



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

AGENDA

**THURSDAY, MAY 2, 2024
REGULAR SESSION 6:00 P.M.**

CLOSED SESSION 5:40 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>

Meeting ID: 983 5961 0569

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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>CLOSED SESSION With respect to every item of business to be discussed in closed session pursuant to Sections 1461, 32106, and 32155 of the Health and Safety Code or Sections 37606 and 37624.3 of the Government Code: REPORT INVOLVING TRADE SECRET</p>			
1. CALL TO ORDER	<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>			

3. BOARD CHAIR COMMENTS	<i>Bjorndal</i>		
4. CONSENT CALENDAR a. Board Minutes – 04.04.24 b. Finance Committee Minutes – 03.26.24 c. Quality Committee Minutes – 03.27.24 d. Governance Committee Minutes – 03.13.24 e. Medical Staff Credentialing f. Policies and Procedures	<i>Bjorndal</i>	Action	Pages a. 3-7 b. 8-9 c. 10-14 d. 15-16 f. 17-18
5. DESTINATION HOSPITAL INITIATIVE	<i>Boerum</i>	Inform	Pages 19-28
6. HUMAN RESOURCES ANNUAL REPORT	<i>Lynn McKissock</i>	Inform	Pages 29-45
7. ANNUAL HOSPITAL COMMUNITY REPORT	<i>Dawn Castelli / John Hennelly</i>	Inform	Pages 46-60
8. CEO REPORT	<i>John Hennelly</i>	Inform	Pages 61-64
9. CMO UPDATE	<i>Dr. Sabrina Kidd</i>	Inform	Pages 65
10. FINANCIALS FOR MONTH END MARCH 2024	<i>Ben Armfield</i>	Inform	Pages 66-81
11. COMMITTEE UPDATES • Finance Committee Quarterly Report	<i>Bjorndal Boerum</i>	Inform	
12. BOARD COMMENTS	<i>Bjorndal</i>	Inform	
13. ADJOURN	<i>Bjorndal</i>	Inform	

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, APRIL 4, 2024

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

	RECOMMENDATION	
SONOMA VALLEY HOSPITAL BOARD MEMBERS 1. Judith Bjorndal, MD, Chair, Present 2. Susan Kornblatt Idell, Secretary, Present 3. Denise M. Kalos, Second Vice Chair, Present 4. Bill Boerum, Treasurer, Present 5. Wendy Lee Myatt, First Vice Chair, Present		
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
CLOSED SESSION Calif. Government Code § 54957 Public Employment: Analysis of Issues Involving Transition Arrangements with a Specific Employee		
1. CALL TO ORDER	<i>Bjorndal</i>	
Meeting called to order at 6:00 p.m.		
2. PUBLIC COMMENT		
Former Board Member, Mike Nugent, spoke about a recent stay at SVH due to a fractured femur. He was extremely complimentary and stated that the care “could not have been better.” Mr. Nugent highly recommended that the BOD investigate increasing the amount of rehab that can be done in hospital post-surgery.		
3. BOARD CHAIR COMMENTS	<i>Bjorndal</i>	
Dr. Bjorndal was pleased that SVH reached a resolution with Anthem. To be discussed later in the meeting.		
4. REPORT ON CLOSED SESSION	<i>Bjorndal</i>	
Dr. Bjorndal noted that the BOD held a closed session regarding anticipated litigation on March 13, 2024.		
5. CONSENT CALENDAR	<i>Bjorndal</i>	Action
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 e. Medical Staff Credentialing f. Policies and Procedures		MOTION: by Boerum to approve, 2 nd by Myatt Lee. All in favor.
6. HONORING PETER HOHORST	<i>Boerum</i>	Inform
Mr. Boerum presented Peter Hohorst with a watercolor painting of SVH to honor his service. Peter served on the Finance Committee and the Board of Directors for many years. Mr. Borum praised Mr. Hohorst’s contributing comments as always insightful and pivotal in discussions. Mr. Hohorst also served as Treasurer for the		

Northern California Healthcare Authority and played a significant role in the construction of a hospital wing.		
7. UCSF AFFILIATION UPDATE: SHELBY DECOSTA	<i>John Hennelly</i>	Inform
<p>DeCosta presented updates on UCSF and their affiliation, emphasizing their strategic plan called Vision 2025, aimed at providing high-quality, equitable care to more patients. The affiliation with SVH is a significant part of this plan, aiding in expanding complex care leadership and developing programs to cater to patients needing academic medical center care. Notable areas of focus included investments in ambulatory and non-hospital spaces, partnerships with community hospitals, and the recent acquisition of Saint Francis and St. Mary's Hospitals in San Francisco. This move aims to address increasing patient demand and aging population pressures. DeCosta highlighted collaborative efforts to enhance patient care, resource sharing, cost reduction, and IT integration between UCSF and Sonoma Valley Hospital.</p> <ul style="list-style-type: none"> • Myatt Lee suggested exploring the possibility of SVH becoming a designated VA community partner, leveraging the potential collaboration between the VA, UCSF, and SVH. • Boerum discussed plans for SVH to become a destination hospital, emphasizing potential partnerships and community support, with support from Ted Abraham, UCSF's Chief Medical Officer. • Kornblatt Idell inquired about the effectiveness of patient transfers between Sonoma Valley Hospital and UCSF, to which Shelby noted smoother operations and fewer patients needing to be transferred to UCSF due to improved local care capabilities. <p>Discussion highlighted ongoing collaboration, strategic planning, and shared goals between UCSF and SVH to enhance healthcare delivery and community services.</p>		
8. CHIEF OF STAFF REPORT	<i>Dr. Ako Walther</i>	Inform
<p>Dr. Walther presented the current state of the medical staff and medical staff services, with detailed data provided on patient satisfaction scores, response rates, and comparisons with state averages for emergency department discharges, ambulatory surgery, and inpatient services. Concerns addressed included the departure of a surgeon affecting surgical case numbers, challenges in patient transfers to other facilities, and gaps in electronic health record systems affecting communication between ED visits and primary care physicians. Dr. Walther emphasized ongoing efforts to address these issues, including initiatives to foster trust among medical staff leaders, partnerships with the new ER group, and improving communication with PCPs. Board members praised Dr. Walther's achievements and raised points regarding marketing opportunities for the hospital's exceptional quality of care.</p>		
9. ANNUAL HOSPITAL QUALITY REPORT	<i>Kylie Cooper</i>	Inform
<p>Cooper presented the Quality department's 2023 data, emphasizing a focus on equity metrics.</p> <p>The department consists of three members: Kylie Cooper, Director of Quality & Risk Management, Cindi Newman, Quality Systems & Analytics, and Stephanie Montecino, Infection Prevention/Employee Health</p> <ul style="list-style-type: none"> • Emergency room statistics revealed 9222 visits, with 54% being female, 31% over 70, 10% under 10 years old, 43% single, and 81% predominantly spoke English. Also, 28% of ED visits and 11% of admissions are Hispanic patients. • Inpatient admissions totaled 827, with 54% female and 64% over 70. 		

<ul style="list-style-type: none"> • Length of stay analysis showed non-Hispanic patients stayed longer than Hispanics, prompting further investigation. • Readmission demographics highlighted a majority aged 70-100, 63% female, and 87% non-Hispanic. • Quality achievements included: mortality rates below benchmark, zero falls with injury incidents, improvement in Sepsis measures vs 2022, significant improvement in Blood Culture contamination rates, successful accreditation survey as Stroke Ready Hospital with excellent stroke care, CMS accreditation survey by the Center of Improvement in Healthcare Quality (CIHQ) • Goals for 2024 include reducing length of stay, readmission rates, and improving Sepsis Bundle compliance. • Director of Quality performs weekly reviews of readmissions, hospital acquired infections, surgical site infections, frequent ER visits, and unanticipated events. Peer reviews are robust. • Risk management protocols address patient grievances and staff-reported events, aiming for resolution within seven days. • A health analytics system, MIDAS, tracks and manages risk events, with 90% categorized as no harm or minimal temporary harm in 2023. <p>Emphasis is placed on staff reporting to foster a culture of safety, with recognition given through a high five system. Board members discussed the need to prioritize sharing our extremely positive quality metrics with the public, as there seems to be public misperception in this regard. Delivering clear quality metrics bilingually is also a priority.</p>		
<p>10. 1206(B) CLINIC REPORT</p>	<p><i>Dawn Kuwahara</i></p>	<p>Inform</p>
<p>Kuwahara gave a presentation on the operations and management of a 1206 B family practice.</p> <ul style="list-style-type: none"> • First 1206B established in 2016 with Pari Azari, MD Pain Management and 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. • 1206B are exempt from licensure in the State of California, are a separate entity operated by the Health Care District, and managed by the hospital. <p>The practice has 1.8 MDs and a 0.8 physician assistant, with a staff of 6.4 full-time equivalents. An electronic health record system called Athena is used, with plans to transition to Epic in the future. The practice serves over 3,000 patients with approximately 8,800 visits per year. Volume challenges include staffing (including providers), wait times for physical exams (currently mid-May) and physical space. The practice is recruiting for additional providers, with a focus on bilingual candidates.</p>		
<p>11. CEO REPORT</p>	<p><i>Hennelly</i></p>	<p>Inform</p>
<p>Hennelly emphasized the need for more event reports to facilitate continuous improvement in care provision, highlighting the importance of critical thinking and daily opportunities for improvement.</p> <ul style="list-style-type: none"> • Discussion on the decline in volumes and revenues since the departure of Dr. Brown in orthopedics, with intentional efforts to reduce expenses and manage outgoing payments. • Positive updates included the operational MRI, with training scheduled, and appointments should be available in May. Also, a contract was signed with a new orthopedist, expected to start in June. • Negotiations with Anthem resulted in a four-year contract, with a 40% payment increase (including quality incentives) over the next four years. 		

12. CMO REPORT	<i>Dr. Sabrina Kidd</i>	Inform
<p>Dr. Kidd presented the CMO report:</p> <ul style="list-style-type: none"> • Brief update on Orthopedics: Dr. Chris Walters expected to start clinic on June 24th pending final credentialing. Temporary measures in place using local surgeons Dr. Harf and Dr. Weiss to cover Orthopedics call until Dr. Walters joins. Excitement about potential opportunities in orthopedics, including the possibility of a new total joint program. • Telepsychiatry services to continue without disruption, minimizing gaps in care. • Integration of Geriatric Nurse Practitioner Becky Spear into the 1206 B clinic with family practice to utilize her geriatric skills and bridge inpatient-outpatient gaps. • Challenges with volumes and staffing following Dr. Brown's departure from Orthopedics, but confident in overcoming them. • Collaboration with hospitals group and D Group on new incentive metrics in contracts, focusing on documentation and communication improvement. <p>Attendance for board members is encouraged at an upcoming General Medical staff meeting at Sonoma Golf Club on April 17th.</p>		
13. FY25 BUDGET ASSUMPTIONS	<i>Ben Armfield</i>	Inform
<p>Armfield provided an overview of the budget assumptions for fiscal year 2025, highlighting key areas such as the challenges posed by the departure of Dr. Brown in orthopedics and budgeting for it. Other aspects included budgeting for growth in MRI due to a new 3 Tesla magnet and expansion in physical therapy. The Finance Committee had previously discussed and reviewed these assumptions, with concerns raised about the impact of flattening orthopedic volumes and the downstream effects of Dr. Brown's departure on follow-up services like physical therapy.</p>		
14. AUDIT ENGAGEMENT FIRM SELECTION	<i>Armfield</i>	Action
<p>Armfield presented report. Motion made by Boerum that the board approve the selection of the Moss Adams firm as of the auditor of SVH's financial statements</p>		MOTION: by Boerum to approve, 2 nd by Kornblatt Idell. All in favor.
15. FINANCIALS FOR MONTH END FEBRUARY 2024	<i>Armfield</i>	Inform
<p>Armfield emphasized a favorable January followed by a downturn in February, particularly in orthopedic surgical volumes. Despite a decrease in revenue, operating expenses were under budget due to efficiency efforts by department leaders. SVH received unexpected IGT funds, providing a positive outlook. However, there's concern about sustaining losses for the year if February's volume trend continues. The board discussed the need for immediate action to boost volumes and mitigate losses, emphasizing the importance of moving from analysis to action.</p>		
16. COMMITTEE UPDATES	<i>Bjorndal</i>	Inform
<p>Kornblatt Idell spoke on behalf of the Governance Committee, stating that the four committees should have their charters ready to be approved for May's meeting.</p>		
17. BOARD COMMENTS	<i>Bjorndal</i>	Inform
<p>none</p>		
18. ADJOURN	<i>Chair</i>	
<p>Adjourned at 7:57 p.m.</p>		

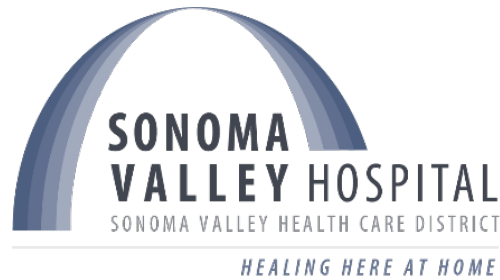


SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, MARCH 26, 2024
In Person at Sonoma Valley Hospital
347 Andrieux Street
and Via Zoom Teleconference

Present	Not Present/Excused	Staff/Public	
Bill Boerum, in person Catherine Donahue, in person Dennis Bloch, in person Robert Crane, in person Wendy Myatt Lee, in person Ed Case, in person Dan Kittleson, via zoom Subhash Mishra, via zoom Graham Smith, via zoom	Carl Gerlach	Ben Armfield, CFO, in person Jessica Winkler, Chief Nursing Officer, in person Lois Fruzynski, Accounting Manager, in person Dave Pier, ED of SVH Foundation, via zoom Whitney Reese, Board Clerk, in person	
AGENDA ITEM	DISCUSSION		ACTIONS
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>		
	None		
2. PUBLIC COMMENT SECTION	None		
3. CONSENT CALENDAR	<i>Bill Boerum</i>		Action
a. Finance Committee Minutes 02.27.24			MOTION: by Mr. Bloch to approve as corrected, 2 nd by Ms. Donahue. All in favor
4. FY 2025 BUDGET ASSUMPTIONS	<i>Ben Armfield</i>		Inform
	<ul style="list-style-type: none"> Discussion focused on budgeting challenges due to concerns about loss of patient volumes with Dr Brown's departure. Potential recruitment of Dr. Walter would mitigate volume loss. 		

	<ul style="list-style-type: none"> • Emphasis on strategic planning and importance of maintaining communication with physicians and physician groups for continued referrals. • Consideration of temporary privileges for incoming physicians to minimize disruptions in service provision. • Negotiations with Anthem likely involve proposals with fixed increases of 9% in year one. Concerns include difficulty of re-entry and long-term stability if contract is canceled. • Wage considerations include benchmarking against other hospitals and addressing living costs and competitiveness. • Budget assumptions for MRI, physical therapy volume projections, and pricing strategies are being reviewed. • Insurance policy reviews are planned. • Cash flow management is a priority, with discussions on IGT funds. 	
5. FY 2025 BUDGET PREPERATION	<i>Bill Boerum</i>	Inform
	Boerum spoke about the May 28 th joint meeting with the Board of Directors & Finance Committee. Discussion was had about a preliminary budget for review at the April meeting. Armfield expressed that SVH will likely have a good idea on the framework of the budget for April's meeting. It was suggested that an additional Finance Committee meeting may be needed prior to the joint meeting.	
6. REVENUE ANALYSIS/PROFITABILITY	<i>Ben Armfield</i>	Inform
<i>Verbal update on progress. Report will be presented May 2024</i>	Progress in accessing and analyzing data has been made since implementing Epic, particularly in cost accounting and profitability reporting. Effort has been invested by the vendor to obtain necessary data, but further refinement is needed in data organization and grouping for meaningful comparisons, especially between Epic and the previous system, Paragon. CFO will continue to refine the data to ensure its comparable and useful for decision-making. Discussion was had about how understanding profitability is crucial, especially given the significant revenue from outpatient services. CFO agreed with a request for a future breakdown of revenue by payer and service type.	
7. FINANCIAL REPORT FOR MONTH END FEB. 2024	<i>Ben Armfield</i>	Inform
	The hospital experienced a decrease in surgical volumes, leading to lower revenue for the month. Efforts to reduce expenses have been made, including operating with minimum staffing levels. Armfield presented a cash forecast analysis, isolating day-to-day operational cash	

	flows and highlighting the need to focus on positive cash flow from operations. Strategies discussed emphasized the importance of maximizing revenue-generating opportunities from new investments and improving cash flow by reducing days in receivables. Committee members proposed bringing in CEO to report on growth programs and exploring the possibility of hiring a grant writer or using UCSF's grant writing team to access additional funding opportunities.	
8. ADJOURN	<i>Bill Boerum</i>	
	Meeting adjourned at 7:32p.m.	



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**
Wednesday, March 27, 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 Susan Kornblatt Idell		Denise Kalos, via zoom Judith Bjorndal, MD via zoom Paul Amara, MD, FACOG, via zoom Kylie Cooper, RN BSN CPHQ MBA, Quality and Risk Mgmt. Sabrina Kidd, MD, Interim Chief Medical Officer Jessica Winkler, DNP, RN, NEA-BC, CCRN, Chief Nursing Officer

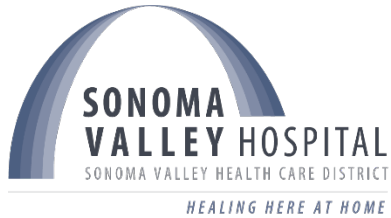
AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	
	Kornblatt Idell thanked Ingrid Sheets for her service on the Quality Committee for ten years, as this is her last meeting on the committee. Sheets expressed her joy at being so involved with SVH and her appreciation for everything that the hospital does.	
2. PUBLIC COMMENT SECTION	<i>Kornblatt Idell</i>	
	No public comments	

3. CLOSED SESSION: a. Calif. Government Code §54956.9: Conference with Legal Council – Anticipated Litigation	<i>Kornblatt Idell</i>	INFORM
		<i>Susan Kornblatt Idell announced there was a closed session that took place</i>
4. CONSENT CALENDAR <ul style="list-style-type: none"> • Minutes 02.28.24 	<i>Kornblatt Idell</i>	ACTION
	Edits were suggested and made before presenting to the Board of Directors	<i>Motion to approve Speizer, 2nd by Sheets</i>
5. ANNUAL QUALITY DEPARTMENT REVIEW	<i>Cooper</i>	INFORM
	Cooper presented the Quality department’s 2023 data, emphasizing a focus on equity metrics. The department consists of three members: Kylie Cooper, Director of Quality & Risk Management, Cindi Newman, Quality Systems & Analytics, and Stephanie Montecino, Infection Prevention/Employee Health <ul style="list-style-type: none"> • Emergency room statistics revealed 9222 visits, with 54% being female, 31% over 70, 10% under 10 years old, 43% single, and 81% predominantly spoke English, and. • Inpatient admissions totaled 827, with 54% female and 64% over 70. • Length of stay analysis showed non-Hispanic patients stayed longer than Hispanics, prompting further investigation. • Readmission demographics highlighted a majority aged 70-100, 63% female, and 87% non-Hispanic. • Quality achievements included: mortality rates below benchmark, zero falls with injury incidents, improvement in Sepsis measures vs 2022, significant improvement in Blood Culture contamination rates, successful accreditation survey as Stroke Ready Hospital with excellent stroke care, CMS accreditation survey by the Center of Improvement in Healthcare Quality (CIHQ) 	<i>Kylie Cooper presented the Quality department’s 2023 data</i>

	<ul style="list-style-type: none"> • Goals for 2024 include reducing length of stay, readmission rates, and improving Sepsis Bundle compliance. • Director of Quality performs weekly reviews of readmissions, hospital acquired infections, surgical site infections, frequent ER visits, and unanticipated events. Peer reviews is robust. • Risk management protocols address patient grievances and staff-reported events, aiming for resolution within seven days. • A health analytics system, MIDAS, tracks and manages risk events, with 90% categorized as no harm or minimal temporary harm in 2023. • Emphasis is placed on staff reporting to foster a culture of safety, with recognition given through a high five system. 	
6. QUALITY COMMITTEE CHARTER	<i>Kornblatt Idell</i>	ACTION
	<p>Discussion focused on ensuring clarity, consistency, and relevance in the committee's charter. Specific changes include:</p> <ul style="list-style-type: none"> • Add word under responsibilities: “To oversee that quality assurance...” • Add voting member: Vice Chief of Medical Staff • Take off the staff from the voting section. 	<i>Susan Kornblatt Idell to make changes and bring back to committee to review/approve at next meeting.</i>
7. QUALITY INDICATOR PERFORMANCE & PLAN	<i>Cooper</i>	INFORM
	<p>Cooper presented data for February 2024.</p> <ul style="list-style-type: none"> • Mortality Rate: 4.8%, below benchmark, with three patients in the hospital. • Patient Safety Indicator Events: A spike occurred, largely related to post-operative complications. No Sentinel or adverse events reported. • Blood Products: No transfusion reactions or significant medication errors noted. • Readmissions: Spike observed, particularly among patients with chronic conditions, prompting a focus on reducing readmissions. 	<i>Kylie Cooper presented the Quality department’s February 2024 data</i>

	<ul style="list-style-type: none"> • Insurance Coverage and Readmissions: Discussion on insurance coverage affecting follow-up care post-discharge. • Blood Culture Contamination: A slight increase in contamination noted, mainly from registry and traveler staff. • Stroke Certification Measures: Met and exceeded targets. • Utilization Management: Complexity of illness remained steady, with observed versus expected ratio below benchmark. • Colonoscopy Follow-up Documentation: Maintained at 100% compliance. • ED Turnaround Time: Experienced a slight increase, with minimal cases of extended wait times. • Outpatient CTs for Strokes: Achieved 100% compliance within 45 minutes. • Sepsis: Five cases met severe sepsis diagnosis, with improvements planned in education and staff training. • Infection Prevention: One catheter-associated urinary tract infection reported, with a review indicating appropriate care. • Direct Observation Compliance: Working towards continuous compliance, with notable progress. • Patient Satisfaction Data: Positive scores reported across emergency room, inpatient, and patient surgery, prompting discussion on publicizing data to address negative perceptions from general public and as expressed by the Community Health Center board. 	
8. POLICIES AND PROCEDURES	<i>Cooper</i>	INFORM
	<p>Discussion and recommendations were made for the following policies and procedures, to be amended and then presented for approval to the Board of Directors:</p> <ul style="list-style-type: none"> • Admission to the Hospital from the ED • Infection Control Mandatory Reporting • NEW: Imaging Vascular Access and Use of Vascular Lines and Ports for Contrast Administration 	<i>The committee discussed and made recommendations for edits</i>

	<ul style="list-style-type: none"> • Nuclear Medicine Safety Measures • Retire: Central Lines, PICC Lines 7630-115 • Retire: Central Venous Catheters Power Injection 7630-117 • RETIRE: Misadministration of Radioisotopes • Trophon Environmental Probe Reprocessor (EPR) 	
9. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Kornblatt Idell</i>	ACTION
		<i>Motion to approve Mainardi, second by Eisenstark</i>
10. ADJOURN	<i>Kornblatt Idell</i>	
	Meeting adjourned at 6:13pm	



**SVHCD GOVERNANCE
COMMITTEE MEETING
MINUTES**

TUESDAY, MARCH 19, 2024 5:00 PM
In Person at Sonoma Valley Hospital
347 Andrieux Street
Administration Conference Room
and Via Zoom Teleconference

Present	Not Present	Staff	Public	
Susan Kornblatt Idell Bill Boerum	Amy Jenkins			
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 5:00 p.m. Ms. Kornblatt Idell announced that agenda item from last meeting: GIFTS AND HONORIA POLICY is with legal counsel at this time.			
2. PUBLIC COMMENT SECTION	<i>Kornblatt Idell</i>			
	None			
3. CONSENT CALENDAR	<i>Kornblatt Idell</i>		Action	
a. Minutes 01.17.23			MOTION: by Boerum, 2 nd by Kornblatt Idell to approve meeting minutes. All in favor.	
4. GOVERNANCE COMMITTEE CHARTER	<i>Kornblatt Idell</i>		Inform/Action	
	Governance Committee Charter revised and discussed. Changes included: <ul style="list-style-type: none"> • Specify that the Governance Committee shall have three members, including two board 		Kornblatt Idell will revise and bring back to Governance Committee at next meeting to	

	<ul style="list-style-type: none"> members and one member from the community. • Clarify efforts to recruit community members into committees with inclusion of diversity statement in committee charters. • Revision of language in committee responsibilities to reflect that committees make recommendations rather than decisions. • Deletion of unnecessary partial and full sentences. 	approve before sending to BOD for approval.	
5. CHARTER TEMPLATE	<i>Kornblatt Idell</i>	Action	
	Kornblatt Idell presented a charter template based off the Quality Committee’s charter. Template is approved and will be presented to the BOD for approval before being passed to all committees to adapt their charters to individually.	MOTION: by Boerum, 2 nd by Kornblatt Idell to approve template. All in favor.	
6. REVIEW ANNUAL CALENDAR	<i>Kornblatt Idell</i>	Inform	
	Next meeting to be April 16 th to approve the final Governance Committee Charter.		
7. ADJOURN	<i>Kornblatt Idell</i>		
	Adjourned at 5:23 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: 04/26/2024 7:25 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: 4

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
AccuChek Inform II Glucose Monitoring System <i>Laboratory Services Policies (LB)</i>	Pending Approval	4/25/2024	1
<p>Summary Of Changes: 1. Added STAT confirmation with patient glucose result of <50mg/dl and >400mg/dl 2. Added scanning patient armband and confirming CSN# prior to patient testing</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Kuwahara, Dawn (dkuwahara), Ramos, Karen (kramos), Lugo, Al (alugo)</p> <p>ExpertReviewers: Medical Director-Lab</p> <p>Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Clozapine REMS Procedure <i>Pharmacy Dept</i>	Pending Approval	4/25/2024	1
<p>Summary Of Changes: Added "- Obtain a REMS Dispense Authorization (RDA)" to step 2</p> <p>Moderators: Kutza, Chris (ckutza), Newman, Cindi (cnewman)</p> <p>Lead Authors: Kutza, Chris (ckutza)</p> <p>Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Employee Parking <i>Human Resources Policies (HR)</i>	Pending Approval	4/2/2024	24
<p>Summary Of Changes: Added direction for contract staff working at SVH for an extended period of time. If they plan to utilize their own recreational vehicle as accommodations, they must be referred to Human Resources to obtain an authorized parking permit and direction for an appropriate parking location.</p> <p>Other minor language edits to provide clarity.</p> <p>Updated references.</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 04/26/2024 7:25 PM

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

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

RETIRE Quality Improvement Plan	Pending Approval	4/2/2024	24
<i>Materials Management Dept</i>			

Summary Of Changes: **Recommend retiring policy because content is reflected in organizational policy QA8610-102.**

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)**

To: Board of Directors – Sonoma Valley Health Care District
From: Bill Boerum, Board Member
Subject: Destination Hospital Initiative

May 2, 2024

Background:

For a number of years through multiple district boards and hospital administration, the hospital’s capacities have been underutilized, our surgical suites and beds to name two metrics. This – in addition to our patient and payer mix - has resulted in insufficient net patient revenues to cover operating expenses. We are approaching another year of net operating losses.

Over the same period, Sonoma Valley has grown in its allure as a national visitor destination, At the same time Sonoma Valley has its distinctive attributes: colorful history, a casual resort atmosphere; and easy accessibility from the greater Bay Area elsewhere in California.

From time-to-time, the subject of “medical tourism” or “destination hospital” has come up in board discussions, including during last month’s UCSF annual report.

It is evident that our affiliate, UCSF Health has an interest in a “destination hospital” strategy in which SVH has a special role. This is evident in the attached, jointly composed document. The factors supporting a destination strategy are well stated in the document. One of the key aspects recommended is preparation of a Request For Proposal. Likewise attached is a suggested format, which is actually a “proof of concept” document.

Financial Impact:

It is not likely that there is sufficient bandwidth among the current staff to work on this project in a dedicated way. A separate consulting resource is needed. A project of about \$30,000 is not in the current budget, nor likely for the 2025 budget. Therefore, separate funding is needed for it as a long-term investment. The Sonoma Valley Hospital Foundation could be the source.

Recommendations:

- The Board give its support for an initiative for a joint destination hospital strategy;
- Form an Ad Hoc Board Committee to work with the Administration and an Affiliates Network strategy team to develop the concept with milestone and deliverables; and,
- Authorize expenditure of up to \$30,000 for researching (including SVH data and metrics) and writing a program document (RFP) or three-year business plan.

Sonoma Valley Hospital

Concierge Medicine Program Proposal

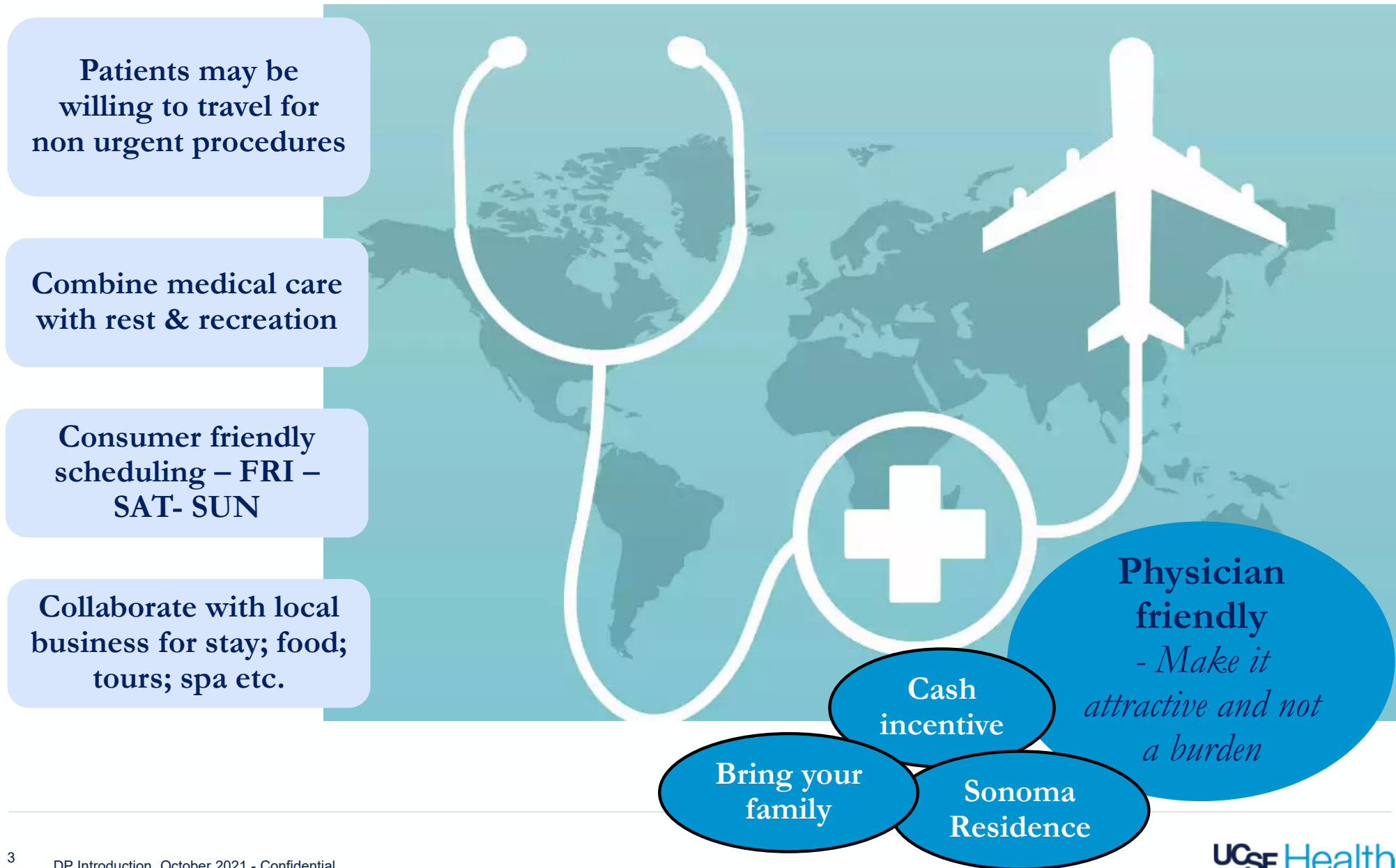
Ted Abraham
John Hennelly
Shelby Decosta

Rationale

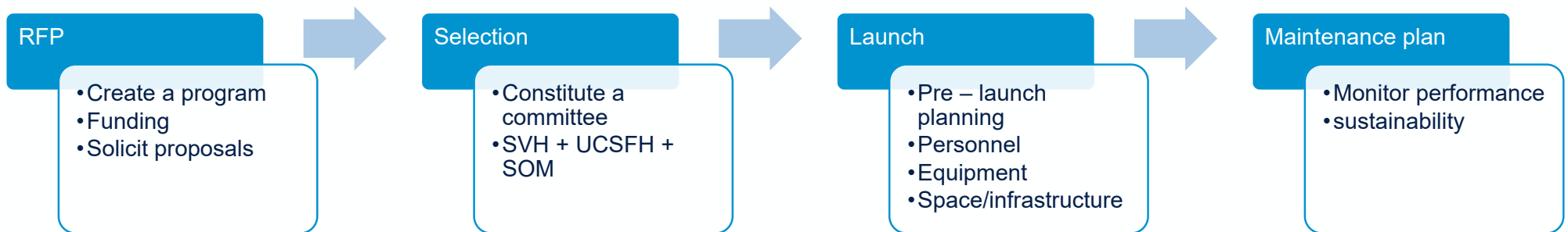
SVH is in an Idyllic location + has Capacity + Needs Growth



Potential for Medical Tourism



The Process



Proposal

Key aspects

- Launch a competitive RFP process
- Agree on tentative budget
- Fund 1-2 programs (or more if budget allows)
 - Start small
 - Keep it blue sky
 - Do not limit the scope or creativity of the ideas
 - May focus on proposals for which
 - Infrastructure exists or easily acquired
 - Lends itself to in and out surgical or minor procedures or treatments
 - Potential to become a permanent program at SVH
 - Target specialties may be – endocrine, GI, general surgery, bariatrics, ortho, dermatology/cosmetic surgery, cancer, geriatrics
 - Should we consider birthing center (midwifery based?)

REQUEST FOR PROPOSALS

Sonoma Valley Hospital – UCSF Health Program Initiative

OVERVIEW

Sonoma Valley Hospital (SVH) is a full-service acute care district hospital located in the city of Sonoma, California, providing compassionate expert care to the 42,000 residents of the Sonoma Valley Health Care District. Sonoma Valley Hospital was founded in 1945 and moved to the current hospital in 1957, and subsequently expanded in the 1970's. The Hospital has 24 acute care beds and maintains a 27-bed Skilled Nursing Facility. SVH is the sole provider of acute inpatient care in the Sonoma Valley and offers a 24-hour emergency room, inpatient services with an ICU, surgical services and outpatient clinical testing and treatment. In 2018, the Hospital announced an affiliation with UCSF Health to create an integrated health care network.

This RFP seeks to promote and support the development and growth of marquee collaborative clinical programs at SVH that fully leverage the modernized SVH facilities and the presence of a UCSF-employed SVH leadership team.

The Objective

The overall objective is to increase the availability of particular UCSF programs of excellence at SVH

- Need #1: Expand range of primary and secondary clinical services at SVH - outpatient and inpatient
- Need #2: Develop programs of excellence at SVH that would attract Sonoma county and non-county patients
- Need #3: Optimize the utilization of SVH outpatient and inpatient space and staff

The Opportunity

SVH & UCSF Health seek to support a Strategic Initiative to establish a clinical program at SVH. The ideal target program would demonstrate exceptional volume and margin growth with a modest investment, through a thoughtful investment approach and multidisciplinary collaboration. The ideal proposal would address the following topics:

- Goal #1: Align with the UCSF Vision 2025 goals
- Goal #2: Focus on Strategic Growth
- Goal #3: Develop innovative programs

The Offering

Explain the offering

- SVH/UCSF Health seek to support 1-2 programs through this competitive RFP process
- While there is no pre-specified area of interest, we are interested in programs that can start small and scale up; whose infrastructure needs are already existing or easily acquired; lends itself to inpatient or outpatient procedural or surgical treatments; has the potential to become a permanent program at SVH
- Potential specialties could include (but would not be restricted to) endocrine; gastrointestinal; general surgery; bariatrics; orthopedics; dermatology/cosmetic medicine; plastic surgery; geriatrics; cancer; birthing center;

PROPOSAL

Provide background information, including a brief background on your program and specific issues to be addressed. You may also choose to include the results of any related research, project history, and additional factors that impact the UCSF's needs, emerging trends or impending regulations.

Show your understanding of the benefits SVH/UCSF can expect. For example, describe the risks--what might be lost--if appropriate action is not taken and compare this to the benefits they can achieve with a positive course of action. If applicable, identify potential areas of concern for SVH/UCSF and how you can address them. Such items may be fundamental issues that appear trivial, but are often overlooked by competing proposals.

Describe how your capabilities and proposed solution align with the SVH/UCSF's goals for the project, including how your qualifications can uniquely address the current opportunity.

Client's Company

1. Program Organization
 - a. Strong physician & administrative leadership
 - b. Multidisciplinary workgroup
 - c. Eye toward ALIGNMENT with UCSF Health priorities
 - d. Clinical, financial, strategic, & operational representation / expertise
2. Access and Capacity
 - a. Framework for supporting program growth and ROI
 - b. Resource needs with ROI analysis
 - c. Program monitoring
 - d. Tracking of volumes and financials by program over time
3. Quality and Outcomes
 - a. Quality Metrics
 - b. Outcomes – Clinical, Logistic, Financial
4. Market Position
 - a. Quality Differentiation
 - b. Innovation/Uniqueness
 - c. Market share – current and anticipated
5. Financial Impact
 - a. Program revenue
 - b. Contribution margin

Rationale

Describe your reasons for developing the project as you have proposed it. You may need to justify why you have chosen your unique approach. Consider including the following points in your rationale.

- Research
- Market opportunities
- Alignment with mission
- Current resources/technology

Execution Strategy

Provide details of execution strategy including proven methodologies, qualified personnel, and your approach to managing deliverables. Include description of project methods, including how the project will be developed, a proposed timeline of events, and reasons for why you suggest developing the project as described.

Summarize your strategy based on your market research and your experience in providing similar services to other clients, etc.

Technical/Project Approach

Describe the details of how the project will be managed from start to finish. This will include your specific methodologies for completing deliverables, project management tools and techniques, communications with the SVH/UCSF leadership, methods to evaluate and mitigate risk, and how the project will be evaluated.

Resources

Describe the resources you have in place or plan to acquire or need, including but not limited to qualified providers/technical support/other staff, facilities, and technology.

Project Deliverables

Following is a complete list of all project deliverables:

Deliverable	Description
Deliverable #1	Brief description

Timeline for Execution

Summarize the timeline of project-related events from start to finish.

In the table that follows, include all important dates related to the project, broken down by date and duration. Use meaningful descriptions related to your project. Items can include project milestones, implementation schedules, etc.

Description	Start Date	End Date	Duration
Project Start			

Milestone 1			
Milestone 2			
Phase 1 Complete			
Milestone 3			
Milestone 4			
Phase 2 Complete			
Milestone 5			
Milestone 6			
Project End			

EXPECTED RESULTS

Describe the results expected from the project and why your approach will achieve those results.

Financial Benefits

- Result #1: Brief description of desired result
- Result #2: Brief description of desired result
- Result #3: Brief description of desired result

Technical Benefits

- Result #1: Brief description of desired result
- Result #2: Brief description of desired result
- Result #3: Brief description of desired result

Other Benefits

Use this section to describe less tangible benefits such as increased morale or improved customer satisfaction.

Human Resources Annual Report

2023

Who We Are



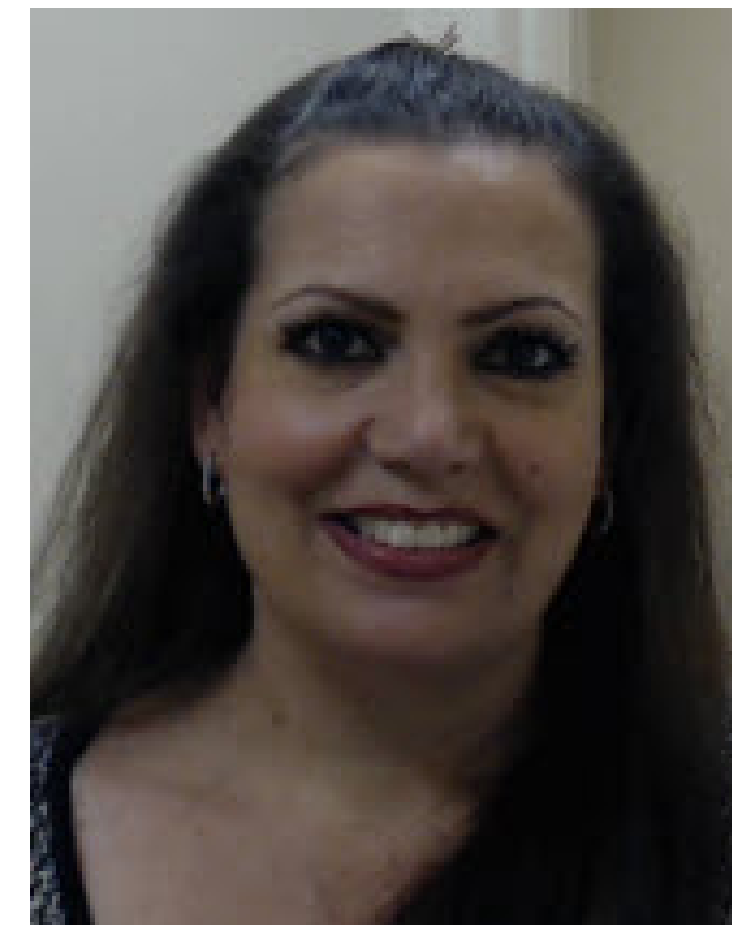
Lynn McKissock,
Chief HR Officer & Chief Compliance Officer

Meghan Healy,
HR Analyst & Wellness Coordinator

Lisa White,
HR Coordinator



**Pamela Van Wezel
Anderson,**
Nurse Manager &
Education Coordinator



Stephanie Montecino,
Infection Preventionist
& Employee Health
Nurse

Our Mission



A Healthy Organization

Develop, implement and support programs and processes that add value to the Hospital and its employees, while demonstrating commitment to our core values creating a healthy hospital and healthy work environment.

What We Do

- Recruitment & Selection
- Onboarding & Retention
- New Hire Orientation Program
- Employee Education Programs
- Benefit Plan Administration
- Wellness Program
- Performance Management Programs
- Employee Health Services/Workers' Compensation
- Employee Service Awards

- ACA Compliance
- Compensation Plan Management
- Human Resources Information Systems Administration (Employee Database)
- Quality Assurance/Regulatory Compliance Assurance
- Student Internship Coordination
- Volunteer Program
- Policies & Procedures
- Workplace Violence Prevention Program
- Compliance Program



2023 Projects/Accomplishments

SB 1334: Meal Break & Rest Periods

- New Policy
- Attestations
- New Pay Codes
- Waivers & Agreements



Compensation Plan Analysis & Wage Adjustments

- Market Benchmarking, utilizing CHA/Allied for Health regional survey data
- Adjust the salary band for 45 positions, out of 154 unique positions
- Applied wage adjustment to individual's pay (95/338), effective 10/29/23
- Total estimated annual impact to payroll: \$302,650
- Annual Pay Increases (3%), effective 3/17/24

2023 Projects/Accomplishments



Staff Education

- Annual Skills Lab
- New Hire Education
- Mock Code Blues

Conflict Resolution & De-escalation Training Workshops

- Leadership workshops – January
- Staff workshops – April – July



2023 Projects/Accomplishments

SONOMA VALLEY HOSPITAL SERVICE AWARDS

2023



Employee Service Awards

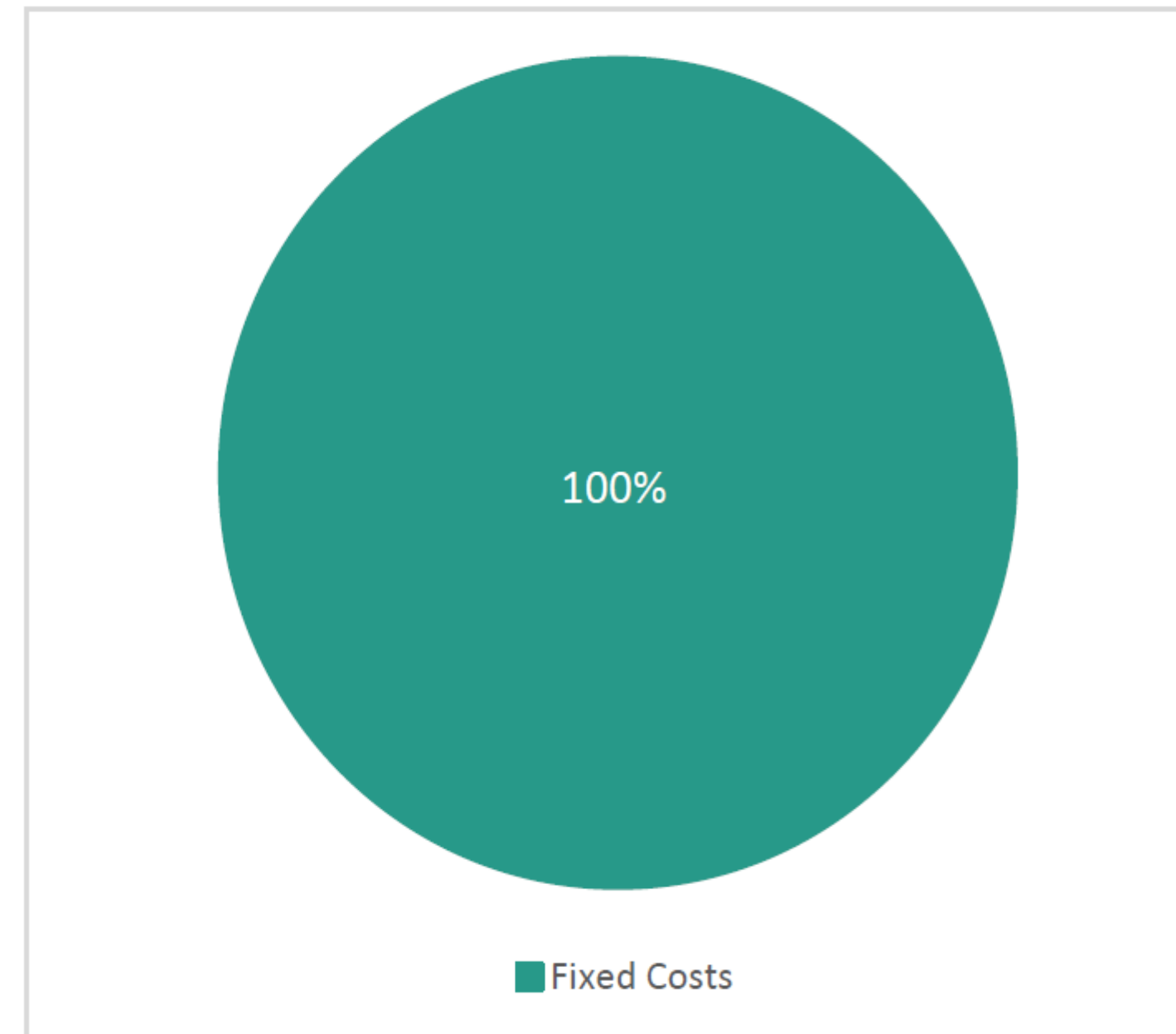
- 39 employees
- 5 years to 35 years

2023 Projects/Accomplishments

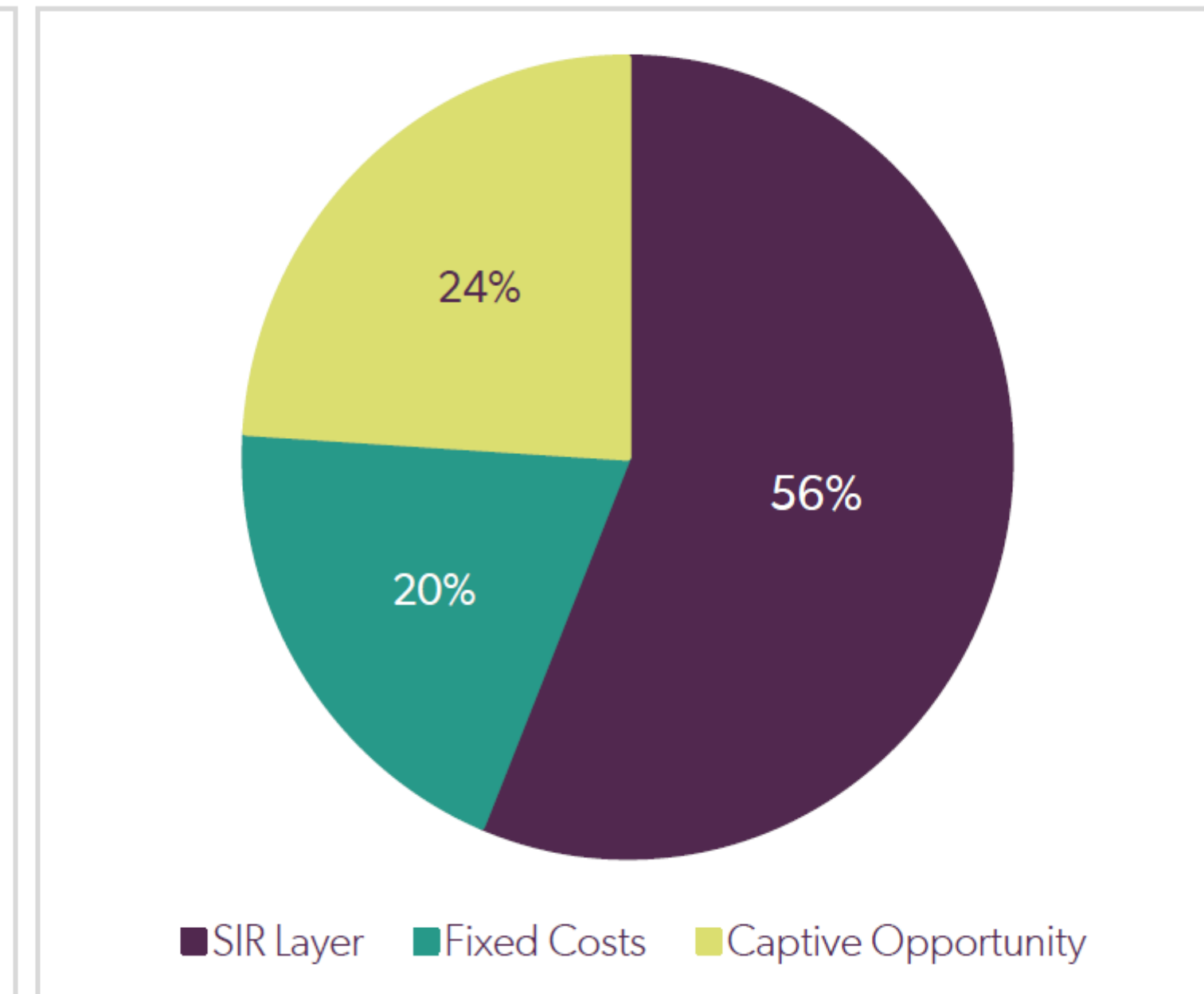
Employee Medical Insurance Plans

- Renewal for fully insured (current plans) subject to 32% increase in premiums
- Benefits Committee & Staff Survey – Identify goals for new plan
- Self-Insured Option
 - No to low premium contributions
 - Increase access to care (specialists; no referrals)

Fully Insured
Total Expected: \$4,389,776
Opportunity: \$0



Self-Funded in INgage
Total Expected: \$3,996,556
Opportunity: \$3,206,622



Self-Insured Captive Model



Targeted Risk Improvement Program (TRIP)



Safety & Compliance

Workplace Violence Prevention

- Taskforce – Qrtly Meetings
 - Safety Officer, CHRO, CNO, CAO, Dir of Patient Care, Dir of Quality, & Ed Coord
- Written WVP Program
- Training for All Staff
 - 1st Day Orientation
 - Online courses within first 30 days
 - MOAB Training for key position
 - Annual Online Courses – All Staff
- Incident Reporting
 - Relatively low – 2-3 per quarter; none resulting in serious injury; none involving firearm or weapon

Compliance Program

- Compliance Committee – Qrtly Meetings
 - Chief Compliance Officer (CHRO), CFO, HIPAA Security Officer (Dir of I.T.), HIPAA Privacy Officer (HIM Manager), CNO, CAO, Dir of Quality, & Medical Staff Svcs Manager
- Written Compliance Program
- Training for All Staff
 - Conflict of Interest Disclosure Form
 - Online courses within first 30 days
 - Annual Online Courses – All Staff
- Incident Reporting
 - Compliance Hotline (anonymous)
 - Midas e-Notification Reporting System
 - Survey: “I'm aware of the SVH Compliance program and know how to report my concerns.” – Score: 4.33 out of 5

2023 Dashboard

Performance Indicator	2023	2022	2021	2020
New Hires / Total Employees	84 / 345	112 / 331	90 / 318	61 / 338
New Hire FTE / Total FTE	45.4 / 213.6	70.1 / 205.7	33.7 / 188.6	22.9 / 199.35
Turnover Rate	16.7%	24.4%	21.2%	9.6%

Open Positions (end of 2023): 35

- 19 FT/PT, 16 PD/Temp
- 6 RN, 21 Other Clinical, 8 Non-Clinical

Performance Indicator	SVH	No. California	Statewide
Turnover Rate	16.7%	10%	11.9%
Hire Rate	24.4%	13.1%	14.4%
Vacancy Rate	9.4%	24.6%	32.1%



Internal Transfers/Promotions: 5

Second Position: 29

Challenges to Recruitment/Retention: Cost of Living & Salaries

2023 Dashboard

Performance Indicator	2023	2022	2021	2020
Registry/Traveler Costs (FY)	\$2,379,060	\$1,606,258	\$1,005,644	\$718,546
Salary Costs / % of Net Revenue (FY)	\$24,777,605 / 45.56%	\$23,150,818 / 46.21%	\$23,763,341 / 48.28%	\$23,096,036 / 49.24%
Benefit Costs / % of Net Revenue (FY)	\$5,859,007 / 10.77%	\$5,488,972 / 10.96%	\$5,575,741 / 11.33%	\$5,565,682 / 11.87%
Leave of Absences	54	59	59	57
Employee Injuries	15	15	12	12
Workers' Comp Open Claims	24	18	24	18
Workers' Comp Cost of Claims	\$169,716	\$246,086	\$290,759	\$219,158
Legal Claims/Employment Law Expenses	\$55,223	\$194,045	\$156,629	\$58,910

Employee Engagement Survey

Hospital-Wide Results	2023	2022	2021	2020
Organizational Score	4.25	4.15	4.19	NA
Organizational Participation	64%	53%	57%	NA



Overall Lowest Scoring Items:	Domain	2023	2022
The benefits I receive meet or exceed my expectations.	Organization	3.16	3.59
My pay is fair for the work I do.	Organization	3.53	3.30
This hospital cares about their employees' wellbeing.	Organization	3.99	3.92

Overall Highest Scoring Items:	Domain	2023	2022
My work unit strives to exceed the expectations of the people we serve.	Organization	4.70	4.61
The person I report to treats me with respect.	Manager	4.65	4.61
I Have a strong sense of purpose and accomplishment in the work I do.	Employee	4.61	4.54

Employee Engagement Survey Results – by Domain (Lowest)

Employee Domain:	2023	2022
I feel supported during times of high stress at work.	4.16	3.99
I have all the tools, resources and information necessary to do my job well.	4.19	4.08
I would like to be working at this hospital five years from now.	4.21	4.15

Manager Domain:	2023	2022
I have regular conversations with my direct supervisor about my personal and/or professional development goals.	4.06	3.92
My direct supervisor provides me with feedback that is meaningful and actionable.	4.30	4.18
I am encouraged to share ideas and suggestions about the services my work unit provides.	4.31	4.30

Organization Domain:	2023	2022
The benefits I receive meet or exceed my expectations.	3.16	3.59
My pay is fair for the work I do.	3.53	3.30
This hospital cares about their employees' wellbeing.	3.99	3.92

Employee Engagement Survey Results – by Domain (Highest)

Employee Domain:	2023	2022
I have a strong sense of purpose and accomplishment in the work I do.	4.61	4.54
The individuals in my work unit are productive and supportive of each other.	4.45	4.37
I feel supported in balancing my work life with my personal life.	4.44	4.23

Manager Domain:	2023	2022
The person I report to treats me with respect.	4.65	4.61
My supervisor is reliable and demonstrates ownership of their responsibilities.	4.42	4.30
I feel supported in my efforts to achieve my highest potential at work.	4.35	4.19

Organization Domain:	2023	2022
My work unit strives to exceed the expectations of the people we serve.	4.70	4.61
We treat each other with respect throughout the hospital.	4.50	4.39
We have excellent multidisciplinary teamwork.	4.36	4.16

Questions?

Community Report

Informe Comunitario

OUR COMMUNITY SUPPORTS OUR HOSPITAL



STRENGTHENING OUR COMMITMENT TO COMMUNITY
Fortalecer Nuestro Compromiso Con La Comunidad

STRENGTHENING OUR COMMITMENT TO COMMUNITY

I am pleased to share the Sonoma Valley Hospital's 2023 Annual Community Report. This year, our theme centers around strengthening our community - a testament to our unwavering commitment to not just serve but be an integral part of the fabric that makes our community unique and vibrant.

We dedicate ourselves to being your trusted source of compassionate, exceptional healthcare with a vision to make healthcare accessible, convenient, affordable, and culturally sensitive for everyone. The progress outlined in this report reflects our unwavering commitment to this vision in 2023.

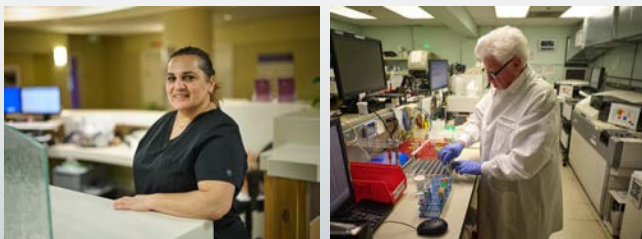
Key initiatives to celebrate include:

- The Age Friendly Health System, part of a global movement that has seen us adapt and implement evidence-based practices to enhance care for older adults across all departments and services.
- Our Emergency Department's transformation, driven by a new team of ER doctors who are not only leaders in their field but also members of our community. Their unique connection to Sonoma Valley has dramatically improved the quality and compassion of care, embodying the true spirit of community healthcare.
- Strengthened community outreach, through partnerships with organizations like Vintage House and La Luz Center, has broadened our reach, making healthcare more accessible. Our health fairs and "Brown Bag" medication review program are just two examples of how we're making a tangible difference in the community's well-being.
- The introduction of a state-of-the-art 3Tesla MRI and adoption of cogeneration capabilities (generating our own power onsite) significantly advances our sustainability efforts while ensuring top-notch healthcare services.

Looking forward, we're thrilled about expanding our Physical Therapy and our new MRI to meet the demand of our community. These enhancements symbolize not just growth, but our deeper commitment to addressing the diverse health needs of our community.

Thank you for placing your trust in us.

John Hennelly
CEO, Sonoma Valley Hospital



"SVH has always been at the forefront of patient care, and our involvement in this vital movement allows us to share our best practices and learn from others committed to providing age-friendly care. The Age-Friendly Health Systems initiative is a crucial part of our overarching vision to ensure every older adult in Sonoma Valley receives the best care possible." – Becky Spear, SVH Geriatric Nurse Practitioner.

REFORZAMOS NUESTRO COMPROMISO CON LA COMUNIDAD

Me complace compartir el Informe Comunitario Anual de 2023 de Sonoma Valley Hospital. Este año, nuestro tema se enfoca en fortalecer nuestra comunidad, lo que demuestra nuestro compromiso inquebrantable de no solo servir, sino de ser una parte integral del tejido que hace que nuestra comunidad sea única y vibrante.

Nos dedicamos a ser su fuente confiable de atención médica compasiva y excepcional, con una visión para hacer que la atención médica sea accesible, conveniente, asequible y culturalmente sensible para todos. El progreso destacado en este informe refleja nuestro compromiso inquebrantable con esta visión en el 2023.

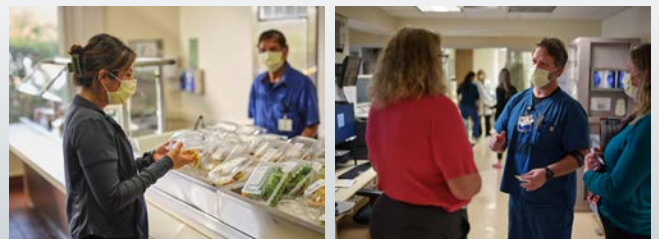
Las iniciativas claves que celebramos incluyen:

- El Sistema Nacional de Humanización de los Sistemas de Salud para Personas Mayores, parte de un movimiento global que nos ha visto adaptar e implementar prácticas basadas en evidencia con el fin de mejorar la atención a nuestros pacientes mayores en todos los departamentos y servicios.
- La transformación de nuestro Departamento de Urgencias, liderado por un nuevo equipo de médicos de urgencias que no solo son líderes en su campo, sino también miembros de nuestra comunidad. Su conexión única con el valle de Sonoma ha mejorado dramáticamente la calidad y compasión de la atención, encarnando el verdadero espíritu de la atención médica comunitaria.
- El fortalecimiento del alcance comunitario, a través de asociaciones con organizaciones como Vintage House y La Luz Center, ha ampliado nuestra cobertura, haciendo que la atención médica sea más accesible. Nuestras ferias de salud y el programa de revisión de medicamentos son solo dos ejemplos de cómo estamos marcando una diferencia tangible en el bienestar de nuestra comunidad.
- La introducción de la máquina de Resonancia Médica (MRI) de última generación de 3Tesla (generando nuestra propia electricidad in situ) representa un avance significativo en nuestros esfuerzos por asegurar servicios de atención médica de primera categoría.
- Con miras hacia el futuro, nos entusiasma la idea de expandir nuestra fisioterapia y nuestros nuevos servicios de resonancia magnética para satisfacer la demanda de nuestra comunidad. Estas mejoras representan no solo un crecimiento, sino también nuestro profundo compromiso con abordar las diversas necesidades médicas de nuestra comunidad.

Gracias por confiar en nosotros.

John Hennelly
Director ejecutivo, Sonoma Valley Hospital

“SVH siempre ha estado en la vanguardia de la atención médica de los pacientes, y nuestra participación en este movimiento vital nos permite compartir nuestras mejores prácticas y aprender de otros comprometidos a proporcionar una atención adaptada a las personas mayores. El Sistema Nacional de Humanización de los Sistemas de Salud para Personas Mayores es un aspecto importante de nuestra visión global de proporcionar la mejor atención posible a cada uno de los adultos del valle de Sonoma”. — Becky Spear, enfermera especializada geriátrica de SVH





Age-Friendly Health System

In 2023 our hospital launched the Age-Friendly Health Systems initiative; a forward-looking movement designed to uplift the standard of healthcare for older adults.

2023 Highlights

This commitment aligns seamlessly with our strategic pillars, emphasizing our dedication to delivering exceptional care to our aging population. By participating in this initiative, spearheaded by The John A. Hartford Foundation and the Institute for Healthcare Improvement, alongside the American Hospital Association and the Catholic Health Association of the United States, the Hospital joined forces with healthcare teams across the globe in a unified effort to implement evidence-based interventions tailored to the needs of the elderly. We have integrated age-friendly best practices across various care settings, from emergency departments to in patient units.

In 2023, we attained Level 1 recognition as an Age-Friendly Health System, a testament to our dedication to the 4Ms framework: What Matters, Medication, Mentation, Mobility. This framework guides our approach to ensure that care is always aligned with a person's specific health goals and preferences across all care settings including end of life care. It also emphasizes the importance of using age-friendly medications, addressing mental health, and maintaining mobility to improve the overall quality of life for older patients.

PUNTOS DESTACADOS

Sistema Nacional de Humanización de los Sistemas de Salud para Personas Mayores

En 2023, nuestro hospital lanzó la Iniciativa Nacional de Humanización de los Sistemas de Salud para Personas Mayores, un movimiento visionario diseñado para elevar el estándar de la atención médica a las personas mayores.

Este compromiso se alinea integralmente con nuestros pilares estratégicos, que incluyen el compromiso de brindar atención excepcional a nuestra población de personas mayores. Al participar en esta iniciativa, liderada por The John A. Hartford Foundation y el Institute for Healthcare Improvement, junto con la American Hospital Association y la Catholic Health Association de Estados Unidos, el Hospital unió fuerzas con equipos de atención médica de todo el mundo en un esfuerzo unificado por implementar intervenciones basadas en evidencia y adaptadas a las necesidades de las personas mayores. Hemos integrado las mejores prácticas respetuosas con la edad en diversos entornos de atención, desde los servicios de urgencias hasta las unidades de pacientes internos.



En 2023, obtuvimos el reconocimiento de Nivel 1 como Sistema de Humanización de los Servicios de Salud para Personas Mayores, lo que atestigua nuestra dedicación al marco de las cuatro M: Lo que importa, Medicamentos, Movilidad y actividad Mental. Este marco guía nuestro enfoque por garantizar que la atención siempre esté alineada con los objetivos y las preferencias específicas de la persona, incluidos los cuidados paliativos terminales y en todos los entornos de atención. También enfatiza la importancia de utilizar medicamentos adaptados para las personas mayores, abordar la salud mental y mantener la movilidad para mejorar la calidad de vida general de los pacientes mayores.

Emergency Department at Sonoma Valley Hospital

The transformation of our emergency department, ushered in by the arrival of a new group made up entirely of emergency board certified, trauma-trained physicians, exemplifies our commitment to integrating community-driven excellence into every aspect of care. These professionals are distinguished not only by their expertise but by their deep roots in



our community. As neighbors, soccer coaches, and volunteers, their commitment to Sonoma Valley transcends our walls, enriching the care of our patients. This profound connection enhances the patient experience, a fact echoed in the rave reviews from community members and the positive patient survey metrics.

Community Partnerships

Our community-oriented initiative, “Brown Bag” medication review held at Vintage House, expanded services by including La Luz Center as a new review site. This no-cost service is designed with a clear objective: to improve medication safety, reduce complications, and empower our patients to achieve their best health.

Sonoma Valley Hospital has galvanized our community partnerships participating in the Back-to-School Health Fair, the Sonoma Valley Mental Health Coalition, and sponsoring the Active Aging Series and other health events such as the Diabetes & Hypertension Health Fair at La Luz in partnership with the Sonoma Valley Community Health Center. Other community partners include Sonoma Valley Collaborative, S.O.S., Hanna, Care Partners, The Village of Sonoma, the City of Sonoma, and County Supervisor Gorin.

Departamento de Urgencias de Sonoma Valley Hospital

La transformación de nuestro Departamento de Urgencias, iniciada con la llegada de un nuevo grupo compuesto íntegramente por médicos certificados en urgencias y formados en traumatología, ejemplifica nuestro compromiso de integrar la excelencia impulsada por la comunidad en todos los aspectos de la atención. Estos profesionales se distinguen no solo por su experiencia, sino también por sus profundas raíces en nuestra comunidad. Como vecinos, entrenadores de fútbol y voluntarios, su compromiso con el valle de Sonoma trasciende nuestras paredes, enriqueciendo la atención de nuestros pacientes. Esta profunda conexión mejoró la experiencia del paciente, un hecho que se refleja en las elogiosas críticas de los miembros de la comunidad y los resultados positivos de las encuestas a los pacientes.

Colaboración comunitaria

Nuestra iniciativa comunitaria, la revisión de medicamentos realizada en Vintage House, amplió los servicios al incluir la Luz Center como nuevo sitio de revisión. Este servicio gratuito está diseñado con un objetivo claro: mejorar la seguridad de los medicamentos, reducir las complicaciones y capacitar a nuestros pacientes a lograr su mejor salud.

Sonoma Valley Hospital ha fortalecido nuestras asociaciones comunitarias al participar en la Feria de la Salud de Vuelta a la Escuela, en la Coalición de Salud Mental del valle de Sonoma, y al patrocinar la Serie de Envejecimiento Activo y otros eventos de salud como la Feria de la Salud de la Diabetes



y la Hipertensión en La Luz, en colaboración con el Centro de Salud Comunitario del Valle de Sonoma. Nuestros socios comunitarios incluyen Sonoma Valley Collaborative, S.O.S., Hanna, Care Partners, The Village of Sonoma, la Ciudad de Sonoma, y la supervisora Susan Gorin.

3Tesla MRI Project at Sonoma Valley Hospital

Meticulously planned throughout 2023, our hospital embarked on a large-scale upgrade to its medical imaging capabilities with the introduction of a state-of-the-art 3Tesla MRI and an adoption of cogeneration capabilities. This allows us to generate our own power onsite and use automation to scale up or down based on current needs. This initiative is part of the hospital's ongoing commitment to leveraging cutting-edge technology for enhanced patient care.



The installation of a temporary MRI structure, an interim solution, has allowed the hospital to transition smoothly towards a permanent upgrade, offering forward-looking healthcare anticipating the needs of future technologies and evolving demands of services.

Proyecto de Resonancia Magnética 3Tesla en Sonoma Valley Hospital

Planificado meticulosamente a lo largo de 2023, nuestro hospital se embarcó en una actualización a gran escala de sus capacidades de imagen médica con la introducción de una resonancia magnética de 3Tesla de última generación y la adopción de capacidades de cogeneración. Esto nos permite generar nuestra propia electricidad in situ y utilizar la automatización para aumentar o reducir la escala en función de las necesidades actuales. Esta iniciativa es parte del

compromiso continuo del hospital de aprovechar la tecnología de vanguardia para mejorar la atención al paciente.

La instalación de una estructura temporal para la máquina de resonancia magnética, una solución provisional, ha permitido al hospital realizar una transición sin problemas hacia una actualización permanente, ofreciendo una atención médica con visión de futuro que se anticipa a las necesidades de las tecnologías futuras y a la evolución de la demanda de servicios.

Moving Forward – Planning for the Expansion of our Rehabilitation Facilities

The Sonoma Valley Hospital Foundation embarked on an impressive campaign to meet the ever-growing needs of our community by expanding our Rehabilitation services. Recognizing the importance of adapting to the needs of patients and the broader community, the hospital plans to extend its outpatient rehab department.

This expansion involves using additional space within its current premises on Highway 12 and recruiting more therapists. The implications of this are plentiful, promising to enhance the availability of outpatient services, substantially increasing capacity to cater to the latent demand, and specifically address the needs of our aging population.

The Hospital Foundation has pledged to raise funds for this project, underscoring its commitment to advancing healthcare services and facilities to benefit the community. This strategic expansion is not just an increase in physical space but a leap forward in ensuring that high-quality therapy services are accessible to all community members.



Hacia adelante - Planificación de la ampliación de nuestras instalaciones de rehabilitación

La Fundación de Sonoma Valley Hospital inició una impresionante campaña para satisfacer las siempre crecientes necesidades de nuestra comunidad al expandir nuestros servicios de rehabilitación. Reconociendo la importancia de adaptarnos a las necesidades de los pacientes y de la comunidad más amplia, el hospital planea ampliar su departamento de rehabilitación ambulatoria.

Esta expansión implica la adición de espacio dentro de las instalaciones actuales en la autopista 12 y el reclutamiento de más terapeutas. Las implicaciones de esto son abundantes y prometen mejorar la disponibilidad de servicios ambulatorios, aumentar sustancialmente la capacidad para atender la demanda latente y atender específicamente las necesidades de nuestra población de edad avanzada.

La Fundación del hospital se ha comprometido a recaudar fondos para este proyecto, subrayando su compromiso con el avance de los servicios de atención médica y las instalaciones en beneficio de la comunidad. Esta ampliación estratégica no es solo un aumento del espacio físico, sino un salto adelante para garantizar que los servicios de fisioterapia de alta calidad sean accesibles a todos los miembros de la comunidad.



COMMUNITY: WORKING TOGETHER

Throughout 2023, I've remarked on our strong work within our community to bring excellent healthcare to all. I'm inspired by the active participation of community partners, our hospital staff and leadership showing the importance of reaching out, interacting, and collaborating to serve the whole of Sonoma Valley.

Implementation of Our Age Friendly Health System, placement of our new ER team, expansion of the Rehab facility, and breaking ground with a cutting-edge 3T MRI all position us to continue to elevate service to you, our community. I look forward to keeping on this path, together.

Judith Bjordal, MD

Board Chair,
1/2023 - 12/2023

Sonoma Valley
Health Care District

Presidente de
la Junta Directiva
1/2023 - 12/2023

Distrito de Atención
Médica del Valle
de Sonoma

LA COMUNIDAD: TRABAJANDO JUNTOS

A lo largo de 2023, he destacado la gran labor que realizamos en nuestra comunidad para ofrecer una atención médica excelente a todos. Me inspira la participación activa de los socios de la comunidad, del personal de nuestro hospital y de los líderes que muestran la importancia de tender la mano, interactuar y colaborar para servir a todo el valle de Sonoma.

La implementación de nuestro Sistema de Humanización de los Sistemas de Salud para Personas Mayores, La integración de nuestro nuevo equipo del Departamento de Urgencias, la ampliación de las instalaciones de rehabilitación y la inauguración de una resonancia magnética 3T de última generación nos sitúan en una posición privilegiada para seguir elevando el servicio que le prestamos a usted, nuestra comunidad. Espero seguir en este camino, juntos.

Sonoma Valley Health Care District 2022 Board of Directors *Distrito de Atención Médica Del Valle de Sonoma Junta Directiva 2022*

Judith Bjordal, MD - CHAIR | PRESIDENTE
Wendy Lee Myatt - FIRST VICE CHAIR | 1ERA VICEPRESIDENTE
Denise M. Kalos - SECOND VICE CHAIR | 2A VICEPRESIDENTE

Susan Kornblatt Idell - SECRETARY | SECRETARIA
Bill Boerum - TREASURER | TESORERO

About Sonoma Valley Health Care District

Formed in 1946, the Sonoma Valley Health Care District's mission is to maintain, improve and restore the health of everyone in the District, which encompasses the Sonoma Valley from Sonoma Raceway to just north of Glen Ellen east to the Napa/Sonoma County boundary. The Hospital is supported primarily by revenues from services, augmented by taxpayer support in the form of a parcel tax, and by charitable bequests and donations through the Sonoma Valley Hospital Foundation. A publicly elected Board of Directors has oversight of the District. Meeting information is available at www.sonomavalleyhospital.org.

Información sobre Sonoma Valley Health Care

Creado en 1946 para prestar servicios de atención médica a los residentes del Valle de Sonoma, el Distrito de Atención Médica del Valle de Sonoma está supervisado por una Junta Directiva elegida públicamente. La misión del Distrito es mantener, mejorar y restablecer la salud de todas las personas en el Distrito, el cual abarca el Valle de Sonoma desde Sonoma Raceway hasta justo al norte de Glen Ellen al este, hasta el límite entre Napa y el Condado de Sonoma. El Hospital se financia principalmente con los ingresos procedentes de los servicios, aumentados por el apoyo de los contribuyentes en forma de un impuesto sobre la parcela, y por www.sonomavalleyhospital.org.

SONOMA VALLEY HOSPITAL | 2023

Community Report

Informe Comunitario

OUR COMMUNITY SUPPORTS OUR HOSPITAL



STRENGTHENING OUR COMMITMENT TO COMMUNITY
Fortalecer Nuestro Compromiso Con La Comunidad



2023 Annual Community Report

OVERVIEW

July 1, 2022 – June 30, 2023



2023 Annual Community Report: OVERVIEW



THEME: Strengthening Our Commitment to Community

A testament to our unwavering commitment to not just serve but be an integral part of the fabric that makes our community unique and vibrant.

2023 Annual Community Report: OVERVIEW

HIGHLIGHTS:

The Age Friendly Health System, part of a global movement that has seen us adapt and implement evidence-based practices to enhance care for older adults across all departments and services.

Our Emergency Department's transformation, driven by a new team of ER doctors who are not only leaders in their field but also members of our community. Their unique connection to Sonoma Valley has dramatically improved the quality and compassion of care, embodying the true spirit of community healthcare.



2023 Annual Community Report: OVERVIEW

HIGHLIGHTS:

Strengthened community outreach, through partnerships with organizations like Vintage House and La Luz Center, has broadened our reach, making healthcare more accessible. Our health fairs and “Brown Bag” medication review program are just two examples of how we’re making a tangible difference in the community’s well-being.

The introduction of a state-of-the-art 3Tesla MRI and adoption of cogeneration capabilities (generating our own power onsite) significantly advances our sustainability efforts while ensuring top-notch healthcare services.

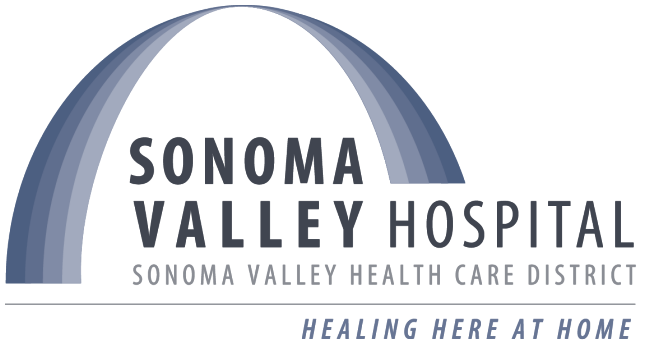
Moving Forward – Planning for the Expansion of our Rehabilitation Facilities

The Sonoma Valley Hospital Foundation embarked on an impressive campaign to meet the ever-growing needs of our community by expanding our Rehabilitation services. Recognizing the importance of adapting to the needs of patients and the broader community, the hospital plans to expand its outpatient rehab department.

2023 Annual Community Report: OVERVIEW

Snapshot 2023

SONOMA VALLEY HOSPITAL
Fiscal year July 1, 2022 to June 30, 2023



2023 Annual Community Report: OVERVIEW

SVH Community Report

	2023		2022	
PAYER MIX	GROSS REVENUE	PAYER MIX	GROSS REVENUE	PAYER MIX
Medicare	\$116,244,871	35.9%	\$106,873,765	36.3%
Medicare Managed Care	\$56,471,023	17.4%	\$53,279,344	18.1%
Medi-Cal	\$60,968,241	18.8%	\$50,296,557	17.1%
Self-Pay	\$4,746,107	1.5%	\$4,577,501	1.6%
Commercial & Other Government	\$74,446,800	23.0%	\$69,996,554	23.8%
Worker's Comp	\$11,026,077	3.4%	\$9,668,775	3.3%
TOTAL	\$323,903,119	100%	\$294,692,496	100%

Net Patient Revenues

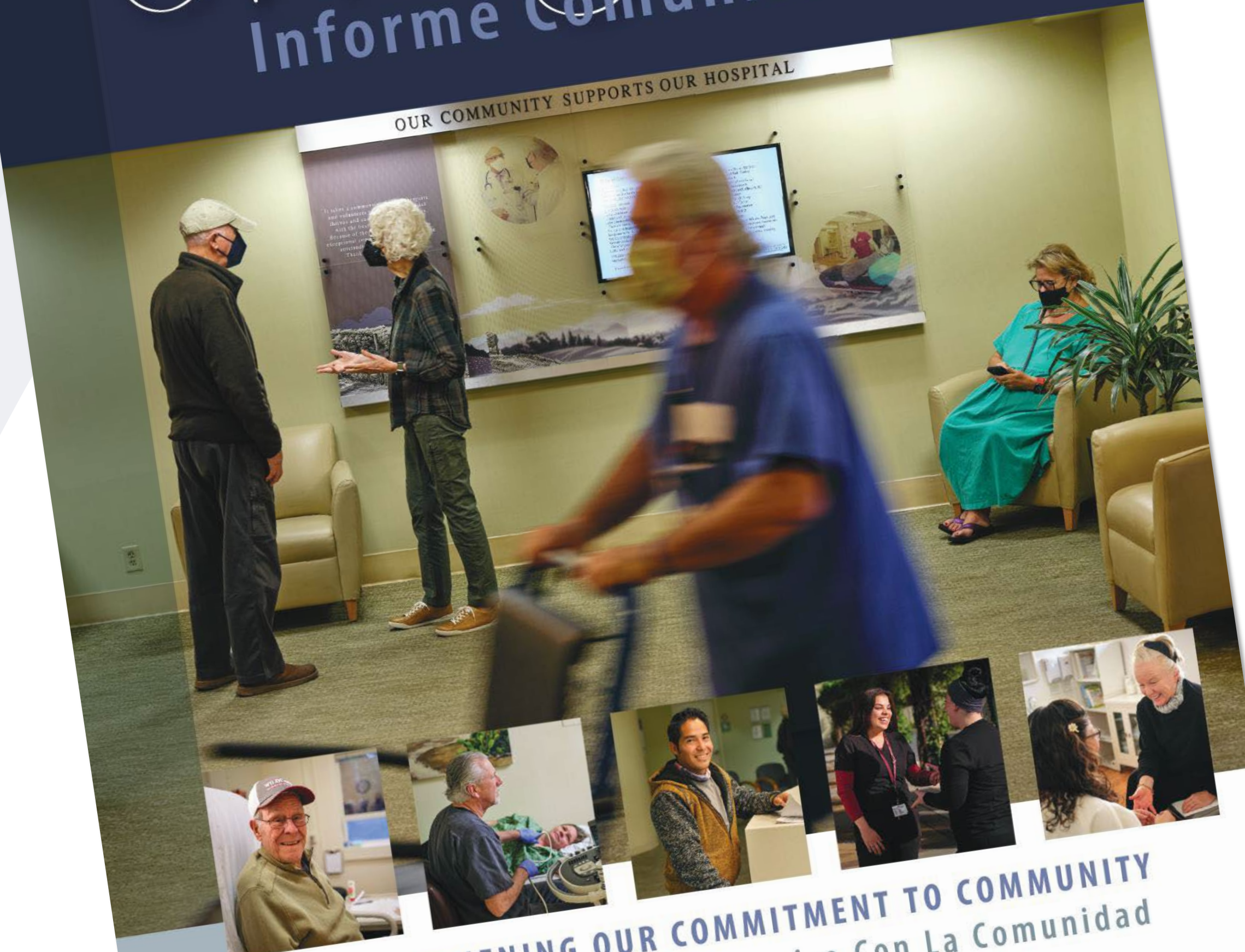
	2023	2022	2021	2020
Medicare Services	\$172,715,894	\$160,050,901	\$138,551,115	\$138,528,038
Medi-Cal Services	\$60,968,241	\$50,502,466	\$46,739,072	\$42,665,195
Other Patient Services	\$90,218,984	\$84,181,019	\$65,500,698	\$63,459,126
Contractual Allowances	(269,717,240)	(244,851,841)	(201,811,786)	(192,033,659)
TOTAL NET PATIENT REVENUE	54,185,879	49,882,545	48,979,099	46,618,700
Cash & Cash Equivalents	\$6,322,741	\$9,338,887	\$10,682,617	\$11,054,230
Net Operating Margin	(8,599,203)	(8,021,584)	(7,618,183)	(7,012,995)
Net Income	\$1,067,750	\$585,671	\$5,077,639	\$9,237,650

SONOMA VALLEY HOSPITAL | 2023

Community Report

Informe Comunitario

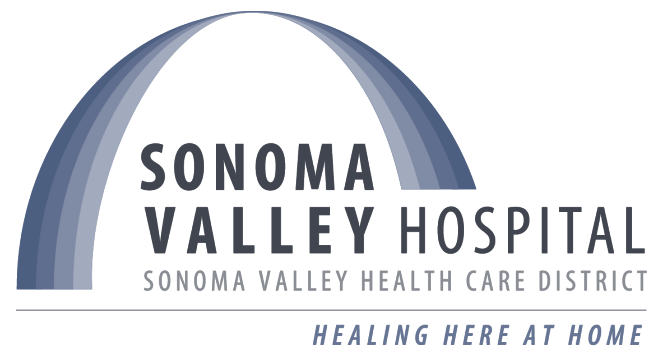
OUR COMMUNITY SUPPORTS OUR HOSPITAL

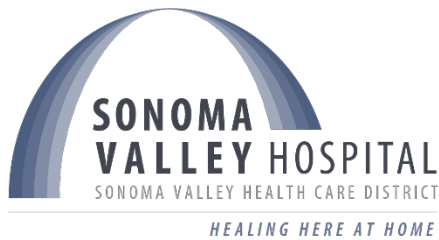


STRENGTHENING OUR COMMITMENT TO COMMUNITY
Fortalecer Nuestro Compromiso Con La Comunidad



Questions?





To: SVHCD Board of Directors
From: John Hennelly
Date: 05.02.24
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.

The Spring has yielded some great developments including the recruitment of new providers and the settlement of the outstanding Anthem Blue Cross agreement. Capital projects are moving along on time and on budget. Recruitment of hospital staff has stabilized after being particularly challenging over the past few years. Challenges remain; we continue to negotiate our banking needs with our main banking partner US Bank who is proving less of a partner than we'd hoped. There are other commercial insurers whose contracts need to be reviewed/renegotiated. And we continue to work toward the 2030 seismic deadline both locally, with planners, and in Sacramento through lobbyists.

Operations

Volumes in March yielded mixed results.

- Surgeries, budgeted at 211, only logged 133 continuing the decline from March.
- Acute discharges came in just below budget (1) but remain over prior year at 629 vs 612.
- Outpatient Visits continue to exceed both budget and prior year at 46,000 YTD vs 41,000 PY
- ER visits exceeded budget by 2% (20) and continue 5% over prior YTD at 7624 vs 7262.

March financials were negative but did not underperform to the level expected. With the absence of a full-time orthopedist, imaging, surgical cases, and therapy are all affected. Despite this, the organization saw healthy volumes in many areas. Operating margin underperformed budget by \$500,000 coming in at (\$740,053) while Net Income, benefitting from timely IGT payments, yielded a gain of \$2.2m. YTD the organization remains \$1.1m behind budget and \$400k behind prior year

in Net Income. The organization effectively managed expenses with operating expenses, excluding depreciation, coming in 11% under budget at \$4.8m.

Recruitment for the next **Chief Medical Officer** by UCSF is underway. A diverse committee of physicians and hospital leaders are interviewing candidates.

In June, the hospital will be welcoming two local general **surgeons** into the District's 1206b clinic and the relocation of Dr Chris Walter from Petaluma into Marin's orthopedic clinic.

Capital

The temporary **MRI project** is nearing completion. We await a final inspection from the State. Once complete, we will begin training (and scanning) expanding services as corresponding training occurs.

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** plan review is complete. We will submit for City permit mid-May. We expect construction to be completed in late Fall. The Foundation has raised roughly 60% of the \$2m needed to fund the project.

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	FEB.24	MAR.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	1.00	0.00	↑	
CDIFF Infection per 10k pt days	<0.9	0.00	0.00	↔	
Patient Fall per 1000 pt days	<3.75	0.00	10.42	↓	2 patient falls, one with injury
Patient fall with injury per 1000 pt days	<3.75	0.00	5.21	↓	
Surgical Site Infections per 1000 Acute Care Admissions	0.00	0.00	0.00	↔	

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

Mortality					
Acute Care Mortality Rate %	<15.3	4.80	3.50	↑	Lower is better

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	161 (n=31)	177 (n=31)	↓	
Core Op 22 ED Left without being seen LWBS	<2%	0.7 (n=5)	0.2 (n=2)	↑	

PSI 90					
PSI 90 Composite Acute Care Admissions	0.00	22.79	9.80	↑	

Preventable Harm					
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.13	0.11	↑	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	11.32 (n=6)	7.69 (n=4)	↑	Lower is better

2. Employees

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

3. Patient Experience

Objective	Target	JAN.24	FEB.24	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>90%	96 (n=25)	80 (n=20)	↓	Top Box Scores. % of patients that ranked us 5/5
Communication	>90%	91 (n=25)	94 (n=20)	↑	
Discharge Instructions	>95%	96 (n=25)	99 (n=20)	↑	
HCAHPS					
Recommend the hospital	>90%	67 (n=15)	63 (n=8)	↓	Top Box Scores. % of patients that ranked us 5/5
Communication with Nurse	>90%	89 (n=15)	83 (n=8)	↓	
Communication with Doctor	>90%	96 (n=15)	67 (n=8)	↓	
Cleanliness of Hospital	>90%	87 (n=15)	88 (n=8)	↑	
Communication about medicines	>90%	79 (n=12)	50 (n=7)	↓	
Discharge Information	>90%	97 (n=15)	87 (n=8)	↓	

4. Volume

Objective	Target	FEB.24	MAR.24	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>855	779.0	875.0	↑	
Surgical Volume Outpatient	>140	137.0	132.0	↓	
Surgical Volume Inpatient	>13	15.0	6.0	↓	
Inpatient Discharges	>70	63.0	57.0	↓	

5. Financial

Objective	Target	FEB.24	MAR.24	Trend	Supporting Detail
Operating EBDA in %	>-4.0%	-1.5%	-19.9%	↓	
Days Cash on Hand month end	>42	14.1	16.3	↑	
Net Revenue (\$M) (annualized)	>\$58	\$ 48.9	\$ 55.4	↑	





To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Meeting Date: May 2, 2024
Subject: CMO Report

April Highlights Included:

1. As of April 30, the Sonoma County Mask Mandate has ended for this year.
2. Med-Surg / ICU / Surgery / ED Updates:
 - a. As of April 1 new quality metrics have been established for the Hospitalists and ED groups.
 - i. Hospitalists will be focusing on Readmissions, Family Meeting Updates and Documentation, as well as Patient Admit Status to reduced denials.
 - ii. ED physicians will be focusing on Patient Satisfaction, ED throughput, Door to CT times for Stroke Alert patients, and compliance with the CMS Severe Sepsis bundle.
3. Medical Staff:
 - a. April meetings included: General All Medical Staff Meeting, MEC/Peer Review, PI/PT.
 - b. Medical Staff is completing a brief update to the Bylaws and will be undertaking a more thorough review in the near future.



To: SVHCD Finance Committee
 From: Ben Armfield, Chief Financial Officer
 Date: April 23, 2024
 Subject: Financial Report for March 2024

1. OVERALL PERFORMANCE | MONTH

Table 1 | Overall Performance - March 2024

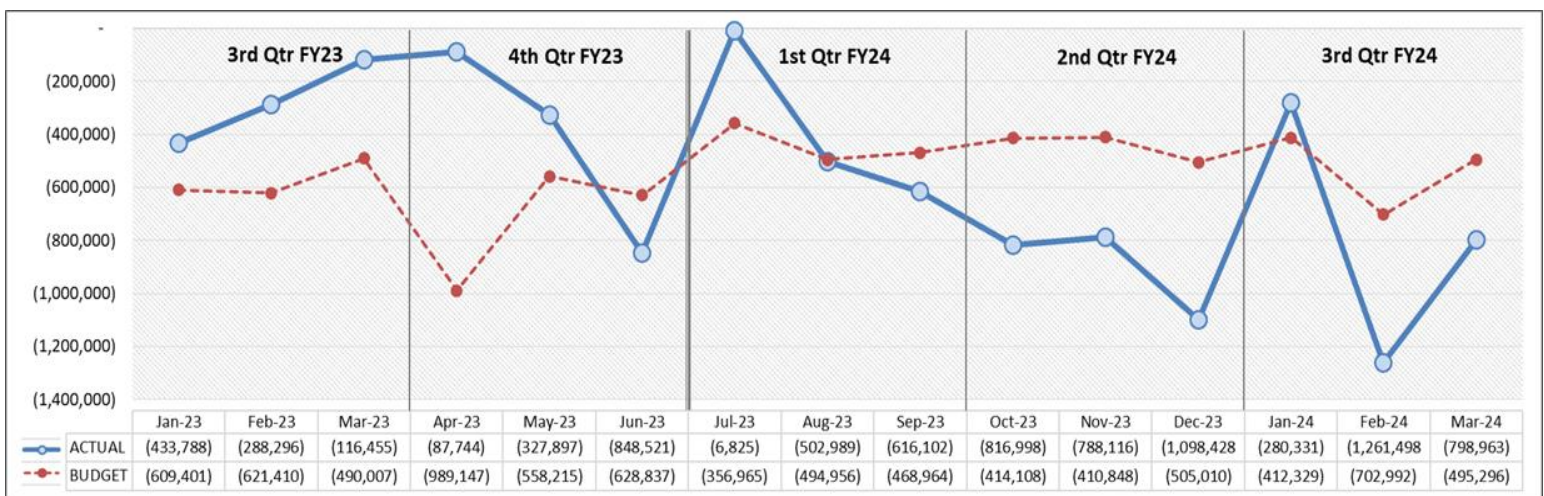
	Current Year Month		Variance		Current Year YTD		Variance		Prior Year YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (740,063)	\$ (265,495)	\$ (474,568)	-179%	\$ (7,348,984)	\$ (4,418,278)	\$ (2,930,706)	-66%	\$ (5,313,770)	\$ (2,035,214)	-38%	
Operating EBDA	\$ (312,502)	\$ 7,472	\$ (319,974)	-4282%	\$ (3,421,119)	\$ (1,991,575)	\$ (1,429,545)	-72%	\$ (3,062,991)	\$ (358,128)	-12%	
Net Income (Loss)	\$ 2,230,539	\$ 453,275	\$ 1,777,264	392%	\$ 943,172	\$ 2,050,597	\$ (1,107,425)	-54%	\$ 1,320,650	\$ (377,477)	-29%	

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

	Current Year Month		Current Year YTD		Prior Year YTD
	Actual	Budget	Actual	Budget	Actual
IGT Revenue	\$ 780,000	\$ 617,176	\$ 5,812,445	\$ 4,489,754	\$ 4,445,713
IGT Expense	\$ (293,539)	\$ (114,408)	\$ (3,063,537)	\$ (2,219,860)	\$ (2,525,867)
IGT Net Income	\$ 486,461	\$ 502,768	\$ 2,748,908	\$ 2,269,894	\$ 1,919,846

As has been discussed at length over the past couple of months, March was certainly notable as it marked the first full month following the departure of our busiest Orthopedic surgeon, Dr. Brown. Given previous months' performance with his surgical and ancillary volumes still in the hospital's run-rate, we were bracing for a further downturn in March. While we missed budget, which was all but expected, I am pleased to report that the month of March was an improvement from February – both in operational and cash flow performance.

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



Key Drivers in Month's Performance:

Surgical Volumes

Our surgical volumes saw a further regression from February's levels. We performed 133 surgeries in March, which is well off our budgeted targets and down from the 140 we performed in February. Of the 133 surgical cases, 33 were orthopedics. That is roughly half of what we have been averaging this fiscal year, and probably where we will be landing until our new orthopedic surgeon comes on board.

The good news on the surgical volume side is that our other key service lines (GI, general surgery) all saw upticks compared to February as well as their respective 6-month trend.

Emergency Room Utilization

Emergency room utilization increased in March, exceeding both budget and current year trend. March was the second busiest month in the ER we have had this fiscal year. With March's rebound, ER volumes now exceed both budget and prior year from a year-to-date perspective.

Ancillary Volumes

We did see a drop in some of our imaging volumes, but perhaps not as severe as anticipated given Dr. Brown's departure. MRI volumes did see a pullback, which was expected given that Dr. Brown was a significant referral source for those services, but other imaging volumes such as CT exams maintained their recent volume levels.

March was a big month for outpatient therapy. OP PT visits were the second highest they have been this year, and OP OT volumes set a new fiscal year high.

Net Revenue

We did fall short of budget in net revenue, as expected. Much of this relates to Dr. Brown and Ortho. However, we did see an improvement in overall net revenue compared to February. We did have IGT activity during month as we made our matching fee pay-in to our HQAF (Hospital Quality Assurance Fee) IGT program. Accruing for this IGT resulted in \$486,471 of net income (\$780,000 in revenue and \$293,539 in expense). Payment for this IGT is expected to be received in May.

Operating Expenses

The team's hard work continues in proactively managing expenses in an attempt to balance out the shortfall in revenues. We ran under budget in operating expenses by 11% in March, and is the second month in a row that we ran under budget by at least 5%. The 230 paid FTEs in March came in nearly 10% under budget, which shows the hard work that has been put in to try and align staffing levels with the softer volumes.

Cash

One of the bright spots in March was cash collections as we collected just over \$4.2 million for the month. This is a welcomed turnaround from the \$3.6 million that was both collected in February and also projected to be collected in March.

We are bracing for some potential pullback from this in future months as some of the uptick is due to the strong January we just experienced roughly sixty days ago. These lower volume months will most likely pull this back under \$4.0 million, but we are also using the opportunity to work down our active A/R which will help mitigate the gap caused by the orthopedic transition.

Our 'Open A/R', which accounted for over 55% of our total accounts receivable at the end of January, has decreased by nearly 15% in two months, and as of mid-April has decreased by over 20%.

Our cash was propped up in March by a \$1,099,230 QIP IGT payment, which had been initially planned to be received in April. The net cash impact of IGT activity in March was \$805,701 after accounting for the HQAF IGT matching fee payment of \$293,539 (discussed above in net revenue).

We did make the first of two CHFFA Bridge Loan paybacks in March, repaying \$308,000 of the \$610,000 zero-interest loan the hospital received back in early calendar year 2022. The remaining \$302,000 will be repaid in May.

In total, our cash increased by over \$300,000 in February, which exceeded our projection. Looking ahead, we will be coming into some high dollar payments over the next few months which will continue to provide some cash relief. This includes our remaining parcel tax payment of \$1.5 million (May) and roughly \$4.0 million in remaining net IGT proceeds over the next couple of months.

Other Updates:

Orthopedics

- **Orthopod Recruitment:** We are pleased to report that we have officially signed a new orthopedic surgeon, Dr. Chris Walter. He is coming to us from Petaluma where he predominately worked within the Providence Health System. His arrangement will be very similar to Dr. Brown's as he will be hired through Marin Health Medical Group. Dr. Walter will be officially joining us in late June and will utilize the existing clinic space in the hospital that had been occupied by Dr. Brown.
- **Orthopedic Referral Patterns:** We are closely collaborating with Marin Health to ensure existing referral patterns are not impacted prior to the arrival of Dr. Walter.
- **Supplementing Ortho Volumes:** In addition to the referral streams created through Marin Health and local physicians in our District, Dr. Brown did extensive work with the California State Prisons (CDCR). This contract is a favorable one for the hospital from a financial perspective and we have been working to protect this referral source in the interim. One of our existing orthopedic surgeons who already does work with CDCR patients started to absorb a more significant portion

of this volume, which will help ensure this referral source stays active. We are hopeful this will help provide some level of stability through this transition.

Anthem Contract Negotiations: We are pleased to report that we reached agreement on a 4-year contract with Anthem. We are currently finalizing the actual contract which will be effective May 1st. This was a big lift and was stressful for all involved. Overall, this renegotiation will result in a cumulative +30% increase and will generate roughly \$2.5 million (based on current volume levels) in incremental cash flow over the 4-year term. We have agreed to hold claims until May 1st, eliminating the need to re-bill claims once the new rates are loaded into their system.

Other Contract Negotiations: Now that the Anthem negotiation is done, we are finalizing our plan for the next wave of reimbursement contracts we would like to pursue. HealthNet, United Health Care, and Blue Shield are most likely the agreements we will be prioritizing, and we will be presenting this framework over the next couple of months.

Physical Therapy Expansion: The outpatient PT expansion project is currently in the design phase. The next significant milestone is relocating the hospital's finance department over to the hospital, which is planned for the first weekend in June. This will free up the space and allow for the construction work to begin. We are planning on this project to be complete by January 2025.

Temporary MRI Project: The temporary MRI project has just one remaining step in order to go-live, which is an on-site inspection by the local CDPH office. We continue to plan for live training in the next few weeks and we are hopeful to be surveyed during that same time frame. We are hopeful that we will gain occupancy to start treating patients in May. We continue to work with UCSF on redirecting their extensive backlog of patients waiting for MRI services in the city. Our media and advertising campaigns kick off in April, which will focus on print in select areas as well as a much larger reach for digital media. Focus will be on diagnostic and wound care services.

Distressed Hospital Loan Program: We've received confirmation that our Distressed Hospital Loan Program funds will be arriving by the end of the month.

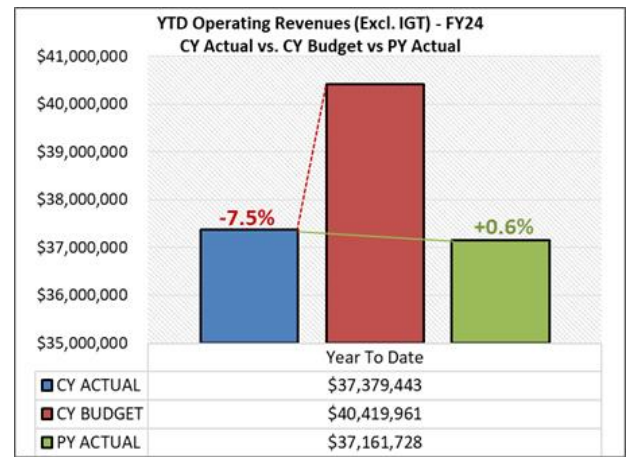
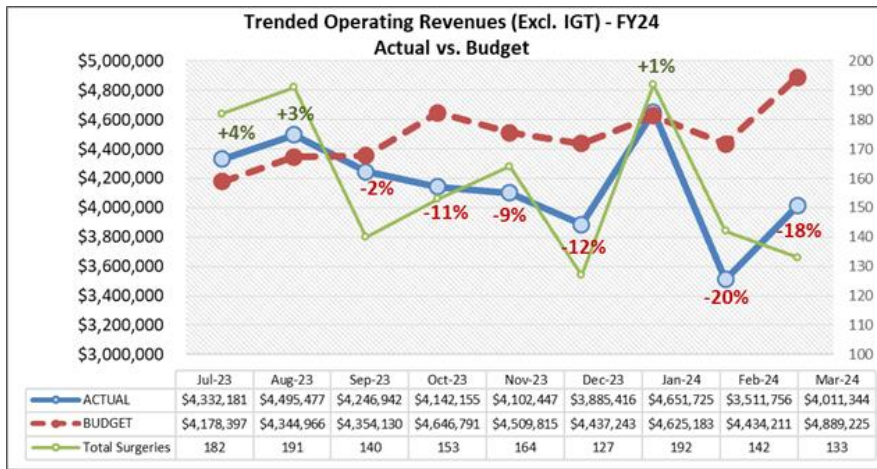
Audit Update: Last month the board of directors approved a recommendation put forward by management and the audit committee to transition the District's assurance services from Armanino to Moss Adams. Transition kick-off meetings are scheduled for next week.

2. NET REVENUE AND VOLUME SUMMARY:

Table 2 | Net Patient Revenue – Actual vs. Budget - March 2024 (Excluding IGT)

	Current Year Month		Variance		Current Year YTD		Variance		Prior Year YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%
Gross Revenue	\$ 25,889,667	\$ 31,861,599	\$ (5,971,932)	-19%	\$250,791,487	\$ 262,108,484	\$ (11,316,998)	-4%	\$ 240,864,067	\$ 9,927,419	4%
Net Patient Revenue	\$ 3,918,642	\$ 4,796,420	\$ (877,778)	-18%	\$ 36,550,793	\$ 39,584,707	\$ (3,033,914)	-8%	\$ 36,327,229	\$ 223,564	1%
NPR as a % of Gross	15.1%	15.1%	0.5%		14.6%	15.1%	-3.5%		15.1%	-3.4%	
Tot Operating Revenue	\$ 4,011,344	\$ 4,889,225	\$ (877,881)	-18%	\$ 37,379,443	\$ 40,419,961	\$ (3,040,518)	-8%	\$ 37,161,728	\$ 217,714	1%

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



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

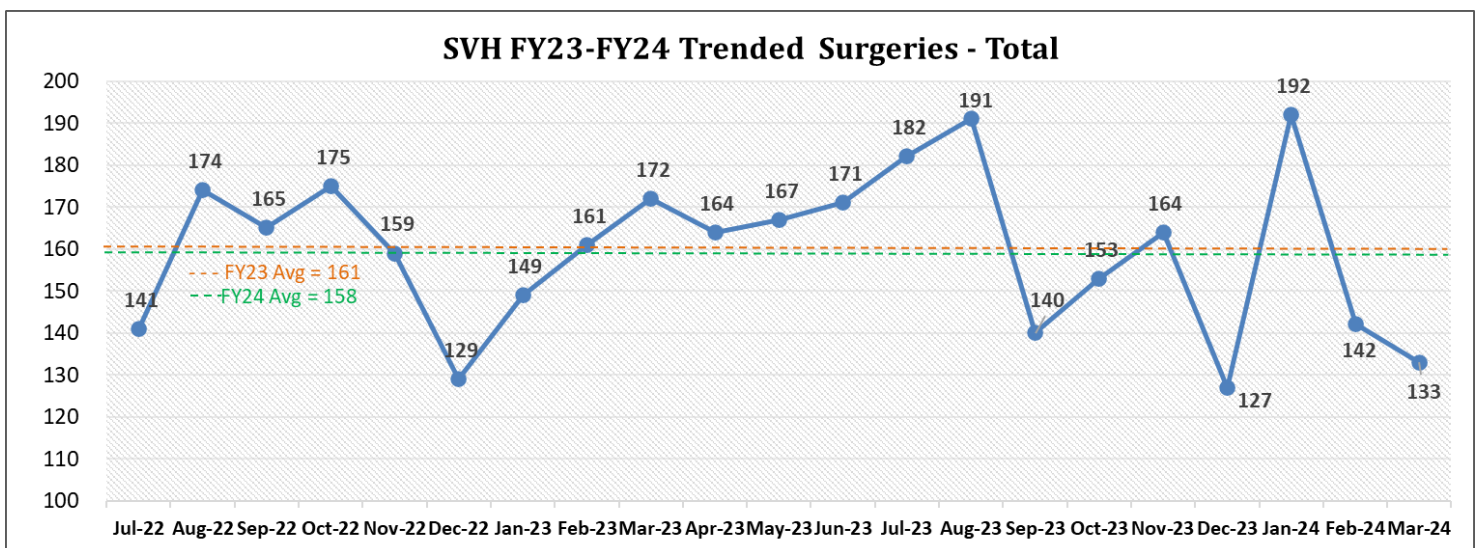


Table 2.3 | Surgical Volumes Top 4 Service Lines – March 2024 vs Prior Month & Six-Month Trend

Service Line	Current Month vs. Previous Month				6 Month Trend						Current Month vs. 6 Month Trend		
	Mar24	Feb24	Var	% Var	Sep23	Oct23	Nov23	Dec24	Jan24	Feb24	6 Month Trend	Var	% Var
Orthopedics	33	40	(7)	-18%	65	70	51	49	67	40	57	(24)	-42%
Gastroenterology	62	59	3	5%	46	47	62	47	67	59	55	7	13%
Ophthalmology	18	20	(2)	-10%	12	17	21	11	22	20	17	1	5%
General	15	11	4	36%	10	15	17	10	18	11	14	2	11%
SubTotal	128	130	(2)	-2%	133	149	151	117	174	130	142	(14)	-10%
Other	5	12	(7)	-58%	7	4	13	10	18	12	11	(6)	-53%
Grand Total	133	142	(9)	-6%	140	153	164	127	192	142	153	(20)	-13%

Table 2.4 | Patient Volumes – March 2024

	Month of March 2024				Year To Date March 2024						
	Current Year		Variance		Current Year		Variance		Prior Year		Variance
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	192	282	(90)	-32%	2,314	2,464	(150)	-6%	2,478	(164)	-7%
Average Daily Census	6.2	9.1	(2.9)	-32%	8.4	9.0	(0.5)	-6%	9.0	(0.6)	-7%
Acute Discharges	59	60	(1)	-2%	629	541	88	16%	612	17	3%
IP Surgeries	6	13	(7)	-54%	119	120	(1)	-1%	141	(22)	-16%
OP Surgeries/Spec Proc	127	198	(71)	-36%	1,305	1,466	(161)	-11%	1,284	21	2%
Total Surgeries / Procedures	133	211	(78)	-37%	1,424	1,586	(162)	-10%	1,425	(1)	0%
Total Outpatient Visits	4,993	4,979	14	0%	46,246	40,852	5,394	13%	41,232	5,014	12%
Emergency Room Visits	875	855	20	2%	7,624	7,697	(73)	-1%	7,262	362	5%

Table 2.5 | Outpatient Volumes Trended – Last 6 Months

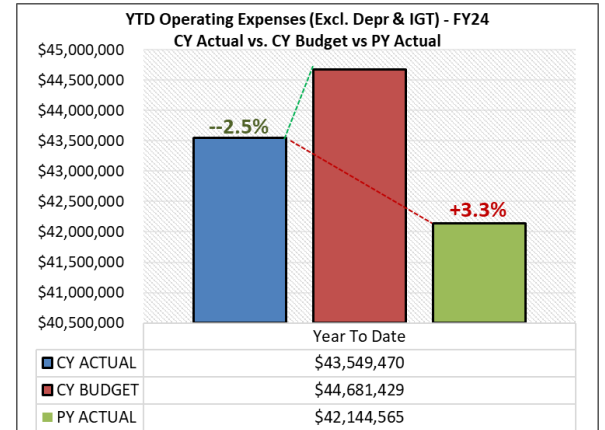
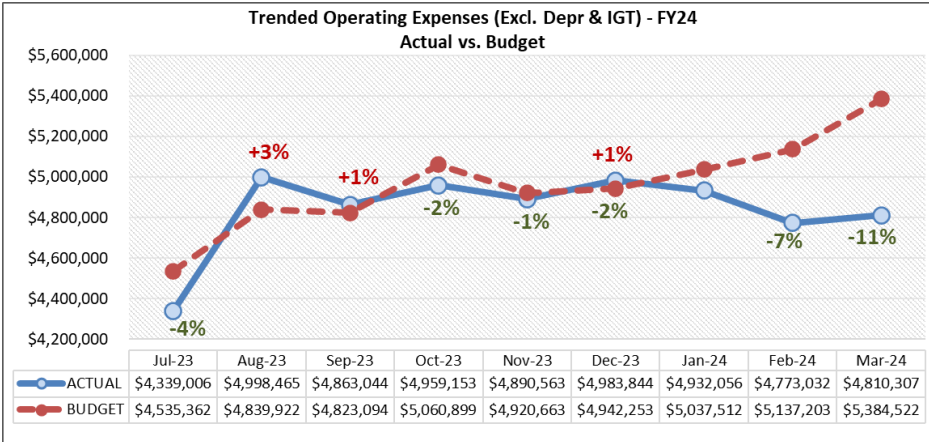
Department	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Last 6 Months
Lab	1,312	1,284	1,181	1,337	1,261	1,271	
Medical Imaging	1,002	997	945	949	896	858	
Physical Therapy	1,207	1,195	1,151	1,238	1,238	1,351	
CT Scanner	407	370	358	409	355	368	
Occ. Health	348	280	273	291	230	209	
Mammography	296	271	241	222	233	232	
Occupational Therapy	184	211	126	194	202	317	
Ultrasound	239	220	206	244	242	220	
Wound Care	192	129	136	174	166	175	
MRI	129	114	136	140	167	123	
ECHO	124	117	104	113	135	110	
Speech Therapy	44	51	38	45	49	45	
Other	19	12	26	24	30	14	
TOTAL	5,503	5,251	4,921	5,380	5,204	5,293	
Emergency Room	818	780	890	868	779	875	

3. OPERATING EXPENSE SUMMARY:

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

	Current Year Month		Variance		Current Year YTD		Variance		Prior Year YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Expenses	\$ 5,237,868	\$ 5,657,489	\$ 419,621	7%	\$ 47,477,334	\$ 47,108,133	\$ (369,202)	-1%	\$ 44,395,345	\$ (3,081,990)	-7%	
Operating Exp. Excl. Depr.	\$ 4,810,307	\$ 5,384,522	\$ 574,215	11%	\$ 43,549,470	\$ 44,681,429	\$ 1,131,959	3%	\$ 42,144,565	\$ (1,404,905)	-3%	
Worked FTEs	210.1	224.6	14.5	6%	214.2	218.5	4.3	2%	211.8	(2.4)	-1%	

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

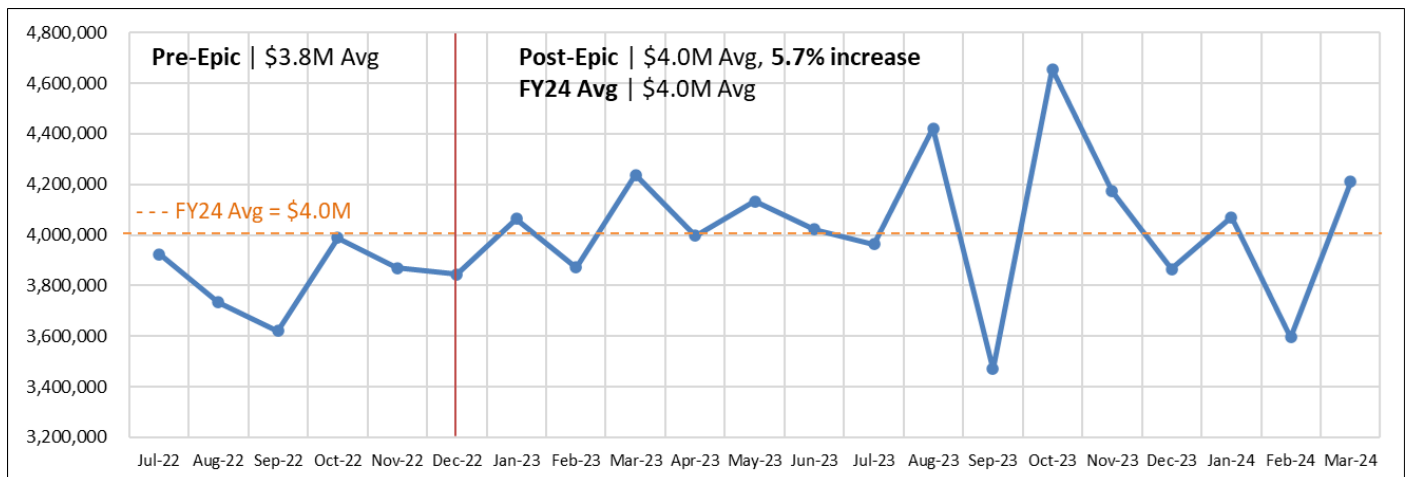


4. CASH ACTIVITY SUMMARY:

Table 4 | Cash / Revenue Cycle Indicators - March 2024

	Mar-24	Feb-24	Var	%
Days Cash on Hand	16.3	14.1	2.2	16%
A/R Days	56.5	60.3	(3.8)	-6%
A/P Days	64.0	69.4	(5.4)	-8%

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 March, 2024**

ATTACHMENT A

MONTH				
Gross Revenue	Actual	Budget	Variance	% Variance
Medicare	10,620,574	11,582,429	-961,854	-3.0%
Medicare Managed Care	4,318,450	5,500,861	-1,182,411	-3.7%
Medi-Cal	4,187,310	6,165,877	-1,978,567	-6.2%
Self Pay	445,037	178,399	266,638	0.8%
Commercial & Other Governn	5,906,461	7,468,888	-1,562,427	-4.9%
Worker's Comp.	385,475	1,189,382	-803,907	-2.5%
Total	25,863,307	32,085,836	-6,222,529	-19.4%

YEAR TO DATE				
Actual	Budget	Variance	% Variance	
94,458,456	94,573,500	-115,043	0.0%	
44,898,978	44,904,885	-5,908	0.0%	
40,145,355	50,119,358	-9,974,003	-3.8%	
3,783,345	1,419,506	2,363,839	0.9%	
60,687,716	60,530,157	157,559	0.1%	
6,643,714	9,591,211	-2,947,497	-1.1%	
250,617,564	261,138,617	-10,521,053	-4.0%	

MONTH			
Payor Mix	Actual	Budget	Variance
Medicare	41.1%	36.1%	5.0%
Medicare Managed Care	16.7%	17.1%	-0.4%
Medi-Cal	16.2%	19.2%	-3.0%
Self Pay	1.7%	0.6%	1.2%
Commercial & Other Governn	22.8%	23.3%	-0.4%
Worker's Comp.	1.5%	3.7%	-2.2%
Total	100.0%	100.0%	

YEAR TO DATE		
Actual	Budget	Variance
37.7%	36.2%	1.5%
17.9%	17.2%	0.7%
16.0%	19.2%	-3.2%
1.5%	0.5%	1.0%
24.2%	23.2%	1.0%
2.7%	3.7%	-1.0%
100.0%	100.0%	

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

ATTACHMENT B

CURRENT MONTH				YEAR-TO-DATE			YTD	
Actual	Budget	Favorable (Unfavorable)		Actual	Budget	Favorable (Unfavorable)	Prior Year	
03/31/24	03/31/24	Variance		03/31/24	03/31/24	Variance	03/31/23	
Inpatient Utilization								
Discharges								
1	40	48	(8)	Med/Surg	467	432	35	438
2	19	12	7	ICU	162	109	53	174
3	59	60	(1)	Total Discharges	629	541	88	612
Patient Days:								
4	113	181	(68)	Med/Surg	1,530	1,594	(64)	1,568
5	79	101	(22)	ICU	784	870	(86)	910
6	192	282	(90)	Total Patient Days	2,314	2,464	(150)	2,478
7	14	-	14	Observation days	188	-	188	140
Average Length of Stay:								
8	2.8	3.8	(0.9)	Med/Surg	3.28	3.69	(0.41)	3.6
9	4.2	8.2	(4.1)	ICU	4.84	8.00	(3.16)	5.2
10	3.3	4.7	(1.4)	Avg. Length of Stay	3.68	4.55	(0.87)	4.0
Average Daily Census:								
11	3.6	5.8	(2.2)	Med/Surg	5.6	5.8	(0.2)	5.7
12	2.5	3.3	(0.7)	ICU	2.9	3.2	(0.3)	3.3
13	6.2	9.1	(2.9)	Avg. Daily Census	8.4	9.0	(0.5)	9.0
Other Utilization Statistics								
Emergency Room Statistics								
14	875	855	20	Total ER Visits	7,624	7,697	(73)	7,262
Outpatient Statistics:								
15	5,293	4,979	314	Total Outpatients Visits	46,546	40,852	5,694	41,232
16	6	13	(7)	IP Surgeries	119	120	(1)	141
17	127	183	(56)	OP Surgeries / Special Procedures	1,305	1,451	(146)	1,284
18	343	269	74	Adjusted Discharges	2,908	2,310	597	2,585
19	1,116	1,259	(144)	Adjusted Patient Days	10,697	10,526	171	10,601
20	36.0	40.6	(4.6)	Adj. Avg. Daily Census	38.9	38.3	0.6	38.5
21	1.3070	1.4000	(0.093)	Case Mix Index -Medicare	1.3900	1.4000	(0.010)	1.4703
22	1.2966	1.4000	(0.103)	Case Mix Index - All payers	1.3791	1.4000	(0.021)	1.4514
Labor Statistics								
23	210	225	15	FTE's - Worked	214	218	4.3	212
24	231	247	17	FTE's - Paid	237	241	4.0	234
25	50.47	53.41	2.94	Average Hourly Rate	49.05	51.67	2.62	49.59
26	6.41	6.09	(0.32)	FTE / Adj. Pat Day	6.08	6.29	0.20	6.08
27	36.5	34.7	(1.8)	Manhours / Adj. Pat Day	34.7	35.8	1.2	34.7
28	118.8	162.3	43.5	Manhours / Adj. Discharge	127.5	163.2	35.7	142.1
29	27.1%	22.3%	-4.8%	Benefits % of Salaries	25.6%	24.0%	-1.5%	23.8%
Non-Labor Statistics								
30	10.1%	12.7%	2.7%	Supply Expense % Net Revenue	13.9%	13.3%	-0.7%	14.3%
31	1,381	2,563	1,182	Supply Exp. / Adj. Discharge	2,029	2,531	503	2,253
32	16,261	21,623	5,362	Total Expense / Adj. Discharge	17,515	21,538	4,022	18,319
Other Indicators								
33	16.3			Days Cash - Operating Funds				
34	56.5	50.0	6.5	Days in Net AR	61.6	50.0	11.6	44.8
35	123%			Collections % of Cash Goal	102%			95.2%
36	64.0	55.0	9.0	Days in Accounts Payable	64.0	55.0	9.0	46.4
37	18.2%	17.0%	1.2%	% Net revenue to Gross revenue	16.9%	16.8%	0.1%	16.9%
38	32.9%			% Net AR to Gross AR	32.9%			31.8%

Sonoma Valley Health Care District

ATTACHMENT C

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

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	2,309,441	1,993,989	2,754,515
3	Net Patient Receivables	10,622,423	10,616,258	9,543,437
4	Allow Uncollect Accts	(3,394,622)	(3,161,490)	(1,435,473)
5	Net A/R	7,227,802	7,454,768	8,107,964
6	Other Accts/Notes Rec	2,722,866	3,732,259	639,303
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	1,957,223	2,323,119	4,695,155
10	Inventory	1,034,630	1,029,859	1,083,944
11	Prepaid Expenses	913,915	1,001,830	761,027
12	Total Current Assets	\$ 18,854,105	\$ 20,224,053	\$ 20,689,245
13	Property, Plant & Equip, Net	\$ 58,393,550	\$ 56,442,211	\$ 56,740,855
14	Trustee Funds - GO Bonds	4,772,376	5,007,814	4,650,265
15	Designated Funds - Board Approved	-	-	-
16	Total Assets	\$ 82,020,031	\$ 81,674,078	\$ 82,080,365
Liabilities & Fund Balances				
Current Liabilities:				
17	Accounts Payable	\$ 7,725,921	\$ 9,010,416	\$ 8,153,183
18	Accrued Compensation	4,267,173	3,895,505	3,939,588
19	Interest Payable - GO Bonds	45,029	254,795	51,758
20	Accrued Expenses	583,639	418,062	1,156,068
21	Advances From 3rd Parties	-	-	-
22	Deferred Parcel Tax Revenue	949,997	1,266,664	949,997
23	Deferred GO Bond Tax Revenue	654,367	872,489	621,273
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	\$ 19,511,251	\$ 21,003,056	\$ 20,620,588
28	Long Term Debt, net current portion	\$ 25,625,963	\$ 26,018,743	\$ 25,165,467
29	Fund Balances:			
30	Unrestricted	\$ 21,187,377	\$ 21,187,378	\$ 17,957,335
31	Restricted	15,695,440	13,464,901	18,336,974
32	Total Fund Balances	\$ 36,882,817	\$ 34,652,279	\$ 36,294,309
33	Total Liabilities & Fund Balances	\$ 82,020,031	\$ 81,674,078	\$ 82,080,364

Sonoma Valley Health Care District
 Balance Sheet Variance Analysis
 As of March 31, 2024

ATTACHMENT D

Assets	Monthly Change	Current Month	Prior Month	Prior Year	Variance Commentary
CURRENT ASSETS					
Cash	315,452	2,309,441	1,993,989	2,754,515	Cash increased by \$300K in March. Total hospital sources cash receipts of \$4.2M vs. AP/Capital Lease Payments of \$4.5M. Net IGT cashflow of \$805,000. Bridge Loan repayment of \$308,000.
Net A/R	(226,966)	7,227,802	7,454,768	8,107,964	Net A/R decreased with increased focus on reducing hospital's Open A/R.
Other Receivables	(1,375,289)	7,368,318	8,743,607	7,981,795	Other Receivables decreased due to QIP IGT payment of \$1.0 million that was received in March.
Inventory	4,771	1,034,630	1,029,859	1,083,944	
Prepaid Expenses	(87,915)	913,915	1,001,830	761,027	
TOTAL CURRENT ASSETS	(1,369,948)	18,854,105	20,224,053	20,689,245	
NON-CURRENT ASSETS					
Net Fixed Assets	1,951,339	58,393,550	56,442,211	56,740,855	\$2.3 million added to ODC CIP. \$400,000 of depreciation.
Trustee Funds - GO Bonds	(235,438)	4,772,376	5,007,814	4,650,265	
TOTAL ASSETS	345,953	82,020,031	81,674,078	82,080,365	
Liabilities / Fund Balance	Monthly Change	Current Month	Prior Month	Prior Year	Variance Commentary
CURRENT LIABILITIES					
Accounts Payable	(1,284,495)	7,725,921	9,010,416	8,153,183	A/P decreased due to payouts on ODC project (invoices had been sitting in AP @ February month-end). Also continued efforts to paydown vendor invoices further reduced our A/P spend.
Accrued Expenses	537,245	4,850,812	4,313,567	5,095,657	
Interest Payable	(209,766)	45,029	254,795	51,758	Interest payment was made on GO Bonds
Deferred Revenues	(534,789)	1,604,364	2,139,153	1,571,270	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	0	4,973,734	4,973,734	5,473,734	
Other Liabilities	(0)	311,391	311,391	274,986	
TOTAL CURRENT LIABILITIES	(1,491,805)	19,511,251	21,003,056	20,620,588	
NON-CURRENT LIABILITIES					
Long Term Debt	(392,780)	25,625,963	26,018,743	25,165,467	
TOTAL LIABILITIES	(1,884,586)	45,137,214	47,021,799	45,786,055	
FUND BALANCES					
Fund Balance	2,230,538	36,882,817	34,652,279	36,294,309	Net income of \$2,230,539
TOTAL LIABILITIES & FUND BALANCES	345,953	82,020,031	81,674,078	82,080,364	

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

ATTACHMENT E

	Month					Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
1	59	60	(1)	-2%							
2	192	282	(90)	-32%							
3	17	-	17	0%							
4	\$ 21,438	\$ 24,731	\$ (3,292)	-13%							
					Volume Information						
					Acute Discharges	629	545	84	16%	599	
					Patient Days	2,314	2,441	(127)	-5%	2,540	
					Observation Days	191	-	191	*	140	
					Gross O/P Revenue (000's)	\$ 196,359	\$ 200,813	\$ (4,455)	-2%	\$ 183,611	
					Financial Results						
					Gross Patient Revenue						
5	\$ 4,451,229	\$ 7,130,279	\$ (2,679,050)	-38%	Inpatient	\$ 54,432,968	\$ 61,295,206	(6,862,238)	-11%	\$ 57,038,123	
6	12,014,729	14,603,986	(2,589,257)	-18%	Outpatient	119,375,218	119,727,453	(352,235)	0%	109,697,544	
7	9,423,709	10,127,334	(703,625)	-7%	Emergency	76,983,300	81,085,826	(4,102,526)	-5%	74,128,400	
8	\$ 25,889,667	\$ 31,861,599	(5,971,932)	-19%	Total Gross Patient Revenue	\$ 250,791,487	\$ 262,108,484	(11,316,998)	-4%	\$ 240,864,067	
					Deductions from Revenue						
9	(21,920,503)	(26,872,335)	4,951,832	18%	Contractual Discounts	\$ (213,278,869)	\$ (220,959,526)	7,680,657	3%	\$ (198,722,770)	
10	(216,128)	(160,130)	(55,998)	-35%	Bad Debt	(1,053,662)	(1,313,948)	260,287	20%	(5,477,605)	
11	165,606	(32,713)	198,319	606%	Charity Care Provision	91,838	(250,302)	342,140	*	(336,463)	
12	780,000	617,176	162,824	26%	Prior Period Adj/Government Program Revenue	5,812,445	4,489,754	1,322,691	29%	4,445,713	
13	\$ (21,191,025)	\$ (26,448,003)	5,256,978	-20%	Total Deductions from Revenue	\$ (208,428,248)	\$ (218,034,023)	9,605,774	-4%	\$ (200,091,125)	
					Net Patient Service Revenue	\$ 42,363,238	\$ 44,074,462	(1,711,224)	-4%	\$ 40,772,942	
14	\$ 4,698,642	\$ 5,413,596	(714,954)	-13%	Other Op Rev & Electronic Health Records	\$ 828,650	\$ 835,254	(6,604)	-1%	\$ 834,499	
15	\$ 92,702	\$ 92,806	(104)	0%	Total Operating Revenue	\$ 43,191,888	\$ 44,909,715	\$ (1,717,828)	-4%	\$ 41,607,441	
16	\$ 4,791,344	\$ 5,506,402	(715,058)	-13%							
					Operating Expenses						
17	\$ 2,056,165	\$ 2,333,771	277,606	12%	Salary and Wages and Agency Fees	\$ 18,182,905	\$ 18,909,767	726,862	4%	\$ 18,220,392	
18	925,525	763,961	(161,564)	-21%	Employee Benefits	6,919,576	6,602,102	(317,474)	-5%	6,383,680	
19	\$ 2,981,690	\$ 3,097,733	116,043	4%	Total People Cost	\$ 25,102,481	\$ 25,511,869	409,388	2%	\$ 24,604,072	
20	\$ 639,293	\$ 689,803	50,510	7%	Med and Prof Fees (excl'd Agency)	\$ 5,308,203	\$ 5,691,174	382,971	7%	\$ 5,090,658	
21	473,260	689,781	216,521	31%	Supplies	5,899,819	5,848,980	(50,839)	-1%	5,825,294	
22	372,201	542,529	170,328	31%	Purchased Services	3,783,432	4,090,071	306,639	7%	3,829,070	
23	427,561	272,967	(154,594)	-57%	Depreciation	3,927,864	2,426,703	(1,501,161)	-62%	2,250,779	
24	119,082	159,120	40,038	25%	Utilities	1,430,192	1,562,074	131,882	8%	1,517,631	
25	66,583	66,758	175	0%	Insurance	617,804	610,821	(6,984)	-1%	498,339	
26	54,108	48,094	(6,014)	-13%	Interest	519,942	400,846	(119,096)	-30%	332,308	
27	104,090	90,705	(13,385)	-15%	Other	887,596	965,594	77,998	8%	447,192	
28	293,539	114,408	(179,131)	157%	Matching Fees (Government Programs)	3,063,537	2,219,860	(843,677)	38%	2,525,867	
29	\$ 5,531,407	\$ 5,771,897	240,490	4%	Operating Expenses	\$ 50,540,871	\$ 49,327,993	(1,212,878)	-2.5%	\$ 46,921,212	
30	\$ (740,063)	\$ (265,495)	\$ (474,568)	-179%	Operating Margin	\$ (7,348,984)	\$ (4,418,278)	(2,930,706)	-66%	\$ (5,313,770)	

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

	Month			
	This Year		Variance	
	Actual	Budget	\$	%
31	\$ 37,899	\$ 4,744	33,155	*
32	(1,459)	-	(1,459)	0%
33	-	-	-	*
34	316,667	316,667	-	0%
35	-	-	-	0%
36	\$ 353,107	\$ 321,411	31,696	10%
37	\$ (386,956)	\$ 55,916	(442,872)	*
38	\$ -	\$ -	-	0%
39	\$ 2,442,308	\$ 238,530	2,203,778	0%
40	\$ 2,055,352	\$ 294,447	1,760,906	598%
41	175,187	158,829	16,358	10%
42	\$ 2,230,539	\$ 453,275	1,777,264	392%
	\$ 40,605	\$ 328,883	(288,278)	
	\$ (312,502)	\$ 7,472	(319,974)	4282%

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

Capital Campaign Contribution	
Restricted Foundation Contributions	
Net Income / (Loss) w/ Restricted Contributions	

GO Bond Activity, Net

Net Income/(Loss) w GO Bond Activity

EBDA - Not including Restricted Contributions

Operating EBDA - Not including Restricted Contributions

	Year-To-Date				YTD
	This Year		Variance		Prior Year
	Actual	Budget	\$	%	
	\$ 189,683	\$ 42,640	147,042	*	\$ 67,072
	(12,129)	-	(12,129)	0%	-
	-	-	-	*	-
	2,850,003	2,850,003	-	0%	2,850,003
	-	-	-	0%	-
	\$ 3,027,557	\$ 2,892,643	134,913	5%	\$ 2,917,075
	\$ (4,321,427)	\$ (1,525,634)	(2,795,793)	-183%	\$ (2,396,695)
	\$ -	\$ -	-	0%	\$ -
	\$ 3,692,684	\$ 2,146,770	1,545,914	100%	\$ 2,286,795
	\$ (628,743)	\$ 621,136	(1,249,879)	*	\$ (109,900)
	1,571,915	1,429,461	142,454	10%	1,430,550
	\$ 943,172	\$ 2,050,597	(1,107,425)	-54%	\$ 1,320,650
	\$ (393,563)	\$ 901,069	(1,294,631)		\$ (145,916)
	\$ (3,421,119)	\$ (1,991,575)	(1,429,545)	-72%	\$ (3,062,991)

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

ATTACHMENT F

	July	August	September	October	November	December	January	February	March	FY24 YTD
1 Acute Discharges	58	67	69	82	73	83	75	63	59	629
2 Patient Days	235	286	252	291	278	251	300	229	192	2,314
3 Observation Days	17	17	20	20	28	31	26	15	17	191
4 Gross O/P Revenue (000's)	\$ 22,427	\$ 23,002	\$ 20,977	\$ 22,806	\$ 21,941	\$ 20,765	\$ 23,302	\$ 19,700	\$ 21,438	\$ 196,359
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	\$ 4,451,229	\$ 54,432,968
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	12,014,729	119,375,218
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	9,423,709	76,983,300
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	\$ 25,889,667	\$ 250,791,487
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)	(21,920,503)	(213,278,869)
10 Bad Debt	(100,000)	(150,286)	(150,000)	(150,000)	(106,666)	111,925	(90,000)	(202,507)	(216,128)	(1,053,662)
11 Charity Care Provision	(164,591)	(109,767)	(5,598)	127,064	209,720	231,540	(122,013)	(240,123)	165,606	91,838
12 IGT Revenue	-	-	-	723,542	-	-	888,369	3,420,534	780,000	5,812,445
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)	\$ (21,191,025)	\$ (208,428,248)
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	\$ 4,698,642	\$ 42,363,238
15 Other Operating Revenue	\$ 85,509	\$ 87,480	\$ 84,028	\$ 84,957	\$ 102,893	\$ 94,272	\$ 108,295	\$ 88,514	\$ 92,702	\$ 828,650
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	\$ 4,791,344	\$ 43,191,888
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	\$ 2,056,165	\$ 18,182,905
<i>Salary and Wages</i>	1,766,285	1,885,862	1,749,318	1,939,968	1,744,843	1,922,201	1,772,345	1,816,411	1,883,557	\$ 16,480,790
<i>Agency Fees</i>	179,139	224,419	195,959	196,336	214,446	166,431	143,206	209,571	172,608	\$ 1,702,114
18 Employee Benefits	735,985	707,955	744,685	738,614	771,746	754,958	810,879	729,229	925,525	6,919,576
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	\$ 2,981,690	25,102,481
20 Med and Prof Fees (excl Agency)	\$ 557,320	\$ 599,056	\$ 541,334	\$ 571,881	\$ 567,236	\$ 551,402	\$ 659,636	\$ 621,045	\$ 639,293	\$ 5,308,203
21 Supplies	460,649	762,524	752,597	797,037	683,130	656,453	761,387	552,783	473,260	5,899,819
22 Purchased Services	305,875	410,360	431,618	372,986	563,672	550,338	396,842	379,540	372,201	3,783,432
23 Depreciation	240,214	238,993	501,633	696,387	539,719	431,329	456,946	395,082	427,561	3,927,864
24 Utilities	157,932	159,965	197,864	101,670	136,391	134,835	165,776	256,678	119,082	1,430,192
25 Insurance	66,583	81,160	66,697	68,488	66,583	68,544	66,583	66,583	66,583	617,804
26 Interest	42,598	43,202	71,611	56,224	49,503	46,487	71,737	84,472	54,108	519,942
27 Other	66,641	123,963	111,361	115,949	93,013	132,195	83,665	56,720	104,090	887,596
28 Matching Fees (IGT)	-	-	-	211,693	-	-	293,000	2,265,305	293,539	3,063,537
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	\$ 5,531,407	\$ 50,540,871
30 Operating Margin	\$ (247,039)	\$ (741,982)	\$ (1,117,735)	\$ (1,001,536)	\$ (1,327,835)	\$ (1,529,757)	\$ (141,908)	\$ (501,129)	\$ (740,063)	\$ (7,348,984)
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	\$ 37,899	\$ 189,683
32 Donations	-	-	-	-	-	(4,287)	(2,797)	(3,586)	(1,459)	(12,129)
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	316,667	2,850,003
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	\$ 353,107	\$ 3,027,557
37 Net Income / (Loss) prior to Rest. Cont.	\$ 96,795	\$ (409,521)	\$ (788,609)	\$ (642,376)	\$ (1,007,506)	\$ (1,201,011)	\$ 191,265	\$ (173,508)	\$ (386,956)	\$ (4,321,427)
38 Capital Campaign Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39 Restricted Foundation Contributions	\$ 1,638	\$ 103,076	\$ 213,884	\$ -	\$ 78,280	\$ 330,142	\$ 7,169	\$ 516,187	\$ 2,442,308	\$ 3,692,684
40 Net Income / (Loss) w/ Rest. Cont.	\$ 98,433	\$ (306,445)	\$ (574,725)	\$ (642,376)	\$ (929,226)	\$ (870,869)	\$ 198,434	\$ 342,679	\$ 2,055,352	\$ (628,743)
41 GO Bond Activity, Net	170,419	175,187	175,187	175,187	175,187	175,187	175,187	175,187	175,187	1,571,915
42 Net Income/(Loss) w GO Bond Activity	\$ 268,852	\$ (131,258)	\$ (399,538)	\$ (467,189)	\$ (754,039)	\$ (695,682)	\$ 373,621	\$ 517,866	\$ 2,230,539	\$ 943,172
EBDA - Not including Rest. Cont.	\$ 337,009	\$ (170,528)	\$ (286,976)	\$ 54,011	\$ (467,787)	\$ (769,682)	\$ 648,211	\$ 221,574	\$ 40,605	\$ (393,563)
Operating EBDA	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (305,149)	\$ (788,116)	\$ (1,098,428)	\$ 315,038	\$ (106,047)	\$ (312,502)	\$ (3,421,119)
Operating EBDA excl IGT	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (816,998)	\$ (788,116)	\$ (1,098,428)	\$ (280,331)	\$ (1,261,276)	\$ (798,963)	\$ (6,170,027)

Sonoma Valley Hospital
Cash Forecast
FY 2024

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Actual 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	4,209,602	3,600,000	3,600,000	3,600,000	47,227,300
2 Other Operating Revenue	26,197	172,302	37,453	95,192	283,068	93,447	117,466	153,075	20,376	150,750	228,646	115,291	1,493,262
3 Other Non-Operating Revenue	42,960	4,386	10,108	43,877	12,352	11,224	17,442	5,578	11,180	7,800	7,800	7,800	182,508
4 Unrestricted Contributions		1,250	861	2,651	7,716	380	7,169	3,420	309				23,756
5 Line of Credit													-
Sub-Total Hospital Sources	4,033,829	4,600,406	3,517,792	4,798,212	4,476,030	3,971,076	4,212,456	3,758,139	4,241,467	3,758,550	3,836,446	3,723,091	48,927,493
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	4,549,822	5,193,670	5,034,948	5,014,191	58,992,998
7 Add Capital Lease Payments	64,932	65,051	389,160	194,558	370,013	69,578	270,605	88,998			302,000		1,512,895
8 Add: Bridge Loan Paybacks									308,000		302,000		610,000
9 Add: CHFFA Help II Loan Repayments	30,833	30,833	30,833	30,833	30,833	31,987	35,056	35,056	35,056	30,833	30,833	30,833	383,819
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	2,294,905	125,000	600,125	423,577	5,357,578
SVH Capital	156,051	50,387	(35,866)	27,616	31,724	94,223	296,795	4,000	5,375	125,000	100,000	165,000	1,020,304
Foundation Capital	1,638	101,825	213,023		85,272	327,110	33,306	526,867	2,289,530		500,125	258,577	4,337,272
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	7,187,782	5,349,503	9,067,906	5,468,601	69,957,290
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)	(2,946,316)	(1,590,953)	(5,231,461)	(1,745,510)	(21,029,796)
Non-Hospital Sources													
12 Restricted Capital Donations	1,638	101,826	213,023	6,249	85,272	327,110	26,137	516,187	2,442,308		500,125	258,577	4,478,452
13 Parcel Tax Revenue	179,984					2,059,056				1,560,959			3,800,000
14 Other Payments								861,768			398,232		1,260,000
15 Other:													
16 IGT - HQAF VII (CY22)				39,262	684,280								723,542
17 IGT - QIP (PY 5/CY22)									1,099,230				1,099,230
18 IGT - Rate Range								2,500,000			5,500,000		8,000,000
19 IGT - HQAF VIII (CY23)											780,000		780,000
20 IGT - AB113 (SFY22-23)												151,000	151,000
21 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	3,555,307	4,660,959	7,178,357	409,577	23,405,992
Non-Hospital Uses of Cash													
22 Matching Fees	-	-	-	211,693				2,458,305	293,539	47,471	-	-	3,011,008
23 IGT Rate Range Advance Repayment												2,500,000	2,500,000
Sub-Total Non-Hospital Uses of Cash	-	-	-	211,693	-	-	-	2,458,305	293,539	47,471	-	2,500,000	5,511,008
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	3,261,768	4,613,488	7,178,357	(2,090,423)	17,894,985
Net Sources/Uses	(1,190,116)	(667,106)	(995,176)	(619,862)	(328,803)	612,054	(594,030)	(800,724)	315,452	3,022,535	1,946,896	(3,835,933)	(3,134,812)
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	2,309,441	5,331,976	7,278,873	
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	2,309,441	5,331,976	7,278,873	3,442,939	
Average Days of Cash on Hand													
	40.1	35.8	26.3	25.5	20.5	22.4	20.3	14.5	15.7				
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	16.3	37.7	51.4	24.3	