



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

AGENDA

**THURSDAY, AUGUST 3, 2023
REGULAR SESSION 6:00 P.M.**

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

**To participate via Zoom videoconferencing, use the link below:
Join Zoom Meeting**

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

Meeting ID: 917 0056 3772
Passcode: 517004

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

<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact Monique Crayton, District Clerk at 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>Kornblatt Idell</i>		
<p>2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p>3. BOARD CHAIR COMMENTS</p>	<i>Kornblatt Idell</i>		
<p>4. CONSENT CALENDAR a. Board Minutes 07.06.23 b. Finance Committee Minutes 06.27.23 c. Quality Committee Minutes 06.28.23 d. Medical Staff Credentialing</p>	<i>Kornblatt Idell</i>	Action	Pages 3-6 Pages 7-9 Pages 10-14

e. Policies and Procedures			Pages 15-20
5. FINANCE COMMITTEE QUARTERLY REPORT	<i>Boerum</i>	Inform	
6. CEO REPORT	<i>Hennelly</i>	Inform	Pages 21-25
7. CMO UPDATE	<i>Sankaran</i>	Inform	Pages 26-32
8. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform	Page 33
9. APPROVAL OF BID FOR SITE WORK FOR TEMPORARY MRI	<i>Hennelly</i>	Action	Pages 34-40
10. FINANCIALS FOR MONTH END JUNE 2023	<i>Armfield</i>	Inform	Pages 41-52
11. BOARD COMMENTS	<i>Board Members</i>	Inform	
12. ADJOURN	<i>Kornblatt Idell</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, JULY 6, 2023

HELD IN PERSON AT CITY COUNCIL CHAMBERS, 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, Present 4. Bill Boerum, Treasurer, Absent 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 6:06 p.m.		
2. PUBLIC COMMENT		
None.		
3. PUBLIC COMMENT ON CLOSED SESSION	<i>Bjorndal</i>	
None.		
4. CLOSED SESSION		
5. REPORT ON CLOSED SESSION	<i>Bjorndal</i>	
Dr. Bjorndal reported that the closed session involved discussion regarding a public employee's performance evaluation. Further details will be provided in recommendations from the CEO Compensation Committee.		
6. BOARD CHAIR COMMENTS	<i>Bjorndal</i>	
Dr. Bjorndal stated that she would be on vacation from July 19-August 10 th . Vice Chair, Kornblatt Idell will serve as Interim Board Chair during her absence.		
7. CONSENT CALENDAR	<i>Bjorndal</i>	Action
a. Board Minutes 06.01.23 b. Joint Board/Finance Committee Minutes 05.23.23 c. Regular Finance Committee Minutes 05.23.23 c. Quality Committee Minutes 05.24.23 d. Medical Staff Credentialing e. Policy and Procedures		MOTION: by Kornblatt Idell to approve, 2 nd by Kalos. All in favor.
8. ARMANINO FY 2024 BUDGET FOLLOW-UP	<i>Armfield</i>	Inform

<p>Mr. Armfield gave a brief update regarding feedback on the budget process provided by Mr. Brian Sackstein of Armanino LLP. Mr. Sackstein is the principal partner for Armanino firm, who will be performing the hospital's annual financial statement audit. He was invited to a recent joint Board/Finance Committee budget meeting on May 23, 2023. by Finance Committee Chair, Bill Boerum. Among several recommendations, Mr. Sackstein provided a few creative ways to look for revenue enhancements including prioritizing the review and renegotiation of managed care contracts. There was also an agreement for Mr. Sackstein to review the budget timeline in the upcoming year to accommodate additional workshops and respective input from the finance committee.</p>		
<p>9. FINANCIALS FOR MONTH END MAY 2023</p>	<p><i>Armfield</i></p>	<p>Inform</p>
<p>Mr. Armfield stated that May was another financially positive month, exceeding budget for the sixth month in a row. Year-to-date, the hospital's operating margin continues to outpace budget and the prior year.</p>		
<p>10. RECOMMENDATIONS FROM CEO COMPENSATION COMMITTEE</p>	<p><i>Bjorndal</i></p>	<p>Action</p>
<p>Dr. Bjorndal called for approval of recommendations from the CEO Compensation Committee as it pertains to this year's CEO Evaluation Process:</p> <ul style="list-style-type: none"> • Approve CEO Goals for FY 2024 • Approve recommendation for CEO Salary Adjustment for FY 2024 • Approve recommendation for CEO Incentive Compensation for FY 2023 (Met 5 of 6 goals) <p>Following approval of the Compensation Committee's recommendations, the Board stated that they were extremely pleased with the CEO's performance for the 2023 fiscal year.</p>		<p>MOTION: by Kalos to approve, 2nd by Myatt Lee. All in favor.</p> <p>MOTION: by Kalos to approve, 2nd by Kornblatt Idell. All in favor</p> <p>MOTION: by Kalos to approve, 2nd by Myatt Lee. All in favor</p>
<p>11. CEO REPORT</p>	<p><i>Hennelly</i></p>	<p>Inform</p>

<p>Mr. Hennelly provided an important update regarding the recent Request for Proposal (RFP) acquisition of the Sonoma Valley Community Health Center. Mr. Hennelly announced that the Petaluma Health Center had been selected as the new partner for the Sonoma Valley Health Center, following a competitive RFP process. He emphasized the significance of the hospital 's RFP submission and noted that the opportunity was pursued based on firm belief in the critical importance of keeping the Sonoma Valley Health Center in the community. Although not selected, Mr. Hennelly re-affirmed the hospital's commitment to the health and wellness of Sonoma Valley residents and stated that he is fully supportive of the new partnership.</p> <p>Following, Mr. Hennelly's announcement, the Board thanked Mr. Hennelly and his staff for their efforts on the RFP process and stated that they will look forward to hearing about partnership developments with Petaluma Health Center going forward.</p> <p>Mr. Hennelly went on to provide his CEO Report which included an update on the hiring of a new IT Director, Bryan Lum. He also reminded the Board that the Napa Valley Emergency Group will begin staffing the Emergency Department on August 1st. Additionally, he added that renowned Urologist, Dr. Peter Carroll will begin his virtual clinic, with an expectation to begin in-clinic care by year's end. Mr. Hennelly then stated that the MRI project and ICU renovations are still in process. Lastly, he noted that May continues the trend of strong volume and revenues. 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.</p>		
<p>12. QUALITY COMMITTEE QUARTERLY UPDATE</p>	<p><i>Kornblatt Idell</i></p>	<p>Inform</p>
<p>Ms. Kornblatt Idell reported that the Quality performance in the 1st Quarter remains strong. Metrics measured and reported monthly to Quality Committee include:</p> <ul style="list-style-type: none"> • 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 		

She then noted that monthly presentations regarding departmental quality initiatives and data continues. In the 1 st Quarter presentations from the Emergency Department, Pharmacy Department and the Annual Quality Department Review were presented and reviewed by the Board Quality Committee.		
13. CMO UPDATE	<i>Sankaran</i>	Inform
Dr. Sankaran highlighted SVH's Clinical Enterprise Scope and Expansion and Improving Standardization initiatives. She also announced a collaboration with La Luz Center and the Sonoma Valley Community Health Center to improve diabetes care.		
14. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform
None.		
15. BOARD COMMENTS	<i>Board Members</i>	Inform
Ms. Kornblatt Idell said that she will not be available July 21-29 th . Denise Kalos will cover in her absence.		
16. ADJOURN	<i>Chair</i>	
Adjourned at 6:46 pm		



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES**

**TUESDAY, JUNE 27, 2023
6:00 pm**

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

Present	Not Present/Excused	Staff	Public	
Wendy Lee Myatt, in person Carl Gerlach, in person Ed Case, in person Bob Crane, in person Peter Hohorst, in person Graham Smith, via Zoom Catherine Donahue, via Zoom Subhash Mishra, MD, via Zoom	Bill Boerum	John Hennelly, CEO, in person Ben Armfield, CFO, in person Jessica Winkler, via Zoom Dawn Kuwahara, via Zoom	Sandra Otter, 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>Lee Myatt</i>			
	Wendy Lee Myatt served as Interim Meeting Chair in place of Finance Committee Chair, Bill Boerum who was unable to be present for the day's meeting.			
	Called to order at 6:07 p.m.			
2. PUBLIC COMMENT SECTION	None			
3. CONSENT CALENDAR	<i>Lee Myatt</i>		Action	
a. Joint Board of Directors/Finance Committee Minutes 05.23.23 b. Finance Committee Minutes 05.23.23	The Committee reviewed the minutes from the 05.23.23 Joint Board/Finance Committee Meeting and the 05.23.23 Regular Finance Committee Meeting. It was requested that the term "positive" be changed to "confident" as it pertains to Mr. Armfield's presentation on budget assumptions for the upcoming fiscal year.		MOTION: by Smith to approve, 2 nd by Crane. All in favor.	
4. ODC UPDATE	<i>Hennelly</i>		Inform	

	Mr. Hennelly said that there is continued work to finalize timelines surrounding the project, however the “go-live” date is still projected to be January 1, 2024.		
5. EPIC UPDATE	<i>Hennelly</i>	Inform	
	Mr. Hennelly stated that there has been no change in the existing numbers and volume.		
6. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform	
	Mr. Hennelly reported that Dr. Peter Carroll is engaged and ready to begin seeing patients via Telehealth starting July 1 st . There is hope that Dr. Carroll will eventually be able to see patients on-site a couple of days per month; it was noted that Dr. Carroll will not perform procedures at the SVH facility. Mr. Hennelly went on to state that there have also been talks with UCSF to begin a virtual Intensivist service. Staff will update the committee on the progress of these discussions going forward.		
7. FINANCIAL REPORT FOR MONTH END MAY 2023	<i>Armfield</i>	Inform	
	Mr. Armfield stated that May was another financially positive month, exceeding budget for the sixth month in a row. Year-to-date, the hospital’s operating margin continues to outpace budget and the prior year. Mr. Armfield then reported that patient revenue was 6% over budget for the month and over 10% higher than prior year levels. Additionally, Mr. Armfield reported that cash levels remain to be strong as cash collections continue to improve post Epic go-live. Mr. Armfield indicated the hospital will look for opportunities prior to year-end to reduce current payables and line of credit.		
8. REVIEW CAPITAL SPENDING PLAN FOR FY 2024	<i>Armfield</i>	Inform	
	Mr. Armfield presented the Capital Spending Plan for FY 2024. It is expected that over 90% of the estimated 4.6 million in capital spending will be allocated towards regulatory, infrastructure, and initiative items. There will also be a particular focus on campus redevelopment with plans to partner with the Sonoma Valley Hospital Foundation to develop a comprehensive plan and move forward with next steps.		
9. ARMANINO FY24 BUDGET FOLLOW-UP	<i>Armfield</i>	Inform	

	<p>Mr. Armfield discussed the feedback provided by Mr. Brian Sackstein of Armanino LLP. Mr. Sackstein is the principal partner for the Armanino firm, who will be performing our annual financial statement audit. He was invited to the joint budget meeting on May 23, 2023, by Finance Committee Chair, Bill Boerum. He also attended a separate meeting with Mr. Armfield and SVHCD Finance Committee and Board of Directors Member Wendy Lee Myatt. The discussion revolved around providing 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. Mr. Sackstein provided several creative ways to look for revenue enhancements including prioritizing the review and renegotiation of managed care contracts. There was an agreement to review the budget timeline in the upcoming year to accommodate additional workshops and respective input from the finance committee.</p>		
<p>10. ADJOURN</p>	<p><i>Lee Myatt</i></p>		
	<p>Meeting adjourned at 7:19 p.m.</p>		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**
June 28, 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 Carl Speizer, MD Kathy Beebe, RN PhD Michael Mainardi, MD Howard Eisenstark, MD	Ingrid Sheets, EdD, MS, RN Judith Bjorndal, MD		Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Kylie Cooper, RN, BSN, CPHQ, MBA, Quality and Risk Mgmt. John Hennelly, CEO Sujatha Sankaran, MD

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 05.24.23 	Minutes of the 05.24.23 meeting were approved as presented.	MOTION: by Eisenstark to approve, 2 nd by Sheets. All in favor.

4. ED QA/PI	<i>Winkler</i>	INFORM
	Ms. Winkler requested a deferment of the ED QAPI presentation. The metrics are being reviewed and revised since the departure of the ED Director and the upcoming physician group transition. The revisions will include standard items of sepsis and stroke metrics but will also include findings from the CIHQ survey and several educational pieces.	
5. QUALITY INDICATOR PERFORMANCE PLAN	<i>Cooper</i>	INFORM
	Ms. Cooper shared the quality indicator performance for the month of May 2023. It was noted that Adverse Events Reporting, Blood Products, and Significant Medication Errors were added as new slides and will be reported on in the monthly quarterly indicator performance plan. Ms. Cooper then went on to provide an update on her recent meeting with a skilled nursing facility to discuss ways to improve readmission rates. Providing more robust information in nursing reports was a major area of improvement noted in the meeting outcome.	
6. POLICIES AND PROCEDURES	<i>Cooper</i>	INFORM
	<p>Summaries of changes were reviewed for the following policies:</p> <ul style="list-style-type: none"> Authorized Access to Medication Storage Areas Carbohydrate Consistent Diet NU8340-176 NEW Code Blue-Broselow Carts and Emergency Medications Competency Assessment Creutzfeldt-Jakob Disease Human Prion Disease Critical Value Reporting 7500-12 Diet Manual Policy Drug-Nutrient Interactions Dry Storage Emergency Release of Blood Products 	

	<p>Food Nutrition Disaster Plan 8340-109 Food Preparation and Service Food Safety, Hand washing, and Sanitation Standards Laboratory Fax 7500-26 Laboratory Specific Disaster Plan 7500-28 Manual Entry Review 7500-30 Menu Analysis Menu Identification, Tray Service, and Preparation Method Validation of Analytical Procedures 7500-32 Mission Statement Mops, Proper Use of Nutritional Assessment Practice Guidelines Pediatric Nutritional Assessment Practice Guidelines Adult Geriatric Nutritional Plan of Care Nutritional Risk Levels Outpatient Service Laboratory 7500-40 Pathology Specimen Handling Patient Education Personnel Inservice and Continuing Education Personnel Orientation Personnel Staff Competencies Personnel Staff Performance Policy or Procedure Changes 7500-46 Portion Control Pre-Operative Laboratory Testing 7500-48 Priority Lab Work 7500-50 Production Sheets Proficiency Testing 7500-52 QAPI Program Policies and Procedures Reagent and Supply Handling—Dating and Visual Inspection 7500-56 Receiving of Foods and Supplies Record Retention Reflex Testing Policy 7500-58 Refrigerator Freezer Storage 8340-174</p>	
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	<p>Release of Information 7500-60 Requests for Laboratory Tests 7500-62 Responsibilities of the Dietitian Results Reporting 7500-64 Retention of Clinical Laboratory Records 7500-66 Retention of Clinical Laboratory Specimens 7500-68 Retention of Pathology Records 7500-70 Retention of Records Cease of Operation 7500-72 Review of Patient Results and Quality Control 7500-74 Scheduling Scope of Service Self-Referral Testing 7500-78 Special Functions Catering Requests Specimen Rejection 7500-86 Specimens Collected at Outside Sites 7500-88 Staffing and Service Availability 7500-90 Standardized Recipes Storage of Medications Temperature Control in the Laboratory 7500-94 Temperature Daily Checks 7500-96 Thawing of Food 8340-104 Thickened Liquids Venipuncture 7500-98 Ware Washing <u>RETIRE</u> Calorie Counts Discontinue Orders 7500-16 Nutrition Services Neutropenic Precaution</p>	
<p>7. MEETING DATES FOR THE BALANCE OF 2023</p>	<p><i>Kornblatt Idell</i></p>	<p>INFORM</p>
	<p>Ms. Kornblatt Idell proposed combining the September/October and November/December Quality Committee Meetings. The September/October meeting will take place on Wednesday, October 25th. The November/December meeting date will be determined. The Committee agreed to the proposed changes. Staff</p>	

	will revise meeting invites, and email updates accordingly.	
8. CLOSED SESSION/REPORT ON CLOSED SESSION	<i>Kornblatt Idell</i>	ACTION
a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Medical Staff Credentialing was reviewed and approved.	MOTION: by Eisenstark to approve, 2nd by Snyder. All in favor.
9. ADJOURN	<i>Kornblatt Idell</i>	
	Meeting adjourned at 6:47 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: 07/28/2023 11:15 AM

Report Parameters

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

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 25

Committee: 09 BOD-Board of Directors

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

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Administration of Medications <i>Medication Management Policies (MM)</i>	Pending Approval	7/28/2023	0
Summary Of Changes: Added verbiage to better define the role of radiology and ultrasound technicians o Radiology and ultrasound technicians may access medications not included above for the purpose of retrieving them for administration by other practitioners licensed to do so Clarified role of medical assistant to be supervised by an LIP Removed references to skilled nursing facility 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)			
Advanced Directives <i>Patient Rights Policies (PR)</i>	Pending Approval	7/28/2023	0
Summary Of Changes: Reviewed. No content changes, updated references to most current year. Moderators: Newman, Cindi (cnewman) Lead Authors: Cooper, Kylie (kcooper) Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Carbohydrate Consistent Diet NU8340-176 NEW <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	7/13/2023	15
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 Moderators: Newman, Cindi (cnewman) Lead Authors: Finn, Bridget (bfinn) Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 04			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/28/2023 11:15 AM

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

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)

Contrast Reactions	Pending Approval	7/28/2023	0
<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	Reviewed policy. Made a small change about documenting allergy reaction in patients medical record. Updated authors/reviewers. Pharmacy-updated wording to include only the crash cart for emergency medications		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza), Young, Dave (dyoung)		
ExpertReviewers:	Kutza, Chris (ckutza), Medical Director-Diagnostic Radiology		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Drug-Nutrient Interactions	Pending Approval	7/13/2023	15
<i>Food & Nutrition Services Dept Policies</i>			
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) -> 02 MS-Medicine 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)		
Infection Prevention Program	Pending Approval	7/28/2023	0
<i>Infection Prevention & Control Policies (IC)</i>			
Summary Of Changes:	Reviewed. Added Monthly infection control rounds in all departments to aligned with CIHQ findings. No other content changes		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Montecino, Stephanie (smontecino), Cooper, Kylie (kcooper)		
ExpertReviewers:	Sankaran, Sujatha (ssankaran)		
Approvers:	Cooper, Kylie (kcooper) -> 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)		
Infection Prevention Risk Assessment	Pending Approval	7/28/2023	0
<i>Infection Prevention & Control Policies (IC)</i>			
Summary Of Changes:	Updated areas include: 2023 Goals, Construction goals in 2023 Inpatient, OP and Ambulatory care is increased to M in all 3 areas due to upcoming construction areas and changes made to scoring for Candida Auris to M for all areas		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Montecino, Stephanie (smontecino), Cooper, Kylie (kcooper)		
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)		
Injury Due to Medical Device Equipment	Pending Approval	7/10/2023	18
<i>Care of the Physical Environment (CE)</i>			
Summary Of Changes:	Reviewed. No changes to content. Changed owner from Director of Facilities to Director of Quality and Risk Management.		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/28/2023 11:15 AM

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

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Cooper, Kylie (kcooper)
 ExpertReviewers: Gatenian, Grigory (ggatenian)
 Approvers: 00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> Hennelly, John (jhennelly) -> 09 BOD-Board of Directors - (Committee)

Management of Radiographic Contrast Media <i>Diagnostic Services Dept Policies</i>	Pending Approval	7/28/2023	0
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Summary Of Changes: **No changes to policy.**
Updated owner, authors/reviewers titles.

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kutza, Chris (ckutza), Young, Dave (dyoung)
 ExpertReviewers: Kutza, Chris (ckutza), Medical Director-Diagnostic Radiology
 Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

MRI Code Blue Procedure <i>Diagnostic Services Dept Policies</i>	Pending Approval	7/28/2023	0
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Summary Of Changes: **Updated title to reflect rapid response in addition to code blue.**
Added clarification to procedure steps to include only MRI technologists, screened individuals and screened equipment are allowed in scanner room (Zone 4).
Added reference to Rapid Response policy.
Added CNO as reviewer.

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Young, Dave (dyoung)
 ExpertReviewers: Medical Director-Diagnostic Radiology
 Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

MRSA Active Surveillance Culture (ASC) <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	7/28/2023	0
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Summary Of Changes: **Updated the document, Changed Paragon to Electronic Health Records X3 in the text.**
Changed grammatical corrections. Fixed Acronyms

Reviewed policy and it is consistent with other local and national organizations and guidelines.
Updated to most current guidelines from CDC in 2020 and confirmed by UCSF current policy.

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)

RETIRE:: Cardiac Exercise Testing Precautions, Indications and Complications <i>Cardio Dept</i>	Pending Approval	7/28/2023	0
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Summary Of Changes: **Please Retire this policy.**
This is a department procedure, not a hospital policy.

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Young, Dave (dyoung)
 Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/28/2023 11:15 AM

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

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

RETIRE:: Cardiac Stress Testing Addendum Cardiolite Testing	Pending Approval	7/28/2023	0
<i>Cardio Dept</i>			
Summary Of Changes:	Retire- this is a department protocol/procedure, not a hospital policy.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Young, Dave (dyoung)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE:: Echocardiogram Procedure	Pending Approval	7/28/2023	0
<i>Cardio Dept</i>			
Summary Of Changes:	Retire- this is a department protocol/exam, not a hospital policy.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Young, Dave (dyoung)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE:: Echocardiography with Contrast	Pending Approval	7/28/2023	0
<i>Cardio Dept</i>			
Summary Of Changes:	Retire- this is a department protocol/exam, not a hospital policy.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza), Young, Dave (dyoung)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE:: Fire Safety - Imaging Dept	Pending Approval	7/28/2023	0
<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	Reviewed Policy,		
	Recommend retire: redundant to organizational policy, no special instructions for imaging specifically.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Young, Dave (dyoung)		
ExpertReviewers:	Medical Director-Diagnostic Radiology		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
RETIRE:: Fire Safety - MRI	Pending Approval	7/28/2023	0
<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	Reviewed Policy,		
	CN-Recommend Retire as redundant to the organizational policy, titles changed		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Young, Dave (dyoung)		
ExpertReviewers:	Medical Director-Diagnostic Radiology		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/28/2023 11:15 AM

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

RETIRE:: Myocardial Perfusion Testing LexiscanTreadmill Test <i>Cardio Dept</i>	Pending Approval	7/28/2023	0
Summary Of Changes: Retire- this is a department protocol/procedure, not a hospital policy.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Young, Dave (dyoung)			
Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Pediatric Electrocardiogram <i>Cardio Dept</i>	Pending Approval	7/28/2023	0
Summary Of Changes: RETIRE this is a department protocol/procedure, not a hospital policy.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Young, Dave (dyoung)			
Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Performing Complete Transthoracic Echocardiograms, Protocol for <i>Cardio Dept</i>	Pending Approval	7/28/2023	0
Summary Of Changes: Retire- this is a department protocol/procedure, not a hospital policy.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Young, Dave (dyoung)			
Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Stress Echocardiogram <i>Cardio Dept</i>	Pending Approval	7/28/2023	0
Summary Of Changes: Retire- this is a department protocol/exam procedure, not a hospital policy.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Young, Dave (dyoung)			
Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE::Dobutamine Stress Imaging <i>Cardio Dept</i>	Pending Approval	7/28/2023	0
Summary Of Changes: Retire- we don't perform this test anymore.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Young, Dave (dyoung)			
Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE::ECG Interpretation <i>Cardio Dept</i>	Pending Approval	7/28/2023	0
Summary Of Changes: Retire- this is a department protocol/procedure, not a hospital policy.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Young, Dave (dyoung)			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/28/2023 11:15 AM

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

Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Tuberculosis Exposure Management HR8610-164.6	Pending Approval	7/8/2023	20
<i>Human Resources Policies (HR)\Employee Health</i>			

Summary Of Changes: **No substantive changes - punctuation and job title changes only.
Added Reviewers**

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

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

ExpertReviewers: **Montecino, Stephanie (smontecino)**

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

Venipuncture by Technologists 7630-237	Pending Approval	7/28/2023	0
<i>Diagnostic Services Dept Policies</i>			

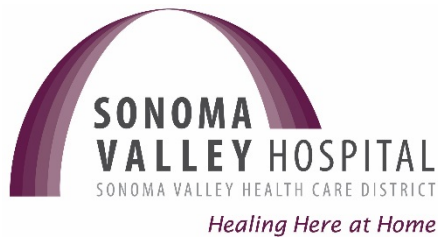
Summary Of Changes: **Updated name of policy and minor wording changes for clarification purposes.
Updated author/reviewer/owner.**

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

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

ExpertReviewers: **Medical Director-Diagnostic Radiology**

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



To: SVHCD Board of Directors
From: John Hennelly
Date: 08.03.23
Subject: Administrative Report

Strategic Planning

Community Health Center board completed the proposal review and has selected Petaluma Valley Health Center as their merge partner. While the District's proposal was strong, the SVCHC selected another Federally Qualified Health Center to merge with. The merger will be more straightforward.

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 began staffing the emergency department effective 8/1/23. We look forward to emergency medicine boarded doctors, many Sonoma residents, staffing the emergency department.

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

The **construction project manager** position has been filled. The applicant will begin in late August.

The **fiscal year** ended with a weaker than expected June. Despite the slowdown, the year significantly outperformed budgeted volumes and revenues. Despite the growth, expenses ran very close to budget. Increased physician engagement, community engagement, strong departmental management and the installation of Epic all contributed to the strong showing.

Capital

You will be receiving a proposal for the sitework to install the **temporary MRI** at this meeting. After a public bidding process, we are proposing to award the contract to GMH builders. Despite inflation, we expect this phase of the project to come in at budget. 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 September.

We are 8 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.

Quality

We were recently recognized by the Lown Institute for our organization's overall effectiveness. Measures included the typical clinical and safety metrics in addition to health equity, value, and overuse. **Essentially the study showed that Sonoma Valley Hospital is one of the best hospitals in the country at providing high-quality cost-effective care for everyone in our community.**

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.

The staff was excellent. From our first contact with the ER admissions person until I was released your staff was professional and obviously caring. Their professionalism was apparent in the manner the nursing staff worked quickly, efficiently and with great care for me. Taking time to answer my many questions with knowledge and confidence. The DR arrived, looked quickly at the data, examined me and very succinctly explained what was to happen. Shortly thereafter the radiology

tech wheeled me away for a scan. It was done quickly and comfortably (I'm very claustrophobic) then returned to my room. Within a few minutes the DR returned, explained gave me his analysis, described the expected result and prescription for medication to keep me comfortable while healing. The whole staff we interacted with was very, very good; they're keepers. Thank you all for a very good job well done.

The surgical staff did an excellent job at keeping me comfortable during my procedure. A special shout out to Ingrid, the nurse in charge of my anesthesia, who held my hand and acted as my guardian Angel, to keep me calm and comforted.

SVH Performance Score Card

1. Quality and Safety

Objective	Target	MAY.23	JUN.22	Trend	Supporting detail
Infection Prevention					
Central Line Blood Stream Infection CLABSI per 10k pt days	<1	0.00	0.00	↔	
Catheter Associated Urinary Tract Infection- CAUTI per 10k pt days	<1	0.00	0.00	↔	
CDIFF Infection per 10k pt days	<0.9	0.00	0.00	↔	
Safety					
Patient Fall per 1000 pt days	<3.75	0.00	0.00	↔	
Patient fall with injury per 1000 pt days	<3.75	0.00	0.00	↔	
Surgical Site Infections per 1000 Acute Care Admissions	0.00	0.00	0.00	↔	

Core Measures					
Sepsis Early Management Bundle % compliant	>81%	83.3 (n=6)	50 (n=6)	↓	Sepsis task force formed to address
Severe Sepsis 3 hour Bundle % compliant	>94%	83.3 (n=6)	66.7 (n=6)	↓	
Severe Sepsis 6 hr Bundle % compliant	100.00	100 (n=4)	50 (n=2)	↓	Sepsis task force formed to address
Core OP 23- Head CT within 45 mins % compliant	100.00	100 (n=1)	N/A	↔	

Mortality					
Acute Care Mortality Rate %	<15.3	1.60	1.70	↓	

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	153 (n=27)	117.5 (n=32)	↑	
Core Op 22 ED Left without being seen LWBS	<2%	0.70	0.20	↑	

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

Preventable Harm					
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.00	0.00	↔	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	3.33 (n=2)	5.17 (n=3)	↓	Lower is better



2. Employees

Objective	Target	MAY.23	JUN.23	Trend	Supporting Detail
Turnover	<3%	0.9	0.3	↑	
Workplace Injuries	<20 Per Year	1 (QTR2)	3 (QTR2)	↓	

3. Patient Experience

Objective	Target	APR.23	MAY.23	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>90%	79 (n=38)	86 (n=235)	↑	Top Box Scores. % of patients that ranked us 5/5
Communication	>90%	93 (n=39)	94 (n=35)	↑	
Discharge Instructions	>95%	96 (n=38)	98 (n=35)	↑	
HCAHPS					
Recommend the hospital	>90%	56 (n=16)	86 (n=21)	↑	Top Box Scores. % of patients that ranked us 5/5
Communication with Nurse	>90%	71 (n=17)	91 (n=22)	↑	
Communication with Doctor	>90%	94 (n=16)	83 (n=22)	↓	
Cleanliness of Hospital	>90%	71 (n=17)	86 (n=21)	↑	
Communication about medicines	>90%	51 (n=17)	65 (n=15)	↑	
Discharge Information	>90%	84 (n=16)	89 (n=19)	↑	

4. Volume

Objective	Target	MAY.23	JUN.23	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>750	879.0	915.0	↑	
Surgical Volume Outpatient	>140	155.0	173.0	↑	
Surgical Volume Inpatient	>13	15.0	12.0	↓	
Inpatient Discharges	>50	71.0	62.0	↓	

5. Financial

Objective	Target	MAY.23	JUN.23	Trend	Supporting Detail
EBDA in %	>0.5	1.0	-14.5	↓	YTD final exceeds target
Days Cash on Hand month end	>42	56.5	42.3	↓	
Net Revenue (\$M) (annualized)	>\$46	\$ 56.0	\$ 55.0	↔	

Scorecard Definitions for Quality Metrics

Central Line Associated Blood Stream Infection (CLABSI)

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

Catheter Associated Urinary Tract Infection (CAUTI)

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

CDIFF (Clostridium Difficile)

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

Sepsis Early Management

Obtain Blood Cultures BEFORE antibiotics

Administer Antibiotics

Obtain Lactate Level

Lactate Level repeated (if elevated)

Severe Sepsis 3 hour bundle

All above included plus-

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

Focused MD exam

Severe Sepsis 6 hour bundle (septic shock only)

Lactate greater than 4 or

If persistent hypotension with 1 hour of fluid administration add Vasopressor

Shock reassessment by physician

Mortality

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

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

PSI 90

Summarizes patient safety across multiple indicators including-

Pressure Ulcers

Falls with Hip Fracture

Perioperative (while in surgery) complications

Postoperative complications

Preventable Harm

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

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

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

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

Readmissions

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

CMO Report to the Board

August 2023

Updates

- New ED Group Launch: 8/1
- Age-Friendly Health System
- Ortho and GI Recruitment



Napa Valley Emergency Medicine Group



- Six ED physician partners + 1 new partner, five of whom reside in Sonoma
- Board Certified Emergency Physicians, many of whom trained/taught at the nation's premier institutions (Harvard, Stanford, UCSF, Highland, UC Davis).
- August/September: Hybrid of Napa Valley Group and current ED providers
- October: fully staffed by Napa Valley Group

Age-Friendly Health System

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





Age-Friendly Health System

- **Geriatric NP will assist with:**
 - Pre-op medication reconciliation
 - Pre-op evaluations
 - Goals of care discussions
 - Communication with Anesthesia, PCP, and Surgeons
 - Inpatient consultations
 - Implementation of screening and interventions to prevent delirium
 - Improving mobilization during hospitalization and post-operatively
 - Community linkages and transitions in care

Other Clinical Service Line Development

- **Gastroenterology**

- Next week, we will have in-person interviews with a candidate recruited by UCSF-Benioff who is interested in establishing a community GI practice in Sonoma

- **Orthopedics**

- We are in discussions with an orthopedist with a focus on joint replacement and geriatric orthopedics interested in establishing an orthopedic practice in Sonoma



Questions?



Revision Date: 08/25/22

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 Rate	Update	Updated
1 Increase Access to San Francisco based UCSF Care - ability for Sonomans to access care at UCSF in the city has been difficult. This objective seeks to improve pathways to access care.	1.1	Expansion of Telemedicine Services with UCSF Affiliate Network	Neurology coverage for stroke and inpatient care	24/7 availability of neuro consult for stroke cases in ED	2019	2019	complete	7/19	
			Infectious Disease coverage for hospital	Specialty coverage for ED and inpatient units			complete	7/19	
			Intensivist Coverage of ICU	Expanded medical team would increase the types of cases that could be treated at SVH. The integration will improve both site's ability to place patients in the right setting for their needs. Impact to SVH increased	2022	2023	Engaging UCSF and third party vendors on contracting. Dr Sankaran has lead. Conversations progressing. Ongoing.	6/23	
	1.2	Beta Site for Capacity Management (transfer) Center	Integration of SVH into the UCSF capacity management system		Summer 2023	2023-2024	System live. UCSF working on process. SVH participation pending.	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	Provision of service currently unavailable in Sonoma and highly in demand.	2021	in process	Interviewing candidates	6/23	
			Joint recruitment of orthopedic surgeon based in Sonoma	Orthopedics is in strong demand in Sonoma. Planning to insure availability over coming years.		2023-25	Interviewing candidates	6/23	
			Engagement of UCSF faculty in growth or under represented service lines	Engagement can increase the types of care available in Sonoma and increase connectivity with programs at UCSF.	2022	2023	Issuance of RFP to faculty to identify programs which could be cited in Sonoma. Proposals must address market need. RFP to be issued	6/23	
	2.2	Expansion of Clinically Integrated Network	Opportunity to contractually link Sonoma providers to UCSF network improving network access, quality oversight, and financial stability for practices	Helps insure stability of practices in Sonoma and improved access to broader network.		2023	UCSF revising program	12/22	
3 Increase Facility Utilization - objective is to use available space and resources at SVH to alleviate capacity issues at UCSF where needs align. The result will be more availability of services in Sonoma.	3.1	Grow UCSF surgical presence in Sonoma	Objective is to engage UCSF surgeons to practice in Sonoma and at SVH.	Increase availability of surgical services in Sonoma/increase utilization of SVH operating rooms			EPIC installation has removed key barrier. Improvement to interfaces underway. Dr Carrol (urologist) to provide services in Sonoma in 07/23	6/23	
	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.		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		Activation of dormant space at SVH. Improve access for veterans and increase utilization of SVH services	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	Installation of EPIC will improve connectivity between UCSF and SVH.	January 2022	12/3/2022	Complete	12/22	
			Optimize EPIC data transfer between instances	Maximizing data integration between SVH Epic and UCSF Epic will optimize utilization by clinicians and patients	Summer 2023	2025	Interface builds still underway - final interface scheduled to be completed Summer 23	6/23	
	4.2	Integration of IT management	Contract executed between UCSF and SVH for the provision of management services to SVH		2022	2022	Complete	1/22	
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	

Temporary MRI Project

Sonoma Valley Health Care District

Finance Committee

July 25, 2023

Temporary MRI – Site Work Bids

PUBLIC BID –DUE 7/21/23

PRE-BID WALK THROUGH:

- **5 GENERAL CONTRACTORS; 4 SUB CONTRACTORS**
- **ALL PARTICIPANTS ELIGIBLE TO BID**

SUBMISSIONS:

- **1 – BID PACKAGE RECEIVED – GMH BUILDERS**
- **SOME BIDDERS DROPPED DUE TO OWN SCHEDULE CONFLICTS**

Site Work Bid vs. Budget	COSTS
GMH BID	\$761K
SITE WORK BUDGET	(\$451K)
SHORTFALL	(\$310K)
REVISION OF ROOF/SIDING SCOPE	(\$110K)
REVISED BID VALUE	\$650K
CONTINGENCY NEEDED TO COVER BID	\$199K
REMAINING PROJECT CONTINGENCY	\$37K
POTENTIAL ADDITIONAL CAPTURE OF CONTINGENCY BY ELIMINATING UNDERGROUND WORK FOR SURFACE WORK – CONCEPT VETTING IN PROGRESS	\$30K

Temporary MRI –Contingency

- Original Contingency ~\$236k (many unknowns)
 - Architectural
 - Site Work
 - Underground trench
 - Electrical/Water/Sewer
- Contingency for shortfall - \$199K
- Remaining contingency - \$37k
- Ideal contingency for remaining work \$80K
- Potential savings to refund contingency \$30K
 - Eliminate underground trench – electrical, water & sewer – Architect vetting

Temporary MRI — Site Work Next Steps

1. ACCPET BID
 - i. GMH retained to do site work for temporary MRI location
 - ii. Value engineering done to reduce proposed expense
 - iii. Work completed on time – October 2023

2. RE BID PROJECT
 - i. Opportunity to receive competing bids
 - ii. Opportunity to identify cost reduction opportunities
 - iii. Work would be delayed a minimum of 60 days. Go live of MRI delayed by a minimum of 60 days.

Temporary MRI – Site Work Recommendation

- Proceed with GMH Bid for \$761K
- Rework scope to reduce roof and siding scope – savings (\$111K)
- Revise scope via owner change orders to bid value \$650K
- Use contingency to cover shortfall
- Contingency used for shortfall - \$199K
- Ideal contingency \$80K
- Remaining project contingency - \$37K – with potential to capture additional \$30K
 - Project contingency - \$28K; Conex West \$9K
 - Eliminate underground trench – electrical, water & sewer – Architect vetting – potential \$30K+

Temporary MRI – Site Work Risks

Known project risks

- Underground work –risk of finding unknown conditions plan to revise this scope to above ground runs
- Geotechnical - MRI pad – soil compacting
- Weather
- PG&E
- Weather proofing consultant for roof



To: Sonoma Valley Health Care District Board of Directors
From: Ben Armfield, Chief Financial Officer
Date: August 3, 2023
Subject: Financial Report for June 2023

1. OVERALL PERFORMANCE | MONTH

June marked the close to what has been a very successful fiscal year for the hospital. Unfortunately, the month itself wasn't as positive as we broke a trend of consecutive months exceeding budget as June's performance missed the monthly targets. Our year-end played a significant role in this as we made some year-end adjustments and true-ups on both the revenue and expense side that negatively impacted our monthly margins.

Our underlying key indicators remained consistent with prior months as our gross revenues continue to exceed budget and while we did see a drop in our inpatient census in June, outpatient volumes were strong and exceeded the average levels we had been running so far this fiscal year.

Much of the month's performance is due to lower revenues as we put extra contractual reserves on specific inpatient encounters that have total charges exceeding \$200,000. We also applied additional reserves on some denials we received related to some inpatient accounts from a couple months ago. We have appealed these denials and are hopeful we will receive payment once fully adjudicated, but we have written down the net accounts receivable to be conservative. The total impact of these adjustments decreased our net patient revenue by over \$200,000 in June, which was also the total variance to budget in net revenue for the month.

Operating expenses tracked very close to budget for the month, missing by \$30,000 or less than 1%. Supply costs jumped from previous months which is directly related to our year-end inventory, which was performed in June. This resulted in ~\$100,000 of additional supply expenses. Interest expense continues to be an ongoing challenge for us as we spent nearly \$500,000 in interest alone during this past fiscal year. We continue to work hard in flexing staff to our actual volumes, which has helped keep overall operating costs down. We have been successful in keeping our total FTEs under budget while at the same time, decreasing our reliance on agency and traveler resources.

Table 1 | Overall Performance - June 2023 (Including IGT)

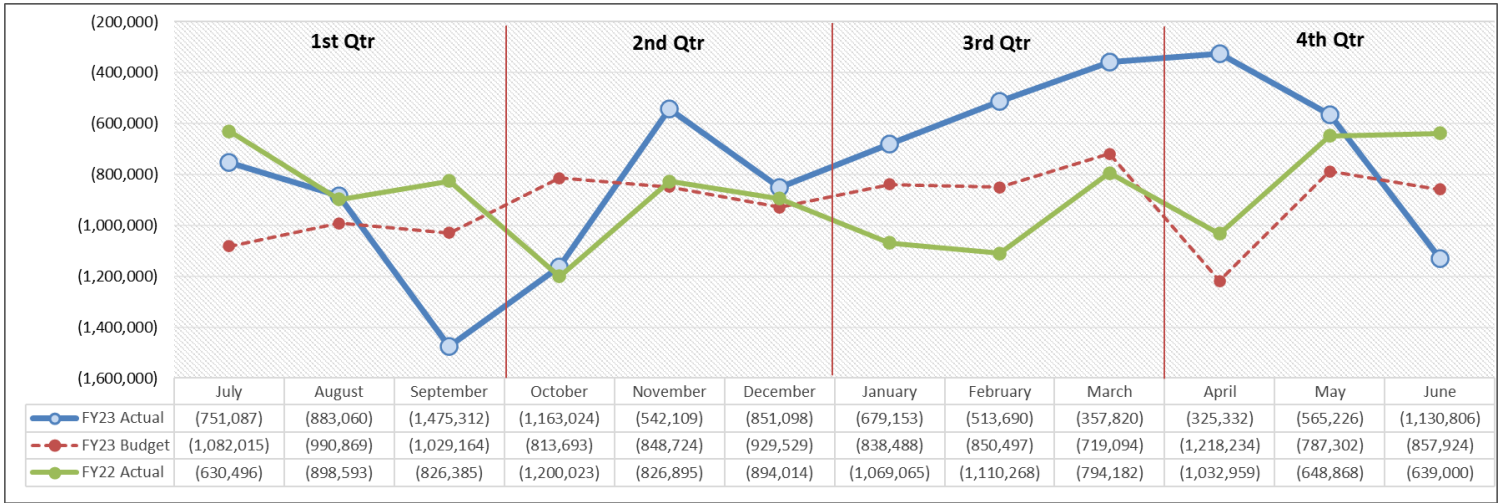
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (1,083,103)	\$ (816,356)	\$ (266,747)	-33%	\$ (5,724,774)	\$ (6,326,727)	\$ 601,953	10%	\$ (7,194,640)	\$ 1,469,866	20%	
Operating EBDA	\$ (848,521)	\$ (587,288)	\$ (261,233)	-44%	\$ (2,764,496)	\$ (3,577,702)	\$ 813,206	23%	\$ (4,411,682)	\$ 1,647,186	37%	
Net Income (Loss)	\$ (43,144)	\$ 143,010	\$ (186,154)	-130%	\$ 2,985,402	\$ 5,183,519	\$ (2,198,117)	-42%	\$ 477,872	\$ 2,507,530	525%	

OVERALL PERFORMANCE | FISCAL YEAR 2023 (UNAUDITED)

Despite the results in June, fiscal year 2023 was a very positive one for the hospital. While FY23 has been a very tough year for hospitals and healthcare systems across the country (many of them experiencing their worst fiscal year since FY20 & COVID-19), SVH's financial trajectory continued to improve, and operational performance exceeded both budget and prior fiscal year. Some "high level" highlights of our fiscal year performance:

- Operating Margin | FY23 exceeded budget by 10% and FY22 by 20%
- Operating EBDA | FY23 exceeded budget by 20% and FY22 by nearly 40%
- Net Revenues | FY23 exceeded budget by 4% and FY22 by nearly 10%
- Operating Expenses | FY23 missed budget by 1% and were 5% higher than FY22's expenses

SVH Trended Operating Margin (excl IGT funding)



2. NET REVENUE SUMMARY:

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

	Month of June 2023				Year To Date June 2023							
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Gross Revenue	\$ 27,243,727	\$ 26,538,949	\$ 704,778	3%	\$ 324,166,202	\$ 309,857,127	\$ 14,309,075	5%	\$ 294,931,889	\$ 29,234,313	10%	
Net Patient Revenue	\$ 3,799,004	\$ 4,022,275	\$ (223,271)	-6%	\$ 48,819,714	\$ 47,012,180	\$ 1,807,534	4%	\$ 44,976,095	\$ 3,843,619	9%	
NPR as a % of Gross	13.9%	15.2%	-8%		15.1%	15.2%	-1%		15.2%	-1%		
Tot Operating Revenue	\$ 3,883,567	\$ 4,127,007	\$ (243,440)	-6%	\$ 50,158,612	\$ 48,268,865	\$ 1,889,747	4%	\$ 46,131,782	\$ 4,026,830	9%	

3. OPERATING EXPENSE SUMMARY:

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

	Month of June 2023				Year To Date June 2023							
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Expenses	\$ 4,966,670	\$ 4,984,931	\$ 18,261	0.4%	\$ 59,348,625	\$ 58,812,830	\$ (535,795)	-1%	\$ 56,702,530	\$ (2,646,095)	-5%	
Worked FTEs	210.2	223.0	12.8	6%	212.7	219.5	6.9	3%	205.4	(7.3)	-4%	

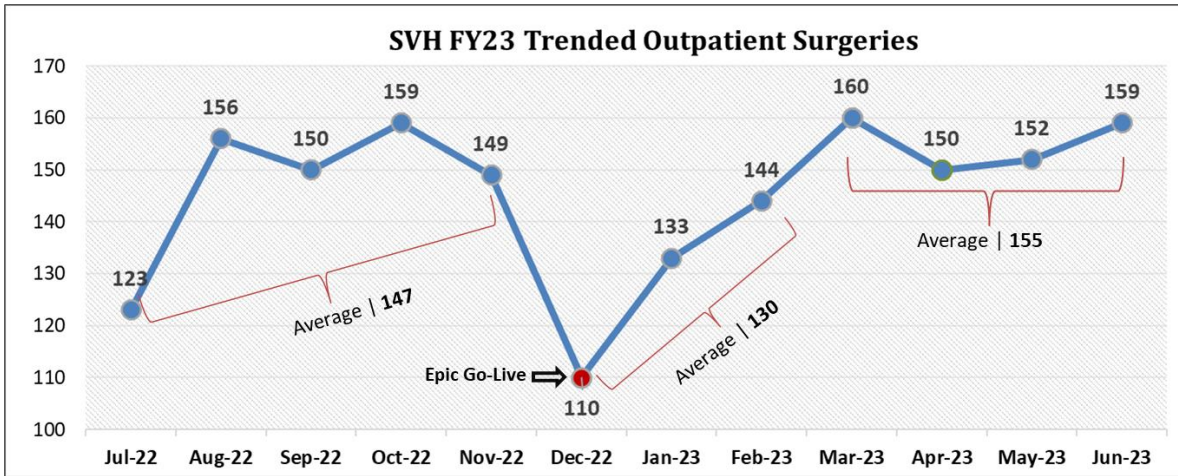
4. VOLUME SUMMARY:

Table 4 | Patient Volumes – June 2023

	Month of June 2023				Year To Date June 2023							
	Current Year		Variance		Current Year		Variance		Prior Year		Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%	
Acute Patient Days	241	265	(24)	-9%	3,257	3,153	104	3%	3,233	24	1%	
Average Daily Census	8.0	8.8	(0.8)	-9%	9.7	9.4	0.3	3%	9.7	0.1	1%	
Acute Discharges	62	64	(2)	-3%	812	758	54	7%	778	34	4%	
IP Surgeries	12	13	(1)	-8%	182	155	27	17%	158	24	15%	
OP Surgeries/Spec Proc	159	175	(16)	-9%	1,745	1,994	(249)	-12%	1,833	(88)	-5%	
Total Surgeries / Procedures	171	188	(17)	-9%	1,927	2,149	(222)	-10%	1,991	(64)	-3%	
Total Outpatient Visits	5,043	4,709	334	7%	55,630	55,069	561	1%	55,809	(179)	0%	
Total ER Visits	915	870	45	5%	9,804	10,071	(267)	-3%	9,308	496	5%	

Outpatient activity was robust in June. Outpatient surgeries, ancillary volumes and emergency room visits all increased from prior months. We performed over 5,000 outpatient visits this past month which was the first time we exceeded that threshold this fiscal year. CT, Ultrasound and MRI volumes headlined the increase in ancillary volumes. Outpatient surgeries were up in June as well, particularly orthopedic and GI procedures.

We did experience a drop in activity on the inpatient side as our average daily census (ADC) of 8.0 was nearly 10% off our fiscal year run-rate. The good news here is we didn't see a big swing in discharges as we only missed budget by 2, or 3%. Also, our case-mix index (CMI) jumped from May, indicating the drop in patient days was lower acuity volume. Looking at the year, all inpatient volumes in FY2023 exceeded both budget and the prior year.



5. CASH ACTIVITY SUMMARY:

Table 5 | Cash / Revenue Cycle Indicators - June 2023

	Jun-23	May-23	Var	%
Days Cash on Hand	42.3	56.4	(14.1)	-25%
A/R Days	56.0	53.9	2.1	4%
A/P Days	46.5	50.2	(3.7)	-7%

Days cash on hand ended the year right at 42 days. As has been discussed, we have worked on reducing our overall payables and those efforts continued in June. We also we made a principal paydown on our line of credit as well. A/R days grew in June due to a coding backlog that has since been resolved and anticipate a reduction back to more normal levels starting in July.

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 | Will provide as separate attachment

Sonoma Valley Hospital
Payer Mix for the month of June, 2023

ATTACHMENT A

Gross Revenue	June-23 MONTH				YEAR TO DATE			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	8,257,733.60	9,852,015.00	-1,594,281.40	-6.0%	116,236,061.65	115,152,508.00	1,083,553.65	0.3%
Medicare Managed Care	5,337,805.00	4,436,704.00	901,101.00	3.4%	56,471,023.47	51,756,269.00	4,714,754.47	1.5%
Medi-Cal	5,119,940.08	4,437,652.00	682,288.08	2.6%	60,968,241.29	51,683,128.00	9,285,113.29	3.0%
Self Pay	428,289.91	470,013.00	-41,723.09	-0.2%	4,746,106.67	5,468,572.00	-722,465.33	-0.2%
Commercial & Other Government	7,328,833.14	6,544,438.00	784,395.14	3.0%	74,446,800.06	76,421,357.00	-1,974,556.94	-0.6%
Worker's Comp.	754,151.30	779,594.00	-25,442.70	-0.1%	11,026,076.58	9,152,853.00	1,873,223.58	0.6%
Total	27,226,753.03	26,520,416.00	706,337.03	2.7%	323,894,309.72	309,634,687.00	14,259,622.72	4.6%

Payor Mix	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	30.3%	37.1%	-6.8%	35.9%	37.2%	-1.3%
Medicare Managed Care	19.6%	16.7%	2.9%	17.4%	16.7%	0.7%
Medi-Cal	18.8%	16.7%	2.1%	18.8%	16.7%	2.1%
Self Pay	1.6%	1.8%	-0.2%	1.5%	1.8%	-0.3%
Commercial & Other Government	26.9%	24.7%	2.2%	23.0%	24.7%	-1.7%
Worker's Comp.	2.8%	2.9%	-0.2%	3.4%	3.0%	0.4%
Total	100.0%	100.0%		100.0%	100.0%	

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

ATTACHMENT B

	CURRENT MONTH				YEAR-TO-DATE			YTD
	Actual 06/30/23	Budget 06/30/23	Favorable (Unfavorable) Variance		Actual 06/30/23	Budget 06/30/23	Favorable (Unfavorable) Variance	Prior Year 06/30/22
				Inpatient Utilization				
				Discharges				
1	50	49	1	Med/Surg	585	588	(3)	596
2	12	15	(3)	ICU	227	170	57	182
3	62	64	(2)	Total Discharges	812	758	54	778
				Patient Days:				
4	163	175	(12)	Med/Surg	2,080	2,097	(17)	2,100
5	78	90	(12)	ICU	1,177	1,056	121	1,133
6	241	265	(24)	Total Patient Days	3,257	3,153	104	3,233
7	20	-	20	Observation days	188	-	188	203
				Average Length of Stay:				
8	3.3	3.5	(0.3)	Med/Surg	3.56	3.57	(0.01)	3.5
9	6.5	6.2	0.3	ICU	5.19	6.20	(1.01)	6.2
10	3.9	4.1	(0.3)	Avg. Length of Stay	4.01	4.16	(0.15)	4.2
				Average Daily Census:				
11	5.4	5.8	(0.4)	Med/Surg	5.7	5.7	(0.0)	5.8
12	2.6	3.0	(0.4)	ICU	3.2	2.9	0.3	3.1
13	8.0	8.8	(0.8)	Avg. Daily Census	8.9	8.6	0.3	8.9
				Other Utilization Statistics				
				Emergency Room Statistics				
14	915	870	45	Total ER Visits	9,804	10,071	(267)	9,308
				Outpatient Statistics:				
15	5,043	4,709	334	Total Outpatients Visits	55,630	55,069	561	55,809
16	12	13	(1)	IP Surgeries	182	155	27	158
17	159	175	(16)	OP Surgeries / Special Procedures	1,745	1,994	(249)	1,833
18	315	282	33	Adjusted Discharges	3,480	3,237	243	3,296
19	1,223	1,168	55	Adjusted Patient Days	15,154	13,465	1,689	13,735
20	40.8	38.9	1.8	Adj. Avg. Daily Census	41.5	36.9	4.6	37.6
21	1.6181	1.4000	0.218	Case Mix Index - Medicare	1.4925	1.4000	0.092	1.4571
22	1.4221	1.4000	0.022	Case Mix Index - All payers	1.4563	1.4000	0.056	1.4297
				Labor Statistics				
23	210	223	13	FTE's - Worked	213	220	6.9	205
24	242	245	3	FTE's - Paid	236	242	6.0	228
25	46.48	47.66	1.19	Average Hourly Rate	50.00	47.12	(2.88)	46.75
26	5.94	6.30	0.37	FTE / Adj. Pat Day	5.68	6.55	0.87	6.06
27	33.8	35.9	2.1	Manhours / Adj. Pat Day	32.4	37.3	5.0	34.5
28	131.6	148.8	17.2	Manhours / Adj. Discharge	140.9	155.3	14.4	144.0
29	26.7%	25.3%	-1.4%	Benefits % of Salaries	23.9%	25.1%	1.1%	24.5%
				Non-Labor Statistics				
30	20.2%	15.5%	-4.7%	Supply Expense % Net Revenue	14.4%	16.0%	1.6%	15.2%
31	2,438	2,236	(201)	Supply Exp. / Adj. Discharge	2,271	2,319	48	2,302
32	15,939	17,851	1,912	Total Expense / Adj. Discharge	17,963	19,132	1,169	17,908
				Other Indicators				
33	45.4			Days Cash - Operating Funds				
34	56.0	50.0	6.0	Days in Net AR	48.0	50.0	(2.0)	41.3
35	88%			Collections % of Cash Goal	96%			99.4%
36	46.5	55.0	(8.5)	Days in Accounts Payable	46.5	55.0	(8.5)	46.3
37	14.0%	15.3%	-1.4%	% Net revenue to Gross revenue	16.9%	15.2%	1.8%	17.0%
38	39.3%			% Net AR to Gross AR	39.3%			14.7%

Sonoma Valley Health Care District

ATTACHMENT C

**Balance Sheet
As of June 30, 2023
UNAUDITED**

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 1,469,233	\$ 2,294,112	\$ 2,493,558
2	Cash - Money Market	5,353,508	6,852,065	5,845,329
3	Net Patient Receivables	10,142,506	9,706,196	6,701,039
4	Allow Uncollect Accts	(1,790,487)	(1,770,548)	(1,426,077)
5	Net A/R	8,352,020	7,935,648	5,274,962
6	Other Accts/Notes Rec	1,723,073	1,411,388	1,604,206
7	Parcel Tax Receivable	3,836,245	203,861	4,007,928
8	GO Bond Tax Receivable	-	906,105	2,485,089
9	3rd Party Receivables, Net	(23,159)	112,552	10,905
10	Inventory	978,624	1,115,954	1,037,598
11	Prepaid Expenses	1,143,940	746,495	828,299
12	Total Current Assets	\$ 22,833,483	\$ 21,578,180	\$ 23,587,874
13	Property, Plant & Equip, Net	\$ 56,461,827	\$ 56,523,752	\$ 52,121,398
14	Trustee Funds - GO Bonds	5,274,189	4,684,039	5,752,065
15	Designated Funds - Board Approved	-	-	1,000,000
16	Total Assets	\$ 84,569,499	\$ 82,785,971	\$ 82,461,337
Liabilities & Fund Balances				
Current Liabilities:				
17	Accounts Payable	\$ 5,330,267	\$ 5,637,514	\$ 4,187,686
18	Accrued Compensation	3,519,305	4,324,666	3,694,715
19	Interest Payable - GO Bonds	194,866	147,163	217,400
20	Accrued Expenses	1,498,333	1,355,523	1,845,632
21	Advances From 3rd Parties	-	-	-
22	Deferred Parcel Tax Revenue	3,800,000	316,663	3,800,000
23	Deferred GO Bond Tax Revenue	-	207,092	2,485,090
24	Current Maturities-LTD	217,475	217,475	301,957
25	Line of Credit - Union Bank	-	5,473,734	5,473,734
26	Other Liabilities	5,031,245	57,511	106,158
27	Total Current Liabilities	\$ 19,591,492	\$ 17,737,341	\$ 22,112,372
28	Long Term Debt, net current portion	\$ 27,004,036	\$ 27,052,746	\$ 25,476,513
29	Fund Balances:			
30	Unrestricted	\$ 19,005,451	\$ 19,577,369	\$ 18,822,273
31	Restricted	18,968,520	18,418,515	16,050,179
32	Total Fund Balances	\$ 37,973,971	\$ 37,995,884	\$ 34,872,452
33	Total Liabilities & Fund Balances	\$ 84,569,499	\$ 82,785,971	\$ 82,461,337

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

ATTACHMENT D

	Month				Year-To-Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual	Budget	\$	%	Actual	Budget	\$	%		
Volume Information										
1	62	64	(2)	-3%	Acute Discharges	799	758	41	5%	776
2	241	265	(24)	-9%	Patient Days	3,319	3,153	166	5%	3,188
3	20	-	20	0%	Observation Days	188	-	188	*	221
4	\$ 21,878	\$ 20,521	\$ 1,358	7%	Gross O/P Revenue (000's)	\$ 248,358	\$ 237,348	\$ 11,011	5%	\$ 224,671
Financial Results										
Gross Patient Revenue										
5	\$ 5,365,732	\$ 6,017,866	\$ (652,134)	-11%	Inpatient	\$ 75,808,042	\$ 72,509,527	3,298,515	5%	\$ 70,021,823
6	12,903,180	12,651,353	251,827	2%	Outpatient	149,292,155	146,896,344	2,395,811	2%	133,329,913
7	8,974,815	7,869,730	1,105,085	14%	Emergency	99,066,006	90,451,256	8,614,750	10%	91,580,153
8	\$ 27,243,727	\$ 26,538,949	704,778	3%	Total Gross Patient Revenue	\$ 324,166,202	\$ 309,857,127	14,309,075	5%	\$ 294,931,889
Deductions from Revenue										
9	(23,285,829)	(22,293,698)	(992,131)	-4%	Contractual Discounts	\$ (273,008,353)	\$ (260,600,991)	(12,407,362)	-5%	\$ (247,702,407)
10	(151,508)	(200,000)	48,492	24%	Bad Debt	(1,925,547)	(1,978,432)	52,885	3%	(2,000,000)
11	(7,386)	(22,976)	15,590	68%	Charity Care Provision	(412,588)	(265,524)	(147,064)	-55%	(253,387)
12	-	41,568	(41,568)	-100%	Prior Period Adj/Government Program Revenue	6,048,734	6,737,099	(688,365)	-10%	5,028,111
13	\$ (23,444,723)	\$ (22,475,106)	(969,617)	4%	Total Deductions from Revenue	\$ (269,297,754)	\$ (256,107,848)	(13,189,906)	5%	\$ (244,927,683)
Net Patient Service Revenue										
14	\$ 3,799,004	\$ 4,063,843	(264,839)	-7%	Other Op Rev & Electronic Health Records	\$ 1,338,898	\$ 1,256,685	82,213	7%	\$ 1,155,687
15	\$ 84,563	\$ 104,732	(20,169)	-19%	Total Operating Revenue	\$ 56,207,346	\$ 55,005,964	\$ 1,201,382	2%	\$ 51,159,893
16	\$ 3,883,567	\$ 4,168,575	(285,008)	-7%						
Operating Expenses										
17	\$ 1,923,589	\$ 1,999,821	76,232	4%	Salary and Wages and Agency Fees	\$ 24,512,944	\$ 23,688,405	(824,539)	-3%	\$ 22,178,925
18	761,055	716,615	(44,440)	-6%	Employee Benefits	8,593,962	8,405,559	(188,403)	-2%	8,285,901
19	\$ 2,684,644	\$ 2,716,436	31,792	1%	Total People Cost	\$ 33,106,906	\$ 32,093,964	(1,012,942)	-3%	\$ 30,464,826
20	\$ 639,941	\$ 598,203	(41,738)	-7%	Med and Prof Fees (excl'd Agency)	\$ 6,807,500	\$ 7,170,302	362,802	5%	\$ 6,683,040
21	766,886	630,699	(136,187)	-22%	Supplies	7,902,326	7,506,701	(395,625)	-5%	7,584,712
22	403,778	469,518	65,740	14%	Purchased Services	4,929,549	5,433,710	504,161	9%	5,230,851
23	234,582	229,068	(5,514)	-2%	Depreciation	2,960,279	2,749,025	(211,254)	-8%	2,782,958
24	101,427	144,793	43,366	30%	Utilities	1,812,095	1,517,121	(294,974)	-19%	1,589,238
25	53,384	52,839	(545)	-1%	Insurance	658,491	634,002	(24,489)	-4%	614,362
26	93,103	16,479	(76,624)	-465%	Interest	518,238	197,715	(320,523)	*	388,489
27	36,628	126,896	90,268	71%	Other	700,945	1,510,290	809,345	54%	1,364,054
28	-	-	-	*	Matching Fees (Government Programs)	2,583,495	2,519,861	(63,634)	3%	1,652,003
29	\$ 5,014,373	\$ 4,984,931	(29,442)	-1%	Operating expenses	\$ 61,979,823	\$ 61,332,691	(647,132)	-1.1%	\$ 58,354,533
30	\$ (1,130,806)	\$ (816,356)	\$ (314,450)	-39%	Operating Margin	\$ (5,772,477)	\$ (6,326,727)	554,250	9%	\$ (7,194,640)

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

ATTACHMENT D

	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	\$	%		Actual	Budget	\$	%	
31	\$ 13,898	\$ (12,964)	26,862	*						
32	-	-	-	0%						
33	-	-	-	*						
34	316,667	316,667	-	0%						
35	-	-	-	0%						
36	<u>\$ 330,565</u>	<u>\$ 303,703</u>	<u>26,862</u>	<u>9%</u>						
37	<u>\$ (800,241)</u>	<u>\$ (512,653)</u>	<u>(287,588)</u>	<u>-56%</u>						
38	\$ -	\$ -	-	0%						
39	\$ 550,005	\$ 493,593	56,412	0%						
40	<u>\$ (250,235)</u>	<u>\$ (19,060)</u>	<u>(231,175)</u>	<u>-1213%</u>						
41	207,091	162,070	45,021	28%						
42	<u>\$ (43,144)</u>	<u>\$ 143,010</u>	<u>(186,154)</u>	<u>130%</u>						
	\$ (565,659)	\$ (283,585)	(282,074)							
	<u>\$ (896,224)</u>	<u>\$ (587,288)</u>	<u>(308,936)</u>	<u>-53%</u>						
					Non Operating Rev and Expense					
					Miscellaneous Revenue/(Expenses)	\$ 83,117	\$ (157,714)	240,831	*	\$ 1,249,958
					Donations	-	-	-	0%	26,864
					Physician Practice Support-Prima	-	-	-	*	0
					Parcel Tax Assessment Rev	3,800,004	3,800,004	-	0%	3,800,004
					Extraordinary Items	-	-	-	0%	(97,933)
					Total Non-Operating Rev/Exp	<u>\$ 3,883,121</u>	<u>\$ 3,642,290</u>	<u>240,831</u>	<u>7%</u>	<u>\$ 4,978,893</u>
					Net Income / (Loss) prior to Restricted Contributions	<u>\$ (1,889,356)</u>	<u>\$ (2,684,437)</u>	<u>795,081</u>	<u>30%</u>	<u>\$ (2,215,747)</u>
					Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -
					Restricted Foundation Contributions	\$ 2,918,341	\$ 5,923,116	(3,004,775)	100%	\$ 832,623
					Net Income / (Loss) w/ Restricted Contributions	<u>\$ 1,028,985</u>	<u>\$ 3,238,679</u>	<u>(2,209,694)</u>	<u>-68%</u>	<u>\$ (1,383,124)</u>
					GO Bond Activity, Net	1,956,417	1,944,840	11,577	1%	1,860,996
					Net Income/(Loss) w GO Bond Activity	<u>\$ 2,985,402</u>	<u>\$ 5,183,519</u>	<u>(2,198,117)</u>	<u>-42%</u>	<u>\$ 477,872</u>
					EBDA - Not including Restricted Contributions	\$ 1,070,923	\$ 64,588	1,006,335		\$ 567,211
					Operating EBDA - Not including Restricted Contributions	<u>\$ (2,812,199)</u>	<u>\$ (3,577,702)</u>	<u>765,503</u>	<u>21%</u>	<u>\$ (4,411,682)</u>

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	Actual 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	3,800,240	46,919,058	
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	115,291	1,602,478	
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	9,883	134,574	
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	3,925,413	48,683,858	
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	6,212,321	60,007,261	
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	48,710	434,411	
Line of Credit Payment												500,000	500,000	
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	182,177	4,483,811	
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	6,943,208	65,425,482	
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)	(3,017,794)	(16,741,624)	
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	495,860	2,495,860	
Restricted Capital Donations	210	696,111	1,483	259,524	125,306	377,052	530,877	29,019	269,654	77,179		540,104	2,906,520	
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)														-
IGT - QIP (PY 4/CY21) SNF					17,290					1,393,721	(27,813)		1,383,198	
IGT - DPNF 15/16 SVH										12,386		136,127	148,513	
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	1,172,091	17,992,792	
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	1,172,091	15,717,299	
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	(1,845,703)		
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	1,469,233		
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	5,353,510		
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	6,822,744		
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	51.2		
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	42.3		

Sonoma Valley Hospital

Capital Spending and Planned, CIP, and Capital Leases

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

Foundation Support:				Historical Capital Spend				Current
Dept #	Department	DESCRIPTION	FY 2019	FY 2020	FY 2021	FYTD 2022	FYTD 2023	
1	8340	Dietary	Walk in Freezer	8,498				
2	7500	Laboratory	ABL Flex Plus Analyzer	16,049				
3	8450	Engineering/Plant Ops	Infrared Thermal Imager		10,336			
4	6010	ICU	Patient Lift for ICU		8,605			
5	8450	Engineering/Plant Ops	A Women's Place - Building Improvements (Closed CIP in FY 2020)	22,601				
6	8450	Engineering/Plant Ops	A Women's Place - Equipment and Furniture (Closed CIP in FY 2020)	33,280				
7	6170	Med-Surg	MDM Patient Journey System		71,155			
8	8440	Environmental Services	Xenex - Lightstrike Germ Zapping Robot			87,960		
9	7420	Surgery	Olympus America - Refurbished Bronchoscope			13,088		
10	6010/6170	ICU/Med-Surg	Third floor move (Closed CIP in FY 2021)	233,942				
11	6010/6170	ICU/Med-Surg	Gentherm Medical - Hypothermia unit blanketrol				7,652	
12	7771	OP Physical Therapy	Rehab V2 Max Reformer Bundle				5,320	
13	7630	Medical Imaging	Bone Densitometer				87,166	
14	7775	Occ Health	Audiometer & Sound Room				12,916	
15	7420	Surgery	Xprezzon Monitor Anesthesia				38,726	
16	7010	Emergency Room	Fujifilm Sonosite Ultrasound System					74,240
17	7420	Surgery	Life Saving Equipment- various					417,982
Foundation Support Sub-total				\$ 314,371	\$ 90,096	\$ 101,048	\$ 151,780	\$ 492,222

Equipment:				Historical Capital Spend				Current
Dept #	Department	DESCRIPTION	FY 2019	FY 2020	FY 2021	FYTD 2022	FYTD 2023	
18	8340	Dietary	Mobile shelving - Uline	6,909				
19	8480	Information Systems	GHA Technologies UCSF Telemedicine Cart	8,265				
20	7420	Surgery	Stryker Medical - Refurbished PI drive/attachments	15,415				
21	7420	Surgery	Olympus - EVIS EXERA III	29,716				
22	8450	Engineering/Plant Ops	UCSF signage - multiple sites	8,182				
23	7420	Surgery	Stryker Medical - System 8 Drill/saws	107,487				
24	Various		Celtic Lease payoff - various equipment		421,904			
25	7420	Surgery	Zimmer Biomet Intellicart System w/Evac Station		22,034			
26	7420	Surgery	Alcon Centurian Phaco Machine		65,250			
27	7420	Surgery	Olympus America - Urology equipment		62,118			
28	8340	Dietary	Commercial Blenders - 2		4,838			
29	6010	ICU	Smart IV Pumps - 27		56,994			
30	8450	Engineering/Plant Ops	Security Camera system - South Lot			11,660		
31	7500	Laboratory	Bactec FX40 Blood Culture Unit			36,759		
32	8610	Administration	History Wall Panels - Hallway			18,819		
33	6010	ICU	Series 980S Ventilator			36,921		
34	6010	ICU	CAPR Hood Ventilator (PPE)			14,777		

Sonoma Valley Hospital

Capital Spending and Planned, CIP, and Capital Leases

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

35	7420	Surgery	Stryker Medical - Eye Surgery Stretcher				13,140				
36	8340	Dietary	Alladin Temp Rite - Activator/base/dome/heating unit				5,475				
37	7630	Medical Imaging	Stryker Medical - Transport Gurney				4,569				
38	7630	Medical Imaging	Stryker Medical - OB Gyn Stretcher				7,250				
39	7500	Laboratory	Fisher Healthcare - Logic Purifier Bio-safety cab				11,397				
40	7420	Surgery	Steris Corp - Surgical table					42,724			
41	7420	Surgery	Depuy - Monobloc flexible reamers					14,997			
42	7630	Medical Imaging	Barco Niodsply 21.3 monitor					8,713			
43	7740	Wound Care	Carts/exam table Wound Care (Closed CIP in FY 2021)					6,824			
44	7740	Wound Care	IPADS/IS Costs for Wound Care (Closed CIP in FY 2021)					35,555			
45	8390	Pharmacy	Compounding aseptic isolater system (used)					5,000			
46	7680	Central Service/Durable med eqt	Somotom Xray Tube Replacement					172,651			
47	7420	Surgery	Mizuho OSI Surgical Table					105,151			
48	7420	Surgery	Endoscopy Cabinet/Scopes						13,090		
Equipment Sub-total							\$ 175,974	\$ 633,138	\$ 160,767	\$ 391,615	\$ 13,090

Information Systems/Electronic Health Records:

				Historical Capital Spend				Current	
Dept #	Department	DESCRIPTION		FY 2019	FY 2020	FY 2021	FYTD 2022	FYTD 2023	
49	8480	Information Systems	Dell Computers - 20		17,252				
50	8480	Information Systems	Dragon One Speech Recognition - Physician dictation		11,300				
51	8480	Information Systems	Lenovo Thinkpads - Laptops			8,760			
52	8480	Information Systems	Dell computers with monitors			25,311			
53	8480	Information Systems	Vx Rail Server Upgrades			24,981			
54	8480	Information Systems	Dell computers with monitors			21,450			
55	8480	Information Systems	Vx Rail Server Upgrades			10,376			
56	8480	Information Systems	Dell computers (Optiplex 7080)			37,261			
57	8480	Information Systems	Cisco catalyst network switch upgrade				40,820		
58	8480	Information Systems	TrueNAS Network Storage Server				32,474		
59	8480	Information Systems	E.H.R. Close CIP in FY 2021				44,955		
60	8480	Information Systems	Dell Technologies - 12 Opti plex computeres/monitors					10,980	
61	8480	Information Systems	IDEA Upgrade					5,750	
Equipment Sub-total					\$ -	\$ 28,552	\$ 128,139	\$ 118,249	\$ 16,730

Building/Leasehold Improvements

				Historical				Current
Dept #	Department	DESCRIPTION		FY 2019	FY 2020	FY 2021	FYTD 2022	FYTD 2023
62	7073	SFP Clinic - Perkins	Conklin Bros Flooring	16,859				
63	8450	Engineering/Plant Ops	Conversion of Rooms - 215-217 - Closed CIP	87,317				
64	8450	Engineering/Plant Ops	SNF Courtyard walkway (1/2)		5,240			
65	8610	Administration	Garden Murals			9,336		
66	8450	Engineering/Plant Ops	Energy mgt system BAS upgrade			30,214		

Sonoma Valley Hospital

Capital Spending and Planned, CIP, and Capital Leases

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

67	7740	Wound Care	Painting & wiring for Wound care (Closed CIP in FY 2021)				2,940	
68	8450	Engineering/Plant Ops	Roof Restoration - Advanced Foam Roofing				134,956	
69	8450	Engineering/Plant Ops	Automatic Transfer Switch Replacement (Closed CIP)				55,159	
70	8450	Engineering/Plant Ops	Roof Restoration - Advanced Foam Roofing addtl invoice GMH					42,083
Infrastructure Sub-total				104,176	5,240	39,550	193,055	42,083

Total Capital Assets	\$	594,521	\$	757,026	\$	429,504	\$	854,699	\$	564,124
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Recap:

Capital Spend - Hospital	280,150	666,930	328,456	702,919	71,903					
Capital Spend - Foundation	314,371	90,096	101,048	151,780	492,222					
Total Capital Assets	\$	594,521	\$	757,026	\$	429,504	\$	854,699	\$	564,124