This is the second year of the bridge loan program. Sonoma Valley Health Care District received \$608,000 in bridge loans during fiscal year 2022.

Loan Details:

Sonoma Valley Health Care District is eligible to receive \$307,450 for the first funding round. Dependent on what remains of the initial \$40,000,000 pool of funds, a second round of funding may become available and the District would be eligible for an additional \$471,550 (up to \$779,000 for the year).

- 2-Year term with balloon payment at end of term
- 0% interest
- 1% Administration fee to the California Health Facilities Financing Authority
- Application for First Round of funding due October 14, 2022 (Completed)
- Application for Second Round of funding due March 31, 2023 (Second Round)
- Secured by Medi-Cal revenue
- QIP payment to the hospital is expected at \$750,000 (FY 2024)
- DHLF has noted the possibility of the loan becoming a grant
- Loan proceeds will be utilized to fund working capital expenditures

Attachments:

- California Health Facilities Financing Authority (CHFFA) Non-designated Public Hospital Bridge Loan Program Board Resolution
- California Health Facilities Financing Authority (CHFFA) Bridge Loan Program II Overview & Guidelines.

SONOMA VALLEY HEALTH CARE DISTRICT
RESOLUTION NO. 368 AUTHORIZING EXECUTION AND DELIVERY OF A LOAN
AND SECURITY AGREEMENT, PROMISSORY NOTE, AND CERTAIN ACTIONS
WITH THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY
NONDESIGNATED PUBLIC HOSPITAL BRIDGE LOAN PROGRAM II

Nondesignated Public Hospital Bridge Loan Program II

WHEREAS, Sonoma Valley Health Care District (the “Borrower”) is a nondesignated public hospital as defined in Welfare and Institutions Code section 14165.55, subdivision (1), excluding those affiliated with county health systems pursuant to Section 2.0, Chapter 43, Statutes of 2022; and

WHEREAS, Borrower has determined that it is in its best interest to borrow an aggregate amount not to exceed **\$779,000.00** from the California Health Facilities Financing Authority (the “Lender”), with that loan to be funded with the proceeds of the Lender's Nondesignated Public Hospital Bridge Loan Program II; and

WHEREAS, the Borrower intends to use the proceeds solely to fund its working capital needs to support its operations;

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

Section 1. The Board of Directors of Borrower hereby ratifies the submission of the application for a loan from the Nondesignated Public Hospital Bridge Loan Program II.

Section 2. John Hennelly, President and Chief Executive Officer is an “Authorized Officer”) and is hereby authorized and directed, for and on behalf of the Borrower, to do any and all things and to execute and deliver any and all documents that the Authorized Officer deems necessary or advisable to consummate the borrowing of moneys from the Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 3. The proposed form of Loan and Security Agreement (the “Agreement”), which contains the terms of the loan, is hereby approved. The loan shall be in a principal amount not to exceed **\$779,000.00**, shall not bear interest, and shall mature 24 months from the date of the executed Loan and Security Agreement between the Borrower and the Lender. The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in substantially that form, which includes the redirection of up to 20% of Medi-Cal reimbursements (checkwrite payments) to Lender in the event of default, with those changes therein as the Authorized Officers may require or approve, and the approval to be conclusively evidenced by the execution and delivery thereof.

Section 4. The proposed form of Promissory Note (the “Note”) as evidence of the Borrower's obligation to repay the loan is hereby approved. The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Note in substantially that form, with those changes therein as the Authorized Officer may require or approve and the approval to be conclusively evidenced by the execution and delivery thereof.

Date of Adoption: _____ December 8, 2022 _____

SECRETARY'S CERTIFICATE

I, _____, Secretary of Sonoma Valley Health Care District, hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of Sonoma Valley Health Care District duly and regularly held at the regular meeting place thereof on the 8th day of December, 2022, of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved the resolution by the following vote at said meeting:

Ayes:

Noes:

Absent:

I further certify that I have carefully compared the same with the original minutes of the meeting on file and of record in my office; that the resolution is a full, true, and correct copy of the original resolution adopted at the meeting and entered in the minutes; and that the resolution has not been amended, modified, or rescinded since the date of its adoption, and is now in full force and effect.

Secretary

Date: _____

California Health Facilities Financing Authority

Nondesignated Public Hospital Bridge Loan Program II

(Authority and Reference: Items of Appropriation 0977-101-0001,
Section 2.00, Chapter 43, Statutes of 2022)

GUIDELINES

Section 1. Definitions

The following definitions shall apply wherever the terms are used herein.

- (a) “Applicant” means a Nondesignated Public Hospital that meets the eligibility requirements specified in Section 3.
- (b) “Application” means an emailed or online request for a loan under the Program and all other supporting documents, as described in Section 4.
- (c) “Authority” means the California Health Facilities Financing Authority.
- (d) “Executive Director” means the Executive Director of the Authority.
- (e) “Funding Round” means the time period during which Applications may be submitted for consideration of a loan, as specified in Section 5.
- (f) “Loan and Security Agreement” means the Loan and Security Agreement specified in Section 8.
- (g) “Loan Recipient” means a Nondesignated Public Hospital that has been approved to receive a Program loan from the Program.
- (h) “Medi-Cal Checkwrite” means a system operated by the State Department of Health Care Services that processes payments to providers of medical care to Medi-Cal certified eligible beneficiaries.
- (i) “Nondesignated Public Hospital” means a public hospital as defined in Welfare and Institutions Code section 14105.98, subdivision (a), paragraph (25), excluding designated public hospitals, and as listed in Section 3.
- (j) “Program” means the Nondesignated Public Hospital Bridge Loan Program II.
- (k) “Working Capital” means working capital as defined in Government Code section 15432, subdivision (h).

Section 2. Eligibility and Eligible Use of Loan Proceeds

- (a) An Applicant shall be eligible to apply for a Program loan if both of the following conditions are met:
 - 1) The Applicant is a Nondesignated Public Hospital.
 - 2) The loan proceeds shall be used for the sole purpose of Working Capital to support its operations.

Section 3. Guaranteed and Maximum Loan Amounts and Funding Rounds

a) For the first Funding Round, the guaranteed and maximum Program loan amounts for each Nondesignated Public Hospital are as follows:

	Nondesignated Public Hospital	Guaranteed Loan Amount	Maximum Loan Amount
1	Antelope Valley Hospital/Antelope Valley Healthcare District	\$2,811,290	\$7,124,257
2	Bear Valley Community Hospital/Bear Valley Community Healthcare District	\$340,890	\$863,859
3	Eastern Plumas Health Care/Eastern Plumas Health Care District	\$326,030	\$826,214
4	El Camino Hospital/El Camino Health Mountain View Campus	\$1,192,420	\$3,021,800
5	El Centro Regional Medical Center/City of El Centro	\$2,296,310	\$5,819,199
6	Hazel Hawkins Memorial Hospital/San Benito Healthcare District	\$1,252,960	\$3,175,208
7	Jerold Phelps Community Hospital/Southern Humboldt Community Healthcare District	\$511,170	\$1,295,380
8	John C. Fremont Healthcare District	\$551,620	\$1,397,883
9	Kaweah Delta Medical Center/Kaweah Health Medical Center	\$3,993,950	\$10,121,293
10	Kern Valley Healthcare District	\$601,680	\$1,524,754
11	Lompoc Valley Medical Center	\$2,062,100	\$5,225,694
12	Mammoth Hospital/Southern Mono Healthcare District	\$1,083,700	\$2,746,265
13	Marin General Hospital/MarinHealth Medical Center	\$1,384,120	\$3,507,576
14	Mayers Memorial Hospital/Mayers Memorial Hospital District	\$331,320	\$839,613
15	Modoc Medical Center/Last Frontier Healthcare District	\$313,400	\$794,217
16	Mountains Community Hospital/San Bernardino Mountains Community Hospital District	\$770,520	\$1,952,625
17	Northern Inyo Hospital/Northern Inyo Healthcare District	\$497,230	\$1,260,050
18	Oak Valley District Hospital/Oak Valley Hospital District	\$2,045,800	\$5,184,373
19	Palo Verde Hospital/Palo Verde Healthcare District	\$300,000	\$760,247
20	Palomar Pomerado Health/Palomar Health/Palomar Medical Center	\$3,478,510	\$8,815,092
21	Pioneers Memorial Hospital/Pioneers Memorial Healthcare District	\$1,527,340	\$3,870,529
22	Plumas District Hospital/Plumas Hospital District	\$300,000	\$760,247

	Nondesignated Public Hospital	Guaranteed Loan Amount	Maximum Loan Amount
23	Salinas Valley Memorial Hospital/Salinas Valley Memorial Healthcare System	\$2,430,350	\$6,158,879
24	San Geronio Memorial Hospital/San Geronio Memorial Healthcare District	\$1,073,490	\$2,720,382
25	Seneca Healthcare District	\$300,000	\$760,247
26	Sierra View District Hospital/Sierra View Local Health Care District	\$1,472,590	\$3,731,787
27	Sonoma Valley Hospital/Sonoma Valley Healthcare District	\$307,450	\$779,133
28	Southern Inyo Hospital/Southern Inyo Healthcare District	\$300,000	\$760,247
29	Surprise Valley Community Hospital/Surprise Valley Health Care District	\$300,000	\$760,247
30	Tahoe Forest Hospital/Tahoe Valley Hospital District	\$994,330	\$2,519,788
31	Tri-City Medical Center/Tri-City Hospital District	\$2,405,440	\$6,095,752
32	Trinity Hospital/Mountain Communities Healthcare District	\$300,000	\$760,247
33	Washington Hospital-Fremont/Washington Township Healthcare District	\$2,143,990	\$5,433,211
	Total	\$40,000,000	\$101,366,295

b) Loan amounts for the first Funding Round shall be determined as follows:

(1) An Applicant may request a loan up to the amount specified in the column titled Maximum Loan Amount. The Applicant shall only be initially entitled to receive up to the amount as specified in subdivision (a) in the column titled Guaranteed Loan Amount.

(2) If the cumulative sum of the Guaranteed Loan Amounts or any lesser amounts requested from all Applicants that applied in the first Funding Round is less than the \$40,000,000 available for Program funding, Authority staff shall calculate how much in moneys remain to distribute to first Funding Round Applicants that applied for more than their Guaranteed Loan Amount using the following calculation:

(A) Authority staff shall total the first Funding Round amounts requested from Applicants that applied for more than their Guaranteed Loan Amounts. The proportionate share percentage for each Applicant shall be calculated by dividing the individual Guaranteed Loan Amount by the total of all Guaranteed Loan Amounts from those Applicants in the first Funding Round that applied for more than their Guaranteed Loan Amount.

(B) The proportionate share percentage is multiplied by the amount of loan proceeds remaining in the Program to determine the additional funding each Applicant may receive in the first Funding Round.

- c) An Applicant shall not receive more than the Maximum Loan Amount listed above in subdivision (a) during the first Funding Round.
- d) If moneys remain after the first Funding Round, a second Funding Round shall commence, and moneys shall be awarded without regard to previous Maximum Loan Amounts and distributed based on the same proportionate share methodology as used during the first Funding Round in subdivision (b), paragraph (2).
- e) A second Funding Round Applicant's full Guaranteed Amount shall also be considered for the proportionate share percentage calculation and not the actual amount received during the first Funding Round.

Section 4. Loan Application

(a) The Application, CHFFA Form No. CHFFA 12 NDPH II-01, incorporated herein by reference, shall be made available on the Authority's website at www.treasurer.ca.gov/chffa.

(b) Each Application shall include all of the following:

(1) Name and title of the person to be designated by the Applicant's board to sign Program loan documents if financing is approved.

(2) Copy of the current applicable State of California operating license.

(3) A signed Application Agreement that includes all of the following:

(A) Applicant agrees that to the best of its knowledge, the information contained in the Application and the accompanying supplemental materials are true and accurate. The Applicant further understands that misrepresentation may result in the cancellation of the loan and that the Authority is authorized to take additional actions, if needed.

(B) Applicant agrees that all legal disclosure information requested has been disclosed to the best of its ability.

(C) Applicant agrees that loan proceeds shall be used solely for working capital to support operations.

(D) Applicant agrees that it is a Nondesignated Public Hospital as defined in the Program Guidelines approved by the Authority.

(E) If the Applicant does not pay off the loan within 24 months of the executed Loan and Security Agreement, the Applicant agrees to assign all of its rights to 20% of the Medi-Cal Checkwrite payments to the Authority until the full loan amount has been satisfied.

(F) Applicant acknowledges the Authority Loan Fee is 1% of the loan amount is due at closing and will be deducted from loan proceeds.

(c) Authority staff shall determine whether the Application is complete. If Authority staff determines that additional information is needed, Authority staff shall notify the Applicant and request that information. If the Applicant fails to provide the information as requested, the Applicant shall be deemed ineligible for a Program loan.

Section 5. Application Period and Submission Deadlines

(a) Announcements of available funding shall be provided to all eligible Nondesignated Public Hospitals.

(1) The application period for the first Funding Round shall open September 1, 2022. The deadline to submit an application for the first Funding Round is October 14, 2022.

(2) Applicants shall meet all Program loan closing requirements, including the signing of the Loan and Security Agreement and the Promissory Note, for the first Funding Round no later than February 15, 2023. If requirements are not met as of this date, the approval shall be forfeited, and loan proceeds made available for the second Funding Round.

(3) If moneys remain after the first Funding Round, the application period for the second Funding Round shall open March 1, 2023. The deadline date to submit an application for the second Funding Round is March 31, 2023,

(A) If a second Funding Round is required, Eligible Applicants will be notified, and a notice shall be posted on the Authority's website at www.treasurer.ca.gov/chffa.

(4) Applicants shall meet all Program loan closing requirements, including the signing of the Loan and Security Agreement and the Promissory Note, for the second Funding Round no later than June 30, 2023. If requirements are not met as of this date, the approval shall be forfeited.

(A) For the second Funding Round, an Applicant may request an extension of the Program loan closing requirements deadline by submitting a written request to the Executive Director that states the reason(s) that the extension is needed. Each extension request shall be evaluated on a case-by-case basis.

(b) The Application, including supporting documentation, shall be received by the Authority no later than 5:00 p.m. (Pacific Time) on the deadline dates and may be emailed as a Portable Document Format (PDF) attachment to chffa@treasurer.ca.gov or submitted through the online Application on the Authority's website. The Authority is not responsible for transmittal delays or failures of any kind.

Section 6. Application Review

(a) Authority staff shall evaluate and determine Program loans based on the Applicants meeting all the eligibility criteria described in Section 2.

(b) Authority staff shall complete Application reviews no later than 30 calendar days after the deadline date for each Funding Round. Additional information from each Applicant may be requested.

Section 7. Loan Amount and Repayment Terms

(a) The Executive Director or their designee shall be delegated the power to approve Program loans pursuant to the Program Guidelines to the extent there are available loan proceeds for the Program.

(b) The Executive Director or their designee shall establish the repayment period for an approved Program loan, which shall be memorialized in the written Loan and Security Agreement.

(1) The Program loan repayment period shall be a maximum of 24 months from the date of the Loan and Security Agreement.

(2) The Program loan amount shall be repaid in total and discharged within 24 months of the execution date of the Loan and Security Agreement.

(c) Interest shall not be charged for these loans.

(d) Program loans incur a 1% administrative fee, which is due at closing and withheld from the Program loan proceeds.

(e) A penalty shall not be assessed for early repayment of a Program loan.

Section 8. Loan and Security Agreement

(a) Prior to the issuance of each Program loan, the Authority shall require each Loan Recipient to agree to the terms and conditions set forth in the written Loan and Security Agreement, which specify the loan amount, repayment period, covenants, and requirements in the event of the inability to make payments or a default.

(b) The Loan and Security Agreement shall require each Loan Recipient to agree to all of the following:

(1) Defend, indemnify, and hold harmless the Authority and the State, and all officers, trustees, agents, and employees of the same, from and against any and all claims, losses, costs, damages, or liabilities of any kind or nature, whether direct or indirect, arising from or relating to the Program.

(2) If full payment of the Program loan amount is not made within 24 months of the date of the Loan and Security Agreement, 20% of the Nondesignated Public Hospital's respective Medi-Cal Checkwrite payments shall be intercepted and offset at the state level from the Department of Health Care Services until the Program loan amount has been satisfied.

(3) Such other terms and conditions as agreed upon by the Authority and the Nondesignated Public Hospital.

(c) The loan proceeds shall not be released until the Loan and Security Agreement, including the Authority's Medi-Cal Intercept Agreement, have been executed by the Authority and the person designated by the Applicant's board executes Program loan documents.



To: SVHCD Board of Directors
From: Judith Bjorndal, MD
Meeting Date: December 8, 2021
Subject: Governance Committee Recommendations

The Governance Committee (GC) is bringing three recommendations to the Board from its November 16, 2022, meeting.

Conflict of Interest Policy:

The most urgent recommendation is that the Board approve the Conflict of Interest Policy. This is required by the County before the end of this month. Appendix A has been updated to conform with the Hospital's current organizational chart. A significant recommended change is to remove public members of Board committees from the list of positions required to submit Form 700 disclosure of economic interests, as they are not employees of the Hospital and have no decision-making authority. And, it is our understanding that this requirement, in fact, has not been enforced; therefore no submittals being made.

Standardization of Board Policies:

The next issue is standardization of board policies. The GC has found that Board Policies are inconsistent in format and have a confusing numbering system. There is actually no policy governing our policies and procedures. We are suggesting that the Board consider conforming with the SVH Organizational policy #GL8610-162 (included in the agenda packet). Its purpose is "To insure that all new and/or revised Organizational policies or specific Department policies and procedures written for Sonoma Valley Hospital will be established, revised, reviewed and documented in a consistent format throughout the Hospital." The committee is already beginning to incorporate the standard template (also included in the packet) as we review our current policies. In addition, we would like to establish a portal into the Hospital's system of tracking the review dates and sending reminders.

Board Standing Committees Policy:

The last recommendation is that the Board approve a new policy on Board Standing Committees, which is a consolidation of existing policies (Selection Process and Residency Requirements), as well as recommendations regarding terms of membership, expectations, etc.

Attachments:

Conflict of Interest Policy
SVH Organizational Policy #GL8612-162
Board Standing Committees Policy



SUBJECT: Conflict of Interest Code & ~~Appendix-Appendices~~ POLICY: #P-2018.02.01-2

Page 1 of 6

DEPARTMENT: Board of Directors

EFFECTIVE: Adopted by
the Board of Directors,
November 1, 2012

REVISED: Amended August 4, 2016, January 5, 2017, and February 1, 2018

PURPOSE:

~~In accordance with the Political Reform Act, (commencing with California Government Code Sections 81000, et seq.) requires~~ state and local government agencies ~~must~~ adopt and promulgate Conflict of Interest Codes.

The California Fair Political Practices Commission (FPPC) has adopted a regulation (California Code of Regulations Section 18730, hereinafter "Regulation") which contains the terms of a standard Conflict of Interest Code which can be incorporated by reference and may be amended by the ~~Fair Political Practices Commission~~ FPPC after public notice and hearings to conform to amendments ~~in to~~ the Political Reform Act.

The Regulation further provides that incorporation of its terms by reference along with the designation of employees and the formulation of disclosure categories ~~in an Appendix (Appendix A and B attached hereto)~~ shall constitute the adoption and promulgation of a ~~Conflict of Interest Code by a public agency, pursuant to within the meaning of Government Code Section 87300 or the amendment of a Conflict of Interest Code pwithin the meaning of pursuant to Government Code Section 87307.~~

POLICY:

~~Therefore, t~~The terms of the Regulation and any amendments to it, duly adopted by the ~~Fair Political Practices Commission~~ FPPC, are hereby incorporated by reference. The Regulation and the attached ~~Appendix-Appendices A-B~~ designating officials and employees and establishing disclosure categories constitute the Conflict of Interest Code of the Sonoma Valley Healthcare District, doing business as Sonoma Valley Hospital.

Designated officials and employees and any person who manages the District's investments shall file ~~a Statement of Economic Interests statements of economic interests~~ (Form 700) with the District. Such officers covered by this Code who are also public officials specified in ~~Government Code Section 87200 of the Government Code~~, including those who manage public investments, shall file Form 700s pursuant to that Government Code provision as long as the categories of disclosure are the same or broader than those under this Code.



SUBJECT: Conflict of Interest Code & ~~Appendix-Appendices~~ POLICY: #P-2018.02.01-2
DEPARTMENT: Board of Directors
REVISED: Amended August 4, 2016, January 5, 2017, and February 1, 2018

Page 2 of 6
EFFECTIVE: Adopted by the Board of Directors, November 1, 2012

~~The~~ Form 700s ~~will~~ shall be available for public inspection and reproduction ~~-, in~~ accordance with ~~{California Government Code Section 81008}~~.

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PROCEDURE:

Upon receipt of ~~the statements~~ Statements of Economic Interest for ~~of~~ all designated officials and employees, the District shall make and retain a copy ~~and~~ The District shall forward the original of the statements of the President and Chief Executive Officer and all Board Members to the County Clerk for the County of Sonoma.

REFERENCES:

OWNER:

AUTHORS/REVIEWERS:

Board Quality Committee

APPROVALS:

Policy & Procedure Team:
Medicine Committee:
Surgery Committee:
Performance Improvement/
Pharmacy & Therapeutics Committee
Medical Executive Committee:
The Board of Directors:



SUBJECT: Conflict of Interest Code & Appendix-Appendices	POLICY: #P-2018.02.01-2
	Page 3 of 6
DEPARTMENT: Board of Directors	EFFECTIVE: Adopted by the Board of Directors, November 1, 2012
REVISED: Amended August 4, 2016, January 5, 2017, and February 1, 2018	

Appendix "A"

Designated Positions	Disclosure Category		
Member of the Board of Directors	1		
President and Chief Executive Officer	1		
Chief Medical Officer			
Chief Ancillary Officer	2		
Chief Financial Officer	2		
Chief Information Officer <u>Director of Information Technology</u>			
	2		
Chief Nursing Officer	2		
Director of Accounting-Pharmacy		2	
Director of Case Management & Med Staff <u>Quality</u>		2	
Director of Emergency Department/ Intensive Care Unit	2		
Director of Facilities <u>Chief of Support Services</u>			3
Director of <u>Chief Human Resources Officer</u>		2	
Director of Materials Management	2		
Director of Patient Financial Services & Admitting <u>Revenue Cycle Manager</u>			2
Food & Nutrition Services Manager <u>Director of Culinary</u>			4
Public Members of the Finance Committee	2		
Public Members of the Quality Committee	2		
Consultants *			

*Consultants shall be included in the list of designated employees and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation: The chief executive officer may determine in writing that a particular consultant, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements described in this section. Such determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. The chief executive officer's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code.



SUBJECT: Conflict of Interest Code & ~~Appendix-Appendices~~

POLICY: #P-2018.02.01-2

Page 4 of 6

DEPARTMENT: Board of Directors

EFFECTIVE: Adopted by
the Board of Directors,
November 1, 2012

REVISED: Amended August 4, 2016, January 5, 2017, and February 1, 2018

Appendix- "B"

Disclosure Categories

General Rule

The District has adopted Section 18730 of Title 2 of the California Code of Regulations, as it may hereinafter be revised, as the District's standing Conflict of Interest Code provisions, supplemented by this Appendix and its preamble. -An investment, interest in real property, or income is reportable if the business entity in which the investment is held, the interest in real property, or the income or source of income may foreseeably be affected materially by any decision made or participated in by the designated employee or officer by virtue of ~~the~~ his or her position. -Form 700 provides guidelines on what are "reportable" interests within each category and the corresponding disclosure schedule in Form 700, i.e., Schedules A-1, A-2, B, C, D, E, F.

Designated Employees in Category #1 Must Report:

A. Investments in any business entity which

(a) Has an interest in real property within the Sonoma Valley Health Care District

(b) Does business with Sonoma Valley Health Care District ("District"), or has done business with the District at any time during the two years prior to the time any statement or other action is required under this code; or

(c) Engages in any of the following businesses

1. Ambulance service
2. Banks, Savings and Loan
3. Collection agencies
4. Communications equipment
5. Computer hardware or software
6. Construction or building materials
7. Construction companies
8. Data processing consultants
9. Dietetic, kitchen or equipment consultants
10. Dietetic or kitchen supplies, equipment, including food and food products
11. Educational and training supplies, equipment or material
12. Employment agencies
13. Engineering services



SUBJECT: Conflict of Interest Code & ~~Appendix~~-Appendices

POLICY: #P-2018.02.01-2

Page 5 of 6

DEPARTMENT: Board of Directors

EFFECTIVE: Adopted by
the Board of Directors,
November 1, 2012

REVISED: Amended August 4, 2016, January 5, 2017, and February 1, 2018

14. Equipment consultants
 15. Equipment or fixture manufacturers
 16. Health care equipment or instruments
 17. Health care facilities
 18. Health care materials or supplies
 19. Health facilities or services
 20. Housekeeping or linen supplies or equipment
 21. Housekeeping service agencies
 22. Insurance companies
 23. Laboratory supplies or equipment
 24. Landscaping consultants or companies
 25. Laundries
 26. Medical laboratories
 27. Medical records supplies or equipment
 28. Motor vehicles and specialty vehicles and parts
 29. Nursing service supplies, equipment or material
 30. Office equipment or supplies
 31. Petroleum products
 32. Pharmaceutical supplies or equipment
 33. Physical therapy supplies or equipment
 34. Plant, building, grounds supplies or equipment
 35. Printing and distribution
 36. Public relations or advertising
 37. Publications
 38. Radiology supplies or equipment
 39. Real property
 40. Respiratory therapy supplies or equipment
 41. Safety equipment
 42. Safety instruction material
 43. Social services agencies
 44. Structural, mechanical, electrical, etc., engineering firms
 45. Temporary help agencies
 46. Testing laboratories or services
 47. Utilities
- B. Income from any business entity described in subparagraph A.
- C. Status as a director, officer, partner, trustee, employee or holder of a position of management in any business entity described in subparagraph A.



SUBJECT: Conflict of Interest Code & ~~Appendix~~-Appendices

POLICY: #P-2018.02.01-2

Page 6 of 6

DEPARTMENT: Board of Directors

EFFECTIVE: Adopted by
the Board of Directors,
November 1, 2012

REVISED: Amended August 4, 2016, January 5, 2017, and February 1, 2018

D. Each interest in real property located in the Designated Area.

Designated Employees in Category #2 Must Report:

- A. Investments in any business entity which does business with the District or has done business with the District at any time during the two years prior to the time any statement or other action is required under this code.
- B. Income from any business entity described in subparagraph A.
- C. Status as a director, officer, partner, trustee, employee, or holder of a position of management in any business entity described in subparagraph A.

Designated Employees in Category #3 Must Report:

- A. Investments in any business entity which, within the last two years, has supplied or in the future foreseeably may supply building maintenance materials, gardening materials, or other materials for use in the maintenance and repair of the physical plant of the hospital.
- B. Income from any business entity described in subparagraph A.
- C. Status as a director officer, partner, trustee, employee, or holder of a position of management in any business entity described in subparagraph A.

Designated Employees in Category #4 must report:

- A. Investments in any business entity which engages in the business of supplying food or other culinary supplies which may be used in hospitals.
- B. Income from any business entity described in subparagraph A.
- C. Status as a director, officer, partner, trustee, employee, or holder of a position of management in any business entity described in subparagraph A.

SUBJECT: Policies and Procedures

POLICY # GL8610-162

PAGE 1 OF 6

DEPARTMENT: Organizational

EFFECTIVE: 2/08

REVIEW/REVISED: 3/12, 3/15, 1/17, 2/18, 2/22

PURPOSE:

To insure that all new and/or revised Organizational policies or specific Department policies and procedures written for Sonoma Valley Hospital will be established, revised, reviewed and documented in a consistent format throughout the Hospital. All policies and procedures shall be expressed in writing and shall go through established channels for approval(s) and distribution.

POLICY:

All Sonoma Valley Hospital policies will conform to the procedures outlined in this policy.

1. All newly created and/or revised policies and procedures will be written in the prescribed format. The policies will be reviewed and approved by appropriate leader and/or committee(s). All affected departments will collaborate, as appropriate, in the initial policy development, and are responsible for agreement to stated content.
2. All old and revised policies must be saved for ten years, with the exception of Pediatrics policies which will be kept for 21 years.
3. Organizational policies and procedures are those which, as a general rule, affect patient care functions or organizational functions that involve more than a single department.
4. Departmental policies and procedures are those which affect only one department.
5. Departmental policies and procedures are always in the same format as Organizational policies and procedures. The prescribed format should be used for any new or revised documents. See Style Sheet and Template.
6. Policies will be reviewed and revised when warranted, and when needed to comply with changes in regulatory requirements. The period between reviews shall not exceed three years. If legally required, review and revision will be done on an annual basis.

RESPONSIBILITIES:

1. Each Director/Manager is responsible for writing/revising and maintaining policies and procedures covering their area of responsibility. If a policy or procedure requires technical, legal or other review/input (i.e. Bio-Med, legal), this information should be obtained or clarified at the time of the development or revision of the policy and procedure. The expert reviewer name and title will be added to the author review list.

SUBJECT: Policies and Procedures	POLICY # GL8610-162
	PAGE 2 OF 6
DEPARTMENT: Organizational	EFFECTIVE: 2/08
REVIEW/REVISED: 3/12, 3/15, 1/17, 2/18, 2/22	

2. Policies and procedures are reviewed with the Director and Medical Director, if applicable, of that area for approval/sponsorship.
3. All new, revised, retired, and reviewed policies will be presented to the Policy and Procedure Committee prior to submission to the appropriate Committees.

PROCEDURE:

1. Template: All policies will follow the standardized template that consists of the following sections.
 - a. **Purpose:** a brief statement of the reason for the policy.
 - b. **Policy Statement:** this section identifies the global intention of the policy and as such may be redundant to the Purpose section.
 - c. **Procedure:** a detailed outline of the steps in the policy. This section may be omitted if there are no procedural steps.
 - d. **Responsibilities:** This section is included only when pertinent to the policy.
 - e. **References:** each policy must cite specific regulatory standards at a minimum, and professional standards of practice or best practice articles. For example: Association of peri Operative Registered Nurses (AORN), Association for Professionals in Infection Control and Epidemiology (APIC), EBSCO Dynamic Health Standards Of Practice for Nursing, etc.
 - f. **Owner**
 - g. **Author/Reviewers**
 - h. **Committee Approvals**
2. Numbering of Policies and Procedures: all policies will adhere to the following policy numbering format.
 - a. All policies will begin the with the CIHQ Standards Headings designation as below:

GL	Governance & Leadership
QA	Quality Assessment & Performance Improvement
MS	Medical Staff
HR	Human Resources
CE	Managing the Care Environment
IC	Infection Prevention & Control
EP	Emergency Preparedness
UR	Utilization Review
PR	Patient Rights
MM	Medication Management
MR	Management of Medical Record

SUBJECT: Policies and Procedures

POLICY # GL8610-162

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DEPARTMENT: Organizational

EFFECTIVE: 2/08

REVIEW/REVISED: 3/12, 3/15, 1/17, 2/18, 2/22

RS	Use of Restraint & Seclusion
QS	Patient Quality & Safety Practices
AN	Anesthesia Services
NU	Dietary Nutrition Services
DC	Discharge Planning Services
ED	Emergency Services
LB	Laboratory Services
OP	Organ, Tissue & Eye Procurement
NM	Nuclear Medicine Services
NS	Nursing Services
OI	Operative & Invasive Services
OS	Outpatient Services
RD	Radiology Services
RB	Rehabilitation Services
RT	Respiratory Services
PC	Patient Care

After the functional heading, all departments will add the four digits of their department cost center. The last three numbers of departmental policies will be assigned by the Manager. Organizational policies will use the four digits of the Administration cost center (8610). Organizational policy: PR8610-101 (Organizational policy addressing Patients' Rights)

3. **Font:** The Policy and Procedure document will be prepared using Word, Arial, font size 11.

4. **Draft Process:**

- a. A system generated email is delivered to the lead author notifying them of the requirement to review the policy.
- b. The responsible Director/Manager/Author edits the DRAFT file utilizing tracked changes in collaboration with the Medical Director and additional leaders of effected departments and disciplines.
- c. The responsible Director/Manager/Author adds a summary of changes to the summary tab in the policy system. The summary statement will include the reason for the change, or explain the need for a new policy/procedure (Cheat Sheet Instruction Sheet provides short explanations to use when making changes and may be found in the policy system under the Organizational menu).

6. **Approval Routing:** All policies and procedures will follow an approval routing process dependent upon their impact on patient care. Sonoma Valley Hospital defines "direct patient care" as any process that directly, provided by a physician, nurse or ancillary department staff member, impacts the care a patient receives or the outcomes of care. All policies and procedures will be initially reviewed and approved by the Policy and Procedure Committee.

SUBJECT: Policies and Procedures	POLICY # GL8610-162
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DEPARTMENT: Organizational	EFFECTIVE: 2/08
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a. Direct patient care policies and procedures (See table below)

1. The Medical Director and Leader bring only new policies to committees for a full review and approval.
2. Policy content is reviewed and approved by the Medical Director with Director/Manager/Author. The Summary report becomes an item on the consent calendar of the committee agenda and approval is documented in the minutes.

Direct Patient Care Dept	Medical Director/Committee Oversight	Committee Flow
Patient Care Services (MS, ICU)	Medical Director Chair, Medicine	MEDICINE MEDICAL EXECUTIVE COMMITTEE (MEC), BOARD QUALITY, BOARD OF DIRECTORS (BOD)
Emergency Department	Medical Director Chair, Medicine	MEDICINE BOARD MEC, BOARD QUALITY, BOD
Surgical Services	Medical Director Chair, Surgery	SURGERY, MEC, BOARD QUALITY, BOD
Anesthesia Services	Medical Director Anesthesia/Surgery	SURGERY BOARD MEC, BOARD QUALITY, BOD
Pharmacy	Chair, Performance Improvement/Pharmacy and Therapeutics	PERFORMANCE IMPROVEMENT AND PHARMACY AND THERAPEUTICS (PI/PT), MEC, BOARD QUALITY, BOD MEDICAL EXECUTIVE BD
Clinical Lab	Medical Director Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Medical Imaging	Medical Director Chair, Surgery	SURGERY, MEC, BOARD QUALITY, BOD
Inpatient Rehab	Chair, Medicine	MEDICINE, MEC, BOARD

SUBJECT: Policies and Procedures	POLICY # GL8610-162
	PAGE 5 OF 6
DEPARTMENT: Organizational	EFFECTIVE: 2/08
REVIEW/REVISED: 3/12, 3/15, 1/17, 2/18, 2/22	

		QUALITY, BOD MEDICAL
Outpatient Rehab	Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Cardiology & Respiratory	Medical Director Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Nutritional Services	Chair, PI Com	MEDICINE, MEC, BOARD QUALITY, BOD
Occupational Health	Medical Director Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Case Management	Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Infection Prevention	Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD
Medical Staff	Chief of Staff	MEDICAL EXECUTIVE, BOD
Wound Care	Medical Director Chair, Medicine	MEDICINE, MEC, BOARD QUALITY, BOD MEDICAL EXECUTIVE BD

b. Non-Direct patient care policies and procedures:

1. The following departments are designated as non-direct patient care departments:

HR, Information Systems, Facilities, EVS, Quality/Risk, HIM, Admin, Finance, Patient Access, Patient Financial Services, Education, Materials Management

2. All non-direct patient care policies and procedures by-pass the medical staff and follow this workflow:

Manager/Director – CEO/CMO (if applicable) –Board of Directors

REFERENCE:

Title 22, Licensing and Certification of Health Facilities and Referral Agencies, State of CA
 CMS Conditions of Participation 482.12
 CIHQ Standard GL-4: Leadership Responsibilities
 Style Sheet, Template, Cheat Sheet

OWNER:

Director Quality & Risk Management

SUBJECT: Policies and Procedures

POLICY # GL8610-162

PAGE 6 OF 6

DEPARTMENT: Organizational

EFFECTIVE: 2/08

REVIEW/REVISED: 3/12, 3/15, 1/17, 2/18, 2/22

AUTHORS/REVIEWERS:

Director of Quality and Risk Management
Board Quality Committee

APPROVALS:

Policy & Procedure Committee: 4/5/2022
Board of Directors: 5/4/2022

Verified-SVH



SUBJECT: Board Standing Committees	POLICY: Board Standing Committees Page 1 of 4
DEPARTMENT: Board of Directors	EFFECTIVE: Upon approval by the Board
REVISED: Introduced November 9, 2022	

PURPOSE: To provide guidance and direction to the Standing Committees established by the Sonoma Valley Health Care District (district) Board of Director's (Board).

The purpose of the Standing Committees (committees) is to provide recommendations to the Board pertaining to governance and district operations, leverage relevant experience and expertise, and foster greater participation from the public.

Existing committees, as approved by the Board are:

1. [Affiliation Oversight](#), which assists the Board in the oversight of the district's collaboration with the University of California San Francisco Health (UCSF), including the review of progress in furtherance of the goals of the Collaboration Agreement entered into by the district and UCSF in December 2020.
2. [Audit](#), which assists the Board in its general oversight of the district's accounting, financial reporting, and audit processes, as well as the district's process for monitoring compliance with laws and regulations.
3. [Finance](#), which assists the Board in the oversight and management of hospital finances.
4. [Governance](#), which recommends improvements to the Board pertaining to functioning, structure, infrastructure, and advocacy.
5. [Quality](#), which serves as the Board's steward for overall quality improvement for the district by providing oversight, monitoring, and assessment of key organizational processes.

POLICY:

Composition

The composition of each committee and their respective charter is available on the Sonoma Valley Health Care District website, which can be accessed via the following link: <https://www.sonomavalleyhospital.org/healthcare-district-information/>. However, existing Board protocol provides that each committee be chaired by a member of the Board, but also include a member(s) of the public with experience germane to that committee.

Selection Process

When a public member vacancy occurs on a committee, the committee chair shall notify the Board chair of the vacancy. For committees with voting and alternate public members, the committee chair may elect to promote an alternate public member to be a voting member and notify the Board chair of the alternate member vacancy.



SUBJECT: Board Standing Committees

POLICY: Board Standing Committees
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DEPARTMENT: Board of Directors

EFFECTIVE: Upon approval by the Board

REVISED: Introduced November 9, 2022

The Board cChair shall notify the Board cClerk of the public member vacancy on the cCommittee, ~~who~~. ~~The Board Clerk~~ shall solicit ~~written~~ applications for the vacant public member ~~Committee-committee~~ position by preparing ~~an advertisement and/or press release~~ notice for publication ~~in local newspapers~~ based on selection criteria from the ~~Committee's committee's~~ charter. ~~The notice shall and containing~~include pertinent information, including, ~~but not limited to~~, the ~~time and date~~ deadline for submitting the application.

Candidates for the public member position(s) shall be directed to the Board cClerk to obtain an information ~~package packet~~ and application form. Candidates shall submit the application form and ~~current resume/CV to the relevant experience to the~~ Board cClerk.

~~Candidate applications shall be received, and date stamped by the Board Clerk.~~ Committee candidate interviews shall be scheduled at a regular or special Board meeting at a time and date ~~to be as~~ determined by the Board cChair. Committee candidates shall be interviewed and prioritized by the Board. The Board cChair shall appoint the top ranked applicant(s) ~~(or applicants)~~ to the vacant position(s) ~~(or positions)~~ on the ~~Board-Committee-committee~~ subject to the approval ~~of by~~ a majority of the Board.

The Board cClerk shall ensure that newly appointed public ~~Board-Committee-committee~~ members are added to the ~~Committee-committee~~ distribution list to receive notices of meetings. ~~New public-Committee members shall and~~ receive a copy of the appropriate cCommittee cCharter.

Composition: ~~The composition of the Standing Committee is available in each charter and can be found under "Composition of Standing Committees."~~

~~Provide a little more color in terms of the current composition.~~

Residency Requirements

~~There is a significant and important part of the Sonoma Valley Health Care~~The Board values and recognizes the importance of public participation, including participation from community members. ~~District-community~~ who do not permanently reside in the District ~~full-time~~, but who are actively involved in the community and/or District ~~and~~ ~~H~~hospital affairs. ~~These~~ Such community members include, ~~but are not limited to~~:

- ~~Members of the hHospital mMedical sStaff who do not reside in the District~~district;
- ~~Individuals who live in the District~~district less than full-time, part time (e.g., individuals having multiple residences ~~one of which one is in the District~~district); and
- ~~Individuals who work in the District~~district but do not live in the ~~d~~District (including ~~d~~District and ~~h~~Hospital employees).

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SUBJECT: Board Standing Committees

POLICY: Board Standing Committees
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DEPARTMENT: Board of Directors

EFFECTIVE: Upon approval by the Board

REVISED: Introduced November 9, 2022

Excluding these ~~individuals community members~~ from participation on either ~~sStanding~~ or ~~aAd~~ ~~Hoc Committees committees because they are not residents of the District~~ denies the ~~District~~ access to their ~~relevant~~ expertise and experience. ~~POLICY Therefore, it is the policy of the Sonoma Valley Health Care District (the District) district that all community members are eligible to serve on of Standing and Ad Hoc Boardstanding or ad hoc cCommittees and shall be considered important stakeholders of the dDistrict. It is the policy of the District that stakeholders of the District shall be defined, for the purposes of Board Committee membership policy only as, so long as they meet one or more of the following criteria:~~

- ~~• Livinge some or all of all the time in the Districtdistrict, or •~~
- ~~• Be ing employed at a place of business in the Districtdistrict, or •; or~~
- ~~• Be ing an accredited member of the hHospital mMedical sStaff. And may be appointed to and serve on Standing and Ad Hoc Board Committees as long as they regularly attend the committee meetings.~~

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Terms of Appointment/Service

Board committee members shall serve a ~~minimum~~ four-year term. Participation shall ~~begin~~ ~~officially commence~~ at the time of appointment. ~~However, a committee member's four-year term shall officially commence when appointed.~~ Committee members may serve for more than one term.

Committee Member Responsibilities

~~It is the expectation of the Board that committee members do the followingshall have the following responsibilities:~~

- Attend 80 percent of regularly scheduled committee meetings on which they serve.
- Fulfill their fiduciary duty of loyalty, putting the interests of the district ahead of their own.
- Maintain confidentiality regarding all matters that demand it.
- Do nothing that would discredit the organization.
- Review committee agenda packets in advance.
- Come to committee meetings prepared and on time.
- Actively participate by sharing ideas, opinions, observations, perspectives, expertise and experience in committee meeting deliberations and discussions.
- Listen to and respect the opinions and perspectives of the other committee members and refrain from dominating the discussion.
- Be willing to express a dissenting opinion.
- Be familiar with the intent of, and abide by, the Ralph M. Brown Act.



SUBJECT: Board Standing Committees

POLICY: Board Standing Committees
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DEPARTMENT: Board of Directors

EFFECTIVE: Upon approval by the Board

REVISED: Introduced November 9, 2022

PROCEDURE:

REFERENCES:

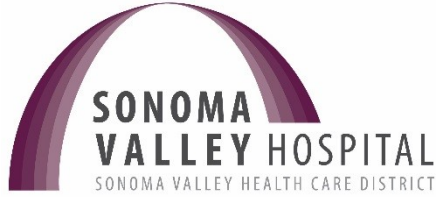
OWNER:

AUTHORS/REVIEWERS:
Board Quality Committee

APPROVALS:
Policy & Procedure Team:
Medicine Committee:
Surgery Committee:
Performance Improvement/
Pharmacy & Therapeutics Committee
Medical Executive Committee:
The Board of Directors:

2023 Finance Committee Work Plan

January	February	March	April
<ul style="list-style-type: none"> • December Financials • Review 2nd Quarter FY 2023 capital spending • December Net AR Review • Fiscal YTD Budget review • 3-Year Income Stmt. & Cash Projection • Participate in Board Strategic Plan Development 	<ul style="list-style-type: none"> • January Financials • Review FY 2024 Budget Assumptions • Pension Plan Review - Lynn McKissock • Revenue Analysis/Profitability 	<ul style="list-style-type: none"> • February Financials • FY 2024 Budget Update • Engage Auditors mid-year review 	<ul style="list-style-type: none"> • March Financials • FY 2024 Budget Update • Review 3rd Quarter FY 2023 capital spending • Risk Management Review • Review Financial statement format - revise for FY 2024 • Retirement Review –Lynn/Empower (inform)
May	June	July	August
<ul style="list-style-type: none"> • April Financials • Review and recommend FY 2024 budget proposal 	<ul style="list-style-type: none"> • May Financials • Review capital spending plan for FY 2024 	<ul style="list-style-type: none"> • June Financials • Review pre audited FY 2023 Financials • Review 4th Quarter FY 2023 capital spending & plan • Update and review of Board Strategic Plan 	<ul style="list-style-type: none"> • July Financials • FY 2023 audit update
September	October	November	December
<ul style="list-style-type: none"> • August Financials • FY 2023 audit update • Review current insurance policies 	<ul style="list-style-type: none"> • September Financials • Review preliminary audit results • Review 1st Quarter FY 2024 capital spending 	<ul style="list-style-type: none"> • October Financials • 2024 Finance Committee work plan • Review current insurance policies 	<ul style="list-style-type: none"> • November Financials



Healing Here at Home

To: SVHCD Board of Directors
From: John Hennelly
Date: 12.08.22
Subject: Administrative Report

We are live with Epic! As of Saturday morning we have been operating on our new electronic health platform Epic. The hospital team, with the support of our Epic partner Community Technologies, has successfully launched the new system and is working to optimize it over the coming months. The near term focus will be to insure all areas are appropriately utilizing the new system and that all activities flow through from operations to finance.

Covid/Flu/RSV

Covid has now been joined by several other viruses in our community. Flu cases along with RSV are high. Hospitalizations for Covid and Flu represent almost 50% of our daily census. RSV admissions have only occurred in pediatric patients and have been referred to UCSF for care. With a reduction in demand for testing both locally and at our partner UCSF, we have closed our drive thru testing program. Additionally, screening and masking requirements at the hospital remain the same though oversight staff have been redeployed to other functions.

Operations

Dr Sujatha Sankaran is now on board as the SVH Chief Medical Officer. She continues to wind down much of her responsibilities at UCSF while ramping up her work in Sonoma.

Recruitment for a GI continues. We are focusing on the 2nd floor of the hospital as a clinic location.

We have entered into negotiations with a local physician specialty group to lease space in the hospital. We expect on-site services to significantly increase access to various services.

Capital

The second phase of the Outpatient Diagnostic Center, installation of a 3 tesla MRI, is underway. Regulatory submittals are being prepared by the team. The team has worked up a short term solution which would activate the new magnet by the end of CY23. It will be presented to the Board for approval. RFPs for the projects are forthcoming.

Architectural and engineering work continues on the ICU upgrade. It is expected that the work will be completed in mid CY23.

The Foundation continues fundraising for Epic optimization initiatives. The projected \$750k fund will help make the Epic implementation more robust.

Strategic Planning

Data collection and summarization from the strategic planning sessions last month are being worked. We expect a draft of the plan to be submitted to the Board in February.

Enhance Quality and Services through the affiliation with UCSF Health

- We focus on building our relationship around provider recruitment
 - GI – recruits are being identified and vetted.
 - Primary Care
- CMO (Chief Medical Officer) Sujatha Sankaran MD in place.

Exceed Community Expectations especially in Emergency Services

- The hospital continues to provide guidance to our community regarding Covid guidelines.
- Phase 1 (CT) of the ODC is complete. The MRI project is moving from planning to implementation phase.

Ensure Patients receive Excellent, Safe care

- Covid screening protocols continue to be deployed throughout the hospital. Masking is the primary tool used to prevent transmission. Screening has transitioned to self-attestation.
- The new EHR, Epic, is live as of 12/2/22.

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

- All staff must be vaccinated against Covid or have a waiver. SVH employees and medical staff are 98% vaccinated. Provision of the new Omicron booster to qualifying individuals is under way. Those without vaccines or boosters are either exempted or on leaves of absences.
- The hospital is planning de-escalation training for key frontline workers and management in January.

SVH Performance Score Card

1. Quality and Safety

Objective	Target	SEP.22	OCT.22	Trend	Supporting detail
Infection Prevention					
Central Line Blood Stream Infection CLABSI per 10k pt days	<1	0.00	0.00	↔	
Catheter Associated Urinary Tract Infection- CAUTI per 10k pt days	<1	0.00	0.00	↔	
CDIFF Infection per 10k pt days	<0.9	0.00	0.00	↔	
Safety					
Patient Fall per 1000 pt days	<3.75	3.97	7.75	↓	1 fall, no injury
Patient fall with injury per 1000 pt days	<3.75	0.00	0.00	↔	
Surgical Site Infections per 1000 Acute Care Admissions	0.00	0.00	0.00	↔	

Core Measures					
Sepsis Early Management Bundle % compliant	>81%	54.5 (n=11)	100 (n=4)	↑	
Severe Sepsis 3 hour Bundle % compliant	>94%	90 (n=11)	100 (n=4)	↑	
Severe Sepsis 6 hr Bundle % compliant	100.00	87.5 (n=8)	100 (n=4)	↑	
Core OP 23- Head CT within 45 mins % compliant	100.00	N/A	N/A	↔	

Mortality					
Acute Care Mortality Rate %	<15.3	1.60	0.00	↔	

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	160 (n=31)	162 (n=28)	↓	
Core Op 22 ED Left without being seen LWBS	<2%	2.70	1.70	↑	

PSI 90					
PSI 90 Composite Acute Care Admissions	0.00	0.00	0.00	↔	

Preventable Harm					
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.00	0.12	↓	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	5.45	0.00	↑	Lower is better

2. Employees

Objective	Target	SEP.22	OCT.22	Trend	Supporting Detail
Turnover	<3%	0.0	0.1	↓	
Workplace Injuries	<20 Per Year	1 (QTR3)	0 (QTR4)	↑	TOTAL 6 YTD

3. Patient Experience

Objective	Target	AUG.22	SEP.22	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>50%	43 (n=19)	5 (n=15)	↓	
Communication	>60%	98 (n=19)	1 (n=16)	↓	
Discharge Instructions	>70%	62 (n=19)	2 (n=16)	↓	
HCAHPS					
Recommend the hospital	>50%	98 (n=11)	35 (n=10)	↓	
Communication with Nurse	>50%	99 (n=11)	21 (n=10)	↓	
Communication with Doctor	>50%	51 (n=11)	6 (n=10)	↓	
Cleanliness of Hospital	>50%	99 (n=11)	1 (n=10)	↓	
Communication about medicines	>60%	1 (n=11)	68 (n=10)	↑	
Discharge Information	>50%	88 (n=11)	80 (n=10)	↓	

4. Volume

Objective	Target	SEP.22	OCT.22	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>750	837.0	824.0	↓	
Surgical Volume Outpatient	>80	100.0	114.0	↑	
Surgical Volume Inpatient	>13	15.0	16.0	↑	
Inpatient Discharges	>50	65.0	55.0	↓	

5. Financial

Objective	Target	SEP.22	OCT.22	Trend	Supporting Detail
EBDA in %	>0.5	-0.4	-0.1	↓	
Days Cash on Hand month end	>42	35.2	30.2	↓	
Net Revenue (\$M) (YTD)	>\$46	\$ 46.4	\$ 46.3	↔	



Scorecard Definitions for Quality Metrics

Central Line Associated Blood Stream Infection (CLABSI)

Blood stream infection found in a patient with a central line in place and has been >48 hours since admission.

Catheter Associated Urinary Tract Infection (CAUTI)

Urinary tract infection found in a patient who has a catheter in place and has been >48hrs since admission.

CDIFF (Clostridium Difficile)

Clostridium Difficile found from a stool sample in a patient that has been admitted >48hrs

Sepsis Early Management

Obtain Blood Cultures BEFORE antibiotics

Administer Antibiotics

Obtain Lactate Level

Lactate Level repeated (if elevated)

Severe Sepsis 3 hour bundle

All above included plus-

Administer 30ml/kg of crystalloid for hypotension or Lactate >4

Focused MD exam

Severe Sepsis 6 hour bundle (septic shock only)

Lactate greater than 4 or

If persistent hypotension with 1 hour of fluid administration add Vasopressor

Shock reassessment by physician

Mortality

Acute care mortality benchmark is derived from CMS 5-star rating benchmark which is 15.3%.

Our average mortality rate each month is around 2-6%, most of our deaths are expected and are related to palliative care/hospice patients.

PSI 90

Summarizes patient safety across multiple indicators including-

Pressure Ulcers

Falls with Hip Fracture

Perioperative (while in surgery) complications

Postoperative complications

Preventable Harm

Unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment), that requires additional monitoring, treatment or hospitalization, or that results in death. This is a percentage of risk events that have a significance level of minor-major harm.

Derived from the risk events entered into our risk reporting platform.

Examples of risk events are- patient falls, surgical complications, mis-diagnosis, repeat visits, code blue, AMA, transfers to other facilities, documentaiton issues.

Goal is 0. Alarm is set at 5.0 which is the benchmark set by UCSF and chosen by Dr Kidd

Readmissions

Percentage of patients that get readmitted to the hospital within 30 days of discharge.



To: Sonoma Valley Health Care District Board of Directors
From: Ben Armfield, Chief Financial Officer
Date: December 8, 2022
Subject: Financial Report for October 2022

1. OVERALL PERFORMANCE:

October saw solid growth in both gross and net patient revenues, delivering yet another month of robust volume and revenue. Additionally, on the revenue side, net patient revenue as a % of gross revenue rebounded in October to 15.1%, narrowly missing the 15.2% target but up significantly from the 13.8% in September.

While we saw a healthy rise in revenues, we saw a larger increase in expenses. Epic has stressed staffing causing excess labor related to implementation trainings and other pre-go-live activities. We also continue to see an increase related to supply expenses, much of which is directly correlated to increases in favorable surgical volumes such as Orthopedics.

October's operating margin of (\$1,163,024) was unfavorable to our budget of (\$815,920). Similar to the prior month, much of the monthly variance relates to some specific overages in operating expenses which is described in more detail below.

Year-to-date from operations we are off budget by \$352,000. When comparing to the prior year, it is important to note much of the YTD variance relates to timing with IGT payments. In October of last fiscal year we booked \$1.6M in net income due to IGT payments we received. We have yet to book any IGT income this fiscal year as the timing of these payments will be occurring a few months later this fiscal year.

Table 1 | Operating Margin - October 2022

	Month of October 2022			Year To Date October 2022				
	Current Year		Variance	Current Year		Variance	Prior Year	Variance
	Actual	Budget	\$	Actual	Budget	\$	Actual	\$
Operating Margin	\$ (1,163,024)	\$ (815,920)	\$(347,104)	\$ (4,272,483)	\$ (3,920,457)	\$(352,026)	\$ (1,752,734)	\$(2,519,749)
Operating EBDA*	\$ (818,124)	\$ (586,833)	\$(231,291)	\$ (3,237,136)	\$ (3,004,109)	\$(233,027)	\$ (782,574)	\$(2,454,562)
Total Net Income (Loss)	\$ (396,807)	\$ 174,810	\$(571,617)	\$ (1,403,880)	\$ (49,989)	\$(1,353,891)	\$ 248,211	\$(1,652,091)

* Operating Margin less Depreciation

2. NET REVENUE SUMMARY:

Table 2 | Net Patient Revenue – Actual vs. Budget - October 2022

	Month of October 2022				Year To Date October 2022						
	Current Year		Variance		Current Year		Variance		Prior Year		Variance
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%
Net Patient Revenue	\$ 4,092,177	\$ 3,989,228	\$102,949	3%	\$ 15,449,962	\$ 14,930,824	\$ 519,138	3%	\$ 17,636,001	\$(2,186,039)	-12%
NPR as a % of Gross	15.1%	15.2%	-1%		14.8%	15.2%	-3%		15.5%		-5%

Net revenue was positive compared to budget as our actual of \$4.0M exceeded our monthly target by 3%. Our net patient revenue as a % of gross revenue was basically flat with budget, but it was an improvement from September when we ran 13.8%.

From a year-to-date perspective, our total net patient revenue is also +3% compared to budget, but down 3% when adjusting for volume. Year over year total net patient revenues are down \$2.1M, but that is somewhat misleading as the prior year has \$2.7M worth of IGT payments in revenue and we have yet to book anything into this fiscal year. Without the IGT difference we are +4% compared to the prior year in net patient revenue.

3. **VOLUME SUMMARY:**

Overall volumes were strong in October, particularly in a couple key areas such as surgery and OP therapy.

Table 3 | Patient Volumes - October 2022

	Month of October 2022				Year To Date October 2022							
	Current Year		Variance		Current Year		Variance		Prior Year		Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%	
Acute Discharges	55	63	(8)	-13%	243	247	(4)	-2%	251	(8)	-3%	
Acute Patient Days	258	261	(3)	-1%	1,032	1,026	6	1%	1,025	7	1%	
IP Surgeries	16	13	3	23%	67	52	15	29%	44	23	52%	
OP Surgeries	109	106	3	3%	384	424	(40)	-9%	436	(52)	-12%	
Total Surgeries	125	119	6	5%	451	476	(25)	-5%	480	(29)	-6%	
Special Procedures	50	56	(6)	-11%	204	201	3	1%	222	(18)	-8%	
Total Outpatient Visits	4,998	4,647	351	8%	18,385	17,842	543	3%	18,788	(403)	-2%	
Total ER Visits	824	867	(43)	-5%	3,319	3,148	171	5%	3,158	161	5%	

SURGICAL VOLUMES:

Surgical volumes continue to tick up after a slow start to the fiscal year and total surgeries for the month were +5% compared to budget. The 125 surgeries in October also represents a fiscal year high.

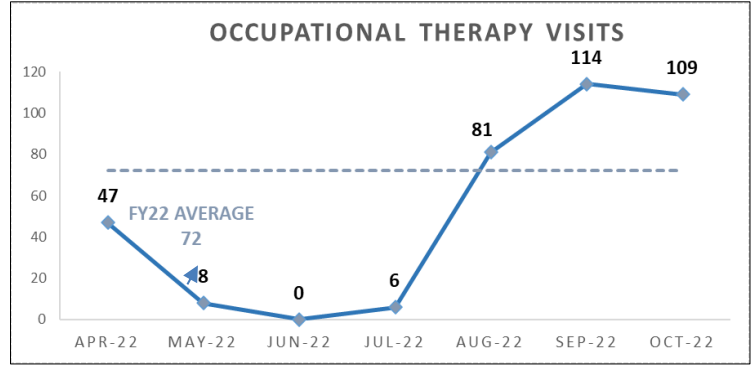
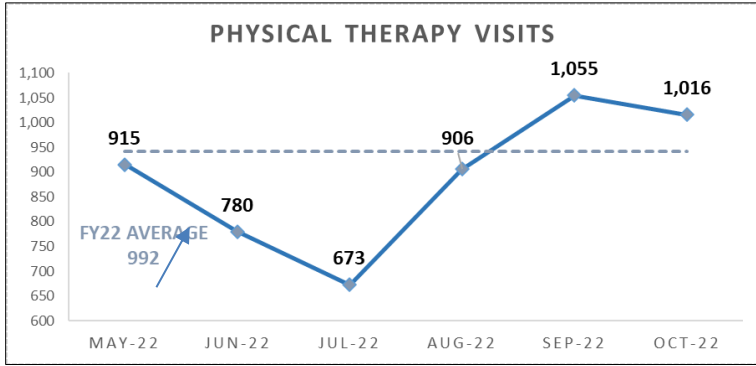
- **Orthopedic Surgery |** Orthopedics has been the driver in increased surgical volume the last couple months. Ortho volumes in October were +25% higher than our current fiscal year average and overall volumes year-to-date are nearly 30% higher than prior year. The growth is certainly encouraging. As we have seen a pop in Ortho volumes the last 2 months, we are expecting to see an additional bump on the revenue side as those claims get processed and paid.

Year-to-date, surgical volumes continue to improve and are now only 5% below both the budget and prior year. As was mentioned last month, our surgical volumes started the year 30% off budget so that gap has continued to close as we move further throughout the year.

OTHER VOLUMES OF NOTE:

- **Emergency Room |** Our volumes in the emergency room dipped in October, running 5% under budget. Despite the lower volumes in the month the ER remains to be busy and volumes are up year-to-date, both compared to budget and the prior year.
- **Outpatient Visits |** There were nearly 5,000 outpatient visits in October, which along with surgical volumes is a fiscal year high. OP visits for the month were +12% compared to our current fiscal year average and 8% higher than September.
 - **OP Therapy |** The spike in OP PT and OT volumes was covered in last month's update. Volumes continued to run higher than the PY average in October. Physical therapy and Occupational therapy visits during the month were +8% and +50% compared to last fiscal year's monthly average.

Table 4 | Trended Volumes – OP Physical Therapy and OP Occupational Therapy - October 2022



4. OPERATING EXPENSE SUMMARY:

Table 5 | Operating Expenses – Actual vs. Budget - October 2022

	Month of October 2022				Year To Date October 2022							
	Current Year		Variance		Current Year		Variance		Prior Year		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Total Operating Expenses	\$ 5,366,822	\$ 4,909,871	\$ (456,951)	-9%	\$ 20,090,964	\$ 19,270,173	\$ (820,791)	-4%	\$ 19,766,107	\$ (324,857)	-2%	

Like September, the main driver in the results for the month can be attributed to operating expenses, which account for all of the overall monthly variance. Operating expenses were \$450K, or 9% over budget in October. The overage can be attributed to two areas which account for 90% of the overall variance – people cost and supplies.

OPERATING EXPENSE DRIVERS:

Table 6 | Operating Expense Variances – October 2022

	CY Actual	CY Budget	Var	% of Total		
Operating Expenses	5,366,822	4,909,871	456,951	9%		
Line Item	CY Actual	CY Budget	Var	% of Total	% Line Item Over Budget	Drivers
1 Total People Cost	2,902,460	2,688,410	214,050	47%	8%	1) Travelers - Agency Fees (\$240K) \$100K over budget 2) Epic Training - \$45K incurred for Epic staff trainings; 3) Volumes - October was a busier month that saw volumes in excess of budget in key areas such as Surgery (IP & OP) and OP Therapy.
2 Supplies	822,234	629,204	193,030	42%	31%	1) Ortho Volumes - Significant increase in Orthopedic cases. 72 orthopedic surgeries in October were 25% higher than our current fiscal year average of 58. 2) Total Knee Revisions - 2 cases were performed during October, which accounts for over \$50,000 in implant costs. Historically it has been rare that we would have multiple knee revisions in a given month. These are high-cost, high-reimbursement procedures, and we expect to get paid in excess of the \$50,000 incurred for the implant cost.

- People Cost | 47% of overall variance**

- Traveler/Agency Spend** | Nearly 50% of the overall variance relates to people cost. As was discussed last month, we have had to rely more heavily on agency and traveler resources to fill much needed gaps in our staffing. October traveler/agency spend of \$240K was \$100K over budget, very similar to September. We are working on identifying solutions and filling these roles with internal hires and expect agency fees to start declining over the coming months. It is important to note that while agency fees of

\$940,000 are 73% over budget for the year, they are 11% higher than what we ran in the prior year.

- **Epic Training** | Staff trainings for Epic started ramping up in October. The hospital incurred an additional \$45K specific to staff trainings for the new EHR implementation.
- **Volumes** | An increase in volumes drove up people cost in some areas. Surgical volumes in October were the highest they have been this fiscal year and were +5% compared to budget. We exceeded budget in total outpatient visits as well. Outpatient Visits exceeded budget by 5% and 8% respectively, and October volumes were the highest they have been this fiscal year in those areas.
- **Supplies | 42% of overall variance**
 - **Implants / Orthopedic Volumes** | Implant/Patient Chargeable Supplies of \$622K was \$185 over budget for the month. We continue to see an increase in orthopedic case volumes, and as such, are seeing our implant costs rise with the incremental volumes. 72 Orthopedic surgical cases were performed in October, which is 25% higher than our current fiscal year average and almost 40% higher than our prior year average.
 - **Total Knee Revisions** | 2 total knee revisions were performed in October which added over \$50,000 in implant costs to our operating expenses. These revisions are high-cost procedures, and historically it has been rare to have multiple knee revisions performed in a given month. There is financial upside as these cases can be costly given the implant expense, but they also are high reimbursement, high margin cases. While the cost was incurred during the month, the revenue impact of these cases will most likely be felt in December.

5. CASH ACTIVITY SUMMARY:

Table 7 | Cash / Revenue Cycle Indicators - October 2022

	Current Year		Variance	
	Oct-22	Sep-22	Var	%
Days Cash on Hand - Avg	30.2	35.2	(5.0)	-14%
A/R Days	38.6	36.6	2.0	5%
A/P Days	50.2	50.9	(0.7)	-1%

We collected \$3.65M in October which was 92% of the monthly goal. We have collected 99% of our cash goal year-to-date. Days cash on hand averaged 30.2 for the month and ended at 31.1, which was just over the 30.0 that was previously forecasted.

6. OPERATIONAL PRIORITIES / NEXT STEPS:

REVENUE / REVENUE CYCLE NEXT STEPS:

- 1) **Payor Contracting Review/Renegotiation**
 - a. Vendor Selection / Agreement Execution – November 2022 **(DONE)**
 - b. Priority Contract Review, Action Plan Developed – December 2022/January 2023
 - i. Focus on Blue Cross, Blue Shield Agreements
- 2) **Epic Implementation**
 - a. Training, Pre-Go Live, Readiness – October 2022 – December 2022 **(ON TRACK)**
 - b. Epic Implementation Go-Live – December 2022
 - c. Epic Revenue Cycle Validation Focus – December 2022 – 1st Quarter CY 2023
- 3) **Strengthen Front and Back-End Revenue Cycle Processes**
 - a. Develop Revenue Cycle Leadership Structure – October 2022 **(DONE)**

- b. Charter Revenue Cycle Steering Committee – December 2022
- c. FY23 Post-Epic Initiatives Developed – 1st Quarter CY 2023

OPERATIONAL / COST MANAGEMENT NEXT STEPS:

- 1) Reduce Agency and Traveler Costs**
 - a. Revise Traveler/Agency Approval Process – November 2022 (In Progress)
 - b. Develop Plan and Reduce Registry Spend by 25% by end of December 2022 (In Progress)
- 2) Supply Chain Optimization**
 - a. Operationalize Supply Chain Management Services Agreement – November 2022 (ON TRACK)
- 3) Departmental Reviews**
 - a. Re-implement Department Monthly Operating Reviews (MORs) – January 2023, Post-Epic Go-Live
- 4) Contract Review Workgroup / Process**
 - a. Initiate workgroup to review SVH vendor contracts – November 2022 (In Progress)

ATTACHMENTS:

- Attachment A is the Payer Mix Analysis
 - 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 October 31, 2022

ATTACHMENT A

Gross Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	9,131,081	9,770,943	-639,862	-6.5%	34,429,766	36,612,299	-2,182,533	-6.0%
Medicare Managed Care	3,946,056	4,398,824	-452,768	-10.3%	18,415,005	16,422,638	1,992,367	12.1%
Medi-Cal	5,677,475	4,399,294	1,278,181	29.1%	20,618,468	16,343,181	4,275,287	26.2%
Self Pay	270,212	467,314	-197,102	-42.2%	1,342,360	1,724,090	-381,730	-22.1%
Commercial & Other Gov't	6,350,776	6,487,460	-136,684	-2.1%	24,665,845	24,334,874	330,971	1.4%
Worker's Comp.	1,773,227	777,141	996,086	128.2%	4,963,875	2,953,472	2,010,403	68.1%
Total	27,148,827	26,300,976	847,851	3.2%	104,435,318	98,390,554	6,044,764	6.1%

Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	909,804	1,142,837	-319,505	-28.0%	3,644,045	4,289,620	-645,575	-15.0%
Medicare Managed Care	546,986	506,232	40,754	8.1%	1,990,086	1,893,926	96,160	5.1%
Medi-Cal	529,395	458,354	71,041	15.5%	1,916,627	1,716,679	199,948	11.6%
Self Pay	76,199	137,313	-61,114	-44.5%	337,775	514,628	-176,853	-34.4%
Commercial & Other Gov't	1,785,795	1,597,275	188,520	11.8%	6,720,224	5,966,117	754,108	12.6%
Worker's Comp.	243,998	147,217	96,781	65.7%	841,204	549,853	291,351	53.0%
Total	4,092,177	3,989,228	16,477	0.4%	15,449,962	14,930,824	519,138	3.5%

Payor Mix	Month			Year-to-Date		
	Actual	Budget	% Variance	Actual	Budget	% Variance
Medicare	33.6%	37.2%	-9.5%	32.7%	37.2%	-12.1%
Medicare Managed Care	14.5%	16.7%	-13.1%	18.7%	16.7%	12.2%
Medi-Cal	20.9%	16.7%	25.0%	19.3%	16.6%	16.7%
Self Pay	1.0%	1.8%	-44.0%	1.4%	1.7%	-20.4%
Commercial & Other Gov't	23.4%	24.7%	-5.2%	23.7%	24.8%	-4.3%
Worker's Comp.	6.5%	3.0%	121.0%	4.1%	3.0%	36.7%
Total	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%

Percent of Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	22.2%	28.6%	-6.4%	-22.4%	23.6%	28.7%	-5.2%	-18.3%
Medicare Managed Care	13.4%	12.7%	0.7%	5.3%	12.9%	12.7%	0.2%	1.5%
Medi-Cal	12.9%	11.5%	1.4%	12.6%	12.4%	11.5%	0.9%	7.9%
Self Pay	1.9%	3.4%	-1.6%	-45.9%	2.2%	3.4%	-1.3%	-36.6%
Commercial & Other Gov't	43.6%	40.0%	3.6%	9.0%	43.5%	40.0%	3.5%	8.9%
Worker's Comp.	6.0%	3.7%	2.3%	61.6%	5.4%	3.7%	1.8%	47.8%
Prior Period Adj/IGT	0.0%	0.0%	0.0%	*	0.0%	0.0%	0.0%	*
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-0.1%	-0.1%

Net Revenue as a % of Gross	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	10.0%	11.7%	-1.7%	-14.8%	10.6%	11.7%	-1.1%	-9.7%
Medicare Managed Care	13.9%	11.5%	2.4%	20.4%	10.8%	11.5%	-0.7%	-6.3%
Medi-Cal	9.3%	10.4%	-1.1%	-10.5%	9.3%	10.5%	-1.2%	-11.5%
Self Pay	28.2%	29.4%	-1.2%	-4.0%	25.2%	29.8%	-4.7%	-15.7%
Commercial & Other Government	28.1%	24.6%	3.5%	14.2%	27.2%	24.5%	2.7%	11.1%
Worker's Comp.	13.8%	18.9%	-5.2%	-27.4%	16.9%	18.6%	-1.7%	-9.0%
TOTAL	15.1%	15.2%			14.8%	15.2%		

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended October 31, 2022**

ATTACHMENT B

CURRENT MONTH				YEAR-TO-DATE			YTD	
Actual	Budget	Favorable		Actual	Budget	Favorable	Prior	
10/31/22	10/31/22	(Unfavorable)		10/31/22	10/31/22	(Unfavorable)	Year	
		Variance				Variance	10/31/21	
Inpatient Utilization								
Discharges								
1	38	49	(11)	Med/Surg	173	192	(19)	190
2	17	14	3	ICU	70	55	15	61
3	55	63	(8)	Total Discharges	243	247	(4)	251
Patient Days:								
4	155	174	(19)	Med/Surg	632	683	(51)	683
5	103	87	16	ICU	400	343	57	342
6	258	261	(3)	Total Patient Days	1,032	1,026	6	1,025
7	10	-	10	Observation days	54	-	54	98
Average Length of Stay:								
8	4.1	3.6	0.5	Med/Surg	3.65	3.56	0.09	3.6
9	6.1	6.2	(0.1)	ICU	5.71	6.20	(0.49)	5.6
10	4.7	4.1	0.5	Avg. Length of Stay	4.25	4.15	0.09	4.1
Average Daily Census:								
11	5.0	5.6	(0.6)	Med/Surg	5.1	5.6	(0.4)	5.6
12	3.3	2.8	0.5	ICU	3.3	2.8	0.5	2.8
13	8.3	8.4	(0.1)	Avg. Daily Census	8.4	8.3	0.0	8.3
Other Utilization Statistics								
Emergency Room Statistics								
14	824	867	(43)	Total ER Visits	3,319	3,148	171	3,158
Outpatient Statistics:								
15	4,998	4,647	351	Total Outpatients Visits	18,385	17,842	543	18,788
16	16	13	3	IP Surgeries	67	52	15	44
17	109	106	3	OP Surgeries	384	424	(40)	436
18	50	56	(6)	Special Procedures	204	201	3	222
19	244	276	(32)	Adjusted Discharges	1,054	1,029	26	1,164
20	1,144	1,144	(0)	Adjusted Patient Days	4,452	4,272	180	4,733
21	36.9	36.9	(0.0)	Adj. Avg. Daily Census	36.2	34.7	1.5	38.5
22	1.5672	1.4000	0.167	Case Mix Index - Medicare	1.5640	1.4000	0.164	1.4206
23	1.4363	1.4000	0.036	Case Mix Index - All payers	1.4834	1.4000	0.083	1.3606
Labor Statistics								
24	228	220	(8)	FTE's - Worked	209	214	5.7	206
25	242	242	(0)	FTE's - Paid	232	236	4.3	229
26	51.41	46.78	(4.63)	Average Hourly Rate	49.59	46.57	(3.02)	45.24
27	6.56	6.55	(0.01)	FTE / Adj. Pat Day	6.40	6.80	0.40	5.96
28	37.4	37.3	(0.0)	Manhours / Adj. Pat Day	36.5	38.7	2.3	34.0
29	175.3	154.7	(20.6)	Manhours / Adj. Discharge	154.1	160.9	6.8	138.2
30	21.7%	24.2%	2.5%	Benefits % of Salaries	23.8%	25.1%	1.3%	24.3%
Non-Labor Statistics								
31	20.1%	15.8%	-4.3%	Supply Expense % Net Revenue	17.6%	16.5%	-1.1%	13.2%
32	3,372	2,278	(1,094)	Supply Exp. / Adj. Discharge	2,584	2,397	(187)	2,005
33	22,208	17,952	(4,256)	Total Expense / Adj. Discharge	19,239	18,925	(313)	17,349
Other Indicators								
34	30.2			Days Cash - Operating Funds				
35	38.6	50.0	(11.4)	Days in Net AR	38.2	50.0	(11.9)	42.5
36	92%			Collections % of Cash Goal	99%			92.4%
37	50.2	55.0	(4.8)	Days in Accounts Payable	50.2	55.0	(4.8)	45.5
38	15.1%	15.2%	-0.1%	% Net revenue to Gross revenue	14.8%	15.2%	-0.4%	18.4%
39	13.7%			% Net AR to Gross AR	13.7%			18.5%

Sonoma Valley Health Care District
Balance Sheet
As of October 31, 2022
UNAUDITED

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 1,759,104	\$ 1,847,571	\$ 2,757,988
2 Cash - Money Market	2,846,229	3,346,052	2,639,564
3 Net Patient Receivables	6,334,821	5,959,156	6,867,754
4 Allow Uncollect Accts	(1,508,251)	(1,546,025)	(1,591,027)
5 Net A/R	4,826,570	4,413,131	5,276,727
6 Other Accts/Notes Rec	1,365,016	1,563,119	1,783,817
7 Parcel Tax Receivable	3,800,000	3,800,000	3,800,000
8 GO Bond Tax Receivable	2,601,816	2,601,816	2,601,816
9 3rd Party Receivables, Net	119,841	97,905	2,649,085
10 Inventory	1,048,916	1,037,568	958,509
11 Prepaid Expenses	969,056	718,638	918,154
12 Total Current Assets	\$ 19,336,547	\$ 19,425,802	\$ 23,385,660
13 Property, Plant & Equip, Net	\$ 54,364,995	\$ 53,091,009	\$ 51,852,224
14 Trustee Funds - GO Bonds	3,519,210	3,512,793	3,714,834
15 Designated Funds - Board Approved	1,000,000	1,000,000	1,000,000
16 Total Assets	\$ 78,220,752	\$ 77,029,604	\$ 79,952,718
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 5,253,335	\$ 4,914,964	\$ 3,699,027
18 Accrued Compensation	4,025,321	3,650,892	3,964,248
19 Interest Payable - GO Bonds	99,460	51,758	107,919
20 Accrued Expenses	658,637	537,844	1,910,845
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	3,483,333	3,483,333	2,533,336
23 Deferred GO Bond Tax Revenue	706,726	1,230,484	1,854,497
24 Current Maturities-LTD	217,475	217,475	409,747
25 Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26 Other Liabilities	60,591	106,158	235,159
27 Total Current Liabilities	\$ 19,978,614	\$ 19,666,642	\$ 20,188,512
28 Long Term Debt, net current portion	\$ 24,665,826	\$ 23,369,667	\$ 25,121,415
29 Fund Balances:			
30 Unrestricted	\$ 16,565,816	\$ 17,943,115	\$ 19,149,094
31 Restricted	17,010,497	16,747,773	15,493,697
32 Total Fund Balances	\$ 33,576,313	\$ 34,690,888	\$ 34,642,791
33 Total Liabilities & Fund Balances	\$ 78,220,752	\$ 77,727,197	\$ 79,952,718

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended October 31, 2022**

ATTACHMENT D

	Month				Year-To-Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual	Budget	\$	%	Actual	Budget	\$	%		
Volume Information										
1	55	63	(8)	-13%	Acute Discharges	243	247	(4)	-2%	251
2	258	261	(3)	-1%	Patient Days	1,032	1,026	6	1%	1,025
3	10	-	10	0%	Observation Days	54	-	54	*	98
4	\$ 21,048	\$ 20,320	\$ 729	4%	Gross O/P Revenue (000's)	\$ 80,344	\$ 74,835	\$ 5,509	7%	\$ 75,179
Financial Results										
Gross Patient Revenue										
5	\$ 6,124,398	\$ 5,999,991	\$ 124,407	2%	Inpatient	\$ 24,192,342	\$ 23,629,413	562,929	2%	\$ 20,833,672
6	12,914,318	12,502,568	411,750	3%	Outpatient	46,202,638	46,682,855	(480,217)	-1%	45,999,943
7	8,133,199	7,816,954	316,245	4%	Emergency	34,141,587	28,152,434	5,989,153	21%	29,253,671
8	\$ 27,171,915	\$ 26,319,513	\$ 852,402	3%	Total Gross Patient Revenue	\$ 104,536,567	\$ 98,464,702	\$ 6,071,865	6%	\$ 96,087,286
Deductions from Revenue										
9	(22,827,045)	(22,107,320)	(719,725)	-3%	Contractual Discounts	\$ (88,371,077)	\$ (82,652,083)	(5,718,994)	-7%	\$ (80,263,843)
10	(105,982)	(200,000)	94,018	47%	Bad Debt	(506,647)	(800,000)	293,353	37%	(900,000)
11	(146,710)	(22,965)	(123,745)	-539%	Charity Care Provision	(208,881)	(81,795)	(127,086)	*	(38,750)
12	-	-	-	*	Prior Period Adj/Government Program Revenue	-	-	-	*	2,751,308
13	\$ (23,079,737)	\$ (22,330,285)	\$ (749,452)	3%	Total Deductions from Revenue	\$ (89,086,605)	\$ (83,533,878)	(5,552,727)	7%	\$ (78,451,285)
Net Patient Service Revenue										
14	\$ 4,092,177	\$ 3,989,228	\$ 102,949	3%	Other Op Rev & Electronic Health Records	\$ 368,519	\$ 418,892	(50,373)	-12%	\$ 377,372
15	\$ 111,621	\$ 104,723	\$ 6,898	7%	Total Operating Revenue	\$ 15,818,481	\$ 15,349,716	\$ 468,765	3%	\$ 18,013,373
16	\$ 4,203,798	\$ 4,093,951	\$ 109,847	3%						
Operating Expenses										
17	\$ 2,197,786	\$ 1,998,916	(198,870)	-10%	Salary and Wages and Agency Fees	\$ 8,054,879	\$ 7,706,972	(347,907)	-5%	\$ 7,273,521
18	704,674	689,494	(15,180)	-2%	Employee Benefits	2,792,638	2,728,735	(63,903)	-2%	2,725,515
19	\$ 2,902,460	\$ 2,688,410	(214,050)	-8%	Total People Cost	\$ 10,847,517	\$ 10,435,707	(411,810)	-4%	\$ 9,999,036
20	\$ 592,124	\$ 598,102	5,978	1%	Med and Prof Fees (excl'd Agency)	\$ 2,294,650	\$ 2,385,735	91,085	4%	\$ 2,290,980
21	822,234	629,204	(193,030)	-31%	Supplies	2,724,247	2,464,859	(259,388)	-11%	2,333,580
22	422,777	428,050	5,273	1%	Purchased Services	1,756,820	1,712,174	(44,646)	-3%	1,789,311
23	344,900	229,087	(115,813)	-51%	Depreciation	1,035,346	916,348	(118,998)	-13%	970,160
24	177,623	139,027	(38,596)	-28%	Utilities	705,459	576,435	(129,024)	-22%	550,309
25	53,384	52,833	(551)	-1%	Insurance	215,497	211,332	(4,165)	-2%	206,520
26	52,177	18,703	(33,474)	-179%	Interest	136,420	70,620	(65,800)	-93%	64,831
27	(857)	126,455	127,312	101%	Other	375,007	496,963	121,956	25%	435,585
28	-	-	-	*	Matching Fees (Government Programs)	0	-	-	*	1,125,795
29	\$ 5,366,822	\$ 4,909,871	(456,951)	-9%	Operating expenses	\$ 20,090,964	\$ 19,270,173	(820,791)	-4.3%	\$ 19,766,107
30	\$ (1,163,024)	\$ (815,920)	\$ (347,104)	-43%	Operating Margin	\$ (4,272,483)	\$ (3,920,457)	(352,026)	-9%	\$ (1,752,734)

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended October 31, 2022**

	Month			
	This Year		Variance	
	Actual	Budget	\$	%
31	\$ 27,439	\$ (14,037)	41,476	*
32	-	-	-	0%
33	-	-	-	*
34	316,667	316,667	-	0%
35	-	-	-	0%
36	\$ 344,106	\$ 302,630	41,476	14%
37	\$ (818,918)	\$ (513,290)	(305,628)	-60%
38	\$ -	\$ -	-	0%
39	\$ 262,724	\$ 523,803	(261,079)	0%
40	\$ (556,195)	\$ 10,513	(566,708)	*
41	159,388	164,297	(4,909)	-3%
42	\$ (396,807)	\$ 174,810	(571,617)	327%
	\$ (474,018)	\$ (284,203)	(189,815)	
	\$ (818,124)	\$ (586,833)	(231,291)	-39%

Non Operating Rev and Expense
Miscellaneous Revenue/(Expenses)
Donations
Physician Practice Support-Prima
Parcel Tax Assessment Rev
Extraordinary Items
Total Non-Operating Rev/Exp
Net Income / (Loss) prior to Restricted Contributions
Capital Campaign Contribution
Restricted Foundation Contributions
Net Income / (Loss) w/ Restricted Contributions
GO Bond Activity, Net
Net Income/(Loss) w GO Bond Activity
EBDA - Not including Restricted Contributions
Operating EBDA - Not including Restricted Contributions

	Year-To- Date				YTD
	This Year		Variance		Prior Year
	Actual	Budget	\$	%	
	\$ 8,257	\$ (53,778)	62,035	*	\$ (46,446)
	-	-	-	0%	0
	-	-	-	*	0
	1,266,668	1,266,668	-	0%	1,266,668
	-	-	-	0%	0
	\$ 1,274,925	\$ 1,212,890	62,035	5%	\$ 1,220,222
	\$ (2,997,557)	\$ (2,707,567)	(289,990)	-11%	\$ (532,512)
	\$ -	\$ -	-	0%	\$ -
	\$ 960,318	\$ 2,004,582	(1,044,264)	100%	\$ 276,141
	\$ (2,037,239)	\$ (702,985)	(1,334,254)	-190%	\$ (256,371)
	633,360	652,996	(19,636)	-3%	504,582
	\$ (1,403,880)	\$ (49,989)	(1,353,891)	-2708%	\$ 248,211
	\$ (1,962,211)	\$ (1,791,219)	(170,992)		\$ 437,648
	\$ (3,237,136)	\$ (3,004,109)	(233,027)	-8%	\$ (782,574)

Sonoma Valley Health Care District
Variance Analysis
For the Period Ended October 31, 2022

ATTACHMENT E

Operating Expenses	YTD		MONTH		Variance %
	Variance	Variance %	Variance	Variance %	
Salary and Wages and Agency Fees	(347,907)	-4.5%	(198,870)	-9.9%	1) Travelers - Agency Fees (\$240K) \$100K over budget 2) Epic Trainings - \$45K incurred for Epic staff trainings; 3) Volumes - October was a busier month that saw volumes in excess of budget in key areas such as Surgery (IP & OP) and OP Therapy.
Supplies	(259,388)	-10.5%	(193,030)	-30.7%	1) Ortho Volumes - Significant increase in Orthopedic cases. 72 orthopedic surgeries in October were 25% higher than our current fiscal year average of 58. 2) Total Knee Revisions - 2 cases were performed during October, which accounts for over \$50,000 in implant costs. These are high-cost, high-reimbursement procedures, and historically it has been rare that we would have multiple knee revisions in a given month.
Depreciation	(118,998)	-13.0%	(115,813)	-50.6%	GASB 87 - New accounting standard caused a reclassification in how we account for our operating leases. \$147K was reclassified from operating expenses into amortization expense (\$130K) & interest expense (\$17K) to reflect the proper treatment of these leases. The reclass covered the time period July 2022 - October 2022. Without this adjustment depreciation expense would be under budget, both in the month of October and also year-to-date.
Interest	(65,800)	-93.2%	(33,474)	-179.0%	1) Interest Rate Fluctuation - current line of credit interest rate 5.5% vs. PY of ~2.5%. 2) GASB 87 - New accounting standard caused a reclassification in how we account for our operating leases. \$147K was reclassified from operating expenses into amortization expense (\$130K) & interest expense (\$17K) to reflect the proper treatment of these leases. The reclass covered the time period July 2022 - October 2022. Without this adjustment depreciation expense would be under budget, both in the month of October and also year-to-date.
Other	121,956	24.5%	127,312	100.7%	GASB 87 - New accounting standard caused a reclassification in how we account for our operating leases. \$147K was reclassified from operating expenses into amortization expense (\$130K) & interest expense (\$17K) to reflect the proper treatment of these leases. The reclass covered the time period July 2022 - October 2022.
Operating expenses	(820,791)	-4%	(456,951)	-9%	

Sonoma Valley Hospital
Cash Forecast
FY 2023

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Forecast Nov	Forecast Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources													
Patient Payments Collected	3,924,051	4,613,392	3,735,746	3,656,614	3,869,771	3,366,701	3,299,367	3,464,335	3,637,552	3,928,556	4,242,840	4,667,125	46,406,049
Other Operating Revenue	19,072	182,649	33,561	250,527	104,723	104,723	104,723	104,723	104,723	104,723	104,723	104,732	1,323,602
Other Non-Operating Revenue	10,204	12,925	10,096	11,916	10,801	10,801	10,801	10,801	10,801	10,801	10,801	10,806	131,555
Unrestricted Contributions				3,200									3,200
Line of Credit													-
Sub-Total Hospital Sources	3,953,328	4,808,966	3,779,404	3,922,256	3,985,295	3,482,225	3,414,891	3,579,859	3,753,076	4,044,080	4,358,364	4,782,663	47,864,407
Hospital Uses of Cash													
Operating Expenses	4,913,977	4,894,375	5,088,864	4,586,736	4,594,131	4,649,093	4,779,230	4,598,493	5,073,479	4,946,353	5,034,948	4,993,654	58,153,334
Add Capital Lease Payments	13,501	13,354	13,280	13,354									53,489
Additional Liabilities/LOC													-
Capital Expenditures	774,009	749,295	117,435	170,157	95,000	932,667	932,667	1,677,667	95,000	95,000	95,000	75,261	5,809,157
Total Hospital Uses	5,701,487	5,657,024	5,219,578	4,770,247	4,689,131	5,581,760	5,711,897	6,276,160	5,168,479	5,041,353	5,129,948	5,068,915	64,015,979
Net Hospital Sources/Uses of Cash	(1,748,159)	(848,058)	(1,440,175)	(847,991)	(703,836)	(2,099,535)	(2,297,006)	(2,696,301)	(1,415,403)	(997,273)	(771,584)	(286,253)	(16,151,573)
Non-Hospital Sources													
Restricted Cash/Money Market	750,000	750,000	1,000,000	500,000				(1,500,000)					1,500,000
Restricted Capital Donations	210	696,111	1,483	259,524			650,000			1,502,000			1,607,328
Parcel Tax Revenue	192,601					2,134,000							3,828,601
Other Payments - Ins. Claims/HHS/Grants/Loans							1,500,000						1,500,000
Other:													-
IGT								5,400,000	688,278			41,568	6,129,846
IGT - AB915										227,253			227,253
QIP					17,290						380,000		397,290
HELP II LOAN						2,000,000							2,000,000
BRIDGE LOAN YR 2							300,000						300,000
BOARD DESIGNATED FUNDS						1,000,000							1,000,000
Sub-Total Non-Hospital Sources	942,811	1,446,111	1,001,483	759,524	17,290	5,134,000	2,450,000	3,900,000	688,278	1,729,253	380,000	41,568	18,490,317
Non-Hospital Uses of Cash													
Matching Fees					-	2,258,179	240,898	-	-	-	20,784	-	2,519,861
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	-	2,258,179	240,898	-	-	-	20,784	-	2,519,861
Net Non-Hospital Sources/Uses of Cash	942,811	1,446,111	1,001,483	759,524	17,290	2,875,821	2,209,102	3,900,000	688,278	1,729,253	359,216	41,568	15,970,456
Net Sources/Uses	(805,349)	598,053	(438,691)	(88,467)	(686,546)	776,286	(87,904)	1,203,699	(727,125)	731,980	(412,368)	(244,685)	
Operating Cash at beginning of period	2,493,558	1,688,209	2,286,262	1,847,571	1,759,104	1,072,558	1,848,844	1,760,940	2,964,639	2,237,514	2,969,494	2,557,126	
Operating Cash at End of Period	1,688,209	2,286,262	1,847,571	1,759,104	1,072,558	1,848,844	1,760,940	2,964,639	2,237,514	2,969,494	2,557,126	2,312,442	
Money Market Account Balance - Undesignated	5,095,597	4,345,597	3,346,052	2,846,052	2,846,052	2,846,052	2,846,052	4,346,052	4,346,052	4,346,052	4,346,052	4,346,052	
Total Cash at End of Period	6,783,806	6,631,859	5,193,623	4,605,156	3,918,610	4,694,896	4,606,992	7,310,691	6,583,566	7,315,546	6,903,178	6,658,494	
Average Days of Cash on Hand	54.2	45.1	35.2	30.2									
Days of Cash on Hand at End of Month	53.8	42.0	34.1	31.1	25.6	31.3	29.9	49.3	40.2	45.8	42.5	41.3	