SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS
AGENDA
THURSDAY, FEBRUARY 2, 2023
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/95144342638?pwd=ektxczd5cUJCTzkvNWNXdjY5WmNWZz09

and enter the Meeting ID: 951 4434 2638, Passcode: 876117

To participate via telephone only,
dial: 1-669 900 9128 or 1-669 219 2599
and enter the Meeting ID: 951 4434 2638, Passcode: 876117

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.	**RECOMMENDATION**		
AGENDA ITEM			
MISSION STATEMENT *The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.*			
1. CALL TO ORDER	*Bjorndal*		
2. PUBLIC COMMENT *At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.*			
3. BOARD CHAIR COMMENTS	*Bjorndal*		
4. CONSENT CALENDAR a. Board Minutes 01.05.23 b. Finance Committee Minutes 12.20.22 c. Quality Committee Minutes 12.14.22 d. Medical Staff Credentialing e. Policies and Procedures	*Bjorndal*	Action	Pages 3-5 Pages 6-8 Pages 9-10 Pages 11-16
5. PATIENT CARE SERVICES ANNUAL REPORT	*Winkler*	Inform	Pages 17-35
6. QUARTERLY FINANCIAL REPORT	*Boerum*	Inform	

7. DESTINATION STRATEGY – A PLACE CALLED SONOMA	*Boerum*	Inform/ Action	
8. DISCUSSION – HOLDING OF IN-PERSON MEETINGS	*Bjorndal*	Inform/ Action	
9. CEO REPORT	*Hennelly*	Inform	Pages 36-39
10. UCSF AFFILIATION UPDATE	*Hennelly*	Inform	Page 40
11. EPIC UPDATE	*Hennelly/ Resendez*	Inform	
12. ODC UPDATE	*Drummond/ Hennelly*	Inform	
13. FINANCIALS FOR MONTH END DECEMBER 2022	*Armfield*	Inform	Pages 41-53
14. BOARD COMMENTS	*Board Members*	Inform	
15. ADJOURN	*Chair*		

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

SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS' REGULAR MEETING

MINUTES

THURSDAY, JANUARY 5, 2023

HELD VIA ZOOM VIDEOCONFERENCE

		RECOMMENDATION
SONOMA VALLEY HOSPITAL BOARD MEMBERS 1. Judith Bjorndal, MD, Chair, Present 2. Susan Kornblatt Idell, First Vice Chair, Present 3. Denise M. Kalos, Second Vice Chair, Present 4. Bill Boerum, Treasurer, Present 5. Wendy Lee Myatt, Secretary, Present		
MISSION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*		
1. CALL TO ORDER	*Bjorndal*	
Meeting called to order at 6:00 p.m.		
2. PUBLIC COMMENT		
None		
3. BOARD CHAIR COMMENTS	*Bjorndal*	
None		
4. CONSENT CALENDAR	*Bjorndal*	Action
a. Board Minutes 12.08.22 b. Finance Committee Minutes 11.22.22 c. Quality Committee Minutes 10.26.22 d. Medical Staff Credentialing e. Policy and Procedures		**MOTION:** by Boerum to approve, 2nd by Lee. All in favor.
5. SVHCD BYLAWS REVISION	*Bjorndal*	Action
Ms. Kornblatt Idell presented the changes to the Bylaws. Mr. Boerum thought the revision to the Treasurer section (paragraph e) should not be made and the paragraph left as is; Ms. Kalos agreed.		**MOTION:** by Boerum to approve all changes except paragraph e, 2nd by Kalos. All in favor.
6. BOARD MEMBER COMMITTEE ASSIGNMENTS	*Bjorndal*	Action
Dr. Bjorndal proposed the following Committee assignments: • Finance Committee: Bill Boerum, Chair; Wendy Lee • Quality Committee: Susan Kornblatt Idell, Chair; Judith Bjorndal, MD • Audit Committee: Bill Boerum, Chair; Wendy Lee • Governance Committee: Bill Boerum, Chair; Denise Kalos • Affiliation Oversight Committee: Judith Bjorndal, MD, Chair; Wendy Lee		**MOTION:** by Kalos to approve the proposed assignments, 2nd by Boerum. All in favor.
7. ANCILLARY SERVICES ANNUAL REPORT	*Kuwahara*	Inform

Ma. Kuwahara presented the Ancillary Services annual report for 2021.		
8. QUALITY COMMITTEE QUARTERLY REPORT	*Kornblatt Idell*	Inform
Ms. Kornblatt Idell presented the Quality Committee report for the third quarter.		
9. CHFFA BRIDGE LOAN PROGRAM YEAR II – LOAN DOCUMENTS	*Armfield*	Action
Mr. Armfield reviewed the history of the CHFAA Bridge Loan. It is a zero-interest loan and needs to be repaid within 24 months. The actual loan documents are presented for approval today. Mr. Boerum indicated that the Finance Committee recommended approval to the Board. Mr. Armfield added that legal counsel had reviewed the documents and had no concerns about moving forward.		**MOTION:** by Boerum to approve, 2nd by Lee. All in favor.
10. BOARD 2023 WORK PLAN	*Bjorndal*	Action
The following modifications were requested: Add Ancillary Services annual report in July. Add review of strategic plan performance in Sept. Confirm month of IS annual report and replacement for Mr. McKinney. Delete Mark Finucane from the speaker list. In addition Mr. Boerum reminded the Board that he had requested adding a public comment meeting for strategic plan input. Ms. Kalos and Ms. Lee agreed. It was suggested the Chair follow up with the CEO to see what the plans for community input entailed.		**MOTION:** by Boerum to approve with modifications, 2nd by Kalos. All in favor.
11. QUALITY COMMITTEE 2023 WORK PLAN	*Kornblatt Idell*	Action
		MOTION: by Kornblatt Idell to approve, 2nd by Kalos. All in favor.
16. CEO REPORT	*Hennelly*	Inform
Mr. Hennelly was not present but his report was submitted; there were no questions.		
17. UCSF AFFILIATION UPDATE	*Hennelly*	Inform
Report as submitted.		
18. EPIC UPDATE	*Hennelly/ Resendez*	Inform
Mr. Resendez gave the Epic update. Epic has been live for a month. Metrics are staying consistently high on CPOE (computerized provider order entry). Registration metrics have stayed consistent as well, even with higher work flow. Active patients are at 55%, whereas other similarly sized organizations are around 25% at this stage. Mr. Armfield gave a brief update on revenue cycle progress, which he felt progress was good a month after go-live.		
19. ODC UPDATE	*Drummond/ Hennelly*	Inform
Ms. Drummond said the electrical coordination and hydronics studies are nearing their end. Phase II of the ODC is repurposing of the imaging suite, which will be bid along with the MRI project. The temporary MRI project is moving forward, and the PG&E application has been filed.		

20. FINANCIALS FOR MONTH END NOVEMBER 2022	*Armfield*	Inform
Mr. Armfield indicated financial performance was significantly improved in November. He said the IGT funding will occur in February 2023 and disbursement will occur in April or May. Revenue continues to uptick. November expenses showed improvement due to reductions in agency fees and supplies. Cash collections in November were $4.0 million. Days' cash ended at 27.9.		
21. BOARD COMMENTS	*Board Members*	Inform
Mr. Boerum announced the Finance Committee has two community vacancies since Ms. Lee Myatt moved to a Board level member. He set February 10, 2023, as the deadline to receive recommendations. Interested applicants are asked to send in their reasons for interest, qualifications, and a CV. In addition Mr. Boerum requested a discussion at the February Board meeting regarding a destination hospital strategy. Finally, he noted that concerns were raised about his comments at the December Board meeting on resumption of in-person meetings. He indicated he had not intended his comments to be negative in any way.		
22. ADJOURN	*Chair*	
Adjourned at 7:26 pm		

SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, DECEMBER 20, 2022
Via Zoom Teleconference

Present	Not Present/Excused	Staff	Public
Bill Boerum via Zoom Art Grandy via Zoom Carl Gerlach via Zoom Subhash Mishra, MD, via Zoom Joshua Rymer via Zoom Catherine Donahue via Zoom Peter Hohorst via Zoom	Wendy Lee Myatt	John Hennelly, CEO, via Zoom Ben Armfield, CFO, via Zoom Kimberly Drummond, Chief of Support Services, via Zoom Dawn Kuwahara, RN, BSN, Chief Ancillary Officer, via Zoom Lynn McKissock, MS, Chief HR Officer, via Zoom	Judith Bjorndal, MD

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*			
1. **CALL TO ORDER/ANNOUNCEMENTS**	*Boerum*		
	Called to order at 5:01 p.m. Mr. Boerum announced that Ms. Lee Myatt will no longer be a community member since her election to the Board, and Bruce Flynn retired, so the Committee has two vacancies. Board member committee assignments will be made at the January meeting.		
2. **PUBLIC COMMENT SECTION**	*Boerum*		
	None		
3. **CONSENT CALENDAR**	*Boerum*	Action	
a. Finance Committee Minutes 11.22.22		**MOTION:** by Grandy to approve, 2nd by Gerlach. All in favor.	
4. **CHFFA BRIDGE LOAN PROGRAM YEAR II – LOAN AGREEMENT**	*Armfield*	Action	

	Mr. Armfield said the Bridge Loan resolution was approved last month. Today we have the actual loan documents. The Hospital was approved for a $758,000 loan last week. Approval today would trigger the signing process. Mr. Boerum asked if counsel had reviewed the documents. Mr. Armfield replied they reviewed the last round but have not reviewed these documents.	**MOTION:** by Gerlach to approve for recommendation to the Board, 2nd by Donahue. All in favor.	
5. INSURANCE POLICY REVIEW	*Armfield*	Inform	
	Mr. Armfield discussed the presentation prepared by James & Gable. He said a new carrier was selected for workers comp insurance.		
6. DISTRICT STRATEGIC PLANNING PROCESS	*Boerum*	Inform	
	A draft outline of a strategic plan was received at the fall Board retreat. It was understood the CEO would submit a draft plan to the Board at the February 2023 Board meeting. Mr. Boerum had asked for community input prior to the Board meeting; he indicated that would be Dr. Bjorndal's decision. He also hoped for Finance Committee input. Mr. Hennelly said his intent was to take the strategic concepts to the community directly and incorporate their feedback into a draft plan for the March Board meeting. Mr. Grandy indicated he would agree with Finance Committee input if there were a financial component to the draft plan. Mr. Hennelly did not anticipate a draft document being ready for any January meeting. He also said he would like additional Board input before the draft document is circulated. He will not return from vacation until January 6th and it will be a rush to prepare.		
7. ODC UPDATE	*Hennelly*	Inform	
	Mr. Hennelly said City permission for the temporary project was received. The build order for the 3-Tesla will be placed in January 2023 to ensure there are no electrical issues.		
8. EPIC UPDATE	*Hennelly*	Inform	
	Mr. Hennelly said the Hospital is two weeks in from the Epic implementation, and it is going extraordinarily well. We are in process of building interfaces with Epic for the physician offices and UCSF. The other focus is revenue integrity.		

9. UCSF AFFILIATION UPDATE	*Hennelly*	Inform	
	Mr. Hennelly indicated the key update was that there is movement regarding physicians. A GI specialist is in process, but Mr. Hennelly is having to be flexible about a construct to employ them. SVH's new CMO is in the process of shepherding Dr. Carroll through his start-up process. She is also talking to UCSF intensivists regarding telehealth coverage.		
10. FINANCIAL REPORT FOR MONTH END NOVEMBER 2022	*Armfield*	Inform	
	Mr. Armfield said there has been continued growth in volumes and continued uptick in revenues. November was an improvement from the viewpoint of operations. For next year we will pay in the IGT in February and will receive funds back in April-May; the new timing is reflected in the cash forecast. The "Overall Performance" tables in the report are shown with and without IGT funds. Expenses were under budget for the month with supplies and traveler costs reduced. Cash received was $4.0M. In response to Mr. Boerum's question, Mr. Hennelly added that the Epic implementation and building specialty service lines will go toward higher utilitzation of surgery suites. In December, of course, utilization will be down due to Epic implementation and training and to revisions on the Medivator system (which cleans GI scopes).		
11. ADJOURN	*Boerum*		
	Meeting adjourned at 6:00 p.m.		

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
December 14, 2022, 5:00 PM
MINUTES
Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Susan Kornblatt Idell Carol Snyder Carl Speizer, MD Kathy Beebe, RN PhD Michael Mainardi, MD Howard Eisenstark, MD		Ingrid Sheets, EdD, MS, RN	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Kylie Cooper, RN, BSN, CPHQ, MBA, Quality and Risk Mgmt. David Young Sujatha Sankaran, MD, CMO John Hennelly, CEO Judith Bjorndal, MD

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Kornblatt Idell*	
	Meeting called to order at 5:00 p.m.	
2. PUBLIC COMMENT	*Kornblatt Idell*	
	None	
3. CONSENT CALENDAR	*Kornblatt Idell*	ACTION
• QC Minutes 10.26.22		**MOTION:** by Eisenstark to approve, 2nd by Speizer. All in favor.
4. IMAGING SERVICES QA/PI	*Young*	INFORM
	Mr. Young reviewed Imaging Services quality measures for 2022 through the month of October.	
5. QUALITY INDICATOR PERFORMANCE PLAN	*Cooper*	INFORM
	Ms. Cooper reviewed quality indicators for the month of October. Notably, there were no readmissions	

	during the month. Ms. Winkler presented and explained the patient satisfaction scores. HCAHPS percentile ranking compares SVH to hospitals across the country. However, CMS only ranks on top box scores (the "always" ranking). Ms. Cooper reviewed Rate My Hospital scores. The Committee requested an annualized patient satisfaction report to be presented in February.	
6. POLICIES AND PROCEDURES	*Cooper*	INFORM
	Ms. Kornblatt Idell reminded Committee members they are to review policies and send her their comments prior to the meeting. Most policy revisions seemed very minor; there were no questions or comments.	
7. DRAFT QUALITY COMMITTEE WORK PLAN 2023	*Kornblatt Idell*	ACTION
	There were no comments or changes. The Committee agreed to move forward with the plan.	No vote.
8. EPIC UPDATE	*Cooper*	INFORM
	Ms. Cooper also gave a brief update on the Epic implementation which has been going very well.	
9. CLOSED SESSION/REPORT ON CLOSED SESSION	*Kornblatt Idell*	ACTION
a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Medical Staff Credentialing was reviewed and approved.	**MOTION:** by Eisenstark to approve, 2nd by Speizer. All in favor.
10. ADJOURN	*Kornblatt Idell*	
	Meeting adjourned at 5:55 p.m.	

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: 01/26/2023 1:41 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:	26

Committee:	**09 BOD-Board of Directors**

Committee Members: **Finn, Stacey (sfinn), Newman, Cindi (cnewman), Woodall, Vivian (vwoodall)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Chromosome Studies *Laboratory Services Policies (LB)*	**Pending Approval**	12/15/2022	42

Summary Of Changes:	**Updated Point Of Care transport media and test site**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kuwahara, Dawn (dkuwahara), Ramos, Karen (kramos)**
ExpertReviewers:	**Medical Director-Lab**
Approvers:	**Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
Continuity of Operations Plan (COOP) *Emergency Preparedness Policies (EP)*	**Pending Approval**	12/15/2022	42

Summary Of Changes:	**Added CFO, Chief of Support Services, Head of Information Services to reviewers. Added EOP to reference list. Minor grammatical changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kobe, Mark (mkobe)**
ExpertReviewers:	**Finn, Stacey (sfinn)**
Approvers:	**Hennelly, John (jhennely) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
ED Log *Emergency Dept*	**Pending Approval**	12/15/2022	42

Summary Of Changes:	**Reviewed, no changes.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Brown, Philip (pbrown)**
Approvers:	**Winkler, Jessica (jwinkler) -> Medical Director-Emergency Dept. - (Committee) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

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: 01/26/2023 1:41 PM

Glidescope, Cleanning and Processing of	**Pending Approval**	12/15/2022	42
Central Sterile Dept			

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

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

Lead Authors: **Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**

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)**

Good Catch Program	**Pending Approval**	12/15/2022	42
Governance and Leadership Policies			

Summary Of Changes: **Change of personnel titles**
Changed Acronyms
Simplified process, not longer need to use paper forms. All completed through e-Notification system.
Root Cause Analysis form used if action plan needed.

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

Lead Authors: **Cooper, Kylie (kcooper)**

ExpertReviewers: **Gatenian, Grigory (ggatenian), Kutza, Chris (ckutza), McKissock, Lynn (lmckissock), Newman, Cindi (cnewman), Winkler, Jessica (jwinkler)**

Approvers: **06 CMO/Designee for signature -> Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Immediate Use Steam Sterilization	**Pending Approval**	12/15/2022	42
Central Sterile Dept			

Summary Of Changes: **Removed verbiage directly related to "One Tray" that was unnecessary.Removed "Flashing" (Flash Sterilization)**

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

Lead Authors: **Cornell, Kelli (kcornell)**

Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Infection Control	**Pending Approval**	12/9/2022	48
Central Sterile Dept			

Summary Of Changes: **spelling correction, removed the words "flashing" from the narrative, updated references, owners, authors**

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

Lead Authors: **Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**

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)**

Intravenous Contrast Admin	**Pending Approval**	12/15/2022	42
Diagnostic Services Dept Policies			

Summary Of Changes: **Updated the "procedure" section to match information that is gathered with our Contrast Screening form.**

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

Lead Authors: **Young, Dave (dyoung)**

ExpertReviewers: **Medical Director-Diagnostic Radiology**

Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

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: 01/26/2023 1:41 PM

Metabolic and Bariatric Anesthesia Protocol 7430-109	**Pending Approval**	12/15/2022	42
SCU (Surgical Care Unit Dept			

Summary Of Changes:	**changed owner and author.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Monitoring Sterilization Processes	**Pending Approval**	1/26/2023	0
Central Sterile Dept			

Summary Of Changes:	**Authors changes, references updated, the word integrator added in in several places where appropriate or interchangeable with indicators.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Organizational Accountability-Food & Nutrition Services	**Pending Approval**	1/26/2023	0
Food (Nutrition) Services Policies (NU)			

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Finn, Bridget (bfinn)**
ExpertReviewers:	**Strathman, Melissa (mstrathman)**
Approvers:	**Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Packaging Guidelines	**Pending Approval**	12/15/2022	42
Central Sterile Dept			

Summary Of Changes:	**One grammatical error corrected. Reference updated, and owner/ authors changed**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Pediatric Patient in Surgery,Care of the	**Pending Approval**	12/15/2022	42
Surgical Services/OR Dept			

Summary Of Changes:	**Reviewed, no changes. Updated author and owner, and reference.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Pre-Operative Skin Preparation of Patients	**Pending Approval**	12/15/2022	42
Surgical Services/OR Dept			

Summary Of Changes:	**Changed references, owner, and author/reviewers**

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: 01/26/2023 1:41 PM

grammatical, and added new guidelines about handling solution-soaked prep materials to prevent flammability.

Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Product Recalls	**Pending Approval**	12/15/2022	42
Governance and Leadership Policies			

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
Approvers:	**Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Release of Blood Products to Nursing	**Pending Approval**	12/15/2022	42
Laboratory Services Policies (LB)			

Summary Of Changes:	**Updated to reflect Current practices. The competencies removed, CLS does not confirm competency. Competencies are performed annually by nursing staff.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kuwahara, Dawn (dkuwahara), Ramos, Karen (kramos)**
ExpertReviewers:	**Medical Director-Lab**
Approvers:	**Medical Director-Lab -> Kuwahara, Dawn (dkuwahara) -> 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)**

Sanitation in the OR	**Pending Approval**	12/15/2022	42
Surgical Services/OR Dept			

Summary Of Changes:	**changed author and owners** **updated reference** **Condensed and clarified lines D4 and D5 to state that all equipment, regardless of used or unused status, will follow the same sanitation protocol.** **Add reference to EVS terminal cleaning checklist.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Scheduling Surgical Procedures	**Pending Approval**	12/15/2022	42
Surgical Services/OR Dept			

Summary Of Changes:	**Made spelling and formatting corrections** **Updated titles of staff responsible** **Updated scheduling according to current practice** **Added that any additions or deletions to block schedule must be approved by Surgery Committee**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

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: 01/26/2023 1:41 PM

Scope of Service - Surgery	**Pending Approval**	12/15/2022	42
Surgical Services/OR Dept			

Summary Of Changes:	**Removed all references to c-section suite and endoscopy suite as a separate location.** **Removed redundancies regarding certifications.** **Updated current title of scheduler.** **Changed on-call response time from 30 minutes to 40 minutes to reflect policy titled "On Call, Surgery."** **Typing and grammar corrections made to policy.** **changes to author and owner, removed reference to obstetrics and pediatric patients** **removed reference to CRNAs** **updated reference**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Staff Scheduling Practices, Surgery	**Pending Approval**	12/15/2022	42
Surgical Services/OR Dept			

Summary Of Changes:	**Changed titles of director and coordinators to reflect current verbiage**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Sterile Supplies, Storage of	**Pending Approval**	12/15/2022	42
Central Sterile Dept			

Summary Of Changes:	**Changed the maximum allowed humidity for the storage area from 70% to 60%. Updated authors, references, temperature maximum, and distance from the floor.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Sterilization	**Pending Approval**	1/26/2023	0
Central Sterile Dept			

Summary Of Changes:	**Removed the word "flash" and replaced with immediate use.** **Removed the phrase "porous items only"** **added #3 in the procedure section** **changed wording in #2 of the IUSS Sterilization section** **updated reference, changed owner, and authors**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Sterrad NX Policy	**Pending Approval**	1/26/2023	0
Central Sterile Dept			

Summary Of Changes:	**Updated reference and authors**

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: 01/26/2023 1:41 PM

Moderators:	**Newman, Cindi (cnewman)**		
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**		
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)**		

Traffic Control in the Operating Room	**Pending Approval**	12/15/2022	42
Surgical Services/OR Dept			

Summary Of Changes:	**Reference date updated, authors, and mild grammar changes only made.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Traffic Patterns	**Pending Approval**	1/26/2023	0
Central Sterile Dept			

Summary Of Changes:	**Reviewed, some grammatical changes, updated reference and author.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

Ultrasonic Cleaner	**Pending Approval**	1/26/2023	0
Central Sterile Dept			

Summary Of Changes:	**Reviewed, author changed.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
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)**

SONOMA VALLEY HOSPITAL

PATIENT CARE SERVICES

JESSICA WINKLER, DNP, RN, NEA-BC, CCRN-K

ANNUAL REPORT TO THE HOSPITAL BOARD OF DIRECTORS

JANUARY 2023

Agenda

- Overview of Patient Care Services
- Nursing Professional Profile
- The patients we care for
- Financial Performance
- Clinical Quality & Safety
- Service Excellence
- Accomplishments & Future Growth

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT

Patient Care Services (PCS)

- ▶ Emergency Department
  - ▶ RN
  - ▶ ED Technicians
- ▶ Inpatient Care
  - ▶ Intensive Care Unit
  - ▶ Medical/Surgical/ Telemetry
  - ▶ Respiratory Therapy

- ▶ Surgical Services
  - ▶ Peri-Operative
  - ▶ Anesthesia & Surgical Technicians
  - ▶ Sterile Processing
- ▶ House Supervisors
- ▶ Nursing Informatics

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Patient Care Services

▶ Outside Patient Care Services, Nurses are also found in :

    ▶ Quality & Risk Management

    ▶ Case Management

    ▶ Ancillary Services

▶ Patient Care Services make up **37%** of the total SVH workforce

▶ PCS Nurses alone make up **26%** of the total SVH workforce

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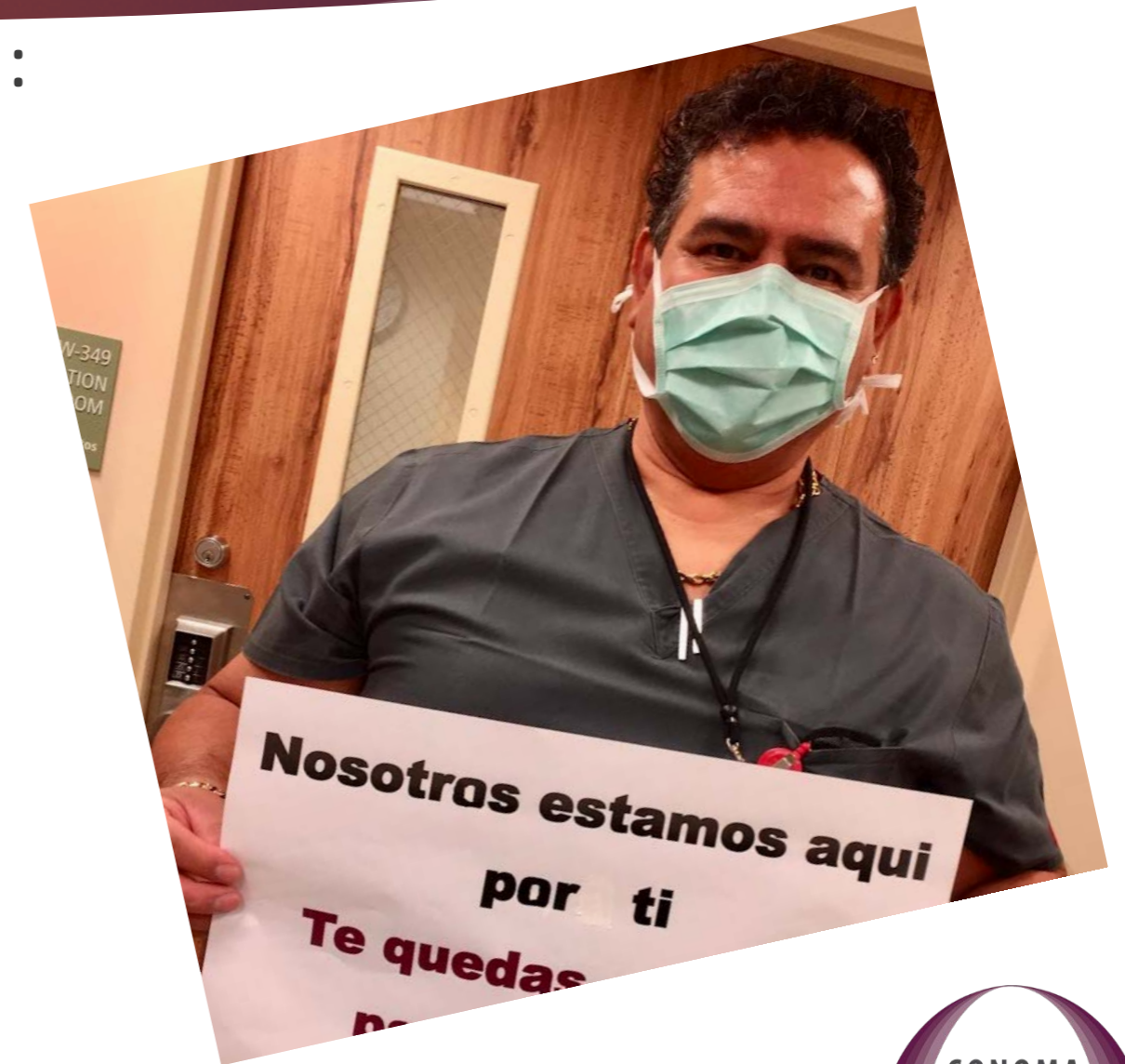
Nursing Professional Profile

❖ *Our PCS nurses are highly educated:*

    ❖ *8% Masters or higher*

    ❖ *45% Bachelors*

    ❖ *35% Associates*

❖ *Our PCS nurses have years of experience*

    ❖ *Average years of experience: 16*

    ❖ *Average years at SVH: 6.3*

      ❖ *Range 0-42 years*

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SONOMA VALLEY HEALTH CARE DISTRICT

Who our nurses are....

▶ **Experience** (outside of current practice environment)

  ▶ Obstetrics; Midwifery

  ▶ Public Health Nurse

  ▶ Pediatric Critical Care

  ▶ Trauma

  ▶ Neurosurgery

▶ **College Degrees** (non-nursing)

  ▶ Psychiatry

  ▶ Kinesthesia

  ▶ Biology

  ▶ Community Studies

  ▶ Outdoor Recreation Management

▶ **Certifications**

  ▶ Advanced Cardiac Life Support (ACLS)

  ▶ Pediatric Advanced Life Support (PALS)

  ▶ Neonatal Resuscitation (NRP)

  ▶ Critical Care Certified (CCRN)

  ▶ Trauma Nurse Certified (TNCC)

  ▶ Emergency Nurse Certified (CEN)

  ▶ MedSurg Nurse Certified (CMSRN)

▶ **Military Service**

  ▶ Army

  ▶ Navy

  ▶ Air Force

  ▶ Marines

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT

Who our nurses are....

- Small business owners
- Inventors
- Clinical Professors
- Community Volunteers
- Eagle Scouts
- Firefighters
- State Trooper

BED & BREAKFAST

We innovate premium specialty products for better time management and healthy patient outcomes.

Flathead Screwdriver
Oxygen Key
Scissors
Clamp

Nursing Tools 1007 B W. College Ave. # 408, Santa Rosa, Ca 95401 / 707-235-8970
nursingtools.com ©Nursing Tools LLC

Tools for Healthcare Professionals
NursingTools.com

BE PREPARED

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Team Engagement

▶ 2022 Employee Engagement Survey

Team	Response Rate	Overall Score
Emergency Dept.	34%	3.88
MedSurg	54%	4.38
ICU	29%	4.15
Surgical Services	64%	4.04
House Supervisors	70%	4.28

Who We Care For

Emergency Department

Pediatric/Adolescent/Adult/Geriatric

All levels of acuity and emergent cases

Average patients seen per day: 27

Inpatient

Adolescent/Adult/Geriatric

Medical – Surgical – Critical

Average Daily Census: 9.04

Surgical Services

- Pediatric/Adolescent/Adult
- General Surgery
- Orthopedics
- Infusion Therapies

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Financial Performance

SVH Service Profitability

FY2020 - FY2022

Overall Profitability Analysis by Service Area Type

Service Area	Fiscal Year 2020				Fiscal Year 2021				Fiscal Year 2022				2022 v 2021 - YoY Change					
													Visits		Direct Margin		Margin / Case	
	Visits	Direct Margin	Dir Margin / Case	Dir Margin %	Visits	Direct Margin	Dir Margin / Case	Dir Margin %	Visits	Direct Margin	Dir Margin / Case	Dir Margin %	Chg	% Chg	Chg	% Chg	Chg	% Chg
Emergency Room	8,613	$ 8,636,401	$ 1,003	62%	7,090	$ 6,637,918	$ 936	54%	9,194	$ 8,577,725	$ 933	58%	2,104	29.7%	$ 1,939,807	29.2%	$ (3)	-0.3%
Inpatient	1,066	$ 2,851,475	$ 2,675	22%	946	$ 2,373,266	$ 2,509	19%	915	$ 2,134,362	$ 2,333	17%	(31)	-3.3%	$ (238,904)	-10.1%	$ (176)	-7.0%
Procedural	5,087	$ 3,247,568	$ 638	37%	4,651	$ 4,065,262	$ 874	38%	5,827	$ 4,555,044	$ 782	38%	1,176	25.3%	$ 489,782	12.0%	$ (92)	-10.6%
TOTAL	**14,766**	**$ 14,735,444**	**$ 998**	**41%**	**12,687**	**$ 13,076,446**	**$ 1,031**	**37%**	**15,936**	**$ 15,267,131**	**$ 958**	**39%**	**3,249**	**25.6%**	**$ 2,190,685**	**16.8%**	**$ (73)**	**-7.1%**

Clinical Quality & Safety: Core Measures

Emergency Department

- ❖ Stroke Care
- ❖ Sepsis
- ❖ Safe psychiatric care

Inpatient Units

- ❖ Pressure Ulcers
- ❖ Catheter Associated Urinary Tract Infections
- ❖ Surgical site infection prevention
- ❖ Patient Falls

Surgical Services

- ❖ Surgical site infections
- ❖ Antibiotics given within one hour before surgery
- ❖ Retained foreign body
- ❖ Time-Out

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT

Medication Scanning Rate	2022				
	Q1	Q2	Q3	Q4	Goal
Acute	96.9%	96.0%	98.0%	96%	≥90%
ED	81.2%	78.3%	85.0%	83.0	≥90%
Preventable med errors R/T Med Scanning	1	0	1	0	≤2

Quality Indicators (QAPI) 2022					
	Q1	Q2	Q3	Q4	Goal
Antibx admin within 30"- M/S and ICU	89%	95%	93%	91%	≥90%
Cont. OBS for Psych Pt-ED	96%	90%	100%	100%	100%
Drug Admin Errors-Pharmacy (per 10000 doses)	0.99	0.36	0.59	0.37	<1

Case Management/Utilization Management 2022					
	Q1	Q2	Q3	Q4	Goal
HCAHPS Care Transitions	75.0	45.5	90	7/40	53%

Nursing Turnover	2022 Staff/Quarter				
# of RNs	Q1	Q2	Q3	Q4	Goal
Acute (n=58)	5 (8.9%)	4 (6.9%)	4 (6.6%)	1 (1.6%)	≤6

Patient Experience: Q-Reviews 2021-2022	2022				
	Q1	Q2	Q3	Q4	Goal
RATE MY HOSPITAL- PHYSICAL THERAPY					
Overall score	4.85	4.79	4.87	4.9	≥4.75
RATE MY HOSPITAL-OUTPATIENT SURGERY					
Overall Score	4.86	4.81	4.83	4.83	≥4.75
RATE MY HOSPITAL - ED					
Overall score	4.58	4.51	4.66	4.63	≥4.75
RATE MY HOSPITAL - MEDICAL IMAGING					
Overall score	4.85	4.82	4.76	4.82	≥4.75
RATE MY HOSPITAL-INPATIENT					
Overall score	4.68	4.67	4.79	4.66	≥4.75

Nurse Staffing Effectiveness: Transfers r/t staffing/beds					
2022	Q1	Q2	Q3	Q4	Goal
	3	1	1	6	≤0

PCS Quarterly Dashboard

Service Excellence

▶ Hospital Consumer Assessment of Healthcare Providers and Systems

Patient survey rating

HCAHPS -

Patients who reported that their nurses "Always" communicated well.

80%

National average: 80%
California average: 75%

Patients who reported that YES, they were given information about what to do during their recovery at home.

86%

National average: 86%
California average: 85%

Patients who reported that they "Always" received help as soon as they wanted.

78%

National average: 66%
California average: 61%

Patients who reported YES, they would definitely recommend the hospital.

77%

National average: 70%
California average: 68%

Patients who reported that the staff "Always" explained about medicines before giving it to them.

71%

National average: 62%
California average: 59%

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT

https://www.medicare.gov/care-compare/details/hospital/050090?city=Sonoma&state=CA&zipcode=95476&measure=hospital-patient-surveys
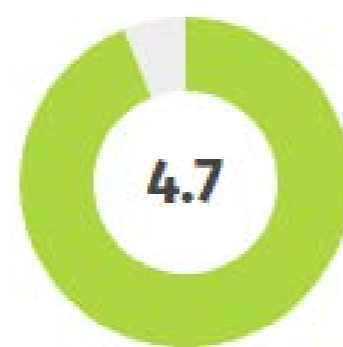
# Accomplishments

Looking Ahead...

▶ Epic capabilities

▶ Continued drive for great team and patient satisfaction

▶ Community Outreach

▶ Grow nursing expertise

▶ Build nursing leadership
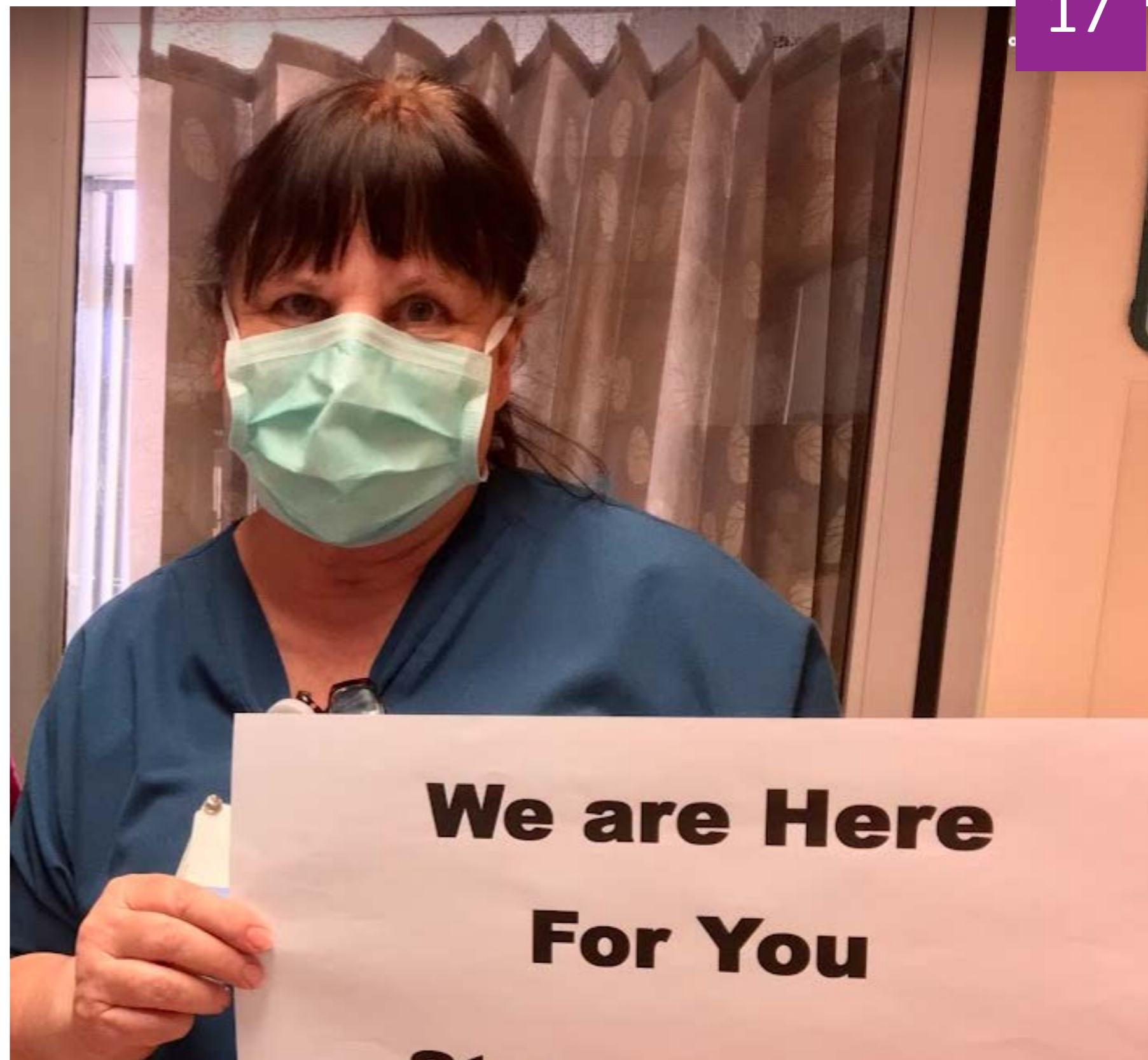
Challenges

▶ The Nursing Shortage

  ▶ National RN vacancy rate: 17%

  ▶ California: 6.2% gap between supply and demand for nurses

  ▶ Competition for nurses and all healthcare professionals is tough
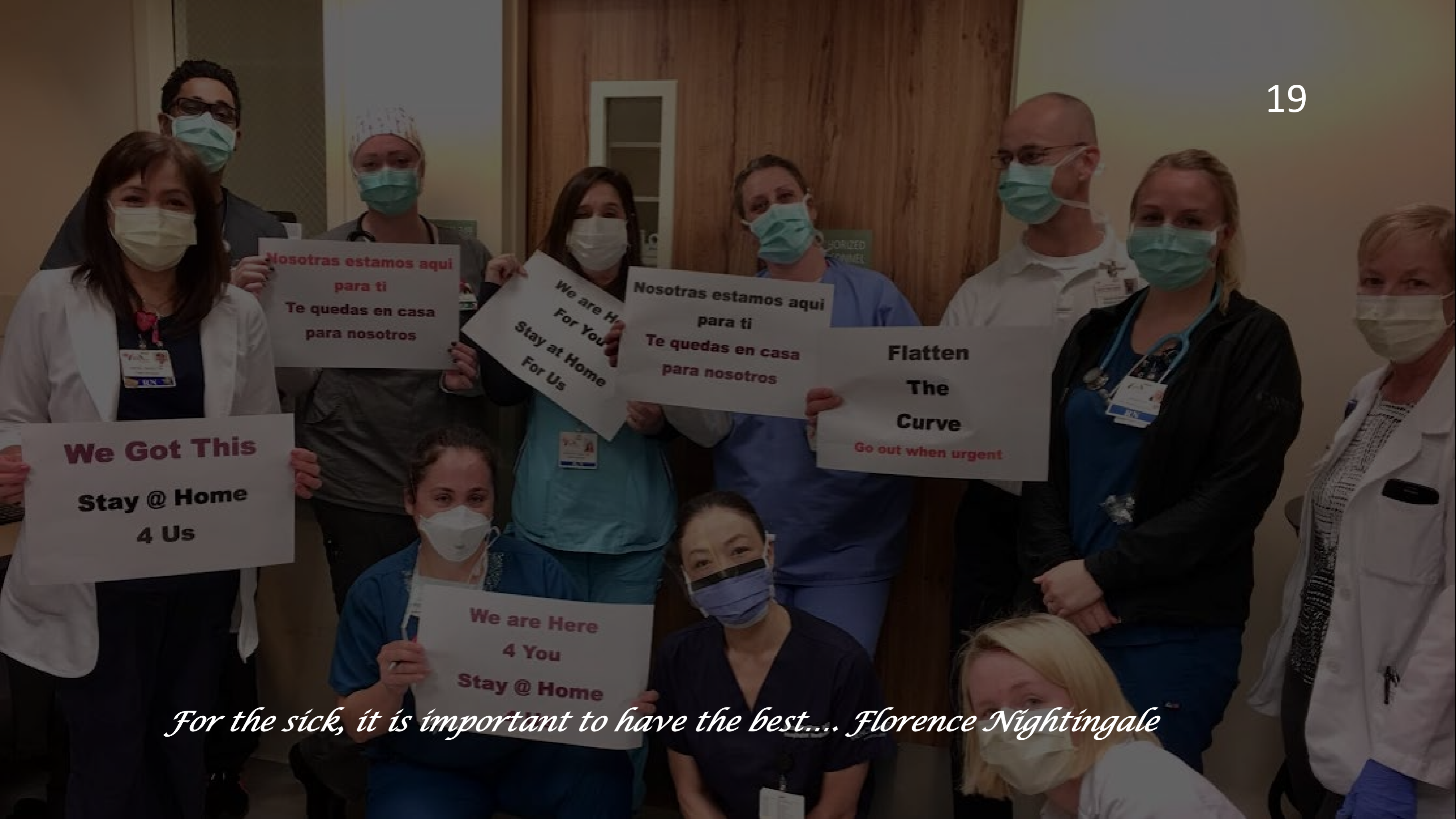
For the sick, it is important to have the best…. Florence Nightingale

Covid/Flu

Covid and Flu continue to circulate. Staff quarantines have subsided as we move away from the holidays. Inpatients with Covid or Flu typically range from 1-3. Everyone in the hospital continues to be required to be masked.

Operations

We have issued an RFP for our ED physician services. The current contract expires in April.

Dr David Piccinati has joined the organization as an ED physician and the medical director of the ED. Dr Piccinati has extensive experience with Epic.

Capital

The temporary MRI project is in the planning/permitting stage. Our timeline continues to have the unit operational by the end of 2023 with the permanent project going live in the spring of 2025.

Architectural and engineering work is being finalized on the **ICU** upgrade. It is expected that the work will be completed in mid-2023.

We are 2 months into our **Epic** implementation. The rollout continues to be very smooth. We are now focused on completing interfaces to community partners and process optimization (registration, coding, billing) and revenue integrity.

Strategic Planning

Community listening sessions are underway. Once completed a draft plan will be finalized and submitted to the Board for review.

Update from 2025 Strategic Plan:

Strategic Priorities	Update

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

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.
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 held de-escalation training for management this month. Sessions for key front-line workers to be scheduled in the coming months.

SVH Performance Score Card

1. Quality and Safety

Objective	Target	NOV.22	DEC.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	0.00	0.00	⇆	
Patient fall with injury per 1000 pt days	<3.75	0.00	0.00	⇆	
Surgical Site Infections per 1000 Acute Care Admissions	0.00	1.00	0.00	↑	Post op Knee infection
Core Measures					
Sepsis Early Management Bundle % compliant	>81%	57.1 (n=8)	37.5 (n=8)	↓	Documentation issues in December with EPIC implementation
Severe Sepsis 3 hour Bundle % compliant	>94%	87.5 (n=8)	62.5 (n=8)	↓	
Severe Sepsis 6 hr Bundle % compliant	100.00	83.3 (n=6)	100 (n=4)	↑	
Core OP 23- Head CT within 45 mins % compliant	100.00	100 (n=1)	0 (n=1)	↓	
Mortality					
Acute Care Mortality Rate %	<15.3	0.00	1.40	↓	
ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	160 (n=28)	169 (n=16)	↓	
Core Op 22 ED Left without being seen LWBS	<2%	3.00	0.50	↑	
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	0.20	0.30	↓	
Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	8.45	7.04	↑	Lower is better

2. Employees

Objective	Target	NOV.22	DEC.22	Trend	Supporting Detail
Turnover	<3%	0.9	0.6	↑	
Workplace Injuries	<20 Per Year	1 (QTR3)	2 (QTR4)	↓	Total injuries 2022 =8

3. Patient Experience

Objective	Target	OCT.22	NOV.22	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>50%	10 (n=14)	95 (n=17)	↑	
Communication	>60%	39 (n=14)	17 (n=17)	↓	
Discharge Instructions	**>70%**	15 (n=14)	98 (n=17)	↑	
HCAHPS					
Recommend the hospital	>50%	99 (n=8)	81 (n=13)	↓	
Communication with Nurse	>50%	36 (n=8)	42 (n=13)	↑	
Communication with Doctor	>50%	66 (n=8)	56 (n=13)	↓	
Cleanliness of Hospital	>50%	94 (n=8)	72 (n=13)	↓	
Communicaiton about medicines	>60%	1 (n=8)	66 (n=13)	↑	
Discharge Information	>50%	11 (n=8)	8 (n=13)	↓	

4. Volume

Objective	Target	NOV.22	DEC.22	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>750	884.0	799.0	↓	
Surgical Volume Outpatient	>80	94.0	N/A		
Surgical Volume Inpatient	>13	10.0	N/A		Delay in surgery volumes due to change to EPIC and accessing reports
Inpatient Discharges	>50	71.0	72.0	↑	

5. Financial

Objective	Target	NOV.22	DEC.22	Trend	Supporting Detail
EBDA in %	>0.5	0.0	-0.1	⇆	
Days Cash on Hand month end	>42	27.7	24.6	↓	
Net Revenue ($M) (YTD)	>$46	$ 47.1	$ 47.6	↑	

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

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 hospitization, 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.

	Tactic Completed	Tactics under way now	Tactics to begin in the next 12 months	Tactics in conceptual form

UCSF/SVH Joint Operating Dashboard

Strategic Objective		Initiative	Description/Tactic	Benefits/Impact	Start Date	Target Completion Date	Update	Updated
1 Increase Access to San Francisco based UCSF Care - ability for Sonomans to access care at UCSF in the city has been difficult. This objective seeks to improve pathways to access care.	1.1	Expansion of Telemedicine Services with UCSF Affiliate Network	Neurology coverage for stroke and inpatient care	24/7 availability of neuro consult for stroke cases in ED	2019	2019	complete	2019
			Infectious Disease coverage for hospital	Specialty coverage for ED and inpatient units			complete	2019
			Intensivist Coverage of ICU	Expanded medical team would expand the types of cases that could be treated at SVH.	2022	2023	Engaging UCSF and third party vendors on contracting. Dr Sankaran has lead. Conversations progressing.	1/30
	1.2	Beta Site for Capacity Management (transfer) Center	Integration of SVH into the UCSF/Phillips capacity management system	The integration will improve both site's ability to place patients in the right setting for their needs. Impact	Summer 2023	2023-2024	System live. UCSF working on process. SVH participation pending.	1/30
2 Increase Access to Locally Provided Specialists/Primary Care - establishment of care sites in Sonoma will aid in access to UCSF care.	2.1	Physician Employment	Joint recruitment of GI specialists based in Sonoma	Provision of service currently unavailable in Sonoma and highly in demand.	2021	in process	Actively recruiting	1/30
			Joint recruitment of orthopedic surgeon based in Sonoma	Orthopedics is in strong demand in Sonoma. Planning to insure availablity over coming years.		2023-25	This is in concept stage at this point. Discussions will occur between existing partners to develop a plan.	8/22
			Engagement of UCSF faculty in growth or under represented service lines	Engagement can increase the types of care available in Sonoma and increase connectivity with programs at UCSF.	2022	2023	Issuance of RFP to faculty to identify programs which could be cited in Sonoma. Proposals must address market need. RFP to be issued Q1 2023	12/22
	2.2	Expansion of Clinically Integrated Network	Opportunity to contractually link Sonoma providers to UCSF network improving network access, quality oversight, and financial stability for practices	Helps insure stability of practices in Sonoma and improved access to broader network.		2023	UCSF revising program	12/22
3 Increase Facility Utilization - objective is to use available space and resources at SVH to alleviate capacity issues at UCSF where needs align. The result will be more availability of services in Sonoma.	3.1	Grow UCSF surgical presence in Sonoma	Objective is to engage UCSF surgicians to practice in Sonoma and at SVH.	Increase availability of surgical services in Sonoma/Increase utilization of SVH operating rooms			EPIC installation has removed key barrier. Improvement to interfaces underway. Dr Sankaran in talks with Dr Carrol (urologist) about beginning to provide services in Sonoma in 2023	12/22
	3.2	Explore collaborative opportunites in orthopedics	Details listed in section 2. Listed here to note it serves this objective.					
	3.3	Increase utilization of ODC by UCSF	Online scheduling	UCSF is moving to self scheduling which enables the patient to select the best location for their service based upon availability or location. This could optimize utilization of SVH assets.	2022	2023	On going conversations with UCSF Affiliates team on build requirements. Work on going.	12/22
	3.4	Development of Post Acute program	Objective is to insure adequate postacute care is abvailable in Sonoma	Meeting market demand and insuring Sonoma has the right setting for care. Activation of dormant space at SVH.		2024	This is in concept stage at this point.	8/22
4 Enhance IT Integration - maximize connectivity between two organizations to improve integration of data available to community and patients	4.1	Maximize data availability between sites	EPIC implementation	Installation of EPIC will improve connectivity between UCSF and SVH.	January 2022	12/3/2022	Complete	12/22
			Optimize EPIC data transfer between instances	Maximizing data integration between SVH Epic and UCSF Epic will optimize utilization by clinicians and patients	Summer 2023	2025	Inteface builds still underway	1/30
	4.2	Integration of IT management	Contract executed between UCSF and SVH for the provision of management services to SVH		2022	2022	Complete	1/22
5 Share Resources/Reduce Costs - by collaborating, can the two organizations save money?	5.1	Integration of coordination of care w UCSF and/or Marin Health						
	5.2	Leadership Development	Sound leadership yields high performing organization	Investment in leadership is paramount in a high performing organization. Impact is more innovatinon (growth), better staff and patient satisfaction, increased market competitiveness, higher employee retention.	2022	ongoing	Deescalation training of mangement completed in January.	1/30
	5.3	Explore JV opportunities around ODC	Develop a business case for a joint venture between SVH and UCSF around the ODC and surgical services	A joint venture would provide both capital and focus from UCSF on Sonoma.	CY2023	2024	Investment models under review. On going.	12/22
Parking Lot		Exploration of ways to integrate purchase of goods and services		Cooperating with UCSF on purchasing could yelid signicant savings			Management continually on the look out for such opportunities. Supplies were reviewed in 2022 - no opportunity. Reimbursement rates - not allowed unless UCSF has a controlling interest.	9/22

To:	Sonoma Valley Health Care District Board of Directors
From:	Ben Armfield, Chief Financial Officer
Date:	February 2, 2023
Subject:	**Financial Report for December 2022**

1. OVERALL PERFORMANCE:

December marks the first month we had Epic operationally up and running. Much of the month was focused on charge capture and revenue integrity efforts - reviewing and reconciling charges in the Epic system to ensure accurate flow of departmental charges. Operationally, the month itself was a positive one financially and continued some favorable upward trends. December delivered increased volumes, especially on the inpatient side. Patient revenues continue to exceed budgeted and prior year levels, and while we did experience some increases on the expense side, much of which can be attributed directly to the Epic go-live and increased patient volumes, financial performance from operations exceeded budget for the month.

DECEMBER INCOME STATEMENT AND IGT:

We discussed IGT funding in detail during December's meeting, but to recap, we anticipate receiving our IGT funding in April or May. This is about four to five months after the funds have historically been received. This delay in timing will cause our actual to budget comparisons to be out of whack until this year's funds are distributed.

Similar to November, we did have IGT revenues and expenses budgeted in December as well - $688k in revenue and $240K in expense, respectively. Also similar to the prior month, we exceeded budget from operations if you exclude the IGT funding from our budget (See table 2b).

Table 1 | | IGT Amounts in SVH Income Statement – December 2022

The table below shows what has been booked on the income statement for IGT reimbursements through December, both the month itself and year-to-date.

	Month of December 2022			Year To Date December 2022		
	CY Actual	Budget	PY Actual	CY Actual	Budget	PY Actual
IGT Revenue	$ -	$ 688,278	$ -	$ -	$ 6,088,278	$ 4,049,297
IGT Expense	$ -	$ 240,898	$ -	$ -	$ 2,499,077	$ 1,523,042
IGT Net Income	$ -	$ 447,380	$ -	$ -	$ 3,589,201	$ 2,526,255

OVERALL PERFORMANCE:

Table 2a | Overall Performance - December 2022 (Including IGT)

	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	$	%	Actual	Budget	$	%	Actual	$	%
Operating Margin	$ (851,098)	$ (484,376)	$ (366,722)	-76%	$ (5,665,689)	$ (2,113,963)	$ (3,551,726)	-168%	$ (2,572,901)	$ (3,092,788)	-120%
Operating EBDA	$ (604,137)	$ (255,289)	$ (348,848)	-137%	$ (4,144,298)	$ (739,441)	$ (3,404,857)	-460%	$ (1,143,350)	$ (3,000,948)	-262%
Net Income (Loss)	$ 10,187	$ 476,796	$ (466,610)	-98%	$ (1,327,239)	$ 3,679,915	$ (5,007,154)	-136%	$ 380,517	$ (1,707,756)	-449%

* Operating Margin less Depreciation

Table 2b | Overall Performance - December 2022 (Excluding IGT)

	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	$	%	Actual	Budget	$	%	Actual	$	%
Operating Margin	$ (851,098)	$ (931,756)	$ 80,659	9%	$ (5,665,689)	$ (5,703,164)	$ 37,475	1%	$ (5,099,156)	$ (566,533)	-11%
Operating EBDA	$ (604,137)	$ (702,669)	$ 98,533	14%	$ (4,144,298)	$ (4,328,642)	$ 184,344	4%	$ (3,669,605)	$ (474,693)	-13%
Net Income (Loss)	$ 10,187	$ 29,416	$ (19,230)	-65%	$ (1,327,239)	$ 90,714	$ (1,417,953)	-1563%	$ (2,145,738)	$ 818,499	38%

* Operating Margin less Depreciation

2. NET REVENUE SUMMARY:

Table 3 | Net Patient Revenue – Actual vs. Budget - December 2022 (Excluding IGT)

	Month of December 2022				Year To Date December 2022						
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	$	%	Actual	$	%
Net Patient Revenue	$ 4,172,983	$ 3,843,928	$ 329,055	9%	$23,808,534	$22,644,523	$ 1,164,011	5%	$22,222,673	$ 1,585,861	7%
NPR as a % of Gross	14.9%	15.2%	-1%		15.0%	15.2%	0%		15.5%	-2%	
Total Operating Revenue	$ 4,262,901	$ 3,948,651	$ 314,250	8%	$24,351,792	$23,272,861	$ 1,078,931	5%	$22,800,668	$ 1,551,124	7%

Revenues continue to exceed both budget and the prior year. December's net revenue of $4.17M was just shy of November's $4.18M, which had been a fiscal year high. We continue to see the revenue impact of the recent growth in surgical volumes, especially within the Orthopedics service line.

Our gross revenue in December was $27.9M, which was +10% compared to budget. This is significant since December was the first month charges were posted in the new Epic system, and it is not uncommon for facilities to see a sharp decline in charges the first month following an Epic go-live.

Total net patient revenue on the year is strong compared to budget and prior year, +5% and +7%, respectively.

3. OPERATING EXPENSE SUMMARY:

Table 4 | Operating Expenses – Actual vs. Budget – December 2022 (Excluding IGT)

	Month of December 2022				Year To Date December 2022						
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	$	%	Actual	$	%
Operating Expenses	$ 5,113,999	$ 4,880,407	$(233,592)	-5%	$30,017,481	$28,976,025	$(1,041,456)	-4%	$27,899,824	$ (2,117,657)	-8%

Operating expenses ticked up in December and excluding IGT, ran 5% over budget for the month. Much of this relates directly to additional staffing costs incurred for the Epic go-live. FTEs were over budget in December by 12 (or 5.5%). We engaged and scheduled additional staff across numerous clinical departments to account for built-in inefficiencies that comes with learning a new system. We also incurred an additional $45,000 in staffing costs specific to staff getting trained on the Epic system in December. We saw increases in overtime in departments that were critical to supporting post go-live efforts such as IT and patient accounting. All are anticipated short-term increases while we learn how to work efficiently in our new system.

4. VOLUME SUMMARY:

Table 5 | Patient Volumes - December 2022

	Month of December 2022				Year To Date December 2022						
	Current Year		Variance		Current Year		Variance		Prior Yea	Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Discharges	72	64	8	13%	386	372	14	4%	373	13	3%
Acute Patient Days	308	266	42	16%	1,622	1,546	76	5%	1,552	70	5%

Overall volumes continued to stay strong in December, especially on the inpatient side of the house.

One aspect of the Epic EMR implementation that is a work-in-progress relates to statistical reporting. We are still in the process of reconciling specific departmental statistics generated from the Epic system to our historical baselines. To ensure the accuracy of the statistics we report, we decided to omit statistical reporting specific to our ancillary and procedural volumes for December. The exceptions being patient days and discharges as those have been validated. We anticipate having this resolved by the time January financials are distributed and will plan on reporting out all volumes in next month's report.

5. CASH ACTIVITY SUMMARY:

Table 6 | Cash / Revenue Cycle Indicators - December 2022

	Current Year		Variance	
	Dec-22	Nov-22	Var	%
Days Cash on Hand	24.6	27.9	(3.3)	-12%
A/R Days	42.1	38.6	3.5	9%
A/P Days	51.1	50.2	0.9	2%

We collected $3.5M in cash this past month, which exceeded the $2.7M that had been projected on the cash forecast. Much of the $3.5M is collections from our 'legacy' A/R, meaning non-Epic encounters prior to 12/3/22. As we get into the next number of months, the A/R from our legacy Paragon system will continue to get worked down, and more and more of our cash collections will be from claims getting billed out of Epic. We anticipate a drop in collections and corresponding increase in A/R in January as we have experienced some hiccups in the new system that has caused delays in getting some payor specific bills out the door. These disruptions were anticipated and are short-term in nature. We anticipate being back to historical cash collection levels by March.

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 December 31, 2022

Gross Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	11,634,137	9,436,433	2,197,704	23.3%	56,057,941	55,525,815	532,126	1.0%
Medicare Managed Care	4,654,559	4,237,240	417,319	9.8%	27,635,716	24,925,149	2,710,567	10.9%
Medi-Cal	5,260,631	4,227,439	1,033,192	24.4%	30,574,959	24,837,043	5,737,916	23.1%
Self Pay	311,235	447,635	-136,400	-30.5%	1,959,602	2,624,931	-665,329	-25.3%
Commercial & Other Gov't	5,221,448	6,241,678	-1,020,230	-16.3%	35,824,025	36,868,391	-1,044,366	-2.8%
Worker's Comp.	820,478	745,731	74,747	10.0%	6,645,563	4,453,127	2,192,436	49.2%
Total	27,902,488	25,336,156	2,566,332	10.1%	158,697,806	149,234,456	9,463,350	6.3%

Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	1,102,954	1,101,211	-138,669	-12.6%	5,615,507	6,505,763	-890,256	-13.7%
Medicare Managed Care	557,787	487,794	69,993	14.3%	3,066,741	2,872,383	194,358	6.8%
Medi-Cal	439,743	441,660	-1,916	-0.4%	2,953,540	2,603,566	349,974	13.4%
Self Pay	102,730	132,311	-29,581	-22.4%	551,012	780,500	-229,489	-29.4%
Commercial & Other Gov't	1,796,032	1,539,097	256,935	16.7%	10,416,921	9,048,387	1,368,534	15.1%
Worker's Comp.	173,737	141,855	31,882	22.5%	1,204,813	833,924	370,889	44.5%
Total	4,172,983	3,843,928	188,642	4.9%	23,808,534	22,644,523	1,164,011	5.1%

Payor Mix	Month			Year-to-Date		
	Actual	Budget	% Variance	Actual	Budget	% Variance
Medicare	41.7%	37.2%	11.9%	32.7%	37.2%	-12.1%
Medicare Managed Care	16.7%	16.7%	-0.3%	18.7%	16.7%	12.2%
Medi-Cal	18.9%	16.7%	13.0%	19.3%	16.6%	16.7%
Self Pay	1.1%	1.8%	-36.9%	1.4%	1.7%	-20.4%
Commercial & Other Gov't	18.7%	24.6%	-24.0%	23.7%	24.8%	-4.3%
Worker's Comp.	2.9%	2.9%	-0.1%	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	26.4%	28.6%	-2.2%	-7.7%	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	10.5%	11.5%	-1.0%	-8.3%	12.4%	11.5%	0.9%	7.9%
Self Pay	2.5%	3.4%	-1.0%	-28.5%	2.3%	3.4%	-1.1%	-32.9%
Commercial & Other Gov't	43.0%	40.0%	3.0%	7.5%	43.8%	40.0%	3.8%	9.5%
Worker's Comp.	4.2%	3.7%	0.5%	12.8%	5.1%	3.7%	1.4%	37.4%
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	9.5%	11.7%	-2.2%	-18.8%	10.0%	11.7%	-1.7%	-14.5%
Medicare Managed Care	12.0%	11.5%	0.5%	4.1%	11.1%	11.5%	-0.4%	-3.7%
Medi-Cal	8.4%	10.4%	-2.1%	-20.0%	9.7%	10.5%	-0.8%	-7.8%
Self Pay	33.0%	29.6%	3.4%	11.7%	28.1%	29.7%	-1.6%	-5.4%
Commercial & Other Gov't	34.4%	24.7%	9.7%	39.5%	29.1%	24.5%	4.5%	18.5%
Worker's Comp.	21.2%	19.0%	2.2%	11.3%	18.1%	18.7%	-0.6%	-3.2%
TOTAL	15.0%	15.2%			15.0%	15.2%		

	CURRENT MONTH				YEAR-TO-DATE			YTD
	Actual 12/31/22	Budget 12/31/22	Favorable (Unfavorable) Variance		Actual 12/31/22	Budget 12/31/22	Favorable (Unfavorable) Variance	Prior Year 12/31/21
				Inpatient Utilization				
				Discharges				
1	50	50	0	Med/Surg	277	289	(12)	283
2	22	14	8	ICU	109	83	26	90
3	72	64	8	Total Discharges	386	372	14	373
				Patient Days:				
4	174	177	(3)	Med/Surg	988	1,029	(41)	1,041
5	134	89	45	ICU	634	517	117	511
6	308	266	42	Total Patient Days	1,622	1,546	76	1,552
7	-	-	-	**Observation days**	78	-	78	150
				Average Length of Stay:				
8	3.5	3.6	(0.1)	Med/Surg	3.57	3.57	0.00	3.7
9	6.1	6.2	(0.1)	ICU	5.82	6.20	(0.38)	5.7
10	4.3	4.2	0.1	Avg. Length of Stay	4.20	4.16	0.05	4.2
				Average Daily Census:				
11	5.6	5.7	(0.1)	Med/Surg	5.4	5.6	(0.2)	5.7
12	4.3	2.9	1.5	ICU	3.4	2.8	0.6	2.8
13	9.9	8.6	1.4	Avg. Daily Census	8.8	8.4	0.4	8.4
				Other Utilization Statistics				

Due to the Epic go-live and short term complications surrounding statistical reporting, we are not reporting emergency room or outpatient statistics this month (Rows 14-23). We anticpate resolving and updating December & January statistics prior to distribution of January financial statements.

				Emergency Room Statistics				
14				Total ER Visits				
				Outpatient Statistics:				
15				Total Outpatients Visits				
16				IP Surgeries				
17				OP Surgeries				
18				Special Procedures				
19				Adjusted Discharges				
20				Adjusted Patient Days				
21				Adj. Avg. Daily Census				
22				Case Mix Index -Medicare				
23				Case Mix Index - All payers				
				Labor Statistics				
24	229	217	(12)	FTE's - Worked	213	216	2.9	204
25	241	239	(2)	FTE's - Paid	235	238	3.1	228
26	51.33	46.65	(4.67)	Average Hourly Rate	49.82	46.62	(3.21)	45.54
27	5.38	6.72	1.34	FTE / Adj. Pat Day	6.12	6.74	0.62	5.90
28	30.7	38.3	7.6	Manhours / Adj. Pat Day	34.9	38.4	3.5	33.6
29	131.2	159.2	28.0	Manhours / Adj. Discharge	146.1	159.7	13.6	139.6
30	23.0%	24.6%	1.6%	Benefits % of Salaries	23.5%	25.0%	1.4%	24.1%
				Non-Labor Statistics				
31	14.6%	16.2%	1.6%	Supply Expense % Net Revenue	16.5%	16.4%	-0.2%	14.0%
32	1,872	2,347	475	Supply Exp. / Adj. Discharge	2,340	2,378	37	2,143
33	15,906	19,505	3,599	Total Expense / Adj. Discharge	18,011	20,365	2,354	17,502
				Other Indicators				
34	24.6			Days Cash - Operating Funds				
35	42.1	50.0	(7.9)	Days in Net AR	38.9	50.0	(11.2)	42.4
36	91%			Collections % of Cash Goal	101%			98.0%
37	51.1	55.0	(3.9)	Days in Accounts Payable	51.1	55.0	(3.9)	46.8
38	15.0%	15.2%	-0.2%	% Net revenue to Gross revenue	15.0%	15.2%	-0.2%	18.3%
39	17.9%			% Net AR to Gross AR	17.9%			15.9%

Sonoma Valley Health Care District
Balance Sheet
As of December 31, 2022
UNAUDITED

		Current Month	Prior Month	Prior Year
	Assets			
	Current Assets:			
1	Cash	$ 1,692,928	$ 2,132,793	$ 3,147,129
2	Cash - Money Market	2,097,663	2,096,825	3,843,684
3	Net Patient Receivables	6,853,121	6,178,786	6,560,757
4	Allow Uncollect Accts	(1,501,895)	(1,346,537)	(1,804,420)
5	Net A/R	5,351,226	4,832,249	4,756,337
6	Other Accts/Notes Rec	1,940,104	1,382,669	1,973,768
7	Parcel Tax Receivable	1,741,233	3,800,000	1,665,888
8	GO Bond Tax Receivable	2,267,381	2,601,816	2,601,816
9	3rd Party Receivables, Net	102,551	102,551	3,905,706
10	Inventory	1,055,533	1,049,271	1,036,379
11	Prepaid Expenses	1,105,881	929,929	739,622
12	Total Current Assets	$ 17,354,499	$ 18,928,104	$ 23,670,329
13	Property,Plant & Equip, Net	$ 54,473,583	$ 54,323,923	$ 51,734,067
14	Trustee Funds - GO Bonds	3,534,907	3,526,127	3,714,896
15	Designated Funds - Board Approved	1,000,000	1,000,000	1,000,000
16	Total Assets	$ 76,362,989	$ 77,778,154	$ 80,119,292
	Liabilities & Fund Balances			
	Current Liabilities:			
17	Accounts Payable	$ 4,733,852	$ 5,141,505	$ 3,640,716
18	Accrued Compensation	3,525,926	4,079,870	3,414,761
19	Interest Payable - GO Bonds	194,866	147,163	211,709
20	Accrued Expenses	854,917	729,293	2,294,936
21	Advances From 3rd Parties	-	-	-
22	Deferred Parcel Tax Revenue	1,899,998	3,483,333	1,900,002
23	Deferred GO Bond Tax Revenue	1,242,545	182,968	1,390,873
24	Current Maturities-LTD	217,475	217,475	348,292
25	Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26	Other Liabilities	57,511	60,591	1,595,483
27	Total Current Liabilities	$ 18,200,825	$ 19,515,933	$ 20,270,506
28	Long Term Debt, net current portion	$ 24,553,023	$ 24,620,441	$ 25,073,689
29	Fund Balances:			
30	Unrestricted	$ 16,094,034	$ 16,503,926	$ 19,281,400
31	Restricted	17,515,108	17,137,854	15,493,697
32	Total Fund Balances	$ 33,609,142	$ 33,641,780	$ 34,775,097
33	Total Liabilities & Fund Balances	$ 76,362,989	$ 77,778,153	$ 80,119,292

Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended December 31, 2022

	Month This Year Actual	Month This Year Budget	Month Variance $	Month Variance %		Year-To-Date This Year Actual	Year-To-Date This Year Budget	Year-To-Date Variance $	Year-To-Date Variance %	YTD Prior Year
					Volume Information					
1	-	-	-	#DIV/0!	Acute Discharges	314	308	6	2%	373
2	-	-	-	#DIV/0!	Patient Days	1,314	1,280	34	3%	1,552
3	-	-	-	0%	Observation Days	78	-	78	*	150
4	$ 21,727	$ 19,236	$ 2,493	13%	Gross O/P Revenue (000's)	$ 122,288	$ 113,754	$ 8,535	8%	$ 112,051
					Financial Results					
					Gross Patient Revenue					
5	$ 6,190,850	$ 6,118,812	$ 72,038	1%	Inpatient	$ 36,543,742	$ 35,592,160	951,582	3%	$ 31,417,426
6	12,889,771	11,907,241	982,530	8%	Outpatient	71,438,235	70,703,593	734,642	1%	68,460,486
7	8,837,711	7,328,640	1,509,071	21%	Emergency	50,850,101	43,049,925	7,800,176	18%	43,708,918
8	$ 27,918,332	$ 25,354,693	2,563,639	10%	**Total Gross Patient Revenue**	$ 158,832,078	$ 149,345,678	9,486,400	6%	$ 143,586,830
					Deductions from Revenue					
9	(23,543,347)	(21,287,828)	(2,255,519)	-11%	Contractual Discounts	$ (133,953,861)	$ (125,373,478)	(8,580,383)	-7%	$ (120,065,467)
10	(200,000)	(200,000)	-	0%	Bad Debt	(856,647)	(1,200,000)	343,353	29%	(1,250,000)
11	(2,002)	(22,937)	20,935	91%	Charity Care Provision	(213,036)	(127,677)	(85,359)	-67%	(48,690)
12	-	688,278	(688,278)	-100%	Prior Period Adj/Government Program Revenue	-	6,088,278	(6,088,278)	-100%	4,049,297
13	$ (23,745,349)	$ (20,822,487)	(2,922,862)	14%	**Total Deductions from Revenue**	$ (135,023,544)	$ (120,612,877)	(14,410,667)	12%	$ (117,314,860)
						22,644,523.00				
14	$ 4,172,983	$ 4,532,206	(359,223)	-8%	**Net Patient Service Revenue**	$ 23,808,534	$ 28,732,801	(4,924,267)	-17%	$ 26,271,970
15	$ 89,918	$ 104,723	(14,805)	**-14%**	Other Op Rev & Electronic Health Records	$ 543,258	$ 628,338	(85,080)	-14%	$ 577,995
16	$ 4,262,901	$ 4,636,929	(374,028)	-8%	**Total Operating Revenue**	$ 24,351,792	$ 29,361,139	$ (5,009,347)	-17%	$ 26,849,965
					Operating Expenses					
17	$ 2,185,218	$ 1,968,075	(217,143)	-11%	Salary and Wages and Agency Fees	$ 12,251,171	$ 11,611,806	(639,365)	-6%	$ 10,874,417
18	698,112	686,375	(11,737)	-2%	Employee Benefits	4,154,773	4,098,504	(56,269)	-1%	4,055,616
19	$ 2,883,330	$ 2,654,450	(228,880)	-9%	Total People Cost	$ 16,405,944	$ 15,710,310	(695,634)	-4%	$ 14,930,033
20	$ 588,517	$ 597,106	8,589	1%	Med and Prof Fees (excld Agency)	$ 3,467,743	$ 3,580,377	112,634	3%	$ 3,442,646
21	607,433	621,877	14,444	2%	Supplies	3,937,885	3,708,469	(229,416)	-6%	3,666,807
22	464,063	472,678	8,615	2%	Purchased Services	2,627,648	2,612,901	(14,747)	-1%	2,605,003
23	246,961	229,087	(17,874)	-8%	Depreciation	1,521,391	1,374,522	(146,869)	-11%	1,429,551
24	142,634	108,454	(34,180)	-32%	Utilities	971,828	816,907	(154,921)	-19%	775,881
25	53,384	52,833	(551)	-1%	Insurance	336,226	316,998	(19,228)	-6%	305,500
26	40,332	18,703	(21,629)	-116%	Interest	215,262	108,026	(107,236)	-99%	98,364
27	87,345	125,219	37,874	30%	Other	533,553	747,515	213,962	29%	646,039
28	-	240,898	240,898	-100%	Matching Fees (Government Programs)	-	2,499,077	2,499,077	-100%	1,523,042
29	$ 5,113,999	$ 5,121,305	7,307	0%	**Operating expenses**	$ 30,017,481	$ 31,475,102	1,457,621	4.6%	$ 29,422,866
30	$ (851,098)	$ (484,376)	$ (366,722)	-76%	**Operating Margin**	$ (5,665,689)	$ (2,113,963)	(3,551,726)	-168%	$ (2,572,901)

Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended December 31, 2022

ATTACHMENT D

		Month						Year-To- Date				YTD
	This Year		Variance				This Year		Variance			
	Actual	Budget	$	%			Actual	Budget	$	%		Prior Year
					Non Operating Rev and Expense							
31	$ 7,975	$ (13,385)	21,360	*	Miscellaneous Revenue/(Expenses)		$ 21,383	$ (79,482)	100,865	*		$ (60,633)
32	-	-	-	0%	Donations		-	-	-	0%		20,459
33	-	-	-	*	Physician Practice Support-Prima		-	-	-	*		0
34	316,667	316,667	-	0%	Parcel Tax Assessment Rev		1,900,002	1,900,002	-	0%		1,900,002
35	-	-	-	0%	Extraordinary Items		-	-	-	0%		(46,967)
36	$ 324,642	$ 303,282	21,360	7%	**Total Non-Operating Rev/Exp**		$ 1,921,385	$ 1,820,520	100,865	6%		$ 1,812,861
37	$ (526,456)	$ (181,094)	(345,362)	-191%	**Net Income / (Loss) prior to Restricted Contributions**		$ (3,744,304)	$ (293,443)	(3,450,861)	-1176%		$ (760,040)
38	$ -	$ -	-	0%	Capital Campaign Contribution		$ -	$ -	-	0%		$ -
39	$ 377,254	$ 493,593	(116,339)	0%	Restricted Foundation Contributions		$ 1,464,929	$ 2,991,768	(1,526,839)	100%		$ 276,141
40	$ (149,202)	$ 312,499	(461,701)	*	**Net Income / (Loss) w/ Restricted Contributions**		$ (2,279,375)	$ 2,698,325	(4,977,700)	*		$ (483,899)
41	159,388	164,297	(4,909)	-3%	GO Bond Activity, Net		952,136	981,590	(29,454)	-3%		864,416
42	$ 10,187	$ 476,796	(466,610)	98%	**Net Income/(Loss) w GO Bond Activity**		$ (1,327,239)	$ 3,679,915	(5,007,154)	*		$ 380,517
	$ (279,495)	$ 47,993	(327,488)		**EBDA - Not including Restricted Contributions**		$ (2,222,912)	$ 1,081,079	(3,303,991)			$ 669,511
	$ (604,137)	$ (255,289)	(348,848)	-137%	**Operating EBDA - Not including Restricted Contributions**		$ (4,144,298)	$ (739,441)	(3,404,857)	-460%		$ (1,143,350)

Sonoma Valley Health Care District
Variance Analysis
For the Period Ended December 31, 2022

ATTACHMENT E

Operating Expenses	YTD		MONTH		Variance %
	Variance	Variance %	Variance	Variance %	
Salary and Wages and Agency Fees	(639,365)	-6%	(217,143)	-11%	1) Epic Go-Live - Overall variance in salaries directly related to Epic go-live. Actual FTEs of 229 were over budget by 12. Much of this is in clinical departments and other key post go-live support areas such as IT and patient accounting. 2) Epic Trainings - $45,000 of salary expense incurred specific to Epic EMR trainings.
Depreciation	(146,869)	-11%	(17,874)	-8%	GASB 87 - New accouting standard caused a reclassication in how we account for our operating leases, reclassifying parts of the lease from other operating expenses into amortization expense & interest expense. Both year-to-date and monthly variances are driven by this reclass.
Interest	(107,236)	-99.3%	(21,629)	-115.6%	1) Interest Rate Fluctuation - current line of credit interest rate 5.5% vs. PY of ~2.5%. 2) GASB 87 - New accouting standard caused a reclassication in how we account for our operating leases.
Matching Fees (Government Programs)	2,499,077	-100.0%	240,898	*	Variance relates to revised timing in IGT funding which is covered in length in financial report.
Operating expenses	**1,457,621**	**5%**	**7,307**	**0%**	

Sonoma Valley Hospital
Cash Forecast
FY 2023

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources													
Patient Payments Collected	3,924,051	4,613,392	3,735,746	3,656,614	4,177,640	3,497,534	2,273,397	2,841,747	3,921,610	4,000,042	4,080,043	4,161,644	44,883,461
Other Operating Revenue	19,072	182,649	33,561	250,527	23,522	40,390	104,723	104,723	104,723	104,723	104,723	104,732	1,178,069
Other Non-Operating Revenue	10,204	12,925	10,096	11,916	10,007	11,764	10,801	10,801	10,801	10,801	10,801	10,806	131,724
Unrestricted Contributions				3,200	2,051	202							5,453
Line of Credit													-
Sub-Total Hospital Sources	3,953,328	4,808,966	3,779,404	3,922,256	4,213,220	3,549,890	2,388,921	2,957,271	4,037,134	4,115,566	4,195,567	4,277,182	46,198,706
Hospital Uses of Cash													
Operating Expenses	4,913,977	4,894,375	5,088,864	4,586,736	4,470,658	5,948,370	4,779,230	4,598,493	4,831,885	4,710,812	4,986,997	4,946,095	58,756,491
Add Capital Lease Payments	13,501	13,354	13,280	13,354	45,386	55,162							154,037
Additional Liabilities/LOC													-
Capital Expenditures	774,009	749,295	117,435	170,157	216,084	418,400			25,000	2,205,000	25,000	25,000	4,750,381
Total Hospital Uses	5,701,487	5,657,024	5,219,578	4,770,247	4,732,128	6,421,932	4,779,230	4,623,493	7,036,885	4,735,812	5,011,997	4,971,095	63,660,909
Net Hospital Sources/Uses of Cash	(1,748,159)	(848,058)	(1,440,175)	(847,991)	(518,907)	(2,872,042)	(2,390,309)	(1,666,222)	(2,999,751)	(620,246)	(816,429)	(693,913)	(17,462,202)
Non-Hospital Sources													
Restricted Cash/Money Market	750,000	750,000	1,000,000	500,000	750,000			750,000	-		(3,000,000)		1,500,000
Restricted Capital Donations	210	696,111	1,483	259,524	125,306	377,052	350,000	400,000					2,209,686
Parcel Tax Revenue	192,601					2,058,767		-	1,502,000				3,753,368
Other Payments - Ins. Claims/HHS/Grants/Loans								-	1,500,000				1,500,000
Other:													-
IGT RATE RANGE										688,278	5,400,000	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									750,000				750,000
BOARD DESIGNATED FUNDS							1,000,000						1,000,000
Sub-Total Non-Hospital Sources	942,811	1,446,111	1,001,483	759,524	892,596	2,435,819	1,350,000	3,900,000	3,002,000	915,531	2,780,000	41,568	19,467,443
Non-Hospital Uses of Cash													
Matching Fees					-	3,642	-	2,499,077	-	-	20,784		2,523,503
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	-	3,642	-	2,499,077	-	-	20,784	-	2,523,503
Net Non-Hospital Sources/Uses of Cash	942,811	1,446,111	1,001,483	759,524	892,596	2,432,177	1,350,000	1,400,923	3,002,000	915,531	2,759,216	41,568	16,943,940
Net Sources/Uses	(805,349)	598,053	(438,691)	(88,467)	373,689	(439,865)	(1,040,309)	(265,299)	2,249	295,285	1,942,787	(652,345)	
Operating Cash at beginning of period	2,493,558	1,688,209	2,286,262	1,847,571	1,759,104	2,132,793	1,692,928	652,619	387,320	389,569	684,854	2,627,641	
Operating Cash at End of Period	1,688,209	2,286,262	1,847,571	1,759,104	2,132,793	1,692,928	652,619	387,320	389,569	684,854	2,627,641	1,975,296	
Money Market Account Balance - Undesignated	5,095,597	4,345,597	3,346,052	2,846,649	2,096,825	2,097,663	2,097,663	1,347,663	1,347,663	1,347,663	4,347,663	4,347,663	
Total Cash at End of Period	6,783,806	6,631,859	5,193,623	4,605,753	4,229,618	3,790,590	2,750,282	1,734,982	1,737,231	2,032,517	6,975,303	6,322,958	
Average Days of Cash on Hand	54.2	45.1	35.2	30.2	28.8	24.6							
Days of Cash on Hand at End of Month	53.8	42.0	34.1	31.1	27.9	24.5	17.8	11.7	11.1	13.4	43.4	39.6	

Sonoma Valley Hospital

Capital Spending and Planned, CIP, and Capital Leases

Historical Capital Spend For Fiscal Years Ending June 30, 2019, 2020, 2021. 2022 & YTD FY 2023

Q2 FY23

	Foundation Support:				Historical Capital Spend			Current
	Dept #	Department	DESCRIPTION	FY 2019	FY 2020	FY 2021	FYTD 2022	FYTD 2023
1	8340	Dietary	Walk in Freezer	8,498				
2	7500	Laboratory	ABL Flex Plus Analyzer	16,049				
3	8450	Engineering/Plant Ops	Infrared Thermal Imager			10,336		
4	6010	ICU	Patient Lift for ICU			8,605		
5	8450	Engineering/Plant Ops	A Women's Place - Building Improvements (Closed CIP in FY 2020)	22,601				
6	8450	Engineering/Plant Ops	A Women's Place - Equipment and Furniture (Closed CIP in FY 2020)	33,280				
7	6170	Med-Surg	MDM Patient Journey System			71,155		
8	8440	Environmental Services	Xenex - Lightstrike Germ Zapping Robot				87,960	
9	7420	Surgery	Olympus America - Refurbished Bronchoscope				13,088	
10	6010/6170	ICU/Med-Surg	Third floor move (Closed CIP in FY 2021)	233,942				
11	6010/6170	ICU/Med-Surg	Gentherm Medical - Hypothermia unit blanketrol				7,652	
12	7771	OP Physical Therapy	Rehab V2 Max Reformer Bundle				5,320	
13	7630	Medical Imaging	Bone Densitometer				87,166	
14	7775	Occ Health	Audiometer & Sound Room				12,916	
15	7420	Surgery	Xprezzon Monitor Anesthesia				38,726	
16	7010	Emergency Room	Fujifilm Sonosite Ultrasound System					74,240
17	7420	Surgery	Surgical Table					43,152
18	7500	Laboratory	Coagulation Analyzer					44,060
17	7420	Surgery	Anesthesia Machines					255,295
			Foundation Support Sub-total	$ 314,371	$ 90,096	$ 101,048	$ 151,780	$ 416,747

	Equipment:				Historical Capital Spend			Current
	Dept #	Department	DESCRIPTION	FY 2019	FY 2020	FY 2021	FYTD 2022	FYTD 2023
17	8340	Dietary	Mobile shelving - Uline	6,909				
18	8480	Information Systems	GHA Technologies UCSF Telemedicine Cart	8,265				
19	7420	Surgery	Stryker Medical - Refurbished PI drive/attachments	15,415				
20	7420	Surgery	Olympus - EVIS EXERA III	29,716				
21	8450	Engineering/Plant Ops	UCSF signage - multiple sites	8,182				
22	7420	Surgery	Stryker Medical - System 8 Drill/saws	107,487				
23	Various		Celtic **Lease payoff** - various equipment		421,904			
24	7420	Surgery	Zimmer Biomet Intellicart System w/Evac Station		22,034			
25	7420	Surgery	Alcon Centurian Phaco Machine		65,250			
26	7420	Surgery	Olympus America - Urology equipment		62,118			
27	8340	Dietary	Commercial Blenders - 2		4,838			
28	6010	ICU	Smart IV Pumps - 27		56,994			
29	8450	Engineering/Plant Ops	Security Camera system - South Lot			11,660		
30	7500	Laboratory	Bactec FX40 Blood Culture Unit			36,759		
31	8610	Administration	History Wall Panels - Hallway			18,819		

Sonoma Valley Hospital

Capital Spending and Planned, CIP, and Capital Leases

Historical Capital Spend For Fiscal Years Ending June 30, 2019, 2020, 2021. 2022 & YTD FY 2023

Q2 FY23

	Dept #	Department	DESCRIPTION	FY 2019	FY 2020	FY 2021	FYTD 2022	FYTD 2023
32	6010	ICU	Series 980S Ventilator			36,921		
33	6010	ICU	CAPR Hood Ventilator (PPE)			14,777		
34	7420	Surgery	Stryker Medical - Eye Surgery Stretcher			13,140		
35	8340	Dietary	Alladin Temp Rite - Activator/base/dome/heating unit			5,475		
36	7630	Medical Imaging	Stryker Medical - Transport Gurney			4,569		
37	7630	Medical Imaging	Stryker Medical - OB Gyn Stretcher			7,250		
38	7500	Laboratory	Fisher Healthcare - Logic Purifier Bio-safety cab			11,397		
39	7420	Surgery	Steris Corp - Surgical table				42,724	
40	7420	Surgery	Depuy - Monobloc flexible reamers				14,997	
41	7630	Medical Imaging	Barco Niodsply 21.3 monitor				8,713	
42	7740	Wound Care	Carts/exam table Wound Care (Closed CIP in FY 2021)				6,824	
43	7740	Wound Care	IPADS/IS Costs for Wound Care (Closed CIP in FY 2021)				35,555	
44	8390	Pharmacy	Compounding aseptic isolater system (used)				5,000	
45	7680	Central Service/Durable me	Somotom Xray Tube Replacement				172,651	
46	7420	Surgery	Mizuho OSI Surgical Table				105,151	
47	7420	Surgery	Endoscopy Cabinet/Scopes					13,990
			Equipment Sub-total	$ 175,974	$ 633,138	$ 160,767	$ 391,615	$ 13,990

Information Systems/Electronic Health Records:					Historical Capital Spend			Current
	Dept #	Department	DESCRIPTION	FY 2019	FY 2020	FY 2021	FYTD 2022	FYTD 2023
48	8480	Information Systems	Dell Computers - 20		17,252			
49	8480	Information Systems	Dragon One Speech Recognition - Physician dictation		11,300			
50	8480	Information Systems	Lenovo Thinkpads - Laptops			8,760		
51	8480	Information Systems	Dell computers with monitors			25,311		
52	8480	Information Systems	Vx Rail Server Upgrades			24,981		
53	8480	Information Systems	Dell computers with monitors			21,450		
54	8480	Information Systems	Vx Rail Server Upgrades			10,376		
55	8480	Information Systems	Dell computers (Optiplex 7080)			37,261		
56	8480	Information Systems	Cisco catalyst network switch upgrade				40,820	
57	8480	Information Systems	TrueNAS Network Storage Server				32,474	
58	8480	Information Systems	E.H.R. Close CIP in FY 2021				44,955	
			Information Systems Sub-total	$ -	$ 28,552	$ 128,139	$ 118,249	$ -

Building/Leasehold Improvements					Historical Capital Spend			Current
	Dept #	Department	DESCRIPTION	FY 2019	FY 2020	FY 2021	FYTD 2022	FYTD 2023
59	7073	SFP Clinic - Perkins	Conklin Bros Flooring	16,859				
60	8450	Engineering/Plant Ops	Conversion of Rooms - 215-217 - Closed CIP	87,317				
61	8450	Engineering/Plant Ops	SNF Courtyard walkway (1/2)		5,240			
62	8610	Administration	Garden Murals				9,336	
63	8450	Engineering/Plant Ops	Energy mgt system BAS upgrade				30,214	

Sonoma Valley Hospital
Capital Spending and Planned, CIP, and Capital Leases
Historical Capital Spend For Fiscal Years Ending June 30, 2019, 2020, 2021. 2022 & YTD FY 2023
Q2 FY23

64	7740	Wound Care	Painting & wiring for Wound care (Closed CIP in FY 2021)				2,940	
65	8450	Engineering/Plant Ops	Roof Restoration - Advanced Foam Roofing				134,956	
66	8450	Engineering/Plant Ops	Automatic Transfer Switch Replacement (Closed CIP)				55,159	
67	8450	Engineering/Plant Ops	Roof Restoration - Advanced Foam Roofing addtl invoice GMH					42,083
			Building/Leasehold Improvements Sub-total	**104,176**	**5,240**	**39,550**	**193,055**	**42,083**
			Total Capital Assets	**$ 594,521**	**$ 757,026**	**$ 429,504**	**$ 854,699**	**$ 472,820**
			Recap:					
			Capital Spend - Hospital	280,150	666,930	328,456	702,919	56,073
			Capital Spend - Foundation	314,371	90,096	101,048	151,780	416,747
			Total Capital Assets	**$ 594,521**	**$ 757,026**	**$ 429,504**	**$ 854,699**	**$ 472,820**

Account #	Construction In Progress (CIP)	CIP Budget	CIP Balance at 6/30/2022	Spend FYTD 2023	CIP Balance FYTD 2023	Funding
1258-0050	ODC - Project CT & MRI	21,000,000	11,676,277	787,341	12,463,618	**Foundation**
1258-0810	Medivator Scopes Room	82,720	19,718	9,474	29,192	**Operations**
1250-0007	Endoscopy Cabinet & Install	20,680	2,329	12,482	14,811	**Operations**
1258-0840	CT Epic Implementation		18,013	1,063,806	1,081,819	**Split**
	CIP Balance	**$ 21,103,400**	**$ 11,716,337**	**$ 1,901,105**	**$ 13,617,442**	