



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

**AGENDA**

**THURSDAY, APRIL 6, 2023**

**CLOSED SESSION 5:30 P.M.**

**REGULAR SESSION 6:00 P.M.**

**Held in Person at  
Council Chambers  
177 First Street West, Sonoma  
and via Zoom Videoconferencing**

**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 Monique Crayton District Clerk at <a href="mailto:mcrayton@sonomavalleyhospital.org">mcrayton@sonomavalleyhospital.org</a> at least 48 hours prior to the meeting.	<b>RECOMMENDATION</b>		
<b>AGENDA ITEM</b>			
<b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>			
<b>1. CALL TO ORDER</b>	<i>Bjorndal</i>		
<b>2. PUBLIC COMMENT</b> <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the 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>			
<b>3. PUBLIC COMMENT ON CLOSED SESSION</b>			
<b>4. CLOSED SESSION</b> <u>Government Code Sect. 37606 &amp; Health and Safety Code Sect. 32106:</u> Report Involving Trade Secret – Discussion will concern proposed services and business strategy.			

<b>5. REPORT ON CLOSED SESSION</b>	<i>Bjorndal</i>	Inform	
<b>6. BOARD CHAIR COMMENTS</b>	<i>Bjorndal</i>		
<b>7. CONSENT CALENDAR</b> a. Board Minutes 03.09.23 b. Finance Committee Minutes 02.28.23 c. Quality Committee Minutes 02.22.23 d. Governance Committee Minutes 01.18.23 e. Governance Committee Minutes 11.16.22 f. Medical Staff Credentialing g. Policies and Procedures	<i>Bjorndal</i>	Action	Pages 3-6 Pages 7-10 Pages 11-13 Pages 14-15 Pages 16-17  Pages 18-30
<b>8. CHIEF OF STAFF REPORT</b>	<i>Solomon</i>	Inform	Pages 31-41
<b>9. ANNUAL HOSPITAL QUALITY REPORT</b>	<i>Cooper</i>	Inform	Pages 42-55
<b>10. RECOMMENDATION FOR BOARD RETREAT</b>	<i>Boerum</i>	Inform/Action	Page 56
<b>11. REVISION TO SVHCD BY LAWS</b>	<i>Boerum</i>	Action	Pages 57-59
<b>12. RECOMMENDATION TO FILL AUDIT COMMITTEE VACANCY</b>	<i>Boerum</i>	Action	Pages 60-64
<b>13. REPORT ON BANKING RELATIONSHIPS</b>	<i>Boerum/Armfield</i>	Inform	Page 65
<b>14. REPORT ON STRATEGIC PLAN REVIEW</b>	<i>Boerum</i>	Inform	
<b>15. FIVE-YEAR STRATEGIC PLAN</b>	<i>Hennelly</i>	Action	Pages 66-81
<b>16. CEO REPORT</b>	<i>Hennelly</i>	Inform	Pages 82-83
<b>17. CMO UPDATE</b>	<i>Sankaran</i>	Inform	Pages 84-90
<b>18. UCSF AFFILIATION UPDATE</b>	<i>Hennelly</i>	Inform	Page 91
<b>19. EPIC UPDATE</b>	<i>Hennelly</i>	Inform	
<b>20. FINANCIALS FOR MONTH END FEBRUARY 2023</b>	<i>Armfield</i>	Inform	Pages 92-101
<b>21. BOARD COMMENTS</b>	<i>Board Members</i>	Inform	
<b>22. ADJOURN</b>	<i>Bjorndal</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, MARCH 9, 2023

**HELD IN PERSON AT SONOMA VALLEY HOSPITAL, 347 ANDRIEUX  
STREET, SONOMA, AND VIA ZOOM TELECONFERENCE**

	<b>RECOMMENDATION</b>	
<b>SONOMA VALLEY HOSPITAL BOARD MEMBERS</b> 1. Judith Bjorndal, MD, Chair, Present 2. Susan Kornblatt Idell, First Vice Chair, Present via Zoom 3. Denise M. Kalos, Second Vice Chair, Present 4. Bill Boerum, Treasurer, Present 5. Wendy Lee Myatt, Secretary, Present		
<b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER</b>	<i>Bjorndal</i>	
Meeting called to order at 6:00 p.m.		
<b>2. PUBLIC COMMENT</b>		
None		
<b>3. BOARD CHAIR COMMENTS</b>	<i>Bjorndal</i>	
Dr. Bjorndal mentioned there are some exceptions to the Brown Act for Board members to meet virtually. Committees may meet as they feel comfortable doing; however, if they meet in the Hospital they must wear masks. As long as it is publicly noticed, a Committee may meet anywhere in the District.		
<b>4. CONSENT CALENDAR</b>	<i>Bjorndal</i>	Action
a. Board Minutes 02.02.23 b. Finance Committee Minutes 01.24.23 c. Quality Committee Minutes 01.25.23 d. Medical Staff Credentialing e. Policy and Procedures		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Kalos. All in favor.
<b>5. UCSF JOINT OPERATING COMMITTEE UPDATE</b>	<i>Decosta</i>	Inform
Ms. Decosta from UCSF gave a brief presentation with updates on the UCSF Health Network. UCSF will be co-sponsor for the Women's Health Symposium on May 24, 2023, at Hanna Center in Sonoma. Mr. Boerum asked if UCSF had a destination specialist. UCSF does have a number of patients from other states, as well as some international patients. However, it simply does not have the capacity to accept many patients. Ms. Decosta said there is a destination program and she would put Mr. Boerum in touch with that representative. There is more capacity among the UCSF affiliates though.		
<b>6. REVIEW FIVE-YEAR STRATEGIC PLAN DRAFT</b>	<i>Hennelly</i>	Inform

<p>Mr. Hennelly noted the revised strategic plan will be presented for approval at the next Board meeting. Then details will be developed for each initiative. Major areas of focus are: financial stabilization, seismic compliance, evolution of main campus, and ambulatory care development. He briefly discussed the individual strategies in each area of focus.</p> <p>Mr. Boerum suggested including “better utilization of surgical suites” more explicitly stated as an outcome under the financial strategy. Mr. Hennelly agreed that is an expected outcome but it could be stated more explicitly. Mr. Boerum also asked about completing the GI specialist recruitment. Mr. Hennelly responded that recruiting and retaining a GI specialist has been in process for some time and has been a difficult task to close by a certain date but that progress is being made.</p> <p>Seismic compliance will focus on how to meet 2030 seismic requirements and guarantee SVH’s operational ability after an earthquake. Ms. Lee Myatt asked if the hospital has a business continuity plan. SVH does have an emergency operations plan but not a business continuity plan.</p> <p>Evolution of the main campus will focus on serving the needs of the aging population. SVH does not have the capacity today to serve those needs. A key component will involve utilizing UCSF providers.</p> <p>Finally, ambulatory care development will look at the viability of putting services closer to community members vs. centered at the hospital. Mr. Boerum had skepticism about the use of a different facility. He felt better communication and marketing of services would be more effective. Ms. Lee Myatt also felt some wording changes in the last strategy would be useful, focusing on exploring various options as opposed to committing to a specific solution. The other Board members agreed.</p> <p>Mr. Hennelly planned to make changes to the draft and would propose acceptance of the strategic plan next month. Ms. Lee Myatt urged keeping the community engagement. Survey results of community interests and feedback were also shared.</p>		
<p><b>7. APPOINTMENTS TO FILL FINANCE COMMITTEE VACANCIES</b></p>	<p><i>Boerum</i></p>	<p>Action</p>
<p>Dr. Bjorndal said the manner in which committee vacancies are being filled is not consistent with Board policy. The six applicants were not formally interviewed by the Board, but their applications were all reviewed by all the Board members. After today’s appointments are approved, she intended to refer this issue back to the Governance Committee.</p> <p>Mr. Boerum said the Finance Committee had three vacancies to fill. In addition to the two vacancies previously announced, Mr. Grandy is also going to be leaving the Finance Committee after serving four years. Mr. Boerum recommended Bob Crane and Ed Case to fill the two vacant positions; he also recommended Graham Smith in light of the third vacancy. Mr. Smith has previously served on the Audit Committee. Those applicants who are not appointed may serve as alternates.</p>		<p><b>MOTION:</b> by Boerum to approve the three recommended applicants, 2<sup>nd</sup> by Kalos. All in favor.</p>



<b>8. RESOLUTION NO. 372 AUTHORIZING PARCEL TAX ADVANCE AND EXECUTION OF PARCEL TAX AGREEMENT</b>	<i>Armfield</i>	Action
Mr. Armfield gave a brief background of the item. Mr. Boerum added that this item was supported by the Finance Committee.		<b>MOTION:</b> by Boerum, 2 <sup>nd</sup> by Lee Myatt. Vote by roll call with 5 ayes all in favor.
<b>9. RESOLUTION NO. 373 AUTORIZING EXECUTION OF CHFFA HELP II LOAN DOCUMENTS</b>	<i>Armfield</i>	Action
Mr. Armfield gave the background of this item. The documents would formalize the loan with CHFFA, which would be used to fund the balance of the Epic project. This item was supported by the Finance Committee.		<b>MOTION:</b> by Boerum, 2 <sup>nd</sup> by Lee Myatt. Vote by roll call with 5 ayes, all in favor.
<b>10. FY 2024 BUDGET ASSUMPTIONS</b>	<i>Armfield</i>	Action
Mr. Armfield briefly reviewed the FY 2024 budget assumptions. He is in the process of preparing a risk analysis of the assumptions and is planning to bring a refined list back to the Finance Committee and the Board.		No action taken.
<b>11. PACE UPDATE</b>	<i>Kornblatt Idell</i>	Inform
<p>Ms. Kornblatt Idell gave a brief review of what PACE is, as well as the interviews conducted to ascertain whether there were efforts underway or that could be started to bring PACE to Sonoma Valley. It was found that two programs are already in the late stages of development - one is being started in Napa and the other in Rohnert Park. There does seem to be interest and benefit to starting a program in Sonoma Valley. It is a complicated process and an expensive one. The challenge is there does not seem to be any one organization interested in spearheading the effort. Also, the catchment areas for both Napa and Rohnert Park cover part of Sonoma Valley. Recommendations are included in the report provided. It is also possible that Sonoma Valley could align with one of the other two programs as a hybrid model.</p> <p>Ms. Lee Myatt suggested that the opportunity could be explored with UCSF. Mr. Hennelly suggested that perhaps SVH could be the seed/starter organization because it already performs many of the required services.</p>		
<b>12. DESTINATION HOSPITAL STRATEGY UPDATE</b>	<i>Boerum</i>	Inform
Mr. Boerum reported that he had met with Ms. Kalos and Ms. Elizabeth Sealey to discuss this topic. Sonoma is certainly recognized as a tourist destination. However, the physicians or service lines to be involved will need to be identified. He planned to bring up the subject at the next medical staff dinner meeting. Ms. Kalos added it was also important to identify what SVH is good at or known for. It may also be a possible to bring specialists here to attract patients.		
<b>13. CEO REPORT</b>	<i>Hennelly</i>	Inform
Report as submitted.		
<b>14. UCSF AFFILIATION UPDATE</b>	<i>Hennelly</i>	Inform
Report as submitted.		

<b>15. EPIC UPDATE</b>	<i>Hennelly</i>	Inform
None		
<b>16. ODC UPDATE</b>	<i>Drummond/ Hennelly</i>	Inform
None		
<b>17. FINANCIALS FOR MONTH END JANUARY 2023</b>	<i>Armfield</i>	Inform
Mr. Armfield reported that SVH is exceeding budget. Cash collections are not back at baseline after the Epic installation but are certainly improved.		
<b>18. BOARD COMMENTS</b>	<i>Board Members</i>	Inform
None		
<b>19. ADJOURN</b>	<i>Chair</i>	
Adjourned at 8:24 pm		



**SVHCD**  
**FINANCE COMMITTEE MEETING**  
**MINUTES**  
**TUESDAY, FEBRUARY 28, 2023**  
**Via Zoom Teleconference**

<b>Present</b>		<b>Not Present/Excused</b>	<b>Staff</b>	<b>Public</b>	
Bill Boerum via Zoom Wendy Lee Myatt via Zoom Art Grandy via Zoom Subhash Mishra, MD, via Zoom Catherine Donahue via Zoom Peter Hohorst via Zoom		Carl Gerlach	John Hennelly, CEO, via Zoom Ben Armfield, CFO, via Zoom Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO, via Zoom	Judith Bjorndal, MD via Zoom Dennis Bloch via Zoom Peter Fitzgerald via Zoom Ed Case via Zoom	
<b>AGENDA ITEM</b>		<b>DISCUSSION</b>		<b>ACTIONS</b>	<b>FOLLOW-UP</b>
<b>MISSION &amp; VISION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>					
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>		<i>Boerum</i>			
		Called to order at 5:00 p.m. Mr. Boerum said that Mr. Gerlach is excused. Mr. Boerum mentioned the recent news announcement of the opening of an urgent care center in Sonoma and asked Mr. Hennelly's reaction. Mr. Hennelly replied, "It is an access point for the community. Financially it will impact the hospital. We are engaging them to see if we can collaborate somehow."			
<b>2. PUBLIC COMMENT SECTION</b>		<i>Boerum</i>			
		None			
<b>3. CONSENT CALENDAR</b>		<i>Boerum</i>		Action	
a. Finance Committee Minutes 01.24.23				<b>MOTION:</b> by Grandy to approve, 2 <sup>nd</sup> by Lee. Mr. Boerum abstained. All in favor.	
<b>4. CHFFA HELP II LOAN DOCUMENTS</b>		<i>Armfield</i>		Action	

	<p>Mr. Armfield said this loan to SVHCD was approved by the CHFFA board, which approval then triggered production of the loan documents. It is a 5-year \$2 million loan with 2% interest to fund completion of the Epic project. If recommended by the Committee, the Board would take action on March 9, 2023. Updated documents with revised dates will be submitted to the Board. The borrower is the District.</p> <p>Ms. Donahue asked what the shortfall is on Epic. Mr. Armfield said the Epic budget was just over \$4 million and approximately \$700k was received from Foundation fundraising. We do feel we will come in under budget; however, the \$2 million is the majority of what is outstanding to be paid. Mr. Grandy asked about the loan period option of 15 yrs at 3%. Mr. Armfield replied that the offer was only for 5 years at 2% because Epic is viewed as equipment. Mr. Bloch asked about attorney review, and Mr. Armfield replied that it had been reviewed.</p> <p>The Committee agreed to recommend to the Board.</p>	<b>MOTION:</b> by Grandy to recommend to the Board, 2 <sup>nd</sup> by Lee. All in favor.	
<b>5. PARCEL TAX ADVANCE</b>	<i>Armfield</i>	Action	
	<p>Mr. Boerum mentioned repayment of the parcel tax advance will come from the IGT funds. Mr. Armfield said cash collections are picking up; he was not sure if we <u>need</u> the advance at this point but would like to proceed with it to be prudent. He is asking for 80% of the full allotment, although an 85% advance could be taken.</p> <p>The Committee agreed to recommend to the Board.</p>	<b>MOTION:</b> by Lee Myatt to recommend to the Board, 2 <sup>nd</sup> by Donahue. All in favor.	
<b>6. COMMITTEE MEETING VENUE AND TIME</b>	<i>Boerum</i>	Action	
	<p>Mr. Boerum mentioned the end of the Covid state of emergency at the end of February and indicated the issue of in-person and virtual meetings is being addressed with counsel. He suggested the Committee might mimic what the Board decided to do. Advisory committees may not be held to the same requirements as the Board. He felt we could continue meeting virtually next month but there are several options to consider. He indicated he will confirm and let the Committee know.</p> <p>Mr. Boerum also suggested moving the meeting time to 6:00 p.m. The Committee indicated that was agreeable.</p>	No action, discussion only.	The March meeting will be at 6:00 p.m.

<b>7. STRATEGIC PLANNING PARTICIPATION</b>	<i>Boerum</i>	Inform	
	<p>The Committee is ready to assist with strategic planning in any way it can. The last of the four public information sessions is being held tonight. Mr. Boerum asked Mr. Armfield how the Committee could help. Mr. Armfield said there are long-term strategic initiatives that are big ticket items; he would like to get feedback from the Committee on the high-level business plans for those initiatives.</p> <p>Ms. Lee Myatt indicated she would like to have the Committee involved in any initiatives that involve growth, new services, or construction. Mr. Grandy said the Board should be informed of the items needed to implement those initiatives as well as options. More specific detail is needed. Ms. Lee Myatt added that all alternatives should have a cost/benefit analysis included.</p>		
<b>8. COMMITTEE VACANCY UPDATE</b>	<i>Boerum</i>	Inform	
	Mr. Boerum indicated seven applicants applied for the vacancies. One person dropped out so six will be presented to the Board.		
<b>9. FY 2024 BUDGET ASSUMPTIONS</b>	<i>Armfield</i>	Action	
	Mr. Armfield shared the list of budget assumptions. Mr. Boerum said that a joint budget session with the Board is normally held annually at the end of May. He indicated that the Committee would like to be involved earlier than that (in April). Ms. Lee Myatt asked for a dashboard of the budget assumptions with the likelihood whether each of these is true or not. Mr. Armfield agreed that would be useful; he also suggested setting targets (for ex., for operating margin). Mr. Boerum suggested a possible special Finance Committee meeting in early May. Mr. Fitzgerald suggested also using sensitivity analysis for each item.	No action, discussion only.	Special FC meeting early May.
<b>10. ODC UPDATE</b>	<i>Hennelly</i>	Inform	
	Mr. Hennelly said the magnet will be ordered and placed in the temporary structure in the parking lot next January (2024). The project is on time for installation in the permanent location in approximately 2.5 years (early 2025). The project is on budget as well.		

<b>11. EPIC UPDATE</b>	<i>Hennelly</i>	Inform	
	The Epic installation has transitioned from a clinical project to a revenue project. The team is finishing up final interfaces.		
<b>12. UCSF AFFILIATION UPDATE</b>	<i>Hennelly</i>	Inform	
	Mr. Hennelly briefly reviewed the affiliation matrix. SVH's average daily ICU census is 2-4 patients, and the Hospital is exploring intensivist tele-coverage of the ICU with UCSF. GI physician recruitment is continuing. Finally, SVH is investing in leadership development to ensure we are a high performing organization.		
<b>13. FINANCIAL REPORT FOR MONTH END DECEMBER 2022</b> a. Review Q2 FY 2023 Capital Spending b. December 2022 Net A/R Review	<i>Armfield</i>	Inform	
	Mr. Armfield said January 2023 was a positive month compared to budget. SVH has exceeded budget both months that Epic has been live (December and January). However, some departments have operated at less than full efficiency. January brought a large influx of inpatient volume. Cash collections exceeded projection in January. SVH will make the matching IGT payment in February so the month is projected to end with 10 days' cash. However, vehicles have been found to mitigate that.		
<b>14. ADJOURN</b>	<i>Boerum</i>		
	Meeting adjourned at 6:15 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**

**February 22, 2023, 5:00 PM**

**MINUTES**

**Via Zoom Teleconference**

<b>Members Present – Via Zoom</b>	<b>Members Present cont.</b>	<b>Excused</b>	<b>Public/Staff – Via Zoom</b>
Susan Kornblatt Idell Carol Snyder Carl Speizer, MD Kathy Beebe, RN PhD Michael Mainardi, MD Howard Eisenstark, MD	Ingrid Sheets, EdD, MS, RN Judith Bjorndal, MD		Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Kylie Cooper, RN, BSN, CPHQ, MBA, Quality and Risk Mgmt. Chris Kutza, PharmD, Director of Pharmacy John Hennelly, CEO Ako Walther, MD

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Kornblatt Idell</i>	
	Meeting called to order at 5:00 p.m.	
<b>2. PUBLIC COMMENT</b>	<i>Kornblatt Idell</i>	
	None	
<b>3. CONSENT CALENDAR</b>	<i>Kornblatt Idell</i>	<b>ACTION</b>
<ul style="list-style-type: none"> <li>QC Minutes 01.25.23</li> </ul>	Item 5 – Change the second sentence to “... elderly patients SVH is discharging.” Also change the next paragraph, second sentence to “The majority of patients who left without being seen occur usually in high census times. Those that left without being seen have less severity of illness.” Add the following paragraph: “SVH was notified two days prior to Committee meeting that an urgent care center was opening in town. The plan will be for Hospital representatives to reach out to the company for discussions and collaboration. No further information at this time.”	<b>MOTION:</b> by Mainardi to approve, 2 <sup>nd</sup> by Eisenstark. All in favor.

<b>4. PHARMACY DEPARTMENT QA/PI</b>	<i>Kutza</i>	INFORM
	<p>Mr. Kutza reported on the Pharmacy Department quality measures through December 2022.</p> <p>There was some discussion regarding the controlled substances metrics. Mr. Kutza indicated he will have the anesthesia report rebuilt so the output is easier to read; he will also set targets for both measures.</p>	
<b>5. QUALITY INDICATOR PERFORMANCE PLAN</b>	<i>Cooper</i>	INFORM
	<p>Ms. Cooper shared the quality indicator performance for the month of December 2022. A new sepsis team has been formed to address sepsis core measures.</p> <p>Ms. Winkler shared HCAHPS scores for the past five quarters. A dip in top box scores in December was due to the Epic implementation; she expected to see those trend up again in the first quarter of 2023.</p>	
<b>6. POLICIES AND PROCEDURES</b>	<i>Cooper</i>	INFORM
	The Policy Report was reviewed with no comments.	
<b>7. FOLLOW-UP ON POLICIES AND PROCEDURES FROM JANUARY 2023 DISCUSSION</b>	<i>Cooper</i>	
	<p>The Surgery Dept. Cesarean Section policy is being retired since SVH no longer has an OB department. However, an Emergency Dept. OB policy exists where the patient would be transferred to a higher level of care. SVH does not have the capabilities of doing a Cesarean Section. The Committee asked if there were any portions of this policy that might be useful to add to the ER OB policy in the unlikely event complicated cases present in the ER. Ms. Cooper agreed the medical committee could take a look at this policy. The Committee was satisfied with the review.</p>	
<b>8. CLOSED SESSION/REPORT ON CLOSED SESSION</b>	<i>Kornblatt Idell</i>	ACTION



a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Medical Staff Credentialing was reviewed and approved.	<b>MOTION:</b> by Eisenstark to approve, 2nd by Speizer. All in favor.
<b>9. ADJOURN</b>	<i>Kornblatt Idell</i>	
	Meeting adjourned at 6:02 p.m.	



# SVHCD GOVERNANCE COMMITTEE MEETING

## MINUTES

WEDNESDAY, JANUARY 18, 2023

Present	Not Present	Staff	Public	
Bill Boerum via Zoom Denise Kalos via Zoom	Amy Jenkins	Vivian Woodall via Zoom		
AGENDA ITEM		DISCUSSION	ACTIONS	FOLLOW-UP
<b>MISSION &amp; VISION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>		<i>Boerum</i>		
		Called to order at 6:13 p.m.		
<b>2. PUBLIC COMMENT SECTION</b>		<i>Boerum</i>		
		None		
<b>3. CONSENT CALENDAR</b>		<i>Boerum</i>	Action	
Governance Committee Minutes 11.16.22		Held over to next meeting	No action	Held over to next meeting.
<b>4. REVIEW POLICIES &amp; PROCEDURE DOCUMENTS IN PROCESS</b>		<i>Boerum</i>	Inform/Action	
		Discussion held over to next meeting. Mr. Boerum said he expected the committee to meet 3-4 times in 2023.	No action	Held over to next meeting.
<b>5. DISCUSS COMMITTEE TERMS</b>		<i>Boerum</i>	Inform/Action	
		Mr. Boerum said no notation is made of terms (length or start date) in the District Bylaws or Committee charters. There was some agreement on the Board for terms to be four years. Ms. Kalos suggested it would be difficult to get volunteers to commit to serve on committees for four years; she wondered about the		Held over to next meeting.

	<p>impact of specifying term length. It might be worth taking an informal poll of current members in each committee. Mr. Boerum also asked whether Governance should make this a recommendation for all other committees, and whether this should be a recommendation to the Board to change the Bylaws. Further discussion held over to next meeting.</p>		
<b>6. DEVELOP WORK PLAN FOR 2023</b>	<i>Boerum</i>	Action	
	<p>Suggested changes were: 1) Move all January items to February, in addition to today's agenda. 2) Leave "plan Board retreat" in February and move other February items to March. 3) Remove Conflict of Interest since that policy is only reviewed every two years, and it was just reviewed and revised in Fall 2022.</p>	<p><b>MOTION:</b> by Boerum to approve, 2<sup>nd</sup> by Kalos. All in favor.</p>	
<b>7. ADJOURN</b>			
	Adjourned at 6:27 p.m.		



# SVHCD GOVERNANCE COMMITTEE MEETING

## MINUTES

WEDNESDAY, NOVEMBER 16, 2022

Present	Not Present	Staff	Public	
Bill Boerum via Zoom Judith Bjorndal via Zoom Amy Jenkins via Zoom		Vivian Woodall via Zoom		
AGENDA ITEM		DISCUSSION	ACTIONS	FOLLOW-UP
<b>MISSION &amp; VISION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>		<i>Boerum</i>		
		Called to order at 6:05 p.m.		
<b>2. PUBLIC COMMENT SECTION</b>		<i>Boerum</i>		
		None		
<b>3. CONSENT CALENDAR</b>		<i>Boerum</i>	Action	
Governance Committee Minutes 09.29.22		Mr. Boerum made a change to the next to last sentence in Item 4 of the September 29, 2022, minutes: “policy will be <b>brought</b> forward....”	<b>MOTION:</b> by Bjorndal to approve with change, 2 <sup>nd</sup> by Jenkins. All in favor.	
<b>4. CONFLICT OF INTEREST POLICY</b>		<i>Boerum</i>	Action	
		The policy was reviewed in the new format with changes by Ms. Jenkins. Dr. Bjorndal discussed Appendix A with changes to job titles. Since the County has taken over Form 700, the District has no way of tracking whether this has been completed by everyone. She agreed with removing members of Committees from the required list since said the Committees do not make decisions, only recommendations. The Committee agreed to recommend this to the Board for further discussion.	<b>MOTION:</b> by Bjorndal to approve, 2 <sup>nd</sup> by Jenkins. All in favor.	

<b>5. STANDARDIZATION OF BOARD POLICIES</b> <ul style="list-style-type: none"> <li>• Use of Hospital Policy Portal</li> </ul>	<i>Bjorndal</i>	Inform/Action	
	Mr. Boerum directed the Committee to write a cover memo for recommendation to the Board saying the policies are being reformatted in accordance with standard hospital format. In order to use the hospital policy portal and standardize Board policies, a Board abbreviation category and department number will be needed; accessibility is also important.	<b>MOTION:</b> by Bjorndal to approve, 2 <sup>nd</sup> by Jenkins. All in favor.	
<b>6. LIMITATION OF BOARD MEMBER COMMITTEE TERMS</b>	Boerum	Action	
	Ms. Jenkins' draft of a new policy on standing committees was discussed. Committee descriptions were taken from the website. The numbers of members are in the Committee charters. Mr. Boerum reminded the Committee that the governing document is the Bylaws; therefore, the policy should conform to the Bylaws. Mr. Boerum directed the Committee to write a cover memo for recommendation to the Board and ask whether the policy is sufficient or should changes be made to the Bylaws.	<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Jenkins. All in favor.	
<b>7. ADJOURN</b>			
	Adjourned at 7:00 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: 03/28/2023 1:30 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: 64

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

**Committee Members:** Crayton, Monique (mcrayton), Finn, Stacey (sfinn), Newman, Cindi (cnewman)

### Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
<b>Administration of Medications</b> <i>Medication Management Policies (MM)</i>	Pending Approval	3/27/2023	1
Summary Of Changes: Updated date accessed on reference; deleted old attachment showing standard administration times. New Epic specific frequencies and standard times is uploaded as a separate attachment.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Kutza, Chris (ckutza)			
Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
<b>Audiograms</b> <i>Occupational Health Dept</i>	Pending Approval	3/27/2023	1
Summary Of Changes: Corrected abbreviations, removed staff names and added findings that warrant referral for further testing.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Kuwahara, Dawn (dkuwahara)			
Approvers: Kuwahara, Dawn (dkuwahara) -> 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)			
<b>Bipap ST-D Ventilatory Support System</b> <i>Respiratory Therapy Dept</i>	Pending Approval	3/27/2023	1
Summary Of Changes: Added purpose and policy statements; spelled out acronyms, minor grammatical corrections.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Winkler, Jessica (jwinkler)			
Approvers: Winkler, Jessica (jwinkler) -> 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)			
<b>Blood and Body Fluid Exposures</b> <i>Occupational Health Dept</i>	Pending Approval	3/27/2023	1
Summary Of Changes: Correction of Title, Medications for post exposure prophylaxis have been changed to reflect what UCSF PEP line recommends.			

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 03/28/2023 1:30 PM

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

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Kuwahara, Dawn (dkuwahara)  
 Approvers: Kuwahara, Dawn (dkuwahara) -> 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)

**Body Fluid Exposure Prophylaxis Kit Preparation 8390-06** Pending Approval 3/27/2023 1  
*Pharmacy Dept*

Summary Of Changes: Removed reference to Paragon in the procedure  
 Updated date accessed to reference

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Kutza, Chris (ckutza)  
 Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

**Breast-Feeding Mothers and Intravenous Contrast Administration** Pending Approval 3/27/2023 1  
**7630-107**  
*Diagnostic Services Dept Policies*

Summary Of Changes: Reviewed Policy, updated author and reviewers

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)

**Breath Alcohol Testing** Pending Approval 3/27/2023 1  
*Occupational Health Dept*

Summary Of Changes: Expanded abbreviations, corrected grammatical errors and removed staff names.

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Kuwahara, Dawn (dkuwahara)  
 Approvers: Kuwahara, Dawn (dkuwahara) -> 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)

**Building Maintenance Plan** Pending Approval 3/27/2023 1  
*Physical Environment Policies (PE)*

Summary Of Changes: Updated frequency of fire doors testing and inspections per NFPA 80, 2010 5.2.1;  
 added reference to NFPA 80, 2010

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

**C-II Controlled Substance Wholesaler Invoice Management** Pending Approval 3/27/2023 1  
**Procedure 8390-04**  
*Pharmacy Dept*

Summary Of Changes: Changed all steps to match the current process in the updated version of the AmerisourceBergen ordering website.  
 Deleted appendix with screenshots.

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Kutza, Chris (ckutza)  
 Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 03/28/2023 1:30 PM

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

<b>Code Pink &amp; Purple - Infant &amp; Pediatric Security</b>		<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Emergency Code Alerts Policies</i>				
Moderators:	<b>Newman, Cindi (cnewman)</b>			
Lead Authors:	<b>Gatenian, Grigory (ggatenian), Drummond, Kimberly (kdrummond)</b>			
ExpertReviewers:	<b>Safety Committee</b>			
Approvers:	<b>Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Culture of Safety</b>		<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Governance and Leadership Policies</i>				
Summary Of Changes:	<b>Added appropriate references. No other changes</b>			
Moderators:	<b>Newman, Cindi (cnewman)</b>			
Lead Authors:	<b>Cooper, Kylie (kcooper)</b>			
Approvers:	<b>Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Customer Relations</b>		<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Governance and Leadership Policies</i>				
Summary Of Changes:	<b>Changed the verbiage of "executive council member" to Administration Team Member Removed Auxillary changed to Admitting Representative Removed Leadership conference and annual safety program?</b>			
Moderators:	<b>Newman, Cindi (cnewman)</b>			
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara), Winkler, Jessica (jwinkler)</b>			
Approvers:	<b>Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Department of Transportation Physical Exams</b>		<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Occupational Health Dept</i>				
Summary Of Changes:	<b>Corrected abbreviations, staff title, removed staff names. Addressed grammar.</b>			
Moderators:	<b>Newman, Cindi (cnewman)</b>			
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>			
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Discharge Criteria</b>		<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>SCU (Surgical Care Unit Dept</i>				
Summary Of Changes:	<b>Updated references, owner, authors updated, and the words "as needed" to line 2c. Added verbiage around Vital Signs + or - 20% blood pressure parameters added: Stable vital signs as defined by blood pressure and heart rate within +/- 20% of baseline. SCU nurse must have established baseline verified by chart review and patient report. Critical vital signs, systolic at or above 160, and diastolic at or above 100 must be addressed even if close to patient baseline.</b>			
Moderators:	<b>Newman, Cindi (cnewman)</b>			
Lead Authors:	<b>Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)</b>			
Approvers:	<b>Winkler, Jessica (jwinkler) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			



## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

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

Run date: 03/28/2023 1:30 PM

<b>Downtime Clinical Documentation</b>	<b>Pending Approval</b>	<b>2/23/2023</b>	<b>33</b>
<i>Medical Records Services Policies(MR)</i>			
Summary Of Changes:	<b>Changed title from "Downtime Paragon Clinical Documentation" to "Downtime Clinical Documentation."</b>		
	<b>Changed all instances of "Paragon" to be more generic "EHR"and modified acronyms for clarity.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kutza, Chris (ckutza), Winkler, Jessica (jwinkler), Cooper, Kylie (kcooper), Francis, Don (dfrancis)</b>		
ExpertReviewers:	<b>00 Clinical P&amp;P multidisciplinary review, ODonnell, Andrea (aodonnell)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Drug Testing for Minors</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Occupational Health Dept</i>			
Summary Of Changes:	<b>Correction of abbreviation, no other changes.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>		
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Examination Orders</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	<b>Updated references to the electronic medical record. Updated author/approvers.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Young, Dave (dyoung)</b>		
ExpertReviewers:	<b>Medical Director-Diagnostic Radiology</b>		
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Fire Drill Procedure</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Physical Environment Policies (PE)</i>			
Summary Of Changes:	<b>Updated NFPA 101 year edition, removed "Drill secured" announcement.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Gatenian, Grigory (ggatenian)</b>		
Approvers:	<b>Drummond, Kimberly (kdrummond) -&gt; 01 P&amp;P Committee - (Committee) -&gt; Hennelly, John (jhennelly) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Formulary Management</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	<b>Reviewed with no changes. Updated date accessed to be 9/26/2022 for reference <a href="https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/TherapeuticBiologicApplications/Biosimilars/ucm580419.htm#biosimilar">https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/TherapeuticBiologicApplications/Biosimilars/ucm580419.htm#biosimilar</a>  --Action item when published--Please separate appendix into a separate document</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kutza, Chris (ckutza)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 03/28/2023 1:30 PM

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

<b>Good Catch Program</b>		<b>Pending Approval</b>	<b>3/3/2023</b>	<b>25</b>
<i>Governance and Leadership Policies</i>				
Summary Of Changes:	<b>Change of personnel titles</b> <b>Changed Acronyms</b> <b>Simplified process, not longer need to use paper forms. All completed through e-Notification system.</b> <b>Root Cause Analysis form used if action plan needed.</b>			
Moderators:	<b>Newman, Cindi (cnewman)</b>			
Lead Authors:	<b>Cooper, Kylie (kcooper)</b>			
ExpertReviewers:	<b>Gatenian, Grigory (ggatenian), Kutza, Chris (ckutza), McKissock, Lynn (lmckissock), Newman, Cindi (cnewman), Winkler, Jessica (jwinkler)</b>			
Approvers:	<b>Sankaran, Sujatha (ssankaran) -&gt; Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Hospital-wide Fire Response and Evacuation Plan</b>		<b>Pending Approval</b>	<b>3/15/2023</b>	<b>13</b>
<i>Physical Environment Policies (PE)</i>				
Moderators:	<b>Newman, Cindi (cnewman)</b>			
Lead Authors:	<b>Gatenian, Grigory (ggatenian), Drummond, Kimberly (kdrummond)</b>			
Approvers:	<b>Hennelly, John (jhennelly) -&gt; Cooper, Kylie (kcooper) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Influenza Vaccination 7775-04</b>		<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Occupational Health Dept</i>				
Summary Of Changes:	<b>Corrected spelling error and staff title, added comment regarding inputting vaccine information into the California Immunization Registry.</b>			
Moderators:	<b>Newman, Cindi (cnewman)</b>			
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>			
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Influenza Vaccination Program for Staff and LIPs</b>		<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Infection Prevention &amp; Control Policies (IC)</i>				
Summary Of Changes:	<b>Removed References to Skilled Nursing</b> <b>New revision date information 2/23 in header and ending, fixed abbreviations and accronyms</b>			
Moderators:	<b>Newman, Cindi (cnewman)</b>			
Lead Authors:	<b>Montecino, Stephanie (smontecino)</b>			
ExpertReviewers:	<b>Sankaran, Sujatha (ssankaran)</b>			
Approvers:	<b>Cooper, Kylie (kcooper) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Investigational Drug Use</b>		<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Medication Management Policies (MM)</i>				
Summary Of Changes:	<b>Corrected typos. Updated date accessed for reference. Added sentence stating that a copy of the protocol will be made available to nursing and pharmacy.</b>			
Moderators:	<b>Newman, Cindi (cnewman)</b>			
Lead Authors:	<b>Kutza, Chris (ckutza)</b>			
Approvers:	<b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-</b>			

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 03/28/2023 1:30 PM

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

Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Lipid Rescue for Local Anesthetic Toxicity</b> <i>Medication Management Policies (MM)</i>	Pending Approval	3/27/2023	1
Summary Of Changes: Reviewed with no changes.			
---Action Item when publishing---Please separate out the appendix as a separate document.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Kutza, Chris (ckutza)			
Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
<b>Maintenance of Pharmacy Equipment</b> <i>Pharmacy Dept</i>	Pending Approval	3/27/2023	1
Summary Of Changes: Reviewed with no changes.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Kutza, Chris (ckutza)			
Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
<b>Malignant Hyperthermia</b> <i>Medication Management Policies (MM)</i>	Pending Approval	3/27/2023	1
Summary Of Changes: Reviewed by pharmacy with updates to date accessed for references.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Kutza, Chris (ckutza)			
Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
<b>MRSA Work Status</b> <i>Occupational Health Dept</i>	Pending Approval	3/27/2023	1
Summary Of Changes: Clarity on who should be restricted from work. Correction staff title			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Kuwahara, Dawn (dkuwahara)			
Approvers: Kuwahara, Dawn (dkuwahara) -> 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)			
<b>Multi-Dose and Single-Dose Vials</b> <i>Medication Management Policies (MM)</i>	Pending Approval	3/27/2023	1
Summary Of Changes: Updated references			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Kutza, Chris (ckutza)			
Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
<b>NEW:: Meal Breaks &amp; Rest Periods</b> <i>Human Resources Policies (HR)</i>	Pending Approval	3/22/2023	6

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 03/28/2023 1:30 PM

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

Summary Of Changes: **NEW POLICY**  
**To comply with new California state law, effective 1/1/23 which provides public health care entity employees the same meal and rest period protections given to private sector employees.**

**WHY:**  
**To comply with the new SB 1334, signed into law in October of 2022 with an effective date of 1/1/23**

Moderators: **Newman, Cindi (cnewman)**  
Lead Authors: **McKissock, Lynn (lmckissock)**  
ExpertReviewers: **Cooper, Kylie (kcooper), Drummond, Kimberly (kdrummond), Kuwahara, Dawn (dkuwahara), Winkler, Jessica (jwinkler)**  
Approvers: **Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Nitrazine Testing for Amniotic Fluid</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Laboratory Services Policies (LB)</i>			

Summary Of Changes: **Test no longer in use. Retire Policy. See Fern testing policy**

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) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (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)**

<b>Nourishment Between Meal Snacks</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Food &amp; Nutrition Services Dept Policies</i>			

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

Moderators: **Newman, Cindi (cnewman)**  
Lead Authors: **Finn, Bridget (bfinn)**  
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)**

<b>Ordering and Prescribing</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Medication Management Policies (MM)</i>			

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

Moderators: **Newman, Cindi (cnewman)**  
Lead Authors: **Kutza, Chris (ckutza)**  
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Patient Controlled Analgesia (PCA)</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Updated strength of hydromorphone PCA to 1mg/ml to match new strength used in Epic**

Moderators: **Newman, Cindi (cnewman)**  
Lead Authors: **Kutza, Chris (ckutza)**  
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 03/28/2023 1:30 PM

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

<b>PB 840 Ventilator</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Respiratory Therapy Dept</i>			
Summary Of Changes:	<b>Formatting; added purpose, included collaboration with MDs (for orders and vent management) RNs for hemodynamic monitoring. Added procedure step for discontinuation of mechanical ventilation. Added reference to Puritan Bennett 800 AND 900 series vents because we do have both now.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Winkler, Jessica (jwinkler)</b>		
Approvers:	<b>Winkler, Jessica (jwinkler) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Pharmaceutical Waste Management</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	<b>Updated references to current versions. Deleted obsolete references</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kutza, Chris (ckutza)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Pharmacy Staff Competency Assessment 8390-09</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Pharmacy Dept</i>			
Summary Of Changes:	<b>Reviewed with no changes</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kutza, Chris (ckutza)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Point of Care Testing (POCT)</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Laboratory Services Policies (LB)</i>			
Summary Of Changes:	<b>Reviewed, removed 2South/2North, Birth Center, Home Care and Skilled Nursing, formatting changes</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara), Ramos, Karen (kramos)</b>		
ExpertReviewers:	<b>Medical Director-Lab</b>		
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Pre Placement Physicals</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Occupational Health Dept</i>			
Summary Of Changes:	<b>Reviewed, replaced titles with "provider". No other changes.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>		
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Preparation of Methotrexate IM Doses Using ChemoClave System Procedure</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Pharmacy Dept</i>			

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 03/28/2023 1:30 PM

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

Summary Of Changes: **Reviewed no changes**

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Pyxis Medstation, Management and Use</b> <i>Medication Management Policies (MM)</i>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
---	-------------------------	------------------	----------

Summary Of Changes: **Added section to comply with California regulation regarding use of automated dispensing systems in hospitals who used to provide ED patients with doses to take home after discharge. Added section describing need to report medication errors per policy and regulation. Updated references to include citations regarding this regulation. Made minor formatting changes.**

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>QAPI Procedures Sampling Plan-IV Room</b> <i>Pharmacy Dept</i>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
--	-------------------------	------------------	----------

Summary Of Changes: **Updated typo in version of USP 797 used; updated date accessed in reference**

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>QuantIFERON IGRA Testing 7775-15</b> <i>Occupational Health Dept</i>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
--	-------------------------	------------------	----------

Summary Of Changes: **Correction of abbreviations and staff title**

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

Lead Authors: **Kuwahara, Dawn (dkuwahara)**

Approvers: **Kuwahara, Dawn (dkuwahara) -> 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)**

<b>Rabies Post-Exposure Vaccination</b> <i>Occupational Health Dept</i>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
--	-------------------------	------------------	----------

Summary Of Changes: **Correction of abbreviations, staff title, and grammar content. Addition of recommendation for exposure to bats if no known bite.**

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

Lead Authors: **Kuwahara, Dawn (dkuwahara)**

Approvers: **Kuwahara, Dawn (dkuwahara) -> 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)**

<b>Required Certifications</b> <i>Human Resources Policies (HR)</i>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
--	-------------------------	------------------	----------

Summary Of Changes: **Updated list of positions that require BLS  
Clarified the reimbursement process and the name of the proper form to submit to Accounting.**

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 03/28/2023 1:30 PM

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

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **McKissock, Lynn (lmckissock)**  
 Approvers: **Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Retention/Use of Legal Counsel</b>	<b>Pending Approval</b>	<b>3/28/2023</b>	<b>0</b>
<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)**

<b>RETIRE:: Cesarean Section Birth Roles, Responsibilities and Departmental Responsibilities During Surgical Services/OR Dept</b>	<b>Pending Approval</b>	<b>2/23/2023</b>	<b>33</b>
---	-------------------------	------------------	-----------

Summary Of Changes: **RETIRE:: recommend retirement since we do not perform C-sections**

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)**

<b>RETIRE:: Drug Regimen Review for Skilled Nursing Facility</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **RETIRE:: This policy is obsolete and should be deactivated. We no longer service the SNF.**

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>RETIRE:: Pharmaceutical Care Consulting for Skilled Care Facility</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **RETIRE:: This policy is obsolete and should be removed. We no longer service the SNF**

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>RETIRE:: Position Descriptions</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Food &amp; Nutrition Services Dept Policies</i>			

Summary Of Changes: **RETIRE:: Recommend this policy is retired. Content is reflected in Organizational HR policies.**

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

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

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)**

<b>RETIRE::Bio-Med Safety PM Program</b>	<b>Pending Approval</b>	<b>3/13/2023</b>	<b>15</b>
<i>Physical Environment Policies (PE)</i>			

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 03/28/2023 1:30 PM

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

Summary Of Changes: **Recommend to retire. This policy was superceded by the Clinical Engineering Policy CE-8610-108.**

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

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

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

<b>RETIRE::Departmental Safety Measures</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **RETIRE: REDUNDANT.**  
**These safety measures are all covered in other policies.**

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)**

<b>Self Referral Testing</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Laboratory Services Policies (LB)</i>			

Summary Of Changes: **Reviewed. Added Owner, Reviewer and Approval team**

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) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (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)**

<b>Soliciting of Charitable Funds</b>	<b>Pending Approval</b>	<b>3/28/2023</b>	<b>0</b>
<i>Governance and Leadership Policies</i>			

Summary Of Changes: **Deleted mention of Auxiliary as a fundraising source.**

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

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

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

<b>Standard Employer Service Rate</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Occupational Health Dept</i>			

Summary Of Changes: **Correction to staff title, no other changes.**

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

Lead Authors: **Kuwahara, Dawn (dkuwahara)**

Approvers: **Kuwahara, Dawn (dkuwahara) -> 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)**

<b>Temperature Maintenance of Prepared Foods</b>	<b>Pending Approval</b>	<b>3/1/2023</b>	<b>27</b>
<i>Food &amp; Nutrition Services Dept Policies</i>			

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

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

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



## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 03/28/2023 1:30 PM

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

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

<b>Transfer of Patients for Diagnostic Imaging</b> <i>Occupational Health Dept</i>	Pending Approval	3/27/2023	1
---	------------------	-----------	---

Summary Of Changes: Correction of title, no other changes

Moderators: Newman, Cindi (cnewman)

Lead Authors: Kuwahara, Dawn (dkuwahara)

Approvers: Kuwahara, Dawn (dkuwahara) -> 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)

<b>Transfer of Patients to the Emergency Room from Occupational Health</b> <i>Occupational Health Dept</i>	Pending Approval	3/27/2023	1
---	------------------	-----------	---

Summary Of Changes: Correction of abbreviations and title changes.

Moderators: Newman, Cindi (cnewman)

Lead Authors: Kuwahara, Dawn (dkuwahara)

Approvers: Kuwahara, Dawn (dkuwahara) -> 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)

<b>Travel Medicine</b> <i>Occupational Health Dept</i>	Pending Approval	3/27/2023	1
---	------------------	-----------	---

Summary Of Changes: Correction of abbreviations, grammar and titles completed.

Moderators: Newman, Cindi (cnewman)

Lead Authors: Kuwahara, Dawn (dkuwahara)

Approvers: Kuwahara, Dawn (dkuwahara) -> 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)

<b>Tuberculosis Screening 7775-12</b> <i>Occupational Health Dept</i>	Pending Approval	3/27/2023	1
--	------------------	-----------	---

Summary Of Changes: Correction of abbreviations and staff title

Moderators: Newman, Cindi (cnewman)

Lead Authors: Kuwahara, Dawn (dkuwahara)

Approvers: Kuwahara, Dawn (dkuwahara) -> 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)

<b>Urine Drug Screening</b> <i>Occupational Health Dept</i>	Pending Approval	3/27/2023	1
--	------------------	-----------	---

Summary Of Changes: Correction of abbreviations, staff title and grammar.

Moderators: Newman, Cindi (cnewman)

Lead Authors: Kuwahara, Dawn (dkuwahara)

Approvers: Kuwahara, Dawn (dkuwahara) -> 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)

<b>Vaccination Policy</b> <i>Occupational Health Dept</i>	Pending Approval	3/27/2023	1
--	------------------	-----------	---

Summary Of Changes: Correction of abbreviations, staff title, addition of inputting data into the California Immunization Registry.

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 03/28/2023 1:30 PM

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

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Kuwahara, Dawn (dkuwahara)**  
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 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)**

<b>Verbal and Telephone Orders</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Medical Staff Dept</i>			

Summary Of Changes: **Reviewed. Removed references to Paragon and replaced with "Electronic Health Record"**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Kutza, Chris (ckutza), Finn, Stacey (sfinn), Cooper, Kylie (kcooper)**  
 ExpertReviewers: **Cooper, Kylie (kcooper), Kutza, Chris (ckutza)**  
 Approvers: **Sankaran, Sujatha (ssankaran) -> 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)**

<b>Yellow Fever Vaccination</b>	<b>Pending Approval</b>	<b>3/27/2023</b>	<b>1</b>
<i>Occupational Health Dept</i>			

Summary Of Changes: **Correction of grammatical errors. Addition of adding immunization into the California Immunization Registry.**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Kuwahara, Dawn (dkuwahara)**  
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 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)**

# Chief of Staff Board Report

**Andrew Solomon, MD**

**Term of report - October 2022- March 2023**

# Current Medical Staff By The Numbers

- **Total Medical Staff: 143**
- **Active Medical Staff: 50**
- **New Medical Staff:**

Sujatha	Sankaran	M.D.	Internal Medicine
Roxanne	Rapan	M.D.	Anesthesiology
Ross	Gaudet	M.D.	Anesthesiology
Anshul	Badhwar	M.D.	Cardiology
Tamara	Heibult	M.D.	Emergency
Edwin	Savay	M.D.	Emergency
Alexander	Sackeim	M.D.	Emergency
Richard	Beamon	M.D.	Emergency
Nicolas	Sawyer	M.D.	Emergency
David	Piccinati	M.D.	Emergency
Frederick	Warner	M.D.	Emergency
William	Klas	M.D.	Family Medicine
Laarni	Moreno	M.D.	Internal Medicine
Melania	Poonacha	M.D..	Internal Medicine
Lingamurthy	Ravi	M.D.	Internal Medicine

# HCAHPS July 2021 – December 2022

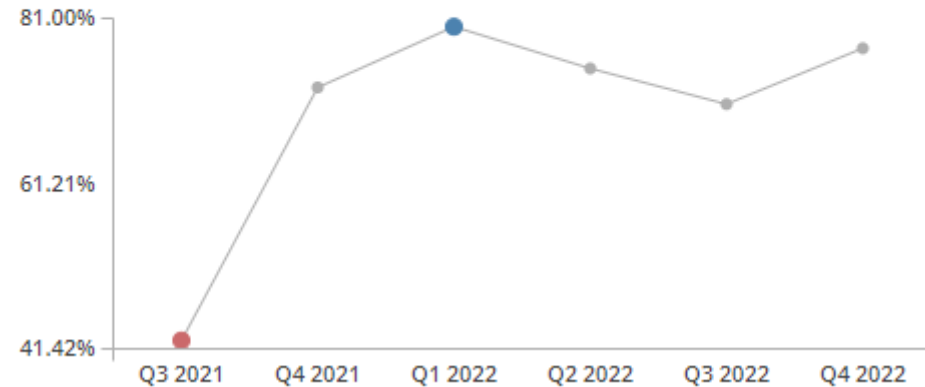
## Top Box Score

Rate hospital 0-10

77.42% ▲

— — Score Goal ● High Point ● Low Point

n=31



## Rate hospital 0-10

## Global Items

Time Period	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
n	33	22	45	40	41	31
Top Box Score	42.42%	72.73%	80.00%	75.00%	70.73%	77.42%
Percentile Rank	1st	63rd	88th	71st	59th	81st

# HCAHPS July 2021- December 2022

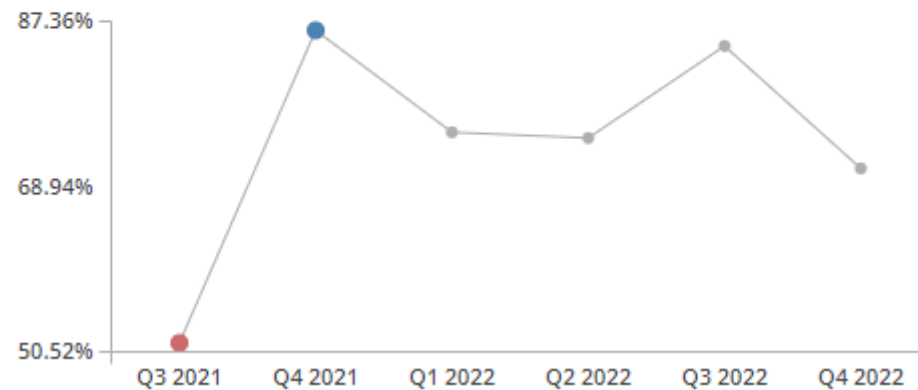
## Top Box Score

Recommend the hospital

70.97% ▼

— — Score Goal ● High Point ● Low Point

n=31



## Recommend the hospital

## Global Items

Time Period	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
n	33	22	44	39	39	31
Top Box Score	51.52%	86.36%	75.00%	74.36%	84.62%	70.97%
Percentile Rank	5th	95th	72nd	68th	93rd	58th

# HCAHPS July 2021 – December 2022

## Q4 222 Downward Trend

<i>Quarter 4 2022 Top Box Trends</i>			
	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
RECOMMEND HOSPITAL	85.71	61.54	63.64
COMM w/ NURSES	76.19	76.92	66.67
COMM w/ DOCTORS	80.95	79.49	64.55
HOSPITAL ENVIRONMENT	64.29	69.23	53.64
COMM ABOUT MEDS	37.50	62.50	35.71
DISCHARGE INFORMATION	80.00	79.17	83.33
CARE TRANSITIONS	38.89	53.05	37.78

# Ambulatory Surgery July 2021 – December 2022

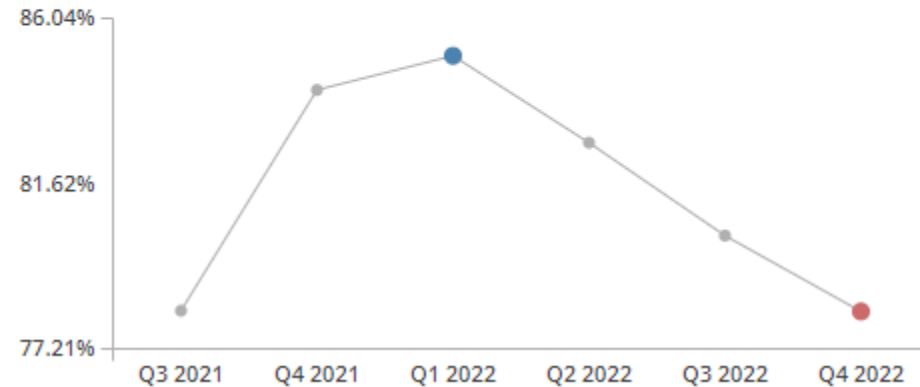
## Top Box Score

Recommend the facility

78.21% ▼

— — Score Goal ● High Point ● Low Point

n=78



## Recommend the facility

## Global Items

Time Period	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
n	124	63	127	81	86	78
Top Box Score	78.23%	84.13%	85.04%	82.72%	80.23%	78.21%
Percentile Rank	19th	46th	48th	38th	24th	16th



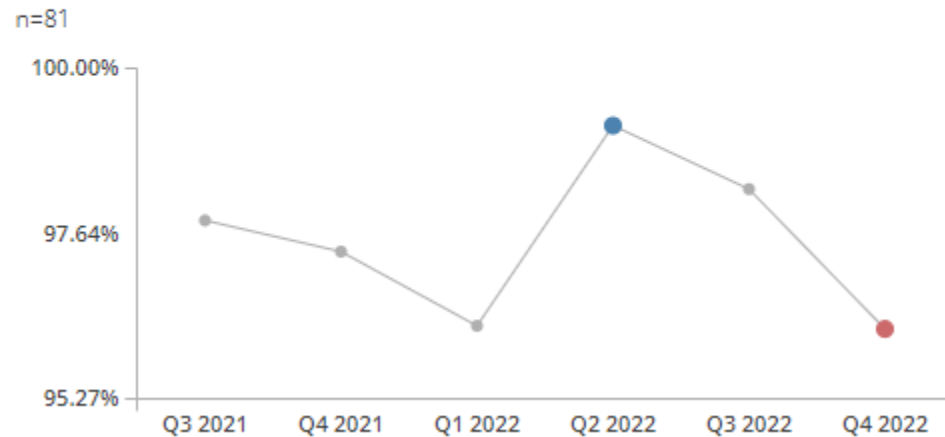
# Ambulatory Surgery July 2021 – December 2022

## Top Box Score

Domain: Facility/Personal Trtment

96.27% ▼

— — Score Goal ● High Point ● Low Point



Domain: Facility/Personal Trtment

Facility/Personal Trtment

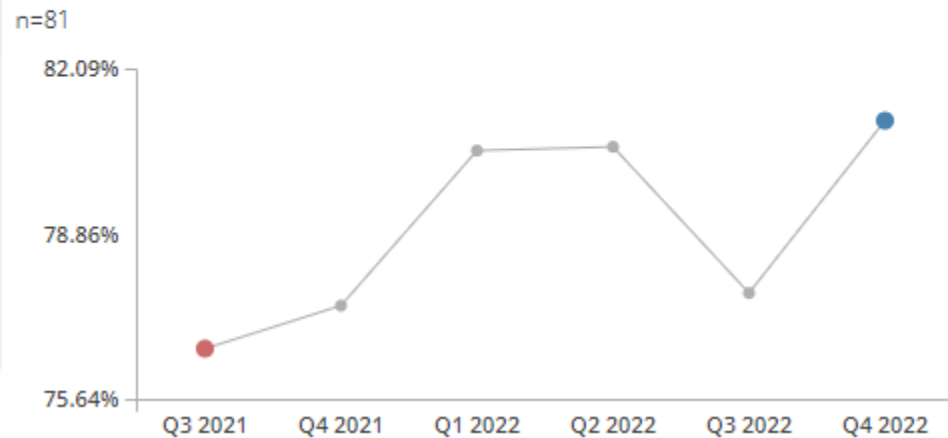
Time Period	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
n	124	64	128	82	87	81
Top Box Score	97.83%	97.38%	96.32%	99.18%	98.27%	96.27%
Percentile Rank	75th	63rd	37th	96th	81st	35th

# Ambulatory Surgery July 2021 – December 2022

## Top Box Score Domain: Discharge

81.09% ▲

— — Score Goal ● High Point ● Low Point



## Domain: Discharge

## Discharge

Time Period	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
n	124	64	127	81	87	81
Top Box Score	76.64%	77.48%	80.50%	80.58%	77.72%	81.09%
Percentile Rank	12th	15th	14th	9th	3rd	9th

# Q Reviews Overall Score by Department 2022

## Emergency Department

1186 Completed Survey Responses

QR SCORE



## Inpatient Units

90 Completed Survey Responses

QR SCORE



## Surgical Services

478 Completed Survey Responses

QR SCORE



# Q Reviews Quarterly 2022

Question	Q1 2022	Q2 2022	Q3 2022	Q4 2022
How would you rate the courtesy of your doctor?	4.672	4.634	4.768	4.704
How would you rate the time your doctor spent with you?	4.484	4.428	4.596	4.520
How would you rate the technologist (professional performing the procedure)?	4.941	4.906	4.921	4.930
How well were your tests, treatments, and procedures explained to you by your physician and nurse?	4.940	4.884	4.897	4.821
Question	Q1 2022	Q2 2022	Q3 2022	Q4 2022

- **EPIC transition:**

Overall, the transition went smoothly in December. There were some expected bumps in the road, but less than many expected. We continue to improve our processes as everyone becomes more comfortable with the EHR. We should expect to improve communication with patients through My Chart functionality as well as improve our own internal data collection as we get more familiar with the systems capabilities.

- **MEC:**

Very busy past few months for the MEC. We just finished participating in the search for a new ED group. I am hopeful that we will sign a contract with a strong ED group that will lead this hospital into the future. Search committee functioned very well under Sujatha and John's leadership.

The Surgery department continues to work well. The new monitors and new anesthesia machines have been synced well with Epic. These changes lead to improved patient care.

- **MEDICAL STAFF NEEDS/ CONCERNS**

Several recent successes- Epic transition went well, new CMO in place and leading us on new initiatives (Age-friendly health system), ED physician search committee functioned well.

Upcoming challenges include finalizing our ED physician group and addressing the physician staffing issues affecting our hospitalists.

- **SUMMARY:**

Satisfaction remains high in the Medical Staff. MEC continues to work well together. Administration leading collaboratively and identifying areas of growth for the hospital.

# **Annual Quality Report**

**Year Ending 2022**

# Quality Overview 2022

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



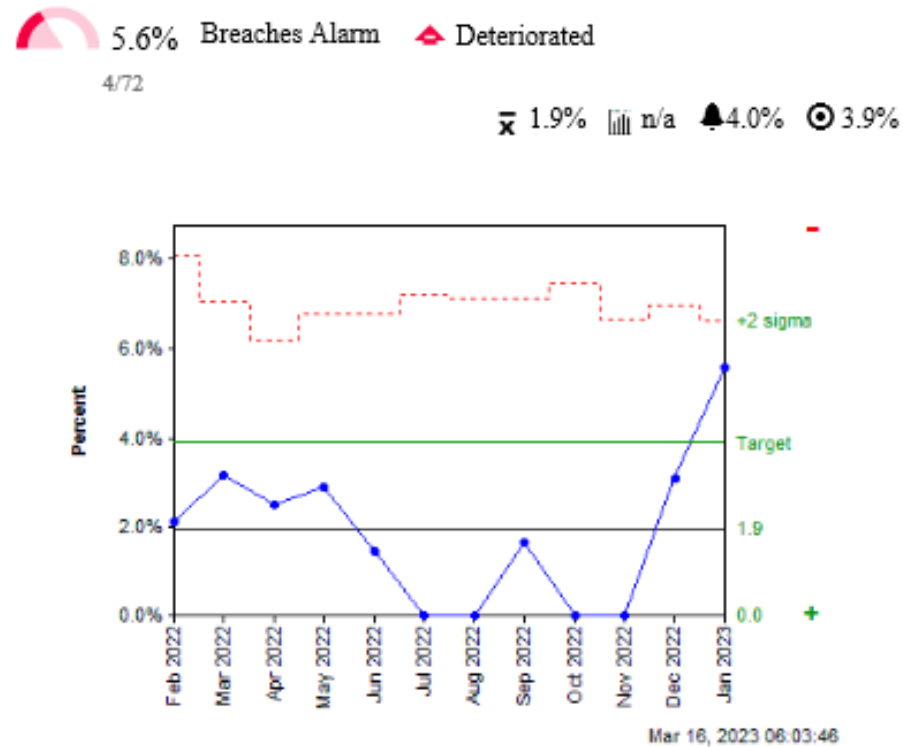
# Quality Success 2022

- Mortality Rates below benchmark 2022
- Falls with injury zero incidents 2022
- % of readmissions below benchmark for 2022
- Achieved Silver Plus Award for Stroke Care from the American Heart Association

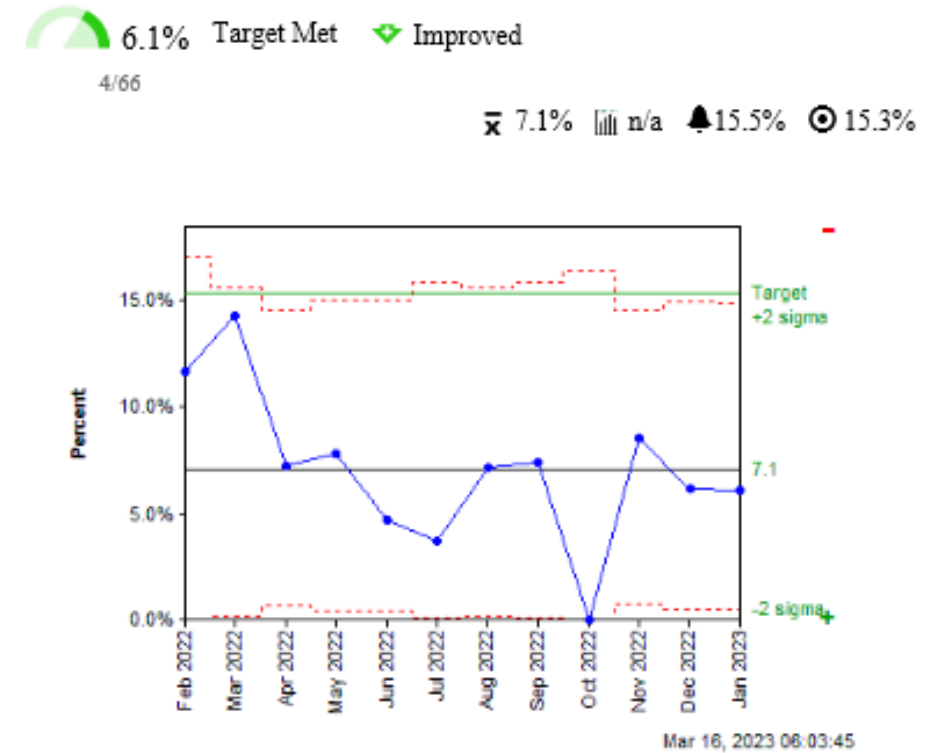


# Success Data

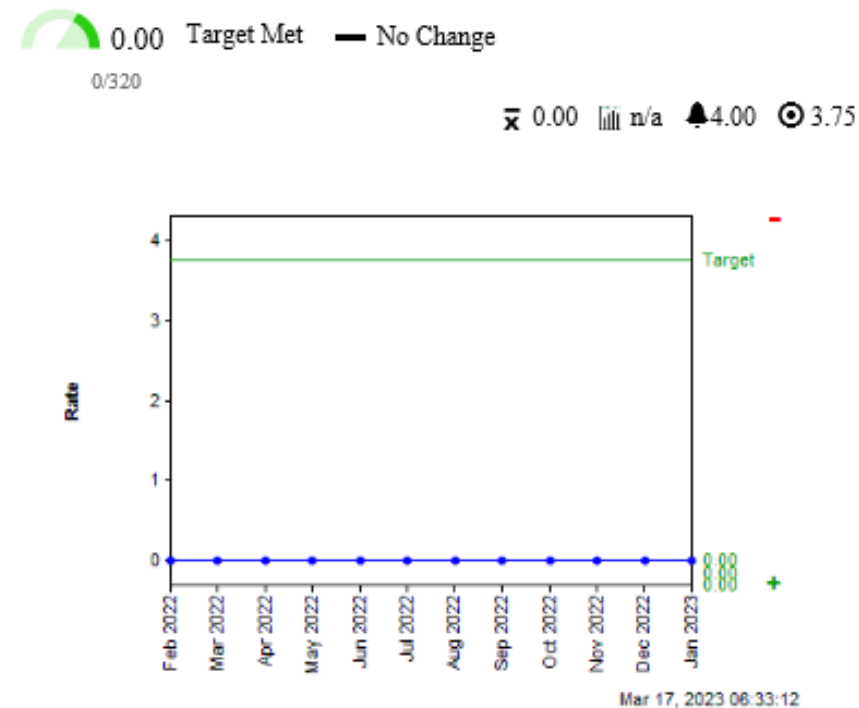
Acute Care Mortality Rate (Q)



DV Inpatients - % Readmit to Acute Care within 30 Day...



RM ACUTE FALL- WITH INJURY per 1000 patient da...



# Success Data



The American Heart Association and  
American Stroke Association proudly recognizes

**Sonoma Valley Hospital**  
**Sonoma, CA**

**Get With The Guidelines® - Stroke SILVER PLUS**

**Achievement Award Hospital**

The American Heart Association recognizes this hospital for its continued success  
in using the **Get With The Guidelines®** program.

Thank you for applying the most up-to-date evidence-based treatment guidelines  
to improve patient care and outcomes in the community you serve.\*

A handwritten signature in black ink, reading "Nancy A Brown".

**Nancy Brown**  
Chief Executive Officer  
American Heart Association

A handwritten signature in black ink, reading "Donald M. Lloyd-Jones".

**Donald M. Lloyd-Jones, MD, ScM, FAHA**  
President  
American Heart Association

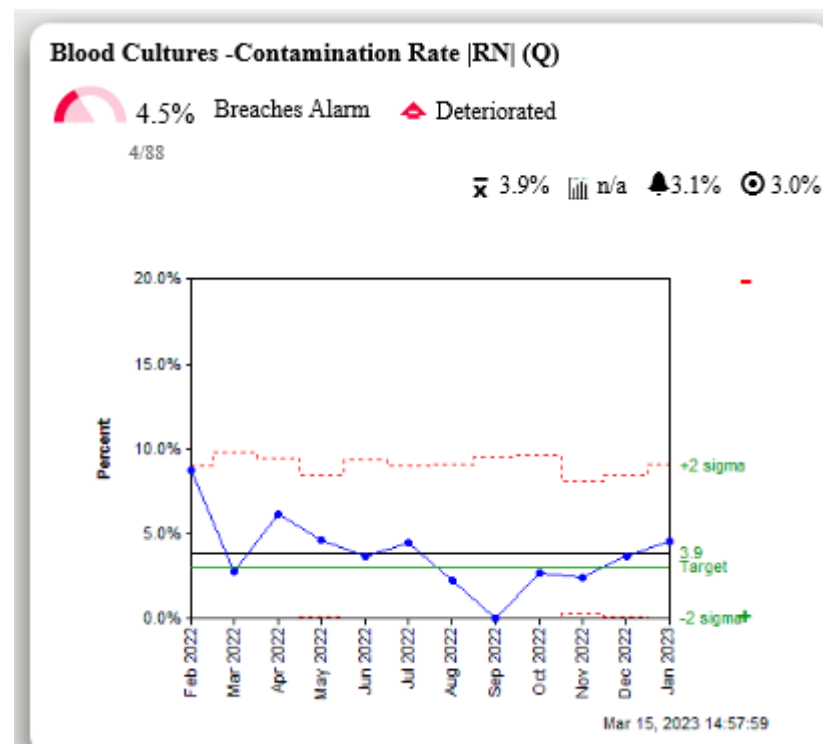
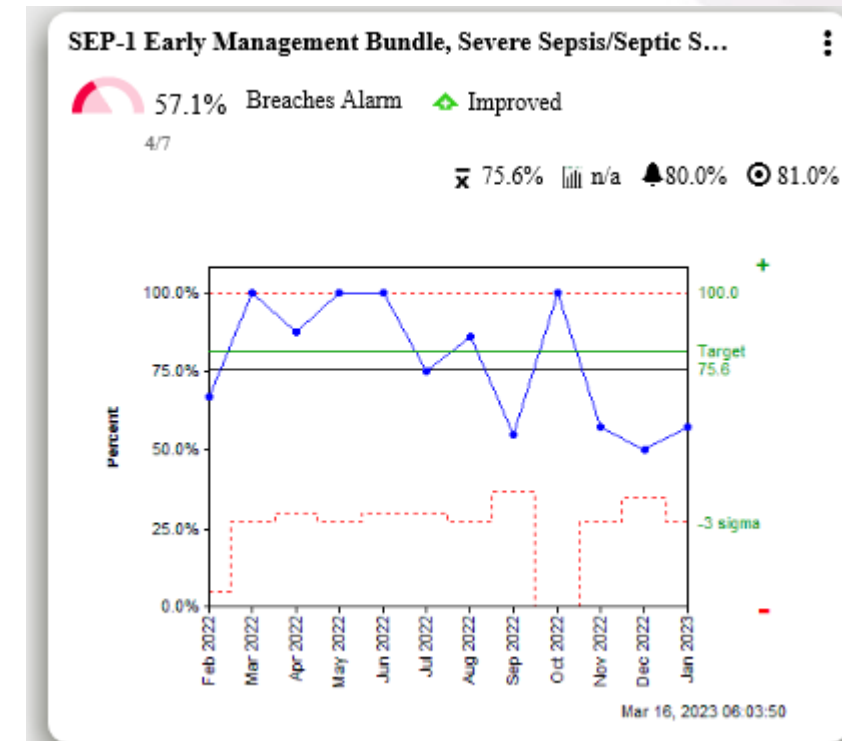
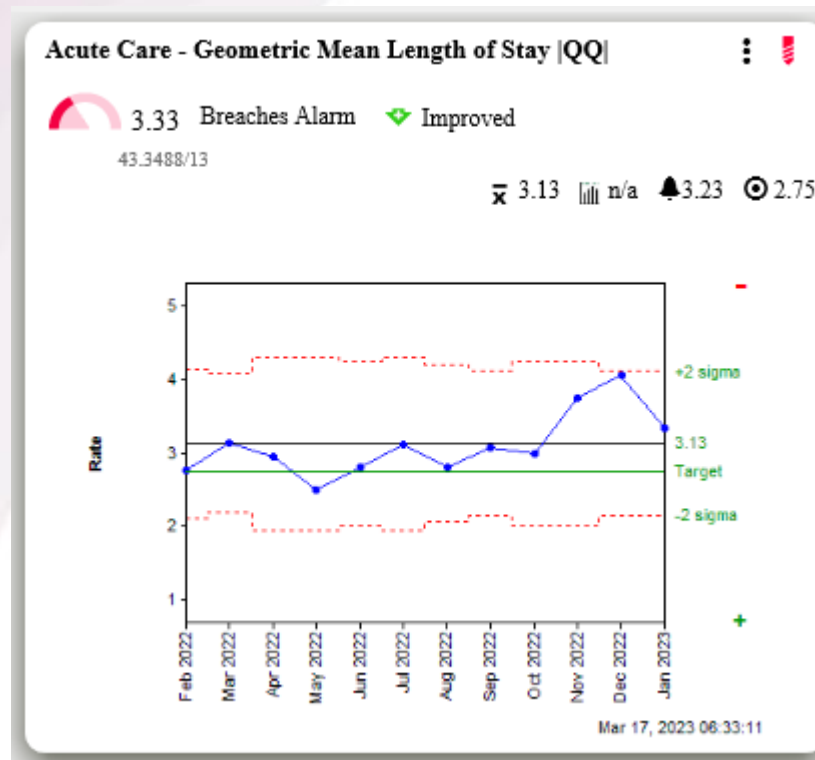
\*For more information, please visit [Heart.org/GWTGQualityAwards](http://Heart.org/GWTGQualityAwards).



# **Opportunity for Improvement for 2022**

- **Opportunity to decrease LOS**
- **Continued collaboration between quality department and ED department to make improvements in our Sepsis measures, sepsis task force now formed**
- **Blood Contamination by RN- Lead by Director of Emergency Services**
- **Patient Satisfaction Hospital Wide Initiative**

# Opportunity Data



# **Quality Department Re-alignment**

- **Case Management and Social Work department reporting to Director of Quality**
- **Quality Director reported to CEO in absence of CMO**
- **Department Members**
  - **Director of Quality and Risk Management**
  - **Quality Systems and Data Analyst**
  - **Infection Preventionist/Employee Health Nurse**



# Quality Data Abstraction

- Q-Centrix is a data abstraction, quality focused and performance improvement company that provides secure quality data management to support a hospital's strategic initiatives. Currently perform all data abstraction for the department regarding quality metrics, infection control and core measures. Any measures not meeting target are then investigated by the Director of Quality

# Clinical Quality Review

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

# COVID 19 Support

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



# Peer Review Support

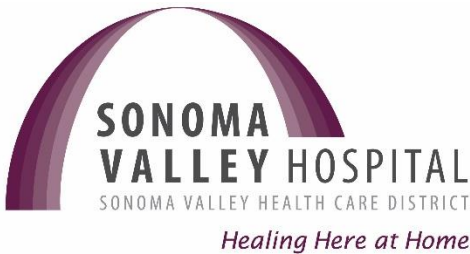
- Director of Quality, through clinical quality review, patient grievances, or referrals, completes the Peer Review form and refers to appropriate medical director for follow up
- This has allowed for a more robust peer review process at SVH. On average there are 1-2 peer review cases that are reviewed by the Medical Executive Committee each month
- Results of the peer review are shared with the identified provider via a follow up letter with outcomes of the peer review and recommendations by MEC

# Grievance/Risk Management Support

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

# EPIC Support

- Quality department provided direct oversight to the EPIC implementation project to ensure quality standards, regulations and outcomes were met
- Quality Analyst was vital in providing support during implementation and post implementation to ensure smooth transition of quality reporting metrics with change in electronic health record and interfacing to 3<sup>rd</sup> party vendors that are involved in our quality reporting
- Quality department involved in assuring reports out of EPIC are generated to continue quality improvement/assurance activities in each department



**To:** SVHCD Board of Directors  
**From:** Bill Boerum – Governance Committee, Chair  
**Meeting Date:** April 6, 2023  
**Subject:** Biannual (Spring) Board Retreat

---

**Background:**

At its meeting last month, the Governance Committee (Board Members Boerum & Kalos and Community Member Jenkins) discussed and considered the matter of the retreat of the Board of Directors. The Committee's Charter includes among its responsibilities to:

Ensure, with the Chair of the Board, that an annual Board self-assessment is completed.

In recent years it has become the practice of the Board to meet twice during the year, the first such meeting to be concerned with the internal workings of the Board including a self-assessment, and the relationship with the Chief Executive Officer. With regard to the latter consideration, traditionally there has been an executive session including only the Board Members.

The Committee is not in a position to "plan" the retreat meeting as such, nor design the assessment tool, but does want to ensure it takes place. The retreat officially is a public meeting with an executive session.

**Recommendation:**

It was the recommendation of the Committee at its March 15 meeting that the Spring retreat be conducted in April or at the latest in May. This would be at the Board's mutual convenience as to time, date, and place, and at the call of the Chair.



**To:** SVHCD Board of Directors  
**From:** Bill Boerum – Governance Committee, Chair  
**Meeting Date:** April 6, 2023  
**Subject:** Revision to SVHCD Bylaws Regarding Terms of Community Members on Board Standing Committees

---

**Background and Reasoning:**

At the Board's "retreat" meeting of a year ago, in discussing the performance of community members of Board Standing Committees, the issue was raised about length of terms of service. The issue was delegated to the Governance Committee to address. The matter of terms is not addressed in the Bylaws of the District. By convention it has been assumed that the term is four years.

The Governance Committee discussed the issue at several meetings, grappling with when such terms would start, given that there may be different appointment incidents and how the tenures would be tracked, and whether a four-year term could be discouraging in recruitment of members. Further, the wording addressing the issue could be long and cumbersome.

Finally, it was decided to add a new paragraph to the Section on Committees. The intent is to give flexibility to the term of service without obligating community members to four-year terms and reserve to the Committee Chairs observance of the four-year term. As to term limits and other considerations, the Bylaws will be silent.

**Recommendation:**

The Committee recommended that the following would be added to Section 4 a. - Committees, a new paragraph (4) of the District Bylaws:

"Community members of standing committees may serve up to four years with the option to be reappointed."

**Attachment:**

SVHCD Bylaws p. 11-12 with Revision Marked

### Section 3. Elections

Officers will be elected at the first regular Board meeting in December of each year for a term of one year. Election is by majority vote of the members of the newly-installed Board in even numbered years and by majority vote of existing members in odd numbered years. Officers may be elected to consecutive terms. In the event that the Board fills a vacant position, it may decide either to confirm the new Board member in the previous Board member's office or conduct a new set of elections.

### Section 4. Committees

The Board may create committees in order to facilitate its business and to ensure access to expertise and citizen input. All committees shall be advisory to the Board and have no authority to make decisions or take actions on behalf of the Board unless specifically delegated by the Board. A committee is created or disbanded by majority vote of the Board.

#### a. Types of Committees

- (1) Standing Committees assist the Board by gathering information, evaluating proposals and policies, and making recommendations regarding key and continuous or regularly recurring functions of the District, and are subject to Ralph M. Brown Act provisions. The Board Standing Committees shall be:
  - i. Finance Committee
  - ii. Quality Committee
  - iii. Governance Committee
  - iv. Audit Committee
  - v. Affiliation Oversight Committee
- (2) Advisory Committees ("Ad Hoc") may be established to study and make recommendations to the Board on specific matters. The scope of such committees shall be limited and shall not be of continuous or on-going nature. Upon determination by the Board that the period for advice has passed or upon acceptance of the Advisory Committee's written report by the Board, the Advisory Committee shall be disbanded. Advisory Committees shall be comprised of two Board members and are not subject to Brown Act provisions.
- (3) Members of Standing Committees and Advisory Committees shall be residents of the District or practitioners or business owners having their primary activity within the District.



- (4) Community members of Advisory Committees may serve up to four years with the option to be reappointed.

b. Types of Meetings

Meetings of the Board and its standing Committees are conducted in accordance with the Ralph M. Brown Act (the Brown Act). A quorum for the Board or for its standing committees shall consist of a majority. Agendas for regular Board and standing committee meetings will be available 72 hours in advance of meetings, and for special meetings 24 hours in advance, giving the date, time and location of meetings. No action will be taken concerning an item not previously noticed on the published agenda. Exceptions exist in the case of an emergency where the majority of the Board determines that an emergency exists (Government Code 54956.5), in which case there is a need to take immediate action. The other exception is if a regular or special meeting is appropriately noticed and the need for urgent action came to the attention of the District subsequent to the agenda being posted. In that case, if two-thirds of the Board members present vote (or there is a unanimous vote if less than two-thirds are present) that there is a need to take immediate action. Public comment will be invited and considered at all open meetings (regular, emergency and special Board meetings and standing committee meetings), and meeting agendas, support materials, and minutes will be available to the public.

- (1) Emergency Board meetings can be called on one hour's notice by the Chair or any Board member. News media that has submitted a prior written request for notification of emergency meetings shall be notified in advance of the meeting.
- (2) Special Board meetings may be called by any two Board members with 24 hours' notice and are subject to rules applying to regular meetings. News media that has submitted a prior written request for notification of special meetings shall be notified in advance of the meeting.
- (3) Closed Board meetings may be held for purposes of considering the appointment, employment, evaluation of performance, discipline, dismissal or to hear complaints or charges concerning a Hospital employee or member of the Medical Staff; in consideration of pending litigation; or in matters of negotiations concerning real property, labor contracts, or discussion of trade secrets. Closed meetings shall be announced, conducted, and reported in accordance with the Brown Act, and the public may not participate. Standing committees may hold closed meetings if their charter or Board delegation includes issues allowing closed meetings.



**To:** SVHCD Board of Directors  
**From:** Bill Boerum – Audit Committee, Chair  
**Meeting Date:** April 6, 2023  
**Subject:** Vacancy on Audit Committee and Recommendation

---

**Background:**

The Audit Committee is comprised of four members, two ex-officio from the Board and two from the community. Graham Smith, one of the latter two along with Art Grandy, was appointed to the Finance Committee. He was amenable to resigning from Audit to focus his time on Finance. This opens up a spot for participation by another community member. We have an upcoming meeting with our audit firm to consider its proposal to conduct the audit, and we need to have a highly qualified Community Member to participate.

Dennis Bloch was one of the six applicants for three positions on the Finance Committee and was one of the three not selected, but nonetheless highly qualified as noted by the Board. We can keep him and his talented experience engaged with the District by appointing him to the Audit Committee, on which he will be delighted to serve. This would build our bench strength of financial expertise.

Please see Dennis' very impressive professional background in the attached resume, retiring as Executive Vice President at Wells Fargo Bank, and serving as Board Treasurer and Chair of the Finance and Building Committees at Vintage House, plus indicative of his interest in our financial affairs his letter citing home ownership in the District of 20 years (seven years living here). It is noted that Dennis attended this past Finance Committee meeting (March 28) as well as the two previous, monthly meetings during which he made worthwhile observations and suggestions.

**Recommendation:**

Given Dennis's capital raising experience and in-depth financial statement acumen, It is a pleasure to recommend him as a Community Member of the Audit Committee.

**Attachments:**

Dennis Bloch Resume and Letter of Interest



---

# DENNIS B. BLOCH

---

630 Charles Van Damme Way, Sonoma, CA 95476

Email: [dbloch707@gmail.com](mailto:dbloch707@gmail.com)

Phone: 707.933.6123

---

## PROFESSIONAL SUMMARY

---

Over 30 years of experience in Investment Banking, Finance and Management, advising a broad range of clients on capital raising alternatives, capital structures, project finance, and mergers and acquisitions, culminating in developing and leading a business unit comprised of 50 members with annual revenues in excess of \$100 million. Since retirement, advised local non-profit on finance, budgeting, endowment optimization, capital spending and management.

---

## PROFESSIONAL EXPERIENCE

---

### **Wells Fargo Bank NA; Wells Fargo Securities, LLC 1996-2016**

Executive Vice President, Managing Director: Syndications and High Yield Finance

Responsible for building and managing teams across the United States to develop opportunities to raise capital for Wells Fargo customers. Managed 7 teams across the country (San Francisco, Los Angeles, Chicago, Minneapolis, Boston, Charlotte, Dallas and Houston) that were responsible for covering a variety of industries, including Industrials, Consumer Products, Entertainment and Gaming, Retail and Energy. Employed over 50 team members and consistently generated annual revenues in excess of \$100 million.

### **Bank of America NT&SA; BofA Securities, 1985-1996**

Senior Vice President, Managing Director

Responsible for Syndication opportunities with bank customers. Additional responsibilities included project finance, mergers and acquisitions, and private placements.

---

## NON-PROFIT EXPERIENCE

---

### **Vintage House Sonoma, 2019-2023**

Board Treasurer and Chair of Finance and Building Committees. Responsible for leading discussions on budgetary process, current financial results, tax and audit planning, endowment optimization and capital spending allocations and authorizations. Led negotiations of new 30-year lease of premises on optimal terms.

---

## EDUCATION

---

University of Pennsylvania, The Wharton School, MBA with a concentration in Finance

University of California at Los Angeles, Bachelor of Arts in Economics, Magna Cum Laude

---

## ADDITIONAL INFORMATION

---

I was raised and have spent most of my life in California. My wife and I have owned a home in Sonoma for almost 20 years, and we moved to Sonoma full time after we both retired. Since retiring, I have been looking for opportunities to get more involved with local organizations in our community.

I enjoy golf, pickleball and bocce, reading, working out, and travel.

February 1, 2023

Bill Boerum  
Chairman, Finance Committee  
Sonoma Valley Health Care District

Dear Bill,

I wanted to take a moment to express my interest in joining the Finance Committee of Sonoma Valley Health Care District as one of its community members. My wife and I have owned property in Sonoma for almost 20 years and have lived here full time for seven years. We believe a strong and sustainable Hospital is critical to the health of the residents of Sonoma Valley.

Since my retirement in 2016 as a Managing Director and Executive Vice President at Wells Fargo, I have been looking for an opportunity that I can be passionate about and that parallels my skills and background. During my 32 years in finance, I helped small, medium and large corporations access the debt capital markets (whether through loans or bonds), including a limited number of medical device companies and healthcare companies. I learned that to be successful in that endeavor, one must evaluate a company's credit worthiness, understand its financial statements, and critically analyze its corporate, financial and business transactions.

Based on my understanding of the Finance Committee's oversight contributions to the financial sustainability of the Hospital, as well as the financial analysis and expertise it provides to the Board of Directors, I believe my background is well-suited for a position on the Committee. I am finance-oriented and analytical by nature; I have managed

significant projects over both the long and short term; and I have spent over three decades deciphering financial statements. As I mentioned, I believe the Hospital is important to ensuring the health of our community, and I further believe I can be of valuable service to the Committee.

Sincerely,

Dennis B. Bloch



**To:** Sonoma Valley Health Care District Board of Directors  
**From:** Ben Armfield, Chief Financial Officer  
**Date:** April 6, 2023  
**Subject:** Review of Banking / Investing Relationships

The finance committee requested a review of the hospital's banking and investment relationships. We are providing this memo to the board for additional review that includes our applicable relationships and respective balances at month end, February 2023.

### Accounts

Currently, all of the hospital's banking relationships are with Union Bank. The hospital has a general checking and money market savings account, as well as long term debt in the form of a line of credit. The line of credit currently has a balance of \$5.47 million and matures on January 31<sup>st</sup>, 2024.

### Union Bank / US Bancorp Merger

Union Bank was acquired by US Bancorp on December 1, 2022. As of now, there has been no impact on the hospital as we continue to be supported by the same branch and representatives. Hospital leadership will continue to monitor and assess this change and potential impact going forward.

### US Bancorp

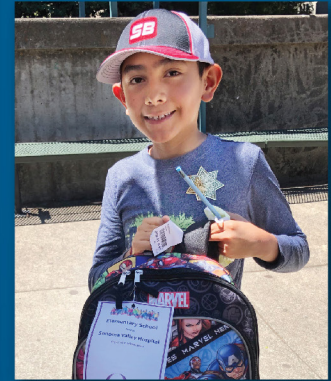
US Bancorp has 70,000 employees and over \$600 billion in assets. It is the 6<sup>th</sup> largest bank in the United States and carries a AA- credit rating from Fitch. The company has been recognized for its approach to innovation, social responsibility, and customer service - including being named one of the 2022 World's Most Ethical Companies and Fortune's most admired superregional bank.

Type	Bank	Balance @ 2/28/2023	Interest Earned YTD				
General Checking	Union Bank	\$ 995,100					
Money Market Savings	Union Bank	\$ 1,349,026	\$ 3,697				

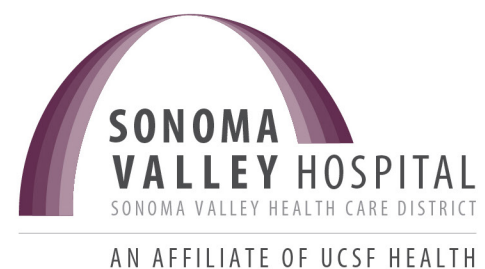
Type	Bank	Principal Amount	Maturity Date	Interest Rate	Principal Balance @ 2/28/2023	FY23 Interest Paid YTD	FY23 Interest Budgeted YTD
Line of Credit	Union Bank	\$ 5,500,000	1/31/2024	2.5% per annum in excess of SOFR	\$ 5,473,734	\$ 238,183	\$ 123,119





# 2023 and Beyond

2023-2028 Strategic Plan





## Our Mission

Why we exist – To restore, maintain and improve the health of everyone in our community.

## Our Vision

What we always want to be - A trusted resource for compassionate, exceptional healthcare.

## Our Values are always CREATING a Healthy Hospital:

**C = Compassion** (We show consideration for the feelings of others at all times)

**R = Respect** (We honor and acknowledge the value of people and resources in providing care)

**E = Excellence** (We strive to exceed the expectations of the people we serve)

**A = Accountability** (We are reliable, responsible owners of the outcomes of the organization)

**T = Teamwork** (We are productive and participative staff members who energize others)

**I = Innovation** (We seek new and creative solutions to deliver quality healthcare)

**N = Nurturing** (We inspire those with whom we work to achieve their highest potential)

**G = Guidance** (We direct our community members through their health care journey)



# Committed To A Healthier Sonoma Valley

## Transforming To Meet Community Needs



*John Hennelly, CEO, Sonoma Valley Hospital*

The Sonoma Valley Hospital strategic plan is a roadmap for how we intend to support the health of all members of our community going forward. It outlines the initiatives that we, you, and I deem vital to ensure access to the right care for all valley residents in the coming years. With direction from the community, our Board of Directors and our partners in care in the Valley, we have constructed a plan that addresses the key healthcare concerns. Here are some of the community and hospital challenges that have driven our strategic planning process:

- Our community is aging. Over the coming years, data suggests that we'll see a noteworthy 10% increase in residents over the age of 65 while other age groups show no growth or shrink. As we age, we are more likely to need the hospital.
- Access to care is inconsistent in parts of our community.
- Our community has a broad set of healthcare needs. To better serve, we need more Spanish speaking providers and staff. We need more primary care doctors and specialists.
- We need ambulatory care (care provided in outpatient settings) to be closer to the communities we serve.
- The hospital's main campus needs modernization to be effective in the coming decades.
- Maintaining a hospital in town is important, but funding it is an ongoing challenge.

Given these, and many other data points, we have built this strategic plan around four key priorities:

1. Realign our Main Campus
2. Bring Care into the Community
3. Achieve Financial Stability
4. Meet Seismic Compliance

Enclosed are detailed descriptions of these priorities. Each priority has strategies and measurable outcomes to guide us. I believe that if we focus on these priorities, Sonoma Valley Health Care District will be well positioned to care for the needs of our entire community well into the future.

**John Hennelly, CEO**  
Sonoma Valley Hospital



# What We Heard

build trust  
geriatrician  
care for diverse population  
bring care beyond current location  
financially independent  
facilities up to date  
specialists  
more from our UCSF Health affiliation



# Four Mileposts STRATEGIC PLAN | 2023 and Beyond



## REALIGN OUR MAIN CAMPUS: Aligning Hospital Services with Community Needs

### Objective

The Sonoma Valley Hospital campus is realigned so that the hospital services better serve community needs.

### Strategy

Work in partnership with the University of California San Francisco (UCSF) to redevelop the hospital campus to better align hospital resources with the needs of our diverse and aging populations. Expand core programs and add new services while creating space to host additional partners such as primary and specialty care physicians, diagnostics, and health educators.

### Outcomes

1. Increased capacity to allow residents access to more hospital-based services in Sonoma.
2. Increased access to UCSF providers.
3. Improved outcomes through better coordination and navigation between care providers.
4. Better coordination between different care providers.
5. Expansion of community services (education, training, support services).
6. Improved cultural sensitivity to our diverse and aging populations.



## BRING CARE INTO THE COMMUNITY: Explore, Extend, Expand

### Objective

Ensure equitable access for all community members and make healthcare convenient, affordable, and culturally sensitive.

### Strategy

Sonoma Valley Hospital will explore expanding healthcare services closer to the under-served population centers of the Health Care District (such as the Springs communities) by creating a new facility for ambulatory services, including preventative, diagnostic, primary, and specialty care.

### Outcomes

1. A healthier community.
2. More affordable healthcare.
3. Improved access to care.
4. Services aligned to respond to and meet the needs of our diverse and aging populations.
5. Patients with a better understanding of how to manage their health.



## SUSTAINABILITY: Ensuring Our Financial Future

### Objective

Stabilize and secure the hospital financially to meet the growing demands for diverse healthcare services and needs in the community.

### Strategy

Create, establish, expand, and optimize hospital services that address the needs of our communities through the recruitment of physicians while we strengthen our partnerships with existing providers.

### Outcomes

1. Expanded local access to GI specialty services, cardiology diagnostic, high acute care services, and importantly, primary care services.
2. Enhanced range of orthopedic services performed with care provided locally.
3. Enhanced diagnostic services through cutting edge technology and equipment.
4. Increased local and virtual access to UCSF providers.
5. Increased utilization of hospital services including surgeries and procedures.
6. Destination hospital for diagnostics, specialized orthopedic services and care.



## SEISMIC COMPLIANCE: Making Our Hospital More Resilient

### Objective

Ensure our hospital continues to meet seismic standards and remains safe in the future.

### Strategy

Establish a long-range seismic plan along with a funded work plan that allow us to meet the next seismic upgrade targets and remain compliant with California Senate Bill 1953 (SB1953). Efforts also will be employed to lobby the state legislature to modify requirements for additional upgrades with safety and continuation of operation as our highest priorities.

### Outcomes

1. Approved seismic compliance plan with California regulatory agencies.
2. Achieved any scheduled compliance and capital financial goals.
3. Extended deadlines or modified requirements to meet future seismic standards to ensure the hospital's viability to serve our community's needs.

## **Detailed Strategies to Support the Four Priorities**



The following pages are the more detailed actions that we will use to make progress towards the four priorities described on the previous page.

## **REALIGN OUR MAIN CAMPUS:**

### **Aligning Hospital Services with Community Needs**

#### **Objectives:**

The Sonoma Valley Hospital campus is realigned so that the hospital services better serve community needs.

#### **Strategies:**

Work in partnership with the University of California San Francisco (UCSF) to redevelop the hospital campus to better align hospital resources with the needs of our diverse and aging populations. Expand core healthcare services and add new services while creating space to host additional partners such as primary and specialty care physicians, diagnostics, and health education.

**1. Redesign the hospital campus to better position itself for future care needs, we will:**

- Engage architects/planners to create a roadmap to align the campus infrastructure to Sonoma Valley healthcare needs by the end of 2023.
- Develop a strategy to fund the roadmap through collaboration with UCSF and other development partners.

**2. To develop a geriatrics program to provide specialized services to our large and growing senior population, we will:**

- Successfully recruit new geriatricians into the Sonoma market by the end of fiscal year 2024.
- Establish an “age friendly” approach to care including inpatient protocols and outpatient services specifically focused on seniors.

**3. Ensure adequate skilled nursing services to meet community need, we will:**

- Work with community providers to estimate the skilled nursing need in both 10 and 20 years.
- Determine the role of Sonoma Valley Hospital in meeting that need.
- Incorporate that need into the campus facility plan as appropriate.

**4. To invest in supportive care services such as sub-acute and memory care, we will:**

- Determine the scale of sub-acute and memory care needs in concert with UCSF.
- Recruit faculty from UCSF to provide clinical oversight and improve integration.

**5. To improve access to care by creating space to host new services and care partners, we will:**

- Develop outpatient space to allow for the provision of care..
- Identify key community providers to transition into hospital-based space.
- Identify UCSF service lines to host on campus.

**6. To become a destination for health education programs within our served area, we will:**

- Create spaces to enable education programming to improve quality of life and reduce hospitalizations.
- Foster support groups for various health needs of our diverse and our aging population.
- Develop a rotating speakers bureau for UCSF experts to provide ongoing health and wellness news and conversations on campus.
- With UCSF, bring healthcare education into the neighborhoods of our diverse and aging populations.



### **Outcomes:**

1. Higher utilization of campus.
2. Improved age-based care, and culturally responsive and sensitive care.
3. Increased access to UCSF providers locally.
4. Enhanced reputation and branding from affiliation with UCSF for being an age-friendly center.
5. Improved ability to meet changing healthcare needs and medical diagnostic technologies.
6. Expanded healthcare teams with capabilities to meet the needs of our diverse and aging populations.
7. Increased patient satisfaction.
8. Increased local access to specialists and diagnostics at SVH.



## **BRING CARE INTO THE COMMUNITY:**

### **Explore, Extend, Expand**

#### **Objectives:**

Ensure equitable access for all community members and make healthcare convenient, affordable, and culturally sensitive.

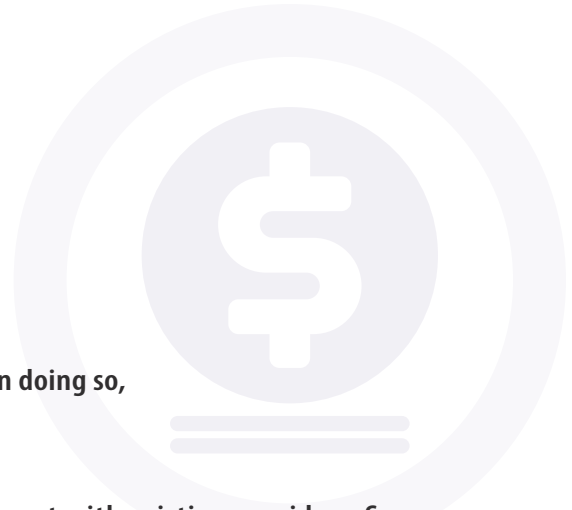
#### **Strategies:**

Sonoma Valley Hospital will explore expanding healthcare services closer to the population centers of the Health Care District (such as the Springs communities) create a new facility for ambulatory services, including preventative, diagnostic, primary, and specialty care. We will:

- Explore and identify facility and funding care sites, delivery sites, appropriate locations (central and west side of the District).
- Recruit and secure bilingual staff to support patient access and navigation.
- Identify health disparities among patient populations.
- Work with community partners to identify programs that address health inequities including social determinants of health.
- Develop outpatient programs for our diverse and aging populations.

#### **Outcomes:**

1. A healthier community.
2. More affordable healthcare.
3. Improved access to care.
4. Services responsive to community's diverse needs.
5. Targeted Health Education.
6. Patients with a better understanding of how to manage their health.



## **SUSTAINABILITY:**

### **Ensure Our Financial Future**

#### **Objectives:**

Meet the growing demand for healthcare services in the community and in doing so, stabilize and secure the hospital financially.

#### **Strategies:**

Through recruitment of new physicians and strengthening our engagement with existing providers, Sonoma Valley Hospital will establish, expand, and optimize hospital services that address the needs of our communities.

- 1. To re-establish the gastroenterology service in Sonoma through targeted physician recruitment, we will:**
  - Successfully recruit one Gastroenterologist into the Sonoma Valley by June 30, 2024.
  - Identify and develop opportunities to facilitate successful physician recruitment.
- 2. To meet the demand for primary cardiology services through program expansion and strategic investments, we will:**
  - Identify physician partners to grow cardiology services.
  - Facilitate arrangements to bring professional cardiology services in-house 24/7.
  - Explore potential of establishing physician cardiology clinic on-site.
  - Develop long-term plan for cardiology program, including physician recruitment(s) and facility footprint.
- 3. To expand Orthopedics service line through engagement of existing and new providers and development of specialty programs, we will:**
  - Develop plan for future physician recruitment in Orthopedics (general and specialty Orthopedics expertise).
  - Continue to build relationships with existing providers to grow Orthopedic shoulder program.
  - Continue to build relationships with existing providers to grow Orthopedic hand surgeries.
- 4. To expand outpatient services and facilitate further service line expansion through continued progress of our Outpatient Diagnostic Center (ODC) construction project (Phase I (CT-Scan) – Completed (August 2022) and Phase II (MRI) – Estimated Completion March 31, 2025), we will:**
  - Increase access to care for patients in our community by leveraging brand new CT-Scan Suite to provide best in class diagnostic testing.
  - Identify temporary working solution to both house and operationalize newly acquired 3 Tesla MRI by June 30, 2024 which would bring state of the art diagnostic technology to Sonoma.
- 5. To meet the demand for timely, efficient, and quality Physical Therapy care in the community through further optimization and expansion of out-patient therapy services, we will:**
  - Develop strategy to enhance recruitment and retention of specialized outpatient therapists
  - Assess program needs and develop long-term real estate strategy for program expansion.
  - Identify short-term plan to mitigate capacity constraints and promote program growth within current footprint.



**6. To expand access to Primary Care in Sonoma through the recruitment of additional primary care providers, we will:**

- Develop plan to facilitate recruitment of additional primary care physician into Sonoma community.

**7. To establish Destination Program at Sonoma Valley Hospital, we will:**

- In concert with orthopedic physician, facilitate and implement a destination therapy shoulder program at Sonoma Valley Hospital.
- Leverage destination therapy program and provider engagement for continued growth in the orthopedic.

**Outcomes:**

1. Improved financial performance through targeted volume and market share growth.
2. Increased surgical volumes.
3. Increased access to Gastroenterology services locally.
4. Increased accessibility to physical therapy services.
5. Increased volumes in both inpatient and outpatient settings.
6. Become destination for specialized orthopedic care.
7. Improved bottom line performance through growth of high margin volumes
8. Increased market share in key, targeted service lines.
9. Reduced out-of-district referrals for care, procedures, and diagnostics.
10. Increased access to primary care services in Sonoma.
11. Increased patient satisfaction.



## SEISMIC COMPLIANCE: Make Our Hospital More Resilient



### Objectives:

Ensure our hospital continues to meet seismic standards and remains safe in the future.

### Strategies:

Establish a long-range seismic plan along with a funded work plan that allow us to meet the next seismic upgrade targets and remain compliant with Senate Bill 1953 (SB1953). Efforts also will be employed to lobby the state legislature to modify requirements for additional upgrades with safety and continuation of operation as our highest priorities.

#### 1. To develop a long-range seismic plan to meet the next targets for seismic upgrades, we will:

- Engage Architect & Engineering Professionals with specific experience and successful track record in developing and executing Hospital long-range seismic plans in California.
- Professionals will evaluate the Hospital's facilities and site conditions.
- Professionals will develop a long-range seismic plan to retrofit or reclassify Hospital buildings to meet State Agency seismic performance categories.
- The plan will be submitted to the State Agency for review & approval.

#### 2. To develop a work plan based on approved long-range seismic plan, we will:

- Develop a work plan to employ analytical studies and computer models to reclassify buildings to upgraded performance categories to minimize or eliminate physical retrofit.
- Develop a costing model and a timeline to execute phased work plan.

#### 3. To utilize approved long-range seismic plan to secure grant funding to execute the work plan and any design and construction retrofit, we will:

- Apply for State Agency grant program – Small and Rural Hospital Relief Program – SB395.
- Source and apply to identified federal grants for seismic compliance.

#### 4. To extend deadlines and/or modify seismic requirements, we will:

- Work collectively with California Hospital Association (CHA) and other California Hospitals to lobby lawmakers to amend the seismic deadlines and modify requirements through legislation.

### Outcomes:

- Approved seismic compliance plan with the State Agency.
- Scheduled compliance and capital financial goals.
- Potential funding to execute the seismic compliance requirements.
- Extended deadlines or modified requirements to meet future seismic standards to ensure the Hospital's viability to serve the Community needs.

# Acknowledgements

Thank you to everyone who contributed to the development of the 2023 and Beyond Strategic Plan.

So many people put so much work into making this a reality. I would like to recognize the entire SVH staff for their hard work and attentiveness as we constructed this plan. Our medical staff and community providers for their commitment to the hospital and willingness to provide constructive feedback. And most importantly, our community stakeholders and YOU who shared ideas for this strategic plan by participating in meetings, emails, and surveys. Additional specific appreciation and acknowledgement goes out to the following individuals for their contribution to the strategic plan.

Dawn Kuwahara, Kimberly Drummond, Ben Armfield, Dr. Sujatha Sankaran, Jessica Winkler, Joshua Rymer, Dr. Judith Bjorndal, Dr. Andrew Solomon, Bill Boerum, Wendy Lee Myatt, Denise Kalos, Susan Kornblatt Idell, Dr. Michael Menardi, Leonardo Lobato, Cheryl Johnson, Cameron Safarloo, Leslie Petersen, Stacie Morales, and Father Jojo Puthussery. Our partners La Luz Center, Sonoma Valley Community Health Center, and Vintage House. For all the individuals who attended the Community Listening Sessions.

Thank you.

John

*Didn't get a chance to participate, we would love to hear from you. Visit our website to take the Feedback Survey. To receive health news and Health Care District information, join our email lists when you visit our website: [sonomavalleyhospital.org](https://sonomavalleyhospital.org)*

**TY**

# Terms

**Aging Population** – The aging of the world’s populations is the result of the continued decline in fertility rates and increased life expectancy. This demographic change has resulted in increasing numbers and proportions of people who are over 60. It is estimated that Sonoma Valley’s aging population for those 65 and older will increase by 10% in the coming years.

**Ambulatory Care** – Ambulatory care refers to medical services performed on an outpatient basis, without admission to Sonoma Valley Hospital.

**Bilingual/Bicultural** – A person who is bilingual and/or bicultural reflects a person who identifies as a member of two linguistic and/or cultural groups.

**California Senate bill 1953** – SB 1953 requires that all acute care hospitals in California meet specific seismic safety standards by 2008 and 2030. (Sonoma Valley Hospital is compliant with 2008 seismic safety standards. SB 1953 is legislation that came in effect following the 1994 Northridge Earthquake.)

**CT-Scan** – A computerized tomography (CT) scan combines a series of X-ray images taken from different angles around your body and uses computer processing to create cross-sectional images (slices) of the bones, blood vessels and soft tissues inside your body. CT scan images provide more-detailed information than plain X-rays do.

**Culturally Sensitive** – means an awareness, understanding, and responsiveness to the beliefs, values, customs, and institutions (family, religious, etc.) of a group of people, particularly those of a race or ethnic group different from one’s own, or those identified cultures of persons with specific disabilities such as deafness.

**Culturally Responsive** – Being culturally responsive requires having the ability to understand cultural differences, recognize potential biases, and look beyond differences to work productively with children, families, and communities whose cultural contexts are different from one’s own.

**Destination Healthcare** –

**MRI** – An MRI (magnetic resonance imaging) scan is a test that creates clear images of the structures inside your body using a large magnet, radio waves and a computer. Healthcare providers use MRIs to evaluate, diagnose and monitor several different medical conditions.

**Orthopedic, General** – General orthopedics is the field of medicine that focuses on the diagnosis and treatment of injuries and disorders of the musculoskeletal system and a variety of orthopedic conditions.

**Orthopedics, Specialist** – These are orthopedists that choose to subspecialize. They have training in advanced treatments for specific groups of diagnoses such as hands, knee replacement, and shoulders.

**Sustainable healthcare** – is organized medical care that ensures the health needs of the current population are met, without compromising environmental, economic, or social resources for future generations.

**Sonoma Valley Health Care District** – Sonoma Valley Health Care District (SVHCD) was established in 1946 with oversight by a publicly elected five Board of Directors. The Mission of the Sonoma Valley Health Care District is to maintain, improve and restore the health of everyone in the District, which encompasses the entire Sonoma Valley with the exclusion of Kenwood and communities to the north. The Board governs Sonoma Valley Hospital.

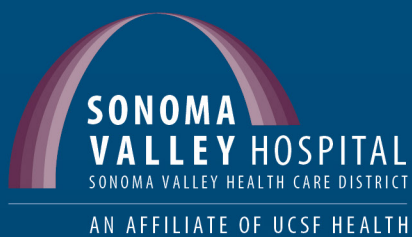
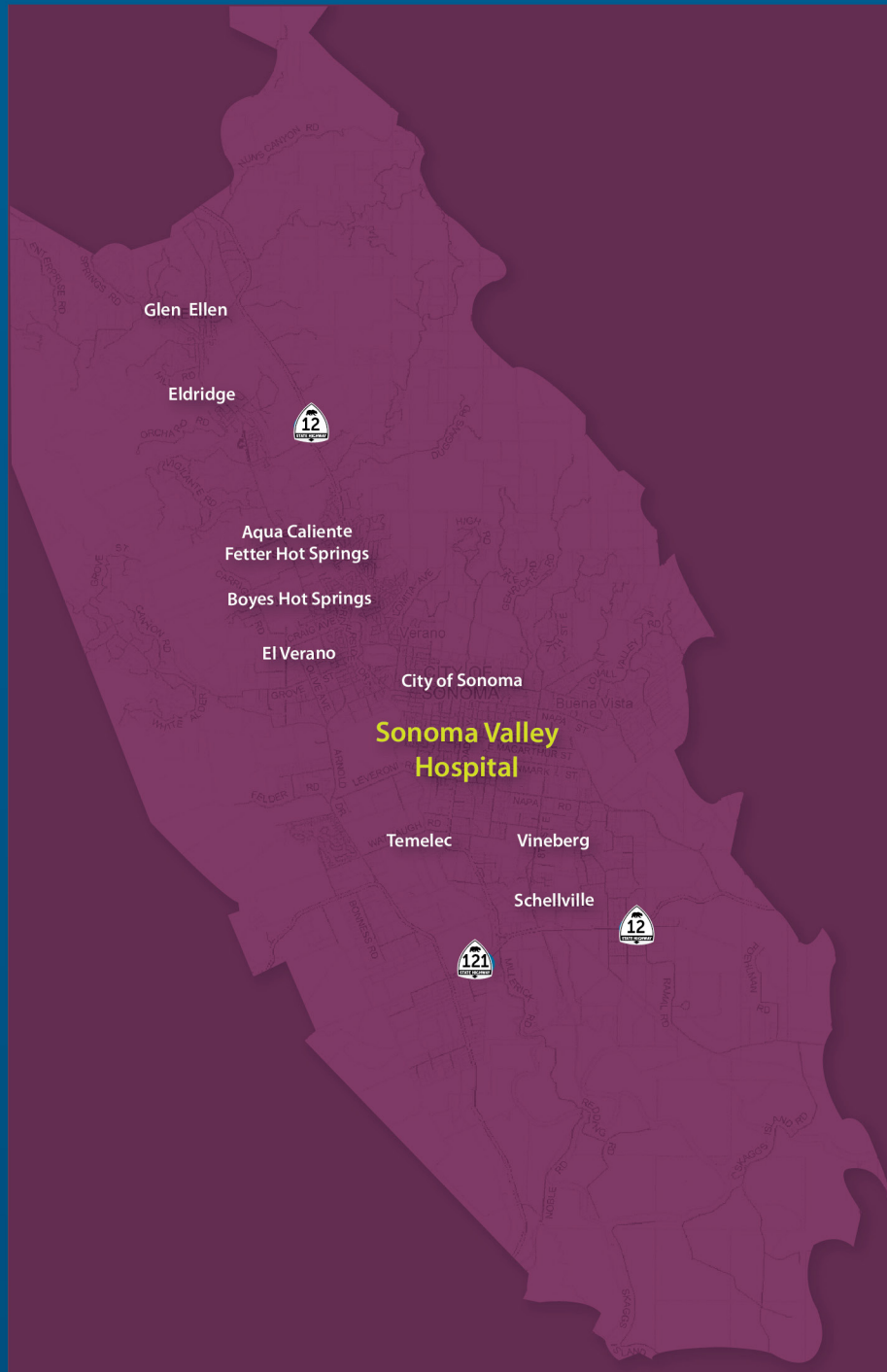
**Sonoma Valley Hospital** – Sonoma Valley Hospital is a 51-bed (24–Acute and 27–Skilled Nursing), full-service acute care district hospital located in Sonoma, California, providing residents of the Sonoma Valley with a broad range of healthcare services. SVH is known as a warm, comfortable place of healing with a compassionate professional staff dedicated to the needs of the community. It was created by the community and has served residents of the Sonoma Valley in its current location since 1957 in the heart of the Sonoma Valley. In 2018, Sonoma Valley Hospital became an affiliate of UCSF Health.

**University of California, San Francisco (UCSF)** –Is part of the University of California system and is dedicated entirely to health science and life science. It conducts research and teaching in medical and biological sciences.

**UCSF Health** – UCSF Health includes UCSF Medical Center, which is the top-ranked medical center in California and ranks among the top five hospitals nationwide according to U. S. News & World Report, as well as UCSF Benioff Children’s Hospitals and additional affiliates throughout the Bay Area. Recognized for innovative treatments, advanced technology, collaboration among health care professionals and scientists, and a highly compassionate patient care team, these hospitals serve as the academic medical center of the University of California, San Francisco, which is world-renowned for its biomedical research, education and patient care. UCSF Health’s nationally preeminent programs include cancer, children’s health, the brain and nervous system, organ transplantation, and women’s health. It operates as a self-supporting enterprise within UCSF.

---

## SONOMA VALLEY HEALTH CARE DISTRICT



707.935.5000  
347 Andrieux Street  
Sonoma, CA 95476 • [f](#) [t](#) [@](#) [in](#)  
[sonomavalleyhospital.org](http://sonomavalleyhospital.org)



To: SVHCD Board of Directors  
From: John Hennelly  
Date: 04.06.23  
Subject: Administrative Report

---

### **Covid/Flu**

Covid and Flu have waned from February. Staff quarantines have waned and have been running in the 1-3 per day range. Illness varies dramatically. No staff hospitalizations have been reported. Daily inpatient census with Covid or Flu have ranged from 0-2, primarily Covid.

Effective 4/3 the hospital will relax some covid rules. This coincides with changes made by the CDC and CDPH. Our rules will not perfectly mirror those agency's recommendations. Masking for staff will remain highly recommended while visitors will no longer be required to mask. Entry screening will cease, and the north and south entrances will open to the public during daytime hours.

### **Operations**

We have completed a review of submissions for the ED MD contract. Four organizations submitted proposals. After multiple rounds of interviews, an applicant will be submitted to the Board for approval.

The hospital awaits its triennial quality survey from CIHQ. The unannounced survey should occur in the next 30 days.

We are excited to welcome back Dr Sabrina Kidd, colorectal surgeon, who will be returning to practice in Sonoma in late April after a 1-year hiatus.

February has followed December and January as strong volume and revenues continue.

### **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 4 months into our **Epic** implementation. We continue to focus on revenue cycle activities. Our daily collections has improved from 30% of baseline 4 weeks after go live to over 100% today. We expect to continue to exceed baseline in the near term as we catch up on billings that were delayed in December and January and anticipate a new, higher, baseline as the hospital realizes better documentation and billing. Interfaces to community partners are almost complete. One key remaining interface is with UCSF. This work should be completed in the next 90 days.

### **Strategic Planning**

After reviewing the draft plan with the Board in March, we will be submitting a revised plan at the April board meeting.

# CMO Report to the Board

April 2023



# Updates

- Clinical Updates
- Improving Subspecialty Access
- Geriatrics Program
- Diversity, Equity, Inclusion



# Clinical Updates

- Change in COVID guidelines to coincide with CDPH changes on April 3
- Changes in ED/Admission Protocol
- Integration of Epic templates and order sets

# Improving Subspecialty Access

- Emergency Department RFP Process
  - Request for Proposals to staff ED was put out in January in order to explore whether a change in staffing of the ED with board-certified ED physicians would improve quality of care and patient safety and allow SVH to care for a broader scope of patients
  - Four groups submitted proposals, met with CMO, then met with selection committee
  - Two groups were asked to return for second round
  - Napa Valley Emergency Medicine Group was selected as finalist pending Board approval

# Improving Subspecialty Access

- Gastroenterologist recruitment
  - UCSF BCHO foundation recruitment
  - Shared UCSF GI faculty recruitment
- e-ICU proposal
  - Remote consultation for ICU patients
- Urologist coverage
  - Inpatient consultation via telehealth
  - Dr. Carroll planning on starting July 2023



# Geriatrics Program

- Objective: to transform Sonoma Valley Hospital into an age-friendly health system by providing excellent, high-quality care consistent with geriatric best practices
- Multidisciplinary geriatrics committee has been convened, geriatrics NP position has been posted, interviews have commenced
- Geriatric NP will see pre-operative geriatric patients, provide inpatient consultation, and provide outreach with community geriatric resources

# Diversity, Equity, Inclusion

- Objective: to ensure that all patients who visit Sonoma Valley Hospital receive equitable and high quality care
- DEI Committee has been convened
- Initial activities: social determinants of health screening, DEI training, stratification of data based on race





UCSF/SVH Joint Operating Dashboard								
Strategic Objective	Initiative	Description/Tactic	Benefits/Impact	Start Date	Target Completion Date	Update	Updated	
<b>1 Increase Access to San Francisco based UCSF Care</b> - 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		2019	2019	complete	7/19
			Infectious Disease coverage for hospital				complete	7/19
	1.2	Beta Site for Capacity Management (transfer) Center	Intensivist Coverage of ICU	Expanded medical team would increase the types of cases that could be treated at SVH. The integration will improve both site's ability to place patients in the right setting for their needs. Impact to SVH increased	2022	2023	Engaging UCSF and third party vendors on contracting. Dr Sankaran has lead. Conversations progressing. Ongoing.	3/23
			Integration of SVH into the UCSF capacity management system		Summer 2023	2023-2024	System live. UCSF working on process. SVH participation pending.	1/23
<b>2 Increase Access to Locally Provided Specialists/Primary Care</b> - 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	Welcoming a general surgeon who will do GI. Still seeking a GI.	3/23
			Joint recruitment of orthopedic surgeon based in Sonoma	Orthopedics is in strong demand in Sonoma. Planning to insure availability 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
	2.2	Expansion of Clinically Integrated Network	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
			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
<b>3 Increase Facility Utilization</b> - 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 opportunities 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 available 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
	3.5	Develop relationship with VA for the provision of care to veterans at SVH		Improve access for veterans and increase utilization of SVH services	2023	2024	Connecting with VA leadership through UCSF contacts	2/22
<b>4 Enhance IT Integration</b> - 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	Interface builds still underway	3/23
	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
<b>5 Share Resources/Reduce Costs</b> - 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 innovation (growth), better staff and patient satisfaction, increased market competitiveness, higher employee retention.	2022	ongoing	Deescalation training of mangement completed in January.	1/23
	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
<b>Parking Lot</b>		Exploration of ways to integrate purchase of goods and services		Cooperating with UCSF on purchasing could yield significant 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 Finance Committee  
**From:** Ben Armfield, Chief Financial Officer  
**Date:** March 28, 2023  
**Subject:** Financial Report for February 2023

## 1. OVERALL PERFORMANCE:

February was yet another positive financial month for the hospital as our operating margin, operating EBDA, and net income all exceeded budget by a significant amount. In fact, February marks our best financial month this year as all three metrics were fiscal year highs.

We continue to see steady volumes. Inpatient census in February fell off a bit from last month's fiscal year high, but our average daily census of 9.3 was still above budgeted levels. Inpatient surgeries continue to significantly outpace both budget and the prior year which has certainly helped buoy our inpatient volumes and also our net revenue performance.

The biggest factor in February's overall results can be attributed to our IGT funding as we booked nearly \$2M in net income to account for the matching fee payment that was paid out this month. February's income statement reflects \$2.5M in expense that has been paid out and \$4.4M in estimated revenue that we will be receiving either in April or May. The revenue that is booked is indeed an estimate as we will not know the final amount until proceeds are received.

Even without the IGT proceeds, the month was very positive as our operating margin and operating EBDA both represent fiscal year highs.

We continue to work extremely hard in getting our cash collection levels back to (and eventually above) our historical baselines. We have made really great progress over the last 2 months and I am very happy to report that we collected \$4.2M in cash this past month. This is roughly 50% more than the \$2.9M we had previously forecasted for February, and also represents a 45% increase from what we have averaged since the Epic go-live.

**Table 1a | Overall Performance - February 2023 (Including IGT)**

	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%
Operating Margin	\$ 1,388,892	\$ (852,724)	\$ 2,241,616	263%	\$ (4,955,950)	\$ (3,807,402)	\$ (1,148,548)	-30%	\$ (4,224,448)	\$ (731,502)	-17%
Operating EBDA	\$ 1,631,550	\$ (623,637)	\$ 2,255,187	362%	\$ (2,946,536)	\$ (1,974,706)	\$ (971,830)	-49%	\$ (2,341,977)	\$ (604,559)	-26%
Net Income (Loss)	\$ 1,900,410	\$ 109,691	\$ 1,790,719	1633%	\$ 910,692	\$ 3,910,063	\$ (2,999,371)	-77%	\$ (188,538)	\$ 1,099,230	-583%

\* Operating Margin less Depreciation

**Table 1b | Overall Performance - February 2023 (Excluding IGT)**

	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%
Operating Margin	\$ (513,690)	\$ (852,724)	\$ 339,034	40%	\$ (6,858,532)	\$ (7,396,603)	\$ 538,071	7%	\$ (7,278,489)	\$ 419,957	6%
Operating EBDA	\$ (271,032)	\$ (623,637)	\$ 352,605	57%	\$ (4,849,118)	\$ (5,563,907)	\$ 714,789	13%	\$ (5,396,018)	\$ 546,900	10%
Net Income (Loss)	\$ (2,172)	\$ 109,691	\$ (111,863)	-102%	\$ (991,890)	\$ 320,862	\$ (1,312,752)	-409%	\$ (3,242,579)	\$ 2,250,689	69%

\* Operating Margin less Depreciation

## 2. NET REVENUE SUMMARY:

**Table 2 | Net Patient Revenue – Actual vs. Budget - February 2023 (Excluding IGT)**

	Month of February 2023				Year To Date February 2023						
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%
Gross Revenue	\$ 26,876,497	\$ 25,543,496	\$ 1,333,001	5%	\$ 212,396,955	\$ 201,712,514	\$ 10,684,441	5%	\$ 190,373,678	\$ 22,023,277	12%
Net Patient Revenue	\$ 3,897,889	\$ 3,872,360	\$ 25,529	1%	\$ 31,809,258	\$ 30,581,989	\$ 1,227,269	4%	\$ 29,428,890	\$ 2,380,368	8%
NPR as a % of Gross	14.5%	15.2%	-4%		15.0%	15.2%	0%		15.5%	-2%	
Tot Operating Revenue	\$ 4,009,711	\$ 3,977,083	\$ 32,628	1%	\$ 32,548,617	\$ 31,419,773	\$ 1,128,844	4%	\$ 30,185,006	\$ 2,363,611	8%

Our revenues have outpaced both budget and prior year, and February was another positive month delivering higher than budgeted patient and operating revenues.

Gross charges continue to uptick. We are now +12% year-to-date compared to the prior year which far exceeds the 6% annual rate increase we apply every year. We have seen further upticks over the last couple months, which is a good indication that we are in fact enhancing our charge capture abilities within the new Epic system. Since our Epic go-live, our monthly gross revenues have increased by 4% compared to our pre-Epic levels.

We did experience a shift in payor mix in February as we saw a dip in our commercial volumes and a corresponding increase in some “non-favorable” payors such as managed medical and self-pay. This caused a drop in our volume adjusted patient revenues for the month (14.5% vs budget of 15.2%). This doesn’t look to be any kind of trend at this point since we cannot attribute the drop to any one specific payor, service, or physician. We also just set a fiscal year high in commercial volumes in January and it looks as though we are tracking with budget in March. We will continue to track closely.

## 3. OPERATING EXPENSE SUMMARY:

**Table 4 | Operating Expenses – Actual vs. Budget – February 2023 (Excluding IGT)**

	Month of February 2023				Year To Date February 2023						
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%
Operating Expenses	\$ 4,523,401	\$ 4,829,807	\$ 306,406	6%	\$ 39,407,149	\$ 38,816,376	\$ (590,773)	-2%	\$ 37,463,495	\$ (1,943,654)	-5%
Worked FTEs	222.3	225.8	3.5	2%	212.2	217.7	5.6	3%	204.9	(7.2)	-4%

Operating expenses in February continued the pull back that started in January as we continue to reduce operating costs as we get further away from our Epic go-live. Total operating expenses ran 6% under budget for the month. The reduction in our operating expenses has had a significant impact on our overall performance, and while we are still 2% over budget for the year, that variance has been cut in half over the past two months.

## 4. VOLUME SUMMARY:

**Table 5 | Patient Volumes – February 2023**

	Month of February 2023				Year To Date February 2023						
	Current Year		Variance		Current Year		Variance		Prior Year	Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	260	254	6	2%	2,204	2,081	123	6%	2,070	134	6%
Average Daily Census	9.3	9.1	0.2	2%	9.1	8.6	0.5	6%	8.5	0.6	6%
Acute Discharges	78	61	17	28%	543	500	43	9%	487	56	11%
IP Surgeries	17	12	5	42%	129	103	26	25%	87	42	48%
OP Surgeries/Spec Proc	144	169	(25)	-15%	1,124	1,283	(159)	-12%	1,232	(108)	-9%
<b>Total Surgeries / Procedures</b>	<b>161</b>	<b>181</b>	<b>(20)</b>	<b>-11%</b>	<b>1,253</b>	<b>1,386</b>	<b>(133)</b>	<b>-10%</b>	<b>1,319</b>	<b>(66)</b>	<b>-5%</b>
Total Outpatient Visits	4,614	4,522	92	2%	36,494	35,873	621	2%	36,784	(290)	-1%
Total ER Visits	719	839	(120)	-14%	6,441	6,514	(73)	-1%	6,020	421	7%

Volumes remain healthy, particularly on the IP side. January delivered a fiscal year high in inpatient volume, and while we did see a bit of a pullback from last month (ADC dropped from 10.4 to 9.3), we still exceeded budget for the 3<sup>rd</sup> consecutive month. Further increases in inpatient surgeries within general surgery and orthopedics continue to help buoy our inpatient volumes. Year-to-date our inpatient surgeries are 25% over budget and nearly 50% higher than prior year.

Inpatient surgeries have also helped mitigate some continued fluctuation on the outpatient surgery side. While we ran under budget in February by 15%, the volumes themselves tracked closely with our fiscal year trend. The driver in the variance to budget is related to Gastroenterology as we had budgeted for a new GI provider to start performing cases in February.

Outpatient visits increased from the prior month and exceeded budget for February. We plan on seeing further increases here as departments continue to get comfortable in the new system and work to regain their historical capacity.

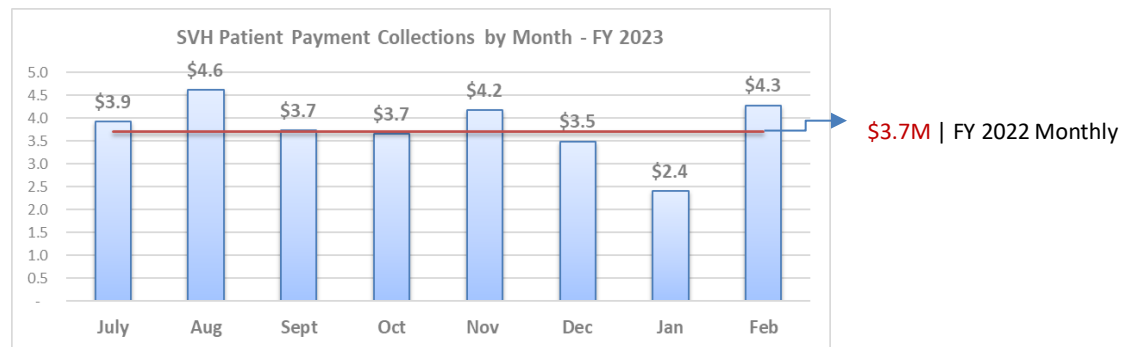
## 5. CASH ACTIVITY SUMMARY:

**Table 6 | Cash / Revenue Cycle Indicators - February 2023**

	Feb-23	Jan-23	Var	%
<b>Days Cash on Hand</b>	14.3	18.5	(4.2)	-23%
<b>A/R Days</b>	55.9	54.4	1.5	3%
<b>A/P Days</b>	56.3	55.7	0.6	1%

As mentioned above, we had a great month in cash collections as we collected \$4.2M. This is 45% higher than our post-Epic monthly average and represents the 2<sup>nd</sup> best cash collection month we have had this fiscal year. It also is the first month post Epic go-live where we exceeded last year's monthly average of \$3.7M. There is obviously still lots more work to be done to not only get back to our historical pre-Epic levels but to exceed them, but February's results are certainly encouraging and demonstrates the progress that is being made.

Our days cash on hand did drop from 18.5 to 14.3, but that was much better than the 8.2 days that was previously forecasted for month's end. It is important to callout that this includes the \$2.4M in IGT matching fees that were paid out in February. For comparison purposes, our days cash would have ended up right around 30.0 days had we not made our IGT payment.



## 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 February 28, 2023**

ATTACHMENT A

Gross Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	10,354,472	9,485,258	869,214	9.2%	76,339,974	74,999,623	1,340,351	1.8%
Medicare Managed Care	4,444,997	4,267,809	177,188	4.2%	36,541,374	33,679,500	2,861,874	8.5%
Medi-Cal	5,026,451	4,271,754	754,697	17.7%	40,443,313	33,590,701	6,852,612	20.4%
Self Pay	686,344	452,483	233,861	51.7%	2,929,119	3,551,405	-622,286	-17.5%
Commercial & Other Gov't	5,456,238	6,297,976	-841,738	-13.4%	47,547,569	49,761,879	-2,214,310	-4.4%
Worker's Comp.	862,638	749,679	112,959	15.1%	8,398,541	5,981,110	2,417,431	40.4%
<b>Total</b>	<b>26,831,141</b>	<b>25,524,959</b>	<b>1,306,182</b>	<b>5.1%</b>	<b>212,199,888</b>	<b>201,564,218</b>	<b>10,635,670</b>	<b>5.3%</b>

Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	1,030,244	1,109,356	-79,112	-7.1%	8,407,451	8,761,148	-353,697	-4.0%
Medicare Managed Care	521,016	491,402	29,614	6.0%	4,251,823	3,880,848	370,975	9.6%
Medi-Cal	410,754	444,926	-34,172	-7.7%	3,352,016	3,513,809	-161,793	-4.6%
Self Pay	95,958	133,290	-37,332	-28.0%	783,075	1,052,659	-269,583	-25.6%
Commercial & Other Gov't	1,677,633	1,550,481	127,151	8.2%	13,690,552	12,244,936	1,445,616	11.8%
Worker's Comp.	162,284	142,904	19,379	13.6%	1,324,341	1,128,589	195,751	17.3%
<b>Total</b>	<b>3,897,889</b>	<b>3,872,360</b>	<b>25,529</b>	<b>0.7%</b>	<b>31,809,258</b>	<b>30,581,989</b>	<b>1,227,269</b>	<b>4.0%</b>

Payor Mix	Month			% Variance	Year-to-Date			% Variance
	Actual	Budget			Actual	Budget		
Medicare	38.6%	37.2%		3.8%	32.7%	37.2%		-12.1%
Medicare Managed Care	16.6%	16.7%		-0.9%	18.7%	16.7%		12.2%
Medi-Cal	18.7%	16.7%		11.9%	19.3%	16.6%		16.7%
Self Pay	2.6%	1.8%		44.3%	1.4%	1.7%		-20.4%
Commercial & Other Gov't	20.3%	24.7%		-17.6%	23.7%	24.8%		-4.3%
Worker's Comp.	3.2%	2.9%		9.5%	4.1%	3.0%		36.7%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>		<b>0.0%</b>

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%	26.4%	28.6%	-2.3%	-8.1%
Medicare Managed Care	13.4%	12.7%	0.7%	5.3%	13.4%	12.7%	0.7%	5.3%
Medi-Cal	10.5%	11.5%	-1.0%	-8.3%	10.5%	11.5%	-1.0%	-8.3%
Self Pay	2.5%	3.4%	-1.0%	-28.5%	2.5%	3.4%	-1.0%	-28.5%
Commercial & Other Gov't	43.0%	40.0%	3.0%	7.5%	43.0%	40.0%	3.0%	7.5%
Worker's Comp.	4.2%	3.7%	0.5%	12.8%	4.2%	3.7%	0.5%	12.8%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-0.1%</b>	<b>-0.1%</b>

Net Revenue as a % of Gross	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	9.9%	11.7%	-1.7%	-14.9%	11.0%	11.7%	-0.7%	-5.7%
Medicare Managed Care	11.7%	11.5%	0.2%	1.8%	11.6%	11.5%	0.1%	1.0%
Medi-Cal	8.2%	10.4%	-2.2%	-21.5%	8.3%	10.5%	-2.2%	-20.8%
Self Pay	14.0%	29.5%	-15.5%	-52.5%	26.7%	29.6%	-2.9%	-9.8%
Commercial & Other Gov't	30.7%	24.6%	6.1%	24.9%	28.8%	24.6%	4.2%	17.0%
Worker's Comp.	18.8%	19.1%	-0.2%	-1.3%	15.8%	18.9%	-3.1%	-16.4%
<b>TOTAL</b>	<b>14.5%</b>	<b>15.2%</b>			<b>15.0%</b>	<b>15.2%</b>		

**SONOMA VALLEY HOSPITAL**  
**OPERATING INDICATORS**  
For the Period Ended February 28, 2023

**ATTACHMENT B**

CURRENT MONTH					YEAR-TO-DATE			YTD
	Actual	Budget	Favorable		Actual	Budget	Favorable	Prior
	02/28/23	02/28/23	(Unfavorable)		02/28/23	02/28/23	(Unfavorable)	Year
			Variance				Variance	02/28/22
Inpatient Utilization								
Discharges								
1	56	47	9	Med/Surg	390	388	2	370
2	22	14	8	ICU	153	112	41	117
3	78	61	17	Total Discharges	543	500	43	487
Patient Days:								
4	166	169	(3)	Med/Surg	1,379	1,385	(6)	1,358
5	94	85	9	ICU	825	696	129	712
6	260	254	6	Total Patient Days	2,204	2,081	123	2,070
7	13	-	13	Observation days	123	-	123	172
Average Length of Stay:								
8	3.0	3.6	(0.6)	Med/Surg	3.54	3.57	(0.04)	3.7
9	4.3	6.2	(1.9)	ICU	5.39	6.20	(0.81)	6.1
10	3.3	4.2	(0.8)	Avg. Length of Stay	4.06	4.16	(0.10)	4.3
Average Daily Census:								
11	5.9	6.0	(0.1)	Med/Surg	5.7	5.7	(0.0)	5.6
12	3.4	3.0	0.3	ICU	3.4	2.9	0.5	2.9
13	9.3	9.1	0.2	Avg. Daily Census	9.1	8.6	0.5	8.5
Other Utilization Statistics								
Emergency Room Statistics								
14	719	839	(120)	Total ER Visits	6,441	6,514	(73)	6,020
Outpatient Statistics:								
15	4,614	4,522	92	Total Outpatients Visits	36,494	35,873	621	36,784
16	17	12	5	IP Surgeries	129	103	26	87
17	144	169	(25)	OP Surgeries / Special Procedures	1,124	1,283	(159)	1,232
18	310	266	43	Adjusted Discharges	2,288	2,103	185	2,196
19	1,032	1,109	(77)	Adjusted Patient Days	10,487	8,753	1,734	9,309
20	36.9	39.6	(2.8)	Adj. Avg. Daily Census	43.2	36.0	7.1	38.3
21	1.3571	1.4000	(0.043)	Case Mix Index -Medicare	1.4668	1.4000	0.067	1.4032
22	1.3746	1.4000	(0.025)	Case Mix Index - All payers	1.4531	1.4000	0.053	1.3971
Labor Statistics								
23	222	226	3	FTE's - Worked	212	218	5.6	205
24	239	249	10	FTE's - Paid	235	240	4.6	227
25	52.50	47.73	(4.77)	Average Hourly Rate	49.65	46.85	(2.80)	46.25
26	6.49	6.28	(0.21)	FTE / Adj. Pat Day	5.45	6.66	1.21	5.93
27	37.0	35.8	(1.2)	Manhours / Adj. Pat Day	31.0	37.9	6.9	33.8
28	123.2	148.9	25.7	Manhours / Adj. Discharge	142.3	157.8	15.5	143.2
29	23.8%	26.7%	2.9%	Benefits % of Salaries	23.8%	25.2%	1.3%	24.9%
Non-Labor Statistics								
30	8.4%	16.0%	7.7%	Supply Expense % Net Revenue	14.3%	16.2%	1.9%	14.8%
31	2,251	2,333	82	Supply Exp. / Adj. Discharge	2,271	2,361	90	2,290
32	22,920	18,307	(4,613)	Total Expense / Adj. Discharge	18,498	19,828	1,330	18,077
Other Indicators								
33	14.3			Days Cash - Operating Funds				
34	55.9	50.0	5.9	Days in Net AR	42.9	50.0	(7.1)	42.1
35	97%			Collections % of Cash Goal	94%			97.2%
36	56.3	55.0	1.3	Days in Accounts Payable	56.3	55.0	1.3	46.9
37	31.0%	15.2%	15.9%	% Net revenue to Gross revenue	17.1%	15.2%	1.9%	17.9%
38	29.0%			% Net AR to Gross AR	29.0%			15.9%

**Sonoma Valley Health Care District**  
**Balance Sheet**  
**As of February 28, 2023**  
**UNAUDITED**

**ATTACHMENT C**

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
<b>Assets</b>			
Current Assets:			
1 Cash	\$ 995,100	\$ 990,711	\$ 3,342,020
2 Cash - Money Market	1,349,026	1,848,556	5,844,185
3 Net Patient Receivables	9,047,841	8,980,508	7,124,422
4 Allow Uncollect Accts	(1,490,531)	(1,616,728)	(2,117,220)
5 Net A/R	7,557,310	7,363,780	5,007,202
6 Other Accts/Notes Rec	1,699,562	1,741,219	1,778,140
7 Parcel Tax Receivable	1,741,233	1,741,233	1,665,888
8 GO Bond Tax Receivable	906,105	906,105	1,225,217
9 3rd Party Receivables, Net	4,548,290	102,551	495,689
10 Inventory	1,081,370	1,038,426	1,044,623
11 Prepaid Expenses	836,394	715,339	923,701
12 Total Current Assets	\$ 20,714,389	\$ 16,447,920	\$ 21,326,665
13 Property, Plant & Equip, Net	\$ 54,310,332	\$ 54,500,312	\$ 51,557,815
14 Trustee Funds - GO Bonds	4,632,885	4,906,703	5,091,558
15 Designated Funds - Board Approved	-	1,000,000	1,000,000
16 <b>Total Assets</b>	<b>\$ 79,657,606</b>	<b>\$ 76,854,934</b>	<b>\$ 78,976,038</b>
<b>Liabilities &amp; Fund Balances</b>			
Current Liabilities:			
17 Accounts Payable	\$ 5,886,391	\$ 5,229,799	\$ 4,402,661
18 Accrued Compensation	3,738,230	3,565,632	3,613,514
19 Interest Payable - GO Bonds	4,055	242,569	315,500
20 Accrued Expenses	1,076,736	969,200	1,797,166
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	1,266,664	1,583,331	1,266,668
23 Deferred GO Bond Tax Revenue	828,364	1,035,455	927,249
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	57,511	1,578,083
27 Total Current Liabilities	\$ 18,549,160	\$ 18,374,706	\$ 19,722,867
28 Long Term Debt, net current portion	\$ 25,224,218	\$ 24,507,506	\$ 25,047,129
Fund Balances:			
29 Unrestricted	\$ 17,832,414	\$ 15,920,908	\$ 18,568,602
30 Restricted	18,051,814	18,051,814	15,637,440
31 Total Fund Balances	\$ 35,884,228	\$ 33,972,722	\$ 34,206,042
32 <b>Total Liabilities &amp; Fund Balances</b>	<b>\$ 79,657,606</b>	<b>\$ 76,854,934</b>	<b>\$ 78,976,038</b>

**Sonoma Valley Health Care District  
Statement of Revenue and Expenses  
For the Period Ended February 28, 2023**

ATTACHMENT D

Month						Year-To- Date				YTD	
This Year			Variance			This Year			Variance		Prior Year
Actual	Budget		\$	%	Actual	Budget	\$	%			
						Volume Information					
1	72	61	11	18%	Acute Discharges	530	500	30	6%	487	
2	322	254	68	27%	Patient Days	2,266	2,081	185	9%	2,070	
3	13	-	13	0%	Observation Days	123	-	123	*	172	
4	\$ 20,118	\$ 19,700	\$ 419	2%	Gross O/P Revenue (000's)	\$ 161,962	\$ 153,792	\$ 8,170	5%	\$ 147,826	
						Financial Results					
						Gross Patient Revenue					
5	\$ 6,758,808	\$ 5,843,935	\$ 914,873	16%	Inpatient	\$ 50,435,251	\$ 47,920,936	2,514,315	5%	\$ 42,393,654	
6	12,679,025	12,147,173	531,852	4%	Outpatient	95,368,884	95,426,105	(57,221)	0%	89,881,832	
7	7,438,664	7,552,388	(113,724)	-2%	Emergency	66,592,820	58,365,473	8,227,347	14%	58,098,192	
8	\$ 26,876,497	\$ 25,543,496	1,333,001	5%	Total Gross Patient Revenue	\$ 212,396,955	\$ 201,712,514	10,684,441	5%	\$ 190,373,678	
						Deductions from Revenue					
9	(22,704,731)	(21,448,191)	(1,256,540)	-6%	Contractual Discounts	\$ (179,097,243)	\$ (169,356,930)	(9,740,313)	-6%	\$ (159,381,818)	
10	(150,000)	(200,000)	50,000	25%	Bad Debt	(1,156,647)	(1,600,000)	443,353	28%	(1,500,000)	
11	(123,877)	(22,945)	(100,932)	-440%	Charity Care Provision	(333,807)	(173,595)	(160,212)	-92%	(62,970)	
12	4,428,449	-	4,428,449	*	Prior Period Adj/Government Program Revenue	4,428,449	6,088,278	(1,659,829)	-27%	4,655,565	
13	\$ (18,550,159)	\$ (21,671,136)	3,120,977	-14%	Total Deductions from Revenue	\$ (176,159,248)	\$ (165,042,247)	(11,117,001)	7%	\$ (156,289,223)	
						Net Patient Service Revenue					
14	\$ 8,326,338	\$ 3,872,360	4,453,978	*		\$ 36,237,707	\$ 36,670,267	(432,560)	-1%	\$ 34,084,455	
15	\$ 111,822	\$ 104,723	7,099	7%	Other Op Rev & Electronic Health Records	\$ 739,359	\$ 837,784	(98,425)	-12%	\$ 756,116	
16	\$ 8,438,160	\$ 3,977,083	4,461,077	*	Total Operating Revenue	\$ 36,977,066	\$ 37,508,051	\$ (530,985)	-1%	\$ 34,840,571	
						Operating Expenses					
17	\$ 2,003,049	\$ 1,893,434	(109,615)	-6%	Salary and Wages and Agency Fees	\$ 16,167,271	\$ 15,553,508	(613,763)	-4%	\$ 14,540,454	
18	660,028	706,177	46,149	7%	Employee Benefits	5,615,265	5,525,980	(89,285)	-2%	5,542,855	
19	\$ 2,663,077	\$ 2,599,611	(63,466)	-2%	Total People Cost	\$ 21,782,536	\$ 21,079,488	(703,048)	-3%	\$ 20,083,309	
20	\$ 542,605	\$ 597,505	54,900	9%	Med and Prof Fees (excl'd Agency)	\$ 4,537,738	\$ 4,776,002	238,264	5%	\$ 4,574,347	
21	696,997	621,492	(75,505)	-12%	Supplies	5,195,131	4,964,724	(230,407)	-5%	5,027,904	
22	345,150	470,692	125,542	27%	Purchased Services	3,415,056	3,554,289	139,233	4%	3,386,164	
23	242,658	229,087	(13,571)	-6%	Depreciation	2,009,414	1,832,696	(176,718)	-10%	1,882,471	
24	172,796	114,646	(58,150)	-51%	Utilities	1,346,682	1,041,155	(305,527)	-29%	989,492	
25	53,384	52,833	(551)	-1%	Insurance	444,955	422,664	(22,291)	-5%	416,949	
26	35,512	18,703	(16,809)	-90%	Interest	292,178	145,432	(146,746)	*	129,989	
27	(228,778)	125,238	354,016	283%	Other	383,458	999,926	616,468	62%	972,870	
28	2,525,867	-	(2,525,867)	*	Matching Fees (Government Programs)	2,525,867	2,499,077	(26,790)	1%	1,601,524	
29	\$ 7,049,268	\$ 4,829,807	(2,219,461)	-46%	Operating expenses	\$ 41,933,016	\$ 41,315,453	(617,563)	-1.5%	\$ 39,065,019	
						Operating Margin					
30	\$ 1,388,892	\$ (852,724)	\$ 2,241,616	263%		\$ (4,955,950)	\$ (3,807,402)	(1,148,548)	-30%	\$ (4,224,448)	



**Sonoma Valley Health Care District  
Statement of Revenue and Expenses  
For the Period Ended February 28, 2023**

ATTACHMENT D

Month						Year-To- Date					YTD	
This Year		Variance				This Year		Variance				
Actual	Budget	\$		%		Actual	Budget	\$	%	Prior Year		
31	\$	35,213	\$	(12,142)	47,355	*	Non Operating Rev and Expense					
32		-		-	-	0%	Miscellaneous Revenue/(Expenses)				\$	(70,212)
33		-		-	-	*	Donations				\$	26,585
34		316,667		316,667	-	0%	Physician Practice Support-Prima					0
35		-		-	-	0%	Parcel Tax Assessment Rev				2,533,336	2,533,336
36	\$	351,880	\$	304,525	47,355	16%	Extraordinary Items				-	(97,933)
						Total Non-Operating Rev/Exp				\$	2,391,776	
37	\$	1,740,772	\$	(548,199)	2,288,971	*	Net Income / (Loss) prior to Restricted Contributions				\$	(1,832,672)
38	\$	-	\$	-	-	0%	Capital Campaign Contribution				\$	-
39	\$	-	\$	493,593	(493,593)	0%	Restricted Foundation Contributions				\$	419,884
40	\$	1,740,772	\$	(54,606)	1,795,378	*	Net Income / (Loss) w/ Restricted Contributions				\$	(1,412,788)
41		159,638		164,297	(4,659)	-3%	GO Bond Activity, Net				1,271,162	1,224,250
42	\$	1,900,410	\$	109,691	1,790,719	-1633%	Net Income/(Loss) w GO Bond Activity				\$	(188,538)
	\$	1,983,430	\$	(319,112)	2,302,542		EBDA - Not including Restricted Contributions				\$	49,799
	\$	1,631,550	\$	(623,637)	2,255,187	362%	Operating EBDA - Not including Restricted Contributions				\$	(2,341,977)

**Sonoma Valley Health Care District**  
**Variance Analysis**  
**For the Period Ended February 28, 2023**

**ATTACHMENT E**

Operating Expenses	YTD		MONTH		Variance %
	Variance	Variance %	Variance	Variance %	
Salary and Wages and Agency Fees	(613,763)	-4%	(109,615)	-6%	Increased volumes on inpatient side resulted in higher than budgeted FTEs in clinical areas such as Med Surg & ICU.
Supplies	(230,407)	-5%	(75,505)	-12%	Inpatient surgeries were 40% over budget in February. Orthopedic surgeries remain +15% higher than budget and prior year as well.
Depreciation	(176,718)	-10%	(13,571)	-6%	GASB 87 - New accounting standard caused a reclassification in how we account for our operating leases, reclassifying parts of the lease from other operating expenses into amortization expense & interest expense.
Utilities	(305,527)	-29%	(58,150)	-51%	Increase in utility costs specific to PG&E as both usage and rates have increased from the prior year.
Interest	(146,746)	*	(16,809)	-89.9%	1) Interest Rates. We have paid \$238,000 in LOC interest vs. a budget of \$123,000 YTD, 2) GASB 87 - New accounting standard caused a reclassification in how we account for our operating leases.
Other	616,468	61.7%	354,016	282.7%	GASB 87 - New accounting standard caused a reclassification 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.
Matching Fees (Government Programs)	(26,790)	1.1%	(2,525,867)	*	Actual to budget variance is due to the matching fee payment that was made in February that was originally budgeted for November.
<b>Operating expenses</b>	<b>1,601,898</b>	<b>4%</b>	<b>144,277</b>	<b>3%</b>	

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
<b>Hospital Operating Sources</b>													
Patient Payments Collected	3,924,051	4,613,392	3,735,746	3,656,614	4,177,640	3,497,534	2,406,320	4,286,383	3,609,479	3,789,953	3,979,451	4,178,424	45,854,987
Other Operating Revenue	19,072	182,649	33,561	250,527	23,522	40,390	43,299	222,918	104,723	104,723	104,723	104,732	1,234,840
Other Non-Operating Revenue	10,204	12,925	10,096	11,916	10,007	11,764	10,501	17,591	10,801	10,801	10,801	10,806	138,214
Unrestricted Contributions				3,200	2,051	202	5,829	285					11,567
Line of Credit													-
<b>Sub-Total Hospital Sources</b>	<b>3,953,328</b>	<b>4,808,966</b>	<b>3,779,404</b>	<b>3,922,256</b>	<b>4,213,220</b>	<b>3,549,890</b>	<b>2,465,949</b>	<b>4,527,177</b>	<b>3,725,003</b>	<b>3,905,477</b>	<b>4,094,975</b>	<b>4,293,962</b>	<b>47,239,607</b>
<b>Hospital Uses of Cash</b>													
Operating Expenses	4,913,977	4,894,375	5,088,864	4,586,736	4,470,658	5,948,370	4,634,254	4,503,661	5,073,479	4,946,353	5,034,948	4,993,654	59,089,329
Add Capital Lease Payments	13,501	13,354	13,280	13,354	45,386	55,162	45,517	33,948					233,501
Additional Liabilities/LOC													-
Capital Expenditures	774,009	749,295	117,435	170,157	216,084	418,400	269,571	50,333	25,000	2,205,000	25,000	25,000	5,045,285
<b>Total Hospital Uses</b>	<b>5,701,487</b>	<b>5,657,024</b>	<b>5,219,578</b>	<b>4,770,247</b>	<b>4,732,128</b>	<b>6,421,932</b>	<b>4,949,342</b>	<b>4,587,942</b>	<b>5,098,479</b>	<b>7,151,353</b>	<b>5,059,948</b>	<b>5,018,654</b>	<b>64,368,115</b>
<b>Net Hospital Sources/Uses of Cash</b>	<b>(1,748,159)</b>	<b>(848,058)</b>	<b>(1,440,175)</b>	<b>(847,991)</b>	<b>(518,907)</b>	<b>(2,872,042)</b>	<b>(2,483,394)</b>	<b>(60,765)</b>	<b>(1,373,476)</b>	<b>(3,245,875)</b>	<b>(964,973)</b>	<b>(724,692)</b>	<b>(17,128,508)</b>
<b>Non-Hospital Sources</b>													
Restricted Cash/Money Market	750,000	750,000	1,000,000	500,000	750,000		1,250,000	1,500,000			(3,000,000)		3,500,000
Restricted Capital Donations	210	696,111	1,483	259,524	125,306	377,052	530,877	29,019					2,019,583
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	4,450,000	41,568	5,179,846
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								750,660					750,660
<b>Sub-Total Non-Hospital Sources</b>	<b>942,811</b>	<b>1,446,111</b>	<b>1,001,483</b>	<b>759,524</b>	<b>892,596</b>	<b>2,435,819</b>	<b>1,780,877</b>	<b>2,279,679</b>	<b>2,000,000</b>	<b>3,917,531</b>	<b>1,830,000</b>	<b>41,568</b>	<b>19,327,999</b>
<b>Non-Hospital Uses of Cash</b>													
Matching Fees					-	3,642	-	2,214,224	-	-	20,784		2,238,650
<b>Sub-Total Non-Hospital Uses of Cash</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,642</b>	<b>-</b>	<b>2,214,224</b>	<b>-</b>	<b>-</b>	<b>20,784</b>	<b>-</b>	<b>2,238,650</b>
<b>Net Non-Hospital Sources/Uses of Cash</b>	<b>942,811</b>	<b>1,446,111</b>	<b>1,001,483</b>	<b>759,524</b>	<b>892,596</b>	<b>2,432,177</b>	<b>1,780,877</b>	<b>65,455</b>	<b>2,000,000</b>	<b>3,917,531</b>	<b>1,809,216</b>	<b>41,568</b>	<b>17,089,349</b>
<b>Net Sources/Uses</b>	<b>(805,349)</b>	<b>598,053</b>	<b>(438,691)</b>	<b>(88,467)</b>	<b>373,689</b>	<b>(439,865)</b>	<b>(702,516)</b>	<b>4,690</b>	<b>626,524</b>	<b>671,656</b>	<b>844,243</b>	<b>(683,124)</b>	
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	990,411	995,101	1,621,626	2,293,281	3,137,524	
<b>Operating Cash at End of Period</b>	<b>1,688,209</b>	<b>2,286,262</b>	<b>1,847,571</b>	<b>1,759,104</b>	<b>2,132,793</b>	<b>1,692,928</b>	<b>990,411</b>	<b>995,101</b>	<b>1,621,626</b>	<b>2,293,281</b>	<b>3,137,524</b>	<b>2,454,399</b>	
Money Market Account Balance - Undesignated	5,095,597	4,345,597	3,346,052	2,846,649	2,096,825	2,097,663	1,848,555	1,348,555	1,348,555	1,348,555	4,348,555	4,348,555	
<b>Total Cash at End of Period</b>	<b>6,783,806</b>	<b>6,631,859</b>	<b>5,193,623</b>	<b>4,605,753</b>	<b>4,229,618</b>	<b>3,790,590</b>	<b>2,838,967</b>	<b>2,343,657</b>	<b>2,970,181</b>	<b>3,641,837</b>	<b>7,486,079</b>	<b>6,802,955</b>	
<b>Average Days of Cash on Hand</b>	<b>54.2</b>	<b>45.1</b>	<b>35.2</b>	<b>30.2</b>	<b>28.8</b>	<b>24.6</b>	<b>19.0</b>	<b>15.1</b>					
<b>Days of Cash on Hand at End of Month</b>	<b>53.8</b>	<b>42.0</b>	<b>34.1</b>	<b>31.1</b>	<b>27.9</b>	<b>24.5</b>	<b>18.5</b>	<b>14.3</b>	<i>18.1</i>	<i>22.8</i>	<i>46.1</i>	<i>42.2</i>	