

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

**AGENDA**

**THURSDAY, JULY 11, 2024**

**CLOSED SESSION 5:00 P.M.**

**REGULAR SESSION 6:00 P.M.**

**Held in Person at**

**La Luz Center**

**17560 Greger St., Sonoma, CA 95476**

**and via Zoom Videoconferencing**

**To participate via Zoom videoconferencing, use the link below:**

**Join Zoom Meeting**

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

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+12133388477,,98359610569#

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 <a href="mailto:wreese@sonomavalleyhospital.org">wreese@sonomavalleyhospital.org</a> at least 48 hours prior to the meeting.	<b>RECOMMENDATION</b>		
<b>AGENDA ITEM</b>			
<b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>			
<b>CLOSED SESSION</b> <u>Calif. Government Code § 54957 Public Employment:</u> Public Employee Performance Evaluation			
<b>1. CALL TO ORDER</b>	<i>Judith Bjorndal, MD</i>		
<b>2. REPORT ON CLOSED SESSION</b>	<i>Judith Bjorndal, MD</i>	Inform	
<b>3. PUBLIC COMMENT</b> <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>			
<b>4. BOARD CHAIR COMMENTS</b>	<i>Judith Bjorndal, MD</i>		
<b>5. CONSENT CALENDAR</b> a. BOD Minutes – 06.06.24	<i>Judith Bjorndal, MD</i>	Action	Pages 3-15

b. BOD Minutes (Special Meeting) - 06.24.24 c. Quality Committee Minutes – 05.22.24 d. Medical Staff Credentialing e. Policies and Procedures			
<b>6. LA LUZ PRESENTATION</b>	<i>Leonardo Lobato</i>	Inform	
<b>7. CEO REPORT</b>	<i>John Hennelly</i>	Inform	Pages 16-19
<b>8. MEDICAL STAFF BYLAWS UPDATE</b>	<i>Sabrina Kidd, MD</i>	Action	Pages 20-28
<b>9. CMO UPDATE</b>	<i>Sabrina Kidd, MD</i>	Inform	Page 29
<b>10. FINANCIALS FOR MONTH END MAY 2024</b>	<i>Ben Armfield</i>	Inform	Pages 30-43
<b>11. COMMITTEE UPDATES</b> • Quality Committee Update	<i>Judith Bjorndal, MD</i> <i>Susan Kornblatt Idell</i>	Inform	Pages 43-48
<b>12. BOARD COMMENTS</b>	<i>Judith Bjorndal, MD</i>	Inform	
<b>13. ADJOURN</b>	<i>Judith Bjorndal, MD</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, JUNE 6, 2024

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

	<b>RECOMMENDATION</b>	
<b>SONOMA VALLEY HOSPITAL BOARD MEMBERS</b> 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		
<b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER</b>	<i>Bjorndal</i>	Called to order at 6:00 p.m.
<b>2. PUBLIC COMMENT</b>		
None		
<b>3. BOARD CHAIR COMMENTS</b>	<i>Bjorndal</i>	
Bjorndal attended a successful press conference announcing an ambulance and medical supplies donation to Sonoma's sister city in Ukraine: Kaniv, and the broader Ukrainian community.		
<b>4. CONSENT CALENDAR</b>	<i>Bjorndal</i>	Action
a. Board Minutes – 05.02.24 b. Finance Committee Minutes – 04.23.24 c. Quality Committee Minutes – 04.24.24 d. Medical Staff Credentialing e. Policies and Procedures		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Kalos. All in favor.
<b>5. BY THE BAY HEALTH CEO PRESENTATION</b>	<i>Skelly Wingard, RN, MSN</i>	Inform
Skelly Wingard, the CEO for the past year, acknowledged the significant legacy of her predecessor, Kitty Whittaker. Wingard described By the Bay Health, emphasizing its pioneering role in hospice care on the west coast and detailing its comprehensive services, including pediatric and adult hospice and palliative care. Wingard highlighted a recent triple merger that expanded their market share to 14% in Northern California, making them the largest hospice provider in the region. The organization operates with over 600 employees and a budget of \$96 million. Wingard noted the UCSF affiliation and their robust care teams. Discussion was had regarding ongoing challenges, such as workforce shortages and market consolidation, and emphasis on the importance of community and employee engagement. Wingard expressed a desire for increased collaboration with the BOD and local healthcare providers to enhance service delivery.		
<b>6. DESTINATION PROGRAMMING INITIATIVE</b>	<i>Boerum</i>	Action

A discussion regarding a proposal to initiate a Destination Programming Initiative was had. The key focus included forming an ad hoc committee to develop the concept and allocating funds for research. Boerum emphasized the necessity of raising \$30k to conduct market research and hire consultants, as the hospital administration lacks the resources to develop this proposal. Concerns were raised about the practicality of attracting private-pay patients, the significant marketing costs, and the need for world-class expert physicians. The board considered exploring alternative growth strategies and possibly leveraging UCSF's resources. However, due to differing views on financial commitments and uncertainties about potential outcomes, Boerum withdrew his proposal, underscoring the need for a clear, actionable growth plan.		
<b>7. SVHF ANNUAL UPDATE</b>	<i>Dave Pier</i>	Inform
Pier outlined the 2024 objectives for Sonoma Valley Hospital Foundation, which include completing the fundraising appeal for the PT expansion started in November 2023. The foundation is focused on deepening relationships with current donors, strategizing future fundraising efforts, expanding the donor base, and strengthening the board. Additionally, they aim to ensure the completion of funded projects, like the MRI, CT project phase two, and the ICU project targeted for the second quarter of 2025. Pier mentioned distributing significant funds in 2023 and 2024 for various projects, including PT expansion and the transition to Epic in MyChart. Pier also addressed questions regarding financials, investment policies, and the foundation's role in seismic upgrades, emphasizing community support and strategic alignment with hospital goals.		
<b>8. LINE OF CREDIT RENEWAL</b>	<i>Ben Armfield</i>	Action
Armfield provided an update on the ongoing work with U.S. Bank to renew or extend their line of credit. The proposal extends the line of credit until the end of August. The Finance Committee approved the recommendation, and Boerum praised Armfield's work and mentioned discussions with other potential lenders to secure a \$5 million line of credit.		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Myatt Lee. All in favor.
<b>9. APPROVE FY 2025 BUDGET</b>	<i>Ben Armfield</i>	Action
Armfield summarized the previous week's budget presentation at joint BOD/Finance Committee meeting. Appreciation for the contributions from the ad hoc Finance Committee: Myatt Lee, Ed Case and Dennis Block. Myatt Lee emphasized the need for specific revenue growth plans and conservative risk-adjusted budgets.		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Myatt Lee. All in favor.
<b>10. APPOINTMENT OF CEO COMPENSATION COMMITTEE</b>	<i>Bjorndal</i>	Action
Kalos and Bjorndal planned to send out a survey, inviting additional questions from BOD members.		
<b>11. CEO REPORT</b>	<i>John Hennelly</i>	Inform
Hennelly reported strong financial performance in April and highlighted upcoming growth initiatives, including adding a new surgeon and enhancing diagnostics and therapies. UCSF is recruiting a new Chief Medical Officer, and the MRI project is progressing, albeit slower than expected, with an inspection in four weeks. Bjorndal expressed frustration over the state's slow inspection process delaying revenue, and Myatt Lee emphasized the need for risk-adjusting the budget to account for project delays.		
<b>12. CMO UPDATE</b>	<i>Sabrina Kidd, MD</i>	Inform
Dr. Kidd provided an update on recent developments at the hospital, noting routine operations and successful contract renewals for infectious disease and imaging		

services. The expansion into a new clinic space and upcoming staffing changes, including Dr. Walter joining the team, were highlighted. Dr. Kidd mentioned community circulation of COVID19 but reassured that hospitalizations remain low, with public health now tracking via wastewater for more accurate data.		
<b>13. FINANCIALS FOR MONTH END MARCH 2024</b>	<i>Ben Armfield</i>	Inform
Armfield noted April as the best month of the fiscal year so far. This success is largely attributed to receiving over \$5 million from the rate range IGT program, with additional earnings recognized in April. Even excluding IGT revenue, April ranks as the third best month. Surgical volumes increased by 30% from March, driven by key surgeons, and PT volumes also rose significantly. Cost management efforts led to operating expenses being over 10% under budget. Armfield remains optimistic about future financial prospects, including potential increases in funding from partnership health plan and improving cash collections, despite expected challenges in the upcoming months.		
<b>14. COMMITTEE UPDATES</b>	<i>Bjorndal</i>	Action
Bjorndal notes that charters have been formatted and will be presented at next meeting.		
<b>15. BOARD COMMENTS</b>	<i>Bjorndal</i>	Inform
July's meeting will be the second Thursday of July, due to the 4 <sup>th</sup> of July, and will be held at La Luz Center.		
<b>16. ADJOURN</b>	<i>Bjorndal</i>	Adjourned at 8:07pm



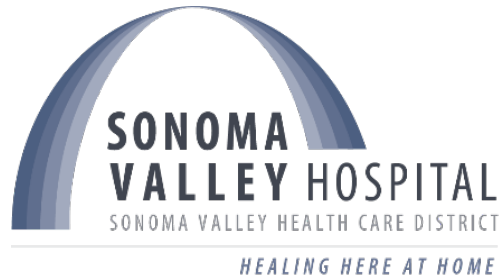
**SONOMA VALLEY HEALTH CARE DISTRICT  
BOARD OF DIRECTORS' SPECIAL MEETING**

**MINUTES**

THURSDAY, JUNE 24, 2024

**HELD IN PERSON AT SVH ADMINISTRATION CONFERENCE ROOM,  
AND VIA ZOOM TELECONFERENCE**

	<b>RECOMMENDATION</b>	
<b>SONOMA VALLEY HOSPITAL BOARD MEMBERS</b> 1. Judith Bjorndal, MD, Chair, present 2. Susan Kornblatt Idell, Secretary, present 3. Denise M. Kalos, Second Vice Chair, present 4. Bill Boerum, Treasurer, excused 5. Wendy Lee Myatt, First Vice Chair, present		
<b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER</b>	<i>Bjorndal</i>	Called to order at 3:00 p.m.
<b>2. PUBLIC COMMENT</b>		
None		
<b>3. CONTRACT APPROVAL FOR DEMO OF NEW MRI SPACE</b>	<i>Hennelly</i>	
The meeting revolved around approving a singular bid for the demolition and subsequent phases of a hospital project, highlighting concerns over budget management and schedule delays. Discussions included the impact of weather allowances on costs, the necessity of licensing delays post-move, and the sole bidder situation for the current phase. There were calls for improved project management to minimize contingency fund use and ensure financial prudence. The board ultimately approved the bid with a directive to reconsider certain cost elements to potentially reduce expenses and safeguard contingency funds, emphasizing the need for transparency and fiscal accountability throughout the project phases.		Motion by Kalos to approve the amount as presented, with the requirement that SVH goes back to the general contractor and have the 77k line item removed. That 77k will then go back into the contingency. 2 <sup>nd</sup> by Bjorndal, all in favor.
<b>4. BOARD COMMENTS</b>	<i>Bjorndal</i>	Inform
n/a		
<b>5. ADJOURN</b>	<i>Bjorndal</i>	Adjourned at 3:40 p.m.



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**  
**Wednesday, May 22, 2024, 5:00 PM**  
**MINUTES**

<b>Members Present – In Person</b>	<b>Excused</b>	<b>Public/Staff – Via Zoom</b>
Susan Kornblatt Idell Kathy Beebe, RN PhD Carl Speizer, MD Carol Snyder Howard Eisenstark, MD Michael Mainardi, MD		Denise Kalos, via zoom Kylie Cooper, RN BSN CPHQ MBA, Director of Quality and Risk Mgmt. Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Chris Kutza, PharmD Paul Amara, MD, FACOG, via zoom Whitney Reese, Board Clerk

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Susan Kornblatt Idell</i>	
	Meeting called to order at 5:01pm.	
<b>2. PUBLIC COMMENT SECTION</b>	<i>Susan Kornblatt Idell</i>	
	No public comments	
<b>3. CONSENT CALENDAR</b> Minutes 04.24.24	<i>Susan Kornblatt Idell</i>	<b>ACTION</b>
	<i>Motion to approve Eisenstark, 2<sup>nd</sup> by Mainardi</i>	
<b>4. PHARMACY QA/PI</b>	<i>Chris Kutza, PharmD</i>	<b>INFORM</b>

	<p>Kutza presented various quality measures for monitoring pharmacy performance in the following categories:</p> <ul style="list-style-type: none"> <li>• Adverse Drug Events</li> <li>• Antimicrobial Stewardship</li> <li>• Controlled Substances</li> <li>• Pyxis Utilization</li> <li>• IV Room</li> <li>• Pharmacy Services</li> </ul> <p>High-risk medication errors were zero. The use of smart pumps and handling hard alerts were highlighted, showing improvements following staff education. Antimicrobial spend is tracked for cost and days of therapy, which is averaging about \$6 per patient day. Controlled substance audits, metrics for after-hours pharmacy performance, and Pyxis overrides are monitored. Interventions with prescribers are handled through direct communication or escalated to an infectious diseases physician if needed. Changes made according to USP 797 were implemented.</p>	<i>Chris Kutza presented to the committee</i>
<b>5. PATIENT CARE SERVICES DASHBOARD 1<sup>ST</sup> QTR</b>	<i>Jessica Winkler</i>	INFORM
	<p>Winkler provided an update on Patient Care Services for Q1 2024. RN turnover included losing three RNs and one unit assistant for various reasons. Patient satisfaction scores were near the target, with all over goal of 4.75 except the ER, close at 4.6. No patients were turned away due to staffing shortages in Q1 2024. Staffing remains a challenge, especially finding experienced nurses, but new graduate preceptorships are helping. The hospital's turnover rate is lower than the national average, and efforts to hire quality staff are ongoing despite difficulties. Clinical programs with local colleges provide a pipeline for new nurses.</p>	<i>Jessica Winkler provided an update on Patient Care Services for Q1 2024</i>
<b>6. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Kylie Cooper</i>	INFORM
	<p>Cooper presented data for April 2024. Strong performance with no patient safety indicator events or hospital-acquired infections. Two patient deaths occurred, neither raising</p>	<i>Kylie Cooper presented the Quality department's April 2024 data</i>



	quality concerns. No patient safety indicator events, nor sentinel events. There were minor drug administration errors but no patient harm. Improvements in patient falls (zero incidents) and length of stay. Satisfaction scores were high across various departments. HCAHPS Q1 2024 scores were presented by Winkler.	
<b>7. POLICIES AND PROCEDURES</b>	<i>Kylie Cooper</i>	INFORM
	<p>Quality Committee reviewed and discussed policy changes for approval to the Board of Directors and the following new policies:</p> <ul style="list-style-type: none"> <li>• NEW_ Fire Safety - MRI 7630.24-147</li> <li>• NEW_ MRI Safety and Pregnancy</li> </ul>	<i>Quality Committee recommends for approval to Board of Directors, with edits</i>
<b>8. CLOSED SESSION:</b> a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Susan Kornblatt Idell</i>	ACTION
	<i>Motion to recommend to Board of Directors for approval Eisenstark, 2<sup>nd</sup> by Speizer</i>	
<b>9. ADJOURN</b>	<i>Susan Kornblatt Idell</i>	
	Meeting adjourned at 6:49pm	

## 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: 07/08/2024 4:37 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: 25

**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
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<b>Approved Panel List</b> <i>Clinical Lab Dept</i>	Pending Approval	6/28/2024	10
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Summary Of Changes: Added ER-ONLY test notation which are critical values that will pertain only to ER patients

Edited table to fit necessary addition to list

Added critical values for Calcium and Vancomycin

Moderators: Newman, Cindi (cnewman)

Lead Authors: Ramos, Karen (kramos), Lugo, Al (alugo)

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)

<b>Cleaning in Materials Management</b> <i>Materials Management Dept</i>	Pending Approval	6/4/2024	34
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Summary Of Changes: 11/20/2023-Added CIHQ reference IC-3: Infection Prevention & Control policies

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)

<b>Critical Value Reporting 7500-12</b> <i>Clinical Lab Dept</i>	Pending Approval	6/28/2024	10
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Summary Of Changes: Under Sonoma Valley Hospital Critical Value - specified the policy where the list of critical value Policy #7500-04 is located

Under Emergency Department - Included a comment of newly marked ER-ONLY test in the approved panel list for critical calls

Referenced CIHQ in References

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 07/08/2024 4:37 PM

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

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Ramos, Karen (kramos), Lugo, Al (alugo)  
 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)

<b>Delegation of Authority (Emergency/Disaster)</b> <i>Emergency Preparedness Policies (EP)</i>	Pending Approval	7/2/2024	6
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Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Hennelly, John (jhennelly)  
 ExpertReviewers: Armfield, Ben (barmfield), Kidd, Sabrina (skidd), Kuwahara, Dawn (dkuwahara), Tarca, Joseph (jtarca)  
 Approvers: Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Discharge Medication Charity Program</b> <i>Discharge Planning (DP)</i>	Pending Approval	6/28/2024	10
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Summary Of Changes: Policy reviewed.  
 Changes- Prescriptions must be sent electronically/transmitted to Pharmacy (no longer by phone or fax)

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

<b>Enoxaparin Dosing Protocol</b> <i>Medication Management Policies (MM)</i>	Pending Approval	6/28/2024	10
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Summary Of Changes: Changes made to simplify the protocol and have it match current dosing guidelines. Changed name to make it specific to enoxaparin dosing. Dose rounding protocol included.

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

<b>Fluid Restriction Allowance 8340-155</b> <i>Food &amp; Nutrition Services Dept Policies</i>	Pending Approval	6/28/2024	10
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Summary Of Changes: Reviewed, no changes

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Finn, Bridget (bfinn)  
 Approvers: Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>NEW: Hazardous Drug Handling-USP 800</b> <i>Medication Management Policies (MM)</i>	Pending Approval	6/28/2024	10
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Summary Of Changes: New policy spelling out how SVH complies with USP 800 standard regarding hazardous drugs as defined by NIOSH.

Moderators: Kutza, Chris (ckutza), Newman, Cindi (cnewman)  
 Lead Authors: Kutza, Chris (ckutza)

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 07/08/2024 4:37 PM

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

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)**

<b>NEW: Health Equity-Screening for Social Drivers of Health (SDOH)</b>	<b>Pending Approval</b>	<b>6/28/2024</b>	<b>10</b>
<i>Governance and Leadership Policies</i>			

Summary Of Changes: **New Policy to address the 2023 IPPS Final Rule, CMS mandated that hospitals reporting to the Inpatient Quality Reporting (IQR) program submit two brand new measures:  
SDOH-1, Screening for Social Drivers of Health and  
SDOH-2, Screen Positive Rate for Social Drivers of Health.**

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

Lead Authors: **Cooper, Kylie (kcooper)**

ExpertReviewers: **Kidd, Sabrina (skidd), Taylor, Jane (jtaylor)**

Approvers: **Winkler, Jessica (jwinkler) -> 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)**

<b>NEW:: Hypoglycemia Protocols</b>	<b>Pending Approval</b>	<b>6/28/2024</b>	<b>10</b>
<i>Patient Care Policy</i>			

Summary Of Changes: **NEW policy/procedure to replace obsolete version since implementing a new EHR.**

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

Lead Authors: **Taylor, Jane (jtaylor)**

ExpertReviewers: **00 Clinical P&P multidisciplinary review, Kutza, Chris (ckutza), Medical Director-Patient Care Services**

Approvers: **00 Clinical P&P multidisciplinary review -> Winkler, Jessica (jwinkler) -> 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)**

<b>Non-Obstetric Elective Surgery During Pregnancy</b>	<b>Pending Approval</b>	<b>6/28/2024</b>	<b>10</b>
<i>Patient Care Policy</i>			

Summary Of Changes: **Updated reference and authors, added the words "as available" to the purpose section discussing getting pediatrician opinion prior to proceeding with surgery.**

**changed bullet point number one to reflect we will not do elective and non-urgent patients at all vs specifying certain weeks of gestation parameters.**

**changed to elective- and non-urgent surgery should be postponed until after delivery.**

**Some grammatical changes**

**KGC- Removed following lines that refer to other facilities, they would have their own policies.**

**- A pregnant woman should never be denied indicated surgery, regardless of trimester.**

**• If fetal monitoring is to be used, surgery should be done at an institution with neonatal and pediatric services and an obstetric care provider with cesarean delivery privileges should be readily available.**

**• When non-obstetric surgery is planned, the primary obstetric care provider should be notified. If that health care provider is not at the institution where surgery is to be performed, another obstetric care provider with privileges at that institution should be involved.**

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

Lead Authors: **Cornell, Kelli (kcornell)**

ExpertReviewers: **00 Clinical P&P multidisciplinary review, Medical Director-Patient Care Services**

Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 07/08/2024 4:37 PM

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

Directors - (Committee)			
<b>Parenteral Nutrition Protocol</b>	<b>Pending Approval</b>	<b>6/28/2024</b>	<b>10</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	<b>Simplified policy to remove the actual procedures and guidelines and make them an attachment. Updated policy to reflect how Epic handles TPN orders. Updated guidelines and references to make them match current practice. Added dosing table specific to Clinimix premix bags that are formulary choices.</b>		
Moderators:	<b>Kutza, Chris (ckutza), Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kutza, Chris (ckutza)</b>		
ExpertReviewers:	<b>Tremain, Alesha (atremain)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Pay Periods and Pay Checks HR8610-124</b>	<b>Pending Approval</b>	<b>7/2/2024</b>	<b>6</b>
<i>Human Resources Policies (HR)</i>			
Summary Of Changes:	<b>Updated references.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>McKissock, Lynn (lmckissock)</b>		
Approvers:	<b>Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Pharmacist Review of Medication Orders</b>	<b>Pending Approval</b>	<b>6/28/2024</b>	<b>10</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	<b>Updated how auto-processing of Computer Physician Order Entry (CPOE) orders is handled, defining the two patient care areas where this is approved to occur.</b>		
Moderators:	<b>Kutza, Chris (ckutza), Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kutza, Chris (ckutza)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Receiving Procedures</b>	<b>Pending Approval</b>	<b>6/4/2024</b>	<b>34</b>
<i>Materials Management Dept</i>			
Summary Of Changes:	<b>Reviewed policy and added language that excludes Nutritional Services and Valley of the Moon SNF from the receiving procedures as those services are handled by their staff. Added policy number for Equipment Inspections for equipment received. Changed Paragon System reference to Materials Management Information System.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Dugger, James (jdugger)</b>		
Approvers:	<b>Drummond, Kimberly (kdrummond) -&gt; Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Reporting Controlled Substance Theft or Loss</b>	<b>Pending Approval</b>	<b>6/28/2024</b>	<b>10</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	<b>Updated DEA reference links to current versions and updated date accessed. Removed reference to paper form 106 and changed to electronic reporting.</b>		
Moderators:	<b>Kutza, Chris (ckutza), Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kutza, Chris (ckutza)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 07/08/2024 4:37 PM

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

<b>RETIRE: Department Staffing Plan</b>	<b>Pending Approval</b>	<b>6/4/2024</b>	<b>34</b>
<i>Rehabilitation Services Dept</i>			
Summary Of Changes:	<b>RETIRE: --redundant to organizational policy</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Gallo, Christopher (cgallo)</b>		
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>RETIRE: Product Recalls</b>	<b>Pending Approval</b>	<b>6/4/2024</b>	<b>34</b>
<i>Materials Management Dept</i>			
Summary Of Changes:	<b>5/7/2024 - Retire this policy because it is a duplicate of Organizational policy GL8610-168</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Dugger, James (jdugger)</b>		
Approvers:	<b>Drummond, Kimberly (kdrummond) -&gt; Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Standard Employer Service Rate</b>	<b>Pending Approval</b>	<b>6/4/2024</b>	<b>34</b>
<i>Ancillary Services Dept Policies</i>			
Summary Of Changes:	<b>No content changes.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>		
Approvers:	<b>Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Statement of Service</b>	<b>Pending Approval</b>	<b>6/4/2024</b>	<b>34</b>
<i>Materials Management Dept</i>			
Summary Of Changes:	<b>11/20/2023 - Change Paragon systems to Materials Management Information System. Minor changes to grammar.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Dugger, James (jdugger)</b>		
Approvers:	<b>Drummond, Kimberly (kdrummond) -&gt; Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Sterile Compounding Procedures 8390-03</b>	<b>Pending Approval</b>	<b>6/28/2024</b>	<b>10</b>
<i>Pharmacy Dept\Compounding Related</i>			
Summary Of Changes:	<b>Previously submitted. Updated procedures to match updated standards with USP 797</b>		
Moderators:	<b>Kutza, Chris (ckutza), Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Kutza, Chris (ckutza)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Unapproved Abbreviations</b>	<b>Pending Approval</b>	<b>6/28/2024</b>	<b>10</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	<b>Updated last accessed date on Institute for Safe Medication Practices (ISMP) reference. Added unapproved abbreviation list to attachments</b>		

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 07/08/2024 4:37 PM

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

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

<b>Vancomycin Protocol</b>	<b>Pending Approval</b>	<b>6/28/2024</b>	<b>10</b>
<i>Medication Management Policies (MM)</i>			

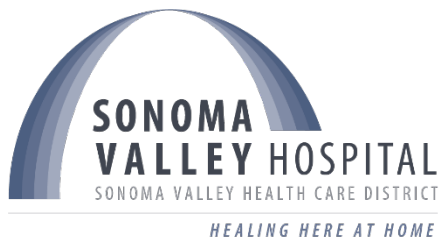
Summary Of Changes: Updated attachment (only) to current version with maximum loading dose of 2.5gm  
 Moderators: Kutza, Chris (ckutza), Newman, Cindi (cnewman)  
 Lead Authors: Kutza, Chris (ckutza)  
 Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Verbal and Telephone Orders</b>	<b>Pending Approval</b>	<b>6/28/2024</b>	<b>10</b>
<i>Medical Staff Dept</i>			

Summary Of Changes: Reviewed. Removed references to Paragon and replaced with "Electronic Health Record"  
 Changed Telephone order Definition from a" verbal request via telephone for care activities from a provider who is not physically present within the Hospital:, to ": A verbal request via telephone for care activities from a provider who is not physically present within the care area"  
 Changed all verbal orders written on paper record must be signed with 48 hrs.  
 Removed reference to Skill Nursing Facility.  
 Added lab orders to types of verbal/telephone orders pharmacists can receive.  
 Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Kutza, Chris (ckutza), Finn, Stacey (sfinn), Cooper, Kylie (kcooper)  
 ExpertReviewers: Cooper, Kylie (kcooper), Kutza, Chris (ckutza)  
 Approvers: Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Warfarin Protocol</b>	<b>Pending Approval</b>	<b>6/28/2024</b>	<b>10</b>
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: Corrected typos, defined (International Normalized Ratio (INR), clarified that indication and INR range are to be part of the initial protocol order, deleted processes and references related to Paragon, removed section on RN duties as not necessary due to it reiterating practices that are not unique to warfarin and standard of care, removed appendices and made them attachments, clarified order of operations in procedure to be more clear. Updated protocol to newer version that incorporates rate of change of INR into dosing and version that allows for management of patient's home regimen.  
 Moderators: Kutza, Chris (ckutza), Newman, Cindi (cnewman)  
 Lead Authors: Kutza, Chris (ckutza)  
 Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)



To: SVHCD Board of Directors  
From: John Hennelly  
Date: 07.11.24  
Subject: CEO Report

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## 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.

We are excited that the hospital was again recognized by the Lown Institute for its performance across various facets of outcomes, value and equity. The hospital ranked **2<sup>nd</sup> in the state** out of 258 and ranked **10<sup>th</sup> nationally** out of 2758 acute care hospitals.

[Sonoma Valley Health Care District - Lown Institute Hospital Index \(lownhospitalsindex.org\)](https://lownhospitalsindex.org)

## Operations

The hospital remained busy through the spring.

**Volumes** in May were slightly lower than expected driven by orthopedics. Acute discharges exceeded budget by **7%** (63/59), surgeries missed budget by **23%** (159/206) and outpatient visits exceeded budget by **4%** (5057/4876).

**May financials** were mixed. The operating margin missed budget by **16%** (\$133k). EBDA exceeded budget by **6%** (\$35k). The organization continues to effectively manage expenses with operating expenses, excluding depreciation, coming in **9%** under budget at \$4.8m.



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

The hospital welcomed two local general **surgeons** into the District's 1206b clinic and the relocation of Dr Chris Walter from Petaluma into Marin's orthopedic clinic at the hospital.

## **Capital**

The temporary **MRI project** is nearing completion. The final inspection from the State is scheduled for July 8th. Once complete, we will begin-scanning patients expanding services as corresponding training occurs.

The permanent MRI project is underway. The demolition phase was awarded to GMH to take place through the summer and into the fall.

The **ICU renovation** plan is complete and under review with HCAI. We expect approval in July. We expect construction to begin in late Fall. The project is scheduled for completion in early 2025.

The **PT expansion** plan review is complete. We expect construction to be completed in late Fall. The Foundation has raised roughly 75% of the \$2m needed to fund the project.

**Seismic** investigative work continues as we explore both compliance with existing regulations as well as campus redesign to avoid retrofitting work. The state senate passed SB1432 in May which would push the 2030 requirements out further. The bill continues to move through the legislature.

### 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	APR.24	MAY.24	Trend	Supporting detail
<b>Infection Prevention</b>					
Central Line Blood Stream Infection CLABSI per 10k pt days	<1	0.00	0.00	↔	
Catheter Associated Urinary Tract Infection- CAUTI per 10k pt days	<1	0.00	0.00	↔	
CDIFF Infection per 10k pt days	<0.9	0.00	0.00	↔	
Patient Fall per 1000 pt days	<3.75	0.00	10.15	↓	2 patient falls no injuries
Patient fall with injury per 1000 pt days	<3.75	0.00	0.00	↔	
Surgical Site Infections per 1000 Acute Care Admissions	0.00	0.00	0.00	↔	

<b>Core Measures</b>					
Sepsis Early Management Bundle % compliant	>81%	66.7 (n=3)	100 (n=1)	↑	
Severe Sepsis 3 hour Bundle % compliant	>94%	66.7 (n=3)	100 (n=1)	↑	
Severe Sepsis 6 hr Bundle % compliant	100.00	100 (n=1)	100 (n=1)	↔	
Core OP 23- Head CT within 45 mins % compliant	70.00	N/A	100 (n=2)	↔	

<b>Mortality</b>					
Acute Care Mortality Rate %	<15.3	2.90	0.00	↑	Lower is better

<b>ED</b>					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	157 (n=27)	164 (n=29)	↓	
Core Op 22 ED Left without being seen LWBS	<2%	0.2 (n=2)	0.7 (n=6)	↓	

<b>PSI 90</b>					
PSI 90 Composite Acute Care Admissions	0.00	0.00	0.00	↔	

<b>Preventable Harm</b>					
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.03	0.00	↑	

<b>Readmissions</b>					
Readmissions to Acute Care within 30 days %	<15.3	4.69 (n=3)	5.2 (n=2)	↓	Lower is better

## 2. Employees

Objective	Target	APR.24	MAY.24	Trend	Supporting Detail
Turnover	<3%	0.6	0.9	↓	
Workplace Injuries	<20 Per Year	0 (QTR 2)	0 (QTR 2)	↔	

## 3.Patient Experience

Objective	Target	MAR.24	APR.24	Trend	Supporting Detail
Outpatient Ambulatory Services					Top Box Scores. % of patients that ranked us 5/5
Recommend Facility	>90%	83 (n=24)	82 (n=17)	↓	
Communication	>90%	96 (n=25)	90 (n=17)	↓	
Discharge Instructions	>95%	99 (n=25)	96 (n=17)	↓	
HCAHPS					
Recommend the hospital	>90%	91 (n=11)	89 (n=9)	↓	Top Box Scores. % of patients that ranked us 5/5
Communication with Nurse	>90%	88 (n=11)	81 (n=9)	↓	
Communication with Doctor	>90%	88 (n=11)	78 (n=9)	↓	
Cleanliness of Hospital	>90%	82 (n=11)	89 (n=9)	↑	
Communication about medicines	>90%	39 (n=9)	63 (n=9)	↑	
Discharge Information	>90%	76 (n=9)	100 (n=8)	↑	

## 4. Volume

Objective	Target	APR.24	MAY.24	Trend	Supporting Detail
<b>Patient Visits</b>					
Emergency Visits	>855	862.0	938.0	↑	
Surgical Volume Outpatient	>140	161.0	164.0	↑	
Surgical Volume Inpatient	>13	16.0	9.0	↓	
Inpatient Discharges	>70	70.0	63.0	↓	

## 5. Financial

Objective	Target	APR.24	MAY.24	Trend	Supporting Detail
Operating EBDA in %	>-4.0%	22.8%	-12.1%	↓	
Days Cash on Hand month end	>42	51.6	21.4	↓	
Net Revenue (\$M) (annualized)	>\$58	\$ 58.0	\$ 58.0	↑	





**To: Governance Committee**  
**From: Stacey Finn, Medical Staff Manager**  
**Meeting Date: June 20, 2024**  
**Re: Medical Staff Bylaws – Medical Staff Membership**

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The Medical Executive Committee and Medical Staff Office are requesting an approval of a revision to the Medical Staff Membership criteria for initial applicants in the Medical Staff Bylaws.

This revision states that new applicants cannot have current pending licensure actions or previously successful challenges to their licensure or registration. For the Medical Staff of Sonoma Valley Hospital to align with the Medical Board of California we have chosen to add language that allows the Medical Staff to deny consideration of an application from an individual for whom the State Board has taken action on or has pending action on their license.

# MEDICAL STAFF MEMBERSHIP

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## Nature of Medical Staff Membership

Membership on the Medical Staff and/or privileges may be extended to and maintained by only those professionally competent practitioners who continuously meet the qualifications, standards, and requirements set forth in these bylaws and the rules. A practitioner, including one who has a contract with the hospital to provide medical-administrative services, may admit or provide services to patients in the hospital only if the practitioner is a member of the Medical Staff or has been granted temporary privileges in accordance with these bylaws and the rules. Appointment to the Medical Staff shall confer only such privileges and prerogatives as have been established by the Medical Staff and granted by the District Board in accordance with these bylaws.

## Qualifications for Membership

### General Qualifications

Membership on the Medical Staff and privileges shall be extended only to practitioners who are professionally competent and continuously meet the qualifications, standards, and requirements set forth in the Medical Staff Bylaws and Rules. Medical Staff membership (except honorary Medical Staff) shall be limited to practitioners who are currently licensed or qualified to practice medicine, podiatry, or dentistry in California.

### Basic Qualifications

A practitioner must demonstrate compliance with all the basic standards set forth in this Section 2.2-2 in order to have an application for Medical Staff membership accepted for review. The practitioner must:

- a. Qualify under California law to practice as follows:
  - 1) Physicians must be licensed to practice medicine by the Medical Board of California or the Board of Osteopathic Examiners of the State of California. Dentists must be licensed to practice dentistry by the California Board of Dental Examiners;
  - 2) Podiatrists must be licensed to practice podiatry by the California Board of Podiatric Medicine;
  - 3) Telemedicine providers do not have to reside in California, but must be licensed to practice in California;
- b. If practicing clinical medicine, dentistry, or podiatry, have a federal Drug Enforcement Administration (DEA) number.
- c. Be certified by or currently qualify to take the board certification examination of a board recognized by the American Board of Medical Specialties, the American Board of Podiatric Surgery, the American Board of Orthopedic Podiatric Medicine, or a board or association with equivalent requirements approved by the Medical Board of California in the specialty that the practitioner will practice at the hospital, or have completed a residency approved by the Accreditation Council for Graduate Medical Education that provided complete training in the specialty or subspecialty

that the practitioner will practice at the hospital. This section shall not apply to dentists.

- d. Be eligible to receive payments from the federal Medicare and state Medi-Cal programs.
- e. Have liability insurance or equivalent coverage meeting the standards specified in the rules (see section 2.7).
- f. Have no current pending licensure action or previously successful challenge to licensure or registration;
- g. Have met the requirements for practice experience and volume as specified in the privileges requested for their specialty.
- h. Be located close enough (office and residence) to the hospital to be able to provide continuous care to his or her patients. The distance to the hospital may vary depending upon the Medical Staff category and privileges that are involved and the feasibility of arranging alternative coverage, and may be defined in the rules.
- i. Pledge to provide continuous care to his or her patients.
- j. If requesting privileges only in departments operated under an exclusive contract, must be a member, employee or subcontractor of the group or person that holds the contract.

A practitioner who does not meet these basic standards is ineligible to apply for Medical Staff membership, and the application shall not be accepted for review, except that applicants for the honorary Medical Staff do not need to comply with any of the basic standards and applicants for the affiliate Medical Staff need not comply with paragraphs (c), (d) and (f), and applicants for the telemedicine affiliate staff need not comply with paragraphs (g) of this Section. If it is determined during the processing that an applicant does not meet all of the basic qualifications, the review of the application shall be discontinued. An applicant who does not meet the basic standards is not entitled to the procedural rights set forth in these bylaws, but may submit comments and a request for reconsideration of the specific standards which adversely affected such practitioner. Those comments and requests shall be reviewed by the Medical Executive Committee and the District Board, which shall have sole discretion to decide whether to consider any changes in the basic standards or to grant a waiver as allowed by Section 2.2-4, Waiver of Qualifications.

#### **Additional Qualifications for Membership**

In addition to meeting the basic standards, the practitioner must:

- a. Document his or her:
  - 1) Adequate experience, education, and training in the requested privileges;
  - Current professional competence;
  - Good judgment; and
  - Adequate physical and mental health status (subject to any necessary reasonable accommodation) to demonstrate to the satisfaction of the Medical Staff that he or she is sufficiently healthy and professionally and ethically competent so that

patients can reasonably expect to safely receive the generally recognized professional level of quality of care for this community; and

Be determined to:

1) Adhere to the lawful ethics of his or her profession;

Be able to work cooperatively with others in the hospital setting so as not to adversely affect patient care or hospital operations; and

Be willing to participate in and properly discharge Medical Staff responsibilities.

### **Waiver of Qualifications**

Insofar as is consistent with applicable laws, the District Board has the discretion to deem a practitioner to have satisfied a qualification, after consulting with the Medical Executive Committee, if it determines that the practitioner has demonstrated he or she has substantially comparable qualifications and that this waiver is necessary to serve the best interests of the patients and of the hospital. There is no obligation to grant any such waiver, and practitioners have no right to have a waiver considered and/or granted. A practitioner who is denied a waiver or consideration of a waiver shall not be entitled to any hearing and appeal rights under these bylaws.

### **Effect of Other Affiliations**

No practitioner shall be entitled to Medical Staff membership merely because he or she holds a certain degree, is licensed to practice in this or in any other state, is a member of any professional organization, is certified by any clinical board, or because he or she had, or presently has, staff membership or privileges at another health care facility.

### **Nondiscrimination**

Medical Staff membership or particular privileges shall not be denied on the basis of age, gender, religion, race, creed, color, national origin, sexual orientation, or any physical or mental impairment if, after any necessary reasonable accommodation, the applicant complies with the bylaws or rules of the Medical Staff or the hospital.

### **Administrative and Contract Practitioners**

#### **Contractors with No Clinical Duties**

A practitioner employed by or contracting with the hospital in a purely administrative capacity with no clinical duties or privileges is subject to the regular personnel policies of the hospital and to the terms of his or her contract or other conditions of employment and need not be a member of the Medical Staff.

#### **Contractors Who Have Clinical Duties**

- a. A practitioner with whom the hospital contracts to provide services which involve clinical duties or privileges must be a member of the Medical Staff, achieving his or her status by the procedures described in these bylaws. Unless a written contract or agreement executed after this provision is adopted specifically provides otherwise, or unless otherwise required by law, those privileges made exclusive or semi-exclusive pursuant to a closed-staff or limited-staff specialty policy will automatically terminate, without the right of access to the review, hearing, and appeal procedures of Article 13, Hearings and Appellate Reviews, of these bylaws,

upon termination or expiration of such practitioner's contract or agreement with the hospital.

Contracts between practitioners and the hospital shall prevail over these bylaws and the rules, except that the contracts may not reduce any hearing rights granted when an action will be taken that must be reported to the Medical Board of California or the federal National Practitioner Data Bank.

### **Subcontractors**

Practitioners who subcontract with practitioners or entities who contract with the hospital may lose any privileges granted pursuant to an exclusive or semi-exclusive arrangement (but not their Medical Staff membership) if their relationship with the contracting practitioner or entity is terminated, or the hospital and the contracting practitioner's or entity's agreement or exclusive relationship is terminated. The hospital may enforce such an automatic termination even if the subcontractor's agreement fails to recognize this right.

### **Basic Responsibilities of Medical Staff Membership**

Except for honorary members each Medical Staff member and each practitioner exercising temporary privileges shall continuously meet all of the following responsibilities:

Provide his or her patients with care of the generally recognized professional level of quality and efficiency;

Abide by the Medical Staff Bylaws and Rules and all other lawful standards, policies and rules of the Medical Staff and the hospital;

Abide by all applicable laws and regulations of governmental agencies and comply with applicable standards of the CIHQ;

Discharge in a responsible and cooperative manner such Medical Staff, department, section, committee and service functions for which he or she is responsible by appointment, election or otherwise;

Abide by all applicable requirements for timely completion and recording of a physical examination and medical history on all patients, in accordance with the clinical guidelines set forth in Section 5.10 as well as Rule 11 of the Rules and Regulations.

Prepare and complete in timely and accurate manner the medical and other required records for all patients to whom the practitioner in any way provides services in the hospital, including compliance with such electronic health record (EHR) policies and protocols as have been implemented by the hospital;

Abide by the ethical principles of his or her profession;

Refrain from unlawful fee splitting or unlawful inducements relating to patient referral;

Refrain from any unlawful harassment or discrimination against any person (including any patient, hospital employee, hospital independent contractor, Medical Staff member, volunteer, or visitor) based upon the person's age, gender, religion, race, creed, color, national origin, sexual orientation, health status, ability to pay, or source of payment;



- Refrain from delegating the responsibility for diagnosis or care of hospitalized patients to a practitioner or AHP who is not qualified to undertake this responsibility or who is not adequately supervised;
- Coordinate individual patients' care, treatment and services with other practitioners and hospital personnel, including, but not limited to, seeking consultation whenever warranted by the patient's condition or when required by the rules or policies and procedures of the Medical Staff or applicable department;
- Actively participate in and regularly cooperate with the Medical Staff in assisting the hospital to fulfill its obligations related to patient care, including, but not limited to, continuous organization-wide quality measurement, assessment and improvement, peer review, utilization management, quality evaluation, and related monitoring activities required of the Medical Staff, and in discharging such other functions as may be required from time to time;
- Upon request, provide information from his or her office records or from outside sources as necessary to facilitate the care of or review of the care of specific patients;
- Recognize the importance of communicating with appropriate department officers and/or Medical Staff officers when he or she obtains credible information indicating that a fellow Medical Staff member may have engaged in unprofessional or unethical conduct or may have a health condition which poses a significant risk to the well-being or care of patients and then cooperate as reasonably necessary toward the appropriate resolution of any such matter;
- Accept responsibility for participating in Medical Staff proctoring in accordance with the rules and policies and procedures of the Medical Staff;
- Complete continuing medical education (CME) that meets all licensing requirements and is appropriate to the practitioner's specialty;
- Adhere to the Medical Staff Standards of Conduct (as further described at Section 2.8), so as not to adversely affect patient care or hospital operations;
- Participate in emergency service coverage and consultation panels as allowed and as required by the rules;
- Cooperate with the Medical Staff in assisting the hospital to meet its uncompensated or partially compensated patient care obligations;
- Participate in patient and family education activities, as determined by the department or Medical Staff Rules, or the Medical Executive Committee.
- Notify the Medical Staff office in writing promptly, and no later than 14 calendar days, following any action taken regarding the member's license, DEA registration, privileges at other facilities, changes in liability insurance coverage, any report filed with the National Practitioner Data Bank, or any other action that could affect his/her Medical Staff standing and/or clinical privileges at the Hospital.

Continuously meet the qualifications for and perform the responsibilities of membership as set forth in these bylaws. A member may be required to demonstrate continuing satisfaction of any of the requirements of these bylaws upon the reasonable request of the Medical Executive Committee. This shall include, but is not limited to, mandatory health or psychiatric evaluation and mandatory drug or alcohol testing, the results of which shall be reportable to the Medical Executive Committee and/or the Well-Being Committee.

Discharge such other Staff obligations as may be lawfully established from time to time by the Medical Staff or Medical Executive Committee.

## Professional Liability Insurance

- 2.7-1 Each Medical Staff member is required as a condition of membership to obtain and maintain professional liability insurance in the minimum amounts of coverage of \$1,000,000 per occurrence and \$3,000,000 aggregate unless exception is made by the Medical Staff Executive Committee upon written request of the Physician.
- 2.7-2 Failure to maintain the minimum level of professional liability insurance is deemed voluntary resignation from the Medical Staff. A Physician whose membership is terminated by reason of failure to maintain professional liability insurance will not have the rights of appeal.
- 2.7-3 The insurance will be with an insurance carrier admitted to market insurance in the State of California, or a Physician mutual cooperative trust, operated in compliance with California law.
- 2.7-4 The insurance must apply to all patients the Physician treats and to all procedures the Physician has privileges to perform in the hospital.
- 2.7-5 Proof of insurance will be provided at time of initial appointment and reappointment in the form of current certificates of insurance which will be maintained in the credentials file, and be available upon request from any Medical Staff committee. Proof of active professional liability coverage may be requested at any time by the Medical Staff Services Department.
- 2.7-6 Each physician will immediately report any reduction, restriction, cancellation or termination of the required professional liability insurance, or any change in insurance carrier as soon as reasonably possible through a written notice to the Medical Staff Services Department. Failure to maintain insurance coverage for any clinical privilege that is held shall result in automatic termination of such privilege until such time as the physician provides evidence of appropriate insurance coverage.

## Standards of Conduct

Members of the Medical Staff are expected to adhere to the Medical Staff Standards of conduct, including but not limited to the following:

### General

- a. It is the policy of the Medical Staff to require that its members fulfill their Medical Staff obligations in a manner that is within generally accepted bounds of professional interaction and behavior. The Medical Staff is committed to supporting a culture and environment that values integrity, honesty and fair dealing with each

other, and to promoting a caring environment for patients, practitioners, employees and visitors.

Rude, combative, obstreperous behavior, as well as willful refusal to communicate or comply with reasonable rules of the Medical Staff and the Hospital may be found to be disruptive behavior. It is specifically recognized that patient care and Hospital operations can be adversely affected whenever any of the foregoing occurs with respect to interactions at any level of the Hospital, in that all personnel play an important part in the ultimate mission of delivering quality patient care.

In assessing whether particular circumstances in fact are affecting quality patient care or Hospital operations, the assessment need not be limited to care of specific patients, or to direct impact on patient health. Rather, it is understood that quality patient care embraces—in addition to medical outcome—matters such as timeliness of services, appropriateness of services, timely and thorough communications with patients, their families, and their insurers (or third party payors) as necessary to effect payment for care, and general patient satisfaction with the services rendered and the individuals involved in rendering those services.

### **Conduct Guidelines**

- a. Upon receiving Medical Staff membership and/or privileges at the hospital, the member enters common goal with all members of the organization to endeavor to maintain the quality of patient care and appropriate professional conduct.

Members of the Medical Staff are expected to behave in a professional manner at all times and with all people—patients, professional peers, Hospital staff, visitors, and others in and affiliated with the Hospital.

Interactions with all persons shall be conducted with courtesy, respect, civility and dignity. Members of the Medical Staff shall be cooperative and respectful in their dealings with other persons in and affiliated with the Hospital.

Complaints and disagreements shall be aired constructively, in a non-demeaning manner, and through official channels.

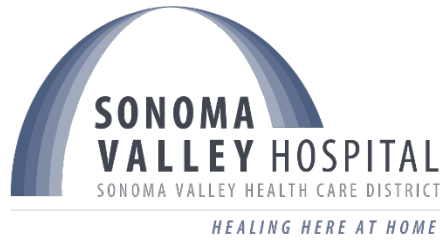
Cooperation and adherence to the reasonable rules of the Hospital and the Medical Staff is required.

Members of the Medical Staff shall not engage in conduct that is offensive or disruptive, whether it is written, oral or behavioral.

### **Adoption of Rules**

The Medical Executive Committee may promulgate rules further illustrating and implementing the purposes of this Section, including but not limited to, procedures for investigating and addressing incidents of perceived misconduct, and progressive or other remedial measures, including, when necessary, disciplinary action.





**To:** SVHCD Board of Directors  
**From:** Sabrina Kidd, MD  
**Meeting Date:** July 11, 2024  
**Subject:** CMO Report

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**June Highlights Included:**

1. ED Volumes were high for June and out ED physicians are doing an excellent job with the larger volumes.
  - a. Average daily census for June = 34 (highest in 2024)
2. Dr. Walter began in the office on Monday, June 24. Due to an injury, he will not be operating for about at least 6 weeks.
3. SVH was ranked 2<sup>nd</sup> in California, and in the top 10 in the nation for providing socially responsible acute care by the 2024-25 Lown Institute Hospitals Index. SVH received an A rating in the social responsibility, equity, value, and outcomes categories.
4. Medical Staff:
  - a. June meetings included: MEC/Peer Review, PI/PT.



To: SVHCD Board of Directors  
 From: Ben Armfield, Chief Financial Officer  
 Date: July 11, 2024  
 Subject: Financial Report for May 2024

While April delivered one of (if not the best) months of the fiscal year, overall performance in May took a step back, primarily due to a pullback in volumes across several key areas.. The hospital continues to navigate through our orthopedic transition and May's volumes reflected that, especially in orthopedic surgery. We also experienced a slower than normal month on the inpatient side, which is not uncommon during the summer months. This decrease in volume directly impacted both our gross and net patient revenues, and was the primary driver in the variance to budget. Despite missing the budget in terms of overall operating margin, the hospital exceeded budget in Operating EBDA for the month, thanks to continued effective cost control measures.

## 1. OVERALL PERFORMANCE | MONTH

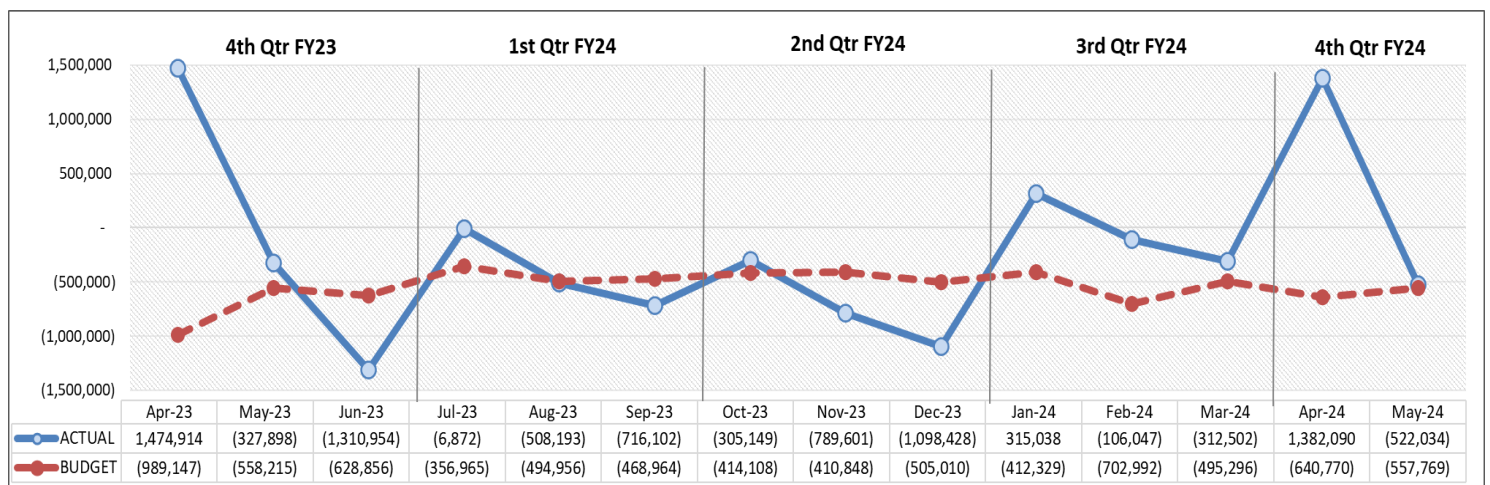
**Table 1 | Overall Performance - May 2024**

	Current Year Month		Variance		Current Year YTD		Variance		Prior Year YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (963,874)	\$ (830,737)	\$ (133,137)	-16%	\$ (7,460,323)	\$ (4,162,751)	\$ (3,297,571)	-79%	\$ (4,646,244)	\$ (2,814,079)	-61%	
Operating EBDA	\$ (522,034)	\$ (557,769)	\$ 35,735	6%	\$ (2,667,799)	\$ (1,190,114)	\$ (1,477,685)	-124%	\$ (1,920,547)	\$ (747,252)	-39%	
Operating EBDA w Parcel	\$ (205,366)	\$ (241,102)	\$ 35,736	15%	\$ 815,539	\$ 2,293,223	\$ (1,477,684)	-64%	\$ 1,562,790	\$ (747,251)	-48%	
Net Income (Loss)	\$ (277,392)	\$ (111,966)	\$ (165,426)	-148%	\$ 3,251,181	\$ 3,743,664	\$ (492,484)	-13%	\$ 3,021,780	\$ 229,400	8%	

**Table 1b | IGT Amounts in Income Statement - May 2024**

	Current Year Month		Current Year YTD		Prior Year YTD
	Actual	Budget	Actual	Budget	Actual
IGT Revenue	\$ 207,222	\$ -	\$ 7,881,130	\$ 6,489,754	\$ 6,065,998
IGT Expense	\$ (86,484)	\$ -	\$ (3,197,493)	\$ (2,219,860)	\$ (2,583,495)
IGT Net Income	\$ 120,738	\$ -	\$ 4,683,637	\$ 4,269,894	\$ 3,482,503

**Graph 1.1 | SVH Trended Operating EBDA**



## **Key Drivers in Month's Performance:**

### **Volumes**

The volume reduction was particularly pronounced on the inpatient side and in certain outpatient services. While surgical volumes ran under budget, they remained relatively consistent with the prior month and also exceeded our most recent 6-month trend. We did see a drop-off in Orthopedic surgery which can be primarily attributed to one of our orthopedic surgeons going out on PTO for most of the month.

In terms of emergency room visits, we continued to see strong performance, with volumes exceeding budget for the third consecutive month. However, physical therapy volumes saw a dip, which broke a run of consecutive months of volume increases. Other outpatient ancillary services, such as CT and MRI, showed growth, with CT volumes achieving four straight months of increases and MRI volumes reaching their highest level since February.

### **Surgical Volumes**

Surgical volumes remained fairly consistent with April, coming in slightly lower than the prior month but higher than our most recent 6-month average. The hospital performed 159 surgeries during the month, which was 10 fewer than the 169 performed in April. The reduction in May was primarily in Orthopedics, with 27 surgeries, nearly 20 fewer than April's numbers. One of our orthopedic surgeons, who has helped cover the volume gap since Dr. Brown's departure, was on PTO for a significant portion of the month. General and GI volumes remain strong and continue to outpace prior year.

### **Emergency Room Utilization**

Emergency room utilization increased again in May, exceeding both budget and current year trend. Since bottoming out in February our ER volumes have now exceeded budget three months in a row. For the year we are 1% under budget and up 5% compared to the prior year.

### **Ancillary Volumes**

As mentioned above, physical therapy volumes softened in May, running 12% under April's volume levels and breaks a string of months where volumes exceeded budget. We do see this is a short-term occurrence as it does appear that June's volumes are back in the same range as previous months. Physical therapy volumes for the year are up 5% compared to budget and over 10% higher than prior year.

Outside of PT, we saw growth in other ancillary volumes. CT volumes continue to rise, achieving four straight months of volume growth. MRI volumes were the highest since February, and serves as another data point that our ancillary volumes have maintained despite losing Dr. Brown in March.

## **Operating Expenses**

The team's hard work continues in proactively managing expenses in an attempt to balance out the shortfall in volumes and revenues. We ran under budget in operating expenses by nearly 10% in May, which marks the third month in a row that we ran under budget by at least 7%. This disciplined approach to expense management has been essential in offsetting the impact of reduced revenues and was the primary driver that helped the hospital to achieve an Operating EBDA that exceeded budget expectations in May.

Cost mitigation is particularly crucial for a small hospital like ours, where the ability to flex staff in response to fluctuating volumes is limited. Unlike larger hospitals that can more easily adjust staffing levels, we must maintain a certain level of fixed staffing to ensure operational continuity and patient care standards.

## **Cash**

After a banner month in cash collections in April, cash collections in May pulled back a bit. We collected nearly \$3.3 million in May. A couple of drivers for this were lower volume months in February and March, which typically lead to softer months in cash, and an operational disruption caused by the finance department's move to the hospital in the last week of May, along with Memorial Day weekend.

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## **Other Updates:**

**Orthoped Recruitment:** We are pleased to report that our new orthopedic surgeon, Dr. Chris Walter, officially started his clinic at SVH on 6/24. He unfortunately sustained an injury a week prior to his start that will keep him out of the operating room for about 4-6 weeks. The setback is certainly unfortunate, but it is also temporary. The good news is that he is here, running his clinic and seeing patients. He plans to be full-time in the clinic as he starts his ramp-up, so he will still be able to be productive and build his surgical schedule while he continues to recover.

**Temporary MRI Project:** The temporary MRI project continues to have just one remaining step in order to be operational, which is an on-site inspection and clearance from the state. Training has been completed and was a success. Our inspection is now scheduled for July 8<sup>th</sup>. If all goes well, we will be open shortly thereafter.



**Distressed Hospital Loan Program:** We have finally received official sign-offs on all documents and agreements associated with our Distressed Hospital Loan Program funds. We should be receiving the \$3M in loan funding within the next 10 days.

**Lown Hospitals Index:** We just received our Lown Hospital Index score for 2024. For those unfamiliar with this index, The Lown Institute Hospitals Index is the first ranking to evaluate hospitals on their social responsibility, and evaluates hospitals on over 50 metrics across categories of health equity, value of care, and patient outcomes.

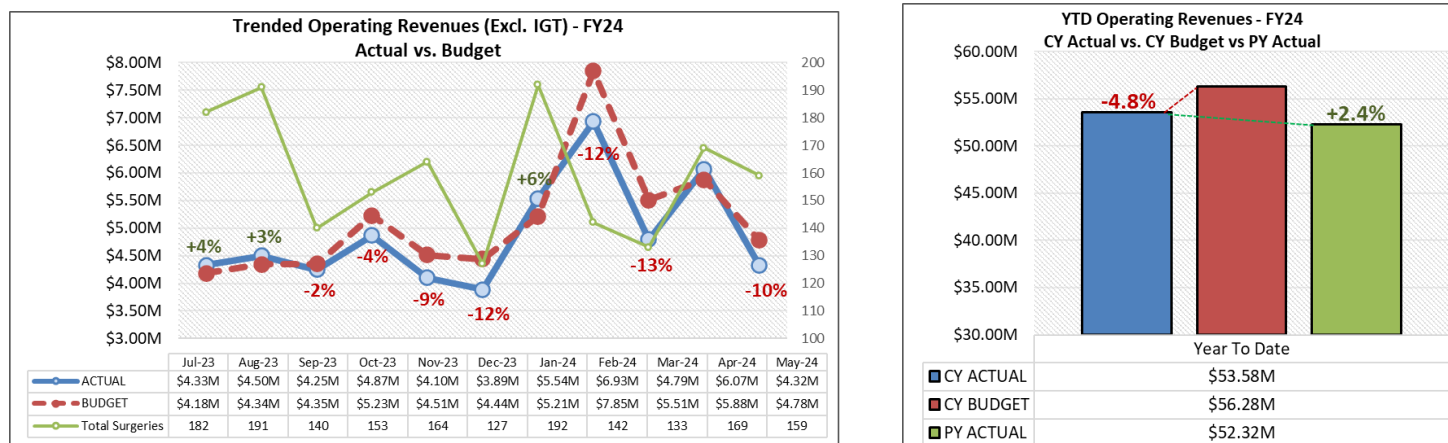
Sonoma Valley Hospital received an overall “A” grade and even more impressive, we ranked **10<sup>th</sup> nationally out of 2,758 acute care hospitals across the country, and 2<sup>nd</sup> in California (out of 258 hospitals).** Out of the 2,758 acute care hospitals that were evaluated, we were 1 of just 154 that achieved an “A” score in all categories! Including a link should you want to read more about this. [Sonoma Valley Health Care District - Lown Institute Hospital Index \(lownhospitalsindex.org\)](https://lownhospitalsindex.org)

## 2. **NET REVENUE AND VOLUME SUMMARY:**

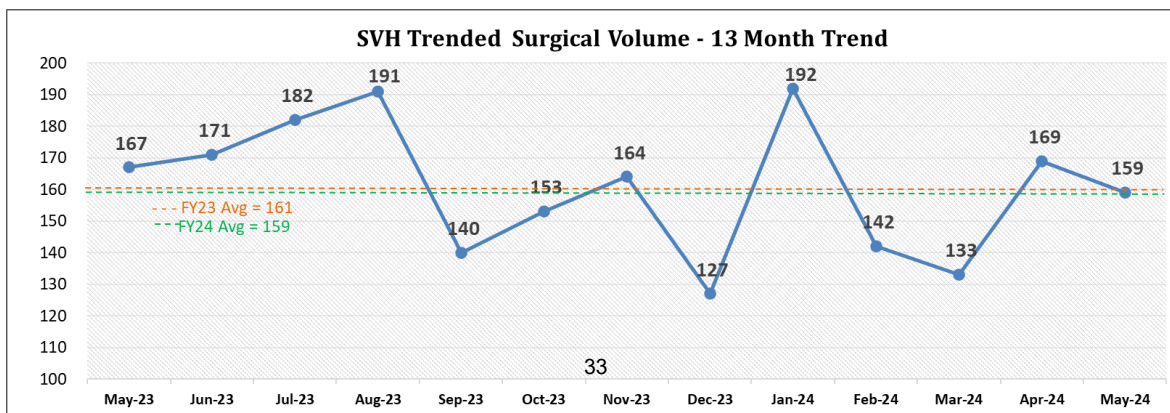
**Table 2 | Net Patient Revenue – Actual vs. Budget - May 2024 (Including IGT)**

	Current Year Month		Variance		Current Year YTD		Variance		Prior Year YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Gross Revenue	\$ 26,252,280	\$ 31,131,165	\$ (4,878,885)	-16%	\$ 304,957,820	\$ 323,121,193	\$ (18,163,374)	-6%	\$ 296,922,475	\$ 8,035,344	3%	
Net Patient Revenue	\$ 4,225,310	\$ 4,687,074	\$ (461,764)	-10%	\$ 52,557,244	\$ 55,258,982	\$ (2,701,738)	-5%	\$ 51,069,444	\$ 1,487,800	3%	
NPR as a % of Gross	15.3%	15.1%	1.7%		14.6%	15.1%	-2.9%		15.2%	-3.3%		
Total Operating Revenue	\$ 4,318,138	\$ 4,779,880	\$ (461,742)	-10%	\$ 53,581,022	\$ 56,279,847	\$ (2,698,825)	-5%	\$ 52,323,778	\$ 1,257,243	2%	

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



**Graph 2.2 | SVH Trended Surgeries (Total) - 13 Month Trend**



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

Current Mth vs. Previous Mth					6 Month Trend						Current Mth vs. 6 Mth Trend		
Service Line	May24	Apr24	Var	% Var	Nov23	Dec23	Jan24	Feb24	Mar24	Apr24	6 Month Trend	Var	% Var
Orthopedics	27	46	(19)	-41%	51	49	67	40	33	46	48	(21)	-43%
Gastroenterology	85	73	12	16%	62	47	67	59	62	73	62	23	38%
Ophthalmology	20	18	2	11%	21	11	22	20	18	18	18	2	9%
General	17	17	-	0%	17	10	18	11	15	17	15	2	16%
<b>SubTotal</b>	<b>149</b>	<b>154</b>	<b>(5)</b>	<b>-3%</b>	<b>151</b>	<b>117</b>	<b>174</b>	<b>130</b>	<b>128</b>	<b>154</b>	<b>142</b>	<b>7</b>	<b>5%</b>
Other	10	15	(5)	-33%	13	10	18	12	5	15	12	(2)	-18%
<b>Grand Total</b>	<b>159</b>	<b>169</b>	<b>(10)</b>	<b>-6%</b>	<b>164</b>	<b>127</b>	<b>192</b>	<b>142</b>	<b>133</b>	<b>169</b>	<b>155</b>	<b>5</b>	<b>3%</b>

**Table 2.4 | Patient Volumes – May 2024**

	Current Year Month		Variance		Current Year YTD		Variance		PY YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	197	275	(78)	-28%	2,741	3,012	(271)	-9%	3,016	(275)	-9%
Average Daily Census	6.4	8.9	(2.5)	-28%	8.2	9.0	(0.8)	-9%	9.0	(0.8)	-9%
Acute Discharges	63	59	4	7%	762	658	104	16%	750	12	2%
IP Surgeries	9	13	(4)	-31%	144	146	(2)	-1%	170	(26)	-15%
OP Surgeries/Spec Proc	150	193	(43)	-22%	1,608	1,819	(211)	-12%	1,586	22	1%
<b>Total Surgeries / Procedures</b>	<b>159</b>	<b>206</b>	<b>(47)</b>	<b>-23%</b>	<b>1,752</b>	<b>1,965</b>	<b>(213)</b>	<b>-11%</b>	<b>1,756</b>	<b>(4)</b>	<b>0%</b>
Total Outpatient Visits	5,057	4,876	181	4%	57,089	50,360	6,729	13%	50,587	6,502	13%
Emergency Room Visits	867	855	12	1%	9,353	9,407	(54)	-1%	8,948	405	5%

**Table 2.5 | Outpatient Volumes Trended – Last 6 Months**

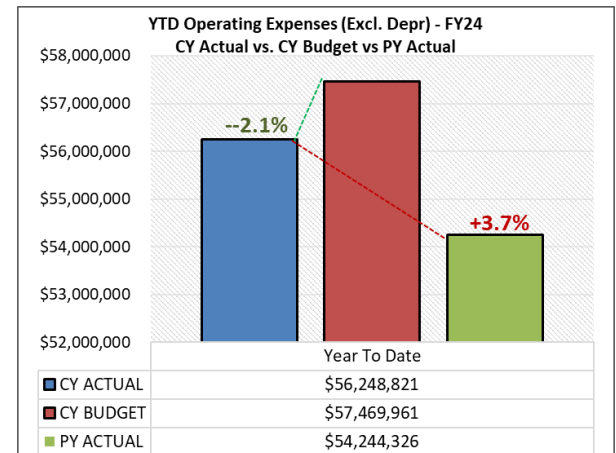
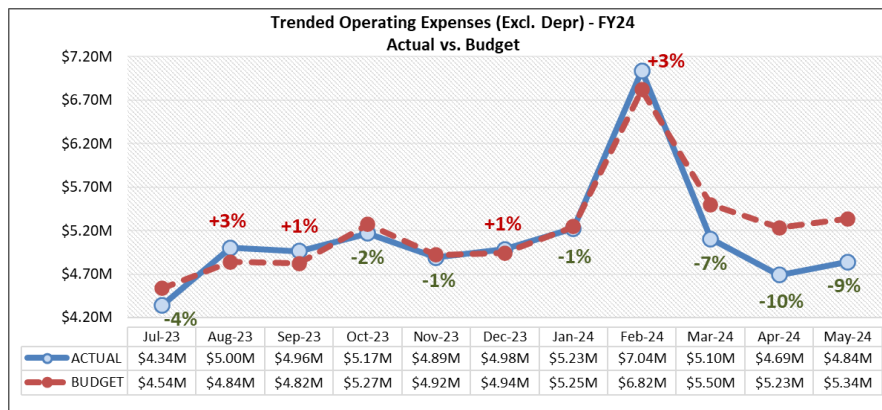
Department	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Last 6 Months
Lab	1,284	1,181	1,337	1,261	1,271	1,407	1,364	
Medical Imaging	997	945	949	896	858	857	900	
Physical Therapy	1,195	1,151	1,238	1,238	1,351	1,365	1,196	
CT Scanner	370	358	409	355	368	387	398	
Occ. Health	280	273	291	230	209	300	315	
Mammography	271	241	222	233	232	241	217	
Occupational Therapy	211	126	194	202	317	224	197	
Ultrasound	220	206	244	242	220	198	222	
Wound Care	129	136	174	166	175	201	213	
MRI	114	136	140	167	123	127	135	
ECHO	117	104	113	135	110	104	132	
Speech Therapy	51	38	45	49	45	53	43	
Other	12	26	24	30	14	22	25	
<b>TOTAL</b>	<b>5,251</b>	<b>4,921</b>	<b>5,380</b>	<b>5,204</b>	<b>5,293</b>	<b>5,486</b>	<b>5,357</b>	
Emergency Room	780	890	868	779	875	862	867	

### 3. OPERATING EXPENSE SUMMARY:

**Table 3 | Operating Expenses – Actual vs. Budget – May 2024 (Including IGT)**

	Current Year Month		Variance		Current Year YTD		Variance		Prior Year YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%
Operating Expenses	\$ 5,282,012	\$ 5,610,616	\$ 328,604	6%	\$ 61,041,344	\$ 60,442,599	\$ (598,746)	-1%	\$ 56,970,022	\$ (4,071,322)	-7%
Operating Exp. Excl. Depr.	\$ 4,840,172	\$ 5,337,649	\$ 497,477	9%	\$ 56,248,821	\$ 57,469,961	\$ 1,221,140	2%	\$ 54,244,326	\$ (2,004,496)	-4%
Worked FTEs	212.6	222.4	9.7	4%	214.2	219.2	5.0	2%	212.9	(1.3)	-1%

### Graph 3.1 | SVH Trended Operating Expenses (excluding Depreciation) – FY24



#### 4. CASH ACTIVITY SUMMARY:

**Table 4 | Cash / Revenue Cycle Indicators - May 2024**

	May-24	Apr-24	Var	%
Days Cash on Hand	22.5	51.6	(29.1)	-56%
A/R Days	58.1	55.5	2.6	5%
A/P Days	50.1	57.6	(7.5)	-13%

#### 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
- 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 May, 2024**

**ATTACHMENT A**

	MONTH			
Gross Revenue	Actual	Budget	Variance	% Variance
Medicare	8,753,002	11,316,231	-2,563,229	-8.2%
Medicare Managed Care	4,729,444	5,374,522	-645,078	-2.1%
Medi-Cal	5,168,705	6,025,980	-857,275	-2.7%
Self Pay	520,687	174,597	346,090	1.1%
Commercial & Other Governn	6,441,966	7,301,064	-859,098	-2.7%
Worker's Comp.	614,015	1,163,009	-548,994	-1.8%
<b>Total</b>	<b>26,227,818</b>	<b>31,355,402</b>	<b>-5,127,584</b>	<b>-16.4%</b>

	YEAR TO DATE			
	Actual	Budget	Variance	% Variance
	112,574,624	116,777,913	-4,203,289	-1.3%
	54,662,047	55,449,809	-787,762	-0.2%
	50,043,301	61,926,455	-11,883,154	-3.7%
	4,464,439	1,759,316	2,705,123	0.8%
	75,181,149	74,822,061	359,088	0.1%
	7,811,670	11,864,245	-4,052,575	-1.3%
	<b>304,737,229</b>	<b>322,599,799</b>	<b>-17,862,570</b>	<b>-5.5%</b>

	MONTH		
Payor Mix	Actual	Budget	Variance
Medicare	33.4%	36.1%	-2.7%
Medicare Managed Care	18.0%	17.1%	0.9%
Medi-Cal	19.7%	19.2%	0.5%
Self Pay	2.0%	0.6%	1.4%
Commercial & Other Governn	24.6%	23.3%	1.3%
Worker's Comp.	2.3%	3.7%	-1.4%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	

	YEAR TO DATE		
	Actual	Budget	Variance
	36.9%	36.2%	0.7%
	17.9%	17.2%	0.7%
	16.4%	19.2%	-2.8%
	1.5%	0.5%	0.9%
	24.7%	23.2%	1.5%
	2.6%	3.7%	-1.1%
	<b>100.0%</b>	<b>100.0%</b>	

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

**ATTACHMENT B**

CURRENT MONTH				YEAR-TO-DATE			YTD	
	Actual	Budget	Favorable		Actual	Budget	Favorable	Prior
	05/31/24	05/31/24	(Unfavorable)		05/31/24	05/31/24	(Unfavorable)	Year
			Variance				Variance	05/31/23
Inpatient Utilization								
Discharges								
1	43	47	(4)	Med/Surg	559	525	34	535
2	20	12	8	ICU	203	133	70	215
3	63	59	4	Total Discharges	762	658	104	750
Patient Days:								
4	140	176	(36)	Med/Surg	1,827	1,945	(118)	1,917
5	57	99	(42)	ICU	914	1,067	(153)	1,099
6	197	275	(78)	Total Patient Days	2,741	3,012	(271)	3,016
7	22	-	22	Observation days	229	-	229	168
Average Length of Stay:								
8	3.3	3.8	(0.5)	Med/Surg	3.27	3.70	(0.43)	3.6
9	2.9	8.2	(5.4)	ICU	4.50	8.04	(3.54)	5.1
10	3.1	4.7	(1.6)	Avg. Length of Stay	3.60	4.58	(0.98)	4.0
Average Daily Census:								
11	4.5	5.7	(1.2)	Med/Surg	5.4	5.8	(0.4)	5.7
12	1.8	3.2	(1.4)	ICU	2.7	3.2	(0.5)	3.3
13	6.4	8.9	(2.5)	Avg. Daily Census	8.2	9.0	(0.8)	9.0
Other Utilization Statistics								
Emergency Room Statistics								
14	867	855	12	Total ER Visits	9,353	9,407	(54)	8,948
Outpatient Statistics:								
15	5,357	4,876	481	Total Outpatients Visits	57,389	50,360	7,029	50,587
16	9	13	(4)	IP Surgeries	144	146	(2)	170
17	150	178	(28)	OP Surgeries / Special Procedures	1,608	1,804	(196)	1,586
18	360	263	97	Adjusted Discharges	3,593	2,826	768	3,165
19	1,126	1,232	(106)	Adjusted Patient Days	12,892	12,938	(46)	12,895
20	36.3	39.8	(3.4)	Adj. Avg. Daily Census	38.4	38.5	(0.1)	38.4
21	1.3070	1.4000	(0.093)	Case Mix Index -Medicare	1.3784	1.4000	(0.022)	1.4810
22	1.2966	1.4000	(0.103)	Case Mix Index - All payers	1.3677	1.4000	(0.032)	1.4594
Labor Statistics								
23	213	222	10	FTE's - Worked	214	219	5.0	213
24	234	245	11	FTE's - Paid	237	241	4.7	235
25	50.35	53.28	2.92	Average Hourly Rate	49.25	51.97	2.72	50.18
26	6.44	6.16	(0.28)	FTE / Adj. Pat Day	6.17	6.27	0.10	6.13
27	36.7	35.1	(1.6)	Manhours / Adj. Pat Day	35.2	35.7	0.6	34.9
28	114.8	164.4	49.6	Manhours / Adj. Discharge	126.1	163.6	37.4	142.2
29	26.1%	22.6%	-3.5%	Benefits % of Salaries	26.0%	23.8%	-2.1%	23.7%
Non-Labor Statistics								
30	13.0%	14.6%	1.5%	Supply Expense % Net Revenue	13.2%	13.0%	-0.1%	14.0%
31	1,529	2,595	1,066	Supply Exp. / Adj. Discharge	1,924	2,549	625	2,254
32	14,790	21,509	6,719	Total Expense / Adj. Discharge	17,120	21,579	4,458	18,166
Other Indicators								
33	22.5			Days Cash - Operating Funds				
34	58.1	50.0	8.1	Days in Net AR	60.7	50.0	10.7	46.9
35	87%			Collections % of Cash Goal	102%			97.3%
36	54.1	55.0	(0.9)	Days in Accounts Payable	54.1	55.0	(0.9)	46.1
37	16.1%	15.1%	1.0%	% Net revenue to Gross revenue	17.2%	17.1%	0.1%	17.2%
38	34.9%			% Net AR to Gross AR	34.9%			32.4%

## Sonoma Valley Health Care District

## ATTACHMENT C

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

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
<b>Assets</b>			
Current Assets:			
1 Cash	3,273,269	8,218,030	9,167,002
3 Net Patient Receivables	11,183,285	10,469,927	9,729,409
4 Allow Uncollect Accts	(3,659,118)	(3,497,552)	(1,770,548)
5 Net A/R	7,524,167	6,972,374	7,958,860
6 Other Accts/Notes Rec	1,905,808	1,606,260	1,374,882
7 Parcel Tax Receivable	240,316	240,316	203,861
8 GO Bond Tax Receivable	(150,303)	947,285	906,105
9 3rd Party Receivables, Net	328,494	(1,580,158)	112,552
10 Inventory	1,034,650	1,026,376	1,115,954
11 Prepaid Expenses	832,531	830,070	746,495
12 Total Current Assets	\$ 14,988,932	\$ 18,260,554	\$ 21,585,711
13 Property, Plant & Equip, Net	\$ 59,188,988	\$ 59,396,074	\$ 56,523,752
14 Trustee Funds - GO Bonds	5,909,692	4,791,498	4,684,039
15 Designated Funds - Board Approved	-	-	-
16 <b>Total Assets</b>	<b>\$ 80,087,612</b>	<b>\$ 82,448,126</b>	<b>\$ 82,793,502</b>
<b>Liabilities &amp; Fund Balances</b>			
Current Liabilities:			
17 Accounts Payable	\$ 5,342,499	\$ 6,424,599	\$ 5,638,891
18 Accrued Compensation	3,605,990	4,397,707	4,324,666
19 Interest Payable - GO Bonds	139,001	89,766	147,163
20 Accrued Expenses	787,073	532,976	1,355,523
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	316,663	633,330	316,663
23 Deferred GO Bond Tax Revenue	218,123	436,245	207,092
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	127,942	92,742	57,511
27 Total Current Liabilities	\$ 15,728,500	\$ 17,798,574	\$ 17,738,719
28 Long Term Debt, net current portion	\$ 25,059,930	\$ 25,072,978	\$ 27,052,746
Fund Balances:			
30 Unrestricted	\$ 20,645,516	\$ 20,645,515	\$ 19,448,668
31 Restricted	18,653,667	18,931,059	18,553,370
32 Total Fund Balances	\$ 39,299,182	\$ 39,576,574	\$ 38,002,038
33 <b>Total Liabilities &amp; Fund Balances</b>	<b>\$ 80,087,612</b>	<b>\$ 82,448,126</b>	<b>\$ 82,793,502</b>

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

ATTACHMENT D

Assets	Monthly Change	Current Month	Prior Month	Prior Year	Variance Commentary
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**CURRENT ASSETS**

Cash	(4,944,761)	3,273,269	8,218,030	9,167,002	Cash decreased by \$4.9 million in May. Half of the decrease relates to a \$2.5M repayment of an advance owed back to Partnership Health Plan. CHFPA Bridge Loan Repayment of \$300K was made in May as well. Continued efforts in working down accounts payables (AP decreased by \$1M in May). Softer month of cash collections (\$3.3M collected vs. \$4M+ last two months)
Net A/R	551,793	7,524,167	6,972,374	7,958,860	
Other Receivables	1,110,612	2,324,315	1,213,703	2,597,400	Other Receivables increased by \$1.1M in May. Main drivers were the \$2.5M repayment of the Partnership advance which increased our receivable, and \$1.1M reduction in receivables due to property taxes being collected by the county for the GO Bonds.
Inventory	8,274	1,034,650	1,026,376	1,115,954	
Prepaid Expenses	2,461	832,531	830,070	746,495	
<b>TOTAL CURRENT ASSETS</b>	<b>(3,271,621)</b>	<b>14,988,932</b>	<b>18,260,554</b>	<b>21,585,711</b>	

**NON-CURRENT ASSETS**

Net Fixed Assets	(207,086)	59,188,988	59,396,074	56,523,752	
Trustee Funds - GO Bonds	1,118,194	5,909,692	4,791,498	4,684,039	Trustee funds increased by \$1.1M due to the collection of property taxes for the GO Bonds.
<b>TOTAL ASSETS</b>	<b>(2,360,514)</b>	<b>80,087,612</b>	<b>82,448,126</b>	<b>82,793,502</b>	

Liabilities / Fund Balance	Monthly Change	Current Month	Prior Month	Prior Year	Variance Commentary
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**CURRENT LIABILITIES**

Accounts Payable	(1,082,100)	5,342,499	6,424,599	5,638,891	A/P decreased due to continued efforts to paydown vendor invoices and eliminate payables aged greater than 90 days.
Accrued Expenses	(537,620)	4,393,063	4,930,683	5,680,189	
Interest Payable	49,235	139,001	89,766	147,163	
Deferred Revenues	(534,789)	534,786	1,069,575	523,755	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	35,200	345,417	310,217	274,986	
<b>TOTAL CURRENT LIABILITIES</b>	<b>(2,070,074)</b>	<b>15,728,500</b>	<b>17,798,574</b>	<b>17,738,719</b>	

**NON-CURRENT LIABILITIES**

Long Term Debt	(13,048)	25,059,930	25,072,978	27,052,746	
<b>TOTAL LIABILITIES</b>	<b>(2,083,122)</b>	<b>40,788,430</b>	<b>42,871,552</b>	<b>44,791,465</b>	

**FUND BALANCES**

Fund Balance	(277,392)	39,299,182	39,576,574	38,002,038	Net loss of (\$277,392)
<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b>(2,360,514)</b>	<b>80,087,612</b>	<b>82,448,126</b>	<b>82,793,502</b>	



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

**ATTACHMENT E**

Month						Year-To- Date				YTD	
This Year			Variance			This Year			Variance		Prior Year
Actual	Budget		\$	%	Actual	Budget	\$	%			
						Volume Information					
1	63	59	4	7%	Acute Discharges	762	662	100	15%	737	
2	197	275	(78)	-28%	Patient Days	2,741	2,989	(248)	-8%	3,078	
3	22	-	22	0%	Observation Days	232	-	232	*	168	
4	\$ 21,663	\$ 24,189	\$ (2,525)	-10%	Gross O/P Revenue (000's)	\$ 239,934	\$ 247,975	\$ (8,041)	-3%	\$ 226,234	
						Financial Results					
						Gross Patient Revenue					
5	\$ 4,589,215	\$ 6,941,777	\$ (2,352,562)	-34%	Inpatient	\$ 65,023,584	\$ 75,145,896	(10,122,312)	-13%	\$ 70,442,310	
6	12,028,739	14,281,971	(2,253,232)	-16%	Outpatient	143,752,974	147,569,398	(3,816,423)	-3%	136,388,974	
7	9,634,326	9,907,417	(273,091)	-3%	Emergency	96,181,261	100,405,899	(4,224,638)	-4%	90,091,191	
8	\$ 26,252,280	\$ 31,131,165	(4,878,885)	-16%	Total Gross Patient Revenue	\$ 304,957,820	\$ 323,121,193	(18,163,374)	-6%	\$ 296,922,475	
						Deductions from Revenue					
9	(22,184,344)	(26,255,639)	4,071,295	16%	Contractual Discounts	\$ (257,153,909)	\$ (272,418,306)	15,264,397	6%	\$ (243,460,824)	
10	(72,256)	(156,484)	84,228	54%	Bad Debt	(3,139,258)	(1,620,692)	(1,518,566)	-94%	(7,765,998)	
11	22,408	(31,968)	54,376	170%	Charity Care Provision	11,462	(312,967)	324,429	*	(692,207)	
12	207,222	-	207,222	*	Prior Period Adj/Government Program Revenue	7,881,130	6,489,754	1,391,376	21%	6,065,998	
13	\$ (22,026,970)	\$ (26,444,091)	4,417,121	-17%	Total Deductions from Revenue	\$ (252,400,575)	\$ (267,862,211)	15,461,635	-6%	\$ (245,853,031)	
						Net Patient Service Revenue					
14	\$ 4,225,310	\$ 4,687,074	(461,764)	-10%		\$ 52,557,244	\$ 55,258,982	(2,701,738)	-5%	\$ 51,069,444	
15	\$ 92,828	\$ 92,806	22	0%	Other Op Rev & Electronic Health Records	\$ 1,023,778	\$ 1,020,865	2,913	0%	\$ 1,254,335	
16	\$ 4,318,138	\$ 4,779,880	(461,742)	-10%	Total Operating Revenue	\$ 53,581,022	\$ 56,279,847	\$ (2,698,825)	-5%	\$ 52,323,778	
						Operating Expenses					
17	\$ 2,080,929	\$ 2,304,548	223,619	10%	Salary and Wages and Agency Fees	\$ 22,318,297	\$ 23,444,651	1,126,355	5%	\$ 22,589,354	
18	808,621	761,184	(47,437)	-6%	Employee Benefits	8,582,273	8,117,443	(464,830)	-6%	7,830,716	
19	\$ 2,889,550	\$ 3,065,732	176,182	6%	Total People Cost	\$ 30,900,569	\$ 31,562,094	661,525	2%	\$ 30,420,071	
20	\$ 643,707	\$ 682,598	38,891	6%	Med and Prof Fees (excl'd Agency)	\$ 6,532,480	\$ 7,043,313	510,833	7%	\$ 6,167,558	
21	550,525	682,709	132,184	19%	Supplies	6,913,542	7,202,875	289,333	4%	7,135,441	
22	307,662	542,507	234,845	43%	Purchased Services	4,499,536	5,175,058	675,522	13%	4,530,084	
23	441,840	272,967	(168,873)	-62%	Depreciation	4,792,523	2,972,637	(1,819,886)	-61%	2,725,696	
24	135,364	159,120	23,756	15%	Utilities	1,717,362	1,880,314	162,952	9%	1,711,642	
25	68,544	66,758	(1,786)	-3%	Insurance	785,343	744,336	(41,008)	-6%	605,106	
26	50,300	48,094	(2,206)	-5%	Interest	590,695	497,034	(93,662)	-19%	425,248	
27	108,036	90,132	(17,904)	-20%	Other	1,111,800	1,145,077	33,277	3%	665,681	
28	86,484	-	(86,484)	*	Matching Fees (Government Programs)	3,197,493	2,219,860	(977,633)	44%	2,583,495	
29	\$ 5,282,012	\$ 5,610,616	328,604	6%	Operating Expenses	\$ 61,041,344	\$ 60,442,599	(598,746)	-1.0%	\$ 56,970,022	
						Operating Margin					
30	\$ (963,874)	\$ (830,737)	\$ (133,137)	-16%		\$ (7,460,323)	\$ (4,162,751)	(3,297,571)	-79%	\$ (4,646,244)	



## ATTACHMENT E

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

Month						Year-To- Date						YTD
This Year		Variance				This Year		Variance				Prior Year
Actual	Budget	\$	%			Actual	Budget	\$	%			
31	\$ 41,366	\$ 4,744	36,622	*		Non Operating Rev and Expense						
32	-	-	-	0%		Miscellaneous Revenue/(Expenses)						\$ (67,821)
33	-	-	-	*		Donations						-
34	316,668	316,667	1	0%		Physician Practice Support-Prima						-
35	-	-	-	0%		Parcel Tax Assessment Rev						3,483,337
36	\$ 358,034	\$ 321,411	36,623	11%		Extraordinary Items						-
						Total Non-Operating Rev/Exp						\$ 3,415,516
37	\$ (605,840)	\$ (509,325)	(96,515)	-19%		Net Income / (Loss) prior to Restricted Contributions						\$ (1,230,728)
38	\$ -	\$ -	-	0%		Capital Campaign Contribution						\$ -
39	\$ 153,261	\$ 238,530	(85,269)	0%		Restricted Foundation Contributions						\$ 2,503,183
40	\$ (452,579)	\$ (270,795)	(181,784)	-67%		Net Income / (Loss) w/ Restricted Contributions						\$ 1,272,455
41	175,187	158,829	16,358	10%		GO Bond Activity, Net						1,749,326
42	\$ (277,392)	\$ (111,966)	(165,426)	148%		Net Income/(Loss) w GO Bond Activity						\$ 3,021,780
	\$ (164,000)	\$ (236,358)	72,358			EBDA - Not including Restricted Contributions						\$ 1,494,968
	\$ (522,034)	\$ (557,769)	35,735	6%		Operating EBDA - Not including Restricted Contributions						\$ (1,920,547)

**Sonoma Valley Health Care District**  
**FY24 Trended Income Statement - Last 6 Months**  
**For the Period Ended May 31, 2024**

ATTACHMENT F

	December	January	February	March	April	May	FY24 YTD	FY24 YTD Month Avg
1 Acute Discharges	83	75	63	59	70	63	762	69
2 Patient Days	251	300	229	192	230	197	2,741	249
3 Observation Days	31	26	15	17	19	22	232	21
4 Gross O/P Revenue (000's)	\$ 20,765	\$ 23,302	\$ 19,700	\$ 21,438	\$ 21,913	\$ 21,663	\$ 239,934	\$ 21,812
<b>Financial Results</b>								
<b>Gross Patient Revenue</b>								
5 Inpatient	\$ 6,065,731	\$ 6,699,890	\$ 5,561,483	\$ 4,451,229	\$ 6,001,401	\$ 4,589,215	\$ 65,023,584	\$ 5,911,235
6 Outpatient	12,406,069	14,442,618	11,809,432	12,014,729	12,349,015	12,028,739	143,752,974	13,068,452
7 Emergency	8,359,376	8,859,696	7,890,643	9,423,709	9,563,637	9,634,326	96,181,261	8,743,751
8 Total Gross Patient Revenue	\$ 26,831,176	\$ 30,002,204	\$ 25,261,558	\$ 25,889,667	\$ 27,914,053	\$ 26,252,280	\$ 304,957,820	\$ 27,723,438
<b>Deductions from Revenue</b>								
9 Contractual Discounts	(23,383,497)	(25,246,761)	(21,395,686)	(21,920,503)	(21,690,696)	(22,184,344)	(257,153,909)	(23,377,628)
10 Bad Debt	111,925	(90,000)	(202,507)	(216,128)	(2,013,340)	(72,256)	(3,139,258)	(285,387)
11 Charity Care Provision	231,540	(122,013)	(240,123)	165,606	(102,784)	22,408	11,462	1,042
12 IGT Revenue	-	888,369	3,420,534	780,000	1,861,463	207,222	7,881,130	716,466
13 Total Deductions from Revenue	\$ (23,040,032)	\$ (24,570,405)	\$ (18,417,782)	\$ (21,191,025)	\$ (21,945,357)	\$ (22,026,970)	\$ (252,400,575)	\$ (22,945,507)
14 Net Patient Service Revenue	\$ 3,791,144	\$ 5,431,799	\$ 6,843,776	\$ 4,698,642	\$ 5,968,696	\$ 4,225,310	\$ 52,557,244	\$ 4,777,931
15 Other Operating Revenue	\$ 94,272	\$ 108,295	\$ 88,514	\$ 92,702	\$ 102,300	\$ 92,828	\$ 1,023,778	\$ 93,071
16 Total Operating Revenue	\$ 3,885,416	\$ 5,540,094	\$ 6,932,290	\$ 4,791,344	\$ 6,070,996	\$ 4,318,138	\$ 53,581,022	\$ 4,871,002
<b>Operating Expenses</b>								
17 Salary and Wages and Agency Fees	\$ 2,088,632	\$ 1,915,551	\$ 2,025,982	\$ 2,056,165	\$ 2,054,463	\$ 2,080,929	\$ 22,318,297	\$ 2,028,936
18 Employee Benefits	754,958	810,879	729,229	925,525	856,322	808,621	8,582,273	780,207
19 Total People Cost	\$ 2,843,590	\$ 2,726,430	\$ 2,755,211	\$ 2,981,690	\$ 2,910,785	\$ 2,889,550	\$ 30,900,569	\$ 2,809,143
20 Med and Prof Fees (excl Agency)	\$ 551,402	\$ 659,636	\$ 621,045	\$ 639,293	\$ 579,135	\$ 643,707	\$ 6,532,480	\$ 593,862
21 Supplies	656,453	761,387	552,783	473,260	361,713	550,525	6,913,542	628,504
22 Purchased Services	550,338	396,842	379,540	372,201	403,065	307,662	4,499,536	409,049
23 Depreciation	431,329	456,946	395,082	427,561	422,819	441,840	4,792,523	435,684
24 Utilities	134,835	165,776	256,678	119,082	151,806	135,364	1,717,362	156,124
25 Insurance	68,544	66,583	66,583	66,583	98,995	68,544	785,343	71,395
26 Interest	46,487	71,737	84,472	54,108	20,453	50,300	590,695	53,700
27 Other	132,195	83,665	56,720	104,090	115,482	108,036	1,111,800	101,073
28 Matching Fees (IGT)	-	293,000	2,265,305	293,539	47,472	86,484	3,197,493	290,681
29 Operating expenses	\$ 5,415,173	\$ 5,682,002	\$ 7,433,419	\$ 5,531,407	\$ 5,111,725	\$ 5,282,012	\$ 61,041,344	\$ 5,549,213
30 Operating Margin	\$ (1,529,757)	\$ (141,908)	\$ (501,129)	\$ (740,063)	\$ 959,271	\$ (963,874)	\$ (7,460,323)	\$ (678,211)
<b>Non Operating Rev and Expense</b>								
31 Miscellaneous Revenue/(Expenses)	\$ 16,366	\$ 19,303	\$ 14,540	\$ 37,899	\$ 40,512	\$ 41,366	\$ 376,267	\$ 34,206
32 Donations	(4,287)	(2,797)	(3,586)	(1,459)	67	-	(12,062)	(1,097)
33 Physician Practice Support-Prima	-	-	-	-	-	-	-	-
34 Parcel Tax Assessment Rev	316,667	316,667	316,667	316,667	316,667	316,668	3,483,338	316,667
35 Extraordinary Items	-	-	-	-	-	-	-	-
36 Total Non-Operating Rev/Exp	\$ 328,746	\$ 333,173	\$ 327,621	\$ 353,107	\$ 357,246	\$ 358,034	\$ 3,847,543	\$ 349,777
37 Net Income / (Loss) prior to Rest. Cont.	\$ (1,201,011)	\$ 191,265	\$ (173,508)	\$ (386,956)	\$ 1,316,517	\$ (605,840)	\$ (3,612,779)	\$ (328,434)
38 Capital Campaign Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39 Restricted Foundation Contributions	\$ 330,142	\$ 7,169	\$ 516,187	\$ 2,442,308	\$ 1,202,053	\$ 153,261	\$ 4,941,671	\$ 449,243
40 Net Income / (Loss) w/ Rest. Cont.	\$ (870,869)	\$ 198,434	\$ 342,679	\$ 2,055,352	\$ 2,518,570	\$ (452,579)	\$ 1,328,892	\$ 120,808
41 GO Bond Activity, Net	175,187	175,187	175,187	175,187	175,187	175,187	1,922,289	174,754
42 Net Income/(Loss) w GO Bond Activity	\$ (695,682)	\$ 373,621	\$ 517,866	\$ 2,230,539	\$ 2,693,757	\$ (277,392)	\$ 3,251,181	\$ 295,562
EBDA - Not including Rest. Cont.	\$ (769,682)	\$ 648,211	\$ 221,574	\$ 40,605	\$ 1,739,336	\$ (164,000)	\$ 1,179,744	\$ 107,249
Operating EBDA	\$ (1,098,428)	\$ 315,038	\$ (106,047)	\$ (312,502)	\$ 1,382,090	\$ (522,034)	\$ (2,667,799)	\$ (242,527)
Operating EBDA excl IGT	\$ (1,098,428)	\$ (280,331)	\$ (1,261,276)	\$ (798,963)	\$ (431,901)	\$ (642,772)	\$ (7,351,437)	\$ (668,312)

Sonoma Valley Hospital  
Cash Forecast  
FY 2024

ATTACHMENT G

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Actual Mar	Actual Apr	Actual May	Forecast Jun	TOTAL
<b>Hospital Operating Sources</b>													
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	4,556,724	3,297,942	3,600,000	47,881,966
2 Other Operating Revenue	26,197	172,302	37,453	95,192	283,068	93,447	117,466	153,075	20,376	116,256	122,122	115,291	1,352,244
3 Other Non-Operating Revenue	42,960	4,386	10,108	43,877	12,352	11,224	17,442	5,578	11,180	17,993		7,800	184,901
4 Unrestricted Contributions		1,250	861	2,651	7,716	380	7,169	3,420	309	628	3,587		27,972
5 Line of Credit													-
<b>Sub-Total Hospital Sources</b>	<b>4,033,829</b>	<b>4,600,406</b>	<b>3,517,792</b>	<b>4,798,212</b>	<b>4,476,030</b>	<b>3,971,076</b>	<b>4,212,456</b>	<b>3,758,139</b>	<b>4,241,467</b>	<b>4,691,601</b>	<b>3,423,651</b>	<b>3,723,091</b>	<b>49,447,750</b>
<b>Hospital Uses of Cash</b>													
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	4,976,215	5,866,394	4,614,191	59,206,988
7 Add Capital Lease Payments	64,932	65,051	389,160	194,558	370,013	69,578	270,605	88,998		332,689	57,027		1,902,610
8 Add: Bridge Loan Paybacks									308,000		300,487		608,487
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	35,056	35,056	35,056	396,488
10 Line of Credit Paydown							-						-
11 Capital Expenditures	157,689	152,213	177,157	27,616	116,996	421,333	330,101	530,867	2,294,905	1,233,345	637,120	303,577	6,382,917
SVH Capital	156,051	50,387	(35,866)	27,616	31,724	94,223	296,795	4,000	5,375	31,920	87,867	45,000	795,092
Foundation Capital	1,638	101,825	213,023		85,272	327,110	33,306	526,867	2,289,530	1,201,425	549,252	258,577	5,587,824
<b>Total Hospital Uses</b>	<b>5,405,567</b>	<b>5,369,338</b>	<b>4,725,991</b>	<b>5,251,892</b>	<b>5,574,384</b>	<b>5,745,188</b>	<b>4,832,623</b>	<b>5,978,513</b>	<b>7,187,782</b>	<b>6,718,664</b>	<b>6,896,083</b>	<b>4,952,824</b>	<b>68,497,490</b>
<b>Net Hospital Sources/Uses of Cash</b>	<b>(1,371,738)</b>	<b>(768,932)</b>	<b>(1,208,199)</b>	<b>(453,679)</b>	<b>(1,098,354)</b>	<b>(1,774,112)</b>	<b>(620,167)</b>	<b>(2,220,374)</b>	<b>(2,946,316)</b>	<b>(2,027,063)</b>	<b>(3,472,432)</b>	<b>(1,229,733)</b>	<b>(19,049,741)</b>
<b>Non-Hospital Sources</b>													
12 Restricted Capital Donations	1,638	101,826	213,023	6,249	85,272	327,110	26,137	516,187	2,442,308	1,201,425	235,537	258,577	5,415,289
13 Parcel Tax Revenue	179,984					2,059,056				1,500,627			3,739,668
14 Other Payments								861,768				300,000	1,161,768
15 Other:													
16 IGT - HQAF VII (CY22)				39,262	684,280								723,542
17 IGT - QIP (PY 5/CY22)									1,099,230		93,747		1,192,977
18 IGT - Rate Range								2,500,000		5,281,071			7,781,071
19 IGT - HQAF VIII (CY23)											780,000		780,000
20 IGT - NDPH (SFY22-23)												151,000	151,000
21 IGT - NDPH (SFY23-24)												160,613	160,613
22 Distressed Hospital Loan Program													-
<b>Sub-Total Non-Hospital Sources</b>	<b>181,622</b>	<b>101,826</b>	<b>213,023</b>	<b>45,511</b>	<b>769,552</b>	<b>2,386,167</b>	<b>26,137</b>	<b>3,877,955</b>	<b>3,555,307</b>	<b>7,983,123</b>	<b>1,109,284</b>	<b>870,190</b>	<b>21,119,696</b>
<b>Non-Hospital Uses of Cash</b>													
23 Matching Fees	-	-	-	211,693	-	-	-	2,458,305	293,539	47,472	86,484		3,097,493
24 IGT Rate Range Advance Repayment											2,500,000		2,500,000
<b>Sub-Total Non-Hospital Uses of Cash</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>211,693</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,458,305</b>	<b>293,539</b>	<b>47,472</b>	<b>2,586,484</b>	<b>-</b>	<b>5,597,493</b>
<b>Net Non-Hospital Sources/Uses of Cash</b>	<b>181,622</b>	<b>101,826</b>	<b>213,023</b>	<b>(166,182)</b>	<b>769,552</b>	<b>2,386,167</b>	<b>26,137</b>	<b>1,419,650</b>	<b>3,261,768</b>	<b>7,935,651</b>	<b>(1,477,200)</b>	<b>870,190</b>	<b>15,522,204</b>
<b>Net Sources/Uses</b>	<b>(1,190,116)</b>	<b>(667,106)</b>	<b>(995,176)</b>	<b>(619,862)</b>	<b>(328,803)</b>	<b>612,054</b>	<b>(594,030)</b>	<b>(800,724)</b>	<b>315,452</b>	<b>5,908,589</b>	<b>(4,949,632)</b>	<b>(359,543)</b>	<b>(3,527,537)</b>
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	8,218,030	3,268,398	
<b>Total Cash at End of Period</b>	<b>5,383,983</b>	<b>4,716,877</b>	<b>3,722,817</b>	<b>3,103,826</b>	<b>2,775,698</b>	<b>3,388,272</b>	<b>2,794,713</b>	<b>1,993,989</b>	<b>2,309,441</b>	<b>8,218,030</b>	<b>3,268,398</b>	<b>2,908,854</b>	
<b>Average Days of Cash on Hand</b>	<b>40.1</b>	<b>35.8</b>	<b>26.3</b>	<b>25.5</b>	<b>20.5</b>	<b>22.4</b>	<b>20.3</b>	<b>14.5</b>	<b>15.7</b>	<b>21.4</b>	<b>47.4</b>		
<b>Days of Cash on Hand at End of Month</b>	<b>39.7</b>	<b>33.3</b>	<b>25.6</b>	<b>21.9</b>	<b>20.9</b>	<b>21.5</b>	<b>19.8</b>	<b>14.1</b>	<b>16.3</b>	<b>51.6</b>	<b>22.5</b>	<b>20.6</b>	



**To: SVHCD Board of Directors**

**From: Susan Kornblatt Idell**

**Date: July 11, 2024**

**Subject: Quality Committee Quarterly Report**

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Quality performance in the 1<sup>st</sup> Quarter remains strong. Metrics measured and reported monthly to Quality Committee include.

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

Patient volume in the Emergency Department remained stable averaging 840 visits per month. Volume on inpatient side stable in 1<sup>st</sup> Quarter averaging 65 discharges per month. Surgical volume decreased, as expected with departure of orthopedist, at 155 surgeries per month.

Hospital continues to focus on the following Quality Initiatives-

- All sepsis cases are reviewed by the Director of Quality. Any cases that do not meet the core measure standards for sepsis care are reviewed by the Director of Emergency Services/CNO and the Medical Director of the ED with education and follow up with care providers. Increase in compliance with Sepsis bundle, 79% in 4<sup>th</sup> Quarter vs 87% in 1<sup>st</sup> quarter.
- Stroke care. The hospital continues to meet or exceed all measures regarding stroke care.

- 7 Day readmissions are reviewed by the Director of Quality and the Medical Director of the Hospitalist group. 1<sup>st</sup> Quarter readmission rates (within 30 days of discharge) remain stable at 7.36% vs Medicare goal of < 15%.
- Continued focus on length of stay. In addition to average length of stay we are also monitoring observed over expected ratio (O/E), in which this goal should be less than 1. Each diagnosis is given an expected length of stay (for example pneumonia expected length of stay is 5 days) and if you discharge patient less than that expected length your ratio should be less than 1. Our average O/E ratio for 1<sup>st</sup> quarter is 0.85.
- Zero adverse events in 1<sup>st</sup> quarter
- Hospital wide initiatives surrounding patient satisfaction continue. Improvements seen in 8 out of 9 domains. HCAHPS (inpatient) survey's return very low, averaging 10 surveys per month.

Monthly presentations regarding departmental quality initiatives and data continues. In the 1<sup>st</sup> Quarter presentations from the Emergency Department, Workplace Violence Program/Committee, Surgical Services and the annual Quality Department review were presented and reviewed.

## HCAHPS 1<sup>st</sup> Quarter Review

Peer Group: All PG Database  
CAHPS Section/Domain Level N=2388

Domains	Questions	Current n	Previous Period (Q1 2024)
Global Items			
	Rate hospital 0-10	36	76.47%
	Recommend the hospital	36	74.51%
Comm w/ Nurses		36	80.46%
	Nurses treat with courtesy/respect	36	84.62%
	Nurses listen carefully to you	36	76.00%
	Nurses expl in way you understand	36	80.77%
Response of Hosp Staff		30	75.38%
	Call button help soon as wanted it	28	73.33%
	Help toileting soon as you wanted	23	77.42%
Comm w/ Doctors		36	82.69%
	Doctors treat with courtesy/respect	35	86.54%
	Doctors listen carefully to you	36	76.92%
	Doctors expl in way you understand	36	84.62%
Hospital Environment		36	65.38%
	Cleanliness of hospital environment	36	80.77%
	Quietness of hospital environment	36	50.00%
Comm About Medicines		27	61.76%
	Tell you what new medicine was for	27	70.59%
	Staff describe medicine side effect	25	52.94%
Discharge Information		31	92.12%
	Staff talk about help when you left	31	94.23%
	Info re symptoms/prob to look for	29	90.00%
Care Transitions		36	52.20%
	Hosp staff took pref into account	34	51.02%
	Good understanding managing health	35	51.92%
	Understood purpose of taking meds	28	53.66%

## Rate My Hospital 1<sup>st</sup> Quarter Review

- The hospital received approx. 1543 surveys through Rate my Hospital the 1<sup>st</sup> Quarter for all hospital departments (Emergency, Diagnostic services, Inpatient, Physical Therapy, Surgery) with an average rating of 4.82 out of 5, our best quarter in last 12 months.



Department	Question Responses	Average Score	Score breakdown								
Sonoma Valley Hospital / Outpatient Surgery	130	4.900 95% CI: 4.880—4.920	 <table><caption>Score Breakdown Data</caption><tr><th>Score</th><th>Count</th></tr><tr><td>3</td><td>1</td></tr><tr><td>4</td><td>10</td></tr><tr><td>5</td><td>119</td></tr></table>	Score	Count	3	1	4	10	5	119
Score	Count										
3	1										
4	10										
5	119										