



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

AGENDA

**THURSDAY, JANUARY 4, 2024
REGULAR SESSION 6:00 P.M.**

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

**To participate via Zoom videoconferencing, use the link below:
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<https://sonomavalleyhospital-org.zoom.us/j/98772554842>

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<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact Stacey Finn, Interim Board Clerk at sfinn@sonomavalleyhospital.org at least 48 hours prior to the meeting.</p>	RECOMMENDATION		
AGENDA ITEM			
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p>1. CALL TO ORDER</p>	<i>Bjorndal</i>		
<p>2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p>4. BOARD CHAIR COMMENTS</p>	<i>Bjorndal</i>		
<p>5. CONSENT CALENDAR a. Board Minutes – 12.07.23</p>	<i>Bjorndal</i>	Action	Pages 3-18



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

MINUTES

THURSDAY, NOVEMBER 2, 2023

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

	RECOMMENDATION	
SONOMA VALLEY HOSPITAL BOARD MEMBERS 1. Judith Bjorndal, MD, Chair, Present via Zoom 2. Susan Kornblatt Idell, First Vice Chair, Absent 3. Denise M. Kalos, Second Vice Chair, Present 4. Bill Boerum, Treasurer, Present 5. Wendy Lee Myatt, Secretary, Present		
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	<i>Bjorndal</i>	
Meeting called to order at 6:00 p.m.		
2. PUBLIC COMMENT		
Dr. David Chambers thanked Mr. Hennelly for the notification and information regarding the Anthem Blue Cross situation. He expressed concerns regarding how to harmonize a necessary transfer of coverage, local providers that will be impacted, the future of the hospital being dependent on UCSF, are the negotiations exclusively monetary, and if there are issues regarding the portfolio of services or SVH's ability to meet standards. He asked that Mr. Hennelly address these issues in an email to him. Mr. Dan Sunja commented via Zoom about his concerns regarding the timing of the public notification of the Anthem Blue Cross issues. He stated that the notification would have been helpful had it been sooner.		
3. BOARD CHAIR COMMENTS	<i>Bjorndal</i>	
Dr. Bjorndal encouraged members of the public who have an interest in the Hospital to consider running for the Board in November.		
4. CONSENT CALENDAR	<i>Bjorndal</i>	Action
a. Board Minutes 11.02.23 b. Finance Committee Minutes 10.24.23 c. Quality Committee Minutes 08.23.23 d. Medical Staff Credentialing e. Policy and Procedures		MOTION: by Boerum to approve, 2 nd by Kalos. All in favor.
5. VALLEY OF THE MOON ANNUAL REPORT	<i>Goldbarg</i>	Inform
Ryan Goldbarg, Executive Director presented the annual Valley of the Moon annual report. This included quality metrics which showed their facility with an overall four-star rating. He noted that the most recent survey only had six findings, with an average for Skilled Nursing Facilities is 16. Their survey put them at 63% better than the state average. He reviewed the		

<p>admission statistics, payor mix review, utilization and readmissions. In this he reported that there was a 19% readmission rate from the hospital. Ms. Kornblatt Idell and Ms. Kalos questioned this high percentage. Mr. Hennelly noted that these metrics were likely several years old. He said that he will bring the current numbers of readmission to the January meeting for clarification.</p> <p>Mr. Goldbarg closed by noting that Valley of the Moon is closing the year having exceeded the 2023 financial commitment. This included a year-to-date revenue for Sonoma Valley Hospital of \$865,458.</p>		
<p>6. ELECT DISTRICT OFFICERS</p>	<i>Bjorndal</i>	Action
<p>Dr. Bjorndal entertained a motion for the 2024 President of the Board. Ms. Kornblatt Idell nominated Dr. Bjorndal with Ms. Kalos seconding that motion.</p> <p>Dr. Bjorndal made a motion for the following Board Officers: Bill Boerum – Treasurer Wendy Matos Lee – First Vice President Denise Kalos - Second Vice President Susan Kornblatt Idell - Secretary</p>		MOTION to approve officers by Bjorndal 2 nd by Kornblatt Idell. All in favor.
<p>7. FISCAL YEART 2023 AUDIT</p>	<i>Armfield</i>	Action
<p>Mr. Armfield presented the draft fiscal year 2023 audit findings. He noted that the Auditors have informed him that the draft will stand as the final report.</p> <p>There were no material weaknesses noted and no major findings during the audit.</p> <p>Mr. Boerum noted that the final audit report will be presented to the Finance Committee at the December meeting.</p>		MOTION by Boerum to approved, 2 nd by Kalos. All in favor.
<p>8. BOARD 2024 WORK PLAN</p>	<i>Bjorndal</i>	Action
<p>Dr. Bjorndal presented the draft 2024 Board work plan for review and approval.</p> <p>Additions noted were: Compliance annual presentation PACE presentation Remove Mark Finucane from presenters.</p>		MOTION by Kornblatt Idell to approve with noted revisions, 2 nd by Boerum. All in favor.
<p>11. PT EXPANSION FUNDING</p>	<i>Hennelly</i>	Action
<p>Mr. Hennelly presented a revised request for funding for the Physical Therapy Expansion project. The initial estimate for the project was about 1.6 million. After the architect worked up a quote of 2.3 million. This incudes a 15% contingency, so the construction itself is 1.6 million. The Foundation has committed to raising up to two million dollars for the project.</p>		MOTION by Kornblatt Idell to approve, 2 nd by Kalos. All in favor.
<p>12. SEISMIC HEC PROPOSAL</p>	<i>Hennelly</i>	Action
<p>Ms. Kimberly Drummond presented the seismic HED analysis and plan. This is geared towards fulfilling our deadline to present an evaluation to HCAI at the beginning of 2024. The evaluation must include the current status, deficiencies and the plan to meet those deficiencies or correcting them by 2030. The ask is for an add service of \$186,845 which will the total to \$294,000 and will allow us to meet the deadlines.</p>		MOTION by Myatt Lee to approve. 2 nd by Kornblatt Idell. All in favor.

13. CEO REPORT	<i>Hennelly</i>	Inform
<p>Mr. Hennelly reported that the OCD project remains ongoing. The temporary MRI location is expected to be up and running at the end of January.</p> <p>He said that Anthem Blue Cross negotiations are ongoing and being addressed diligently. He referenced the public comment about the timing of the community notification. He noted that as soon as it was recognized that agreement could not be made community notification went out.</p>		
14. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform
<p>Mr. Hennelly reported that recruitment for GI and Orthopedics is ongoing. There have been several viable candidates interested in both opportunities. There is an expected announcement of a new Orthopedic Physician to replace Dr. Brown in January.</p> <p>The EPIC external interfaces are complete. The new focus will be internal improvement.</p>		
15. CMO UPDATE	<i>Sankaran</i>	Inform
<p>Dr. Sankaran spoke about the Age Friendly Health System. SVH is recognized at an AF participant. The goal is to be a member of the AF health system. She said there is a lot of great work and collaboration going on with the Geriatric NP with both inpatients and outpatients.</p> <p>Dr. Bjorndal requested that Jane Taylor present the Age Friendly Health System information to the Board.</p> <p>Diversity, Equity and Inclusion training is occurring within the hospital. The goal is to advance diversity, equity and inclusion.</p> <p>Dr. Brown will be leaving his practice in March. A replacement for him is expected in January.</p>		
16. FINANCIALS FOR MONTH END DECEMBER 2023	<i>Armfield</i>	Inform
<p>Mr. Armfield reported that the October performance delivered mixed results and followed a similar pattern in the past months. Octobers operating margin of (\$1,001,536) was unfavorable to out budget of (\$516,178), missing the target by \$485,358. Much of this is related to specific surgeons being out during the month. The expectation is that this will resolve with the surgeons back on service. The expectation is that performance will exceed the prior years by a significant margin.</p> <p>Mr. Armfield spoke about the plan to reduce supply costs.</p> <p>There was an IGT payment made this month that impacted cash. He said overall he expects the year end to show a positive turnaround.</p> <p>Ms. Myatt Lee requested that a capital projects depreciation report be presented at Finance Committee.</p>		
17. COMMITTEE REPORTS	<i>Bjorndal</i>	Inform/Action
<p>Quality Committee 2024 Work Plan – Ms. Kornblatt Idell presented the 2024 work plan.</p>	<i>Kornblatt Idell</i>	MOTION by Kornblatt Idell to approve, 2 nd by Boerum. All in favor.
18. BOARD COMMENTS	<i>Board Members</i>	Inform
<p>Dr. Bjorndal thanked Ms. Finn for filling in the Board Clerk vacancy until a replacement is found.</p>		

Ms. Kornblatt Idell thanked Mr. Hennelly, Ms. Finn and the Board for their work throughout the year.		
19. ADJOURN	<i>Chair</i>	
Adjourned at 7:21 p.m.		



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, NOVEMBER 28, 2023
In Person at Sonoma Valley Hospital
347 Andrieux Street
and Via Zoom Teleconference

Present	Not Present/Excused	Staff	Public	
Wendy Lee Myatt in person Bob Crane via Zoom Ed Case In person Subhash Mishra, MD, via Zoom Catherine Donahue, via Zoom Peter Hohorst in person Graham Smith via Zoom	Carl Gerlach Bill Boerum	John Hennelly, CEO, in person Ben Armfield, CFO, in person Dawn Kuwahara, via Zoom	Art Grandy	
AGENDA ITEM	DISCUSSION		ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Lee Myatt</i>			
	Called to order at 6:02 p.m.			
2. PUBLIC COMMENT SECTION	None			
3. CONSENT CALENDAR	<i>Lee Myatt</i>		Action	
a. Finance Committee Minutes 10.24.23			MOTION: by Mr. Crane to approve, 2 nd by Mr. Case All in favor	
4. STRATEGIC PLAN TO CHFFA	<i>Armfield</i>		Inform	
	Mr. Armfield presented the Distressed Hospital Loan Program Turnaround Plan. The plan includes: <ul style="list-style-type: none"> • A 24 month cash flow projection of current financial situation. 			

	<ul style="list-style-type: none"> • Narrative describing actions being taken or to be taken by leadership including whether to cut or eliminate any services. • A 24 month cash flow projections of future financial situation that incorporates the actions taken by leadership and identifies how the loan proceeds will be utilized and repaid after the 18 month grace period. • A description of how actions will affect various revenue and expense line items. 		
5. BANKING RELATIONSHIPS UPDATE	<i>Armfield</i>	Inform	
	Mr. Armfield spoke about the current line of credit with US Bank coming to maturity in January. He reported that there will be a meeting on Dec. 6 to go over a proposal for continuing the relationship with US Bank. Mr. Armfield will bring the proposal to the committee with terms and details in December for approval.		
6. 2024 FINANCE COMMITTEE WORKPLAN	<i>Lee Myatt</i>	Inform/Action	
	<p>Ms. Lee Myatt presented the 2024 Finance Committee work plan. The plan includes more focused topics for the meetings. There was also a recommendation to have ten meetings a year, removing June and December meetings. The decrease in meeting frequency will require Board approval and a revision of the Bylaws. Some items are recommended to transfer to the Audit Committee. Recommendation to combine the Finance and Audit Committee will be reviewed with the Audit Committee and the Board. Note: If the decision is to keep the Audit Committee and Finance Committee separate, the auditors should attend a Finance Committee meeting.</p> <p>Mr. Smith suggested an addition of system review and cyber security review to the work plan.</p> <p>Recommendation to move the Line of Business Profile and revenue analysis to January. The November financials should be added to the January schedule.</p> <p>Ms. Lee Myatt will make the recommended revisions and present them to the Audit Committee for further input. The work plan will be presented to the Board for approval in January.</p>		
7. ODC UPDATE	<i>Hennelly</i>	Inform	

	Mr. Hennelly reported that there are no major items to update.		
8. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform	
	Mr. Hennelly spoke about the recruitment of a new Orthopedic surgeon. There are currently three applicants being interviewed.		
9. FINANCIAL REPORT FOR MONTH END SEPTEMBER 2023	<i>Armfield</i>	Inform	
	<p>Mr. Armfield reported that the October performance delivered mixed results and followed a similar pattern in the past months. Octobers operating margin of (\$1,001,536) was unfavorable to out budget of (\$516,178), missing the target by \$485,358. Much of this is related to specific surgeons being out during the month. The expectation is that this will resolve with the surgeons back on service. The expectation is that performance will exceed the prior years by a significant margin.</p> <p>Mr. Armfield spoke about the plan to reduce supply costs. There was an IGT payment made this month that impacted cash. He said overall he expects the year end to show a positive turnaround.</p>		
10. ADJOURN	<i>Lee Myatt</i>		
	Meeting adjourned at 6:44 p.m.		



SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
October 25, 2023, 5:00 PM
MINUTES
Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Susan Kornblatt Idell Carl Speizer, MD Kathy Beebe, RN PhD Judith Bjorndal, MD Michael Mainardi, MD Howard Eisenstark, MD Ingrid Sheets, EdD, MS, RN		Carol Snyder	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Kylie Cooper, RN, BSN, CPHQ, MBA, Quality and Risk Mgmt. Dawn Kuwahara RN BSN, Chief Ancillary Officer Chris Gallo Manager, Rehab Services John Hennesly, CEO Paul Amara, MD Sujatha Sankaran, MD Chief Medical Officer Fred Kretzschmar, MD Lab Medical Director Stacey Finn, Medical Staff Manager

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	

	Meeting called to order at 5:00 pm.	
2. PUBLIC COMMENT	<i>Kornblatt Idell</i>	
	None	
3. CONSENT CALENDAR	<i>Kornblatt Idell</i>	ACTION
<ul style="list-style-type: none"> QC Minutes 08.23.23 	<p>Minutes of the 08.23.23 meeting were approved with the following revisions:</p> <p>1) correction of a typo in minutes, top of page 3, under section 5, 'are hopeful that this well further add to the education' 'well' should be 'will'</p> <p>2) Clarification of language around continuous observation of high-risk patients.</p>	<p>MOTION: by Eisenstark to approve, 2nd by Bjorndal. All in favor.</p>
4. PT/OT QA/PI	<i>Gallo</i>	INFORM
	<p>Mr. Gallo presented the Rehab Services Report. He discussed the scope of services, and accomplishments for the past fiscal year including the addition of several new staff members. Mr. Gallo went on to discuss some of the department's challenges with managing space issues and volume during the upcoming PT expansion project. Finally, Mr. Gallo noted his 2024 goals:</p> <ul style="list-style-type: none"> ➤ Reduced wait time for OP ➤ Active participation in Age-friendly initiative across spectrum of care ➤ Develop Aquatic Program in conjunction with Sonoma Splash ➤ Wellness-based community offerings- Pilates, Golf, Transitional training 	
5. LAB POLICES	<i>Kuwahara</i>	INFORM
	<p>Ms. Kuwahara addressed questions around the Release of Placenta and Transfusion Transmitted Infectious Disease Policies. Ms. Kuwahara stated that she would work with Dr. Fred Kretzschmar to clarify language before finalizing both polices.</p>	

5. CREDENTIALING PROCESS	<i>Finn</i>	INFORM
	Medical Staff Manager, Ms. Finn overviewed the hospital's credentialing process.	
6. QUALITY INDICATOR PERFORMANCE PLAN	<i>Cooper</i>	INFORM
	<p>Ms. Cooper shared the quality indicator performance for the month of August/September 2023. Mortality no patient deaths in September and 1 in August. Patient Safety Indicator Events – 1 Pulmonary Embolus after Surgery. No Adverse Events for last 2 months. No Board Product Effectiveness and Transfusion reactions. No Lab Transfusion Effectiveness was 100% for both months. 1 Patient Fall in September and 0 in August. Significant decrease in re-admissions. Blood Culture Contamination for September is 1 and was 5.3 in August. Stroke Certification Measures have met goal. Utilization Management target met. 100% Colonoscopy follow-up. Left Without Being Seen committed to decreasing number. Sepsis in August was 66%. Infection Prevention nothing on surgery or post-op care that was concerning. Hand Hygiene 99% in August, 84 % in September. Condition Level Findings, Hair Clippers and Base Clean, Pill Crushers Clean are at 100 %. Ms. Cooper went on to Rate My Hospital results in August and September.</p> <p>Ms. Winkler discussed Continuous Observation of High Risk Patients.</p>	
7. POLICIES AND PROCEDURES	<i>Cooper</i>	INFORM
	<p>Summaries of changes were reviewed for the following policies:</p> <ul style="list-style-type: none"> Adverse Event Reporting Clinical Competency Cold Pack Usage Contested Decision to Discontinue Skilled Rehab Services Fluidotherapy Usage Frequently Used Terminology & Abbreviations 	

	<p>Hot Pack Heating Pad Usage Ice massage Imaging the Critically Ill Patient Infection Control during Imaging Procedures Initial Evaluation Intravenous Administration of Radiopharmaceuticals Iontophoresis Mammographic Compliance Medical Imaging Operational Hours and Support Services MRI Safety Non radiologist & Fluoroscopic Procedures Paid Time Off Paraffin Use Patient Education Patient Identification Patient Pregnancy Inquiry Patient Transport Phonophoresis Physician Orders-Verbal and Written Pregnant Worker in a Radiation Environment Premedication Protocol Radiation Physicist Radiation Safety Instructions Radiation Safety-Staff Reporting Critical Results RETIRE: Clinical Information on Request RETIRE: Criteria for PES RETIRE: Critical Tests med imaging RETIRE: Duties of Medical Director of Medical Imaging RETIRE: MRI Screening RETIRE: Personal Protective Equipment_Technologist Safety RETIRE: Quality Control Procedures in Nuclear Medicine RETIRE: Records Management RETIRE: Fentanyl Patch Pharmacist Verification</p>	
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	<p>RETIRE: Medication History Review Standard Work</p> <p>RETIRE: Pharmacist Patient Discharge Medication Counseling</p> <p>Routine Department Disinfection Procedure</p> <p>Sign Posting Requirements</p> <p>Transcutaneous Electrical Nerve Stimulation</p> <p>Ultrasound</p> <p>Use and Cleaning of Gait Belts</p>	
8. CLOSED SESSION/REPORT ON CLOSED SESSION	<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.	MOTION: by Mainardi to approve, 2nd by Speizer. All in favor.
9. ADJOURN.	<i>Kornblatt Idell</i>	
	Meeting adjourned at 6:02 p.m. Next meeting will take place on December 6 th at 5:00 pm. No November meeting. The committee recommended that Workplace Violence be added as an agenda topic for the next meeting.	

Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)
Run date: 12/20/2023 1:57 PM

Report Parameters

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

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 18

Committee: 09 BOD-Board of Directors

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

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Access to Medication When the Pharmacy is Closed <i>Medication Management Policies (MM)</i>	Pending Approval	12/7/2023	13
Summary Of Changes: Defined ADC = Automated Dispensing Cabinet Added reference to policy MM8610-166 On Call Pharmacist			
Moderators: Kutza, Chris (ckutza), Newman, Cindi (cnewman)			
Lead Authors: Kutza, Chris (ckutza)			
Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Clinical Nursing Procedures <i>Patient Care Policy</i>	Pending Approval	12/7/2023	13
Summary Of Changes: Reviewed, no changes			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Taylor, Jane (jtaylor)			
ExpertReviewers: 00 Clinical P&P multidisciplinary review, Medical Director-Patient Care Services			
Approvers: Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Critical Care Transport <i>Emergency Dept</i>	Pending Approval	12/7/2023	13
Summary Of Changes: updated reference, added line F, outlining SVH RN responsible for returning SVH equipment and record documentation			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)			
Approvers: Winkler, Jessica (jwinkler) -> Medical Director-Emergency Dept. - (Committee) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Hoyer Lift <i>Rehabilitation Services Dept</i>	Pending Approval	12/7/2023	13

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

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

Run date: 12/20/2023 1:57 PM

Summary Of Changes:	Updated referenced MoLift instructions or similar mechanical lift.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gallo, Christopher (cgallo)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Labeling Medications On and Off Sterile Field	Pending Approval	12/7/2023	13
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Changed wording to read "scrub person" instead of scrub nurse since it is not always a nurse.		
	Updated to match current practice:		
	"5. Any irrigating solution to which medication has been added will be labeled by the circulating nurse and is hung only on the IV pole that is attached to the suction machine to help avoid inadvertent IV administration. "		
Moderators:	Kutza, Chris (ckutza), Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Medication Reconciliation	Pending Approval	12/7/2023	13
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Added wording describing the need to provide information on any medications being dispensed at discharge		
	Added Reference BPC 4047e		
	Need to update formatting of authors/reviewers to remove people's names.		
	Add either/or CNO or Director of Quality as expert reviewers		
Moderators:	Kutza, Chris (ckutza), Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Medication Shortages	Pending Approval	12/7/2023	13
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Reviewed, no changes		
Moderators:	Kutza, Chris (ckutza), Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Pharmaceutical Representatives MM8610-159	Pending Approval	12/7/2023	13
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Reviewed no changes		
Moderators:	Kutza, Chris (ckutza), Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Post Procedure Instructions Procedure	Pending Approval	12/7/2023	13
<i>Diagnostic Services Dept Policies</i>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 12/20/2023 1:57 PM

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

Summary Of Changes: **Updated Authors and Reviewers.**

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

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

ExpertReviewers: **Medical Director-Diagnostic Radiology**

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

Pregnant Patients

Pending Approval

12/7/2023

13

Diagnostic Services Dept Policies

Summary Of Changes: **Recommendation: retire policy. Screening for pregnancy is covered in polices 7620-193, 215 and 216.**

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

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

ExpertReviewers: **Medical Director-Diagnostic Radiology**

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

Rapid Sequence Intubation (RSI) Kit MM8610-161

Pending Approval

12/7/2023

13

Medication Management Policies (MM)

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

Moderators: **Kutza, Chris (ckutza), Newman, Cindi (cnewman)**

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

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

Renal Dosing-Pharmacy Protocol

Pending Approval

12/7/2023

13

Medication Management Policies (MM)

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

Moderators: **Kutza, Chris (ckutza), Newman, Cindi (cnewman)**

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

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

Required Immunizations & Proof of Immunity

Pending Approval

12/5/2023

15

Human Resources Policies (HR)\Employee Health

Summary Of Changes: **Removed the age reference from TDaP vaccination as this is no longer age-specific
Removed the requirement of a Seasonal Flu vaccine as this is no longer a mandate under the County Public Health order.
Also removed language referencing an approved request for exemption and added language that the seasonal flu vaccine is strongly recommended. If declined, the individual must wear a surgical mask while in patient care areas and when attending in-person meetings.**

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

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

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

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

RETIRE: Antimicrobial Stewardship Monitoring Procedure 8390-01

Pending Approval

12/7/2023

13

Pharmacy Dept

Summary Of Changes: **Retire: This policy is no longer needed. It was originally written to describe the complex process to follow when using**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 12/20/2023 1:57 PM

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

Paragon. Epic's workflow is standardized and clear so does not warrant a department procedure to follow it.

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

RETIRE: MRI, Patient Preparation	Pending Approval	12/7/2023	13
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Retire policy. Screening (prep) requirements are in the MRI Safety policy.**

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

RETIRE: Scheduling Biopsies Procedure	Pending Approval	12/7/2023	13
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Retire policy. Current practice is covered in the Scheduling Procedure policy.**

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

RETIRE: Scribes in the Emergency Department	Pending Approval	12/7/2023	13
<i>Emergency Dept</i>			

Summary Of Changes: **suggest sunseting this policy as the ER physicians no longer use scribes**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)**
 Approvers: **Winkler, Jessica (jwinkler) -> Medical Director-Emergency Dept. - (Committee) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Scheduling Procedures	Pending Approval	12/7/2023	13
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Added Purpose statement
 Updated to reflect current processes and reference to Centralized Scheduling.
 Referenced Medical Staff policy- Ordering of Outpatient Services MS8610-122.
 Updated Authors/Reviewers.**

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



To: SVHCD Board of Directors
From: Kylie Cooper
Meeting Date: January 4, 2024
Subject: Readmission Data

The attached readmission data for Medicare only patients for last 12 months. We had 274 Medicare patients, 17 of those were readmitted within 30 days, for an overall readmission rate of 6%, much lower than the national standard and lower than the 19% mentioned last night. Of those 6% the highest readmissions came from SNF at 35%, see second tab for detail. It is unclear where the Valley of the Moon data presented in December was pulled from.

It is important to note that the data above is our "known" readmissions i.e those patients that are readmitted back to us. We do not have the ability to capture those patients that may be admitted elsewhere in those 30 days in real time, only when our care compare data comes out 2 years after the fact.

Profile: CMS Readmissions - Rolling 12 month.
CDB799

Indicator	2022	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total
HWR, Overall, CMS - % Readmit within 30 Days, Medicare	11.11	10	0	0	9.524	0	5.556	4.762	11.77	4.762	5.556	9.091	6.204
HWR, Overall, CMS - % Readmit within 30 Days, Medicare (numerator)	3	3	0	0	2	0	1	1	2	1	2	2	17
HWR, Overall, CMS - % Readmit within 30 Days, Medicare (denominator)	27	30	21	18	21	22	18	21	17	21	36	22	274

	Total
	6.20%
num	17
den	274



To: SVHCD Board of Directors

From: Susan Kornblatt Idell

Date: Jan 4, 2024

Subject: Quality Committee Quarterly Report

Quality performance in the 3rd 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

Patient volume in the Emergency Department remained stable averaging 871 visits per month. Increase in volume on inpatient side seen in 3rd Quarter averaging 68 discharges per month. Surgical volume remained strong at 169 outpatient surgeries per month.

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. Sepsis taskforce meets month to discuss any fall outs. Education provided to ER Department regarding Sepsis Quality Metrics and goals.
- Stroke care. The hospital continues to meet or exceed all measures regarding stroke care
- 7 Day readmissions are reviewed by the Director of Quality and the Medical Director of the Hospitalist group. 3rd Quarter readmission rates (within 30 days of discharge)

improved from the 2nd Quarter, 3.81% vs 5.81%. Continued conversations with our local Skilled Nursing Facilities regarding readmission cases.

- Continued focus on length of stay. 3rd Quarter length of stay averaged 2.84 days on a goal of 2.75, this is the lowest length of stay we have seen over last 2 years. Continued collaboration between physicians, nursing and case management regarding discharge and length of stay occurs daily at morning huddles.
- Zero adverse events in 3rd quarter
- Hospital wide initiatives surrounding patient satisfaction continue. Improvements seen in 5 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 3rd Quarter presentations from the Laboratory, Pharmacy and the Physical Therapy Department were presented and reviewed.

HCAHPS 3rd Quarter Review

Survey Items	SECTION/DOMAIN	Survey Type	n	Top Box Score				Percentile Rank	Score Trendline	Details
				Current (Q3 2023)	Previous (Q2 2023)	Goal	Change			
Rate hospital 0-10	GLOBAL ITEMS	CAHPS	27	62.96%	57.14%	—	5.82%	22	 Compare Trending	
Recommend the hospital	GLOBAL ITEMS	CAHPS	26	57.69%	69.70%	—	-12.00%	15	 Compare Trending	
Domain: Comm w/ Nurses	COMM W/ NURSES	CAHPS	27	77.64%	78.10%	—	-0.46%	37	 Compare Trending	
Domain: Response of Hosp Staff	RESPONSE OF HOSP STAFF	CAHPS	26	76.28%	67.79%	—	8.50%	90	 Compare Trending	
Domain: Comm w/ Doctors	COMM W/ DOCTORS	CAHPS	27	77.78%	80.15%	—	-2.38%	36	 Compare Trending	
Domain: Hospital Environment	HOSPITAL ENVIRONMENT	CAHPS	27	59.33%	57.35%	—	1.98%	21	 Compare Trending	
Domain: Comm About Medicines	COMM ABOUT MEDICINES	CAHPS	21	52.38%	59.31%	—	-6.93%	10	 Compare Trending	
Domain: Discharge Information	DISCHARGE INFORMATION	CAHPS	23	91.30%	85.69%	—	5.62%	89	 Compare Trending	
Domain: Care Transitions	CARE TRANSITIONS	CAHPS	27	45.62%	44.91%	—	0.71%	19	 Compare Trending	

Rate My Hospital 3rd Quarter Review

- Starting the 3rd Quarter of 2022 we started reporting the Rate My Hospital rankings for all departments as a comparison to HCAHPS results. The hospital received approx. 1359 surveys through Rate my Hospital the 3rd Quarter for all hospital departments (Emergency, Diagnostic services, Inpatient, Physical Therapy, Surgery) with an average rating of 4.68 out of 5

Department	Question Responses	Average Score
Sonoma Valley Hospital / Emergency Department	286	4.618 95% CI: 4.584—4.652

Department	Question Responses	Average Score
Sonoma Valley Hospital / Hand and Physical Therapy	351	4.937 95% CI: 4.926—4.949

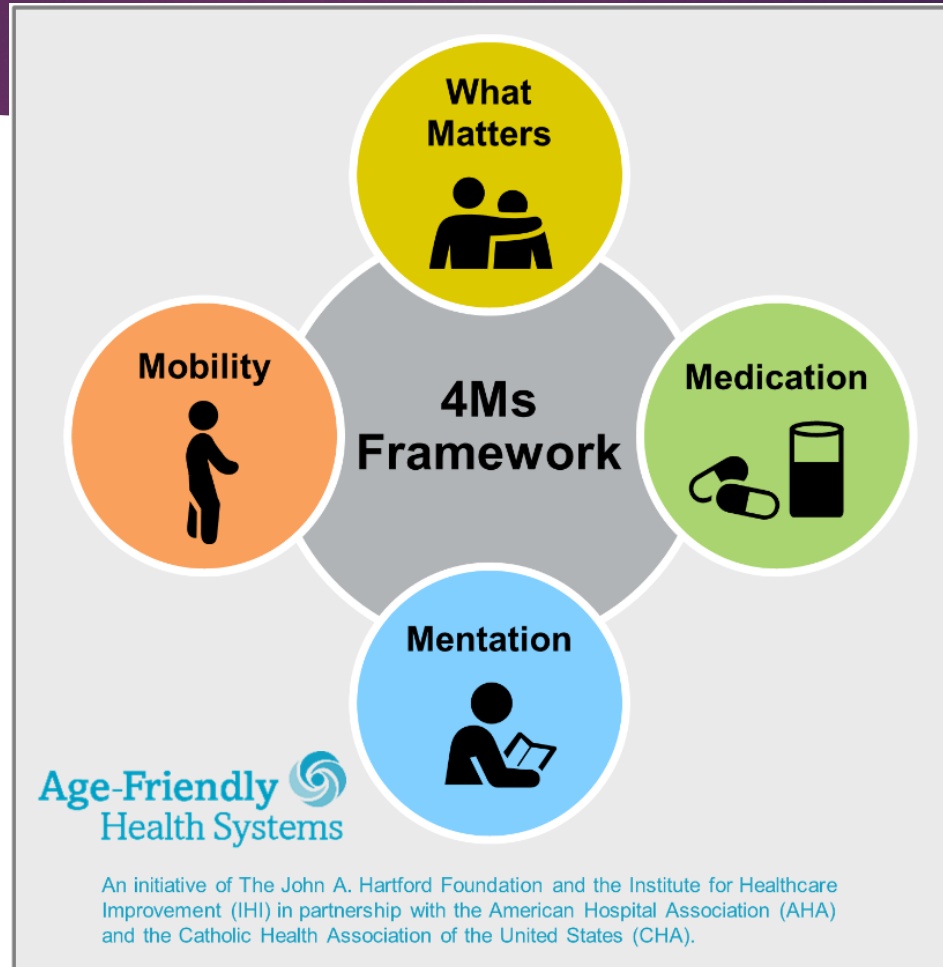
Department	Question Responses	Average Score
Sonoma Valley Hospital / Inpatient Care	15	4.827 95% CI: Not enough samples

Department	Question Responses	Average Score
Sonoma Valley Hospital / Medical Imaging	574	4.812 95% CI: 4.790—4.835

Department	Question Responses	Average Score
Sonoma Valley Hospital / Outpatient Surgery	133	4.833 95% CI: 4.807—4.859

IHI Age-Friendly Health System

- ▶ Collaboration with Geriatric NP, Becky Spears
- ▶ Utilizing best practice to ensure we are providing high quality care to older adults
- ▶ 4 Ms Framework Inpatient team more aware and knowledgeable of specific needs for older adults
- ▶ 10 Recliners purchased through Foundation Grant



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.



To: SVHCD Board of Directors
From: John Hennelly
Date: 1.04.24
Subject: CEO Report

Strategic Plan

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

Operations are running smoothly as the year continues. Volumes have been lower than expected in key areas of ER and orthopedics. While volumes aren't what we expected, the team has managed effectively to keep expenses and staffing under control.

Physical Therapy continues to outperform targets. Fall volumes are up 25-30% over the same periods last year. We continue to invest as we work on the expansion.

November financials were essentially flat from the previous year but underperformed our budget. Inpatient volumes and diagnostics remained strong while ER visits and surgery missed budget. Cash has slowed as Fall volumes have been weak. Our collection levels remain 10% above pre-Epic averages. We are working to return to budgeted targets.

The hospital continues to recruit heavily for **practitioners**. We continue in negotiations with providers in several subspecialties to locate their practices in Sonoma. Surgical subspecialties remain a particular focus. We have offers out to several providers.

Capital

The temporary **MRI** project is progressing. Plumbing and electrical work are ongoing. The prefabricated structure should be on site 1/15/24. The MRI will be delivered 1/22/24. Once the magnet (MRI) is secured we will need to finish the build out and file with the state for occupancy. We are working toward a February occupancy.

Phase 2 of the **CT** project is underway. The old CT has been removed and the space is being remodeled to house other services.

The **ICU renovation** scoping is complete. Architectural work is underway. Once complete the plan will go to the state for review. We expect to have the project completed by the end of this fiscal year.

Seismic planning work is progressing. The non-structural facility work is complete, and the report is written, meeting the 1/1/24 deadline. The next phase will be the structural review followed by the master facility planning.

Other

We have begun to review and renegotiate our **insurance contracts**. This is our first significant renegotiation since 2018. Many of our contracts have been framed to capture certain revenues based upon business strategies at the hospital. A contract is not a standard rate but rather an adjustable *group* of rates. After Medicare, MediCal and Kaiser, the hospital's largest contract is Anthem Blue Sheild. It represents roughly 10% of the hospital's volume. The contract has not had a complete overhaul in over 10 years. Our contract was set to expire 12/1/23 but has been extended to 2/1/24. If we are unable to come to an agreement by 2/1/24 we will no longer be in-network for Anthem Blue Cross.

SVH Performance Score Card

1. Quality and Safety

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

Core Measures					
Sepsis Early Management Bundle % compliant	>81%	87.5 (n=7)	50 (n=4)	↓	Sepsis task force formed to address
Severe Sepsis 3 hour Bundle % compliant	>94%	87.5 (n=7)	50 (n=4)	↓	
Severe Sepsis 6 hr Bundle % compliant	100.00	100 (n=5)	N/A	↔	No qualifying cases
Core OP 23- Head CT within 45 mins % compliant	70.00	66.7 (n=3)	N/A	↔	No qualifying cases

Mortality					
Acute Care Mortality Rate %	<15.3	1.30	0.00	↑	

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	149 (n=30)	127 (n=27)	↑	
Core Op 22 ED Left without being seen LWBS	<2%	0.30	0.40	↔	

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	0.33	0.40	↓	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	1.35 (n=1)	4.35 (n=3)	↓	Lower is better

2. Employees

Objective	Target	OCT.23	NOV.23	Trend	Supporting Detail
Turnover	<3%	0.0	0.9	↓	
Workplace Injuries	<20 Per Year	2 (QTR 4)	2 (QTR 4)	↔	13 YTD

3. Patient Experience

Objective	Target	SEP.23	OCT.23	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>90%	68 (n=31)	78 (n=18)	↑	Top Box Scores. % of patients that ranked us 5/5
Communication	>90%	96 (n=31)	91 (n=18)	↓	
Discharge Instructions	>95%	96 (n=31)	96 (n=18)	↔	
HCAHPS					
Recommend the hospital	>90%	81 (n=16)	56 (n=23)	↓	Top Box Scores. % of patients that ranked us 5/5
Communication with Nurse	>90%	85 (n=16)	78 (n=23)	↓	
Communication with Doctor	>90%	85 (n=16)	72 (n=23)	↓	
Cleanliness of Hospital	>90%	69 (n=16)	88 (n=24)	↑	
Communication about medicines	>90%	55 (n=10)	73 (n=13)	↑	
Discharge Information	>90%	100 (n=14)	89 (n=23)	↓	

4. Volume

Objective	Target	OCT.23	NOV.23	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>750	818.0	780.0	↓	
Surgical Volume Outpatient	>140	168.0	177.0	↑	
Surgical Volume Inpatient	>13	18.0	11.0	↓	
Inpatient Discharges	>50	82.0	73.0	↓	

5. Financial

Objective	Target	OCT.23	NOV.23	Trend	Supporting Detail
Operating EBDA in %	>-4.0%	-6.3%	-19.2%	↓	YTD -10% vs. -18% PYTD
Days Cash on Hand month end	>42	24.3	20.9	↓	still on track to exceed target by end of year
Net Revenue (\$M) (annualized)	>\$46	\$ 52.8	\$ 51.8	↔	



Scorecard Definitions for Quality Metrics

Central Line Associated Blood Stream Infection (CLABSI)

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

Catheter Associated Urinary Tract Infection (CAUTI)

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

CDIFF (Clostridium Difficile)

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

Sepsis Early Management

Obtain Blood Cultures BEFORE antibiotics

Administer Antibiotics

Obtain Lactate Level

Lactate Level repeated (if elevated)

Severe Sepsis 3 hour bundle

All above included plus-

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

Focused MD exam

Severe Sepsis 6 hour bundle (septic shock only)

Lactate greater than 4 or

If persistent hypotension with 1 hour of fluid administration add Vasopressor

Shock reassessment by physician

Mortality

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

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

PSI 90

Summarizes patient safety across multiple indicators including-

Pressure Ulcers

Falls with Hip Fracture

Perioperative (while in surgery) complications

Postoperative complications

Preventable Harm

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

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

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

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

Readmissions

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

CMO Report to the Board

January 2024

Updates

- Rounding Revamp
- Age-Friendly Health System
- Focus on Throughput

Rounding Revamp

- Starting January 16, we are revamping our morning hospital rounds to be interdisciplinary and at bedside with every patient.

[J Patient Saf.](#) 2022 Jan; 18(1): e40–e44.

Published online 2020 May 8. doi: [10.1097/PTS.0000000000000695](https://doi.org/10.1097/PTS.0000000000000695)

PMCID: PMC8719516

PMID: [32398542](https://pubmed.ncbi.nlm.nih.gov/32398542/)

The Effects of Interdisciplinary Bedside Rounds on Patient Centeredness, Quality of Care, and Team Collaboration: A Systematic Review

[Tine Heip](#), RN, MSc,* [Ann Van Hecke](#), RN, PhD,*†‡ [Simon Malfait](#), RN, MSc, PhD,§ [Wim Van Biesen](#), MD, PhD,¶¶ and [Kristof Eeckloo](#), LLM, PhD*§

Studies show that interdisciplinary bedside round has a potentially a positive influence on **patient centeredness, quality of care, and team collaboration**

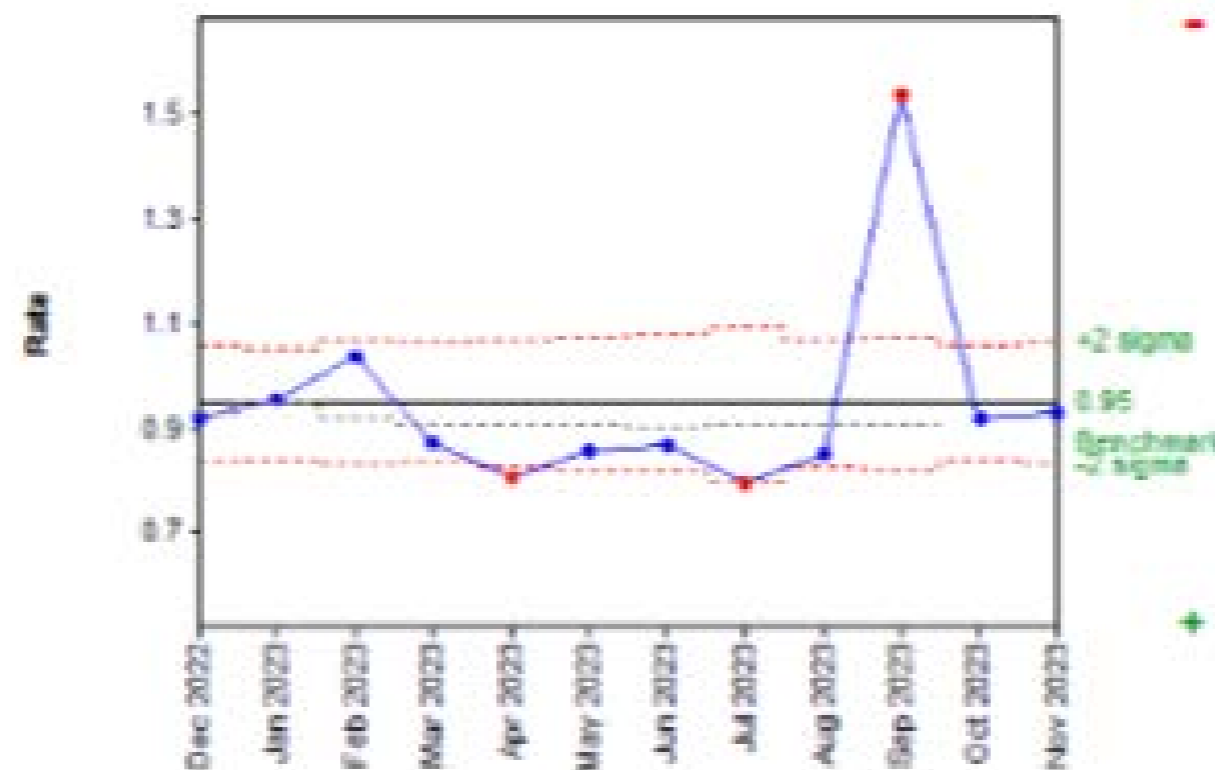
Age-Friendly Health System Program

- Preoperative orthopedics consultation for high-risk elderly patients in concert with a joint replacement orthopedic surgeon with expertise in geriatrics
- Evidence-based hospital care for elderly patients with a focus on the 4Ms (mobility, mentation, medications, and what matters) through the use of order sets, nursing training, pharmacy review, and standardization of physician practice
- ED and inpatient geriatric consultation
- Our Geriatric NP, Becky Spear, will spend one day/week as outpatient in early 2024



Focus on Throughput

- Admissions Taskforce is aimed at increasing throughput: once the decision is made to admit a patient, our goal is to get them up to an inpatient bed ASAP.
- We are piloting system changes with the ED/Inpatient physicians and nurses to expedite this process.
- LOS index, observed/expected length of stay in the hospital shows that we're doing quite well



Questions?





To: Sonoma Valley Health Care District Finance Committee
From: Ben Armfield, Chief Financial Officer
Date: December 19, 2023
Subject: Financial Report for November 2023

1. OVERALL PERFORMANCE | MONTH

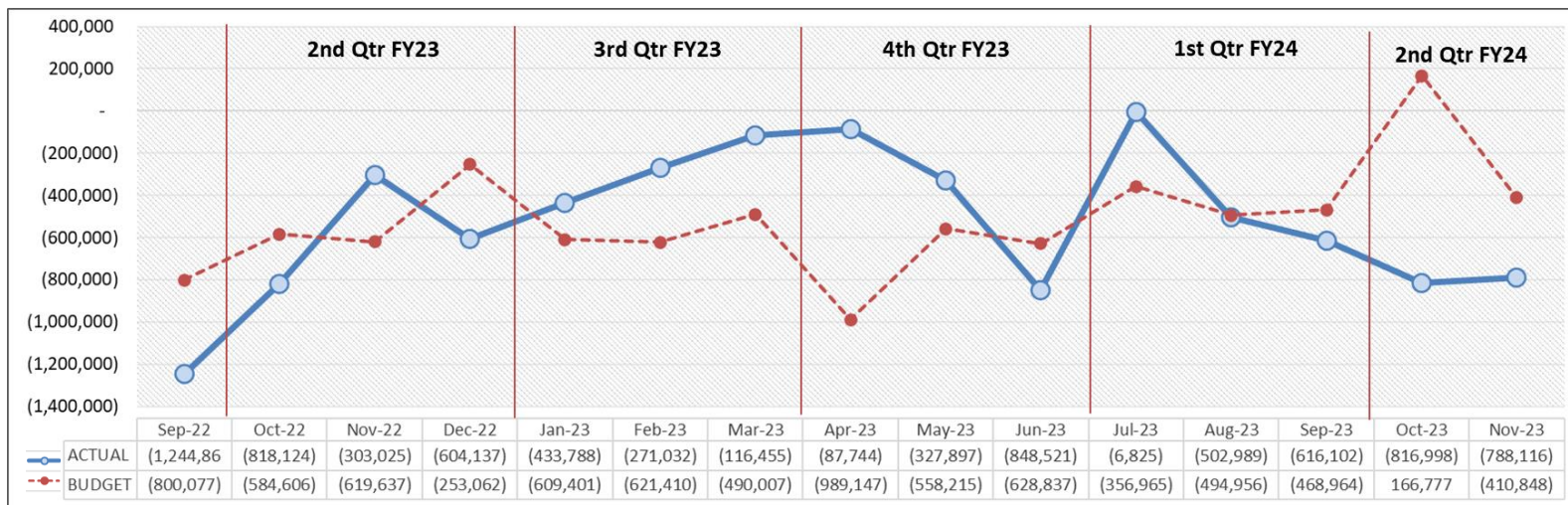
Like October, November’s performance followed a similar pattern based on the past couple of months. November’s operating margin of (\$1,327,835) was unfavorable to our budget of (\$683,815). While the hospital continues to demonstrate strength in certain areas, there are notable challenges that have impacted the hospital’s financial results over the past number of months. Most notably, the reduction in surgical volumes, which was a factor for the 3rd straight month and key contributor to November’s lower than anticipated revenues and overall performance gap vs budget. Surgeries did rebound somewhat compared to the last two months as our key surgeons returned from PTO, but mitigating this was a corresponding pullback in Orthopedic surgical volumes, which suppressed overall case numbers and patient revenues.

On the expense side, our overall operating costs did end up over budget for the month, but just like October, the overage was driven by depreciation expense due to placing additional costs of projects in-service. We ran under budget in operating expenses if you were to exclude depreciation.

Table 1 | Overall Performance - November 2023

	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (1,327,835)	\$ (683,815)	\$ (644,020)	-94%	\$ (4,436,127)	\$ (2,738,894)	\$ (1,697,232)	-62%	\$ (4,814,592)	\$ 378,465	8%	
Operating EBDA	\$ (788,116)	\$ (410,848)	\$ (377,268)	-92%	\$ (2,219,180)	\$ (1,194,059)	\$ (1,025,121)	-86%	\$ (3,540,161)	\$ 1,320,981	37%	
Net Income (Loss)	\$ (754,039)	\$ 34,955	\$ (788,994)	-2257%	\$ (1,483,172)	\$ 854,900	\$ (2,338,072)	-273%	\$ (1,337,426)	\$ (145,746)	-11%	

Graph 1.1 | SVH Trended Operating EBDA (excluding IGT funding)

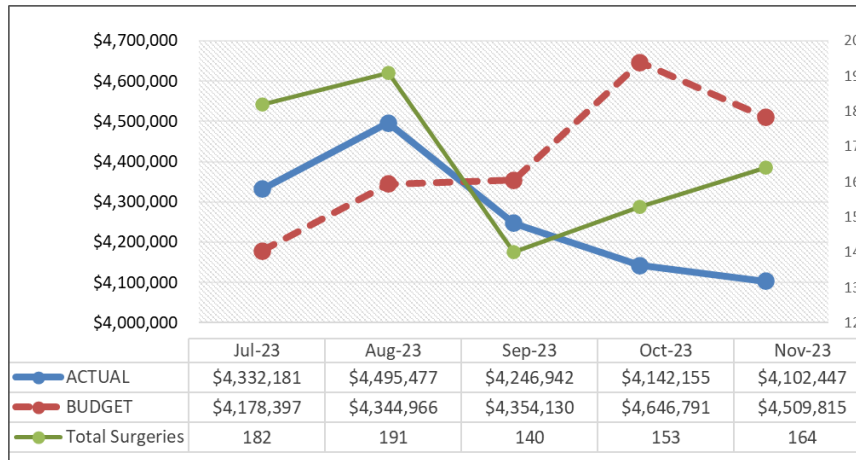


2. NET REVENUE AND VOLUME SUMMARY:

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

	Month of November 2023				Year To Date November 2023							
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Gross Revenue	\$ 28,156,029	\$ 29,311,020	\$ (1,154,991)	-4%	\$ 142,806,882	\$ 142,328,835	\$ 478,047	0%	\$ 130,913,746	\$ 11,893,135	9%	
Net Patient Revenue	\$ 3,999,554	\$ 4,417,009	\$ (417,455)	-9%	\$ 20,874,335	\$ 22,150,954	\$ (1,276,619)	-6%	\$ 19,635,551	\$ 1,238,784	6%	
NPR as a % of Gross	14.2%	15.1%	-5.7%		14.6%	15.6%	-6.1%		15.0%	-2.5%		
Tot Operating Revenue	\$ 4,102,447	\$ 4,509,815	\$ (407,368)	-9%	\$ 21,319,202	\$ 22,614,984	\$ (1,295,782)	-6%	\$ 20,088,891	\$ 1,230,310	6%	

Graph 2.1 | SVH Trended Operating Revenue FY24 (excluding IGT funding)



Volumes and associated revenues were the culprits in November’s performance as both gross and net revenue missed budget. In respect to volumes, although we did see an increase in surgical activity compared to last couple of months, surgeries still came in under budget and the monthly levels we had been enjoying through the summer, and is the main reason why our total operating revenue fell short of budget by 10% in November.

NET REVENUE DRIVERS:

- Surgical Volumes** – Surgical cases, although showing positive signs of recovery from previous months, still were lower than anticipated, running nearly 20% below budget for November. The result in November was disappointing, but it needs mentioning that Thanksgiving did play a disruptive role in the overall shortfall as we were actually on-track to surpass budget in surgical cases entering the week of Thanksgiving.
 - Service-Line Surgical Volumes** – We did see a positive turnaround in general surgery and GI volumes as key surgeons returned from needed time off. However, that increase was mitigated by a reduction in Orthopedic volumes. Ortho cases experienced a significant decrease in November, falling 30% below our current fiscal year monthly average. We do believe some of this can be directed towards the holiday, but the drop is concerning. We don’t anticipate this level of decrease to continue, but we do anticipate further volatility in Ortho cases through the remainder of this fiscal year given the pending retirement of one of our key ortho physicians later this year.
- Emergency Room Volumes** - Emergency room volumes also continue to lag behind budget. The 780 visits in November represents a 20% deficit for the month and a 10% reduction from our fiscal year monthly average. As has been mentioned, the new medical group is still in the process of ramping up and getting settled. The overall feedback we have received from patients has been overwhelmingly positive, and we plan to ramp up marketing and PR efforts early calendar year 2024.

- **Payor Mix** – We experienced a shift in payor mix during November as we saw a higher than normal spike in Medi-Cal volumes. Medi-Cal revenues accounted for nearly 20% of our overall business during the month. While still under budget, this is up from the ~16% that we had been running so far this year. It is noteworthy that this is just one month and not indicative of a trend, but the shift did impact our net revenue for the month.
- **Case Mix** – Case mix acuity dropped in November. Our CMI (Case Mix Index) of 1.30 was nearly 7% lower than budget and year-to-date our CMI of 1.36 is 6% lower than prior year.
- **Managed Care Contracts** – We continue to aggressively pursue opportunities to renegotiate a number of our managed care contracts. Our year-to-date collection rate, or net revenue as a % of gross revenue, is hovering around 15%. That is low. Much has been discussed about the opportunities we are chasing and the agreements we are currently trying to renegotiate, but our net revenue performance is reflective of the gap that currently exists in our reimbursement rates. We are prioritizing this work as our revenue growth will continue to be constrained until some specific contracts are remedied.

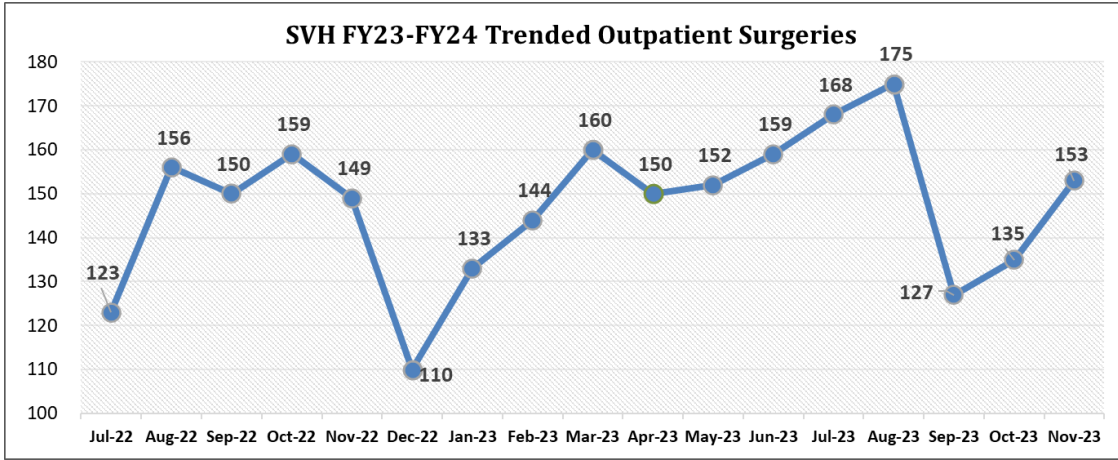
Table 2.2 | Patient Volumes – November 2023

	Month of November 2023				Year To Date November 2023						
	Current Year		Variance		Current Year		Variance		Prior Year	Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	278	261	17	7%	1,342	1,358	(16)	-1%	1,314	28	2%
Average Daily Census	9.3	8.7	0.6	7%	8.8	8.9	(0.1)	-1%	8.6	0.2	2%
Acute Discharges	73	56	17	31%	349	292	57	19%	314	35	11%
IP Surgeries	11	12	(1)	-8%	72	68	4	6%	77	(5)	-6%
OP Surgeries/Spec Proc	153	180	(27)	-15%	758	820	(62)	-8%	737	21	3%
Total Surgeries / Procedures	164	192	(28)	-15%	830	888	(58)	-7%	814	16	2%
Total Outpatient Visits	5,251	4,801	450	9%	25,448	22,643	2,805	12%	23,075	2,373	10%
Total ER Visits	780	998	(218)	-22%	4,212	4,772	(560)	-12%	4,203	9	0%

Table 2.3 | Outpatient Volumes Trended – Last 6 Months

Department	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Trend
Lab	1,206	1,173	1,380	1,308	1,312	1,284	
Medical Imaging	953	889	1,037	959	1,002	997	
Physical Therapy	765	795	1,052	968	1,207	1,195	
CT Scanner	381	344	379	381	407	370	
Occ. Health	288	182	336	311	348	280	
Mammography	225	222	288	209	296	271	
Occupational Therapy	606	278	191	150	184	211	
Ultrasound	208	205	207	222	239	220	
Wound Care	177	169	221	198	192	129	
MRI	126	114	127	144	129	114	
ECHO	104	108	102	119	124	117	
Speech Therapy	66	68	60	43	44	51	
Other	13	16	26	13	19	12	
TOTAL	5,118	4,563	5,406	5,025	5,503	5,251	
Emergency Room	915	869	861	884	818	780	



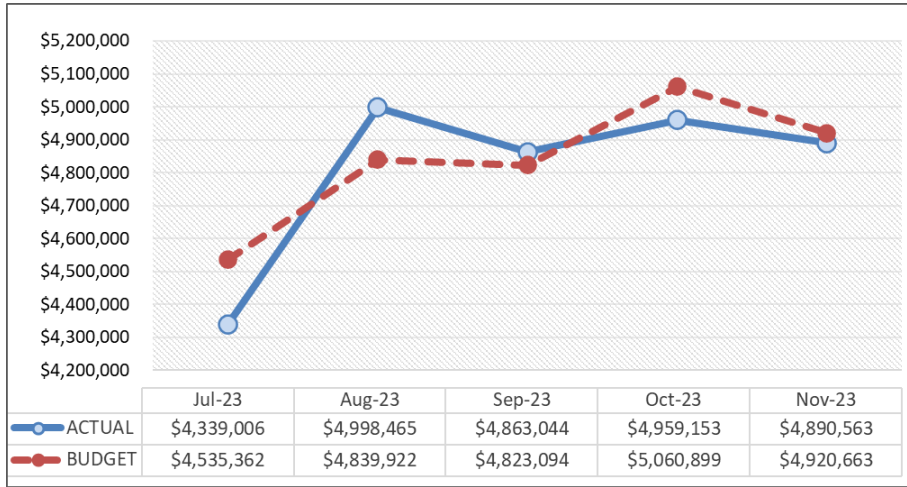


3. OPERATING EXPENSE SUMMARY:

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

	Month of November 2023				Year To Date November 2023						
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%
Operating Expenses	\$ 5,430,282	\$ 5,193,630	\$ (236,652)	-5%	\$ 26,267,177	\$ 25,724,775	\$ (542,402)	-2%	\$ 24,903,483	\$ (1,363,695)	-5%
Operating Expenses Excl. Depr. Worked FTEs	\$ 4,890,563	\$ 4,920,663	\$ 30,100	1%	\$ 24,050,231	\$ 24,179,940	\$ 129,709	1%	\$ 23,629,053	\$ (421,178)	-2%
	204.4	219.9	15.5	7%	214.6	215.5	0.9	0%	209.6	(5.0)	-2%

Graph 3.1 | SVH Trended Operating Revenue (excluding IGT funding) – FY24



We did run over budget in operating expenses for the month, coming in 5% over budget. As has been discussed at length in previous months, the variance is caused by incremental depreciation expense relating to the Epic implementation and ODC project. November is just like October on the expense side in that operating expenses actually ran under budget when excluding depreciation.

4. CASH ACTIVITY SUMMARY:

Table 4 | Cash / Revenue Cycle Indicators - November 2023

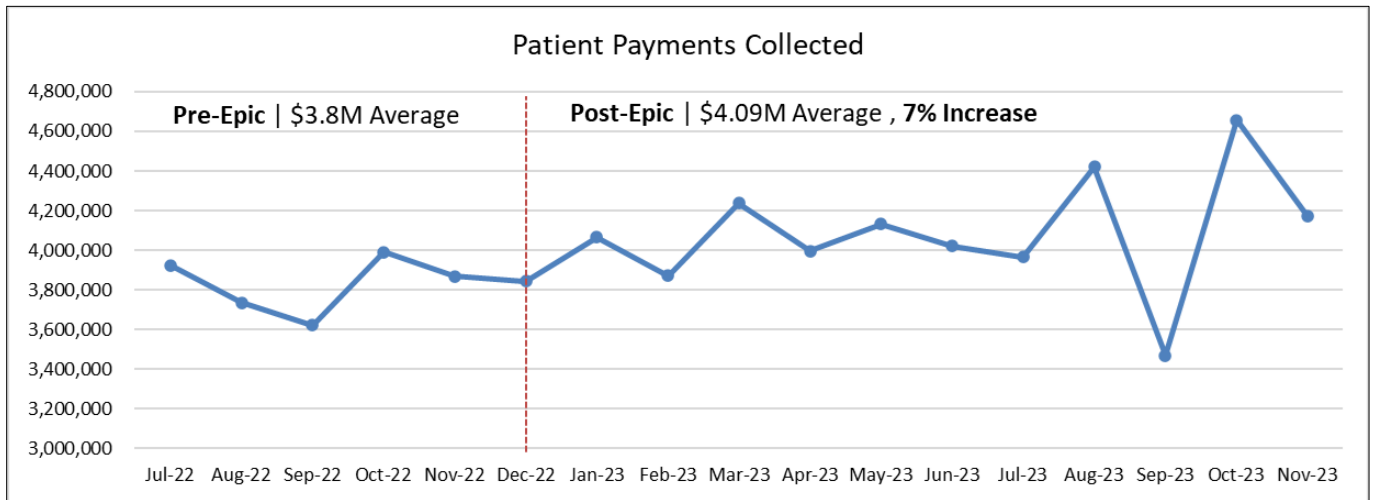
	Nov-23	Oct-23	Var	%
Days Cash on Hand	20.9	24.3	(3.4)	-14%
A/R Days	62.0	61.0	1.0	2%
A/P Days	48.3	42.9	5.4	12%



Although not quite as robust as October, cash collections were still solid as the hospital collected \$4.1 million, which is a good month considering the shortened number of business days created by the Thanksgiving holiday. More importantly, it does provide more evidence that September’s cash collection total was an outlier.

The month did see our days cash close right under 21.0. While low, we are confident that these levels are temporary. We anticipate a positive shift in Days Cash in the months ahead, especially as we start receiving additional funding sources. Most notably, we are expecting to receive \$2.5 million from parcel taxes by the end of the month, which will help boost our cash position in the short-term, prior to receiving our larger IGT funds in 1st quarter calendar year 2024.

Graph 4.1 | Cash Collections Trended FY22 – Present | Pre-Epic v. Post-Epic



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 Trended Income Statement - **New**
- Attachment F is the Cash Projection

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

ATTACHMENT A

Gross Revenue	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	9,889,212	10,581,008	(691,797)	-2.4%	52,327,527	50,866,631	1,460,896	1.0%
Medicare Managed Care	5,440,998	5,024,921	416,077	1.4%	25,306,714	24,151,007	1,155,707	0.8%
Medi-Cal	5,173,924	5,625,999	(452,074)	-1.5%	23,076,882	26,931,851	(3,854,969)	-2.7%
Self Pay	313,441	161,866	151,576	0.5%	2,036,725	759,386	1,277,339	0.9%
Commercial & Other Government	6,526,267	6,809,512	(283,246)	-1.0%	35,952,979	32,505,764	3,447,215	2.5%
Worker's Comp.	796,733	1,082,951	(286,218)	-1.0%	4,026,820	5,145,379	(1,118,559)	-0.8%
Total	28,140,575	29,286,257	(1,145,682)	-3.9%	142,727,647	140,360,019	2,367,628	1.7%

Payor Mix	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	35.1%	36.1%	-1.0%	36.7%	36.2%	0.4%
Medicare Managed Care	19.3%	17.2%	2.2%	17.7%	17.2%	0.5%
Medi-Cal	18.4%	19.2%	-0.8%	16.2%	19.2%	-3.0%
Self Pay	1.1%	0.6%	0.6%	1.4%	0.5%	0.9%
Commercial & Other Government	23.2%	23.3%	-0.1%	25.2%	23.2%	2.0%
Worker's Comp.	2.8%	3.7%	-0.9%	2.8%	3.7%	-0.8%
Total	100.0%	100.0%		100.0%	100.0%	

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

ATTACHMENT B

CURRENT MONTH				YEAR-TO-DATE			YTD	
Actual	Budget	Favorable (Unfavorable)		Actual	Budget	Favorable (Unfavorable)	Prior Year	
11/30/23	11/30/23	Variance		11/30/23	11/30/23	Variance	11/30/22	
Inpatient Utilization								
Discharges								
1	57	44	13	Med/Surg	267	235	32	227
2	16	11	5	ICU	82	57	25	87
3	73	56	17	Total Discharges	349	292	57	314
Patient Days:								
4	183	167	16	Med/Surg	908	885	23	814
5	95	94	1	ICU	434	473	(39)	500
6	278	261	17	Total Patient Days	1,342	1,358	(16)	1,314
7	28	-	28	Observation days	102	-	102	78
Average Length of Stay:								
8	3.2	3.8	(0.6)	Med/Surg	3.40	3.77	(0.37)	3.6
9	5.9	8.2	(2.3)	ICU	5.29	8.23	(2.94)	5.7
10	3.8	4.7	(0.9)	Avg. Length of Stay	3.85	4.65	(0.80)	4.2
Average Daily Census:								
11	6.1	5.6	0.5	Med/Surg	5.9	5.8	0.2	5.3
12	3.2	3.1	0.0	ICU	2.8	3.1	(0.3)	3.3
13	9.3	8.7	0.6	Avg. Daily Census	8.8	8.9	(0.1)	8.6
Other Utilization Statistics								
Emergency Room Statistics								
14	780	998	(218)	Total ER Visits	4,212	4,772	(560)	4,203
Outpatient Statistics:								
15	5,251	4,501	750	Total Outpatients Visits	25,748	22,343	3,405	23,075
16	11	12	(1)	IP Surgeries	72	68	4	77
17	153	180	(27)	OP Surgeries / Special Procedures	758	805	(47)	737
18	331	247	83	Adjusted Discharges	1,577	1,247	330	1,358
19	1,259	1,157	102	Adjusted Patient Days	6,090	5,796	294	5,737
20	42.0	38.6	3.4	Adj. Avg. Daily Census	39.8	37.9	1.9	37.5
21	1.2239	1.4000	(0.176)	Case Mix Index - Medicare	1.3763	1.4000	(0.024)	1.5080
22	1.3059	1.4000	(0.094)	Case Mix Index - All payers	1.3559	1.4000	(0.044)	1.4459
Labor Statistics								
23	204	220	16	FTE's - Worked	215	216	0.9	210
24	237	242	5	FTE's - Paid	238	237	(0.6)	233
25	48.38	49.71	1.33	Average Hourly Rate	48.67	52.04	3.38	49.51
26	5.65	6.28	0.63	FTE / Adj. Pat Day	5.98	6.26	0.29	6.22
27	32.2	35.8	3.6	Manhours / Adj. Pat Day	34.1	35.7	1.6	35.4
28	122.5	167.6	45.0	Manhours / Adj. Discharge	131.6	165.9	34.3	149.7
29	25.7%	24.3%	-1.4%	Benefits % of Salaries	24.8%	24.6%	-0.3%	23.7%
Non-Labor Statistics								
30	17.1%	15.0%	-2.1%	Supply Expense % Net Revenue	16.0%	14.3%	-1.7%	17.0%
31	2,067	2,684	617	Supply Exp. / Adj. Discharge	2,192	2,534	342	2,452
32	16,559	21,220	4,660	Total Expense / Adj. Discharge	16,933	20,988	4,055	18,514
Other Indicators								
33	20.9			Days Cash - Operating Funds				
34	62.0	50.0	12.0	Days in Net AR	63.1	50.0	13.1	38.2
35	103%			Collections % of Cash Goal	99%			102.6%
36	48.3	55.0	(6.7)	Days in Accounts Payable	48.3	55.0	(6.7)	47.0
37	14.2%	15.1%	-0.9%	% Net revenue to Gross revenue	15.1%	15.6%	-0.4%	15.0%
38	34.2%			% Net AR to Gross AR	34.2%			14.8%

Sonoma Valley Health Care District

ATTACHMENT C

Balance Sheet

As of November 30, 2023

UNAUDITED

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 667,651	\$ 996,299	\$ 2,132,793
2 Cash - Money Market	2,608,047	2,607,527	2,096,825
3 Net Patient Receivables	10,523,979	10,664,349	6,178,786
4 Allow Uncollect Accts	(2,464,586)	(2,381,401)	(1,346,537)
5 Net A/R	8,059,393	8,282,948	4,832,249
6 Other Accts/Notes Rec	2,421,613	2,148,958	1,382,669
7 Parcel Tax Receivable	3,800,000	3,800,000	3,800,000
8 GO Bond Tax Receivable	2,401,190	2,401,190	2,601,816
9 3rd Party Receivables, Net	57,192	701,470	102,551
10 Inventory	1,009,615	1,006,348	1,048,925
11 Prepaid Expenses	1,052,757	1,085,074	929,929
12 Total Current Assets	\$ 22,077,458	\$ 23,029,813	\$ 18,927,758
13 Property, Plant & Equip, Net	\$ 56,480,972	\$ 56,867,997	\$ 54,323,923
14 Trustee Funds - GO Bonds	3,505,021	3,490,070	3,526,127
15 Designated Funds - Board Approved	-	-	1,000,000
16 Total Assets	<u>\$ 82,063,451</u>	<u>\$ 83,387,880</u>	<u>\$ 77,777,808</u>
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 6,838,369	\$ 6,778,660	\$ 5,146,825
18 Accrued Compensation	4,274,894	4,203,162	4,079,870
19 Interest Payable - GO Bonds	152,552	103,539	147,163
20 Accrued Expenses	367,529	213,569	729,293
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	2,216,665	2,533,332	2,216,669
23 Deferred GO Bond Tax Revenue	1,526,855	1,744,977	1,449,636
24 Current Maturities-LTD	217,475	217,475	217,475
25 Line of Credit - Union Bank	4,973,734	4,973,734	5,473,734
26 Other Liabilities	57,511	57,511	60,591
27 Total Current Liabilities	\$ 20,625,584	\$ 20,825,960	\$ 19,521,257
28 Long Term Debt, net current portion	\$ 26,479,911	\$ 26,849,924	\$ 24,620,441
Fund Balances:			
30 Unrestricted	\$ 21,038,641	\$ 21,038,642	\$ 18,142,413
31 Restricted	13,919,314	14,673,353	15,493,697
32 Total Fund Balances	\$ 34,957,956	\$ 35,711,995	\$ 33,636,110
33 Total Liabilities & Fund Balances	<u>\$ 82,063,451</u>	<u>\$ 83,387,880</u>	<u>\$ 77,777,808</u>

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

ATTACHMENT D

	Month				Year-To-Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual	Budget	\$	%	Actual	Budget	\$	%		
Volume Information										
1	73	56	17	31%	Acute Discharges	349	292	57	19%	314
2	278	261	17	7%	Patient Days	1,342	1,358	(16)	-1%	1,314
3	28	-	28	0%	Observation Days	102	-	102	*	78
4	\$ 21,941	\$ 22,705	\$ (764)	-3%	Gross O/P Revenue (000's)	\$ 111,152	\$ 109,022	\$ 2,130	2%	\$ 100,443
Financial Results										
Gross Patient Revenue										
5	\$ 6,215,214	\$ 6,605,677	\$ (390,463)	-6%	Inpatient	\$ 31,654,635	\$ 33,307,061	(1,652,426)	-5%	\$ 30,352,892
6	14,065,738	13,501,662	564,076	4%	Outpatient	68,702,370	65,586,744	3,115,627	5%	58,548,464
7	7,875,077	9,203,681	(1,328,604)	-14%	Emergency	42,449,876	43,435,030	(985,154)	-2%	42,012,390
8	\$ 28,156,029	\$ 29,311,020	(1,154,991)	-4%	Total Gross Patient Revenue	\$ 142,806,882	\$ 142,328,835	478,047	0%	\$ 130,913,746
Deductions from Revenue										
9	(24,259,529)	(24,717,987)	458,458	2%	Contractual Discounts	\$ (122,055,964)	\$ (119,954,281)	(2,101,683)	-2%	\$ (110,410,514)
10	(106,666)	(146,164)	39,498	27%	Bad Debt	66,590	(96,450)	163,040	169%	(656,647)
11	209,720	(29,860)	239,580	802%	Charity Care Provision	56,828	(127,150)	183,978	*	(211,034)
12	-	-	-	*	Prior Period Adj/Government Program Revenue	723,542	580,885	142,657	25%	-
13	\$ (24,156,475)	\$ (24,894,011)	737,536	-3%	Total Deductions from Revenue	\$ (121,209,004)	\$ (119,596,996)	(1,612,008)	1%	\$ (111,278,195)
Net Patient Service Revenue										
14	\$ 3,999,554	\$ 4,417,009	(417,455)	-9%	Other Op Rev & Electronic Health Records	\$ 444,867	\$ 464,030	(19,163)	-4%	\$ 453,340
15	\$ 102,893	\$ 92,806	10,087	11%	Total Operating Revenue	\$ 22,042,744	\$ 23,195,869	\$ (1,153,125)	-5%	\$ 20,088,891
16	\$ 4,102,447	\$ 4,509,815	(407,368)	-9%	Operating Expenses					
Operating Expenses										
17	\$ 1,959,289	\$ 2,057,671	98,382	5%	Salary and Wages and Agency Fees	\$ 10,096,575	\$ 10,196,597	100,023	1%	\$ 10,065,953
18	771,746	725,975	(45,771)	-6%	Employee Benefits	3,698,985	3,621,537	(77,448)	-2%	3,456,661
19	\$ 2,731,035	\$ 2,783,646	52,611	2%	Total People Cost	\$ 13,795,560	\$ 13,818,134	22,574	0%	\$ 13,522,614
20	\$ 567,236	\$ 636,871	69,635	11%	Med and Prof Fees (excl'd Agency)	\$ 2,836,827	\$ 3,119,807	282,980	9%	\$ 2,879,226
21	683,130	663,076	(20,054)	-3%	Supplies	3,455,936	3,160,273	(295,663)	-9%	3,330,452
22	563,672	476,453	(87,219)	-18%	Purchased Services	2,084,511	2,102,138	17,627	1%	2,163,585
23	539,719	272,967	(266,752)	-98%	Depreciation	2,216,946	1,544,835	(672,111)	-44%	1,274,430
24	136,391	174,119	37,728	22%	Utilities	753,821	895,596	141,775	16%	829,195
25	66,583	51,758	(14,825)	-29%	Insurance	349,511	333,789	(15,722)	-5%	282,842
26	49,503	32,094	(17,409)	-54%	Interest	263,138	190,470	(72,668)	-38%	174,930
27	93,013	102,646	9,633	9%	Other	510,926	559,732	48,806	9%	446,208
28	-	-	-	*	Matching Fees (Government Programs)	211,693	209,988	(1,705)	1%	0
29	\$ 5,430,282	\$ 5,193,630	(236,652)	-5%	Operating expenses	\$ 26,478,870	\$ 25,934,763	(544,107)	-2.1%	\$ 24,903,483
30	\$ (1,327,835)	\$ (683,815)	(644,020)	-94%	Operating Margin	\$ (4,436,127)	\$ (2,738,894)	(1,697,232)	-62%	\$ (4,814,592)

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

	Month			
	This Year		Variance	
	Actual	Budget	\$	%
31	\$ 3,662	\$ 4,744	(1,082)	-23%
32	-	-	-	0%
33	-	-	-	*
34	316,667	316,667	-	0%
35	-	-	-	0%
36	\$ 320,329	\$ 321,411	(1,082)	0%
37	\$ (1,007,506)	\$ (362,404)	(645,102)	-178%
38	\$ -	\$ -	-	0%
39	\$ 78,280	\$ 238,530	(160,250)	0%
40	\$ (929,226)	\$ (123,874)	(805,352)	-650%
41	175,187	158,829	16,358	10%
42	\$ (754,039)	\$ 34,955	(788,994)	2257%
	\$ (467,787)	\$ (89,437)	(378,350)	
	\$ (788,116)	\$ (410,848)	(377,268)	-92%

Non Operating Rev and Expense	
Miscellaneous Revenue/(Expenses)	
Donations	
Physician Practice Support-Prima	
Parcel Tax Assessment Rev	
Extraordinary Items	
Total Non-Operating Rev/Exp	
Net Income / (Loss) prior to Restricted Contributions	

	Year-To-Date				YTD
	This Year		Variance		Prior Year
	Actual	Budget	\$	%	
	\$ 101,575	\$ 23,664	77,911	*	\$ 13,408
	-	-	-	0%	-
	-	-	-	*	-
	1,583,335	1,583,335	-	0%	1,583,335
	-	-	-	0%	-
	\$ 1,684,910	\$ 1,606,999	77,911	5%	\$ 1,596,743
	\$ (2,751,217)	\$ (1,131,895)	(1,619,322)	-143%	\$ (3,217,848)
	\$ -	\$ -	-	0%	\$ -
	\$ 396,878	\$ 1,192,650	(795,772)	100%	\$ 1,087,675
	\$ (2,354,339)	\$ 60,755	(2,415,094)	*	\$ (2,130,173)
	871,167	794,145	77,022	10%	792,748
	\$ (1,483,172)	\$ 854,900	(2,338,072)	*	\$ (1,337,426)
	\$ (534,271)	\$ 412,940	(947,211)		\$ (1,943,418)
	\$ (2,219,180)	\$ (1,194,059)	(1,025,121)	-86%	\$ (3,540,161)

Capital Campaign Contribution	
Restricted Foundation Contributions	
Net Income / (Loss) w/ Restricted Contributions	
GO Bond Activity, Net	
Net Income/(Loss) w GO Bond Activity	
EBDA - Not including Restricted Contributions	
Operating EBDA - Not including Restricted Contributions	

**Sonoma Valley Health Care District
FY24 Trended Income Statement
For the Period Ended November 30, 2023**

ATTACHMENT E

	July	August	September	October	November	FY24 YTD
1 Acute Discharges	58	67	69	82	73	349
2 Patient Days	235	286	252	291	278	1,342
3 Observation Days	17	17	20	20	28	102
4 Gross O/P Revenue (000's)	\$ 22,427	\$ 23,002	\$ 20,977	\$ 22,806	\$ 21,941	\$ 111,152
Gross Patient Revenue						
5 Inpatient	\$ 5,270,930	\$ 6,185,291	\$ 7,042,659	\$ 6,940,541	\$ 6,215,214	\$ 31,654,635
6 Outpatient	13,362,380	14,480,581	12,732,428	14,061,243	14,065,738	68,702,370
7 Emergency	9,064,276	8,521,398	8,244,129	8,744,996	7,875,077	42,449,876
8 Total Gross Patient Revenue	\$ 27,697,586	\$ 29,187,271	\$ 28,019,216	\$ 29,746,780	\$ 28,156,029	\$ 142,806,882
Deductions from Revenue						
9 Contractual Discounts	(23,186,323)	(24,519,220)	(23,700,704)	(25,666,646)	(24,259,529)	(121,332,422)
10 Bad Debt	(100,000)	(150,286)	(150,000)	(150,000)	(106,666)	(656,952)
11 Charity Care Provision	(164,591)	(109,767)	(5,598)	127,064	209,720	56,828
12 Prior Period Adj./Government Program Rev	-	-	-	723,542	-	723,542
13 Total Deductions from Revenue	\$ (23,450,914)	\$ (24,779,273)	\$ (23,856,302)	\$ (24,966,040)	\$ (24,156,475)	\$ (121,209,004)
14 Net Patient Service Revenue	\$ 4,246,672	\$ 4,407,997	\$ 4,162,914	\$ 4,780,740	\$ 3,999,554	\$ 21,597,877
15 Other Op Rev & Electronic Health Records	\$ 85,509	\$ 87,480	\$ 84,028	\$ 84,957	\$ 102,893	\$ 444,867
16 Total Operating Revenue	\$ 4,332,181	\$ 4,495,477	\$ 4,246,942	\$ 4,865,697	\$ 4,102,447	\$ 22,042,744
Operating Expenses						
17 Salary and Wages and Agency Fees	\$ 1,945,424	\$ 2,110,281	\$ 1,945,277	\$ 2,136,304	\$ 1,959,289	\$ 10,096,575
18 Employee Benefits	735,985	707,955	744,685	738,614	771,746	3,698,985
19 Total People Cost	\$ 2,681,409	\$ 2,818,236	\$ 2,689,962	\$ 2,874,918	\$ 2,731,035	\$ 13,795,560
20 Med and Prof Fees (excl Agency)	\$ 557,320	\$ 599,056	\$ 541,334	\$ 571,881	\$ 567,236	\$ 2,836,827
21 Supplies	460,649	762,524	752,597	797,037	683,130	3,455,936
22 Purchased Services	305,875	410,360	431,618	372,986	563,672	2,084,511
23 Depreciation	240,214	238,993	501,633	696,387	539,719	2,216,946
24 Utilities	157,932	159,965	197,864	101,670	136,391	753,821
25 Insurance	66,583	81,160	66,697	68,488	66,583	349,511
26 Interest	42,598	43,202	71,611	56,224	49,503	263,138
27 Other	66,641	123,963	111,361	115,949	93,013	510,926
28 Matching Fees (Government Programs)	-	-	-	211,693	-	211,693
29 Operating expenses	\$ 4,579,220	\$ 5,237,458	\$ 5,364,677	\$ 5,867,233	\$ 5,430,282	\$ 26,478,870
30 Operating Margin	\$ (247,039)	\$ (741,982)	\$ (1,117,735)	\$ (1,001,536)	\$ (1,327,835)	\$ (4,436,127)
Non Operating Rev and Expense						
31 Miscellaneous Revenue/(Expenses)	\$ 27,167	\$ 15,794	\$ 12,459	\$ 42,493	\$ 3,662	\$ 101,575
32 Donations	-	-	-	-	-	-
33 Physician Practice Support-Prima	-	-	-	-	-	-
34 Parcel Tax Assessment Rev	316,667	316,667	316,667	316,667	316,667	1,583,335
35 Extraordinary Items	-	-	-	-	-	-
36 Total Non-Operating Rev/Exp	\$ 343,834	\$ 332,461	\$ 329,126	\$ 359,160	\$ 320,329	\$ 1,684,910
37 Net Income / (Loss) prior to Rest. Cont.	\$ 96,795	\$ (409,521)	\$ (788,609)	\$ (642,376)	\$ (1,007,506)	\$ (2,751,217)
38 Capital Campaign Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39 Restricted Foundation Contributions	1,638	103,076	213,884	-	78,280	396,878
40 Net Income / (Loss) w/ Rest. Cont.	\$ 98,433	\$ (306,445)	\$ (574,725)	\$ (642,376)	\$ (929,226)	\$ (2,354,339)
41 GO Bond Activity, Net	170,419	175,187	175,187	175,187	175,187	871,167
42 Net Income/(Loss) w GO Bond Activity	\$ 268,852	\$ (131,258)	\$ (399,538)	\$ (467,189)	\$ (754,039)	\$ (1,483,172)
EBDA - Not including Restricted Contributions	\$ 337,009	\$ (170,528)	\$ (286,976)	\$ 54,011	\$ (467,787)	\$ (534,271)
Operating EBDA	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (305,149)	\$ (788,116)	\$ (2,219,180)
Operating EBDA excl IGT	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (816,998)	\$ (788,116)	\$ (2,731,029)

Sonoma Valley Hospital
Cash Forecast
FY 2024

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Forecast Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources													
1 Patient Payments Collected	3,964,672	4,421,352	3,469,614	4,656,688	4,673,049	4,485,423	4,575,840	4,575,840	4,575,840	4,575,840	4,575,840	4,575,840	53,125,839
2 Other Operating Revenue	26,197	172,302	37,453	95,192	283,068	40,390	43,299	100,254	65,455	150,750	228,646	115,291	1,358,296
3 Other Non-Operating Revenue	42,960	4,386	10,108	43,877	12,352	7,800	7,800	7,800	7,800	7,800	7,800	7,800	168,283
4 Unrestricted Contributions		1,250	861	2,651	7,716								12,478
5 Line of Credit													-
Sub-Total Hospital Sources	4,033,829	4,599,290	3,518,037	4,798,408	4,976,185	4,533,613	4,626,939	4,683,894	4,649,095	4,734,390	4,812,286	4,698,931	54,664,897
Hospital Uses of Cash													
6 Operating Expenses	5,152,114	5,121,241	4,128,841	4,998,884	5,056,542	4,881,548	4,984,096	4,828,418	5,073,479	4,946,353	5,034,948	4,814,191	59,020,655
7 Add Capital Lease Payments	64,932	65,051	389,160	194,558	370,013								1,083,714
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 Line of Credit Paydown								3,100,000					3,100,000
11 Capital Expenditures	157,689	152,213	177,157	27,616	116,996	-	1,795,430	425,000	1,370,430	-	1,120,430	452,527	5,795,488
Total Hospital Uses	5,405,567	5,369,338	4,725,991	5,251,892	5,574,384	4,912,381	6,810,359	8,384,251	7,083,229	4,977,186	6,186,211	5,297,551	69,978,339
Net Hospital Sources/Uses of Cash	(1,371,738)	(770,048)	(1,207,954)	(453,483)	(598,199)	(378,768)	(2,183,420)	(3,700,357)	(2,434,135)	(242,796)	(1,373,926)	(598,620)	(15,313,443)
Non-Hospital Sources													
12 Restricted Cash/Money Market	500,000	500,000	750,000	1,250,000		500,000	(3,000,000)						500,000
13 Restricted Capital Donations	1,638	101,826	213,023	6,249	85,272		520,430		520,430		520,430	258,577	2,227,875
14 Parcel Tax Revenue	179,984					2,100,000				1,520,016			3,800,000
15 Other Payments							1,100,000	400,000					1,500,000
16 Other:													-
17 IGT					684,280				4,716,000	820,933		41,568	6,262,781
18 IGT - AB915										227,253			227,253
19 QIP				39,262									39,262
20 Distressed Hospital Loan Program							3,100,000						
Sub-Total Non-Hospital Sources	681,622	601,826	963,023	1,295,511	769,552	2,600,000	1,720,430	400,000	5,236,430	2,568,202	520,430	300,145	14,557,170
Non-Hospital Uses of Cash													
21 Matching Fees				211,693			2,168,000	240,898	-	-	20,784		2,641,375
Sub-Total Non-Hospital Uses of Cash	-	-	-	211,693	-	-	2,168,000	240,898	-	-	20,784	-	2,641,375
Net Non-Hospital Sources/Uses of Cash	681,622	601,826	963,023	1,083,818	769,552	2,600,000	(447,570)	159,102	5,236,430	2,568,202	499,646	300,145	11,915,795
Net Sources/Uses	(690,116)	(168,222)	(244,931)	630,334	171,352	2,221,232	(2,630,990)	(3,541,255)	2,802,295	2,325,406	(874,280)	(298,475)	
Operating Cash at beginning of period	1,469,233	779,117	610,895	365,964	996,299	1,167,651	3,388,883	757,894	(2,783,361)	18,934	2,344,340	1,470,061	
Operating Cash at End of Period	779,117	610,895	365,964	996,299	1,167,651	3,388,883	757,894	(2,783,361)	18,934	2,344,340	1,470,061	1,171,585	
Money Market Account - Undesignated	4,604,866	4,105,982	3,356,852	2,106,852	2,106,852	1,606,852	4,606,852	4,606,852	4,606,852	4,606,852	4,606,852	4,606,852	
Total Cash at End of Period	5,383,983	4,716,877	3,722,817	3,103,151	3,274,503	4,995,736	5,364,746	1,823,491	4,625,787	6,951,193	6,076,913	5,778,438	
Average Days of Cash on Hand	40.1	35.8	26.3	25.5	20.5								
Days of Cash on Hand at End of Month	39.7	33.3	25.6	21.9	20.9	35.3	37.9	12.9	32.7	49.1	42.9	40.8	

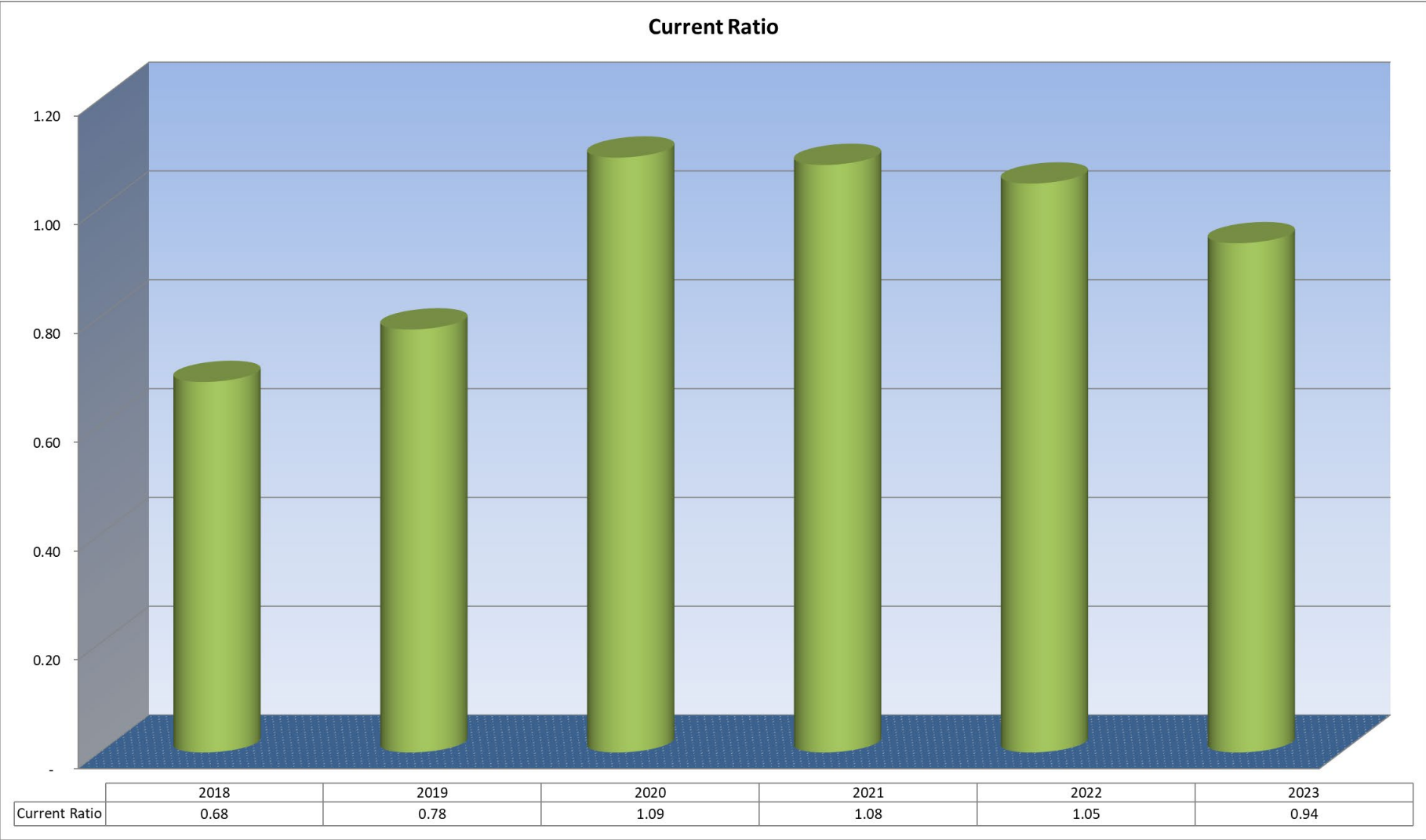
2024 Finance Committee Work Plan

January	February	March	April
<ul style="list-style-type: none"> ▪ November/December Financials ▪ Participate in Board Strategic Planning (Meeting?) (Document?) ▪ Line of Business Profile including Market Share and Profitability 	<ul style="list-style-type: none"> ▪ January Financials ▪ December Net AR Review ▪ Updated Strategic Plan ▪ Sonoma Valley Hospital Foundation Update 	<ul style="list-style-type: none"> ▪ February Financials ▪ FY 2025 Budget Assumptions ▪ Revenue Analysis / Profitability 	<ul style="list-style-type: none"> ▪ March Financials ▪ Review FY 2025 Budget & Assumptions ▪ Long Range Financial Plan, including Capital Spending and Sources of Funds
May	June	July	August
<ul style="list-style-type: none"> ▪ April Financials ▪ Review and Recommend for APPROVAL FY 2025 Budget 	No Meeting	<ul style="list-style-type: none"> ▪ May / June Financials ▪ Cash Flow Forecast ▪ Update on Board Strategic Plan 	<ul style="list-style-type: none"> ▪ July Financials ▪ Risk Management Review, including Cyber Security
September	October	November	December
<ul style="list-style-type: none"> ▪ August Financials ▪ SVH Systems Review 	<ul style="list-style-type: none"> ▪ September Financials ▪ Balance Sheet Review ▪ Debt Profile Review 	<ul style="list-style-type: none"> ▪ October Financials ▪ Revenue Analysis including Payor Mix and major Managed Care Agreements ▪ 2025 Finance Committee Work Plan 	No Meeting

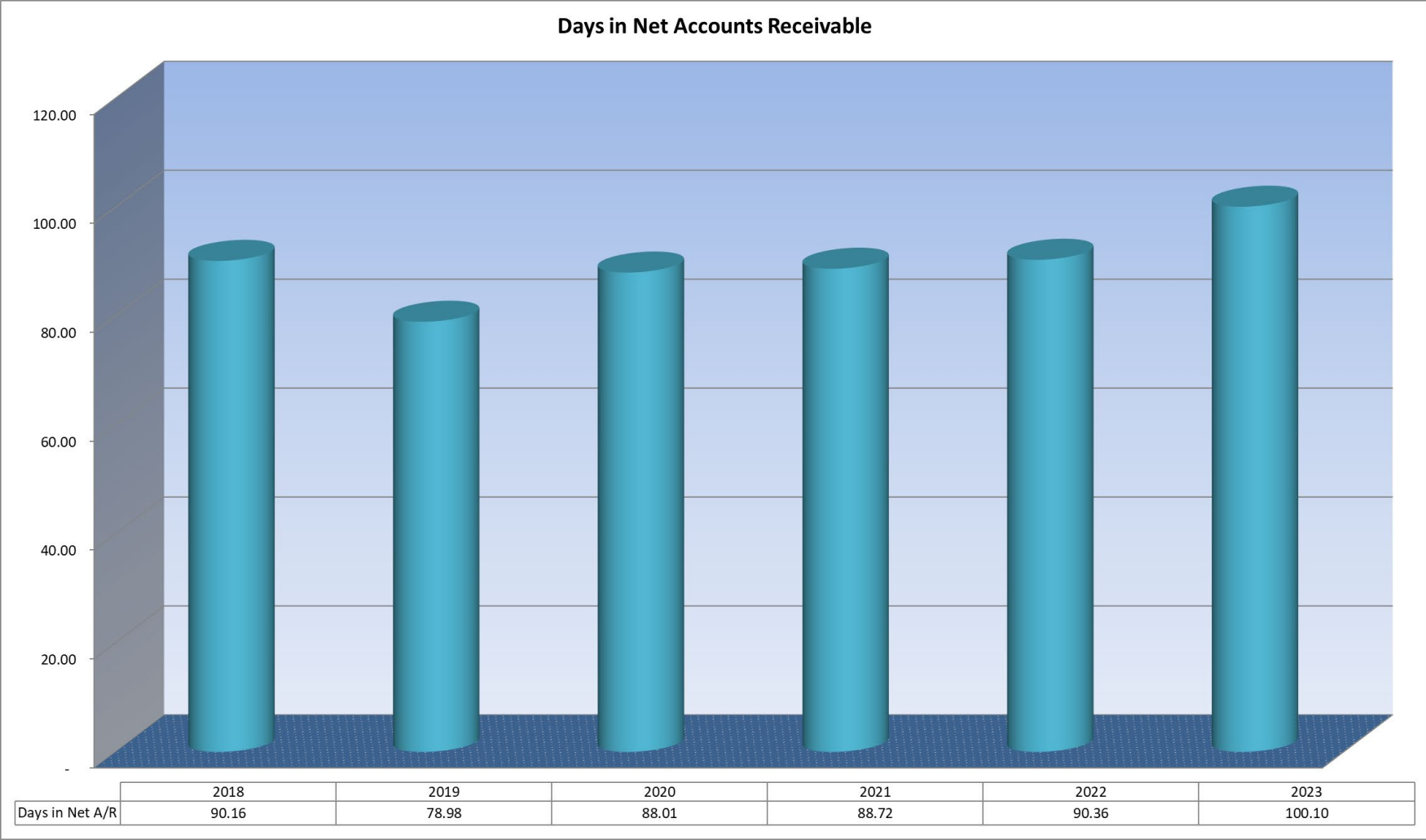
Meeting Topic Descriptions:

Budget Assumptions	followed by review of Budget - several months in advance of the Budget a review of key assumptions along with a comparison to the multiyear financial plan. This serves as an expectation setting for the budget process. The Budget would be submitted for review and recommendation to the Board in May.
Financial Statement Review	Routine periodic review of operations, as we do now, comparing current year with prior year and budget. This includes key financial indicators and ratios.
Capital Spending	and source of funds, i.e. Foundation - once a year an update on capital spending. Unless there are major changes - an annual review should suffice. If there are unique funding relationships, for example the Foundation or a dedicated debt issue, those should be included.
Long Range Financial Plan	Tied to Board Strategic Plan - continuation of this reporting is critical for planning and decision making
Cash Flow Forecast	Given our operating position a robust cash forecast with updates is critical. This may be good to do on a quarterly basis and based on Committee questions is of great interest.
Audit Review	
Risk Management and Insurance	A summary of our exposures along with a review of the adequacy of our insurance coverages. This is a schedule that once complete can be easily updated each year.
Balance Sheet Review	A Balance Sheet review describing the major categories and discussing variances and important aspects. This is the type of schedule that can be prepared once a year and somewhat easily updated each year. This can be done as either part of the Budget presentation or with the Audit.
Debt Profile & Review	
Line of Business Profile including Market Share and Profitability	This is a critical analysis as we prioritize our spending. I am not sure if we have the systems to complete such a review, so some of this may not be possible. Just starting with Inpatient, Outpatient and SNF would be a great start. I understand the State of California has some data collection that would be critical in analyzing our market share and where our target market is receiving their health care. I would hope we could access this information through our UCSF affiliation.
Revenue Analysis including Payor Mix and major Managed Care Agreements	The SHV operates with an unusual net revenue yield - with a high deduction from revenue percentage. An in depth review of how SVH bills and the contractual considerations in the determination of Net Revenue would be helpful. Epic will give us better insight.
SVH Systems Review	Overview / walkthrough of the key (computer) systems utilized by the hospital for administration, operations and clinical care. Do these systems have the proper 'controls' in place? Are any systems at end of life? (e.g. Revenue Management Systems, Patient Care Systems, etc.)

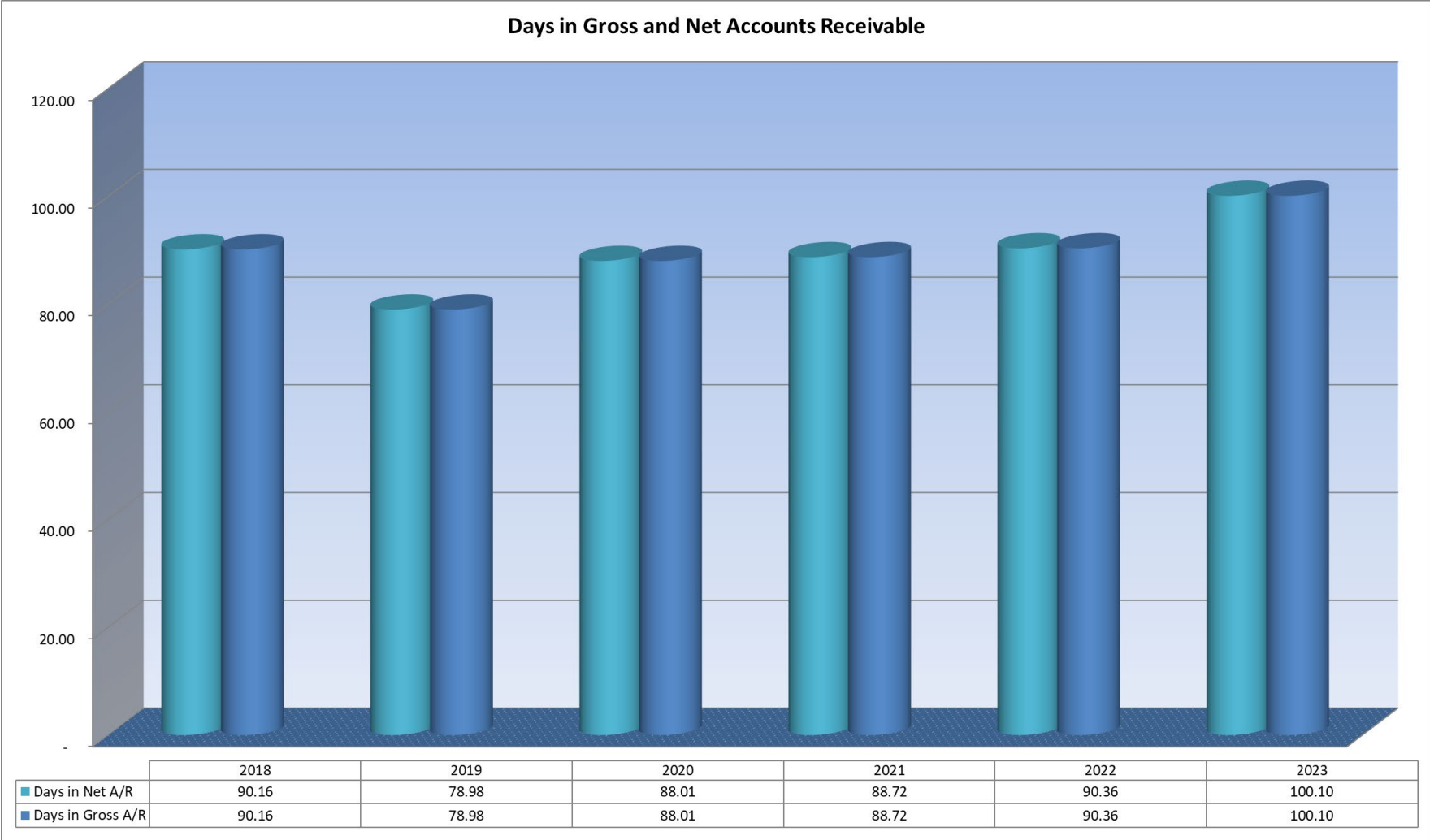
Financial Ratio Trends



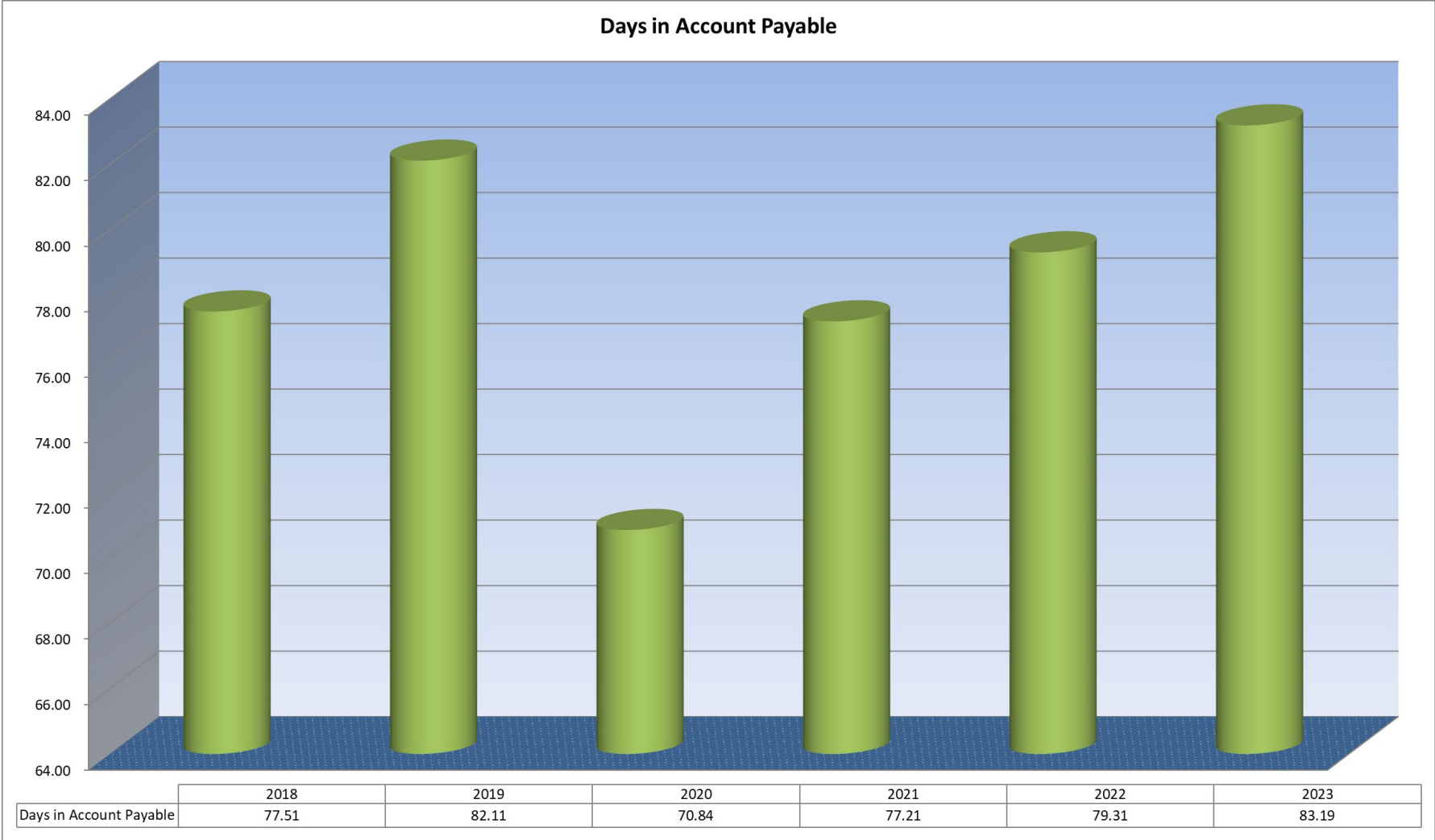
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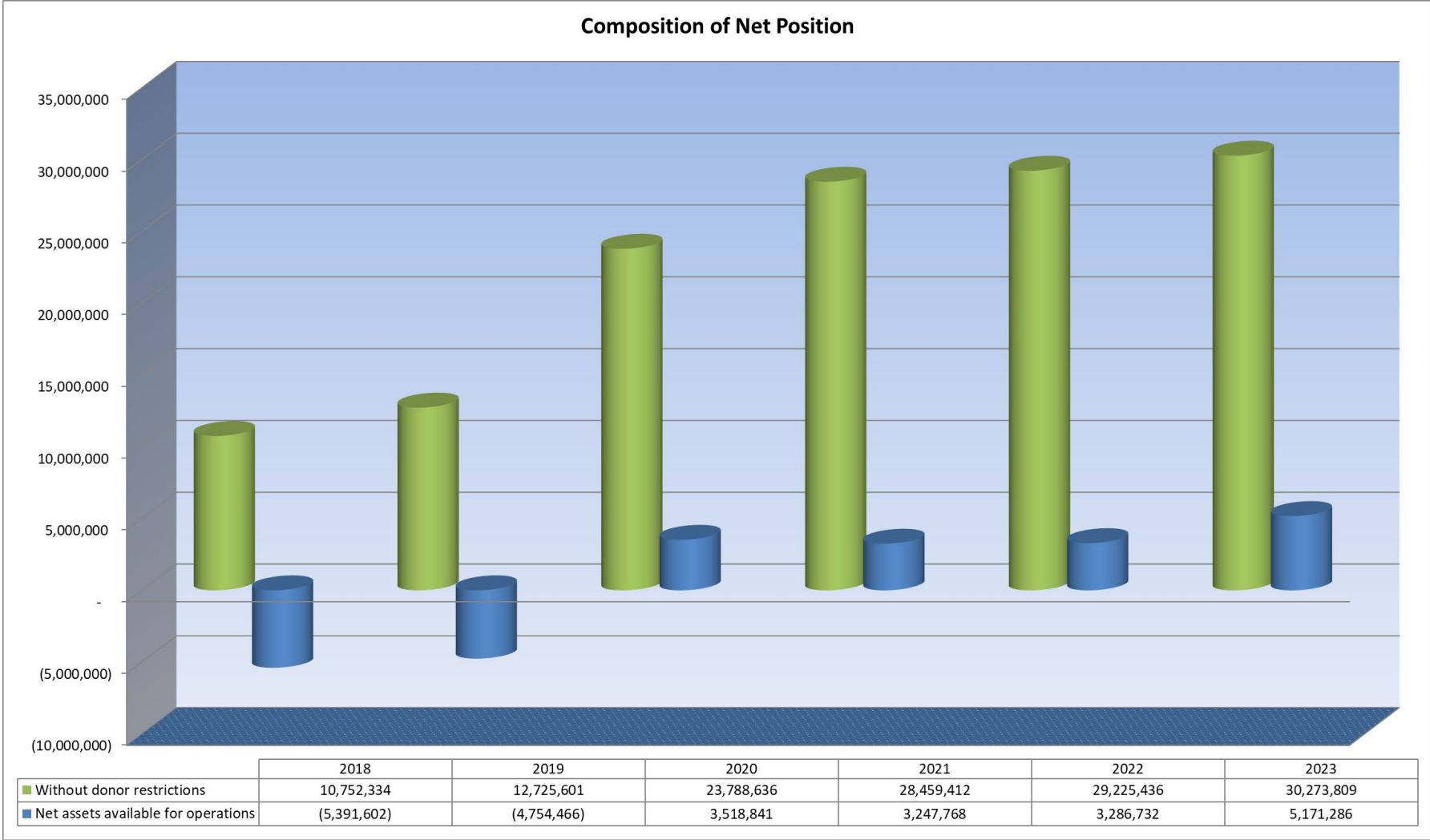
Financial Ratio Trends



Financial Ratio Trends



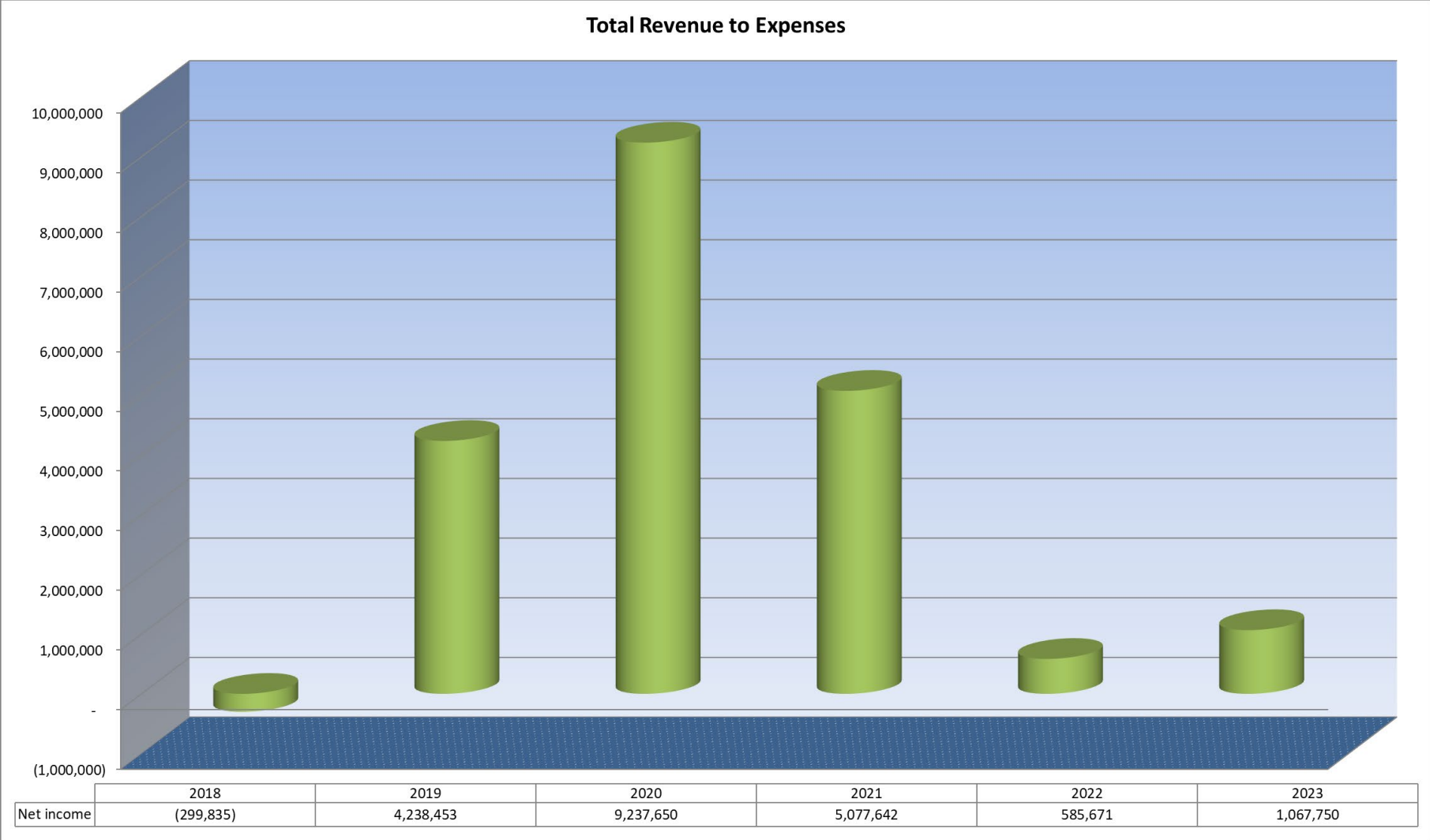
Financial Ratio Trends



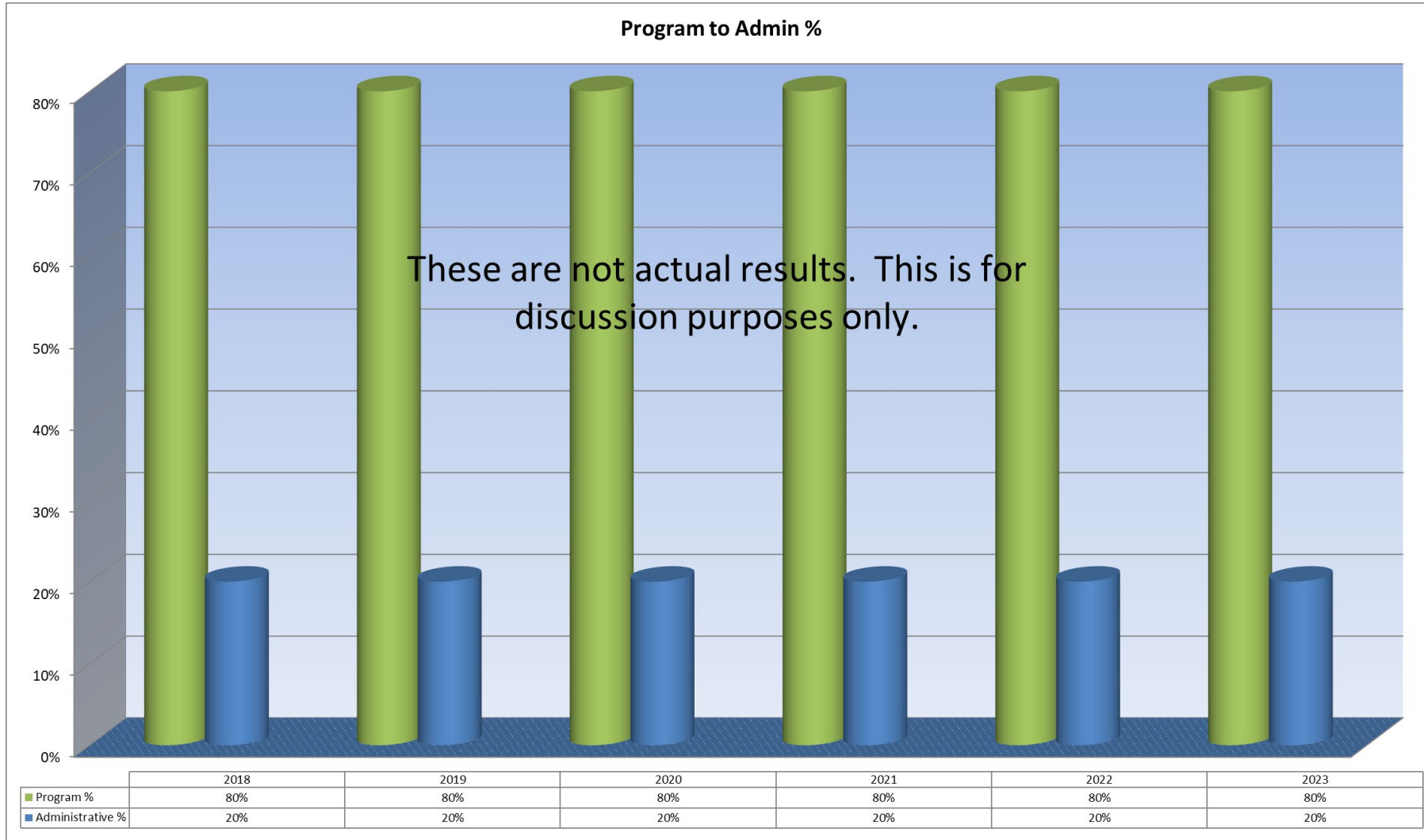
Financial Ratio Trends



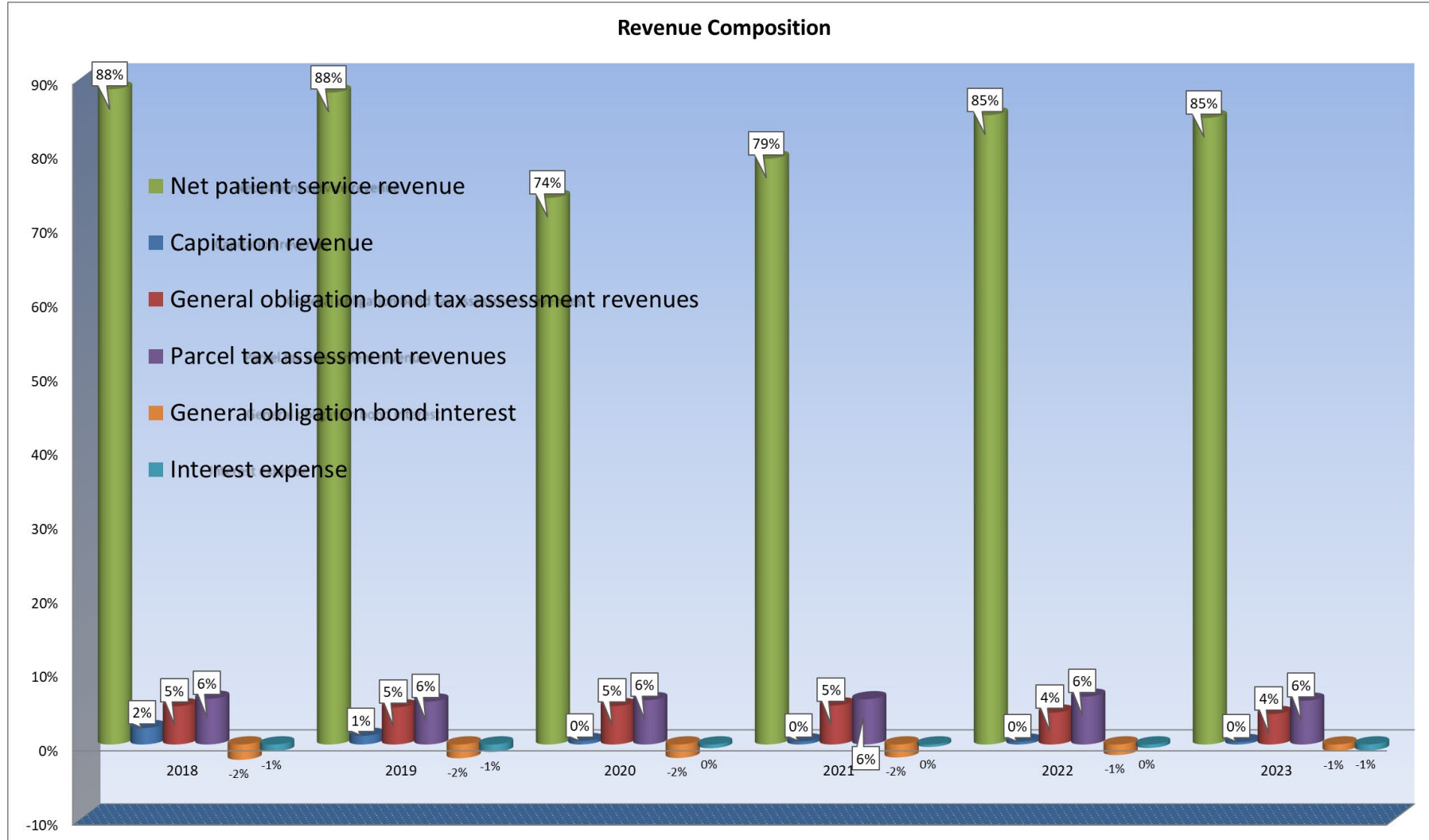
Financial Ratio Trends



Financial Ratio Trends



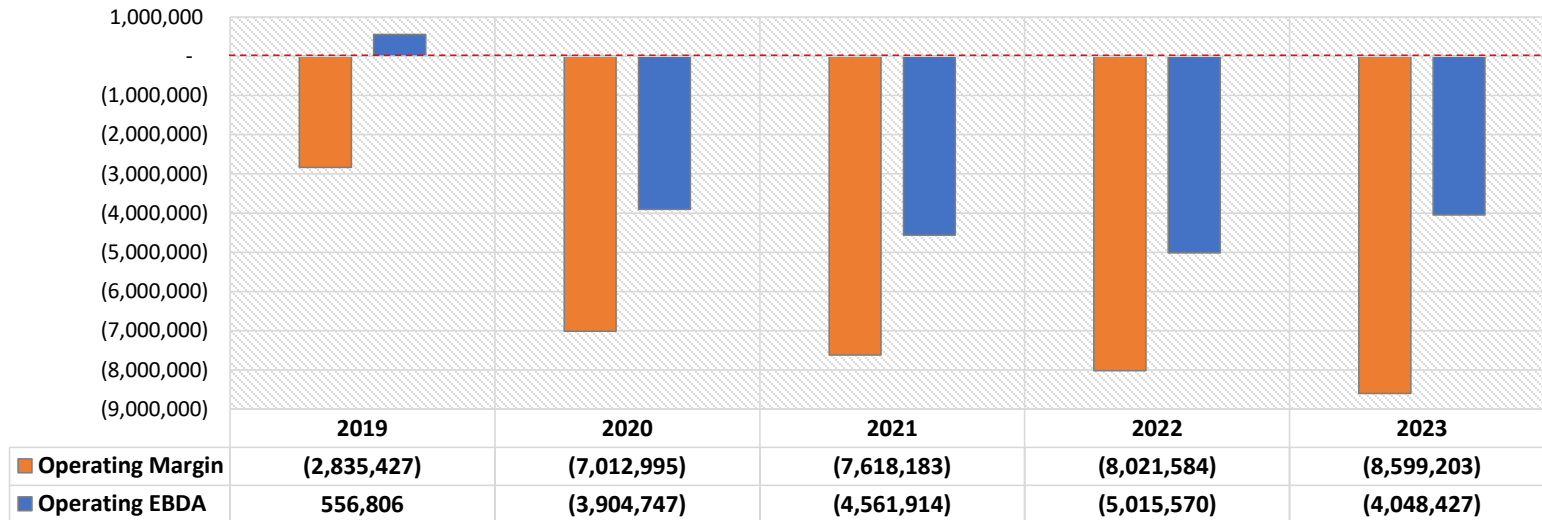
Financial Ratio Trends



SVHCD Audited Operating Margin & Operating EBDA | FYE 2019 - FYE 2023

Margin	2019	2020	2021	2022	2023
Operating Margin	(2,835,427)	(7,012,995)	(7,618,183)	(8,021,584)	(8,599,203)
Depreciation	3,392,233	3,108,248	3,056,269	3,006,014	4,550,776
Operating EBDA	556,806	(3,904,747)	(4,561,914)	(5,015,570)	(4,048,427)

SVHCD Audited Operating Margin & Operating EBDA | 2019 - 2023



SVHCD Audited Operating Revenues vs. Operating Expenses (excl Depr) | 2019 - 2023

