



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

AGENDA

THURSDAY, APRIL 3, 2025

CLOSED SESSIONS AT 12:00PM & 4:15PM

REGULAR SESSION 5:00 PM

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

To participate via Zoom videoconferencing, use the link below:
<https://sonomavalleyhospital-org.zoom.us/j/96421290468?from=addon>

Meeting ID: 964 2129 0468

One tap mobile

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In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact Whitney Reese, Board Clerk at wreese@sonomavalleyhospital.org at least 48 hours prior to the meeting.	RECOMMENDATION		
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>			
CLOSED SESSION 12:00PM Calif. Government Code §37606 and §37624.3: REPORT INVOLVING TRADE SECRET Discussion will concern: new service and/or program			
CLOSED SESSION 4:15PM Calif. Government Code §37606 and §37624.3: REPORT INVOLVING TRADE SECRET Discussion will concern: new service and/or program Calif. Government Code Section §54956.9: CONFERENCE WITH LEGAL COUNSEL--ANTICIPATED LITIGATION Significant exposure to litigation pursuant to subdivision (b) of Section §54956.9: 5			
1. CALL TO ORDER	Wendy Lee Myatt		
2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i>			
3. BOARD CHAIR COMMENTS	Wendy Lee Myatt		
4. REPORT ON CLOSED SESSIONS: <ul style="list-style-type: none">3/20/25: 8am4/3/25: 12pm & 4:15pm	Wendy Lee Myatt		
5. CONSENT CALENDAR <ul style="list-style-type: none">BOD Minutes – 3.06.25Quality Committee Minutes – 02.26.25	Wendy Lee Myatt	Action	Pages a. 3 - 4 b. 5 - 6

c. Finance Committee Minutes – 02.25.25 d. Policies & Procedures e. Medical Staff Credentialing			c. 7 – 8 d. 9 - 12
6. BOYS & GIRLS CLUB	<i>Cary Snowden</i>	Inform	
7. PATIENT CARE SERVICES ANNUAL REPORT	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN</i>	Inform	Pages 13 - 46
8. CMO REPORT	<i>Seric Cusick, MD</i>	Inform	Page 47
9. CEO REPORT	<i>John Hennelly</i>	Inform	Pages 48 - 50
10. LAB EQUIPMENT REPLACEMENT PROJECT	<i>John Hennelly Kimberly Drummond</i>	Action	Pages 51 - 56
11. FY 2026 BUDGET ASSUMPTIONS	<i>Ben Armfield</i>	Inform	Pages 57 - 59
12. CAPITAL PROJECT TRACKER	<i>Ben Armfield</i>	Inform	Pages 60 - 62
13. FINANCIALS FOR MONTH END FEBRUARY 2025	<i>Ben Armfield</i>	Inform	Pages 63 - 72
14. SVHCD INVESTMENT POLICY	<i>Ed Case</i>	Action	Pages 73 - 74
15. COMMITTEE UPDATES • Quality Committee Quarterly Update	<i>Board of Directors Daniel Kittleson, DDS</i>	Inform	Pages 75 - 79
16. BOARD COMMENTS	<i>Board of Directors</i>	Inform	
17. ADJOURN	<i>Wendy Lee Myatt</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, MARCH 6, 2025

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

SONOMA VALLEY HOSPITAL BOARD MEMBERS		
<ol style="list-style-type: none"> 1. Wendy Lee Myatt, Chair, Present 2. Denise M. Kalos, 1st Vice Chair, Present 3. Daniel Kittleson, DDS, 2nd Vice Chair, Present 4. Dennis B. Bloch, Secretary, Present 5. Ed Case, Treasurer, via Zoom 		
MISSION STATEMENT		
<i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	Wendy Lee Myatt	
2. PUBLIC COMMENT	Wendy Lee Myatt	None
3. BOARD CHAIR COMMENTS	Wendy Lee Myatt	None
<p>Sonoma Valley Hospital received a Partnership HealthPlan Quality Award – SVH was one of only eight hospitals that earned a 100% score.</p> <p>There will be a Board Strategic Retreat offsite on March 20, 2025.</p>		
4. CONSENT CALENDAR	Wendy Lee Myatt	Action
<ol style="list-style-type: none"> a. BOD Minutes – 02.06.25 b. Quality Committee Minutes – 01.22.25 c. Finance Committee Minutes – 01.28.25 d. Governance Committee Minutes – 09.23.24 e. Policies and Procedures f. Medical Staff Credentialing 	MOTION: by Kalos to approve, 2 nd by Kittleson. All in favor.	
5. FIVE YEAR ROLLING STRATEGIC PLAN	John Hennelly	Inform
<p>Hennelly provided an update on the hospital's five-year strategic plan, highlighting progress in realigning the main campus, expanding community care, improving financial sustainability, and addressing seismic compliance. Key achievements include completing the Outpatient Diagnostic Center, expanding staff recruitment, growing physical therapy services, and strengthening financial stability through partnerships and debt reduction. Challenges remain in faculty recruitment and securing funding for seismic compliance, with discussions emphasizing the need for state support. While financial metrics show improvement, long-term capital needs remain a concern.</p>		
6. CEO REPORT	John Hennelly	Action
<p>Hennelly highlighted the organization's continued recognition and high-quality operations, acknowledging the ongoing daily efforts of clinical teams. Financials and volumes are exceeding budget. The CMO search is nearing completion, with a finalist on-site and an expected decision soon. Capital projects include the ODC being on hold, radiology updates nearly finished, ICU renovations progressing with three of six rooms under construction, and the PT project continuing, though delayed by HVAC work expected to finish by May or June. Case added that a capital project tracker is in development, with plans to present it to the Finance Committee and the Board in the coming months to improve project oversight and planning.</p>		
7. FY2025 AUDIT ENGAGEMENT	Ben Armfield	Action
<p>Armfield presented Moss Adams' engagement letter for Board approval. Armfield expressed positive experience with Moss Adams in 2024.</p>		
MOTION: by Bloch to approve engagement with Moss Adams, 2 nd by Kalos. All in favor.		
8. FINANCIALS FOR MONTH END JANUARY 2025	Ben Armfield	Action

Armfield presented that January was a strong financial month, marking the best operating performance of the fiscal year. This was largely due to a significant receipt of rate range IGT funds, totaling \$6.7 million—more than double the previous year’s amount and exceeding budget expectations. The hospital’s cash days improved from 11.5 at the end of December to 45 in January. Year-to-date, operating EBITDA stands at \$1 million, which is \$1.5 million above budget and nearly \$2 million better than last year. Patient volumes exceeded budget, with physical therapy hitting record highs and emergency visits averaging 32 per day. While surgeries fell short of budget, Dr. Walter exceeded expectations with 22 surgeries in January, and the Rosa robot was successfully launched. The hospital has adjusted its financial reporting to include parcel tax revenue in operating margins. Looking ahead, leadership anticipates a strong second half of the fiscal year, with updates on IGT allocations expected soon.

9. COMMITTEE UPDATES

- a. Finance Committee Work Plan (absorbing Audit Committee)
- b. Finance Committee Charter (absorbing Audit Committee)

Board of Directors

Action

a. MOTION: by Bloch to approve Finance Committee Work Plan, 2nd by Kittleson. All in favor.

b. MOTION: by Bloch to approve Finance Committee Charter, 2nd by Kittleson. All in favor.

Case

10. BOARD COMMENTS

Board Members

None

11. ADJOURN

Denise M. Kalos

Adjourned at 6:33 p.m.



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

Wednesday, January 22, 2025, 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present Daniel Kittleson, DDS Wendy Lee Myatt Carl Speizer, MD Howard Eisenstark, MD Michael Mainardi, MD Carol Snyder Susan Kornblatt Idell Kathy Beebe, RN PhD Paul Amara, MD, FACOG, via zoom	Excused/Not Present	Public/Staff – Via Zoom Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Whitney Reese, Board Clerk John Hennelly, CEO Louise Wyatt, Director of Quality Kelli Cornell, RN, Director of Perioperative Services Leslie Petersen, ED SVH Foundation
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AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Daniel Kittleson, DDS</i>	
	Kittleson called meeting to order at 5:00 pm.	
2. PUBLIC COMMENT SECTION	<i>Daniel Kittleson, DDS</i>	
	No public comments	
3. CONSENT CALENDAR Minutes 01.22.25	<i>Daniel Kittleson, DDS</i>	ACTION
	<i>Motion to approve by Kornblatt Idell, 2nd by Eisenstark. All in favor.</i>	
4. SURGICAL SERVICES QA/PI	<i>Kelli Cornell, RN, Director of Perioperative Services</i>	INFORM
Cornell presented the Perioperative Services Board Quality Report for February 2025: highlights, key developments, and performance metrics. The department, staffed with 43 FTEs, oversees surgical scheduling, pre- and post-operative care, outpatient infusion, the operating room, and sterile processing. In 2024, surgical volume totaled 1,828 procedures, slightly below the previous year's 2,048. Efficiency metrics, including		

turnover times, exceeded national benchmarks, averaging 11-16 minutes. Key personnel changes included Dr. Walter's arrival and Dr. Kidd's departure. The ROSA orthopedic robot launched in January 2025, with five successful total joint replacements in its first month. 2025 will focus on growth, with at least two new surgeons, expanded plastic surgery and ENT services, and ongoing quality and compliance tracking. A new eye microscope was purchased today.		
5. QUALITY INDICATOR PERFORMANCE & PLAN	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i>	INFORM
Winkler presented the January 2025 quality data. HCAHPS Patient Satisfaction: Inpatient Ambulatory Surgery for Q4 2024: Strong performance in both ambulatory surgery and inpatient care, often exceeding state and national benchmarks. Ambulatory surgery excels in discharge processes (99.29%), care provider communication (91.44%), and facility/personal treatment (96.53%), surpassing both State CA and All PG Database averages. Inpatient care performs well, particularly in hospital rating, response of hospital staff (81.59% vs. 64.78% PG), and discharge information (92.11% vs. 86.93% PG). Overall, SVH maintains high standards in patient experience, with exceptional scores in staff respect, facility cleanliness, and discharge support.		
6. POLICIES AND PROCEDURES	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i>	INFORM
	<ul style="list-style-type: none"> New: Protocol to Reduce Ambulance Patient Offload Times 	QC discussed and made recommendations. Edits will be made prior to recommending to Board of Directors.
7. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Daniel Kittleson, DDS</i>	ACTION
	<i>Motion to recommend to Board of Directors for approval by Speizer, 2nd by Mainardi. All in favor.</i>	
8. ADJOURN	<i>Daniel Kittleson, DDS</i>	
	Meeting adjourned at 6:13 pm	



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES**

TUESDAY, FEBRUARY 25, 2025

**In Person at Sonoma Valley Hospital
347 Andrieux Street
and Via Zoom Teleconference**

Present		Not Present/Excused	Staff/Public
Ed Case, in person Dennis Bloch, in person Carl Gerlach, in person Catherine Donahue, in person Robert Crane, in person Subhash Mishra, MD, via zoom		Graham Smith	Ben Armfield, SVH CFO, in person John Hennelly, SVH CEO, in person Lois Fruzynski, SVH Accounting Manager, in person Whitney Reese, SVH Board Clerk, in person Leslie Peterson, Sonoma Valley Hospital Foundation, in person Dawn Kuwahara, RN BSN, SVH Chief Ancillary Officer, in person Wendy Lee Myatt, via zoom
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>			
AGENDA ITEM		DISCUSSION	ACTIONS
1. CALL TO ORDER/ANNOUNCEMENTS		<i>Ed Case</i>	Meeting called to order 5:01pm
2. PUBLIC COMMENT SECTION		None	
3. CONSENT CALENDAR		<i>Ed Case</i>	Action
Finance Committee Minutes 1.28.25			MOTION: Motion to approve by Crane, 2 nd by Bloch. All in favor.
4. FY2025 AUDIT ENGAGEMENT		<i>Ed Case</i>	Action
Katherine Djiauw and Chris Pritchard with Moss Adams introduced to Finance Committee, regarding engagement for a second year. The committee was provided an overview of the audit scope, key risk areas, and timeline, with interim procedures set for March and final reporting by November. The team emphasized focus areas such as accounts receivable, revenue recognition, and internal controls. The committee requested efforts to expedite the final audit report for presentation at the November board meeting. Updates on regulatory changes and financial reporting standards were also discussed, as well as requests for consolidating the report as much as possible this year.			MOTION: Motion to recommend to Board of Directors for approval by Bloch, 2 nd by Crane. All in favor.
5. 2025 WORK PLAN		<i>Ed Case & Ben Armfield</i>	Action
Case & Armfield absorbed Audit Committee's work plan into a revised Finance Committee work plan and added additional items according to previous committee discussion. September meeting has been eliminated.			MOTION: Motion to recommend to Board of Directors for approval by Crane, 2 nd by

		Gerlach. All in favor.
6. REVISED FINANCE COMMITTEE CHARTER	<i>Ben Armfield</i>	Action
Case and Armfield absorbed the Audit Committee Charter into a revised Finance Committee Charter.		MOTION: Motion to recommend to Board of Directors for approval by Bloch, 2 nd by Crane. All in favor.
7. ACCOUNTS RECEIVABLE REVIEW	<i>Ben Armfield</i>	Inform
As of January 2025, gross AR stands at \$17 million, with 55% unbilled due to strategic operational holds that help ensure billing accuracy. While the discharge-to-billing time is slightly higher than ideal (targeting under 7 days), this approach significantly reduces denial rates, keeping them below industry benchmarks. The transition to Epic has streamlined billing and increased visibility into denials. However, challenges remain with contract calculations, requiring additional manual adjustments to ensure accurate financial reporting. Some discrepancies exist between Epic's contractual estimates and actual payments received, prompting continued evaluations. A mid-year audit review is planned to ensure financial accuracy. The team continues refining AR management processes, ensuring timely and accurate claims processing while minimizing inefficiencies and revenue losses. Feedback is encouraged to enhance reporting effectiveness.		
8. INVESTMENT POLICY (P-2022.02.16-1)	<i>Ed Case</i>	Inform
Case presented a draft of a new investment policy. Feedback requested from members so that FC can approve a final version at next meeting.		
9. FINANCIAL REPORTS FOR MONTH END JANUARY 2025	<i>Ben Armfield</i>	Inform
Armfield and Case worked to make changes to monthly financial reports, focusing on a condensed narrative. January was a fiscal year high in terms of performance. Revenues exceeded expectations by 6%, driven by growth in PT and ER volumes, along with a higher-than-budgeted Rate Range IGT net benefit of \$6.7 million. Surgical volumes remained below budget due to provider changes, but outpatient services, including physical therapy and emergency visits, saw record highs. Efforts are underway to improve MRI volumes through partnerships, with UCSF expressing interest in collaboration. Discussions with UCSF also focus on optimizing Epic integration, physician recruitment, and potential investment in an infusion center. Additionally, financial reporting adjustments aim to provide a clearer picture of operations, and leadership is working to align priorities with UCSF as their agreement renewal approaches.		
10. ADJOURN	<i>Ed Case</i>	Meeting adjourned at 6:06 pm

Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/31/2025 9:19 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: 2

Committee: 09 BOD-Board of Directors

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

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
NEW: Protocol to Reduce Ambulance Patient Offload Times <i>Emergency Dept</i>	Pending Approval	3/31/2025	0
<p>Summary Of Changes: New Policy Ambulances and Emergency Medical Services (EMS) personnel must be available to respond to emergencies in the community. At times, delays can occur when first responders are unable to safely offload their patient to the emergency department (ED) and provide for a safe hand off of care. The purpose of this protocol is to outline steps the ED team can take to ensure a timely transfer of care and minimal Ambulance Patient Offload Time (APOT). APOT is defined as the time interval between arrival to the ED and the time the patient is transferred into an ED gurney, bed, chair, or other appropriate location. This protocol is in compliance with California Assembly Bill 40.</p> <p>Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt) Lead Authors: Winkler, Jessica (jwinkler), Ehret, Marylou (mehret) ExpertReviewers: Medical Director-Emergency Dept. Approvers: Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Workplace Violence Prevention Program <i>Human Resources Policies (HR)</i>	Pending Approval	2/4/2025	55
<p>Summary Of Changes: Reviewed, no changes.</p> <p>Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt) Lead Authors: McKissock, Lynn (lmckissock) Approvers: Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			



Protocol to Reduce Ambulance Patient Offload Times

Page 1 of 3

DEPARTMENT: Emergency Department

EFFECTIVE: 9/1/2024

REVISED:

NEW POLICY/Protocol

Assembly Bill 40, regarding Ambulance Patient Offload Times (APOT) requires that all hospitals submit a protocol to the Emergency Medical Services Authority (EMSA) that outlines SVH's approach to reduction of APOT.

WHY: Protocol needed to be compliant with AB40. Also, it supports and best practices for good patient outcomes.

OWNER:

Chief Nursing Officer

AUTHORS/REVIEWERS:

Director of Emergency Services

Protocol to Reduce Ambulance Patient Offload Times

Page 2 of 3

DEPARTMENT: Emergency Department

EFFECTIVE: 9/1/2024

REVISED:

PURPOSE:

Ambulances and Emergency Medical Services (EMS) personnel must be available to respond to emergencies in the community. At times, delays can occur when first responders are unable to safely offload their patient to the emergency department (ED) and provide for a safe hand off of care. The purpose of this protocol is to outline steps the ED team can take to ensure a timely transfer of care and minimal Ambulance Patient Offload Time (APOT). APOT is defined as the time interval between arrival to the ED and the time the patient is transferred into an ED gurney, bed, chair, or other appropriate location. This protocol is in compliance with California Assembly Bill 40, which as defined the APOT standard as not exceeding 30 minutes, 90% of the time.

POLICY:

When a patient is brought into the Sonoma Valley Hospital (SVH) ED via EMS, ED staff shall immediately receive and greet the patient, and direct EMS to an assigned room. When all ED rooms are full, the ED Registered Nurse performing triage will assess the patient and determine the most appropriate location for EMS to offload the patient. The goal of this hand off process is always less than thirty minutes. However, should the ED be impacted to the extent that consistent timely APOTs may not be achieved, the following protocol will be activated.

PROCEDURE/PROTOCOL:

1. The Director of Emergency Services and/or the Nursing Supervisor shall be notified to assist, assess staffing and patient volume and acuity, and determine next steps.
2. Staffing of direct patient care givers throughout the hospital will be assessed by nursing leadership (nursing directors, managers, and/or clinical coordinators) taking into consideration the following options:
 - a. The inpatient units' staffing will be assessed to determine if there are available staff who may float to the ED to assist.
 - b. The surgical services department may be assessed to determine if there are available staff who may appropriately float to assist
 - c. Nursing leadership (nursing directors, managers, and/or clinical coordinators) may be called to assist in the provision of care if needed.
 - d. At the direction of the Nursing Supervisor, the staffing office will begin calling in staff
 - e. The Nursing Supervisor may engage Environmental Services staff to facilitate faster room turnover
3. Patient Throughput
 - a. ED patients who have admission orders may be prioritized over planned surgical admissions to the inpatient units

Protocol to Reduce Ambulance Patient Offload Times

Page 3 of 3

DEPARTMENT: Emergency Department

EFFECTIVE: 9/1/2024

REVISED:

- b. Critical Care admissions will be prioritized.
- c. Inpatient nursing leadership will facilitate the admission process by transporting the patient, taking ED report for the primary RN, and/or assuming care of the patient.
- d. Case management may be contacted to expedite the inpatient discharge processes to make room for ED patients
- 4. Consultations
 - a. The admitting hospitalist may be contacted to expedite admissions and/or discharges to facilitate throughput

If an excessive APOT situation is expected to exceed 2 hours, the Policy #EP8610-102 *Surge Policy to Manage Patient Influx*, should be activated. The Administrator on Call will be notified.

Data on APOT is to be reviewed monthly by the Director of Emergency Services.

REFERENCES:

California State Legislature. (2023). *Assembly bill 40: Emergency medical services*. [Bill Text - AB-40 Emergency medical services](#).

Sonoma Valley Hospital. (2022). Policy #EP8610-102: *Surge policy to manage patient influx*.

OWNER:

Chief Nursing Officer

AUTHORS/REVIEWERS:

Nursing Director of Emergency Services
Medical Director of Emergency Services
Board Quality Committee

APPROVALS:

Policy & Procedure Team:
Medicine Committee:
Medical Executive Committee:
The Board of Directors:

Sonoma Valley Hospital Nursing

Annual Report to the Hospital Board of Directors

April 2, 2025

Jessica Winkler, DNP, RN, NEA-BC, CCRN
Chief Nursing Officer

Agenda

Overview of Patient Care Services

PCS Leadership

Professional Profile & Dedication

The People We Care For

Service Profitability

Clinical Quality & Safety

Service Excellence

Readiness

2024 Accomplishments

Looking Ahead: 2025

Patient Care Services (PCS)

■ Emergency Department

- RN
- ED Technicians

■ Inpatient Care

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

■ Surgical Services

- Peri-Operative
- Operating Room
- Anesthesia & Surgical Technicians
- Sterile Processing
- Ancillary (schedulers, navigator)
- House Supervisors
- Nursing Informatics
- VOM SNF (admin oversight only)

PCS Teams make up 41% of total SVH workforce

(143/346 employees)



Kelli Cornell, ADN, RN

- Director of Surgical Services
- Pursuing MSN in Nursing Leadership
- 20yrs in Surgical Arena, 16yrs RN
- US Air Force Veteran

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

- Chief Nursing Officer
- 18 Yrs as RN, 13 yrs Leadership
- Critical Care, NeuroSurgery, Trauma
- US Army Veteran

Jane Taylor, MSN, RN, CENP, CMSRN

- Director of Inpatient Care Services
- 34 yrs as RN, 12 yrs Leadership
- Critical Care, Med Surg

Marylou Ehret, MSN, RN, OCN, ONS

- Director of Emergency Services
- 28 yrs as RN, 13 yrs Leadership
- ED, Onc, Tele, Ortho

Pamela VanWezel-Anderson, BSN, RN

- Clinical Education Coordinator
- Pursuing MSN in Nursing Education
- 12yrs as RN, 2.5 yrs Leadership
- Labor & Delivery, Med Surg

Nursing Leadership

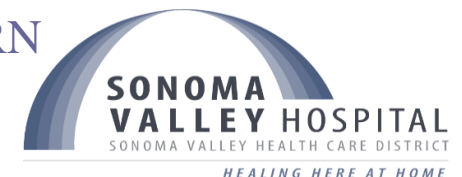


Nursing Leadership: Clinical Coordinators

Kristin Epsilin, MSN, RN
Operating Room

Stephanie Collins, BSN, RN
Emergency Department

Rosalyn Hester, RN
PeriOperative



Nursing Professional Profile:

- ***95 RNs across PCS Departments***
 - Nurses are 27% of total SVH workforce
- ***Years of Nursing Experience:***
 - Total: 1632 years
 - Average: 17
- ***Years at Sonoma Valley Hospital:***
 - Total: 612
 - Average: 6.4
 - Range: 0-45

Average Nurse Tenure by Dept

<i>Med-Surge</i>	<i>6.67</i>
<i>Intensive Care</i>	<i>11.4</i>
<i>Emergency</i>	<i>3.53</i>
<i>Surgical Svcs</i>	<i>5.29</i>
<i>House Supervisor</i>	<i>7.91</i>

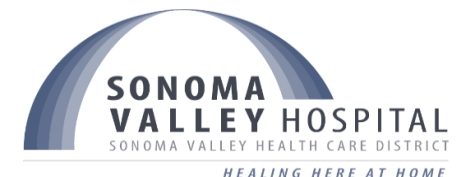
Educational Background

(Nursing Degrees)

<i>Associates</i>	<i>29</i>	<i>31%</i>
<i>Bachelors</i>	<i>54</i>	<i>57%</i>
<i>Masters</i>	<i>11</i>	<i>12%</i>
<i>Doctorate</i>	<i>1</i>	

Non-Nursing Degrees held by our nurses:

Psychology, Kinesthesia, Political
Science, Economics/MBA



Nursing Vacancy Rate

- Across all Departments: 12.25%

- Current open RN FTEs:

<i>Med Surg*</i>	<i>1.8</i>
<i>ICU</i>	<i>1.1</i>
<i>ED</i>	<i>2.35</i>
<i>Surgical Svcs</i>	<i>0</i>

- *nb. MedSurg Staffing:*

- *If at 2 RN per shift, as is current staffing model:*

- *vacancy rate falls to 2.72*
- *Zero MS RN FTE openings*

- State RN Vacancy Rate: 7.7%

- (Spetz, Chu, & Blash, 2024)

- National RN Vacancy Rate: 9.9%

- (NSI, 2024)

Professional Profile: Nursing Clinical Background

- Midwifery
- Public Health
- Critical Transport
- Combat Medic
- Wilderness EMT
- Trauma
- Burn Critical Care
- Cardiac Catheterization
- Department of Corrections
- Informatics
- Organ Transplant
- Neurosurgery
- Pediatric Intensive Care
- Emergency Medical Technician
- Long Term Care/ Long Term Acute
- Skilled Nursing / Rehab
- Hospice
- Orthopedics
- Step Down / Progressive Care

Professional Profile: Nurse Certifications

- *Advanced Cardiac Life Support (ACLS)*
- *Pediatric Life Support (PALS)*
- NIH Stroke Scale (NIH-SS)
- Neonatal Resuscitation Protocol (NRP)
- Certified Emergency Nurse (CEN)
- Certified MS RN (CMSRN)
- Certified Operative RN (CNOR)
- Registered Nurse First Assist (RNFA)
- Pediatric Progressive Certified Nurse (PCCN)
- Neonatal Resuscitation Program (NRP)
- Trauma Nursing Core Course (TNCC)
- Critical Care RN (CCRN)
- Certified in Executive Nursing Practice (CENP)
- Nurse Executive: Advance-Board Certified (NEA-BC)
- Oncology Certified Nurse (OCN)
- Public Health Nurse (PHN)
- Certified Pediatric Nurse (CPN)
- Certified Pediatric Emergency Nurse (CPEN)

n.b. ACLS is a required certification in all PCS clinical areas. PALS is required for ED, Surgical Svcs, and House Supervisors



Experience & Dedication Across All PCS Disciplines

As a whole team:

- We have 1971 years of experience and expertise in our fields
- On average, we have about 13.78 years of experience in our fields
- Range of 1-44 years

Our Service to the SVH Community is unwavering:

- Collectively, we have 922.7 years of service
- Our average tenure at SVH: 6.45 years

18% of our PCS team has been with SVH for more than 10 years. Of those, 7% have more than 20 years of service.

Professional Profile: Giving Back...

Preceptorships

SVH is a clinical site for multiple educational programs:

- Respiratory Therapy
- Nursing
- Sterile Processing
- Surgical Technician
- SVFD

2024

PCS hosted over 20 students

6 new hires were our former students!

Currently, 14 PCS team members are in accredited healthcare programs





PCS Professional Profile: Service

All branches are represented

10 of our direct caregivers have served or currently serving

17 Veterans across the organization

And 3 of our physicians

And... We have lives outside of work



- Inventors and artists
- Clinical Professors
- Community Volunteers
- Community Theater actors
- Firefighters
- State Trooper
- Small business owners
- Farmers
- Hair Stylist
- Pod Casters



The People We Care For

Emergency Department

- ❖ 2024 Volume:
~10,930 people
- ❖ Average of 31 per day
(up from 27 in 2024)
- ❖ All age ranges-
Newborn - 110
- ❖ All levels of acuity
and emergency cases
- ❖ Admit: 9%
- ❖ Transfer: 8.6%

Inpatient: MS & ICU

- ❖ 2024 Volume: 749
discharges (not obs)
- ❖ Average Length of
Stay: 3.6 days
- ❖ Adult/Geriatric
- ❖ Medical – Surgical –
Telemetry - Critical

Surgical Services

- ❖ 2024 Volume: 1807
- ❖ Infusion Therapy: 221
- ❖ All age ranges
- ❖ General Surgery
 - ❖ Laparoscopic
 - ❖ Bariatric
 - ❖ GI Procedures
 - ❖ Eye Surgery
 - ❖ Pain
- ❖ Orthopedics

Service Profitability: FY2024

Service Area	Visits	Revenue *	Direct Costs	Contribution Margin	Cont Margin / Case	Cont Margin %
Emergency Room	9,945	18,826,000	(9,135,000)	\$ 9,691,000	\$ 974	51%
Inpatient	823	12,579,000	(11,648,000)	\$ 931,000	\$ 1,131	7%
Surgery & Special Procedures	4,983	11,761,000	(7,818,000)	\$ 3,943,000	\$ 791	34%
TOTAL	15,751	\$ 43,166,000	\$ (28,601,000)	\$ 14,565,000	\$ 925	34%

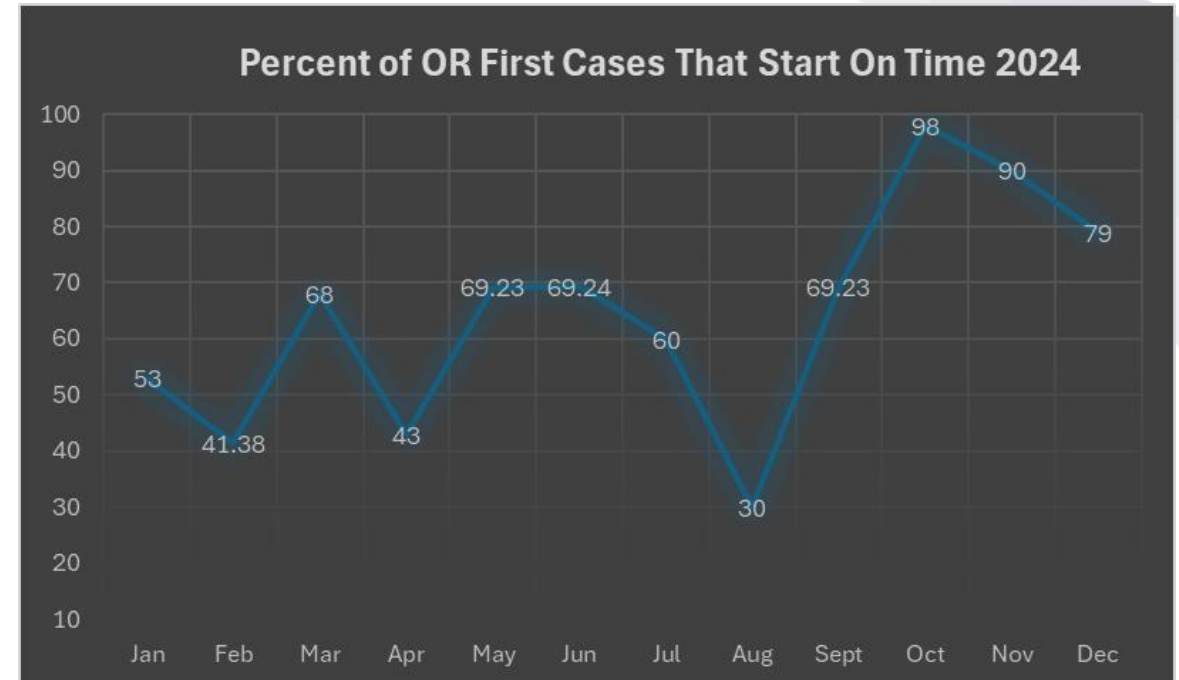
* Includes allocated IGT revenue

Clinical Quality & Safety

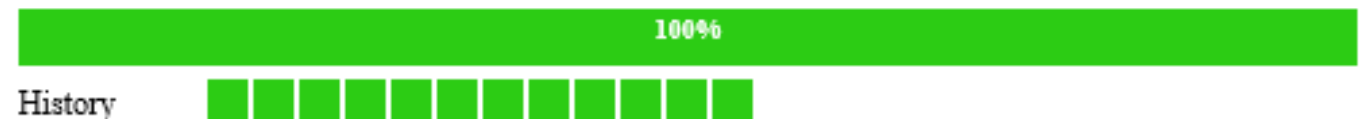
- QAPI: Quality Assurance and Process Improvement Activities:
 - Numerous Data Points in all departments
 - Multidisciplinary: Nursing, MD, Pharmacy, etc..
 - Some Regulatory; Some Internal
 - Most are reported publicly via multiple venues
- **Across All Departments:**
 - Medication Administration: Barcode scanning; Pyxis overrides. Hand Hygiene, Readmissions, Critical Lab Value communication time; Blood transfusions

Clinical Quality & Safety: Surgical Svcs

- Surgical Site Infections
- Abx 1 hr prior to surgery
- Surgical Complications
- Retained Foreign Body
- Time-Out/Brief/Debrief
- Immediate Use Sterilization
- Bone & Tissue Logs
- Time Stamps
 - On-Time Starts
 - Room Turnover
- Block Utilization
- Same-Day Cancellations



Surgical Site Infections, Bariatric - Per 1000 ACA (M)

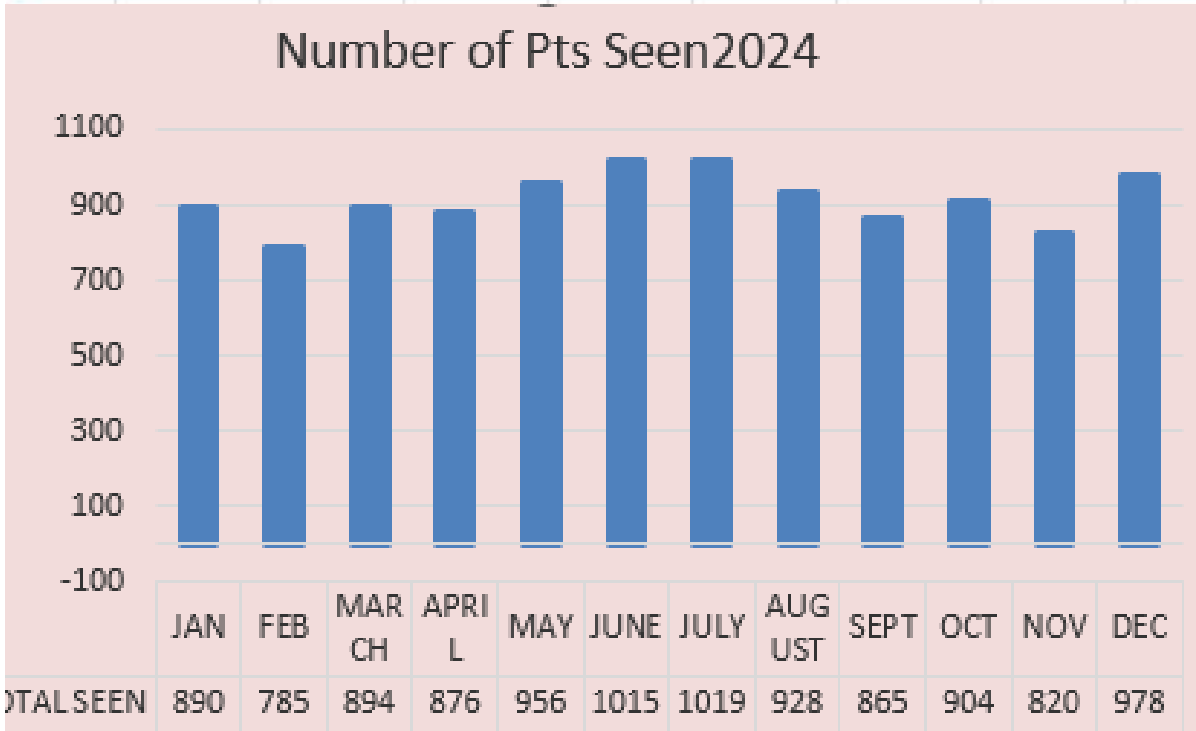
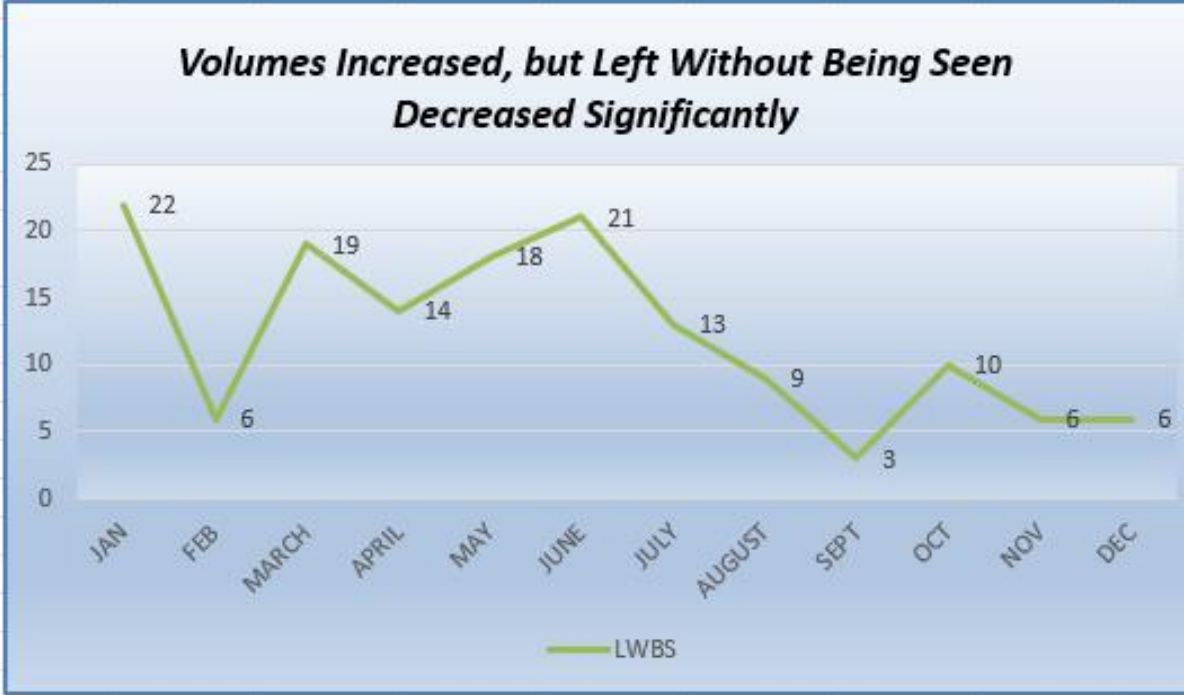


Surgical Site Infections, Orthopedic - Per 1000 ACA (M)



Clinical Quality & Safety: Emergency

- Stroke Care
 - Timeliness
 - Best practices
- Cardiac Care
 - Time to EKG, Transfer, etc..
- Sepsis
 - Bundled Metrics
 - Blood Culture Contamination Rates
- Safe Psychiatric Care
 - MD Orders and Observations
- *Arrival To* Times:
 - Triage; MD; Dispo



Clinical Quality & Safety: Inpatient

- Pressure Injuries
- Infection Prevention:
 - CAUTI
 - CLABSI
- Falls
- Antibiotics Admin
- Care Planning
- Admission Assessments
- Age-Friendly Metrics
 - Restraint use
 - Med Rec
 - Mobility

Hospital Acquired Infections

IC-Surveillance| HAI-C.DIFF Inpatient infections per 10k pt days [M]



IC-Surveillance| HAI-CAUTI Inpatient infections per 10k patient days [M]



IC-Surveillance| HAI-CLABSI Inpatient infections per 10k patient days [M]



IC-Surveillance| HAI-MRSA Inpatient infections per 10k patient days [M]

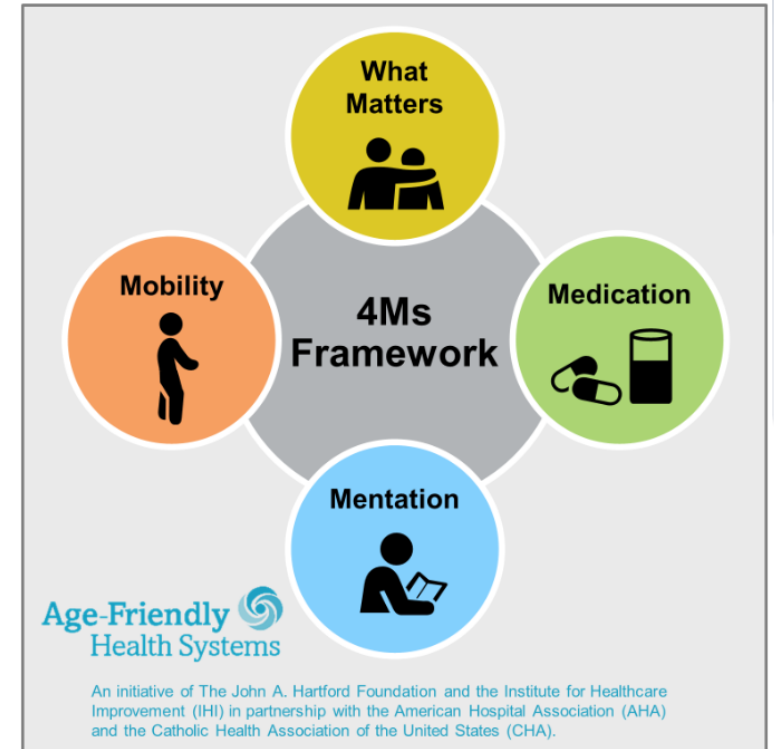


IC-Surveillance| HAI-SSI infections per 10k pt days [M]



2024: Age-Friendly Health System

- Integration of Age Friendly Health System (started end of 2023).
- Phases of Integration
 - Inpatient: the 4 Ms
 - Emergency Department (2025)
 - Surgical Services (2025)
- What has this meant for our patients so far?
 - Decrease in discharges to skilled nursing facilities
 - Increase in discharges to HOME or hospice
 - Decrease in restraints for delirium



Service Excellence

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



Service Excellence: HCAHPS (as of 3/28/2025; data from 4/23-3/24)

129 Surveys = 27% response rate*



Patients who reported that their nurses "Always" communicated well.

79%

National average: 80%
California average: 75%

Patients who reported that they "Always" received help as soon as they wanted.

74%

National average: 67%
California average: 59%

Patients who reported that the staff "Always" explained about medicines before giving it to them.

56%

National average: 62%
California average: 57%

Patients who reported that YES, they were given information about what to do during their recovery at home.

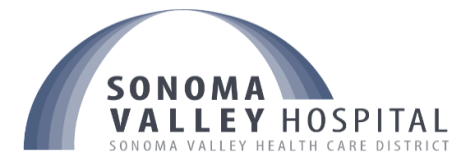
91%

National average: 86%
California average: 85%

Patients who "Strongly Agree" they understood their care when they left the hospital.

46%

National average: 52%
California average: 48%



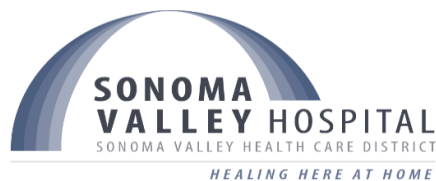
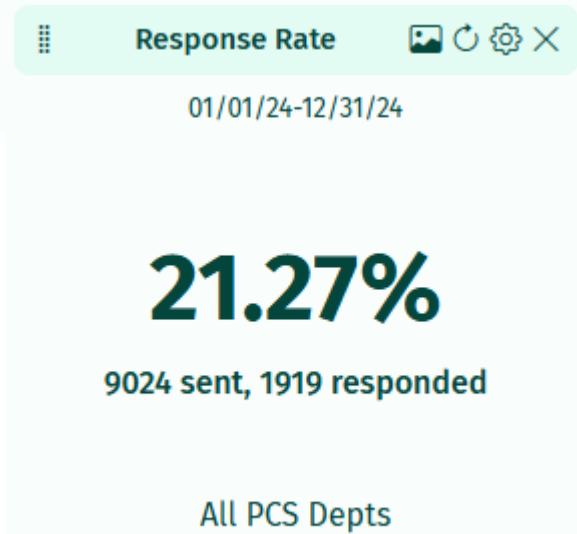
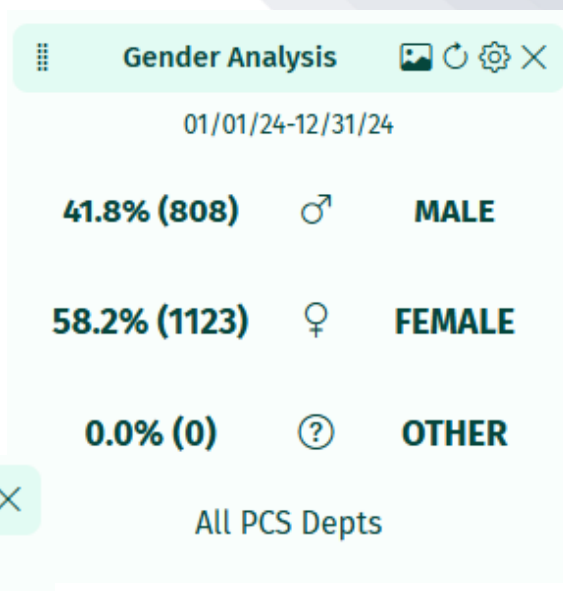
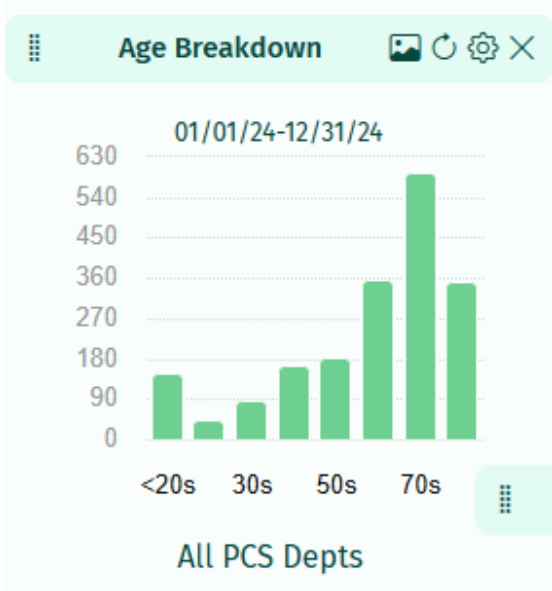
Service Excellence: Q Reviews



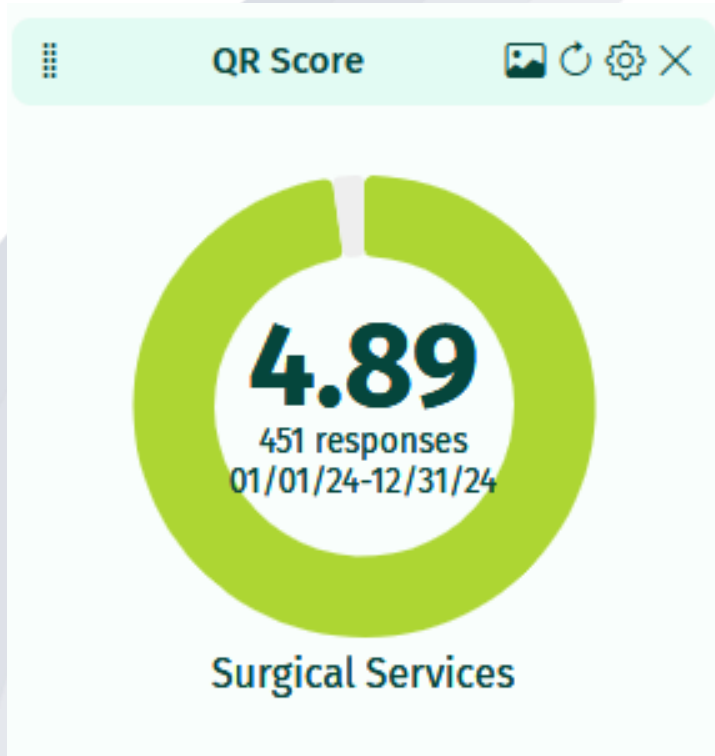
QR Score



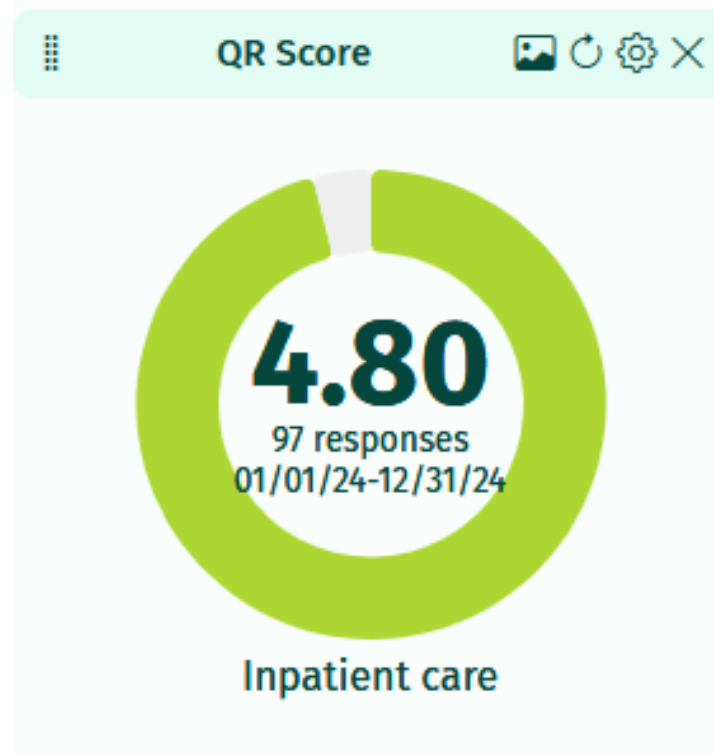
All PCS Depts



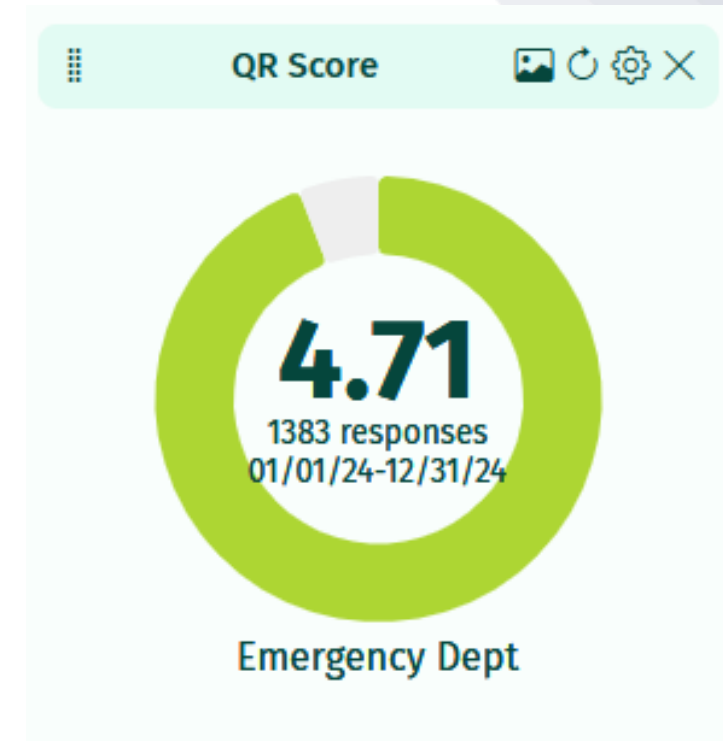
Service Excellence: Q Reviews



2024: 4.89

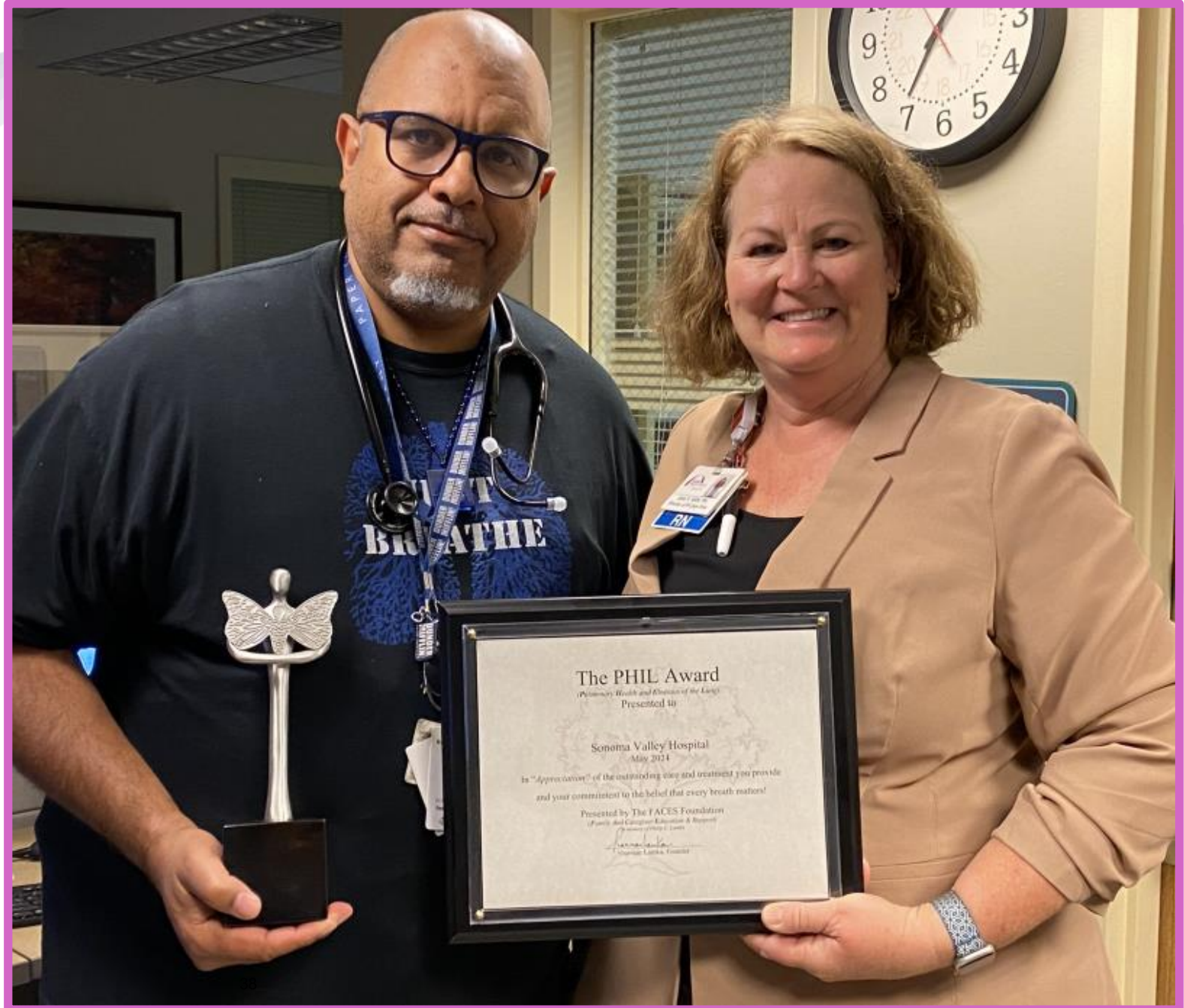
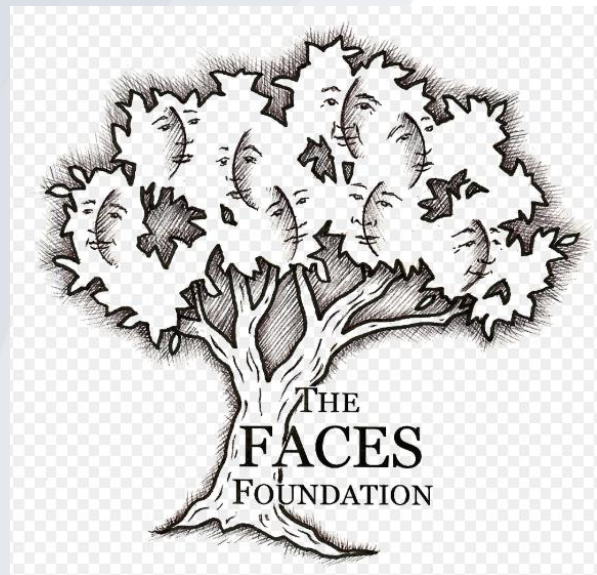


2024: 4.72



2024: 4.58







Recognition of Service Excellence

Diversity, Equity & Inclusion

Health Equity

SVH is committed to achieving Health Equity in which:

Everyone has a fair and just opportunity to attain their highest level of health.

We do this by

- **Valuing Everyone** – our staff, our partners, and the people we serve
- **Acknowledging historical and current social injustices**
- **Working towards eliminating health/healthcare disparities**
- **DEI Committee events: Educate and Celebrate**
 - **Screen savers and emails**
 - **EVENTS: Juneteenth; Breaking Bread/National Civility Month; Dia de los Muertos; Sip Savor Swap**

Team Readiness: Responding to Emergencies

- Clinical Education Coordination
 - Nursing Lab
 - Annual Skills/Competency
- Inpatient
 - Mock Codes: ACLS & Code Stroke
- Surgical Services
 - Mock Codes: ACLS & Malignant Hyperthermia
- Emergency Department
 - Drills with SVFD: ACLS, PALS, Precipitous Birth, Narcotic OD

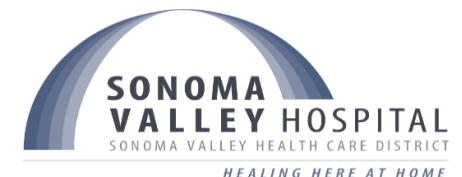
Emergency Preparedness



- April : Hospital Incident Command Systems training
 - 5 hr training; FEMA ICS 100 and ICS 200 courses
 - 28 SVH Leaders
 - Valley of the Moon SNF
 - SVFD & SPD



- October: The Great Shakeout
 - HICS
 - Communications
 - Equipment Tests





*2024:
What
we set
out to
do....*

2024 Goals and Objectives			
GOAL	STATUS	Task	Notes
Ready Workforce Grow expertise, competence and confidence		Mock Codes; skills lab	successfully done in all departments - took over room on 2nd floor to create skills lab; revamped annual comps process. Will continue for 2025
		Disaster Drills	successfully done in all departments - will be ongoing for 2025
		Cross Training Team members	some UAs X-trained to ED... need RNs
Partner with UCSF Nursing Innovation & EDU Center		not done	
Hire ED Leader		YAY!!	Welcome Marylou! We appreciate you!
Provide Improved Services through Nurse-led Initiatives		Inpatient: interdisciplinary bedside rounds	multiple iterations - need MD support
		ED: Nurse initiated order sets;	successfully implemented
		Surgery: Nurse Navigator	successfully implemented - still ironing out specifics for specific MDs...
Age Friendly Health System		Inpatient: Implement all Age Friendly Health System practices	great first year on MS/ICU.
		ED: Geriatric Emergency Department Accreditation	Have 2 champs; still need 1 more policy revision;
Explore Partnership with Veterans Administration		ease access to care for our Veteran population	still a work in progress. Met with some folks from the VA, Billing issues getting sorted out.
Maintain & Improve Social Responsibility through community engagement and DEI journey		Educate and celebrate our diverse workforce. DEI team,	successful events. Multidisciplinary work- added DEI and AFHS to hospital orientation - will be ongoing for 2025
Improve QAPI in all Departments		refocus efforts on QAPI, rewrite plans, enhance data collection	Lost director of Quality in August - pause! New Director in 2025. Some work done on QAPIs. NEW CMS REPORTING RULES FOR 2025 WILL IMPACT WHAT WE DO HERE...

Looking Ahead – 2025

- Ensure a highly competent and ready team of caregivers
 - Internal: Best practices/competencies; Mock Code Drills
 - External: Disaster drills, partner with all local, county, state and federal officials
- Nurture our organizational culture of diversity, equity, and inclusion
- Incorporate Age Friendly Health System throughout the organization
- Continue working towards better access to Care for our Veterans
- Improve the patient experience: medication information & discharge process
- Continuous Clinical Quality Improvement
 - Better relationships with our SNF partners through quarterly meetings
 - Workgroups specific for: sepsis, readmission reduction, stroke



It is often thought that medicine is the curative process. It is no such thing; medicine is the surgery of functions, as surgery proper is that of limbs and organs. Neither can do anything but remove obstructions; neither can cure; nature alone cures And what nursing has to do in either case, is to put the patient in the best condition for nature to act upon him.”



To: SVHCD Board of Directors

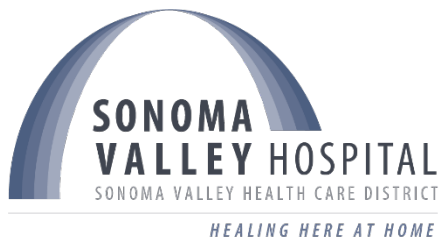
From: Seric Cusick, MD

Meeting Date: April 3rd, 2025

Subject: CMO Report

February and March Highlights Included:

1. Quality and Peer Review
 - a. Collaboration with Louise Wyatt, RN JD and Dr. Ako Walther, Chief of Staff.
 - b. Medical Staff Peer Review process is undergoing restructuring.
2. Personnel Updates
 - a. CMO recruitment ongoing.
 - b. Active recruitment for Family Practice provider.
 - c. Dr. Scott Perryman has joined the General Surgery Call Schedule.
3. Marin Health Transfer Process
 - a. Continued progress with Marin Health leaders to optimize transfer process.
 - b. Implementing a novel workflow that will expedite transfers to allow prompt access to inpatient GI services.
4. Medical Staff:
 - a. Meetings included: Medical Executive Committee, Peer Review, Departmental meetings for Medicine and Surgery.



To: SVHCD Board of Directors
From: John Hennelly
Date: 4.3.25
Subject: CEO Report

Strategic Plan

As related to our new **strategic plan**, our efforts in FY25 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 **2nd in the state** out of 258 and ranked **10th nationally** out of 2758 acute care hospitals.

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

Operations

The hospital continued to see higher than expected volumes across many areas of the organization. The volumes continue to exceed budget and yielded positive margins. Similarly, as you'll see in the attached dashboard, quality remains high. Of note, inpatient and ER volumes led the surge with PT continuing to see strong demand as well. With the short month, MRI did not meet its volume target though March is seeing significant growth.

Patient Satisfaction scores continued to excel. All surveyed areas, Physical Therapy, Outpatient Surgery, Imaging, and Inpatient Services surpassed the exceedingly high bar of 4.75 out of a possible 5. When reviewing categories across the organization, the hospital is focusing on patient perception of cleanliness and inpatient communication.

Our **Chief Medical Officer** recruitment is wrapping up. We have 1 remaining interview at UCSF for our finalist and expect to proceed soon after.

Capital

The **Outpatient Diagnostic Center (ODC)** project is 75% complete. We have received occupancy for all areas related to CT and the Radiology Department. The final step is placing the new CT on emergency power which is scheduled to take place in April. The final phase of the project, moving the MRI to its permanent location, is on hold. Initially stalled due to rain, we are reviewing the plan. We've seen significant price increases and have uncovered several issues requiring funding related to the infrastructure. I will be requesting a special board meeting to review and determine the best path forward.

The **ICU renovation** is underway. Phase 2 is nearing completion. The project is expected to be completed later this spring.

The **PT project**, doubling the footprint of the space on Highway 12, is well underway. The project is scheduled to be completed in June 2025.

The Board met earlier this month to review the **strategic plan and seismic requirements**. Key topics included:

- **Epic** – how to enhance the performance of Epic to allow better coordination between the UCSF Epic and the SVH Epic.
- **UCSF Affiliation Agreement** – expires at the end of 2025. Good discussion on how the agreement can evolve to build greater investment in Sonoma. We will be developing an implementation timeline for the proposed plan for Board review prior to the state's January 2026 seismic submission.
- **Infusion Center** – how the organization can invest in this service line.
- **Seismic Compliance** – an updated plan was reviewed to meet the 2030 seismic requirements and move the campus toward meeting the growing needs in aging and outpatient services

SVH Performance Score Card

1. Quality and Safety

Objective	Target	JAN.25	FEB.25	Trend	Supporting detail
Infection Prevention					
Central Line Blood Stream Infection CLABSI SIR	<1	0.00	0.00	↔	
Catheter Associated Urinary Tract Infection- CAUTI SIR	<1	0.00	0.00	↔	
CDIFF Infection SIR	<1	0.00	0.00	↔	
Surgical Site Infections SIR	0.00	0.00	0.00	↔	
Acute Care Falls					
Patient Fall per 1000 pt days	<3.75	3.17	3.25	↑	JAN: 1 pt fall in MedSurg w/o injury
Patient fall with injury per 1000 pt days	<3.75	0.00	0.00	↔	FEB: 1 pt fall in MedSurg w/o injury

Core Measures					
Sepsis Early Management Bundle % compliant	>81%	87.50	50.00	↓	FEB: 3/6
Severe Sepsis 3 hour Bundl % compliant	>94%	100.00	83.30	↓	FEB: 5/6
Severe Sepsis 6 hr Bundle % compliant	100%	100.00	100.00	↔	
Core OP 23- Head CT within 45 mins % compliant	70%	100.00	100.00	↔	

Mortality					
Acute Care Mortality Rate %	<5.3	7.2	4.00	↓	

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	154.00	121.00	↓	Lower is better
Core Op 22 ED Left without being seen LWBS	<2%	0.4 (4/906)	0.4 (3/791)	↓	Lower is better

PSI 90					
PSI 90 Composite Acute Care Admissions	0.00	0.10	0.00	↓	Lower is better

Preventable Harm					
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.13	0.00	↓	Jan- ED medical complication infection
Readmissions to Acute Care within 30 days %	<15.3	13.43 (9/67)	6.35 (4/63)	↓	Lower is better

2. Employees

Objective	Target	Q3.24	Q4.24	Trend	Supporting Detail
Short-term Turnover	<3%	1.7	2.2	↑	Employed less a year is delined as Short-Term Turnover
Turnover	<10%	3.4	3.7	↑	Total Turnover Rate (Annual Basis)
Workplace Injuries	<20 Per Year	1 (QTR3)	1 (QTR4)	↔	

3.Patient Experience

Objective	Target	DEC.24	JAN.25	Trend	Supporting Detail
Outpatient Ambulatory Services (OASCAHPS)					Top Box Scores. % of patients choosing "Always"
Recommend Facility	>90%	100.00 (n=8)	95.45 (n=22)	↓	
Communication	>90%	97.5 (n=8)	86.19 (n=22)	↓	
Discharge Instructions	>95%	100.00 (n=8)	96.97 (n=22)	↓	
HCAHPS (Hospital Inpatient)					
Objective	Target	DEC.24	JAN.25	Trend	Supporting Detail
Recommend the hospital	>90%	100.00 (n=13)	87.5 (n=16)	↓	Top Box Scores. % of patients choosing "Always"
Communication with Nurse	>90%	79.49 (n=13)	85.42 (n=16)	↑	
Communication with Doctor	>90%	83.55 (n=12)	91.11 (n=15)	↑	
Cleanliness of Hospital	>90%	75.00 (n=12)	75.00 (n=16)	↔	
Communication about medicines	>90%	56.36 (n=11)	50.00 (n=13)	↓	
Discharge Information	>90%	95.83 (n=12)	89.29 (n=14)	↓	

4. Volume

Objective	Target	JAN.25	FEB.25	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>855	993	873	↓	
Surgical Volume Outpatient	>140	129	133	↑	
Surgical Volume Inpatient	>13	9	12	↑	
Inpatient Discharges	>70	66	86	↑	

5. Financial

Objective	Target	JAN.25	FEB.25	Trend	Supporting Detail
Operating EBDA in %	>-4.5%	7.5%	5.8%	↓	February Operating EBDA Target 5.6%
Operating EBDA in % (YTD) *	>1.6%	2.8%	3.2%	↑	
Days Cash on Hand @ FYE	>30	45.1	34.5	↓	Projecting 22.0 @ FYE
Net Operating Revenue (\$M) (annualized)	>\$62	\$ 66.4	\$ 67.1	↑	





To: SVHCD Board of Directors
From: Kimberly Drummond, Chief, Support Services
Date: April 3, 2025
Subject: Lab Equipment Replacement Project

THE ASK

Management seeks Board approval to move forward with replacing multiple pieces of lab equipment that have reached end of life and end of service. The current Beckman chemistry analyzer suite of 7 pieces of equipment with a deionized water system is planned to be replaced with an OrthoQuidell chemistry analyzer suite that does not require a 3rd party water treatment system. The current Beckman Hematology analyzer is planned to be replaced with a Sysmex Hematology system. The overall project cost is \$311,000. for the replacement of the equipment to include facility compliance and IT upgrades including an interface with the Electronic Health Record.

*** This item was brought to the SVHCD Finance Committee on 3/25, but was not approved at the time as the committee wanted more detail around the need for replacement as well as more insight and visibility into the details of the construction project. We have revised our request to include those details, as well as responses to follow-up questions that were raised during the presentation of the proposal. ***

OVERVIEW

The current Beckman chemistry analyzer suite comprises 7 pieces of equipment to provide testing redundancy. This suite of equipment is part of a reagent/consumable and service contract cost agreement and budgeted at an annual cost of \$327K. The new OrthoQuidell equipment will provide the same testing redundancy at a significant cost savings due the upgraded testing methodology which requires less reagent/consumable product with no annual price escalations over the life of the contract. Additional savings will be realized as the 3rd Party water treatment equipment will be removed.

The current Beckman hematology analyzer is a reagent/consumable and service contract agreement budgeted at an annual cost of \$25K with a 3.10% annual increase for reagent/consumable products. The new Sysmex hematology analyzer is a planned capital expense of \$108K but will have a significant reduction in annual reagent/consumable costs at \$4,800 annual costs with 0% reagent and 3% consumable product annual increase.

This project also creates redundancy, as the new design will allow for back up machines for both hematology and chemistry analyzers. It is a standard of practice to have 2 of each analyzer in the event of downtime, and we currently do not have that functionality with the current machines.

PROPOSED PROJECT BUDGET

DESIGN	\$ 69,560
CONSTRUCTION	\$ 25,000
IT HARDWARE, CABLING, INTERFACE	\$ 80,247
PERMIT & SPECIAL INSPECTIONS	\$ 15,000
CAPITAL EQUIPMENT	\$ 108,000
CONTINGENCY	\$ 13,238
PROJECT TOTAL	\$ 311,045

PROJECT COST DETAILS – DESIGN, CONSTRUCTION, IT & PERMITTING

Project Budget Details - Design | \$69,560

Item	Estimated Cost	Description
Design/Evaluation	\$ 6,300	Project startup, onsite verifications and dimensions, code review, schematic design, client meetings, plan changes.
Document Prep	\$ 15,480	Preparation of detailed construction drawings, integrated structural plans, and electrical load calculations to support the concurrent operation of both existing and new lab equipment during the transition. This phase also includes development of the TIO (Testing, Inspection, and Observation) documentation required by HCAI, as well as technical specifications and product-specific data sheets necessary for permitting and contractor execution.
HCAI Approvals	\$ 5,320	Pkg submission, address plan review and comments.
Contractor procurement	\$ 2,160	Bid review, package submission and meetings.
Construction Administration*	\$ 7,260	Review & respond to RFIs (contractor request for information based on field conditions), construction NMAs (non-material alterations to construction documents) for HCAI field staff concurrence, ASI's (Architectural supplemental instructions), review contractor submittals, construction meetings, change order review, punch list duties.
Closeout	\$ 960	VCR (verified compliance reports) and document package to HCAI.
Structural	\$ 19,900	Design and calculations for new anchorage systems (all equipment must be anchored per NPC-5 requirements), evaluation of existing floor loads and structural adequacy to accommodate heavy diagnostic equipment, detailing of seismic bracing (which is a regulatory requirement for equipment installations in acute care settings), coordination of all structural elements with architectural and MEP (mechanical, electrical, plumbing) designs, compliance documentation for HCAI review and approval.
Change Order : ACD 01	\$ 12,180	Amended construction document for new table for Sysmex, Floor sink for Sysmex, anchorage details for Sysmex and EZ path installation in fire walls for cabling to the TDR room. Expansion of IT scope as existing pathways to new data room will not support new cabling. New Sysmex wagon purchased to replace original solution of utilizing existing table that did not require anchorage. Existing table too low for efficient workflow.
Total Design/Architect Costs	\$ 69,560	Total Estimated Project Design, Architect Costs

* Construction administration refers to the interface between contractor and HCAI, review of submittals and RFI's and providing information to both contractor and HCAI to align the project documents. This does not refer to the planning and coordination work to move equipment, schedule contractors work and address facility impacts for work being done in an occupied space. That construction administration is handled by SVH staff.

Project Budget Details - Construction | \$25,000

Item	Estimated Cost	Description
Construction Costs	\$ 25,000	Anchorage of 4 new pieces of equipment. Floor is post-tension rod floor that must be scanned so that equipment is positioned appropriately to avoid rods. Install floor sink for Sysmex drainage. The work will be completed in phases that require several mobilizations. SVH to self-perform some electrical adjustments to the electrical raceways.
Total Construction Costs	\$ 25,000	Total Estimated Project Construction Costs

Project Budget Details - IT Costs | \$80,287

Item	Estimated Cost	Description
Re-cable Entire Lab	\$ 38,675	Outdated cabling and does not homerun to new 1 st floor data room created in ODC project and contains all SVH equipment, Very old switch hangs on wall unprotected
Hardware	\$ 25,000	New switch required
EHR Interface	\$ 16,612	
Total IT Costs	\$ 80,287	Total Estimated Project IT Costs

Project Budget Details - Permitting & Inspection Costs | \$15,000

Item	Estimated Cost	Description
HCAI Permit	\$ 5,000	Estimate
Inspector of Record	\$ 10,000	Estimate
Total Permitting Costs	\$ 15,000	Total Estimated Project Permitting, Inspection Costs

FINANCIAL DETAILS

	Chemistry Analyzer		Hematology Analyzer		TOTAL	
	CURRENT Beckman	PROPOSED OrthoQuidell	CURRENT Beckman	PROPOSED Sysmex	CURRENT Beckman	PROPOSED ASK
One-Time Capital Outlay						
Equipment Costs	\$ -	\$ -	\$ -	\$ 108,000	\$ -	\$ 108,000
Construction Costs	-	101,523	-	101,523	-	203,046
Capital Costs Total	\$ -	\$ 101,523	\$ -	\$ 209,523	\$ -	\$ 311,046
Annual Costs						
Reagent Consumables	\$ 290,000	\$ 104,000	\$ 24,917	\$ 4,756	\$ 314,917	\$ 108,756
Service Contract Cost	37,000	25,000	23,600	14,740	60,600	39,740
Annual Costs Total	\$ 327,000	\$ 129,000	\$ 48,517	\$ 19,496	\$ 375,517	\$ 148,496
Annual Reagent Increase	3.1%	3.0%	3.1%	3.0%		
5-Year Cost Comparison						
Capital Outlay Costs Total	\$ -	\$ 101,523	\$ -	\$ 209,523	\$ -	\$ 311,046
5-Year Annual Costs Total	1,739,580	684,900	258,097	103,496	1,997,677	788,396
Total 5-Year Cost	\$ 1,739,580	\$ 786,423	\$ 258,097	\$ 313,019	\$ 1,997,677	\$ 1,099,442
Annual Average	\$ 347,916	\$ 157,285	\$ 51,619	\$ 62,604	\$ 399,535	\$ 219,888
Estimated Average Annual Savings (compared to current state)						\$ (179,647) -45%

Hematology and Chemistry Analyzers Cash Outlay & Break-Even Analysis								
	CURRENT STATE			PROPOSED ASK			Annual Savings	Cumulative Savings
	Capital	Operational	TOTAL	Capital	Operational	TOTAL		
Year 1	\$ -	\$ 375,517	\$ 375,517	\$ 311,046	\$ 148,496	\$ 459,542	\$ 84,025	\$ 84,025
Year 2	-	387,160	\$ 387,160	-	152,950	\$ 152,950	\$ (234,210)	\$ (150,186)
Year 3	-	399,160	\$ 399,160	-	157,540	\$ 157,540	\$ (241,620)	\$ (391,806)
Year 4	-	411,540	\$ 411,540	-	162,270	\$ 162,270	\$ (249,270)	\$ (641,076)
Year 5	-	424,300	\$ 424,300	-	167,140	\$ 167,140	\$ (257,160)	\$ (898,236)
TOTAL	\$ -	\$ 1,997,677	\$ 1,997,677	\$ 311,046	\$ 788,396	\$ 1,099,442	\$ (898,236)	\$ (898,236)

COST SAVINGS

Due to the significant operational savings this project delivers, we anticipate a very quick payback period of the \$311K investment. We expect to achieve a net cumulative cost savings in just the 2nd year of having our new analyzers, and also anticipate a net savings of nearly \$900,000 over a 5-year period.

RECOMMENDATION

Given the importance of refreshing these vital pieces of equipment along with the significant costs savings available, management recommends the Board approval to move forward with this lab project.

FINANCE COMMITTEE INQUIRIES

During the March 25 presentation to the SVHCD Finance Committee, a series of follow-up questions were raised regarding the proposed project. The committee concurred that the matter could be advanced to the Board of Directors for consideration, contingent upon SVH management furnishing comprehensive responses to the outstanding inquiries. The committee formally deferred the final determination to the Board, subject to its review of the additional requested information:

1. Why is the design fee (\$69,000) so high relative to the construction cost (\$25,000)?

There is significantly more architectural/structural coordination versus a minimal amount of actual construction. The design phase includes detailed workflow planning as well as site visits for validation of existing conditions. Also included is the detailed phasing and movement of equipment based on equipment use with stakeholders. The architect drawings are based on compliance with stringent laboratory regulations and building codes, accessibility planning, documenting demolition scope, drafting elevations of old and new equipment, and providing an equipment schedule and architectural construction details. The plans also include electrical calculations for accommodating both existing and new equipment simultaneously until calibration work & EPIC interfacing is complete on new equipment.

Structural details are provided by a licensed Structural Engineer under the Architect contract. Low voltage cabling is also detailed as the new cabling passes through fire walls. This architectural scope includes revisions from stakeholders based on a review of the tests provided on each piece of equipment, and how to accommodate all equipment in the lab footprint due to the size of equipment due to existing physical constraints of the department. Included in the Architectural scope is the coordination of construction administration to review & respond to RFIs (contractor request for information based on field conditions), construction NMAs (non-material alterations to construction documents) for HCAI field staff concurrence, ASI's (Architectural supplemental instructions), review contractor submittals, construction meetings, change order review, punch list duties and closeout of the project with HCAI.

- 2. Are the cost estimates firm bids or just rough estimates?** The cost estimates are based on firm bids from vendors for both equipment and operational costs such as consumables, reagents, and service contracts. Total costs are based on our actual historical volumes.
- 3. Can we confirm that the estimated \$250,000 annual savings is accurate?** The operational costs associated with both of the new analyzers (Chemistry and Hematology) are based on actual price bids received by vendors. The \$250,000 in anticipated savings is accurate and based on the hospital's historical testing volumes. Figures have been validated internally by both finance and supply chain.
- 4. What happens to costs after the three-year price guarantee?** Operational costs for both analyzers are good for a 5-year period, with annual cost escalations of 3% for consumable supplies and 0% for reagents. Agreements will be renegotiated after the initial 5-year term.

- 5. Did we negotiate with Beckman for better reagent pricing before seeking an alternative?** Yes. We engaged Beckman and requested revised pricing during our procurement process. Despite this, their final proposal was higher than bids received from OrthoQuidell and Sysmex, and also included continued reliance on costly third-party water systems (which has not been factored into the anticipated cost savings of \$250,000).
- 6. Why are we only addressing this now if the current contract expires in June?** The team initiated review and procurement activities well ahead of the contract expiration, but needed time to complete vendor evaluations, negotiate terms, and develop a comprehensive facilities and IT plan. SVH management also negotiated with current vendor to maintain a month-to-month relationship while construction is on-going to help ensure a seamless transition.
- 7. What specific steps are being taken to ensure service continuity during the transition?** Specific steps include temporary continuation of existing analyzers during construction and installation, staged delivery and install to allow parallel operations, staff training prior to go-live, and vendor support on-site during cutover
- 8. How will parallel testing be conducted in the limited lab space?** This has been accounted for during the design phase. Careful planning regarding the phasing of installation of new equipment, movement of the existing equipment, and its subsequent removal prior to moving to the next phase was executed. This entailed moving some supplies to an adjacent room and expanding new equipment into the defunct Pathology room.
- Equipment delivery and go-live will be phased to allow overlap with existing analyzers. Some temporary workflow adjustments and off-shift testing may be required to accommodate limited space.
- 9. Who is responsible for executing the power and data upgrades, and what is their impact on hospital operations?** The hospital's facilities team will coordinate power and data upgrades in collaboration with IT and the contracted vendor. IT re-cabling work will happen after-hours to minimize disruption to the department due to tight accessibility.
- 10. Will the necessary permits and installations be completed in time to prevent service disruption?** Yes. Permitting and inspections have been factored into the project timeline. Contingency funds are included to address any delays or unexpected regulatory requirements.
- 11. Why are we including hematology in this project when the primary cost savings come from chemistry?** While the largest savings are from transitioning chemistry analyzers, the hematology analyzer is seven years old and has also reached end of life and due for capital replacement. Parts are difficult to find and no longer being manufactured, and the software is now obsolete.

Replacing both systems together reduces downtime (the current hematology analyzer has gone down 11 times during past two years alone), avoids duplicative construction/IT efforts, and improves lab workflow. When the unit is down, we must send out hematology tests which increases the turnaround time from 15-30 minutes to, at best, 4 hours.

Additionally, the new hematology system offers long-term savings and improved reliability.

12. Can we move forward with just the chemistry analyzer upgrade to realize the \$1M savings with lower capital investment? This is technically possible, but not recommended. As stated previously, both analyzers are at end of life and are in need of replacement, so postponing replacement of hematology analyzer would increase the risk of further downtime and higher costs down the road. Splitting the project would also create inefficiencies and may potentially require a second round of construction, permitting, and IT integration.

13. What are the long-term benefits and risks of switching vendors, particularly regarding future pricing and support?

Benefits:

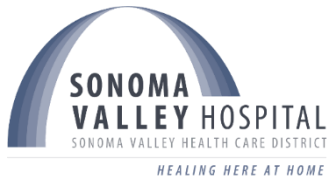
- Access to newer, more efficient technology
- Significantly reduce overall operating costs
- Locked-in reagent and consumable pricing for 5 years
- Realize cost savings of ~ \$1 million over 5 years (\$~180K average/yr)
- Elimination of third-party water treatment
- Improved vendor service agreements

Risks:

- Dependency on vendors with no prior relationship to SVH
- Uncertainty vs. "Known Entity" (Beckman)
- Uncertainty of post-contract term

Risk Mitigation:

- Conducted due diligence on vendor reputation and obtained references. For example, Kaiser uses Sysmex for their Hematology, and many of our CLS's have used Sysmex in past. It is considered best in technology and is preferred over other vendors by both lab management and medical director.
- Included performance guarantees and support expectations in contracts
- Maintained optionality for future re-bidding
- Post-contract term uncertainty is there regardless of vendor choice



To: SVHCD Finance Committee
From: Ben Armfield, Chief Financial Officer
Date: March 25, 2025
Subject: FY26 Budget Assumptions

OVERALL COMMENTARY

As we prepare for the FY26 budget cycle, it is important to acknowledge both our recent financial performance and the challenges ahead. We are currently exceeding our FY25 budget, which had already assumed a \$1.5 million improvement from FY24. While this positive momentum is encouraging, we anticipate that FY26 will present a more complex budgeting environment.

A key factor influencing our outlook is the ongoing uncertainty surrounding potential budget cuts to Medicare and Medi-Cal, which could materially impact reimbursement rates and supplemental funding streams. This is particularly relevant to our Intergovernmental Transfer (IGT) program, which saw a significant increase in net benefit this year. While this funding has been instrumental in strengthening our financial position, estimating its range for FY26 remains challenging given the shifting policy landscape.

We have the following assumptions in mind as we enter the FY26 budget cycle. Please note that these are assumptions, and values are subject to change as we get into more detailed discussions surrounding next year's expectations. Key assumptions of note:

VOLUMES

- FY26 budgeted volumes will be based on an annualization of this fiscal year's run-rate - July 2024 to January 2025.

Specific Volume Assumptions of Note:

- **MRI** – Budgeting further volume growth specific to the usage of the 3 Tesla magnet. We currently are averaging about 9 scans per day, or ~180/month. We plan to budget around 12 scans/day in FY26, or ~250/month, which would align with the board approved business plan.
- **Surgical Volumes** – Preliminarily budgeting an increase in OR cases due to the continued ramp-up of Dr. Walter. We will be contemplating further adjustments to surgical volumes in the coming weeks.
- **Physical Therapy** – Planning to budget volumes consistent with the business plan that was presented and approved by the board. This would represent 1,590 budgeted visits per month, which is a +10% increase compared to current year run-rate.
- **Emergency Room** – Preliminarily will be budgeting increase in ER volumes that align more with our current utilization. Currently averaging nearly 30 visits per day in FY25 (29.8) but have been averaging closer to 31-32 in the most recent 4-6 months.

- **Imaging** – Contemplating further adjustment to imaging volumes to account for the continued ramp-up of Dr. Walter.
- **Other Volumes** – Will continue to review other areas

GROSS REVENUE

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

NET PATIENT REVENUE & CONTRACTUAL ALLOWANCES

- **Collection Rates** - Utilize current year-to-date collection rates by payor as baseline and adjust contractual allowance based on finalized gross price increases.
- **Payor Mix** - Will be based upon current year-to-date run-rate.
- **Supplemental Funding** - Intergovernmental and supplemental payments include the 12-month Rate Range IGT, HQAF IGT, and the District Hospital Directed Payment Program IGT. Budgeting the overall net benefit for anticipated IGT programs will be a fluid process. Contemplating a number of different scenarios, but preliminarily, we are looking to set budgeted IGT levels to be consistent with FY25 budget.

FTEs, WAGES, AND BENEFITS

- **FTEs** - based upon current FY25 run-rate (July 2024 – January 2025)
- **Wages** – 3.0% annual increase for salaries for 6-months beginning January 2026.
- Potential base wage adjustments based on ongoing 3rd party analysis for positions identified as below market.
- **Employee Benefits** – The District converted to a new health plan in January 2024, so FY26 will now reflect a full year of cost related to the new benefit plan.

PHYSICIAN FEES & PROFESSIONAL FEES

- Based upon current costs and/or anticipated final contract arrangements.
- **1206(b) Movement** – Adjusting for activity in the 1206(b) to reflect the departure of Dr. Kidd (was at SVH from July-October in FY25).

SUPPLIES/FOOD

- Based on current fiscal year run-rate and adjusted by department based on FY26 budgeted volumes.

- Global inflation adjustment of 3 - 5% for supply and food costs.
- FY26 budget will reflect new supply pricing on Zimmer/Orthopedic implant costs.
- Additional adjustments contemplated for estimated cost savings related to potential GPO change.

PURCHASED SERVICES

- Purchased services will be budgeted based on current and projected services by department.

INTEREST

- Based on current run-rate and adjusted for any new or expiring leases and/or loans.
- Interest expense should decrease in FY26 but will be based on estimated usage of line of credit with Summit Bank.

DEPRECIATION

- Based on current year and adjusted for anticipated additions and/or retirements of assets.
- FY26 Budget will contemplate additional depreciation with the following projects projected to come on-line in FY26 - Physical Therapy Expansion, Permanent MRI/ODC, and ICU Upgrade.

INSURANCE

- Will confirm with insurance agent. Overall increase expected to be between 10-15%.

UTILITIES

- Current and expected future rates to be reviewed. Contemplating Unison Energy agreement and impact on FY26 utility costs.

OTHER EXPENSES

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

Sonoma Valley Healthcare District
Capital Project Tracker
March 2025

Project - Physical Therapy Expansion

Project Start Date			Project Budget			Project Completion Date		
At Original Concept	At Board Approval	Actual Start	At Original Concept	At Board Approval	Current Estimate	At Original Concept	At Board Approval	Current Estimate
Late Fall 2023 / Early Winter 2024	January 2024	January 2024	\$1.5M-\$2.5M	\$ 2,300,000	\$ 2,300,000	Fall 2024	January 2025	July 2025

Project Overview Narrative - The project concept was initially developed in 2023 due to market demand and a lack of capacity, as patient wait times consistently exceeded six weeks. The original concept was formulated by SVH management, with initial cost estimates ranging from \$1.5 to \$2.5 million. The intent was to partner with the SVH Foundation and fund 100% of the project through philanthropic support. The SVH Board approved the project in Fall 2023 with an estimated project cost of \$2,300,000, of which \$2,000,000 was planned to be funded through the SVH Foundation. At the time of board approval, the estimated project completion timeline was 12 months.

Updates on Current Estimates - The current projected cost remains at \$2,300,000, consistent with the estimate provided to the board. However, the project has encountered delays during both the design and permitting processes, each causing multiple months of setbacks. Additional unforeseen delays arose due to procurement challenges, particularly regarding HVAC equipment, which has significantly impacted the timeline. These delays have shifted the estimated completion date from January 2025 to July 2025.

Despite these timeline adjustments, the project remains fully funded, with the SVH Foundation successfully raising \$2,000,000. The remaining \$300,000 will be funded through SVH operations, with \$200,000 allocated from tenant improvement allowances within the existing Physical Therapy lease agreement.

Project - 3T MRI Permanent Location

Project Start Date			Project Budget			Project Completion Date		
At Original Concept	At Board Approval	Actual Start	At Original Concept	At Board Approval	Current Estimate	At Original Concept	At Board Approval	Current Estimate
2017	2019	2019	\$ 35,000,000	\$21,000,000	\$24,000,000	2017	2020	2025

Project Overview Narrative - Management initiated the Outpatient Diagnostic Center (ODC) project to enhance diagnostic services and infrastructure while replacing critical equipment that was nearing end-of-life status. The project was originally conceived for a 2017 construction start date with an estimated cost of \$35 million. This initial estimate included significant contingency funding to account for power

deficiencies, the potential replacement of the hospital-owned transformer, and uncertainties regarding renovations of older structures to meet current building codes.

However, it was determined that a \$30 million+ project was not feasible, as the goal was to secure 100% philanthropic funding. Consequently, the project scope was refined, and the board officially approved a revised budget of \$21,000,000 in 2018.

The project was divided into two main phases:

- **Phase One (Completed - August 2022):** Introduced a state-of-the-art 128-slice CT scanner, offering high-quality diagnostic imaging, improved patient comfort, and reduced scan times. Additionally, a larger and more comfortable patient waiting area was established, along with public space upgrades. Multiple studies were conducted, including a decommissioning study to assess cost-effective building strategies, a master facility plan, and a retrofit plan for the West Wing inpatient building to meet 2030 seismic compliance. These studies now form the basis of SVH's current master facility plan.
- **Phase Two (In Progress):** Includes the installation of a new 3 Tesla MRI (completed July 2024), updated ultrasound and X-ray equipment, and enhanced spaces and equipment for cardiology and laboratory services.

Updates on Current Estimates - The project timeline for the 3T MRI Permanent Location has faced delays due to unforeseen circumstances that have impacted both cost and scheduling.

One of the primary drivers of cost variance was the unexpected removal of the original design/build team, leading to a \$1 million settlement. As a result, a redesign was required due to compliance issues with OSHPD (now HCAI) that made renovation in the original MRI location unfeasible. The project was subsequently pivoted to a modular building, with a planned hospital tie-in, targeting completion in Q1 2025.

The modular building redesign delay also necessitated the early deployment of the MRI in a temporary location by Q1 2024, adding \$1.2 million to the overall project costs.

Prior to the design/build team change, the project was already experiencing COVID-19-related disruptions, including supply chain constraints and unprecedented increases in material and labor costs, which further extended the completion date beyond initial projections. These factors have required continuous adjustments to both budget and scheduling to ensure successful project delivery while maintaining continuity of imaging services.

These delays, coupled with the settlement issue and early mobilization of a temporary MRI structure, have increased the overall project cost to an estimated \$24 million. The project is currently on hold, and at the last review, it was estimated to be fully completed by the end of 2025.

Project – ICU Upgrade

Project Start Date			Project Budget			Project Completion Date		
At Original Concept	At Board Approval	Actual Start	At Original Concept	At Board Approval	Current Estimate	At Original Concept	At Board Approval	Current Estimate
2020	2020	2020	\$ 327,000	\$ 327,000	\$ 630,000	2021	2021	May 2025

Project Overview Narrative - The ICU Upgrade project was originally developed in 2020, before the onset of the COVID-19 pandemic, with the goal of refreshing and upgrading ICU rooms and supporting clinical infrastructure. The initial scope did not require a permit and was estimated at \$330,000. However, due to COVID-19, the project was placed on indefinite hold.

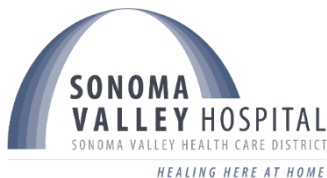
In 2023, SVH reassessed the project and determined that a portion of the scope now required permitting. The revised project and budget were presented to the board in 2024, with a new estimated cost of \$630,000, of which \$601,000 was secured through the SVH Foundation.

Updates on Current Estimates - The ICU Upgrade project has encountered delays due to external and logistical challenges:

- COVID-19-related setbacks significantly delayed the project.
- The HCAI compliance review process triggered a required architectural redesign and cost reforecasting.
- Significant delays in design and cost reforecasting occurred due to competing high-priority projects, such as ODC, and SVH’s lack of internal project management resources.
- Coordination challenges between outsourced project management and the transition to an internal project manager also contributed to delays in design and reforecasting.

Despite these obstacles, the team remains committed to ensuring that the ICU upgrades meet all regulatory requirements and operational needs while minimizing disruptions to patient care.

Currently, the project is in Phase 2 of a 3-phase construction schedule, with a new outsourced project manager overseeing the remaining work. Construction remains on track for completion in May 2025.



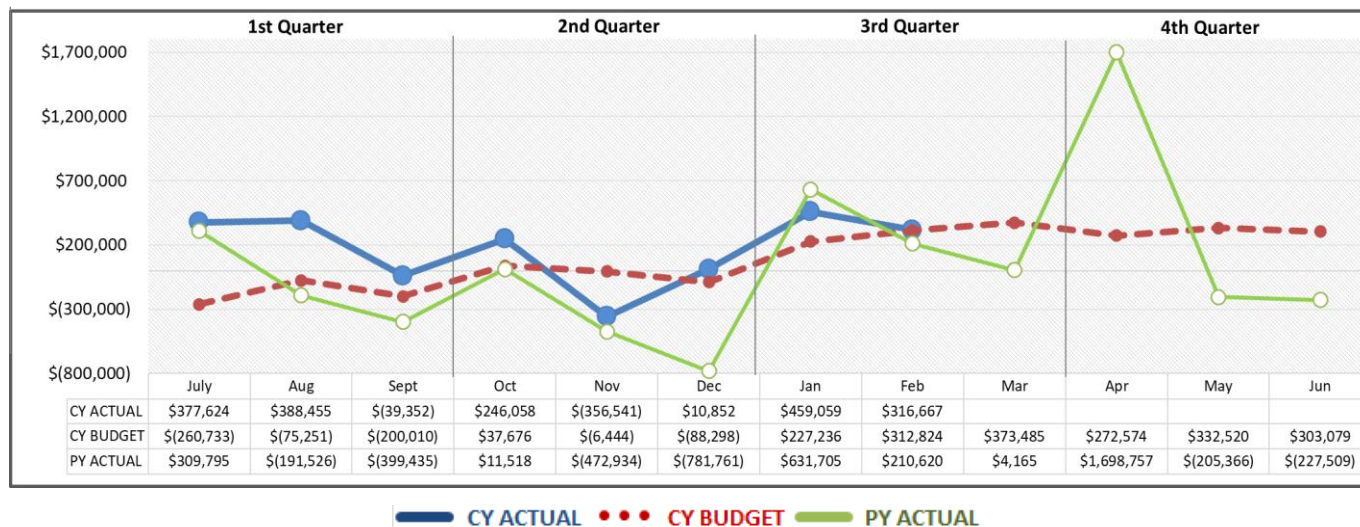
To: SVHCD Finance Committee
 From: Ben Armfield, Chief Financial Officer
 Date: March 25, 2025
 Subject: Financial Report for February 2025

OVERALL PERFORMANCE SUMMARY

February was yet another strong month for the hospital. While not quite hitting January's mark, February's Operating EBDA did exceed budget, making it 7 out of 8 months in this fiscal year that operations has exceeded budget targets. Key highlights include:

- **Operating EBDA** (with Parcel Taxes) – When including parcel tax revenues, the hospital posted a positive Operating EBDA of **\$347,700** exceeding the budget of **\$312,800** by **\$34,900**. January's performance was a fiscal year high, beating the previous high of July by nearly 20%.
- **Operating Revenues** – Exceeded budget by **8%**, or **\$398,000**, driven primarily by the increase in our IGT revenue accrual due to the Rate Range IGT funding coming in higher than budgeted levels. Other contributing areas include outpatient physical therapy, wound care, and cardiology.
- **Operating Expenses** - Exceeded budget by **7%**, or **\$370,000**. Due to the additional IGT accrual stemming from receiving a higher Rate Range IGT allotment, the vast majority of expense overrun in February relates to our IGT matching fee accrual. Operating expenses in February exceeded budget by less than 3% when excluding depreciation and IGT matching fees.
- **Cash** – The hospital ended the month with **34.5** Days Cash on Hand.

Trended Operating EBDA (Includes Parcel Taxes)



Overall Performance (In 1000s, Includes Parcel Taxes) | February 2025

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	\$(168.5)	\$(178.9)	\$ 10.3	6%	\$(2,776.2)	\$(4,046.6)	\$ 1,270.4	31%	\$ (4,182.3)	\$ 1,406.1	34%
Operating EBDA	\$ 347.7	\$ 312.8	\$ 34.9	11%	\$ 1,433.9	\$ (53.0)	\$ 1,486.9	2805%	\$ (682.0)	\$ 2,115.9	310%
Net Income (Loss)	\$ 17.9	\$ 9.2	\$ 8.7	94%	\$(1,281.0)	\$(2,541.8)	\$ 1,260.8	50%	\$ (2,539.8)	\$ 1,258.8	50%

DRIVERS IN MONTHLY PERFORMANCE

While overall volumes did come down from January due to the shortened month, February still delivered a better than budgeted performance in overall facility volumes. Key drivers in February's performance include:

- **Inpatient Activity** – Relative to its recent run-rate, the hospital did see a spike in inpatient activity in February with both patient days and discharges exceeding budget by 20%.
- **Physical Therapy** – PT volumes remain robust while construction on the expansion project continues. The budget increased by 50% starting in January, which equates to a budget of 1,590 monthly visits between now and the end of the year. It will be very challenging to hit those numbers prior to the expansion being complete, but the team has done great work in maximizing their current footprint to accommodate further growth despite the construction delay. We provided care for 1,412 visits in February, which falls short of budget but also represents a 30% increase over our prior year baseline.
- **Emergency Room** – Volumes continue to be robust in our ER. We had 993 visits in January, ~32 per day. The goal with the new medical group was to achieve 30+ per day. So far this year we are averaging just above 30, which exceeds our budget and prior year run-rate by over 5%.
- **Surgical Volumes** - Surgical volumes picked up again in February, driven by further increases in Orthopedics and GI volumes. We performed 145 surgeries in February, which was 10 (or 6%) short of our monthly budget, but also represents the busiest month in the OR since October.
- **Wound Care** - We have seen a continued surge in wound care this fiscal year, This service provides favorable financial returns for the District, so it is encouraging to see consistent, monthly growth in this service line. Our current fiscal year volumes are up nearly 40% from the prior year. We have been intentional about promoting and marketing this service so it is encouraging to see such positive returns.

OTHER FINANCE UPDATES

- **Rate Range Program Updates** – Negotiations continue with our health plans regarding our allotment for the upcoming CY24 Rate Range Program (paid out in FY26). in relation to our funding allotment. We hope to know more in the coming weeks.
- **ERP**– Internal evaluation on a new ERP solution will conclude next week and we will be bringing forward a recommendation to this committee in April on proposed next steps.
- **FY26 Budget Planning** – Planning continues on our FY26 budget. Departmental meetings are being scheduled and budget meetings will commence in the next two weeks.

FINANCE REPORT ATTACHMENTS:

- Attachment A Income Statement
- Attachment B Balance Sheet
- Attachment C Cash Flow Forecast
- Attachment D Key Performance Indicators | Volumes & Statistics
- Attachment E Fiscal Year 2025 Business Plan Tracker

Historical Attachments Selected for Removal

- Attachment F Key Performance Indicators | Overall Performance
- Attachment G Income Statement
- Attachment H Trended Income Statement

Sonoma Valley Health Care District
Income Statement (in 1000s)
For the Period Ended February 28, 2025

ATTACHMENT A

		Month				Year-To- Date						
Revenues		CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
1	Net Patient Revenue	\$ 4,386.1	\$ 4,351.4	34.7	1%	\$ 33,717.6	\$ 32,292.4	1,425.2	4%	\$ 32,632.2	1,085.5	3%
2	IGT Program Revenue	1,235.2	871.5	363.6	42%	7,699.6	6,972.4	727.2	10%	5,032.4	2,667.2	53%
3	Parcel Tax Revenue	316.7	312.5	4.2	1%	2,533.3	2,500.0	33.3	1%	2,533.3	-	0%
4	Other Operating Revenue	94.3	92.0	2.3	2%	790.6	735.9	54.6	7%	735.9	54.6	7%
5	Total Revenue	\$ 6,032.2	\$ 5,627.5	404.7	7%	\$ 44,741.1	\$ 42,500.8	2,240.4	5%	\$ 40,933.9	3,807.2	9%
Operating Expenses		CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
6	Labor / Total People Cost	\$ 2,930.4	\$ 2,851.8	78.6	3%	\$ 23,057.7	\$ 23,106.4	(48.7)	0%	\$ 22,118.5	939.2	4%
7	Professional Fees	627.8	685.8	(58.0)	-8%	5,395.1	5,421.9	(26.8)	0%	4,670.3	724.8	16%
8	Supplies	707.5	630.1	77.4	12%	4,997.7	4,801.8	195.9	4%	5,528.0	(530.3)	-10%
9	Purchased Services	404.7	400.8	4.0	1%	3,162.0	3,256.0	(94.1)	-3%	3,416.6	(254.6)	-7%
10	Depreciation	516.3	491.7	24.6	5%	4,210.1	3,993.6	216.5	5%	3,500.3	709.8	20%
11	Interest	26.0	29.4	(3.4)	-12%	297.9	235.6	62.4	26%	465.8	(167.9)	-36%
15	Other	393.6	351.6	42.0	12%	3,016.7	2,810.5	206.2	7%	2,646.5	370.2	14%
16	IGT Program Expense	594.4	365.2	229.2	63%	3,380.0	2,921.5	458.5	16%	2,770.0	610.0	22%
17	Operating Expenses	\$ 6,200.8	\$ 5,806.4	394.4	7%	\$ 47,517.3	\$ 46,547.4	969.9	2%	\$ 45,116.2	2,401.1	5%
18	Operating Margin	\$ (168.5)	\$ (178.9)	10.3	6%	\$ (2,776.2)	\$ (4,046.6)	1,270	31%	\$ (4,182.3)	1,406.1	34%
Non Operating Income		CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
19	GO Bond Activity, Net	162.8	177.6	(14.8)	-8%	1,291.4	1,420.6	(129.1)	-9%	1,396.7	(105.3)	-8%
20	Misc Revenue/(Expenses)	23.6	10.5	13.1	124%	203.8	84.3	119.5	142%	245.8	(42.0)	-17%
21	Total Non-Op Income	\$ 186.4	\$ 188.1	(1.7)	-1%	\$ 1,495.2	\$ 1,504.8	(9.6)	-1%	\$ 1,642.5	(147.3)	-9%
22	Net Income (Loss)	\$ 17.9	\$ 9.2	8.7	94%	\$ (1,281.0)	\$ (2,541.8)	1,260.8	50%	\$ (2,539.8)	1,258.8	50%
23	Restricted Foundation Contr.	52.1	157.4	(105.3)	-67%	2,038.0	1,259.3	778.7	62%	1,144.0	893.9	78%
24	Change in Net Position	\$ 70.0	\$ 166.6	(96.6)	-58%	\$ 757.0	\$ (1,282.5)	2,039.5	159%	\$ (1,395.7)	2,152.7	154%
25	Operating EBDA	\$ 347.7	\$ 312.8	34.9	11%	\$ 1,433.9	\$ (53.0)	1,486.9	2805%	\$ (682.0)	2,115.9	310%

Sonoma Valley Health Care District

ATTACHMENT B

**Balance Sheet
As of February 28, 2025
Expressed in 1,000s**

		<u>Current Month</u>	<u>Prior Month</u>	<u>FYE 2024 Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 5,379.6	\$ 7,036.5	\$ 3,748.6
2	Net Patient Receivables	8,526.5	8,318.8	11,860.2
3	Allow Uncollect Accts	(903.8)	(933.2)	(4,323.2)
4	Net Accounts Receivable	\$ 7,622.8	\$ 7,385.6	\$ 7,537.0
5	Parcel Tax Receivable	1,730.7	1,730.7	-
6	GO Bond Tax Receivable	975.3	975.3	-
7	Other Receivables	2,195.3	1,941.7	1,647.5
8	Inventory	947.7	949.5	913.4
9	Prepaid Expenses	1,087.0	1,170.2	637.5
10	Total Current Assets	\$ 19,938.3	\$ 21,189.6	\$ 14,484.0
11	Property, Plant & Equip, Net	\$ 60,242.8	\$ 60,663.8	\$ 61,734.0
12	Trustee Funds - GO Bonds	5,010.4	4,995.5	5,957.3
13	Other Assets - Deferred IGT Expense	2,806.1	3,507.6	-
14	Total Assets	\$ 87,997.7	\$ 90,356.5	\$ 82,175.3
Liabilities & Fund Balances				
Current Liabilities:				
15	Accounts Payable	\$ 7,956.0	\$ 7,754.1	\$ 6,443.4
16	Accrued Compensation	4,020.9	4,024.8	3,648.8
17	Interest Payable - GO Bonds	481.3	447.5	189.4
18	Accrued Expenses	222.6	366.7	409.6
19	Deferred IGT Revenue	6,022.2	7,455.8	-
20	Deferred Parcel Tax Revenue	1,266.7	1,583.3	-
21	Deferred GO Bond Tax Revenue	802.5	1,003.1	-
22	Line of Credit - Summit Bank	-	-	4,973.7
23	Other Liabilities	-	57.5	57.5
24	Total Current Liabilities	\$ 20,772.2	\$ 22,910.4	\$ 15,939.9
25	Long Term Debt, net current portion	\$ 27,955.9	\$ 27,981.6	\$ 27,457.8
26	Total Fund Balance	\$ 39,269.6	\$ 39,464.6	\$ 38,777.6
27	Total Liabilities & Fund Balances	\$ 87,997.7	\$ 90,356.5	\$ 82,175.3

<u>Cash Indicators</u>	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year FYE</u>
Days Cash	34.5	45.1	22.7
A/R Days	57.2	57.6	60.1
A/P Days	66.4	64.3	55.1

Sonoma Valley Health Care District
Cash Forecast (In 1000s)
FY 2025

ATTACHMENT C

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources													
1 Patient Payments Collected	\$ 4,211.7	\$ 4,169.5	\$ 4,265.7	\$ 4,281.0	\$ 4,115.5	\$ 3,960.7	\$ 4,215.3	\$ 3,754.9	\$ 4,300.0	\$ 4,300.0	\$ 4,300.0	\$ 4,300.0	\$ 50,174.2
2 Other Operating Revenue	316.7	106.8	46.0	192.7	75.3	88.8	115.0	107.7	20.0	110.0	100.0	100.0	1,379.0
3 Other Non-Operating Revenue	12.1	20.9	11.4	5.4	16.2	18.0	24.2	13.5	11.3	18.6	3.6	8.0	163.3
4 Unrestricted Contributions	-	8.2	9.5	9.1	6.0	7.6	-	-	-	-	-	-	40.4
5 Sub-Total Hospital Sources	\$ 4,540.5	\$ 4,305.4	\$ 4,332.6	\$ 4,488.2	\$ 4,212.9	\$ 4,075.1	\$ 4,354.5	\$ 3,876.2	\$ 4,331.3	\$ 4,428.6	\$ 4,403.6	\$ 4,408.0	\$ 51,756.8
Hospital Uses of Cash													
6 Operating Expenses / AP Payments	\$ 5,003.0	\$ 4,703.6	\$ 4,628.1	\$ 5,681.0	\$ 5,589.2	\$ 5,094.6	\$ 5,422.8	\$ 5,437.3	\$ 4,954.0	\$ 5,680.0	\$ 5,803.0	\$ 5,977.0	\$ 63,973.7
7 Term Loan Paydown	-	-	-	-	-	116.6	89.7	73.6	38.5	38.5	38.5	38.5	433.9
8 Bridge Loan Payback	-	-	-	-	-	-	758.2	-	-	-	-	-	758.2
9 Capital Expenditures	66.0	1,047.6	177.6	185.2	230.8	7.6	-	109.2	25.0	100.0	100.0	50.0	2,099.0
10 Total Hospital Uses	\$ 5,068.9	\$ 5,751.3	\$ 4,805.7	\$ 5,866.2	\$ 5,820.0	\$ 5,218.8	\$ 6,270.7	\$ 5,620.2	\$ 5,017.5	\$ 5,818.5	\$ 5,941.5	\$ 6,065.5	\$ 67,264.8
Net Hospital Sources/Uses of Cash	\$ (528.5)	\$ (1,445.8)	\$ (473.1)	\$ (1,378.0)	\$ (1,607.1)	\$ (1,143.7)	\$ (1,916.3)	\$ (1,743.9)	\$ (686.2)	\$ (1,389.9)	\$ (1,537.9)	\$ (1,657.5)	\$ (15,508.0)
Non-Hospital Sources													
12 Restricted Cash/Money Market													-
11 Restricted Capital Donations	\$ 66.0	\$ 986.4	\$ 177.6	\$ 51.6	\$ 216.7	\$ -	\$ -	\$ 87.0	\$ -	\$ -	\$ -	\$ -	\$ 1,585.3
12 Parcel Tax Revenue	142.5	-	-	1,612.0	-	446.6	-	-	-	1,754.8	-	-	3,955.9
13 Other Payments	-	-	-	653.0	-	-	-	-	-	-	-	-	653.0
14 IGT Payments	-	-	0.9	-	27.0	-	12,553.3	-	-	-	573.0	1,495.0	14,649.1
15 Distressed Hospital Loan Program	3,100.0	-	-	-	-	-	-	-	-	-	-	-	3,100.0
16 Line of Credit Payoff Funding - New Bank	-	-	-	-	1,900.0	-	-	-	-	-	-	-	1,900.0
17 Line of Credit Draw - New Bank	-	-	-	-	5,400.0	-	-	-	-	-	-	-	5,400.0
18 Sub-Total Non-Hospital Sources	3,308	986	178	2,317	7,544	447	12,553	87	-	1,755	573	1,495	31,243
Non-Hospital Uses of Cash													
19 IGT Matching Fee Payments	\$ -	\$ -	\$ -	\$ -	\$ 5,157.6	\$ -	\$ -	\$ -	\$ 230.0	\$ 496.4	\$ -	\$ -	\$ 5,883.9
20 Line of Credit Payoff - US Bank LOC	3,100.0	-	-	-	1,895.5	-	-	-	-	-	-	-	4,995.5
21 Line of Credit Repayment - New LOC	-	-	-	-	-	-	5,400.0	-	-	-	-	-	5,400.0
22 Sub-Total Non-Hospital Uses of Cash	\$ 3,100.0	\$ -	\$ -	\$ -	\$ 7,053.1	\$ -	\$ 5,400.0	\$ -	\$ 230.0	\$ 496.4	\$ -	\$ -	\$ 16,279.4
23 Net Non-Hospital Sources/Uses of Cash	\$ 208.4	\$ 986.4	\$ 178.4	\$ 2,316.6	\$ 490.5	\$ 446.6	\$ 7,153.3	\$ 87.0	\$ (230.0)	\$ 1,258.4	\$ 573.0	\$ 1,495.0	\$ 14,963.8
24 Net Sources/Uses	\$ (320.1)	\$ (459.4)	\$ (294.7)	\$ 938.6	\$ (1,116.5)	\$ (697.1)	\$ 5,237.1	\$ (1,656.9)	\$ (916.2)	\$ (131.5)	\$ (964.9)	\$ (162.5)	\$ (544.2)
25 Total Cash at beginning of period	\$ 3,748.6	\$ 3,428.5	\$ 2,969.1	\$ 2,674.5	\$ 3,613.0	\$ 2,496.5	\$ 1,799.4	\$ 7,036.5	\$ 5,379.6	\$ 4,463.4	\$ 4,331.9	\$ 3,367.0	
26 Total Cash at End of Period	\$ 3,428.5	\$ 2,969.1	\$ 2,674.5	\$ 3,613.0	\$ 2,496.5	\$ 1,799.4	\$ 7,036.5	\$ 5,379.6	\$ 4,463.4	\$ 4,331.9	\$ 3,367.0	\$ 3,204.4	
27 Days of Cash on Hand at End of Month	22.0	19.0	17.1	23.2	16.0	11.5	45.1	34.5	28.6	27.8	21.6	21.4	

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	YTD	YTD			PYTD		
					Actual	Budget	Var	%	Actual	Var	%
Inpatient Volume											
Acute Patient Days	308	257	51	20%	1,995	2,104	(109)	-5%	2,122	(127)	-6%
Acute Discharges	86	72	14	19%	534	578	(44)	-8%	570	(36)	-6%
Average Length of Stay	3.6	3.6	0.0	1%	3.7	3.6	0.1	3%	3.7	0.0	0%
Average Daily Census	11.0	9.2	1.8	20%	8.2	8.7	(0.4)	-5%	8.7	(1)	-6%

Surgical Volume												
IP Surgeries	12	10	2	26%	71	83	(12)	-14%		113	(42)	-37%
OP Surgeries	133	145	(12)	-8%	1,036	1,051	(15)	-1%		1,178	(142)	-12%
Total Surgeries	145	155	(10)	-6%	1,107	1,134	(27)	-2%		1,291	(184)	-14%

Other Outpatient Activity												
Total Outpatient Visits	5,565	5,100	465	9%	45,290	40,800	4,490	11%		41,253	4,037	10%
Emergency Room Visits	887	871	16	2%	7,347	6,730	617	9%		6,749	598	9%

Payor Mix	Actual	Budget	%	Actual	Budget	%
Medicare	38.7%	37.7%	1.0%	37.3%	37.9%	-0.6%
Medicare Mgd Care	19.3%	18.3%	1.1%	20.7%	18.3%	2.4%
Medi-Cal	21.1%	16.2%	4.9%	18.2%	16.2%	2.1%
Commercial	17.3%	23.9%	-6.6%	20.6%	23.8%	-3.2%
Other	3.5%	3.9%	-0.4%	3.2%	3.8%	-0.6%
Total	100.0%	100.0%		100.0%	100.0%	

Payor Mix calculated based on gross revenues

Department	Most Recent Six Months							YoY Monthly Averages			
	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Last 6 Months	FY25	FY24	Chg	% Chg
Lab	1,269	1,443	1,328	1,211	1,461	1,189		1,322	1,297	25	2%
Medical Imaging	878	1,019	791	917	1,122	980		947	927	21	2%
Physical Therapy	1,411	1,481	1,278	1,337	1,500	1,412		1,408	1,154	253	22%
CT Scanner	458	472	442	426	435	423		442	380	61	16%
Occ. Health	162	255	252	229	251	259		250	282	(32)	-11%
Mammography	215	275	234	230	287	260		240	240	(0)	0%
Occ. Therapy	294	205	167	210	190	159		205	205	(0)	0%
Ultrasound	233	252	183	163	235	206		218	217	1	1%
Wound Care	209	277	236	254	280	264		245	177	68	38%
MRI	182	222	151	190	163	176		175	131	43	33%
ECHO	141	147	110	89	104	148		120	115	6	5%
Speech Therapy	66	69	31	69	80	65		67	49	18	36%
Other	26	30	19	8	28	24		23	20	3	14%
TOTAL	5,544	6,147	5,222	5,333	6,136	5,565		5,661	5,195	466	9%
Emergency Room	862	894	814	972	993	873		917	868	48	6%

Sonoma Valley Hospital | FY25 Business Plan Tracker

Through February 2025

ATTACHMENT E

Through February 2025		Measurable Outcome *	Financial Impact	Volumes / Impact	July	August	September	October	November	December	January	February	March	April	May	June	YTD	
3T MRI	\$1 Million (Temp Trailer)	MRI Exams Incremental Growth over Baseline (>120 scans/month)	Incremental Revenue \$1,250,000	VOLUMES	*3T went live August 2023													
				Baseline (FY24)	95	95	95	95	95	95	95	95	95	95	95	95	760	
				FY25 Budget	178	196	184	214	215	215	225	225	230	235	240	240	1,651	
				FY25 Actual	130	182	182	222	151	190	163	176					1,396	
				Actual vs. Budget	(48)	(14)	(2)	8	(64)	(25)	(62)	(49)					(255)	
					↓	↓	↓	↑	↓	↓	↓	↓					↓	
				FINANCIAL IMPACT INCREMENTAL REVENUE														
				FY25 Budgeted	\$ 71,400	\$ 86,300	\$ 76,100	\$ 102,200	\$ 103,000	\$ 103,000	\$ 111,600	\$ 111,600	\$ 115,900	\$ 120,100	\$ 124,400	\$ 124,400	\$ 765,200	
				FY25 Actual	\$ 30,000	\$ 74,700	\$ 74,700	\$ 109,000	\$ 48,100	\$ 81,500	\$ 58,400	\$ 69,500					\$ 545,900	
				Actual vs. Budget	\$ (41,400)	\$ (11,600)	\$ (1,400)	\$ 6,800	\$ (54,900)	\$ (21,500)	\$ (53,200)	\$ (42,100)					\$ (219,300)	
	↓	↓	↓	↑	↓	↓	↓	↓					↓					
Physical Therapy Expansion	\$2.3 Million	Patient Visits 25% growth over FY24 baseline (50% starting in January)	Incremental Revenue \$475,000	VOLUMES														
				Baseline (FY24)				1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	5,500	
				FY25 Budgeted				1,100	1,100	1,100	1,590	1,590	1,590	1,590	1,590	1,590	6,480	
				FY25 Actual				1,481	1,278	1,337	1,500	1,412					7,008	
				Actual vs. Budget	-	-	-	381	178	237	(90)	(178)					528	
								↑	↑	↑	↓	↓					↑	
				FINANCIAL IMPACT INCREMENTAL REVENUE														
				FY25 Budgeted				\$ -	\$ -	\$ -	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 112,800	
				FY25 Actual				\$ 43,800	\$ 20,500	\$ 27,300	\$ 46,000	\$ 35,900					\$ 173,500	
				Actual vs. Budget				43,800	20,500	27,300	(10,400)	(20,500)					\$ 60,700	
				↑	↑	↑	↓	↓					↑					
Orthopedist Recruit	TBD	Surgical Cases Exceed 190 surgeries (16/month)	Incremental Revenue \$1,615,000	VOLUMES	*Started performing surgeries late August24													
				Baseline (FY24)	-	-	-	-	-	-	-	-	-	-	-	-	-	
				FY25 Budgeted	5	5	10	10	15	15	15	20	20	25	25	25	95	
				FY25 Actual	-	11	15	18	15	11	22	15					107	
				Actual vs. Budget	(5)	6	5	8	-	(4)	7	(5)					12	
					↓	↑	↑	↑	-	↓	↑	↓					↑	
				FINANCIAL IMPACT INCREMENTAL REVENUE														
				FY25 Budgeted	\$ 35,000	\$ 35,000	\$ 70,000	\$ 70,000	\$ 105,000	\$ 105,000	\$ 105,000	\$ 140,000	\$ 140,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 665,000	
				FY25 Actual	\$ -	\$ 77,000	\$ 105,000	\$ 126,000	\$ 105,000	\$ 77,000	\$ 154,000	\$ 105,000					\$ 749,000	
				Actual vs. Budget	\$ (35,000)	\$ 42,000	\$ 35,000	\$ 56,000	\$ -	\$ (28,000)	\$ 49,000	\$ (35,000)					\$ 84,000	
	↓	↑	↑	↑	-	↓	↑	↓					↑					
ROSA Robot Orthopedic Cases	TBD Incremental Operational Costs	ROSA Joint Replacement Volumes Exceed 124 surgeries over 12 month period (~10/month)	Operational Costs \$ -	VOLUMES														
				FY25 Target								6	6	6	6	6		
				FY25 Actual								4				4		
				Actual vs. Target								(2)				(2)		
												↓				↓		
				FINANCIAL IMPACT														
				ROSA Lease Cost								\$ (2,500)	\$ -	\$ -	\$ -	\$ -	\$ (2,500)	
				Implant Supply Savings								\$ 8,060					\$ 8,060	
				Rebate Savings (savings will kick-in once total annual spend exceeds \$500,000)								\$ -					\$ -	
				Actual vs. Target								\$ 5,560					\$ 5,560	
									↑				↑					
GRAND TOTAL Actual vs. Budget					\$ (76,400)	\$ 30,400	\$ 33,600	\$ 106,600	\$ (34,400)	\$ (22,200)	\$ (14,600)	\$ (92,040)	\$ -	\$ -	\$ -	\$ -	\$ (69,040)	
					↓	↑	↑	↑	↓	↓	↓	↓					↓	

	Current Month				Year-To- Date				PY Actual	Var	%
	Actual	Budget	Var	%	Actual	Budget	Var	%			
Operating Margin	\$ (168.5)	\$ (178.9)	\$ 10.3	6%	\$ (2,776.2)	\$ (4,046.6)	\$ 1,270.4	31%	\$ (4,182.3)	\$ 1,406.1	34%
Operating EBDA	\$ 347.7	\$ 312.8	\$ 34.9	11%	\$ 1,433.9	\$ (53.0)	\$ 1,486.9	2805%	\$ (682.0)	\$ 2,115.9	310%
Net Income (Loss)	\$ 17.9	\$ 9.2	\$ 8.7	94%	\$ (1,281.0)	\$ (2,541.8)	\$ 1,260.8	50%	\$ (2,539.8)	\$ 1,258.8	50%

Operating Revenue Summary (All Numbers in 1000s)

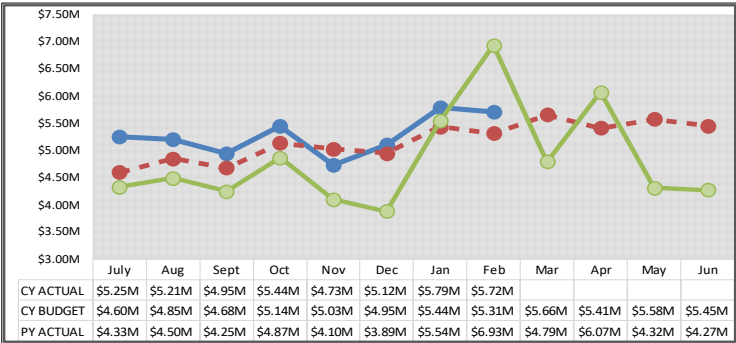
Net Patient Revenue	\$ 5,621.3	\$ 5,223.0	\$ 398.3	8%	\$ 41,417.2	\$ 39,264.8	\$ 2,152.4	5%	\$ 37,664.6	\$ 3,752.6	10%
NPR as a % of Gross	18.4%	18.4%	0.1%		17.5%	17.8%	-1.4%		16.7%	4.7%	
Operating Revenue	\$ 5,715.6	\$ 5,315.0	\$ 400.6	8%	\$ 42,207.8	\$ 40,000.8	\$ 2,207.0	6%	\$ 38,400.5	\$ 3,807.2	10%

Operating Expense Summary (All Numbers in 1000s)

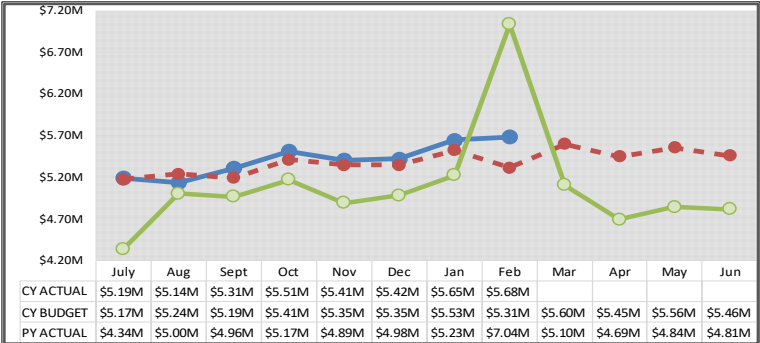
Operating Expenses	\$ 6,200.8	\$ 5,806.4	\$ 394.4	7%	\$ 47,517.3	\$ 46,547.4	\$ 969.9	2%	\$ 45,116.2	\$ 2,401.1	5%
Op Exp. Excl. Depr.	\$ 5,684.5	\$ 5,314.7	\$ 369.8	7%	\$ 43,307.2	\$ 42,553.8	\$ 753.5	2%	\$ 41,615.9	\$ 1,691.3	4%
Worked FTEs	206.50	225.78	(19.28)	-9%	214.48	217.73	\$ (3.25)	-1%	214.76	(0.28)	0%

Trended Operating Revenue & Operating Expense Graphs

Trended Operating Revenues
CY Actual vs CY Budget vs PY Actual



Trended Operating Expenses (excl Depreciation)
CY Actual vs CY Budget vs PY Actual



— CY ACTUAL - - - CY BUDGET — PY ACTUAL

Cash Indicators

	Current Month	Prior Month	Var	% Var
Days Cash	34.5	45.1	(10.6)	-24%
A/R Days	57.2	57.6	(0.4)	-1%
A/P Days	66.4	64.3	2.1	3%

Sonoma Valley Health Care District
Income Statement (In 1000s)
For the Period Ended February 28, 2025

ATTACHMENT G

	Month					Year-To- Date						
	CYM Actual	CYM Budget	Var	%		YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
1 Total Gross Patient Revenue	\$ 30,551.8	\$ 28,428.3	2,123.5	7%		\$ 236,275.7	\$ 220,967.7	15,308.1	7%	\$ 224,901.8	11,373.9	5%
Deductions from Revenue												
2 Contr. Discounts & Bad Debt	(26,165.6)	(24,076.9)	(2,088.8)	9%		(202,558.1)	(188,675.2)	(13,882.9)	7%	(192,269.7)	(10,288.4)	5%
3 IGT Program Revenue	1,235.2	871.5	363.6	42%		7,699.6	6,972.4	727.2	10%	5,032.4	2,667.2	53%
4 Total Revenue Adjustments	\$ (24,930.5)	\$ (23,205.3)	(1,725.1)	7%		\$ (194,858.5)	\$ (181,702.8)	(13,155.6)	7%	\$ (187,237.2)	(7,621.3)	4%
5 Net Patient Service Revenue	\$ 5,621.3	\$ 5,223.0	398.3	8%		\$ 41,417.2	\$ 39,264.8	2,152.4	5%	\$ 37,664.6	3,752.6	10%
6 Other Operating Revenue	94.3	92.0	2.3	2%		790.6	735.9	54.6	7%	735.9	54.6	7%
7 Total Operating Revenue	\$ 5,715.6	\$ 5,315.0	400.6	8%		\$ 42,207.8	\$ 40,000.8	2,207.0	6%	\$ 38,400.5	3,807.2	10%
Operating Expenses												
8 Salary and Wages (w Agency)	\$ 2,198.4	\$ 2,048.6	149.9	7%		\$ 16,736.3	\$ 16,626.2	110.1	1%	\$ 16,126.7	609.6	4%
9 Employee Benefits	732.0	803.2	(71.3)	-9%		6,321.4	6,480.2	(158.8)	-2%	5,991.8	329.6	6%
10 Total People Cost	\$ 2,930.4	\$ 2,851.8	78.6	3%		\$ 23,057.7	\$ 23,106.4	(48.7)	0%	\$ 22,118.5	939.2	4%
11 Med and Prof Fees	627.8	685.8	(58.0)	-8%		5,395.1	5,421.9	(26.8)	0%	4,670.3	724.8	16%
12 Supplies	707.5	630.1	77.4	12%		4,997.7	4,801.8	195.9	4%	5,528.0	(530.3)	-10%
13 Purchased Services	404.7	400.8	4.0	1%		3,162.0	3,256.0	(94.1)	-3%	3,416.6	(254.6)	-7%
14 Depreciation	516.3	491.7	24.6	5%		4,210.1	3,993.6	216.5	5%	3,500.3	709.8	20%
15 Utilities	143.7	175.2	(31.5)	-18%		1,354.7	1,401.7	(47.0)	-3%	1,311.1	43.6	3%
16 Insurance	86.0	74.7	11.2	15%		684.1	597.9	86.3	14%	551.2	132.9	24%
17 Interest	26.0	29.4	(3.4)	-12%		297.9	235.6	62.4	26%	465.8	(167.9)	-36%
18 Other	163.9	101.6	62.2	61%		977.9	810.9	167.0	21%	784.2	193.7	25%
19 IGT Program Expense	594.4	365.2	229.2	63%		3,380.0	2,921.5	458.5	16%	2,770.0	610.0	22%
20 Operating Expenses	\$ 6,200.8	\$ 5,806.4	394.4	7%		\$ 47,517.3	\$ 46,547.4	969.9	2%	\$ 45,116.2	2,401.1	5%
21 Operating Margin	\$ (485.2)	\$ (491.4)	6.2	1%		\$ (5,309.5)	\$ (6,546.6)	1,237	19%	\$ (6,715.7)	1,406.1	26%
Non Operating Rev and Expense												
22 Parcel Tax Assessment Rev	\$ 316.7	\$ 312.5	4.2	1%		\$ 2,533.3	\$ 2,500.0	33.3	1%	\$ 2,533.3	-	0%
23 Misc Revenue/(Expenses)	23.6	10.5	13.1	124%		203.8	84.3	119.5	142%	245.8	(42.0)	-17%
24 Total Non-Op Rev/(Exp)	\$ 340.3	\$ 323.0	17.3	5%		\$ 2,737.1	\$ 2,584.3	152.9	6%	\$ 2,779.2	(42.0)	-2%
25 Net Income Prior to GO Bond	\$ (144.9)	\$ (168.3)	23.4	14%		\$ (2,572.4)	\$ (3,962.4)	1,390.0	35%	\$ (3,936.5)	1,364.1	35%
26 GO Bond Activity, Net	162.8	177.6	(14.8)	-8%		1,291.4	1,420.6	(129.1)	-9%	1,396.7	(105.3)	-8%
27 Net Income / With GO Bond	\$ 17.9	\$ 9.2	8.7	94%		\$ (1,281.0)	\$ (2,541.8)	1,260.8	50%	\$ (2,539.8)	1,258.8	50%
28 Restricted Foundation Contr.	52.1	157.4	(105.3)	-67%		2,038.0	1,259.3	778.7	62%	1,144.0	893.9	78%
29 Change in Net Position	\$ 70.0	\$ 166.6	(96.6)	-58%		\$ 757.0	\$ (1,282.5)	2,039.5	159%	\$ (1,395.7)	2,152.7	154%
30 Operating EBDA	\$ 31.1	\$ 0.3	30.8	9493%		\$ (1,099.4)	\$ (2,553.0)	1,453.6	57%	\$ (3,215.4)	2,115.9	66%
31 Operating EBDA w Parcel	\$ 347.7	\$ 312.8	34.9	11%		\$ 1,433.9	\$ (53.0)	1,486.9	2805%	\$ (682.0)	2,115.9	310%

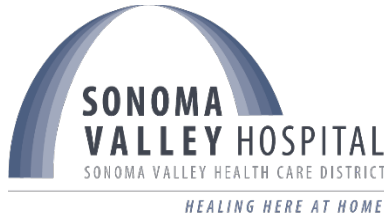
Sonoma Valley Health Care District

ATTACHMENT H

FY25 6 Month Trended Income Statement (in 1000s)

For the Period Ended February 28, 2025

	September	October	November	December	January	February	FY25 YTD	FY24 YTD	%
	FY25	FY25	FY25	FY25	FY25	FY26	Mth Avg	Mth Avg	Chg
1 Gross Patient Revenue	\$ 28,160.2	\$ 32,372.6	\$ 27,204.0	\$ 28,999.5	\$ 31,867.4	\$ 30,522.8	\$ 29,508.5	\$ 27,676.6	7%
Deductions from Revenue									
2 Contr. Discounts & Bad Debt	\$ (24,201.1)	\$ (27,926.2)	\$ (23,468.6)	\$ (24,888.9)	\$ (27,436.8)	\$ (26,165.6)	\$ (25,319.8)	\$ (23,605.2)	7%
3 IGT Revenue	871.5	871.5	871.5	871.5	1,235.2	1,235.2	962.5	656.8	47%
4 Total Deductions from Revenue	\$ (23,329.5)	\$ (27,054.7)	\$ (22,597.1)	\$ (24,017.3)	\$ (26,201.6)	\$ (24,930.5)	\$ (24,357.3)	\$ (22,948.4)	6%
5 Net Patient Service Revenue	\$ 4,830.7	\$ 5,317.9	\$ 4,606.9	\$ 4,982.2	\$ 5,665.7	\$ 5,592.3	\$ 5,151.2	\$ 4,728.2	9%
6 Other Operating Revenue	120.0	123.8	128.0	133.0	125.8	123.3	124.8	92.7	35%
7 Total Operating Revenue	\$ 4,950.7	\$ 5,441.7	\$ 4,734.9	\$ 5,115.2	\$ 5,791.5	\$ 5,715.6	\$ 5,276.0	\$ 4,821.0	9%
Operating Expenses									
8 Salary & Wages (w/ Agency)	\$ 2,063.3	\$ 2,155.2	\$ 2,103.7	\$ 2,088.2	\$ 1,984.2	\$ 2,198.4	\$ 2,092.0	\$ 2,026.2	3%
9 Employee Benefits	738.8	737.8	853.5	870.3	823.3	732.0	790.2	785.4	1%
10 Total People Cost	2,802.0	2,893.0	2,957.1	2,958.5	2,807.6	2,930.4	2,882.2	2,811.6	3%
11 Med and Prof Fees	670.5	665.2	678.1	644.4	810.7	627.8	674.4	598.8	13%
12 Supplies	630.0	746.0	666.5	624.9	641.9	707.5	624.7	626.8	0%
13 Purchased Services	352.5	410.1	371.0	433.7	358.0	404.7	395.2	413.6	-4%
14 Depreciation	519.1	582.2	455.0	516.7	523.2	516.3	526.3	441.0	19%
15 Utilities	205.3	169.0	143.0	120.2	169.7	143.7	169.3	162.1	4%
16 Insurance	144.2	85.4	86.1	81.5	81.5	86.0	85.5	68.3	25%
17 Interest	13.6	38.8	55.0	99.2	23.2	26.0	37.2	59.3	-37%
18 Other	123.4	139.6	86.0	93.6	162.2	163.9	122.2	100.0	22%
19 Matching Fees (IGT)	365.2	365.2	365.2	365.2	594.4	594.4	422.5	266.5	59%
20 Operating Expenses	\$ 5,825.8	\$ 6,094.6	\$ 5,863.1	\$ 5,937.7	\$ 6,172.3	\$ 6,200.8	\$ 5,939.7	\$ 5,547.9	7%
21 Operating Margin	\$ (875.1)	\$ (652.9)	\$ (1,128.2)	\$ (822.5)	\$ (380.8)	\$ (485.2)	\$ (663.7)	\$ (727.0)	9%
Non Operating Rev and Expense									
22 Parcel Tax Revenue	\$ 316.7	\$ 316.7	\$ 316.7	\$ 316.7	\$ 316.7	\$ 316.7	\$ 316.7	\$ 316.7	0%
23 Misc. Revenue/(Exp)	33.6	70.7	16.2	32.6	1.1	23.6	25.5	35.7	-29%
24 Total Non-Op Rev/Exp	\$ 350.2	\$ 387.3	\$ 332.8	\$ 349.2	\$ 317.7	\$ 340.3	\$ 342.1	\$ 352.4	-3%
25 Net Income / (Loss) Excl GO Bond	\$ (524.9)	\$ (265.5)	\$ (795.4)	\$ (473.2)	\$ (63.1)	\$ (144.9)	\$ (321.6)	\$ (374.5)	14%
26 GO Bond Activity, Net	162.8	162.8	162.0	162.8	162.8	162.8	161.4	174.8	-8%
27 Net Income/(Loss) Incl GO Bond	\$ (362.1)	\$ (102.7)	\$ (633.4)	\$ (310.4)	\$ 99.7	\$ 17.9	\$ (160.1)	\$ (199.8)	20%
28 Rest. Foundation Contr	177.7	60.7	222.7	7.6	464.9	52.1	254.7	449.2	-43%
29 Change in Net Position	\$ (184.4)	\$ (42.0)	\$ (410.8)	\$ (302.8)	\$ 564.6	\$ 70.0	\$ 94.6	\$ 249.4	-62%
30 Operating EBDA	\$ (356.0)	\$ (70.6)	\$ (673.2)	\$ (305.8)	\$ 142.4	\$ 31.1	\$ (137.4)	\$ (285.9)	52%
31 Operating EBDA w Parcel	\$ (39.4)	\$ 246.1	\$ (356.5)	\$ 10.9	\$ 459.1	\$ 347.7	\$ 179.2	\$ 30.8	483%



SONOMA VALLEY HEALTH CARE DISTRICT BOARD OF DIRECTORS

INVESTMENT POLICY

REVISED AND ADOPTED: 04/03/2025

Review Dates: 6/1989, 3/1996, 3/1999, 7/2000, 12/2001, 3/2005, 12/2007, 2/2022

I. PURPOSE

A. This statement of investment policy was adopted by the Board of Directors of Sonoma Valley Health Care District (SVHCD) on April 3, 2025, to provide for the creation of, and guidelines for the management of, various funds held by the organization. These policies supersede any and all prior actions regarding investment policies.

B. For the purposes of managing investment risk and optimizing investment returns within acceptable risk parameters, the following funds will be created, as needed, and held as separate investment pools.

- “Operating Fund”
- “Short-term Reserve Fund”
- “Long-term Reserve Fund”

II. PROCEDURES

A. The following procedures will be followed to ensure the investment policy statement is consistent with the mission of SVHCD and accurately reflects current financial conditions:

1. The Finance Committee shall review this investment policy annually.
2. The Finance Committee will recommend any changes in this policy to the Board of Directors.

B. The following procedures will be used to determine the dollar amounts to be placed in each of the various funds.

1. The Chief Executive Officer (CEO) or his/her designee will recommend the dollar amounts to be held in the Operating Fund and Short-term Reserve Fund.
2. The Finance Committee will recommend the dollar amounts to be held in the Long-Term Reserve Fund.

III. DELEGATION OF AUTHORITY

A. The Finance Committee is a fiduciary and is responsible for directing and monitoring the investment management of the various fund assets on behalf of SVHCD. As such, the Finance Committee is authorized to delegate certain responsibilities to professional experts in various fields. These include, but are not limited to Investment Management Consultant, Investment Manager, Custodian, and additional specialists.

B. It is anticipated that the services of a registered investment manager may be sought to manage portions of the Long-term Reserve Fund. The following procedure shall be followed to engage a new or replace a current investment manager:

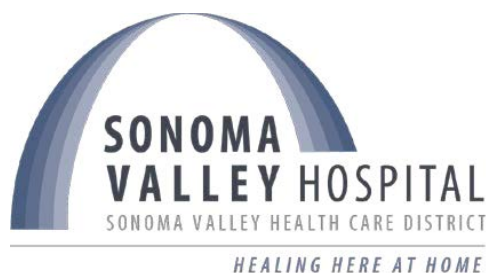
1. The Treasurer and the Finance Committee will recommend the hiring or replacement of an investment manager to the Board of Directors.
2. The Treasurer and the Finance Committee will nominate prospective candidates and send a Request for Proposal to each candidate.
3. The Treasurer and the Finance Committee will review proposals and interview candidates to determine appropriate investment manager(s).
4. The Finance Committee will make the hiring recommendation to the Board of Directors, who shall have the final approval.
5. Investment Manager performance and engagement shall be reviewed by the Finance Committee with a report to the Board of Directors on an annual basis.

IV. OPERATING FUND

A. The purpose of the Operating Fund is to provide sufficient cash to meet the day-to-day financial obligations of SVHCD in a timely manner.

B. The investment objectives of the Operating Fund are:

- Preservation of capital;
- Liquidity; and
- Benchmark investment return within the constraints above and safety and security of all investments.



To: SVHCD Board of Directors

From: Dan Kittleson, DDS

Date: April 3, 2025

Subject: Quality Committee Quarterly Report: 4th Quarter 2024

Quality performance in the 4th Quarter remained 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 steady from last quarter, averaging **900** (904, 820 & 978) visits per month. Volume on inpatient side increased in the 4th quarter averaging **63** discharges per month (up from 57 in Q3). Surgical volume dipped slightly compared last quarter, with an average of **138** surgical cases per month (147 avg in Q3).

Monthly presentations to the Quality Committee regarding departmental quality initiatives and data continue. Fourth quarter departmental presentations included

Physical Therapy and Pharmacy, and also included a recap presentation on all departments' 2024 work, and goals for 2025.

Hospital continues to focus on the following Quality Initiatives-

- **Sepsis.** All cases are reviewed by the Director of Emergency Services and Chief Nursing Officer. Any cases that do not meet the core measure standards for sepsis care are then also reviewed by the Medical Director of the ED, with education and follow up with care providers. *There was a dip in overall compliance with the Early Management Sepsis bundle to 77% from a fallout in October, but November and December were fully compliant. (70% in Q2, 86% in Q3).*
- **Stroke care.** The hospital continues to meet or exceed all measures regarding stroke care, with the only exception of "Median Door to tPA time;" *With a goal of 60 minutes or less, we averaged 66 minutes over 4 cases in the 4rd quarter.* October had two cases that met the goal, and November and December had one each that did not meet the goal for various reasons. All cases are reviewed by our Stroke Coordinator, Director of Emergency Services and the ED Medical Director. Additionally, all stroke care is discussed at bi-monthly meetings with our neuro colleagues at UCSF.
- **Readmissions:** *4th quarter readmission rates (within 30 days of discharge) increased a bit over last quarter, to 7.05% (vs. 6.98% in 2nd qtr and 6.08% 3rd qtr) vs the Medicare goal of < 15%.*
- **Length of Stay (LOS):** *In addition to mean length of stay of 3.33 days (3.56 days in the 3rd quarter-over the target of 2.45 days), we also monitor "observed over expected ratio" (O/E). To clarify, the observed LOS is the actual LOS. The expected LOS is assigned by CMS according to the diagnosis. (For example, a patient with pneumonia is expected to have an LOS of 5 days, but only stays for 3. So, 3/5= 0.6 is the O/E ratio). The target is to be less than one. Our average O/E ratio in the 4th quarter was 0.87.*
- **Safety:** There were zero PSI-90 events or other adverse events in the 4th quarter.
- **Patient Satisfaction:** *4th Quarter HCAHPS scores were improved in three of the nine domains, while three others did not change. All scores remain competitive with state and national scores. Ambulatory surgery scored 90% or greater in all domains but two. Q-Reviews, the texting survey, demonstrated high patient satisfaction across all five participating departments. (please see attached scores).*

Patient Satisfaction: HCAHPS



Monthly report (copy) INPATIENT

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Service Date Range: 10/1/2024 - 12/31/2024

Sonoma Valley Hospital - System (15704)

Inpatient

Questions	Top Box	n	STATE CA Score	All PG Database Score
*Rate hospital 0-10	73.81	42	73.75	71.36
*Recommend the hospital	80.95	42	74.30	70.53
*Comm w/ Nurses Domain Performance	85.71	42	79.15	80.03
*Nurses treat with courtesy/respect	92.86	42	85.37	86.37
*Nurses listen carefully to you	83.33	42	76.78	77.66
*Nurses expl in way you understand	80.95	42	75.31	76.06
*Response of Hosp Staff Domain Performance	81.59	38	64.24	64.78
*Call button help soon as wanted it	75.68	37	63.65	63.29
*Help toileting soon as you wanted	87.50	24	65.08	65.81
*Comm w/ Doctors Domain Performance	85.37	42	80.28	80.28
*Doctors treat with courtesy/respect	87.80	41	85.47	86.10
*Doctors listen carefully to you	87.80	41	79.15	78.89
*Doctors expl in way you understand	80.49	41	76.21	75.87
*Hospital Environment Domain Performance	65.85	41	64.14	66.92
*Cleanliness of hospital environment	78.05	41	74.69	73.88
*Quietness of hospital environment	53.66	41	53.62	59.93
*Comm About Medicines Domain Performance	59.80	33	63.12	61.82
*Tell you what new medicine was for	72.73	33	75.50	75.20
*Staff describe medicine side effect	46.88	32	50.61	48.35
*Discharge Information Domain Performance	92.11	38	87.91	86.93
*Staff talk about help when you left	97.37	38	86.13	85.26
*Info re symptoms/prob to look for	86.84	38	89.68	88.62
*Care Transitions Domain Performance	54.90	42	55.33	53.96
*Hosp staff took pref into account	50.00	42	50.04	48.62
*Good understanding managing health	50.00	42	53.94	53.14
*Understood purpose of taking meds	64.71	34	62.27	60.09

*CAHPS

Patient Satisfaction

OASCAPS



Monthly report (copy) OAS

Generated: 2/18/2025 1:04 PM ET

Service Date Range: 10/1/2024 - 12/31/2024

Sonoma Valley Hospital - System (15704)

Ambulatory Surgery

Questions	Top Box	n	All PG Database Score	State of California Score
*Facility rating 0-10	89.36	47	88.29	86.94
*Recommend the facility	86.96	46	85.39	84.60
*Communication Domain Performance	94.32	48	92.46	91.19
*Provided needed info re procedure	97.92	48	92.80	91.79
*Instructions good re preparation	95.65	46	94.52	93.47
*Procedure info easy to understand	95.83	48	93.96	93.13
*Anesthesia info easy to understand	95.56	45	94.57	93.17
*Anes side effect easy to understand	86.67	45	86.46	84.52
*Facility/Personal Trtment Domain Performance	96.53	48	97.18	96.35
*Check-in run smoothly	91.67	48	95.80	94.60
*Facility clean	100.00	48	97.97	97.36
*Clerks and receptionists helpful	93.75	48	96.42	95.32
*Clerks and reception courteous	93.75	48	97.70	96.92
*Staff treat w/ courtesy, respect	100.00	48	98.10	97.60
*Staff ensure you were comfortable	100.00	47	97.06	96.32
*Discharge Domain Performance	99.29	48	96.93	96.37
*Written discharge instructions	100.00	45	97.74	97.51
*Instructions regarding recovery	95.74	47	88.14	86.33
*Information re subsequent pain	100.00	44	98.50	98.15
*Information re subsequent nausea	100.00	40	98.62	98.21
*Information re subsequent bleeding	100.00	38	99.06	98.66
*Info on response to infection	100.00	38	99.56	99.37
Nurses Overall	90.07	48	88.91	87.95
Nurses concern for comfort	86.96	46	89.47	88.35
Info nurses gave to prep for proc	91.67	48	88.36	87.49
Nurses response concerns/questions	91.49	47	88.94	88.01
Care Provider Overall	91.44	48	84.11	81.27
CP explanation about proc	91.67	48	84.73	82.48
Info CP shared re how proc went	89.58	48	83.14	78.73
CP response to concerns/questions	91.30	46	86.57	84.75
CP expln why proc important	93.33	45	81.95	79.06
Staff worked together care for you	97.92	48	90.13	89.23

*CAHPS

Patient Satisfaction Q-Reviews

