



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

AGENDA

THURSDAY, JULY 6, 2023

CLOSED SESSION 5:00 P.M.

REGULAR SESSION 6:00 P.M.

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

To participate via Zoom videoconferencing, use the link below:

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 mcrayton@sonomavalleyhospital.org at least 48 hours prior to the meeting.</p>	RECOMMENDATION		
AGENDA ITEM			
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p>1. CALL TO ORDER</p>	<i>Bjorndal</i>		
<p>2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p>3. PUBLIC COMMENT ON CLOSED SESSION</p>			
<p>4. CLOSED SESSION <u>Government Code Sect. 54957:</u> Public Employee Performance Evaluation</p>			

5. REPORT ON CLOSED SESSION	<i>Bjorndal</i>	Inform	
6. BOARD CHAIR COMMENTS	<i>Bjorndal</i>		
7. CONSENT CALENDAR a. Board Minutes 06.01.23 b. Joint Board/Finance Committee Minutes 05.23.23 c. Regular Finance Committee Minutes 05.23.23 d. Quality Committee Minutes 05.24.23 e. Medical Staff Credentialing f. Policies and Procedures	<i>Bjorndal</i>	Action	Pages 3-5 Pages 6-7 Pages 8-9 Pages 10-13 Pages 14-29
8. ARMANINO FY 2024 BUDGET FOLLOW-UP	<i>Armfield</i>	Inform	Page 30
9. FINANCIALS FOR MONTH END MAY 2023	<i>Armfield</i>	Inform	Pages 31-40
10. RECOMMENDATIONS FROM CEO COMPENSATION COMMITTEE • APPROVE CEO GOALS FOR FY 2024 • APPROVE RECOMMENDATION FOR CEO SALARY ADJUSTMENT FOR FY 2024 • APPROVE RECOMMENDATION FOR CEO INCENTIVE COMPENSATION FOR FY 2023	<i>Bjorndal</i>	Action	Pages 41-42 Pages 43-45 Pages 46-47
11. CEO REPORT	<i>Hennelly</i>	Inform	Pages 48-49
12. QUALITY COMMITTEE QUARTERLY REPORT	<i>Kornblatt Idell</i>	Inform	Pages 50-53
13. CMO UPDATE	<i>Sankaran</i>	Inform	Pages 54-59
14. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform	Page 60
15. BOARD COMMENTS	<i>Board Members</i>	Inform	
16. ADJOURN	<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, JUNE 1, 2023

HELD IN PERSON AT 177 FIRST STREET WEST, SONOMA,
AND VIA ZOOM TELECONFERENCE

	RECOMMENDATION	
SONOMA VALLEY HOSPITAL BOARD MEMBERS 1. Judith Bjorndal, MD, Chair, Present 2. Susan Kornblatt Idell, First Vice Chair, Present 3. Denise M. Kalos, Second Vice Chair, Absent 4. Bill Boerum, Treasurer, Via Zoom 5. Wendy Lee Myatt, Secretary, Present		
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	<i>Bjorndal</i>	
Meeting called to order at 6:03 p.m.		
2. PUBLIC COMMENT		
None.		
3. REPORT ON CLOSED SESSION OF MAY 17, 2023	<i>Bjorndal</i>	
Dr. Bjorndal stated that there was a discussion regarding a trade secret. No decisions were made.		
4. BOARD CHAIR COMMENTS	<i>Bjorndal</i>	
Dr. Bjorndal said that she had recently attended several community-based events including a BBQ during national hospital week at SVH.		
5. CONSENT CALENDAR	<i>Bjorndal</i>	Action
a) Board Minutes 05.04.23 b) Finance Committee Minutes 04.25.23 c) Quality Committee Minutes 04.26.23 d) Medical Staff Credentialing and approval of Dr. Andrew Desruisseau as Infectious Disease Medical Director e) Policy and Procedures		MOTION: by Kornblatt Idell to approve, 2 nd by Lee Myatt. All in favor.
6. SVHF ANNUAL UPDATE	<i>Pier</i>	Inform
Mr. Dave Pier presented the annual update on the Sonoma Valley Hospital Foundation. Mr. Pier stated that the Foundation's efforts have been heavily stakeholder and community focused particularly because it is important to have the "story" told through the eyes of the community members. He went on to highlight SVHF's progress to date including work on a digital donor wall for the hospital lobby. Mr. Pier also discussed his hopes to continue to maintain a strong working relationship with hospital leadership. Finally, it was noted that SVHF's current strategic initiatives include continued fundraising for the hospital's capital and service needs.		

7. CEO REPORT	<i>Boerum</i>	Inform
<p>The CEO Report is as submitted. Mr. Hennelly distributed the 2023 and Beyond Strategic Plan Booklet and the Sonoma Valley Mental Health Resource Guide. Mr. Hennelly then discussed the affiliation with UCSF, noting the recent development of a project team to conduct analysis of SVH/UCSF data. Results are expected in early July.</p> <p>CDPH will be conducting an audit to address the 2020 cyber-attack. It is expected that results will validate that the event has been resolved and solutions have been put in place to mitigate potential weaknesses going forward.</p> <p>Lastly, the performance scoreboard has been enhanced to include areas of improvement. Mr. Hennelly noted that this is an effort to continue to strive for perfection.</p>		
8. APPOINTMENT OF CEO COMPENSATION COMMITTEE	<i>Bjorndal</i>	Inform
<p>Dr. Bjorndal announced that she and Board Member Denise Kalos will lead this year's CEO Compensation Committee (Wendy Lee Myatt will serve as alternate member if needed). The Committee will assess the CEO's progress on current goals to date and set goals for 2024. This and other topics will be discussed at the upcoming Board Retreat on Wednesday, June 7th. The Board will then review recommendations on CEO goals at the July Board of Directors Meeting.</p>		
9. CMO REPORT	<i>Sankaran</i>	Inform
<p>Dr. Sankaran provided her updates including introduction of the Age Friendly Health System. This is a hospital-based program that will provide high quality care consistent with geriatric best practices. In addition, Dr. Sankaran announced that a Geriatric Nurse Practitioner had been hired. She then announced service line developments, an e-ICU program from Benchmark Hospital group expected to start in early October, a telepsych consultation program to be initiated in August, and a diabetes collaboration with La Luz Center. Lastly, Dr. Sankaran informed the Board of recent medical staff nominations.</p>		
10. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform
<p>Mr. Hennelly stated that the affiliation matrix is currently up-to-date. Additionally, recruiting efforts for GI and Orthopedics have been progressing, and there have been discussions with some organizations about ICU coverage. The Board mentioned the need to re-visit the current affiliation agreement as the 3rd year anniversary of the initial agreement is approaching. It was then requested that the matter be calendared for discussion at the June 7th Board of Directors Retreat.</p>		
11. JOINT BOARD/FINANCE COMMITTEE MEETING UPDATE	<i>Boerum</i>	Inform

Ms. Boerum provided an overview of the May 23 rd Joint Board of Directors/Finance Committee Meeting. The proposed FY 2024 budget was presented to Board and Committee members for informational purposes. There was then a discussion around marketing funding allocations and increasing the marketing budget for the upcoming fiscal year. Mr. Boerum asked Board members if they would be open to considering an enhanced marketing budget. He then made a formal motion to increase the marketing budget by 50k to a total of 150k. The Board asked staff to develop a plan on how additional funding will be used. The revised marketing plan will be presented at the July Board of Directors Meeting. Mr. Boerum withdrew his motion pending approval of an updated marketing plan.		
12. APPROVE FY 2024 BUDGET	<i>Armfield</i>	Approve
Mr. Armfield presented the FY 2024 budget providing a high-level comparison of dollars and percentages. There was a 9% increase in net patient revenue and overall improved reimbursement. Potential risks center around the impact of the ongoing labor and nursing shortage and timing of the MRI project given the dependencies on external factors the hospital cannot control. Mr. Armfield stated that overall, he feels good about meeting budget assumptions for the upcoming fiscal year.		MOTION: by Boerum to approve, 2 nd by Lee Myatt. All in favor.
13. CAPITAL SPENDING PLAN	<i>Armfield</i>	Inform
Mr. Armfield discussed the total proposed capital spending plan for FY 23 -FY 26. He stated that most spending will be focused on replacing critical equipment near end-of-life and building infrastructure improvement.		MOTION: by Lee Myatt to approve, 2 nd by Bjorndal. All in favor.
14. FINANCIALS FOR MONTH END APRIL 2023	<i>Armfield</i>	Inform
Mr. Armfield reported that the month of April again exceeded budget and continues to surpass the previous year's numbers. Highlights include over \$9M in payments received from IGT funding (\$6.0M), Parcel Tax Funds (\$1.5M), and proceeds from the HELP II Loan (\$2.0M).		
15. BOARD COMMENTS	<i>Board Members</i>	Inform
None.		
16. ADJOURN	<i>Chair</i>	
Adjourned at 7:28 p.m.		



**SVHCD
JOINT BOARD OF DIRECTORS AND
FINANCE COMMITTEE MEETING
MINUTES**

**TUESDAY, MAY 23, 2023
5:00 P.M.**

**In Person at Sonoma Valley Hospital
347 Andrieux Street
and Via Zoom Teleconference**

Present	Not Present/Excused	Staff	Public	
Judith Bjorndal, M.D., SVHCD Board Chair, in person Bill Boerum, SVHCD Finance Committee Chair, in person Wendy Lee Myatt, Member, SVHCD Board of Directors and SVHCD Finance Committee, in person Susan Kornblatt Idell, Member, SVHCD Board of Directors, in person Peter Hohorst, Member, SVHCD Finance Committee, in person Ed Case, Member, SVHCD Finance Committee, in person Bob Crane, Member, SVHCD Finance Committee, in person Graham Smith, Member, SVHCD Finance Committee, via Zoom Catherine Donahue, Member, SVHCD Finance Committee, via Zoom Subhash Mishra, MD, Member, SVHCD Finance Committee, via Zoom	Denise Kalos, Member, SVHCD Board of Directors Carl Gerlach, Member, SVHCD Finance Committee	John Hennelly, CEO, via Zoom Ben Armfield, CFO, in person Jessica Winkler, via Zoom Lynn Mckissock via Zoom Kimberly Drummond, via Zoom David Pier, via Zoom Dawn Kuwahara, via Zoom	Brian Sackstein, Partner, Armanino, LLP, via Zoom	
AGENDA ITEM	DISCUSSION		ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Bjorndal</i>			

	Called to order at 5:02 p.m.		
2. PUBLIC COMMENT SECTION	None		
3. REVIEW AND RECOMMEND FY 2023/2024 BUDGET PROPOSAL	<i>Armfield</i>	Inform	
	Mr. Armfield presented the FY 2024 budget. He stated that there would be a 9% increase in net patient revenue, and overall improved reimbursement. He then discussed potential budget risks including the impact of the ongoing labor and nursing shortages. Overall, Mr. Armfield stated that he is confident that budget assumptions will be met for the upcoming fiscal year. Following Mr. Armfield's presentation, there was general discussion on a number of points as well as questions and clarifications sought by Board members and Finance Committee members of CEO Hennesly and CFO Armfield. No changes were requested.		
4. ADJOURN	<i>Bjorndal</i>		
	Meeting adjourned at 6:10 p.m.		



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES**

**TUESDAY, MAY 23, 2023
6:00 pm**

**In Person at Sonoma Valley Hospital
347 Andrieux Street
and Via Zoom Teleconference**

Present	Not Present/Excused	Staff	Public	
Bill Boerum in person Wendy Lee Myatt in person Peter Hohorst in person Ed Case in person Bob Crane in person Graham Smith via Zoom Catherine Donahue via Zoom Subhash Mishra, MD, via Zoom	Carl Gerlach	Ben Armfield, CFO, in person	Dennis Bloch, in person	
AGENDA ITEM	DISCUSSION		ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Boerum</i>			
	Called to order at 6:11 p.m.			
2. PUBLIC COMMENT SECTION	None			
3. CONSENT CALENDAR	<i>Boerum</i>		Action	
a. Finance Committee Minutes 04.25.23			MOTION: by Lee-Myatt to approve, 2 nd by Crane. All in favor.	
4. REVIEW AND RECOMMEND FY 2023/2024 BUDGET PROPOSAL	<i>Armfield</i>		Action	
	Mr. Armfield presented the FY 2024 budget highlighting a 9% increase in net patient revenue, and improved reimbursement.		MOTION: by Case to recommend to the	

	He then highlighted potential risks of the FY24 budget, which included the impact of the ongoing labor and nursing shortage, the timing of the MRI project given the dependencies on external factors the hospital cannot control, and timing related to the recruitment of a Gastroenterologist. Overall, Mr. Armfield stated that he is confident that budget assumptions will be met for the fiscal year.	Board that they approve the FY 2024 budget proposal. 2 nd by Smith. All in favor.	
5. ODC UPDATE	<i>Hennelly</i>	Inform	
	Postponed. Update expected at 6.1.23 Board meeting.		
6. EPIC UPDATE	<i>Hennelly</i>	Inform	
	Postponed. Update expected at 6.1.23 Board meeting		.
7. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform	
	Postponed. Presentation expected at 6.1.23 Board meeting. The Committee also requested a review of the current extension agreement with UCSF. Staff will follow-up with the committee regarding next steps.		
8. FINANCIAL REPORT FOR MONTH END APRIL 2023	<i>Armfield</i>	Inform	
	Mr. Armfield stated that April was another positive month and continues a run of now five months in a row where financial performance from operations has exceeded both budget and the prior year.	Inform	
9. ADJOURN	<i>Boerum</i>		
	Meeting adjourned at 6:49 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

May 24, 2023, 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
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 Dave Young, Director of Diagnostic Services,

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	
	Meeting called to order at 5:02 p.m.	
2. PUBLIC COMMENT	<i>Kornblatt Idell</i>	
	None	
3. CONSENT CALENDAR	<i>Kornblatt Idell</i>	Action
<ul style="list-style-type: none"> QC Minutes 04.26.23 		MOTION: by Snyder to approve, 2 nd by Beebe. All in favor.
4. IMAGING QA/PI	<i>Young</i>	Inform
	Dave Young, Director of Diagnostic Services provided an update on Diagnostic Services which included an overview of the 2023 CIHQ Quality Measures and Stroke Program performance improvement.	
5. QUALITY INDICATOR PERFORMANCE PLAN	<i>Cooper</i>	Inform

	Ms. Cooper shared the quality indicator performance for the month of April 2023. She mentioned that there was an increase in re-admissions for the month. Staff will meet with nursing facilities to discuss an improvement plan.	
6. CENTER FOR IMPROVEMENT IN HEALTHCARE QUALITY CORRECTIVE ACTION PLAN	<i>Cooper</i>	Inform
	Ms. Cooper presented and discussed the recent CIHQ accreditation visit and corrective action plan. The corrective action plan to address the statement of deficiencies was submitted and had been formally accepted as of May 6 th . Board Quality will be presented monthly the progress of the corrective action plan. Ms. Cooper went on to enthusiastically announce that the hospital had been re-accredited by the Center for Improvement in Healthcare Quality for the next three years.	
7. POLICIES AND PROCEDURES	<i>Cooper</i>	Inform
	<p>Summaries of changes were reviewed for the following policies:</p> <p><u>NEW</u> International Dysphagia Diet Standardization Initiative (IDDSI) Nutrition Orders Crosswalk MRI With Contrast - Containing Gadolinium</p> <p>AccuChek Inform II Glucose Monitoring System Amended Reports 7500-02 Approved Reference Labs 7500-06 Audibility of Clinical Monitoring Intervention Alarm Systems Automatic Stop Orders Care of Unassigned Unaffiliated Metabolic Bariatric Surgery Patients Code Grey - Aggressive Behavior Management Code Silver - Hostage-Active Shooter Damaged Equipment, Management of</p>	

	<p>Diet Manual Diet Office-Dietitian Availability Documentation in the Intensive Care Unit General Rules for the Safe Use of Radioactive Material new template 7630-151 Hot Lab Requirements 7630-153 Informed Consent Interpreter Services Line Draws Maggot Debridement Therapy Management of Patients in Corridor Locations PC8610-144 Nuclear Medicine Department Security Nuclear Medicine Equipment Calibrations Nuclear Medicine Procedures Nuclear Medicine Safety Measures Nuclear Medicine Studies 7630-187 Nutritional Products Patient's Own Medication Procedure 8390-07 Patient's Rights to Visitation Personnel Responsibility and Accountability 7500-42 Pulmonary Function Testing Recording Nutritional Information in the Medical Records Recording Thermometer Documentation, Failure and Back Up Scope of Services Surgical Case Review Use of Medication Not Procured by the Facility Utilization Review Plan Vapotherm High Flow System Visits, Admissions, Readmissions, Transfers Through the Emergency Department</p>	
<p>8. CLOSED SESSION/REPORT ON CLOSED SESSION</p>	<p><i>Kornblatt Idell</i></p>	<p>Action</p>
<p>a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report</p>	<p>Medical Staff Credentialing was reviewed and approved. In addition, there was a motion to approve Dr. Andrew Desruisseau as the Infectious Disease Medical Director.</p>	<p>MOTION: by Bjorndal to approve, 2nd by Mainardi. All in favor.</p>

	Dr. Desruisseau will oversee the Infection Control Program and the Antimicrobial Stewardship Program.	
9. ADJOURN	<i>Kornblatt Idell</i>	
	Meeting adjourned at 6:19 p.m.	

Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

Report Parameters

Filtered by: Document Set: - All Available Document Sets -
Committee: 07 BOD-Quality (P&P Review)
Include Current Tasks: Yes
Include Upcoming Tasks: No

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 72

Committee: 07 BOD-Quality (P&P Review)

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

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Authorized Access to Medication Storage Areas <i>Medication Management Policies (MM)</i>	Pending Approval	6/15/2023	5
<p>Summary Of Changes: Added verbiage to better define role of radiology and ultrasound techs.</p> <ul style="list-style-type: none"> Radiology, Ultrasound, and Interventional Radiology Technologists (Includes retrieval of contrast and other non-controlled medications for the purpose of administration by practitioners licensed to do so) <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Kutza, Chris (ckutza)</p> <p>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)</p>			
Carbohydrate Consistent Diet NU8340-176 NEW <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
<p>Summary Of Changes: RETIRE:: Policy not needed, all information in policy is included in diet manual and diet manual policy refers to diet manual for therapeutic diet guidelines. Propose retiring policy</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Finn, Bridget (bfinn)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 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)</p>			
Code Blue-Broselow Carts and Emergency Medications <i>Emergency Code Alerts Policies</i>	Pending Approval	6/15/2023	5
<p>Summary Of Changes: Added Dextrose 10% 250ml bag to contents list for drawers 2, 3, & 4 to comply with CMS survey finding.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Kutza, Chris (ckutza), Winkler, Jessica (jwinkler)</p> <p>ExpertReviewers: Kutza, Chris (ckutza), Safety Committee</p> <p>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)</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

Competency Assessment 7500-08 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Posted 42CFR493.1489(b)2 Testing Personnel qualification reference		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	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)		
Creutzfeldt-Jakob Disease Human Prion Disease <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Added current revised date, deleted any employee names in IP section, updated reviewers.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Montecino, Stephanie (smontecino)		
ExpertReviewers:	Sankaran, Sujatha (ssankaran)		
Approvers:	Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Critical Value Reporting 7500-12 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Updated Documentation log to reflect Comm Log used in Epic Removed Dr. Cohen and associated phone numbers		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	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)		
Diet Manual Policy <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Reviewed, no changes needed.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Drug-Nutrient Interactions <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Removed reference to brochure that is no longer being utilized for patient education. Included that education and teaching on drug and nutrient interactions will be provided as deemed necessary by physician, nursing, pharmacy or registered dietitian. Removed specific location source for information to be provided to patients.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy &		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Dry Storage	Pending Approval	6/15/2023	5
<i>Food & Nutrition Services Dept Policies</i>			
Summary Of Changes:	Removed that all items expiring within 3 months will be placed in separate area,		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Emergency Release of Blood Products 7500-17	Pending Approval	6/15/2023	5
<i>Clinical Lab Dept</i>			
Summary Of Changes:	Removed GANN form information- not required for ER patient. Removed Blood Bank Worksheet review- not necessary during emergency release of blood product Correction of Abbreviations Correction of Staff Title		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	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)		
Food Nutrition Disaster Plan 8340-109	Pending Approval	6/15/2023	5
<i>Food & Nutrition Services Dept Policies</i>			
Summary Of Changes:	Updated policy to reflect use of Meals for All Emergency food. This is a dehydrated product that has taken the place of our previous emergency meal plan. Removed previous emergency menu plan, instructions on therapeutic diet preparations and inventory as this is no longer applicable. Removed name of thickener stored in emergency supply and updated to reflect commercial thickener will be stored with emergency food supply for use for patients on diets with thickened liquids. Included that instructions for reconstitution of Meals for All emergency food will be stored with emergency food supply in room C-1227, added inventory of Meals for All products on hand.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Food Preparation and Service	Pending Approval	6/15/2023	5
<i>Food & Nutrition Services Dept Policies</i>			
Summary Of Changes:	Removed that raw fruits and vegetable will be sanitized after washing. The CDC and the FDA recommend that soap, detergent or commercial produce wash not be used.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

Food Safety, Hand washing, and Sanitation Standards <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
<p>Summary Of Changes: Added that food may be thawed under cold running water (appropriate method per food code), changed responsibility for direct oversight of safe food handling practices from Clinical Nutrition Manager to Registered Dietitian, included that cloth towel must not be used to dry hands after washing.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Finn, Bridget (bfinn)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Laboratory Fax 7500-26 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
<p>Summary Of Changes: Correction of process, clarification of abbreviation</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramos, Karen (kramos)</p> <p>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)</p>			
Laboratory Specific Disaster Plan 7500-28 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
<p>Summary Of Changes: Correction of Title Changes and notification of events.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramos, Karen (kramos)</p> <p>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)</p>			
Manual Entry Review 7500-30 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
<p>Summary Of Changes: Removed Manual Entry Test report printing procedure. Moved to internal lab policy. expanded abbreviations Corrected Staff Title</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Ramos, Karen (kramos)</p> <p>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)</p>			
Menu Analysis <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
<p>Summary Of Changes: Removed address of Food and Nutrition Board of the National Research Council, National Academy of Sciences, removed specific source for nutrient information to allow for information from multiple sources, removed that standardized tray will be selected for patients who have not chosen their menu (choice menu not currently in use)</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

2/22/23: Modified to include mention of both patients and residents and to include that meals will be provided in accordance with physician's order

Moderators: Newman, Cindi (cnewman)

Lead Authors: Finn, Bridget (bfinn)

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

Menu Identification, Tray Service, and Preparation

Pending Approval

6/15/2023

5

Food & Nutrition Services Dept Policies

Summary Of Changes: **Removed verbiage regarding select menu. Patient select menus are not currently being utilized. Removed that unit secretary transmits diet order to Food and Nutrition services, updated to indicate that it is transmitted via electronic medical record system**

Moderators: Newman, Cindi (cnewman)

Lead Authors: Finn, Bridget (bfinn)

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

Method Validation of Analytical Procedures 7500-32

Pending Approval

6/15/2023

5

Clinical Lab Dept

Summary Of Changes: **Calibration steps defined, Clarification of Abbreviations**

Moderators: Newman, Cindi (cnewman)

Lead Authors: 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)

Mission Statement

Pending Approval

6/15/2023

5

Food & Nutrition Services Dept Policies

Summary Of Changes: **Removed use of "stop light" program to identify foods as green, yellow, red. This is not a current practice**

Moderators: Newman, Cindi (cnewman)

Lead Authors: Finn, Bridget (bfinn)

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

Mops, Proper Use of

Pending Approval

6/15/2023

5

Food & Nutrition Services Dept Policies

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

Moderators: Newman, Cindi (cnewman)

Lead Authors: Finn, Bridget (bfinn)

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

NEW:: Transfusion Transmitted Infectious Disease Notification

Pending Approval

6/15/2023

5

Laboratory Services Policies (LB)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

Summary Of Changes: **New to the portal. Policy was found in the department policies and is required for survey and CLIA. Approved by Medical Director in 2020.**

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

Lead Authors: **Kuwahara, Dawn (dkuwahara), Ramos, Karen (kramos)**

ExpertReviewers: **Medical Director-Lab**

Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Nutritional Assessment Practice Guidelines Pediatric Pending Approval 6/15/2023 5
Food & Nutrition Services Dept Policies

Summary Of Changes: **Renamed policy, previously was named in error and did not address nutritional assessment practice guidelines for pediatric patients. Policy is for Nutrition Care Process and Model use. Updated to include currently utilized documents, removed reference to attachments that are not present, removed specific location of documentation in EMR, removed reference to communication in patient's paper chart and specific means of communication of recommendations to physician**

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

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

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

Nutritional Assessment Practice Guidelines Adult Geriatric Pending Approval 6/15/2023 5
Food & Nutrition Services Dept Policies

Summary Of Changes: **Updated nutritional risk screening criteria to reflect current guidelines being used, updated title of screening tool, new screening tool included, updated timeframes for screenings to reflect current guidelines. Renamed Policy to Nutritional Assess Practice Guidelines Adult Geriatric Pediatric (policy is referenced by this title in other policies). Included explanation of acronyms used.**

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

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

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

Nutritional Plan of Care Pending Approval 6/15/2023 5
Food & Nutrition Services Dept Policies

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

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

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

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

Nutritional Risk Levels Pending Approval 6/15/2023 5
Food & Nutrition Services Dept Policies

Summary Of Changes: **Removed reference to specific tool for determining nutritional risk level and replaced with statement that risk levels will be determined following evidence based criteria for determining nutritional risk levels.**

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

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

Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy &**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Outpatient Service Laboratory 7500-40 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Removed lab result delivery by courier. Added process for critical values, Correct staff title and replaced auxillary with staff member.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	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)		
Pathology Specimen Handling <i>Laboratory Services Policies (LB)</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Reviewed, no content change, added policy reference and changed staff assignment		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kuwahara, Dawn (dkuwahara), Ramos, Karen (kramos)		
ExpertReviewers:	Kuwahara, Dawn (dkuwahara), Medical Director-Lab		
Approvers:	Winkler, Jessica (jwinkler) -> 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)		
Patient Education <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Reviewed, no changes needed		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Personnel Inservice and Continuing Education <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Reviewed, no changes needed		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Personnel Orientation <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	No changes needed at this time.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

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

Personnel Staff Competencies	Pending Approval	6/15/2023	5
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: **Broadened who will provide education to staff to "supervisory Food and Nutrition Services staff," included what abbreviated titles mean, removed time frame for competency review to reflect they will be reviewed as needed. Removed specific competencies, specified that competencies of clinical dietitian and FNS director will be completed by a registered dietitian designated by SVH. Combined policy on ongoing inservice education to streamline departmental policies.**

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

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

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

Personnel Staff Performance	Pending Approval	6/15/2023	5
<i>Food & Nutrition Services Dept Policies</i>			

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

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

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

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

Policy or Procedure Changes 7500-46	Pending Approval	6/15/2023	5
<i>Clinical Lab Dept</i>			

Summary Of Changes: **Corrected titles.**

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

Lead Authors: **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)**

Portion Control	Pending Approval	6/15/2023	5
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: **Removed listing of available scoop and ladle sizes, policy includes that standard sizes are used. Removed list of specific food items and portion sizes, not needed as portion sizes are listed on production sheets. Added that food scales are available for weighing products as appropriate.**

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

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

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

Pre-Operative Laboratory Testing 7500-48	Pending Approval	6/15/2023	5
<i>Clinical Lab Dept</i>			

Summary Of Changes: **Replaced lab result release from fax to EPIC
Added reference**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

Expanded abbreviation				
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	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)			
Priority Lab Work 7500-50		Pending Approval	6/15/2023	5
<i>Clinical Lab Dept</i>				
Summary Of Changes:	Title Change, Removal of Nursery formatting and grammatical edits.			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	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)			
Production Sheets		Pending Approval	6/15/2023	5
<i>Food & Nutrition Services Dept Policies</i>				
Summary Of Changes:	Reviewed, no changes needed			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Finn, Bridget (bfinn)			
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Proficiency Testing 7500-52		Pending Approval	6/15/2023	5
<i>Clinical Lab Dept</i>				
Summary Of Changes:	Removed Nonregulated analytes section- All laboratory tests have proficiency testing available. Position Title Changes, editing for grammar.			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	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)			
QAPI Program Policies and Procedures		Pending Approval	6/15/2023	5
<i>Food & Nutrition Services Dept Policies</i>				
Summary Of Changes:	Changed Clinical Nutrition Coordinator to Clinical Dietitian, provided what acronyms EOC and QAPI stand for			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Finn, Bridget (bfinn)			
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Reagent and Supply Handling—Dating and Visual Inspection 7500-56		Pending Approval	6/15/2023	5
<i>Clinical Lab Dept</i>				

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

Summary Of Changes: **Reviewed.Correction of Staff Title**

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

Lead Authors: **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)**

Receiving of Foods and Supplies

Pending Approval

6/15/2023

5

Food & Nutrition Services Dept Policies

Summary Of Changes: **Removed that temperatures of 5% of delivered items are recorded on a delivery log. This is not required and not a current practice**

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

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

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

Record Retention

Pending Approval

6/15/2023

5

Food & Nutrition Services Dept Policies

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

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

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

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

Reflex Testing Policy 7500-58

Pending Approval

6/15/2023

5

Clinical Lab Dept

Summary Of Changes: **Reflex testing Table Corrections based on current process, correction of staff title.**

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

Lead Authors: **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)**

Refrigerator Freezer Storage 8340-174

Pending Approval

6/15/2023

5

Food & Nutrition Services Dept Policies

Summary Of Changes: **Updated to reflect use by dates will be determined using USDA guidelines rather than USDA Foodkeeper app.**

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

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

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

Release of Information 7500-60

Pending Approval

6/15/2023

5

Clinical Lab Dept

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

Summary Of Changes: **Reviewed. Staff Title Change**

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

Lead Authors: **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)**

Requests for Laboratory Tests 7500-62

Pending Approval

6/15/2023

5

Clinical Lab Dept

Summary Of Changes: **Removed call-in lab orders
Updated hospital system to EPIC, Lab system to EPIC BEAKER
Expanded abbreviations**

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

Lead Authors: **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)**

Responsibilities of the Dietitian

Pending Approval

6/15/2023

5

Food & Nutrition Services Dept Policies

Summary Of Changes: **Removed reference to specific policy numbers, removed specific that registered dietitian will participate in department huddles, replaced "acute care and SNF patients" with "medical center patients" to allow oversight of either SNF or acute patients.**

2/22/23: Now reflects tracked changes

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

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

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

Results Reporting 7500-64

Pending Approval

6/15/2023

5

Clinical Lab Dept

Summary Of Changes: **Removed duplicate "Critical Value and called results" section
Updated Physician Daily Summary procedure
Updated hospital/lab system to EPIC
Added Reference**

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

Lead Authors: **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)**

Retention of Clinical Laboratory Records 7500-66

Pending Approval

6/15/2023

5

Clinical Lab Dept

Summary Of Changes: **Reviewed. Staff Title Corrected.**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

Moderators: Newman, Cindi (cnewman)
 Lead Authors: 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)

Retention of Clinical Laboratory Specimens 7500-68	Pending Approval	6/15/2023	5
<i>Clinical Lab Dept</i>			

Summary Of Changes: Added purpose
 Expanded abbreviation
 Corrected Title

Moderators: Newman, Cindi (cnewman)
 Lead Authors: 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)

Retention of Pathology Records 7500-70	Pending Approval	6/15/2023	5
<i>Clinical Lab Dept</i>			

Summary Of Changes: Reviewed. Staff Title Change

Moderators: Newman, Cindi (cnewman)
 Lead Authors: 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)

Retention of Records Cease of Operation 7500-72	Pending Approval	6/15/2023	5
<i>Clinical Lab Dept</i>			

Summary Of Changes: Correction of staff titles

Moderators: Newman, Cindi (cnewman)
 Lead Authors: 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)

RETIRE:: Calorie Counts	Pending Approval	6/15/2023	5
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: RETIRE:: Policy no longer applicable, propose retiring policy.

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Finn, Bridget (bfinn)
 Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

RETIRE:: Discontinue Orders 7500-16	Pending Approval	6/15/2023	5
<i>Clinical Lab Dept</i>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

Summary Of Changes: **RETIRE, obsolete. This is not relevant to EPIC.**

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

Lead Authors: **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)**

RETIRE:: Nutrition Services Neutropenic Precautions <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
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Summary Of Changes: **RETIRE:: Policy is no longer applicable, propose retiring policy.**

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

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

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

Review of Patient Results and Quality Control 7500-74 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
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Summary Of Changes: **Added Purpose of the policy. Edited format.
Explained Abbreviations
Changed Paragon to EPIC
Grammar changes**

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

Lead Authors: **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)**

Scheduling <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
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Summary Of Changes: **Updated to reflect time off request forms are available in the diet clerk's office rather than the manager's office. Updated to reflect holiday requests off will be approved based upon staffing availability**

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

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

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

Scope of Service <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
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Summary Of Changes: **Removed Nutritional services department responsibility for food for staff and visitors, removed FTE counts for department, removed specific location of registered dietitian charting to reflect documentation appears in electronic medical record.**

2/22/23: Document now shows tracked changes

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

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

Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

(Committee) -> 09 BOD-Board of Directors - (Committee)

Self Referral Testing 7500-78 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Reviewed. No changes.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	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)		
Special Functions Catering Requests <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Included that Food and Nutrition Services Department is responsible for set up and break down of on site events only		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Specimen Rejection 7500-86 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Reviewed. Correction of Staff Title		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	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)		
Specimens Collected at Outside Sites 7500-88 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Reviewed. Correction of staff title.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	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)		
Staffing and Service Availability 7500-90 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	New blood bank service indicated, title change.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	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)		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

(Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Standardized Recipes <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Reviewed policy. No changes were made.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Storage of Medications <i>Medication Management Policies (MM)</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Reviewed, no changes		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Temperature Control in the Laboratory 7500-94 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Reviewed. No changes.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	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)		
Temperature Daily Checks 7500-96 <i>Clinical Lab Dept</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Added PURPOSE Format corrected Title Corrected Grammar errors corrected		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	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)		
Thawing of Food 8340-104 <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	6/15/2023	5
Summary Of Changes:	Updated to reflect that food may be thawed in an airtight bag under cold running water.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 06/20/2023 9:26 PM

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

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

Thickened Liquids	Pending Approval	6/15/2023	5
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: **Reference to specific thickening products removed. Replaced with "commercially purchased thickening products"**

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

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

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

Venipuncture 7500-98	Pending Approval	6/15/2023	5
<i>Clinical Lab Dept</i>			

Summary Of Changes: **Removed Joint Commission and added CIHQ
Added California Department of Health Services for safety concerns
expanded abbreviations
Corrected staff title**

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

Lead Authors: **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)**

Ware Washing	Pending Approval	6/15/2023	5
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: **Reviewed, no changes needed at this time.**

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

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

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



To: Sonoma Valley Health Care District Finance Committee
From: Ben Armfield, Wendy Lee Myatt
Date: June 27, 2023
Subject: **FY24 Budget Discussion with Armanino LLP**

SVHCD has been an audit client of Armanino LLP for some time. Due to their familiarity with not only the healthcare industry but also our health care district, Brian Sackstein, the principal partner on our audit, was invited to our joint budget meeting on May 23, 2023 by Finance Committee Chair, Bill Boerum.

Brian did attend our session and as a result of his attendance, a meeting was scheduled between Armanino LLP, Sonoma Valley Hospital CFO Ben Armfield, and SVHCD Finance Committee and Board of Directors Member Wendy Lee Myatt. Bill was unable to attend.

The discussion revolved around gleaned any insights and recommendations into both the budget process and associated timelines involved, as well as operational observations for hospital leadership and respective committees and SVH boards to potentially consider. The highlights of the discussion are summarized below:

- SVH was commended on the amount of detail presented during the joint finance budget meeting.
- Now through the Epic implementation, there should be opportunities to refine the process for further committee engagement, if desired.
- Operationally, the hospital should look closer at other creative ways to drive revenue growth. I.e. solar generation, rental income, cafeteria revenues.
- Brian encouraged SVH to perform additional review of the new Epic system and related controls to ensure protection and robust internal controls in place.
- Brian encouraged SVH to prioritize the review and renegotiation of managed care contracts.
- There was discussion around the hospital's depreciation schedule and fixed assets. Armanino does perform fixed asset testing during the annual financial statement audit process, but now that the Epic project is complete and with a significant amount of assets coming online, Armanino agreed that an additional review of the hospital's depreciation schedule would be beneficial. Both to review assets reported to be in-service as well as to verify and ensure the useful lives for the new assets being put into service are accurate.
- We also discussed the overall timing of the budget process itself. Armanino agreed there should be opportunities to refine the timeline if desired. SVH leadership agreed to make it a priority to work with the finance committee on opportunities to move forward the process of reviewing budget progress for next fiscal year.



To: Sonoma Valley Health Care District Finance Committee
From: Ben Armfield, Chief Financial Officer
Date: June 27, 2023
Subject: Financial Report for May 2023

1. OVERALL PERFORMANCE:

May continues a trend of positive months since our Epic go-live and also represents one of the better financial months we have had this fiscal year. We continue to make progress in growing volumes in key areas as May brought busier than normal activity, particularly on the outpatient side in some of our ancillary volumes.

May also delivered strong revenues, both in total and as a % of gross revenue. An uptick in commercial procedural volume helped drive the favorable increase in net patient revenue as we ended up exceeding budget by 6% in May. On the flip side, operating expenses did end up exceeding budget, but only missed the mark by 1%.

There was IGT revenue budgeted for the month related to a reconciliation payment for one of our 'smaller' Medical IGT programs. We will be receiving these funds in June and that activity will be recorded when the funds are received. Without IGT activity (Table 1c) we have now exceeded budget 6 months in a row.

SVH Trended Operating Margin (excl IGT funding)

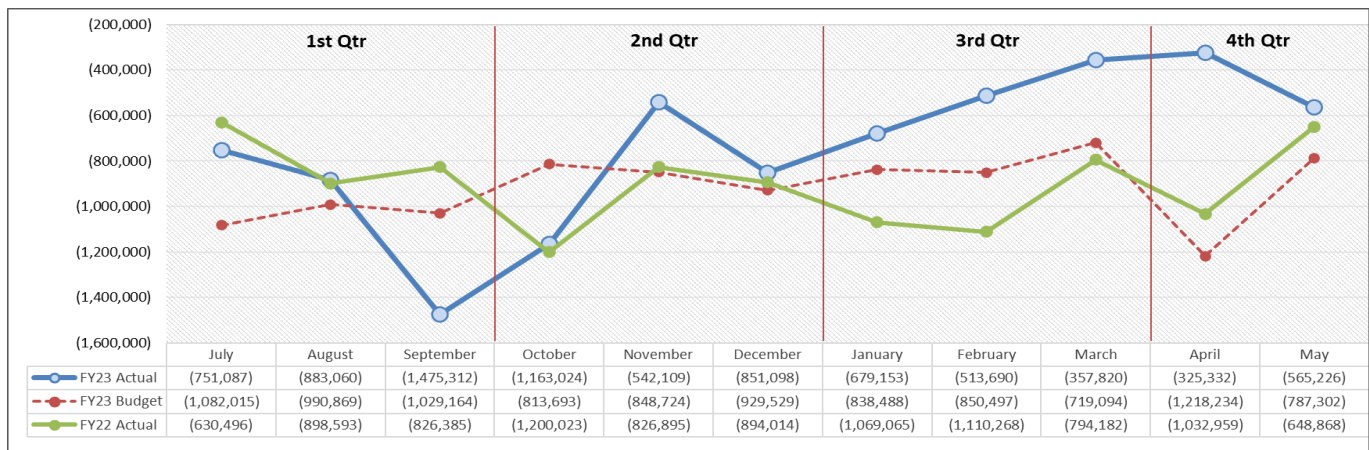


Table 1a | Overall Performance - May 2023 (Including IGT)

	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (565,226)	\$ (428,086)	\$ (137,140)	-32%	\$ (4,641,672)	\$ (5,551,939)	\$ 910,267	16%	\$ (6,440,855)	\$ 1,799,183	28%	
Operating EBDA	\$ (327,897)	\$ (198,999)	\$ (128,898)	-65%	\$ (1,915,975)	\$ (3,031,982)	\$ 1,116,007	37%	\$ (3,887,655)	\$ 1,971,680	51%	
Net Income (Loss)	\$ (73,677)	\$ 530,859	\$ (604,536)	-114%	\$ 3,028,546	\$ 4,998,941	\$ (1,970,395)	-39%	\$ (442,755)	\$ 3,471,301	784%	

Table 1b | IGT Amounts in Income Statement – May 2023

	Current Year - Month		Current Year - YTD		Prior YTD
	Actual	Budget	Actual	Budget	Actual
IGT Revenue	\$ -	\$ 380,000	\$ 6,048,734	\$ 6,695,531	\$ 5,142,896
IGT Expense	\$ -	\$ (20,784)	\$ (2,583,495)	\$ (2,519,861)	\$ (1,652,003)
IGT Net Income	\$ -	\$ 359,216	\$ 3,465,239	\$ 4,175,670	\$ 3,490,893

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

	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (565,226)	\$ (787,302)	\$ 222,076	28%	\$ (8,106,911)	\$ (9,727,609)	\$ 1,620,698	17%	\$ (9,931,748)	\$ 1,824,837	18%	
Operating EBDA	\$ (327,897)	\$ (558,215)	\$ 230,318	41%	\$ (5,381,214)	\$ (7,207,652)	\$ 1,826,438	25%	\$ (7,378,548)	\$ 1,997,334	27%	
Net Income (Loss)	\$ (73,677)	\$ 171,643	\$ (245,320)	-143%	\$ (436,693)	\$ 823,271	\$ (1,259,964)	-153%	\$ (3,933,648)	\$ 3,496,955	89%	

2. NET REVENUE SUMMARY:

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

	Month of May 2023				Year To Date May 2023							
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Gross Revenue	\$ 27,885,066	\$ 27,269,190	\$ 615,876	2%	\$ 296,922,475	\$ 283,318,178	\$13,604,297	5%	\$ 267,280,585	\$ 29,641,890	11%	
Net Patient Revenue	\$ 4,393,025	\$ 4,132,251	\$ 260,774	6%	\$ 45,020,710	\$ 42,948,337	\$ 2,072,373	5%	\$ 41,037,369	\$ 3,983,341	10%	
NPR as a % of Gross	15.8%	15.2%	4%		15.2%	15.2%	0%		15.4%	-1%		
Tot Operating Revenue	\$ 4,485,022	\$ 4,236,974	\$ 248,048	6%	\$ 46,275,045	\$ 44,100,290	\$ 2,174,755	5%	\$ 42,091,186	\$ 4,183,859	10%	

3. OPERATING EXPENSE SUMMARY:

Table 3 | Operating Expenses – Actual vs. Budget – May 2023 (Excluding IGT)

	Month of May 2023				Year To Date May 2023							
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Expenses	\$ 5,050,249	\$ 5,024,276	\$ (25,973)	-1%	\$ 54,381,955	\$ 53,827,899	\$ (554,056)	-1%	\$ 52,022,934	\$ (2,359,021)	-5%	
Worked FTEs	213.5	222.4	8.9	4%	212.9	219.2	6.3	3%	205.4	(7.5)	-4%	

4. VOLUME SUMMARY:

Table 4 | Patient Volumes – May 2023

	Month of May 2023				Year To Date May 2023							
	Current Year		Variance		Current Year		Variance		Prior Year		Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%	
Acute Patient Days	280	267	13	5%	3,016	2,888	128	4%	2,945	71	2%	
Average Daily Census	9.0	8.6	0.4	5%	9.0	8.6	0.4	4%	8.8	0.2	2%	
Acute Discharges	71	64	7	11%	750	694	56	8%	705	45	6%	
IP Surgeries	15	13	2	15%	170	142	28	20%	142	28	20%	
OP Surgeries/Spec Proc	152	178	(26)	-15%	1,586	1,819	(233)	-13%	1,699	(113)	-7%	
Total Surgeries / Procedures	167	191	(24)	-13%	1,756	1,961	(205)	-10%	1,841	(85)	-5%	
Total Outpatient Visits	4,917	4,876	41	1%	50,587	50,360	227	0%	51,298	(711)	-1%	
Total ER Visits	879	903	(24)	-3%	8,889	9,201	(312)	-3%	8,446	443	5%	

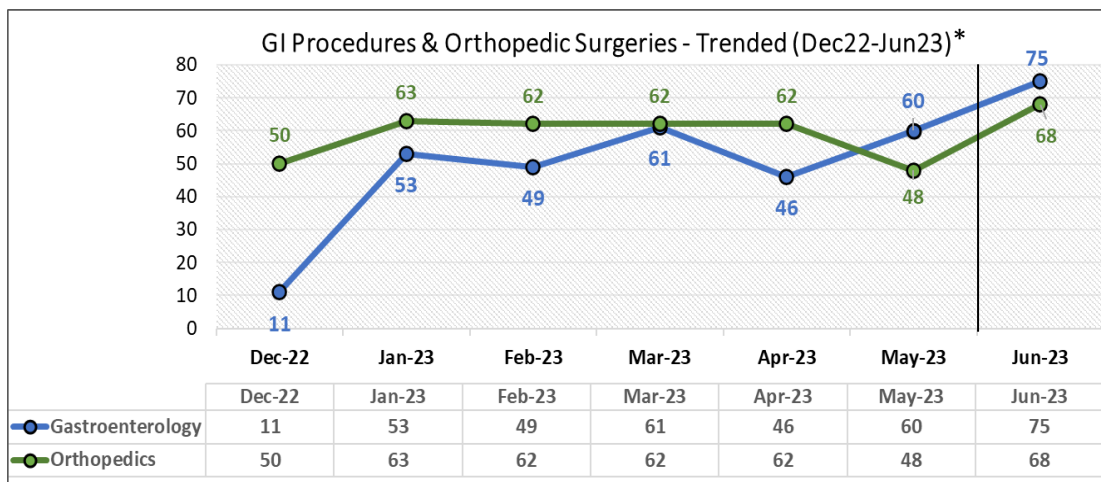
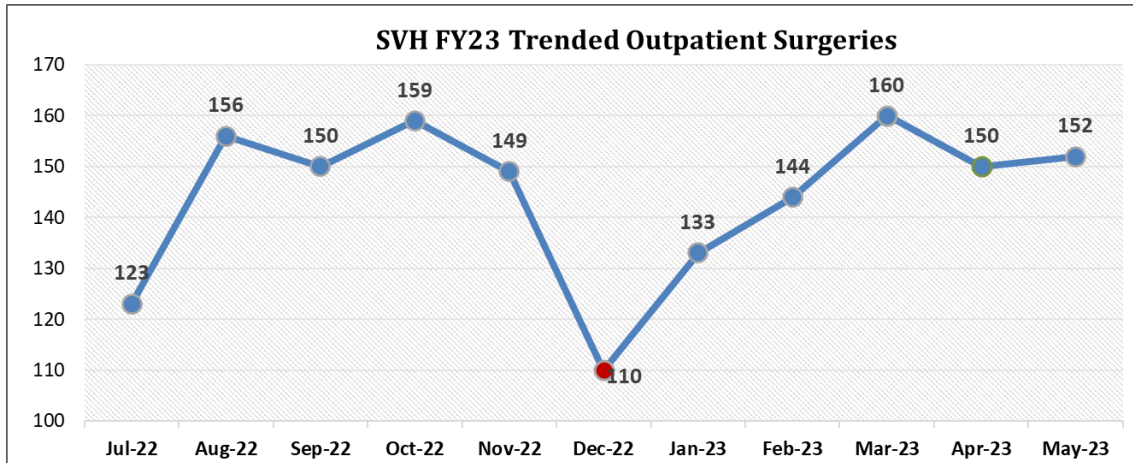
Volumes continue to be strong. Our inpatient census came in under our current year average but still exceeded budget for the month. We also continue to get busier on the outpatient side. We experienced a big jump in outpatient activity as our nearly 5,000 outpatient visits were nearly 10% higher than our monthly average post-Epic. This is significant as it provides further validation that our departments are getting more comfortable in Epic and also able to better facilitate incremental volume. We saw increases across most of our outpatient departments in May but none greater than CT, where we had nearly 400 CT visits. This is a fiscal year high and exceeds our fiscal year average by over 15%.

Surgical volumes in May followed our overall recent trend. We continue to stay consistent on the IP side and outpace both budget and the prior year. Outpatient surgical volume was off budget by over 10%, although case volumes stayed consistent with prior months. As has been discussed, the variance to budget in surgical volume relates to incremental cases that were budgeted in anticipation of a successful recruitment of a GI physician this fiscal year.



We did see a decrease in Orthopedic surgeries in May, as our 48 OP ortho cases fell off from our recent volume levels in the low 60s. The drop in Ortho volumes very much look to be short lived as based on activity through earlier in the week, are projected to get back and also exceed recent levels.

Mitigating the ortho decrease in May was a corresponding increase in GI volume. Much of this is related to a returning surgeon coming back into the market that started performing cases at SVH in May. We are very encouraged about the growth potential in this service, and June looks like it will be a big month in volume for GI cases as we are on track to set a fiscal year high.



* June 2023 volumes projected based on activity through 6/21/23

5. CASH ACTIVITY SUMMARY:

Table 5 | Cash / Revenue Cycle Indicators - May 2023

	May-23	Apr-23	Var	%
Days Cash on Hand	56.4	62.8	(6.4)	-10%
A/R Days	53.9	55.5	(1.6)	-3%
A/P Days	50.2	62.0	(11.8)	-19%

We have been steadily building back our cash ever since hitting our low point in February, and have now gotten back to where our cash levels are strong. We did see an infusion of cash in April and that coupled with exceeding our cash collections goal in May, took the opportunity to make additional payments on some of our outstanding payables and reduce our A/P days (which decreased by ~20% from April to May). We will look to continue to lower our payables in June, as well as pay down on our existing line of credit.

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 May 31, 2023

ATTACHMENT A

Gross Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	9,689,766	10,121,584	-431,818	-4.3%	107,978,328	105,300,493	2,677,835	2.5%
Medicare Managed Care	5,102,155	4,558,967	543,188	11.9%	51,133,218	47,319,565	3,813,653	8.1%
Medi-Cal	4,931,887	4,568,356	363,531	8.0%	55,848,301	47,245,476	8,602,825	18.2%
Self Pay	510,996	484,686	26,310	5.4%	4,317,817	4,998,559	-680,742	-13.6%
Commercial & Other Gov't	7,029,948	6,719,467	310,481	4.6%	67,117,967	69,876,919	-2,758,952	-3.9%
Worker's Comp.	593,761	797,593	-203,832	-25.6%	10,271,925	8,373,259	1,898,666	22.7%
Total	27,858,514	27,250,653	607,861	2.2%	296,667,557	283,114,271	13,553,286	4.8%

Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	1,172,017	1,183,810	-11,793	-1.0%	11,809,926	12,412,730	-602,804	-4.9%
Medicare Managed Care	592,713	524,382	68,332	13.0%	5,972,526	5,498,357	474,169	8.6%
Medi-Cal	467,278	474,787	-7,509	-1.6%	4,708,569	4,978,339	-269,769	-5.4%
Self Pay	115,088	142,236	-27,148	-19.1%	1,099,984	1,491,399	-391,415	-26.2%
Commercial & Other Gov't	1,908,493	1,654,541	253,952	15.3%	19,231,086	17,348,535	1,882,550	10.9%
Worker's Comp.	137,436	152,495	-15,060	-9.9%	1,860,298	1,598,977	261,321	16.3%
Prior Period Adj./IGT	-	-	0	*	-	-	0	*
Total	4,393,025	4,132,251	260,774	6.3%	44,682,389	43,328,337	1,354,052	3.1%

Payor Mix	Month			Year-to-Date		
	Actual	Budget	% Variance	Actual	Budget	% Variance
Medicare	34.8%	37.1%	-6.4%	36.4%	37.2%	-2.1%
Medicare Managed Care	18.3%	16.7%	9.5%	17.2%	16.7%	3.1%
Medi-Cal	17.7%	16.8%	5.6%	18.8%	16.7%	12.8%
Self Pay	1.8%	1.8%	3.1%	1.5%	1.8%	-17.6%
Commercial & Other Gov't	25.2%	24.7%	2.3%	22.6%	24.7%	-8.3%
Worker's Comp.	2.1%	2.9%	-27.2%	3.5%	3.0%	17.1%
Total	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%

Percent of Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	26.7%	28.6%	-2.0%	-6.9%	26.4%	28.6%	-2.3%	-8.1%
Medicare Managed Care	13.5%	12.7%	0.8%	6.3%	13.4%	12.7%	0.7%	5.3%
Medi-Cal	10.6%	11.5%	-0.9%	-7.4%	10.5%	11.5%	-1.0%	-8.3%
Self Pay	2.6%	3.4%	-0.8%	-23.9%	2.5%	3.4%	-1.0%	-28.5%
Commercial & Other Gov't	43.4%	40.0%	3.4%	8.5%	43.0%	40.0%	3.0%	7.5%
Worker's Comp.	3.1%	3.7%	-0.6%	-15.2%	4.2%	3.7%	0.5%	12.8%
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-0.1%	-0.1%

Net Revenue as a % of Gross	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	12.1%	11.7%	0.4%	3.4%	10.9%	11.8%	-0.9%	-7.2%
Medicare Managed Care	11.6%	11.5%	0.1%	1.0%	11.7%	11.6%	0.1%	0.5%
Medi-Cal	9.5%	10.4%	-0.9%	-8.8%	8.4%	10.5%	-2.1%	-20.0%
Self Pay	22.5%	29.3%	-6.8%	-23.3%	25.5%	29.8%	-4.4%	-14.6%
Commercial & Other Gov't	27.1%	24.6%	2.5%	10.3%	28.7%	24.8%	3.8%	15.4%
Worker's Comp.	23.1%	19.1%	4.0%	21.1%	18.1%	19.1%	-1.0%	-5.2%
TOTAL	15.8%	15.2%			15.1%	15.3%		

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended May 31, 2023**

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 05/31/23</u>	<u>Budget 05/31/23</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 05/31/23</u>	<u>Budget 05/31/23</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 05/31/22</u>
Inpatient Utilization								
Discharges								
1	50	50	0	Med/Surg	535	538	(3)	539
2	21	14	7	ICU	215	156	59	166
3	71	64	7	Total Discharges	750	694	56	705
Patient Days:								
4	195	178	17	Med/Surg	1,917	1,922	(5)	1,911
5	85	89	(4)	ICU	1,099	966	133	1,034
6	280	267	13	Total Patient Days	3,016	2,888	128	2,945
7	16	-	16	Observation days	168	-	168	193
Average Length of Stay:								
8	3.9	3.6	0.3	Med/Surg	3.58	3.57	0.01	3.5
9	4.0	6.2	(2.2)	ICU	5.11	6.20	(1.09)	6.2
10	3.9	4.2	(0.2)	Avg. Length of Stay	4.02	4.16	(0.14)	4.2
Average Daily Census:								
11	6.3	5.7	0.5	Med/Surg	5.7	5.7	(0.0)	5.7
12	2.7	2.9	(0.1)	ICU	3.3	2.9	0.4	3.1
13	9.0	8.6	0.4	Avg. Daily Census	9.0	8.6	0.4	8.8
Other Utilization Statistics								
Emergency Room Statistics								
14	879	903	(24)	Total ER Visits	8,889	9,201	(312)	8,446
Outpatient Statistics:								
15	4,917	4,876	41	Total Outpatients Visits	50,587	50,360	227	51,298
16	15	13	2	IP Surgeries	170	142	28	142
17	152	178	(26)	OP Surgeries / Special Procedures	1,586	1,819	(233)	1,699
18	316	284	32	Adjusted Discharges	3,165	2,955	210	3,019
19	1,246	1,185	62	Adjusted Patient Days	13,931	12,297	1,634	12,643
20	40.2	38.2	2.0	Adj. Avg. Daily Census	41.6	36.7	4.9	37.7
21	1.3711	1.4000	(0.029)	Case Mix Index - Medicare	1.4810	1.4000	0.081	1.4481
22	1.4469	1.4000	0.047	Case Mix Index - All payers	1.4594	1.4000	0.059	1.4245
Labor Statistics								
23	213	222	9	FTE's - Worked	213	219	6.3	205
24	236	245	9	FTE's - Paid	235	241	6.2	227
25	54.04	47.59	(6.45)	Average Hourly Rate	50.33	47.07	(3.26)	46.72
26	5.86	6.41	0.54	FTE / Adj. Pat Day	5.65	6.58	0.92	6.03
27	33.4	36.5	3.1	Manhours / Adj. Pat Day	32.2	37.5	5.3	34.3
28	131.8	152.3	20.5	Manhours / Adj. Discharge	141.8	155.9	14.1	143.9
29	22.7%	24.6%	1.9%	Benefits % of Salaries	23.7%	25.1%	1.4%	24.5%
Non-Labor Statistics								
30	14.1%	14.1%	0.0%	Supply Expense % Net Revenue	14.0%	16.0%	2.0%	15.0%
31	1,957	2,243	286	Supply Exp. / Adj. Discharge	2,254	2,327	73	2,291
32	16,131	17,941	1,809	Total Expense / Adj. Discharge	18,164	19,254	1,090	17,982
Other Indicators								
33	56.5			Days Cash - Operating Funds				
34	53.9	50.0	3.9	Days in Net AR	46.9	50.0	(3.1)	41.3
35	102%			Collections % of Cash Goal	97%			99.3%
36	50.9	55.0	(4.1)	Days in Accounts Payable	50.9	55.0	(4.1)	46.1
37	15.8%	16.6%	-0.8%	% Net revenue to Gross revenue	17.2%	15.2%	2.0%	17.3%
38	32.4%			% Net AR to Gross AR	32.4%			15.0%

Sonoma Valley Health Care District
Balance Sheet
As of May 31, 2023
UNAUDITED

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 2,294,112	\$ 1,874,510	\$ 3,687,036
2 Cash - Money Market	6,852,065	8,350,067	5,845,048
3 Net Patient Receivables	9,706,196	9,295,766	6,458,134
4 Allow Uncollect Accts	(1,770,548)	(1,581,837)	(1,401,209)
5 Net A/R	7,935,648	7,713,929	5,056,925
6 Other Accts/Notes Rec	1,411,388	1,578,759	1,737,108
7 Parcel Tax Receivable	203,861	203,861	207,928
8 GO Bond Tax Receivable	906,105	906,105	260,172
9 3rd Party Receivables, Net	112,552	402,417	173,533
10 Inventory	1,115,954	1,088,633	1,035,056
11 Prepaid Expenses	746,495	810,133	873,195
12 Total Current Assets	<u>\$ 21,578,180</u>	<u>\$ 22,928,415</u>	<u>\$ 18,876,001</u>
13 Property, Plant & Equip, Net	\$ 56,523,752	\$ 56,679,223	\$ 52,153,382
14 Trustee Funds - GO Bonds	4,684,039	4,666,114	5,751,245
15 Designated Funds - Board Approved	-	-	1,000,000
16 Total Assets	<u>\$ 82,785,971</u>	<u>\$ 84,273,752</u>	<u>\$ 77,780,628</u>
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 5,637,514	\$ 6,680,915	\$ 4,328,839
18 Accrued Compensation	4,324,666	4,169,775	4,193,635
19 Interest Payable - GO Bonds	147,163	99,460	165,504
20 Accrued Expenses	1,355,523	1,339,706	1,834,206
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	316,663	633,330	316,667
23 Deferred GO Bond Tax Revenue	207,092	414,182	231,813
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	1,492,509
27 Total Current Liabilities	<u>\$ 17,737,341</u>	<u>\$ 19,086,089</u>	<u>\$ 18,385,199</u>
28 Long Term Debt, net current portion	\$ 27,052,746	\$ 27,111,937	\$ 25,443,604
29 Fund Balances:			
30 Unrestricted	\$ 19,577,369	\$ 19,657,212	\$ 17,979,645
31 Restricted	18,418,515	18,418,515	15,972,180
32 Total Fund Balances	<u>\$ 37,995,884</u>	<u>\$ 38,075,727</u>	<u>\$ 33,951,825</u>
33 Total Liabilities & Fund Balances	<u>\$ 82,785,971</u>	<u>\$ 84,273,752</u>	<u>\$ 77,780,628</u>

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended May 31, 2023**

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
1	71	64	7	11%	Acute Discharges	737	694	43	6%	705	
2	280	267	13	5%	Patient Days	3,078	2,888	190	7%	2,945	
3	16	-	16	0%	Observation Days	168	-	168	*	193	
4	\$ 21,623	\$ 21,128	\$ 496	2%	Gross O/P Revenue (000's)	\$ 226,480	\$ 216,827	\$ 9,654	4%	\$ 204,333	
					Financial Results						
					Gross Patient Revenue						
5	\$ 6,261,804	\$ 6,141,132	\$ 120,672	2%	Inpatient	\$ 70,442,310	\$ 66,491,661	3,950,649	6%	\$ 62,737,480	
6	13,316,733	12,980,750	335,983	3%	Outpatient	136,388,974	134,244,991	2,143,983	2%	122,230,687	
7	8,306,529	8,147,308	159,221	2%	Emergency	90,091,191	82,581,526	7,509,665	9%	82,312,418	
8	\$ 27,885,066	\$ 27,269,190	615,876	2%	Total Gross Patient Revenue	\$ 296,922,475	\$ 283,318,178	13,604,297	5%	\$ 267,280,585	
					Deductions from Revenue						
9	(23,273,302)	(22,913,951)	(359,351)	-2%	Contractual Discounts	\$ (249,722,524)	\$ (238,307,293)	(11,415,231)	-5%	\$ (224,172,429)	
10	(150,000)	(200,000)	50,000	25%	Bad Debt	(1,774,039)	(1,820,000)	45,961	3%	(1,850,000)	
11	(68,739)	(22,988)	(45,751)	-199%	Charity Care Provision	(405,202)	(242,548)	(162,654)	-67%	(220,787)	
12	-	380,000	(380,000)	-100%	Prior Period Adj/Government Program Revenue	6,048,734	6,695,531	(646,797)	-10%	5,142,896	
13	\$ (23,492,041)	\$ (22,756,939)	(735,102)	3%	Total Deductions from Revenue	\$ (245,853,031)	\$ (233,674,310)	(12,178,721)	5%	\$ (221,100,320)	
14	\$ 4,393,025	\$ 4,512,251	(119,226)	-3%	Net Patient Service Revenue	\$ 51,069,444	\$ 49,643,868	1,425,576	3%	\$ 46,180,265	
15	\$ 91,998	\$ 104,723	(12,725)	-12%	Other Op Rev & Electronic Health Records	\$ 1,254,335	\$ 1,151,953	102,382	9%	\$ 1,053,817	
16	\$ 4,485,022	\$ 4,616,974	(131,952)	-3%	Total Operating Revenue	\$ 52,323,779	\$ 50,795,821	\$ 1,527,958	3%	\$ 47,234,082	
					Operating Expenses						
17	\$ 2,251,024	\$ 2,058,745	(192,279)	-9%	Salary and Wages and Agency Fees	\$ 22,589,354	\$ 21,688,584	(900,770)	-4%	\$ 20,290,953	
18	721,537	722,291	754	0%	Employee Benefits	7,832,907	7,688,944	(143,963)	-2%	7,609,068	
19	\$ 2,972,561	\$ 2,781,036	(191,525)	-7%	Total People Cost	\$ 30,422,262	\$ 29,377,528	(1,044,734)	-4%	\$ 27,900,021	
20	\$ 537,975	\$ 598,846	60,871	10%	Med and Prof Fees (excl Agency)	\$ 6,167,559	\$ 6,572,099	404,540	6%	\$ 6,196,500	
21	618,615	637,047	18,432	3%	Supplies	7,135,440	6,876,002	(259,438)	-4%	6,915,516	
22	355,409	469,603	114,194	24%	Purchased Services	4,525,771	4,964,192	438,421	9%	4,795,951	
23	237,329	229,087	(8,242)	-4%	Depreciation	2,725,697	2,519,957	(205,740)	-8%	2,553,200	
24	99,138	111,458	12,320	11%	Utilities	1,710,668	1,372,328	(338,340)	-25%	1,429,380	
25	53,384	52,833	(551)	-1%	Insurance	605,107	581,163	(23,944)	-4%	565,485	
26	41,937	16,476	(25,461)	-155%	Interest	425,135	181,236	(243,899)	*	367,325	
27	133,901	127,890	(6,011)	-5%	Other	664,317	1,383,394	719,077	52%	1,299,556	
28	-	20,784	20,784	-100%	Matching Fees (Government Programs)	2,583,495	2,519,861	(63,634)	3%	1,652,003	
29	\$ 5,050,249	\$ 5,045,060	(5,189)	0%	Operating expenses	\$ 56,965,450	\$ 56,347,760	(617,690)	-1.1%	\$ 53,674,937	
30	\$ (565,226)	\$ (428,086)	\$ (137,140)	-32%	Operating Margin	\$ (4,641,672)	\$ (5,551,939)	910,267	16%	\$ (6,440,855)	

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended May 31, 2023**

ATTACHMENT D

	Month					Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
31	\$ 15,494	\$ (13,385)	28,879	*							
32	-	-	-	0%							
33	-	-	-	*							
34	316,667	316,667	-	0%							
35	-	-	-	0%							
36	\$ 332,161	\$ 303,282	28,879	10%							
37	\$ (233,065)	\$ (124,804)	(108,261)	-87%							
38	\$ -	\$ -	-	0%							
39	\$ -	\$ 493,593	(493,593)	0%							
40	\$ (233,065)	\$ 368,789	(601,854)	*							
41	159,388	162,070	(2,682)	-2%							
42	\$ (73,677)	\$ 530,859	(604,536)	114%							
	\$ 4,264	\$ 104,283	(100,019)								
	\$ (327,897)	\$ (198,999)	(128,898)	-65%							
					Non Operating Rev and Expense						
					Miscellaneous Revenue/(Expenses)	\$ 69,219	\$ (144,750)	213,969	*	\$ (110,043)	
					Donations	-	-	-	0%	26,864	
					Physician Practice Support-Prima	-	-	-	*	0	
					Parcel Tax Assessment Rev	3,483,337	3,483,337	-	0%	3,483,337	
					Extraordinary Items	-	-	-	0%	(97,933)	
					Total Non-Operating Rev/Exp	\$ 3,552,556	\$ 3,338,587	213,969	6%	\$ 3,302,225	
					Net Income / (Loss) prior to Restricted Contributions	\$ (1,089,115)	\$ (2,213,352)	1,124,237	51%	\$ (3,138,630)	
					Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
					Restricted Foundation Contributions	\$ 2,368,336	\$ 5,429,523	(3,061,187)	100%	\$ 754,624	
					Net Income / (Loss) w/ Restricted Contributions	\$ 1,279,221	\$ 3,216,171	(1,936,950)	-60%	\$ (2,384,006)	
					GO Bond Activity, Net	1,749,326	1,782,770	(33,444)	-2%	1,941,251	
					Net Income/(Loss) w GO Bond Activity	\$ 3,028,546	\$ 4,998,941	(1,970,395)	-39%	\$ (442,755)	
					EBDA - Not including Restricted Contributions	\$ 1,636,581	\$ 306,605	1,329,976		\$ (585,430)	
					Operating EBDA - Not including Restricted Contributions	\$ (1,915,975)	\$ (3,031,982)	1,116,007	37%	\$ (3,887,655)	

Sonoma Valley Hospital
Cash Forecast
FY 2023

ATTACHMENT E

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Actual Mar	Actual Apr	Actual May	Forecast Jun	TOTAL	
Hospital Operating Sources														
Patient Payments Collected	3,924,051	4,613,392	3,735,746	3,656,614	4,177,640	3,497,534	2,406,320	4,286,383	4,595,033	3,686,973	4,539,132	4,700,000	47,818,818	
Other Operating Revenue	19,072	182,649	33,561	250,527	23,522	40,390	43,299	222,918	65,455	376,174	229,619	104,732	1,591,919	
Other Non-Operating Revenue	10,204	12,925	10,096	11,916	10,007	11,764	10,501	17,591	7,906	9,810	11,970	10,806	135,498	
Unrestricted Contributions				3,200	2,051	202	5,829	285	1,920	4,362	9,901		27,749	
Line of Credit													-	
Sub-Total Hospital Sources	3,953,328	4,808,966	3,779,404	3,922,256	4,213,220	3,549,890	2,465,949	4,527,177	4,670,313	4,077,319	4,790,623	4,815,538	49,573,983	
Hospital Uses of Cash														
Operating Expenses	4,913,977	4,894,375	5,088,864	4,586,736	4,470,658	5,948,370	4,634,254	4,503,661	4,193,763	4,845,190	5,715,093	5,635,061	59,430,000	
Add Capital Lease Payments	13,501	13,354	13,280	13,354	45,386	55,162	45,517	33,948	58,750	55,531	37,919		385,701	
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	81,758	500,000	4,801,634	
Total Hospital Uses	5,701,487	5,657,024	5,219,578	4,770,247	4,732,128	6,421,932	4,949,342	4,587,942	4,529,924	6,077,900	5,834,770	6,885,061	65,367,335	
Net Hospital Sources/Uses of Cash	(1,748,159)	(848,058)	(1,440,175)	(847,991)	(518,907)	(2,872,042)	(2,483,394)	(60,765)	140,390	(2,000,581)	(1,044,147)	(2,069,523)	(15,793,352)	
Non-Hospital Sources														
Restricted Cash/Money Market	750,000	750,000	1,000,000	500,000	750,000		1,250,000	1,500,000	-	(7,000,000)	2,500,000		2,000,000	
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) SNF					17,290					1,393,721	(27,813)			1,383,198
IGT - DPNF 15/16 SVH											12,386	100,000		112,386
HELP II LOAN										2,000,000				2,000,000
BRIDGE LOAN YR 2								750,660						750,660
Sub-Total Non-Hospital Sources	942,811	1,446,111	1,001,483	759,524	892,596	2,435,819	1,780,877	2,279,679	269,654	2,527,574	2,484,573	250,000	17,070,701	
Non-Hospital Uses of Cash														
Matching Fees						3,642		2,214,224		57,627			2,275,493	
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	-	3,642	-	2,214,224	-	57,627	-	-	2,275,493	
Net Non-Hospital Sources/Uses of Cash	942,811	1,446,111	1,001,483	759,524	892,596	2,432,177	1,780,877	65,455	269,654	2,469,947	2,484,573	250,000	14,795,208	
Net Sources/Uses	(805,349)	598,053	(438,691)	(88,467)	373,689	(439,865)	(702,516)	4,690	410,044	469,365	1,440,426	(1,819,523)		
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	3,314,937		
Operating Cash at End of Period	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	3,314,937	1,495,414		
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	5,849,370	5,849,370		
Total Cash at End of Period	6,783,806	6,631,859	5,193,623	4,605,753	4,229,618	3,790,590	2,838,967	2,344,128	2,754,515	10,223,881	9,164,307	7,344,784		
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	59.4			
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	56.5	<i>42.0</i>		



Meeting Date: Board Meeting July 6th 2023

Prepared by: Judith Bjorndal & Denise Kalos

Agenda Item Title: CEO Objectives FY 2014

Recommendation:

That the Board approve the proposed CEO Objectives for FY 2024 (next page)

Background and Reasoning:

It is a recognized good management practice to establish objectives for key management personnel as a means to motivate, measure, and reward performance.

Objectives are most effective when they are:

- Of significant importance to the organization;
- Established jointly by the manager and his/her direct supervisor;
- Measurable by objective metrics; and,
- Achievable as viewed by both the manager and the supervisor.

The objectives that follow meet these criteria. For purposes of assessing the CEO's performance against these objectives, all five objectives will be weighted equally at the end of the year.



FY 2024 CEO GOALS

PERFORMANCE GOAL	OBJECTIVE	METRIC	FORECAST	FY2022 GOAL LEVEL
Sustainability	Expand medical services in Sonoma	Start or expand a program or add a new provider to an existing program, GI, cardiology, orthopedics, UCSF		2 new starts = Max 1 new start +1 pending = Target 1 new start = Threshold
Community Care	Expand Services in Community	Gain Board approval to open urgent care, specialty clinic or expansion of therapy or diagnostics in the community		Scheduled opening in CY24 = Max Board Approval of new opening = Target Proposal made to Board of new opening = Threshold
Quality	Excellent Patient Safety and Outcomes	Meet or exceed the national benchmark in all measured quality outcomes on a 12-month rolling average		12 quality metrics met = Max 11 met = Target 10 met = Threshold
Finance	Financial Viability	Exceed Budgeted Operating Income, Before Depreciation and Amortization (EBDA) prior to restricted donations and GO bond by year end		> \$1 million = Max > \$0.5 million = Target > met budget = Threshold
Finance	Financial Stability	Maintain a rolling average of days of cash on hand. Metric is measured by days cash at month end.	Goal is to pay down debt while maintaining cash	>40 Days for at least 10 months = Max >40 Days for at least 8 months = Target >40 Days for at least 6 months = Threshold



Meeting Date: July 6th, 2023
Prepared by: Judith Bjorndal & Denise Kalos
Agenda Item Title: CEO Salary Adjustment Recommendations for FY 2024

Recommendations:

That the Board approve a 5% salary increase based on a very positive performance review, the many accomplishments achieved during this fiscal year, consistent with increases at other similar sized hospitals, and the significant financial improvement that the hospital has achieved.

Background:

The job description for the Sonoma Valley Hospital CEO position is comprehensive and challenging:

The Chief Executive Officer provides the leadership, direction and administration of hospital operations for Sonoma Valley Health Care District. They have an unwavering commitment to the mission, vision and values. This includes responsibilities for strategy, patient quality and safety outcomes, board and physician relations, staff engagement, fund raising as a partner with the hospital foundation, and community engagement. This position provides sound financial management for the long-term success of the organization. Sonoma Valley Hospital became a UCSF Health affiliate in 2018 with a vision to combine the expertise and resources of both organizations to share best practices and collectively enhance the quality of health care services in Sonoma Valley. The CEO will be charged with ongoing management and implementation of the affiliation on behalf of SVHCD and UCSF Health.

Each year, working within this framework, the Board and the CEO jointly establish key operating objectives that define the areas of particular importance for the operation of the hospital in the year ahead. Performance against these objectives is a key element in the CEO's evaluation process.

For FY 2023 (July 2022-June 2023), John Hennelly met or exceeded five of six objectives (for the first 10-11 months of the year).

A second element of the evaluation is consideration of the many accomplishments during the year. We recognize that John Hennelly had a large number of very significant accomplishments in FY 2023 during a very challenging time for our community and hospital.

- Exceeded financial viability and cash management goals
- Successfully launched a new EHR for the hospital
- Completed a successful staff satisfaction survey
- Developed and published an ambitious strategic plan for the next phase of the hospital's evolution
- Launched a community-wide listening tour with several, well-attended gatherings across Sonoma Valley
- Negotiated for a new physician group to cover the Emergency Department
- Hired an excellent new Chief Medical Officer
- Recruited back a critical physician/surgeon
- Continued development of UCSF Affiliation
- Completed Phase 1 of Outpatient Diagnostic Center
- Creatively accelerated Phase 2 of the Outpatient Diagnostic Center from both an early opening and total cost perspectives
- Pulled together a comprehensive proposal in response to an RFP from the Sonoma Valley Community Health Center

John was able to maintain quality of care and customer service during this period and has continued the process of rebuilding volumes and revenues. John has done a terrific job of reaching out and becoming an important member of the community. He has really restored confidence in the hospital. John has also continued to invest in the affiliation with UCSF and is working towards building a vision for our community hospital going forward.

A third element of the evaluation process is a CEO assessment survey completed by each Board member, the Chief of the Medical Staff, and by key staff leaders who report directly to the CEO. This survey revealed a strong consensus opinion that John Hennelly exhibits excellent leadership and provides positive support for the leaders and staff.



FY 2023 CEO GOALS

Performance through 5/31/23

GOAL	OBJECTIVE	METRIC	Definition	PERFORMANCE MEASURE	10-11 month Outcome
Growth	Expand medical services in Sonoma	Start a new program or add a new provider to an existing program in collaboration w UCSF Bring a new physician practice to market	Provider/program must be seeing patients. Pending = provider retained but not yet started.	2 new starts = Max 1 new start +1 pending = Target 1 new start = Threshold	S Kidd started (not UCSF) P Carrol pending
Service Excellence	Outpatient Satisfaction	4.5 or higher average score on "Rate My Hospital" for all Outpatient departments as measured each month	4.5 is the average for all participating departments over the course of the year	>4.7 score = Max >4.6= Target ≥4.5= Threshold	4.78 avg through 11 months PT, ED, Imaging, Amb Surg
Quality	Excellent Patient Safety and Outcomes	Meet or exceed the national benchmark in all measured quality outcomes on a 12-month rolling average		12 quality metrics met = Max 11 met = Target 10 met = Threshold	9 of 12 met ED LOS, Sepsis Bundle, Stroke Imaging 45 min
People	Engaged and Satisfied Staff	50% staff participate and rate their satisfaction at 3.8/5 or higher	Both metrics must be met to qualify. Measured score is composite score on each survey.	>4.1 score = Max >3.95= Target ≥3.8= Threshold	53.4% participation 4.153 overall score
Finance	Financial Viability	Exceed Budgeted Operating Income, Before Depreciation and Amortization (EBDA) prior to restricted donations and GO bond		> \$1 million = Max > \$0.5 million = Target > met budget = Threshold	Exceeded Operating EBDA thru 11 months by \$1.3m
Finance	Financial Stability	Maintain a rolling average of days of cash on hand	Performance is measured by averaging final day of each month	>50 Days = Max >45 = Target ≥42 = Threshold	Avg 59.4 days of cash at the end of 11 months. <i>(Targeting to finish year at 42 days after debt pay down.)</i>

- All goals weighted equally



Meeting Date: July 6th, 2022
Prepared by: Judith Bjorndal & Denise Kalos
Agenda Item Title: Recommendation for CEO FY2023 Incentive Award

Recommendations:

We recommend that the board approve a recommendation to UCSF to award John with 83.3% of his total potential Individual Incentive Award for FY2023 (having met five of his six goals for the year).

Background:

Each year, working within a framework, the Board and the CEO have jointly established key operating objectives that define the areas of particular importance for the operation of the Hospital in the year ahead. Performance against these objectives is a key element in the CEO's evaluation process.

For FY 2023, John laid out six ambitious goals which the board approved in August of 2022. As of May 2023, John and his team have met or exceeded five of those goals (see attached). Significantly, the financial viability objective, which the hospital critically needed to improve, was exceeded through the end of May by \$1.3M.

We also recognize that John Hennelly had a large number of very significant accomplishments in FY 2023 (July 2022-June 2023) during a year of continued recovery for our community and hospital. This was John's second full fiscal year in the position and upon arrival, he was faced with a pandemic that was impacting healthcare across the country and a large construction project that had been mired in delays (some due to COVID) and possible cost overruns. John has rebuilt his team, opened Phase 1 of the Outpatient Diagnostic Center and put Phase 2 back on track (both from a timing and cost perspective) while delivering improving financial performance and sustaining high quality of patient care.



FY 2023 CEO GOALS

Performance through 5/31/23

GOAL	OBJECTIVE	METRIC	Definition	PERFORMANCE MEASURE	10-11 month Outcome
Growth	Expand medical services in Sonoma	Start a new program or add a new provider to an existing program in collaboration w UCSF Bring a new physician practice to market	Provider/program must be seeing patients. Pending = provider retained but not yet started.	2 new starts = Max 1 new start +1 pending = Target 1 new start = Threshold	S Kidd started (not UCSF) P Carrol pending
Service Excellence	Outpatient Satisfaction	4.5 or higher average score on "Rate My Hospital" for all Outpatient departments as measured each month	4.5 is the average for all participating departments over the course of the year	>4.7 score = Max >4.6= Target ≥4.5= Threshold	4.78 avg through 11 months PT, ED, Imaging, Amb Surg
Quality	Excellent Patient Safety and Outcomes	Meet or exceed the national benchmark in all measured quality outcomes on a 12-month rolling average		12 quality metrics met = Max 11 met = Target 10 met = Threshold	9 of 12 met ED LOS, Sepsis Bundle, Stroke Imaging 45 min
People	Engaged and Satisfied Staff	50% staff participate and rate their satisfaction at 3.8/5 or higher	Both metrics must be met to qualify. Measured score is composite score on each survey.	>4.1 score = Max >3.95= Target ≥3.8= Threshold	53.4% participation 4.153 overall score
Finance	Financial Viability	Exceed Budgeted Operating Income, Before Depreciation and Amortization (EBDA) prior to restricted donations and GO bond		> \$1 million = Max > \$0.5 million = Target > met budget = Threshold	Exceeded Operating EBDA thru 11 months by \$1.3m
Finance	Financial Stability	Maintain a rolling average of days of cash on hand	Performance is measured by averaging final day of each month	>50 Days = Max >45 = Target ≥42 = Threshold	Avg 59.4 days of cash at the end of 11 months. <i>(Targeting to finish year at 42 days after debt pay down.)</i>

- All goals weighted equally



To: SVHCD Board of Directors
From: John Hennelly
Date: 07.06.23
Subject: Administrative Report

Strategic Planning

Community Health Center board meeting outcome pending. The District should be notified in the coming days of their RFP decision.

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; working to engage a firm to assist with the development of a master facility plan
- *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

Napa Valley Emergency Medicine Group begins staffing the emergency department effective 8/1/23.

We continue to work to open virtual clinic, staffed by **Dr Peter Carrol**, 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.

May continues the trend of strong **volume and revenues**. After a dip mid-year with the Epic go-live, volumes have rebounded. We anticipate continued growth. May's Total Operating Revenue exceeded budget by \$250,000 adding to an excess Year to Date which reached \$2.2 million over budget through May and \$4.2 million over last year.

Bryan Lum was hired as the Director of IT.

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 **ICU renovation** is being rescoped as state code requirements are necessitating plan modifications. We expect to have the project completed later this calendar year.

Planning is underway for the **expansion of PT** at Highway 12. Space currently being occupied by Finance is being reviewed to expand physical therapy services. A proposal should come to the Board for review and approval in the coming months.

We are 7 months into our **Epic** implementation. The system is running as expected. Interfaces to community partners are almost complete. One key remaining interface is with UCSF. This work is underway. Data validation has go-live scheduled for end of summer.

Covid

Hospital policy regarding testing has recently been revised. We are no longer routinely testing admissions and will only be testing symptomatic patients. We continue to track the virus and its new variants, but impact on the hospital has all but disappeared.

As a service organization, we are acutely attuned to the feedback of our patients. While we routinely have room for improvement, below are a few typical comments.

I have gone to another hospital for years to get my mammogram. I have a new PCP who sent me here. While I could have asked to be sent to a closer hospital...I went with it. Super appreciated that they were expecting me, are respectful and got me in and out. By the time I drove home - 45 minutes - maybe a bit longer, the results were posted on My Chart. Thanks for a wonderful experience and quick read of the films. I'm good until I see you next year.

My therapist was absolutely amazing. She went above and beyond to understand my situation fully, then offer treatment that addressed the underlying issue. I was utterly impressed.

Entire staff were friendly, informative, and very professional. Made the whole experience easy.



To: SVHCD Board of Directors

From: Susan Kornblatt Idell

Date: July 6, 2023

Subject: Quality Committee Quarterly Report

Quality performance in the 1st Quarter remains strong. Metrics measured and reported monthly to Quality Committee include

- Mortality
- AHRQ Patient Safety Indicators
- Patient Falls
- Readmissions
- Blood Culture Contamination
- Stroke Core Measures
- Utilization Management
- Core Measures- Sepsis/ED/Colonoscopy
- Infection Prevention
- Inpatient and Outpatient Satisfaction

Significant increase in patient volume in the inpatient and surgical areas seen in 1st Quarter. 4th Quarter discharges averaged 64, 75 in 1st Quarter. Surgical volume 115 in 4th Quarter, increased to 145 in 1st Quarter.

Hospital continues to focus on the following Quality Initiatives-

- All sepsis cases are review by the Director of Quality. Any cases that do not meet the core measure standards for sepsis care are reviewed by the Director of Emergency Services and the Medical Director of the ED with education and follow up with care providers. New Sepsis Taskforce has been formulated in the hospital to discuss and make improvements in Sepsis care. Focus on education for providers regarding Sepsis documentation in EPIC system
- Stroke care. The hospital continues to meet or exceed all measures regarding stroke care

- 7 Day readmissions are reviewed by the Director of Quality and the Medical Director of the Hospitalist group. 3rd Quarter readmission (within 30 days of discharge) rate was 6%, significantly improved in the 4th quarter to 4.87% and further improved in the 1st quarter of 2023 to 3.6%. Case Management involved in ensuring that patients have follow up appointments and support needed on discharge.
- Continued focus on length of stay. 1st Quarter length of stay averaged 3.39 days on a goal of 2.75. Continued collaboration between physicians, nursing and case management regarding discharge and length of stay occurs daily at morning huddles. Significant increase in volume in 1st quarter compared to 2022.
- Zero adverse events in 1st quarter
- Hospital wide initiatives surrounding patient satisfaction continue. Improvements seen in 8 out of 9 domains. HCAHPS (inpatient) survey's return very low, averaging 10 surveys per month, 32 surveys for the quarter.

Monthly presentations regarding departmental quality initiatives and data continues. In the 1st Quarter presentations from the Emergency Department, Pharmacy Department and the Annual Quality Department Review were presented and reviewed.

HCAHPS 1st Quarter Review

Survey Items	SECTION/DOMAIN	Survey Type	n	Top Box Score			Percentile Rank	Score Trendline	Details		
				Current (Q1 2023)	Previous (Q4 2022)	Goal					
Rate hospital 0-10	GLOBAL ITEMS	CAHPS	32	84.38%	75.00%	—	9.38%	93		Compare Trending	Details
Recommend the hospital	GLOBAL ITEMS	CAHPS	30	86.67%	67.86%	—	18.81%	94		Compare Trending	Details
Domain: Comm w/ Nurses	COMM W/ NURSES	CAHPS	32	81.25%	67.86%	—	13.39%	72		Compare Trending	Details
Domain: Response of Hosp Staff	RESPONSE OF HOSP STAFF	CAHPS	30	80.98%	66.50%	—	14.48%	96		Compare Trending	Details
Domain: Comm w/ Doctors	COMM W/ DOCTORS	CAHPS	32	73.76%	75.57%	—	-1.82%	20		Compare Trending	Details
Domain: Hospital Environment	HOSPITAL ENVIRONMENT	CAHPS	31	64.52%	58.93%	—	5.59%	52		Compare Trending	Details
Domain: Comm About Medicines	COMM ABOUT MEDICINES	CAHPS	17	57.54%	47.62%	—	9.92%	40		Compare Trending	Details
Domain: Discharge Information	DISCHARGE INFORMATION	CAHPS	29	85.38%	79.17%	—	6.22%	41		Compare Trending	Details
Domain: Care Transitions	CARE TRANSITIONS	CAHPS	30	53.40%	41.07%	—	12.32%	62		Compare Trending	Details

Custom Question ^ Focus Question
 | At or Above Goal | <5 Points Below Goal | >5 Points Below Goal | No Goal

Rate My Hospital 1st Quarter Review

- Starting the 3rd Quarter of 2022 we started reporting the Rate My Hospital rankings for all departments as a comparison to HCAHPS results. The hospital received approx. 1138

surveys through Rate my Hospital the 1st Quarter for all hospital departments (Emergency, Diagnostic services, Inpatient, Physical Therapy, Surgery) with an average rating of 4.76 out of 5

Department	Responses	Average Score
Sonoma Valley Hospital / Emergency Department	242	4.476 95% CI: 4.431–4.521

Department	Responses	Average Score
Sonoma Valley Hospital / Hand and Physical Therapy	206	4.913 95% CI: 4.896–4.931

Department	Responses	Average Score
Sonoma Valley Hospital / Inpatient Care	12	4.738 95% CI: Not enough samples

Department	Responses	Average Score
Sonoma Valley Hospital / Medical Imaging	560	4.844 95% CI: 4.825–4.864

Department	Responses	Average Score
Sonoma Valley Hospital / Outpatient Surgery	118	4.850  95% CI: 4.822—4.879

CMO Report to the Board

July 2023

Updates

- SVH Clinical Enterprise Scope and Expansion
- Improving Standardization
- Engaging the Community



SVH Clinical Enterprise Scope and Expansion

ED Transition with Napa Valley Emergency
Medicine Group

Orthopedic Expansion with potential
new candidate for Ortho
geriatrics/joint replacement

Gen Surgery, GI, Colorectal with Drs. Kidd
and Alexandridis

e-ICU with UCSF or Benchmark

Urology with Dr. Carroll
outpatient



Tele-Neurology with UCSF

Tele-psych with Forefront

ID teleconsultation with MarinHealth

Cardiology consultation and
streamlined transfers for
interventions with MarinHealth

Age-Friendly Health System with Geriatric
NP Becky Spear

Improving Standardization

EPIC Tip & Trick - Anesthesia Order Sets

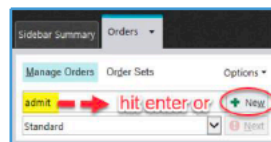
Use of prebuilt order sets in Epic helps to ensure complete ordering for patients during each

EPIC Tip & Trick - General Surgery Order Sets

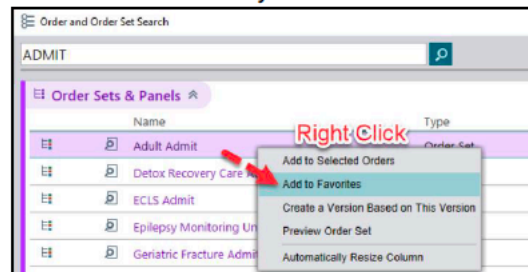
EPIC Tip & Trick - ED Order Sets

Use of prebuilt order sets in Epic helps to ensure complete ordering for patients during each level of care. You can save frequently used order sets to your favorites by following these steps:

1. From the orders search, type key words to pull up order sets



2. Right click on order set title to add it to your Favorites



Order set content is maintained by Providence, however you have the option to create your own order set versions as well as submit enhancement requests through our Epic Governance Committee. Below are lists of common order sets by specialty:

ANTITHROMBOTIC THERAPY REVERSAL	ED Drug Overdose	ED SEXUAL ASSAULT
BLOOD TRANSFUSION - ADULT	ED DYSRHYTHMIA TREATMENT	ED STEMI
BLOODBORNE PATHOGENS POST EXPOSURE	ED Fever/ URI	ED STROKE - EVALUATION
ED ABDOMINAL PAIN TREATMENT	ED GI BLEED TREATMENT	ED STROKE - TREATMENT - ICH / SAH
ED ADMIT HOLD	ED Headache	ED STROKE - TREATMENT - TIA / ISCHEMIC
ED AGITATION MANAGEMENT	ED HEADACHE TREATMENT	ED SYNCOPE TREATMENT
ED ALCOHOL WITHDRAWAL PREVENTION	ED HYPERGLYCEMIA TREATMENT	ED Thoracentesis
ED Allergy	ED Kidney Stone	ED TRAUMA TREATMENT
ED Altered Mental Status	ED MENTAL HEALTH/DRUG PROBLEM	ED UNCONSCIOUS TREATMENT
ED ANKLE / FOOT/ TOE INJURY	ED OVERDOSE TREATMENT	ED WEAKNESS/DIZZINESS TREATMENT
ED Arthrocentesis	ED Paracentesis	INSULIN SUBQ (EATING OR NPO)
ED Asthma & Pulmonary	ED PNEUMONIA TREATMENT	MASSIVE TRANSFUSION PROTOCOL
ED BREATHING PROBLEM TREATMENT	ED Psych Clearance	RAD CT CONTRAST
ED CHEST PAIN	ED PSYCH HOLDING ORDERS	RAD ECHO CONTRAST
ED CHRONIC OPIOID USE NALOXONE	ED RESTRAINTS	RAD MRI CONTRAST
ED CSF	ED SEIZURE TREATMENT	RAD XR CONTRAST
ED CT/US/MRI Common	ED SEPSIS - ADULT	THERAPEUTIC HYPOTHERMIA

This is not a complete list of all order sets, but a sampling of what's available!

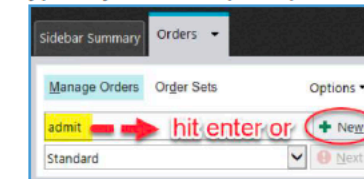
EPIC Tip & Trick - Hospitalist Order Sets

Order set content is maintained by Providence, however you have the option to create your own order set versions as well as submit enhancement requests through our Epic Governance Committee. Below are lists of common order sets:

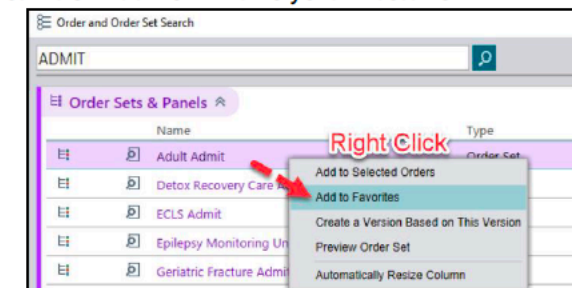
EPIC Tip & Trick - Ortho Surgery Order Sets

Use of prebuilt order sets in Epic helps to ensure complete ordering for patients during each level of care. You can save frequently used order sets to your favorites by following these steps:

1. From the orders search, type key words to pull up order sets



2. Right click on order set title to add it to your Favorites



Order set content is maintained by Providence, however you have the option to create your own order set versions as well as submit enhancement requests through our Epic Governance Committee. Below are lists of common order sets by specialty:

ADULT ADMIT	LARGE JOINT ARTHROPLASTY POSTOP
BLOOD TRANSFUSION - ADULT	LOWER EXTREMITY TRAUMA POSTOP
CC ORTHO INJECTIONS	ORTHO PREOP
CERVICAL SPINE POSTOP - ORTHO	RAD CT CONTRAST
FOOT AND ANKLE POSTOP	RAD ECHO CONTRAST
GERIATRIC FRACTURE ADMIT	RAD MRI CONTRAST
GERIATRIC FRACTURE POSTOP	RAD XR CONTRAST
GERIATRIC FRACTURE PREOP	SHOULDER, ARM, ELBOW POSTOP
HAND POSTOP - ORTHO	Telemetry
HIP, FEMUR, PELVIS POSTOP	THORACIC LUMBAR SPINE POSTOP - ORTHO
INSULIN SUBQ (EATING OR NPO)	UPPER EXTREMITY TRAUMA POSTOP
KNEE AND LEG POSTOP	WRIST, HAND, ELBOW POSTOP

This is not a complete list of all order sets, but a sampling of what's available!

Engaging the Community



Initiative to Improve Diabetes care in conjunction
with La Luz and the Sonoma Valley Hospital
Community Health Center

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		
1 Increase Access to San Francisco based UCSF Care - ability for Sonomans to access care at UCSF in the city has been difficult. This objective seeks to improve pathways to access care.	1.1	Expansion of Telemedicine Services with UCSF Affiliate Network	Neurology coverage for stroke and inpatient care Infectious Disease coverage for hospital Intensivist Coverage of ICU	24/7 availability of neuro consult for stroke cases in ED Specialty coverage for ED and inpatient units	2019	2019	complete complete	7/19 7/19	
		1.2	Beta Site for Capacity Management (transfer) Center	Integration of SVH into the UCSF capacity management system	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	Summer 2023	2023-2024	Engaging UCSF and third party vendors on contracting. Dr Sankaran has lead. Conversations progressing. Ongoing. System live. UCSF working on process. SVH participation pending.	6/23 1/23
	2 Increase Access to Locally Provided Specialists/Primary Care - establishment of care sites in Sonoma will aid in access to UCSF care.		2.1	Physician Employment	Joint recruitment of GI specialists based in Sonoma Joint recruitment of orthopedic surgeon based in Sonoma	Provision of service currently unavailable in Sonoma and highly in demand. Orthopedics is in strong demand in Sonoma. Planning to insure availability over coming years.	2021	in process	Interviewing candidates
		2.2		Expansion of Clinically Integrated Network	Engagement of UCSF faculty in growth or under represented service lines Opportunity to contractually link Sonoma providers to UCSF network improving network access, quality oversight, and financial stability for practices	Engagement can increase the types of care available in Sonoma and increase connectivity with orograms at UCSF. Helps insure stability of practices in Sonoma and improved access to broader network.	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
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 operatrine rooms			EPIC installation has removed key barrier. Improvement to interfaces underway. Dr Carrol (urologist)to provide services in Sonoma in 07/23	6/23
3 Increase Facility Utilization - objective is to use available space and resources at SVH to alleviate capacity issues at UCSF where needs align. The result will be more availability of services in Sonoma.	3.2	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. Improve access for veterans and increase utilization of SVH services		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			2023	2024	Connecting with VA leadership through UCSF contacts	2/22	
4 Enhance IT Integration - maximize connectivity between two organizations to improve integration of data available to community and patients	4.1	Maximize data availability between sites	EPIC implementation Optimize EPIC data transfer between instances	Installation of EPIC will improve connectivity between UCSF and SVH. Maximizing data integration between SVH Epic and UCSF Epic will optimize utilization by clinicians and patients	January 2022	12/3/2022	Complete	12/22	
		4.2	Integration of IT management	Contract executed between UCSF and SVH for the provision of management services to SVH		Summer 2023	2025	Interface builds still underway - final interface scheduled to be completed Summer 23	6/23
						2022	2022	Complete	1/22
5 Share Resources/Reduce Costs - by collaborating, can the two organizations save money?	6 Share Resources/Reduce Costs - by collaborating, can the two	Integration of coordination of care w UCSF and/or Marin Health							
		Explore JV opportunities around ODC	Develop a business case for a joint venture between SVH and UCSF around the ODC and surgical services	A joint venture would provide both capital and focus from UCSF on Sonoma.	CY2023	2024	Investment models under review. On going.	12/22	
Parking Lot		Exploration of ways to integrate purchase of goods and services		Cooperating with UCSF on purchasing could 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	