



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

**AGENDA**

**THURSDAY, OCTOBER 5, 2023  
REGULAR SESSION 6:00 P.M.**

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

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Meeting ID: 917 0056 3772  
Passcode: 517004

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

<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact Monique Crayton, District Clerk at <a href="mailto:mcrayton@sonomavalleyhospital.org">mcrayton@sonomavalleyhospital.org</a> at least 48 hours prior to the meeting.</p>	<b>RECOMMENDATION</b>		
<b>AGENDA ITEM</b>			
<p><b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p><b>1. CALL TO ORDER</b></p>	Bjorndal		
<p><b>2. PUBLIC COMMENT</b> <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p><b>3. BOARD CHAIR COMMENTS</b></p>	Bjorndal		
<p><b>4. CONSENT CALENDAR</b> a. Board Minutes 09.07.23 b. Finance Committee Minutes 08.22.23 c. Quality Committee Minutes 08.23.23 d. Medical Staff Credentialing</p>	Bjorndal	Action	Pages 3-7 Pages 8-11 Pages 12-15

e. Policies and Procedures			
<b>5. PRESENTATION: STEVE AKRE, FIRE CHIEF, SONOMA VALLEY FIRE DISTRICT</b>	<i>Akre</i>	Inform	Pages 16-25
<b>6. QUALITY COMMITTEE QUARTERLY REPORT</b>	<i>Kornblatt Idell</i>	Inform	Pages 26-29
<b>7. MARKETING/PR UPDATE</b>	<i>Castelli</i>	Inform	Pages 30-39
<b>8. G.O. BOND BOARD RESOLUTION</b>	<i>Armfield</i>	Approve	Pages 40-43
<b>9. DISTRESSED HOSPITAL LOAN PROGRAM RESOLUTION</b>	<i>Armfield</i>	Approve	Pages 44-51
<b>10. BOARD ASSESSMENT OFFSITE</b>	<i>Bjorndal</i>	Inform	
<b>11. CEO REPORT</b>	<i>Hennelly</i>	Inform	Pages 52-56
<b>12. CMO REPORT</b>	<i>Sankaran</i>	Inform	Pages 57-63
<b>13. UCSF AFFILIATION</b>	<i>Bjorndal/ Hennelly</i>	Inform	
<b>14. FINANCIALS FOR MONTH END AUGUST 2023</b>	<i>Armfield</i>	Inform	Pages 64-73
<b>15. BOARD COMMENTS</b>	<i>Board Members</i>	Inform	
<b>16. ADJOURN</b>	<i>Bjorndal</i>		

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



**SONOMA VALLEY HEALTH CARE DISTRICT  
BOARD OF DIRECTORS' REGULAR MEETING**

**MINUTES**

THURSDAY, SEPTEMBER 7, 2023

**HELD AT VINTAGE HOUSE**

**264 1<sup>ST</sup> ST EAST**

**SONOMA, CA 95476**

**AND**

**VIA ZOOM VIDEOCONFERENCE**

	<b>RECOMMENDATION</b>	
<b>SONOMA VALLEY HOSPITAL BOARD MEMBERS</b> 1. Judith Bjorndal, MD, Chair, Present 2. Susan Kornblatt Idell, First Vice Chair, Present 3. Denise M. Kalos, Second Vice Chair, Present 4. Bill Boerum, Treasurer, Present 5. Wendy Lee Myatt, Secretary, Present		
<b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER</b>	<i>Bjorndal</i>	
Meeting called to order at 12:03 p.m.		
<b>2. PUBLIC COMMENT</b>		
Mr. Allen Nathan, a community member who participated via Zoom asked about the hospital's plans to hire a Gastroenterologist and Neurologist. Dr. Bjorndal recommended that Mr. Nathan propose the question during Dr. Sankaran's CMO Report later in the meeting day.		
<b>3. REPORT ON CLOSED SESSION OF AUGUST 22, 2023</b>	<i>Bjorndal</i>	
Dr. Bjorndal stated that the August 22 <sup>nd</sup> closed session was a confidential discussion regarding case review planning.		
<b>4. BOARD CHAIR COMMENTS</b>	<i>Bjorndal</i>	
Dr. Bjorndal thanked the Vintage House for hosting the day's meeting. She stated that having the meeting at a partner community organization was part of the hospital's community outreach strategic plan initiatives.		
<b>5. CONSENT CALENDAR</b>	<i>Bjorndal</i>	Action
a. Board Minutes 08.03.23 b. Finance Committee Minutes 07.25.23 c. Quality Committee Minutes 07.26.23 d. Medical Staff Credentialing e. Policy and Procedures		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Kornblatt Idell. All in favor.
<b>6. CHIEF OF STAFF PRESENTATION</b>	<i>Walther</i>	Inform
Dr. Walther presented the annual Chief of Staff Board Report which included the introduction of current and new medical staff members. She went on to present the ED Q Reviews and HCAHPS Results. Dr. Walther then discussed her three focus points for the year:		

<ul style="list-style-type: none"> <li>• Cultivate alignment and foster cohesion within the medical staff leadership, nurturing a foundation of trust to build a resilient and unified team.</li> <li>• Foster a strong partnership with the new ER group to deliver exceptional medical care through collaborative efforts, ensuring the highest quality of patient treatment.</li> <li>• Establish robust connections with local PCPs, thereby fortifying relationships to facilitate a seamless and transparent patient care journey encompassing transitions from PCPs to the ER, admissions, and discharges.</li> </ul>		
<b>7. VINTAGE HOUSE PRESENTATION</b>	<i>Morales</i>	Inform
Vintage House Executive Director, Ms. Stacie Morales said that she had relocated 10 months ago from the Central Valley to the Sonoma area to assume the leadership role at Vintage House. She discussed the history and several programs that the organization offers seniors members of the Sonoma community. Ms. Morales stated that the Vintage House had provided over 10,000 meals for the senior community in 2023. All efforts are funded by donations, membership and class costs, grants, and fundraising. She then discussed her hopes for a continued partnership with Sonoma Valley Hospital and invited all to attend the Vintage House’s Octoberfest event on October 14 <sup>th</sup> with Joe Schmeil’s Bavarian Band featured as the musical performer.		
<b>8. BONDED TREASURER RESOLUTION</b>	<i>Armfield</i>	Action
Mr. Armfield presented a board resolution that formally appoints Bill Boerum as District Treasurer for the Sonoma Valley Health Care District. Mr. Armfield said that this is included at the request of the County. Historically, the hospital has just provided the formal Board Meeting minutes from the respective board meeting where the District Treasurer was appointed by the Board. The County of Sonoma Auditor-Controller-Treasurer-Tax Collector (ACTTC) is now requesting that a formal board resolution be executed to confirm adherence with California Government Code, Section 32127.		<b>MOTION:</b> Vote by roll call: 5 ayes.
<b>9. SVHCD GOVERNANCE COMMITTEE CHANGE IN BY LAW RECOMMENDATIONS</b>	<i>Boerum</i>	Action
<b>CEO PERFORMANCE EVALUATION</b>		<b>MOTION:</b> by Kalos to approve, 2 <sup>nd</sup> by Boerum. All in favor.
<p>Mr. Boerum said that during the Board’s most recent annual performance evaluation of the Chief Executive Officer, it was observed that there was no provision in the District’s Bylaws to provide for an annual performance evaluation of the Chief Executive. It was suggested that the issue be taken up by the Governance Committee. At the Committee’s most recent meeting on August 16, 2023, such subject being on its agenda, the matter was discussed. It was concluded to recommend to the Board that the CEO evaluation should be in the Bylaws and where it should appear.</p> <p>Article IV Section 1 describes the delegation of authority from the Board to the Chief Executive Officer. Currently it lists 13 functions of the Chief Executive. If the wording below – as recommended to the</p>		

<p>Board by the Committee – is approved, Section 1 would have two components: a. the current listing of the 13 functions under the new heading of Roles and Responsibilities; and b. the text for the Performance Evaluation.</p> <p>As to the text, the Committee recommends the following:</p> <p><b>b. Performance Evaluation: <i>In connection with exercising and carrying out the above responsibilities and functions, the Chief Executive Officer’s performance shall be assessed annually by the Board of Directors and a determination made as to a change in base compensation along with a determination made about incentive compensation measured against annually set metrics, such assessments and determinations be considered first by an ad hoc compensation committee of the Board, then by the Board at such time to coincide as close as possible to the anniversary date of the performance period and the end of the District’s fiscal year.</i></b></p> <p>The Board determined that:</p> <p><b><i>as close as possible to the anniversary date of the performance period and the end of the District’s fiscal year.</i></b></p> <p>Should be omitted from the text. The By Laws will be revised per the Board’s recommendation.</p>		
<p><b>STANDING COMMITTEES</b></p>		<p><b>MOTION:</b> by Kornblatt Idell to approve, 2<sup>nd</sup> by Kalos. All in favor.</p>
<p>Mr. Boerum stated that at the Governance Committee’s most recent meeting on August 16, 2023, the subject of the qualifications of Community Members to serve on Standing Committees was on the agenda. The subject was discussed. It was concluded to recommend to the Board that Community Members should have relevant experience for the Committee on which they serve.</p> <p><b><i>Article III – Board of Directors, Section 4 Committees, a. Types of Committees paragraph (3) states that: <u>Members of Standing Committees and Advisory Committees shall be residents of the District or practitioners or business owners having their primary activity within the District.</u></i></b></p> <p><b><i>The Committee recommends that the following text be added to (3) above:</i></b></p> <p><b><i>“...and shall have qualifications and experience related to the domain of the Committee on which they serve.”</i></b></p>		

The Board agreed with Mr. Boerum’s proposed revision and accepted the changes as proposed.		
<b>10. PT EXPANSION PROJECT</b>	<i>Hennelly</i>	Action
<p>Mr. Hennelly provided a high-level overview of the PT Expansion project. The project will include the addition of 5 new exam rooms. It will also double the gym space and will have a dedicated area for pediatric patients. In collaboration with the SVH Foundation, fundraising will need to begin as soon as possible. Mr. Hennelly noted that he had provided the Board with a copy of a business plan in the meeting packet per the Finance Committee’s request.</p> <p>The Board thanked Mr. Hennelly and stated that his recent “listening sessions” in the community were useful in initiating the movement of this project. The Board then said that they would bring forward a motion to approve the project contingent upon the ability to fund it through the SVH Foundation.</p>		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Kalos. All in favor.
<b>11. SEISMIC SCOPING PROJECT</b>	<i>Hennelly</i>	Action
Mr. Hennelly reported that HED Design, the firm selected by the Hospital, has completed the analysis for the seismic compliance of Senate Bill 1953. Currently there are milestones in place for 2024, 2026, 2028 to analyze, submit plans, construct and finally be seismically compliant in 2030 for General Acute Care Hospital Buildings. He then asked for approval of \$110k for HED Design to get started with the <u>analysis</u> . He noted that he did not currently have a scope of the subsequent “asks”, but the current request would at least show compliance with the state’s recommendation to move forward with the project.		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Kalos. All in favor.
<b>12. ODC PROJECT</b>	<i>Hennelly</i>	Inform
Mr. Hennelly discussed the ODC Project budget and noted that the project is currently on time and is expected to be up and running by the beginning of 2024.		
<b>13. BOARD RESOLUTION FOR PDC FACILITIES AND CT PHASE 2 BID AWARD</b>	<i>Hennelly</i>	Action
Mr. Hennelly presented a board resolution directing the execution of a contract for a Modular Office Building. He then stated that the proposed next step would be to award the contract to PDC Facilities.		<b>MOTION:</b> Vote by roll call: 5 ayes.
<b>CT PHASE 2 BID AWARD</b>	<i>Hennelly</i>	Action
<p>Mr. Hennelly brought forward a recommendation to award of contract to GMH BUILDERS, INC as sole responsive bidder. The Bid amount of \$1.2M to be reduced by change order #1 to \$1.05M through the elimination of scope:</p> <ul style="list-style-type: none"> <li>• Reduced General Conditions – GMH conduct Temp Site work &amp; Phase II work concurrently</li> <li>• Eliminate roof repair – to SVH maintenance</li> <li>• Flooring material duplicated in sub pricing</li> </ul>		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Lee Myatt. All in favor.
<b>14. CEO REPORT</b>	<i>Armfield</i>	Inform
Mr. Hennelly stated that the Napa Valley Emergency group began staffing the emergency department effective 8/1/23. The start has been successful thus far. He then mentioned that Becky Spear, the		

<p>new Geriatric Nurse Practitioner has been a great addition to the medical staff. The expectation is that the geriatric department will expand over the next fiscal year. Lastly, Mr. Hennelly noted that Dr. Peter Carroll, the renowned Urologist will begin seeing patients virtually on September 23, 2023. His start date had to be adjusted due to some interface tech issues with UCSF.</p>		
<p><b>15. CMO UPDATE</b></p>	<p><i>Sankaran</i></p>	<p>Inform</p>
<p>Dr. Sankaran provided her CMO Update to the Board. Her updates included:</p> <ul style="list-style-type: none"> <li>• New ED group transition is going well with full staffing expected by October 2023</li> <li>• New Geriatric NP has started to build our new age-friendly health system</li> <li>• Dr. Carroll’s start date has been pushed to September 23, 2023</li> <li>• Ortho and GI Recruitment is ongoing</li> </ul> <p>She then provided a walkthrough of how systems impact a patient, and the systems that SVH offers to improve patient care.</p>		
<p><b>16. FINANCIALS FOR MONTH END JULY 2023</b></p>	<p><i>Armfield</i></p>	<p>Inform</p>
<p>Mr. Armfield mentioned that July marked the beginning of a new fiscal year, and that it was a good start from operations as July’s performance rebounded from a subpar June to deliver a very positive month. In fact, this past month marks one of the better financial performances from operations in recent months as July’s operating margin far exceeded budget and prior year, and the hospital’s operating EBDA was nearly an operational break even for the month. Mr. Armfield then announced that the hospital had received \$3.1 million in a no-interest loan under the Distressed Hospital Loan Program, jointly administered by the California Department of Health Care Access &amp; Information (HCAI) and California Health Facilities Financing Authority (CHFFA). The loan will be mostly used to help cover expenses on the financial balance sheet.</p>		
<p><b>17. BOARD COMMENTS</b></p>	<p><i>Board Members</i></p>	<p>Inform</p>
<p>The Board again thanked Vintage House and their staff for hosting the Board of Directors meeting.</p>		
<p><b>18. ADJOURN</b></p>	<p><i>Chair</i></p>	
<p>Adjourned at 1:54 pm</p>		



**SVHCD  
FINANCE COMMITTEE MEETING  
MINUTES  
TUESDAY, AUGUST 22, 2023  
In Person at Sonoma Valley Hospital  
347 Andrieux Street  
and Via Zoom Teleconference**

<b>Present</b>	<b>Not Present/Excused</b>	<b>Staff</b>	<b>Public</b>	
Bill Boerum in person Wendy Lee Myatt in person Ed Case in person Graham Smith via Zoom Subhash Mishra, MD, via Zoom Catherine Donahue, via Zoom	Bob Crane Carl Gerlach Peter Hohorst	John Hennelly, CEO, in person Ben Armfield, CFO, in person Jessica Winkler, via Zoom Dawn Kuwahara, via Zoom Kimberly Drummond, via Zoom	None.	
<b>AGENDA ITEM</b>	<b>DISCUSSION</b>		<b>ACTIONS</b>	<b>FOLLOW-UP</b>
<b>MISSION &amp; VISION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Boerum</i>			
	Called to order at 6:00 p.m.			
<b>2. PUBLIC COMMENT SECTION</b>	None			
<b>3. CONSENT CALENDAR</b>	<i>Boerum</i>		Action	
a. Finance Committee Minutes 07.25.23			<b>MOTION:</b> by Case to approve, 2 <sup>nd</sup> by Lee-Myatt. Abstain- Smith.	
<b>4. FY 2023 AUDIT UPDATE</b>	<i>Boerum</i>		Inform	
	Mr. Boerum informed the committee that Auditors are currently on-site beginning the first stages of the FY 2023 Audit. The Audit Committee is expected to review a draft audit report at their October 11 <sup>th</sup> meeting. It is anticipated that the Board will review the finalized audit at the November Board of Directors Meeting.		·	
<b>5. ODC PROJECT REVIEW</b>	<i>Hennelly/Drummond</i>		Inform	



	Ms. Drummond provided an overview of the overall ODC project budget of \$24M. She reported on the spent to date amount and the remaining project scope. Additionally, Ms. Drummond reviewed the Temporary MRI project budget and timeline, reviewed action items for board recommendation including the Permanent MRI, PDC Resolution, BID for Modular building, and CT Phase II – Bid Award GMH Builders.		
<b>6. PERMANENT MRI – PDC RESOLUTION – BID FOR MODULAR BUILDING</b>	<i>Hennelly/Drummond</i>	Action	
	Ms. Drummond presented a draft resolution of the Board of Directors of the Sonoma Valley Health Care District directing the execution of a contract for a modular office building. She then stated that the proposed next step would be to award the contract to PDC Facilities for modular structure not to exceed \$1.73M. The committee discussed Ms. Drummond’s recommendation and offered specific questions around the legal contract and contingency planning. It was then recommended that a document be developed to provide a full scope contingency plan. That information should be included in the final legal contract. Assuming that scope will be fully documented, the matter will be forwarded to the Board of Directors for approval.	<b>MOTION:</b> by Boerum to make a recommendation to forward matter to the Board of Directors pending receipt of full scope contingency plan. All in favor (6-0).	
<b>7. AWARD ODC PROJECT PHASE II CT – BID AWARD – GMH BUILDERS</b>	<i>Hennelly/Drummond</i>	Action	
	Ms. Drummond discussed her recommendation to award the CT Phase II/Clinics bid to GMH Builders the sole bidder for the contract.  Recommendations to award \$1.2M bid to be reduced by Change Order through the elimination of scope to \$1.05M. Recommend awarding to sole bidder and rebidding for competition is not recommended:  <ul style="list-style-type: none"> <li>• Bid in line with original scope and added reductions</li> <li>• GMH is General Contractor awarded for temporary MRI site work and could run both projects concurrently for reduced General Conditions fees</li> <li>• GMH is the General Contractor of record for CT Phase 1 with HCAI. Continuing with GMH as GC on CT</li> </ul>	<b>MOTION:</b> by Boerum to make a recommendation to forward matter to the Board of Directors pending receipt of full scope contingency plan. All in favor (6-0).	

	<p>Phase II will result in cost avoidance for supplantation costs relating to design fees</p> <p>The committee discussed Ms. Drummond's recommendations again, noting the need for a documented contingency plan. Assuming a contingency plan will be developed prior to any legal contracting, it was recommended to forward the matter to the Board of Directors for approval.</p>		
<b>8. SEISMIC HED DESIGN</b>	<i>Hennelly/Drummond</i>	Action	
	<p>Ms. Drummond reported that HED Design, the firm selected by the Hospital has completed the analysis for the seismic compliance of Senate Bill 1953. Currently there are milestones in place for 2024, 2026, 2028 to analyze, submit plans, construct and finally be seismically compliant in 2030 for General Acute Care Hospital Buildings. The overall scope through the end of calendar 2024 is estimated to cost \$300K. With incremental funding spanning FY24-FY25. The Committee is asked to recommend to the Board approval of the overall scope of \$300K that will be funded incrementally through calendar year 2024 authorizing the hospital to proceed. Following a lengthy discussion, the committee recommended that staff develop a table to breakdown total anticipated hours that are included in the two proposals from HED Design totaling \$120K which encompasses their initial coordination and their Structural Engineer initial investigation. The table should be provided to the Board for their information prior to considering the seismic proposal.</p>	<p><b>MOTION:</b> by Boerum to make a recommendation to forward matter to the Board of Directors. Staff will provide a table detailing anticipated hours, etc for the Board's informational purposes. All in favor (6-0).</p>	
<b>9. PT EXPANSION</b>	<i>Hennelly/Drummond</i>	Action	
	<p>Mr. Hennelly provided background on the PT Expansion Proposal noting that Outpatient Physical Therapy is a key service for Sonoma Valley Hospital, however it is currently running at 100% capacity. The proposed PT Expansion project will include the addition of 5 new exam rooms. It will also double the gym space and will have a dedicated area for pediatric patients. The SVH Foundation will need to start fundraising, so the committee is being asked to recommend that the Board move forward with this project.</p>	<p><b>MOTION:</b> by Boerum to approve, 2<sup>nd</sup> by Case. Forward matter to the Board of Directors. Staff will provide a business plan for PT Expansion (to include patient flow/sources) for the Board's informational purposes.</p>	

<b>10. ODC UPDATE</b>	<i>Hennelly</i>	Inform	
	The ODC Update was covered in the day's earlier discussions.		
<b>11. EPIC UPDATE</b>	<i>Hennelly</i>	Inform	
	Mr. Hennelly stated that the EPIC Update is normal, and interface updates are still pending.		
<b>12. FINANCIAL REPORT FOR MONTH END JULY 2023</b>	<i>Armfield</i>	Inform	
	<p>Mr. Armfield reported that July marked the beginning of a new fiscal year, and it was a good start to operations as July's performance rebounded from a subpar June to deliver a very positive month. In addition, July marks were one of the better financial performances from operations in recent months as the operating margin far exceeded the budget and prior year, and the hospital's operating EBDA was nearly an operational break-even for the month.</p> <p>The Committee thanked Mr. Armfield for his work. They then asked that he think about including additional information in regards to cash flow and net revenue price to volume variances. This will help with better understanding of revenue that is driven by volume and revenue that is distributed by rates. Mr. Armfield stated that he will look to see how he can include a report on cash variances in his financials going forward.</p>	Inform	
<b>13. ADJOURN</b>	<i>Boerum</i>		
	Meeting adjourned at 7:45 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT**  
**QUALITY COMMITTEE**  
**August 23, 2023, 5:00 PM**  
**MINUTES**  
**Via Zoom Teleconference**

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

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Kornblatt Idell</i>	
	Meeting called to order at 5:02 p.m. Ms. Kornblatt Idell announced that the Lown Institute had recently recognized SVH as one of the most socially responsible hospitals in America, receiving “A” grades in Health Equity, Value, and Outcomes on	

	the 2023-24 Lown Institute Hospital Index. Ms. Kornblatt Idell thanked all the hard-working staff and volunteers for this incredible achievement.	
<b>2. PUBLIC COMMENT</b>	<i>Kornblatt Idell</i>	
	None	
<b>3. CONSENT CALENDAR</b>	<i>Kornblatt Idell</i>	ACTION
<ul style="list-style-type: none"> <li>QC Minutes 07.26.23</li> </ul>	Minutes of the 07.26.23 meeting were approved as presented.	<b>MOTION:</b> by Mainardi to approve, 2 <sup>nd</sup> by Snyder. All in favor.
<b>4. PHARMACY QA/PI</b>	<i>Kutza</i>	INFORM
	Mr. Kutza presented the Pharmacy QA/PI Report. He noted that the Epic transition is currently 8 months in, and that staff have become comfortable with how to use the EPIC system. There is also work to move on to mining the large amount of data available for QA. High Risk Drug Events and High-Risk Med Errors numbers are low. He then highlighted Antimicrobial Stewardship, Controlled Substances, Pyxis Utilization, IV Room and Pharmacy Services metrics, all of which have met or exceeded their target areas.	
<b>5. QUALITY INDICATOR PERFORMANCE PLAN</b>	<i>Cooper</i>	INFORM
	Ms. Cooper shared the quality indicator performance for the month of July 2023. Mortality deteriorated, although one patient passed away on comfort measures. No Patient Safety Indicator Events. No Adverse Events. Lab Transfusion Effectiveness was 100%. There was one transfusion reaction on a weekly patient. That patient will be pre-medicated going forward. No significant medication errors or adverse drug events. There have been no patient falls in eight months. There was an improvement in re-admission rates at 4.5 %, which is well below the CMH 15% benchmark. Blood Culture contamination met target. A hospital ED nurse will be completing a master's degree program with a particular project focused on blood contamination. We	

	<p>are hopeful that this well further add to the education that is being provided in ED. Stroke Certification measures improved on all metrics in July. Most codes were EMS related, and we were pre-warned that the patient would be brought in. Utilization Management improved on length of stay at 2.89, a little dip in case mix index. Core Measures were 100% with colonoscopy follow-up within 10 years. ED met goal of less then 132 minutes of ED turnaround time. This will be the last metrics of the old ED group. Next month the metrics of the new ED group will be reported. Left without being seen metrics were met and Head CT/MRI results within 45 min met goal. Sepsis, one-fall out of 4 patients due to lack of physician documentation. Infection prevention met goal. Hand hygiene took a little dip. Will be re-educating staff. Condition leveling findings are at 100%. Still struggling with continuous observation of high-risk patients. New ED group are open to educating staff members to improve the metrics. Lastly, Rate My Hospital scores for the quarter was presented by Ms. Winkler.</p>	
<p><b>6. POLICIES AND PROCEDURES</b></p>	<p><i>Cooper</i></p>	<p>INFORM</p>
	<p>Summaries of changes were reviewed for the following policies:</p> <ul style="list-style-type: none"> <li>Access to Patient Information for Medication Management</li> <li>Adverse Drug Events-Quality Assurance</li> <li>Approved Panel List 7500-04</li> <li>Clozapine REMS Procedure 8390-08</li> <li>Controlled Substance Distribution for Anesthesia</li> <li>Fentanyl Patch</li> <li>Floorstock Medications</li> <li>Herbal and Natural Product Use</li> <li>High Alert Medications</li> <li>Intravenous Contrast Admin</li> <li>Monitoring Medication Storage Temperature</li> </ul>	

	Pharmacy and Therapeutics Committee Placenta Disposition Remote Pharmacist Services Sterile Compounding Procedures Surge Planning- Pharmacy Vaccine Screening-Pneumococcal and Influenza Vancomycin Protocol Warming Fluids for IV and Irrigation Purposes, Storage and Handling	
<b>7. CLOSED SESSION/REPORT ON CLOSED SESSION</b>	<i>Kornblatt Idell</i>	ACTION
a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Dr. Amara presented the Medical Staff Credentialing for review and approval.	<b>MOTION:</b> by Speizer to approve, 2nd by Snyder. All in favor.
<b>9. ADJOURN.</b>	<i>Kornblatt Idell</i>	
	Meeting adjourned at 5:48 p.m. Next meeting will take place on October 25 <sup>th</sup> at 5:00 pm. No September meeting.	



# PROPOSED FIRE SERVICE SALES TAX MEASURE

March 2024

Sonoma Valley Hospital District Board

\*For informational/educational purposes only\*





# BACKGROUND

## Efforts to Improve Fire and EMS Services

- Measure G:
  - March 2020
  - Placed on the ballot by County of Sonoma
  - Failed passing 66.67% threshold by 1.83%
- Fire Service Working Group (FSWG)
  - Operates as a subsection of Sonoma County Fire Chiefs Association (SCFCA)
  - Lead work group to develop new measure

### COUNTYWIDE FIRE PREVENTION & RESPONSE PROPOSED MEASURE, MARCH 2024



"Funding from a countywide half cent sales tax will allow the Sonoma Valley Fire District, which includes the City of Sonoma, to implement significant improvements to our emergency services. Several needs were recently confirmed during a comprehensive analysis of the Fire District's Operations and Facilities. This tax measure will fund 15 new permanent Firefighter/Paramedic positions and expanded services in fire prevention and fuels reduction programs. Funds will be used to staff an additional ambulance, which will improve response times throughout the District, and ensure there are Firefighter/Paramedics at the Sonoma Developmental Center grounds. The funding will also enable the Fire District to upgrade two of our existing Fire Stations. Lastly, this tax measure will support Sonoma Valley Fire District's neighboring fire agencies, allowing increased staffing and capacity to expand emergency response and resiliency in the Sonoma Valley, helping wildfires from becoming major incidents."

- Steve Akre, Sonoma Valley Fire District's Fire Chief

### REVENUE WILL PROVIDE THE FOLLOWING BENEFITS TO COUNTY RESIDENTS

- ✓ Recruitment and retention of local firefighters
- ✓ Improved response times
- ✓ Increased wildfire prevention and response
- ✓ Expanded paramedic services
- ✓ Infrastructure improvements
- ✓ Red flag and winter storm upstaffing
- ✓ Provide staffing to rural and underserved communities
- ✓ Supports an improved local dispatch center
- ✓ Enhanced vegetation management and fuels reduction
- ✓ Provides collaborative technology platforms

### FREQUENTLY ASKED QUESTIONS

- **How much will this tax generate?**  
This ½ cent sales tax is expected to generate approximately \$60 million annually to address the current and future funding challenges that face EVERY fire agency in the county.
- **How will the expenditures be governed?**  
Revenue will go directly to fire agencies. Their governing bodies, either City Councils or District Boards will be responsible for ensuring that the funds are spent in accordance with the ordinance. Additionally, an independent oversight committee will review the expenditures of each agency.
- **How much funding will my local fire department get?**  
Sonoma Valley Fire District, including the City of Sonoma, will receive 6.38 % of the annual tax revenue, estimated at nearly \$3.8 million, plus cover the cost of emergency dispatch which is an additional \$250,000 annually.
- **What will the funding be used for?**
  - Hire and retain 15 additional local firefighter/paramedics
  - Funding for volunteer firefighters
  - Increased fire prevention and vegetation management resources
  - Critical facility upgrades at two fire stations



For more information, please visit  
[SonomaChiefs.org](http://SonomaChiefs.org)

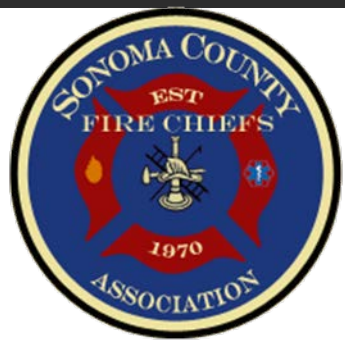




# NEW STRATEGY

- Petition driven Citizen's Initiative:
  - Requires 50% +1 to pass
  - Polls at 65%-67%
  - Negatives towards:
    - No sunset or County managed funds
- Focus on enhanced representation and relationships
- Changed FSWG Representation
- Improved Union and Volunteer involvement
- Strong pro campaign by L-1401, including L3593





# NEW ORDINANCE



Managed by the Sonoma County Fire Chiefs Association



Change of allocation



Community Oversight Committee enhanced



Emphasis placed on adding local firefighters and building fire stations



# NEW ORDINANCE CONTINUED

## Title:

- “Improved and Enhanced Local Fire Protection, Paramedic Services and Disaster Response Initiative”

## Program Categories (6):

- Wildfire prevention, preparedness, emergency response and vegetation management
- Recruitment and retention of local firefighters
- Updates to essential equipment and facilities
- Transfer of funds among designated local agencies or entities
- Implementation costs
- Countywide expenditures



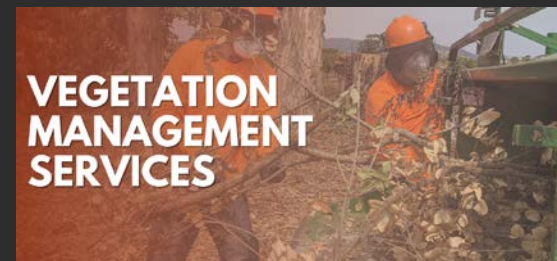
# NEW ELEMENTS

- Governance: Independent Oversight Committee
  - Independent County Residents –Eleven (11) appointed members
- New Allocation Plan
  - Data driven: uses local deployment analyses & IAFF deployment maps
  - Estimated to generate \$60M-\$65M annually directly to the fire service
  - 6.38% is allocated to the Sonoma Valley Fire District including City of Sonoma
- Countywide Funding Distributed through the SCFCA
- Annual Performance Audit Requirement



# PARTNERSHIPS AND COORDINATION

- Firefighter Unions
- Volunteer Firefighters
- Vegetation Management
  - Firesafe Sonoma
  - Farm Bureau
- Outreach
  - City Managers Association
  - Mayors and Councils
  - Fire District Elected Directors
  - Taxpayer groups
  - Board of Supervisors
  - Civic groups
  - Business owners





# SONOMA VALLEY FIRE DISTRICT SPECIFIC

- Rebuild of two Fire Stations
  - El Verano
  - Eldridge
- One new Engine Company
- One new Ambulance Company
- 17 new Firefighter/Paramedics
- Two new Fire Inspectors
  - Focus on Wildfire Prevention

## Countywide Benefits:

- REDCOM Dispatch Fees & enhancements
- Severe Weather Upstaffing funding
- Technology and Training enhancements
- Vegetation Management projects





# SONOMA VALLEY HOSPITAL AND FIRE DISTRICT PARTNERSHIP

- SVFD has two staffed ALS Ambulances
  - Same level of service since the 1980's
  - Serves the entire SVH District area
- Responses in the last 12 months:
  - 2713 patient transports
  - 2097 to SVH – 77.6%
- 257 times upstaff an additional Ambulance
  - Places a fire engine out of service
- Benefits from Tax Measure:
  - Increase Ambulances by 50%
  - Maintains critical Fire Response capability





QUESTIONS?



**To: SVHCD Board of Directors**

**From: Susan Kornblatt Idell**

**Date: October 5, 2023**

**Subject: Quality Committee Quarterly Report**

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Quality performance in the 2<sup>nd</sup> 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 Emergency Department and surgical areas seen in 2<sup>nd</sup> Quarter. 1<sup>st</sup> Quarter ED visits averaged 739, visits in the 2<sup>nd</sup> Quarter averaged 873. Surgical volume averaged 141 in 1<sup>st</sup> Quarter, increased to 171 in the 2<sup>nd</sup>Quarter.

Hospital continues to focus on the following Quality Initiatives-

- All sepsis cases are reviewed 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/CNO 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. 2<sup>nd</sup> Quarter readmission rates (within 30 days of discharge) increased from the 1<sup>st</sup> Quarter (5.81% vs 3.61%). Majority of readmissions are coming from local skilled nursing facilities. Director of Quality met with one facility to discuss readmissions. A quarterly meeting will also be set up between SVH and Valley of the Moon to discuss readmission cases in the 3<sup>rd</sup> Quarter.
- Continued focus on length of stay. 2<sup>nd</sup> Quarter length of stay averaged 3.22 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.
- Zero adverse events in 2<sup>nd</sup> quarter
- Hospital wide initiatives surrounding patient satisfaction continue. Improvements seen in 4 out of 9 domains. HCAHPS (inpatient) survey's return very low, averaging 10 surveys per month.

Monthly presentations regarding departmental quality initiatives and data continues. In the 2<sup>nd</sup> Quarter presentations from the Infection Prevention Department, Imaging Department and the Emergency Department were presented and reviewed.

### HCAHPS 2<sup>nd</sup> Quarter Review

Survey Items	SECTION/DOMAIN	Survey Type	n	Top Box Score				Percentile Rank	Score Trendline	Details
				Current (Q2 2023)	Previous (Q1 2023)	Goal	Change			
Rate hospital 0-10	GLOBAL ITEMS	CAHPS	54	64.81%	84.38%	—	-19.56%	28		
Recommend the hospital	GLOBAL ITEMS	CAHPS	52	75.00%	86.67%	—	-11.67%	68		
Domain: Comm w/ Nurses	COMM W/ NURSES	CAHPS	54	81.48%	81.25%	—	0.23%	66		
Domain: Response of Hosp Staff	RESPONSE OF HOSP STAFF	CAHPS	47	67.67%	80.98%	—	-13.30%	69		
Domain: Comm w/ Doctors	COMM W/ DOCTORS	CAHPS	53	86.57%	73.76%	—	12.81%	90		
Domain: Hospital Environment	HOSPITAL ENVIRONMENT	CAHPS	54	60.12%	64.52%	—	-4.39%	26		
Domain: Comm About Medicines	COMM ABOUT MEDICINES	CAHPS	33	58.75%	57.54%	—	1.21%	42		
Domain: Discharge Information	DISCHARGE INFORMATION	CAHPS	49	88.67%	85.38%	—	3.29%	69		
Domain: Care Transitions	CARE TRANSITIONS	CAHPS	54	38.36%	53.40%	—	-15.04%	4		

† Custom Question    ^ Focus Question  
 ■ At or Above Goal    ■ <5 Points Below Goal    ■ >5 Points Below Goal    □ No Goal

Q1 2022    Q2 2022    Q3 2022    Q4 2022    Q1 2023    Q2 2023

## Rate My Hospital 2<sup>nd</sup> Quarter Review

- Starting the 3<sup>rd</sup> Quarter of 2022 we started reporting the Rate My Hospital rankings for all departments as a comparison to HCAHPS results. The hospital received approx. 1356 surveys through Rate my Hospital the 2<sup>nd</sup> Quarter for all hospital departments (Emergency, Diagnostic services, Inpatient, Physical Therapy, Surgery) with an average rating of 4.77 out of 5

Department	Responses	Average Score
Sonoma Valley Hospital / Emergency Department	302	4.603 95% CI: 4.569—4.638

Department	Responses	Average Score
Sonoma Valley Hospital / Hand and Physical Therapy	303	4.918 95% CI: 4.900—4.936

Department	Responses	Average Score
Sonoma Valley Hospital / Inpatient Care	11	4.688 95% CI: Not enough samples

Department	Responses	Average Score
Sonoma Valley Hospital / Medical Imaging	594	4.864  95% CI: 4.848—4.881

Department	Responses	Average Score
Sonoma Valley Hospital / Outpatient Surgery	136	4.816  95% CI: 4.785—4.848



# COMMUNITY OUTREACH & MARKETING BOARD REPORT

OCTOBER 5, 2023

# COMMUNITY OUTREACH & MARKETING

Community Outreach and Marketing at Sonoma Valley Hospital is key to executing the strategic plan. We are strategic, we align with the great work happening here, and we facilitate its dissemination to the community.





## OUR FOCUSED APPROACH

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Be the Community

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Look Like a Leader

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Amplify Our Voice

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Empower Ambassadors

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Support Our Team

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Celebrate Accomplishments



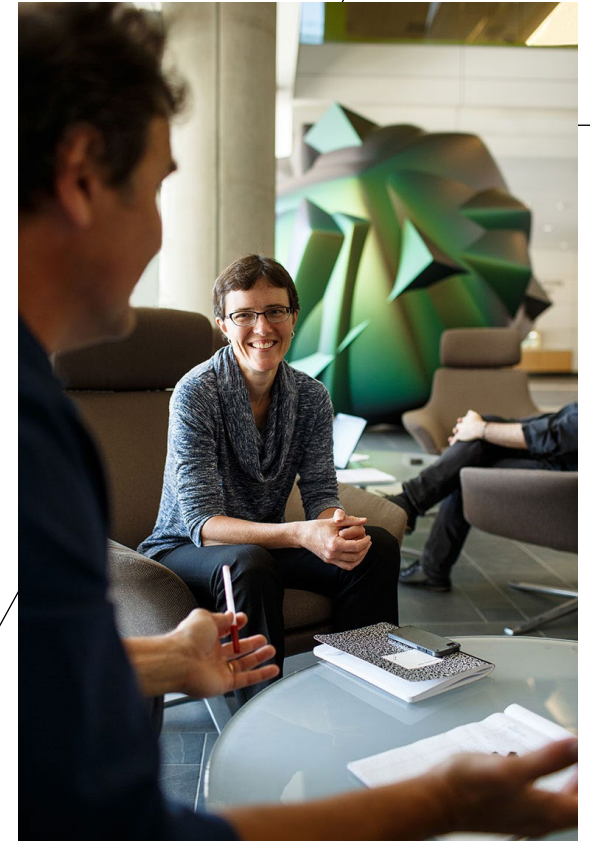
# BE THE COMMUNITY

## HOW

Represent the demographics of the Valley. Bridge geographical, linguistic & cultural gaps for health information access.

## ACTIONS

- **Bilingual Content:** Develop bilingual online posts, fully translate the website, bilingual marketing materials
- **Tailored Advertising:** Create a customized advertising strategy that resonates with our diverse community
- **Monthly Thematic Calendar:** Implement a Monthly Calendar with Focused Themes to address specific community needs
- **Leverage Media Platforms:** Harness the power of various local media platforms for broader outreach
- **Strategic Alliances:** Strengthen strategic alliances with local community groups to expand our reach - La Luz, Vintage House, Hanna Center, City of Sonoma



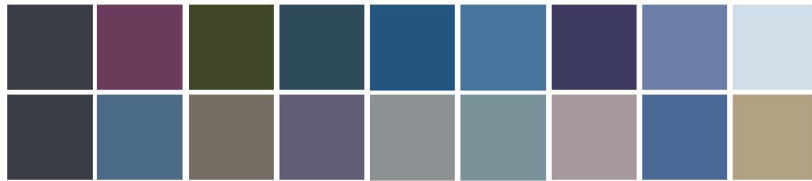
# LOOK (AND SOUND) LIKE A LEADER

## HOW

Exemplify leadership in all aspects of our work.

## ACTIONS

- Embrace the full spectrum of our color palette & revitalize / elevate our brand
- Conduct a photo shoot & upgrade the image library
- Develop key messages / tone
- Infuse the refreshed brand identity across all channels
- Intensified collaboration with UCSF
- Continue to collaborate with community partners to reinforce our leadership role



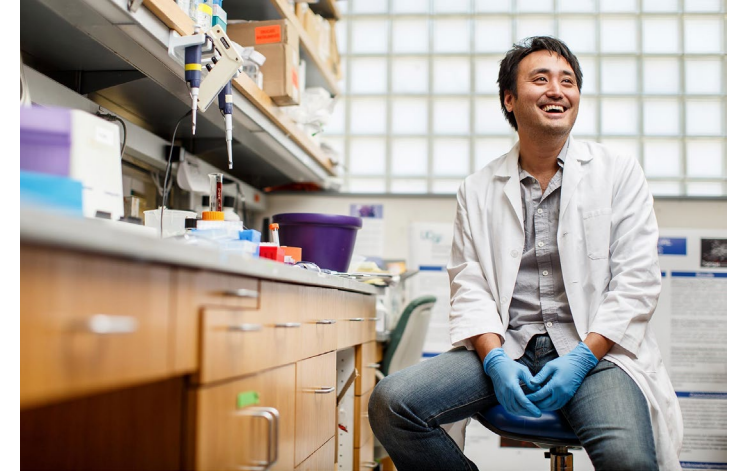
# AMPLIFY OUR VOICE & TAKE IT TO THE COMMUNITY

## HOW

Proactively Create Content aligned with the strategic plan to take our message out to the community.

## ACTIONS

- Monthly Thematic Calendar
- Blog & Newsletter
- Dedicated Landing Page - information hub for each month's content, driving website traffic
- Social Media & Advertising
- Exploring Opportunities - assessing mail drops, event planning, and partnerships.
- UCSF Speaker Collaboration
- Press Releases & Advertising
- Take our message out to where people will see it – Plaza #hospitalweek promotion / flags & banners, Plaza light pole banners





# EMPOWER AMBASSADORS

## HOW

Cultivate internal advocates – and take our message out to the community.

## ACTIONS

- Monthly staff newsletter
- Employee marketing in-service days
- Tailored communication tools
- Collaboration with HR, Facilities, and Chiefs
- Regular press releases



# SUPPORT OUR SVH TEAM

## HOW

Ensure our team has the necessary resources.

## ACTIONS

- Collaborate with each department to meet their needs aligning with the strategic plan.
- Provide necessary communication tools to support their objectives.
- Foster a two-way relationship for effective information exchange.
- Act as an internal resource, offering support & marketing services to all departments.

# CELEBRATE ACCOMPLISHMENTS

## HOW

Acknowledge achievements through press releases, social media posts, advertising and more.

**SVH earned “A” grades in Health Equity, Value, and Outcomes, and ranked 2 in California and 14 nationally on the Social Responsibility metric.**



**Sonoma Valley Hospital is one of the most socially responsible hospitals in America, according to the Lown Institute.**

**We thank our staff, physicians, volunteers, and partners for their commitment to remarkable care of our community.**





THANK YOU. QUESTIONS?

Photographs copyright Steven Babuljak.



**To:** Sonoma Valley Health Care District Board of Directors  
**From:** Ben Armfield, Chief Financial Officer  
**Date:** October 5, 2023  
**Subject:** Resolution No. 376 - Setting the Tax Rate for the 2023-24 Fiscal Year GO Bonds

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**Recommendation:**

Recommend to the SVHCD Board of Directors the approval of the General Obligation Bonds tax rate of \$19.80 per \$100,000 of the assessed value of the secured property in the District.

**Background and Reasoning:**

This is consistent with prior year resolutions. The total assessed value of the secured property in the District is \$12,838,636,396. The tax required to assure payment of the principle, interest, and reasonable reserve for the Bonds for Fiscal Year 2023-2024 is \$2,617,464. The rate, calculated per the Sonoma County's approved formula is \$19.80 per \$100,000 of assessed valuation.

**Consequences of Negative Action/Alternative Actions:**

Without the resolution, the County is directed to apply the most recently provided tax rate.

**Financial Impact:**

The resolution will instruct the County to collect the General Obligation Bond tax to be paid to the bond holders.

**Selection Process and Contract History:**

The Hospital has done similar resolutions in the past and the same methodology was applied for setting the tax rate for 2023-24.

The tax rate calculation and resolution has been reviewed by our consultant Gary Hicks, who has been a subject matter expert for SVH in this space for many years.

**SVHCD Finance Committee:**

This resolution was approved by the Finance Committee during their meeting on 9/26, which formalizes their recommendation of approval to the SVHCD Board of Directors.

**Attachments:**

Resolution No. 376



**SONOMA VALLEY HEALTH CARE DISTRICT**

**RESOLUTION No. 376**

**RESOLUTION SETTING THE TAX RATE FOR THE 2023-24  
FISCAL YEAR FOR THE PAYMENT OF PRINCIPAL AND INTEREST ON  
THE SONOMA VALLEY HEALTH CARE DISTRICT (SONOMA COUNTY,  
CALIFORNIA) GENERAL OBLIGATION BONDS, ELECTION OF 2008**

**WHEREAS**, by resolution, adopted by the Board of Directors (the "Board") of the Sonoma Valley Health Care District (the "District") on August 6, 2008, the Board determined and declared that public interest and necessity demanded the need to raise moneys for the expansion, improvement, acquisition, construction, equipping and renovation of health facilities of the District (the "Project"), and the Board called an election to be held within the boundaries of the District in accordance with the California Elections Code;

**WHEREAS**, a special municipal election was held in the District on November 4, 2008 and thereafter canvassed pursuant to law;

**WHEREAS**, an election there was submitted to and approved by the requisite two-thirds (2/3) vote of the qualified electors of the District a question as to the issuance and sale of general obligation bonds of the District for the purpose of raising money for the Project in the maximum aggregate principal amount of \$35,000,000, payable from the levy of an *ad valorem* tax against all taxable property in the District;

**WHEREAS**, pursuant to Chapter 4 of Division 23 (commencing with section 32300) of the California Health and Safety Code (the "Act"), the District is empowered to issue general obligation bonds;

**WHEREAS**, the District sold, on January 27, 2009, an initial series of bonds for the purpose of raising funds needed for the Project and for other authorized costs in the aggregate principal amount of \$12,000,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) General Obligation Bonds, Election of 2008, Series A (2009)" (the "2009 Bonds"); and

**WHEREAS**, the District sold, on August 1, 2010, an additional series of bonds for the purpose of raising funds needed for the Project and for other authorized costs in the aggregate principal amount of \$23,000,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) General Obligation Bonds, Election of 2008, Series B (2010)" (the "2010 Bonds"); and

**WHEREAS**, the District sold, on January 28, 2014, a refunding series of bonds for the purpose of refunding the 2009 Bonds in the aggregate principal amount of \$12,437,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) 2014 General Obligation Refunding Bonds" (the "2014 Bonds"); and

**WHEREAS**, the District sold, on July 28, 2021, a refunding series of bonds for the purpose of refunding the 2010 Bonds in the aggregate principal amount of \$15,825,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) 2021 General Obligation Refunding Bonds" (the "2021 Bonds" and together with the 2014 Bonds, the "Bonds"); and

**WHEREAS**, Sonoma County (the "County") has requested that the District provide to the County the tax rate required for Fiscal Year 2023-24 to pay principal and interest on the Bonds and to provide a reasonable reserve;

**NOW, THEREFORE, THE BOARD OF DIRECTORS OF SONOMA VALLEY HEALTH CARE DISTRICT DOES HEREBY RESOLVE, DETERMINE AND ORDER AS FOLLOWS:**

*Section 1. Recitals.* All of the recitals herein are true and correct. To the extent that the recitals relate to findings and determinations of the Board, the Board declares such findings or determinations to be made thereby.

*Section 2. Tax Rate; Remittance.*

(a) Based upon the County's estimate of assessed valuation of all secured property in the District (\$12,838,636,396) the tax rate required to assure payment of the principal of, interest on and a reasonable reserve for the Bonds for Fiscal Year 2023-24 is \$19.80 per \$100,000 of assessed valuation. It is the intent of the District to provide to the County, by resolution, the tax rate required to assure payment of the principal of, interest on and a reasonable reserve for the Bonds for Fiscal Year 2023-24 and each Fiscal Year thereafter, so long as the Bonds remain outstanding. However, in the event the District fails to provide a tax rate in any year, the County is directed to apply the most recently provided tax rate in such year.

(b) The District hereby delegates to the County Board of Supervisors the authority to annually levy and collect the annual *ad valorem* property taxes required for the payment of the principal of and interest on the Bonds.

(c) The District hereby requests that such amounts, as collected, be remitted directly to The Bank of New York Mellon Trust Company, N.A., the District's paying agent for the Bonds.

*Section 3. Request for Necessary County Actions.* The County Board of Supervisors and the County Auditor-Controller-Treasurer-Tax Collector, and other officials of the County, are hereby directed to take whatever action that may be necessary pursuant to law to provide for the levy and collection of a property tax on all taxable property within the District at the tax rate specified in Section 2(a) above.

*Section 4. General Authority.* The Chair, the Secretary, the Chief Executive Officer and the Chief Financial Officer, and their respective designees, are each hereby authorized, empowered and directed in the name and on behalf of the District to take any and all steps which they or any of them might deem necessary or appropriate in order to give effect to this resolution.

Section 5. Effective Date. This resolution shall take effect immediately on and after its adoption.

\*\*\*\*\*

**PASSED AND ADOPTED** this 5th day of October 2023, by the following vote:

AYES:

NAYS:

ABSTAIN:

ABSENT:

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Judith Bjorndal  
Chair, Board of Directors  
Sonoma Valley Health Care District

ATTEST:

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Wendy Lee Myatt  
Secretary, Board of Directors  
Sonoma Valley Health Care District



To: Sonoma Valley Health Care District Board of Directors  
From: Ben Armfield, Chief Financial Officer  
Date: October 5, 2023  
Subject: **Resolution No. 377 - Distressed Hospital Loan Program**

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**Recommendation:**

Recommend to the SVHCD Board of Directors the approval of Resolution # 377, which authorizes the execution and delivery of the Distressed Hospital Loan Program between Sonoma Valley Health Care District and California Health Facilities Financing Authority (CHFFA) and California Department of Health Care Access and Information (HCAI).

**Program Background:**

On May 15<sup>th</sup>, Governor Newsom signed Assembly Bill (AB) 112, which established the Distressed Hospital Loan Program (DHLP). The bill appropriated \$300 million in funding to provide interest-free loans to qualifying not-for-profit and public hospitals that are either in current financial distress or anticipated distress in the months ahead. The program was developed in collaboration with the Department of Health Care Access and Information (HCAI) and the California Health Facilities Financing Authority (CHFFA).

HCAI and CHFFA established an application process and methodology for determining hospital's eligibility and size of the loan. In order to qualify and be selected, hospitals had to demonstrate their financial position as well as outline a viable plan for how the funds will be repaid.

**Sonoma Valley Health Care District:**

As this Assembly Bill was passed and signed, we identified this program as a potential favorable source of supplemental funding that could be used to further reduce our interest-bearing long term debt. As has been discussed the last couple of months, we have an existing line of credit that is set to mature at the end of January 2024. While the hospital is not at-risk of closure, the exposure related to the line of credit presents a concerning financial situation, should the hospital be required to repay the outstanding balance come maturity. While we don't feel this is likely, it is a possibility and in an effort to mitigate that risk, we felt a need to apply to this program with the intention of using any awarded funds to paydown our existing line of credit liability. This was our entire position in our application.

We applied for a loan award of \$5.5 million, and were one of thirty hospitals that applied to receive funds through this program. We were notified at the end of August that Sonoma Valley Hospital was selected to receive a loan award of \$3.1 million. While not at the level of the initial ask, we were very pleased to learn the hospital was receiving support through this program.

This loan is interest-free and will be used to reduce our existing liabilities. The loan agreement will be drafted by CHFFA and HCAI upon approval of the attached board resolution.

**Loan Details:**

- Loan Amount - \$3,100,000
- Interest Rate – 0%
- Repayment – Loans are repayable over 72 months with an initial 18-month grace period at the beginning of the loan term

**SVHCD Finance Committee:**

This resolution was approved by the Finance Committee during their meeting on 9/26, which formalizes their recommendation of approval to the SVHCD Board of Directors.

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**Attachments:**

- HCAI Loan Program Press Release
- CHFFA Distressed Hospital Loan Program (DHLP) Approval Letter
- Sonoma Valley Health Care District Board Resolution #377

# California Announces \$300 Million in Financial Support for Community Hospitals Across the State

**SACRAMENTO** – Today, the Department of Health Care Access and Information (HCAI) is taking action to support community hospitals struggling financially by awarding close to \$300 million in no-interest loans to 17 health care facilities under the Distressed Hospital Loan Program, announced earlier this year by Governor Gavin Newsom.

“Today we have provided much needed assistance to community hospitals across the state that desperately need financial help to provide the care their communities need,” **said HCAI Director Elizabeth Landsberg**. “I’m grateful to the Legislature for spearheading this effort to help make sure these vital healthcare institutions are fiscally stable so they can continue to provide quality, affordable health care for all Californians.”

**KEY PROGRAM DETAILS:** The program, established through Assembly Bill 112, offers interest-free, working capital loans to nonprofit and publicly operated financially-distressed hospitals, including facilities that belong to integrated healthcare systems with less than three separately licensed hospital facilities.

The Distressed Hospital Loan Program is jointly administered by the [California Department of Health Care Access and Information](#) (HCAI) and the [California Health Facilities Financing Authority](#) (CHFFA) at the California State Treasurer’s Office. The two departments have notified the eligible hospitals what loan amounts they have been approved for, with the loans scheduled to be released in the coming weeks.

## HOSPITALS RECEIVING SUPPORT:

Facility Name	Loan Award
Beverly Hospital	\$5,000,000*
Chinese Hospital	\$10,350,000
Dameron Hospital Association	\$29,000,000
El Centro Regional Medical Center	\$28,000,000
Hayward Sisters Hospital, dba St. Rose Hospital	\$17,650,000
Hazel Hawkins Memorial	\$10,000,000
John C. Fremont Healthcare District	\$9,350,000
Kaweah Delta Health Care District	\$20,750,000
Madera Community Hospital	\$2,000,000**
Martin Luther King, Jr. Community Hospital	\$14,000,000
Palo Verde Hospital	\$8,500,000
Pioneers Memorial Healthcare District	\$28,000,000
Ridgecrest Regional Hospital	\$5,500,000

San Geronio Memorial Healthcare District	<b>\$9,800,000</b>
Sonoma Valley Hospital	<b>\$3,100,000</b>
TriCity Medical Center	<b>\$33,200,000</b>
Watsonville Community Hospital	<b>\$8,300,000</b>

\* Beverly Hospital in Montebello will receive a \$5 million dollar bridge loan to cover operational costs while the hospital is purchased out of bankruptcy.

\*\* Madera Community Hospital, which has been closed since December 2022 and filed for bankruptcy in March 2023, will receive a \$2 million bridge loan to cover basic operational costs for the facility while Adventist Health, the hospital’s proposed administrator, provides a comprehensive hospital turnaround plan. Once the plan is provided, and approved, Madera Community Hospital can be eligible for an additional \$50 million loan from the Distressed Hospital Loan Program.

**KEY LOAN DETAILS:**

- Loans will be at zero-percent interest.
- Loans are repayable over 72 months, with an initial 18-month grace period at the beginning of the loan term.
- The program will sunset on December 31, 2031.

**ABOUT THE PROCESS:** HCAI and CHFFA received 30 applicants for the program, however, not all hospitals were awarded funds. During the extensive loan application review process, HCAI considered a diverse set of criteria. Hospitals that demonstrated the greatest levels of financial distress, at-risk of closing in the near term, and had a well-founded plan to remain open and provide services and care, were prioritized and issued loans through this program. Hospitals that did not receive funds from this program demonstrated less financial distress when compared to other hospitals that applied.

###



## CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

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f (916) 654-5362  
chffa@treasurer.ca.gov  
www.treasurer.ca.gov/chffa

August 30, 2023

Ben Armfield  
Chief Financial Officer  
Sonoma Valley Health Care District  
347 Andrieux Street  
Sonoma, CA 95476

RE: Distressed Hospital Loan Program

Dear Ben Armfield,

Congratulations! The California Department of Health Care Access and Information notified the California Health Facilities Financing Authority (CHFFA) that Sonoma Valley Health Care District's application has been approved for an interest-free cashflow loan from the Distressed Hospital Loan Program (DHLP) to prevent the closure of the hospital. Below are some of the terms of the DHLP loan:

Borrower: Sonoma Valley Healthcare District  
Loan Amount: \$3,100,000  
Loan Term: 72 months (with an 18-month initial deferment period)  
Interest Rate: 0% fixed  
Monthly Debt Service Amount: \$57,407.41

The funding of the DHLP loan is contingent upon (i) the full execution of the Loan and Security Agreement and the Promissory Note, including all exhibits, such as the Medical Intercept Form, a notarized EFT Cancellation Form, and the Loan Funds Disbursement Request, in each case in substantially the form delivered to you concurrently with the delivery of this letter, and (ii) there are sufficient funds in the Distressed Hospital Loan Program Fund.

We are looking forward to working with you during the DHLP loan closing process. If you have any questions, please contact your Loan Officer, Erica Rodriguez, by email at [erodriguez@treasurer.ca.gov](mailto:erodriguez@treasurer.ca.gov) or by telephone at (916) 653-3841. Your Loan Officer will contact you to begin the loan closing process.

Sincerely,

DocuSigned by:

*Bianca Smith*

Bianca Smith

Deputy Executive Director

### MEMBERS

FIONA MA, CPA, CHAIR  
California State Treasurer

MALIA M. COHEN  
State Controller

JOE STEPHENSHAW  
Director of Finance

ANTONIO BENJAMIN

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ROBERT CHERRY, M.D.

ROBERT HERTZKA, M.D.

KATRINA KALVODA

KERI KROPKE, M.A., M.A., CCC-SLP

### EXECUTIVE DIRECTOR

CAROLYN ABOUBECHARA



## **Exhibit A – Applicant’s Board Resolution**

### **RESOLUTION NO. 377**

#### **RESOLUTION OF SONOMA VALLEY HEALTH CARE DISTRICT AUTHORIZING EXECUTION AND DELIVERY OF A PROMISSORY NOTE, LOAN AND SECURITY AGREEMENT, AND CERTAIN ACTIONS IN CONNECTION THEREWITH FOR A LOAN UNDER THE DISTRESSED HOSPITAL LOAN PROGRAM**

#### **DISTRESSED HOSPITAL LOAN PROGRAM**

WHEREAS, **Sonoma Valley Health Care District** (the “Borrower”) is a **public hospital** as defined in Section 129381 of the Health and Safety Code;

WHEREAS, Borrower does not belong to an integrated health care system with more than two separately licensed hospital facilities.

WHEREAS, Borrower has determined that it is in its best interest to borrow an aggregate amount not to exceed **\$3,100,000.00** from the California Health Facilities Financing Authority (the “Lender”) under the Distressed Hospital Loan Program, with that loan to be funded with the proceeds in the Distressed Hospital Loan Program Fund; and

WHEREAS, the Borrower intends to use the loan in order to stabilize the hospital;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Borrower as follows:

Section 1. The Board of Directors of Borrower hereby approves the submission of an application for a loan from the Distressed Hospital Loan Program.

Section 2. **John Hennelly, President and Chief Executive Officer** (an “Authorized Officer”) is hereby authorized and directed, for and on behalf of the Borrower, to do any and all things and to execute and deliver any and all documents that the Authorized Officer deems necessary or advisable to consummate the borrowing of moneys from the Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 3. The proposed form of Loan and Security Agreement (the “Agreement”), which contains the terms of the loan, is hereby approved. The loan shall be in a principal amount not to exceed **\$3,100,000.00**, shall not bear interest, and shall mature 72 months from the date of the executed Loan and Security Agreement between the Borrower and the Lender. The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in substantially that form, which includes the Loan Funds Disbursement Certification, as well as the redirection of up to twenty percent (20%) of Medi-Cal reimbursements (checkwrite payments) to Lender in the event of default in accordance with Health and Safety Code section 129384, with those changes therein as the Authorized Officer(s) may require or approve, that approval to be conclusively evidenced by the execution and delivery thereof.

Section 4. The proposed form of Promissory Note (the “Note”) as evidence of the Borrower's obligation to repay the loan is hereby approved. The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Note in substantially said form, with those changes therein as the Authorized Officer may require or approve, that approval to be conclusively evidenced by the execution and delivery thereof.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Sonoma Valley Health Care District held on this 5<sup>th</sup> day of **October, 2023**.

**SECRETARY'S CERTIFICATE**

I, \_\_\_\_\_, Secretary of Sonoma Valley Health Care District, hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of Sonoma Valley Health Care District duly and regularly held at the regular meeting place thereof on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

**Ayes:**

**Noes:**

**Absent:**

I further certify that I have carefully compared the same with the original minutes of said meeting on file and of record in my office; that said resolution is a full, true and correct copy of the original resolution adopted at said meeting and entered in said minutes; and that said resolution has not been amended, modified or rescinded since the date of its adoption, and is now in full force and effect.

\_\_\_\_\_  
Secretary

Date: \_\_\_\_\_



To: SVHCD Board of Directors  
From: John Hennelly  
Date: 10.03.23  
Subject: CEO Report

---

## Strategic Planning

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. The hospital has engaged HED to assist in the assessment.

## Operations

**Napa Valley Emergency Medicine Group** began staffing the emergency department effective 8/1/23. The new group has been successfully onboarded. The hospital will begin a marketing campaign to announce the new group now that the transition is complete.

The hospital continues to work to open a virtual clinic, staffed by **Dr Peter Carroll**. 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. The first date is planned for later this month.

The **fiscal year**, effective 7/1/23, has started very positively. The first two months of the year were strong. Summer is often a 'lull' in the year as elective surgeries are less common and respiratory ailments subside with warmer weather. While we did experience some lulls, they were eclipsed by strong volumes in many areas in both July and August.

The valley continues to be impacted by **Covid**. Sonoma County will require masking in patient care areas effective 11/1 through the winter which is typically the highest risk time of year.

## Capital

The Board will be reviewing a proposal to award the contract for the construction of the permanent MRI module. This proposal, totaling \$1.43 million, will launch the design and manufacture of the module slated to house the new MRI in its final destination.

Phase 2 of the Outpatient Diagnostic Center is in the planning phase. This phase is focused on the repurposing of the vacated space in the Radiology Department along with a few remaining required improvements.

The **ICU renovation** is being rescoped as state code requirements necessitate plan modifications. We expect to have the project completed later this fiscal year. Additional funding will be required. Funding will be provided through the Foundation as well as from operations.

The Board approved the project for the **expansion of PT** at Highway 12. The objective is to increase capacity to meet the community need. We are concurrently working with an architect to finalize the details. We will present a more detailed proposal in the coming weeks with the expectation that the project will be completed by mid FY25.

We are 10 months into our **Epic** implementation. The system is running as expected. Interfaces to community partners are almost complete. The interface with UCSF was completed in mid-September and is working as expected. Several smaller interfaces are being scoped. This will be the final routine update on the implementation.

## Other

The hospital was awarded \$3.1 million in an interest free loan from the state as part of a \$300m Distressed Hospital Loan Program to help struggling rural hospitals. While we're thrilled with the award, we're finding misunderstanding within the community as to the award and why we qualified. Our request stemmed from the fact that we are in recovery. The pandemic was challenging for many hospitals, Sonoma Valley Hospital included. While we expect a strong recovery, the impact of inflation on the hospital is significant. Our ability to use this interest free loan to pay down our commercial line of credit will improve our financial standing saving the hospital between \$600,000 and \$1m over the life of the loan.

## 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.

# SVH Performance Score Card

## 1. Quality and Safety

Objective	Target	JUL.23	AUG.23	Trend	Supporting detail
<b>Infection Prevention</b>					
Central Line Blood Stream Infection CLABSI per 10k pt days	<1	0.00	0.00	↔	
Catheter Associated Urinary Tract Infection- CAUTI per 10k pt days	<1	0.00	0.00	↔	
CDIFF Infection per 10k pt days	<0.9	0.00	0.00	↔	
<b>Safety</b>					
Patient Fall per 1000 pt days	<3.75	0.00	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	1.00	↓	

Core Measures					
Sepsis Early Management Bundle % compliant	>81%	75 (n=4)	33 (n=3)	↓	Sepsis task force formed to address
Severe Sepsis 3 hour Bundle % compliant	>94%	100 (n=4)	66.7 (n=3)	↓	
Severe Sepsis 6 hr Bundle % compliant	100.00	100 (n=4)	100 (n=1)	↔	Sepsis task force formed to address
Core OP 23- Head CT within 45 mins % compliant	70.00	75% (n=4)	0 (n=1)	↓	

Mortality					
Acute Care Mortality Rate %	<15.3	2.20	3.70	↓	

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	130 (n=27)	154 (n=25)	↓	
Core Op 22 ED Left without being seen LWBS	<2%	0.60	0.70	↓	

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	0.13	0.22	↓	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	4.55 (n=2)	5.45 (n=3)	↓	Lower is better

## 2. Employees

Objective	Target	JUL.23	AUG.23	Trend	Supporting Detail
Turnover	<3%	0.9	0.5	↑	
Workplace Injuries	<20 Per Year	2 (QTR3)	2 ((QTR3)	↔	

## 3. Patient Experience

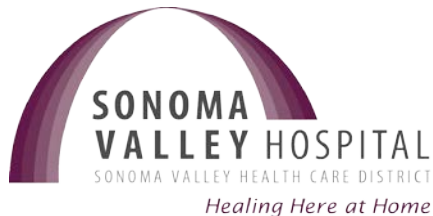
Objective	Target	JUN.23	JUL.23	Trend	Supporting Detail
<b>Outpatient Ambulatory Services</b>					
Recommend Facility	>90%	91 (n=34)	82 (n=39)	↓	Top Box Scores. % of patients that ranked us 5/5
Communication	>90%	93 (n=34)	93 (n=40)	↔	
Discharge Instructions	>95%	99 (n=34)	96 (n=39)	↓	
<b>HCAHPS</b>					
Recommend the hospital	>90%	80 (n=15)	60 (n=22)	↓	Top Box Scores. % of patients that ranked us 5/5
Communication with Nurse	>90%	80 (n=15)	82 (n=220)	↑	
Communication with Doctor	>90%	87 (n=15)	83 (N=22)	↓	
Cleanliness of Hospital	>90%	64 (n=14)	77 (N=22)	↑	
Communication about medicines	>90%	50 (n=8)	81 (n=14)	↑	
Discharge Information	>90%	89 (n=15)	91 (n=21)	↑	

## 4. Volume

Objective	Target	JUL.23	AUG.23	Trend	Supporting Detail
<b>Patient Visits</b>					
Emergency Visits	>750	869.0	861.0	↔	
Surgical Volume Outpatient	>140	168.0	196.0	↑	
Surgical Volume Inpatient	>13	14.0	16.0	↑	
Inpatient Discharges	>50	58.0	67.0	↑	

## 5. Financial

Objective	Target	JUL.23	AUG.23	Trend	Supporting Detail
Operating EBDA in %	>-4.0%	-0.2%	-3.8%	↔	
Days Cash on Hand month end	>42	39.7	33.3	↓	
Net Revenue (\$M) (annualized)	>\$46	\$ 56.0	\$ 56.0	↔	



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### **Readmissions**

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



# CMO Report to the Board

October 2023

# Updates

- Dr. Peter Carroll's Sonoma Valley Hospital Friday Clinic: referring patients as we launch
- Creating systems with UCSF for use of the new 3T MRI in January
- DEI Training for SVH Leadership in November
- Diabetes days with SVCHC at La Luz



# Dr. Carroll's Urology Clinic Launch

## Dr. Peter Carroll's New Sonoma Valley Hospital Telehealth Friday Clinic

World renowned urologist Dr. Peter Carroll has deep connections to Sonoma and has decided to open a **dedicated telehealth clinic on Friday afternoons for patients who live in Sonoma County**. The new clinic will launch on October 27, 2023. Patients will come into Sonoma Valley Hospital for the visit, which will be via telehealth, and after the visit, will receive any necessary laboratory tests and imaging studies at Sonoma Valley Hospital. Dr. Carroll's long-term plan is to convert the telehealth clinic into an in-person clinic.

Dr. Carroll's areas of expertise: Urological Oncology (bladder and urinary tract cancer, kidney cancer, testicular cancer)



If you are interested in referring a patient to see Dr. Carroll, please place a referral using the instructions on this website <https://www.ucsfhealth.org/clinics/urologic-surgical-oncology-clinic/refer> and have your patients call SVH for scheduling.

# Creating Systems With UCSF for Use of the New 3T MRI in January

- MRI wait at UCSF is 2-3 months for non-urgent pre-op MRIs needed for urological surgery, neurosurgery, and orthopedic surgeries
- There are no available high-quality MRI scanners that UCSF patients have access to in the North Bay
- Greater than fifty percent of patients who receive neurosurgery and orthopedic surgery at UCSF come from outside San Francisco, with the largest percentage coming from the North Bay and further North
- There is a great opportunity to create systems for UCSF patients to use the Sonoma MRI scanner and Sonoma patients to receive UCSF care

# DEI Training for SVH Leadership in November



**Diversity, Equity, and Inclusion training that keeps relationships front and center.**

- Productively engage in tough discussions on sensitive topics
- Uncover hidden biases
- Help everyone feel seen, safe, heard, and valued
- Support clearer, more productive communication
- Empower creative, compassionate problem solving
- Create an environment where everyone can contribute their best
- Make it easier for people to give and receive feedback
- Assess how equity work is affecting the culture and climate of your organization



# Diabetes Days at La Luz

- SVH and SVCHC are creating periodic “diabetes days” for families to come get screened for diabetes, receive diet and lifestyle advice, and receive medication advice from our pharmacist, Maya Yoder
- La Luz is willing to host these days
- We have Saturday dates scheduled in October, November, and December



# Questions?





**To:** Sonoma Valley Health Care District Board of Directors  
**From:** Ben Armfield, Chief Financial Officer  
**Date:** October 5, 2023  
**Subject:** Financial Report for August 2023

**1. OVERALL PERFORMANCE | MONTH**

Although not as robust as July’s performance, August delivered another positive month from operations as the hospital’s operating margin exceeded budget for a second straight month to start the new fiscal year.

**Table 1 | Overall Performance - August 2023 (There was no IGT in August, Actual or Budget)**

	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (741,982)	\$ (747,923)	\$ 5,941	1%	\$ (989,021)	\$ (1,377,855)	\$ 388,835	28%	\$ (1,634,147)	\$ 645,126	39%	
Operating EBDA	\$ (502,989)	\$ (494,956)	\$ (8,033)	-2%	\$ (509,813)	\$ (851,921)	\$ 342,108	40%	\$ (1,174,152)	\$ 664,338	57%	
Net Income (Loss)	\$ (131,258)	\$ (29,181)	\$ (102,077)	-350%	\$ 137,594	\$ 59,657	\$ 77,937	131%	\$ (12,300)	\$ 149,894	1219%	

Gross and net patient revenues continue to uptick and outpace our targets as volumes continue to be on the rise, particularly on the outpatient side. We did run lighter than budget in overall patient days, but our discharges were right in-line with budget, meaning we are seeing the same amount of inpatients while at the same time expending less resources to provide the care. As such, our length of stay has been significantly reduced these first couple months of the fiscal year. Some of this is due to seasonality and we do anticipate higher acuity volumes as we get into the fall months which is expected to increase our overall length of stay. But this trend is a positive one for the hospital as many of our inpatient encounters are reimbursed on a per stay basis, further amplifying the need to proactively manage their inpatient stay. We have made investments in additional resources to help with patient throughput, and so far we are encouraged by the results of these efforts.

Where we are continuing to see growth is on the outpatient side and August delivered yet another month of strong volumes across a number of different areas. Physical therapy visits marked a 13-month high, which is very encouraging. MRI and CT volumes both exceeded budget by over 10% as well. Outpatient surgeries levels were also at a 13 month high in August, driven by continued increases in GI volumes primarily. Orthopedic volumes continue to maintain their consistent pace as well.

We did see some of our expenses right size in August as we had some catch-up in some areas such as supplies and implant costs, which are supported by the increase in volumes. We did see an increase in traveler costs in August as the ongoing labor challenges continue. We are working hard in filling open positions so we can limit our dependency on travelers as much as possible moving forward.

All in, net patient revenue exceeded budget by 4% while operating expenses ran over by 3% for the month. Both indicators are positive to budget through the first two months of the fiscal year. Performance from operations continues to improve as well, as our operating margin and operating EBDA are both positive to budget through the first two months of the fiscal year. Looking at the performance from a quarterly perspective (Graph 1.2 on page 2) shows the continued favorable trajectory since the start of last fiscal year.

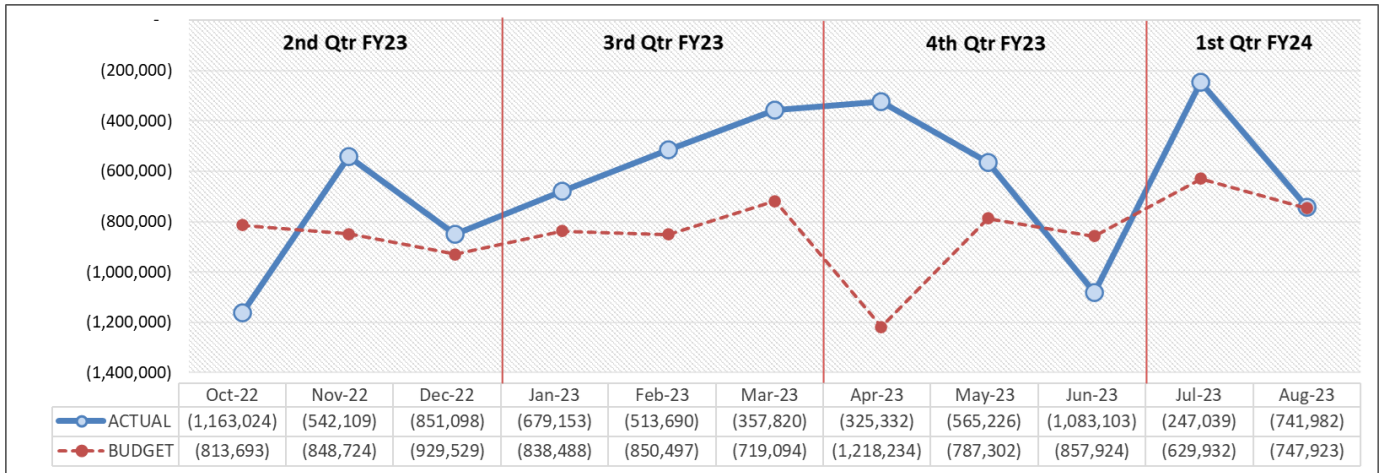
We had a good month in cash collections in August, collecting \$4.3 million which was 103% of the collection goal for the month.

	Jul-23	Aug-23	YTD
Cash Collections	\$ 3,663,429	\$ 4,320,626	\$ 7,984,055
Cash Collections Target	\$ 3,637,072	\$ 4,175,875	\$ 7,812,947
Cash Collections as a % of Target	101%	103%	102%

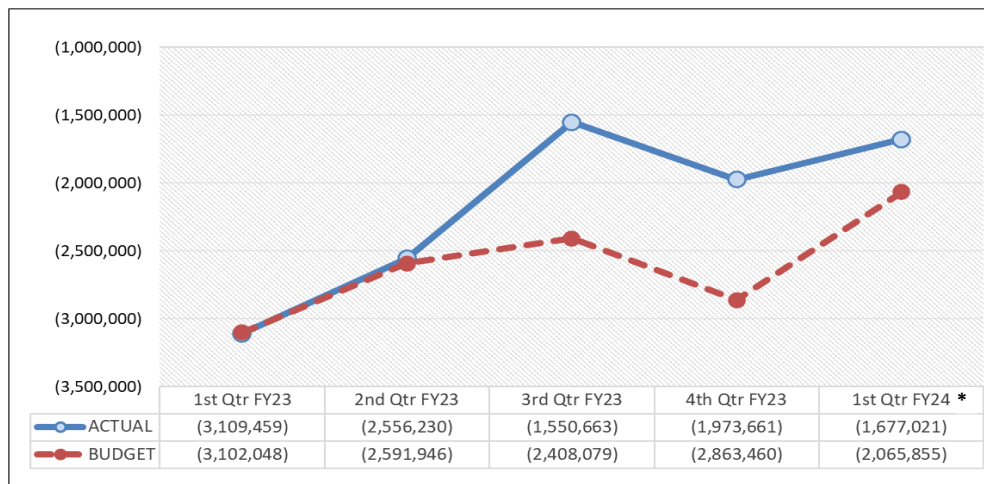


We continue to make intentional efforts to reduce our outstanding accounts payables, which is reflected in the reduction of A/P days by over 10%. We also made one-time payments for additional Epic integration costs as well as funded the upgrade for our Paragon ERP system. These are one-time payments that will not be recurring going forward.

**Graph 1.1 | SVH Trended Operating Margin (excluding IGT funding) - Last 4 Quarters**



**Graph 1.2 | SVH Operating Margin by Quarter (excluding IGT funding) – FY23 & FY24**



\* Projected based on July23 & August23

## 2. NET REVENUE SUMMARY:

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

	Month of August 2023				Year To Date August 2023						
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%
Gross Revenue	\$ 29,187,271	\$ 28,030,196	\$ 1,157,075	4%	\$56,884,857	\$ 54,725,575	\$2,159,282	4%	\$ 51,299,569	\$ 5,585,288	11%
Net Patient Revenue	\$ 4,407,997	\$ 4,252,160	\$ 155,837	4%	\$ 8,654,669	\$ 8,337,751	\$ 316,918	4%	\$ 7,793,557	\$ 861,112	11%
NPR as a % of Gross	15.1%	15.2%	-0.4%		15.2%	15.2%	-0.1%		15.2%	0.1%	
Tot Operating Revenue	\$ 4,495,477	\$ 4,344,966	\$ 150,511	3%	\$ 8,827,658	\$ 8,523,363	\$ 304,295	4%	\$ 7,952,976	\$ 874,682	11%

### 3. OPERATING EXPENSE SUMMARY:

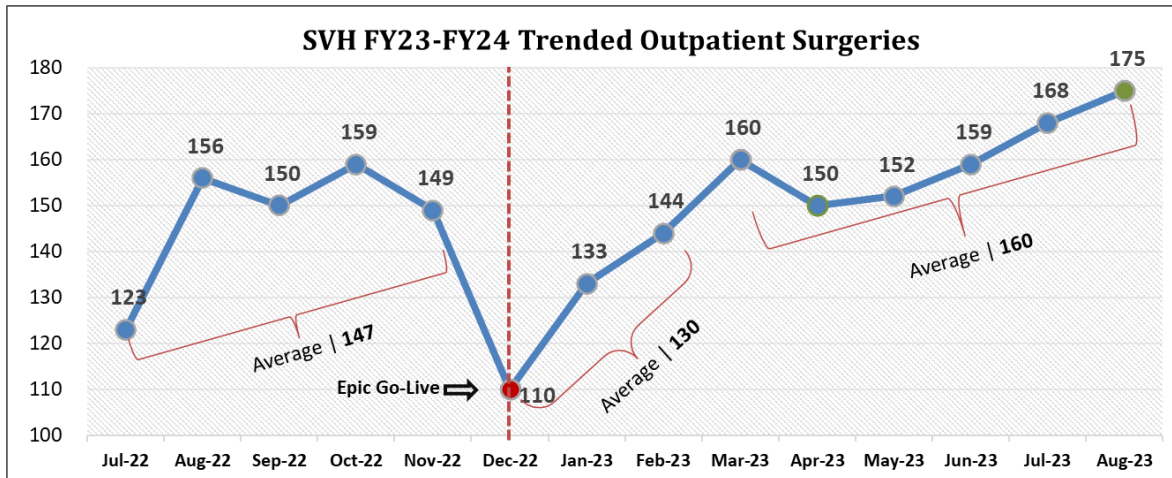
**Table 3 | Operating Expenses – Actual vs. Budget – August 2023 (Excluding IGT)**

	Month of August 2023				Year To Date August 2023						
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%
Operating Expenses	\$ 5,237,458	\$ 5,092,889	\$ (144,569)	-3%	\$ 9,816,678	\$ 9,901,218	\$ 84,539	1%	\$ 9,587,123	\$ (229,556)	-2%
Worked FTEs	212.7	214.0	1.3	1%	214.0	212.1	(1.9)	-1%	196.0	(18.0)	-9%

### 4. VOLUME SUMMARY:

**Table 4 | Patient Volumes – August 2023**

	Month of August 2023				Year To Date August 2023						
	Current Year		Variance		Current Year		Variance		Prior Year	Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	286	303	(17)	-6%	521	567	(46)	-8%	522	(1)	0%
Average Daily Census	9.2	9.8	(0.5)	-6%	8.4	9.1	(0.7)	-8%	8.4	(0.0)	0%
Acute Discharges	67	67	0	0%	125	123	2	1%	123	2	2%
IP Surgeries	16	15	1	7%	30	30	-	0%	36	(6)	-17%
OP Surgeries/Spec Proc	175	169	6	4%	343	324	19	6%	279	64	23%
<b>Total Surgeries / Procedures</b>	<b>191</b>	<b>184</b>	<b>7</b>	<b>4%</b>	<b>373</b>	<b>354</b>	<b>19</b>	<b>5%</b>	<b>315</b>	<b>58</b>	<b>18%</b>
Total Outpatient Visits	5,106	4,610	496	11%	9,669	9,198	471	5%	8,748	921	11%
Total ER Visits	861	952	(91)	-10%	1,730	1,838	(108)	-6%	1,658	72	4%



### 5. CASH ACTIVITY SUMMARY:

**Table 5 | Cash / Revenue Cycle Indicators - August 2023**

	Aug-23	Jul-23	Var	%
Days Cash on Hand	33.3	39.7	(6.4)	-16%
A/R Days	65.1	65.7	(0.6)	-1%
A/P Days	38.9	43.7	(4.8)	-11%

**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 August, 2023**

**ATTACHMENT A**

<b>MONTH</b>				
<b>Gross Revenue</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>% Variance</b>
Medicare	11,058,147	9,528,521	1,529,626	5.8%
Medicare Managed Ca	4,663,342	4,522,472	140,869	0.5%
Medi-Cal	4,310,873	5,012,541	(701,668)	-2.7%
Self Pay	478,848	136,932	341,916	1.3%
Commercial & Other C	6,366,959	6,023,534	343,425	1.3%
Worker's Comp.	805,144	946,616	(141,472)	-0.5%
<b>Total</b>	<b>27,683,312</b>	<b>26,170,616</b>	<b>1,512,696</b>	<b>5.8%</b>

<b>YEAR TO DATE</b>			
<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>% Variance</b>
21,078,386	19,675,559	1,402,827	2.6%
10,258,268	9,340,275	917,993	1.7%
8,683,532	10,386,599	(1,703,067)	-3.1%
882,113	288,680	593,433	1.1%
14,471,332	12,511,049	1,960,283	3.6%
1,480,334	1,973,887	(493,553)	-0.9%
<b>56,853,965</b>	<b>54,176,049</b>	<b>2,677,916</b>	<b>4.9%</b>

<b>MONTH</b>			
<b>Payor Mix</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Medicare	39.9%	36.4%	3.5%
Medicare Managed Ca	16.8%	17.3%	-0.4%
Medi-Cal	15.6%	19.2%	-3.6%
Self Pay	1.7%	0.5%	1.2%
Commercial & Other C	23.0%	23.0%	0.0%
Worker's Comp.	2.9%	3.6%	-0.7%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	

<b>YEAR TO DATE</b>		
<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
37.1%	36.3%	0.8%
18.0%	17.2%	0.8%
15.3%	19.2%	-3.9%
1.6%	0.5%	1.0%
25.5%	23.1%	2.4%
2.6%	3.6%	-1.0%
<b>100.0%</b>	<b>100.0%</b>	

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

**ATTACHMENT B**

<b>CURRENT MONTH</b>				<b>YEAR-TO-DATE</b>			<b>YTD</b>	
<b>Actual</b>	<b>Budget</b>	<b>Favorable</b>		<b>Actual</b>	<b>Budget</b>	<b>Favorable</b>	<b>Prior</b>	
<b>08/31/23</b>	<b>08/31/23</b>	<b>(Unfavorable)</b>		<b>08/31/23</b>	<b>08/31/23</b>	<b>(Unfavorable)</b>	<b>Year</b>	
		<b>Variance</b>				<b>Variance</b>	<b>08/31/22</b>	
<b>Inpatient Utilization</b>								
<b>Discharges</b>								
<b>1</b>	52	55	(3)	Med/Surg	92	100	(8)	87
<b>2</b>	15	11	4	ICU	33	23	10	36
<b>3</b>	67	67	0	Total Discharges	125	123	2	123
<b>Patient Days:</b>								
<b>4</b>	201	209	(8)	Med/Surg	356	378	(22)	316
<b>5</b>	85	94	(9)	ICU	165	189	(24)	206
<b>6</b>	286	303	(17)	Total Patient Days	521	567	(46)	522
<b>7</b>	17	-	17	<b>Observation days</b>	34	-	34	25
<b>Average Length of Stay:</b>								
<b>8</b>	3.9	3.8	0.1	Med/Surg	3.87	3.77	0.10	3.6
<b>9</b>	5.7	8.2	(2.6)	ICU	5.00	8.23	(3.23)	5.7
<b>10</b>	4.3	4.5	(0.3)	Avg. Length of Stay	4.17	4.60	(0.43)	4.2
<b>Average Daily Census:</b>								
<b>11</b>	6.5	6.7	(0.3)	Med/Surg	5.7	6.1	(0.4)	5.1
<b>12</b>	2.7	3.0	(0.3)	ICU	2.7	3.0	(0.4)	3.3
<b>13</b>	9.2	9.8	(0.5)	Avg. Daily Census	8.4	9.1	(0.7)	8.4
<b>Other Utilization Statistics</b>								
<b>Emergency Room Statistics</b>								
<b>14</b>	861	952	(91)	Total ER Visits	1,730	1,838	(108)	1,658
<b>Outpatient Statistics:</b>								
<b>15</b>	5,406	4,610	796	Total Outpatients Visits	9,969	9,198	771	8,748
<b>16</b>	16	15	1	IP Surgeries	30	30	-	36
<b>17</b>	175	154	21	OP Surgeries / Special Procedures	343	309	34	279
<b>18</b>	316	283	33	Adjusted Discharges	621	508	113	515
<b>19</b>	1,349	1,281	67	Adjusted Patient Days	2,583	2,336	248	2,193
<b>20</b>	43.5	41.3	2.2	Adj. Avg. Daily Census	41.7	37.7	4.0	35.4
<b>21</b>	1.5158	1.4000	0.116	Case Mix Index - Medicare	1.4604	1.4000	0.060	1.6048
<b>22</b>	1.3980	1.4000	(0.002)	Case Mix Index - All payers	1.3906	1.4000	(0.009)	1.5237
<b>Labor Statistics</b>								
<b>23</b>	213	214	1	FTE's - Worked	214	212	(1.9)	196
<b>24</b>	231	236	4	FTE's - Paid	234	234	(0.7)	223
<b>25</b>	51.62	49.22	(2.40)	Average Hourly Rate	49.00	48.97	(0.03)	49.20
<b>26</b>	5.32	5.70	0.38	FTE / Adj. Pat Day	5.62	6.20	0.58	6.31
<b>27</b>	30.3	32.5	2.2	Manhours / Adj. Pat Day	32.0	35.3	3.3	35.9
<b>28</b>	129.4	147.2	17.8	Manhours / Adj. Discharge	133.4	162.5	29.1	153.0
<b>29</b>	24.5%	24.4%	-0.1%	Benefits % of Salaries	25.0%	24.8%	-0.2%	24.6%
<b>Non-Labor Statistics</b>								
<b>30</b>	17.3%	15.3%	-2.0%	Supply Expense % Net Revenue	14.1%	14.2%	0.1%	14.1%
<b>31</b>	2,413	2,304	(109)	Supply Exp. / Adj. Discharge	1,971	2,335	365	2,132
<b>32</b>	16,711	18,183	1,472	Total Expense / Adj. Discharge	15,964	19,687	3,723	18,809
<b>Other Indicators</b>								
<b>33</b>	33.3			Days Cash - Operating Funds				
<b>34</b>	64.8	50.0	14.8	Days in Net AR	65.2	50.0	15.2	38.7
<b>35</b>	103%			Collections % of Cash Goal	102%			105.5%
<b>36</b>	38.9	55.0	(16.1)	Days in Accounts Payable	38.9	55.0	(16.1)	41.3
<b>37</b>	15.1%	15.2%	-0.1%	% Net revenue to Gross revenue	15.2%	15.2%	0.0%	15.2%
<b>38</b>	35.9%			% Net AR to Gross AR	35.9%			14.1%

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

**ATTACHMENT C**

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
<b>Assets</b>			
Current Assets:			
1	\$ 610,896	\$ 779,118	\$ 1,847,571
2	4,105,982	4,604,866	3,346,052
3	10,770,858	10,758,272	5,959,156
4	(1,998,431)	(1,917,101)	(1,546,025)
5	8,772,427	8,841,171	4,413,131
6	1,642,800	1,625,138	1,554,099
7	3,800,000	3,800,000	3,800,000
8	2,617,464	2,617,464	2,601,816
9	(29,823)	(26,491)	97,905
10	1,004,725	990,158	1,037,568
11	1,697,135	1,211,774	718,638
12	<b>\$ 24,221,606</b>	<b>\$ 24,443,197</b>	<b>\$ 19,416,781</b>
13	\$ 56,310,679	\$ 56,397,459	\$ 54,520,066
14	5,797,833	5,774,189	3,512,793
15	-	-	1,000,000
16	<b>\$ 86,330,118</b>	<b>\$ 86,614,845</b>	<b>\$ 78,449,640</b>
<b>Liabilities &amp; Fund Balances</b>			
Current Liabilities:			
17	\$ 4,538,292	\$ 4,525,849	\$ 4,914,964
18	3,820,154	3,586,699	3,650,892
19	285,504	242,569	51,758
20	1,854,360	1,696,777	541,232
21	-	-	-
22	3,166,666	3,483,333	2,849,999
23	2,181,221	2,399,343	1,863,818
24	217,475	217,475	424,998
25	4,973,734	4,973,734	5,473,734
26	57,511	57,511	106,158
27	<b>\$ 21,094,917</b>	<b>\$ 21,183,290</b>	<b>\$ 19,877,553</b>
28	\$ 26,892,269	\$ 26,957,319	\$ 24,602,298
29	Fund Balances:		
30	\$ 22,802,851	\$ 22,802,897	\$ 18,753,849
31	15,540,080	15,671,338	15,215,940
32	<b>\$ 38,342,932</b>	<b>\$ 38,474,235</b>	<b>\$ 33,969,789</b>
33	<b>\$ 86,330,118</b>	<b>\$ 86,614,845</b>	<b>\$ 78,449,640</b>

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

ATTACHMENT D

	Month				Year-To-Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual	Budget	\$	%	Actual	Budget	\$	%		
<b>Volume Information</b>										
1	67	67	0	0%	Acute Discharges	125	123	2	1%	123
2	286	303	(17)	-6%	Patient Days	521	567	(46)	-8%	522
3	17	-	17	0%	Observation Days	34	-	34	*	25
4	\$ 23,002	\$ 21,408	\$ 1,595	7%	Gross O/P Revenue (000's)	\$ 45,429	\$ 41,424	\$ 4,005	10%	\$ 38,920
<b>Financial Results</b>										
<b>Gross Patient Revenue</b>										
5	\$ 6,185,291	\$ 6,622,226	\$ (436,935)	-7%	Inpatient	\$ 11,456,221	\$ 13,301,575	(1,845,354)	-14%	\$ 12,346,929
6	14,480,581	12,731,947	1,748,634	14%	Outpatient	27,842,961	24,841,509	3,001,453	12%	21,933,770
7	8,521,398	8,676,023	(154,625)	-2%	Emergency	17,585,674	16,582,491	1,003,183	6%	17,018,870
8	\$ 29,187,271	\$ 28,030,196	1,157,075	4%	<b>Total Gross Patient Revenue</b>	\$ 56,884,857	\$ 54,725,575	2,159,282	4%	\$ 51,299,569
<b>Deductions from Revenue</b>										
9	(24,519,220)	(23,625,670)	(893,550)	-4%	Contractual Discounts	\$ (47,705,543)	\$ (46,108,766)	(1,596,777)	-3%	\$ (43,223,466)
10	(150,286)	(139,787)	(10,499)	-8%	Bad Debt	(250,286)	(239,787)	(10,499)	-4%	(250,067)
11	(109,767)	(12,579)	(97,188)	-773%	Charity Care Provision	(274,358)	(39,271)	(235,087)	*	(32,479)
12	-	-	-	*	Prior Period Adj/Government Program Revenue	-	-	-	*	-
13	\$ (24,779,273)	\$ (23,778,036)	(1,001,237)	4%	<b>Total Deductions from Revenue</b>	\$ (48,230,187)	\$ (46,387,824)	(1,842,363)	4%	\$ (43,506,012)
14	\$ 4,407,997	\$ 4,252,160	155,837	4%	<b>Net Patient Service Revenue</b>	\$ 8,654,669	\$ 8,337,751	316,918	4%	\$ 7,793,557
15	\$ 87,480	\$ 92,806	(5,326)	-6%	Other Op Rev & Electronic Health Records	\$ 172,989	\$ 185,612	(12,623)	-7%	\$ 159,419
16	\$ 4,495,477	\$ 4,344,966	150,511	3%	<b>Total Operating Revenue</b>	\$ 8,827,658	\$ 8,523,363	\$ 304,295	4%	\$ 7,952,976
<b>Operating Expenses</b>										
17	\$ 2,110,281	\$ 2,048,714	(61,567)	-3%	Salary and Wages and Agency Fees	\$ 4,055,705	\$ 4,040,448	(15,256)	0%	\$ 3,876,594
18	707,955	725,206	17,251	2%	Employee Benefits	1,443,940	1,445,086	1,146	0%	1,413,612
19	\$ 2,818,236	\$ 2,773,920	(44,316)	-2%	Total People Cost	\$ 5,499,645	\$ 5,485,534	(14,111)	0%	\$ 5,290,206
20	\$ 599,056	\$ 623,359	24,303	4%	Med and Prof Fees (excl'd Agency)	\$ 1,156,376	\$ 1,227,283	70,908	6%	\$ 1,111,048
21	762,524	651,368	(111,156)	-17%	Supplies	1,223,172	1,186,030	(37,143)	-3%	1,097,790
22	410,360	396,425	(13,935)	-4%	Purchased Services	716,235	722,811	6,576	1%	892,328
23	238,993	252,967	13,974	6%	Depreciation	479,207	525,934	46,727	9%	459,995
24	159,965	164,119	4,154	3%	Utilities	317,896	338,238	20,342	6%	339,634
25	81,160	81,758	598	1%	Insurance	147,743	133,516	(14,228)	-11%	108,729
26	43,202	47,094	3,892	8%	Interest	85,800	79,188	(6,612)	-8%	55,078
27	123,963	101,879	(22,084)	-22%	Other	190,603	202,683	12,080	6%	232,315
28	-	-	-	*	Matching Fees (Government Programs)	-	-	-	*	0
29	\$ 5,237,458	\$ 5,092,889	(144,569)	-3%	<b>Operating expenses</b>	\$ 9,816,678	\$ 9,901,218	84,539	0.9%	\$ 9,587,123
30	\$ (741,982)	\$ (747,923)	\$ 5,941	1%	<b>Operating Margin</b>	\$ (989,021)	\$ (1,377,855)	388,835	28%	\$ (1,634,147)

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

	Month					Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
<b>31</b>	\$ 15,794	\$ 8,468	7,326	87%							
<b>32</b>	-	(3,752)	3,752	-100%							
<b>33</b>	-	-	-	*							
<b>34</b>	316,667	316,667	-	0%							
<b>35</b>	-	-	-	0%							
<b>36</b>	<u>\$ 332,461</u>	<u>\$ 321,383</u>	<u>11,078</u>	<u>3%</u>							
<b>37</b>	<u>\$ (409,521)</u>	<u>\$ (426,540)</u>	<u>17,019</u>	<u>4%</u>							
<b>38</b>	\$ -	\$ -	-	0%							
<b>39</b>	\$ 103,076	\$ 238,530	(135,454)	0%							
<b>40</b>	<u>\$ (306,445)</u>	<u>\$ (188,010)</u>	<u>(118,435)</u>	<u>-63%</u>							
<b>41</b>	175,187	158,829	16,358	10%							
<b>42</b>	<u>\$ (131,258)</u>	<u>\$ (29,181)</u>	<u>(102,077)</u>	<u>-350%</u>							
	\$ (170,528)	\$ (173,573)	3,045								
	\$ (502,989)	\$ (494,956)	(8,033)	-2%							
					<b>Non Operating Rev and Expense</b>						
					Miscellaneous Revenue/(Expenses)	\$ 48,177	\$ 16,964	31,213	*	\$ (22,182)	
					Donations	(5,216)	(7,504)	2,288	*	-	
					Physician Practice Support-Prima	-	-	-	*	-	
					Parcel Tax Assessment Rev	633,334	633,334	-	0%	633,334	
					Extraordinary Items	-	-	-	0%	-	
					<b>Total Non-Operating Rev/Exp</b>	<u>\$ 676,295</u>	<u>\$ 642,794</u>	<u>33,501</u>	<u>5%</u>	<u>\$ 611,152</u>	
					<b>Net Income / (Loss) prior to Restricted Contributions</b>	<u>\$ (312,726)</u>	<u>\$ (735,061)</u>	<u>422,335</u>	<u>57%</u>	<u>\$ (1,022,995)</u>	
					Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
					Restricted Foundation Contributions	\$ 104,714	\$ 477,060	(372,346)	100%	\$ 696,111	
					<b>Net Income / (Loss) w/ Restricted Contributions</b>	<u>\$ (208,012)</u>	<u>\$ (258,001)</u>	<u>49,989</u>	<u>19%</u>	<u>\$ (326,884)</u>	
					GO Bond Activity, Net	345,606	317,658	27,948	9%	314,584	
					<b>Net Income/(Loss) w GO Bond Activity</b>	<u>\$ 137,594</u>	<u>\$ 59,657</u>	<u>77,937</u>	<u>131%</u>	<u>\$ (12,300)</u>	
					<b>EBDA - Not including Restricted Contributions</b>	\$ 166,481	\$ (209,127)	375,608		\$ (563,000)	
					<b>Operating EBDA - Not including Restricted Contributions</b>	<u>\$ (509,813)</u>	<u>\$ (851,921)</u>	<u>342,108</u>	<u>40%</u>	<u>\$ (1,174,152)</u>	



Sonoma Valley Hospital  
Cash Forecast  
FY 2024

ATTACHMENT E

	Actual July	Actual Aug	Forecast Sept	Forecast Oct	Forecast Nov	Forecast Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
<b>Hospital Operating Sources</b>													
1 Patient Payments Collected	3,964,672	4,421,352	4,371,051	4,589,604	4,681,396	4,485,423	4,575,840	4,575,840	4,575,840	4,575,840	4,575,840	4,575,840	53,968,538
2 Other Operating Revenue	26,197	172,302	33,561	200,452	23,522	40,390	43,299	100,254	65,455	150,750	228,646	115,291	1,200,119
3 Other Non-Operating Revenue	42,960	4,386	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	7,800	125,346
4 Unrestricted Contributions		1,250											1,250
5 Line of Credit													-
<b>Sub-Total Hospital Sources</b>	<b>4,033,829</b>	<b>4,599,290</b>	<b>4,412,413</b>	<b>4,797,856</b>	<b>4,712,718</b>	<b>4,533,613</b>	<b>4,626,939</b>	<b>4,683,894</b>	<b>4,649,095</b>	<b>4,734,390</b>	<b>4,812,286</b>	<b>4,698,931</b>	<b>55,295,253</b>
<b>Hospital Uses of Cash</b>													
6 Operating Expenses	5,152,114	5,121,241	4,752,307	4,912,485	4,823,838	4,881,548	4,984,096	4,828,418	5,073,479	4,946,353	5,034,948	4,956,867	59,467,693
7 Add Capital Lease Payments	64,932	65,051											129,982
8 Add: Bridge Loan Paybacks									608,487				608,487
9 Add: CHFFA Help II Loan Repayments	30,833	30,833	30,833	30,833	30,833	30,833	30,833	30,833	30,833	30,833	30,833	30,833	369,996
10 Additional Liabilities/LOC						250,000							250,000
11 Capital Expenditures	157,689	152,213	1,370,430	-	520,430	-	1,795,430	425,000	1,370,430	-	1,370,430	452,527	7,614,579
<b>Total Hospital Uses</b>	<b>5,405,567</b>	<b>5,369,338</b>	<b>6,153,570</b>	<b>4,943,318</b>	<b>5,375,101</b>	<b>5,162,381</b>	<b>6,810,359</b>	<b>5,284,251</b>	<b>7,083,229</b>	<b>4,977,186</b>	<b>6,436,211</b>	<b>5,440,227</b>	<b>68,440,737</b>
<b>Net Hospital Sources/Uses of Cash</b>	<b>(1,371,738)</b>	<b>(770,048)</b>	<b>(1,741,158)</b>	<b>(145,462)</b>	<b>(662,382)</b>	<b>(628,768)</b>	<b>(2,183,420)</b>	<b>(600,357)</b>	<b>(2,434,135)</b>	<b>(242,796)</b>	<b>(1,623,926)</b>	<b>(741,296)</b>	<b>(13,145,484)</b>
<b>Non-Hospital Sources</b>													
12 Restricted Cash/Money Market	500,000	500,000		4,000,000			(3,000,000)						2,000,000
13 Restricted Capital Donations	1,638	101,826	520,430		520,430		520,430		520,430		520,430	258,577	2,964,191
14 Parcel Tax Revenue	179,984					2,134,000				1,486,016			3,800,000
15 Other Payments			1,500,000										1,500,000
16 Other:													-
17 IGT							5,400,000	820,933				41,568	6,262,501
18 IGT - AB915										227,253			227,253
19 QIP													-
<b>Sub-Total Non-Hospital Sources</b>	<b>681,622</b>	<b>601,826</b>	<b>2,020,430</b>	<b>4,000,000</b>	<b>520,430</b>	<b>2,134,000</b>	<b>2,920,430</b>	<b>820,933</b>	<b>520,430</b>	<b>1,713,269</b>	<b>520,430</b>	<b>300,145</b>	<b>16,753,945</b>
<b>Non-Hospital Uses of Cash</b>													
20 Matching Fees					1,958,178	240,898	-	-	-	-	20,784		2,219,860
<b>Sub-Total Non-Hospital Uses of Cash</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,958,178</b>	<b>240,898</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>20,784</b>	<b>-</b>	<b>2,219,860</b>
<b>Net Non-Hospital Sources/Uses of Cash</b>	<b>681,622</b>	<b>601,826</b>	<b>2,020,430</b>	<b>4,000,000</b>	<b>(1,437,748)</b>	<b>1,893,102</b>	<b>2,920,430</b>	<b>820,933</b>	<b>520,430</b>	<b>1,713,269</b>	<b>499,646</b>	<b>300,145</b>	<b>14,534,085</b>
<b>Net Sources/Uses</b>	<b>(690,116)</b>	<b>(168,222)</b>	<b>279,272</b>	<b>3,854,538</b>	<b>(2,100,130)</b>	<b>1,264,334</b>	<b>737,010</b>	<b>220,576</b>	<b>(1,913,705)</b>	<b>1,470,473</b>	<b>(1,124,280)</b>	<b>(441,151)</b>	
Operating Cash at beginning of period	1,469,233	779,117	610,895	890,168	4,744,706	2,644,575	3,908,910	4,645,920	4,866,496	2,952,792	4,423,265	3,298,985	
<b>Operating Cash at End of Period</b>	<b>779,117</b>	<b>610,895</b>	<b>890,168</b>	<b>4,744,706</b>	<b>2,644,575</b>	<b>3,908,910</b>	<b>4,645,920</b>	<b>4,866,496</b>	<b>2,952,792</b>	<b>4,423,265</b>	<b>3,298,985</b>	<b>2,857,834</b>	
Money Market Account - Undesignated	4,604,866	4,105,982	4,105,982	105,982	105,982	105,982	3,105,982	3,105,982	3,105,982	3,105,982	3,105,982	3,105,982	
<b>Total Cash at End of Period</b>	<b>5,383,983</b>	<b>4,716,877</b>	<b>4,996,149</b>	<b>4,850,687</b>	<b>2,750,557</b>	<b>4,014,891</b>	<b>7,751,902</b>	<b>7,972,478</b>	<b>6,058,773</b>	<b>7,529,246</b>	<b>6,404,967</b>	<b>5,963,816</b>	
<b>Average Days of Cash on Hand</b>	<b>40.1</b>	<b>35.8</b>											
<b>Days of Cash on Hand at End of Month</b>	<b>39.7</b>	<b>33.3</b>	<b>35.3</b>	<b>34.3</b>	<b>19.4</b>	<b>28.4</b>	<b>54.8</b>	<b>56.3</b>	<b>42.8</b>	<b>53.2</b>	<b>45.3</b>	<b>42.1</b>	