

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

AGENDA

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

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

To participate via Zoom videoconferencing, use the link below:

Join Zoom Meeting

<https://sonomavalleyhospital-org.zoom.us/j/98359610569>

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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. REPORT ON CLOSED SESSION</p>	<i>Bjorndal</i>		
<p>5. CONSENT CALENDAR a. Board Minutes – 03.07.24 b. Finance Committee Minutes – 02.27.24 c. Quality Committee Minutes – 02.28.24 d. Governance Committee Minutes – 1.17.24</p>	<i>Bjorndal</i>	Action	Pages a. 3-5 b. 6-8 c. 9-13 d. 14-16

e. Medical Staff Credentialing f. Policies and Procedures			Pages f. 17-21
6. HONORING PETER HOHORST	<i>Boerum</i>	Inform	
7. UCSF AFFILIATION UPDATE: SHELBY DECOSTA	<i>Shelby DeCosta</i>	Inform	
8. CHIEF OF STAFF REPORT	<i>Dr. Walther</i>	Inform	Pages 22 - 32
9. ANNUAL HOSPITAL QUALITY REPORT	<i>Cooper</i>	Inform	Pages 33 - 49
10. 1206(B) CLINIC REPORT	<i>Kuwahara</i>	Inform	Pages 50 - 60
11. CEO REPORT	<i>Hennelly</i>	Inform	Pages 61 - 64
12. CMO UPDATE	<i>Dr. Kidd</i>	Inform	Page 65
13. FY25 BUDGET ASSUMPTIONS	<i>Armfield</i>	Inform	Pages 66 - 68
14. AUDIT ENGAGEMENT FIRM SELECTION	<i>Armfield</i>	Action	Pages 69 - 75
15. FINANCIALS FOR MONTH END FEBRUARY 2024	<i>Armfield</i>	Inform	Pages 76 - 90
16. COMMITTEE UPDATES	<i>Bjorndal</i>	Inform	
17. BOARD COMMENTS	<i>Bjorndal</i>	Inform	
18. 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

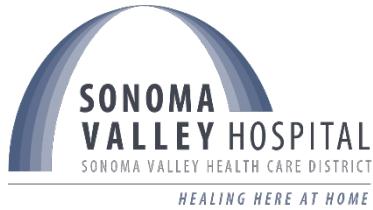
THURSDAY, MARCH 7, 2024

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, Excused 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>		
1. CALL TO ORDER Meeting called to order at 6:00 p.m.	<i>Bjorndal</i>	
2. PUBLIC COMMENT None		
3. BOARD CHAIR COMMENTS Dr. Bjorndal announced that July's BOD meeting will be held on July 11 th instead of the 4 th of July and will take place at La Luz.	<i>Bjorndal</i>	
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	<i>Bjorndal</i>	Action
5. SONOMA CITY MANAGER Sonoma City Manager, Mr. Guhin provided an overview of the General Plan Update. The plan covers various aspects including land use, conservation, and housing, with public participation being crucial throughout the process. The 2024 Sonoma City Council Goals were outlined, focusing on housing, economic development, park and recreation, climate action, and annexation. A breakdown of the city's revenue sources was presented, with emphasis on the need for community involvement in decision-making processes. Discussion ensued regarding Measure H for ambulance services, a potential sales tax measure to enhance city services, annexation considerations, and the suggestion for a joint meeting between SVH and city council to address shared issues.	<i>D. Guhin</i>	Inform
6. REVIEW UPDATES TO 5 YEAR ROLLING STRATEGIC PLAN Mr. Hennelly updated the Board on the four components of the strategic plan:	<i>Hennelly</i>	Inform

<ol style="list-style-type: none"> 1. Realignment of the main campus: The campus, designed for 20th-century medicine, needs realignment to better serve future needs. An RFP for a master facility plan is being issued to assess current components, demands, and future growth patterns. 2. Community engagement and accessibility: Efforts include incorporating physician practices, expanding outpatient physical therapy programs, and assessing pharmacy and infusion services to better serve the community. 3. Achieving financial stability: Dashboards for each department have been established, operational reviews are conducted monthly, and insurance contract negotiations are ongoing to ensure financial health. 4. Meeting seismic compliance: Efforts involve reviewing non-structural components of the building to meet state requirements by 2030. Lobbying efforts are also underway to address the financial burden of compliance. 		
<p>7. CEO REPORT</p>	<p><i>Hennelly</i></p>	<p>Inform</p>
<p>Mr. Hennelly expressed that January was a strong month financially, with both surgical and ER departments performing well. Physician engagement and acquisitions are ongoing, with efforts to fill an orthopedic position. The MRI was recently turned on, with further state review pending. Each scan is estimated to be worth between \$500 and \$700, potentially leading to substantial revenue.</p> <ul style="list-style-type: none"> • Town Hall meeting was praised and negotiations with Anthem Blue Cross are ongoing. The hospital continues to meet regularly to work towards a resolution but Mr. Hennelly is not optimistic. SVH would need a 100% increase and Anthem is barely offering 10%. • Plans for marketing initiatives include mental health awareness campaigns, community events, and website redesign. • Quality metrics are reported to be strong, with the hospital performing well compared to neighboring institutions. <p>There was a discussion around the Anthem’s spokesperson’s comments to the press regarding needing quality improvements from SVH. Mr. Hennelly confirmed that there were no mentions of quality improvements in direct discussions and negotiations and that the comments to the press were baseless.</p> <p>Encouragement for community members to sign up for email notifications from the hospital's website is reiterated.</p> <p>Efforts to collaborate with partners to expand the hospital's reach are discussed.</p>		
<p>8. FINANCIALS FOR MONTH END JANUARY 2024</p>	<p><i>Armfield</i></p>	<p>Inform</p>
<p>Mr. Armfield highlighted a significant improvement in financial performance compared to previous months, particularly in surgical volumes, which saw an increase from December. Other areas such as emergency room visits and ancillary volumes also showed positive trends. SVH exceeded budget expectations and managed expenses effectively, running under budget for January. Additionally, cash collections increased from December. Mr. Armfield addressed a question from the Finance Committee regarding a decrease in Geo Bond tax receivables, explaining that these funds are separate from parcel taxes and do not impact operating cash directly. He clarified that the decrease in</p>		

receivables corresponds to funds being deposited into a trustee account, which will be used for Geo Bond debt service in August.		
9. FINANCE COMMITTEE CHARTER	<i>Boerum</i>	Action
<p>Dr. Bjorndal expressed appreciation to the Finance Committee for their thoroughness in discussing matters before presenting them to the board. Mr. Boerum explained amendments to the charter that were proposed and discussed:</p> <ul style="list-style-type: none"> • Correction of the district's name. • Inclusion of the operating indicator report in monthly committee and board reviews. • Consideration of unbudgeted capital expenditures. • Review and recommendation of any acquisition, merger, combination, or affiliation with other healthcare enterprises. • Adjustment of meeting frequency from a fixed number to "at least 10 times annually." 		MOTION: by Boerum to approve, 2 nd by Kalos. All in favor.
10. COMMITTEE UPDATES	<i>Bjorndal</i>	Inform
n/a		
11. BOARD COMMENTS	<i>Bjorndal</i>	Inform
Mr. Boerum shared a personal experience regarding healthcare costs and the lack of transparency in pricing and access to medical records without permission.		
12. ADJOURN	<i>Chair</i>	
Adjourned at 7:13 p.m.		

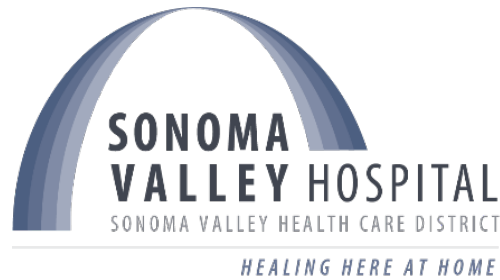


SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, FEBRUARY 27, 2024
In Person at Sonoma Valley Hospital
347 Andrieux Street
and Via Zoom Teleconference

Present	Not Present/Excused	Staff	Public
Art Grandy Bill Boerum, in person Carl Gerlach, via zoom Catherine Donahue, via zoom Ed Case, via zoom Subhash Mishra, via zoom Wendy Myatt Lee, in person Dennis Bloch, in person	Graham Smith Robert Crane	John Hennelly, CEO, in person Ben Armfield, CFO, in person Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO, in person David Pier, SVH Foundation, via zoom	
AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>			
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Bill Boerum</i>		
	Called to order at 6:01 p.m. Welcome to Dennis Bloch Welcome to Whitney Reese Thank you to Stacey Finn Mr. Hennelly spoke about town hall meeting scheduled for Wed. 2/28. Mr. Boerum requested greater reach for announcements of such nature so that more public and Board committee members can be aware in the future.		
2. PUBLIC COMMENT SECTION	None		
3. CONSENT CALENDAR	<i>Bill Boerum</i>	Action	
a. Finance Committee Minutes 01.23.24		MOTION: by Mr. Bloch to approve, 2 nd by Ms. Lee. All	

		in favor	
4. SONOMA VALLEY HOSPITAL FOUNDATION UPDATE	<i>David Pier</i>	Inform	
	<p>Mr. Pier provided an overview of Sonoma Valley Hospital Foundation's activities and achievements in 2023. He highlighted the completion of the epic MyChart initiative as a primary fundraising objective and discussed efforts to deepen relationships with donors through personalized communication and impact reports. Dave emphasized the foundation's collaborative approach with the hospital in developing fundraising strategies.</p> <p>Mr. Pier discussed various fundraising efforts, including expansion of physical therapy services, support for women's health/wellness, continued education funding for hospital staff, and ongoing projects such as cancer screening initiatives. He also provided updates on the allocation of funds raised, particularly for capital projects like the ICU remodel and MRI installation.</p> <p>The presentation included a discussion of the foundation's communication strategy, leveraging stakeholder stories to convey the hospital's impact. Mr. Pier also shared revenue history and strategic priorities, highlighting the foundation's commitment to excellence and its benchmark performance compared to industry standards. He clarified the foundation's focus on specific, tangible projects vs. operational funding due to community preferences.</p>		
5. FINANCE COMMITTEE CHARTER	<i>Bill Boerum</i>	Action	
	<p>The Committee reviewed the Charter that had not been revised since 2014. Topics included clarifying the Finance Committee's responsibilities regarding budgeting, capital expenditures, acquisitions, mergers, and affiliations with other healthcare enterprises.</p> <ul style="list-style-type: none"> • Agreed to include a provision for reviewing and recommending any unbudgeted capital expenditures. 		

	<ul style="list-style-type: none"> • Agreed to include a clause for reviewing and recommending consideration of any acquisition/merger, with another healthcare enterprise. • Agreed to change meetings from 12 to “at least 10” annually 		
6. FINANCIAL REPORT FOR MONTH END JANUARY 2024	<i>Ben Armfield</i>	Inform	
	<p>Mr. Armfield presented a positive financial report in January after a challenging period. He highlighted operational successes, particularly in surgical volumes, which rebounded significantly from December lows. Despite some accrued expenses related to quality improvement programs, the hospital exceeded budget expectations. Increases in ancillary volumes, ER visits, and PT volumes contributed to an overall positive month. Mr. Armfield noted a decrease in expenses and shared the cash flow forecast is in progress of refinement.</p> <p>Mr. Hennelly discussed the hospital's negotiation with Anthem Blue Cross. Both parties need to agree to work off the same data set before increasing negotiations. More discussion to be had at the town hall meeting.</p>		
7. NET A/R REVIEW	<i>Ben Armfield</i>	Inform	
	<p>First review of the net A/R analysis since the implementation of Epic. Two schedules were presented: one detailing the standard AR aging by payer and age, and the other adjusting gross AR to what's reported in financial statements. It was noted that 85% of the gross AR is less than 90 days old, with a target of at least 80% being open to 90 days. Concerns were raised about a significant portion of AR being unbilled, particularly in Medicare and Medicare HMO categories. Strategies to expedite billing processes, including addressing staffing challenges and physician documentation completion, were discussed. The meeting also covered the application of contractual adjustments to arrive at net AR, based on a CVA analysis and payer payment percentages estimation.</p>		
8. ADJOURN	<i>Bill Boerum</i>		
	Meeting adjourned at 7:30p.m.		



SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
February 28, 2024, 5:00 PM
MINUTES
Via Zoom Teleconference

Members Present – In Person	Excused	Public/Staff – Via Zoom
Carl Speizer, MD Carol Snyder Howard Eisenstark, MD Ingrid Sheets, EdD, MS, RN Kathy Beebe, RN PhD Michael Mainardi, MD Sujatha Sankaran, MD CMO Susan Kornblatt Idell		John Hennelly, CEO, via zoom Stacey Finn, Medical Staff Manager, via zoom Kelli Cornell, RN, Director of Perioperative Services Denise Kalos, via zoom Judith Bjorndal, MD, via zoom Paul Amada, via zoom Kylie Cooper, RN, BSN, CPHQ, MBA, Quality and Risk Mgmt. Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO,

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	
	Meeting called to order at 5:00 pm. Welcome to Whitney Reese, new Board Clerk Thank you to Stacey Finn for filling in with Board Clerk duties in interim	

2. PUBLIC COMMENT	<i>Kornblatt Idell</i>	
	None	
3. CONSENT CALENDAR	<i>Kornblatt Idell</i>	ACTION
<ul style="list-style-type: none"> QC Minutes 01.24.24 	Correction to attendance log was noted that Judy Bjorndal, although the Board Chair, is not a member of the Quality Committee, and should be noted as an attendee to this meeting, not a member.	MOTION: by Eisenstark to approve, 2 nd by Speizer. All in favor.
4. SURGICAL SERVICES QA/PI	<i>Cornell</i>	INFORM
	<p>The perioperative department cares for our patients in pre-op and post-operative care settings within the same area. We also support a growing outpatient infusion service within the same area utilizing the same staff.</p> <p>We have 3 large state of the art operating rooms, a sterile processing department conveniently seated right next to the operating rooms. As well as in-house scheduling for surgical services as well as outpatient infusion.</p> <p>We currently have 35 FTEs, not counting Cornell.</p> <p>Surgical Services offered: Orthopedics, General, Gastroenterology, Ophthalmology Urology, Gynecology, Cardiology, Pain. Potential to accommodate plastics, ENT, spine, and vascular surgery as well.</p> <p>Accomplishments of 2023:</p> <ul style="list-style-type: none"> Addition of needed staff including: Perioperative Services Director (Cornell), Full time Nurse Navigator, Fully staffed Sterile Processing Department Busy infusion service has grown from 40 in January to 76 in December Successful conversion and adaptation to EPIC <p>Challenges:</p> <ul style="list-style-type: none"> Managing a growing infusion service in the same space as pre-op and recovery patients Dr. Brown leaving creating uncertainty within the department. <p>January 2024 we preformed 182 cases up from 155 last year.</p>	

	<p>Quality Metrics: While we can definitely work on the first case on time starts. We are still in the data collection phase to learn why these cases are not making it in the room at 0730 and what we can do about it. Date of Service Cancelations are something to monitor to ensure our patients are properly optimized before surgery and Room turnovers are above benchmark which is 20mins. We are doing well in this area.</p> <p>Goals for 2024:</p> <ul style="list-style-type: none"> • Growth of total joint program • Reduce Date of Service Cancelations • Increase first case on time starts • Maintain turnover times • Active participation in age-friendly initiative across the spectrum of care 	
<p>5. QUALITY COMMITTEE CHARTER</p>	<p><i>Kornblatt Idell</i></p>	<p>ACTION</p>
	<p>Discussion focused on ensuring clarity, consistency, and relevance in the committee's charter along with other board committee charters, with attention to terminology, reporting requirements, and governance procedures.</p> <p>Specific changes include:</p> <ul style="list-style-type: none"> • Standardizing the term "governance board" vs. "governing board." • Considering the terminology of "triple healthcare" and suggesting revisions to better reflect the aims of the organization. • Discussed whether references to the hospital should be substituted with references to the Sonoma Valley Health Care District. • Standardizing language across different sections of the charter, particularly regarding committee membership and compliance with board policies. • Remove "patient care contracts." • Clarified the role of the committee in reviewing policies and procedures, emphasizing oversight rather than direct input. • Add a charter review requirement (every 3 years). 	<p>Kornblatt Idell will bring revised charter to next meeting</p>

	<ul style="list-style-type: none"> Discussed voting procedures and quorum requirements, including the definition of a majority of voting members. 	
6. QUALITY INDICATOR PERFORMANCE & PLAN	Cooper	INFORM
	<p>Mortality rate decreased from 10% in December to 4.5%, with three comfort care patients.</p> <p>No patient safety indicator events or adverse events occurred.</p> <p>Blood transfusion reactions and effectiveness were both 100%.</p> <p>No significant medication errors, adverse drug reactions, or patient falls were reported.</p> <p>Readmissions improved to 2.86%, with no significant issues identified.</p> <p>Stroke measures returned to target levels, aided by an increase in code strokes from 5 to 14 in January.</p> <p>Utilization management showed an increase in complexity of illness, with a CMI of 1.59 in January and an average length of stay of 4.52 days.</p> <p>Core measures, including follow-up and ED turnaround time, were generally met, although three patients left without being seen.</p> <p>Patient satisfaction ratings were generally positive, with high scores in areas like communication with nurses, cleanliness, and discharge information. However, care transitions and medication communication showed room for improvement.</p> <p>Efforts to improve patient education and discharge processes, particularly involving pharmacy collaboration, were discussed.</p> <p>Outpatient surgery facilities received positive ratings, with high scores in communication and personnel treatment.</p> <p>January patient survey scores for various departments, including emergency department, outpatient surgery, medical imaging, and hand/physical therapy, were generally high, indicating satisfaction with services.</p>	
7. POLICIES AND PROCEDURES	Cooper	INFORM

	<p>Discussion, comments, and recommendations were made on the following policies:</p> <ul style="list-style-type: none"> • Compounding Nonsterile Drug Products: Policy to match newly updated revision to USP 795. Replaces Policy 8610-137 Compounding Drug Products) • IV Compounding (Non-Pharmacy Location): Major changes to current policy. This replaces MM8610-118 IV Compounding Outside the Pharmacy. Per USP 797 • QAPI Procedures for Sterile Compounding Quality Assurance program. (Sampling Plan-IV Room): Significant reorganization and content updates to ensure policy meets requirements from updated USP 797 standards. • Sterile Compounding (USP 797): Significant changes to content and organization of original policy due to large revision of USP 797 standards. • Transfusion Transmitted Infectious Disease Notification: Policy is required for accreditation and CLIA 	
9. ADJOURN	<i>Kornblatt Idell</i>	
	Meeting adjourned at 6:10p.m.	



**SVHCD GOVERNANCE
COMMITTEE MEETING**

MINUTES

WEDNESDAY, JANUARY 17, 2024

Present	Not Present	Staff	Public	
Susan Kornblatt Idell in person Bill Boerum in person Amy Jenkins via Zoom Denise Kalos via Zoom		Stacey Finn, Interim Board Clerk		
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>Kornblatt Idell</i>			
	Called to order at 6:00 p.m.			
2. PUBLIC COMMENT SECTION	<i>Kornblatt Idell</i>			
	None			
3. CONSENT CALENDAR	<i>Kornblatt Idell</i>		Action	
a. Minutes 08.16.23			MOTION: by Boerum, 2 nd by Jenkins to approve meeting minutes. All in favor.	
4. GOVERNANCE COMMITTEE CHARTER	<i>Kornblatt Idell</i>			
	<p>Ms. Kornblatt Idell presented the most current charter for review and revision. She recommended that everyone review the charter offline and bring the revisions to the next meeting for approval.</p> <p>Discussion regarding the need for the Board chair recommending a designee to chair the committee. This will be brought to the February Board meeting for the designation of a chair.</p> <p>Next meet will also include the creation of a charter template for all Board committees.</p>			

5. GIFTS AND HONORIA POLICY	<i>Kornblatt Idell</i>	Action	
	Ms. Kornblatt Idell presented the red lined version of the Gifts and Honoria policy. Ms. Jenkins spoke about the revisions that were made and the fact that the revisions were based on the committee's recommendation to streamline and simplify the policy. Previously the committee recommended that the policy be reviewed by legal counsel. Ms. Kornblatt Idell will discuss the legal review request with the CEO.	Ms. Kornblatt Idell will discuss the legal review request with the CEO.	
6. SVH BOARD OF DIRECTORS COMMITTEES	<i>Kornblatt Idell</i>	Inform	
	Ms. Kornblatt Idell recommended all the Board committees have a standard template for the charters. Ms. Jenkins and Ms. Kornblatt Idell will work on creating a template for the charters. The template will be recommended to the Board for approval. Ms. Jenkins recommended that the Board identify, and delegate duties involved with legislation. Mr. Boerum said that in previous years it was decided at the Board level that legislative issues and responses be delegated to the CEO.		
7. CALIFORNIA VOTING RIGHTS ACT	<i>Kornblatt Idell</i>	Inform	
	Ms. Kornblatt Idell spoke about the California voting rights act. This act was passed in 2002, with the goal of having all areas of voting districts be represented. This would include the district have zones with a representative for each. Legal was consulted on the requirements around this. They noted it was not a requirement. There is concern that there may be groups that have concerns about the representation in the health care district. Mr. Boerum spoke about the research that he did on this topic and how other health care districts handled the act. Mr. Boerum felt that the Board acknowledging the need for representation in the district would address the spirit		

	of CVRA on some level. Ms. Jenkins recommended adding verbiage on inclusivity recruitment to the charters and/or policy.		
8. GOVERNANCE COMMITTEE 2024 WORK PLAN	<i>Kornblatt Idell</i>	Inform/Action	
	<p>The committee made the following recommendations be made to the 2024 GC Work Plan</p> <ul style="list-style-type: none"> • Feb – GC charter review • March – Create charter template for Board committees. • June – Review all committee charters. • Sept – Finalize committee charters. • Nov – Create 2025 work plan 	Work Plan, with dates, will be confirmed at next meeting	
9. ANNUAL SCHEDULE OF MEETNIGS	<i>Kornblatt Idell</i>	Inform	
	Meeting months are noted in the work plan.		
10. ADJOURN	<i>Kornblatt Idell</i>		
	Adjourned at 6:46 p.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: 04/01/2024 1:57 PM

Report Parameters

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

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 20

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
Admission to the Hospital from the ED <i>Emergency Dept</i>	Pending Approval	3/27/2024	5
<p>Summary Of Changes: Removed reference to "Administrative Coordinator" and changed it to "House Supervisor." Added language that patient must be notified of admission and to ask patient if they want a family member or their personal physician notified of admission. Added ED RN to complete disposition assessment (a specific feature of EHR). Updated references, added Authors/Reviewers and Approvers.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)</p> <p>Approvers: Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Annual Medical Surveillance <i>Human Resources Policies (HR)\Employee Health</i>	Pending Approval	3/26/2024	6
<p>Summary Of Changes: Minor re-organization of 2nd paragraph to emphasize that Infection Prevention is primary to Occupational Health in the oversight of this program. Corrected an incorrect policy number referencing the Influenza Vaccination Program. Added more specific language in regards compliance/consequences of non-compliance of this mandatory annual screening event and consistent with other Employee Health policies.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: McKissock, Lynn (lmckissock)</p> <p>ExpertReviewers: Montecino, Stephanie (smontecino)</p> <p>Approvers: Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Disability Hours <i>Human Resources Policies (HR)</i>	Pending Approval	3/26/2024	6
<p>Summary Of Changes: Minor language edits to provide clarity. Updated references.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: McKissock, Lynn (lmckissock)</p> <p>Approvers: Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 04/01/2024 1:57 PM

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

Equipment Inspection <i>Materials Management Dept</i>	Pending Approval	3/26/2024	6
<p>Summary Of Changes: 11/20/2023 - 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>			
Infection Control Mandatory Reporting <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	3/27/2024	5
<p>Summary Of Changes: No changes, no revisions made. Policy is current</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Montecino, Stephanie (smontecino)</p> <p>ExpertReviewers: Kidd, Sabrina (skidd)</p> <p>Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Leaves - Personal & Non-FMLA/CFRA Medical <i>Human Resources Policies (HR)</i>	Pending Approval	3/26/2024	6
<p>Summary Of Changes: Updated the section regarding pay status while on Non-FMLA/CFRA medical leave to comply with new California Paid Sick Leave law, providing a minimum of 40 hours or 5 days, whichever is greater. Other minor word and punctuation edits for correctness.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: McKissock, Lynn (lmckissock)</p> <p>Approvers: Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
NEW: Imaging Vascular Access and Use of Vascular Lines and Ports for Contrast Administration <i>Diagnostic Services Dept Policies</i>	Pending Approval	3/27/2024	5
<p>Summary Of Changes: This new policy combines and updates two older policies:</p> <ul style="list-style-type: none"> • Central Venous Catheters: Power Injection of Contrast 7630-117 • Central Lines, PICC Lines 7630-115 <p>WHY: Replacing with new policy makes it easier to refer to one policy when needed. It also ties in with our hospital policy on CVC and Implanted Port Access PC8610-120.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Young, Dave (dyoung)</p> <p>ExpertReviewers: Medical Director-Diagnostic Radiology</p> <p>Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
NEW:: Rx Destroyer Procedures <i>Medication Management Policies (MM)</i>	Pending Approval	3/26/2024	6
<p>Summary Of Changes: NEW POLICY To establish a procedure for the use of the Rx Destroyer for the disposal of controlled substances. WHY: to address potential theft and safety issues; address a finding during CIHQ Survey 2023</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 04/01/2024 1:57 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: **Ramirez, Joseph (jramirez)**
 Approvers: **Winkler, Jessica (jwinkler) -> Newman, Cindi (cnewman) -> 09 BOD-Board of Directors - (Committee)**

NEW::Scheduling Admitting & Patient Access Staff <i>Patient Access Dept Policies</i>	Pending Approval	3/26/2024	6
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Summary Of Changes: **NEW POLICY**
To establish clear guidelines for staffing all areas of Admitting/Patient Access functions.
Update- edited for clarity ie. CEO comments regarding per diem employees

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

Nuclear Medicine Safety Measures <i>Diagnostic Services Dept Policies</i>	Pending Approval	3/27/2024	5
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Summary Of Changes: **Added section for Misadministration of Radioisotopes (taken from old policy 7630-167)**
Added references to Nuclear Regulatory Commission.

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

Overtime and Holiday Pay <i>Human Resources Policies (HR)</i>	Pending Approval	3/26/2024	6
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Summary Of Changes: **Minor language edits for clarity.**
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)**

Retire: Central Lines, PICC Lines 7630-115 <i>Diagnostic Services Dept Policies</i>	Pending Approval	3/27/2024	5
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Summary Of Changes: **Retire policy.**
Combining this policy with policy 7630-117 Central Venous Catheters: Power Injection of Contrast into a new updated policy.

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

Retire: Central Venous Catheters Power Injection 7630-117 <i>Diagnostic Services Dept Policies</i>	Pending Approval	3/27/2024	5
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Summary Of Changes: **Retire policy.**
This policy is being combined with 7630-115 in a new updated policy.

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 04/01/2024 1:57 PM

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

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

RETIRE: Hazardous Substances <i>Materials Management Dept</i>	Pending Approval	3/26/2024	6
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Summary Of Changes: **Recommend Document be Retired. Materials Management does not store Hazardous Materials an Organizational Policy CE8610-140 already exists on handling of Hazardous Materials. This policy is redundant and should be retired.**

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)

RETIRE: Misadministration of Radioisotopes <i>Diagnostic Services Dept Policies</i>	Pending Approval	3/27/2024	5
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Summary Of Changes: **Retire policy. The necessary details were added to policy 7630-185.**

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

RETIRE: Sales Representative Policy <i>Materials Management Dept</i>	Pending Approval	3/26/2024	6
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Summary Of Changes: **1/12/2024 - Recommend retiring this policy because of Organizational policy mirrors this one. Duplicate policy that is not necessary.**

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)

Safety in Materials Management <i>Materials Management Dept</i>	Pending Approval	3/26/2024	6
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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)

Sales Representative Policy <i>Care of the Physical Environment (CE)</i>	Pending Approval	3/5/2024	27
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Summary Of Changes: **1/12/24: 1) Procedure section 1 wording updated for simplification.
 2) Procedure section two updated to remove Materials management staff will contact department and instead deny Sales rep entry into the hospital for not being considerate to our staff's time.
 3) Author/Reviewers - Removed Ellen Shannahan and left only Materials Management Director.**

Sales Rep must have badge displayed and appointment.

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 04/01/2024 1:57 PM

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

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

System Downtime Procedures	Pending Approval	3/26/2024	6
<i>Materials Management Dept</i>			

Summary Of Changes: **11/20/2023 - 1) Purpose edited for grammar by adding a comma after "placed."
 2) Procedure 3. Replaced Paragon with ERP (generic name for any system like Paragon)
 3) Procedure 4. Replaced Paragon with "the system" and deleted "into the system" at the end of the sentence.**

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)**

Trophon Environmental Probe Reprocessor (EPR)	Pending Approval	3/27/2024	5
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Reviewed policy. No substantial changes made.
 Updated title.
 Updated owner, authors, reviewers.**

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

Chief of Staff Board Report

Ako Walther, MD, MMM

Term of report - July 2023- February 2024

Subjects

1. Current Medical Staff

2. Medical Staff Quality

- I. ED Q-Reviews
- II. Ambulatory Surgery
- III. HCAHPS, Inpatient Service Survey

3. Medical Staff Summary

- I. Meetings Update and concerns
- II. Follow-up on three goals set by the Chief of staff

Current Medical Staff By The Numbers

- Total Medical Staff: **176**
- Active Medical Staff: **36**
- New Medical Staff: **1**

Christopher Choukalas, MD Anesthesiology

ED Q-Reviews

6 Questions

1. How would you rate the courtesy of your doctor?
2. How would you rate the waiting time at the ED?
3. How well were your tests, treatments, and medications explained to you?
4. Overall, how would you rate your experience with us?
5. How likely are you to recommend us to a friend or loved one?
6. How would you rate the time your doctor spent with you?

ED Care Feedback

Oct 2023

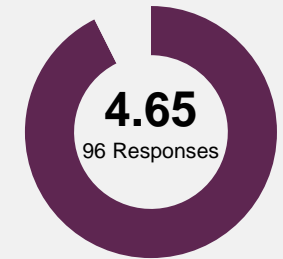
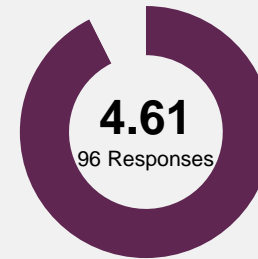
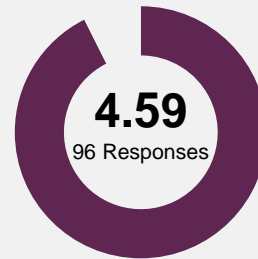
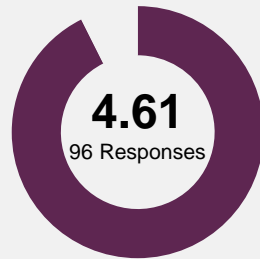
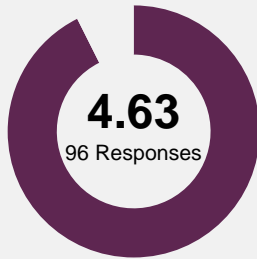
Nov 2023

Dec 2023

Jan 2024

Feb 2024

Overall Score



How would you rate the courtesy of your doctor?

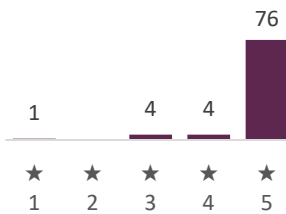
Average Score

4.810



Total Responses

85



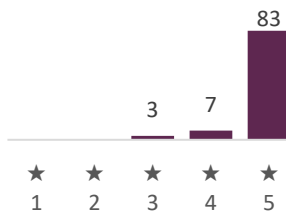
Average Score

4.840



Total Responses

83



Average Score

4.700



Total Responses

97



Average Score

4.730



Total Responses

94



Average Score

4.730

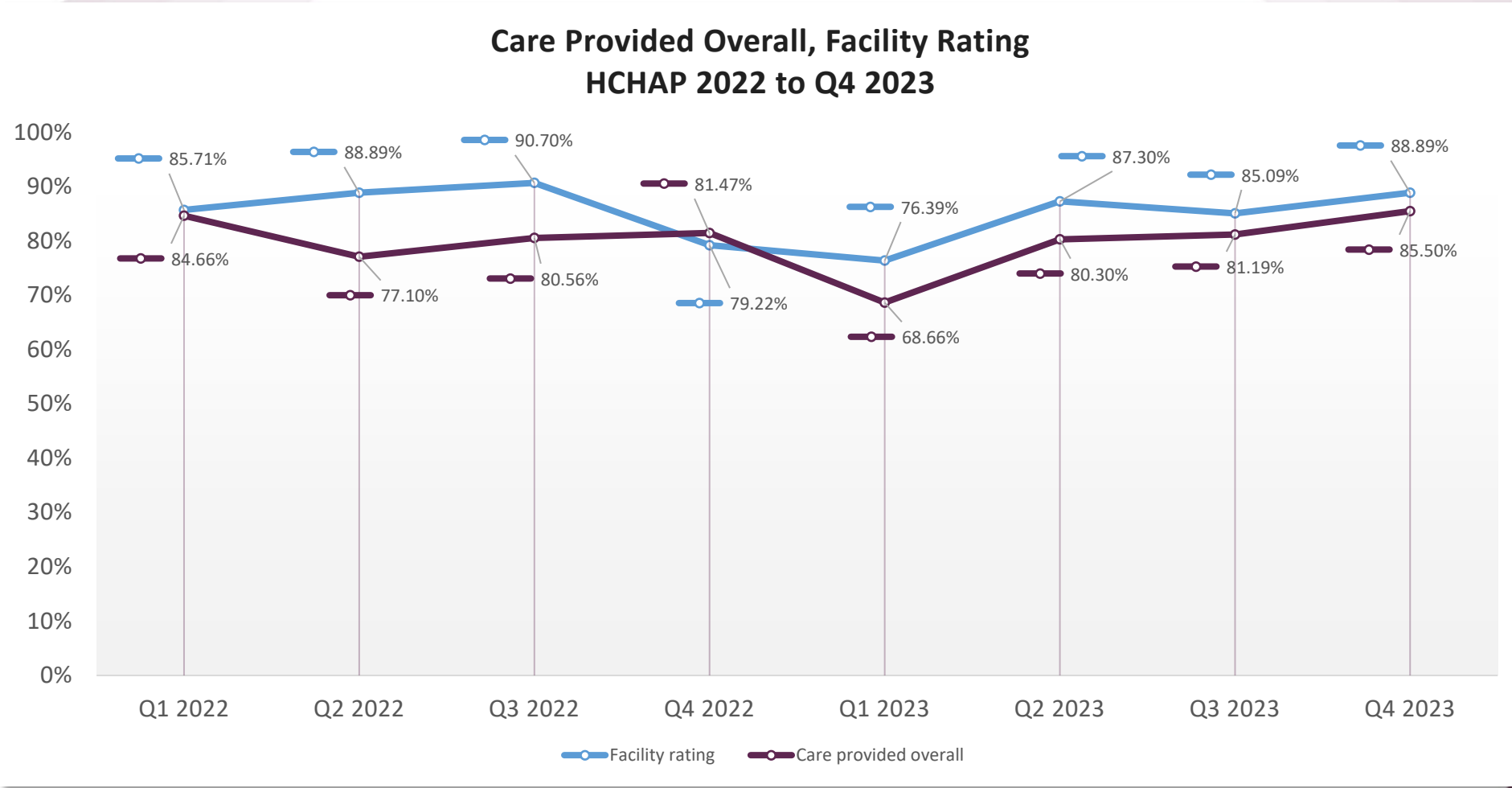


Total Responses

90

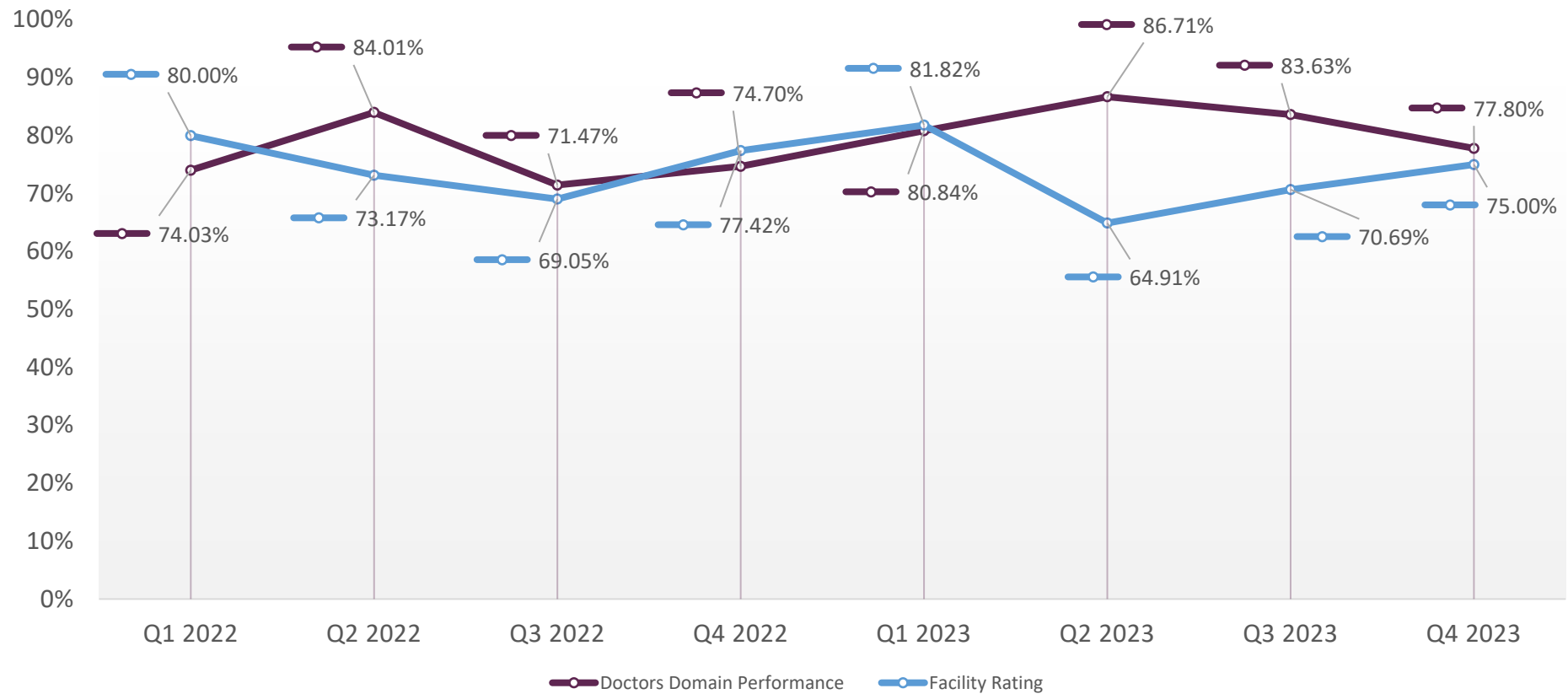


Ambulatory Surgery



HCAHPS

Doctors Domain Performance, Facility Rating HCHAP 2022 to Q4 2023



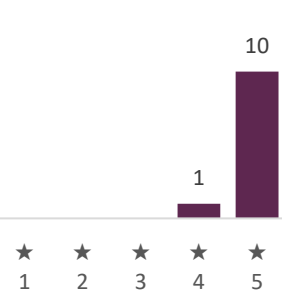
Inpatient Care Feedback

How would you rate the courtesy of your doctor?

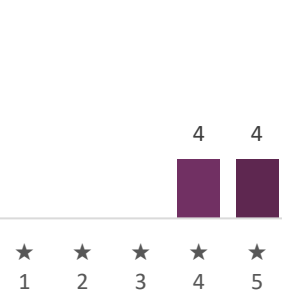
October 2023
 Average Score
4.890
 ★ ★ ★ ★ ★
 Total Responses
9



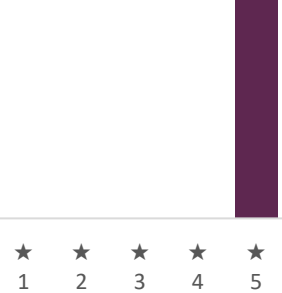
November 2023
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 ★ ★ ★ ★ ★
 Total Responses
11



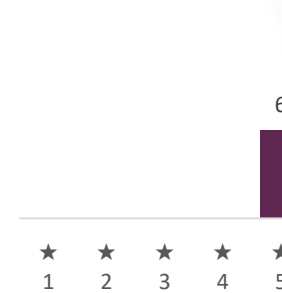
December 2023
 Average Score
4.500
 ★ ★ ★ ★ ★
 Total Responses
8



January 2024
 Average Score
5.000
 ★ ★ ★ ★ ★
 Total Responses
15



February 2024
 Average Score
5.000
 ★ ★ ★ ★ ★
 Total Responses
6



Medical Staff Meetings Update

Medicine Committee/Surgery Committee/MEC

Performance Improvement/Pharmacy & Therapeutics

- Pharmacy quality measures have been at goal and stable
- Upgraded PCA pumps due to obsolete safety technology
- Implemented new sterile compounding standards to meet requirements of updated USP 797
- Updated hospital adult and pediatric IV administration guidelines

Medical Staff Concerns

- The departure of Dr. Brown resulted in a reduction in the number of surgical cases.
- Highlighting the importance of hospital contracts for enhanced patient care
- Enhancing PCP access to patient data: bridging gaps in EHR systems

Medical Staff Summary

Goals	Actions
Foster trust and unity among medical staff leadership to forge a strong, cohesive team.	We've initiated off-site quarterly meetings with medical staff leaders to foster team cohesion and trust. This approach has proven successful, enhancing communication, mutual respect, and trust.
Build a strong partnership with the new ER group for exceptional patient care.	Transitions have been seamless. Dr. Cusick and I meet weekly to address issues and enhance patient care and service quality.
Strengthen connections with local PCPs for smoother patient care transitions.	Dr. Cusick and I visited all local PCP offices to understand better and address any challenges, ensuring a seamless flow from PCP to ED to inpatient to discharge.

Annual Quality Report

Year Ending 2023

Quality Department

■ Department Members



■ Director of Quality



Quality Systems & Analytics



Infection Prevention/Employee Health

■ Case Management and Social Work department reports to Director of Quality

■ Director of Quality reports to CMO

Who do we care for? ED Metrics

- 9222 visits in 2023
- 54% Female 46% Male
- 31% of ED patients are over age of 70 vs 27% aged 20-50 years of age
- 10% of ED patients less than 10 years of age
- 43% Single
- 28% of all ED patients identify as Hispanic
- English (81%) and Spanish (17%) predominate languages spoken

Who do we care for? Inpatient Metrics

- **827 inpatient admissions in 2023**
- **54% Female 46% Male**
- **64% of inpatients are over age of 70**
- **25% Single, 35% Married, 15% widowed**
- **11% of all inpatients identify as Hispanic**
- **English (92%) and Spanish (7%) predominate languages spoken**

Who do we care for? Inpatient Metrics

- Length of Stay higher in 80-89 age group and in those who are married. Non-Hispanic length of stay double the length of stay vs Hispanic Patients
- 63% of Readmissions are patients aged 70-100 years
- 63% of readmissions are female
- 87% of readmissions are non-Hispanic patients
- 36% of readmissions are married patients

Quality Overview

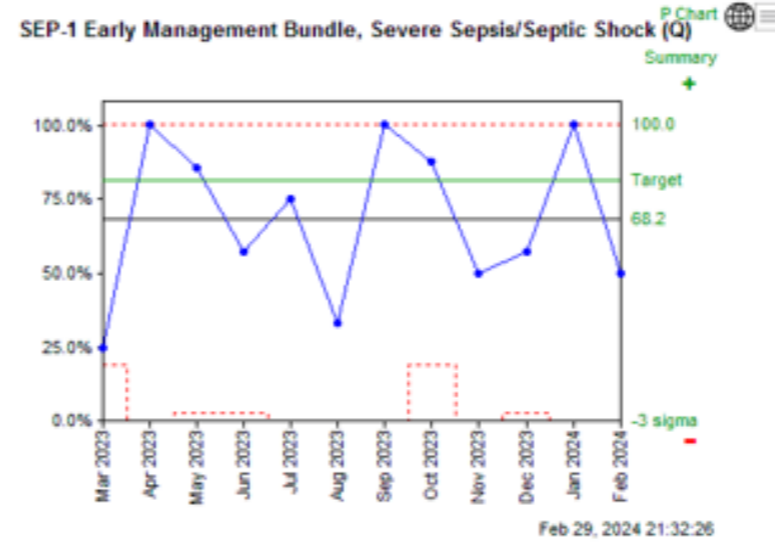
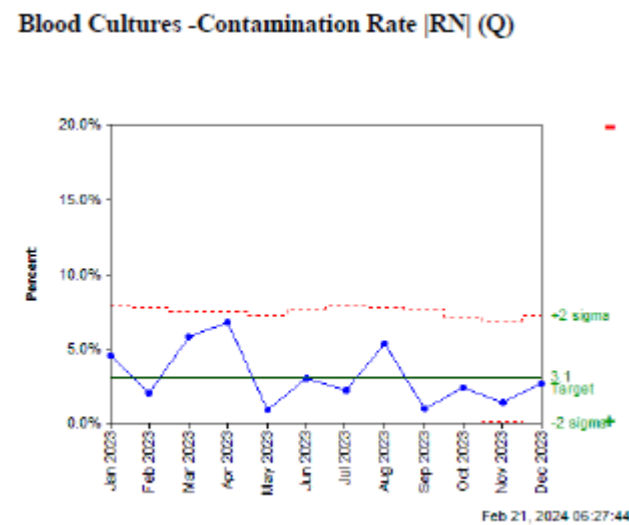
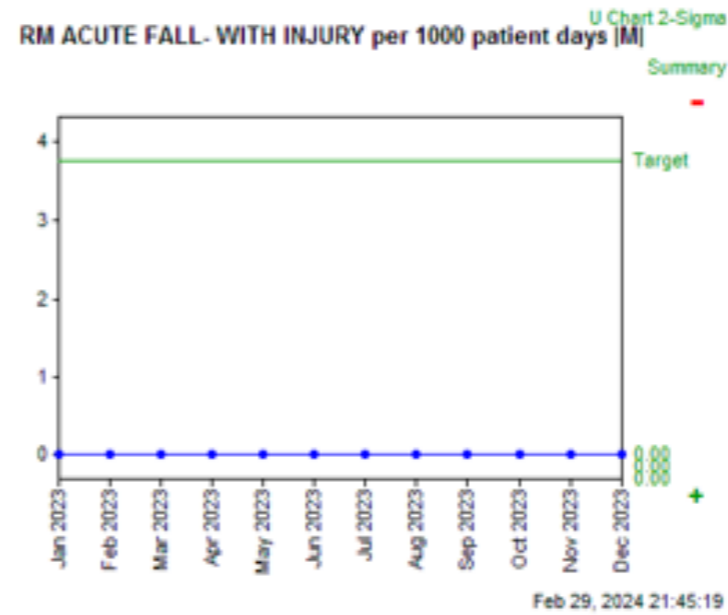
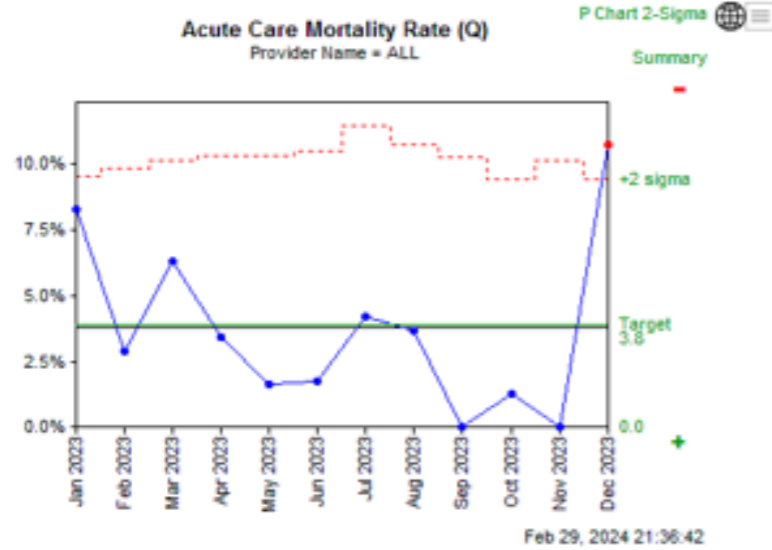
■ Metrics measured and reported monthly to Board Quality

- Mortality
- AHRQ Patient Safety Indicators
- Adverse Events
- Blood Products
- Medication Errors
- Patient Falls
- Readmissions
- Blood Culture Contamination
- Stroke Certification Measures
- Utilization Management
- Core Measures- Sepsis/ED/Stroke/Colonoscopy
- Infection Prevention
- Inpatient and Outpatient Satisfaction

Quality Success 2023

- Mortality Rates below benchmark 2023
- Falls with injury zero incidents 2023
- Improvement in Sepsis measures vs 2022
- Significant improvement in Blood Culture contamination rates
- Successful accreditation survey as Stroke Ready Hospital with excellent stroke care
- Successful CMS accreditation survey by the Center of Improvement in Healthcare Quality (CIHQ)

Success data



Opportunity for improvement in 2024

- Decrease length of stay
- Decrease Readmission rates
- Continue our journey of improving compliance with Sepsis Bundles

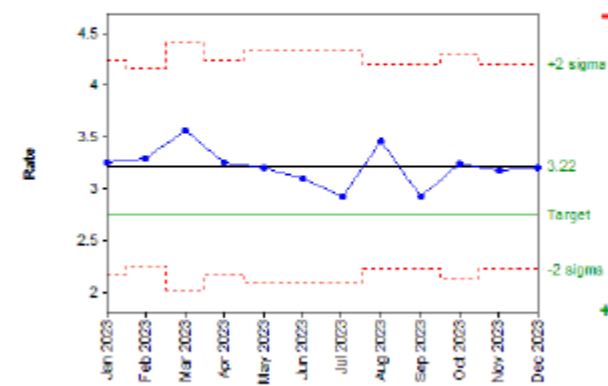
Opportunity Data

DV Inpatients - % Readmit to Acute Care within 30 Days (Q)



Feb 26, 2024 06:07:05

Acute Care - Geometric Mean Length of Stay (Q)



Feb 27, 2024 06:07:45

Clinical Quality Review

- Director of Quality performs a weekly thorough quality review of all:
 - readmissions
 - hospital acquired infections
 - surgical site infections
 - frequent ER visits
 - Unanticipated events
- The reviews are then referred to departments or medical staff to review and institute plans of correction when indicated.

Peer Review Support

- **Director of Quality, through clinical quality review, patient grievances, or referrals, completes the Peer Review form and refers to appropriate medical director for follow up**
- **This has allowed for a more robust peer review process at SVH. On average there are 1-2 peer review cases that are reviewed by the Medical Executive Committee each month**
- **Results of the peer review are shared with the identified provider via a follow up letter with outcomes of the peer review and recommendations by MEC**

Grievance/Risk Management

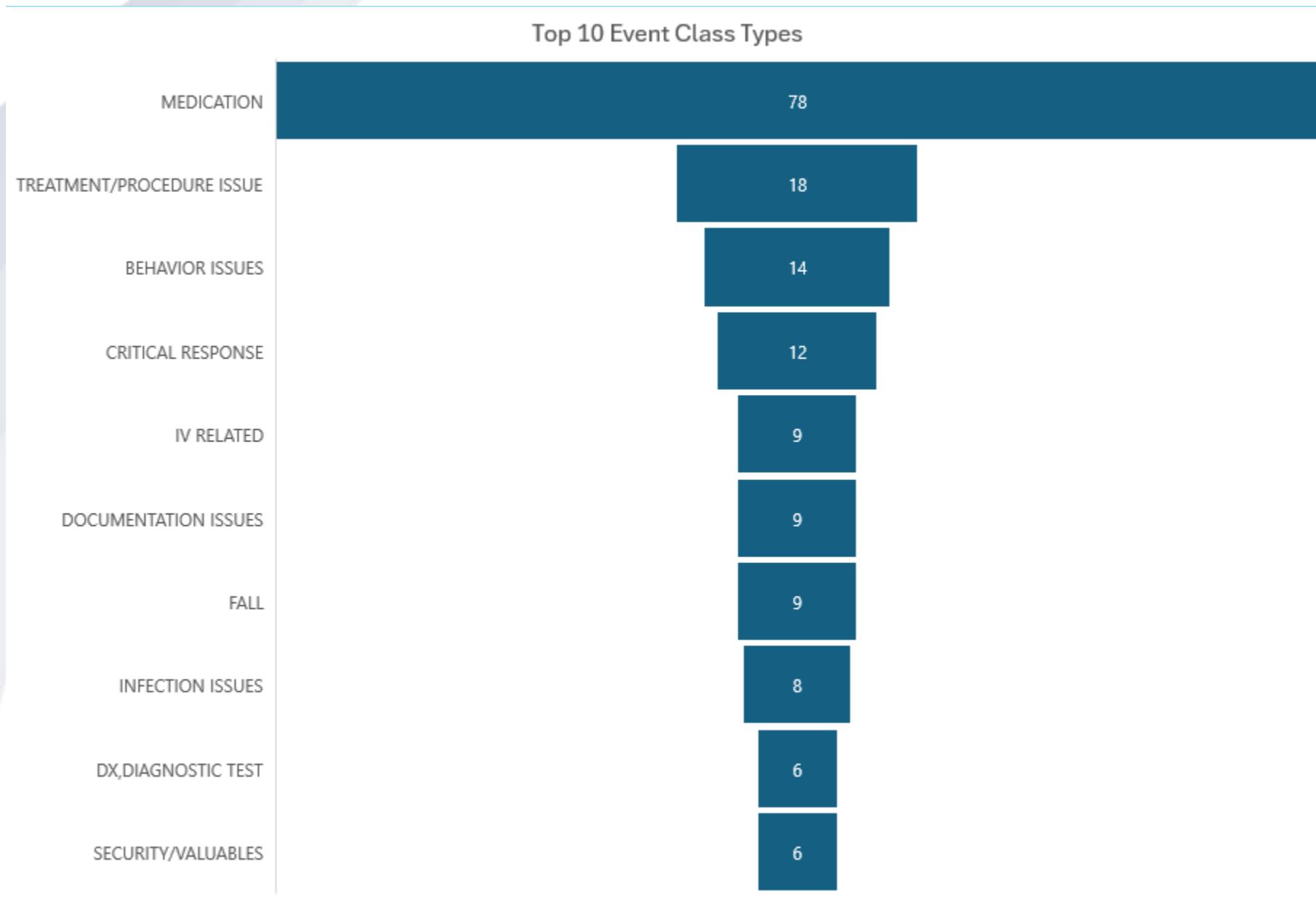
- All patient grievances and/or complaints are investigated immediately upon receipt
- Patient grievances are received via letter, phone calls or verbally in-person. All grievances are entered into our risk management system (MIDAS) and are followed by the Director of Quality
- All grievances receive a letter within 7 days acknowledging receipt and a second letter within 30 days with follow up results of investigation and resolution
- Monitors all risk events entered by staff and refers to department managers as needed for follow up and action

Risk Events 2023

- SVH uses MIDAS Health Analytics that provides a comprehensive suite of solutions that makes it easier to manage risk and also improve performance
- Any staff member can enter a risk event in MIDAS
- Any unusual occurrence that occurs in the hospital should be entered as a risk event
- 217 Risk events entered for 2023
- Risk events after investigation are assigned a harm level

0	0-NONE (No Harm)
1	1-MINOR TEMPORARY (Minimal Temporary Harm)
2	2-MINOR PERMANENT (Minimal Permanent Harm)
3	3-MODERATE TEMPORARY (Moderate Temporary Harm)
4	4-MODERATE PERMANENT (Moderate Permanent Harm)
5	5-MAJOR (Severe Temporary/Permanent Harm)
6	6-DEATH (as a result of this event)

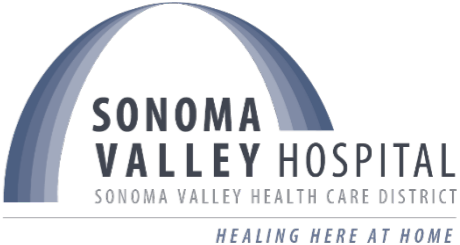
Event Types



Risk Events 2023

- 90% of events were categorized as either no harm (65% of all events) or minimal temporary harm (25% of all events entered)
- 36% of all events entered were medication related

MEDICATION	78
1-MINOR TEMPORARY (Minimal Temporary Harm)	1
D-Medication Event, intervention to eliminate possible harm	5
A-Medication Event, could have resulted in error	15
B-Medication Event, discovered before reaching patient	21
C-Medication Event, no harm	36



Questions??



FAMILY PRACTICE OPERATIONAL OVERVIEW

SVHCD Board of Directors



Today's Topics

- History
- 1206 B – What does that mean?
- Operational Overview
- Quality Measures
- Volumes
- Challenges
- What's Next

History of SVH 1206B

- First 1206B established in 2016
 - ❖ Pari Azari MD Pain Management
 - ❖ Sabrina Kidd MD Colorectal Surgeon
- Family Practice joined the 1206B Program in 2018
 - ❖ Subhash Mishra MD
 - ❖ Daisy Manuel-Arguelles DO
 - ❖ Richard Gerber MD
 - ❖ Hayley Do PA

What is a 1206B?

- Exempt from licensure in the State of California
- Separate entity operated by the Health Care District
- Managed by the hospital

OPERATIONAL OVERVIEW

- Primary Care Practice
- 1.8 MDs, 0.8 Physician Assistant
- 6.4 FTEs including Practice Manager
- E H R – Athena Health
- Serves approximately 3000 patients

QUALITY DASHBOARD

Merit Based Incentive Payment System

Measure Name	Reporting Period	Result
Controlling High Blood Pressure	2023	69.38%
Preventative Care and Screening	2023	12.49%
Cervical Cancer Screening	2023	44.44%
Adult Major Depressive Disorder	2023	0.00%
Breast Cancer Screening	2023	39.18%
Colorectal Cancer Screening	2023	57.7%
Diabetes Hemoglobin A1c Control	2023	27.95%

VOLUME

Calendar Year	Visits
2023	8822
2022	8806

CHALLENGES

- Staffing including providers
 - ❖ Wait times for physical exams mid-May
- Space

WHAT'S NEXT

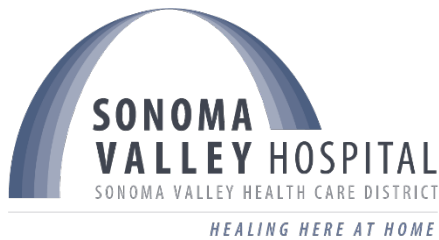
- Adding another practice
- Evaluating a New E H R
- Recruiting a Mid Level Provider

OUR TEAM



QUESTIONS?

Thank you



To: SVHCD Board of Directors
From: John Hennelly
Date: 04.04.24
Subject: CEO Report

Strategic Plan

As related to our new **strategic plan**, our efforts in FY24 will focus on:

- *Campus Realignment*: discussions with UCSF regarding how they might participate, business plan development on SNF, Sub Acute, Memory Care service lines; working to engage a firm to assist with the development of a master facility plan.
- *Community Care*: market sizing for various community opportunities, urgent care, diagnostic center, specialty clinics, PT/OT
- *Sustainability*: business plan development on GI, cardiology, orthopedics, and UCSF clinical services
- *Seismic*: continued research on possible options. The hospital has engaged HED to assist in the assessment.

Operations

Volumes in February declined as anticipated as Dr Michael Brown wound down his clinic.

- Surgeries, budgeted at 196, only logged 142. YTD are 99 below budget but 38 above prior year.
- Acute discharges exceeded budget by 13% (7) and are 5% over prior year at 570 vs 543.
- Outpatient Visits continue to exceed both budget and prior year at 41,000 YTD vs 36,500 PY
- ER visits were 10% under budget but remain 4% over prior YTD at 6749 vs 6518.

We have secured a **new orthopedist** to replace Dr Brown. Dr Chris Walter, currently practicing in Petaluma with Providence, will begin seeing patients in June. Dr Walter has a very similar practice to Dr Brown and will see the same portfolio of patients that Dr Brown saw. In addition to general orthopedics, Dr Walter has training in sports medicine.

February financials illustrated the current challenge for the hospital. Acute discharges and outpatient visits continue to exceed budget. ED missed budget by 10% and surgeries missed budget by 28%. Given that mix, the hospital lost \$500,000 on operations before Intergovernmental Transfers (IGT). The difference between January (positive outcome) and February (negative outcome) is the loss of our orthopedics practice. Fortunately, February saw the receipt of over \$1m of net IGT receipts which led to a net income of \$517,000 for the month. Of note, the hospital effectively managed expenses during the month coming in 7% under budget (excl depreciation) and remains just 4% over prior year to date despite significant inflationary pressures.

The hospital welcomed **interim Chief Medical Officer**, Dr Sabrina Kidd. Dr Kidd takes over for Dr Sujatha Sankaran who is returning to UCSF to continue her teaching and research. Dr Kidd will serve as CMO, in addition to her work as a colorectal and general surgeon, while UCSF conducts a national search for our next permanent CMO.

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 when operating independently.

Capital

The temporary **MRI project** is nearing completion. We have received occupancy from the City of Sonoma and are now pursuing final approvals from HCAI. We expect to be 'open for business' in early April. There will be a 3-4 month ramp up time as the team is trained on various new protocols. Run of the mill testing, tests we currently conduct on the 1.5 tesla machine will be offered in April. New tests, and tests utilizing new components will take a few months to bring online.

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 reviews. After an extended negotiation, the hospital was able to secure a **4-year contract with Anthem**, effective 5/1/24.

Scorecard Definitions for Quality Metrics

Central Line Associated Blood Stream Infection (CLABSI)

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

Catheter Associated Urinary Tract Infection (CAUTI)

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

CDIFF (Clostridium Difficile)

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

Sepsis Early Management

Obtain Blood Cultures BEFORE antibiotics

Administer Antibiotics

Obtain Lactate Level

Lactate Level repeated (if elevated)

Severe Sepsis 3 hour bundle

All above included plus-

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

Focused MD exam

Severe Sepsis 6 hour bundle (septic shock only)

Lactate greater than 4 or

If persistent hypotension with 1 hour of fluid administration add Vasopressor

Shock reassessment by physician

Mortality

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

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

PSI 90

Summarizes patient safety across multiple indicators including-

Pressure Ulcers

Falls with Hip Fracture

Perioperative (while in surgery) complications

Postoperative complications

Preventable Harm

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

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

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

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

Readmissions

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

SVH Performance Score Card

1. Quality and Safety

Objective	Target	JAN.24	FEB.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	1.00	↓	
CDIFF Infection per 10k pt days	<0.9	0.00	0.00	↔	
Patient Fall per 1000 pt days	<3.75	0.00	0.00	↔	
Patient fall with injury per 1000 pt days	<3.75	0.00	0.00	↔	
Surgical Site Infections per 1000 Acute Care Admissions	0.00	0.00	0.00	↔	

Core Measures					
Sepsis Early Management Bundle % compliant	>81%	100 (n=6)	60 (n=5)	↓	Sepsis task force meets montly to address
Severe Sepsis 3 hour Bundle % compliant	>94%	100 (n=6)	60 (n=5)	↓	
Severe Sepsis 6 hr Bundle % compliant	100.00	100 (n=4)	100 (n=2)	↔	
Core OP 23- Head CT within 45 mins % compliant	70.00	100 (n=2)	100 (n=1)	↔	

Mortality					
Acute Care Mortality Rate %	<15.3	4.50	4.80	↓	Lower is better

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	134 (n=29)	161 (n=31)	↓	
Core Op 22 ED Left without being seen LWBS	<2%	0.4 (n=3)	0.7 (n=5)	↓	

PSI 90					
PSI 90 Composite Acute Care Admissions	0.00	0.00	22.79	↓	

Preventable Harm					
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.00	0.13	↓	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	2.86 (n=2)	11.32 (n=6)	↓	Lower is better



2. Employees

Objective	Target	JAN.24	FEB.24	Trend	Supporting Detail
Turnover	<3%	0.8	0.6	↑	
Workplace Injuries	<20 Per Year	2 (QTR 1)	2 (QTR 1)	↔	

3. Patient Experience

Objective	Target	DEC.23	JAN.24	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>90%	89 (n=9)	96 (n=25)	↑	Top Box Scores. % of patients that ranked us 5/5
Communication	>90%	98 (n=9)	91 (n=25)	↓	
Discharge Instructions	>95%	93 (n=9)	96 (n=25)	↑	
HCAHPS					
Recommend the hospital	>90%	80 (n=19)	67 (n=15)	↓	Top Box Scores. % of patients that ranked us 5/5
Communication with Nurse	>90%	89 (n=19)	89 (n=15)	↔	
Communication with Doctor	>90%	86 (n=18)	96 (n=15)	↑	
Cleanliness of Hospital	>90%	74 (n=19)	87 (n=15)	↑	
Communication about medicines	>90%	67 (n=9)	79 (n=12)	↑	
Discharge Information	>90%	95 (n=19)	97 (n=15)	↑	

4. Volume

Objective	Target	JAN.24	FEB.24	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>855	868.0	779.0	↓	
Surgical Volume Outpatient	>140	161.0	137.0	↓	
Surgical Volume Inpatient	>13	14.0	15.0	↑	
Inpatient Discharges	>70	75.0	63.0	↓	

5. Financial

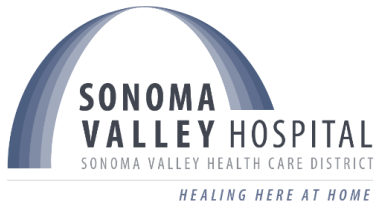
Objective	Target	JAN.24	FEB.24	Trend	Supporting Detail
Operating EBDA in %	>-4.0%	4.9%	-1.5%	↓	
Days Cash on Hand month end	>42	19.8	14.1	↓	
Net Revenue (\$M) (annualized)	>\$46	\$ 52.8	\$ 48.9	↓	



To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Meeting Date: April 4, 2024
Subject: CMO Report

March Highlights Included:

1. Orthopedics:
 - a. Dr. Chris Walter has signed an agreement with Prima Medical Group / Marin Health to work at SVH.
 - i. Expected start date in the clinic is June 24, 2024.
 - b. Ortho ED call: Local surgeons, Drs. Harf and Weiss, began taking a combined 20 days of ED ortho call in March.
 - c. We continue to explore options to add an additional orthopedic surgeon.
2. Tele-Psychiatry
 - a. We have found a way to continue services with Access Tele-Health (formerly Forefront) through the use of Credentialing by Proxy.
3. Age Friendly Health System
 - a. SVH's Geriatric NP Provider, Rebecca Spear, will transition to spending some time seeing outpatients through the 1206b clinic while also continuing to work on system wide initiatives.
4. Med-Surg / ICU / Surgery / ED Updates:
 - a. Surgical volumes continue to be low and this has led to some turnover amongst surgical staff.
 - b. Med-Surg and ICU are continuing to work on revising Multi-Disciplinary & Bedside Rounds.
 - c. New quality incentive metrics are being developed for both the Hospitalist and ED physician groups.
5. Medical Staff:
 - a. March meetings included: Medicine Committee, Surgery Committee, MEC/Peer Review, PI/PT.
 - b. Upcoming General Medical Staff Dinner Meeting on April 17 at 5:45pm at Sonoma Golf Club. All Board Members are invited to attend.



To: SVHCD Board of Directors
From: Ben Armfield, Chief Financial Officer
Date: April 4, 2024
Subject: Budget Assumptions for FY 2025

VOLUMES

- Fiscal year 2025 budgeted volumes are based on an annualization of this fiscal year's run-rate - *July 2023 to January 2024.*
- **Specific Volume Assumptions of Note:**
- MRI – Budgeting anticipated volume growth of new 3 Tesla magnet. FY25 budget will reflect an additional 7 scans per day on new magnet – roughly 1,800 additional MRI scans annually. This represents a 50% increase in MRI volumes compared to current year run-rate.
- Orthopedics – Budgeting overall decrease in volumes compared to FY24 annualized due to:
 - 1) Departure of Dr. Brown - Not budgeting any volumes for Dr. Brown in FY25.
 - *Dr. Brown performed a total of 200 ortho surgeries between July 2023 & January 2024 (~28 per month).*
 - 2) Incoming Recruit - Volume loss of Dr. Brown's departure partially mitigated by projected volumes of incoming recruit. Will assume ramp-up starting in July.
 - *Budgeting 220 ortho surgeries for new recruit for FY25 (~18 per month).*
- Physical Therapy - 50% increase in visit volumes beginning January 1, 2025 due to capacity gained through expansion project.
- Imaging – Contemplating adjustment of imaging volumes to account for the anticipated variability in Orthopedics.
- Inpatient Services – Management will be review inpatient volumes and contemplate gained efficiencies through recruitment of new orthopedic surgeon, and potential anticipated efficiencies gained through enhanced clinical services.

GROSS REVENUE

- Gross revenues for the organization driven by budgeted volumes and current charge pricing per our active chargemaster.
- Gross Price Increase – Currently performing market study with third party to assess current charge levels in comparison to peers. We are planning to make proposed

price adjustments based on the findings of the analysis underway.

NET PATIENT REVENUE & CONTRACTUAL ALLOWANCES

- Collection Rates - Utilize current year-to-date collection rates by payor as baseline and adjust contractual allowance based on finalized gross price increases.
- Net Patient Revenue – Will be adjusted based on continuing negotiation discussions with Anthem.
- Payor Mix - Will be based upon current year-to-date run-rate and will contemplate potential adjustments based on industry trends and anticipated payor shifts.
 - Will contemplate further adjustments based on progress of payor negotiations over next 30 days.
- Supplemental Funding - Intergovernmental and supplemental payments include the 12-month Rate Range IGT, HQAF IGT, and the QIP IGT. IGT amounts will be based on current year actuals and will be budgeted to spread across evenly over the full 12-month fiscal year.

FTEs, WAGES, AND BENEFITS

- FTEs - based upon current FY24 run-rate (July 2023 – January 2024).
- Wages – 2.0-3.0% annual increase for salaries for 6-months beginning January 2025 through June 2025.
 - Potential base wage adjustments based on ongoing 3rd party analysis for positions identified as below market.
- Employee Benefits – The hospital converted to a new health plan in January 2024, so FY25 budgeted cost will be primarily estimated based on first full year of anticipated spend.

PHYSICIAN FEES & PROFESSIONAL FEES

- Based upon current costs and/or anticipated final contract arrangements.
- 1206(b) Addition – Increase in physician fees to account for two surgeons joining District's 1206(b).
- Orthopedic Recruitment – Will budget successful recruitment of orthopedic physician beginning July 2024.

SUPPLIES/FOOD

- Based on current fiscal year run-rate and adjusted by department based on FY25 budgeted volumes.
- Global inflation adjustment of 2 - 4% for supply and food costs.
- Additional adjustments contemplated for potential cost savings related to high dollar implants.

PURCHASED SERVICES

- Purchased services will be budgeted based on current and projected services by department.
- Budget will contemplate additional elimination of third-party agreements that are no longer necessary with Epic.

INTEREST

- Based on current run-rate and adjusted for any new or expiring leases and/or loans.
 - US Bank Line of Credit – Interest expense to be reduced for FY25 budget year due to LOC paydown taking place during FY24.

DEPRECIATION

- Based on current year and adjusted for anticipated additions and/or retirements of assets.

INSURANCE

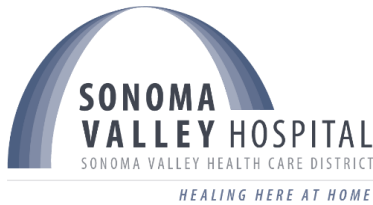
- Will confirm with insurance agent. Overall increase expected to be around 10%.

UTILITIES

- Current and expected future rates to be reviewed.
- Contemplating Unison Energy agreement and impact on FY25 utility costs.

OTHER EXPENSES

- Rent/leases- current, will adjust for any new expected leases and remove any that are expiring.
- Will review all other expenses in detail by department



To: SVHCD Board of Directors
 From: Ben Armfield, Chief Financial Officer
 Date: April 4, 2024
 Subject: Audit Engagement Firm Selection

I am writing to provide an update on the Request for Proposal (RFP) process for selecting an auditing firm for the upcoming fiscal year 2024 financial statement audit and beyond. The audit for fiscal year end 2023 marked the end of the most recent three-year engagement with our current assurance firm, Armanino LLP. With both the approval and direction of the Audit Committee, management took the District’s annual audit contract out to bid. A Request For Proposal (RFP) was initiated to ensure the selection of a reputable firm with expertise in healthcare auditing, capable of providing high-quality and cost-effective assurance services for the District.

We have received bids from three firms – Moss Adams LLP, Wipfli LLP, and Armanino LLP. Each of these firms are highly reputable and have demonstrated a strong track record in assurance services, and all three were included in both the Forbes' list of Top 100 Public Accounting Firms for 2023, as well as top 20 performers in AccountingToday’s Top 100 Audit Firms of 2022, underscoring their industry recognition and credibility.

In addition to this memo, we are including the initial RFP that was distributed. We have elected NOT to include the actual bid proposals received from the three firms as they total nearly 80 pages in length. Please notify management if you would like to review any of the specific proposals and we would be happy to provide. In lieu of the actual proposals, we have summarized what we feel to be the key, pertinent information from each firm that submitted bids, and how that was used to ultimately develop our recommendation.

BID COMPARISON – GENERAL INFORMATION

Firm Comparison - General	Armanino	Moss Adams	Wipfli
Headquarters	San Ramon, CA	Seattle, WA	Milwaukee, WI
Primary Office(s) (for SVH audit) :	San Ramon, CA (partner on east coast)	San Francisco, CA	Oakland, CA
Accounting Today 2022 Top 100 Audit Firms Rank	#19	#12	#21
Offices	21	30	50
Partners	154	355	320
Professionals	1,358	4,400	2,900
Revenue (in millions)	\$458.00	\$954.50	\$442.60

Armanino LLP – Armanino are our current auditors and have been performing this work for the District for over a decade. They are a credible firm and are nationally recognized. Armanino has demonstrated familiarity with our organization and has consistently provided satisfactory assurance services over the course of our engagement with them. They are based out of San Ramon, so the majority of their engagement team is also local.

Moss Adams – Moss Adams is the largest of the three firms and like Armanino, is also a nationally recognized firm. Health care is one of the firm’s largest practice areas as they have more than 4,000 health care clients. Moss Adams possesses deep industry knowledge and is a market leader in providing industry solutions with an

extensive consultative/communications practice that supplements their assurance services. While headquartered in Seattle, they have a strong presence in California (San Francisco) and are known for their exceptional service quality. It should be noted that the majority of the California District Hospitals use Moss Adams as their financial statement auditors.

Wipfli – WipFli was the other competing bid that management received. Although perhaps not as large as Moss Adams, they are also well regarded and nationally recognized. Headquartered in Wisconsin, WipFli has a local presence through their Oakland, CA location. They do have a specialization in the health care sector, specifically out of their Oakland office. They provide assurance services as well as consultancy work specializing in critical access hospitals, FQHCs, rural health clinics and senior living providers. They offer cost-effective solutions, which is supported by the fact that their bid was the most cost-effective among the three.

I. BID COMPARISON - FEE

The table below summarizes the proposed cost for each bid – both in the 1st year as well as total estimated costs over a 3-year engagement. *Please note, more detailed information about each of the cost proposals are included in each respective proposal.*

All of the bids received were in the same ballpark in terms of proposed cost. WipFli came in the lowest with a proposed cost of \$63,000 / \$197,200 (Proposed 1st Year Cost / Estimated 3-Year Total). This was slightly less than the Moss Adams proposal of \$70,000 / \$224,000 and Armanino’s proposal of \$80,000 / \$255,000.

Fee Schedule Comparison - Year 1	Armanino	Moss Adams	Wipfli
Financial Statement Audit Services	\$ 80,000	\$ 70,000	\$ 55,000
Mid-Year A/R Review	Included	Included	\$ 3,500
OOP Expenses	Included	TBD	\$ 4,500
Calls/Correspondence, Communications	Included	Included	Included
Proposed Bid - 1st Year	\$ 80,000	\$ 70,000	\$ 63,000
Proposed Bid - 3 Year Total	\$ 255,000	\$ 224,000	\$ 197,700

3-Year Proposed Fee Comparison By Year

Firm	Year 1	Year 2	Year 3	TOTAL	Average / Year
Wipfli	\$ 63,000	\$ 65,900	\$ 68,800	\$ 197,700	\$ 65,900
Moss Adams	\$ 70,000	\$ 75,000	\$ 79,000	\$ 224,000	\$ 74,667
Armanino	\$ 80,000	\$ 85,000	\$ 90,000	\$ 255,000	\$ 85,000

Proposed Fees vs. Wipfli

Total over 3 Yrs	Avg / Year	% Chg
\$ -	\$ -	0%
\$ 26,300	\$ 8,767	13%
\$ 57,300	\$ 19,100	29%

II. BID COMPARISON – MANAGEMENT SCORING / ASSESSMENT OF STRENGTHS, WEAKNESSES

In an effort to be objective as possible, management conducted a thorough scoring analysis of the proposals based on the criteria outlined in the original Request for Proposal. Each bid was scored and ranked based on adherence to the following criteria:

- **RFP Scope (10%)** | Timeliness of proposal received, completeness of proposal, and overall quality of proposal
- **Mandatory Criteria (10%)** | No record of substandard work, licensed CPA firm
- **Technical Criteria (30%)** | Firm’s technical experience, comprehensiveness of work plan submitted, commitment to time requirements, firm experience auditing district hospitals & similar entities
- **Cost Criteria (25%)** | Reasonableness of proposed audit cost, scoring of proposed bid vs. competitors
- **Ad-Hoc/Specialty Criteria (25%)** | Scoring of firm’s expertise as it relates to California District Hospitals, breadth of services provided, ease of transition, and management’s scoring on firm’s ability to meet expectations.

Further, SVH management considered industry expertise, service quality, cost-effectiveness, and familiarity with district hospitals heavily as part of the evaluation process. Please see Attachment E - FY24 Audit Engagement Scoring Matrix to see how we scored each proposal in detail, but the summarized results of this exercise are below:

Criteria Scores	Weight	Armanino Weighted Score	Moss Adams Weighted Score	Wipfli Weighted Score	Notes
1. Adherence to RFP Instructions	10%	0.30	0.30	0.30	No difference between the 3 bids.
2. Mandatory Criteria	10%	0.30	0.30	0.30	No difference between the 3 bids.
3. Technical Criteria	30%	0.80	0.90	0.90	Moss Adams scored highest in technical criteria due to expertise with District Hospitals.
4. Cost Criteria	20%	0.45	0.55	0.60	Wipfli lowest bid, although all 3 were in similar range.
5. Ad-Hoc / Specialty Criteria	30%	0.65	0.83	0.75	Moss Adams scored highest here due to District Hospital experience as well as being a market leader on the consulting/communications side and providing support tools.
TOTAL SCORE	100%	2.50	2.88	2.85	While all bids were similar in nature, Moss Adams scored the highest based on their expertise and additional services they provide.

While the three bids were comparable, Moss Adams came away with the highest weighted score of 2.88. This is slightly higher than the 2.85 that was scored for Wipfli and the 2.50 for Armanino. The drivers in this are primarily due to Moss Adams’ extensive expertise in the health care sector, specifically with district hospitals.

In addition to this scoring, management also considered what were to be the perceived strengths and weaknesses of each firm:

	Armanino	Moss Adams	Wipfli
NOTABLE STRENGTHS:	<ul style="list-style-type: none"> + Known Entity / Familiarity with organization + Minimal lift from SVH with no transition to new firm + Local staff (San Ramon) 	<ul style="list-style-type: none"> + Extensive Industry Experience + <i>District Hospital Expertise</i> + Extensive Consulting Practice + Fresh Perspective + Local staff (San Francisco) + Some familiarity - Moss Adams were auditors prior to Armanino 	<ul style="list-style-type: none"> + Most Cost Effective + Industry Experience + Robust Consulting Practice + Fresh Perspective * Local(ish) Presence - Oakland office but supplement from other offices

	Armanino	Moss Adams	Wipfli
PERCEIVED WEAKNESSES:	<ul style="list-style-type: none"> - Most Expensive Bid - Maintains status-quo, no fresh perspective - Reactive vs. Pro-Active - Subpar consulting arm 	<ul style="list-style-type: none"> - SVH Bandwidth to accommodate transition to new firm 	<ul style="list-style-type: none"> - Unknown - No previous relationship for assurance services - SVH Bandwidth to accommodate transition to new firm

	Armanino	Moss Adams	Wipfli
REFERENCE CHECK:	* n/a	+ Feedback all positive	+ Feedback all positive

III. SUMMARY AND RECOMMENDATION

From management’s perspective, all three firms would be quality choices for selection. All three are highly reputable and have proven to be a leader in the assurance industry. The bids received from the three firms were also similar in nature when considering each proposal. All were in the same ballpark in terms of cost and what each firm would provide during the audit engagement. So for management, our recommendation is really based on VALUE, and what we perceive to be differentiating factors between the firms in respects to industry expertise, service quality, and support.

While all three firms met the necessary criteria and presented compelling proposals that are certainly worthy of consideration, the Moss Adams proposal stood out, particularly due to their extensive experience with district hospitals and the quality of their wrap around services including health care specific tools, webinars, and resources. Management believes they are best positioned to both meet the audit and operational needs of the District as well as provide the most value over the next three years.

Recommendation: Management proposes to move forward with the Moss Adams proposal and seek a 3-year engagement with them.

SVHCD Audit Committee: Management met with the Audit Committee on 3/19 and presented all three proposals as well as the recommendation of Moss Adams. The Audit Committee approved management’s recommendation to move forward with the engagement of Moss Adams.

Attachments:

- Attachment A – SVHCD FY24 Audit Services Request for Proposal
- Attachment B – FY24 Audit Engagement Proposal Scoring Matrix

SONOMA VALLEY HEALTH CARE DISTRICT

Request For Proposal – Fiscal Year 2024 Audit Services

ABOUT US

Sonoma Valley Health Care District (the "District") is a political subdivision of the State of California organized under the State of California Local Health Care District Law as set forth in the Health and Safety Code of the State of California. The Health Care District is governed by an elected Board of Directors and is considered the primary government for financial reporting purposes.

The Health Care District owns and operates Sonoma Valley Hospital (the "Hospital"). The Hospital is located in Sonoma, California, and is licensed for 24 general acute care beds and 27 skilled nursing beds. It also provides 24-hour basic emergency care, outpatient diagnostic and therapeutic services, and it operated a home health agency through September 2018. The Hospital derives a significant portion of its revenues from third-party payors, including Medicare, Medi-Cal and commercial insurance organizations.

PURPOSE OF REQUEST FOR PROPOSALS

The Sonoma Valley Health Care District issues this Request for Proposals (RFP) to select a firm to perform an agency audit for the current fiscal year 2024 ending on June 30, 2024. The State of California requires the District to undergo a fiscal audit annually to determine that financial statements fairly present the financial position of the agency being audited in accordance with Government Accounting Standards Board (GASB).

Our financial statement audits typically follow the schedule below:

ACTION	TIMING
Planning/Interim Fieldwork	April-July
Fieldwork	First Week of August
Drafts of Auditor's Report and Financial Statements Sent to Management	First Week of September
Presentation of Audit Report to Audit Committee	First or Second Week of October

PROPOSAL TIMELINE

In order to be considered, firms must submit their proposal by **Friday, March 8th**. Please send responses to Lois Fruzynski (Sonoma Valley Hospital Accounting Manager) LFruzynski@sonomavalleyhospital.org and Ben Armfield (Sonoma Valley Hospital Chief Financial Officer) BArmfield@sonomavalleyhospital.org.

SCOPE OF SERVICES

The firm will be required to perform any and all tasks related to a certified audit including but not limited to the following:

1. Agency audit is to be performed in accordance with Government Accounting Standards Board.
2. The firm will evaluate the adequacy for the internal control systems and where weaknesses are noted, make appropriate recommendations for improvements. A management letter will be submitted by the auditing firm if material weaknesses are noted or if otherwise deemed appropriate.
3. The auditing firm will be required to make immediate written report of all irregularities, fraud and illegal acts of which they become aware to the Board.
4. The audit will cover the general-purpose financial statements and supporting documentation and schedules.
5. The auditing firm shall provide at least (15) copies of the auditor's report, financial statements, supporting schedules, and management letter.
6. The partner in charge of the audit must be available to attend at least one (1) public meeting at which the audit report will be discussed.
7. The firm shall make available its working papers and respond to all reasonable inquiries of successor auditors and others to review working papers of the District, upon the District's written consent.

PROPOSAL SUBMISSION REQUIREMENTS

Firms should respond to the following prompts in the given order, not to exceed four (4) typed single sided pages:

1. Provide a brief description of the organization, size, and structure of your firm. Include information on the division that focusses on public entities or related type agencies.
2. List other similar governmental agency audits your firm currently performs or has performed in the last 3 years. Indicate audits performed by the local office and fiscal year(s) audited.
3. Provide a draft workplan that outlines the entirety of the proposed processes. The workplan should describe the proposed approach to be taken, including a timeline and suggestions for strategies that may be necessary for completing the audit.
4. Identify key personnel proposed to work with the District including background, relevant experience, and time available to complete this project.
5. List the names and contact information for at least three (3) references from current and former clients.
6. Delineate costs for services considering the possible opportunity to renew the contract for five additional years. Provide a proposed budget that includes cost breakdowns for the following milestones of the project. • Completion of interim work • Completion of field work • Draft Financial Statements • Completed Financial Statements
7. Provide a statement that summarizes why your firm is best suited to be chosen by the District to provide assurance services.

I. Matrix Criteria & Scoring

1. Adherence to RFP Instructions	Armanino	Moss Adams	Wipfli	Basis for Score
Timeliness	3.0	3.0	3.0	Arrived by deadline receives all points
Completeness	3.0	3.0	3.0	Completed sections in same order as RFP receives all points
Overall Quality & Level of Professionalism	3.0	3.0	3.0	Technically compliant and attractive receives all points
Average Score	3.0	3.0	3.0	

2. Mandatory Criteria	Armanino	Moss Adams	Wipfli	Basis for Score
Licensed CPA Firm	3.0	3.0	3.0	All licensed firms
No record of substandard work	3.0	3.0	3.0	No record of substandard work
Average Score	3.0	3.0	3.0	

3. Technical Criteria	Armanino	Moss Adams	Wipfli	Basis for Score
Responsiveness of proposal clearly understands the work to be performed	3.0	3.0	3.0	Comprehensiveness of work plan, realistic time estimates, commitment to time requirements
Firm's technical experience	2.5	3.0	3.0	Satisfactory completion of similar types of audits
Qualifications of supervisory personnel	2.5	3.0	3.0	Experience auditing district hospitals & similar types of entities
Average Score	2.7	3.0	3.0	

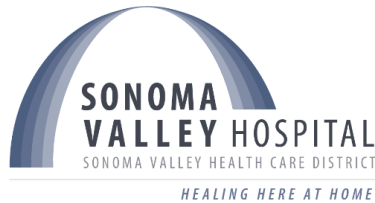
4. Cost Criteria	Armanino	Moss Adams	Wipfli	Basis for Score
Reasonableness of Proposed Audit Cost	2.5	3.0	3.0	Completeness of bid as well as comparison of proposed cost vs. management expectations
Proposed Audit Cost Rank	2.0	2.5	3.0	Scoring of proposed bid cost vs. competitors
Average Score	2.3	2.8	3.0	

5. Ad-Hoc / Specialty Criteria	Armanino	Moss Adams	Wipfli	Basis for Score
Industry Expertise	2.0	3.0	3.0	Scoring of firm's expertise as it relates to California District Hospitals
Breadth of Services Provided	1.0	3.0	2.0	Scoring based on additional services firm provides (A/R review/consulting, financial operations consulting, tool support, webinars, ability to help District stay pro-active)
Ease of Transition	3.0	1.5	1.5	Scoring of estimated impact of SVH staff efforts in preparing for FY24 audit
Reference Check	3.0	3.0	3.0	Scoring based on completeness of references provided as well as feedback received
Firm Ability to Meet Expectations	2.0	3.0	3.0	Management's scoring on firm's ability to meet expectations
Management Assessment of Value	2.0	3.0	2.5	Management's scoring on assessment of value provided by each firm
Average Score	2.2	2.8	2.5	

2. Scoring Summary

Criteria Scores	Weight	Armanino Weighted Score	Moss Adams Weighted Score	Wipfli Weighted Score	Notes
1. Adherence to RFP Instructions	10%	0.30	0.30	0.30	No difference between the 3 bids.
2. Mandatory Criteria	10%	0.30	0.30	0.30	No difference between the 3 bids.
3. Technical Criteria	30%	0.80	0.90	0.90	Moss Adams scored highest in technical criteria due to expertise with District Hospitals.
4. Cost Criteria	20%	0.45	0.55	0.60	Wipfli lowest bid, although all 3 were in similar range.
5. Ad-Hoc / Specialty Criteria	30%	0.65	0.83	0.75	Moss Adams scored highest here due to District Hospital experience as well as being a market leader on the consulting/communications side and providing support tools.
TOTAL SCORE	100%	2.50	2.88	2.85	While all bids were similar in nature, Moss Adams scored the highest based on their expertise and additional services they provide.

Weighted Score = Average Criteria Score * Respective Weight



To: SVHCD Board of Directors
 From: Ben Armfield, Chief Financial Officer
 Date: April 4, 2024
 Subject: Financial Report for February 2024

1. OVERALL PERFORMANCE | MONTH

Table 1a | Overall Performance - February 2024

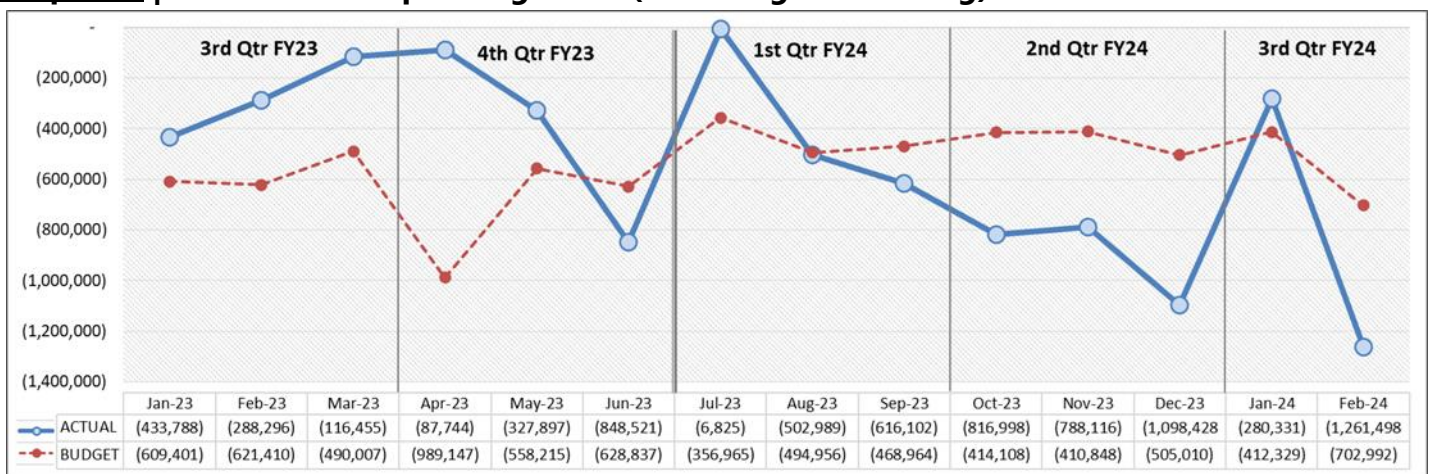
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (501,129)	\$ 41,912	\$ (543,041)	-1296%	\$ (6,608,921)	\$ (4,152,782)	\$ (2,456,138)	-59%	\$ (4,955,950)	\$ (1,652,971)	-33%	
Operating EBDA	\$ (106,047)	\$ 314,879	\$ (420,926)	-134%	\$ (3,108,617)	\$ (1,999,046)	\$ (1,109,571)	-56%	\$ (2,946,536)	\$ (162,082)	-6%	
Net Income (Loss)	\$ 517,866	\$ 760,682	\$ (242,816)	-32%	\$ (1,287,367)	\$ 1,597,322	\$ (2,884,689)	-181%	\$ 910,692	\$ (2,198,059)	-241%	

Table 1b | IGT Amounts in Income Statement - February 2024

	Current Year - Month		Current Year - YTD		Prior YTD
	Actual	Budget	Actual	Budget	Actual
IGT Revenue	\$ 3,420,534	\$ 2,703,347	\$ 5,032,445	\$ 3,872,578	\$ 4,445,713
IGT Expense	\$ (2,265,305)	\$ (1,685,476)	\$ (2,769,998)	\$ (2,105,452)	\$ (2,525,867)
IGT Net Income	\$ 1,155,229	\$ 1,017,871	\$ 2,262,447	\$ 1,767,126	\$ 1,919,846

February was unfortunately another tough month for the hospital financially, missing budget in all three key performance indicators. The story in February is the same as it has been during the weaker financial months of our fiscal year – volume. For much of this year, the hospital’s financial performance has been closely tied to its volume activity, and much of the gains we experienced in January were short lived as February’s volumes reverted back to previous month’s totals.

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



Key Drivers in Month’s Performance:

Surgical Volumes

Surgical volumes, which experienced a brief surge in January, regressed back to previous levels in February. However, unlike previous months such as December where the volume pullbacks were

spread across our key surgical service lines, February's reduction was centered around Orthopedics. We witnessed a 20% underperformance in surgical volumes compared to budget, with orthopedic surgeries bearing the brunt of this decline, running roughly 40% less both January and year-to-date levels. All of the variance relates to Dr. Brown, so we are hopeful that February's volumes in Ortho represent our 'floor' in the near-term.

Emergency Room Utilization

In addition to surgical volumes, emergency room volumes experienced a pullback after running at higher utilization levels in December and January. February volumes ran under budget and the previous two months by over 10%.

Net Revenue

The volume pullback in February was the main driver in both our gross and net patient revenues falling short of budget by 13% and 20%, respectively.

We did have IGT activity during month as we made our matching fee pay-in to the rate range IGT program, which is our largest IGT. Accruing for this IGT resulted in \$1.15 million of net income (\$3.4 million in revenue and \$2.6 million in expense). We do believe our accrual for this IGT is conservative and will reconcile and true-up to the actual amount received once we receive the funds. Payment for both our Rate Range and QIP (which we accrued in January) IGT funds are expected in April and May. Excluding the IGT proceeds, net patient revenue marked a low point in this fiscal year.

Operating Expenses

One of the silver linings in the performance could be on the expense side, as despite the formidable challenges posed by declining revenues, February saw a commendable achievement in expense control, with operating expenses running 7% under budget (excluding depreciation). We have been working hard on identifying ways to control costs as much as possible during times of volume pullbacks, and it appears these efforts have yielded positive results, albeit amidst a challenging financial landscape. Leaders and departments are flexing to volumes as much as possible, The 229 FTEs we ran in February were 20 below our budget of 249, so we are trying to mitigate the volume challenges where we can.

Cash

We collected just under \$3.6 million for the month, which is one of the softer collection months we have had this fiscal year. The \$3.6 million is a pullback from the \$4.0 million we collected in January. Our fiscal year average has been right around \$4.0 million as well, so February's collections represent about a 10% drop from January's total.

Adding to our cash was our first installment of our cybersecurity insurance claim, which totaled \$861,768. We are working with our insurance adjusters to have the additional \$438,232 closed out and paid to us, which we believe will be happening sometime in the next couple of months.

We sent out \$5.3 million in expense and accounts payable payments in February, which is higher than our monthly averages. Part of this includes our quarterly management fee service payment to UCSF, as well as some additional catch-up to further reduce our accounts payables.

We made 2 IGT pay-ins in February totaling nearly \$2.5 million, but there was no 'net' impact to cash as we received an advance from our payor plan in February of \$2.5 million to help provide a cushion until the IGT funding payments are received.

Our accounts payable increased by nearly \$1.0 million in February. All of this relates to invoices that we received specific to the ODC project, which will be reimbursed by the foundation. In fact, through February, we have \$2.4 million of ODC invoices sitting in accounts payable. You will see these costs going out in March, with a corresponding payment coming back from the foundation so there is no net cash impact. If you remove the ODC invoices that are sitting in AP, our total accounts payable liability decreased by nearly \$1.5 million from January.

In total, our cash decreased by \$800,000 in February. This is a result of lower than anticipated cash collections as well as an increase in payments to further decrease our accounts payable liability. This resulted in our days cash ending just above 14.0 days. This is low, and certainly over the long term not sustainable. We are monitoring days cash continuously. It is important to note that we do anticipate a further drop in March, but relief is on the way as our IGT payments will start coming back to us in April. We anticipate our days cash on hand getting back to 30.0 days by the end of May, which will allow for much more breathing room.

Management is actively working on identifying potential levers to address the cash shortfall, particularly in the next two months leading up to the receipt of our IGT payments in April and May. We are exploring various strategies to optimize cash flow in the short-term and minimize expenses without compromising patient care or quality of services.

Please Note - We have added a new attachment to our financial package that intends to provide more detail on the month-to-month variances and changes to our balance sheet accounts. Please see Attachment D for more detail.

Other Hot Topics

Anthem Negotiations: Our ongoing contract negotiations reached a conclusion last week as both parties agreed to a 4-year contract. The new agreement will be effective May 1, 2024 and will run through April 30, 2028.

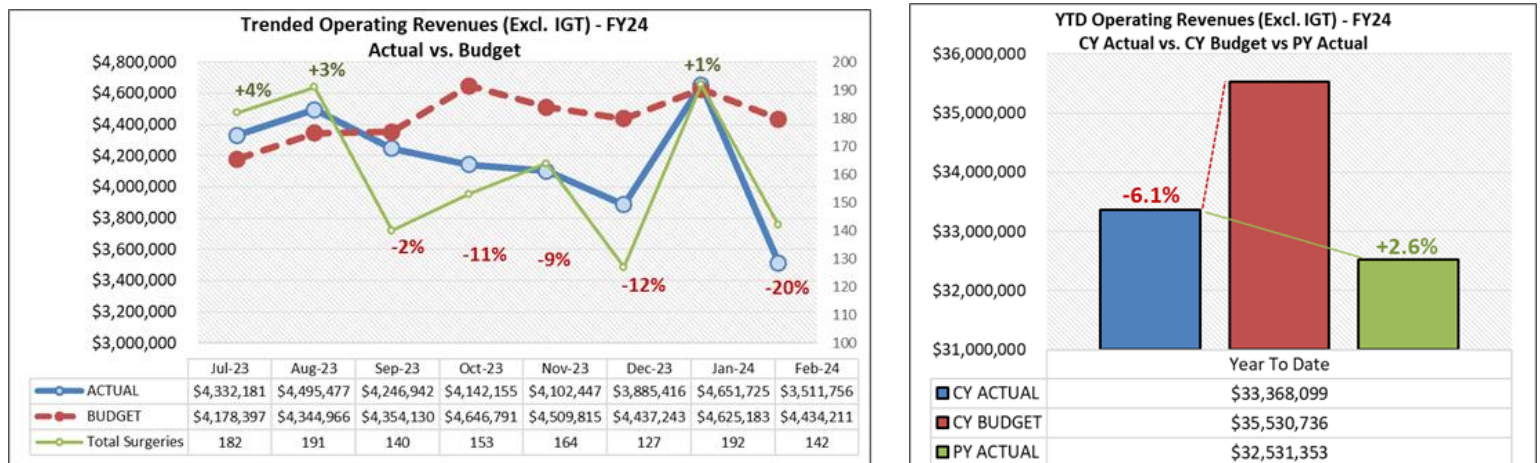
Distressed Hospital Loan Program: We've received updates indicating that CHFFA is in the final stages of formalizing an agreement with US Bank to secure their consent necessary for the funding of the loan. We expect this process to be concluded by the end of next week as we received word on the afternoon of March 22 that both parties have agreed to the formal consent language. We are now planning on receiving these funds in early April.

Line of Credit Renewal: Our efforts to renew our line of credit are still ongoing, and we are currently awaiting the terms from the bank. We anticipate receiving these details in the coming weeks, allowing us to proceed with the review of terms.

2. NET REVENUE AND VOLUME SUMMARY:

	Month of February 2024				Year To Date February 2024						
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%
Gross Revenue	\$ 25,261,558	\$ 29,008,431	\$ (3,746,873)	-13%	\$ 224,901,820	\$ 230,246,886	\$ (5,345,066)	-2%	\$ 212,396,955	\$ 12,504,864	6%
Net Patient Revenue	\$ 3,423,242	\$ 4,341,405	\$ (918,163)	-21%	\$ 32,632,151	\$ 34,788,288	\$ (2,156,136)	-6%	\$ 31,791,994	\$ 840,157	3%
NPR as a % of Gross	13.6%	15.0%	-9.5%		14.5%	15.1%	-4.0%		15.0%	-3.1%	
Tot Operating Revenue	\$ 3,511,756	\$ 4,434,211	\$ (922,455)	-21%	\$ 33,368,099	\$ 35,530,736	\$ (2,162,637)	-6%	\$ 32,531,353	\$ 836,745	3%

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



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

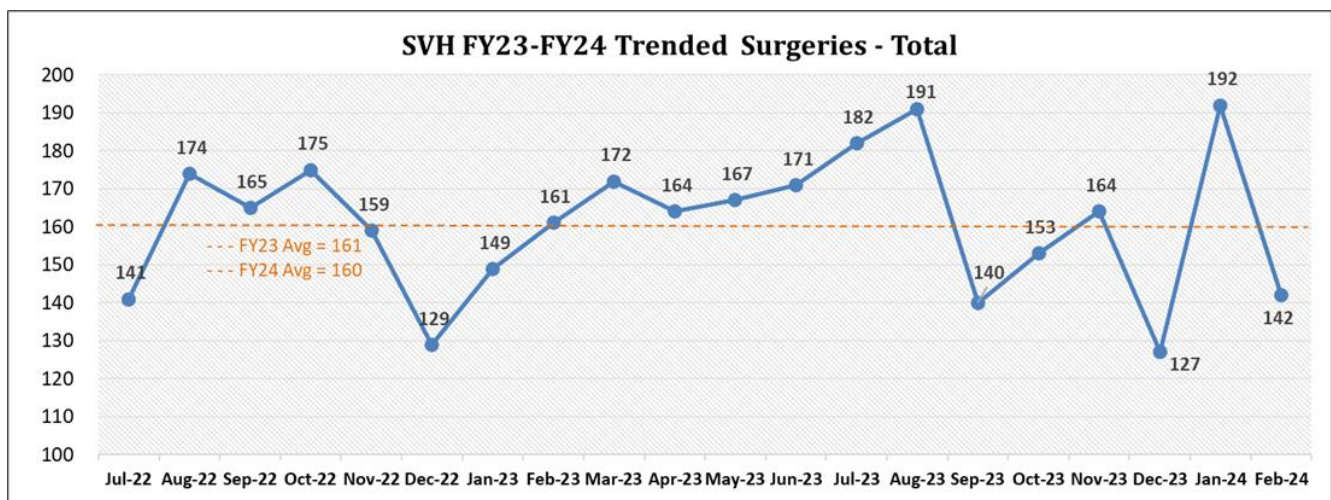


Table 2.3 | Surgical Volumes Top 4 Service Lines – February 2024 vs Prior Month & Six Month Trend

Service Line	Current Month vs. Previous Month				Current Month vs. 6 Month Trend		
	Feb24	Jan24	Var	% Var	6 Month Trend	Var	% Var
Orthopedics	40	67	(27)	-40%	63	(23)	-36%
Gastroenterology	59	67	(8)	-12%	58	2	3%
Ophthalmology	20	22	(2)	-9%	17	4	21%
General	11	18	(7)	-39%	15	(4)	-24%
SubTotal	130	174	(44)	-25%	151	(21)	-14%
Other	12	18	(6)	-33%	10	2	22%
Grand Total	142	192	(50)	-26%	161	(19)	-12%

Table 2.4 | Patient Volumes – February 2024

	Month of February 2024				Year To Date February 2024						
	Current Year		Variance		Current Year		Variance		Prior Year	Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	229	261	(32)	-12%	2,122	2,182	(60)	-3%	2,204	(82)	-4%
Average Daily Census	7.9	9.0	(1.1)	-12%	9.9	10.1	(0.3)	-3%	10.3	(0.4)	-4%
Acute Discharges	63	56	7	13%	570	481	89	19%	543	27	5%
IP Surgeries	15	12	3	25%	113	107	6	6%	129	(16)	-12%
OP Surgeries/Spec Proc	127	184	(57)	-31%	1,178	1,283	(105)	-8%	1,124	54	5%
Total Surgeries	142	196	(54)	-28%	1,291	1,390	(99)	-7%	1,253	38	3%
Total Outpatient Visits	4,904	4,522	382	8%	40,953	35,873	5,080	14%	36,494	4,459	12%
Emergency Room Visits	779	855	(76)	-9%	6,749	6,841	(92)	-1%	6,518	231	4%

Table 2.5 | Outpatient Volumes Trended – Last 6 Months

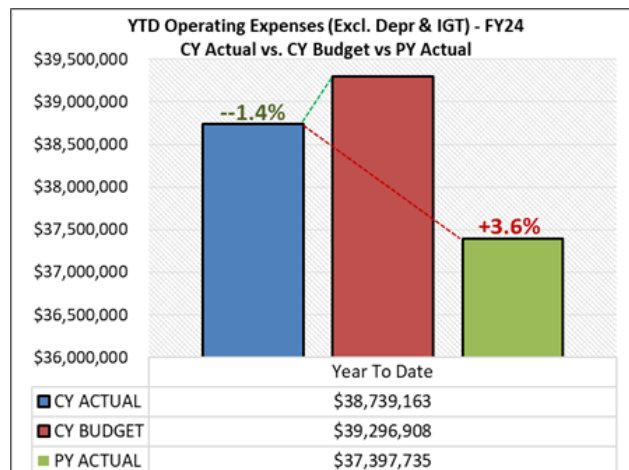
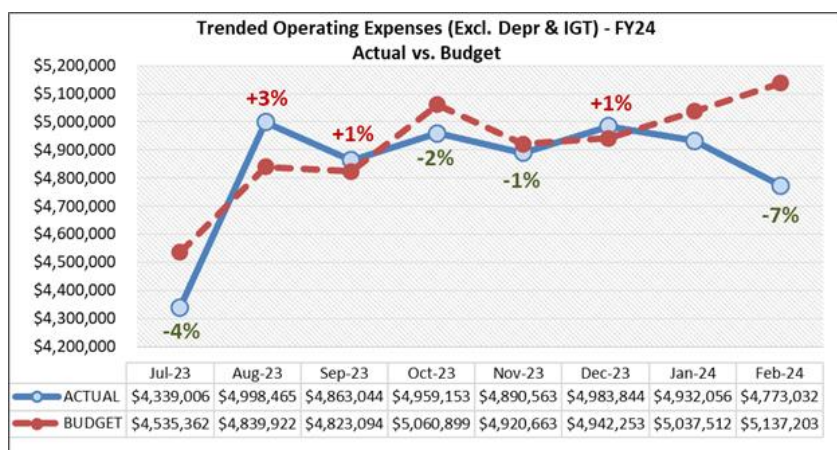
Department	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Last 6 Months
Lab	1,308	1,312	1,284	1,181	1,337	1,261	
Medical Imaging	959	1,002	997	945	949	896	
Physical Therapy	968	1,207	1,195	1,151	1,238	1,238	
CT Scanner	381	407	370	358	409	355	
Occ. Health	311	348	280	273	291	230	
Mammography	209	296	271	241	222	233	
Occupational Therapy	150	184	211	126	194	202	
Ultrasound	222	239	220	206	244	242	
Wound Care	198	192	129	136	174	166	
MRI	144	129	114	136	140	167	
ECHO	119	124	117	104	113	135	
Speech Therapy	43	44	51	38	45	49	
Other	13	19	12	26	24	30	
TOTAL	5,025	5,503	5,251	4,921	5,380	5,204	
Emergency Room	884	818	780	890	868	779	

3. OPERATING EXPENSE SUMMARY:

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

	Month of February 2024				Year To Date February 2024							
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Expenses	\$5,168,114	\$ 5,410,170	\$ 242,056	4%	\$ 42,239,466	\$ 41,450,644	\$ (788,823)	-2%	\$ 39,407,149	\$ (2,832,317)	-7%	
Operating Exp Excl. Depr.	\$4,773,032	\$ 5,137,203	\$ 364,171	7%	\$ 38,739,163	\$ 39,296,908	\$ 557,745	1%	\$ 37,397,735	\$ (1,341,428)	-4%	
Worked FTEs	217.6	225.8	8.2	4%	214.8	217.7	3.0	1%	212.2	(2.6)	-1%	

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

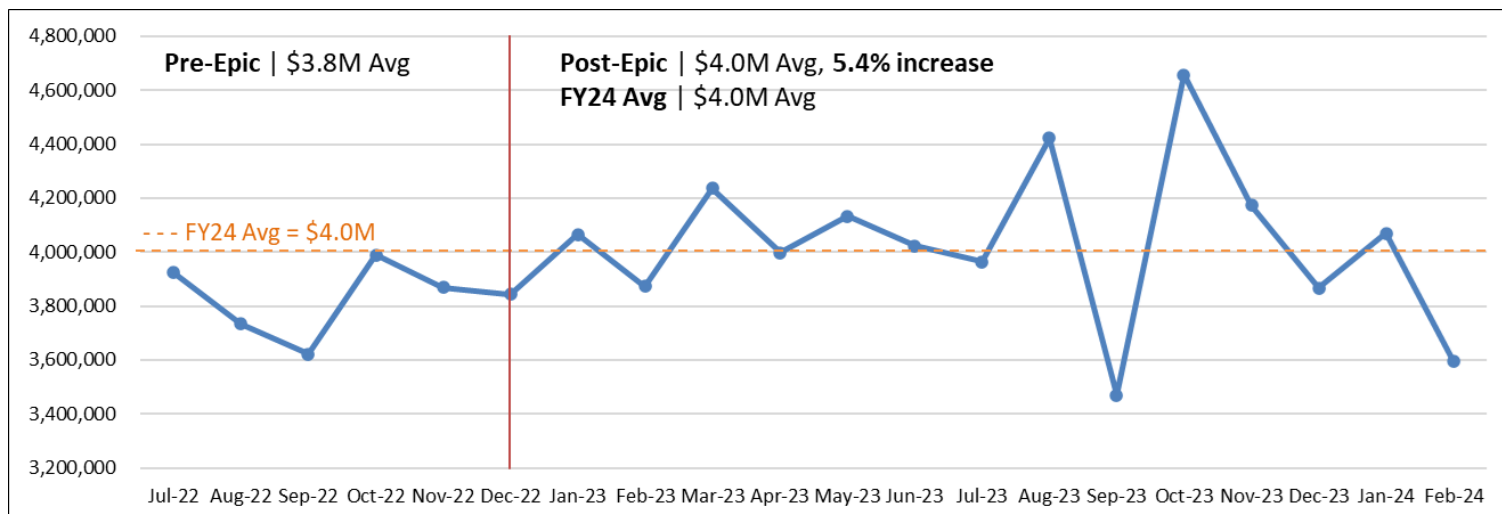


4. CASH ACTIVITY SUMMARY:

Table 4 | Cash / Revenue Cycle Indicators - February 2024

	Feb-24	Jan-24	Var	%
Days Cash on Hand	14.1	19.8	(5.7)	-29%
A/R Days	60.3	61.1	(0.8)	-1%
A/P Days	69.4	63.9	5.6	9%

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 is the Balance Sheet Variance Analysis - **NEW**
- Attachment E (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 F is the Trended Income Statement
- Attachment G is the Cash Projection

**Sonoma Valley Hospital
Payer Mix for the month of February, 2024**

ATTACHMENT A

	MONTH			
Gross Revenue	Actual	Budget	Variance	% Variance
Medicare	9,671,071	10,562,646	-891,575	-3.0%
Medicare Managed Care	4,713,495	5,016,161	-302,667	-1.0%
Medi-Cal	4,452,820	5,615,394	-1,162,574	-4.0%
Self Pay	334,301	161,444	172,857	0.6%
Commercial & Other Governn	5,597,484	6,796,402	-1,198,918	-4.1%
Worker's Comp.	466,340	1,080,620	-614,280	-2.1%
Total	25,235,511	29,232,668	-3,997,157	-13.7%

	YEAR TO DATE			
	Actual	Budget	Variance	% Variance
Medicare	83,837,882	82,991,071	846,811	0.4%
Medicare Managed Care	40,580,528	39,404,024	1,176,504	0.5%
Medi-Cal	35,958,045	43,953,481	-7,995,436	-3.5%
Self Pay	3,338,308	1,241,107	2,097,201	0.9%
Commercial & Other Governn	54,781,255	53,061,269	1,719,986	0.8%
Worker's Comp.	6,258,239	8,401,829	-2,143,590	-0.9%
Total	224,754,257	229,052,781	-4,298,524	-1.9%

	MONTH		
Payor Mix	Actual	Budget	Variance
Medicare	38.3%	36.1%	2.2%
Medicare Managed Care	18.7%	17.2%	1.5%
Medi-Cal	17.6%	19.2%	-1.6%
Self Pay	1.3%	0.6%	0.8%
Commercial & Other Governn	22.2%	23.2%	-1.1%
Worker's Comp.	1.8%	3.7%	-1.8%
Total	100.0%	100.0%	

	YEAR TO DATE		
	Actual	Budget	Variance
Medicare	37.3%	36.2%	1.1%
Medicare Managed Care	18.1%	17.2%	0.9%
Medi-Cal	16.0%	19.2%	-3.2%
Self Pay	1.5%	0.5%	0.9%
Commercial & Other Governn	24.4%	23.2%	1.2%
Worker's Comp.	2.8%	3.7%	-0.9%
Total	100.0%	100.0%	

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended February 29, 2024**

ATTACHMENT B

CURRENT MONTH				YEAR-TO-DATE			YTD	
Actual	Budget	Favorable (Unfavorable)		Actual	Budget	Favorable (Unfavorable)	Prior Year	
02/29/24	02/29/24	Variance		02/29/24	02/29/24	Variance	03/01/23	
Inpatient Utilization								
Discharges								
1	42	44	(2)	Med/Surg	427	384	43	390
2	21	11	10	ICU	143	97	46	153
3	63	56	7	Total Discharges	570	481	89	543
Patient Days:								
4	140	167	(27)	Med/Surg	1,417	1,413	4	1,379
5	89	94	(5)	ICU	705	769	(64)	825
6	229	261	(32)	Total Patient Days	2,122	2,182	(60)	2,204
7	15	-	15	Observation days	174	-	174	123
Average Length of Stay:								
8	3.3	3.8	(0.4)	Med/Surg	3.32	3.68	(0.36)	3.5
9	4.2	8.2	(4.0)	ICU	4.93	7.97	(3.04)	5.4
10	3.6	4.7	(1.0)	Avg. Length of Stay	3.72	4.54	(0.81)	4.1
Average Daily Census:								
11	4.8	5.8	(0.9)	Med/Surg	5.8	5.8	0.0	5.7
12	3.1	3.2	(0.2)	ICU	2.9	3.2	(0.3)	3.4
13	7.9	9.0	(1.1)	Avg. Daily Census	8.7	8.9	(0.2)	9.0
Other Utilization Statistics								
Emergency Room Statistics								
14	779	855	(76)	Total ER Visits	6,749	6,841	(92)	6,518
Outpatient Statistics:								
15	5,204	4,522	682	Total Outpatients Visits	41,253	35,873	5,380	36,494
16	15	12	3	IP Surgeries	113	107	6	129
17	127	169	(42)	OP Surgeries / Special Procedures	1,178	1,268	(90)	1,124
18	286	244	41	Adjusted Discharges	2,565	2,041	524	2,288
19	1,039	1,145	(106)	Adjusted Patient Days	9,581	9,267	315	9,403
20	35.8	39.5	(3.7)	Adj. Avg. Daily Census	39.3	38.0	1.3	38.5
21	1.4411	1.4000	0.041	Case Mix Index - Medicare	1.4003	1.4000	0.000	1.4668
22	1.4632	1.4000	0.063	Case Mix Index - All payers	1.3894	1.4000	(0.011)	1.4531
Labor Statistics								
23	218	226	8	FTE's - Worked	215	218	3.0	212
24	229	249	20	FTE's - Paid	237	240	2.4	235
25	53.70	54.47	0.77	Average Hourly Rate	48.87	51.44	2.57	49.45
26	6.39	6.30	(0.09)	FTE / Adj. Pat Day	6.04	6.31	0.27	6.10
27	36.3	34.6	(1.7)	Manhours / Adj. Pat Day	34.4	36.0	1.5	34.8
28	132.0	162.3	30.3	Manhours / Adj. Discharge	128.6	163.3	34.7	142.9
29	28.3%	24.1%	-4.2%	Benefits % of Salaries	25.3%	24.3%	-1.1%	23.8%
Non-Labor Statistics								
30	8.1%	9.4%	1.3%	Supply Expense % Net Revenue	14.4%	13.3%	-1.1%	14.3%
31	1,934	2,710	776	Supply Exp. / Adj. Discharge	2,116	2,527	412	2,271
32	26,153	29,221	3,068	Total Expense / Adj. Discharge	17,683	21,526	3,843	18,498
Other Indicators								
33	14.1			Days Cash - Operating Funds				
34	60.3	50.0	10.3	Days in Net AR	62.2	50.0	12.2	42.9
35	90%			Collections % of Cash Goal	99%			93.9%
36	69.4	55.0	14.4	Days in Accounts Payable	69.4	55.0	14.4	46.9
37	27.1%	24.3%	2.8%	% Net revenue to Gross revenue	16.8%	16.8%	0.0%	17.1%
38	36.1%			% Net AR to Gross AR	36.1%			29.0%

Sonoma Valley Health Care District

ATTACHMENT C

**Balance Sheet
As of February 29, 2024
UNAUDITED**

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	1,993,989	2,794,908	2,344,126
3	Net Patient Receivables	10,616,258	10,855,546	9,047,841
4	Allow Uncollect Accts	(3,161,490)	(2,998,986)	(1,490,531)
5	Net A/R	7,454,768	7,856,560	7,557,310
6	Other Accts/Notes Rec	3,732,259	2,351,349	1,699,562
7	Parcel Tax Receivable	1,740,944	1,740,944	1,741,233
8	GO Bond Tax Receivable	947,285	947,285	906,105
9	3rd Party Receivables, Net	1,723,119	812,998	4,548,290
10	Inventory	1,029,859	1,027,156	1,081,370
11	Prepaid Expenses	1,001,830	1,062,872	836,394
12	Total Current Assets	\$ 19,624,053	\$ 18,594,072	\$ 20,714,389
13	Property, Plant & Equip, Net	\$ 56,442,211	\$ 56,323,297	\$ 54,310,332
14	Trustee Funds - GO Bonds	5,007,814	4,989,603	4,632,885
15	Designated Funds - Board Approved	-	-	-
16	Total Assets	\$ 81,074,078	\$ 79,906,972	\$ 79,657,606
Liabilities & Fund Balances				
Current Liabilities:				
17	Accounts Payable	\$ 8,010,416	\$ 7,060,486	\$ 5,886,391
18	Accrued Compensation	3,895,505	3,736,291	3,738,230
19	Interest Payable - GO Bonds	254,795	206,953	4,055
20	Accrued Expenses	418,062	302,024	1,076,737
21	Advances From 3rd Parties	-	-	-
22	Deferred Parcel Tax Revenue	1,266,664	1,583,331	1,266,668
23	Deferred GO Bond Tax Revenue	872,489	1,090,611	828,364
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	93,916	57,511
27	Total Current Liabilities	\$ 20,003,056	\$ 19,264,821	\$ 18,549,164
28	Long Term Debt, net current portion	\$ 26,018,743	\$ 26,107,741	\$ 25,224,218
29	Fund Balances:			
30	Unrestricted	\$ 21,587,378	\$ 21,587,375	\$ 18,666,653
31	Restricted	13,464,901	12,947,035	17,217,571
32	Total Fund Balances	\$ 35,052,279	\$ 34,534,410	\$ 35,884,224
33	Total Liabilities & Fund Balances	\$ 81,074,078	\$ 79,906,972	\$ 79,657,606

Sonoma Valley Health Care District
 Balance Sheet Variance Analysis
 For the Period Ended February 29, 2024

ATTACHMENT D

Assets	Monthly Change	Current Month	Prior Month	Prior Year	Variance Commentary
CURRENT ASSETS					
Cash	(800,919)	1,993,989	2,794,908	2,344,126	Cash decreased by \$800K in February. Total hospital sources cash receipts of \$3.8M vs. Expense/AP Payments (incl. capital lease payments and loan repayments) of \$5.4M. In addition, \$860K of cyberattack insurance claim money was received in February.
Net A/R	(401,792)	7,454,768	7,856,560	7,557,310	Net A/R decreased with increased focus on reducing hospital's Open A/R.
Other Receivables	2,291,031	8,143,607	5,852,576	8,895,189	Other Receivables increased due to additional IGT accrual of \$2.4M for the Rate Range fund.
Inventory	2,703	1,029,859	1,027,156	1,081,370	
Prepaid Expenses	(61,042)	1,001,830	1,062,872	836,394	
TOTAL CURRENT ASSETS	1,029,981	19,624,053	18,594,072	20,714,389	
NON-CURRENT ASSETS					
Net Fixed Assets	118,914	56,442,211	56,323,297	54,310,332	
Trustee Funds - GO Bonds	18,211	5,007,814	4,989,603	4,632,885	
TOTAL ASSETS	1,167,106	81,074,078	79,906,972	79,657,606	
Liabilities / Fund Balance	Monthly Change	Current Month	Prior Month	Prior Year	Variance Commentary
CURRENT LIABILITIES					
Accounts Payable	949,930	8,010,416	7,060,486	5,886,391	A/P increased due to large amount of invoices received for ODC project. In total, \$2.4 million of AP liability includes payable invoices for the ODC project. These amounts will be reimbursed by foundation once paid, which took place in March.
Accrued Expenses	275,252	4,313,567	4,038,315	4,814,966	
Interest Payable	47,842	254,795	206,953	4,055	
Deferred Revenues	(534,789)	2,139,153	2,673,942	2,095,032	Deferred revenue decreased due to the monthly revenue recognition of our parcel taxes (\$316,667/month) and GO bond proceeds (\$218,122/month).
Line of Credit	-	4,973,734	4,973,734	5,473,734	
Other Liabilities	(0)	311,391	311,391	274,986	
TOTAL CURRENT LIABILITIES	738,235	20,003,056	19,264,821	18,549,164	
NON-CURRENT LIABILITIES					
Long Term Debt	(88,998)	26,018,743	26,107,741	25,224,218	
TOTAL LIABILITIES	649,237	46,021,799	45,372,562	43,773,382	
FUND BALANCES					
Fund Balance	517,869	35,052,279	34,534,410	35,884,224	Net income of \$517,866
TOTAL LIABILITIES & FUND BALANCES	1,167,106	81,074,078	79,906,972	79,657,606	

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended February 29, 2024**

ATTACHMENT E

	Month					Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
1	63	61	2	3%							
2	229	254	(25)	-10%							
3	15	-	15	0%							
4	\$ 19,700	\$ 22,403	\$ (2,702)	-12%							
					Volume Information						
					Acute Discharges	570	484	86	18%	530	
					Patient Days	2,122	2,159	(37)	-2%	2,266	
					Observation Days	174	-	174	*	123	
					Gross O/P Revenue (000's)	\$ 174,920	\$ 176,082	\$ (1,162)	-1%	\$ 161,765	
					Financial Results						
					Gross Patient Revenue						
5	\$ 5,561,483	\$ 6,605,677	\$ (1,044,194)	-16%	Inpatient	\$ 49,981,739	\$ 54,164,927	(4,183,188)	-8%	\$ 50,435,251	
6	11,809,432	13,221,013	(1,411,581)	-11%	Outpatient	107,360,489	105,123,467	2,237,022	2%	95,368,884	
7	7,890,643	9,181,741	(1,291,098)	-14%	Emergency	67,559,591	70,958,492	(3,398,900)	-5%	66,592,820	
8	\$ 25,261,558	\$ 29,008,431	(3,746,873)	-13%	Total Gross Patient Revenue	\$ 224,901,820	\$ 230,246,886	(5,345,066)	-2%	\$ 212,396,955	
					Deductions from Revenue						
9	(21,395,686)	(24,465,296)	3,069,610	13%	Contractual Discounts	\$ (191,358,366)	\$ (194,087,191)	2,728,825	1%	\$ (174,668,794)	
10	(202,507)	(171,925)	(30,582)	-18%	Bad Debt	(837,534)	(1,153,818)	316,284	27%	(5,602,360)	
11	(240,123)	(29,805)	(210,318)	-706%	Charity Care Provision	(73,768)	(217,589)	143,821	66%	(333,807)	
12	3,420,534	2,703,347	717,187	27%	Prior Period Adj/Government Program Revenue	5,032,445	3,872,578	1,159,867	30%	4,445,713	
13	\$ (18,417,782)	\$ (21,963,679)	3,545,897	-16%	Total Deductions from Revenue	\$ (187,237,223)	\$ (191,586,020)	4,348,797	-2%	\$ (176,159,248)	
					Net Patient Service Revenue	\$ 37,664,596	\$ 38,660,866	(996,269)	-3%	\$ 36,237,707	
14	\$ 6,843,776	\$ 7,044,752	(200,976)	-3%	Other Op Rev & Electronic Health Records	\$ 735,948	\$ 742,448	(6,500)	-1%	\$ 739,359	
15	\$ 88,514	\$ 92,806	(4,292)	-5%	Total Operating Revenue	\$ 38,400,544	\$ 39,403,314	\$ (1,002,770)	-3%	\$ 36,977,066	
16	\$ 6,932,290	\$ 7,137,558	(205,268)	-3%							
					Operating Expenses						
17	\$ 2,025,982	\$ 2,160,940	134,958	6%	Salary and Wages and Agency Fees	\$ 16,126,740	\$ 16,575,995	449,256	3%	\$ 16,167,271	
18	729,229	747,522	18,293	2%	Employee Benefits	5,994,051	5,838,141	(155,910)	-3%	5,615,265	
19	\$ 2,755,211	\$ 2,908,462	153,251	5%	Total People Cost	\$ 22,120,791	\$ 22,414,136	293,345	1%	\$ 21,782,536	
20	\$ 621,045	\$ 661,124	40,079	6%	Med and Prof Fees (excl'd Agency)	\$ 4,668,910	\$ 5,001,371	332,461	7%	\$ 4,537,738	
21	552,783	662,580	109,797	17%	Supplies	5,426,559	5,159,199	(267,360)	-5%	5,195,131	
22	379,540	542,452	162,912	30%	Purchased Services	3,411,231	3,547,543	136,312	4%	3,415,056	
23	395,082	272,967	(122,115)	-45%	Depreciation	3,500,303	2,153,736	(1,346,567)	-63%	2,009,414	
24	256,678	159,120	(97,558)	-61%	Utilities	1,311,110	1,402,954	91,844	7%	1,346,682	
25	66,583	66,758	175	0%	Insurance	551,221	544,063	(7,158)	-1%	444,955	
26	84,472	83,094	(1,378)	-2%	Interest	465,834	387,752	(78,082)	-20%	292,178	
27	56,720	53,613	(3,107)	-6%	Other	783,506	839,889	56,383	7%	383,458	
28	2,265,305	1,685,476	(579,829)	34%	Matching Fees (Government Programs)	2,769,998	2,105,452	(664,546)	32%	2,525,867	
29	\$ 7,433,419	\$ 7,095,646	(337,773)	-5%	Operating expenses	\$ 45,009,464	\$ 43,556,096	(1,453,369)	-3.3%	\$ 41,933,016	
30	\$ (501,129)	\$ 41,912	\$ (543,041)	1296%	Operating Margin	\$ (6,608,921)	\$ (4,152,782)	(2,456,138)	-59%	\$ (4,955,950)	

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended February 29, 2024**

	Month					Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
31	\$ 14,540	\$ 4,744	9,796	*							
32	(3,586)	-	(3,586)	0%							
33	-	-	-	*							
34	316,667	316,667	-	0%							
35	-	-	-	0%							
36	<u>\$ 327,621</u>	<u>\$ 321,411</u>	<u>6,210</u>	<u>2%</u>							
37	<u>\$ (173,508)</u>	<u>\$ 363,323</u>	<u>(536,831)</u>	<u>*</u>							
38	\$ -	\$ -	-	0%							
39	\$ 516,187	\$ 238,530	277,657	0%							
40	<u>\$ 342,679</u>	<u>\$ 601,853</u>	<u>(259,174)</u>	<u>-43%</u>							
41	175,187	158,829	16,358	10%							
42	<u>\$ 517,866</u>	<u>\$ 760,682</u>	<u>(242,816)</u>	<u>-32%</u>							
	\$ 221,574	\$ 636,290	(414,716)								
	\$ (106,047)	\$ 314,879	(420,926)	134%							
					Non Operating Rev and Expense						
					Miscellaneous Revenue/(Expenses)	\$ 151,784	\$ 37,896	113,888	*	\$ 60,509	
					Donations	(10,670)	-	(10,670)	0%	-	
					Physician Practice Support-Prima	-	-	-	*	-	
					Parcel Tax Assessment Rev	2,533,336	2,533,336	-	0%	2,533,336	
					Extraordinary Items	-	-	-	0%	-	
					Total Non-Operating Rev/Exp	<u>\$ 2,674,450</u>	<u>\$ 2,571,232</u>	<u>103,218</u>	<u>4%</u>	<u>\$ 2,593,845</u>	
					Net Income / (Loss) prior to Restricted Contributions	<u>\$ (3,934,471)</u>	<u>\$ (1,581,550)</u>	<u>(2,352,921)</u>	<u>-149%</u>	<u>\$ (2,362,105)</u>	
					Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
					Restricted Foundation Contributions	\$ 1,250,376	\$ 1,908,240	(657,864)	100%	\$ 2,001,635	
					Net Income / (Loss) w/ Restricted Contributions	<u>\$ (2,684,095)</u>	<u>\$ 326,690</u>	<u>(3,010,785)</u>	<u>*</u>	<u>\$ (360,470)</u>	
					GO Bond Activity, Net	1,396,728	1,270,632	126,096	10%	1,271,162	
					Net Income/(Loss) w GO Bond Activity	<u>\$ (1,287,367)</u>	<u>\$ 1,597,322</u>	<u>(2,884,689)</u>	<u>*</u>	<u>\$ 910,692</u>	
					EBDA - Not including Restricted Contributions	\$ (434,168)	\$ 572,186	(1,006,354)		\$ (352,690)	
					Operating EBDA - Not including Restricted Contributions	<u>\$ (3,108,617)</u>	<u>\$ (1,999,046)</u>	<u>(1,109,571)</u>	<u>-56%</u>	<u>\$ (2,946,536)</u>	

**Sonoma Valley Health Care District
FY24 Trended Income Statement
For the Period Ended February 29, 2024**

ATTACHMENT F

	July	August	September	October	November	December	January	February	FY24 YTD
1 Acute Discharges	58	67	69	82	73	83	75	63	570
2 Patient Days	235	286	252	291	278	251	300	229	2,122
3 Observation Days	17	17	20	20	28	31	26	15	174
4 Gross O/P Revenue (000's)	\$ 22,427	\$ 23,002	\$ 20,977	\$ 22,806	\$ 21,941	\$ 20,765	\$ 23,302	\$ 19,700	\$ 174,920
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	\$ 5,561,483	\$ 49,981,739
6 Outpatient	13,362,380	14,480,581	12,732,428	14,061,243	14,065,738	12,406,069	14,442,618	11,809,432	107,360,489
7 Emergency	9,064,276	8,521,398	8,244,129	8,744,996	7,875,077	8,359,376	8,859,696	7,890,643	67,559,591
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	\$ 25,261,558	\$ 224,901,820
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)	(21,395,686)	(191,358,366)
10 Bad Debt	(100,000)	(150,286)	(150,000)	(150,000)	(106,666)	111,925	(90,000)	(202,507)	(837,534)
11 Charity Care Provision	(164,591)	(109,767)	(5,598)	127,064	209,720	231,540	(122,013)	(240,123)	(73,768)
12 Prior Period Adj/Government Program Reven	-	-	-	723,542	-	-	888,369	3,420,534	5,032,445
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)	\$ (18,417,782)	\$ (187,237,223)
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	\$ 6,843,776	\$ 37,664,596
15 Other Op Rev & Electronic Health Records	\$ 85,509	\$ 87,480	\$ 84,028	\$ 84,957	\$ 102,893	\$ 94,272	\$ 108,295	\$ 88,514	\$ 735,948
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	\$ 6,932,290	\$ 38,400,544
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	\$ 2,025,982	\$ 16,126,740
18 Employee Benefits	735,985	707,955	744,685	738,614	771,746	754,958	810,879	729,229	5,994,051
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	\$ 2,755,211	\$ 22,120,791
20 Med and Prof Fees (excl Agency)	\$ 557,320	\$ 599,056	\$ 541,334	\$ 571,881	\$ 567,236	\$ 551,402	\$ 659,636	\$ 621,045	\$ 4,668,910
21 Supplies	460,649	762,524	752,597	797,037	683,130	656,453	761,387	552,783	5,426,559
22 Purchased Services	305,875	410,360	431,618	372,986	563,672	550,338	396,842	379,540	3,411,231
23 Depreciation	240,214	238,993	501,633	696,387	539,719	431,329	456,946	395,082	3,500,303
24 Utilities	157,932	159,965	197,864	101,670	136,391	134,835	165,776	256,678	1,311,110
25 Insurance	66,583	81,160	66,697	68,488	66,583	68,544	66,583	66,583	551,221
26 Interest	42,598	43,202	71,611	56,224	49,503	46,487	71,737	84,472	465,834
27 Other	66,641	123,963	111,361	115,949	93,013	132,195	83,665	56,720	783,506
28 Matching Fees (Government Programs)	-	-	-	211,693	-	-	293,000	2,265,305	2,769,998
29 Operating expenses	\$ 4,579,220	\$ 5,237,458	\$ 5,364,677	\$ 5,867,233	\$ 5,430,282	\$ 5,415,173	\$ 5,682,002	\$ 7,433,419	\$ 45,009,464
30 Operating Margin	\$ (247,039)	\$ (741,982)	\$ (1,117,735)	\$ (1,001,536)	\$ (1,327,835)	\$ (1,529,757)	\$ (141,908)	\$ (501,129)	\$ (6,608,921)
Non Operating Rev and Expense									
31 Miscellaneous Revenue/(Expenses)	\$ 27,167	\$ 15,794	\$ 12,459	\$ 42,493	\$ 3,662	\$ 16,366	\$ 19,303	\$ 14,540	\$ 151,784
32 Donations	-	-	-	-	-	(4,287)	(2,797)	(3,586)	(10,670)
33 Physician Practice Support-Prima	-	-	-	-	-	-	-	-	-
34 Parcel Tax Assessment Rev	316,667	316,667	316,667	316,667	316,667	316,667	316,667	316,667	2,533,336
35 Extraordinary Items	-	-	-	-	-	-	-	-	-
36 Total Non-Operating Rev/Exp	\$ 343,834	\$ 332,461	\$ 329,126	\$ 359,160	\$ 320,329	\$ 328,746	\$ 333,173	\$ 327,621	\$ 2,674,450
Net Income / (Loss) prior to Rest.									
37 Contributions	\$ 96,795	\$ (409,521)	\$ (788,609)	\$ (642,376)	\$ (1,007,506)	\$ (1,201,011)	\$ 191,265	\$ (173,508)	\$ (3,934,471)
38 Capital Campaign Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39 Restricted Foundation Contributions	\$ 1,638	\$ 103,076	\$ 213,884	\$ -	\$ 78,280	\$ 330,142	\$ 7,169	\$ 516,187	\$ 1,250,376
40 Net Income / (Loss) w/ Restricted Contributions	\$ 98,433	\$ (306,445)	\$ (574,725)	\$ (642,376)	\$ (929,226)	\$ (870,869)	\$ 198,434	\$ 342,679	\$ (2,684,095)
41 GO Bond Activity, Net	170,419	175,187	175,187	175,187	175,187	175,187	175,187	175,187	1,396,728
42 Net Income/(Loss) w GO Bond Activity	\$ 268,852	\$ (131,258)	\$ (399,538)	\$ (467,189)	\$ (754,039)	\$ (695,682)	\$ 373,621	\$ 517,866	\$ (1,287,367)
EBDA - Not including Restricted Cont.	\$ 337,009	\$ (170,528)	\$ (286,976)	\$ 54,011	\$ (467,787)	\$ (769,682)	\$ 648,211	\$ 221,574	\$ (434,168)
Operating EBDA	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (305,149)	\$ (788,116)	\$ (1,098,428)	\$ 315,038	\$ (106,047)	\$ (3,002,570)
Operating EBDA excl IGT	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (816,998)	\$ (788,116)	\$ (1,098,428)	\$ (280,331)	\$ (1,261,276)	\$ (4,109,788)

Sonoma Valley Hospital
Cash Forecast
FY 2024

ATTACHMENT G

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual 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	3,595,869	3,600,000	3,600,000	3,600,000	3,600,000	46,617,699	
2 Other Operating Revenue	26,197	172,302	37,453	95,192	283,068	93,447	117,466	153,075	65,455	150,750	228,646	115,291	1,538,341	
3 Other Non-Operating Revenue	42,960	4,386	10,108	43,877	12,352	11,224	17,442	5,578	7,800	7,800	7,800	7,800	179,127	
4 Unrestricted Contributions		1,250	861	2,651	7,716	380	7,169	3,420					23,447	
5 Line of Credit													-	
Adjustment to Reconcile to Cash Balance		1,116	(245)	(196)	(155)	(49)		196					667	
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	3,758,139	3,673,255	3,758,550	3,836,446	3,723,091	48,359,281	
Hospital Uses of Cash														
6 Operating Expenses / AP Payments	5,152,114	5,121,241	4,128,841	4,998,884	5,056,542	5,222,290	4,196,863	5,323,592	4,923,479	4,946,353	5,034,948	5,014,191	59,119,338	
7 Add Capital Lease Payments	64,932	65,051	389,160	194,558	370,013	69,578	270,605	88,998					1,512,895	
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	35,056	30,833	30,833	30,833	30,833	379,596	
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	530,867	26,137	817,300	996,137	263,577	4,017,122	
SVH Capital		50,387		-	-	94,223	296,795	4,000		817,300	170,000	5,000	1,437,704	
Foundation Capital	1,638	101,825	213,023		85,272	327,110	33,306	526,867	26,137		826,137	258,577	2,399,891	
Total Hospital Uses	5,405,567	5,369,338	4,725,991	5,251,892	5,574,384	5,745,188	4,832,623	5,978,513	4,980,449	6,098,486	9,465,918	5,308,601	68,736,951	
Net Hospital Sources/Uses of Cash	(1,371,738)	(768,932)	(1,208,199)	(453,679)	(1,098,354)	(1,774,112)	(620,167)	(2,220,374)	(1,307,195)	(2,339,936)	(5,629,473)	(1,585,510)	(20,377,670)	
Non-Hospital Sources														
12 Restricted Capital Donations	1,638	101,826	213,023	6,249	85,272	327,110	26,137	516,187	826,137		826,137	258,577	3,188,293	
13 Parcel Tax Revenue	179,984					2,059,056				1,560,959			3,800,000	
14 Other Payments								861,768	200,000	238,232			1,300,000	
15 Other:													-	
16 IGT - HQAF VII (CY22)				39,262	684,280								723,542	
17 IGT - QIP (PY 5/CY22)										1,288,369			1,288,369	
18 IGT - Rate Range								2,500,000			3,000,000		5,500,000	
19 IGT - HQAF VIII (CY23)											780,000		780,000	
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	3,877,955	1,026,137	6,187,560	4,606,137	258,577	19,680,203	
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	1,419,650	732,608	6,187,560	4,606,137	258,577	16,716,677	
Net Sources/Uses	(1,190,116)	(667,106)	(995,176)	(619,862)	(328,803)	612,054	(594,030)	(800,724)	(574,587)	3,847,625	(1,023,336)	(1,326,933)	(3,660,993)	
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	1,993,989	1,419,402	5,267,027	4,243,691		
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	1,993,989	1,419,402	5,267,027	4,243,691	2,916,758		
Average Days of Cash on Hand														
	40.1	35.8	26.3	25.5	20.5	22.4	20.3	14.5						
Days of Cash on Hand at End of Month														
	39.7	33.3	25.6	21.9	20.9	21.5	19.8	14.1	10.0	37.2	30.0	20.6		