



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

**AGENDA**

**THURSDAY, JUNE 1, 2023  
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:  
Join Zoom Meeting**

<https://sonomavalleyhospital-org.zoom.us/j/91700563772?pwd=N29QNVZVN1R6VkRncE9mVFRtYll2UT09&from=addon>

Meeting ID: 917 0056 3772  
Passcode: 517004

To participate via telephone phone, dial  
1-669-219-2599 or 1-669-900-9128

<p>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.</p>	<b>RECOMMENDATION</b>		
<b>AGENDA ITEM</b>			
<p><b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p><b>1. CALL TO ORDER</b></p>	<i>Bjorndal</i>		
<p><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></p>			
<p><b>3. REPORT ON CLOSED SESSION OF MAY 17, 2023</b></p>	<i>Bjorndal</i>		
<p><b>4. BOARD CHAIR COMMENTS</b></p>	<i>Bjorndal</i>		
<p><b>5. CONSENT CALENDAR</b> a. Board Minutes 05.04.23 b. Finance Committee Minutes 04.25.23</p>	<i>Bjorndal</i>	Action	Pages 3-5 Pages 6-8

c. Quality Committee Minutes 04.26.23 d. Medical Staff Credentialing e. Policies and Procedures			Pages 9-10 Pages 11-28
<b>6. SVHF ANNUAL UPDATE</b>	<i>Pier</i>	Inform	Pages 29-50
<b>7. APPOINTMENT OF CEO COMPENSATION COMMITTEE</b>	<i>Bjorndal</i>	Inform	
<b>8. CEO REPORT</b>	<i>Hennelly</i>	Inform	Pages 51-54
<b>9. CMO UPDATE</b>	<i>Sankaran</i>	Inform	Pages 55-61
<b>10. UCSF AFFILIATION UPDATE</b>	<i>Hennelly</i>	Inform	Page 62
<b>11. JOINT BOARD/FINANCE COMMITTEE MEETING UPDATE</b>	<i>Boerum</i>	Inform	
<b>12. APPROVE FY 2024 BUDGET</b>	<i>Armfield</i>	Action	Pages 63-90
<b>13. APPROVE CAPITAL SPENDING PLAN</b>	<i>Armfield</i>	Action	Page 91
<b>14. FINANCIALS FOR MONTH END APRIL 2023</b>	<i>Armfield</i>	Inform	Pages 92-101
<b>15. BOARD COMMENTS</b>	<i>Board Members</i>	Inform	
<b>16. 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, MAY 4, 2023

**HELD IN PERSON AT 177 FIRST STREET WEST, 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 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 6:01 p.m.		
<b>2. PUBLIC COMMENT</b>		
None		
<b>3. BOARD CHAIR COMMENTS</b>	<i>Bjorndal</i>	
Dr. Bjorndal said, with regard to the consent calendar, approval of the Medical Staff Credentialing Report would be postponed allowing the Board additional time to review.		
<b>4. CONSENT CALENDAR</b>	<i>Bjorndal</i>	Action
a. Board Minutes 04.06.23 b. Finance Committee Minutes 03.28.23 c. Quality Committee Minutes 03.22.23 d. Policy and Procedures		<b>MOTION:</b> by Lee Myatt to approve, 2 <sup>nd</sup> by Boerum. All in favor.
<b>5. UPDATE SEISMIC STATUS &amp; SONOMA VALLEY</b>	<i>Bucklew</i>	Inform
Mr. Bryan Bucklew, President & CEO of Hospital Council of Northern and Central California, discussed the State's seismic safety requirements particularly as they relate to smaller healthcare facilities with limited resources and funding. Mr. Bucklew noted the importance of gaining greater understanding of this issue and how it affects healthcare access. He then stated that the immediate goal is to educate new legislators about the State's seismic safety laws and the challenges hospitals face.		
<b>6. FINANCE COMMITTEE QUARTERLY REPORT</b>	<i>Boerum</i>	Inform
Ms. Boerum stated that March and April's Finance Committee meetings had full participation, including new members Bob Crane, Graham Smith, and Ed Case. There will be a joint Board and Finance Committee meeting on May 23 <sup>rd</sup> at 5:00pm followed by a regular Finance Committee meeting at 6:00pm.		

<b>7. AUDIT COMMITTEE REPORT</b>	<i>Boerum</i>	Action
Mr. Boerum announced that the Audit Committee had welcomed two new members, Wendy Lee-Myatt and Dennis Bloch. He went on to report that the Committee had recently met with representatives from the Armanino firm about the FY 2023 audit. The Committee is recommending that the Board engage the Armanino firm for audit services. It was noted that this year’s audit will incur an additional fee for a “single purpose audit.” An official engagement letter has been developed but will be revised to include an explanation of the fee increase.		<b>MOTION:</b> by Lee Myatt to approve, 2 <sup>nd</sup> by Kalos. All in favor.
<b>8. CMO REPORT</b>	<i>Sankaran</i>	Inform
Dr. Sankaran provided her updates including introduction of the Napa Valley ED Group, seven board certified emergency physicians who will lead the SVH Emergency Department. Additionally, Dr. Sankaran discussed the triennial CIHQ Survey, Geriatric Program, and Diversity, Equity, and Inclusion updates. Dr. Sankaran went on to announce that Dr. Peter Carroll will start seeing patients via telehealth after the July 4 <sup>th</sup> weekend. Dr. Carroll is a renowned Urologist and Distinguished Chair of Urology at UCSF.		
<b>9. HUMAN RESOURCES ANNUAL REPORT</b>	<i>McKissock</i>	Inform
Ms. McKissock presented the Human Resources Annual Report highlighting 2022 accomplishments including the Employee Engagement Survey and the Compensation Analysis Report, an in-depth wage analysis of all 135 positions within the hospital. Mr. McKissock stated that compensation will continue to be reviewed on an annual basis.		
<b>10. CEO REPORT</b>	<i>Hennelly</i>	Inform
Mr. Hennelly’s report is as submitted. The Board will be receiving a final copy of the Strategic Plan, thank you to all that were involved in the development. As reported in the CMO Report, the Napa Valley ED Group will lead the ED beginning in August 2023. The triennial quality survey from CIHQ received high marks with few recommendations for improvement. March continues the trend of strong volumes and revenue. The MRI project is still in the planning and permitting stage with a timeline of going live in the Spring of 2025. Mr. Hennelly then reported that while the hospital continues to track the COVID virus and its new variants, COVID’s overall impact on the hospital has all but disappeared. Mr. Hennelly went on to state that there is continued work on a proposal between SVH and a local Community Health Center. Lastly, Mr. Hennelly invited the Board to come out and participate in hospital week festivities including a BBQ and Band event on Wednesday, May 10 <sup>th</sup> .		
<b>11. UCSF AFFILIATION UPDATE</b>	<i>Hennelly</i>	Inform
Mr. Hennelly discussed the upcoming arrival of renowned UCSF MD, Dr. Peter Carroll. Additionally, it was noted that recruitment efforts continue for specialty areas.		
<b>12. PARAGON UPDATE</b>	<i>Armfield</i>	Action
Mr. Armfield informed the Board that the existing contract with SVH’s Enterprise Resource Planning (ERP) solution, Paragon through Altera Digital Health, is currently up for renewal. He stated that although he		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Lee Myatt. All in favor.

believes there is another solution that would better fit the needs of the hospital long term, it is his recommendation that the Board approve a 3-year Paragon renewal contract at this time.		
<b>13. FINANCIALS FOR MONTH END MARCH 2023</b>	<i>Armfield</i>	Inform
Mr. Armfield reported that March was the best operational month so far this year with a continued spike in cash collections and patient revenue.		
<b>14. BOARD COMMENTS</b>	<i>Board Members</i>	Inform
Mr. Boerum announced that Sonoma will be hosting their annual 4 <sup>th</sup> of July Parade. He said that he thought it would be a good idea for SVH to participate in the festivities this year.		
<b>15. ADJOURN</b>	<i>Chair</i>	
Adjourned at 7:46 p.m.		



**SVHCD**  
**FINANCE COMMITTEE MEETING**  
**MINUTES**  
**TUESDAY, APRIL 25, 2023**  
**In Person at Sonoma Valley Hospital**  
**347 Andrieux Street**  
**and Via Zoom Teleconference**

<b>Present</b>	<b>Not Present/Excused</b>	<b>Staff</b>	<b>Public</b>	
Bill Boerum in person Wendy Lee Myatt in person Peter Hohorst in person Ed Case in person Bob Crane in person Graham Smith in person Catherine Donahue in person Carl Gerlach via Zoom Subhash Mishra, MD, via Zoom		John Hennelly, CEO, in person Ben Armfield, CFO, in person	Gary Hicks 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 7:16 p.m.			
<b>2. PUBLIC COMMENT SECTION</b>	None			
<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: Report Involving Trade Secret – Discussion will concern proposed services</u>				
<b>5. REPORT ON CLOSED SESSION</b>				
	Mr. Boerum stated that the Committee had met in closed session to discuss a proposed service. No decision has been made at this time.			
<b>6. CONSENT CALENDAR</b>	<i>Boerum</i>		Action	

a. Finance Committee Minutes 03.28.23		<b>MOTION:</b> by Crane to approve, 2 <sup>nd</sup> by Lee-Myatt. All in favor.	
<b>7. ALLSCRIPTS/PARAGON EXTENSION</b>	<i>Armfield</i>	Action	
	Mr. Armfield informed the Committee that the existing contract with Enterprise Resource Planning (ERP) solution, Paragon, through Altera Digital Health is currently up for renewal. Mr. Armfield stated that although he believes there is another solution that would better fit the needs of the hospital long term, it is his recommendation to move forward with a 3-year Paragon renewal at this time.	<b>MOTION:</b> by Gerlach to recommend to the Board that they approve a 3-year contract extension of Paragon, 2 <sup>nd</sup> by Smith. All in favor.	
<b>8. ODC UPDATE</b>	<i>Hennelly</i>	Inform	
	Mr. Hennelly said that CIHQ had visited the hospital the week of April 17 <sup>th</sup> to conduct an accreditation inspection. Mr. Hennelly mentioned that several departments within the hospital received high marks and no recommendations for improvement, although there is a continued effort to improve physician documentation particularly as it pertains to OR.		
<b>9. EPIC UPDATE</b>	<i>Hennelly</i>	Inform	
	Mr. Hennelly said that numbers are good this quarter and volume is up on cash collections.		.
<b>10. UCSF AFFILIATION UPDATE</b>	<i>Hennelly</i>	Inform	
	Mr. Hennelly reported that UCSF initiatives continue to move forward, and that physician recruiting continues to be a focus area. Mr. Hennelly said that some MD candidates for GI have been reviewed although recruitment efforts continue.		
<b>11. REVIEW FINANCIAL STATEMENT FORMAT – REVISE FOR FY 2024</b>	<i>Armfield</i>	Inform	
	Mr. Armfield discussed the financial statement format. No comments were noted, and the format was accepted as is.		
<b>12. FINANCIAL REPORT FOR MONTH END MARCH 2023</b>	<i>Armfield</i>	Inform	
	Mr. Armfield stated that the hospital had another strong month. The operating margin, EBDA and net income all exceeded	Inform	

	budget. He reported that March was the best financial month that the hospital has posted this fiscal year when looking at the operating margin.		
<b>13. REVIEW 3RD QUARTER FY 2023 CAPITAL SPENDING</b>	<i>Armfield</i>	Inform	
	Mr. Armfield mentioned that there has not been much activity in this area. It is expected that the quarter will be closed out soon.		
<b>14. ADJOURN</b>	<i>Boerum</i>		
	Meeting adjourned at 7:46 p.m.		





**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**

**April 26, 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 Kathy Beebe, RN PhD Michael Mainardi, MD Howard Eisenstark, MD Ingrid Sheets, EdD, MS, RN Carl Speizer, MD Judith Bjorndal, MD			Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Kylie Cooper, RN, BSN, CPHQ, MBA, Quality and Risk Mgmt. John Hennelly, CEO Sujatha Sankaran, MD, CMO Stephanie Montecino, Infection Preventionist, Employee Health Nurse

<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>	Action
<ul style="list-style-type: none"> <li>QC Minutes 03.22.23</li> </ul>		<b>MOTION:</b> by Bjorndal to approve, 2 <sup>nd</sup> by Eisenstark. All in favor.
<b>4. INFECTION PREVENTION ANNUAL RISK ASSESSMENT PLAN</b>	<i>Montecino</i>	Inform
	Stephanie Montecino, Infection Preventionist/Employee Health Nurse, gave an overview of the Infection Prevention Annual Risk Assessment Plan. The risk assessment plan covers inpatient acute medical/surgical, emergency, intensive care, ancillary services, as well as outpatient care settings within the hospital.	

<b>5. QUALITY INDICATOR PERFORMANCE PLAN</b>	<i>Cooper</i>	Inform
	Ms. Cooper shared the quality indicator performance for the month of March 2023. She reported that there were no substantial changes to the current performance targets.	
<b>6. PATIENT CARE SERVICES DASHBOARD 1<sup>ST</sup> QUARTER</b>	<i>Winkler</i>	Inform
	Ms. Winkler presented the Patient Care Services Dashboard for the first quarter. No comments were noted.	
<b>7. POLICIES AND PROCEDURES</b>	<i>Cooper</i>	Inform
	Summaries of changes were reviewed for the following policies: <ul style="list-style-type: none"> <li>• Nuclear Medicine Emergency Procedures 7630-179</li> </ul>	
<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 Mainardi to approve, 2nd by Eisenstark. All in favor.
<b>9. ADJOURN</b>	<i>Kornblatt Idell</i>	
	Meeting adjourned at 5:47 p.m.	

## Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Crayton, Monique (mcrayton)

Run date: 05/26/2023 12:53 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: 39

**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>AccuChek Inform II Glucose Monitoring System</b> <i>Laboratory Services Policies (LB)</i>	Pending Approval	5/25/2023	1
Summary Of Changes: <b>Removal of staff name, identified abbreviation and clarified that if test strips are found without cap, they should be discarded as they must be used within 3 minutes.</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>Amended Reports 7500-02</b> <i>Clinical Lab Dept</i>	Pending Approval	5/25/2023	1
Summary Of Changes: <b>Changed reference from Paragon to EPIC</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Ramos, Karen (kramos)</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>Approved Reference Labs 7500-06</b> <i>Clinical Lab Dept</i>	Pending Approval	5/25/2023	1
Summary Of Changes: <b>Removed ARUP and GENZYME laboratories- no longer using facilities</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Ramos, Karen (kramos)</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</b>			

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Crayton, Monique (mcrayton)

Run date: 05/26/2023 12:53 PM

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

### Directors - (Committee)

<b>Audibility of Clinical Monitoring Intervention Alarm Systems</b> <i>Targeted Quality &amp; Safety Initiatives Policies (QS)</i>	<b>Pending Approval</b>	5/25/2023	1
Summary Of Changes:	<b>Reviewed. Only corrected 2 spelling errors. No other changes</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Winkler, Jessica (jwinkler)</b>		
ExpertReviewers:	<b>Medical Director-Patient Care Services</b>		
Approvers:	<b>00 Clinical P&amp;P multidisciplinary review -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (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>Automatic Stop Orders</b> <i>Medication Management Policies (MM)</i>	<b>Pending Approval</b>	5/25/2023	1
Summary Of Changes:	<b>Updated to reflect the terminology and workflow as defined by Epic. Added attachment listing medications that have a review day setting applied to them.</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>Care of Unassigned Unaffiliated Metabolic Bariatric Surgery Patients</b> <i>Patient Care Policy</i>	<b>Pending Approval</b>	5/25/2023	1
Summary Of Changes:	<b>Reviewed, minor grammatical changes made</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Sankaran, Sujatha (ssankaran)</b>		
ExpertReviewers:	<b>Winkler, Jessica (jwinkler)</b>		
Approvers:	<b>Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (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>Code Grey - Aggressive Behavior Management</b> <i>Emergency Code Alerts Policies</i>	<b>Pending Approval</b>	5/26/2023	0
Summary Of Changes:	<b>Updated authors / reviewers names</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Gatenian, Grigory (ggatenian), Drummond, Kimberly (kdrummond)</b>		
ExpertReviewers:	<b>Safety Committee</b>		
Approvers:	<b>01 P&amp;P 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>Code Silver - Hostage-Active Shooter</b> <i>Emergency Code Alerts Policies</i>	<b>Pending Approval</b>	5/26/2023	0
Summary Of Changes:	<b>Reviewed policy; Made minor grammatical changes.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Gatenian, Grigory (ggatenian), Drummond, Kimberly (kdrummond)</b>		
ExpertReviewers:	<b>Safety Committee</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-</b>		

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Crayton, Monique (mcrayton)

Run date: 05/26/2023 12:53 PM

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

### Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Damaged Equipment, Management of</b> <i>Central Sterile Dept</i>	Pending Approval	5/26/2023	0
Summary Of Changes:	<b>RETIRE:: This is not current workflow and is redundant as this policy exists organizationally. Org policy CE8610-108</b>		
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>Diet Manual</b> <i>Food (Nutrition) Services Policies (NU)</i>	Pending Approval	5/26/2023	0
Summary Of Changes:	<b>Adding Diet Manual to the Electronic P&amp;P System for the first time. This manual is reviewed annually and approved by the Medical Staff.</b>		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
ExpertReviewers:	Strathman, Melissa (mstrathman)		
Approvers:	Drummond, Kimberly (kdrummond) -> 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>Diet Office-Dietitian Availability</b> <i>Food &amp; Nutrition Services Dept Policies</i>	Pending Approval	5/26/2023	0
Summary Of Changes:	<b>Removed reference to policy 12-16a, removed specifics regarding holiday scheduling of registered dietitian</b>		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Documentation in the Intensive Care Unit</b> <i>ICU Dept</i>	Pending Approval	5/26/2023	0
Summary Of Changes:	<b>Re-wrote to reflect the American Association of Critical Care Nurses Scope and Standards of Progressive and Critical Care Nursing Practice; removed references to pediatrics, outdated paper charts, and redundant documentation. Included table of minimal documentation requirements with rationales, spelled out acronyms, streamlined documentation table;</b>		
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>General Rules for the Safe Use of Radioactive Material new template</b> <b>7630-151</b> <i>Diagnostic Services Dept Policies</i>	Pending Approval	5/25/2023	1
Summary Of Changes:	<b>Added policy purpose Reviewed Policy, Updated Authors and Reviewers.</b>		
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-		

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Crayton, Monique (mcrayton)

Run date: 05/26/2023 12:53 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>Hot Lab Requirements 7630-153</b>	<b>Pending Approval</b>	5/26/2023	0
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Updated title.  
Added purpose with definition of hot lab.  
Added some clarification and new line with "contracted services" requirements.  
Updated author/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)**

<b>Informed Consent</b>	<b>Pending Approval</b>	5/26/2023	0
<i>Patient Rights Policies (PR)</i>			

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

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

Lead Authors: **Winkler, Jessica (jwinkler), Cooper, Kylie (kcooper)**

Approvers: **Sankaran, Sujatha (ssankaran) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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>Interpreter Services</b>	<b>Pending Approval</b>	5/26/2023	0
<i>Targeted Quality &amp; Safety Initiatives Policies (QS)</i>			

Summary Of Changes: **Updated the name/reference to the contracted interpreter services and added the various forms of interpretation available.  
Updated the in-house interpreter services available as a secondary option - only utilizing employees who have obtained the Certified Medical Interpreters in clinical situations.  
Updated references.**

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

Lead Authors: **McKissock, Lynn (lmckissock)**

ExpertReviewers: **Winkler, Jessica (jwinkler)**

Approvers: **00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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>Line Draws</b>	<b>Pending Approval</b>	5/26/2023	0
<i>Laboratory Services Policies (LB)</i>			

Summary Of Changes: **Reviewed; Recommend retiring. Ebsco Dynamic Health Procedures offers same policy.**

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

Lead Authors: **Ramos, Karen (kramos)**

ExpertReviewers: **Medical Director-Lab**

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>Maggot Debridement Therapy</b>	<b>Pending Approval</b>	5/26/2023	0
<i>Wound Care Dept</i>			

Summary Of Changes: **Some formatting changes, expansion of abbreviation. Changed owner from CNO to Chief Ancillary Officer**

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Crayton, Monique (mcrayton)

Run date: 05/26/2023 12:53 PM

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

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Kuwahara, Dawn (dkuwahara)  
 ExpertReviewers: Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)  
 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>Management of Patients in Corridor Locations PC8610-144</b> <i>Patient Care Policy</i>	Pending Approval	5/26/2023	0
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Summary Of Changes: Reviewed, no changes  
 Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Winkler, Jessica (jwinkler), Brown, Philip (pbrown)  
 ExpertReviewers: Medical Director-Patient Care Services  
 Approvers: Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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>NEW:: International Dysphagia Diet Standardization Initiative (IDDSI)</b> <b>Nutrition Orders Crosswalk</b> <i>Food (Nutrition) Services Policies (NU)</i>	Pending Approval	5/26/2023	0
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Summary Of Changes: **NEW POLICY**  
 Sonoma Valley Hospital Food and Nutrition Services department is not currently equipped to follow the International Dysphagia Diet Standardization Initiative (IDDSI). To ensure the appropriate diet textures are provided per physician orders the following crosswalk has been developed.  
 Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Finn, Bridget (bfinn)  
 ExpertReviewers: Strathman, Melissa (mstrathman)  
 Approvers: Drummond, Kimberly (kdrummond) -> 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>NEW:: MRI With Contrast - Containing Gadolinium</b> <i>Diagnostic Services Dept Policies</i>	Pending Approval	5/26/2023	0
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Summary Of Changes: **NEW POLICY**  
 Policy was created because Gadolinium MRI contrast is different than iodinated contrast used in Xray and CT. The screening criteria, precautions and administration are different enough that a separate policy was needed. References to MRI contrast have been removed from the Xray and CT contrast policy. The policy adheres to the American College of Radiology guidelines.  
 Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Kutza, Chris (ckutza), Young, Dave (dyoung)  
 ExpertReviewers: Kutza, Chris (ckutza), Medical Director-Diagnostic Radiology  
 Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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>Nuclear Medicine Department Security</b> <i>Diagnostic Services Dept Policies</i>	Pending Approval	5/26/2023	0
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Summary Of Changes: Updated policy name to include "Radioactive Material" security since we don't have a traditional Nuc Med department where isotopes are injected.  
 Added a Purpose.  
 Added detail to several aspects including disposal of waste.  
 Updated author, owners and reviewers.  
 \*\*\*Need to correct abbreviation NRC

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Crayton, Monique (mcrayton)

Run date: 05/26/2023 12:53 PM

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

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>Nuclear Medicine Equipment Calibrations</b>	<b>Pending Approval</b>	<b>5/26/2023</b>	<b>0</b>
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Added a Purpose.  
 Deleted wording for equipment we don't have.  
 Clarified requirements for calibrations.  
 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)**

<b>Nuclear Medicine Procedures</b>	<b>Pending Approval</b>	<b>5/26/2023</b>	<b>0</b>
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Reviewed Policy, updated details specific to the two NM procedures we do- sentinel node and myocardial.  
 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)**

<b>Nuclear Medicine Safety Measures</b>	<b>Pending Approval</b>	<b>5/26/2023</b>	<b>0</b>
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Added a Purpose statement.  
 Added details to statements.  
 Updated to current requirements with using a contracted service for nuclear cardiology procedures.  
 Updated author/reviewers.  
 Corrected Abbreviation  
 Formatting is off and I couldn't get it to number correctly.**

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>Nuclear Medicine Studies 7630-187</b>	<b>Pending Approval</b>	<b>5/26/2023</b>	<b>0</b>
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Reviewed policy, updated with current procedure and exams.  
 Updated author/reviewers.**



## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Crayton, Monique (mcrayton)

Run date: 05/26/2023 12:53 PM

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

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>Nutritional Products</b>	Pending Approval	5/26/2023	0
<i>Food &amp; Nutrition Services Dept Policies</i>			

Summary Of Changes: Removed attachments that provided information on specific nutritional products available as this may change more frequently than policy updates and removed reference to attachments. Policy allows for changes to formulary as deemed necessary.

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Finn, Bridget (bfinn)  
 Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Patient's Own Medication Procedure 8390-07</b>	Pending Approval	5/26/2023	0
<i>Pharmacy Dept</i>			

Summary Of Changes: Made significant changes to accommodate change in workflow with Epic. Clarified responsibility for storing medications to be pharmacist during open hours and nursing supervisor after hours.

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's Rights to Visitation</b>	Pending Approval	5/26/2023	0
<i>Patient Rights Policies (PR)</i>			

Summary Of Changes: Reviewed, no changes

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Cooper, Kylie (kcooper)  
 Approvers: Winkler, Jessica (jwinkler) -> Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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>Personnel Responsibility and Accountability 7500-42</b>	Pending Approval	5/26/2023	0
<i>Clinical Lab Dept</i>			

Summary Of Changes: Reviewed. Title Change

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Kuwahara, Dawn (dkuwahara), Ramos, Karen (kramos)  
 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>Pulmonary Function Testing</b>	Pending Approval	5/26/2023	0
<i>Respiratory Therapy Dept</i>			

Summary Of Changes: Updated with current equipment references and quality control measures.  
 Added instructions for medication orders and protocols to meet CIHQ standards.  
 Updated reviewer to include Director of Pharmacy and approvals to include P&T Committee.

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Crayton, Monique (mcrayton)

Run date: 05/26/2023 12:53 PM

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

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Young, Dave (dyoung)**  
 Approvers: **Kutza, Chris (ckutza) -> 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>Recording Nutritional Information in the Medical Records</b> <i>Food &amp; Nutrition Services Dept Policies</i>	<b>Pending Approval</b>	<b>5/26/2023</b>	<b>0</b>
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Summary Of Changes: **Removed specific location of documentation in electronic medical record (previous draft utilized Paragon terms that no longer apply since switch to Epic for EMR)**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Finn, Bridget (bfinn)**  
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Recording Thermometer Documentation, Failure and Back Up</b> <i>Laboratory Services Policies (LB)</i>	<b>Pending Approval</b>	<b>5/26/2023</b>	<b>0</b>
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Summary Of Changes: **Updated to reflect the current practice; reference to policy MM8610-125: Temperature Monitoring of Medication Storage to describe pharmacy process.  
 Reviewed by pharmacy with no suggested changes  
 Correction of staff title and punctuation**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Kuwahara, Dawn (dkuwahara), Cornell, Kelli (kcornell), Ramos, Karen (kramos)**  
 ExpertReviewers: **Kutza, Chris (ckutza), Medical Director-Lab, Ramos, Karen (kramos)**  
 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>Scope of Services</b> <i>Diagnostic Services Dept Policies</i>	<b>Pending Approval</b>	<b>5/26/2023</b>	<b>0</b>
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Summary Of Changes: **Added Purpose and Policy details.  
 Added Scope of Patient Care Needs.  
 Added new Standards of Practice and updated previous standards.  
 Updated author and reviewers  
 Corrected Abbreviations**

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>Surgical Case Review</b> <i>Medical Staff Dept</i>	<b>Pending Approval</b>	<b>5/26/2023</b>	<b>0</b>
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Summary Of Changes: **Reviewed, no changes**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Sankaran, Sujatha (ssankaran)**  
 ExpertReviewers: **Finn, Stacey (sfinn)**  
 Approvers: **Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Crayton, Monique (mcrayton)

Run date: 05/26/2023 12:53 PM

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

<b>Use of Medication Not Procured by the Facility</b> <i>Medication Management Policies (MM)</i>	<b>Pending Approval</b>	5/26/2023	0
<p>Summary Of Changes: <b>Made minor formatting changes. Updated name and process for patient belongings documentation in the medical record to match Epic. Removed detailed process for how pharmacy handles patient's own medications to be stored as this is addressed in a separate department policy/procedure.</b></p> <p>Moderators: <b>Newman, Cindi (cnewman)</b></p> <p>Lead Authors: <b>Kutza, Chris (ckutza)</b></p> <p>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></p>			
<b>Utilization Review Plan</b> <i>Utilization Review Policies (UR)</i>	<b>Pending Approval</b>	5/26/2023	0
<p>Summary Of Changes: <b>Reviewed, no changes.</b></p> <p>Moderators: <b>Newman, Cindi (cnewman)</b></p> <p>Lead Authors: <b>Cooper, Kylie (kcooper)</b></p> <p>Approvers: <b>Sankaran, Sujatha (ssankaran) -&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></p>			
<b>Vapotherm High Flow System</b> <i>Respiratory Therapy Dept</i>	<b>Pending Approval</b>	5/26/2023	0
<p>Summary Of Changes: <b>Changed department to Resp. Therapy; Updated equipment name to Vapotherm Precision Flow; Added "the purpose of this policy...." statement. Minor grammatical corrections; Updated link to Vapotherm website</b></p> <p>Moderators: <b>Newman, Cindi (cnewman)</b></p> <p>Lead Authors: <b>Winkler, Jessica (jwinkler)</b></p> <p>Approvers: <b>00 Clinical P&amp;P multidisciplinary review -&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></p>			
<b>Visits, Admissions, Readmissions, Transfers Through the Emergency Department</b> <i>Patient Care Policy</i>	<b>Pending Approval</b>	5/26/2023	0
<p>Summary Of Changes: <b>Reviewed, no changes</b></p> <p>Moderators: <b>Newman, Cindi (cnewman)</b></p> <p>Lead Authors: <b>Sankaran, Sujatha (ssankaran)</b></p> <p>ExpertReviewers: <b>Winkler, Jessica (jwinkler)</b></p> <p>Approvers: <b>Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (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></p>			



**SUBJECT:** International Dysphagia Diet Standardization Initiative (IDDSI) Nutrition Orders Crosswalk

**POLICY:** NU8610-300

**DEPARTMENT:** Organizational

Page 1 of 3

**EFFECTIVE:** 2023

**REVISED:**

### **NEW POLICY**

Sonoma Valley Hospital Food and Nutrition Services department is not currently equipped to follow the International Dysphagia Diet Standardization Initiative (IDDSI). To ensure the appropriate diet textures are provided per physician orders the following crosswalk has been developed.

### **WHY:**

Diet orders and changes to diet orders are received via electronic medical records communication utilizing IDDSI terminology for all patients who will be receiving food while in Sonoma Valley Hospital. This is interfaced with MealSuite utilizing MealSuite Connect. MealSuite will receive the diet order from the electronic medical records software and will convert IDDSI diet order to NDD diet order following the crosswalk below:

### **OWNER:**

Chief of Support Services

### **AUTHORS/REVIEWERS:**

Director of Food & Nutrition Services  
Registered Dietitian  
Board Quality Committee



**SUBJECT:** International Dysphagia Diet Standardization Initiative (IDDSI) Nutrition Orders Crosswalk

**POLICY:** NU8610-300

**DEPARTMENT:** Organizational

Page 2 of 3

**EFFECTIVE:** 2023

**REVISED:**

**PURPOSE:**

Sonoma Valley Hospital Food and Nutrition Services department is not currently equipped to follow the International Dysphagia Diet Standardization Initiative (IDDSI). To ensure the appropriate diet textures are provided per physician orders the following crosswalk has been developed.

**POLICY:**

Diet orders and changes to diet orders are received via electronic medical records communication utilizing IDDSI terminology for all patients who will be receiving food while in Sonoma Valley Hospital. This is interfaced with MealSuite utilizing MealSuite Connect. MealSuite will receive the diet order from the electronic medical records software and will convert IDDSI diet order to NDD diet order following the crosswalk below.

Dietary staff will reference the approved crosswalk as needed to confirm the correct diet is being provided to the patient in accordance with the physician's orders.

**PROCEDURE:**

**Crosswalk**

<b>EPIC Order (PHYSICIAN)</b>	<b>MealSuite</b>
<b>SOLIDS</b>	<b><u>Covert To:</u></b>
Regular or Easy to Chew 7 (RG7/EC7)	Regular
Soft & Bite Size 6 (SB6) or Diet Dysphagia; Soft & Bite Sized (SB6)	Mechanical Soft
Minced & Moist 5 (MM5) or Diet Dysphagia; Minced & Moist 5 (MM5)	Mechanical Soft
Pureed (PU4) or Diet Dysphagia; Pureed 4 (PU4)	Pureed
<b>LIQUIDS</b>	
Extremely Thick 4 (EX4)	Pudding Thick Liquids
Moderately thick 3 (MO3)	Honey Thick Liquids
Mildly Thick 2 (MT2)	Nectar Thick Liquids
Slightly Thick 1	Nectar Thick Liquids
Thin (TN0)	Thin Liquids



**SUBJECT:** International Dysphagia Diet Standardization Initiative (IDDSI) Nutrition Orders Crosswalk

**POLICY:** NU8610-300

**DEPARTMENT:** Organizational

Page 3 of 3

**EFFECTIVE:** 2023

**REVISED:**

**REFERENCES:**

International Dysphagia Diet Standardization Initiative (IDDSI)  
MealSuite Connect

**OWNER:**

Chief of Support Services

**AUTHORS/REVIEWERS:**

Director of Food & Nutrition Services  
Registered Dietitian  
Board Quality Committee

**APPROVALS:**

Policy & Procedure Team:  
Medicine Committee:  
Medical Executive Committee:  
The Board of Directors:



SUBJECT: MRI With Contrast -Containing Gadolinium	POLICY: 7630-300
DEPARTMENT: Medical Imaging	Page 1 of 6
REVISED:	EFFECTIVE:

**PURPOSE:**

- Ensure contrast administration is performed according to hospital and departmental protocols with appropriate supervision by a licensed independent practitioner (LIP).
- Ensure appropriate actions are undertaken in case of contrast reactions and extravasation of contrast.
- Ensure laboratory testing requirements are conducted in patients in whom contrast administration is considered and meet screening requirements.

**Key point:** Gadoteridol (ProHance®) is the standard gadolinium containing contrast medium used at Sonoma Valley Hospital for all patients, including those that are deemed high risk for nephrogenic systemic fibrosis (NSF). ProHance® is a **Group II** contrast agent.

**POLICY:**

Licensed Radiologic Technologists that have had the necessary instruction and are certified to perform venipuncture are able to access and administer MRI intravenous (IV) contrast media under the supervision of a licensed practitioner (LIP) and in accordance with the procedure defined in this policy and following protocols used for contrast administration that are based on the type of examination ordered and define the type, dose and route of contrast.

1. Gadolinium-based contrast agents (GBCAs) should only be administered when deemed necessary by the radiologist.
2. **Routine screening and laboratory testing for renal failure is no longer required prior to the administration of group II agents.**
3. If a patient presents with known renal failure, the necessity of a group II agent should be confirmed by the radiologist.
4. **Group I agents** are contraindicated in patients on dialysis and are not used at SVH.
5. **Group III agents** (Eovist®) require informed consent when eGFR < 30.

	eGFR ≥ 30	eGFR < 30
<b>Group II GBCA (ProHance®)</b>	Single/multiple dose appropriate	Confirm necessity of GBCA



SUBJECT: MRI With Contrast -Containing Gadolinium

POLICY: 7630-300

DEPARTMENT: Medical Imaging

Page 2 of 6

EFFECTIVE:

REVISED:

**Group III GBCA  
(Eovist®)**

Single dose appropriate

Informed consent needed

- The relative risk to benefit of intravenous gadolinium in patients with severely impaired kidney function should be carefully considered by the referring physician and radiologist, with input from a nephrologist if necessary. Particular caution should be considered in patients with acute renal failure or evidence of co-existing severe liver disease. **No patient should be denied any imaging investigation that is critical to clinical management.**
- Outpatient
  - No informed consent or screening form is required for outpatient administration of **group II agents**, regardless of the estimated glomerular filtration rate (eGFR). As stated by the American College of Radiology (ACR): “Given the very low, if any, risk of NSF development with group II agents, **regardless of renal function or dialysis status, informed consent is not recommended** prior to GBCA group II injection.. .”
- Inpatient
  - If there is known renal failure with an eGFR < 30 in an inpatient, a radiologist must confirm the need for GBCAs before proceeding with MRI.  
  
**Key point:** *Gadolinium should only be given to an inpatient with GFR < 30 if MRI with contrast is considered necessary for clinical management.*
- Multiple Doses
  - There is no contraindication to the use of multiple doses of GBCAs in a short time-period if deemed necessary for clinical management, although group II agents are strongly recommended in patients at risk for NSF.
- If no alternative imaging technique is possible in a patient with an eGFR < 30, and a contrast enhanced MRI with a **group III agent** is considered critical to patient care, **informed consent** should be obtained by the attending radiologist.

**PROCEDURE:**

Group II Agents





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EFFECTIVE:

REVISED:

For Group II agents (e.g. **ProHance®**), screening for renal failure and laboratory testing of eGFR will no longer be routinely performed for outpatients. This reflects recent data and the latest ACR Manual on Contrast Media, which states that “the risk of NSF among patients exposed to standard or lower than standard doses of group II gadolinium-based contrast agents **is sufficiently low or possibly nonexistent** such that assessment of renal function with a questionnaire or laboratory testing is optional prior to intravenous administration.”

The supervising LIP or his/her physician designee must be available to respond promptly to an adverse event related to contrast administration.

An LIP reviews all requests for radiology procedures with intravenous contrast to determine and/or modify the appropriate protocol based on the clinical indications for the examination and patient status. The assigned protocol is indicated in the radiology information system (RIS) or electronic medical record (EMR).

For those procedures where a contrast protocol has been established and approved by the Pharmacy and Therapeutics committee, the technologist may administer the contrast, following the established protocol, using a protocol order.

Type of contrast and dose information is recorded in the EMR by the technologist.

Store at 77°F. Manufacturer acceptable range is 59°F to 86°F. Protect from light.

### **Group I and Group III Agents**

Group I agents are no longer used at SVH. For group III agents (e.g., **Eovist®**), laboratory results should be checked for the most recent serum creatinine (by the technologist performing the study). For patients with the following risk factors, serum creatinine with calculation of eGFR should be performed **within 6 weeks** for outpatients and **within 7 days** for inpatients of the MRI study:

- History of “kidney disease” as an adult, including renal tumor or transplant.
- Diabetes treated with insulin or other prescribed medications.
- Hypertension (high blood pressure) requiring medication.
- Multiple myeloma.
- Solid organ transplant.
- History of severe hepatic disease/liver transplant/pending liver transplant. For these patients, GFR assessment should be contemporaneous with the MRI.

SUBJECT: MRI With Contrast -Containing Gadolinium

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EFFECTIVE:

REVISED:

Estimated Glomerular Filtration Rate (eGFR) is calculated using the serum creatinine. In those patients who have known chronic kidney disease (CKD) or other risk factors for contrast-induced nephropathy (CIN) as noted above, the referring provider should place a new order for serum creatinine at the time the examination is ordered if the most recent creatinine will be greater than 6 weeks old for outpatients or greater than 7 days old for inpatient.

- Prior to Injection:
  - Make positive identification of all contrast media before infusion. Check label before drawing up and again before injection.
  - Make positive identification of the patient prior to the injection in adherence to the department's patient identification policy.
  - Medication lists, orders, protocols and other pertinent information/paperwork are scanned into EMR, PACS or RIS for document archival.
- Administration of GBCA for various MR exams (adult and pediatric):
  - Contrast enhanced MRI exams are performed with a single dose IV ProHance<sup>®</sup> (gadoteridol) using 0.1 mmol/kg (0.2 mL/kg) body weight.
    - Some contrast enhanced MRI and MRA exams may be performed with doses of IV ProHance<sup>®</sup> (gadoteridol) as defined by the radiologist.
- Injection:
  - Ensure the 5 rights for medication administration are satisfied.
    - Check the following:
      1. Patient identification with at least two patient identifiers to ensure the right patient,
      2. The right contrast (medication),
      3. The right dose,
      4. The right route,
      5. The right time.
  - Ensure that a supervising radiologist, ED physician or licensed independent practitioner (LIP) is available before injection is started.

SUBJECT: MRI With Contrast -Containing Gadolinium

POLICY: 7630-300

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EFFECTIVE:

REVISED:

- A short peripheral IV catheter in the antecubital or forearm area is the preferred route for contrast administration. Use a new tourniquet and alcohol swab. Wipe with a Chloraprep swab prior to the alcohol swab.
- Have a tegaderm dressing and tape available to hold the angiocath in place.
- A saline test flush may be used to test the power injection. Standard procedures should be used to clear the syringe and pressure tubing of air before connecting to the catheter.
- The IV site will be monitored for extravasation during injection. If extravasation is detected, the injection is stopped immediately.
- Advise patients with kidney disease to contact a healthcare professional if any of the following symptoms occurs after receiving a GBCA: burning, itching, swelling, scaling, hardening and tightening of the skin; red or dark patches on the skin; stiffness in joints with trouble moving, bending or straightening the arms, hands, legs or feet; pain in the hip bones or ribs; or muscle weakness.
- In the event of any reaction or extravasation, notify the radiologist or Emergency Department physician immediately. Complete an event report as soon as reasonably possible or by the end of your shift.
- Observe the patient at all times until the patient's release.

#### Role of dialysis after gadolinium administration in patients with renal impairment

- The risk of NSF is extremely low when group II agents are used in the setting of dialysis. Dialysis after GBCA administration, however, does not protect patients from developing NSF. Studies have shown that the serum concentration of gadolinium is significantly decreased after hemodialysis, but there is no information regarding residual tissue amounts. Theoretically, the sooner the dialysis session is performed the less amount of contrast agent is deposited in the tissues. Therefore, all patients already receiving dialysis treatment should be scheduled for hemodialysis as soon as practical following the gadolinium-enhanced MRI and preferably within 24 hours. Patients receiving peritoneal dialysis do not need to be switched to hemodialysis.
- Dialysis should be arranged by the requesting physician in consultation with the patient's outpatient nephrologist and dialysis unit. Routine MRI studies should be scheduled in the morning and dialysis scheduled in the afternoon following the study; radiology scheduling staff will give morning slot priority to dialysis patients. Administration of



SUBJECT: MRI With Contrast -Containing Gadolinium

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EFFECTIVE:

REVISED:

dialysis promptly after gadolinium may require altering the patient's regular outpatient dialysis schedule and advance communication several days in advance with the nephrologist and dialysis unit. There is general consensus that a patient with chronic kidney disease who is not already dialysis dependent should not be started on dialysis after administration of gadolinium for precautionary purposes only, since there is no data to support the benefits of this intervention.

Key point: Dialysis should preferably be performed within 24 hours of gadolinium administration to patients already on dialysis. The institution of dialysis is not required in patients with severe renal impairment who are not already on dialysis after gadolinium administration.

**REFERENCE:**

ACR Manual on Contrast Media, 2020. ACR Committee on Drugs and Contrast Media.

**OWNER:**

Chief Ancillary Services Officer

**AUTHORS/REVIEWERS:**

Director of Diagnostic Services  
Director of Pharmacy  
Radiology Medical Director  
Board Quality Committee

**APPROVALS:**

Policy & Procedure Team:  
Pharmacy & Therapeutics Committee  
Surgery Committee:  
Medical Executive Committee  
The Board of Directors:



SONOMA VALLEY HOSPITAL  
**FOUNDATION**

*Inspiring Support for Sonoma Valley Hospital*



# SVHF 2023 Objectives

- Finish the fundraising appeal for Epic/MyChart initiative
- Deepen our relationships with existing donors
- Develop our next fundraising strategies with SVH
- Expand donor base and fundraising capacity for SVHF
- Strengthen Board with additional community members
- Help ensure completion of projects from previous fundraising



# How The Foundation Helps SVH

- Collected \$1.1 million in Capital Campaign pledges
- \$1.5million distributed for Outpatient Diagnostic Center construction
- \$770k raised to fund a portion of Epic/MyChart expense
- \$200k grant approved for SVH new Project Manager
- \$183k granted for for Women's Health and Wellness including a new Pixaray breast scope and 4 new EKG machines
- \$42k funding for continued Education for Nurses, Physical Therapists, and other SVH Employees, and small equipment.
- \$16k provided for Project Pink; free Mammograms for uninsured Sonoma women
- \$400k available for remaining ICU renovation project in 2022
- Sharing our story with our community and supporters





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“ The benefits of having a hospital in our community are hard to overstate. Our close partnership with SVH serves our patients well because of the quick time to emergency care, and translates into the best service for our community. Getting patients to definitive care at our hospital as quickly as possible allows our ambulances to get back out to handle the next emergency in our Valley.

Steve Akre  
Fire Chief  
Sonoma Valley Fire District

[svhfoundation.com](http://svhfoundation.com)

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SONOMA VALLEY HOSPITAL  
**FOUNDATION**

“

Coming into a hospital can be a scary time, but we can provide a sense of comfort that is different than elsewhere. We often know our patients and their families and care for them as part of our community.

”

Pamela Van Wenzel Anderson, RN  
Inpatient Assistant Nursing Manager  
SVH Employee 6 years



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“ Philanthropy has been decisive and necessary in providing our hospital facility with the capabilities to serve the community. The ER and Surgical Suites, the new Diagnostic Center—SVH does not have the ability to fund these needs without community support and we are grateful. ”

Bill Boerum  
Supporter  
SVH District Board Member

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SONOMA VALLEY HOSPITAL  
**FOUNDATION**

“

Our hospital is a vital entity for our community; it allows me to serve my patients more effectively and in a timely manner. I am grateful to our donors for your support to make our hospital thrive for so many years for my patients and our community.

”

Yong Liu, MD, PharmD  
Sonoma Physician 20+ years

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“ As a lifelong Sonoma resident, I know first hand the value of having our community hospital close by.

I had my babies here, we had countless ER visits over the years, and the convenience of having local healthcare is wonderful. SVH truly is a special place and I'm honored to have worked here for the past 26 years.

”

Dawn Kuwahara  
SVH Chief Ancillary Officer  
Supporter  
26 years at SVH

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“ Donor support has been critical to the survival and enhancement of our hospital –the new wing and diagnostic center are examples. The Foundation continually engages with the members of our community so they can understand how important SVH is even when not using the ER or other services.

”  
Joshua Rymer  
Ambassador Supporter  
Former SVH District Board Chair

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“ My family and I live in Sonoma, and it’s very nice having our hospital close by for emergencies. We’re a small hospital and our staff go the extra mile for our patients. Nobody wants to feel sick, but when you do it’s nice to be able to come somewhere where you know you’ll be well taken care of.”

Carmen Ramos  
Patient Access Manager  
SVH Employee 11 years

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“ Hospitals are good  
because they make  
you feel better.  
(Poppy, age 4) ”

Mary Clark Janis, Amanda,  
Bryan and Poppy Jones  
Ambassador Supporters

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**FOUNDATION**



“ Our hospital is only what it is today because of the wonderful community support we receive.

Thank YOU for making great local healthcare a reality for Sonoma Valley.

John Hennelly  
SVH Chief Executive Officer

”

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SONOMA VALLEY HOSPITAL  
FOUNDATION



“ We are so fortunate  
for the presence of  
Sonoma Valley Hospital  
in our town.

The health of our community is  
shaped by the services and care  
provided by the wonderful staff  
of our hospital. Through the  
support and engagement of the  
community, SVH will remain a  
vital part of our HEALTH!

”

Wendy Lee Myatt  
Supporter  
SVH District Board Member

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“ Our hospital is essential for Sonoma, and I’ve never seen a community so engaged as they are with SVH. Their care for the success of our hospital is palpable and shows up in their support and engagement. Thank you! ”

Sujatha Sankaran, MD  
SVH Chief Medical Officer  
UCSF Associate Professor of Medicine



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“ Small community hospitals  
are the heart and soul  
of our country.

We need them to thrive, and our  
community hospital can only do  
so with the philanthropic support  
of our Valley. We are fortunate  
that in Sonoma the people of our  
community recognize and act on  
this, and I am grateful for what  
they have done for our hospital.

”  
Jessica Winkler, RN  
SVH Chief Nursing Officer

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“

SVH is the keystone of our community. Sonoma Valley would not be the same without a great hospital. We've seen many small community hospitals fail, but we don't have the option of failing—SVH needs to be here to serve everyone and our community knows it's critical to have hospital care in our town.

”

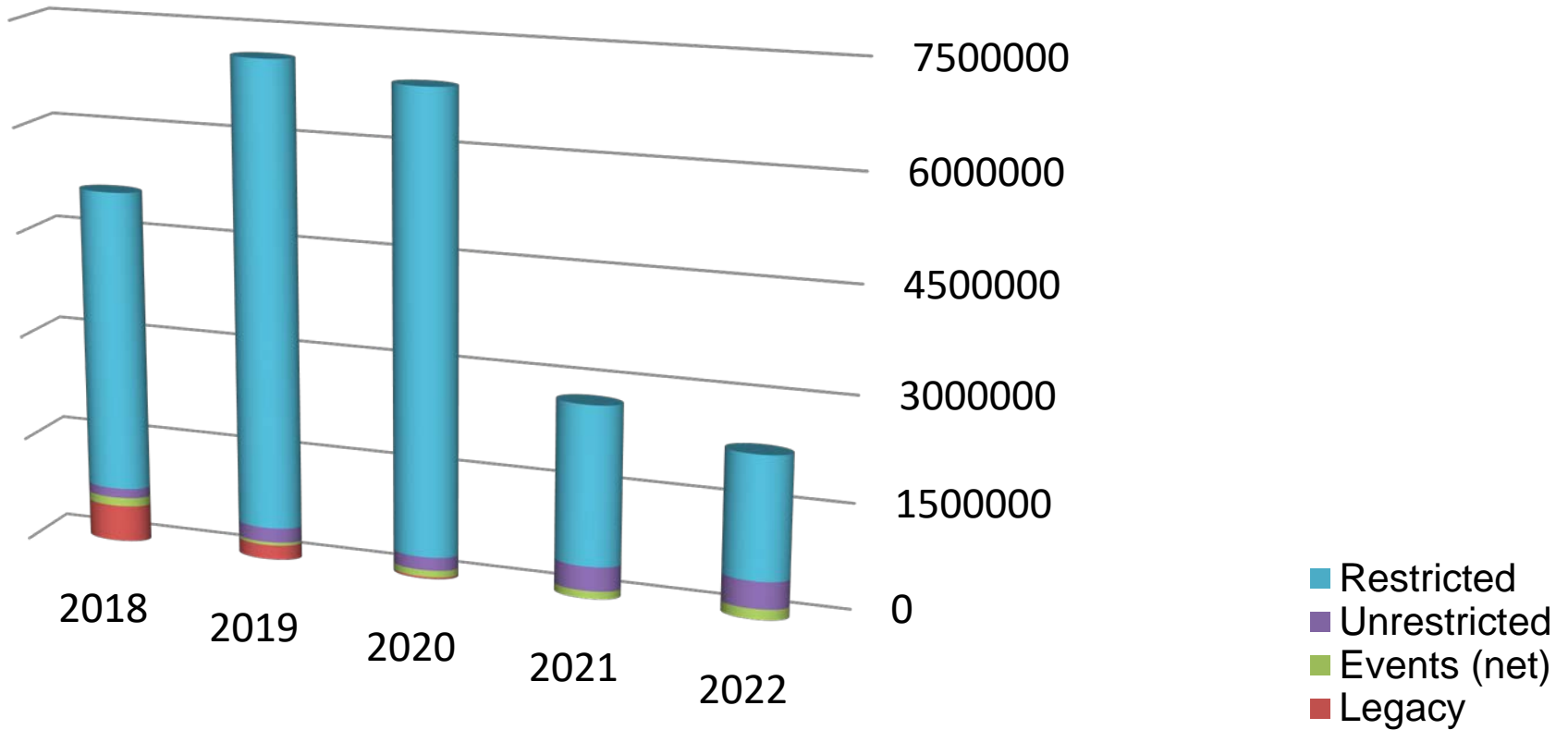
Simon Blattner  
Ambassador Supporter  
SVHF Advisory Council  
Diagnostic Center Campaign Chair



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# SVHF Revenue



# Strategic Priorities

- 1. RAISE FUNDS REQUIRED TO MEET THE CAPITAL AND SERVICE NEEDS OF SONOMA VALLEY HOSPITAL**
- 2. DEVELOP AND IMPLEMENT MARKETING STRATEGY AND BRAND THAT CREATES CONTINUOUS DIALOGUE WITH TARGETED COMMUNITIES IN SONOMA VALLEY**
- 3. PROVIDE PRUDENT FINANCIAL MANAGEMENT OF ALL FOUNDATION RESOURCES**
- 4. DEVELOP AND GROW THE BOARD OF DIRECTORS TO MEET THE NEEDS OF THE FOUNDATION**
- 5. EMPLOY BEST PRACTICES FOR A 501c (3) HEALTH CARE FOUNDATION**



# SVHF Production Benchmark

SVHF Fundraising Ratios (Cash Basis Revenue)				
	Operating Expenses	Cash Donations Received	ROI Cash	Cost To Raise a Dollar
**2023	\$ 384,400	\$ 2,136,754	\$ 5.56	\$ 0.18
2022	\$ 344,537	\$ 2,312,318	\$ 6.71	\$ 0.15
2021	\$ 312,589	\$ 2,743,003	\$ 8.78	\$ 0.11
2020	\$ 294,725	\$ 6,887,161	\$ 23.37	\$ 0.04
2019	\$ 333,029	\$ 7,122,692	\$ 21.39	\$ 0.05
		<b>Industry Standard for Foundation Our Size</b>	<b>\$ 2.79</b>	<b>\$ 0.36</b>



# Completing Projects Funds Have Been Raised For

- **Highest Priority From Foundation Perspective**
- **ODC--CT phase great; MRI**
- **ICU remodel**





# SVHF Teamwork

- **Board and Volunteers**
- **Team**
- **Relationship with SVH**



# Questions?



SONOMA VALLEY HOSPITAL  
**FOUNDATION**

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contact@svhfoundation.com • svhfoundation.com  
707.935.5070 • 347 Andrieux Street, Sonoma, CA 95476 • 



To: SVHCD Board of Directors  
From: John Hennelly  
Date: 06.01.23  
Subject: Administrative Report

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## Strategic Planning

Significant efforts have been put into responding to the **Community Health Center's** request for proposal. The Federally Qualified Health Center is seeking a new partner as they look toward the future. The team has worked to identify areas of synergy between the two organizations to determine if a closer collaboration is warranted. The Health Center is reviewing applications. I expect they will have questions related to our submission in the coming weeks.

As related to our new strategic plan, our efforts in FY24 will focus on:

- *Campus Realignment*: discussions with UCSF regarding how they might participate, business plan development on SNF, Sub Acute, Memory Care service lines
- *Community Care*: market sizing for various community opportunities, urgent care, diagnostic center, specialty clinics, PT/OT
- *Sustainability*: business plan development on GI, cardiology, orthopedics, and UCSF clinical services
- *Seismic*: continued research on possible options

## Operations

With the Emergency Department physician contract awarded to the **Napa Valley Medical Group**, attention now turns to the transition scheduled for 8/1/23.

We anticipate a new clinic, staffed by **Dr Peter Carrol**, to open this summer. Dr Carrol is a world-renowned urologist who has spent his career building a program at UCSF. The first stage of the clinic will be virtual with patients being seen at the hospital by Dr Carrol who will attend virtually. We expect by the end of the year to transition to an in-person clinic at the hospital.

The hospital has been contacted by CDPH to review the 2020 **cyber-attack**. They will want to validate that we resolved the event and have addressed any potential weaknesses in our systems. 2021 was spent hardening our systems in concert with experts at UCSF and several contract firms.

April continues the trend of strong volume and revenues. April was an exceptional month with a \$1.1m margin and \$1.7m net income. Surgeries and admissions were up while ED visits remain moderate. While we're behind budget YTD, we are exceeding prior year.

## **Capital**

The **temporary MRI** project is in the building stage. We have requested the manufacture of the magnet and the container which will house it. Our timeline continues to have the unit operational by the end of 2023 with the permanent project going live in the spring of 2025.

The **cogeneration project** (co-gen) has a formal timeline now that the equipment has been ordered and scheduled. The project will use natural gas to produce electricity to supply power to the Hospital and utilize heat generated from the engine to power our boilers. This results in less expensive electricity costs than PG&E rates. The alternate energy solution allows the Main hospital to not be solely reliant on PG&E for power and have the ability to maintain temperatures in patient care areas during planned or unplanned PG&E outages. The co-gen system would extend our ability to respond to a power-outage in perpetuity as long as natural gas is available. The engine will be installed in the fall of 2023 and the switch gear in the spring of 2024. The system will be commissioned in late spring 2024.

We are 6 months into our **Epic** implementation. Our collections have improved from 30% of baseline 4 weeks after go live to approximately 120% today. We expect to establish a new monthly baseline this summer, well above the FY23 monthly collection rate of \$3.8m. Interfaces to community partners are almost complete. One key remaining interface is with UCSF. This work is underway and scheduled to be completed 7/11/23.

## **Covid**

After 3 years of headlining reports to you, Covid is relegated to the end of my report. It continues to wane. Staff quarantines remain very low, and community requests for testing has all but stopped. Daily inpatient census with Covid have ranged from 0-2. We continue to track the virus and its new variants, but impact on the hospital has all but disappeared.

# SVH Performance Score Card

## 1. Quality and Safety

Objective	Target	MAR.23	APR.23	Trend	Supporting detail
<b>Infection Prevention</b>					
Central Line Blood Stream Infection CLABSI per 10k pt days	<1	0.00	0.00	↔	
Catheter Associated Urinary Tract Infection- CAUTI per 10k pt days	<1	0.00	0.00	↔	
CDIFF Infection per 10k pt days	<0.9	0.00	0.00	↔	
<b>Safety</b>					
Patient Fall per 1000 pt days	<3.75	0.00	3.31	↓	
Patient fall with injury per 1000 pt days	<3.75	0.00	0.00	↔	
Surgical Site Infections per 1000 Acute Care Admissions	0.00	0.00	0.00	↔	

Core Measures					
Sepsis Early Management Bundle % compliant	>81%	29 (n=7)	100 (n=2)	↑	Sepsis task force formed to address
Severe Sepsis 3 hour Bundle % compliant	>94%	71.4 (n=7)	100 (N=2)	↑	
Severe Sepsis 6 hr Bundle % compliant	100.00	100 (n=4)	100 (N=2)	↔	Sepsis task force formed to address
Core OP 23- Head CT within 45 mins % compliant	100.00	0 (n=1)	0 (N=1)	↔	

Mortality					
Acute Care Mortality Rate %	<15.3	6.20	4.90	↑	

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	123 (n=27)	142 (n=21)	↓	
Core Op 22 ED Left without being seen LWBS	<2%	0.30	0.30	↔	

PSI 90					
PSI 90 Composite Acute Care Admissions	0.00	0.00	0.00	↔	

Preventable Harm					
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.20	1.00	↓	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	1.82 (n=1)	12.28 (n=7)	↓	Lower is better

## 2. Employees

Objective	Target	MAR.23	APR.23	Trend	Supporting Detail
Turnover	<3%	1.7	0.0	↑	
Workplace Injuries	<20 Per Year	0.0	1 (QTR2)	↓	

## 3. Patient Experience

Objective	Target	FEB.23	MAR.23	Trend	Supporting Detail
<b>Outpatient Ambulatory Services</b>					
Recommend Facility	>90%	91 (n=11)	74 (n=23)	↓	Top Box Scores. % of patients that ranked us 5/5
Communication	>90%	78 (n=12)	91 (n=23)	↑	
Discharge Instructions	>95%	93 (n=12)	95 (n=23)	↑	
<b>HCAHPS</b>					
Recommend the hospital	>90%	82 (n=17)	94 (n=16)	↑	Top Box Scores. % of patients that ranked us 5/5
Communication with Nurse	>90%	89 (n=19)	85 (n=16)	↓	
Communication with Doctor	>90%	83 (n=16)	84 (n=16)	↑	
Cleanliness of Hospital	>90%	88 (n=17)	87 (n=16)	↓	
Communication about medicines	>90%	83 (n=7)	68 (n=8)	↓	
Discharge Information	>90%	88 (n=18)	88 (n=13)	↔	

## 4. Volume

Objective	Target	MAR.23	APR.23	Trend	Supporting Detail
<b>Patient Visits</b>					
Emergency Visits	>750	743.0	826.0	↑	
Surgical Volume Outpatient	>140	160.0	156.0	↓	
Surgical Volume Inpatient	>13	12.0	14.0	↑	
Inpatient Discharges	>50	69.0	67.0	↓	

## 5. Financial

Objective	Target	MAR.23	APR.23	Trend	Supporting Detail
EBDA in %	>0.5	3.4	27.8	↑	
Days Cash on Hand month end	>42	16.9	62.8	↑	
Net Revenue (\$M) (annualized)	>\$46	\$ 54.4	\$ 56.0	↑	



## Scorecard Definitions for Quality Metrics

### **Central Line Associated Blood Stream Infection (CLABSI)**

Blood stream infection found in a patient with a central line in place and has been >48 hours since admission.

### **Catheter Associated Urinary Tract Infection (CAUTI)**

Urinary tract infection found in a patient who has a catheter in place and has been >48hrs since admission.

### **CDIFF (Clostridium Difficile)**

Clostridium Difficile found from a stool sample in a patient that has been admitted >48hrs

### **Sepsis Early Management**

Obtain Blood Cultures BEFORE antibiotics

Administer Antibiotics

Obtain Lactate Level

Lactate Level repeated (if elevated)

### **Severe Sepsis 3 hour bundle**

All above included plus-

Administer 30ml/kg of crystalloid for hypotension or Lactate >4

Focused MD exam

### **Severe Sepsis 6 hour bundle (septic shock only)**

Lactate greater than 4 or

If persistent hypotension with 1 hour of fluid administration add Vasopressor

Shock reassessment by physician

### **Mortality**

Acute care mortality benchmark is derived from CMS 5-star rating benchmark which is 15.3%.

Our average mortality rate each month is around 2-6%, most of our deaths are expected and are related to palliative care/hospice patients.

### **PSI 90**

Summarizes patient safety across multiple indicators including-

Pressure Ulcers

Falls with Hip Fracture

Perioperative (while in surgery) complications

Postoperative complications

### **Preventable Harm**

Unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment), that requires additional monitoring, treatment or hospitalization, or that results in death. This is a percentage of risk events that have a significance level of minor-major harm.

Derived from the risk events entered into our risk reporting platform.

Examples of risk events are- patient falls, surgical complications, mis-diagnosis, repeat visits, code blue, AMA, transfers to other facilities, documentation issues.

Goal is 0. Alarm is set at 5.0 which is the benchmark set by UCSF and chosen by Dr Kidd

### **Readmissions**

Percentage of patients that get readmitted to the hospital within 30 days of discharge.

# CMO Report to the Board

June 2023

# Updates

- Age-Friendly Health System
- Service Line Development
- Community Initiative: Diabetes
- Nominations for Medical Staff leadership







# Age-Friendly Health System

- Objective: to transform Sonoma Valley Hospital into an age-friendly health system by providing excellent, high-quality care consistent with geriatric best practices
- Becky Spear, inpatient geriatric NP starts in August 2023
- Responsibilities:
  - peri-op geriatric care
  - inpatient consultation
  - community outreach
  - systems building



# Service Line Development



- Napa Valley Emergency Medicine Group, August 1, 2023
- Dr. Peter Carroll to start seeing telehealth Urology patients, July 2023
- e-ICU program from Benchmark Hospitalist group, October 2023
- New telepsych consultation program to be initiated August 2023

# Diabetes Initiative with La Luz

General Goal: To carry out an initiative co-led by SVH and La Luz that addresses an illness with a considerable burden of illness in the Latino community in Sonoma, diabetes.

## 1) Screening:

- Community-based screening every other month with promotoras present for interpretation
- Referral to primary care

## 2) Education

- Community speakers at each screening with topics such as eye care, foot care, cardiovascular disease in diabetics, how to interpret numbers, medications

## 3) Referral

- Patients who are prompted by the screening/education to get seen by a primary care provider will be referred to SVH or the SVCHC



# Nominations for Medical Staff Leadership

- Medicine Dept – Alex Rainow and John Hart
- Surgery Dept – Mike Brown and Noah Weiss
- Vice Chief of Staff – Paul Amara
- Chief of Staff – Ako Walther

# Questions?



Tactic Completed	Tactics under way now	Tactics to begin in the next 12 months	Tactics in conceptual form
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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	24/7 availability of neuro consult for stroke cases in ED	2019	2019	complete	7/19
			Infectious Disease coverage for hospital	Specialty coverage for ED and inpatient units			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?	Integration of coordination of care w UCSF and/or Marin Health							
	<del>6 Share Resources/Reduce Costs</del> - by collaborating, can the two organizations save money?	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
		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:** SVHCD Board of Directors  
**From:** Ben Armfield, Chief Financial Officer  
**Date:** June 1, 2023  
**Subject:** DRAFT Fiscal Year 2024 Budget

## **OVERVIEW:**

Fiscal Year 2023 has been a very significant year for the hospital as we launched one of the most significant initiatives to-date - the implementation of a new Electronic Medical Record. While the transition itself was unsettling and cumbersome, the conversion overall has been a success. The new EHR will allow us to enhance the coordination of care for patients in this community, help streamline the billing and collecting process, provide a path for increased UCSF physician presence, and ultimately, deliver volume growth to the hospital and increase access to care for patients in Sonoma. We have already started to see the operational benefits of the transition. Despite experiencing disruptions in the revenue cycle process brought on by the conversion, we have seen tangible improvements in our ability to bill and collect through Epic and we are now projected to end this fiscal year with more cash on hand than last.

Our volumes continue to be strong. We did see decreases in key department volumes in the months following the Epic transition, but we have seen positive month over month growth in key areas such as inpatient and outpatient surgery every month since the go live.

Looking to FY 2024, we anticipate further growth, and our budget methodology reflects that approach. Similar to the prior year, we used current year volume, revenue and expense trends from July through January as our baseline. We then adjusted based on the anticipated impact of targeted strategic initiatives and also key external factors impacting our environment.

## **Strategic Initiatives / Growth**

At a high level, we are expecting further volume growth across all areas of the hospital – inpatient, outpatient, and in the emergency room. Surgical volumes – orthopedics, colorectal/GI, geriatrics, diagnostic volumes such as MRIs, CT scans, EKGs, Echocardiograms, and emergency room visits are some of the targeted areas of growth for next fiscal year. Some of the strategic initiatives included in next fiscal year’s budget:

- We are taking tangible steps to grow the geriatric program at the hospital as we plan to invest in an Advance Practice Nurse (APN). This APN will help improve the coordination of care and enhance patient satisfaction, which will result in improved patient throughput and decreased length of stay.
- We plan to grow orthopedic volumes next fiscal year through additional mid-level support. This mid-level will help optimize the service, decrease length of stay for orthopedic patients and facilitate additional surgical growth.
- We anticipate growth in GI/colorectal surgeries due to an SVH-aligned surgeon coming back into the Sonoma market.
- We are budgeting for significant volume growth in MRI volumes due to the temporary trailer and 3 Tesla magnet becoming operational January 2024.
- We are budgeting for continued growth in other diagnostic volumes such as CT scans, EKGs, and Echocardiograms (cardiology diagnostics).
- We are taking steps to invest in our emergency room service to better care for the community and to also facilitate further volume growth. We are making strategic investments in a new medical group that will be



providing the service starting August 1, 2023, and are also budgeting allotments for outreach and marketing efforts to promote awareness throughout the community.

- We are making investments in primary care as we plan to hire another primary care physician into the 1206(b) family medicine clinic.

### **Revenue Enhancements**

In addition to the revenue impact resulting from the anticipated growth initiatives, this budget also contemplates and includes over \$1M in revenue enhancements resulting from the Epic Electronic Health Record conversion.

This budget also includes net revenue enhancements expected to be gained through specific managed care contract renegotiations.

### **Staffing Challenges**

We continue to navigate a very delicate and challenging environment. As we look to get beyond the financial impacts of the pandemic, we do see continued fallout that manifests itself in labor shortages and higher staffing costs.

One of the biggest challenges hospitals face nationwide is staffing, and SVH is not immune. Labor shortages and market pressures have further stressed our ability to recruit and also retain needed staff. We have had to leverage agency and traveler resources more heavily this past year as a result, and in doing so, drove up our labor costs. Staffing challenges have also been a barrier in facilitating targeted volume growth.

The hospital underwent a compensation market analysis this past fiscal year to benchmark our pay structure with other California facilities and assess our position in the market in respects to compensation across all departments and roles. We implemented a first round of compensation market adjustments this past fiscal year, which has helped significantly in some key areas. This budget includes appropriations for additional market adjustments for areas and jobs where we remain below market.

We are also implementing a referral bonus program and have made appropriations in the budget for those investments.

### **Bottom Line**

This budget for FY2024 projects a 9% increase in patient revenues with a 6% increase in operating expenses.

The budgeted Operating Margin of (\$5.0M) would be a 15% improvement over our projection of a full Fiscal Year 2023 (\$5.9M) and would also represent a 20% improvement from our Fiscal Year 2023 budget.

The draft budget has an Operating EBDA of (\$1.80M), which would be a 40% increase over our FY23 projection and 50% better than our current year's budget.

**Table 1 | Operating Margin Snapshot – FY2024 Budget vs. FY23 Estimated Actual vs. FY23 Budget**

	FY23 Estimated				FY23 Budget		
	FY24 Budget	Actual	Change	% Chg	Budget FY 2023	Change	% Chg
<b>Operating Margin</b>	\$ (5,054,401)	\$ (5,956,752)	\$ 902,350	15.1%	\$ (6,368,291)	\$ 1,313,890	20.6%
Operating Margin %	-8.3%	-10.6%			-12%		
<b>Operating EBDA</b>	\$ (1,808,796)	\$ (3,010,230)	\$ 1,201,433	39.9%	\$ (3,619,266)	\$ 1,810,470	50.0%
Operating EBDA %	-3.0%	-5.4%			-6.6%		
<b>Total Net Income (Loss)</b>	\$ 3,570,513	\$ 3,129,908	\$ 440,605	14.1%	\$ 5,141,954	\$ (1,571,441)	-30.6%
<b>Net Patient Revenue</b>	\$ 59,491,792	\$ 54,482,786	\$ 5,009,006	9.2%	\$ 53,707,713	\$ 5,784,079	10.8%
<b>Operating Revenue</b>	\$ 60,902,615	\$ 56,124,308	\$ 4,778,307	8.5%	\$ 54,964,398	\$ 5,938,217	10.8%
<b>Operating Expenses</b>	\$ 65,957,016	\$ 62,081,060	\$ 3,875,957	6.2%	\$ 61,332,689	\$ 4,624,327	7.5%
<b>Total FTEs</b>	249.32	238.00	11.3	4.8%	241.60	7.7	3.2%





## Assumptions in the Fiscal Year 2024 Budget:

The Draft FY 2024 Budget is presented with the following assumptions included:

### VOLUMES & BUDGETED GROWTH

- **Inpatient volumes** are budgeted to remain relatively flat with our current run-rate.
  - Inpatient days include a 2% increase from current run-rate.
  - Inpatient surgeries are budgeted to increase by 2.2% from current run-rate.
  - Length of Stay is budgeted to decrease by 2.5% compared to current run-rate.
- **Outpatient volumes** are expected to increase in FY2024 across multiple areas:
  - **Outpatient Surgery** | Budgeted to increase 11% from current year run-rate due to the following:
    - **Orthopedic Surgery** | 6% increase in orthopedic surgical volumes resulting from additional program resources that will facilitate more effective and efficient throughput.
    - **ColoRectal Surgery / GI** | Budgeted 150 additional surgical and procedural cases due to SVH-aligned surgeon returning to Sonoma Valley market.
  - **Physical Therapy** | 10% increase in visit volumes generated due to capacity gained through full complement of hired therapists.
  - **CT** | 10% increase in OP referral volumes due to continued ramp-up of service post completion of the Phase I ODC project.
  - **MRI** | Overall 40% increase in volumes due to temporary MRI trailer becoming operational starting in January 2024.
  - **Cardiology** | 3% increase in cardiology volumes (Echos/EKGs) due to bringing service in-house and increased provider engagement.
  - **Emergency Room Visits** | Additional 6% increase in emergency room volumes due to new medical group providing service starting August 2023.

### REVENUES

#### Global Revenue Assumptions for FY24

- **Price Increase** | Gross revenues include a 6% built-in annual price increase.
- **Contractual Adjustments** | Contractual discounts and bad debt are based upon current experiences and are also adjusted for the FY24 price increase.
- **IGT Funding** | Government supplemental payments (IGT) are budgeted per current information from the Department of Health Care Services and the District Hospital Leadership Forum (DHLF).
- **Payor Mix** | Are based upon current experiences and adjusted slightly based on recent monthly trends.

#### Specific Revenue Assumptions for FY24

- **Epic Revenue Enhancements** | An additional \$1,200,000 of net revenue was budgeted to account for revenue enhancements resulting from the Epic implementation.
- **Managed Care Contract Adjustments** | An additional \$675,000 of net revenue was budgeted to account for anticipated revenue enhancements resulting from specific managed care contract renegotiations.

## EXPENSES

### Labor Expense Assumptions for FY24

- **Merit Increases** | 3% global salary increase for all eligible SVH staff.
- **Market Adjustments** | Additional appropriations for “round II” salary market adjustments.
- **FTEs** | FTEs based on current year run-rate, July2022-March2023 and adjusted by department based on projected volumes. The Draft FY 2024 budget includes an 11.12 FTE increase. See Variance Analysis (Attachment C) for details on the FTE adjustments.

### Other Expense Assumptions for FY24

- **Employee Benefits** | Based on actual current year costs and estimates from broker to budget FY2024.
- **Physician Fees** | Based upon anticipated costs for FY2024.
- **Supplies** | 3% global inflationary increase for supplies
  - **Blood** | 5% global inflationary increase for blood units
  - **Drugs** | 6.5% global inflationary increase for drug costs
- **Purchased Services** | Based upon anticipated costs for FY2024. Includes adjustments and anticipated costs now live with Epic EHR platform.
- **Interest** | Based on current year run-rate and adjusted for new CHFFA Help II Loan. Includes estimated interest expense savings from budgeted Line of Credit paydown (LOC paydown budgeted between June2023 & 1<sup>st</sup> Qtr FY2024).
- **Depreciation** | Based on current year run-rate and adjusted for Epic project coming online in FY2024.
- **Insurance** | Based on current year run-rate and increased by 6% per consultation with broker. Removed Malpractice Insurance from coverage lines as the new Emergency Medicine Group will procure on their own.
- **Utilities** | Based on current year run-rate.
- **Other Expenses**
  - **Public Relations / Marketing** | Includes additional appropriations for public relations / marketing efforts.
  - **Recruitment Expenses** | Includes additional appropriations for recruitment expenses and employee referral bonus.

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## ATTACHMENTS:

- Attachment A – Budget Comparison Summary
- Attachment B - FY24 Draft Budget
- Attachment C – Income Statement Comparison – FY24 Draft Budget vs. FY 2023 Estimated Actual
- Attachment C – Variance Analysis – FY23 Estimated Actual to FY24 Draft Budget
- Attachment D – Draft FY 2024 Budget – Schedule of Payer Mix
- Attachment E – Draft FY 2024 Budget – Cash Forecast
- FY2024 Budget Presentation PowerPoint

**Sonoma Valley Hospital  
Budget Comparison Summary**

	FY23 Estimated				Budget FY 2023		
	FY24 Budget	Actual	Change	% Chg	Budget FY 2023	Change	% Chg
<b>Operating Margin</b>	\$ (5,054,401)	\$ (5,956,752)	\$ 902,350	15.1%	\$ (6,368,291)	\$ 1,313,890	20.6%
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<b>Operating Expenses</b>	\$ 65,957,016	\$ 62,081,060	\$ 3,875,957	6.2%	\$ 61,332,689	\$ 4,624,327	7.5%
<b>Total FTEs</b>	249.32	238.00	11.3	4.8%	241.60	7.7	3.2%

**Sonoma Valley Healthcare District  
Statement of Revenue and Expenses  
FY 2024 DRAFT Budget**

**Schedule B**

**DRAFT  
FY 2024 Budget**

**Volume Information**

Acute Discharges	848
Patient Days	3,305
Length of Stay	3.9
Emergency Room Visits	10,262
Surgeries - Inpatient	190
Surgeries - Outpatient	1,935
Gross O/P Revenue (000's)	\$ 271,001

**Projected Gross Patient Revenue**

Inpatient	\$ 81,948,703
Outpatient	161,039,367
Emergency	109,961,343
<b>Total Projected Gross Patient Revenue</b>	<b>\$ 352,949,414</b>

**Projected Deductions from Revenue**

Contractual Discounts	\$ (297,825,842)
Bad Debt	(1,461,645)
Charity Care Provision	(659,889)
Prior Period Adj/Government Program Revenue	6,489,754
<b>Total Projected Deductions from Revenue</b>	<b>\$ (293,457,622)</b>

**Projected Net Patient Service Revenue**

Other Op Revenue	\$ 1,410,823
<b>Projected Total Operating Revenue</b>	<b>\$ 60,902,615</b>

**Projected Operating Expenses**

Salary and Wages and Agency Fees	\$ 25,930,033
Employee Benefits	8,872,048
<b>Total People Cost</b>	<b>\$ 34,802,081</b>
Med and Prof Fees (excl Agency)	7,715,689
Supplies	7,976,086
Purchased Services	5,717,539
Depreciation	3,245,605
Utilities	2,039,434
Insurance	621,090
Interest	385,131
Other	1,234,501
Matching Fees (Government Programs)	2,219,860
<b>Projected Operating expenses</b>	<b>\$ 65,957,016</b>
<b>Projected Operating Margin</b>	<b>\$ (5,054,401)</b>

**Sonoma Valley Healthcare District  
Statement of Revenue and Expenses  
FY 2024 DRAFT Budget**

**Schedule B**

**DRAFT  
FY 2024 Budget**

**Projected Non Operating Rev and Expense**

Miscellaneous Revenue/(Expenses)	\$	56,599
Donations		
Parcel Tax Assessment Rev		3,800,004
<b>Projected Total Non-Operating Rev/Exp</b>	<b>\$</b>	<b>3,856,603</b>

<b>Net Income / (Loss) prior to Restricted Cont.</b>	<b>\$</b>	<b>(1,197,798)</b>
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Restricted Foundation Contributions	\$	2,862,365
<b>Net Income / (Loss) w/ Restricted Contributions</b>	<b>\$</b>	<b>1,664,567</b>

GO Bond Tax Assessment, Net		1,905,946
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<b>Projected Net Income/(Loss) w GO Bond Activity</b>	<b>\$</b>	<b>3,570,513</b>
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<b>Operating EBDA</b>	<b>\$</b>	<b>(1,808,796)</b>
		-3.0%

<b>Productive FTE'S</b>	<b>227.1</b>
<b>Non-Productive FTE's</b>	<b>22.2</b>
<b>Total FTE's</b>	<b>249.3</b>

Sonoma Valley Healthcare District  
Statement of Revenue and Expenses  
FY 2024 Draft Budget compared to FY 2023 Estimated Actual

Schedule C

	FY 2024		FY 2023		Variance	
	BUDGET	ESTIMATED ACTUAL	\$	%	\$	%
<b>Volume Information</b>						
Acute Discharges	848	810	37	4.6%		
Patient Days	3,305	3,241	64	2.0%		
Average Length of Stay	3.90	4.00	-0.1	-2.5%		
Emergency Room Visits	10,262	9,682	580	6.0%		
Surgeries - Inpatient	190	186	4	2.2%		
Surgeries - Outpatient	1,935	1,728	207	12.0%		
Gross O/P Revenue (000's)	\$ 271,001	\$ 246,236	\$ 24,764	10.1%		
<b>Financial Results</b>						
<b>Projected Gross Patient Revenue</b>						
Inpatient	\$ 81,948,703	\$ 76,339,503	\$ 5,609,200	7.3%		
Outpatient	161,039,367	148,434,618	12,604,749	8.5%		
Emergency	109,961,343	97,801,700	12,159,643	12.4%		
<b>Total Projected Gross Patient Revenue</b>	<b>\$ 352,949,414</b>	<b>\$ 322,575,821</b>	<b>\$ 30,373,592</b>	<b>9.4%</b>		
<b>Projected Deductions from Revenue</b>						
Contractual Discounts	\$ (297,825,842)	\$ (272,334,978)	\$ (25,490,863)	9.4%		
Bad Debt	(1,461,645)	(1,475,679)	14,034	-1.0%		
Charity Care Provision	(659,889)	(669,432)	9,543	-1.4%		
Prior Period Adj/Government Program Revenue	6,489,754	6,387,055	102,699	1.6%		
<b>Total Projected Deductions from Revenue</b>	<b>\$ (293,457,622)</b>	<b>\$ (268,093,035)</b>	<b>\$ (25,364,587)</b>	<b>9.5%</b>		
<b>Projected Net Patient Service Revenue</b>	<b>\$ 59,491,792</b>	<b>\$ 54,482,786</b>	<b>\$ 5,009,006</b>	<b>9.2%</b>		
Other Op Revenue	\$ 1,410,823	\$ 1,641,522	\$ (230,699)	-14.1%		
<b>Projected Total Operating Revenue</b>	<b>\$ 60,902,615</b>	<b>\$ 56,124,308</b>	<b>\$ 4,778,307</b>	<b>8.5%</b>		
<b>Projected Operating Expenses</b>						
Salary and Wages and Agency Fees	\$ 25,930,033	\$ 24,396,895	\$ 1,533,138	6.3%		
Employee Benefits	8,872,048	8,548,085	323,963	3.8%		
Total People Cost	\$ 34,802,081	\$ 32,944,980	\$ 1,857,101	5.6%		
Med and Prof Fees (excl Agency)	7,715,689	6,860,056	855,633	12.5%		
Supplies	7,976,086	7,784,572	191,514	2.5%		
Purchased Services	5,717,539	5,113,795	603,744	11.8%		
Depreciation	3,245,605	2,946,522	299,083	10.2%		
Utilities	2,039,434	1,957,504	81,930	4.2%		
Insurance	621,090	657,394	(36,304)	-5.5%		
Interest	385,131	425,390	(40,260)	-9.5%		
Other	1,234,501	1,118,993	115,508	10.3%		
Matching Fees (Government Programs)	2,219,860	2,271,852	(51,992)	-2.3%		
<b>Projected Operating Expenses</b>	<b>\$ 65,957,016</b>	<b>\$ 62,081,060</b>	<b>\$ 3,875,957</b>	<b>6.2%</b>		
<b>Projected Operating Margin</b>	<b>\$ (5,054,401)</b>	<b>\$ (5,956,752)</b>	<b>\$ 902,350</b>	<b>15.1%</b>		

Sonoma Valley Healthcare District  
Statement of Revenue and Expenses  
FY 2024 Draft Budget compared to FY 2023 Estimated Actual

Schedule C

	FY 2024		FY 2023		Variance	
	BUDGET		ESTIMATED ACTUAL		\$	%
<b>Projected Non Operating Rev and Expense</b>						
Miscellaneous Revenue/(Expenses)	\$	56,599	\$	(106,252)	\$	162,852 -153.3%
Parcel Tax Assessment Rev		3,800,004		3,800,004		0 0.0%
<b>Projected Total Non-Operating Rev/Exp</b>	<b>\$</b>	<b>3,856,603</b>	<b>\$</b>	<b>3,693,752</b>	<b>\$</b>	<b>162,852 4.4%</b>
<b>Net Income / (Loss) prior to Restricted Contributions</b>	<b>\$</b>	<b>(1,197,798)</b>	<b>\$</b>	<b>(2,263,000)</b>	<b>\$</b>	<b>1,065,202 -47.1%</b>
Restricted Foundation Contributions	\$	2,862,365	\$	3,486,962	\$	(624,597) -17.9%
<b>Net Income / (Loss) w/ Restricted Contributions</b>	<b>\$</b>	<b>1,664,567</b>	<b>\$</b>	<b>1,223,962</b>	<b>\$</b>	<b>440,605 36.0%</b>
GO Bond Tax Assessment, Net		1,905,946		1,905,946		0 0.0%
<b>Projected Net Income/(Loss) w GO Bond Activity</b>	<b>\$</b>	<b>3,570,513</b>	<b>\$</b>	<b>3,129,908</b>	<b>\$</b>	<b>440,605 14.1%</b>
<b>Operating EBDA</b>	<b>\$</b>	<b>(1,808,796)</b>	<b>\$</b>	<b>(3,010,230)</b>	<b>\$</b>	<b>1,201,433 -39.9%</b>
		-3.0%		-5.4%		2.4%
Productive FTE'S		227.1		215.5		11.6 5.4%
Non-Productive FTE's		22.2		22.5		(0.3) -1.4%
<b>Total FTE's</b>		<b>249.3</b>		<b>238.0</b>		<b>11.3 4.8%</b>

Sonoma Valley Healthcare District  
 Schedule of Variance Analysis of FY 2023 Estimated Actual to FY 2024 Draft Budget  
 FY 2024 Budget - DRAFT

Schedule D

Variance Analysis

<b>Net Patient Revenue</b>	
<b>Net Patient Revenue - FY23 ESTIMATED ACTUAL</b>	<b>\$ 54,482,786</b>
<b>Changes of Note - FY23 Estimated Actual to FY24 Budget:</b>	
Revenue enhancements gained from Epic Implementation	1,200,000
Budgeted revenue enhancement from Managed Care Contract adjustments	675,200
Net Revenue impact from 6% Price Increase	575,000
<u>Projected Revenue Changes From Budgeted Growth:</u>	
Physical Therapy   10% increase in visit volumes	185,000
MRI   40% increase in volumes from temporary MRI starting January 2024	713,000
Surgery   6% increase in Orthopedic volumes	424,000
Surgery   Increase in GI/ColoRectal procedures beginning in July 2023	625,000
Emergency Room   6% increase in ER visits due to new medical group + outreach	425,100
Change in Anticipated IGT Revenue	102,700
All Other Changes	84,006
<b>Total Projected Changes for FY24 Budget</b>	<b>\$ 5,009,006</b>
<b>Net Patient Revenue - FY24 BUDGET</b>	<b>\$ 59,491,792</b>
Change From FY23 Estimated Actual	\$ 5,009,006
% Change	9.2%

<b>Salaries &amp; Wages</b>	
<b>Salaries &amp; Wages - FY23 ESTIMATED ACTUAL</b>	<b>\$ 24,396,895</b>
<b>Changes of Note - FY23 Estimated Actual to FY24 Budget</b>	
3% Merit Adjustment Salary Increases & Additional Allotment for Market Adjustments	1,011,300
<u>Salary Increases from FTE Additions (net 11.3 FTE adds from FY23 to FY24 Budget):</u>	
OP Therapy   2.5 FTE add to support budgeted volume growth	
Admitting / Registration   2.9 FTE add to support growth & stabilize dept	
Geriatrics   1.0 FTE for Advanced Practice Nurse (APN)	
Primary Care Provider   .60 FTE for new PCP to join 1206(B) Clinic	
MRI   .6 FTE add to support temporary trailer - Jan2024	
FTE 'True-Ups'   4.5 FTE increase for truing up positions hired mid-year FY23	
Salary cost reduction due to replacement of 3.75 FTEs worth of Travelers	(135,500)
Reclass of Nutrition & Dining costs   Move from Agency to Purchased Services for FY24	(274,000)
All Other Changes	(110,162)
<b>Total Projected Changes for FY24 Budget</b>	<b>\$ 1,533,138</b>
<b>Salaries &amp; Wages - FY24 BUDGET</b>	<b>\$ 25,930,033</b>
Change From FY23 Estimated Actual	\$ 1,533,138
% Change	6.3%

<b>Employee Benefits</b>	
<b>Employee Benefits - FY23 ESTIMATED ACTUAL</b>	<b>\$ 8,548,085</b>
<b>Changes of Note - FY23 Estimated Actual to FY24 Budget</b>	
Incremental employee benefits incurred due to FTE additions	208,300
Projected other increase in benefit costs	115,663



<b>Total Projected Changes for FY24 Budget</b>	<b>\$ 323,963</b>
<b>Employee Benefits - FY24 BUDGET</b>	<b>\$ 8,872,048</b>
Change From FY23 Estimated Actual	\$ 323,963
% Change	3.8%

**Medical and Professional Fees**

<b>Medical and Professional Fees - FY23 ESTIMATED ACTUAL</b>	<b>\$ 6,860,056</b>
<b>Changes of Note - FY23 Estimated Actual to FY24 Budget</b>	
<i>Physician / Professional Fee Changes:</i>	
Adjustment to Emergency Medicine Contract - New Provider	255,000
Adjustment to Cardiology Call Contract	112,900
Orthopedic Mid-level Support for SVH-aligned Orthopod	135,800
Telepsych Services (New)	114,100
Adjustment to General Surgery Call Contract	54,000
<i>Other Professional Fee Changes:</i>	
UCSF Management Fees   True-up to reflect full year of cost	173,500
<i>All Other Changes</i>	10,333
<b>Total Projected Changes for FY24 Budget</b>	<b>\$ 855,633</b>
<b>Medical and Professional Fees - FY24 BUDGET</b>	<b>\$ 7,715,689</b>
Change From FY23 Estimated Actual	\$ 855,633
% Change	12.5%

**Supplies**

<b>Supplies - FY23 ESTIMATED ACTUAL</b>	<b>\$ 7,784,572</b>
<b>Changes of Note - FY23 Estimated Actual to FY24 Budget</b>	
3% Global Inflation Adjustment	155,700
5% Inflation in cost for Blood Units	25,600
6.5% Inflation in cost for Drugs/Pharmaceuticals	91,000
Budgeted supply cost reductions   Anticipated savings	(82,500)
<i>All Other Changes</i>	1,714
<b>Total Projected Changes for FY24 Budget</b>	<b>\$ 191,514</b>
<b>Supplies - FY24 BUDGET</b>	<b>\$ 7,976,086</b>
Change From FY23 Estimated Actual	\$ 191,514
% Change	2.5%

**Purchased Services**

<b>Purchased Services - FY23 ESTIMATED ACTUAL</b>	<b>\$ 5,113,795</b>
<b>Changes of Note - FY23 Estimated Actual to FY24 Budget</b>	
Reclass of Nutrition & Dining costs   Move from Agency to Purchased Services for FY24	274,000
ECRI   New supply cost benchmarking tool (drives supply reduction above)	88,000
FQHC / SVCHC Consultative Fees   Estimate for FY24 potential expenses	75,000
Security Coverage   Increased hours of security coverage at hospital	65,000
<i>All Other Changes</i>	101,744
<b>Total Projected Changes for FY24 Budget</b>	<b>\$ 603,744</b>
<b>Purchased Services - FY24 BUDGET</b>	<b>\$ 5,717,539</b>
Change From FY23 Estimated Actual	\$ 603,744
% Change	11.8%

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**Depreciation**

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	<b>Depreciation - FY23 ESTIMATED ACTUAL</b>	<b>\$ 2,946,522</b>
<b>Changes of Note - FY23 Estimated Actual to FY24 Budget</b>		
EPIC Project   Incremental depreciation for EPIC, in-service in FY24		311,500
Assets fully depreciating in FY2023		(11,500)
<i>All Other Changes</i>		<i>(917)</i>
<b>Total Projected Changes for FY24 Budget</b>	<b>\$</b>	<b>299,083</b>
	<b>Depreciation - FY24 BUDGET</b>	<b>\$ 3,245,605</b>
	Change From FY23 Estimated Actual	\$ 299,083
	% Change	10.2%

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**Utilities**

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	<b>Utilities - FY23 ESTIMATED ACTUAL</b>	<b>\$ 1,957,504</b>
<b>Changes of Note - FY23 Estimated Actual to FY24 Budget</b>		
Estimated increases with PG&E		81,900
<b>Total Projected Changes for FY24 Budget</b>	<b>\$</b>	<b>81,930</b>
	<b>Utilities - FY24 BUDGET</b>	<b>\$ 2,039,434</b>
	Change From FY23 Estimated Actual	\$ 81,930
	% Change	4.2%

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**Insurance**

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	<b>Insurance - FY23 ESTIMATED ACTUAL</b>	<b>\$ 657,394</b>
<b>Changes of Note - FY23 Estimated Actual to FY24 Budget</b>		
Expected increase in Insurance base coverage cost - All Lines (6% increase in total)		39,400
Malpractice insurance for ED medical group (SVH not funding new Group's MPLI)		(76,000)
<b>Total Projected Changes for FY24 Budget</b>	<b>\$</b>	<b>(36,304)</b>
	<b>Insurance - FY24 BUDGET</b>	<b>\$ 621,090</b>
	Change From FY23 Estimated Actual	\$ (36,304)
	% Change	-5.5%

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**Interest**

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	<b>Interest - FY23 ESTIMATED ACTUAL</b>	<b>\$ 425,390</b>
<b>Changes of Note - FY23 Estimated Actual to FY24 Budget</b>		
HELP II Loan   Projected interest expense for new HELP II Loan (full year FY24)		35,000
Line of Credit   Projected savings in interest expense through LOC paydown		(80,000)
<i>All Other Changes</i>		<i>4,740</i>
<b>Total Projected Changes for FY24 Budget</b>	<b>\$</b>	<b>(40,260)</b>
	<b>Interest - FY24 BUDGET</b>	<b>\$ 385,130</b>
	Change From FY23 Estimated Actual	\$ (40,260)
	% Change	-9.5%

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**Other Expenses**

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	<b>Other Expenses - FY23 ESTIMATED ACTUAL</b>	<b>\$ 1,118,993</b>
<b>Changes of Note - FY23 Estimated Actual to FY24 Budget</b>		
Marketing / Program Development Expenses   Incremental for FY24		100,000
Recruitment Costs   SVH agency-led Leadership Hires (proj 3 hires @ \$40K/hire)		120,000
Employee Retention Bonus   New for FY24		15,000
Employee Referral Bonus   New for FY25		11,000
Non-Recurring EPIC Costs   One-time costs incurred in FY23. Not repeating in FY24		(45,200)
<i>All Other Changes</i>		<i>(85,292)</i>
<b>Total Projected Changes for FY24 Budget</b>	<b>\$</b>	<b>115,508</b>
	<b>Other Expenses - FY24 BUDGET</b>	<b>\$ 1,234,501</b>
	Change From FY23 Estimated Actual	\$ 115,508
	% Change	10.3%

**Sonoma Valley Health Care District  
 Schedule of Payer Mix  
 DRAFT FY 2024 Budget**

**Schedule E**

	<b>DRAFT</b>	<b>ACTUAL</b>
	<b>FY 2024 Budget</b>	<b>FY 2023 Estimated Actual</b>
	<b><u>July 1, 2023 - June 30, 2024</u></b>	<b><u>July 1, 2022 - March 31, 2023</u></b>
Medicare	36.4%	36.4%
Medicare Managed Care	17.1%	17.1%
Medi-Cal & Managed MediCal	19.5%	19.0%
Self Pay	1.0%	1.3%
Commercial & Other Government	23.0%	22.5%
Worker's Comp.	2.9%	3.6%
	100.0%	100.0%

Sonoma Valley Health Care District  
 Cash Forecast - DRAFT FY 2024 Budget

Schedule F

DRAFT  
 FY 2024 Budget  
July 1, 2023 - June 30, 2024

**Hospital Operating Sources**

1	Patient Payments Collected	53,710,092
2	Other Operating Revenue	1,113,667
3	Other Non-Operating Revenue	103,201
4	Unrestricted Contributions	
5	Line of Credit	-
<b>Sub-Total Hospital Sources</b>		<b>54,926,960</b>

**Hospital Uses of Cash**

6	Operating Expenses	59,992,455
7	Add: Bridge Loan Paybacks	608,487
8	Add: CHFFA Help II Loan Repayments	370,000
9	Capital Expenditures (\$4,600,000 net of foundation covered)	7,462,365
10	Line of Credit	250,000
<b>Total Hospital Uses</b>		<b>68,683,307</b>

**Net Hospital Sources/Uses of Cash** **(13,756,347)**

**Non-Hospital Sources**

11	Restricted Cash/Capital Donations	2,862,365
12	Parcel Tax Revenue	3,800,000
13	Other:	
14	IGT /AB 915 IGT	6,489,754
15	Cyber Attack Insurance Claim Funds	1,500,000
<b>Sub-Total Non-Hospital Sources</b>		<b>14,652,119</b>

**Non-Hospital Uses of Cash**

16	Matching Fees	2,219,860
<b>Sub-Total Non-Hospital Uses of Cash</b>		<b>2,219,860</b>

**Net Non-Hospital Sources/Uses of Cash** **12,432,259**

**Net Sources/Uses** **(1,324,088)**

Cash at beginning of period (Includes MM) 7,910,217

**Cash at end of period** **6,586,129**

**Projected Days Cash on Hand - Beginning FY 2024** **46.0**

**Budgeted Days Cash on Hand - End FY 2024** **40.2**

Line 9 - Capital expenditures include \$2.8M in expected ODC costs funded by capital donations from the SVHF



# **FY2024 SVHCD DRAFT BUDGET**

**June 1, 2023**

# FY24 Budget Assumptions - Global

---

- **General**

- Budget 2024 is budgeted based on our current fiscal year baseline, July-March
- Adjusted based on anticipated impacts of planned strategic initiatives and known external factors
- FY 2023 Estimated Real includes FY2023 Actual, July-April, & FY2023 Budget, May-June

- **Volumes**

- Based on current year baseline
- Budgeted Growth | Surgical, Procedural, Diagnostics, Therapies

- **Revenue**

- Net patient revenue driven by budgeted volumes
- Budgeted revenue enhancements | Epic Conversion, Managed Care Contracting
- IGT revenue based on current year information
- Budgeted Parcel Tax of \$3.8M

- **Expenses**

- Based on current year baseline
- Annual merit increases of 3%
- Inflation of 6% for drugs, 5% for blood, and 3% for other supplies
- FTEs based on July-March and adjusted based on department volumes

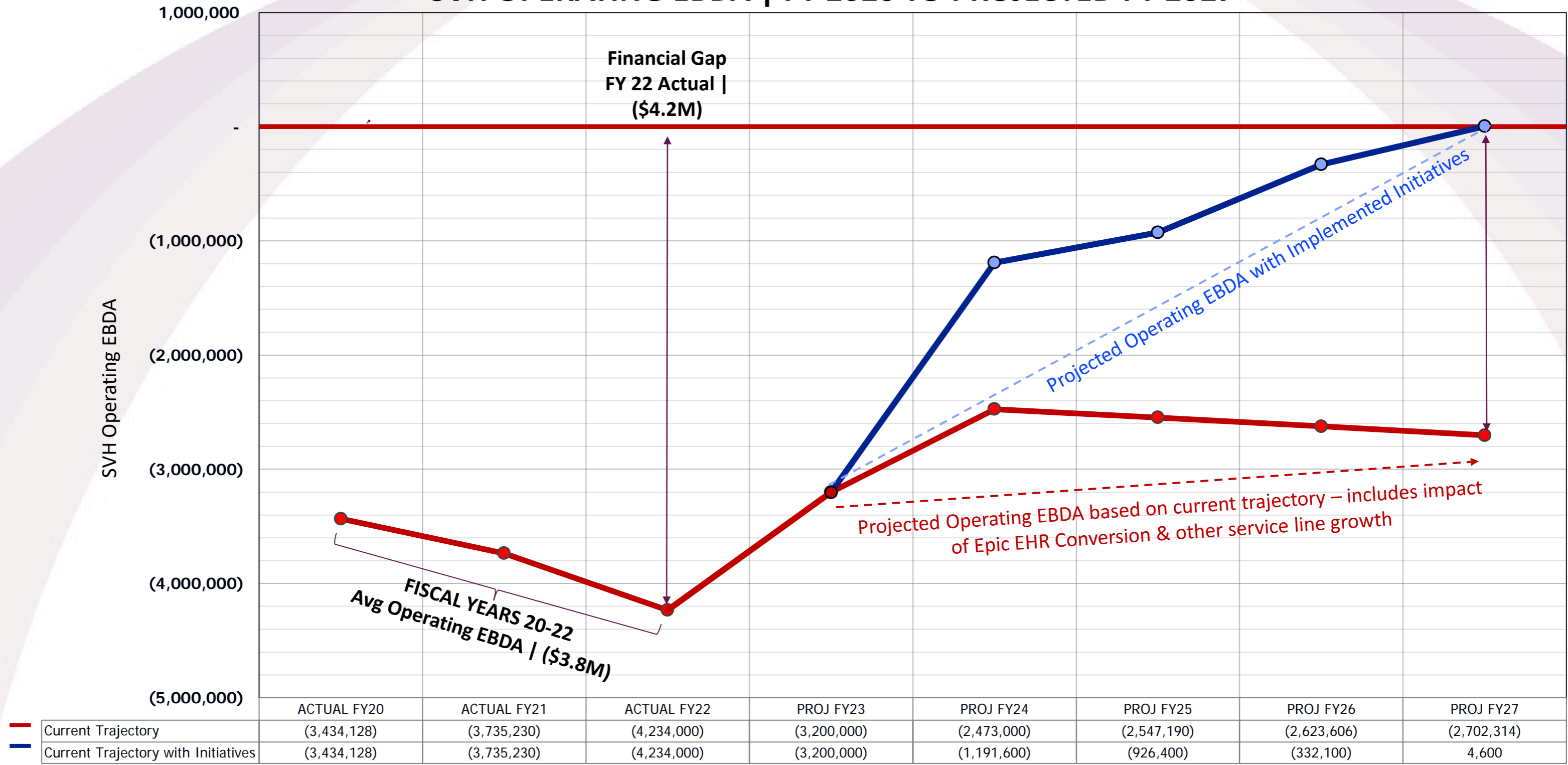
# FY24 Budget - Snapshot

<b>Sonoma Valley Hospital Budget Comparison Summary</b>							
	<b>FY23 Estimated</b>						
	<b>FY24 Budget</b>	<b>Actual</b>	<b>Change</b>	<b>% Chg</b>	<b>Budget FY 2023</b>	<b>Change</b>	<b>% Chg</b>
<b>Operating Margin</b>	<b>\$ (5,054,401)</b>	<b>\$ (5,956,752)</b>	<b>\$ 902,350</b>	<b>15.1%</b>	<b>\$ (6,368,291)</b>	<b>\$ 1,313,890</b>	<b>20.6%</b>
Operating Margin %	-8.3%	-10.6%			-12%		
<b>Operating EBDA</b>	<b>\$ (1,808,796)</b>	<b>\$ (3,010,230)</b>	<b>\$ 1,201,433</b>	<b>39.9%</b>	<b>\$ (3,619,266)</b>	<b>\$ 1,810,470</b>	<b>50.0%</b>
Operating EBDA %	-3.0%	-5.4%			-6.6%		
<b>Total Net Income (Loss)</b>	<b>\$ 3,570,513</b>	<b>\$ 3,129,908</b>	<b>\$ 440,605</b>	<b>14.1%</b>	<b>\$ 5,141,954</b>	<b>\$ (1,571,441)</b>	<b>-30.6%</b>
<b>Net Patient Revenue</b>	<b>\$ 59,491,792</b>	<b>\$ 54,482,786</b>	<b>\$ 5,009,006</b>	<b>9.2%</b>	<b>\$ 53,707,713</b>	<b>\$ 5,784,079</b>	<b>10.8%</b>
<b>Operating Revenue</b>	<b>\$ 60,902,615</b>	<b>\$ 56,124,308</b>	<b>\$ 4,778,307</b>	<b>8.5%</b>	<b>\$ 54,964,398</b>	<b>\$ 5,938,217</b>	<b>10.8%</b>
<b>Operating Expenses</b>	<b>\$ 65,957,016</b>	<b>\$ 62,081,060</b>	<b>\$ 3,875,957</b>	<b>6.2%</b>	<b>\$ 61,332,689</b>	<b>\$ 4,624,327</b>	<b>7.5%</b>
<b>Total FTEs</b>	<b>249.32</b>	<b>238.00</b>	<b>11.3</b>	<b>4.8%</b>	<b>241.60</b>	<b>7.7</b>	<b>3.2%</b>

# Solving the Financial Gap

As Presented, November 2022

## SVH OPERATING EBDA | FY 2020 TO PROJECTED FY 2027



**FOOTNOTES:**

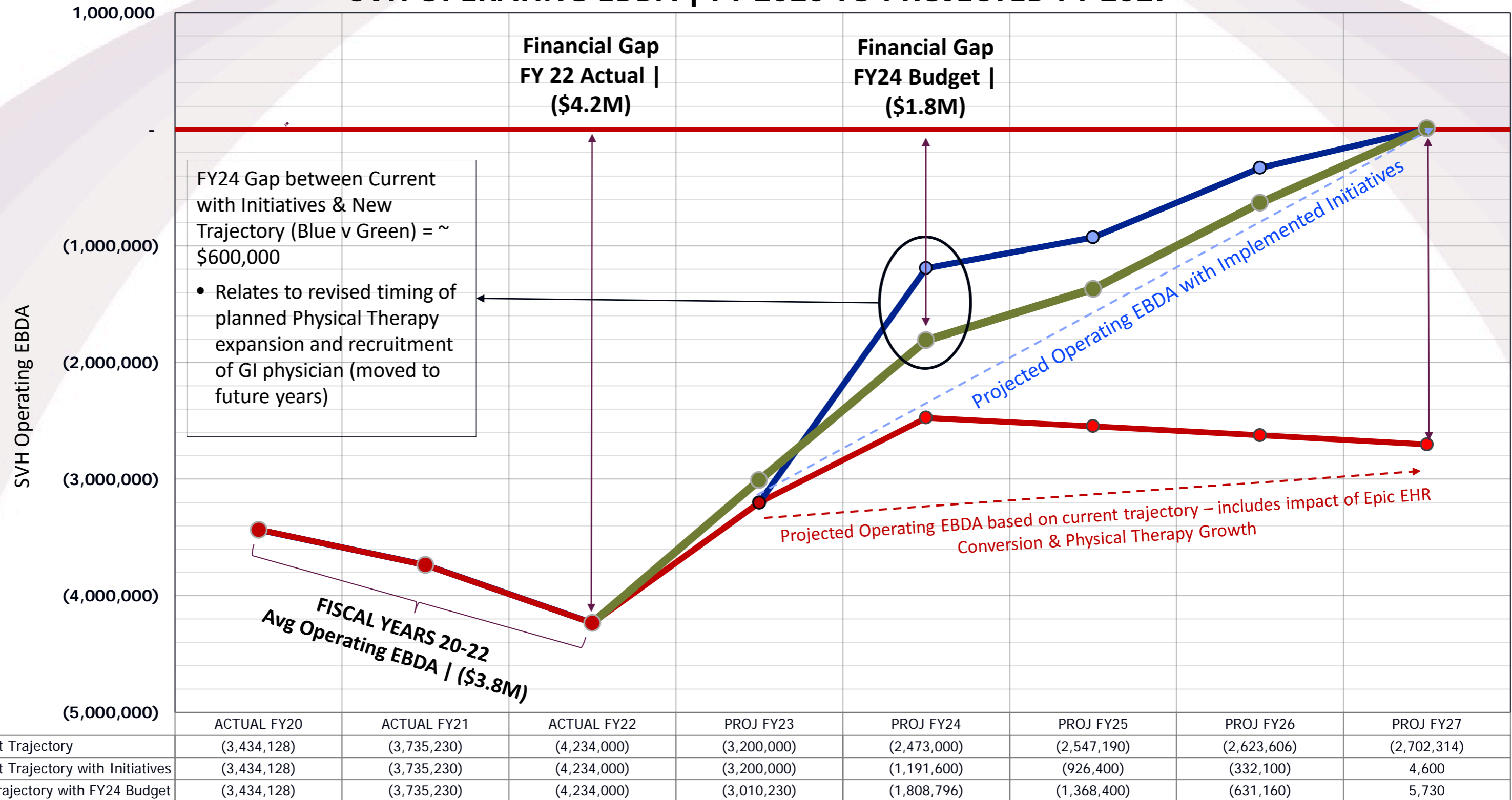
- **Current Trajectory** is based on annual operating revenue and expense increases of 2.0% and 3.0%. Includes estimated impact of revenue enhancements generated from Epic EHR Conversion + existing initiatives implemented to support Physical Therapy growth (*presented November 2022*)
- **Current Trajectory with Initiatives** is based on current financial performance plus estimated direct margin impacts of the identified initiatives (*presented November 2022*)



# Solving the Financial Gap

Revised with FY24 Budget

## SVH OPERATING EBDA | FY 2020 TO PROJECTED FY 2027



**FOOTNOTES:**

**Current Trajectory** is based on annual operating revenue and expense increases of 2.0% and 3.0%. Includes estimated impact of revenue enhancements generated from Epic EHR Conversion + existing initiatives implemented to support Physical Therapy growth (*presented November 2022*)

**Current Trajectory with Initiatives** is based on current financial performance plus estimated direct margin impacts of the identified initiatives (*presented November 2022*)

**New Trajectory with FY24 Budget** is based on budgeted FY24 financial performance and revised timing of identified initiatives included in SVH strategic plan

# FY24 Budget – Volumes (1 of 2)

	FY 2024 BUDGET	FY 2023 ESTIMATED ACTUAL	Variance	
			#	%
<b>Volume Information</b>				
Acute Discharges	848	810	37	4.6%
Patient Days	3,305	3,241	64	2.0%
Average Length of Stay	3.90	4.00	-0.1	-2.5%
Emergency Room Visits	10,262	9,682	580	6.0%
Surgeries - Inpatient	190	186	4	2.2%
Surgeries - Outpatient	1,935	1,728	207	12.0%

# FY24 Budget – Volumes (2 of 2)

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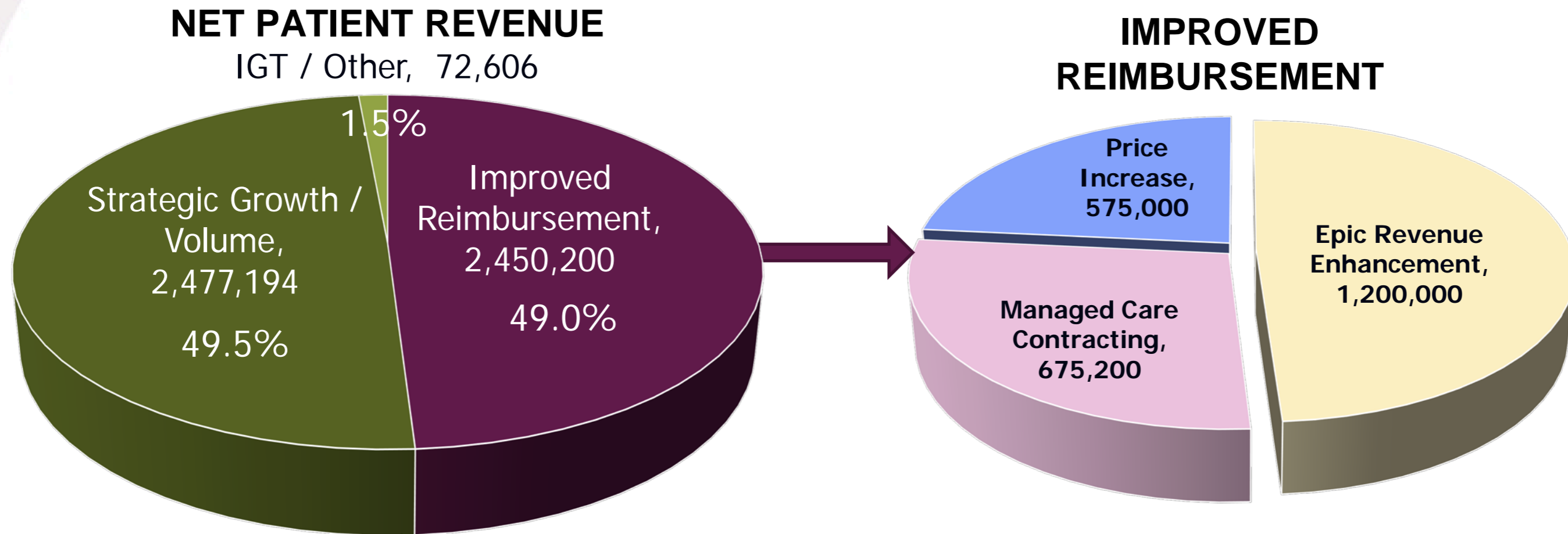
## Volume Changes Budgeted in FY24 – Strategic Growth

- **Operating Room Surgeries** | IP 2% increase, OP 12% increase
  - **ColoRectal / GI** | +150 OP surgeries
  - **Orthopedics** | +50 (6%) increase in OP surgeries
- **Physical Therapy** | 10% increase
- **MRI** | 40% increase in total MRIs (new unit operational January 2024)
- **Other Outpatient Diagnostics**
  - **CT** | 10% Increase
  - **Echo/EKG** | 3% increase
- **Emergency Room** | 6% increase

# FY24 Budget - Revenue

## Net Patient Revenue Increase | \$5.0M, 9.2%

- Increase due to Volumes / Strategic Growth | \$2.47M
- Increase due to Improved Reimbursement | \$2.45M
  - Annual Price Increase | \$575,000
  - Revenue Enhancements from Epic | \$1,200,000
  - Managed Care Contracting | \$675,200



# FY24 Budget – Expenses (1 of 4)

---

## Operating Expenses | \$3.76M, 6%

- **Salaries & Wages | \$1.5M, 6.3%**
  - Compensation Adjustments (3% Merit & Market) | \$1.01M
  - 11.3 FTE Additions | \$1.04M
    - Admitting / Registration | 2.9 FTE (dept rightsizing)
    - OP Therapy | 2.5 FTE (to support growth)
    - Geriatrics | 1.0 FTE (new program)
    - Primary Care Provider | .60 FTE (market demand - joining Family Practice clinic)
    - MRI | .60 FTE (support temp trailer volume growth)
    - FTE 'True-Ups' | 4.5 FTE
  - Traveler / Agency Reduction of 3.5 FTEs | (\$135K)

# FY24 Budget – Expenses (2 of 4)

---

- **Employee Benefits | \$324K, 3.8%**
- **Medical & Professional Fees | \$855K, 12.5%**
  - Adjustments to Physician Contracts | \$558K
    - Emergency Medicine Services (new provider)
    - Cardiology Call Services
    - Orthopedic Mid-Level Support
    - General Surgery Call Services
  - UCSF 'True-Up' of Leadership to actual
- **Supplies | \$191K, 2.5%**
- **Utilities | \$81K, 4.2%**
- **Depreciation | \$299K, 10%**
  - Epic Project on-line in FY24 (estimated depreciation)

# FY24 Budget – Expenses (3 of 4)

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- **Purchased Services | \$604,000, 11.8%**
  - Reclass from Agency Fees | \$274K
  - Supply Chain Benchmarking Tool | \$88K
  - FQHC Consultative Fees | \$75K (estimated)
  - Hospital Security Coverage | \$65K
- **Interest | (\$40,260), -9.5%**
  - HELP II Loan | \$35,000 (interest from new loan)
  - Line of Credit | (\$80,000) (projected savings from LOC paydown)
- **Insurance | (\$36,300), -5.5%**
  - Coverage lines expected increase | \$39,400
  - Malpractice Savings | (\$76,000)

# FY24 Budget – Expenses (4 of 4)

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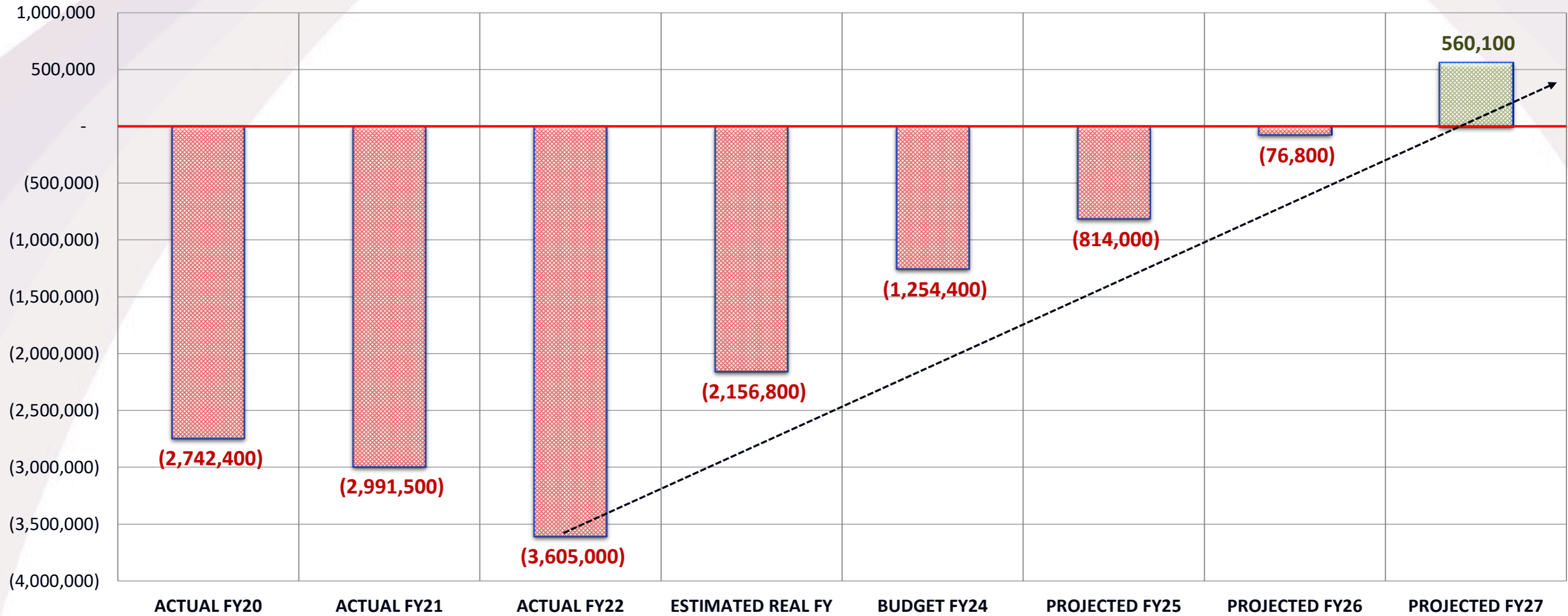
- **Other Expenses | \$115,508 10.3%**
  - Projected Leadership Recruitment Costs | \$120K
  - Incremental Marketing & Program Development | \$100K
  - Employee Retention/Referral Bonus | \$26K
  - Non-recurring Epic Costs | (\$45K)



# Operating Margin Trajectory

## SVH Operating Margin WITH Parcel Tax Revenues

### Operating Margin w Parcel Tax





**QUESTIONS / FEEDBACK**

**Sonoma Valley Hospital**  
**Master Capital Plan | FY23 - FY26**

**Prioritized Capital Projects**

Project/Equipment	Projected Cost	FY23 Actual	FY24 Projected	FY25 Projected	FY26 Projected	Project Description / Comments:
CT Epic Implementation	\$ 3,400,000	\$ 3,400,000				Costs directly related to Epic implementation (net of foundation funding)
Air Handler & Exhaust Fan	\$ 3,160,000	\$ 30,000	\$ 1,562,000	\$ 1,568,000		AH 3 has failed. Need to replace and upsize to handle load from SNF.
ODC Completion	\$ 3,000,000			\$ 3,000,000		Additional costs over ODC budget
2nd Floor Hospital / GI Clinic	\$ 1,765,000	\$ 15,000	\$ 1,750,000			To support strategic GI growth
Elevators - NPC Compliance - Replace Jacks/Doors	\$ 550,000				\$ 550,000	2030 Seismic Regulation
Enterprise Resource Planning (ERP) Implementation	\$ 500,000				\$ 500,000	Projected cost to implement new ERP system
Physical Therapy Lateral Expansion	\$ 500,000		\$ 500,000			Expand PT services in existing location   Costs TBD
Security Access - Exterior doors	\$ 250,000			\$ 250,000		Enhanced security badge access doors
Seismic Structural - SPC4D Compliance, NPC Analysis	\$ 200,000		\$ 200,000			2030 Seismic Regulation
GE Portable X-Ray Machine	\$ 150,000			\$ 150,000		End of life equipment need
Nursing - 10 Defibrillators	\$ 150,000	\$ 150,000				End of life equipment need
Hematology Analyzer (x2)	\$ 100,000		\$ 100,000			End of life equipment need - Critical
Kitchen - Cooking & Serving Table	\$ 85,000			\$ 85,000		To support enhanced nutrition and dining operations
Kronos Upgrade	\$ 82,000		\$ 82,000			Needed upgrade of SVH clocking/time & attendance system
Cardiology - Muse Interface	\$ 71,000		\$ 71,000			Needed interface for Epic
Apex Interface (UCSF/Epic)	\$ 70,000		\$ 70,000			Needed interface for Epic
Ventilators (x2)	\$ 67,000	\$ 67,000				End of life equipment need
MRI Patient Monitor	\$ 60,000		\$ 60,000			End of life equipment need
Surgical Trays	\$ 60,000		\$ 30,000	\$ 30,000		To support OR surgical growth
Elevators - Door Controls	\$ 50,000			\$ 50,000		Cost excludes permit fees
Cataract Surgery Equipment	\$ 50,000	\$ 10,000		\$ 40,000		Needed cataract surgical equipment
Sewer Pumps in the basement	\$ 40,000			\$ 40,000		Replacement of existing sewer pumps
Medivator Scopes Room Compliance	\$ 33,220	\$ 33,220				Regulatory/Compliance item
Bi Pap Machines (x2)	\$ 30,000			\$ 30,000		Equipment approaching end of life
Endoscopy Cabinet/Scopes	\$ 25,600	\$ 25,600				Replacement of endo storage cabinets and scopes   Regulatory
East Wing Pipe Replacement	\$ 25,000		\$ 25,000			Corroded pipes - critical need
Trophon Probe Disinfection - Medical Imaging	\$ 10,000			\$ 10,000		End of life replacement
Physical Therapy / OP Services Expansion	TBD	\$ 22,000	TBD	TBD	TBD	To support larger strategic growth efforts in growing PT & OP services
Campus Redevelopment	TBD			TBD	TBD	To support larger strategic growth campus redevelopment efforts
Routine Capital Pool / Contingency	\$ 600,000	\$ -	\$ 150,000	\$ 150,000	\$ 150,000	\$150,000 / year for routine capital items starting in FY24
<b>TOTAL PROPOSED CAPITAL SPENDING</b>	<b>\$ 15,083,820</b>	<b>\$ 3,752,820</b>	<b>\$ 4,600,000</b>	<b>\$ 5,403,000</b>	<b>\$ 1,200,000</b>	

\* SVH Master Capital Plan reflects projected capital expenditures funded directly by Sonoma Valley Hospital. Schedule excludes capital items and/or funding coming from Sonoma Valley Hospital Foundation.



**To:** Sonoma Valley Health Care District Board of Directors  
**From:** Ben Armfield, Chief Financial Officer  
**Date:** June 1, 2023  
**Subject:** Financial Report for April 2023

**NOTE |** Due to finalization of FY2024 budgeting efforts and preparation of materials and schedules, the financial report for April is a condensed summary. We will plan on providing our normal report with more narrative and commentary in May’s report.

**1. OVERALL PERFORMANCE:**

April was another positive month and continues a run of now 5 months in a row where operations has exceeded both budget and the prior year.

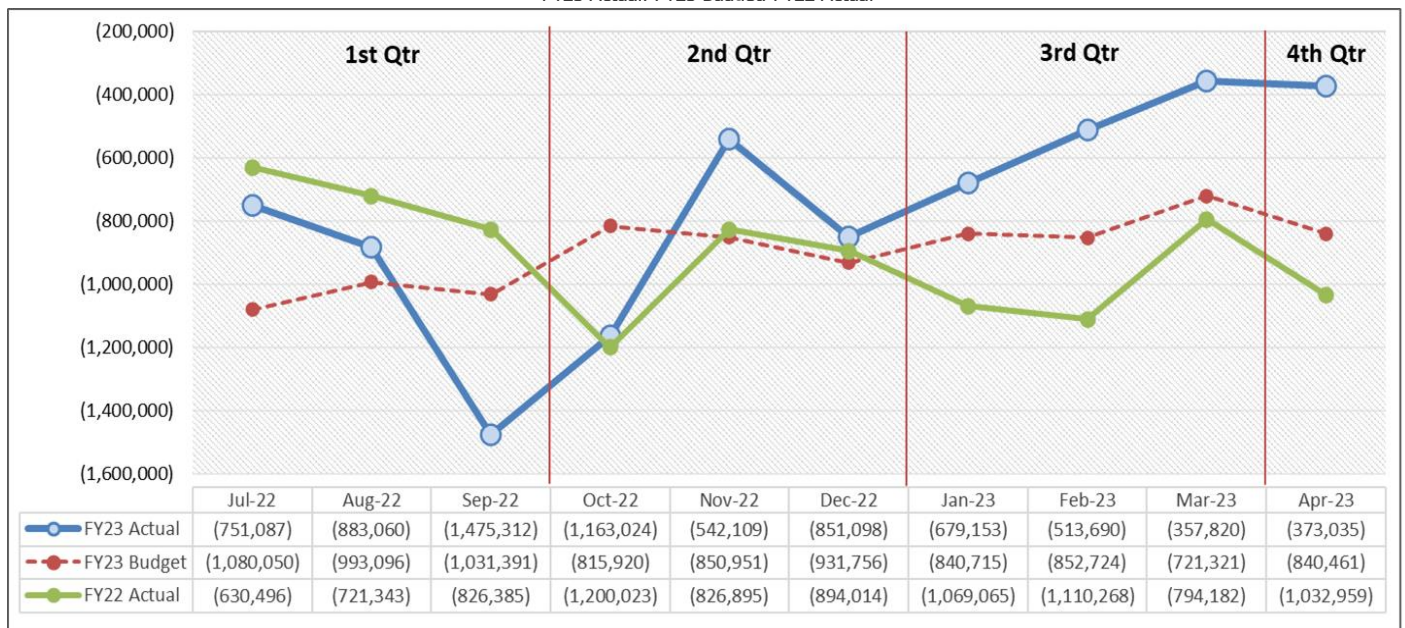
Volumes continue to remain strong. We set a fiscal year high in surgeries performed in April, which helped deliver strong patient revenues to the hospital. Net patient revenues in April exceeded budget by 7%. Operating expenses increased slightly from our recent trend and ran over budget for the month, but the variance was minimal as expenses only missed the target by 1%.

The month of April is highlighted by the cash and supplemental funding proceeds that were received. We received over \$9M in payments this past month as in the matter of weeks we received our IGT funding (\$6.0M), Parcel Tax Funds (\$1.5M), and proceeds from our HELP II Loan (\$2.0M). This surge of <anticipated> funding obviously changed our cash position significantly. The infusion of the proceeds received in April brought our Days Cash on Hand from 14.0 in March to over 62.0 in April!

We now project to end the year just under 50.0 days cash on hand, and are on track to end the year with more cash in the bank than last fiscal year.

**SVH Trended Operating Margin (excl IGT funding)**

FY23 Actual. FY23 Budget. FY22 Actual



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

	Current Year - Month				Current Year - YTD				Prior YTD			
	Actual		Budget		Actual		Budget		Actual		Budget	
			\$	%			\$	%			\$	%
Operating Margin	\$ 1,189,622	\$ (613,208)	\$ 1,802,830	294%	\$ (4,124,148)	\$ (5,141,931)	\$ 1,017,783	20%	\$ (5,653,669)	\$ 1,529,521	27%	
Operating EBDA	\$ 1,427,210	\$ (384,121)	\$ 1,811,331	472%	\$ (1,635,781)	\$ (2,851,061)	\$ 1,215,280	43%	\$ (3,323,875)	\$ 1,688,094	51%	
Net Income (Loss)	\$ 1,781,574	\$ 348,378	\$ 1,433,196	411%	\$ 3,102,224	\$ 4,498,292	\$ (1,396,068)	-31%	\$ (453,859)	\$ 3,556,083	784%	

**Table 1b | IGT Amounts in Income Statement – April 2023**

	Current Year - Month				Current Year - YTD				Prior YTD			
	Actual		Budget		Actual		Budget		Actual		Budget	
IGT Revenue	\$ 1,620,285	\$ 227,253			\$ 6,048,734	\$ 6,315,531			\$ 5,095,053			
IGT Expense	\$ (57,628)	\$ -			\$ (2,583,495)	\$ (2,499,077)			\$ (1,643,092)			
IGT Net Income	\$ 1,562,657	\$ 227,253			\$ 3,465,239	\$ 3,816,454			\$ 3,451,961			

**Table 1c | Overall Performance – April 2023 (Excluding IGT)**

	Current Year - Month				Current Year - YTD				Prior YTD			
	Actual		Budget		Actual		Budget		Actual		Budget	
			\$	%			\$	%			\$	%
Operating Margin	\$ (373,035)	\$ (840,461)	\$ 467,426	56%	\$ (7,589,387)	\$ (8,958,385)	\$ 1,368,998	15%	\$ (9,105,630)	\$ 1,516,243	17%	
Operating EBDA	\$ (135,447)	\$ (611,374)	\$ 475,927	78%	\$ (5,101,020)	\$ (6,667,515)	\$ 1,566,495	23%	\$ (6,775,836)	\$ 1,674,816	25%	
Net Income (Loss)	\$ 218,917	\$ 121,125	\$ 97,792	81%	\$ (363,015)	\$ 681,838	\$ (1,044,853)	-153%	\$ (3,905,820)	\$ 3,542,805	91%	

**2. NET REVENUE SUMMARY:**

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

	Month of April 2023					Year To Date April 2023								
	Current Year - Month		Variance			Current Year - YTD		Variance		Prior YTD		Variance		
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%			
Gross Revenue	\$ 28,173,342	\$ 26,370,718	\$ 1,802,624	7%	\$ 269,037,409	\$ 256,048,988	\$ 12,988,421	5%	\$ 241,118,577	\$ 27,918,832	12%			
Net Patient Revenue	\$ 4,283,192	\$ 3,996,942	\$ 286,250	7%	\$ 40,627,685	\$ 38,816,086	\$ 1,811,599	5%	\$ 36,937,432	\$ 3,690,253	10%			
NPR as a % of Gross	15.2%	15.2%	0%		15.1%	15.2%	0%		15.3%	-1%				
Tot Operating Revenue	\$ 4,611,030	\$ 4,101,665	\$ 509,365	12%	\$ 41,790,022	\$ 39,863,316	\$ 1,926,706	5%	\$ 37,891,568	\$ 3,898,454	10%			

**3. OPERATING EXPENSE SUMMARY:**

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

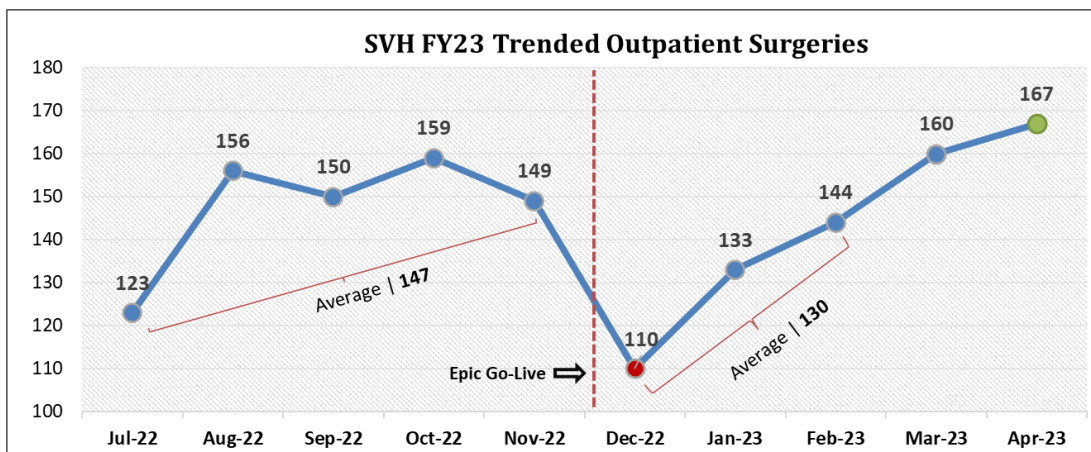
	Month of April 2023					Year To Date April 2023								
	Current Year - Month		Variance			Current Year - YTD		Variance		Prior YTD		Variance		
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%			
Operating Expenses	\$ 4,984,065	\$ 4,942,126	\$ (41,939)	-1%	\$ 49,379,410	\$ 48,821,701	\$ (557,709)	-1%	\$ 46,997,198	\$ (2,382,212)	-5%			
Worked FTEs	222.0	222.4	0.4	0%	212.8	218.9	6.1	3%	205.2	(7.6)	-4%			

#### 4. VOLUME SUMMARY:

Table 5 | Patient Volumes – April 2023

	Month of April 2023				Year To Date April 2023							
	Current Year		Variance		Current Year		Variance		Prior Year		Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%	
Acute Patient Days	258	266	(8)	-3%	2,736	2,621	115	4%	2,632	104	4%	
Average Daily Census	8.6	8.9	(0.3)	-3%	9.0	8.6	0.4	4%	8.7	0.3	4%	
Acute Discharges	67	64	3	5%	679	630	49	8%	632	47	7%	
IP Surgeries	14	13	1	8%	155	129	26	20%	124	31	25%	
OP Surgeries/Spec Proc	167	175	(8)	-5%	1,451	1,641	(190)	-12%	1,544	(93)	-6%	
<b>Total Surgeries / Procedures</b>	<b>181</b>	<b>188</b>	<b>(7)</b>	<b>-4%</b>	<b>1,606</b>	<b>1,770</b>	<b>(164)</b>	<b>-9%</b>	<b>1,668</b>	<b>(62)</b>	<b>-4%</b>	
Total Outpatient Visits	4,438	4,632	(194)	-4%	45,670	45,484	186	0%	46,644	(974)	-2%	
Total ER Visits	826	861	(35)	-4%	8,010	8,298	(288)	-3%	7,523	487	6%	

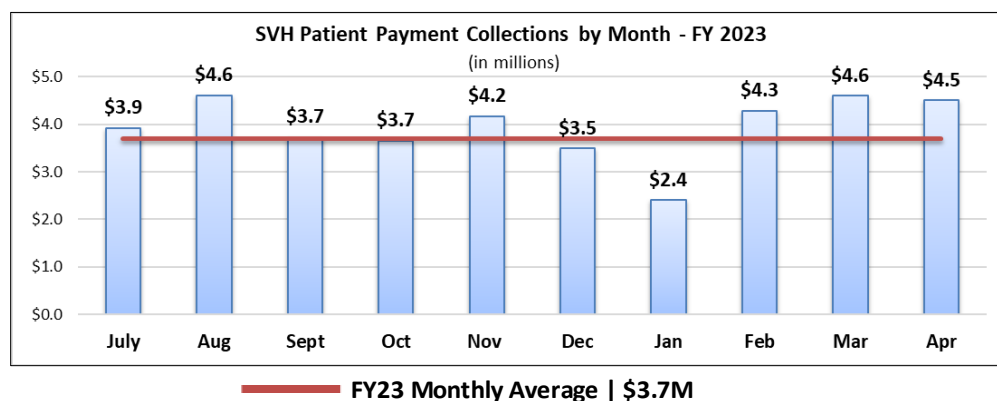
Volumes do continue to be strong. We set another fiscal year high in surgical volume in April, providing more evidence we are getting past the volume falloff caused by the Epic go-live. We continue to see increases in orthopedic and general surgeries.



#### 5. CASH ACTIVITY SUMMARY:

Table 6 | Cash / Revenue Cycle Indicators - April 2023

	Apr-23	Mar-23	Var	%
Days Cash on Hand	62.8	14.3	48.5	339%
A/R Days	55.5	55.9	(0.4)	-1%
A/P Days	62.0	56.3	5.7	10%



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**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 Cash Projection



**Sonoma Valley Hospital**  
**Payer Mix for the month of April 30, 2023**

ATTACHMENT A

Gross Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	10,609,341	9,799,091	810,250	8.3%	98,288,562	95,178,909	3,109,653	3.3%
Medicare Managed Care	4,842,609	4,406,908	435,701	9.9%	46,031,064	42,760,598	3,270,466	7.6%
Medi-Cal	5,245,532	4,405,696	839,836	19.1%	50,916,414	42,677,120	8,239,294	19.3%
Self Pay	677,586	466,245	211,341	45.3%	3,806,820	4,513,873	-707,053	-15.7%
Commercial & Other Gov't	5,876,993	6,500,723	-623,730	-9.6%	60,088,019	63,157,452	-3,069,433	-4.9%
Worker's Comp.	903,681	773,518	130,163	16.8%	9,678,164	7,575,666	2,102,498	27.8%
<b>Total</b>	<b>28,155,742</b>	<b>26,352,181</b>	<b>1,803,561</b>	<b>6.8%</b>	<b>268,809,043</b>	<b>255,863,618</b>	<b>12,945,425</b>	<b>5.1%</b>

Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	1,111,886	1,145,047	-33,160	-2.9%	10,738,234	11,120,057	-381,823	-3.4%
Medicare Managed Care	562,304	507,211	55,093	10.9%	5,430,549	4,925,754	504,795	10.2%
Medi-Cal	443,304	459,241	-15,936	-3.5%	4,281,290	4,459,890	-178,600	-4.0%
Self Pay	150,505	137,578	12,926	9.4%	1,000,166	1,336,083	-335,917	-25.1%
Commercial & Other Gov't	1,810,577	1,600,364	210,213	13.1%	17,485,961	15,541,844	1,944,117	12.5%
Worker's Comp.	204,616	147,502	57,114	38.7%	1,691,485	1,432,458	259,027	18.1%
<b>Total</b>	<b>4,283,192</b>	<b>3,996,942</b>	<b>286,250</b>	<b>7.2%</b>	<b>40,627,685</b>	<b>38,816,086</b>	<b>1,811,599</b>	<b>4.7%</b>

Payor Mix	Month			Year-to-Date		
	Actual	Budget	% Variance	Actual	Budget	% Variance
Medicare	37.7%	37.2%	1.3%	36.6%	37.2%	-1.7%
Medicare Managed Care	17.2%	16.7%	2.8%	17.1%	16.7%	2.5%
Medi-Cal	18.6%	16.7%	11.4%	18.9%	16.7%	13.6%
Self Pay	2.4%	1.8%	36.0%	1.4%	1.8%	-19.7%
Commercial & Other Gov't	20.9%	24.7%	-15.4%	22.4%	24.7%	-9.4%
Worker's Comp.	3.2%	2.9%	9.3%	3.6%	3.0%	21.6%
<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	26.0%	28.6%	-2.7%	-9.4%	26.4%	28.6%	-2.3%	-8.1%
Medicare Managed Care	13.1%	12.7%	0.4%	3.5%	13.4%	12.7%	0.7%	5.3%
Medi-Cal	10.3%	11.5%	-1.1%	-9.9%	10.5%	11.5%	-1.0%	-8.3%
Self Pay	3.5%	3.4%	0.1%	2.1%	2.5%	3.4%	-1.0%	-28.5%
Commercial & Other Gov't	42.3%	40.0%	2.2%	5.6%	43.0%	40.0%	3.0%	7.5%
Worker's Comp.	4.8%	3.7%	1.1%	29.5%	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	10.5%	11.7%	-1.2%	-10.3%	10.9%	11.7%	-0.8%	-6.5%
Medicare Managed Care	11.6%	11.5%	0.1%	0.9%	11.8%	11.5%	0.3%	2.4%
Medi-Cal	8.5%	10.4%	-2.0%	-18.9%	8.4%	10.5%	-2.0%	-19.5%
Self Pay	22.2%	29.5%	-7.3%	-24.7%	26.3%	29.6%	-3.3%	-11.2%
Commercial & Other Gov't	30.8%	24.6%	6.2%	25.1%	29.1%	24.6%	4.5%	18.3%
Worker's Comp.	22.6%	19.1%	3.6%	18.7%	17.5%	18.9%	-1.4%	-7.6%
<b>TOTAL</b>	<b>15.2%</b>	<b>15.2%</b>			<b>15.1%</b>	<b>15.2%</b>		



**SONOMA VALLEY HOSPITAL  
OPERATING INDICATORS  
For the Period Ended April 30, 2023**

**ATTACHMENT B**

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual</u> <u>04/30/23</u>	<u>Budget</u> <u>04/30/23</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>		<u>Actual</u> <u>04/30/23</u>	<u>Budget</u> <u>04/30/23</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>	<u>Prior</u> <u>Year</u> <u>04/30/22</u>
<b>Inpatient Utilization</b>								
<b>Discharges</b>								
1	47	50	(3)	Med/Surg	485	489	(4)	483
2	20	14	6	ICU	194	141	53	149
3	67	64	3	Total Discharges	679	630	49	632
<b>Patient Days:</b>								
4	154	177	(23)	Med/Surg	1,722	1,744	(22)	1,708
5	104	89	15	ICU	1,014	877	137	924
6	258	266	(8)	Total Patient Days	2,736	2,621	115	2,632
7	12	-	12	<b>Observation days</b>	152	-	152	186
<b>Average Length of Stay:</b>								
8	3.3	3.6	(0.3)	Med/Surg	3.55	3.57	(0.02)	3.5
9	5.2	6.2	(1.0)	ICU	5.23	6.20	(0.97)	6.2
10	3.9	4.2	(0.3)	Avg. Length of Stay	4.03	4.16	(0.13)	4.2
<b>Average Daily Census:</b>								
11	5.1	5.9	(0.8)	Med/Surg	5.7	5.7	(0.1)	5.6
12	3.5	3.0	0.5	ICU	3.3	2.9	0.5	3.0
13	8.6	8.9	(0.3)	Avg. Daily Census	9.0	8.6	0.4	8.7
<b>Other Utilization Statistics</b>								
<b>Emergency Room Statistics</b>								
14	826	861	(35)	Total ER Visits	8,010	8,298	(288)	7,523
<b>Outpatient Statistics:</b>								
15	4,438	4,632	(194)	Total Outpatients Visits	45,670	45,484	186	46,644
16	14	13	1	IP Surgeries	155	129	26	124
17	167	175	(8)	OP Surgeries / Special Procedures	1,451	1,641	(190)	1,544
18	264	276	(12)	Adjusted Discharges	2,849	2,671	178	2,743
19	1,017	1,147	(129)	Adjusted Patient Days	12,685	11,112	1,573	11,461
20	33.9	38.2	(4.3)	Adj. Avg. Daily Census	41.7	36.6	5.2	37.7
21	1.6879	1.4000	0.288	Case Mix Index - Medicare	1.4920	1.4000	0.092	1.4467
22	1.5436	1.4000	0.144	Case Mix Index - All payers	1.4606	1.4000	0.061	1.4229
<b>Labor Statistics</b>								
23	222	222	0	FTE's - Worked	213	219	6.1	205
24	241	245	4	FTE's - Paid	235	241	6.0	227
25	51.51	47.59	(3.93)	Average Hourly Rate	49.94	47.01	(2.93)	46.61
26	7.09	6.41	(0.69)	FTE / Adj. Pat Day	5.63	6.59	0.96	6.03
27	40.4	36.5	(3.9)	Manhours / Adj. Pat Day	32.1	37.6	5.5	34.3
28	155.7	151.8	(3.9)	Manhours / Adj. Discharge	142.9	156.3	13.4	143.5
29	23.9%	25.4%	1.6%	Benefits % of Salaries	23.8%	25.1%	1.3%	24.6%
<b>Non-Labor Statistics</b>								
30	11.7%	15.8%	4.0%	Supply Expense % Net Revenue	14.0%	16.1%	2.1%	14.9%
31	2,618	2,283	(336)	Supply Exp. / Adj. Discharge	2,287	2,336	49	2,279
32	19,089	18,088	(1,000)	Total Expense / Adj. Discharge	18,390	19,394	1,004	18,001
<b>Other Indicators</b>								
33	62.8			Days Cash - Operating Funds				
34	55.5	50.0	5.5	Days in Net AR	45.9	50.0	(4.1)	41.4
35	110%			Collections % of Cash Goal	97%			98.7%
36	62.0	55.0	7.0	Days in Accounts Payable	62.0	55.0	7.0	46.2
37	21.0%	15.2%	5.8%	% Net revenue to Gross revenue	17.4%	15.2%	2.2%	17.4%
38	31.7%			% Net AR to Gross AR	31.7%			14.7%

**Sonoma Valley Health Care District**  
**Balance Sheet**  
**As of April 30, 2023**  
**UNAUDITED**

**ATTACHMENT C**

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
<b>Assets</b>				
Current Assets:				
1	Cash	\$ 1,874,510	\$ 1,405,145	\$ 2,920,110
2	Cash - Money Market	8,350,067	1,349,370	5,844,748
3	Net Patient Receivables	9,295,766	9,543,437	6,289,515
4	Allow Uncollect Accts	(1,581,837)	(1,435,473)	(1,329,479)
5	Net A/R	7,713,929	8,107,964	4,960,036
6	Other Accts/Notes Rec	1,578,759	639,303	1,735,967
7	Parcel Tax Receivable	203,861	1,741,233	207,928
8	GO Bond Tax Receivable	906,105	906,105	1,225,217
9	3rd Party Receivables, Net	402,417	4,695,155	212,052
10	Inventory	1,088,633	1,083,944	1,034,500
11	Prepaid Expenses	810,133	761,027	927,672
12	<b>Total Current Assets</b>	<b>\$ 22,928,415</b>	<b>\$ 20,689,245</b>	<b>\$ 19,068,230</b>
13	Property, Plant & Equip, Net	\$ 56,679,223	\$ 56,740,855	\$ 52,080,041
14	Trustee Funds - GO Bonds	4,666,114	4,650,265	4,785,913
15	Designated Funds - Board Approved	-	-	1,000,000
16	<b>Total Assets</b>	<b>\$ 84,273,752</b>	<b>\$ 82,080,365</b>	<b>\$ 76,934,184</b>
<b>Liabilities &amp; Fund Balances</b>				
Current Liabilities:				
17	Accounts Payable	\$ 6,680,915	\$ 8,153,183	\$ 3,948,671
18	Accrued Compensation	4,169,775	3,939,588	4,003,079
19	Interest Payable - GO Bonds	99,460	51,758	113,609
20	Accrued Expenses	1,339,706	1,156,068	1,575,907
21	Advances From 3rd Parties	-	-	-
22	Deferred Parcel Tax Revenue	633,330	949,997	633,334
23	Deferred GO Bond Tax Revenue	414,182	621,273	463,625
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	1,500,767
27	<b>Total Current Liabilities</b>	<b>\$ 19,086,089</b>	<b>\$ 20,620,588</b>	<b>\$ 18,061,018</b>
28	Long Term Debt, net current portion	\$ 27,111,937	\$ 25,165,467	\$ 24,932,445
29	Fund Balances:			
30	Unrestricted	\$ 19,657,211	\$ 17,957,336	\$ 18,099,934
31	Restricted	18,418,515	18,336,974	15,840,787
32	<b>Total Fund Balances</b>	<b>\$ 38,075,726</b>	<b>\$ 36,294,310</b>	<b>\$ 33,940,721</b>
33	<b>Total Liabilities &amp; Fund Balances</b>	<b>\$ 84,273,752</b>	<b>\$ 82,080,365</b>	<b>\$ 76,934,184</b>

**Sonoma Valley Health Care District  
Statement of Revenue and Expenses  
For the Period Ended April 30, 2023**

ATTACHMENT D

	Month					Year-To-Date					YTD	
	This Year		Variance			This Year		Variance			Prior Year	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Prior Year			
<b>1</b>	-	-	-	#DIV/0!							632	
<b>2</b>	-	-	-	#DIV/0!							2,632	
<b>3</b>	-	-	-	0%							186	
<b>4</b>	\$ 21,031	\$ 20,257	\$ 775	4%							\$ 185,107	
	<b>Volume Information</b>											
			Acute Discharges			599	566	33	6%			632
			Patient Days			2,540	2,355	185	8%			2,632
			Observation Days			140	-	140	*			186
	\$	\$	\$		\$ 204,857	\$ 195,698	\$ 9,158	5%			\$ 185,107	
	<b>Financial Results</b>											
	<b>Gross Patient Revenue</b>											
<b>5</b>	\$ 7,142,383	\$ 6,113,805	\$ 1,028,578	17%			\$ 64,180,506	\$ 60,350,529	3,829,977	6%	\$ 55,819,037	
<b>6</b>	13,374,697	12,516,174	858,523	7%			123,072,241	121,264,241	1,808,000	1%	111,864,911	
<b>7</b>	7,656,262	7,740,739	(84,477)	-1%			81,784,662	74,434,218	7,350,444	10%	73,434,629	
<b>8</b>	\$ 28,173,342	\$ 26,370,718	\$ 1,802,624	7%			\$ 269,037,409	\$ 256,048,988	\$ 12,988,421	5%	\$ 241,118,577	
	<b>Total Gross Patient Revenue</b>											
	<b>Deductions from Revenue</b>											
<b>9</b>	(23,298,003)	(22,150,813)	(1,147,190)	-5%			\$ (226,449,222)	\$ (215,013,342)	(11,435,880)	-5%	\$ (202,298,420)	
<b>10</b>	(592,147)	(200,000)	(392,147)	-196%			(1,624,039)	(2,000,000)	375,961	19%	(1,800,000)	
<b>11</b>	-	(22,963)	22,963	100%			(336,463)	(219,560)	(116,903)	-53%	(82,725)	
<b>12</b>	1,620,285	227,253	1,393,032	613%			6,048,734	6,315,531	(266,797)	-4%	5,095,053	
<b>13</b>	\$ (22,269,865)	\$ (22,146,523)	\$ (123,342)	1%			\$ (222,360,990)	\$ (210,917,371)	\$ (11,443,619)	5%	\$ (199,086,092)	
	<b>Total Deductions from Revenue</b>											
	<b>Net Patient Service Revenue</b>											
<b>14</b>	\$ 5,903,477	\$ 4,224,195	\$ 1,679,282	40%			\$ 46,676,419	\$ 45,131,617	\$ 1,544,802	3%	\$ 42,032,485	
<b>15</b>	\$ 327,838	\$ 104,723	\$ 223,115	*			\$ 1,162,337	\$ 1,047,230	\$ 115,107	11%	\$ 954,136	
<b>16</b>	\$ 6,231,315	\$ 4,328,918	\$ 1,902,397	44%			\$ 47,838,756	\$ 46,178,847	\$ 1,659,909	4%	\$ 42,986,621	
	<b>Total Operating Revenue</b>											
	<b>Operating Expenses</b>											
<b>17</b>	\$ 2,117,939	\$ 1,992,548	(125,391)	-6%			\$ 20,338,331	\$ 19,629,839	(708,492)	-4%	\$ 18,342,567	
<b>18</b>	727,690	715,801	(11,889)	-2%			7,111,370	6,966,653	(144,717)	-2%	6,913,587	
<b>19</b>	\$ 2,845,629	\$ 2,708,349	(137,280)	-5%			\$ 27,449,701	\$ 26,596,492	(853,209)	-3%	\$ 25,256,154	
<b>20</b>	\$ 538,926	\$ 597,981	59,055	10%			\$ 5,629,584	\$ 5,973,253	343,669	6%	\$ 5,756,810	
<b>21</b>	691,531	629,695	(61,836)	-10%			6,516,825	6,238,955	(277,870)	-4%	6,250,812	
<b>22</b>	341,292	469,602	128,310	27%			4,170,362	4,494,589	324,227	7%	4,296,598	
<b>23</b>	237,588	229,087	(8,501)	-4%			2,488,367	2,290,870	(197,497)	-9%	2,329,794	
<b>24</b>	93,898	109,168	15,270	14%			1,611,529	1,260,870	(350,659)	-28%	1,238,343	
<b>25</b>	53,384	52,833	(551)	-1%			551,723	528,330	(23,393)	-4%	514,703	
<b>26</b>	98,593	18,703	(79,890)	-427%			430,901	182,838	(248,063)	*	164,303	
<b>27</b>	83,224	126,708	43,484	34%			530,416	1,255,504	725,088	58%	1,189,681	
<b>28</b>	57,628	-	(57,628)	*			2,583,495	2,499,077	(84,418)	3%	1,643,092	
<b>29</b>	\$ 5,041,693	\$ 4,942,126	\$ (99,567)	-2%			\$ 51,962,905	\$ 51,320,778	\$ (642,127)	-1.3%	\$ 48,640,290	
	<b>Operating expenses</b>											
<b>30</b>	\$ 1,189,622	\$ (613,208)	\$ 1,802,830	294%			\$ (4,124,148)	\$ (5,141,931)	\$ 1,017,783	20%	\$ (5,653,669)	
	<b>Operating Margin</b>											

**Sonoma Valley Health Care District  
Statement of Revenue and Expenses  
For the Period Ended April 30, 2023**

ATTACHMENT D

	Month					Year-To-Date				YTD
	This Year		Variance			This Year		Variance		Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%	
<b>31</b>	\$ (13,347)	\$ (12,971)	(376)	*	Miscellaneous Revenue/(Expenses)	\$ 53,725	\$ (131,365)	185,090	*	\$ (103,106)
<b>32</b>	-	-	-	0%	Donations	-	-	-	0%	26,864
<b>33</b>	-	-	-	*	Physician Practice Support-Prima	-	-	-	*	0
<b>34</b>	316,667	316,667	-	0%	Parcel Tax Assessment Rev	3,166,670	3,166,670	-	0%	3,166,670
<b>35</b>	-	-	-	0%	Extraordinary Items	-	-	-	0%	(97,933)
<b>36</b>	<u>\$ 303,320</u>	<u>\$ 303,696</u>	<u>(376)</u>	<u>0%</u>	<b>Total Non-Operating Rev/Exp</b>	<u>\$ 3,220,395</u>	<u>\$ 3,035,305</u>	<u>185,090</u>	<u>6%</u>	<u>\$ 2,992,495</u>
<b>37</b>	<u>\$ 1,492,942</u>	<u>\$ (309,512)</u>	<u>1,802,454</u>	<u>*</u>	<b>Net Income / (Loss) prior to Restricted Contributions</b>	<u>\$ (903,753)</u>	<u>\$ (2,106,626)</u>	<u>1,202,873</u>	<u>57%</u>	<u>\$ (2,661,174)</u>
<b>38</b>	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -
<b>39</b>	\$ 81,541	\$ 493,593	(412,052)	0%	Restricted Foundation Contributions	\$ 2,368,336	\$ 4,966,140	(2,597,804)	100%	\$ 623,231
<b>40</b>	<u>\$ 1,574,483</u>	<u>\$ 184,081</u>	<u>1,390,402</u>	<u>755%</u>	<b>Net Income / (Loss) w/ Restricted Contributions</b>	<u>\$ 1,464,583</u>	<u>\$ 2,859,514</u>	<u>(1,394,931)</u>	<u>-49%</u>	<u>\$ (2,037,943)</u>
<b>41</b>	207,091	164,297	42,794	26%	GO Bond Activity, Net	1,637,641	1,638,778	(1,137)	0%	1,584,084
<b>42</b>	<u>\$ 1,781,574</u>	<u>\$ 348,378</u>	<u>1,433,196</u>	<u>-411%</u>	<b>Net Income/(Loss) w GO Bond Activity</b>	<u>\$ 3,102,224</u>	<u>\$ 4,498,292</u>	<u>(1,396,068)</u>	<u>-31%</u>	<u>\$ (453,859)</u>
	\$ 1,730,530	\$ (80,425)	1,810,955		<b>EBDA - Not including Restricted Contributions</b>	\$ 1,584,614	\$ 184,244	1,400,370		\$ (331,380)
	<u>\$ 1,427,210</u>	<u>\$ (384,121)</u>	<u>1,811,331</u>	<u>472%</u>	<b>Operating EBDA - Not including Restricted Contributions</b>	<u>\$ (1,635,781)</u>	<u>\$ (2,851,061)</u>	<u>1,215,280</u>	<u>43%</u>	<u>\$ (3,323,875)</u>

Sonoma Valley Hospital  
Cash Forecast  
FY 2023

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Actual Mar	Actual 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	4,595,033	3,686,973	4,500,000	4,900,000	47,979,685
Other Operating Revenue	19,072	182,649	33,561	250,527	23,522	40,390	43,299	222,918	65,455	376,174	104,723	104,732	1,467,023
Other Non-Operating Revenue	10,204	12,925	10,096	11,916	10,007	11,764	10,501	17,591	7,906	9,810	10,801	10,806	134,328
Unrestricted Contributions				3,200	2,051	202	5,829	285	1,920	4,362			17,848
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>4,670,313</b>	<b>4,077,319</b>	<b>4,615,524</b>	<b>5,015,538</b>	<b>49,598,884</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	4,193,763	4,845,190	5,014,467	5,159,475	58,253,789
Add Capital Lease Payments	13,501	13,354	13,280	13,354	45,386	55,162	45,517	33,948	58,750	55,531			347,782
Line of Credit Payment												750,000	750,000
Capital Expenditures	774,009	749,295	117,435	170,157	216,084	418,400	269,571	50,333	277,411	1,177,179	750,000	500,000	5,469,875
<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>4,529,924</b>	<b>6,077,900</b>	<b>5,764,467</b>	<b>6,409,475</b>	<b>64,821,446</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>140,390</b>	<b>(2,000,581)</b>	<b>(1,148,943)</b>	<b>(1,393,937)</b>	<b>(15,222,562)</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	-	(7,000,000)			(500,000)
Restricted Capital Donations	210	696,111	1,483	259,524	125,306	377,052	530,877	29,019	269,654	77,179			2,366,416
Parcel Tax Revenue	192,601					2,058,767		-		1,537,372			3,788,739
Other Payments - Ins. Claims/HHS/Grants/Loans													-
Other:													-
IGT - RATE RANGE (CY 2021)										4,519,302			4,519,302
IGT - AB915 (FY 21/22)												150,000	150,000
IGT - QIP (PY 4/CY21)					17,290					1,393,721			1,411,011
IGT - AB 113												100,000	100,000
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>269,654</b>	<b>2,527,574</b>	<b>-</b>	<b>250,000</b>	<b>14,586,127</b>
<b>Non-Hospital Uses of Cash</b>													
Matching Fees						3,642		2,214,224		57,627	20,784		2,296,277
<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>57,627</b>	<b>20,784</b>	<b>-</b>	<b>2,296,277</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>269,654</b>	<b>2,469,947</b>	<b>(20,784)</b>	<b>250,000</b>	<b>12,289,851</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>410,044</b>	<b>469,365</b>	<b>(1,169,727)</b>	<b>(1,143,937)</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	1,405,145	1,874,510	704,783	
<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>1,405,145</b>	<b>1,874,510</b>	<b>704,783</b>	<b>(439,154)</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	1,349,026	1,349,370	8,349,370	8,349,370	8,349,370	
<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>2,344,128</b>	<b>2,754,515</b>	<b>10,223,881</b>	<b>9,054,153</b>	<b>7,910,217</b>	
<b>Average Days of Cash on Hand</b>													
Average Days of Cash on Hand	54.2	45.1	35.2	30.2	28.8	24.6	19.0	15.1	17.7	62.8			
<b>Days of Cash on Hand at End of Month</b>													
Days of Cash on Hand at End of Month	53.8	42.0	34.1	31.1	27.9	24.5	18.5	14.3	16.9	65.4	56.0	46.0	