



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

AGENDA

**THURSDAY, FEBRUARY 1, 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/92887307934>

Meeting ID: 928 8730 7934

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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>CLOSED SESSION <u>Calif. Government Code § 54957 Public Employment:</u> Analysis of Issues Involving Transition Arrangements with a Specific Employee</p>			
1. CALL TO ORDER	<i>Bjorndal</i>		
2. REPORT ON CLOSED SESSION	<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>			
4. BOARD CHAIR COMMENTS	<i>Bjorndal</i>		

5. CONSENT CALENDAR a. Board Minutes – 01.07.24 b. Finance Committee Minutes – 12.19.23 c. Quality Committee Minutes – 12.06.23 d. Governance Committee Minutes – 08.16.23 e. Medical Staff Credentialing f. Policies and Procedures	<i>Bjorndal</i>	Action	Pages 3-26
6. REPORT ON BOARD RETREAT	<i>Bjorndal</i>	Inform	
7. PATIENT CARE SERVICES ANNUAL REPORT	<i>J. Winkler</i>	Inform	Pages 27-44
8. FINANCE COMMITTEE QUARTERLY REPORT	<i>Boerum</i>	Inform	
9. US BANK EXTENSION	<i>Armfield</i>	Action	Pages 45-46
10. CEO REPORT	<i>Hennelly</i>	Inform	Pages 47-50
11. ODC UPDATE	<i>Hennelly/ Drummond</i>	Inform	
12. CMO UPDATE	<i>Sankaran</i>	Inform	Pages 51-55
13. FINANCIALS FOR MONTH END DECEMBER 2023	<i>Armfield</i>	Inform	Pages 56-67
14. COMMITTEE UPDATES <ul style="list-style-type: none"> • Audit Committee: 2024 Work Plan Audit Committee Charter • Governance Committee 2024 Work Plan Committee Charters/Charter Templates • Finance Committee New Member – Dennis Bloch 	<i>Bjorndal</i> <i>Boerum</i> <i>Kornblatt Idell</i> <i>Boerum</i>	 Action Action Action	Pages 68-76
15. BOARD COMMENTS		Inform	
16. ADJOURN	<i>Bjorndal</i>		

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



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

MINUTES

THURSDAY, JANUARY 4, 2024

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

	RECOMMENDATION	
SONOMA VALLEY HOSPITAL BOARD MEMBERS 1. Judith Bjorndal, MD, Chair, Present 2. Susan Kornblatt Idell, First Vice Chair, 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 5:59 p.m.		
2. PUBLIC COMMENT		
None		
3. BOARD CHAIR COMMENTS	<i>Bjorndal</i>	
Dr. Bjorndal spoke about the upcoming offsite retreat to discuss the Board self-assessment and the recruitment of new Board members.		
4. CONSENT CALENDAR	<i>Bjorndal</i>	Action
a. Board Minutes 12.07.23 b. Finance Committee Minutes 11.28.23 c. Quality Committee Minutes 10.25.23 d. Medical Staff Credentialing e. Policy and Procedures		MOTION: by Boerum to approve, 2 nd by Kornblatt Idell . All in favor.
5. VALLEY OF THE MOON READMISSION DATA UPDATE	<i>K. Cooper</i>	Inform
Kylie Cooper, Director of Quality and Risk, presented a clarification of the readmission data that Valley of the Moon reported at the last meeting. She reported that the readmission rate for the past 12 months was at 6%, which was much lower than what Vally of the Moon presented. The data only includes Medicare readmissions. Ms. Cooper noted that there is a scheduled meeting with Valley of the Moon leadership to discuss the data.		
6. BOARD MEMBER COMMITTEE ASSIGNMENTS	<i>Bjorndal</i>	Action
Dr. Bjorndal announced the following committee assignments: Affiliation Oversight Committee – Chair Dr. Bjorndal Vice Chair Ms. Myatt Lee Audit Committee – Chair, Mr. Boerum Vice Chair, Ms. Myatt Lee Finance Committee – Chair, Mr. Boerum Vice Chair, Ms. Myatt Lee		MOTION to approve the committee assignments of by Kornblatt Idell 2 nd by Boerum All in favor.

<p>Governance Committee – Chair, Ms. Kornblatt Idell, Vice Chair Mr. Boerum Quality Committee – Chair, Ms. Kornblatt Idell, Vice Chair Ms. Kalos</p> <p>Mr. Boerum raised the issue that per the Bylaws the Board Chair is the Chair of the Audit Committee. He recommended that a delegation of the responsibility be made to make a different Chair for the Audit committee. Recommendation to review the Bylaws by the Governance Committee. This will be to ensure that the Bylaws align with current meeting practices.</p>		<p>MOTION to approve the delegation of the Audit Committee Chair role to Mr. Boerum by Dr. Bjorndal 2nd by Myat Lee. All in favor.</p>
<p>7. QUALITY COMMITTEE QUARTERLY REPORT</p>	<i>Kornblatt Idell</i>	Inform
<p>Ms. Kornblatt Idell gave an overview of the key metrics that are measures and reported monthly to the Quality Committee.</p>		
<p>8. AGE FRIENDLY HEALTH SYSTEM</p>	<i>J. Taylor/ B. Spear</i>	Inform
<p>Jane Taylor, Director of Patient Care Services, presented the Age Friendly Health System in the in-patient setting. The AFHS covers the four M's – What Matters, Medication, Mentation, and Mobility. The four M's will be focused and measured on in the in-patient setting. The hospital is currently a level one Age Friendly participant. After three months of data collection the hospital will be able to submit to the IHI to become a recognized member of the Age Friendly Health System. Becky Spear, Geriatric Nurse Practitioner, spoke about the strides that the hospital has made in improving geriatric in-patient care. She spoke about the ways to measure the three M's in patient care. Ms. Kornblatt Idell asked about a future to expand the program to the rest of the hospital. Ms. Spear said the goal is to expand into the emergency department and become a recognized geriatric ED. Integration into other departments will be nuanced to each department. Likely with basic principles being used in all hospital settings. Ms. Myatt Lee suggested that the Age Friendly information be added to the website. Mr. Boerum recommended getting a press release out on the Age Friendly Health System.</p>		
<p>9. SEISMIC UPDATE</p>	<i>Hennelly</i>	Inform
<p>Mr. Hennelly reported that the hospital completed a submission of non-construction to the state last month. The hospital is currently compliant with the state requirements.</p>		
<p>10. ICU PROJECT UPDATE</p>	<i>Hennelly</i>	Inform/Action
<p>Mr. Hennelly had nothing to report on the project.</p>		MOTION by
<p>11. CEO REPORT</p>	<i>Hennelly</i>	Inform

<p>Mr. Hennelly reported that the permanent CT placement construction is ongoing and on track. The temporary MRI project has no major variances to the current plan. PT project is in the planning stages and fundraising is going well at 50% of the goal. Insurance negotiations continue. The deadline has been extended to the end of February with a goal of coming to terms with Anthem. The master facility planning is focused on seismic. An RFP will go out in the next quarter for the master plan.</p>		
12. CMO REPORT	<i>Sankaran</i>	Inform
<p>Dr. Sankaran was not present. Dr. Bjorndal asked about the rounding revamp and what is currently done. Mr. Hennelly responded with the status of inpatient rounding and how it will be revised.</p>		
13. FINANCIALS FOR MONTH END DECEMBER 2023	<i>Armfield</i>	Inform
<p>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.</p>		
14. COMMITTEE UPDATES	<i>Bjorndal</i>	Inform/Action
<ul style="list-style-type: none"> <p>Finance Committee: Finance Committee 2024 Work Plan- Mr. Boerum presented the FC 2024 work plan. The Finance Committee recommended the work plan for approval by the Board. Review of 2023 Audit Statements – Mr. Boerum spoke about 2023 audit statements previously presented. Financial Performance Charts – Audit Report – Mr. Boerum reviewed the charts that were included in the Audit presentation, but not included in the packet for the Board. He reviewed data and graphs that Mr. Armfield created. This show audited operating margin and operating EBDA for 2019-2023 and the audited operating revenues vs. operating expenses 2019-2023 Extension of the Line of Credit- Mr. Armfield spoke about the current line of credit with US Bank that terminates at the end of January. Due diligence has been ongoing in meeting with other banks as well as US Bank. It has been identified that the best interest of the district would be to</p> 	<p><i>Boerum</i></p> <p><i>Boerum</i> <i>Boerum</i> <i>Armfield/Boerum</i> <i>Boerum</i> <i>Boerum</i></p>	<p>MOTION to approve the FC 2024 work plan by Boerum 2nd by Kornblatt Idell. All in favor.</p> <p>MOTION to approve an extension of the line of credit by Boerum 2nd</p>

<p>remain with US Bank. US Bank is committed to a renewal and terms are currently being worked out. While the terms are being completed, Mr. Armfield recommended extending the agreement with the same terms for sixty days (March 31, 2024). The Finance Committee approved the extension recommendation.</p> <ul style="list-style-type: none"> • Audit Committee Update- Mr. Boerum reported that the committee will meet January 9th to review the charter, a new audit firm and the 2024 work plan. • Governance Committee Update – Mr. Boerum reported that Ms. Kornblatt Idell will be taking over as chair. 		<p>by Kornblatt Idell. All in favor.</p>
<p>18. BOARD COMMENTS</p>	<p><i>Board Members</i></p>	<p>Inform</p>
<p>Mr. Boerum reported that Peter Hohorst has resigned from the Finance Committee. He thanked Mr. Hohorst for his dedication and contribution to the Board, Finance Committee, and the hospital. Mr. Boerum reported that the Chamber will be having the State of the Valley meeting tomorrow and encouraged attendance. Mr. Boerum spoke about a personal experience with Epic and how it positively impacted a physician visit.</p>		
<p>19. ADJOURN</p>	<p><i>Chair</i></p>	
<p>Adjourned at 7:04p.m.</p>		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
December 6, 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 Judith Bjorndal, MD Howard Eisenstark, MD Ingrid Sheets, EdD, MS, RN		Michael Mainardi, MD Kathy Beebe, RN PhD	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 Jane Taylor, RN, Director of Patient Care Services David Young, Director of Imaging John Hennelly, CEO Sujatha Sankaran, MD Chief Medical Officer Stacey Finn, Medical Staff Manager David Chambers, community member

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

	<p>Meeting called to order at 5:00 pm.</p> <p>Ms. Kornblatt Idell reported the resignation of the Board Clerk. Ms. Finn will be filling in until a permanent replacement is found. She also reported that workplace violence will be presented at next month's meeting.</p> <p>Ms. Kornblatt Idell spoke about how the Board of Directors values the input from community, staff and committee members. She said input is critical to fulfilling our healthcare mission. To continue with ongoing community engagement the January meeting will be held in person at the Hospital. There will remain a Zoom option for staff and community members.</p>	
2. PUBLIC COMMENT	<i>Kornblatt Idell</i>	
	None	
3. CONSENT CALENDAR	<i>Kornblatt Idell</i>	ACTION
<ul style="list-style-type: none"> QC Minutes 10.25.23 		MOTION: by Bjorndal to approve, 2 nd by Eisenstark. All in favor.
4. 2024 Quality Committee Work Plan	<i>Kornblatt Idell</i>	ACTION
	Ms. Kornblatt Idell presented the draft 2024 work plan.	MOTION: by Speizer to recommend approval by the Board, 2 nd by Eisenstark. All in favor.
5. IN PATIENT SERVICES QA/PI	<i>Taylor</i>	INFORM
	<p>Ms. Taylor presented In Patient services QA/PI –</p> <p>The key topics in the quality assurance plan were:</p> <ul style="list-style-type: none"> Nursing plan of care- compliance reported at 86.7% Antibiotic Administration – compliance reported at 92.66% Surgical Drain Removal – compliance reported at 100%. This metric will be replaced with hand hygiene in 2024. 	

	<ul style="list-style-type: none"> Respiratory Medication – compliance reported at 89.1% <p>In 2024 the focus for QA/PI will be:</p> <ul style="list-style-type: none"> Individualized care plans Nursing education upon discharge Hand Hygiene Patient mobility <p>Process improvements for 2024 Age friendly Health System – Geriatric 4 Ms project (What Matters, Medications, Mentation, and Mobility). Epic Optimization – new PI projects utilizing EPIC reports and data collection processes.</p>	
5. PATIENT CARE SERVICES DASHBOARD Q3	<i>Winkler</i>	INFORM
	<p>Ms. Winkler presented the quarter three patient care services dashboard.</p> <ul style="list-style-type: none"> Medication scanning rates met all the goals with the ED being the outlier. Quality Indicators (QAPI) 2023 met all the goals except for continuous observation for Psych patients in the ED. Drug administration – met the goals. Case Management – met the goals. Nursing turnover – met the goals. Patient Experience – All departments with the exception of the ED met the targets 	
6. IMAGING QA/PI	<i>Young</i>	INFORM
	<p>Mr. Young reported on the 2023 Quality measures for Imaging.</p> <ul style="list-style-type: none"> CT Tube Quality Control – Continues to have opportunities for improvement. Contrast Extravasation/Reactions met the goals except for the month of November. The fall out was related to two patients in one week with reactions. Wrong Site/Side – All of the months met the target except for November. 	

	<ul style="list-style-type: none"> • Repeat Analysis – All months were within the goal of <5%. • MRI Safety – All months met the goal. • CT Dose Tracking – All months met the goal. <p>The 2023 Performance Improvement goals were met.</p> <ul style="list-style-type: none"> • Stroke – Door to CT <25 min • Stroke – Door to Radiologists Report <45 min <p>CIHQ Quality measures were met.</p> <ul style="list-style-type: none"> • Contract Protocols • Albuterol Orders 	
<p>7. QUALITY INDICATORS PERFORMANCE & PLAN</p>	<p>Cooper</p>	
	<p>Ms. Cooper reported the metrics for October.</p> <p>Mortality – was at 1.3%, one death of a medically complicated patient.</p> <p>Pt Safety – There were no events, all targets met.</p> <p>Blood Products – Transfusion effectiveness had one fall out of the hemoglobin not being rechecked and one transfusion reaction.</p> <p>Readmission One readmission, which was an improvement on the previous month.</p> <p>Blood culture contamination showed improvement.</p> <p>CIHQ Stroke Certification measures were all met.</p> <p>Utilization Management – Average length of stay had a slight increase but remained improved.</p> <p>Core Measures – ED arrival to departure time showed significant improvement. This is directly related to the new ED physician group and their improved processes and engagement. The Outpatient CT w/in 45 minutes of arrival had one fall out. This was due to the initial clinical presentation not being a clear stroke.</p> <p>Sepsis Core Measures had one fall out because a Lactate was not ordered.</p>	

	<p>Infection Prevention - No hospital acquired infections. Hand hygiene continues to be worked on and is showing improvements.</p> <p>CIHQ corrective action plan – The hair clippers and pill crushers will fall off the monitoring because we have continuously met the target for six months. Continuous observation of high-risk patients continuously have opportunities for improvement.</p> <p>Patient Satisfaction – Mr. Winkler reviewed the various domains of in-patient and ambulatory satisfaction. Several showed higher scores than the state and national scores.</p> <p>Rate My Hospital Scores for October were 4.6 out of 5 stars for ED, In Patient was 4.88 out of 5. Medical Imaging was at 4.86. Hand and Physical Therapy was at 4.95. Outpatient surgery was at 4.89.</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"> Access to Medication when the Pharmacy is closed. Clinical nursing procedures Critical care transport Hoyer lift Labeling medications on and off sterile field Medication Reconciliation Medication shortages Pharmaceutical Representatives Post procedure instructions procedure Pregnant patients Rapid sequence intubation (RSI) kit Renal dosing Pharmacy protocol RETIRE – Antimicrobial Stewardship Monitoring Procedure RETIRE – MRI, patient preparation. REITRE – Scheduling biopsies procedure 	

	<p>RETIRE – Scribes in the Emergency Department Scheduling procedures</p> <p>The committee accepted all the policies as presented and recommended for Board approval.</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	Ms. Finn presented the Medical Staff Credentialing for review and approval.	MOTION: by Eisenstark to approve, 2nd by Speizer. All in favor.
9. ADJOURN.	<i>Kornblatt Idell</i>	
	Meeting adjourned at 6: 09p.m.	



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, DECEMBER 19, 2023
In Person at Sonoma Valley Hospital
347 Andrieux Street
and Via Zoom Teleconference

Present	Not Present/Excused	Staff	Public	
Bill Boerum in person Wendy Lee Myatt in person Bob Crane in person Subhash Mishra, MD, via Zoom Catherine Donahue, via Zoom	Peter Hohorst Ed Case Graham Smith Carl Gerlach	John Hennelly, CEO, in person Ben Armfield, CFO, in person Dawn Kuwahara, via Zoom	Judy Bjorndal, MD	
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>Boerum</i>	Action		
a. Finance Committee Minutes 11.28.23		MOTION: by Mr. Crane to approve, 2 nd by Ms. Donahue. All in favor		
4. FISCAL YEAR 2023 AUDIT STATEMENTS REVIEW	<i>Boerum/Armfield</i>	Inform		
	Mr. Boerum presented the approved audit report for the fiscal year 2023. He noted that no deficiencies were found during the audit.			

	<p>Discussion regarding the impact of depreciation in relation to the operating margin and the future state.</p> <p>Mr. Boerum will bring the review of the audit to the Board of Directors. This will include the charts of financial performance.</p>		
5. US BANK PROPOSAL UPDATE	<i>Armfield</i>	Inform/Action	
	<p>Mr. Armfield reported that after a meeting today with US Bank they have committed to continuing the relationship with the hospital. Because an agreement has not been finalized and likely will not be completed prior to the expiration of the agreement an extension will be necessary. The committee was in favor of recommending an extension to the agreement for sixty days (to March 31, 2024) to the Board. Mr. Boerum requested comparison terms and metrics for the current state vs what the bank is proposing.</p>	MOTION to recommend a sixty day extension agreement with US Bank by Mr. Crane 2 nd by Ms. Myatt Lee. All in favor.	
6. 2024 FINANCE COMMITTEE WORKPLAN	<i>Lee Myatt</i>		
	<p>Ms. Lee reported that representatives of the Audit Committee received the tasks recommended by Finance and will consider them at the Committee meeting in January.</p>		
7. ODC UPDATE	<i>Hennelly</i>	Inform	
	<p>Mr. Hennelly reported that there are no major items to update. The anticipation go live time frame for the MRI is the end of January.</p>		
8. FINANCIAL REPORT FOR MONTH END NOVEMBER 2023	<i>Armfield</i>	Inform	
	<p>Mr. Armfield reported that 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</p>		

	<p>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.</p> <p>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.</p>		
9. ADJOURN	<i>Boerum</i>		
	Meeting adjourned at 6:55 p.m.		



**SVHCD GOVERNANCE
COMMITTEE MEETING**

MINUTES

WEDNESDAY, AUGUST 16, 2023

Present	Not Present	Staff	Public	
Bill Boerum via Zoom Denise Kalos via Zoom Amy Jenkins via Zoom		Monique Crayton via Zoom		
AGENDA ITEM	DISCUSSION		ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Boerum</i>			
	Called to order at 6:09 p.m.			
2. PUBLIC COMMENT SECTION	<i>Boerum</i>			
	None			
3. CONSENT CALENDAR	<i>Boerum</i>		Action	
a. Minutes 03.15.23			MOTION: by Kalos, 2 nd by Boerum to approve 03.15.23 meeting minutes. All in favor.	
4. REVIEW BOARD RETREAT OBJECTIVES	<i>Boerum</i>		Inform	
	The Committee members discussed planning of the next Board of Director Retreat. Since the retreat will be specifically focused on strategy, the committee stated that it would be helpful for Administration to provide an updated interim report on strategy and implementation at the retreat. Administration will be advised of the committee’s recommendation so that they may plan accordingly.			Work with Board Chair and Administration to develop agenda for Board Retreat.

<p>5. GIFTS AND HONORIA: ENSURE CONFLICT OF INTEREST POLICY IS BEING ADHERED TO ACCORDING TO FORM 700.</p>	<p><i>Boerum</i></p>	<p>Action</p>	
	<p>Mr. Boerum requested that the Board Clerk follow-up with the Sonoma City Clerk’s office to determine if all SVH Board Members have completed and returned their Form 700 to the clerk’s office. Additionally, the committee discussed modifications to the current Gifts and Honoria Policy including synthesizing into a consolidated manner so that it is easier to follow. The topic will be revisited at the next committee meeting.</p>		<p>Staff will follow up with City Clerk’s office to determine status of Form 700. Gifts and Honoria Policy to be reviewed at the next committee meeting.</p>
<p>6. REVIEW P&P: MEMBERSHIP REQUIREMENT FOR BOARD COMMITTEES</p>	<p><i>Boerum</i></p>	<p>Inform/Action</p>	
	<p>The committee approved the following language change for the P&P: Membership Requirement for Board Committees.</p> <p><i>“Community members of advisory committees may serve up to four years with the option to be reappointed.”</i></p> <p>Staff will revise the policy language to reflect the noted change.</p>	<p>MOTION: by Kalos to approve the language change to the P&P: Membership Requirement for Board Committees, 2nd by Jenkins. All in favor.</p>	<p>Forward to Board for approval.</p>
<p>7. IDENTIFY POLICY AND PROCEDURES ITEMS NEEDING CYCLE REVIEW</p>	<p><i>Boerum</i></p>	<p>Inform</p>	
	<p>Review of the Gifts and Honoria P&P will be an agenda topic at the October committee meeting. Committee will begin developing a workplan for 2024 at that meeting as well.</p>		
<p>8. NEED FOR CEO ANNUAL ASSESSMENT IN BYLAWS/SUGGEST TEXT</p>	<p><i>Boerum</i></p>	<p>Inform/Action</p>	
	<p>The Committee proposed the following changes to the CEO Performance Review section of the By Laws:</p>		<p>Forward to Board for approval.</p>

	<p>Section 1. Chief Executive Officer</p> <p>The District employs or contracts with a President and CEO for the Hospital who acts on behalf of the District within the constraints of the Board Bylaws and Board Policies set by the Board.</p> <p>a. Roles and Responsibilities: The Board delegates to the President and CEO the authority to perform the following functions:</p> <ol style="list-style-type: none"> (1) Manage the District’s human, physical, financial, knowledge, and community good will resources in support of the District’s Mission to maintain, improve, and restore the health of everyone in our community (2) Manage the activities and resources of the Sonoma Valley Hospital (3) Ensure that the hospital complies with applicable laws, regulations, and standards (4) Provide supporting resources to the Board and its committees as requested (5) Support the operations of the Board by providing reports, general information, staff support, and other resources (6) Annually, create a draft update on the District’s rolling Three -Year Strategic Plan and the Budget 		
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	<p>(7) Promote awareness of the hospital, good will in the community, and philanthropic Support</p> <p>(8) Serve as the contact executive in affiliation agreements with other district hospitals, physician foundations, and other healthcare partners</p> <p>(9) Negotiate, sign, monitor, and terminate or renegotiate contracts</p> <p>(10) Sign checks to meet the District's financial obligations in accordance with Board Policy.</p> <p>(11) Execute and sign borrowing notes as authorized by the Board.</p> <p>(12) Discharge these functions in a positive, legal, and ethical fashion so as to bring respect to the District</p> <p>(13) Carry out directives from the Board</p> <p>b. <u>Performance Evaluation:</u> 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</p>		
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	<p>as close as possible to the anniversary date of the performance period and the end of the District’s fiscal year.</p> <p>The Committee consensus was to ask the Board at its next meeting to approve the proposed changes as presented.</p>		
9. ADJOURN TO OCTOBER 18TH.			
	Adjourned at 6:56 p.m.		

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: 01/25/2024 11:03 AM

Report Parameters

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

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 22

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
Admission and Discharge Criteria By Unit <i>Patient Care Policy</i>	Pending Approval	1/25/2024	0
<p>Summary Of Changes: Reviewed. no changes required.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Taylor, Jane (jtaylor)</p> <p>ExpertReviewers: 00 Clinical P&P multidisciplinary review, Medical Director-Patient Care Services</p> <p>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)</p>			
Antimicrobial Stewardship <i>Medication Management Policies (MM)</i>	Pending Approval	1/25/2024	0
<p>Summary Of Changes: Removed attachment from body of policy so that it is a separate attached document</p> <p>Moderators: Kutza, Chris (ckutza), Newman, Cindi (cnewman)</p> <p>Lead Authors: Kutza, Chris (ckutza)</p> <p>Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Attendance <i>Human Resources Policies (HR)</i>	Pending Approval	1/4/2024	21
<p>Summary Of Changes: Updated language to comply with California Paid Sick Leave (PSL) law: 1) Protected reasons for unscheduled absences; 2) an increase in the number of days an employee can be absent before requesting proof of physician care; 3) and only PAID sick leave is protected under law and not subject to disciplinary action - after 90 days of employment. Added taking an unscheduled absence when scheduled to work on a holiday could be grounds for additional corrective action. Added additional language regarding interaction with other leave laws and types of absences that are not subject to disciplinary action. Re-organization and language edits to improve clarity.</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 01/25/2024 11:03 AM

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

Moderators: Newman, Cindi (cnewman)
 Lead Authors: McKissock, Lynn (lmckissock)
 Approvers: Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)

Body Fluid Exposure Prophylaxis Kit Preparation 8390-06	Pending Approval	1/25/2024	0
<i>Pharmacy Dept</i>			

Summary Of Changes: Updated regimen to be prepared to remove Kaletra and add Tivicay per current guidelines. Removed embedded attachment and added new version as separate document attachment.

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)

Cancellation No Show	Pending Approval	1/25/2024	0
<i>Rehabilitation Services Dept</i>			

Summary Of Changes: Changes to policy reflect CMS guidance and attempt for an equitable method of compliance. Corrected draft for Speech therapy contact for in person scheduling will be at Hand and Physical Therapy clinic.

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)

Controlled Substance Management	Pending Approval	1/25/2024	0
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: Minor formatting changes. Corrected definition of CSOS to include only CII controlled substances. Updated verbiage in CSOS section to include revocation process. Updated DEA form 222 process references to reflect current version and process as required by the DEA. Updated annual inventory section to reflect the need to perform the inventory at a specific time of day. Updated requirement for inventory reconciliation to include other drugs as required by state law.

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)

CT Abdomen & Pelvis, Oral Preparation	Pending Approval	1/25/2024	0
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: Reviewed Policy, no content changes.
 Updated Authors and Reviewers, and abbreviations..

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

CT Scanner Quality Control	Pending Approval	1/25/2024	0
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: Reviewed Policy, no content changes.
 Updated Author and Reviewers, and abbreviation..

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 01/25/2024 11:03 AM

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

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

Discrepancy, Emergency Department and Radiologist <i>Diagnostic Services Dept Policies</i>	Pending Approval	1/25/2024	0
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Summary Of Changes: Reviewed Policy, no substantive changes made.
 Updated Owner, reviewers and authors and abbreviations..

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

Dosimetry <i>Diagnostic Services Dept Policies</i>	Pending Approval	1/25/2024	0
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Summary Of Changes: Removed references to Nuclear Medicine technologists since we don't have any anymore.
 Changed reference to physicists and physicist companies instead of specific companies.
 Updated timelines for badge reporting requirements.
 Updated owner, reviewers and authors.

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)

Gastrograffin Oral Prep for Adult ED patients <i>Diagnostic Services Dept Policies</i>	Pending Approval	1/25/2024	0
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Summary Of Changes: Reviewed Policy, no content changes
 Updated Authors and Approvers and abbreviation.

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)

Infection Control Water Management <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	1/25/2024	0
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Summary Of Changes: All current practices are up to date, added Revised date July 2019 in the header.
 Policy is reflecting current requirements. No changes made to policy itself.

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Montecino, Stephanie (smontecino)
 ExpertReviewers: 12-Safety Committee, Drummond, Kimberly (kdrummond), Lantican, Jhon (jlantican), Sankaran, Sujatha (ssankaran)
 Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

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: 01/25/2024 11:03 AM

Inspection of Nursing Units and Medication Storage Areas <i>Medication Management Policies (MM)</i>	Pending Approval	1/25/2024	0
Summary Of Changes:	Reviewed, no changes		
Moderators:	Kutza, Chris (ckutza), Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
ExpertReviewers:	Winkler, Jessica (jwinkler)		
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)		
Maintenance of Pharmacy Equipment <i>Pharmacy Dept</i>	Pending Approval	1/2/2024	23
Summary Of Changes:	Reviewed, no changes		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Paid Sick Leave <i>Human Resources Policies (HR)</i>	Pending Approval	1/4/2024	21
Summary Of Changes:	Updated in accordance with the updated California Healthy Workplaces, Healthy Family Act, effective January 1, 2024, which now provides for a minimum of 5 paid sick days or 40 hours per year, with a maximum accrual of 10 days or 80 hours, whichever is greater. Added paid sick leave (PSL) may run concurrently with other leaves under local, state, or federal law. Added the employee will not be discriminated or retaliated against for requesting or using PSL. Updated definitions of covered "family members" for clarity and consistency. Additional minor edits in language, punctuation, and formatting for clarity.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	McKissock, Lynn (lmckissock)		
Approvers:	Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Paid Time Off <i>Human Resources Policies (HR)</i>	Pending Approval	1/4/2024	21
Summary Of Changes:	Added quite of bit of language to better explain how SVH PTO program complies with (or exceeds) the requirements under California Paid Sick Leave law. Updated language to clarify appropriate uses of PTO. Added language to better explain how/when PTO accrues. Updated language regarding the Emergency PTO cash out request, replacing "catastrophic" with "hardship" Updated the PTO Accrual Tables to reflect the increase in paid sick days from 3 per year to 5.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	McKissock, Lynn (lmckissock)		
Approvers:	Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Preparation of Methotrexate IM Doses Using ChemoClave System Procedure <i>Pharmacy Dept</i>	Pending Approval	1/25/2024	0
Summary Of Changes:	Removed policy attachment from body of policy to be a separate document.		
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)		

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: 01/25/2024 11:03 AM

Rehabilitation Services with Patients in Contact Isolation Management <i>Injection Prevention & Control Policies (IC)</i>	Pending Approval	1/25/2024	0
<p>Summary Of Changes: added revised date of 11/23</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Montecino, Stephanie (smontecino)</p> <p>ExpertReviewers: Sankaran, Sujatha (ssankaran)</p> <p>Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
RETIRE:: Adult Hypoglycemia Protocol <i>Patient Care Policy</i>	Pending Approval	1/25/2024	0
<p>Summary Of Changes: Recommend retire as obsolete---replaced by new Epic protocols for Hypoglycemia which are going through approval workflow.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Taylor, Jane (jtaylor)</p> <p>ExpertReviewers: Medical Director-Patient Care Services</p> <p>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)</p>			
Scope of Service - Pharmacy Department <i>Medication Management Policies (MM)</i>	Pending Approval	1/25/2024	0
<p>Summary Of Changes: Updated weekend hours of operation to be 0730-1600</p> <p>Moderators: Kutza, Chris (ckutza), Newman, Cindi (cnewman)</p> <p>Lead Authors: Kutza, Chris (ckutza)</p> <p>Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Surgical Hand Scrub-Antisepsis <i>Surgical Services/OR Dept</i>	Pending Approval	1/25/2024	0
<p>Summary Of Changes: Removed outdated recommendation for long versus short hand scrub. Added updated AORN recommendations for surgical hand scrub versus surgical hand rub. Changed policy reviewer to Director of Perioperative Services. Reference updated to most recent recommended practice by the AORN.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Cornell, Kelli (kcornell)</p> <p>Approvers: Cooper, Kylie (kcooper) -> Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Universal Protocol <i>Patient Care Policy</i>	Pending Approval	1/25/2024	0
<p>Summary Of Changes: Updated wording to match verbiage used in Epic EMR. For example "Sign-in" changed to "Briefing". Changed author from "Manager" to Director of Perioperative Services.</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 01/25/2024 11:03 AM

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

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Cornell, Kelli (kcornell)**
ExpertReviewers: **Medical Director-Surgical Services**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

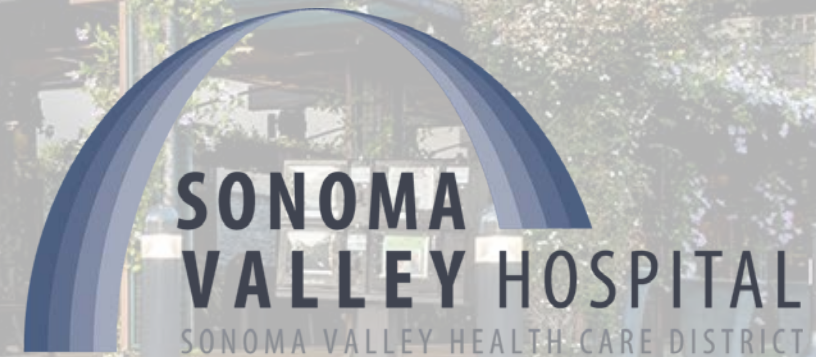
Sonoma Valley Hospital Nursing

Annual Report to the Hospital Board of Directors

February 2024

Jessica Winkler, DNP, RN, NEA-BC, CCRN

Chief Nursing Officer



Agenda

- **Overview of Patient Care Services**
 - **Nursing Leadership**
 - **Nursing Professional Profile**
 - **The patients we care for**
 - **Financial Performance**
 - **Clinical Quality & Safety**
 - **Service Excellence**
 - **Accomplishments & Future**

Patient Care Services (PCS)

- Emergency Department

- RN
- ED Technicians

- Inpatient Care

- Intensive Care Unit
- Medical/Surgical/ Telemetry
- MS CNA & UA/TT
- Respiratory Therapy

- Surgical Services

- Peri-Operative
- Operating Room
- Anesthesia & Surgical Technicians
- Sterile Processing
- Ancillary (schedulers, navigator)

- House Supervisors

- Nursing Informatics

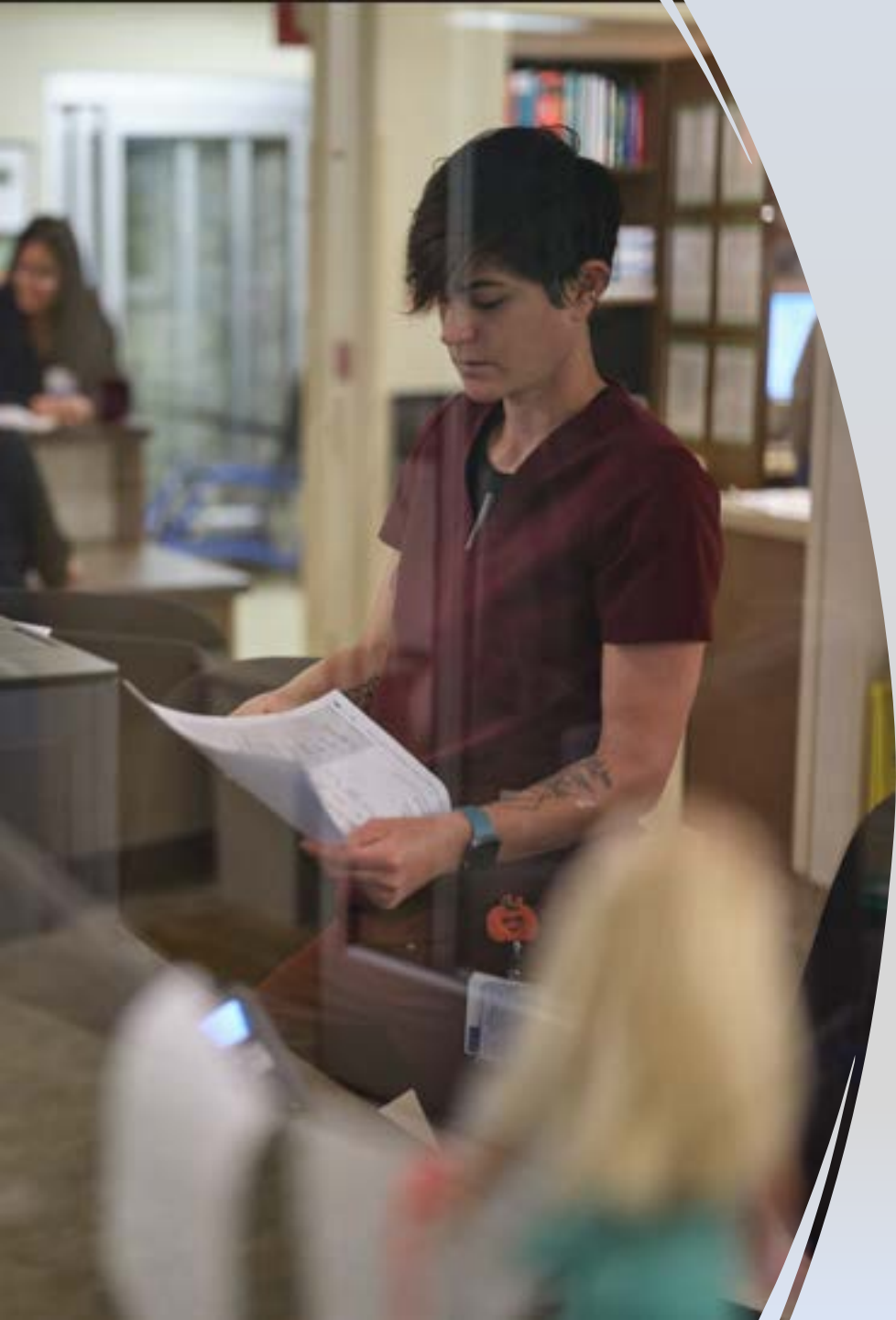
PCS Teams make up 35% of total SVH workforce

(123/346 employees)

Nursing Leadership

- **Kelli Cornell, ADN, RN**
 - Director of Surgical Services
 - Pursuing MSN in Nursing Leadership
 - 20yrs in Surgical Arena, 15yrs RN
 - USAF Veteran
- **Jane Taylor, MSN, RN, CENP, CMSRN**
 - Director of Inpatient Care Services
 - 33 yrs as RN, 11 yrs Leadership
 - Critical Care, Med Surg
 - Leadership Certifications by *The Dartmouth Institute for Health Policy & Clinical Practice*
- **Pamela VanWezel-Anderson, BSN, RN**
 - Clinical Education Coordinator
 - Pursuing MSN in Nursing Education
 - 10yrs as RN
 - Labor & Delivery, Med Surg





Nursing Professional Profile: Dedication

- *Years of Nursing Experience:*
 - Total: 1536 years
 - Average: 19
- *Years at Sonoma Valley Hospital:*
 - Total: 627
 - Average: 7.74
 - Range: 0-44

Nursing Professional Profile: Education

- **81 RNs across PCS Departments**
 - PCS Nurses are 23% of total SVH workforce
- **Highly Educated**
 - Associate Degree: 35%
 - Bachelors Degree: 54%
 - Masters Degree or more: 11%
- **Other Degrees Held**
 - Psychology
 - Kinesthesia
 - Political Science
 - MBA



Nursing Professional Profile: Experience

Wide Range of Nursing Experience

- Midwifery
- Public Health
- Critical Transport
- Combat Medic
- Wilderness EMT
- Trauma
- Cardiac Catheterization
- Department of Corrections
- Informatics
- Organ Transplant

Certifications

- Advanced Cardiac Life Support (ACLS)
- Pediatric Life Support (PALS)
- NIH Stroke Scale (NIH-SS)
- Certified Emergency Nurse (CEN)
- Certified MS RN (CMSRN)
- Neonatal Resuscitation Program (NRP)
- Trauma Nursing Core Course (TNCC)
- Critical Care RN (CCRN)
- Certified in Executive Nursing Practice (CENP)
- Nurse Executive: Advance-Board Certified (NEA-BC)

Nursing Professional Profile: Service



14% of our Nursing workforce are Veterans



The People We Care For

The People We Care For

Emergency Department

- ❖ 2023 Volume:
~10,000 people
- ❖ Average of 27 per day
- ❖ All age ranges-
- ❖ All levels of acuity and emergency cases

Inpatient: MS & ICU

- ❖ 2023 Volume: 922 admissions (not obs)
- ❖ Average Daily Census: 8.83
- ❖ Adult/Geriatric
 - ❖ 52% 75yrs-100+ yrs
- ❖ Medical – Surgical – Critical

Surgical Services

- ❖ 2023 Volume:
 - ❖ Surgical Cases: 2045
 - ❖ Infusion Therapy: 476
- ❖ All age ranges
- ❖ General Surgery
- ❖ Orthopedics
- ❖ Same-Day Procedures

Financial Performance

SVH Service Profitability

FY2021 - FY2023

Overall Profitability Analysis by Service Area Type

2023 v 2022 - YoY Change

Service Area	Fiscal Year 2021				Fiscal Year 2022				Fiscal Year 2023				Visits		Direct Margin		Margin / Case	
	Visits	Direct Margin	Dir	Dir	Visits	Direct Margin	Dir	Dir	Visits	Direct Margin	Dir	Dir	Chg	% Chg	Chg	% Chg	Chg	% Chg
			Margin / Case	Margin %			Margin / Case	Margin %			Margin / Case	Margin %						
Emergency Room	7,090	\$ 6,637,919	\$ 936	54%	9,194	\$ 8,577,725	\$ 933	58%	9,453	\$ 8,176,845	\$ 865	55%	259	2.8%	\$ (400,880)	-4.7%	\$ (68)	-7.3%
Inpatient	946	\$ 2,373,263	\$ 2,509	19%	915	\$ 2,134,360	\$ 2,333	17%	935	\$ 2,421,426	\$ 2,590	20%	20	2.2%	\$ 287,066	13.4%	\$ 257	11.0%
Procedural	4,651	\$ 4,065,275	\$ 874	38%	5,827	\$ 4,555,048	\$ 782	38%	5,607	\$ 4,915,334	\$ 877	43%	(220)	-3.8%	\$ 360,286	7.9%	\$ 95	12.1%
TOTAL	12,687	\$ 13,076,457	\$ 1,031	37%	15,936	\$ 15,267,133	\$ 958	39%	15,995	\$ 15,513,605	\$ 970	40%	59	0.4%	\$ 246,472	1.6%	\$ 12	1.2%



Clinical Quality & Safety

Emergency Department

- Stroke Care
 - Timeliness
 - Best practices
- Sepsis
 - Bundled Metrics
 - Blood Culture Contamination Rates
- Safe Psychiatric Care
 - MD orders
 - Observations

Inpatient

- Pressure Injuries
- Infection Prevention:
 - CAUTI
 - CLABSI
- Falls
- Antibiotics Administration
- Surgical Drain Removals

Surgical Services

- Surgical Site Infections
- Antibiotics 1 hr prior to surgery
- Surgical Complications
- Retained Foreign Body
- Time-Out
- Same-Day Cancellation

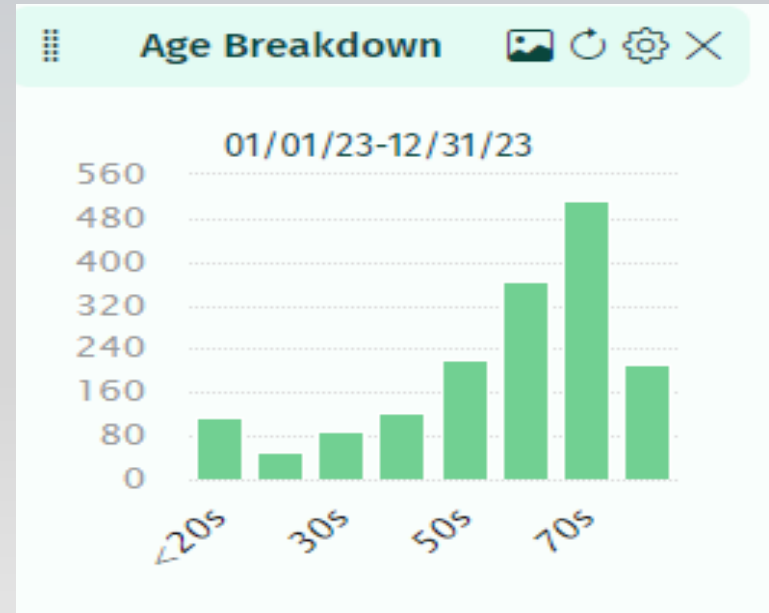
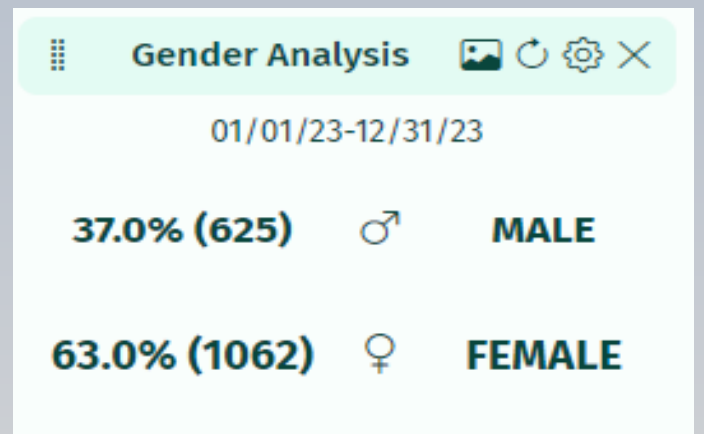
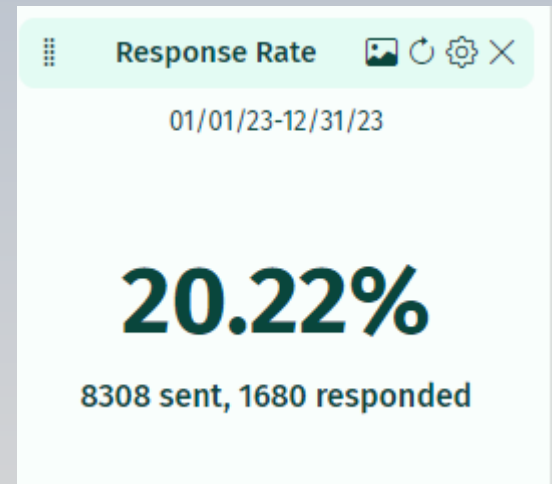
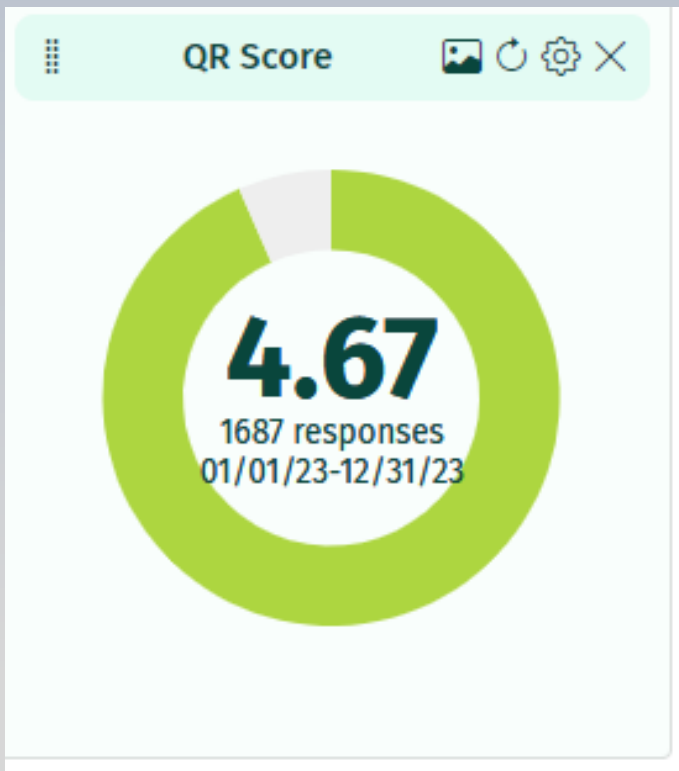
Across All Departments: Medication Administration: Barcode scanning; Pyxis overrides. Hand Hygiene, Readmissions, Critical Lab Value communication time; Blood transfusions

Service Excellence



- Quality Reviews
- Hospital Consumer Assessment of Healthcare Providers and Systems

Service Excellence: Q Reviews



Service Excellence: HCHAPS



132 Surveys = 28% response rate

Patients who reported that their nurses "Always" communicated well. **81%**
National average: 79%
California average: 74%

Patients who reported that they "Always" received help as soon as they wanted. **78%**
National average: 65%
California average: 59%

Patients who reported that YES, they were given information about what to do during their recovery at home. **85%**
National average: 86%
California average: 84%

Patients who "Strongly Agree" they understood their care when they left the hospital. **55%**
National average: 51%
California average: 47%

Patients who reported YES, they would definitely recommend the hospital. **76%**
National average: 69%
California average: 66%




Looking Back on 2023

- Epic Implementation
- Hired New Innovative Leaders
- Successful Triennial CHIQ & EMTALA surveys
- Age Friendly Health System on Inpatient Units
- Welcoming a New ED MD Group
- Community



Looking Ahead to 2024

- Ready Workforce
 - Grow Nursing Expertise
 - Hire ED Leader
- Expand on Age Friendly Health System
 - Bring Geriatric Expertise to Perioperative Services and Emergency Department (GEDA)
- Provide improved services through Nurse-led initiatives
 - Inpatient: Interdisciplinary Bedside Rounds
 - ED: Nurse Initiated Order Sets
 - Perioperative: Nurse Navigator

A photograph of four women standing side-by-side, smiling. They are dressed in professional or business-casual attire. The woman on the far left has long blonde hair and is wearing a dark blazer over a light-colored top. The woman next to her has long, wavy blonde hair and is wearing a grey cardigan over a dark top. The woman in the center has long, wavy brown hair and is wearing a dark top. The woman on the far right has shoulder-length reddish-brown hair and is wearing a grey blazer over a patterned top. They are all wearing identification badges. The background is a large, abstract painting with various shades of green, yellow, and brown, suggesting foliage or a landscape. The overall lighting is soft and indoor.

“Unless we are making progress in our nursing every year, every month, every week, take my word for it – we are going backward .”

Florence Nightingale

January 22, 2024

Sonoma Valley Health Care District
Attn: John Hennelly
347 Andrieux Street
Sonoma, California 95476

***Amended and Restated Loan Agreement dated April 8, 2014
(as subsequently amended, amended and restated, supplemented or otherwise modified)
(the “Loan Agreement”)***

U.S. Bank National Association, the successor to MUFJG Union Bank, N.A. (“Bank”) has been asked by Sonoma Valley Health Care District, a California Health Care District (“Borrower”) to extend the term of the Revolving Loan (as such term is defined in the Loan Agreement) such that unpaid principal and interest on the Revolving Loan shall be due April 30, 2024 and not January 31, 2024.

In accordance with this request, the Bank is willing to amend the Loan Agreement, and in consideration of the mutual agreement herein contained and other good and valuable consideration, the sufficiency and receipt of which are hereby acknowledged, the Bank and Borrower hereby agree that the first three sentences of the first paragraph of Section 1.1.1 of the Loan Agreement shall be amended as follows:

1.1.1. The Revolving Loan. Bank will loan to Borrower an amount not to exceed Five Million Five Hundred Thousand Dollars (\$5,500,000) outstanding in the aggregate at any time (the “Revolving Loan”). The proceeds of the Revolving Loan shall be used for Borrower’s general working capital purposes. Borrower may borrow, repay and reborrow all of part of the Revolving Loan in accordance with the terms of the Revolving Note (defined below). All borrowings of the Revolving Loan must be made before January 31, 2024, and all unpaid principal and interest of the Revolving Loan shall be due and payable on or before April 30, 2024.

Except as specifically amended hereby, the Loan Agreement shall remain in full force and effect and is hereby ratified and confirmed in all respects.

Capitalized terms used herein which are not otherwise defined shall have the meaning given to them in the Loan Agreement

This amendment is governed by, and is to be construed in accordance with, the laws of the State of California.

Please acknowledge the Borrower's agreement with this amendment by signing below.

Very truly yours,

U.S. BANK NATIONAL ASSOCIATION

Name: Michael N. Zuk

Title: Vice President

Acknowledged and agreed to this ____ day of January 2024

SONOMA VALLEY HEALTH CARE DISTRICT

Name: John Hennelly

Title: CEO



To: SVHCD Board of Directors
From: John Hennelly
Date: 2.01.24
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 continue to be lower than expected in key areas of ER and orthopedics. Inpatient volumes and diagnostics remained strong. 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. Q2 volumes continue to exceed targets.

December financials underperformed both the previous year and budget. Cash has slowed as Fall volumes have been weak. Our collection levels remain slightly 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. The weather has delayed work by a few weeks. The prefabricated structure should be on site 1/29/24. The MRI will be delivered in mid-February. Once the magnet (MRI) is secured we will file with the state for occupancy. We are working toward a March 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.

A preliminary **ICU renovation** plan is complete. The proposed plan is estimated at 18 months due to multiple inspection requirements. The timeline is under review for improvements.

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 3/1/24. 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	NOV.23	DEC.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	↔	
Patient Fall per 1000 pt days	<3.75	0.00	3.98	↓	1 fall, no injury
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%	50 (n=4)	57.1 (n=7)	↑	Sepsis task force meets montly to address
Severe Sepsis 3 hour Bundle % compliant	>94%	50 (n=4)	100 (n=7)	↑	
Severe Sepsis 6 hr Bundle % compliant	100.00	N/A	85.7 (n=7)	↔	
Core OP 23- Head CT within 45 mins % compliant	70.00	N/A	N/A	↔	No qualifying cases

Mortality					
Acute Care Mortality Rate %	<15.3	0.00	10.40	↓	All expected

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	127 (n=27)	168 (n=22)	↓	
Core Op 22 ED Left without being seen LWBS	<2%	0.40	0.20	↑	

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

Preventable Harm					
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.33	0.25	↑	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	8.96 (n=6)	5.63 (n=4)	↑	Lower is better

2. Employees

Objective	Target	NOV.23	DEC.23	Trend	Supporting Detail
Turnover	<3%	0.9	0.3	↑	
Workplace Injuries	<20 Per Year	2 (QTR 4)	4 (QTR 4)	↔	15 YTD

3. Patient Experience

Objective	Target	OCT.23	NOV.23	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>90%	78 (n=18)	90 (n=20)	↑	Top Box Scores. % of patients that ranked us 5/5
Communication	>90%	91 (n=18)	87 (n=20)	↓	
Discharge Instructions	>95%	96 (n=18)	97 (n=20)	↑	
HCAHPS					
Recommend the hospital	>90%	56 (n=23)	79 (n=19)	↑	Top Box Scores. % of patients that ranked us 5/5
Communication with Nurse	>90%	78 (n=23)	82 (n=20)	↑	
Communication with Doctor	>90%	72 (n=23)	80 (n=20)	↑	
Cleanliness of Hospital	>90%	88 (n=24)	85 (n=20)	↓	
Communication about medicines	>90%	73 (n=13)	46 (n=13)	↓	
Discharge Information	>90%	89 (n=23)	88 (n=17)	↓	

4. Volume

Objective	Target	NOV.23	DEC.23	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>750	780.0	890.0	↑	
Surgical Volume Outpatient	>140	177.0	121.0	↓	
Surgical Volume Inpatient	>13	11.0	12.0	↑	
Inpatient Discharges	>70	73.0	83.0	↑	

5. Financial

Objective	Target	NOV.23	DEC.23	Trend	Supporting Detail
Operating EBDA in %	>-4.0%	-19.2%	-28.3%	↓	
Days Cash on Hand month end	>42	20.9	21.5	↔	
Net Revenue (\$M) (annualized)	>\$46	\$ 51.8	\$ 50.8	↔	



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, documentaiton 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

February 2024

Updates

- Age-Friendly Health System
- Transitions

Age-Friendly Health System Progress

- 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 for mobility and delirium, pharmacy review, and standardization of physician practice
- Since our geriatric NP Becky Spear has trained nursing on early mobilization and documentation, we've seen an increase in rates of mobilization, and decreased length of stay
- Our Geriatric NP, Becky Spear, will spend two days/week as outpatient in March 2024



Orthopedic Transition

- Dr. Mike Brown will be leaving in March 2024
- Dr. Jennifer van Warmerdam has accepted an offer to join MarinHealth Orthopedics at SVH, with a start date of April 1, 2024

Dr. van Warmerdam is an orthopedic surgeon currently at St. Mary's Medical Center in SF where she focuses on geriatric orthopedics and joint replacement and is the residency program director. She is formerly the Vice Chief of Staff at St. Mary's and Medical Director of their total joint program.



Questions?





To: Sonoma Valley Health Care District Finance Committee
From: Ben Armfield, Chief Financial Officer
Date: January 23, 2023
Subject: Financial Report for December 2023

1. OVERALL PERFORMANCE | MONTH

Unfortunately, December was another challenging month for the hospital as we fell short of our budget expectations from operations. This marks another financially demanding month for the hospital, continuing a pattern observed over the last quarter.

Table 1 | Overall Performance - December 2023

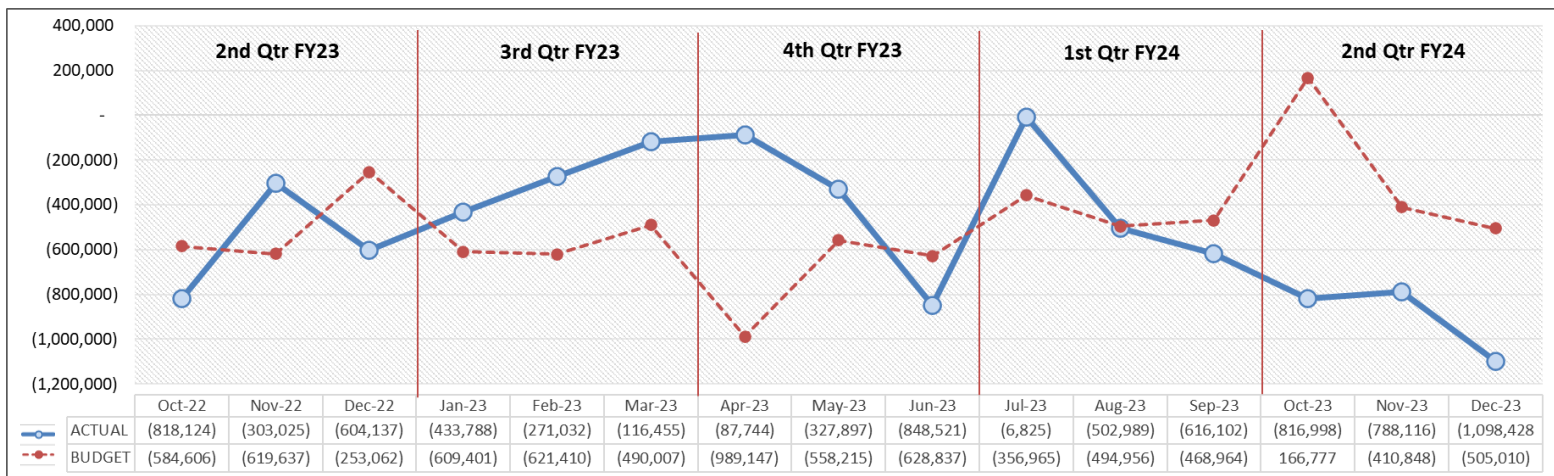
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%
Operating Margin	\$ (1,529,757)	\$ (777,977)	\$ (751,780)	-97%	\$ (5,965,884)	\$ (3,516,871)	\$ (2,449,012)	-70%	\$ (5,665,689)	\$ (300,195)	-5%
Operating EBDA	\$ (1,098,428)	\$ (505,010)	\$ (593,418)	-118%	\$ (3,317,608)	\$ (1,699,069)	\$ (1,618,539)	-95%	\$ (4,144,298)	\$ 826,689	20%
Net Income (Loss)	\$ (695,682)	\$ (59,207)	\$ (636,475)	-1075%	\$ (2,178,854)	\$ 795,693	\$ (2,974,547)	-374%	\$ (1,327,239)	\$ (851,615)	-64%

As has been the case over the last couple of months, the primary driver behind the budget variance is volume. Surgical volumes in particular, as surgeries continue to be suppressed compared to historical levels observed over the last 12 months. December was unique in that it provided somewhat of a perfect storm, as we saw reductions in orthopedics, gastroenterology, general surgery and ophthalmology procedures. Each of those service lines performed below their 12-month trend by at least 10% and resulted in an 18-month low in our surgical volumes. While we believe the drop in volume for most of these service lines in December is short-term, the month's surgical volumes drove a degradation in our revenues and was the main factor in the unfavorable performance to budget.

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

We do continue to lag behind budget when looking at our year-to-date performance, and as we look to pull some levers to try and close or minimize this gap as much as possible, it is important to note that we still have a favorable trajectory compared to both prior year as well as the last couple of fiscal years.

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

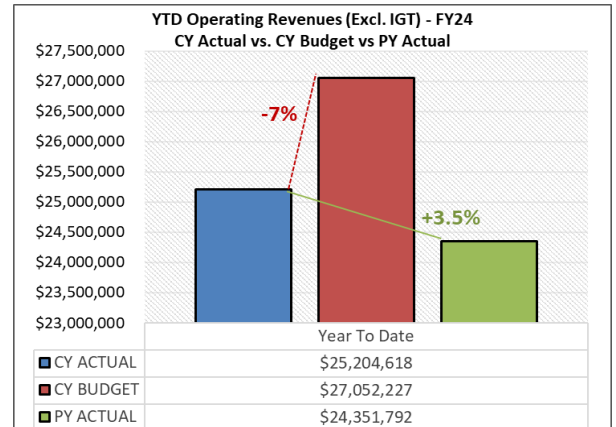
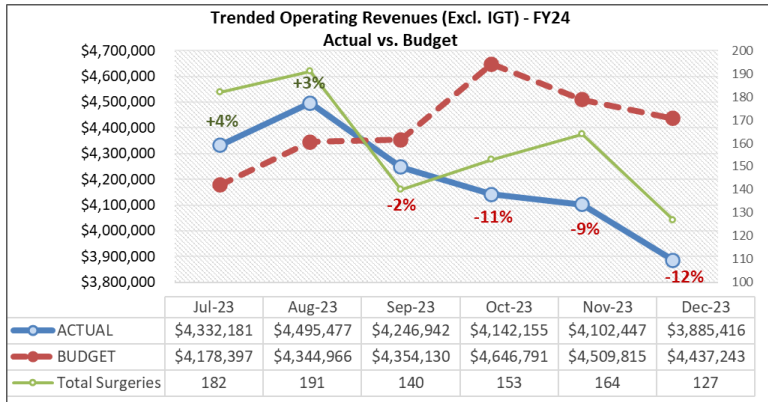


2. NET REVENUE AND VOLUME SUMMARY:

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

	Month of December 2023				Year To Date December 2023							
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Gross Revenue	\$ 26,831,176	\$ 28,903,469	\$ (2,072,293)	-7%	\$ 169,638,058	\$ 171,232,304	\$ (1,594,246)	-1%	\$ 158,832,078	\$ 10,805,979	7%	
Net Patient Revenue	\$ 3,791,144	\$ 4,344,437	\$ (553,293)	-13%	\$ 24,665,479	\$ 26,495,391	\$ (1,829,912)	-7%	\$ 23,808,534	\$ 856,945	4%	
NPR as a % of Gross	14.1%	15.0%	-6.0%		14.5%	15.5%	-6.0%		15.0%	-3.0%		
Tot Operating Revenue	\$ 3,885,416	\$ 4,437,243	\$ (551,827)	-12%	\$ 25,204,618	\$ 27,052,227	\$ (1,847,609)	-7%	\$ 24,351,792	\$ 852,825	4%	

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



We've experienced quite a bit of volatility in our surgical volumes over the last four months. We saw a big drop in September due to key surgeons being out on PTO but had been encouraged that volumes were building back up to historical levels between October and November. That changed in December as surgeries fell off and broke that trend, coming in 30% under budget for the month. There are certainly other factors involved, but the degradation of surgical volumes in December was by far the main cause of our net patient and total operating revenues falling short of budget by over 10%.

While surgical volumes were disappointing, December did bring some positives on the volume side as Emergency Department, MRI, and Physical Therapy visits delivered solid results.

NET REVENUE DRIVERS:

- Surgical Volumes** – Surgical volumes had been showing signs of recovery over the past couple of months, but December's volumes turned the other way and resulted in missing budget by 30% and setting a new 18-month low in surgeries. The results in December are rough - however, we have at least seen volumes begin to rebound here in January as through the end of this week January's surgical volumes have already exceeded December's totals.
 - Service-Line Surgical Volumes** – As mentioned in the Overall Performance narrative, December's surgical volumes were impacted by reductions in GI, General Surgery, Ophthalmology, and a continued suppression in Orthopedic Surgery. These four service lines make up roughly 90% of our total surgical volume, with Orthopedics making up 40% of our total on its own. Each of these service lines in December ran under both their respective fiscal year and rolling 12-month trends by over 10%.
 - Orthopedics** - We performed 50 ortho surgeries in December, matching the output from November. So, we have yet to see a further decline, but November and December's totals are +20% lower than the 70 we have been averaging the last 12 months. One silver lining with Ortho is that January

volumes so far look to be much stronger as monthly volumes through January 18th have already exceeded both November and December totals.

As has been discussed, we anticipate further disruption in Orthopedic surgery as we move throughout the year - especially in the coming months given the impending retirement of Dr. Brown. Efforts are being prioritized to finalize the recruitment of an additional ortho which will significantly help soften the financial impact of Dr. Brown's departure.

- **GI, General Surgery, Ophthalmology** – While we expected volatility in Orthopedic volumes, we were not anticipating a decrease in GI, General, or Ophthalmology. We performed 61 surgeries & procedures across these three service lines in December. This represents a 30% decrease compared to the 90 we had been averaging this fiscal year. The drop was unexpected and a big reason December's surgery volumes hit an 18-month low. We feel the holidays still had a play in December's volatility and we anticipate these service lines rebounding starting in January. Similar to Ortho, we have already exceeded December's volumes across these services through this past week in January (65 cases), and are on track to exceed both our FY24 average and 12-month trend.
- **Emergency Room Volumes** - Despite the challenges faced in surgical volumes, there was a silver lining in the form of emergency room visits. ER activity has yet to reach budgeted projections this year, and volumes have been continuing to decline since the summer. Further amplifying this was November's results as ER visits marked a fiscal year low. December flipped that and delivered a strong rebound as volumes in the department increased by 15% compared to November. It was also the first month in which actual volumes exceeded the budget target. We are encouraged by this and are optimistic that volumes will continue to rise as we get into the winter months.

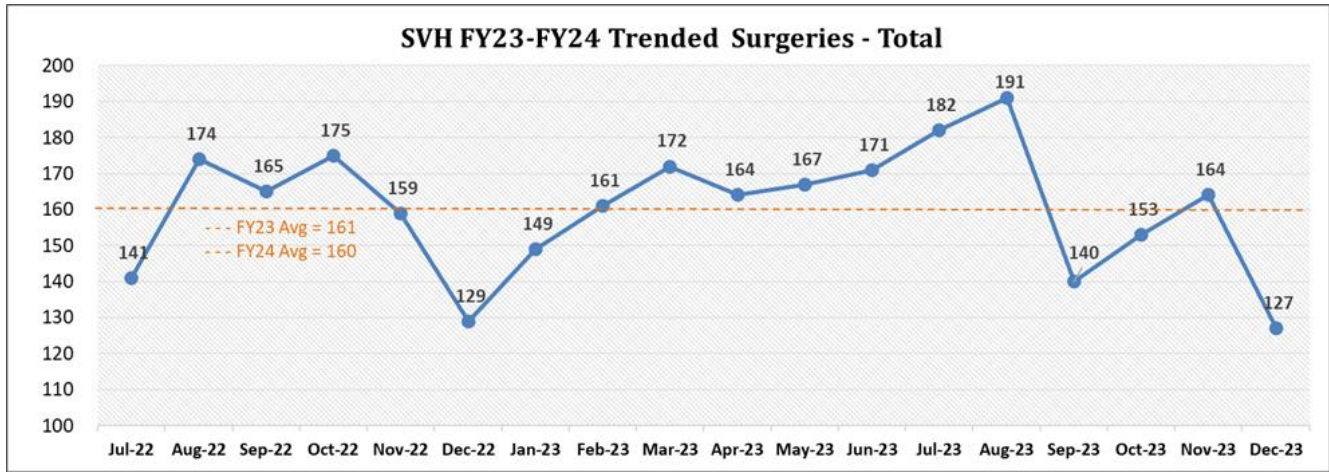
Table 2.2 | Patient Volumes – December 2023

	Month of December 2023				Year To Date December 2023						
	Current Year		Variance		Current Year		Variance		Prior Year		Variance
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	251	273	(22)	-8%	1,593	1,631	(38)	-2%	1,622	(29)	-2%
Average Daily Census	8.1	8.8	(0.7)	-8%	8.7	8.9	(0.2)	-2%	8.8	(0.2)	-2%
Acute Discharges	83	71	12	17%	432	363	69	19%	386	46	12%
IP Surgeries	12	13	(1)	-8%	84	81	3	4%	96	(12)	-13%
OP Surgeries/Spec Proc	115	171	(56)	-33%	873	953	(80)	-8%	847	26	3%
Total Surgeries / Procedures	127	184	(57)	-31%	957	1,034	(77)	-7%	943	14	1%
Total Outpatient Visits	4,621	4,366	255	6%	30,369	26,709	3,660	14%	27,356	3,013	11%
Total ER Visits	981	907	74	8%	5,554	5,804	(250)	-4%	5,506	48	1%

Table 2.3 | Outpatient Volumes Trended – Last 6 Months

Department	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Last 6 Months
Lab	1,173	1,380	1,308	1,312	1,284	1,181	
Medical Imaging	889	1,037	959	1,002	997	945	
Physical Therapy	795	1,052	968	1,207	1,195	1,151	
CT Scanner	344	379	381	407	370	358	
Occ. Health	182	336	311	348	280	273	
Mammography	222	288	209	296	271	241	
Occupational Therapy	278	191	150	184	211	126	
Ultrasound	205	207	222	239	220	206	
Wound Care	169	221	198	192	129	136	
MRI	114	127	144	129	114	136	
ECHO	108	102	119	124	117	104	
Speech Therapy	68	60	43	44	51	38	
Other	16	26	13	19	12	26	
Nuclear Medicine	9	14	3	7	-	11	
EKG	7	12	10	12	12	15	
TOTAL	4,563	5,406	5,025	5,503	5,251	4,921	
Emergency Room - OP	869	861	884	818	780	890	

Graph 2.3 | SVH Trended Surgeries (Total) | FY23 – FY24 YTD

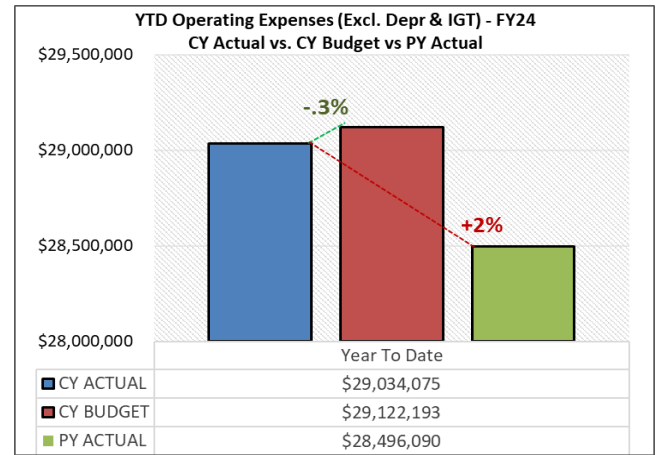
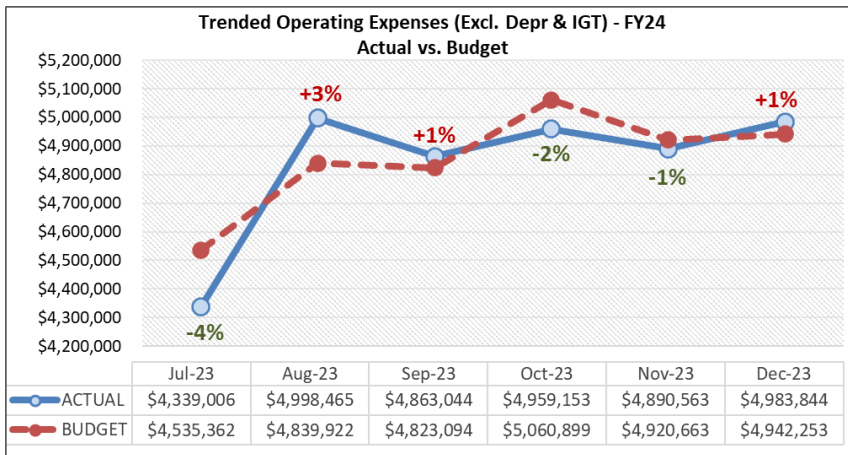


3. OPERATING EXPENSE SUMMARY:

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

	Month of December 2023				Year To Date December 2023							
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Expenses	\$ 5,415,173	\$ 5,215,220	\$ (199,953)	-4%	\$ 31,682,350	\$ 30,939,995	\$ (742,355)	-2%	\$ 30,017,481	\$ (1,664,869)	-6%	
Operating Expenses Excl. Depr.	\$ 4,983,844	\$ 4,942,253	\$ (41,591)	-1%	\$ 29,034,075	\$ 29,122,193	\$ 88,118	0%	\$ 28,496,090	\$ (537,985)	-2%	
Worked FTEs	223.3	216.9	(6.4)	-3%	216.1	215.8	(0.3)	0%	212.8	(3.2)	-2%	

Graph 3.1 | SVH Trended Operating Expenses (excluding Depreciation & IGT funding) – FY24



Expenses have remained relatively stable since the start of the fiscal year, as we have been operating between +/- 1-3% since the start of the fiscal year (excl depreciation). December saw operating expenses exceed budget by 4%, equivalent to \$200,000. However, excluding depreciation, the variance narrows to only 1% over budget. Year-to-date, operating expenses are tracking well, running just under budget and only 2% higher than the prior year.

We did see an increase in purchased services, which can be primarily attributed to one-time payments related to IT and equipment service contract renewals. Conversely, supply expenses continue to decrease and right-size after experiencing a 3-month pop between August and October.

4. CASH ACTIVITY SUMMARY:

Table 4 | Cash / Revenue Cycle Indicators - December 2023

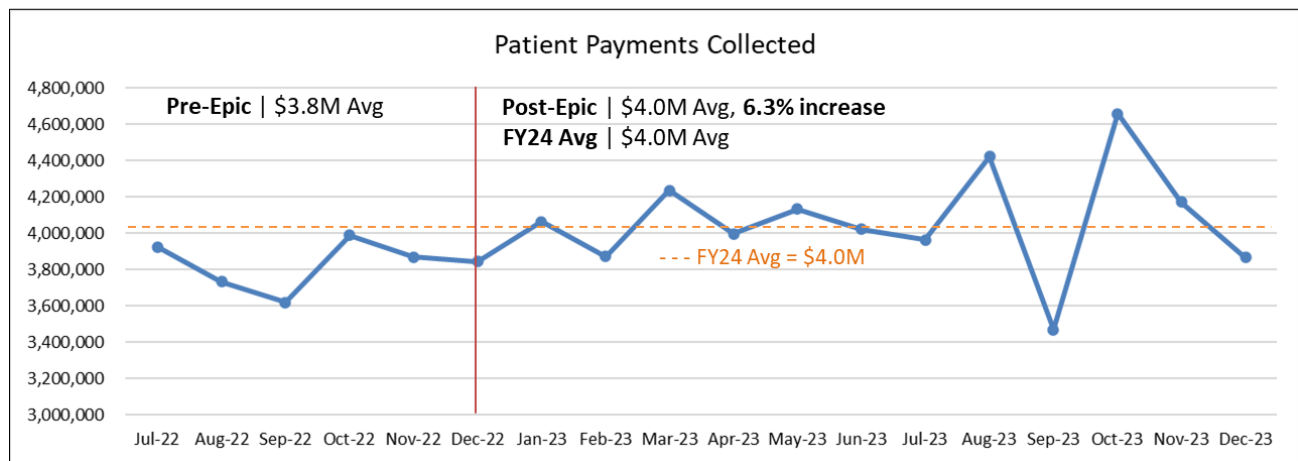
	Dec-23	Nov-23	Var	%
Days Cash on Hand	21.5	20.9	0.6	3%
A/R Days	61.0	62.0	(1.0)	-2%
A/P Days	46.1	48.3	(2.2)	-5%

The month did see our days cash close at 21.5, which is an increase from prior month.

We collected \$3.8 million in December, which is a slight decrease from November’s collections of \$4.1 million. The last week of December did have an impact as our cash collections stalled a bit due to the holiday season. We will continue to track this closely and with the holidays now behind us, we should get a better idea of what to expect from our cash collection levels moving forward. As a point of reference, cash collections in December usually takes a dip due to holidays and year-end disruptions related to our payors.

The \$3.8 million collected in December is lower than what had been forecasted to bring in - much of which can be attributed to the recent reduction in surgical volumes from the past couple of months. We do anticipate further fluctuation and potential volume loss in orthopedic surgeries, which will have a negative impact on our ability to hit our forecasted cash collection totals. These projected cash levels were predicated on further volume growth and had not contemplated the retirement of one of our key ortho physicians. Because of this, we did make some adjustments to our projected cash collections on our Cash Forecast (Attachment F) to reflect this disruption. We are planning on walking the committee through the revised schedule verbally during the meeting.

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
- Attachment F is the Cash Projection

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

ATTACHMENT A

	MONTH			
Gross Revenue	Actual	Budget	Variance	% Variance
Medicare	10,672,674	10,472,529	200,145	0.7%
Medicare Managed Care	4,261,215	4,972,013	(710,798)	-2.5%
Medi-Cal	4,034,636	5,539,758	(1,505,121)	-5.2%
Self Pay	496,897	155,519	341,378	1.2%
Commercial & Other Government	6,462,534	6,682,212	(219,678)	-0.8%
Worker's Comp.	888,639	1,056,676	(168,037)	-0.6%
Total	26,816,595	28,878,706	(2,062,111)	-7.1%

	YEAR TO DATE			
	Actual	Budget	Variance	% Variance
Medicare	63,000,201	61,339,161	1,661,040	1.0%
Medicare Managed Care	29,567,929	29,123,019	444,909	0.3%
Medi-Cal	27,111,518	32,471,609	(5,360,090)	-3.2%
Self Pay	2,533,622	914,905	1,618,717	1.0%
Commercial & Other Government	42,415,513	39,187,976	3,227,537	1.9%
Worker's Comp.	4,915,459	6,202,055	(1,286,596)	-0.8%
Total	169,544,243	169,238,725	305,517	0.2%

	MONTH		
Payor Mix	Actual	Budget	Variance
Medicare	39.8%	36.3%	3.5%
Medicare Managed Care	15.9%	17.2%	-1.3%
Medi-Cal	15.0%	19.2%	-4.1%
Self Pay	1.9%	0.5%	1.3%
Commercial & Other Government	24.1%	23.1%	1.0%
Worker's Comp.	3.3%	3.7%	-0.3%
Total	100.0%	100.0%	

	YEAR TO DATE		
	Actual	Budget	Variance
Medicare	37.2%	36.2%	0.9%
Medicare Managed Care	17.4%	17.2%	0.2%
Medi-Cal	16.0%	19.2%	-3.2%
Self Pay	1.5%	0.5%	1.0%
Commercial & Other Government	25.0%	23.2%	1.9%
Worker's Comp.	2.9%	3.7%	-0.8%
Total	100.0%	100.0%	

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

ATTACHMENT B

CURRENT MONTH				YEAR-TO-DATE				YTD
Actual <u>12/31/23</u>	Budget <u>12/31/23</u>	Favorable (Unfavorable) Variance		Actual <u>12/31/23</u>	Budget <u>12/31/23</u>	Favorable (Unfavorable) Variance	Prior Year <u>12/31/22</u>	
Inpatient Utilization								
Discharges								
1	59	56	3	Med/Surg	326	291	35	277
2	24	15	9	ICU	106	72	34	109
3	83	71	12	Total Discharges	432	363	69	386
Patient Days:								
4	156	175	(19)	Med/Surg	1,064	1,060	4	988
5	95	98	(3)	ICU	529	571	(42)	634
6	251	273	(22)	Total Patient Days	1,593	1,631	(38)	1,622
7	31	-	31	Observation days	133	-	133	98
Average Length of Stay:								
8	2.6	3.1	(0.5)	Med/Surg	3.26	3.65	(0.38)	3.6
9	4.0	6.5	(2.6)	ICU	4.99	7.88	(2.89)	5.8
10	3.0	3.8	(0.8)	Avg. Length of Stay	3.69	4.49	(0.80)	4.2
Average Daily Census:								
11	5.0	5.6	(0.6)	Med/Surg	5.8	5.8	0.0	5.4
12	3.1	3.2	(0.1)	ICU	2.9	3.1	(0.2)	3.4
13	8.1	8.8	(0.7)	Avg. Daily Census	8.7	8.9	(0.2)	8.8
Other Utilization Statistics								
Emergency Room Statistics								
14	981	907	74	Total ER Visits	5,554	5,804	(250)	5,506
Outpatient Statistics:								
15	4,921	4,366	555	Total Outpatients Visits	30,669	26,709	3,960	27,356
16	12	13	(1)	IP Surgeries	84	81	3	96
17	115	156	(41)	OP Surgeries / Special Procedures	873	938	(65)	847
18	367	296	71	Adjusted Discharges	1,944	1,543	400	1,683
19	1,110	1,138	(29)	Adjusted Patient Days	7,200	6,935	265	7,141
20	35.8	36.7	(0.9)	Adj. Avg. Daily Census	39.1	37.7	1.4	38.8
21	1.2606	1.4000	(0.139)	Case Mix Index - Medicare	1.3570	1.4000	(0.043)	1.4989
22	1.3451	1.4000	(0.055)	Case Mix Index - All payers	1.3541	1.4000	(0.046)	1.4793
Labor Statistics								
23	223	217	(6)	FTE's - Worked	216	216	(0.3)	213
24	239	239	(1)	FTE's - Paid	238	238	(0.6)	235
25	49.41	49.42	0.01	Average Hourly Rate	48.79	51.60	2.81	49.82
26	6.69	6.50	(0.18)	FTE / Adj. Pat Day	6.09	6.30	0.22	6.04
27	38.1	37.1	(1.0)	Manhours / Adj. Pat Day	34.7	35.9	1.2	34.4
28	115.2	142.5	27.3	Manhours / Adj. Discharge	128.5	161.4	32.9	146.1
29	24.1%	24.0%	-0.1%	Benefits % of Salaries	24.7%	24.5%	-0.2%	23.5%
Non-Labor Statistics								
30	17.3%	15.2%	-2.1%	Supply Expense % Net Revenue	16.2%	14.4%	-1.8%	16.5%
31	1,789	2,229	440	Supply Exp. / Adj. Discharge	2,116	2,475	360	2,340
32	14,875	17,778	2,903	Total Expense / Adj. Discharge	16,544	20,372	3,828	18,011
Other Indicators								
33	21.5			Days Cash - Operating Funds				
34	61.0	50.0	11.0	Days in Net AR	62.7	50.0	12.7	38.9
35	100%			Collections % of Cash Goal	99%			100.6%
36	46.1	55.0	(8.9)	Days in Accounts Payable	46.1	55.0	(8.9)	46.8
37	14.1%	15.0%	-0.9%	% Net revenue to Gross revenue	15.0%	15.5%	-0.5%	15.0%
38	31.8%			% Net AR to Gross AR	31.8%			17.9%

Sonoma Valley Health Care District

ATTACHMENT C

Balance Sheet

As of December 31, 2023

UNAUDITED

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 1,279,754	\$ 667,651	\$ 692,928
2	Cash - Money Market	2,108,518	2,608,047	4,097,663
3	Net Patient Receivables	10,270,305	10,523,979	6,853,121
4	Allow Uncollect Accts	(2,726,204)	(2,464,586)	(1,501,895)
5	Net A/R	7,544,101	8,059,393	5,351,226
6	Other Accts/Notes Rec	2,190,681	2,421,613	1,940,104
7	Parcel Tax Receivable	1,740,944	3,800,000	1,741,233
8	GO Bond Tax Receivable	2,401,190	2,401,190	2,267,381
9	3rd Party Receivables, Net	317,962	57,192	102,551
10	Inventory	1,015,925	1,009,615	1,055,533
11	Prepaid Expenses	1,023,531	1,052,757	1,105,881
12	Total Current Assets	\$ 19,622,605	\$ 22,077,458	\$ 18,354,499
13	Property, Plant & Equip, Net	\$ 56,463,268	\$ 56,480,972	\$ 54,473,583
14	Trustee Funds - GO Bonds	3,520,557	3,505,021	3,534,907
15	Designated Funds - Board Approved	-	-	-
16	Total Assets	\$ 79,606,430	\$ 82,063,451	\$ 76,362,989
Liabilities & Fund Balances				
Current Liabilities:				
17	Accounts Payable	\$ 6,506,464	\$ 7,438,369	\$ 4,696,694
18	Accrued Compensation	3,737,047	3,674,894	3,525,926
19	Interest Payable - GO Bonds	195,172	152,552	194,866
20	Accrued Expenses	571,164	367,529	854,917
21	Advances From 3rd Parties	-	-	-
22	Deferred Parcel Tax Revenue	1,899,998	2,216,665	1,899,998
23	Deferred GO Bond Tax Revenue	1,308,733	1,526,855	1,242,545
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	\$ 19,467,298	\$ 20,625,584	\$ 18,166,747
28	Long Term Debt, net current portion	\$ 26,378,346	\$ 26,479,911	\$ 24,553,023
29	Fund Balances:			
30	Unrestricted	\$ 20,537,154	\$ 21,038,642	\$ 18,584,442
31	Restricted	13,223,632	13,919,314	15,058,777
32	Total Fund Balances	\$ 33,760,787	\$ 34,957,956	\$ 33,643,219
33	Total Liabilities & Fund Balances	\$ 79,606,430	\$ 82,063,452	\$ 76,362,989

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

ATTACHMENT D

	Month				Year-To-Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual	Budget	\$	%	Actual	Budget	\$	%		
Volume Information										
1	72	64	8	13%	Acute Discharges	421	356	65	18%	386
2	308	266	42	16%	Patient Days	1,650	1,624	26	2%	1,622
3	31	-	31	0%	Observation Days	133	-	133	*	98
4	\$ 20,765	\$ 21,978	\$ (1,212)	-6%	Gross O/P Revenue (000's)	\$ 131,918	\$ 131,000	\$ 918	1%	\$ 122,154
Financial Results										
Gross Patient Revenue										
5	\$ 6,065,731	\$ 6,925,324	\$ (859,593)	-12%	Inpatient	\$ 37,720,366	\$ 40,232,385	(2,512,019)	-6%	\$ 36,543,742
6	12,406,069	13,071,202	(665,133)	-5%	Outpatient	81,108,439	78,657,946	2,450,494	3%	71,438,235
7	8,359,376	8,906,943	(547,567)	-6%	Emergency	50,809,252	52,341,973	(1,532,721)	-3%	50,850,101
8	\$ 26,831,176	\$ 28,903,469	(2,072,293)	-7%	Total Gross Patient Revenue	\$ 169,638,058	\$ 171,232,304	(1,594,246)	-1%	\$ 158,832,078
Deductions from Revenue										
9	(23,383,497)	(24,377,675)	994,178	4%	Contractual Discounts	\$ (145,439,461)	\$ (144,331,956)	(1,107,505)	-1%	\$ (133,953,861)
10	111,925	(151,908)	263,833	174%	Bad Debt	178,515	(248,358)	426,873	172%	(856,647)
11	231,540	(29,449)	260,989	886%	Charity Care Provision	288,368	(156,599)	444,967	*	(213,036)
12	-	-	-	*	Prior Period Adj/Government Program Revenue	723,542	580,885	142,657	25%	-
13	\$ (23,040,032)	\$ (24,559,032)	1,519,000	-6%	Total Deductions from Revenue	\$ (144,249,036)	\$ (144,156,028)	(93,008)	0%	\$ (135,023,544)
14	\$ 3,791,144	\$ 4,344,437	(553,293)	-13%	Net Patient Service Revenue	\$ 25,389,021	\$ 27,076,276	(1,687,255)	-6%	\$ 23,808,534
15	\$ 94,272	\$ 92,806	1,466	2%	Other Op Rev & Electronic Health Records	\$ 539,139	\$ 556,836	(17,697)	-3%	\$ 543,258
16	\$ 3,885,416	\$ 4,437,243	(551,827)	-12%	Total Operating Revenue	\$ 25,928,160	\$ 27,633,112	\$ (1,704,952)	-6%	\$ 24,351,792
Operating Expenses										
17	\$ 2,088,632	\$ 2,084,812	(3,820)	0%	Salary and Wages and Agency Fees	\$ 12,185,207	\$ 12,281,409	96,203	1%	\$ 12,251,171
18	754,958	728,651	(26,307)	-4%	Employee Benefits	4,453,943	4,350,188	(103,755)	-2%	4,154,773
19	\$ 2,843,590	\$ 2,813,463	(30,127)	-1%	Total People Cost	\$ 16,639,150	\$ 16,631,597	(7,553)	0%	\$ 16,405,944
20	\$ 551,402	\$ 571,776	20,374	4%	Med and Prof Fees (excl'd Agency)	\$ 3,388,229	\$ 3,691,583	303,354	8%	\$ 3,467,743
21	656,453	659,974	3,521	1%	Supplies	4,112,389	3,820,247	(292,142)	-8%	3,937,885
22	550,338	476,452	(73,886)	-16%	Purchased Services	2,634,849	2,578,590	(56,259)	-2%	2,627,648
23	431,329	272,967	(158,362)	-58%	Depreciation	2,648,275	1,817,802	(830,473)	-46%	1,521,391
24	134,835	174,119	39,284	23%	Utilities	888,656	1,069,715	181,059	17%	971,828
25	68,544	71,758	3,214	4%	Insurance	418,055	405,547	(12,508)	-3%	336,226
26	46,487	52,094	5,607	11%	Interest	309,625	242,564	(67,061)	-28%	215,262
27	132,195	122,617	(9,578)	-8%	Other	643,121	682,349	39,228	6%	533,553
28	-	-	-	*	Matching Fees (Government Programs)	211,693	209,988	(1,705)	1%	0
29	\$ 5,415,173	\$ 5,215,220	(199,953)	-4%	Operating expenses	\$ 31,894,043	\$ 31,149,983	(744,060)	-2.4%	\$ 30,017,481
30	\$ (1,529,757)	\$ (777,977)	\$ (751,780)	-97%	Operating Margin	\$ (5,965,884)	\$ (3,516,871)	(2,449,012)	-70%	\$ (5,665,689)

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

	Month					Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
31	\$ 16,366	\$ 4,744	11,622	*							
32	(4,287)	-	(4,287)	0%							
33	-	-	-	*							
34	316,667	316,667	-	0%							
35	-	-	-	0%							
36	\$ 328,746	\$ 321,411	7,335	2%							
Non Operating Rev and Expense											
					Miscellaneous Revenue/(Expenses)	\$ 117,941	\$ 28,408	89,533	*	\$ 21,383	
					Donations	(4,287)	-	(4,287)	0%	-	
					Physician Practice Support-Prima	-	-	-	*	-	
					Parcel Tax Assessment Rev	1,900,002	1,900,002	-	0%	1,900,002	
					Extraordinary Items	-	-	-	0%	-	
					Total Non-Operating Rev/Exp	\$ 2,013,656	\$ 1,928,410	85,246	4%	\$ 1,921,385	
37	\$ (1,201,011)	\$ (456,566)	(744,445)	-163%	Net Income / (Loss) prior to Restricted Contributions	\$ (3,952,228)	\$ (1,588,461)	(2,363,767)	-149%	\$ (3,744,304)	
Capital Campaign Contribution											
38	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
Restricted Foundation Contributions											
39	\$ 330,142	\$ 238,530	91,612	0%	Restricted Foundation Contributions	\$ 727,020	\$ 1,431,180	(704,160)	100%	\$ 1,464,929	
40	\$ (870,869)	\$ (218,036)	(652,833)	-299%	Net Income / (Loss) w/ Restricted Contributions	\$ (3,225,208)	\$ (157,281)	(3,067,927)	-1951%	\$ (2,279,375)	
GO Bond Activity, Net											
41	175,187	158,829	16,358	10%	GO Bond Activity, Net	1,046,354	952,974	93,380	10%	952,136	
42	\$ (695,682)	\$ (59,207)	(636,475)	-1075%	Net Income/(Loss) w GO Bond Activity	\$ (2,178,854)	\$ 795,693	(2,974,547)	*	\$ (1,327,239)	
EBDA - Not including Restricted Contributions											
	\$ (769,682)	\$ (183,599)	(586,083)		EBDA - Not including Restricted Contributions	\$ (1,303,953)	\$ 229,341	(1,533,294)		\$ (2,222,912)	
	\$ (1,098,428)	\$ (505,010)	(593,418)	-118%	Operating EBDA - Not including Restricted Contributions	\$ (3,317,608)	\$ (1,699,069)	(1,618,539)	-95%	\$ (4,144,298)	

**Sonoma Valley Health Care District
FY24 Trended Income Statement
For the Period Ended December 31, 2023**

ATTACHMENT E

	July	August	September	October	November	December	FY24 YTD
1 Acute Discharges	58	67	69	82	73	72	421
2 Patient Days	235	286	252	291	278	308	1,650
3 Observation Days	17	17	20	20	28	31	133
4 Gross O/P Revenue (000's)	\$ 22,427	\$ 23,002	\$ 20,977	\$ 22,806	\$ 21,941	\$ 20,765	\$ 131,918
Financial Results							
Gross Patient Revenue							
5 Inpatient	\$ 5,270,930	\$ 6,185,291	\$ 7,042,659	\$ 6,940,541	\$ 6,215,214	\$ 6,065,731	\$ 37,720,366
6 Outpatient	13,362,380	14,480,581	12,732,428	14,061,243	14,065,738	12,406,069	81,108,439
7 Emergency	9,064,276	8,521,398	8,244,129	8,744,996	7,875,077	8,359,376	50,809,252
8 Total Gross Patient Revenue	\$ 27,697,586	\$ 29,187,271	\$ 28,019,216	\$ 29,746,780	\$ 28,156,029	\$ 26,831,176	\$ 169,638,058
Deductions from Revenue							
9 Contractual Discounts	(23,186,323)	(24,519,220)	(23,700,704)	(25,666,646)	(24,259,529)	(23,383,497)	(144,715,919)
10 Bad Debt	(100,000)	(150,286)	(150,000)	(150,000)	(106,666)	111,925	(545,027)
11 Charity Care Provision	(164,591)	(109,767)	(5,598)	127,064	209,720	231,540	288,368
12 Prior Period Adj/Government Program Revenue	-	-	-	723,542	-	-	723,542
13 Total Deductions from Revenue	\$ (23,450,914)	\$ (24,779,273)	\$ (23,856,302)	\$ (24,966,040)	\$ (24,156,475)	\$ (23,040,032)	\$ (144,249,036)
14 Net Patient Service Revenue	\$ 4,246,672	\$ 4,407,997	\$ 4,162,914	\$ 4,780,740	\$ 3,999,554	\$ 3,791,144	\$ 25,389,021
15 Other Op Rev & Electronic Health Records	\$ 85,509	\$ 87,480	\$ 84,028	\$ 84,957	\$ 102,893	\$ 94,272	\$ 539,139
16 Total Operating Revenue	\$ 4,332,181	\$ 4,495,477	\$ 4,246,942	\$ 4,865,697	\$ 4,102,447	\$ 3,885,416	\$ 25,928,160
Operating Expenses							
17 Salary and Wages and Agency Fees	\$ 1,945,424	\$ 2,110,281	\$ 1,945,277	\$ 2,136,304	\$ 1,959,289	\$ 2,088,632	\$ 12,185,207
18 Employee Benefits	735,985	707,955	744,685	738,614	771,746	754,958	4,453,943
19 Total People Cost	\$ 2,681,409	\$ 2,818,236	\$ 2,689,962	\$ 2,874,918	\$ 2,731,035	\$ 2,843,590	16,639,150
20 Med and Prof Fees (excl Agency)	\$ 557,320	\$ 599,056	\$ 541,334	\$ 571,881	\$ 567,236	\$ 551,402	3,388,229
21 Supplies	460,649	762,524	752,597	797,037	683,130	656,453	4,112,389
22 Purchased Services	305,875	410,360	431,618	372,986	563,672	550,338	2,634,849
23 Depreciation	240,214	238,993	501,633	696,387	539,719	431,329	2,648,275
24 Utilities	157,932	159,965	197,864	101,670	136,391	134,835	888,656
25 Insurance	66,583	81,160	66,697	68,488	66,583	68,544	418,055
26 Interest	42,598	43,202	71,611	56,224	49,503	46,487	309,625
27 Other	66,641	123,963	111,361	115,949	93,013	132,195	643,121
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	\$ 5,415,173	\$ 31,894,043
30 Operating Margin	\$ (247,039)	\$ (741,982)	\$ (1,117,735)	\$ (1,001,536)	\$ (1,327,835)	\$ (1,529,757)	\$ (5,965,884)
Non Operating Rev and Expense							
31 Miscellaneous Revenue/(Expenses)	\$ 27,167	\$ 15,794	\$ 12,459	\$ 42,493	\$ 3,662	\$ 16,366	\$ 117,941
32 Donations	-	-	-	-	-	(4,287)	(4,287)
33 Physician Practice Support-Prima	-	-	-	-	-	-	-
34 Parcel Tax Assessment Rev	316,667	316,667	316,667	316,667	316,667	316,667	1,900,002
35 Extraordinary Items	-	-	-	-	-	-	-
36 Total Non-Operating Rev/Exp	\$ 343,834	\$ 332,461	\$ 329,126	\$ 359,160	\$ 320,329	\$ 328,746	\$ 2,013,656
37 Net Income / (Loss) prior to Rest. Contributions	\$ 96,795	\$ (409,521)	\$ (788,609)	\$ (642,376)	\$ (1,007,506)	\$ (1,201,011)	\$ (3,952,228)
38 Capital Campaign Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39 Restricted Foundation Contributions	\$ 1,638	\$ 103,076	\$ 213,884	\$ -	\$ 78,280	\$ 330,142	\$ 727,020
40 Net Income / (Loss) w/ Restricted Contributions	\$ 98,433	\$ (306,445)	\$ (574,725)	\$ (642,376)	\$ (929,226)	\$ (870,869)	\$ (3,225,208)
41 GO Bond Activity, Net	170,419	175,187	175,187	175,187	175,187	175,187	1,046,354
42 Net Income/(Loss) w GO Bond Activity	\$ 268,852	\$ (131,258)	\$ (399,538)	\$ (467,189)	\$ (754,039)	\$ (695,682)	\$ (2,178,854)
EBDA - Not including Restricted Contributions	\$ 337,009	\$ (170,528)	\$ (286,976)	\$ 54,011	\$ (467,787)	\$ (769,682)	\$ (1,303,953)
Operating EBDA	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (305,149)	\$ (788,116)	\$ (1,098,428)	\$ (3,317,608)
Operating EBDA excl IGT	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (816,998)	\$ (788,116)	\$ (1,098,428)	\$ (3,829,457)

Sonoma Valley Hospital
Cash Forecast
FY 2024

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual 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	4,173,049	3,866,074	4,000,000	4,000,000	4,000,000	4,000,000	4,100,000	4,200,000	48,851,450
2 Other Operating Revenue	26,197	172,302	37,453	95,192	283,068	93,447	43,299	100,254	65,455	150,750	228,646	115,291	1,411,353
3 Other Non-Operating Revenue	42,960	4,386	10,108	43,877	12,352	11,224	7,800	7,800	7,800	7,800	7,800	7,800	171,707
4 Unrestricted Contributions		1,250	861	2,651	7,716	380							12,858
5 Line of Credit													-
Sub-Total Hospital Sources	4,033,829	4,599,290	3,518,037	4,798,408	4,476,185	3,971,125	4,051,099	4,108,054	4,073,255	4,158,550	4,336,446	4,323,091	50,447,369
Hospital Uses of Cash													
6 Operating Expenses	5,152,114	5,121,241	4,128,841	4,998,884	5,056,542	5,222,290	4,984,096	4,828,418	5,073,479	4,946,353	5,034,948	4,814,191	59,361,397
7 Add Capital Lease Payments	64,932	65,051	389,160	194,558	370,013	69,578							1,153,292
8 Add: Bridge Loan Paybacks									365,000				365,000
9 Add: CHFFA Help II Loan Repayments	30,833	30,833	30,833	30,833	30,833	31,987	31,987	30,833	30,833	30,833	30,833	30,833	372,305
10 Line of Credit Paydown							-	-	-	3,100,000			3,100,000
11 Capital Expenditures	157,689	152,213	177,157	27,616	116,996	421,333	720,430	415,000	752,730	220,000	690,430	263,577	4,115,171
Total Hospital Uses	5,405,567	5,369,338	4,725,991	5,251,892	5,574,384	5,745,188	5,736,513	5,274,251	6,222,042	8,297,186	5,756,211	5,108,601	68,467,164
Net Hospital Sources/Uses of Cash	(1,371,738)	(770,048)	(1,207,954)	(453,483)	(1,098,199)	(1,774,063)	(1,685,414)	(1,166,197)	(2,148,788)	(4,138,636)	(1,419,766)	(785,510)	(18,019,796)
Non-Hospital Sources													
12 Restricted Cash/Money Market	500,000	500,000	750,000	1,250,000		(1,000,000)	(3,000,000)						(1,000,000)
13 Restricted Capital Donations	1,638	101,826	213,023	6,249	85,272	327,110	520,430		520,430		520,430	258,577	2,554,985
14 Parcel Tax Revenue	179,984					2,059,056				1,560,959			3,800,000
15 Other Payments								900,000	400,000				1,300,000
16 Other:													-
17 IGT					684,280					3,296,000	820,933	41,568	4,842,781
18 IGT - AB915										227,253			227,253
19 QIP				39,262									39,262
20 Distressed Hospital Loan Program									3,100,000				3,100,000
Sub-Total Non-Hospital Sources	681,622	601,826	963,023	1,295,511	769,552	1,386,167	(2,479,570)	900,000	4,020,430	5,084,212	1,341,363	300,145	14,864,280
Non-Hospital Uses of Cash													
21 Matching Fees				211,693				2,408,898	-	-	20,784		2,641,375
21.1 Matching Fee Advance								(2,000,000)					(2,000,000)
Sub-Total Non-Hospital Uses of Cash	-	-	-	211,693	-	-	-	408,898	-	-	20,784	-	641,375
Net Non-Hospital Sources/Uses of Cash	681,622	601,826	963,023	1,083,818	769,552	1,386,167	(2,479,570)	491,102	4,020,430	5,084,212	1,320,579	300,145	14,222,905
Net Sources/Uses	(690,116)	(168,222)	(244,931)	630,334	(328,648)	(387,897)	(4,164,984)	(675,095)	1,871,642	945,577	(99,187)	(485,365)	
Operating Cash at beginning of period	1,469,233	779,117	610,895	365,964	996,299	667,651	279,754	(3,885,230)	(4,560,324)	(2,688,682)	(1,743,105)	(1,842,292)	
Operating Cash at End of Period	779,117	610,895	365,964	996,299	667,651	279,754	(3,885,230)	(4,560,324)	(2,688,682)	(1,743,105)	(1,842,292)	(2,327,657)	
Money Market Account - Undesignated	4,604,866	4,105,982	3,356,852	2,107,527	2,108,047	3,108,518	6,108,518	6,108,518	6,108,518	6,108,518	6,108,518	6,108,518	
Total Cash at End of Period	5,383,983	4,716,877	3,722,817	3,103,826	2,775,698	3,388,272	2,223,288	1,548,194	3,419,836	4,365,413	4,266,226	3,780,861	
Average Days of Cash on Hand	40.1	35.8	26.3	25.5	20.5	22.4							
Days of Cash on Hand at End of Month	39.7	33.3	25.6	21.9	20.9	21.5	15.7	10.9	24.2	30.9	30.2	26.7	

2024 Audit Committee Work Plan

January	February	March	April
Audit Firm Consideration Review of Committee Charter Work Plan 2024		Review audit firm proposals Recommend audit firm/team to Board Schedule work plan additions	
May	June	July	August
			Progress report on audit project
September	October	November	December
	Review and consider recommendations of draft audit report		



SUBJECT: Audit Committee Charter	POLICY #
	PAGE 1 OF 3
DEPARTMENT: Board of Directors	EFFECTIVE:
APPROVED BY: Board of Directors	REVIEWED: 01.19.24

Purpose:

The purpose of the Audit Committee of Sonoma Valley Healthcare District (District) is to assist the District Board in its annual audit process. Subject to the ultimate authority of the District Board, the Audit Committee shall select, engage and oversee the District’s outside auditor and approve and oversee all audit services provided by the District’s outside auditor.

Policy:

SCOPE AND APPLICABILITY

This is a District Board Policy and it specifically applies to the Board, the Audit Committee, and the President/Chief Executive Officer (CEO) of the Sonoma Valley Hospital (SVH).

RESPONSIBILITY

Subject to the ultimate authority of the District Board, the Audit Committee (AC) shall:

1. Recommend the appointment and compensation of the independent auditor and provide oversight of the annual financial audit process. The independent auditor shall report directly to the Audit Committee.
2. Establish policies and procedures for the review and pre-approval by the AC of all auditing services.
3. Review and discuss with the independent auditor: (a) its audit plans and audit procedures, including the scope, fees and timing of the audit; (b) the results of the annual audit examination; and (c) the annual financial statements audited by the independent auditor.
4. Review the annual financial audit with management and determine whether to recommend the acceptance of the audit to the District Board.
5. Review with the independent auditor its judgment as to the quality, and not just the acceptability, of the District’s accounting practices and internal controls, and such other matters as are required to be discussed with the Audit Committee under generally accepted auditing standards.
6. Review with the independent auditor and management any changes or improvements in financial or accounting practices that are necessary or desirable, and the extent to which any changes or improvements previously approved by the AC have been implemented.



SUBJECT: Audit Committee Charter	POLICY #
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DEPARTMENT: Board of Directors	EFFECTIVE:
APPROVED BY: Board of Directors	REVIEWED: 01.19.24

7. Review with the independent auditor any audit problems or difficulties and management’s response to these issues.
8. Oversee the resolution of any disputes between management and the independent auditor if and when such disputes arise.
9. Perform such other duties and functions as are assigned, from time to time, to the AC by the District Board.
10. Annually review and reassess the adequacy of its charter and recommend any changes, if needed, to the District Board.

Membership

The Audit Committee shall be comprised of not less than two (2) members of the public, the Chair of the District Board, the Treasurer of the District Board, and the Chair of the Finance Committee. The CEO and the Chief Financial Officer (CFO) of the Hospital shall be non-voting members of the committee.

All voting members of the AC must be stakeholders of the District. A stakeholder has been defined by the District Board as:

- Living some or all of the time in the District, or
- Maintaining a place of Business in the District, or
- Being an accredited member of the Hospital’s Medical Staff

The District Board Chair shall serve as the Chair of the AC. If the District Chair is not present at an Audit Committee meeting the Treasurer shall serve as Chair of the AC.

Operations

The Audit Committee shall meet at such times and places as the Audit Committee shall determine, but no less than two (2) times annually. Meetings of the Audit Committee may be called by the Chair of the Board, the CEO or the CFO.

All AC meetings shall be announced and conducted pursuant to the Brown Act.

Narrowly focused and short term ad hoc subcommittees may meet to address specific issues that will be brought to the AC for review and referral to the Board for its deliberation and action. Subcommittee meetings are not subject to the Brown Act.



SUBJECT: Audit Committee Charter	POLICY #
DEPARTMENT: Board of Directors	PAGE 3 OF 3
APPROVED BY: Board of Directors	EFFECTIVE:
	REVIEWED: 01.19.24

The AC shall be authorized to adopt its own rules or procedures not inconsistent with (i) any provision of this Charter, (ii) any provisions of the Bylaws of the District, and (iii) the laws of the State of California.

The Chair of the Audit Committee shall report to the District Board on the actions taken by the committee.

Public Participation

The general public, Medical Staff, and Hospital staff are always welcome to attend and provide input. Other Board members may attend but may not comment as it may be a Brown Act violation.

2024 GOVERNANCE COMMITTEE WORK PLAN

<p>January</p> <ul style="list-style-type: none"> • Charter review • 2024 work plan • Gifts and Honoria Policy 	<p>February</p> <ul style="list-style-type: none"> • Finalize Charter 	<p>March</p> <ul style="list-style-type: none"> • Charter Template for Board committees 	<p>April</p>
<p>May</p>	<p>June</p> <ul style="list-style-type: none"> • Review all Committee Charters 	<p>July</p>	<p>August</p>
<p>September</p> <ul style="list-style-type: none"> • Approve Committee Charters 	<p>October</p>	<p>November</p> <ul style="list-style-type: none"> • Create 2024 Work Plan 	<p>December</p>

To: Board of Directors, Sonoma Vallet Health Care District
From: Bill Boerum, Treasurer & Chair, Finance Committee
Subject: Fill Vacancy on Finance Committee

February 1, 2024

As I announced at the January regular Board meeting, long-time serving, Community Member Peter Hohorst resigned from the Committee effective January 1. This created a vacancy among the seven Community Member seats on the nine-member Committee.

Fortunately, we have a highly qualified individual immediately available to serve: Dennis Bloch. I hereby recommend the Board appoint him to the Finance Committee.

Dennis was among six highly quailed applicants for vacancies on the Committee a year ago. Originally, he was referred to us by SVH's Community Engagement Coordinator, Celia Kruse De La Rosa. At that time, Celia wrote:

"I encouraged Dennis to consider joining the Board's Finance Committee, because of his financial acumen, integrity, commitment to the bottom line, his accomplishments and challenges faced in the financial world, and sense of humor. As a board member for Vintage House he modernized Vintage House's financial backbone and improved our financial future; and he should easily meet the Committee's ask for joining members to have a strong background in finance."

Though a highly experienced (over 30 years) banker - (senior positions at Wells Fargo and Bank of America) and serving four years as Treasurer of Vintage House, he did not have substantive healthcare experience. However, his banking experience did include some acquaintance with healthcare as well as the medical device field. The Board decided to appoint him to a vacancy on the Audit Committee.

In the meantime, Dennis has served admirably on the Audit Committee – attending all of our meetings - asking insightful questions and making relevant observations, as well as gaining knowledge about the Hospital and its financial dynamics. Additionally, he has observed meetings of the Finance Committee, sometimes asking questions. If appointed to the Finance Committee, Dennis has agreed to serve until we recruit a replacement. This move from Audit to Finance has precedence. Graham Smith (likewise with no direct healthcare experience) was appointed to Finance from the Audit Committee last year. At Audit, long-time Committee Member Art Grandy continues, providing Community Member continuity.

I doubt we could find a better member of the community to fill Peter Hohort's seat. Dennis has top level professional experience, a record of effective community, leadership, and now in-house knowledge of SVH's finances.

Please see Dennis' CV attached here. Also, he is present here to answer any questions.

DENNIS B. BLOCH

PROFESSIONAL SUMMARY

Over 30 years of experience in Investment Banking, Finance and Management, advising a broad range of clients on capital raising alternatives, capital structures, project finance, and mergers and acquisitions, culminating in developing and leading a business unit comprised of 50 members with annual revenues in excess of \$100 million. Since retirement, advised local non-profit on finance, budgeting, endowment optimization, capital spending and management.

PROFESSIONAL EXPERIENCE

Wells Fargo Bank NA; Wells Fargo Securities, LLC 1996-2016

Executive Vice President, Managing Director: Syndications and High Yield Finance

Responsible for building and managing teams across the United States to develop opportunities to raise capital for Wells Fargo customers. Managed 7 teams across the country (San Francisco, Los Angeles, Chicago, Minneapolis, Boston, Charlotte, Dallas and Houston) that were responsible for covering a variety of industries, including Industrials, Consumer Products, Entertainment and Gaming, Retail and Energy. Employed over 50 team members and consistently generated annual revenues in excess of \$100 million.

Bank of America NT&SA; BofA Securities, 1985-1996

Senior Vice President, Managing Director

Responsible for Syndication opportunities with bank customers. Additional responsibilities included project finance, mergers and acquisitions, and private placements.

NON-PROFIT EXPERIENCE

Vintage House Sonoma, 2019-2023

Board Treasurer and Chair of Finance and Building Committees. Responsible for leading discussions on budgetary process, current financial results, tax and audit planning, endowment optimization and capital spending allocations and authorizations. Led negotiations of new 30-year lease of premises on optimal terms.

EDUCATION

University of Pennsylvania, The Wharton School, MBA with a concentration in Finance

University of California at Los Angeles, Bachelor of Arts in Economics, Magna Cum Laude

ADDITIONAL INFORMATION

I was raised and have spent most of my life in California. My wife and I have owned a home in Sonoma for almost 20 years, and we moved to Sonoma full time after we both retired. Since retiring, I have been looking for opportunities to get more involved with local organizations in our community.

I enjoy golf, pickleball and bocce, reading, working out, and travel.