



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

AGENDA

**THURSDAY, MARCH 7, 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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<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact Whitney Reese, Board Clerk at wreese@sonomavalleyhospital.org at least 48 hours prior to the meeting.</p>	RECOMMENDATION		
AGENDA ITEM			
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p>1. CALL TO ORDER</p>	<i>Bjorndal</i>		
<p>2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p>3. BOARD CHAIR COMMENTS</p>	<i>Bjorndal</i>		
<p>4. CONSENT CALENDAR a. Board Minutes – 02.01.24 b. Finance Committee Minutes – 01.23.24 c. Quality Committee Minutes – 01.24.24 d. Medical Staff Credentialing e. Policies and Procedures</p>	<i>Bjorndal</i>	Action	Pages 3 -21

5. SONOMA CITY MANAGER	<i>D. Guhin</i>	Inform	Pages 22 - 41
6. REVIEW UPDATES TO 5 YEAR ROLLING STRATEGIC PLAN	<i>Hennelly</i>	Inform	
7. CEO REPORT	<i>Hennelly</i>	Inform	Pages 42 - 45
8. FINANCIALS FOR MONTH END JANUARY 2024	<i>Armfield</i>	Inform	Pages 46 - 57
9. FINANCE COMMITTEE CHARTER	<i>Boerum</i>	Action	Pages 58 - 60
10. COMMITTEE UPDATES	<i>Bjorndal</i>	Inform	
11. BOARD COMMENTS	<i>Bjorndal</i>	Inform	
12. 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, Secretary, Present 3. Denise M. Kalos, Second Vice Chair, Present 4. Bill Boerum, Treasurer, Present 5. Wendy Lee Myatt, First Vice Chair, Present		
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
CLOSED SESSION <u>Calif. Government Code § 54957 Public Employment:</u> Analysis of Issues Involving Transition Arrangements with a Specific Employee		
1. CALL TO ORDER	<i>Bjorndal</i>	
Meeting called to order at 5:58 p.m.		
2. REPORT ON CLOSED SESSION	<i>Bjorndal</i>	
The closed session was a discussion regarding a personnel issue.		
3. PUBLIC COMMENT		
None		
4. BOARD CHAIR COMMENTS	<i>Bjorndal</i>	
Dr. Bjorndal introduced the new Board Clerk Whitney Reese. She also spoke about the upcoming election for Board membership. Anyone interested in running for a Board seat may reach out to Dr. Bjorndal.		
5. CONSENT CALENDAR	<i>Bjorndal</i>	Action
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. Policy and Procedures		MOTION: by Kornblatt Idell to approve, 2 nd by Kalos. All in favor.
6. REPORT ON BOARD RETREAT	<i>Bjorndal</i>	Inform
Dr. Bjorndal spoke about the January 11 th Board Retreat. The focus was a self-assessment and what the Board can do for both the Hospital and the Health Care District.		

7. PATIENT CARE SERVICES ANNUAL REPORT	<i>J. Winkler</i>	Inform
<p>Jessica Winkler, Chief Nursing Officer presented the Patient Care Services annual report. She spoke about the composition of patient care services and introduced leadership in each specialty. She reviewed clinical quality and safety measures for the departments. This included sepsis, safe psychiatric care, pressure injuries, infection prevention, falls, antibiotics, surgical site infections, surgical complications, time outs, and retained foreign bodies. Ms. Winkler noted that most all metrics goals are met but also have continuous work being done and monitored. Service Excellence – HCAHPS scores were reviewed for ED, Surgical Services and In Patients. The texting service shows better response rates than the in-patient surveys. Many of the in-patient scores were above the national and state averages.</p> <p>Ms. Winkler presented a look back on 2023 and the changes that occurred. The biggest being the implementation of EPIC. It also included successful surveys, hiring of innovative leadership, implementation of Age friendly Health system, a new Emergency Department physician group and community event participation. Ms. Myatt Lee spoke about a recent visit with a loved one in the ICU. She reported it was a five-star experience at every level. She spoke about the excellence of the daily interdisciplinary rounds. Looking ahead to 2024 the goals are to:</p> <ul style="list-style-type: none"> • Grow nursing expertise. • Hire an ED leader. • Expand the Age Friendly Health System • Provide improved services through nurse-led initiatives. <p>Dr. Bjorndal asked about the specific training being done with the schools. Ms. Winkler said that nursing students are doing rotations in various departments. This includes both students at the beginning of the nursing program and nursing students at the end of their programs. These student programs often result in hiring after program completion.</p>		
8. FINANCE COMMITTEE QUARTERLY REPORT	<i>Boerum</i>	Inform
<p>Mr. Boerum gave the Finance Committee quarterly report. He spoke about the work done by the committee surrounding the extension of the line of credit and the review of the operating margin and the impact on depreciation.</p>		
9. US BANK EXTENSION	<i>Armfield</i>	Action
<p>Mr. Armfield presented the proposed 90 extension for the line of credit with US Bank. This was recommended by the Finance Committee.</p>		<p>MOTION: to approve the 90-day extension of the line of credit by Boerum. 2nd by Myatt Lee. All in favor.</p>
10. CEO REPORT	<i>Hennelly</i>	Inform
<p>Mr. Hennelly reported that the Anthem negotiations continue with no major progress happening. The PT expansion project is underway with funding at the halfway point. February brings the Active Aging Series at Vintage House.</p>		

11. ODC UPDDATE	<i>Hennelly/Drummond</i>	Inform
<p>Mr. Hennelly reported that the temporary MRI building has been placed, with the magnet to arrive in the next week. In five to six weeks the city will inspect the site for approval. The goal is to have the first patient in March.</p>		
12. CMO REPORT	<i>Sankaran</i>	Inform
<p>Dr. Sankaran spoke about the progress being made on the Age Friendly Health System. This includes:</p> <ul style="list-style-type: none"> • Optimization of the preoperative orthopedic patient’s process. • Evidence – based hospital care for elderly patients focused on the three M’s. The focus has decreased the inpatient length of stays and increased mobility of inpatients. • Becky Spear, Geriatric NP will move into the outpatient setting and begin seeing patients two days a week in the family medicine practice. <p>Dr. Brown will be leaving in March and work is being done on bringing Jennifer van Warmerdam on board by April 1st.</p> <p>Mr. Hennelly thanked Dr. Sankaran for her service and work as this will be her last Board meeting.</p>		
13. FINANCIALS FOR MONTH END DECEMBER 2023	<i>Sankaran</i>	Inform
<p>Mr. Armfield reported that December was another challenging month as the hospital fell short of the budget expectations from operations. The primary issue in the budget variance was due to volume. The surgical volume was at an eighteen-month low. In January, the volumes did surpass the December volumes significantly. Operating expenses have been stable. Overall performance still outpaces prior years. The end of month had better cash on hand than November.</p> <p>Mr. Boerum asked about the CHFFA loan payment. Mr. Armfield expects payment in February. This money will be used to reduce the balance on the line of credit.</p> <p>Mr. Boerum asked for plans on building revenue service lines to continue to support the community.</p>		
14. COMMITTEE UPDATES	<i>Bjorndal</i>	Inform/Action
<ul style="list-style-type: none"> • Audit Committee: 2024 Work Plan – Mr. Boerum reviewed the four-meeting work plan for the year. Audit Committee Charter – Mr. Boerum presented the charter for the Audit Committee. The focus was kept to the financials of the hospital. • Governance Committee 2024 Work Plan Committee Charters/Charter Templates – Ms. Kornblatt Idell reported that Governance is recommending all of the committees use one template for the charters for continuity. After all of the committees have reviewed their respective charters the Board Clerk 	<i>Boerum</i> <i>Kornblatt Idell</i> <i>Boerum</i>	MOTION to approve the proposed committee items: Audit Committee work plan, Audit Committee charter contents, Governance Committee workplan by Kornblatt Idell 2 nd by Myatt Lee. All in favor.

<p>will then format them into one template and present all to the Board for approval at the March or April meeting.</p> <ul style="list-style-type: none"> Finance Committee Mr. Boerum presented the replacement of Peter Hohorst on the Finance Committee with Mr. Dennis Bloch. 		<p>MOTION to approve Dennis. Bloch for Finance Committee membership by Boerum 2nd by Myatt Lee. All in favor.</p>
<p>15. BOARD COMMENTS</p>	<p><i>Board Members</i></p>	<p>Inform</p>
<p>Mr. Boerum informally recommended a joint Board meeting with Marin Health Board of Directors.</p>		
<p>16. ADJOURN</p>	<p><i>Chair</i></p>	
<p>Adjourned at 7:09 p.m.</p>		



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, JANUARY 23, 2024
In Person at Sonoma Valley Hospital
347 Andrieux Street
and Via Zoom Teleconference

Present	Not Present/Excused	Staff	Public	
Wendy Myatt Lee, in person Subhash Mishra, MD, via Zoom Catherine Donahue, in person Bob Crane, via Zoom Graham Smith, via Zoom Ed Case, in person	Bill Boerum Carl Gerlach	John Hennelly, CEO, in person Ben Armfield, CFO, in person Dawn Kuwahara, via Zoom	Dan Kittleson Dennis Bloch in person – Audit Committee member	
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>Myatt Lee</i>			
	Called to order at 6:01 p.m.			
2. PUBLIC COMMENT SECTION	None			
3. CONSENT CALENDAR	<i>Myatt Lee</i>		Action	
a. Finance Committee Minutes 12.19.23			MOTION: by Mr. Case to approve, 2 nd by Mr. Crane. All in favor	
4. FINANCIAL MATTERS DISCUSSED AT THE BOARD RETREAT	<i>Myatt Lee</i>		Inform	
	Ms. Myatt Lee gave an update on what was discussed at the January Board Retreat. The focus of the retreat was to review the Board self-assessment. Other topics discussed were:			

	<ul style="list-style-type: none"> • How and if the Board (of the Healthcare District) should / could do more to (1) integrate care across the ‘district’ and (2) serve the LatinX community. • The past 3-4 years of Capital Investments - e.g. MRI, EPIC - were strategically planned to build capacity. With these investments in place, there should be a pivot to increasing demand and utilization. 		
5. AUDIT COMMITTEE WORK PLAN 2024	<i>Myatt Lee</i>	Inform	
	Ms. Myatt Lee informed the Finance Committee that that Audit Committee agreed to take on the items recommended to be moved to the Audit Committee by the Finance Committee. The Audit Committee will be taking their revised Work Plan to the Board for approval.		
6. CHFFA LOAN FOR PAYDOWN ON LOC UPDATE	<i>Armfield</i>		
	Mr. Armfield reported that the funds are expected in the next 30 days.		.
7. US BANK EXTENSION	<i>Armfield</i>	Inform	
	Mr. Armfield presented the US Bank extension and renewal. The presented agreement extends the agreement for 90 days (April 30, 2024). The goal is to have the final terms within the next 30 days.	Motion to approve US Bank 90 extension by Mr. Crane 2 nd by Mr. Smith. All in favor.	
8. FINANCIAL REPORT FOR MONTH END DECEMBER 2023	<i>Armfield</i>	Inform	
	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. The primary driver behind the budget variance is volume. Surgical volumes continue to be suppressed compared to historical levels observed over the last 12 months. December was unique in that it showed 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		

	<p>resulted in an 18-month low in our surgical volumes. The month's surgical volumes drove a degradation in our revenues and was the main factor in the unfavorable performance of the budget. There was a lengthy discussion regarding volume variances and how that is planned and tracked. This included the concerns with the Orthopedic service line transition.</p> <p>Mr. Smith requested a table noting monthly patient receivable breakdown and a 90-day cash flow forecast. Mr. Armfield reviewed the cash forecast update made.</p> <p>Items noted for the February meeting were:</p> <ul style="list-style-type: none"> • Prepare Aging Receivables 30-60-90-120 days • Prepare Cash Flow Forecast 30-60-90 days • Attachment F - Verify Money Market Account line • Look at reporting IGT Funds as an accrual (vs) lump sum payment in April 		
<p>9. ADJOURN</p>	<p><i>Myatt Lee</i></p>		
	<p>Meeting adjourned at 7:12p.m.</p>		



**SONOMA VALLEY HEALTH CARE DISTRICT
 QUALITY COMMITTEE
 January 24, 2024, 5:00 PM
 MINUTES
 Via Zoom Teleconference**

Members Present – In Person	Members Present cont.	Excused	Public/Staff – Via Zoom
Susan Kornblatt Idell Carl Speizer, MD Howard Eisenstark, MD Ingrid Sheets, EdD, MS, RN Michael Mainardi, MD Kathy Beebe, RN PhD Carol Snyder		Judith Bjorndal, MD Sujatha Sankaran, MD CMO Denise Kalos	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 Lynn McKissock, Chief of HR John Hennelly, CEO Stacey Finn, Medical Staff Manager

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	
	Meeting called to order at 5:00 pm.	
2. PUBLIC COMMENT	<i>Kornblatt Idell</i>	
	None	

3. CONSENT CALENDAR	<i>Kornblatt Idell</i>	ACTION
<ul style="list-style-type: none"> • QC Minutes 12.06.23 		MOTION: by Mainardi to approve, 2 nd by Eisenstark. All in favor.
4. ED QA/PI	<i>Winkler</i>	INFORM
	<p>Ms. Winkler presented the 2023 overview of the Emergency Department QA/PI.</p> <p>The presentation included ED volumes, transfers, left without being seen, and leaving against medical advice.</p> <p>Ms. Winkler spoke about the acuity levels that were seen in the ED, the most common diagnoses and patient demographics.</p> <p>Blood culture contamination quality metrics were reviewed. The targets combined met the goals. When looking individually at the metrics, they met or were very close to the goal.</p> <p>Documentation of observation of high-risk patients went over the volumes and ages high risk patients. Out of the CIHQ survey findings it was recommended that the ED add MD orders, finding and utilizing a specific flow sheet and documenting every hour or more. While the numbers improved since the May implantation there was a dip in December.</p> <p>Process improvement on left without being seen was reviewed.</p> <p>Another process improvement plan being worked on defines the role of the Triage. This includes changing the workflow and culture of the Triage and resource RN, and implementing nurse-initiated orders.</p>	
5. PATIENT CARE SERVICE DASHBOARD Q4	<i>Winkler</i>	INFORM
	<p>Ms. Winkler reviewed the patient care services dashboard. This included quality metrics on Medication Scanning rates (all depts met that metrics), QAPI the metrics were met with the exception of the continuous observation of high-risk patients, Case Management, Nursing Turnovers</p>	

	(some turnover on all units), Pt Experience (Q Reviews) scores reviewed, and nursing staffing effectiveness (transfers/staffing and beds) One transfer out.	
6. WORKPLACE VIOLENCE PROGRAM	<i>McKissock</i>	INFORM
	Ms. McKissock presented the current workplace violence program. The program includes incident response, post-incident response & investigation, identification of the types of incidents and the corresponding reporting requirement to the staff and support to be provided to victims. The training for employees begins on the first day of employment; it includes an online initial training, an annual online course, conflict resolution/de-escalation workshops and management of aggressive behavior provided to key staff.	
7. QUALITY INDICATORS PERFORMANCE & PLAN	Cooper	INORM
	<p>Mortality – No deaths in November. Eight deaths in December. All deaths were expected due to acuity and diagnosis.</p> <p>Patient Safety Indicators- No events.</p> <p>Adverse Event Reporting – No events including Pre-Op/Post Op discrepancies, adverse events from Anesthesia or operative adverse.</p> <p>Blood Products – In November there was one patient that fell out due to follow up labs not ordered.</p> <p>Medication Errors and Adverse Drug Reactions – No events reported.</p> <p>Patient Falls – One fall in December due to confusion. No injuries noted.</p> <p>Readmissions – 9% in Nov. and dropped to 5% in December.</p> <p>Blood Culture Contamination – The RN contamination rate has shown great improvement due to the ongoing education in the Emergency Department.</p> <p>Stroke Certification Measures- The overall numbers were low so the few fallouts significantly impacts meeting the</p>	

	<p>targets. The biggest concern was the time for Neuro consult. This issue has been addressed directly with UCSF. There was also a fall out with reading of images. This was due to an IT issue that has since been resolved.</p> <p>Utilization Management – case mix index was 1.45 which was high severity of illness. No one day stays. Because of the low numbers of one day stays that metric may be removed.</p> <p>Core Measures</p> <ul style="list-style-type: none"> • Colonoscopies – Have remained at 100%. • ED arrival to departure times – In November it was at 112 minutes (goal of 130) In December it was 168 minutes, which is still under the national average. • ED LWBS – 0.2 and improvement from November to December. • CT/MRI results w/in 45 min of arrival • Sepsis – one fall out with blood draw, two with a no redraw of lactate, and one pt who missed the severe sepsis bundle. <p>Infection Prevention- No HAI, hand hygiene met the goals CIHQ Corrective Action Plan compliance – Fall outs with temperature logs in the ED and OR. Currently in the process of trialing an automatic reporting thermometer. Safe transport of surgical supplies had one tray fall out. Antibiotic Stewardship training remains an opportunity for improvement. Family notification of hospitalization has opportunity for improvement at 89% patients being asked. Hand hygiene will remain on the report. Patient identification had one fall out. Medical staff restraint policy review is at 90%.</p> <p>Patient Satisfaction – No report - HCAHPS reported quarterly</p> <p>Rate My Hospital for November and December – all scores were over 4.5</p>	
7. POLICIES AND PROCEDURES	<i>Cooper</i>	INFORM

	<p>The following policies were presented for recommendation for approval by the Board of Directors:</p> <ul style="list-style-type: none"> Admission and Discharge Criteria by Unit Antimicrobial Stewardship Body Fluid Exposure Prophylaxis Kit Preparation Cancellation No Show Controlled Substance Management CT Abdomen & Pelvis, Oral Preparation CT Scanner Quality Control Discrepancy, Emergency Department and Radiologist Dosimetry Gastrograffin Oral Prep for Adult ED patients Infection Control Water management Inspection of Nursing Units and Medication Storage Areas Preparation of Methotrexate IM Doses Using ChemoClave System Procedure Rehabilitation Services with Patients in Contract Isolation RETIRE: Adult Hypoglycemia Protocol Scope of Service- Pharmacy Department Surgical Hand Scrub-Antisepsis Universal Protocol 	
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 Speizer to approve, 2nd by Mainardi. All in favor.
9. ADJOURN.	<i>Kornblatt Idell</i>	
	Meeting adjourned at 6:16p.m.	

Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/01/2024 12:05 PM

Report Parameters

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

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 29

Committee: 09 BOD-Board of Directors

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

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
C-II Controlled Substance Wholesaler Invoice Management Procedure 8390-04 Pharmacy Dept	Pending Approval	2/29/2024	1
Summary Of Changes: Updated name of wholesaler website to access when receiving controlled substances Moderators: Newman, Cindi (cnewman) Lead Authors: Kutza, Chris (ckutza) Approvers: Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Compounding Policies, Annual Review Medication Management Policies (MM)	Pending Approval	2/29/2024	1
Summary Of Changes: Revised policy to separate table (Attachment A) from the body of the document. 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)			
Dress Code Human Resources Policies (HR)	Pending Approval	2/29/2024	1
Summary Of Changes: Added language to reinforce non-discrimination based on a protected class (i.e., race, religion, etc.). Added language regarding condition of fingernails for employees providing direct patient care. Removed uniform requirement for Admitting (Black Blazer). Other minor language updates to provide clarity. Updated references: Title VII of the Civil Rights Act of 1964, Moderators: Newman, Cindi (cnewman) Lead Authors: McKissock, Lynn (lmckissock) Approvers: Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Employees as Patients Human Resources Policies (HR)	Pending Approval	2/29/2024	1
Summary Of Changes: Updated the language to reflect the specific provisions under which SVH will waive expenses for medical care/treatment			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/01/2024 12:05 PM

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

received at SVH by employees and/or their covered dependents, in alignment with IRS regulations.
Updated References.

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

Equal Employment Opportunity	Pending Approval	2/29/2024	1
<i>Human Resources Policies (HR)</i>			

Summary Of Changes: **Updated Title of policy: Equal Employment Opportunity (Old Title: Equal Opportunity)**
Updated language and the organization of the policy throughout to more clearly and specifically identify the principles and definitions of harassment and discrimination.
Removed outdated language (such as "handicap")
Updated references.

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

Leaves - Voting Time Off	Pending Approval	2/29/2024	1
<i>Human Resources Policies (HR)</i>			

Summary Of Changes: **Minor language edits to provide clarity.**
Added: "in an official statewide election" to clarify appropriate use of paid time off for voting

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

NEW:: Compounding Nonsterile Drug Products	Pending Approval	2/29/2024	1
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **NEW Policy**
policy to match newly updated revision to USP 795. Includes defining nonsterile compounding, defining scope of policy, added requirement for designated person overseeing process, addresses training of personnel, addresses requirements for facilities used for nonsterile compounding, addresses garbing, updates requirements for master formulation record, compounding records, and beyond use dates, defines need for QA program, includes need for self assessment documentation per state regulations.

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)

NEW:: IV Compounding (Non-Pharmacy Location)	Pending Approval	2/29/2024	1
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **NEW policy. Major changes to current policy. This replaces MM8610-118 IV Compounding Outside the Pharmacy. Per USP 797**
To define the process in which sterile injectable pharmaceuticals are mixed outside of the pharmacy in such a way as to ensure safe and timely provision of drug therapy to hospital patients and when it is appropriate to do so.
addresses need for training and competency assessments, defines medication prep area, clarifies when after hours compounding outside of the pharmacy is appropriate. Added attachments for SOP and Nursing competency.

Added attachments:
Compounding Sterile Preparations on Patient Care Units SOP (Standard Operating Procedure)
IV Compounding (Non-Pharmacy Location) Competency

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/01/2024 12:05 PM

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

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)**

NEW:: QAPI Procedures for Sterile Compounding Quality Assurance program. NEW Pharmacy Dept	Pending Approval	2/29/2024	1
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Summary Of Changes: **This replaces legacy policy similar name numbered 8390-102 NEW POLICY Significant reorganization and content updates to ensure policy meets requirements from updated USP 797 standards. Defines requirement standards for Staff training and competency, Cleaning and Disinfecting compounding area, Environmental Controls & Microbiological Environmental Monitoring, End Product Sterility, Endotoxin, and Quantitative Testing, Adverse events and complaints related to sterile compounding. Added attachments that support the policy.**

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)**

NEW:: Transfusion Transmitted Infectious Disease Notification Laboratory Services Policies (LB)	Pending Approval	2/29/2024	1
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Summary Of Changes: **New to the portal. Policy was found in the department policies and is required for survey and CLIA. Approved by Medical Director in 2020. New: Clarification needed by Board Quality, changed verbiage from virus or parasite to infectious agent and added transfusion transmissible disease marker as well as disposition process of quarantined blood. Did not list all infectious diseases instead included most common.**

10-30-23 Updated policy to reflect Board Quality's comments for clarity.

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kuwahara, Dawn (dkuwahara), Ramos, Karen (kramos)**
 ExpertReviewers: **Medical Director-Lab**
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

NEW:: Sterile Compounding (USP 797) Medication Management Policies (MM)	Pending Approval	2/29/2024	1
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Summary Of Changes: **NEW POLICY replacing legacy Sterile Compounding (MM8610-117) policy due to substantial updates to the USP 797 Standards.**

Policy provides written guidelines for compounding sterile preparations including procurement, storage, ordering, preparation, facilities and equipment, staff education and training, labeling, and quality assurance/quality assurance records.

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)**

Patient Controlled Analgesia (PCA) Medication Management Policies (MM)	Pending Approval	2/29/2024	1
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Summary Of Changes: **Updated nursing duties to include Q shift review of the settings, dual RN checks, clearing the pump of doses every 12 hours, and documentation of these activities in the medical record. Removed appendix from the body of the policy to make it a separate attachment.**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/01/2024 12:05 PM

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

Moderators: **Kutza, Chris (ckutza), Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza)**
 ExpertReviewers: **Taylor, Jane (jtaylor)**
 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)**

Pharmacy Staff Competency Assessment <i>Pharmacy Dept</i>	Pending Approval	2/29/2024	1
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Summary Of Changes: **Reviewed, no changes**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza)**
 ExpertReviewers: **McKissock, Lynn (lmckissock)**
 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)**

PTO/Time Off Requests (Lab) <i>Clinical Lab Dept</i>	Pending Approval	2/6/2024	24
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Summary Of Changes: **Reviewed, minor changes.**
OLD:After the schedule is posted, no PTO/TIME OFF requests for that period will be accepted or approved.
NEW:After the schedule is posted, PTO/TIME OFF requests for that period will be accepted but not guaranteed.

OLD: If you need time off during the posted schedule, each staff member will have to find their own coverage for the shift (s) they want off.
NEW:If you need time off during the posted schedule, each staff member has the option to find their own coverage for the shift (s) they want off.
New: Corrected Title

OLD: Inappropriate use of PTO is not acceptable. Please review the PTO ABUSE Organizational policy to be aware of Sonoma Valley Hospital's definition of unacceptable use of PTO.
NEW: Inappropriate use of PTO is not acceptable. Please review the Paid Time Off Organizational policy to be aware of Sonoma Valley Hospital's definition of unacceptable use of PTO.

Added Holiday sign-up

Added Absenteeism and Tardiness

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ramos, Karen (kramos)**
 Approvers: **Kuwahara, Dawn (dkuwahara) -> Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Purchase Order Returns <i>Materials Management Dept</i>	Pending Approval	2/6/2024	24
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Summary Of Changes: **Reviewed- No changes.**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Dugger, James (jdugger)**
 Approvers: **Drummond, Kimberly (kdrummond) -> Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Required Notifications: California Department of Public Health (CDPH) and Sonoma County Board of Supervisors <i>Governance and Leadership Policies</i>	Pending Approval	2/6/2024	24
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Summary Of Changes: **Fixed abbreviations and titles. Added designee in place of Director of Quality if needed.**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/01/2024 12:05 PM

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

No other content changes

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Cooper, Kylie (kcooper)
 ExpertReviewers: Drummond, Kimberly (kdrummond)
 Approvers: Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)

RETIRE: Bloodborne Pathogen Exposure Control Policy <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	2/29/2024	1
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Summary Of Changes: RETIRE: Redundant (covered in plan)

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Montecino, Stephanie (smontecino)
 ExpertReviewers: Kutza, Chris (ckutza), Kuwahara, Dawn (dkuwahara), Sankaran, Sujatha (ssankaran)
 Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

RETIRE: Compounding Drug Products <i>Medication Management Policies (MM)</i>	Pending Approval	2/29/2024	1
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Summary Of Changes: RETIRE: Now obsolete due to industry updates (USP 797)

Replaced by NEW Policy :Compounding Nonsterile Drug Products MM8610-237

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)

RETIRE: Guest Tray <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	2/13/2024	17
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Summary Of Changes: Policy no longer applicable, propose retiring policy

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Finn, Bridget (bfinn)
 Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> Hennelly, John (jhennelly) -> 09 BOD-Board of Directors - (Committee)

RETIRE: Hazardous Material Chemical List <i>Care of the Physical Environment (CE)</i>	Pending Approval	2/6/2024	24
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Summary Of Changes: RETIRE: redundant /superseded by CE8610-144 Hazardous Materials Spill Response Policy.

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Lantican, Jhon (jlantican)
 Approvers: Drummond, Kimberly (kdrummond) -> Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)

RETIRE: Insurance Benefits <i>Human Resources Policies (HR)</i>	Pending Approval	2/6/2024	24
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Summary Of Changes: RETIRE: It is not necessary, nor a requirement, to have a policy regarding insurance benefits available to employees. All benefits that are available to employees are communicated through a variety of other methods/documents.

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/01/2024 12:05 PM

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)

RETIRE: Leave of Absence Policies	Pending Approval	2/6/2024	24
<i>Human Resources Policies (HR)</i>			

Summary Of Changes: **RETIRE: This policy is a list of all the policies related to Leaves of Absence. It is not necessary.**

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

RETIRE: Placement on Salary Range	Pending Approval	2/6/2024	24
<i>Human Resources Policies (HR)</i>			

Summary Of Changes: **RETIRE: Much of this policy is outdated and/or not relevant. Elements that are still applicable are redundant to content in the Hiring Process: Recruitment & Selection policy, #HR8610-325**

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

RETIRE:: IV Compounding Outside of the Pharmacy	Pending Approval	2/29/2024	1
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **RETIRE due to major changes . USP 797
 New Policy MM6810-218 IV Compounding (Non-Pharmacy Location) will replace and in approval process**

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)

RETIRE:: QAPI Procedures Sampling Plan-IV Room	Pending Approval	2/29/2024	1
<i>Pharmacy Dept</i>			

Summary Of Changes: **Retire as obsolete--new policy to replace with updated requirements and processes>
 NEW POLICY is named: QAPI Procedures for Sterile Compounding Quality Assurance program.
 Sampling Plan-IV Room**

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

RETIRE:: Sterile Compounding	Pending Approval	2/29/2024	1
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Retire as obsolete. Replacing with new policy: Sterile Compounding (USP 797)**

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)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/01/2024 12:05 PM

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

<p>Rotation of Stock</p> <p><i>Materials Management Dept</i></p> <p>Summary Of Changes: Policy reviewed. No changes were made.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Dugger, James (jdugger)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>	Pending Approval	2/6/2024	24
<p>Safety in Materials Management</p> <p><i>Materials Management Dept</i></p> <p>Summary Of Changes: Reviewed- No Changes</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Dugger, James (jdugger)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>	Pending Approval	2/6/2024	24
<p>Security in Materials Management</p> <p><i>Materials Management Dept</i></p> <p>Summary Of Changes: Reviewed-No Changes.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Dugger, James (jdugger)</p> <p>Approvers: Drummond, Kimberly (kdrummond) -> Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>	Pending Approval	2/6/2024	24



City of Sonoma Update to SVHCD Board of Directors

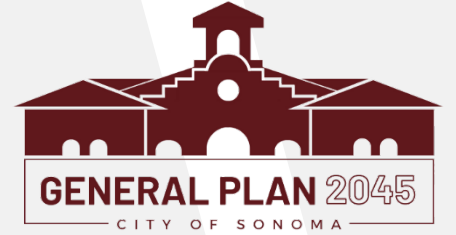
March 7, 2024



KEY TOPICS

- **General Plan Update**
- **City Council Goals**
- **Potential Revenue Measure**

GENERAL PLAN WHY IS IT IMPORTANT?



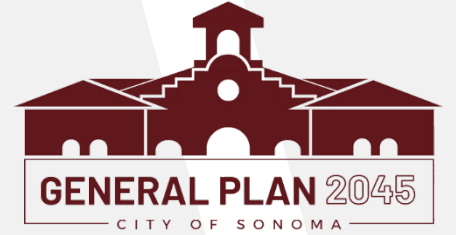
Community Vision

The General Plan Update is an opportunity to reaffirm and refine the Community's Vision for itself

Comprehensive in Scope

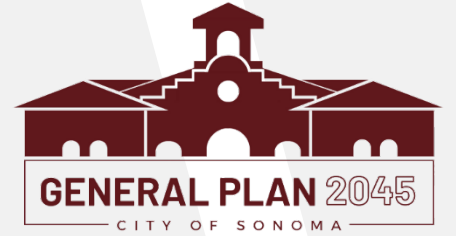
The General Plan serves as the City's 'playbook' for land use and planning decisions

WHY IS THE GENERAL PLAN IMPORTANT?

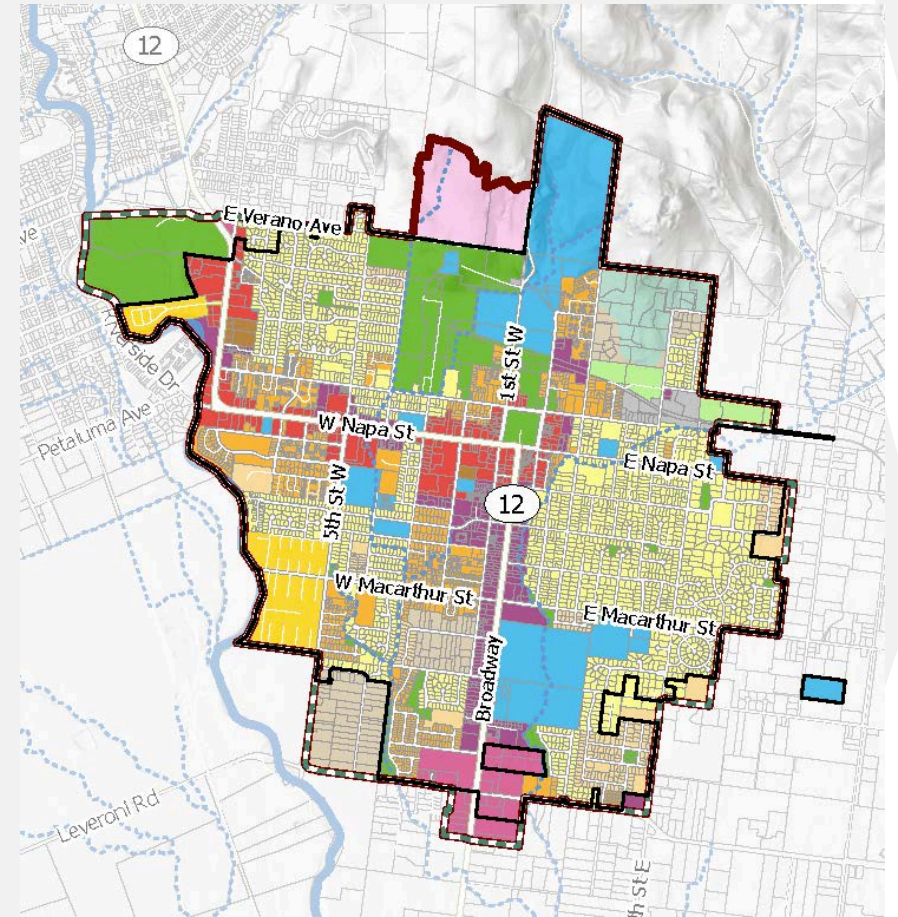


- Strategically identifies budget and capital investment priorities based on realizing the General Plan's vision
- Serves as a management tool used by staff and decision-makers
- Provides guidance regarding priorities for City services including the Capital Improvement Program, Parks Planning, and Utilities Master Plans
- Streamlines development that is consistent with City's vision
- Compliance with State laws and grant eligibility

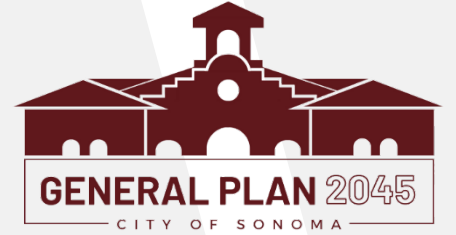
LAND USE MAP



- The Land Use Map assigns a designation to every parcel within the City limits and the City's Sphere of Influence (SOI) and Urban Growth Boundary (UGB)
- Determines what can be built, and where

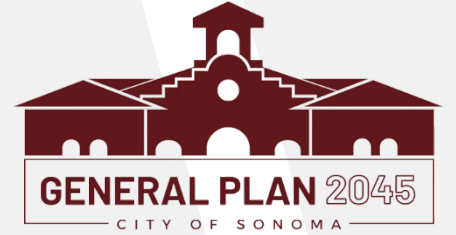


EXISTING GENERAL PLAN



- Last comprehensive update was 2006
 - Circulation Element updated in 2017
 - Housing Element updated in 2023
- Numerous changes to State law
 - Climate change
 - Environmental justice
 - Complete streets
 - Flood and Fire protection

GENERAL PLAN CONTENT



REQUIRED ELEMENTS

- Land Use
- Circulation
- Conservation
- Open Space
- Safety
- Noise
- Housing (*updated in 2023*)

OPTIONAL ELEMENTS

- Economic Development
- Sustainability and Climate Change
- Historic and Archaeological Resources
- Parks and Recreation
- Environmental Justice (Required for Disadvantaged Communities)
- Administration and Implementation

SUMMARY OF THE PROCESS



Public Participation

Existing Conditions Report



Identify Community Priorities



Land Use Map Refinements

General Plan Goals, Policies,
and Programs

Draft General Plan

Environmental Impact Report

Public Hearings - General Plan
and EIR

We are here!

DIGITAL ENGAGEMENT



- Dedicated Website

www.SonomaCity.GeneralPlan.org

- Leverage existing City social media accounts
- Online surveys
- Newsletters

What's New

Work on the City's General Plan Update is just getting started. The City has contracted with a consulting firm, De Novo Planning Group, to lead this effort and guide the City through this process.

Your input is important to us! Join us at the upcoming meetings and opportunities to participate in this exciting process.

**General Plan Kick-off
Joint City Council and Planning
Commission Special Meeting**

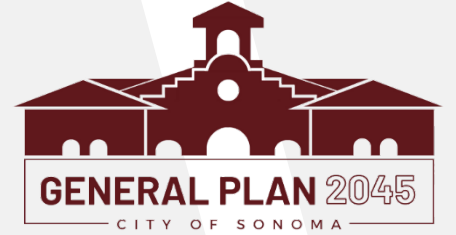
Welcome

Welcome to the Sonoma General Plan Update website! The City is excited to embark on the process of updating its General Plan, and this website will provide the community with an ongoing resource to provide input, track progress, review resource documents, and participate in this very important project.

Each city in California is required to have a General Plan, which serves as a guiding document for the city's long-term growth and development. Sonoma's existing General Plan dates back to 2006, and a lot has changed since then. New housing developments have been built, business and industry are changing, and several new laws and requirements have been enacted by California.

The General Plan addresses a range of important community topics including land use, housing, economic development, transportation, parks and recreation, public safety, and more. City staff, elected and appointed officials, business owners, developers, and citizens can reference the General Plan for guidance on what the community values and what its policies require.

NEXT STEPS



- Complete Existing Conditions Report **Winter 2024**
- Public Outreach Summary Report **Spring 2024**
- Begin work on the General Plan Update Alternatives

CONTACT: generalplan@sonomacity.org



2024 SONOMA CITY COUNCIL GOALS

HOUSING

- Council commitment to address housing needs at all levels (low income, missing middle/ workforce, market rate).
- Emphasis on efficient implementation through streamlined processes, fair fee structures and incentives for low-income development.
- Prioritizing financial viability, exploring diverse funding options, and fostering collaboration with public and private partners for innovative solutions.
- Support for the unhoused population

Economic Development/ Revenue Stewardship

- Committed to economic vitality through a business-friendly environment.
- Attract, retain, and diversify businesses aligned with economic goals.
- Implement revenue-enhancing strategies, explore diverse financial resources, and nurture small businesses for community resilience.

Parks and Recreation/ Community Services

- Create a Parks and Recreation Department for enhanced recreational sites and services.
- Explore tax revenue measures for staffing, organizational structure and infrastructure enhancements.
- Prioritize community collaboration, arts support, cemetery preservation, Plaza Park and surrounding area planning, and conservation easements for a vibrant and well-maintained community.

Climate Mitigation and Adaptation

- Position Sonoma as a climate action leader.
- Implement adopted strategies for reduced environmental impact.
- Potential initiatives: improving public transit, **TREES**, and fostering community engagement for effective climate mitigation and adaptation.

ANNEXATION/UNIFICATION

- Explore annexation options for areas adjacent to Sonoma.
- Initiate community input/engagement to inform a comprehensive study by LAFCO (guided by input from the City Council and County Board of Supervisors).
- Emphasize transparent and inclusive community engagement to ensure active resident participation in decision-making.

2024 COUNCIL GOALS

HOUSING

ECONOMIC DEVELOPMENT/ REVENUE
STEWARDSHIP

PARKS AND RECREATION/ COMMUNITY
SERVICES

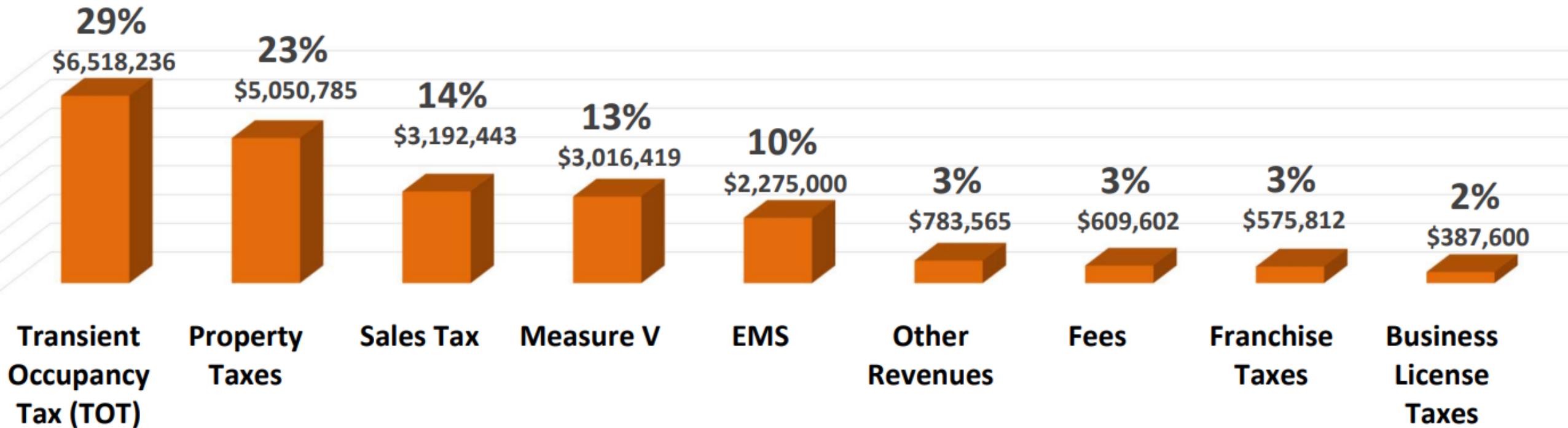
CLIMATE MITIGATION AND ADAPTATION

ANNEXATION / UNIFICATION

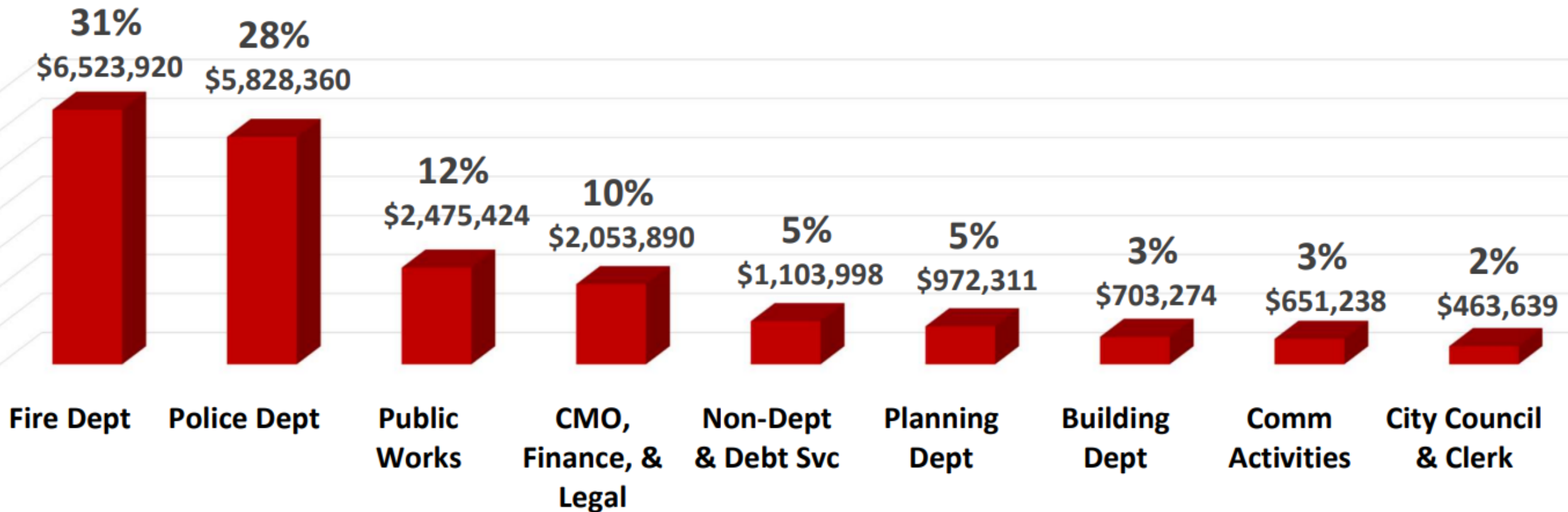


www.sonomacity.org/council-goals/

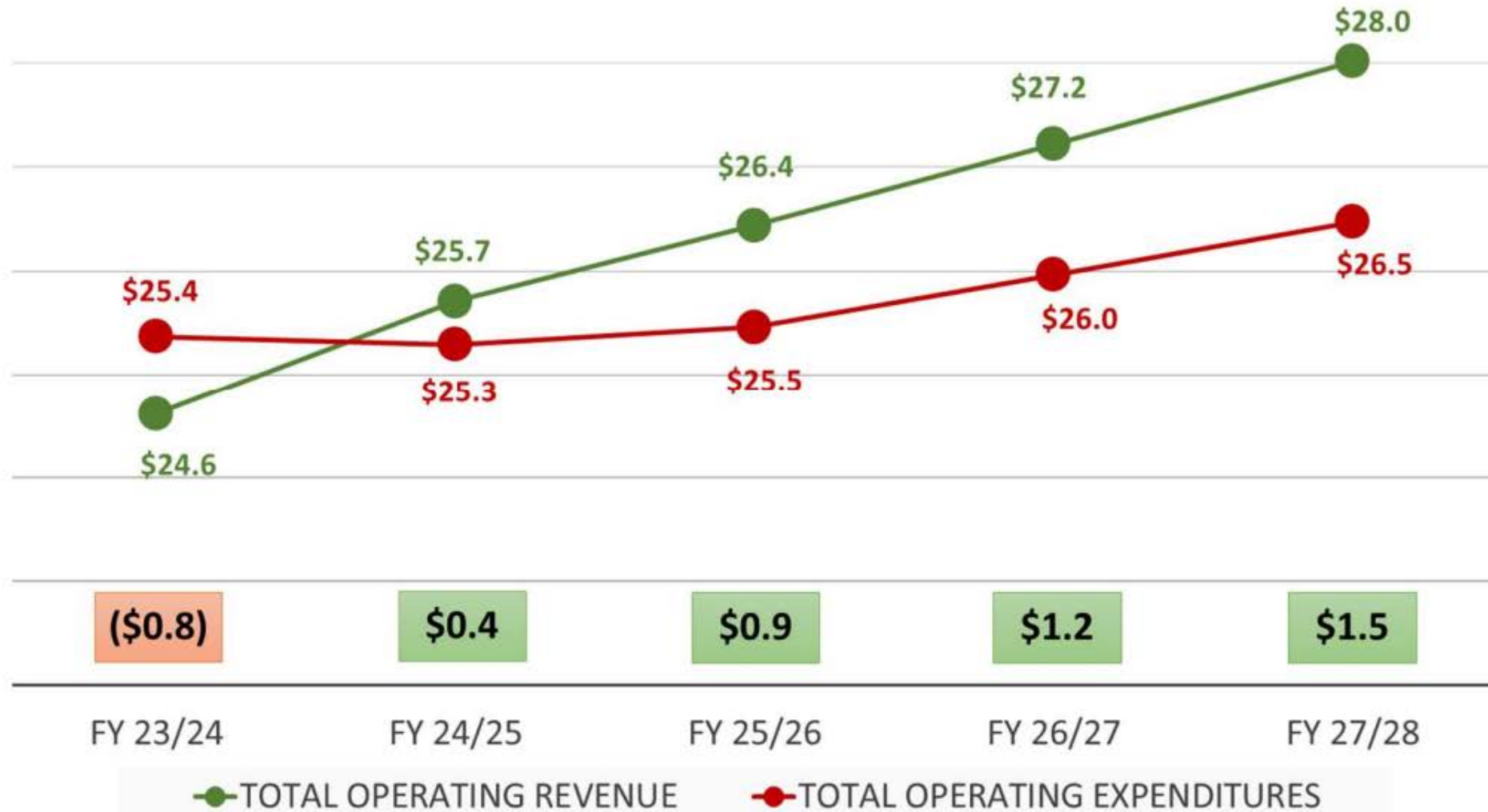
FY 23/24 BUDGET GENERAL FUND REVENUE

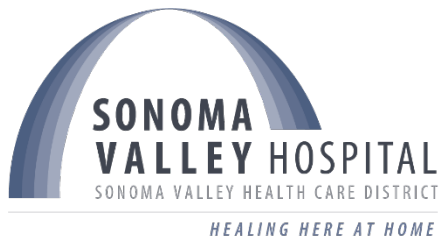


FY 23/24 BUDGET GENERAL FUND EXPENSES



FY 23/24 BUDGET 5 YEAR FORECAST (ASSUMPTION CHANGES)





To: SVHCD Board of Directors
From: John Hennelly
Date: 03.07.24
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 in January were exceptionally strong with both in and outpatient services exceeding budgets. Surgical volume set an 18 month high with 192 procedures. Inpatient efficiencies continue to shine as discharges rose while average length of stay remained at national benchmarks. We continue to plan for a slow spring as our anchor orthopedist, Dr Michael Brown exits the organization effective 3.7.24.

Physical Therapy continues to outperform targets. Volumes continue to exceed budget with January hitting a fiscal year high.

January financials outperformed both the previous year and budget delivering the second-best month of the fiscal year. Cash has slowed as Fall volumes have been weak. Our collection levels remain slightly above pre-Epic averages.

The hospital continues to recruit heavily for **practitioners**. We are in negotiations with several providers in various subspecialties to locate practices in Sonoma. Orthopedics remains top priority along with general surgery. The hospital is working to incorporate two local general surgeons into the 1206b. Their practice is unsustainable operating independently.

Capital

The temporary **MRI project** is nearing completion. The weather has caused delays but the team has worked creatively to stay on schedule. The magnet was delivered the last week of February and is scheduled to be powered up the first week of March. Training and inspections should be completed by the end of March.

The **ICU renovation** plan is complete and under review with HCAI. We expect approval in June. Once we have an approved plan we will issue an RFP. We expect construction to begin in late Fall. The project is scheduled for completion in Spring 2025.

The **PT expansion** is also in plan review. We expect construction to begin in late Spring and complete in late Fall. The Foundation has raised roughly 60% of the \$2m needed to fund the project.

Other

The hospital continues with insurance contract review. The focus is currently on the Anthem Blue Cross contract. We have been in negotiations with Anthem for 8 months but remain far apart. The hospital extended the contract through 3/31/24. If we are unable to agree upon a rate increase, Anthem Blue Cross will no longer be in network at the hospital.

SVH Performance Score Card

1. Quality and Safety

Objective	Target	DEC.23	JAN.24	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	3.98	0.00	↑	
Patient fall with injury per 1000 pt days	<3.75	0.00	0.00	↔	
Surgical Site Infections per 1000 Acute Care Admissions	0.00	0.00	0.00	↔	

Core Measures					
Sepsis Early Management Bundle % compliant	>81%	57.1 (n=7)	100 (n=6)	↑	Sepsis task force meets montly to address
Severe Sepsis 3 hour Bundle % compliant	>94%	100 (n=7)	100 (n=6)	↑	
Severe Sepsis 6 hr Bundle % compliant	100.00	85.7 (n=7)	100 (n=4)	↑	
Core OP 23- Head CT within 45 mins % compliant	70.00	N/A	100 (n=2)	↔	

Mortality					
Acute Care Mortality Rate %	<15.3	10.40	4.50	↑	Lower is better

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	168 (n=22)	134 (n=29)	↑	
Core Op 22 ED Left without being seen LWBS	<2%	0.2 (n=2)	0.4 (n=3)	↓	

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	0.25	0.00	↑	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	5.63 (n=4)	2.86 (n=2)	↑	Lower is better



2. Employees

Objective	Target	DEC.23	JAN.24	Trend	Supporting Detail
Turnover	<3%	0.3	0.8	↓	
Workplace Injuries	<20 Per Year	4 (QTR 4)	2 (QTR 1)	↔	

3. Patient Experience

Objective	Target	NOV>23	DEC.23	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>90%	90 (n=20)	89 (n=9)	↓	Top Box Scores. % of patients that ranked us 5/5
Communication	>90%	87 (n=20)	98 (n=9)	↑	
Discharge Instructions	>95%	97 (n=20)	93 (n=9)	↓	
HCAHPS					
Recommend the hospital	>90%	79 (n=19)	80 (n=19)	↑	Top Box Scores. % of patients that ranked us 5/5
Communication with Nurse	>90%	82 (n=20)	89 (n=19)	↑	
Communication with Doctor	>90%	80 (n=20)	86 (n=18)	↑	
Cleanliness of Hospital	>90%	85 (n=20)	74 (n=19)	↓	
Communication about medicines	>90%	46 (n=13)	67 (n=9)	↑	
Discharge Information	>90%	88 (n=17)	95 (n=19)	↑	

4. Volume

Objective	Target	DEC.23	JAN.24	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>855	890.0	868.0	↓	
Surgical Volume Outpatient	>140	121.0	161.0	↑	
Surgical Volume Inpatient	>13	12.0	14.0	↑	
Inpatient Discharges	>70	83.0	75.0	↓	

5. Financial

Objective	Target	DEC.23	JAN.23	Trend	Supporting Detail
Operating EBDA in %	>-4.0%	-28.3%	4.9%	↑	
Days Cash on Hand month end	>42	21.5	19.8	↓	
Net Revenue (\$M) (annualized)	>\$46	\$ 50.8	\$ 52.8	↔	

Scorecard Definitions for Quality Metrics

Central Line Associated Blood Stream Infection (CLABSI)

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

Catheter Associated Urinary Tract Infection (CAUTI)

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

CDIFF (Clostridium Difficile)

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

Sepsis Early Management

Obtain Blood Cultures BEFORE antibiotics

Administer Antibiotics

Obtain Lactate Level

Lactate Level repeated (if elevated)

Severe Sepsis 3 hour bundle

All above included plus-

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

Focused MD exam

Severe Sepsis 6 hour bundle (septic shock only)

Lactate greater than 4 or

If persistent hypotension with 1 hour of fluid administration add Vasopressor

Shock reassessment by physician

Mortality

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

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

PSI 90

Summarizes patient safety across multiple indicators including-

Pressure Ulcers

Falls with Hip Fracture

Perioperative (while in surgery) complications

Postoperative complications

Preventable Harm

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

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

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

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

Readmissions

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



To: SVHCD Board of Directors
From: Ben Armfield, CFO
Date: March 7, 2024
Subject: Financial Report for January 2024

1. OVERALL PERFORMANCE | MONTH

After navigating through several challenging financial months, we are pleased to report that the hospital did see a stark turnaround in January as all overall performance indicators exceeded budget for the month. In fact, the hospital’s Operating EBDA of \$315,038 marks the second-best month we have had this fiscal year.

Table 1 | Overall Performance - January 2024

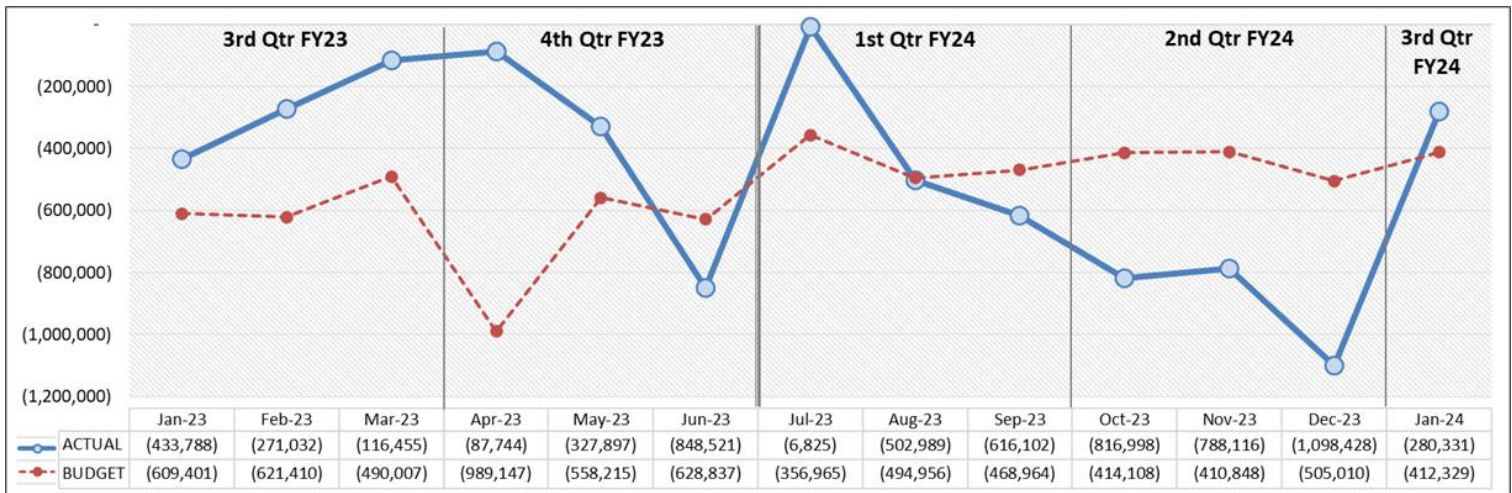
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (141,908)	\$ (406,938)	\$ 265,030	65%	\$ (6,107,792)	\$ (4,504,694)	\$ (1,603,097)	-36%	\$ (6,344,842)	\$ 237,050	4%	
Operating EBDA	\$ 315,038	\$ (33,971)	\$ 349,009	1027%	\$ (3,002,570)	\$ (2,313,925)	\$ (688,645)	-30%	\$ (4,578,086)	\$ 1,575,515	34%	
Net Income (Loss)	\$ 373,621	\$ 311,832	\$ 61,789	20%	\$ (1,805,233)	\$ 526,640	\$ (2,331,873)	-443%	\$ (989,718)	\$ (815,515)	-82%	

The highlight of January and what buoyed the month financially was the positive shift in surgical volumes. As has been discussed during the past couple of committee meetings, the hospital has experienced a degrade in surgical activity over the course of the past four months. This was amplified in December when surgical volumes came in at an 18-month low. January’s surgical volume marked a 50% increase from December’s low, and was nearly 20% higher than our current fiscal year average. Orthopedics, Gastroenterology, Ophthalmology, and General Surgery all experienced significant increases when compared to the prior month. This infusion of surgical volume drove a corresponding increase in both gross and net patient revenues, and was the main driver in the month’s performance.

We did have some IGT activity in January as we accrued for our Quality Improvement Program (QIP) IGT fund, but even without this activity we exceeded budget in both operating margin and operating EBDA.

As has been the case for the majority of this year, operating expenses tracked very close to both budget and prior months. Total operating expenses (without IGT matching fees) tracked right at budget for the month, and ran 4% under budget if you were to exclude depreciation.

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

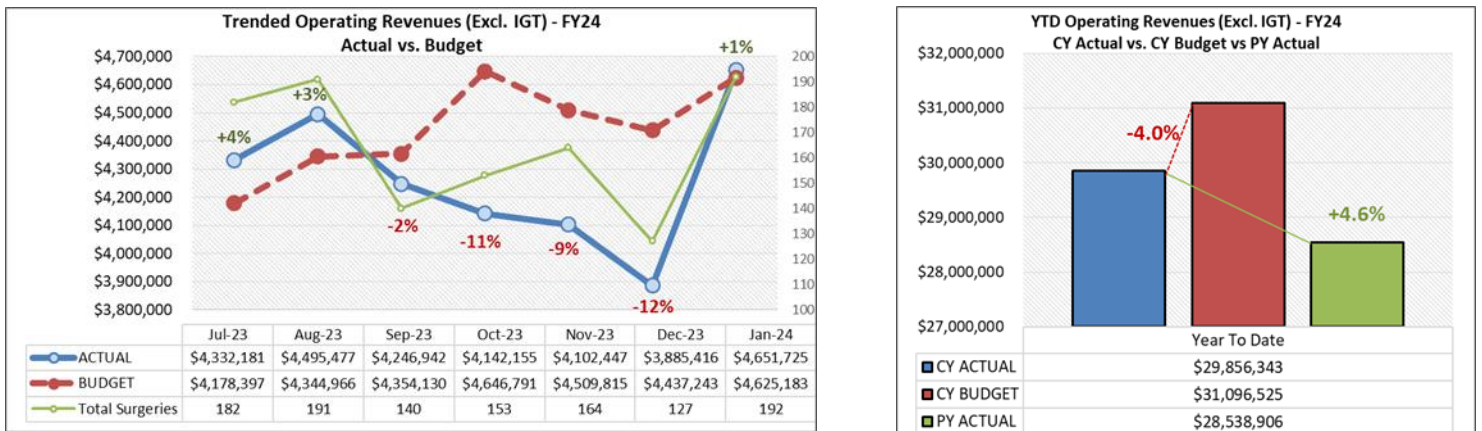


2. NET REVENUE AND VOLUME SUMMARY:

Table 2 | Operating Revenues – Actual vs. Budget - January 2024 (Excluding IGT)

	Month of January 2024				Year To Date January 2024							
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Gross Revenue	\$ 30,002,204	\$ 30,006,151	\$ (3,947)	0%	\$ 199,640,262	\$ 201,238,455	\$ (1,598,193)	-1%	\$ 185,520,458	\$14,119,803	8%	
Net Patient Revenue	\$ 4,543,430	\$ 4,532,377	\$ 11,053	0%	\$ 29,208,909	\$ 30,446,883	\$ (1,237,974)	-4%	\$ 27,911,369	\$ 1,297,540	5%	
NPR as a % of Gross	15.1%	15.1%	0.3%		14.6%	15.1%	-3.3%		15.0%	-2.8%		
Tot Operating Revenue	\$ 4,651,725	\$ 4,625,183	\$ 26,542	1%	\$ 29,856,343	\$ 31,096,525	\$ (1,240,182)	-4%	\$ 28,538,906	\$ 1,317,436	5%	

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

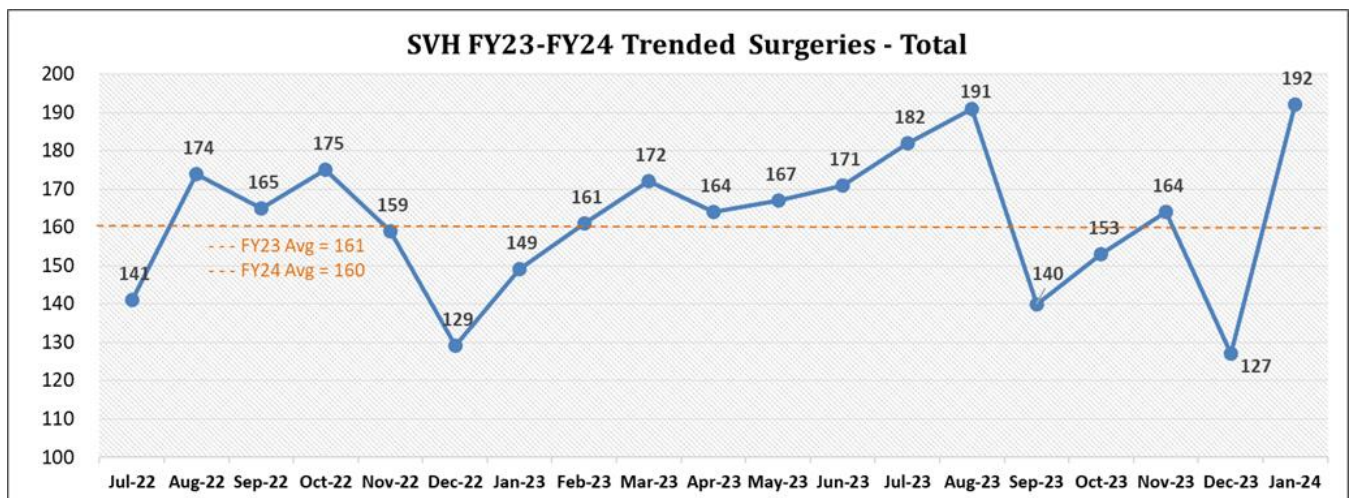


January delivered a very strong month in revenues to the hospital. This growth was driven primarily by an infusion of volume - particularly surgical volume, as the 192 surgeries performed in the month marks a new fiscal year high. January’s surgical activity also represents a 50% increase from December, and nearly a 20% increase compared to our fiscal year run-rate.

NET REVENUE DRIVERS:

- **Surgical Volumes** - We were expecting a rebound in January given the nature of some of the decreases in December, and we were correct as January was a complete reversal from the prior month. Not only did surgeries far outpace December as well as our fiscal year average, they also exceeded budget in January and marked a new fiscal year high.

Graph 2.2 | SVH Trended Surgeries (Total) | FY23 – FY24 YTD



- Service-Line Surgical Volumes** – The most noteworthy aspect of January's surgical volume increase is the substantial month-to-month growth observed in our biggest service-lines – Orthopedics, Gastroenterology, Ophthalmology, and General Surgery. These service lines make up 90% of our overall surgical volume, and all four service lines performed under their respective monthly averages by over 10% in December. That was flipped in January as all four experienced a resurgence, contributing significantly to the overall uptick in surgical volumes. Altogether, surgical volumes from this group exceeded their previous month's total by over 50%. This is certainly encouraging, and while we do expect most of these areas to continue to operate at these levels, it is important to note that some of this surge may not be sustainable through the end of the year as we anticipate a reduction in Orthopedic surgical volumes due to the impending retirement of Dr. Brown, a key provider in this specialty.

Table 2.3 | Surgical Volumes Top 4 Service Lines – January 2024 vs. December 2023, vs. FY24 Average

Service Line	Jan24	Dec23	Var	% Var	FY24 Avg	Var	% Var
Orthopedics	67	49	18	37%	64	3	4%
Gastroenterology	67	47	20	43%	60	7	12%
Ophthalmology	22	11	11	100%	14	8	55%
General	18	10	8	80%	15	3	20%
SubTotal	174	117	57	49%	153	21	13%
Other	18	10	8	80%	11	7	69%
Grand Total	192	127	65	51%	164	28	17%

- Emergency Room Volumes** - Another area of strength in January was our emergency room volumes. After hitting a fiscal year low in November, we witnessed a steady increase in emergency room visits over the past two months, culminating in volumes that have exceeded budgeted expectations once again in January. This positive trend is encouraging, and we anticipate further growth as we navigate through the winter months.
- Ancillary Volumes** – Other outpatient activity continued to demonstrate strength in January as well. Physical therapy volumes have been on the rise, and January sustained this upward trend as the 1,238 visits were a 6-month high. Imaging volumes were also strong, particularly in MRI, CT, and ultrasound.

Table 2.4 | Patient Volumes – January 2024

	Month of January 2024				Year To Date January 2024						
	Current Year		Variance		Current Year		Variance		Prior Year		Variance
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	300	290	10	3%	1,893	1,921	(28)	-1%	1,944	(51)	-3%
Average Daily Census	9.7	9.4	0.3	3%	8.8	8.9	(0.1)	-1%	9.0	(0.2)	-3%
Acute Discharges	75	62	13	21%	507	425	82	19%	465	42	9%
IP Surgeries	14	14	-	0%	98	95	3	3%	112	(14)	-13%
OP Surgeries/Spec Proc	178	176	2	1%	1,051	1,114	(63)	-6%	980	71	7%
Total Surgeries / Procedures	192	190	2	1%	1,149	1,209	(60)	-5%	1,092	57	5%
Total Outpatient Visits	5,080	4,642	438	9%	35,749	31,351	4,398	14%	31,880	3,869	12%
Emergency Room Visits	868	855	13	2%	5,970	6,111	(141)	-2%	5,799	171	3%

Table 2.5 | Outpatient Volumes Trended – Last 6 Months

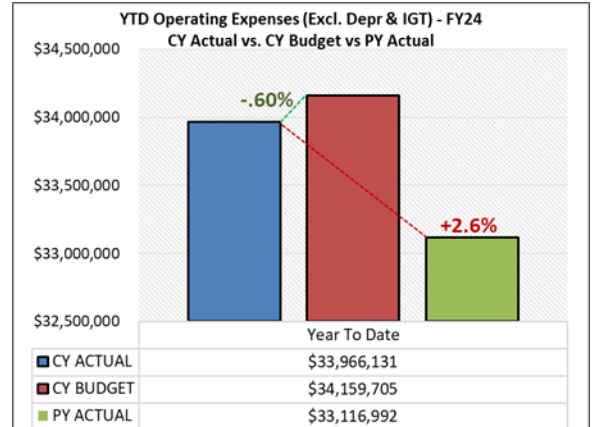
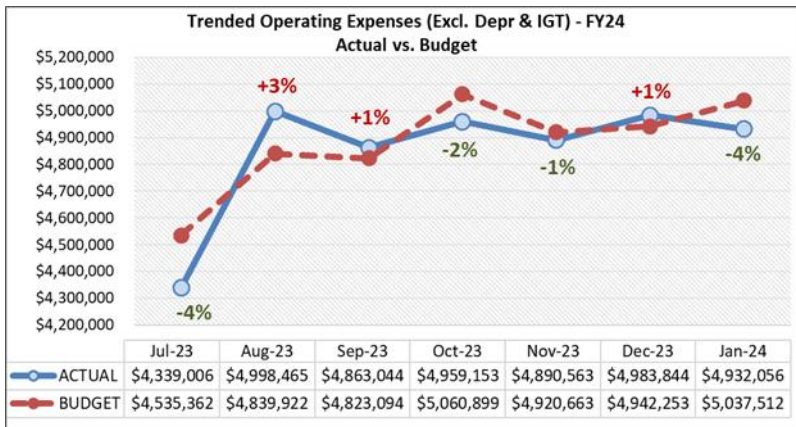
Department	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Last 6 Months
Lab	1,380	1,308	1,312	1,284	1,181	1,337	
Medical Imaging	1,037	959	1,002	997	945	949	
Physical Therapy	1,052	968	1,207	1,195	1,151	1,238	
CT Scanner	379	381	407	370	358	409	
Occ. Health	336	311	348	280	273	291	
Mammography	288	209	296	271	241	222	
Occupational Therapy	191	150	184	211	126	194	
Ultrasound	207	222	239	220	206	244	
Wound Care	221	198	192	129	136	174	
MRI	127	144	129	114	136	140	
ECHO	102	119	124	117	104	113	
Speech Therapy	60	43	44	51	38	45	
Other	26	13	19	12	26	24	
TOTAL	5,406	5,025	5,503	5,251	4,921	5,380	
Emergency Room	861	884	818	780	890	868	

3. OPERATING EXPENSE SUMMARY:

Table 3 | Operating Expenses – Actual vs. Budget – January 2024 (Excluding IGT)

	Month of January 2024				Year To Date January 2024						
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%
Operating Expenses	\$5,389,002	\$ 5,410,479	\$ 21,477	0%	\$ 37,071,352	\$ 36,350,474	\$ (720,878)	-2%	\$ 34,883,748	\$ (2,187,604)	-6%
Operating Expenses Excl. Depr.	\$4,932,056	\$ 5,037,512	\$ 105,456	2%	\$ 33,966,131	\$ 34,159,705	\$ 193,574	0.6%	\$ 33,116,992	\$ (849,139)	-3%
Worked FTEs	204.1	221.5	17.4	8%	214.4	216.6	2.2	1%	210.7	(3.6)	-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 and that continued in January. Operating expenses were basically flat with budget for the month (excluding IGT matching fee) but ran under by 4% when you exclude depreciation. We did see an increase in supply expenses in January, which correlates to an increase in volume - especially surgical volume as much of the increase relates to implants and surgical supply costs.

4. CASH ACTIVITY SUMMARY:

Table 4 | Cash / Revenue Cycle Indicators - January 2024

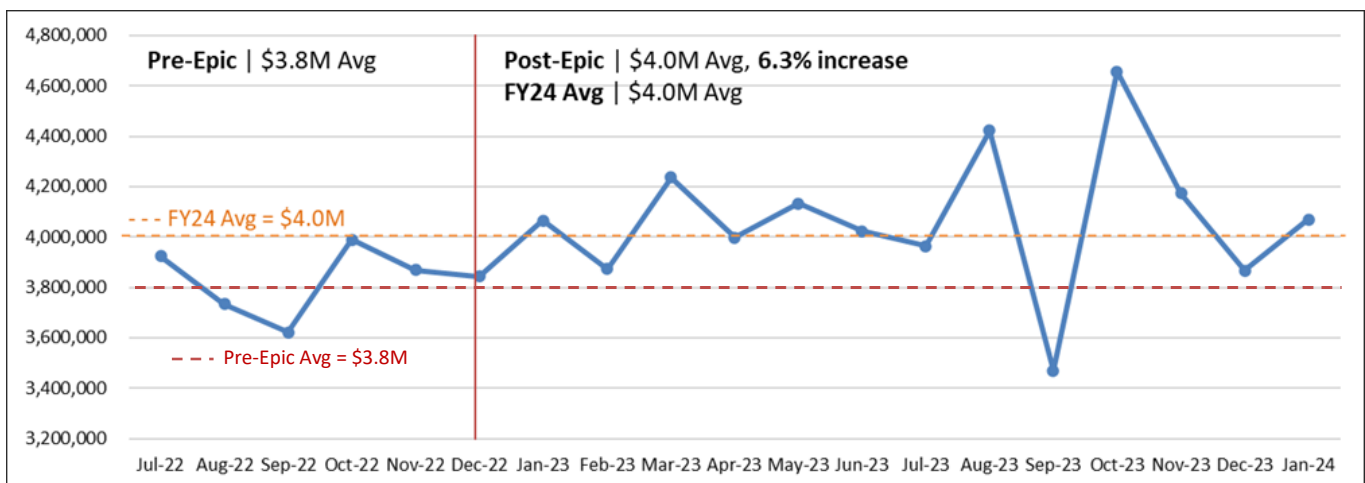
	Jan-24	Dec-23	Var	%
Days Cash on Hand	19.8	21.5	(1.7)	-8%
A/R Days	61.1	61.0	0.1	0%
A/P Days	63.9	57.1	6.8	12%

We collected just over \$4 million in cash in January, which is right at the re-forecasted projection based on last month's forecast and represents a 5% increase from December's collections. The month did see our days cash close at 19.8, which is a slight decrease from prior month but also higher than the 15.7 that was projected based on last month's forecast. The reason for this is less than anticipated outlays in operating expenses, particularly the decrease in salaries and FTEs in January.

Days in A/R remains flat with prior months. We've run into some challenges in getting some self-pay claims out the door due to a system issue in Epic and are working with our Epic vendor to resolve. We continue to be diligent in working claims. 85% of our total net accounts receivable are less than 90 days old. That percentage increases to over 90% when excluding self-pay.

We did see an increase in days in accounts payable in January. The majority of this increase relates to our accrual of the QIP IGT. Nearly \$300,000 of expense was accrued in January for this. We also made additional accruals totaling \$175,000 for costs related to seismic compliance work that was performed in January as well as accruing for estimated costs for our new health plan.

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 January, 2024**

ATTACHMENT A

MONTH				
Gross Revenue	Actual	Budget	Variance	% Variance
Medicare	11,166,610	11,089,264	77,346	0.3%
Medicare Managed Care	6,299,105	5,264,844	1,034,261	3.4%
Medi-Cal	4,393,707	5,866,478	-1,472,772	-4.8%
Self Pay	470,385	164,757	305,627	1.0%
Commercial & Other Gov't	6,768,258	7,076,891	-308,633	-1.0%
Worker's Comp.	876,440	1,119,153	-242,714	-0.8%
Total	29,974,503	30,581,388	-606,885	-2.0%

YEAR TO DATE			
Actual	Budget	Variance	% Variance
74,166,810	72,428,424	1,738,386	0.9%
35,867,033	34,387,863	1,479,170	0.7%
31,505,225	38,338,087	-6,832,862	-3.4%
3,004,007	1,079,662	1,924,345	1.0%
49,183,771	46,264,867	2,918,904	1.5%
5,791,899	7,321,209	-1,529,310	-0.8%
199,518,746	199,820,113	-301,367	-0.2%

MONTH			
Payor Mix	Actual	Budget	Variance
Medicare	37.3%	36.3%	1.0%
Medicare Managed Care	21.0%	17.2%	3.8%
Medi-Cal	14.7%	19.2%	-4.5%
Self Pay	1.6%	0.5%	1.0%
Commercial & Other Gov't	22.6%	23.1%	-0.6%
Worker's Comp.	2.9%	3.7%	-0.7%
Total	100.0%	100.0%	

YEAR TO DATE		
Actual	Budget	Variance
37.2%	36.2%	0.9%
18.0%	17.2%	0.8%
15.8%	19.2%	-3.4%
1.5%	0.5%	1.0%
24.7%	23.2%	1.5%
2.9%	3.7%	-0.8%
100.0%	100.0%	

SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended January 31, 2024

ATTACHMENT B

<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>	
<u>Actual</u>	<u>Budget</u>	<u>Favorable</u> <u>(Unfavorable)</u>		<u>Actual</u>	<u>Budget</u>	<u>Favorable</u> <u>(Unfavorable)</u>	<u>Prior</u> <u>Year</u>	
<u>01/31/24</u>	<u>01/31/24</u>	<u>Variance</u>		<u>01/31/24</u>	<u>01/31/24</u>	<u>Variance</u>	<u>01/31/23</u>	
Inpatient Utilization								
Discharges								
1	59	49	10	Med/Surg	385	340	45	334
2	16	13	3	ICU	122	85	37	131
3	75	62	13	Total Discharges	507	425	82	465
Patient Days:								
4	213	186	27	Med/Surg	1,277	1,246	31	1,213
5	87	104	(17)	ICU	616	675	(59)	731
6	300	290	10	Total Patient Days	1,893	1,921	(28)	1,944
7	26	-	26	Observation days	159	-	159	110
Average Length of Stay:								
8	3.6	3.8	(0.2)	Med/Surg	3.32	3.66	(0.35)	3.6
9	5.4	8.2	(2.8)	ICU	5.05	7.93	(2.88)	5.6
10	4.0	4.7	(0.7)	Avg. Length of Stay	3.73	4.52	(0.78)	4.2
Average Daily Census:								
11	6.9	6.0	0.9	Med/Surg	5.9	5.8	0.1	5.6
12	2.8	3.4	(0.5)	ICU	2.9	3.1	(0.3)	3.4
13	9.7	9.4	0.3	Avg. Daily Census	8.8	8.9	(0.1)	9.0
Other Utilization Statistics								
Emergency Room Statistics								
14	868	855	13	Total ER Visits	5,970	6,111	(141)	5,799
Outpatient Statistics:								
15	5,380	4,642	738	Total Outpatients Visits	36,049	31,351	4,698	31,880
16	14	14	-	IP Surgeries	98	95	3	112
17	178	161	17	OP Surgeries / Special Procedures	1,051	1,099	(48)	980
18	336	254	82	Adjusted Discharges	2,279	1,797	482	1,978
19	1,342	1,187	155	Adjusted Patient Days	8,542	8,121	421	8,360
20	43.3	38.3	5.0	Adj. Avg. Daily Census	39.7	37.8	2.0	38.9
21	1.6196	1.4000	0.220	Case Mix Index - Medicare	1.3945	1.4000	(0.005)	1.4825
22	1.5275	1.4000	0.128	Case Mix Index - All payers	1.3789	1.4000	(0.021)	1.4644
Labor Statistics								
23	204	221	17	FTE's - Worked	214	217	2.2	211
24	241	244	3	FTE's - Paid	239	238	(0.0)	235
25	45.09	49.52	4.43	Average Hourly Rate	48.25	51.29	3.04	49.28
26	5.55	6.37	0.82	FTE / Adj. Pat Day	6.00	6.31	0.31	6.03
27	31.7	36.3	4.7	Manhours / Adj. Pat Day	34.2	36.0	1.8	34.4
28	126.6	169.9	43.3	Manhours / Adj. Discharge	128.2	162.6	34.4	145.3
29	26.4%	23.4%	-3.0%	Benefits % of Salaries	24.9%	24.3%	-0.6%	23.8%
Non-Labor Statistics								
30	14.0%	13.2%	-0.8%	Supply Expense % Net Revenue	15.8%	14.2%	-1.6%	16.1%
31	2,269	2,667	398	Supply Exp. / Adj. Discharge	2,138	2,502	364	2,274
32	17,062	22,354	5,292	Total Expense / Adj. Discharge	16,620	20,652	4,031	17,806
Other Indicators								
33	19.8			Days Cash - Operating Funds				
34	61.1	50.0	11.1	Days in Net AR	62.5	50.0	12.5	41.1
35	114%			Collections % of Cash Goal	101%			93.5%
36	63.9	55.0	8.9	Days in Accounts Payable	63.9	55.0	8.9	46.8
37	18.1%	17.1%	1.0%	% Net revenue to Gross revenue	15.4%	15.7%	-0.3%	15.1%
38	34.2%			% Net AR to Gross AR	34.2%			18.3%

Sonoma Valley Health Care District

ATTACHMENT C

**Balance Sheet
As of January 31, 2024
UNAUDITED**

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 685,723	\$ 279,754	\$ 990,411
2 Cash - Money Market	2,109,185	3,108,518	1,848,556
3 Net Patient Receivables	10,855,546	10,270,305	8,980,508
4 Allow Uncollect Accts	(2,998,986)	(2,726,204)	(1,616,728)
5 Net A/R	7,856,560	7,544,101	7,363,780
6 Other Accts/Notes Rec	2,351,349	2,190,681	1,741,219
7 Parcel Tax Receivable	1,740,944	1,740,944	1,741,233
8 GO Bond Tax Receivable	947,285	2,401,190	906,105
9 3rd Party Receivables, Net	812,998	317,962	102,551
10 Inventory	1,027,156	1,015,925	1,038,726
11 Prepaid Expenses	1,062,872	1,023,531	715,339
12 Total Current Assets	\$ 18,594,072	\$ 19,622,605	\$ 16,447,920
13 Property, Plant & Equip, Net	\$ 56,323,297	\$ 56,463,268	\$ 54,500,312
14 Trustee Funds - GO Bonds	4,989,603	3,520,557	4,906,703
15 Designated Funds - Board Approved	-	-	1,000,000
16 Total Assets	<u>\$ 79,906,972</u>	<u>\$ 79,606,430</u>	<u>\$ 76,854,934</u>
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 7,060,486	\$ 6,506,464	\$ 5,229,799
18 Accrued Compensation	3,736,291	3,737,047	3,565,632
19 Interest Payable - GO Bonds	206,953	195,172	242,569
20 Accrued Expenses	302,024	571,164	969,200
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	1,583,331	1,899,998	1,583,335
23 Deferred GO Bond Tax Revenue	1,090,611	1,308,733	1,035,455
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	93,916	57,511	57,511
27 Total Current Liabilities	\$ 19,264,821	\$ 19,467,298	\$ 18,374,710
28 Long Term Debt, net current portion	\$ 26,107,741	\$ 26,378,346	\$ 24,507,506
Fund Balances:			
30 Unrestricted	\$ 20,937,157	\$ 20,537,154	\$ 18,770,199
31 Restricted	13,597,253	13,223,632	15,202,520
32 Total Fund Balances	\$ 34,534,410	\$ 33,760,787	\$ 33,972,719
33 Total Liabilities & Fund Balances	<u>\$ 79,906,972</u>	<u>\$ 79,606,430</u>	<u>\$ 76,854,934</u>

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended January 31, 2024**

ATTACHMENT D

	Month				Year-To-Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual	Budget	\$	%	Actual	Budget	\$	%		
Volume Information										
1	75	67	8	12%	Acute Discharges	507	423	84	20%	458
2	300	281	19	7%	Patient Days	1,893	1,905	(12)	-1%	1,944
3	26	-	26	0%	Observation Days	159	-	159	*	110
4	\$ 23,302	\$ 22,679	\$ 624	3%	Gross O/P Revenue (000's)	\$ 155,220	\$ 153,679	\$ 1,541	1%	\$ 141,692
Financial Results										
Gross Patient Revenue										
5	\$ 6,699,890	\$ 7,326,865	\$ (626,975)	-9%	Inpatient	\$ 44,420,256	\$ 47,559,250	(3,138,994)	-7%	\$ 43,676,443
6	14,442,618	13,244,508	1,198,110	9%	Outpatient	95,551,057	91,902,454	3,648,604	4%	82,689,859
7	8,859,696	9,434,778	(575,082)	-6%	Emergency	59,668,948	61,776,751	(2,107,803)	-3%	59,154,156
8	\$ 30,002,204	\$ 30,006,151	(3,947)	0%	Total Gross Patient Revenue	\$ 199,640,262	\$ 201,238,455	(1,598,193)	-1%	\$ 185,520,458
Deductions from Revenue										
9	(25,246,761)	(25,289,939)	43,178	0%	Contractual Discounts	\$ (169,962,680)	\$ (169,621,895)	(340,785)	0%	\$ (156,392,512)
10	(90,000)	(152,650)	62,650	41%	Bad Debt	(635,027)	(981,893)	346,866	35%	(1,006,647)
11	(122,013)	(31,185)	(90,828)	-291%	Charity Care Provision	166,355	(187,784)	354,139	*	(209,930)
12	888,369	588,346	300,023	51%	Prior Period Adj/Government Program Revenue	1,611,911	1,169,231	442,680	38%	-
13	\$ (24,570,405)	\$ (24,885,428)	315,023	-1%	Total Deductions from Revenue	\$ (168,819,441)	\$ (169,622,341)	802,900	0%	\$ (157,609,089)
14	\$ 5,431,799	\$ 5,120,723	311,076	6%	Net Patient Service Revenue	\$ 30,820,820	\$ 31,616,114	(795,294)	-3%	\$ 27,911,369
15	\$ 108,295	\$ 92,806	15,489	17%	Other Op Rev & Electronic Health Records	\$ 647,434	\$ 649,642	(2,208)	0%	\$ 627,537
16	\$ 5,540,094	\$ 5,213,529	326,565	6%	Total Operating Revenue	\$ 31,468,254	\$ 32,265,756	\$ (797,502)	-2%	\$ 28,538,906
Operating Expenses										
17	\$ 1,915,551	\$ 2,133,646	218,095	10%	Salary and Wages and Agency Fees	\$ 14,100,758	\$ 14,415,055	314,298	2%	\$ 14,164,222
18	810,879	740,431	(70,448)	-10%	Employee Benefits	5,264,822	5,090,619	(174,203)	-3%	4,955,237
19	\$ 2,726,430	\$ 2,874,077	147,647	5%	Total People Cost	\$ 19,365,580	\$ 19,505,674	140,094	1%	\$ 19,119,459
20	\$ 659,636	\$ 648,664	(10,972)	-2%	Med and Prof Fees (excld Agency)	\$ 4,047,865	\$ 4,340,247	292,382	7%	\$ 3,995,133
21	761,387	676,372	(85,015)	-13%	Supplies	4,873,776	4,496,619	(377,157)	-8%	4,498,134
22	396,842	426,501	29,659	7%	Purchased Services	3,031,691	3,005,091	(26,600)	-1%	3,069,906
23	456,946	372,967	(83,979)	-23%	Depreciation	3,105,221	2,190,769	(914,452)	-42%	1,766,756
24	165,776	174,119	8,343	5%	Utilities	1,054,432	1,243,834	189,402	15%	1,173,886
25	66,583	71,758	5,175	7%	Insurance	484,638	477,305	(7,333)	-2%	391,571
26	71,737	62,094	(9,643)	-16%	Interest	381,362	304,658	(76,704)	-25%	256,666
27	83,665	103,927	20,262	19%	Other	726,786	786,276	59,490	8%	612,236
28	293,000	209,988	(83,012)	40%	Matching Fees (Government Programs)	504,693	419,976	(84,717)	20%	0
29	\$ 5,682,002	\$ 5,620,467	(61,535)	-1%	Operating expenses	\$ 37,576,045	\$ 36,770,450	(805,595)	-2.2%	\$ 34,883,748
30	\$ (141,908)	\$ (406,938)	\$ 265,030	65%	Operating Margin	\$ (6,107,792)	\$ (4,504,694)	(1,603,097)	-36%	\$ (6,344,842)

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended January 31, 2024**

ATTACHMENT D

	Month					Year-To-Date				YTD
	This Year		Variance			This Year		Variance		Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%	
31	\$ 19,303	\$ 4,744	14,559	*						
32	(2,797)	-	(2,797)	0%						
33	-	-	-	*						
34	316,667	316,667	-	0%						
35	-	-	-	0%						
36	\$ 333,173	\$ 321,411	11,762	4%						
37	\$ 191,265	\$ (85,527)	276,792	*						
38	\$ -	\$ -	-	0%						
39	\$ 7,169	\$ 238,530	(231,361)	0%						
40	\$ 198,434	\$ 153,003	45,431	30%						
41	175,187	158,829	16,358	10%						
42	\$ 373,621	\$ 311,832	61,789	20%						
	\$ 648,211	\$ 287,440	360,771							
	\$ 315,038	\$ (33,971)	349,009	1027%						
					Non Operating Rev and Expense					
					Miscellaneous Revenue/(Expenses)	\$ 137,244	\$ 33,152	104,092	*	\$ 25,296
					Donations	(7,084)	-	(7,084)	0%	-
					Physician Practice Support-Prima	-	-	-	*	-
					Parcel Tax Assessment Rev	2,216,669	2,216,669	-	0%	2,216,669
					Extraordinary Items	-	-	-	0%	-
					Total Non-Operating Rev/Exp	\$ 2,346,829	\$ 2,249,821	97,008	4%	\$ 2,241,965
					Net Income / (Loss) prior to Restricted Contributions	\$ (3,760,963)	\$ (2,254,873)	(1,506,090)	-67%	\$ (4,102,877)
					Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -
					Restricted Foundation Contributions	\$ 734,189	\$ 1,669,710	(935,521)	100%	\$ 2,001,635
					Net Income / (Loss) w/ Restricted Contributions	\$ (3,026,774)	\$ (585,163)	(2,441,611)	-417%	\$ (2,101,242)
					GO Bond Activity, Net	1,221,541	1,111,803	109,738	10%	1,111,524
					Net Income/(Loss) w GO Bond Activity	\$ (1,805,233)	\$ 526,640	(2,331,873)	*	\$ (989,718)
					EBDA - Not including Restricted Contributions	\$ (655,742)	\$ (64,104)	(591,638)		\$ (2,336,120)
					Operating EBDA - Not including Restricted Contributions	\$ (3,002,570)	\$ (2,313,925)	(688,645)	-30%	\$ (4,578,086)

**Sonoma Valley Health Care District
FY24 Trended Income Statement
For the Period Ended January 31, 2024**

ATTACHMENT E

	July	August	September	October	November	December	January	FY24 YTD
1 Acute Discharges	58	67	69	82	73	83	75	507
2 Patient Days	235	286	252	291	278	251	300	1,893
3 Observation Days	17	17	20	20	28	31	26	159
4 Gross O/P Revenue (000's)	\$ 22,427	\$ 23,002	\$ 20,977	\$ 22,806	\$ 21,941	\$ 20,765	\$ 23,302	\$ 155,220
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	\$ 6,699,890	\$ 44,420,256
6 Outpatient	13,362,380	14,480,581	12,732,428	14,061,243	14,065,738	12,406,069	14,442,618	95,551,057
7 Emergency	9,064,276	8,521,398	8,244,129	8,744,996	7,875,077	8,359,376	8,859,696	59,668,948
8 Total Gross Patient Revenue	\$ 27,697,586	\$ 29,187,271	\$ 28,019,216	\$ 29,746,780	\$ 28,156,029	\$ 26,831,176	\$ 30,002,204	\$ 199,640,262
Deductions from Revenue								
9 Contractual Discounts	(23,186,323)	(24,519,220)	(23,700,704)	(25,666,646)	(24,259,529)	(23,383,497)	(25,246,761)	(169,962,680)
10 Bad Debt	(100,000)	(150,286)	(150,000)	(150,000)	(106,666)	111,925	(90,000)	(635,027)
11 Charity Care Provision	(164,591)	(109,767)	(5,598)	127,064	209,720	231,540	(122,013)	166,355
12 Prior Period Adj/Government Program Revenue	-	-	-	723,542	-	-	888,369	1,611,911
13 Total Deductions from Revenue	\$ (23,450,914)	\$ (24,779,273)	\$ (23,856,302)	\$ (24,966,040)	\$ (24,156,475)	\$ (23,040,032)	\$ (24,570,405)	\$ (168,819,441)
14 Net Patient Service Revenue	\$ 4,246,672	\$ 4,407,997	\$ 4,162,914	\$ 4,780,740	\$ 3,999,554	\$ 3,791,144	\$ 5,431,799	\$ 30,820,820
15 Other Op Rev & Electronic Health Records	\$ 85,509	\$ 87,480	\$ 84,028	\$ 84,957	\$ 102,893	\$ 94,272	\$ 108,295	\$ 647,434
16 Total Operating Revenue	\$ 4,332,181	\$ 4,495,477	\$ 4,246,942	\$ 4,865,697	\$ 4,102,447	\$ 3,885,416	\$ 5,540,094	\$ 31,468,254
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	\$ 1,915,551	\$ 14,100,758
18 Employee Benefits	735,985	707,955	744,685	738,614	771,746	754,958	810,879	5,264,822
19 Total People Cost	\$ 2,681,409	\$ 2,818,236	\$ 2,689,962	\$ 2,874,918	\$ 2,731,035	\$ 2,843,590	\$ 2,726,430	\$ 19,365,580
20 Med and Prof Fees (excl Agency)	\$ 557,320	\$ 599,056	\$ 541,334	\$ 571,881	\$ 567,236	\$ 551,402	\$ 659,636	\$ 4,047,865
21 Supplies	460,649	762,524	752,597	797,037	683,130	656,453	761,387	4,873,776
22 Purchased Services	305,875	410,360	431,618	372,986	563,672	550,338	396,842	3,031,691
23 Depreciation	240,214	238,993	501,633	696,387	539,719	431,329	456,946	3,105,221
24 Utilities	157,932	159,965	197,864	101,670	136,391	134,835	165,776	1,054,432
25 Insurance	66,583	81,160	66,697	68,488	66,583	68,544	66,583	484,638
26 Interest	42,598	43,202	71,611	56,224	49,503	46,487	71,737	381,362
27 Other	66,641	123,963	111,361	115,949	93,013	132,195	83,665	726,786
28 Matching Fees (Government Programs)	-	-	-	211,693	-	-	293,000	504,693
29 Operating expenses	\$ 4,579,220	\$ 5,237,458	\$ 5,364,677	\$ 5,867,233	\$ 5,430,282	\$ 5,415,173	\$ 5,682,002	\$ 37,576,045
30 Operating Margin	\$ (247,039)	\$ (741,982)	\$ (1,117,735)	\$ (1,001,536)	\$ (1,327,835)	\$ (1,529,757)	\$ (141,908)	\$ (6,107,792)
Non Operating Rev and Expense								
31 Miscellaneous Revenue/(Expenses)	\$ 27,167	\$ 15,794	\$ 12,459	\$ 42,493	\$ 3,662	\$ 16,366	\$ 19,303	\$ 137,244
32 Donations	-	-	-	-	-	(4,287)	(2,797)	(7,084)
33 Physician Practice Support-Prima	-	-	-	-	-	-	-	-
34 Parcel Tax Assessment Rev	316,667	316,667	316,667	316,667	316,667	316,667	316,667	2,216,669
35 Extraordinary Items	-	-	-	-	-	-	-	-
36 Total Non-Operating Rev/Exp	\$ 343,834	\$ 332,461	\$ 329,126	\$ 359,160	\$ 320,329	\$ 328,746	\$ 333,173	\$ 2,346,829
37 Net Income / (Loss) prior to Rest. Contributions	\$ 96,795	\$ (409,521)	\$ (788,609)	\$ (642,376)	\$ (1,007,506)	\$ (1,201,011)	\$ 191,265	\$ (3,760,963)
38 Capital Campaign Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39 Restricted Foundation Contributions	\$ 1,638	\$ 103,076	\$ 213,884	\$ -	\$ 78,280	\$ 330,142	\$ 7,169	\$ 734,189
40 Net Income / (Loss) w/ Restricted Contributions	\$ 98,433	\$ (306,445)	\$ (574,725)	\$ (642,376)	\$ (929,226)	\$ (870,869)	\$ 198,434	\$ (3,026,774)
41 GO Bond Activity, Net	170,419	175,187	175,187	175,187	175,187	175,187	175,187	1,221,541
42 Net Income/(Loss) w GO Bond Activity	\$ 268,852	\$ (131,258)	\$ (399,538)	\$ (467,189)	\$ (754,039)	\$ (695,682)	\$ 373,621	\$ (1,805,233)
EBDA - Not including Restricted Contributions	\$ 337,009	\$ (170,528)	\$ (286,976)	\$ 54,011	\$ (467,787)	\$ (769,682)	\$ 648,211	\$ (655,742)
Operating EBDA	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (305,149)	\$ (788,116)	\$ (1,098,428)	\$ 315,038	\$ (3,002,570)
Operating EBDA excl IGT	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (816,998)	\$ (788,116)	\$ (1,098,428)	\$ (280,331)	\$ (4,109,788)

Sonoma Valley Hospital
Cash Forecast
FY 2024

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual 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	4,070,379	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	48,621,829
2 Other Operating Revenue	26,197	172,302	37,453	95,192	283,068	93,447	117,466	100,254	65,455	150,750	228,646	115,291	1,485,520
3 Other Non-Operating Revenue	42,960	4,386	10,108	43,877	12,352	11,224	17,442	7,800	7,800	7,800	7,800	7,800	181,349
4 Unrestricted Contributions		1,250	861	2,651	7,716	380	7,169						20,027
5 Line of Credit													-
Sub-Total Hospital Sources	4,033,829	4,600,406	3,517,792	4,798,212	4,476,030	3,971,076	4,212,456	4,108,054	4,073,255	4,158,550	4,236,446	4,123,091	50,309,196
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	4,196,863	5,228,418	5,073,479	4,946,353	5,034,948	4,814,191	58,974,164
7 Add Capital Lease Payments	64,932	65,051	389,160	194,558	370,013	69,578	270,605						1,423,897
8 Add: Bridge Loan Paybacks									304,000		304,000		608,000
9 Add: CHFFA Help II Loan Repayments	30,833	30,833	30,833	30,833	30,833	31,987	35,056	30,833	30,833	30,833	30,833	30,833	375,373
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	330,101	365,000	258,437	220,000	196,137	263,577	2,686,255
Total Hospital Uses	5,405,567	5,369,338	4,725,991	5,251,892	5,574,384	5,745,188	4,832,623	5,624,251	5,666,749	8,297,186	5,565,918	5,108,601	67,167,688
Net Hospital Sources/Uses of Cash	(1,371,738)	(768,932)	(1,208,199)	(453,679)	(1,098,354)	(1,774,112)	(620,167)	(1,516,197)	(1,593,495)	(4,138,636)	(1,329,473)	(985,510)	(16,858,492)
Non-Hospital Sources													
12 Restricted Capital Donations	1,638	101,826	213,023	6,249	85,272	327,110	26,137		26,137		26,137	258,577	1,072,106
13 Parcel Tax Revenue	179,984					2,059,056				1,560,959			3,800,000
14 Other Payments								900,000	400,000				1,300,000
15 Other:													-
16 IGT - HQAF VII (CY22)				39,262	684,280								723,542
17 IGT - QIP (PY 5/CY22)										1,088,369			1,088,369
18 IGT - Rate Range								2,500,000			2,500,000		5,000,000
19 IGT - HQAF VIII (CY23)										580,000			580,000
20 Distressed Hospital Loan Program									3,100,000				3,100,000
Sub-Total Non-Hospital Sources	181,622	101,826	213,023	45,511	769,552	2,386,167	26,137	3,400,000	3,526,137	3,229,328	2,526,137	258,577	16,664,016
Non-Hospital Uses of Cash													
21 Matching Fees	-	-	-	211,693				2,458,305	293,529	-	-	-	2,963,527
Sub-Total Non-Hospital Uses of Cash	-	-	-	211,693	-	-	-	2,458,305	293,529	-	-	-	2,963,527
Net Non-Hospital Sources/Uses of Cash	181,622	101,826	213,023	(166,182)	769,552	2,386,167	26,137	941,695	3,232,608	3,229,328	2,526,137	258,577	13,700,490
Net Sources/Uses	(1,190,116)	(667,106)	(995,176)	(619,862)	(328,803)	612,054	(594,030)	(574,501)	1,639,113	(909,307)	1,196,664	(726,933)	(3,158,003)
Total Cash at beginning of period	6,574,099	5,383,983	4,717,993	3,723,688	3,104,501	2,776,218	3,388,743	2,794,713	2,220,212	3,859,325	2,950,018	4,146,682	
Total Cash at End of Period	5,383,983	4,716,877	3,722,817	3,103,826	2,775,698	3,388,272	2,794,713	2,220,212	3,859,325	2,950,018	4,146,682	3,419,749	
Average Days of Cash on Hand													
Average Days of Cash on Hand	40.1	35.8	26.3	25.5	20.5	22.4	20.3						
Days of Cash on Hand at End of Month													
Days of Cash on Hand at End of Month	39.7	33.3	25.6	21.9	20.9	21.5	19.8	15.7	27.3	20.8	29.3	24.2	

Purpose:

This charter (the “Charter”) sets forth the duties and responsibilities and governs the operations of the Finance Committee (the “Committee”) of the Board of Directors (the “Board”) of Sonoma Valley Health Care District (the “District”), a nonprofit corporation organized and existing under the California Law.

The Finance Committee’s purpose is to assist the Board in its oversight of the District’s financial affairs, including District’s financial condition, financial planning, operational, and capital budgeting, debt structure, debt financing and refinancing and other significant financial matters involving the District. The Finance Committee is the body which makes recommendations to the District Board on all financial decisions.

Policy:

Duties and Responsibilities

The Committee’s primary duties and responsibilities are as follows:

- A. Review Monthly Financial Operating Performance
 - 1. Review the District’s monthly financial operating performance. The committee will review the monthly financial statements, including but not limited to the Statement of Revenues and Expenses, Balance Sheet, ~~and~~ Statement of Cash Flows, ~~and Operating Indicator Report~~ prepared by management. The committee will also review other financial indicators as warranted.
 - 2. Review management’s plan for improved financial and operational performance including but not limited to new patient care programs, cost management plans, and new financial arrangements. The committee will make recommendations to the Board when necessary.
- B. Budgets
 - 1. Review and recommend to the Board for approval an annual operating budget for the District.
 - 2. Review management’s budget assumptions including volume, growth, inflation and other budget assumptions.
 - 3. Review and recommend to the Board for approval an annual capital expenditures budget, ~~and review and recommend unbudgeted capital expenditures~~ for the District. If deemed appropriate by the Committee, review and recommend to the Board for approval projected capital expenditures budgets for one or more succeeding years.
- C. Debt, Financing and Refinancing
 - 1. Evaluate and monitor the District’s long and short-term indebtedness, debt structure, collateral or security, therefore, cash flows, and uses and applications of funds.
 - 2. Evaluate and recommend to the Board for approval proposed new debt financing, including lines of credit, financings and refinancing, including (i) interest rate and whether the rate will be fixed or floating rate; (ii) collateral or security, if any; (iii) issuance costs; (iv) banks, investment banks, and underwriters retained or compensated by the District in connection with any financing or refinancing.
 - 3. Review and recommend to the Board all guarantees or other obligations for the indebtedness of any third party.

D. Insurance

1. Review on an annual basis all insurance coverage's, including (i) identity and rating of carriers; (ii) premiums; (iii) retentions; (iv) self-insurance; (v) stop-loss policies; and (vi) all other aspects of insurance coverage for healthcare institutions.

E. Investment Policies

1. Review and recommend to the Board the District's cash management and cash investment policies, utilizing the advice of financial consultants as the Committee deems necessary or desirable.
2. Review and recommend to the Board the District's investment policies relating to assets of any employee benefit plans maintained and controlled by the District, utilizing the advice of financial consultants as the Committee deems necessary or desirable.

F. General

1. Review and recommend the services of all outside financial advisors, financial consultants, banks, investment banks, and underwriters for the District. Review annually the District's significant commercial and investment bank relationships.
- ~~1.2.~~ 2. Review and recommend consideration of any acquisition, merger, combination, or affiliation with another healthcare enterprise.
- ~~2.3.~~ 3. Perform any other duties and responsibilities as the Board may deem necessary, advisable or appropriate for the Committee to perform.
- ~~3.4.~~ 4. Perform such other duties and responsibilities as the Committee deems appropriate to carry out its purpose as provided in this Charter.
- ~~4.5.~~ 5. Meet at least 10 times annually on a monthly basis preceding the Board meeting concerning the District's financial affairs. Urgent and time sensitive matters shall be reported at the next regular or special Board meeting.
- ~~5.6.~~ 6. The Finance Committee will be invited to attend the presentation by the District's independent auditors.
- ~~6.7.~~ 7. The Finance Committee shall review the Charter annually after the close of the fiscal year, or more often if required. If revisions are needed, they will be taken to the Board for action.
- ~~7.8.~~ 8. The Finance Committee shall report to the District Board on the status of its prior fiscal year's work plan accomplishments by after the completion of the Financial Statement Audit.

Organization

The Committee's membership, the chairperson, the call and conduct of Committee meetings, the preparation of Committee minutes, and the Committee's other activities shall be appointed, conducted and accomplished in accordance with applicable provisions of the Bylaws and the Corporate Governance Principles adopted by the Board.

The committee's membership is subject to the Approval of the District Board. The membership shall include the following:

1. Two (2) Board Members, one being the Treasurer
2. Six (6) District Citizens
3. At least one (1) member of the Medical Staff

4. District's Chief Executive Officer (non-voting)
5. District's Chief Financial Officer (non-voting)

All District Citizen members of the committee must be stakeholders of the District. The District Board has defined stakeholder for the purpose of committee membership 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

Performance Evaluation

The Committee shall prepare and review with the Board an annual performance evaluation of the Committee, which evaluation shall compare the performance of the Committee with the requirements of this Charter. The performance evaluation shall also recommend to the Board any amendments to this Charter deemed necessary or desirable by the Committee. The performance evaluation shall be conducted in such manner as the Committee deems appropriate. The report to the Board may take the form of an oral report by the chairperson or any other member of the Committee designated by the Committee to make the report.

Resources and Authority of the Committee

The Finance Committee shall have the resources and authority appropriate to discharge its duties and responsibilities, including the responsibility to recommend to select, retain, terminate, and approve the engagement and other retention terms of special counsel or other experts or consultants, as it deems appropriate.

Amendment

This Charter shall not be amended except upon approval by the Board.

Adopted by the Board on April 5, 2012.