

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

AGENDA

THURSDAY, JULY 10, 2025

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
+12133388477,,96421290468# US
+16692192599,,96421290468# US

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>			
1. CALL TO ORDER	Wendy Lee Myatt	Inform	
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	Inform	
4. CONSENT CALENDAR a. BOD Minutes – 6.05.25 b. Quality Committee Minutes – 05.28.25 c. Policies & Procedures d. Medical Staff Credentialing	Wendy Lee Myatt	Action	Pages a. 3-4 b. 5-6 c.. 7
5. ANNUAL HUMAN RESOURCES REPORT	Lynn McKissock	Inform	Pages 8 - 28
6. ELECTION OF INDEPENDENT SPECIAL DISTRICT ALTERNATE MEMBER TO SONOMA LAFCO	Wendy Lee Myatt	Action	Pages 29 - 40
7. BOARD OF DIRECTORS BYLAWS AMENDMENT	Denise Kalos	Action	Pages 41 - 58
8. CEO REPORT • Capital Projects Update	Ben Armfield	Inform	Pages 59 - 64
9. FINANCIALS FOR MONTH END MAY 2025	Ben Armfield	Inform	Pages 65 - 70

10. COMMITTEE UPDATES	<i>Board of Directors</i>	Inform	
11. BOARD COMMENTS	<i>Board of Directors</i>	Inform	
12. 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 & SPECIAL MEETINGS**

MINUTES

THURSDAY, JUNE 5, 2025

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

SONOMA VALLEY HOSPITAL BOARD MEMBERS		
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, Present		
MISSION STATEMENT		
<i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
CLOSED SESSION 4:30PM		
Pending Litigation (Gov. Code 54956.9) - To confer regarding anticipated litigation (significant exposure).		
1. CALL TO ORDER	Wendy Lee Myatt	
Meeting called to order at 5:00pm		
2. PUBLIC COMMENT	Wendy Lee Myatt	None
3. BOARD CHAIR COMMENTS	Wendy Lee Myatt	
Lee Myatt spoke about the month of May acknowledging healthcare. Wonderful event with UCSF and Sonoma Valley Hospital Foundation on May 6. Nurses week and hospital week followed. Hospital and EMS represented at Tuesday market.		
4. REPORT ON CLOSED SESSIONS:		
<ul style="list-style-type: none"> 5/1/25: 12:00pm 6/5/25: 4:30pm 		
5. CONSENT CALENDAR	Wendy Lee Myatt	Action
a. BOD Minutes – 4.30.25 b. Joint BOD & FC Minutes – 05.27.25 c. Quality Committee Minutes – 04.23.25 d. Finance Committee Minutes – 03.25.25 e. Affiliation Oversight Minutes – 02.05.25 f. Policies & Procedures g. Medical Staff Credentialing	MOTION: by Kittleson to approve, 2 nd by Case. All in favor.	
6. ANNUAL HOSPITAL QUALITY REPORT	Louise Wyatt, RN JD	Inform
Wyatt provided an overview of 2024 accomplishments and outlined quality and safety goals for 2025. She introduced her team's roles in data analytics, infection prevention, case management, and regulatory compliance. The hospital advanced its Age-Friendly Health System work using the 4Ms framework: What Matters, Medications, Mentation, and Mobility, with positive trends in discharges to home and patient engagement. Event reporting showed most incidents resulted in no harm or minor harm, with continued monitoring of medication-related events. ER complaints were reviewed for quality and billing concerns, contributing to focused improvement strategies. Compliance efforts included updated documentation workflows for suicide precautions and policy management as part of a CIHQ corrective action plan. For 2025, the hospital is prioritizing policy review completion, equity and safety initiatives, sepsis care, and survey readiness. Quality scorecards and patient feedback continue to inform performance improvement efforts across departments.		
7. ANNUAL CHIEF OF STAFF REPORT	Ako Walther, MD, MMM	Inform
Dr. Walther presented her final Chief of Staff report, covering medical staff performance and operational updates from August 2024 through March 2025. The current medical staff includes 138 members, with 29 active and 10 new additions across emergency medicine, radiology, surgery, and other specialties. Nine voluntary resignations were noted. ER performance remains		

strong, with average wait times under 10 minutes and a “left without being seen” rate holding steady at 1%. Patient experience scores across the ED, inpatient, and ambulatory surgery services remain consistently high, frequently scoring between 4.8 and 5.0. In March, the inpatient physician domain received a perfect 100! Despite ICU construction this winter, inpatient services sustained low readmission rates and high patient satisfaction through coordinated interdisciplinary teamwork. Outpatient-to-inpatient care flow continues without major issues, though EHR integration and data access across systems remain significant obstacles. A new quarterly MGH–SVH meeting was launched to improve patient transfer coordination. Delays in microbiology test results over weekends continue to impact care and discharge planning. The pharmacy team updated multiple medication protocols, including the addition of Zynrelef for joint surgery pain. The Surgery, Radiology, and Anesthesia departments continue to operate smoothly. Dr. Walther highlighted gains made in communication, cross-department collaboration, and executive session transparency. She emphasized the value of structured, ongoing interdisciplinary meetings and relationship-building efforts, including regular contact with UCSF and local specialty partners. As she concluded her term, she reflected on the three goals she had set: enhancing communication, strengthening partnerships, and improving system coordination, all of which she believes were achieved. The 2025–2027 medical staff leadership nominations and vice chief election are now underway.

8. FY2026 BUDGET	<i>Ben Armfield</i>	Action
Armfield presented FY2026 Budget for approval. Staff teamwork was praised, with special thanks to Lois Fruzynski, Accounting Manager. Budget had previously been reviewed at Joint Board of Directors & Finance Committee meeting on 5/27/25.		
MOTION: by Case to approve, 2 nd by Bloch. All in favor.		
9. FINANCIALS FOR MONTH END APRIL 2025	<i>Ben Armfield</i>	Inform
Armfield provided a verbal CEO update, announcing SVH has a new CMO starting in October (relocating from New York). CET is on emergency power. PT project is progressing positively – HVAC has been installed. ICU project is expected to be completed in July. The financial update for April,		
10. OUTPATIENT MRI BUILDING – FEASIBILITY STUDY	<i>Ed Case</i>	Inform
Case presented a Feasibility Study proposal that has been approved by the Finance Committee.		
11. COMMITTEE UPDATES <ul style="list-style-type: none"> Finance Committee new membership: <ul style="list-style-type: none"> a. Andrew Exner b. Paul Chakmak 	<i>Board of Directors</i>	Action
Case announced Carl Gerlach’s resignation from the Finance Committee, with much appreciation for his tenure expressed. Two new members to join the Finance Committee were presented for approval.		
MOTION: by Case to approve Andrew Exner to join the Finance Committee, 2 nd by Bloch. All in favor.		
MOTION: by Bloch to approve Paul Chakmak to join the Finance Committee, 2 nd by Case. All in favor.		
12. BOARD COMMENTS	<i>Board of Directors</i>	None
13. ADJOURN	<i>Wendy Lee Myatt</i>	
Regular session adjourned at 6:31pm		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

Wednesday, May 28, 2025, 5:00 PM

MINUTES

Members Present	Excused/Not Present	Public/Staff – Via Zoom
Daniel Kittleson, DDS Wendy Lee Myatt Howard Eisenstark, MD Susan Kornblatt Idell Michael Mainardi, MD Kathy Beebe, RN PhD Carol Snyder Paul Amara, MD, FACOG, via zoom	Carl Speizer, MD	Louise Wyatt, RN JD, SVH Director of Quality Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO Whitney Reese, SVH Board Clerk Leslie Petersen, SVH Foundation ED

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Daniel Kittleson, DDS</i>	
Kittleson called meeting to order at 5:00pm.		
2. PUBLIC COMMENT SECTION	<i>Daniel Kittleson, DDS</i>	
No public comments		
3. CONSENT CALENDAR	<i>Daniel Kittleson, DDS</i>	ACTION
Minutes 04.23.25	<i>Motion to approve by Kornblatt Idell, 2nd by Eisenstark. All in favor.</i>	
4. QUALITY INDICATOR PERFORMANCE & PLAN	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt provided an update on SVH's quality improvement efforts, including a new collaboration with local skilled nursing facilities to improve communication and reduce readmissions. The hospital is launching a pilot Readmission Reduction Program focused on CHF and COPD patients, involving a multidisciplinary team and support from Adobe Pharmacy to ensure access to medications after discharge. Departmental rounds have helped identify and address survey readiness items. April quality metrics showed strong performance in areas like		

hand hygiene and patient safety. Other initiatives include strengthening the sepsis program, improving preoperative preparation, and advancing age-friendly care standards. Work also continues on meeting policy compliance goals through regular committee reviews.		
5. POLICIES & PROCEDURES	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt presented small changes in existing policies and procedures. No new policies were introduced.		
6. 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 Mainardi, 2nd by Kornblatt Idell. All in favor.</i>		
7. ADJOURN	<i>Daniel Kittleson, DDS</i>	INFORM
	Meeting adjourned at 5:57 pm	

Document Pending Action

Listing of documents where you are involved in any step of the workflow that require someone's action related to review, revision, authoring, or approval. The report groups documents by current status and lists document titles, number of days they have been in the current status and names of staff or committees that are required to complete current step.

Sonoma Valley Hospital

Run by: Wyatt, Louise (lwyatt)
Run date: 06/23/2025 4:01 PM

Report Parameters

Filtered by: Document Set: all applicable
Committee: 07 BOD-Quality (P&P Review)
Include Summary of Changes: Yes

Past Review Date: Yes
Include Pending Authoring: Yes
Include Pending Expert Review: Yes
Include Pending Approval: Yes
Include Pending Publishing: Yes

Grouped by: Status

Sorted by: Document Title

Report Statistics

Authoring: 0
Expert Reviewer: 0
Approval: 3
Pending Publishing: 0
Past Due: 0
Total Documents: 3

Approval

Document: **Chain of Command for Patient Care Concerns** Days Pending: 21
Location: **Governance and Leadership Policies** Pending Since: 6/2/2025

Requires action of:

07 BOD-Quality (P&P Review) (Committee) - Approver

Summary of Changes:

Substituted Nurse Director for Nurse Manager (we do not have managers). Added that the nursing supervisor should be contacted if the Nurse Director is not available. Removed outdated workflow regarding medical staff structure.

Document: **Piperacillin-Tazobactam Extended Infusion Dosing** Days Pending: 35
Location: **Medication Management Policies (MM)** Pending Since: 5/19/2025

Requires action of:

07 BOD-Quality (P&P Review) (Committee) - Approver

Summary of Changes:

RETIRE-this policy is no longer needed due to Epic order sets automatically accomplishing the same purpose.

Document: **Vacuum Assisted Wound Closure** Days Pending: 35
Location: **Surgical Services/OR Dept** Pending Since: 5/19/2025

Requires action of:

07 BOD-Quality (P&P Review) (Committee) - Approver

Summary of Changes:

Reviewed. Recommend retiring. EBSCO has a comprehensive procedure outlined (with videos) that mirrors this policy. Further, the policy as written is specific to certain brand/model of wound vac. Also, the wound care RN usually performs vac dressing changes.

Human Resources Annual Report

2024

Who We Are



Lisa White,
HR Coordinator

Meghan Hofer
HR Analyst & Wellness Coord.



Stephanie Montecino,
Infection Preventionist
& Employee Health
Nurse



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

Our Mission



A Healthy Organization

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

What We Do

- Recruitment & Selection
- Onboarding & Retention
- Employee Engagement Survey
- New Hire & New Leader Orientation Programs
- Employee Education Programs
- Benefit Plan Administration & Benefits Committee
- Wellness Program & Wellness Team
- Performance Evaluations Program & Performance Management
- Employee Health Services & Workers' Compensation Program

- ACA Compliance
- Compensation Plan Management
- Human Resources Information Systems Administration (HRIS Employee Portal)
- Quality Assurance/Regulatory Compliance Assurance
- Student Internship & Contract Staff Coordination
- Employee Service Awards & Recognition Programs
- Volunteer Program
- Policies & Procedures
- Workplace Violence Prevention Program
- Compliance Program



HEALTHCARE HR WEEK: MARCH 10 – 14, 2025

2024 Projects/Accomplishments

Employee Medical Insurance Plan



Any INGage captive funding **surplus/underwriting profit**, is returned to each captive member based on their own performance in the captive layer.

INgage Members



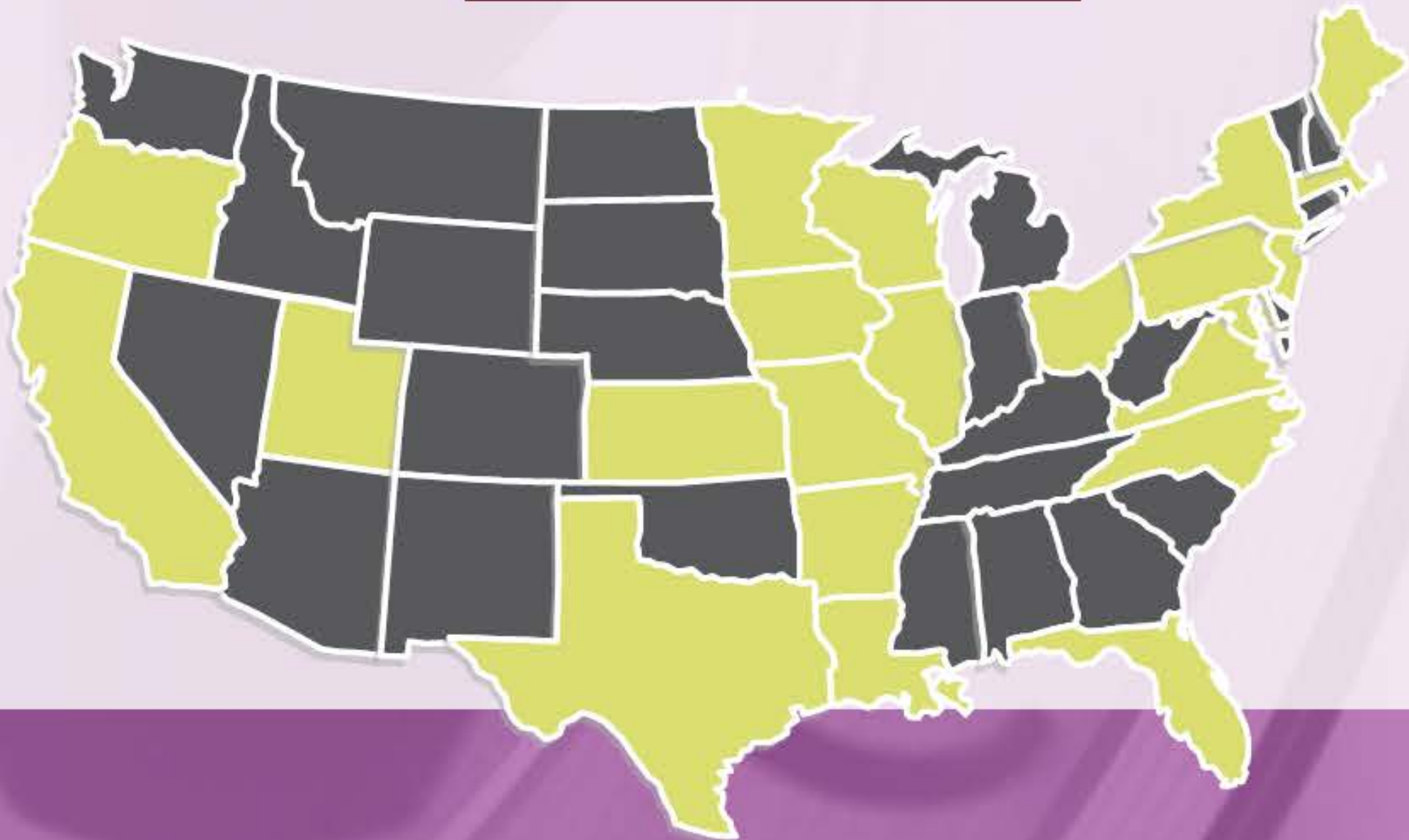
QUICK FACTS

Founded	January 1, 2021
Agency Partners	ICS Agency Partners
Renewal Date	January 1st
Policy Holders	60
Covered EEs	9,020
Reinsurance	Sun Life

INDUSTRIES REPRESENTED

Architects & Engineers	Health & Human Services
Computer Services	Hospitality
Construction	Lawyers
Electrical Contractor	Manufacturing
Energy	Retail
Financial Institutions	Services

HQ STATES



2024 Projects/Accomplishments

Employee Medical Insurance Plan

Medical Plan Expenses

- Fully-insured plan subject to 32% increase (total expected \$4,389,776)
- Self-funded in INgage total expected \$3,996,556
- Actual total expense 2024: \$3,876,553
- 2024 Captive Loss Ratio = 59% (Total Captive Loss Ratio = 77%)

Plan Changes for 2025 Plan Year

- Employee Contribution Rates: Reduced 8% for both HDHP; 4% for PPO
(Base HDHP for Employee Only enrollment remains free.)
- Added Limited Purpose FSA (for use by HSA participants only)

2024 Projects/Accomplishments

New Benefit Programs



- Interest- and fee-free line of credit
- Available to all employees enrolled in the HDHP
- Payroll-deducted payment plan



- Unlimited financial guidance from certified coaches
 - Budgeting
 - Credit Card Debt
 - Unexpected Crises
 - Student Loans



- COBRA Administration
- FSA Account Administration
- Dependent Care Reimbursement
- Commuter Expense Program

2024 Projects/Accomplishments

Paperless Pay/e-Stub Transition

- View & print paycheck stubs
- View & print W2 forms

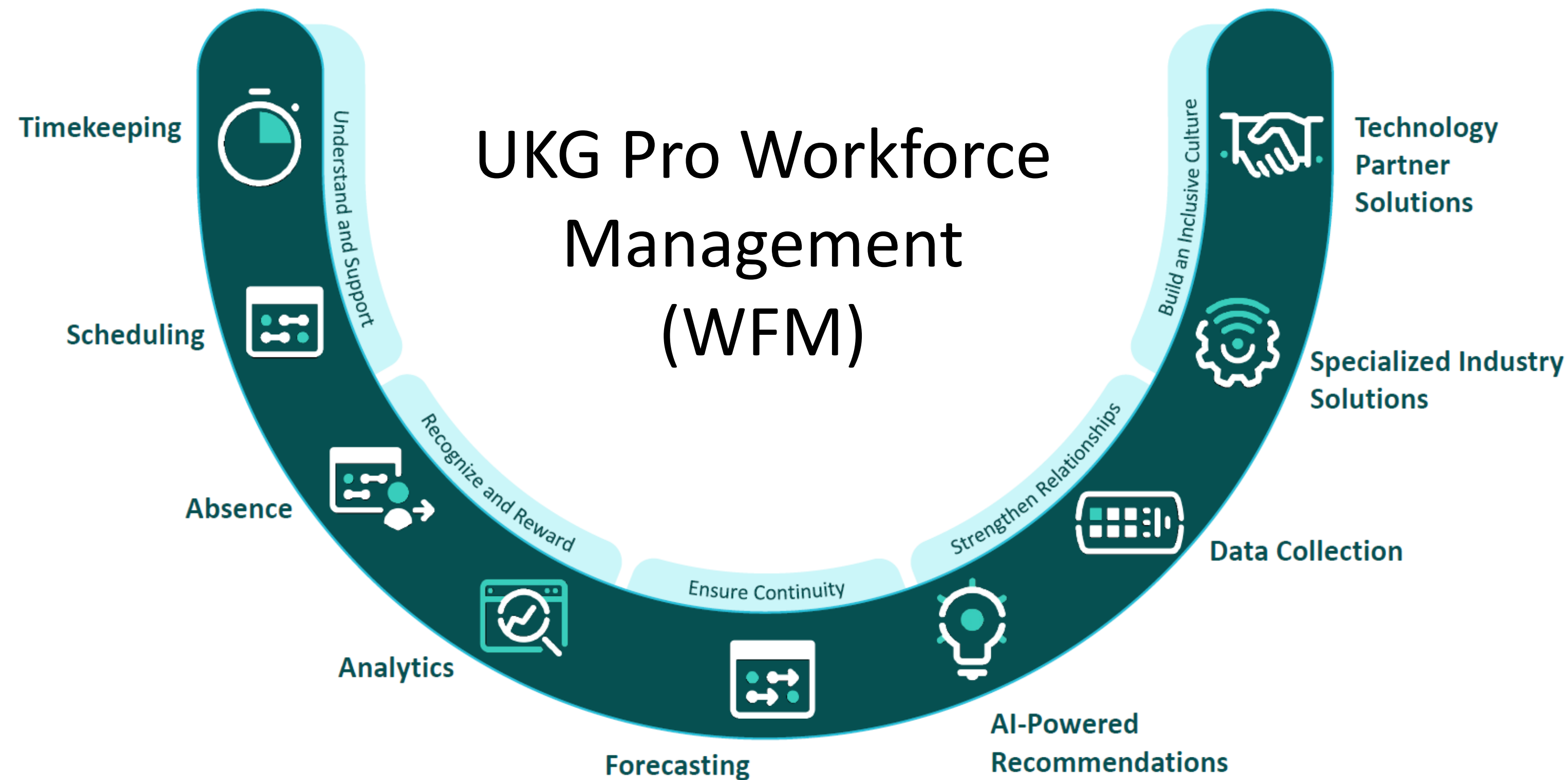


Compensation Plan Analysis & Wage Adjustments

- Annual Pay Increases (3%), effective January 19, 2025
- Wage Adjustments:
 - Market Benchmarking, utilizing CHA/Allied for Health regional survey data
 - Salary Band adjustment for 137 positions, out of a total 179 positions
 - Applied wage adjustment to individual's pay (89/366), effective 4/13/25
 - Total estimated annual impact to payroll: \$283,386

2024 Projects/Accomplishments

UKG/Kronos Upgrade Implementation



- Employees can view their timecards from any device
- Correct missed punches
- Request time off
- See/Pickup Open Shifts
- View schedules & update availability

2024 Projects/Accomplishments

ACA Reporting – New Setup in Benefits Administration System

- 1095-C Reports – All “FT” Employees; Offer of medical insurance coverage
- 1094-C Transmittal to IRS

Leadership Training/LDI

- New Leader Orientation – Year 2
- LDI: Humanistic Leadership Model

Wellness Team Events

- March Movement (Scavenger Hunt)
- Brain Train (Brain Health Education/Activities)
- “Show Me the Money!” (Financial Health)
- Member Spotlight at INgage annual meeting!



2024 Projects/Accomplishments

Employee Service Awards



2024 ANNUAL SERVICE AWARDS LUNCHEON

Thursday, February 13, 2025

12:00 p.m. to 2:00 p.m.

- 38 employees
- 5 years to 40 years

2024 Projects/Accomplishments

Education Projects

- Mock Codes
 - Code Blue
 - Code Stroke – Inpatient
 - Malignant Hyperthermia
- Competencies:
 - Precipitous delivery & infant care (ED)
 - IV Pump (SVFD)
 - MRI Code Blue
 - CAUTI Prevention
 - Malignant Hyperthermia
 - Thora-vent and Pleur-evac
- MOAB Training – All Staff
- MUSE/EKG Training
- Four Eyes in Four Hours (skin assessment/documentation)



Staff Education

- New Hire Education – All Staff
- Annual Education Assignments (HealthStream): 92% Completion Rate
- Annual Skills Lab – All Clinical; Return Demo Format

Safety & Compliance

Workplace Violence Prevention

- Taskforce – Qrtly Meetings
 - Safety Officer, CHRO, CNO, CAO, Dir of Patient Care, Dir of Quality, & Ed Coord
- Written WVP Program/Policy
- Training for All Staff
 - 1st Day Orientation
 - Online courses within first 30 days
 - Annual Online Courses – All Staff
 - Active Crisis Management Course
- Incident Reporting
 - Incident Report form completed by Emp.
 - Form sent to Safety Officer – Reports to State
 - Midas Report created by Dir of Quality for further investigation/mitigation
 - 12 incidents reported 2024 (6 same Pt.)
 - Type of Incidents: Verbal; Slapping; Punching
 - Physical Injuries: First Aid Treatment Only

Compliance Program

- Compliance Committee – Qrtly Meetings
 - Chief Compliance Officer (CHRO), CFO, HIPAA Security Officer (Dir of I.T.), HIPAA Privacy Officer (HIM Manager), CNO, CAO, Dir of Quality, & Medical Staff Coordinator
- Written Compliance Program
- Training for All Staff
 - Conflict of Interest Disclosure Form
 - Online courses within first 30 days
 - Annual Online Courses – All Staff
- Incident Reporting
 - Compliance Hotline (anonymous)
 - Midas e-Notification Reporting System

HR Performance Dashboard

Performance Indicator	2024	2023	2022	2021
New Hires / Total Employees	90 / 360	84 / 345	112 / 331	90 / 318
New Hire FTE / Total FTE	46.6 / 210.7	45.4 / 213.6	70.1 / 205.7	33.7 / 188.6
Turnover Rate	15.1%	16.7%	24.4%	21.2%

Open Positions (4th Qtr): 28

- 16 FT/PT; 12 Per Diem/Temporary
- 7 RN; 13 Other Clinical; 2 Non-Clinical

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



Internal Transfers/Promotions: 17
Second Position: 27

Challenges to Recruitment/Retention: Cost of Living & Salaries

2024 Dashboard

Performance Indicator	2024	2023	2022	2021
Registry/Traveler Costs (FY)	\$2,225,582	\$2,379,060	\$1,606,258	\$1,005,644
Salary Costs / % of Net Revenue (FY)	\$25,142,587 / 44.88%	\$24,777,605 / 45.56%	\$23,150,818 / 46.21%	\$23,763,341 / 48.28%
Benefit Costs / % of Net Revenue (FY)	\$6,153,443 / 10.98%	\$5,859,007 / 10.77%	\$5,488,972 / 10.96%	\$5,575,741 / 11.33%
Leave of Absences	45	54	59	59
Employee Injuries	5	15	15	12
Workers' Comp Open Claims	12	24	18	24
Workers' Comp Cost of Claims	\$329,860	\$297,311	\$246,086	\$410,000
Legal Claims/Employment Law Expenses	\$37,602	\$62,657	\$194,045	\$156,629

Employee Engagement Survey

Hospital-Wide Results	2025	2024	2023	2022
Organizational Score	4.29	4.25	4.15	4.19
Organizational Participation	61%	64%	53%	57%

Overall Lowest Scoring Items:	Domain	2025
I have regular conversations with my direct supervisor about my personal and/or professional development goals.	Manager	4.07
I feel supported during times of high stress at work.	Employee	4.10
I have all the tools, resources and information necessary to do my job well.	Employee	4.12

Overall Highest Scoring Items:	Domain	2025
My work unit strives to exceed the expectations of the people we serve.	Organization	4.69
I have a strong sense of purpose and accomplishment in the work I do.	Employee	4.53
The individuals in my work unit are productive and supportive of each other.	Employee	4.44

Employee Engagement Survey

- Pay & Benefits -

Do you feel your compensation fairly reflects your skills, experience, and contributions?	Yes	No
	114	97

What aspects of your compensation do you feel is unfair? (Select all that apply)	Count	%
Pay compared to similar roles at other North Bay area hospitals	80	81%
Base Pay	78	79%
Standby Pay Rate	23	23%
Shift Differential Pay	18	18%

Employee Engagement Survey

- Pay & Benefits -

	Yes	No
Do the benefits provided by this hospital meet your needs?	117	98

Which benefits do you feel need improvement? (Select all the apply)	Count	%
Health Insurance	90	94%
Paid Time Off	45	47%
Retirement Plans	22	23%
Wellness Program	8	8%

Employee Engagement Survey

What's Next?

Department Action Plan

Issue/Survey Item	Objective	This is what we'll do...	Timeframe when this will be done...	This is what success looks like...	This is how we'll measure success...



Questions?

SONOMA LOCAL AGENCY FORMATION COMMISSION

111 Santa Rosa Ave Suite 240, SANTA ROSA, CA 95404
(707) 565-2577 FAX (707) 565-3778
www.sonomalafco.org

Date: June 9th, 2025
To: All Independent Special Districts
Subject: Election of Independent Special District Alternate Member

Attached please find the materials associated with an election to fill the position of Independent Special District Alternate Member to Sonoma LAFCO for the remainder of the term ending May 2028. As a result of an earlier notification by Sonoma LAFCO to independent special districts, two nominations were submitted by the May 24, 2025, deadline.

All independent special districts have the right to vote in the election.

The election process requires that Sonoma LAFCO send to each district copies of all applications received by the established deadline, a ballot and certification form, and voting instructions. In addition to these documents, I have included a stamped envelope for you to use to return the certified ballot.

All ballots should be returned to the LAFCO office by August 15, 2025. Ballots received by the deadline will be counted and the results announced within seven days.

Please note that ballots representing a majority of the districts must be received by the deadline date for the election to be considered valid. In the event a majority of districts have not cast ballots by the deadline, Sonoma LAFCO will extend the deadline date by 60 days to allow those districts that have not returned a ballot to do so.

On behalf of the Commission, I urge your district to participate in this election for special district representation to Sonoma LAFCO and to return the ballot by the August 15th, 2025, deadline.

If you have any questions or need additional information, please contact me at 707-565-2855.

Sincerely,

Kasandra Bowen
Clerk to the Commission

SONOMA LOCAL AGENCY FORMATION COMMISSION

BALLOT

Special District Alternate Member Term of Office Ending May 2028

1. Vote for only one candidate for Special District Alternate Member.
2. The presiding officer or his/her designated alternate, acting on behalf of the district, must cast the district's vote by marking the space to the right of a candidate's name and then complete, sign, and date the certification.
3. Place the marked ballot sheet and certification into the envelope provided and mail to Sonoma LAFCO, Po Box 1428, SANTA ROSA, CA 95404. Ballot sheet and certification may be emailed to Kasandra.bowen@sonoma-county.org, to meet deadline requirements. However, originals must be mailed to the LAFCO office as soon as possible thereafter.
4. **Submit ballot and certification by Wednesday, August 15th, 2025**

VOTE

Joseph Conway, Bodega Bay PUD

William Norton, Sonoma Valley Fire District

CERTIFICATION

I certify, under penalty of perjury, that I, _____
(Print Name of Presiding Officer or Alternate)

I am the Presiding Officer of _____,
(Print Name of Special District)

or her or his designated alternate, and I am authorized by my district to cast the district's vote for Special District Alternate Member to the Local Agency Formation Commission in this election.

(Date)

(Signature)

SONOMA LOCAL AGENCY FORMATION COMMISSION

575 ADMINISTRATION DRIVE, ROOM 104A, SANTA ROSA, CA 95403
(707) 565-2577 FAX (707) 565-3778
www.sonomalafco.org

APPLICATION FOR SPECIAL DISTRICT REPRESENTATIVE (ALTERNATE)

This application has been designed to provide pertinent information about each candidate applying for the position of the Alternate Special District Representative to LAFCO. Please read the application carefully and type your responses or print in ink. Additional pages may be included as necessary. An electronic version is available online at www.sonomalafco.org

Note: Candidates for this position may be board members from any independent special district.

Date Submitted: 5/15/25
Name: BILL NORTON
Address: 890 VERANO AVE.
Phone(s): (707) 304-2170
Email: NORTONBLN@COMCAST.NET
Name of District You Represent: SONOMA VALLEY FIRE DISTRICT
Date of Most Current Election/Appointment: 7/1/2024
Date Term Expires: 7/1/2028
Total years with District: 20
Total Years Associated with Government/ Community Service: 40 YEARS
List any other agencies/special Districts you have been or are currently involved with:
SONOMA COUNTY FIRE DISTRICTS ASSN.

List Community Service Activities including Names of Organizations and Dates of Service:

U.S. NAVY 1961-1965 USCGR. 6 YEARS
JACK LONDON PARK VOLUNTEERS - PRESIDENT
SCFDA - PAST PRESIDENT
CHALLENGE SONOMA ADVENTURE ROPE COURSE - INSTRUCTOR &
SAFETY OFFICER

SONOMA LOCAL AGENCY FORMATION COMMISSION

Have you attended LAFCO meetings? If yes, when?

YES. EVERY MONTH

Please explain why you want to serve on the Sonoma Local Agency Formation Commission (LAFCO).

I HAVE SEEN THE SUCCESS OF VOM F.D. IN IT'S
GROWTH & INCORPORATION OF GLENN ELLER F.D., MAYACAMUS
V.F.D., CITY OF SONOMA & KENWOOD FIRE DISTRICTS.

From your perspective, explain the purpose of LAFCO:

EFFICIENCY & IMPROVEMENT IN SERVICES ATTAINED
THROUGH CONSOLIDATIONS, THROUGH LAFCO.



~~SONOMA~~ **Valley of the Moon Board of Directors**

Bill Norton

~~Vice~~ President

I have been a member of the Board of Directors of the Valley of the Moon Fire Protection District since 2003 and a resident of the District for 25 years. I am a retired Lieutenant of the San Francisco Fire Department after 30 years' experience. I have a BA magna cum laude in Geography from Sonoma State University and was a substitute teacher in the Sonoma Valley Unified School District and a past Sonoma Ropes Course leader.

I assisted the City of Sonoma and the Valley of Moon Fire District Chiefs and Captains in the development of Sonoma Valley Fire & Rescue Authority's "Standards of Response Coverage" a business plan for our combined fire departments. I developed a SVFRA, GIS computer-based Standards of Coverage senior project at Sonoma State University, including a model providing the optimum locations for Station 2. I have been a California certified Fire Training Officer, Fire Safety Director, EMT and Urban Search and Rescue member. Further qualifications include CPR Instructor, lifeguard, advanced open water diver and USCG Search and Rescue Crewman and Boat Engineer.

I have organized and participated in various multiple-agency disaster drills in the San Francisco Bay Area. I keep current with fire district business by attending our monthly VOM Fire District meetings, Sonoma County Fire District Association bi-monthly meetings and annual conferences. I have the highest respect for the dedication and professionalism of our department members: officers, engineers, firefighters and paramedics.

SONOMA LOCAL AGENCY FORMATION COMMISSION

575 ADMINISTRATION DRIVE, ROOM 104A, SANTA ROSA, CA 95403

(707) 565-2577 FAX (707) 565-3778

www.sonomalafco.org

APPLICATION FOR SPECIAL DISTRICT REPRESENTATIVE (ALTERNATE)

This application has been designed to provide pertinent information about each candidate applying for the position of the Alternate Special District Representative to LAFCO. Please read the application carefully and type your responses or print in ink. Additional pages may be included as necessary. An electronic version is available online at www.sonomalafco.org

Note: Candidates for this position may be board members from any independent special district.

Date Submitted:

MAY 21, 2025

Name:

JOSEPH CONWAY

Address:

21413 HERON DR, BODEGA BAY, CA 94923

Phone(s):

707-322-2652

Email:

BODEGATOE@ICLOUD.COM

Name of District You Represent:

BODEGA BAY PUD

Date of Most Current Election/Appointment:

APRIL 2023

Date Term Expires:

DECEMBER 2027

Total years with District:

3 YEARS

Total Years Associated with Government/ Community Service:

15 YEARS

List any other agencies/special Districts you have been or are currently involved with:

SEE ATTACHED

List Community Service Activities including Names of Organizations and Dates of Service:

SEE ATTACHED

SONOMA LOCAL AGENCY FORMATION COMMISSION

Have you attended LAFCO meetings? If yes, when?

No

Please explain why you want to serve on the Sonoma Local Agency Formation Commission (LAFCO).

SEE ATTACHED

From your perspective, explain the purpose of LAFCO:

SEE ATTACHED

List any other agencies/special Districts you have been or currently involved with:

- Board member, Bodega Bay PUD 2023 to present
- Board member, Bodega Bay Fire Protection District 2018 -2022
- Chair, St Philip Occidental St Teresa Bodega Parish Council 2010 to present
- Chair, St Teresa Bodega Restoration Fund 2015 to present
- Board member, Bodega Bay Fire Foundation 2022 to present
- Vice President Bodega Harbor Investment Group 2024 to present
- Past President Bodega Harbor Investment Club 2016-2018
- Mentor Me Petaluma 2010-2017

Please explain why you want to serve on the local Sonoma Local Agency Formation Commission:

I have lived in Sonoma County for 38 years and love all the county has to offer. I would like to participate in the keeping the county the wonderful place it is to live and thrive for year to come. I have had a part in Bodega Bay Fire Protection District consolidation into Sonoma County Fire District. It was a big step for the residents and visitors to Bodega Bay and one that has been a win win for all concerned. I can bear witness to the good work of consolidation the LAFCO endorsement achieved finally coming to fruition 2022.

**From your perspective, explain the purpose of
LAFCO:**

I believe the purpose of LAFCO is to be good stewards to the county keeping an open eye on the local agencies and services, preserving the land and open space for generations to come and monitor the growth with the long view in mind. Also to give guidance and recommendations when appropriate to all the communities of Sonoma Count.

Resume:

Having grown up in the San Francisco Bay Area and moving to Sonoma County in 1987 I have become attached to the spender the county has to offer. After attending schools on the Peninsula and graduating from California Maritime Academy in Vallejo I went to sea for 38 years sailing as chief engineer for Matson Navigation Company for last 25 of those years. Retiring in 2006 I have spent many hours cycling the rural road of Sonoma County. The intervening years has given the opportunity to give back to the community participating in the Bodega Bay PUD, Bodega Bay Fire Protection District, several years with Mentor Me Petaluma plus church board and St. Teresa Bodega Restoration Committee. Those days spent viewing the grandeur of the county surely has given me a deep appreciation for the redwood forests, ocean vistas, pastures and wildlife not to mention our little towns and big cities. I hope to participate in whatever small way I can in keeping Sonoma County the special place it is.

Thank you for reviewing my application.

Joseph Conway



RESOLUTION NO. 1096

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE BODEGA BAY
PUBLIC UTILITY DISTRICT NOMINATING JOE CONWAY OF THE BODEGA
BAY PUBLIC UTILITY DISTRICT TO APPLY FOR AN ALTERNATE SPECIAL
DISTRICT MEMBER WITH THE SONOMA LOCAL AGENCY FORMATION
COMMISSION (LAFCO)

WHEREAS, the Sonoma Local Agency Formation Commission (the "LAFCO") has submitted a Call for Nominations to the Bodega Bay Public Utility District Board of Directors to be submitted no later than May 24, 2025; and

WHEREAS, Joe Conway is qualified to serve and is interested in serving.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Bodega Bay Public Utility District hereby nominates Joe Conway for the Alternate Special District Member on LAFCO.

I, Victoria Watts, the undersigned, hereby certify that I am the Clerk of the Bodega Bay Public Utility District; that the foregoing is a full, true and correct copy of the Resolution duly passed by the District Board at its regular meeting May 21, 2025, at its offices in Bodega Bay, California; and that said Resolution has not been revoked, rescinded, or set aside, and is now in full force and effect, pursuant to the following vote thereon:

AYES, and in favor thereof, Directors: Rooney, Gerber, Moore, Terman, Conway

NOES, Directors: None

ABSTAIN, Directors: None

ABSENT, Directors: None

ATTEST:


District Clerk


President

Recommend an amendment to the SVHCD Bylaws, Article III, Section 4(a)(1), to remove the "Audit Committee" as a separate standing committee and rename the "Finance Committee" as the "Finance & Audit Committee."

This amendment reflects the action of merging the two committees, as approved by the Board of Directors on Thursday, March 6, 2025.



BYLAWS

of the

SONOMA VALLEY HEALTH CARE DISTRICT


Sonoma, California

**BYLAWS
of the
SONOMA VALLEY HEALTH CARE DISTRICT**

Approved by the Board of Directors April 6, 2023



Judith Bjorndal, Chair



**John Hennelly, President and Chief Executive Officer
Sonoma Valley Hospital**

Orig. Date:	10.31.90
Revised:	02.27.91
	12.02.92
	01.05.94
	07.30.97
	01.08.03
	02.28.03
	02.25.04
	06.29.05
	09.27.06
	12.06.06
	05.30.07
	07.01.09
	11.05.09
	09.02.10
	10.07.10
	02.03.11
	12.01.12
	03.06.14
	08.04.16
	01.11.18
	06.04.20
	09.02.21

TABLE OF CONTENTS

Article I	Preamble	4
	Section 1. Mission	4
	Section 2. Relationships	5
Article II	The Board as a Legal Entity	6
	Section 1. Powers.....	6
	Section 2. District Bylaws as Basis of Authority	8
Article III	Board of Directors	8
	Section 1. Members	8
	Section 2. Officers	10
	Section 3. Elections	11
	Section 4. Committees	11
	Section 5. Compensation	13
	Section 6. Indemnification	13
Article IV	Delegation of Authority	14
	Section 1. Chief Executive Officer	14
	Section 2. Medical Staff	15
	Section 3. Contractual Relationships	17

Bylaws of the Sonoma Valley Health Care District

Bylaws of the Sonoma Valley Health Care District

Article I Preamble

These District Bylaws are adopted by the Sonoma Valley Health Care District (the District) Board of Directors (the Board) pursuant to and consistent with Division 23 of the Health and Safety Code of the State of California, known as “The Local Health Care District Law.” These District Bylaws are established to further enable the Board to faithfully exercise its powers and fiduciary duties in accordance with applicable law. The Board-approved Policies shall be used to assist further in implementing the responsibilities of the Board.

Section 1. Mission

The Mission of the Sonoma Valley Health Care District is to maintain, improve, and restore the health of everyone in our community.

This mission is pursued subject to available financial and human resources and leadership consistent with the Local District Health Care Law of California. The District sets forth Core Values as a framework to provide operational guidance for achieving its mission.

The Core Values of the Sonoma Valley Health Care District are that those who live in Sonoma Valley will experience outstanding health care because:

- a. There will be direct access to appropriate care when needed and overall health will be coordinated in a comprehensive fashion.
- b. Care will show respect and honor the dignity of everyone.
- c. The available services will (a) match the needs of the community, (b) be fiscally sustainable, and (c) meet or exceed all quality standards.
- d. Wise stewardship will be exercised regarding the District’s financial resources to ensure stability, agility, and prudent growth.
- e. Partnerships with physicians, other healthcare providers, and payers will extend the range of available services and conserve resources.
- f. We will feel informed and proud of the quality of health care available in the District.

Bylaws of the Sonoma Valley Health Care District

Section 2. Relationships

The Board recognizes that it is most effective in maintaining, improving, and restoring the health of everyone in our community when it works in collaboration with others. Among our partners are the community, the Hospital, the medical community, other healthcare providers such as the Sonoma Valley Community Health Center and UCSF Health, and the Sonoma Valley Hospital Foundation. Although the responsibilities of the Board are set forth in our public trust as the duties of fiduciary responsibility and care and in state law, it is the intent of the Board to maximize its impact on health by building strong, cooperative relationships.

a. The Community

The Board is publicly elected to represent the collective interests of all people in the District, regardless of whether they may be patients at the Hospital. That trust is exercised by inquiring and listening to the concerns of the entire community regarding health care expectations, community resources that might be available, and matters of good organizational citizenship. It is also the Board's responsibility to ensure that the public is informed about its own health and the operations of the Hospital and other healthcare services. The public is also welcome and encouraged to monitor District operations and policy and participate in the discussion of the public actions of the Board. It is the intent of the Board to honor the full spirit of transparency in its work.

b. The Hospital

The major resource available to the Board for serving the community's health needs is Sonoma Valley Hospital. This is an Acute Care, community hospital providing emergency care, in-patient and ambulatory (inpatient) acute care, post-acute care, therapy, diagnostics, and related services. It serves the community by providing prompt response to acute health needs and coordination of care and by providing resources to the medical community.

c. The Medical Staff

Physicians are a self-governing community of peers who set standards for quality of care and professional conduct. Some of these professionals are Hospital employees; most are not. The community is best served when an appropriate mix of practitioners is free to reach professional excellence, with the Board providing required oversight and necessary resources. The physicians accredited at the Hospital are governed by the Medical Staff Bylaws which are reviewed every three years.

Bylaws of the Sonoma Valley Health Care District

d. Other Healthcare Providers

The District recognizes that maintaining, improving, and restoring the health of everyone in our community involves collaboration with the entire health care community. Individuals who have insurance plans that involve providers outside the Valley who use only the Hospital's emergency or diagnostic and support services are included in our mission. So are those who use the services of other local providers and are referred to Sonoma Valley Hospital for supportive care. Patients of the Hospital can expect that their care will include referral for advanced treatment at Bay Area hospitals that offer specialized services. The District works with local adjunctive services to ensure a supportive community environment.

e. Sonoma Valley Hospital Foundation

Though not a healthcare provider as such, the District recognizes the indispensable role being played by the Sonoma Valley Hospital Foundation as an independent and self-governed entity in funding certain capital requirements and other defined needs of the Hospital as may be determined and coordinated between the two organizations from time to time.

Article II The Board as a Legal Entity

The name of the District shall be the Sonoma Valley Health Care District (the District).

The principal office for transacting business and maintaining records of the Sonoma Valley Health Care District shall be the Sonoma Valley Hospital (the Hospital), located at 347 Andrieux Street, Sonoma, California 95476. The District also maintains a website at <http://www.sonomavalleyhospital.org>.

Section 1. Powers

The Board shall have accountability and authority for those powers set forth in the Local Health Care District Law of California [California Health and Safety Code (H&S) 32,000] that are necessary for fulfilling its mission. These shall include, but are not limited to the following abilities to:

- a. Form a medical staff to be known as "The Medical Staff of Sonoma Valley Hospital"; such medical staff shall be self-governing, subject to the District Board's final approval

Bylaws of the Sonoma Valley Health Care District

- of members and their privileges, hospital rules for quality of patient health and safety, indemnification of practice, and Medical Staff Bylaws [California Health and Safety Code (H&S) 32128, 32129].
- b. Recruit and manage such volunteers from the community, serving without compensation, as may be needed from time to time to support the Hospital and the District.
 - c. Hire, direct, evaluate, and terminate if necessary, the President and Chief Executive Officer of the Hospital and any other individuals neither working for the Hospital or reporting directly to the Chief Executive Officer but necessary for meeting the Mission of the District [H&S 32121].
 - d. Enter into contracts for provision of health care and make certain resources are available to medical staff members who are serving the community [H&S 32121, 32129].
 - e. Establish and maintain standards for quality of care in facilities under the District's direction [H&S 32125].
 - f. Create entities or enter into contractual relationships with existing entities useful for promoting the District's Mission [H&S 32121, 32131].
 - g. Acquire, lease, manage, and dispose of real assets for the purpose of meeting its Mission [H&S 32121, 32123, 32126].
 - h. Authorize the purchase, lease, management, and disposal of capital and other equipment needed to meet its Mission [California Health and Safety Code 32122, 32132].
 - i. Place before the public for vote parcel tax and bond measures to finance healthcare services and facilities [H&S 32127].
 - j. Sue and be sued and exercise related actions as a corporate entity [H&S 32121].
 - k. Manage its financial assets in a responsible fashion, including authorization for borrowing funds and letting of contracts [H&S 32127, 32130, 32132, 32133, 32136, 32138].
 - l. Create committees, develop policy, and take other actions necessary to enhance the mission of the District [H&S 32121].
 - m. Receive input from the public and inform the public regarding matters related to the operation of the District.

The Board exercises its responsibilities through setting goals conducting periodic self-evaluations, assessing the healthcare environment and performance of the hospital, and when appropriate, initiating responsive action. All District powers shall only be exercised pursuant to specific delegation by the Board of Directors.

Bylaws of the Sonoma Valley Health Care District

Section 2. District Bylaws as Basis of Authority

a. Amendment

These District Bylaws shall be reviewed bi-annually at the beginning of even numbered years. They may be changed by an affirmative vote of at least three Board members at a regularly scheduled board meeting.

b. Relationship to Other Bylaws

The Bylaws of the Sonoma Valley Health Care District Medical Staff (the Medical Staff) are understood to be a subset of the District Bylaws with respect to their relationship with the District. Any action or procedure that is required, allowed, or prohibited in the Medical Staff Bylaws will also be required, allowed, or prohibited in the District Bylaws. The District Board and the Medical Staff shall consult on any proposed changes in either document that may affect both groups. Changes in the Medical Staff Bylaws shall be approved by the District Board; changes in District Bylaws that may affect the Medical Staff require corresponding revision of the Medical Staff Bylaws. In any case where there is a conflict between the Medical Staff Bylaws and the District Bylaws, the District Bylaws shall be controlling.

Article III Board of Directors

Section 1. Members

a. Selection

The Board shall consist of five members, having permanent residence in the District and elected by the public from registered voters of the District in accordance with California Health and Safety Code Section 32100. Three members shall be elected in years evenly divisible by four and two members shall be elected in alternating even-numbered years. In the event of a Board vacancy, a new Board member shall be appointed to fill the vacated position from applying individuals who meet qualification for election by vote of the remaining Board members in a publicly noticed and open meeting. The appointed Board member shall serve until the next general election returns are certified by the registrar of voters unless the vacancy occurs in the first half of the director's term, but less than 130 days prior to the next general election. In this case the appointed director shall serve the balance of the term. (Section 1780 of the California Government Code)

Bylaws of the Sonoma Valley Health Care District

b. Fiduciary Responsibilities

Board members have fiduciary responsibilities to the District. Those living in the District trust the Board to act on their behalf.

- (1) The duty of care requires that Board members act toward the District with the same watchfulness, attention, caution, and prudence that a reasonable person in the circumstances would. The duty of loyalty requires that Board members not place their personal interests above those of the District.
- (2) Board members shall comply with the District's Conflict of Interest Code as detailed in the Board Policies.
- (3) The only actions of the Board are those agreed by a majority of Board members in publicly noticed meetings that are consistent with state law and regulations. Diversity of informed and well-articulated opinion among Board members is expected while questions are open before the Board.
- (4) Board members respect privacy of information by not requesting or seeking to obtain information that is not authorized or necessary for conducting the business of the Board. Board members respect confidentiality by not revealing information to others who are not legally authorized to have it or which may be prejudicial to the good of the District. Board members respect information security by requesting and monitoring policies that protect the privacy of individuals served by or doing business with the District.

c. Personal Qualifications

In their service to the District, Board members are expected to

- (1) Actively promote the mission of the District: to maintain, improve, and restore the health of everyone in our community.
- (2) Devote sufficient time to their duties to ensure they are fully knowledgeable regarding matters about which the Board deliberates
- (3) Provide respectful, positive, independent input into the group decision making process
- (4) Seek input from the community and represent the District to the community as ambassadors
- (5) Maintain a high level of personal integrity

Bylaws of the Sonoma Valley Health Care District

Section 2. Officers

The officers of the Board and their duties shall consist of the following:

a. Chair

- (1) Serve as the Board's primary liaison with the Chief Executive Officer and with the press and the public
- (2) Prepare the Board agenda and request necessary support materials for meetings
- (3) Conduct meetings of the Board
- (4) Sign documents as authorized by the Board
- (5) Appoint members to committees subject to approval by a majority of the Board
- (6) Coordinate the Board's performance evaluation of the President and Chief Executive Officer
- (7) Coordinate the Board's annual self-evaluation and annual retreat process

b. First Vice Chair

- (1) Serve in the capacity of the chair when necessary or as delegated
- (2) Serve as the permanent Board representative on the Joint Conference Committee of the Medical Executive Committee

c. Second Vice Chair

- (1) Serve as chair or member of the Board Quality Committee
- (2) Serve in the capacity of the chair when necessary or as delegated

d. Secretary

- (1) Direct that minutes, records, and other support material are prepared and made available in a timely fashion
- (2) Serve or cause to be served all notices of the board
- (3) Sign documents as authorized by the Board
- (4) Serve as chair or member of the Board Governance Committee

e. Treasurer

- (1) Serve as chair or member of the Board Finance Committee

Bylaws of the Sonoma Valley Health Care District

Section 3. Elections

Officers will be elected at the first regular Board meeting in December of each year for a term of one year. Election is by majority vote of the members of the newly-installed Board in even numbered years and by majority vote of existing members in odd numbered years. Officers may be elected to consecutive terms. In the event that the Board fills a vacant position, it may decide either to confirm the new Board member in the previous Board member's office or conduct a new set of elections.

Section 4. Committees

The Board may create committees in order to facilitate its business and to ensure access to expertise and citizen input. All committees shall be advisory to the Board and have no authority to make decisions or take actions on behalf of the Board unless specifically delegated by the Board. A committee is created or disbanded by majority vote of the Board.

a. Types of Committees

- (1) Standing Committees assist the Board by gathering information, evaluating proposals and policies, and making recommendations regarding key and continuous or regularly recurring functions of the District, and are subject to Ralph M. Brown Act provisions. The Board Standing Committees shall be:
 - i. Finance & Audit Committee
 - ii. Quality Committee
 - iii. Governance Committee
 - iv. Affiliation Oversight Committee
- (2) Advisory Committees ("Ad Hoc") may be established to study and make recommendations to the Board on specific matters. The scope of such committees shall be limited and shall not be of continuous or on-going nature. Upon determination by the Board that the period for advice has passed or upon acceptance of the Advisory Committee's written report by the Board, the Advisory Committee shall be disbanded. Advisory Committees shall be comprised of two Board members and are not subject to Brown Act provisions.
- (3) Members of Standing Committees and Advisory Committees shall be residents of the District or practitioners or business owners having their primary activity within the District.

Bylaws of the Sonoma Valley Health Care District

- (4) Community members of Advisory Committees may serve up to four years with the option to be reappointed.

b. Types of Meetings

Meetings of the Board and its standing Committees are conducted in accordance with the Ralph M. Brown Act (the Brown Act). A quorum for the Board or for its standing committees shall consist of a majority. Agendas for regular Board and standing committee meetings will be available 72 hours in advance of meetings, and for special meetings 24 hours in advance, giving the date, time and location of meetings. No action will be taken concerning an item not previously noticed on the published agenda. Exceptions exist in the case of an emergency where the majority of the Board determines that an emergency exists (Government Code 54956.5), in which case there is a need to take immediate action. The other exception is if a regular or special meeting is appropriately noticed and the need for urgent action came to the attention of the District subsequent to the agenda being posted. In that case, if two-thirds of the Board members present vote (or there is a unanimous vote if less than two-thirds are present) that there is a need to take immediate action. Public comment will be invited and considered at all open meetings (regular, emergency and special Board meetings and standing committee meetings), and meeting agendas, support materials, and minutes will be available to the public.

- (1) Emergency Board meetings can be called on one hour's notice by the Chair or any Board member. News media that has submitted a prior written request for notification of emergency meetings shall be notified in advance of the meeting.
- (2) Special Board meetings may be called by any two Board members with 24 hours' notice and are subject to rules applying to regular meetings. News media that has submitted a prior written request for notification of special meetings shall be notified in advance of the meeting.
- (3) Closed Board meetings may be held for purposes of considering the appointment, employment, evaluation of performance, discipline, dismissal or to hear complaints or charges concerning a Hospital employee or member of the Medical Staff; in consideration of pending litigation; or in matters of negotiations concerning real property, labor contracts, or discussion of trade secrets. Closed meetings shall be announced, conducted, and reported in accordance with the Brown Act, and the public may not participate. Standing committees may hold closed meetings if their charter or Board delegation includes issues allowing closed meetings.

Bylaws of the Sonoma Valley Health Care District

c. Participation of Directors on Standing Committees

No more than two Board members shall be appointed to serve on any Standing Committee at one time. Other Board members may attend standing Committee Meetings as members of the public at any time. In the event of the absence of a regular Board member on a Standing Committee, the Chair of the Board, or in succession, the Chair of the Standing Committee may designate other Directors to serve in the capacity of absent Board committee members. All appointed members of Board committees, including *ex officio* appointments and recognized alternates shall be voting members and shall count toward establishing a quorum. Board members who attend standing committee meetings as members of the public may not participate in the discussions to avoid a possible violation of the Brown Act.

Section 5. Compensation

Each member of the Board of Directors shall be allowed his/her necessary traveling and incidental expenses incurred in the performance of official business of the District pursuant to the Board's policy.

Section 6. Indemnification

a. Any person made or threatened to be made a party to any action or proceeding, whether civil or criminal, administrative or investigative, by reason of the fact that he/she, his/her estate, or his/her personal representative is or was a Director, officer or employee, of the District, or an individual (including a medical staff appointee or committee appointee) acting as an agent of the District, or serves or served any other corporation or other entity or organization in any capacity at the request of the District while acting as a Director, officer, employee or agent of the District shall be and hereby is indemnified by the District, as provided in Sections 825 et. seq. of the California Government Code.

b. Indemnification shall be against all judgments, fines, amounts paid in settlement and reasonable expenses, including attorney's fees actually and necessarily incurred, as a result of any such action or proceeding, or any appeal therein, to the fullest extent permitted and in the manner prescribed by the laws of the State of California, as they may be amended from time to time, or such other law or laws as may be applicable to the extent such other law or laws is not inconsistent with the law of California, including Sections 825 et. seq. of the California government Code.

Bylaws of the Sonoma Valley Health Care District

c. Nothing contained herein shall be construed as providing indemnification to any person in any malpractice action or proceeding arising out of or in any way connected with such person's practice of his or her profession

Article IV Delegation of Authority

The Board honors the distinction between governance and management. The Board shall exercise its responsibilities for oversight by operating at the policy level, setting strategic direction and goals, monitoring key outcomes, and taking corrective action where needed.

Section 1. Chief Executive Officer

The District employs or contracts with a President and CEO for the Hospital who acts on behalf of the District within the constraints of the Board Bylaws and Board Policies set by the Board. The Board delegates to the President and CEO the authority to perform the following functions:

- a. Manage the District's human, physical, financial, knowledge, and community good will resources in support of the District's Mission to maintain, improve, and restore the health of everyone in our community
- b. Manage the activities and resources of the Sonoma Valley Hospital
- c. Ensure that the hospital complies with applicable laws, regulations, and standards
- d. Provide supporting resources to the Board and its committees as requested
- e. Support the operations of the Board by providing reports, general information, staff support, and other resources
- f. Annually, create a draft update on the District's rolling Three -Year Strategic Plan and the Budget
- g. Promote awareness of the hospital, good will in the community, and philanthropic support
- h. Serve as the contact executive in affiliation agreements with other district hospitals, physician foundations, and other healthcare partners
- i. Negotiate, sign, monitor, and terminate or renegotiate contracts.
- j. Sign checks to meet the District's financial obligations in accordance with Board Policy.
- k. Execute and sign borrowing notes as authorized by the Board.
- l. Discharge these functions in a positive, legal, and ethical fashion so as to bring respect to the District
- m. Carry out directives from the Board

Bylaws of the Sonoma Valley Health Care District

Section 2. Medical Staff

a. Establishment of a Medical Staff

There shall be a Medical Staff for the Hospital established in accordance with the requirements of the Local Healthcare District Law [California Health and Safety Code (H&S) 32,000], whose membership shall be comprised of all physicians, dentists and podiatrists who are duly licensed and privileged to admit or care for patients in the Hospital. The Medical staff shall be an integral part of the Hospital. The District shall appoint the Medical Staff by approving their credentialing. The Medical Staff shall function in accordance with the Medical Staff Bylaws, Rules and Regulations and Policies that have been approved by the Medical Staff and by the District.

The Medical Staff shall be represented as described in Article IV of these Bylaws and shall be afforded full access to the District through the Board's regular meetings and committees as described herein. The Medical Staff, through its officers, department chiefs, and committees, shall be responsible and accountable to the District for the discharge of those duties and responsibilities set forth in the Medical Staff's Bylaws, Rules and Regulations, and Policies and as delegated by the District from time to time.

b. Bylaws, Rules, and Regulations

The Medical Staff is responsible for the development, adoption, and periodic review of the Medical Staff Bylaws and Rules and Regulations, consistent with these District Bylaws, applicable laws, government regulation, and accreditation standards. The Medical Staff Bylaws, Rules and Regulations and all amendments thereto, shall become effective upon approval by the Medical Staff and the District. Whenever there is a reference in the Medical Staff Bylaws, Rules and Regulations, to the "Board of Directors" or "the District," that term shall refer to and be considered as the Sonoma Valley Health Care District as described in Article I of these Bylaws.

c. District Action on Membership and Clinical Privileges

- (1) Medical Staff Responsibilities: The Medical Staff is accountable to the District for the quality of care, treatment and services rendered to patients in the Hospital. The Medical Staff shall be responsible for investigating and evaluating matters relating to Medical Staff membership status, clinical privileges, and corrective action, except as provided in Article 4 of the Medical Staff bylaws. The Medical Staff shall adopt and forward to the District specific written recommendations, with appropriate supporting documentation, that will allow the District to take informed action. When the District does not concur with a Medical Staff recommendation, the matter shall be processed in accordance with the Medical Staff Bylaws and

Bylaws of the Sonoma Valley Health Care District

applicable law before the District renders a final decision. The District shall act on recommendations of the Medical Staff within the period of time specified in the Medical Staff Bylaws or Rules and Regulations, or if no time is specified, then within a reasonable period of time. However, at all times the final authority for appointment to membership on the Medical Staff of the Hospital remains the sole responsibility and authority of the District.

- (2) Criteria for District Action: The process and criteria for acting on matters affecting Medical Staff membership status and clinical privileges shall be as specified in the Medical Staff Bylaws.
- (3) Terms and Conditions of Staff Membership and Clinical Privileges: The terms and conditions of membership status in the Medical Staff, and the scope and exercise of clinical privileges, shall be as specified in the Medical Staff bylaws unless otherwise specified in the notice of individual appointment following a determination in accordance with the Medical Staff Bylaws.
- (4) Initiation of Corrective Action and Suspension: Where in the best interests of patient safety, quality of care, or the Hospital staff, the District may take action subject to the standards and procedures in the Medical Staff Bylaws, Rules and Regulations and applicable law.
 - i. The Chief Executive Officer may summarily suspend or restrict clinical privileges of any Medical Staff member subject to the standards and procedures in the Medical Staff Bylaws, Rules and Regulations and applicable law.
- (5) Fair Hearing and Appellate Procedures: The Medical Staff Bylaws shall establish fair hearing and appellate review mechanisms in connection with Staff recommendations for the denial of Staff appointments, as well as denial of reappointments, or the curtailment suspension or revocation of privileges. The hearing and appellate procedures employed by the District upon referral of such matters shall be consistent with the Local Healthcare District Law [California Health and Safety Code (H&S) 32,150, and those specified in the Medical Staff Bylaws, Rules and Regulations.

d. Accountability to the District

The Medical Staff shall conduct and be accountable to the District for conducting activities that contribute to the preservation and improvement of quality patient care and safety in the Hospital.

Bylaws of the Sonoma Valley Health Care District

e. Documentation

The District shall receive and act upon the findings and recommendations emanating from the activities required by Article IV, Section 2(d). All such findings and recommendations shall be in writing and supported and accompanied by appropriate documentation upon which the District can take appropriate action.

Section 6. Contractual, Collaborative and Affiliation Relationships

The District may enter into contractual, collaborative and affiliation relationships with other Districts, provider organizations, or consortia in order to share resources and improve access to care to better serve the needs of those in the Valley.



To: SVHCD Board of Directors
From: Ben Armfield, CFO, Interim CEO
Date: July 10, 2025
Subject: CEO Update – July 2025

STRATEGIC PLANNING

During the last Affiliation Oversight Committee meeting, senior management from both UCSF and SVH shared their respective strategic plans, which included both short and long term priorities. More specifically, identifying and/or reinforcing specific short-term (12 months or less) priorities that offer collaboration opportunities between the two hospitals. Identified initiatives include:

- Evaluation of a potential collaboration to provide infusion services in Sonoma
- Strengthen MRI and imaging scheduling collaboration between UCSF and SVH
- Improve Interoperability between Sonoma Valley Hospital and UCSF
- Expand UCSF specialist access in Sonoma

As related to our new **strategic plan**, our efforts will remain focused on the following pillars:

- **Campus Realignment:** discussions with UCSF regarding how they might participate, including evaluating a potential partnership to provide infusion services in Sonoma. Focus on other key initiatives such as feasibility of potential SNF expansion, space planning and allocation in respects to the final 3T MRI location; starting discussions on clinic real-estate strategy. Working with firm on the development of a master facility plan.
- **Community Care:** market sizing for various community opportunities, urgent care, diagnostic center, specialty clinics, PT/OT. Strategizing on how to better reach underserved population centers of the Health District – development of PCP recruitment strategy, evaluating ‘mobile clinic’ idea to further connect with west side of Sonoma.
- **Sustainability:** business plan development on GI, cardiology, orthopedics, and UCSF clinical services. Renegotiation of IGT funding allocations and 3rd party payor agreements.
- **Seismic:** continued research on possible options. The hospital has engaged HED to assist in the assessment. Would like to plan on bringing assessment back to BOD later this summer.

OPERATIONS UPDATE

May continued the trend of high quality, high volumes, and, as a result, positive financial performance. May delivered an Operating EBDA of \$187k EBDA. While this did fall a bit short of the monthly budget of \$232K, it still is a strong showing relative to our monthly performance

trend in this fiscal year. Year to date the organization is ahead of both budget and prior year by nearly \$1 million in Operating EBDA.

Volumes were up again in May. Surgical volumes, MRI, CT, Physical Therapy – all exceeded their respective current fiscal year run-rate. Highlighting the month was an incredibly busy **Emergency Room**. We provided care for nearly 1,100 ER visits in May, which is an all-time high and translates to over 34 visits a day.

Our Patient Satisfaction scores continue to be strong as patients continue to express their gratitude and appreciation for their care. The month of June saw a rating of 4.81 out of five, across all five departments.

We continue to demonstrate high quality care in our clinical areas, as our **Quality Data and Metrics** meet and/or exceed almost all quality targets for the month of May.

Our **Chief Medical Officer position** has been filled! We are pleased to announce that Dr. Patrick Okolo officially accepted the role back in June. Dr. Okolo will be joining us from Rochester Regional Health in New York, where he is serving as Executive Medical Director and System Chief of Gastroenterology. He will spend the summer transitioning out of his current role and will officially join us in early October. Dr. Okolo will spend the first six months here as a full-time CMO, and will then transition to a hybrid position, spending half of his time as the hospital's CMO and the other half operating as a GI physician in Sonoma Valley out of our 1206(b) clinic.

We want to make sure we acknowledge the great work that our interim Chief Medical Officer, Dr. Seric Cusik, has been doing while we search for a full-time replacement. Dr. Cusik's knowledge and leadership have been vital in maintaining continuity and ensuring things keep moving forward. We will work together on bridging the gap until Dr. Okolo's arrival.

Hospital Week was a great success! Thank you to those that took time to come celebrate and recognize the wonderful work that our teams do here on a daily basis.

We received our **Employee Engagement Survey** results this past month, and I am pleased to report they were positive. We scored a 4.29 (out of 5.0), and had an organizational participation rate of 61%. The 4.29 was an improvement upon the 4.25 that we received last year, and was also the highest score we have received in the last four years.

CAPITAL PROJECT UPDATE

FOUNDATION FUNDED PROJECTS

The following section is intended to provide a detailed update on key capital projects currently underway - specifically those that have received full or partial funding support from the Sonoma Valley Hospital Foundation. While there are other capital initiatives in development, this update focuses on projects that are actively in motion. As additional projects progress and gain traction, we will incorporate them into future reports. For now, this overview is meant to offer a deeper dive into current project status, anticipated completion timelines, cost progress against budget, and any material barriers encountered.

Outpatient Diagnostic Center (ODC)

Active Phase(s)	MRI Permanent Location Prep (Central Wing Demolition)
Project Budget	\$24,000,000
Projected Total Cost of Project	TBD (\$22 million to complete Active & Completed Phases, + Cost to Finalize MRI Final Placement, which is TBD)
Projected Construction Completion	TBD
Projected Go-Live	n/a

The current phase of the project is nearing completion, which is the demolition portion of the Central Wing. The second phase of the CT portion (CT Phase II) was most recently completed, which is significant as that facilitated the move of our CT machine to emergency power. We have had to divert stroke patients in situations where the hospital experienced a power outage as the CT was not on emergency power due to required electrical remediation work. The remediation work has been completed and the CT scanner is now on emergency power provided by the hospital generator. This was the final project milestone of the CT phase, and it was a substantial milestone to achieve. **We anticipate the current phase of the overall project, the Central Wing Demolition, to be completed by the end of August.**

As work continues on the current Central Wing phase, we are also evaluating potential options related to the permanent location of the 3T MRI. These options include moving the 3T MRI into the originally planned space in the Central Wing that is currently being demolished, as well as exploring the option of transitioning the current location of the magnet from a temporary solution to a permanent one. We have engaged an architect firm (19Six) to complete a feasibility study to explore the viability of making the current temporary location permanent. **We anticipate this work to be completed by the Architect and sent to our Project Manager for review the week of 7/7/25.** We will then review the findings with the Board to recommend and determine the best path forward to bring both the final phase as well as the entire project to a close.

Physical Therapy Expansion Project

Project Budget	\$2,300,000
Projected Total Cost of Project	\$2,200,000
Projected Construction Completion	July 2025
Projected Go-Live	TBD

Construction on the PT Expansion project has been progressing nicely after working through several delays in the design and permitting process, as well as the long lead time for the HVAC equipment. These issues caused multiple month delays and significantly impacted the project timeline – pushing the estimated completion of construction from January 2025 to July 2025. **The project is on-track for construction to be completed in early July.**

Once building occupancy is obtained, the team will engage with CDPH to license the newly

constructed space. Patient use of the space cannot begin until CDPH completes its review and issues formal approval and licensing. We are working and coordinating with CDPH to turn this piece around as fast as possible.

ICU Refresh Project

Project Budget	\$630,000
Projected Total Cost of Project	\$660,000
Projected Construction Completion	August 2025
Projected Go-Live	July 2025

The ICU Refresh/Upgrade project is nearing completion and is currently in the final phase of construction. During a recent field inspection, the HCAI Fire Life Safety Officer identified a deficiency not included in the approved construction documents—specifically, the nurse station requires an additional smoke detector. In response, our team is coordinating with the general contractor and local fire alarm vendor to address the issue.

Due to unforeseen field conditions encountered during construction, primarily related to plumbing and structural modifications—along with the added scope from the Fire Life Safety Officer, we now anticipate that the total project cost will exceed the original \$630,000 budget. In the meantime, the ICU continues to operate with 5 of the 6 rooms available for patient care. The remaining room is expected to return to service by the end of July.

OTHER PROJECTS

AC-1 Replacement

Project Budget	\$250,000
Projected Total Cost of Project	TBD
Projected Construction Completion	TBD
Projected Go-Live	TBD

In addition to the major initiatives currently underway, we are progressing several other capital efforts that are in earlier phases. One key project is the **AC-1 HVAC Replacement**, which addresses the replacement of a critical air handling unit that services the hospital’s emergency room and operating room suites.

The existing unit is well beyond its expected service life and presents increasing risk to operational continuity, energy efficiency, and climate control for clinical spaces. In response, we are working with Carrier to finalize the delivery and installation of the replacement equipment.

While the total project budget is still being developed, the scope has expanded due to the likely requirement for HCAI approval, which introduces added complexity and anticipated cost increases (in excess of the approved \$250,000). We plan to return to the Board with a full project plan—including cost estimates, scope, and timeline - once we have greater clarity on regulatory requirements and construction implications.

SVH Performance Score Card

1. Quality and Safety

Objective	Target	FEB.25	MAR.25	APR.25	MAY.25	Supporting detail
Infection Prevention						
Central Line Blood Stream Infection CLABSI volume	<1	0	0	0	0	Less than Target is Goal
Catheter Associated Urinary Tract Infection- CAUTI volume	<1	0	0	0	0	Less than Target is Goal
CDIFF Infection volume	<1	0	0	0	0	Less than Target is Goal
Surgical Site Infections volume	<1	0	0	0	2	Cholecystectomy Laminectomy
Acute Care Falls						
Patient Fall per 1000 pt days	<3.75	3.25	0.00	0.00	0.00	Less than Target is Goal
Patient fall with injury per 1000 pt days	<3.75	0.00	0.00	0.00	0.00	

Core Measures						
Sepsis Early Management Bundle % compliant	>81%	50.00	50.00	100.00	100.00	Above Target is Goal
Severe Sepsis 3 hour Bundle % compliant	>94%	100.00	100.00	100.00	100.00	Above Target is Goal
Severe Sepsis 6 hr Bundle % compliant	100%	100.00	100.00	100.00	100.00	
Core OP 23- Head CT within 45 mins % compliant	70%	100.00	100.00	100.00	100.00	Above Target is Goal

Mortality						
Acute Care Mortality Rate O/E rate	<1	0.69	0.81	0.42	0.83	Lower is better

ED						
Core OP 18b Median Time ED arrival to ED Departure mins	<132	121.00	105.50	76.00	113.00	Lower is better
Core Op 22 ED Left without being seen LWBS	<2%	0.4 (3/791)	0.4 (3/845)	0.6 (5/880)	0.6 (6/992)	Lower is better

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

Preventable Harm						
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.00	0.091 (1/11)	0.000 (0/8)	0.158 (3/19)	Complications under review Lower is better
Readmissions to Acute Care within 30 days %	<15.3	13.43 (9/67)	10.00 (7/70)	5.97 (4/67)	8.93 (5/56)	Lower is better

2. Employees

Objective	Target	Q4.24	Q1.25	Q2.25	Supporting Detail
Short-term Turnover	<3%	2.2	0.1		Employed less a year is defined as Short-Term Turnover
Turnover	<10%	3.7	1.6		Total Turnover Rate (Annual Basis)
Workplace Injuries	<20 Per Year	1 (QTR4)	2 (QTR.1)		

3.Patient Experience

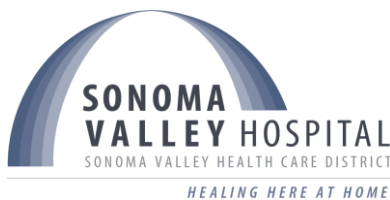
Objective	Target	JAN.25	FEB.25	MAR.25	APR.25	Supporting Detail
Outpatient Ambulatory Services (OASCAHPS)						Top Box Scores. % of patients choosing "Always"- Above Target is Goal
Recommend Facility	>90%	95.45 (n=22)	87.5	82.4	91.4	
Communication	>90%	86.19 (n=22)	93.2	96.4	93.4	
Discharge Instructions	>95%	96.97 (n=22)	93.46	97.06	97.59	
HCAHPS (Hospital Inpatient)						
Objective	Target	JAN.25	FEB.25	MAR.25	APR.25	Supporting Detail
Recommend the hospital	>90%	87.5 (n=16)	75.0	75.0	78.6	Top Box Scores. % of patients choosing "Always" - Above Target is Goal
Communication with Nurse	>90%	85.42 (n=16)	66.7	92.3	89.7	
Communication with Doctor	>90%	91.11 (n=15)	80.6	86.8	89.7	
Cleanliness of Hospital	>90%	75.00 (n=16)	66.7	92.3	69.2	
Communication about medicines	>90%	50.00 (n=13)	60.7	58.3	68.2	
Discharge Information	>90%	89.29 (n=14)	72.7	100.0	84.6	

4. Volume

Objective	Target	FEB.25	MAR.25	APR.25	MAY.25	Supporting Detail
Patient Visits						
Emergency Visits	>855	873	926	966	1073	Higher than Target is Goal
Surgical Volume Outpatient	>140	133	163	160	129	Higher than Target is Goal
Surgical Volume Inpatient	>13	12	13	13	7	Higher than Target is Goal
Inpatient Discharges	>70	86	81	78	73	Higher than Target is Goal

5. Financial

Objective	Target	FEB.25	MAR.25	APR.25	MAY.25	Supporting Detail
Operating EBDA in %	varies	1.4%	-0.7%	5.8%	3.0%	May Operating EBDA Target 5.6%
Operating EBDA in % (YTD) *	>1.6%	2.6%	2.2%	2.6%	2.7%	
Days Cash on Hand @ FYE	>30	34.5	35.9	37.2	27.3	Projecting 23.0 @ FYE
Net Operating Revenue (\$M) (annualized)	>\$65.8M	\$ 66.7	\$ 67.6	\$ 68.7	\$ 69.4	



Scorecard Definitions for Quality Metrics

Central Line Associated Blood Stream Infection (CLABSI)

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

Catheter Associated Urinary Tract Infection (CAUTI)

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

CDIFF (Clostridium Difficile)

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

Sepsis Early Management

Obtain Blood Cultures BEFORE antibiotics

Administer Antibiotics

Obtain Lactate Level

Lactate Level repeated (if elevated)

Severe Sepsis 3 hour bundle

All above included plus-

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

Focused MD exam

Severe Sepsis 6 hour bundle (septic shock only)

Lactate greater than 4 or

If persistent hypotension with 1 hour of fluid administration add Vasopressor

Shock reassessment by physician

Mortality

Acute care mortality benchmark is derived from CMS 5-star rating benchmark which is 15.3%, our average mortality rate each month is around 2-6%, most of our deaths are expected a [CMS's mortality measures show the rate at which patients die of any cause within 30 days of being admitted \(hospice patients are excluded from mortality measures\). Cn](#)

PSI 90

Summarizes patient safety across multiple indicators including-

Pressure Ulcers

Falls with Hip Fracture

Perioperative (while in surgery) complications

Postoperative complications

Preventable Harm

Unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment), that requires additional monitoring, treatment or hc events that have a significance level of minor-major harm. Derived from the risk events entered into our risk reporting platform. Examples of risk events are- Patient falls, surgical comp AMA, Transfers to other facilities, Documentation issues. Goal is 0, Alarm is 5.0 which is the benchmark set by UCSF and chosen by Dr Kidd.

Readmissions

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

Sonoma Valley Health Care District
Income Statement (in 1000s)
For the Period Ended May 31, 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	\$ 4,423.6	\$ 4,613.2	(189.6)	-4%	\$ 46,779.6	\$ 46,049.7	729.9	2%	\$ 44,676.1	2,103.5	5%
2	IGT Program Revenue	1,454.9	871.5	583.3	67%	12,229.1	9,587.0	2,642.1	28%	7,881.1	4,348.0	55%
3	Parcel Tax Revenue	316.7	312.5	4.2	1%	3,483.3	3,437.5	45.8	1%	3,393.6	89.7	3%
4	Other Operating Revenue	101.4	92.0	9.4	10%	1,114.3	1,011.9	102.4	10%	1,023.8	90.6	9%
5	Total Revenue	\$ 6,296.6	\$ 5,889.3	407.3	7%	\$ 63,606.3	\$ 60,086.1	3,520.2	6%	\$ 56,974.7	6,631.7	12%
Operating Expenses		CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
6	Labor / Total People Cost	\$ 3,165.7	\$ 3,050.8	114.9	4%	\$ 32,753.9	\$ 32,206.6	547.3	2%	\$ 30,900.6	1,853.4	6%
7	Professional Fees	665.9	708.1	(42.1)	-6%	7,559.5	7,539.1	20.4	0%	6,532.5	1,027.1	16%
8	Supplies	696.8	649.4	47.5	7%	7,163.6	6,746.0	417.6	6%	6,913.5	250.0	4%
9	Purchased Services	513.7	500.8	13.0	3%	4,565.6	4,458.4	107.2	2%	4,499.5	66.1	1%
10	Depreciation	504.0	491.7	12.3	3%	5,728.6	5,468.8	259.8	5%	4,792.5	936.1	20%
11	Interest	22.0	29.4	(7.4)	-25%	389.5	323.9	65.6	20%	590.7	(201.2)	-34%
15	Other	317.0	353.1	(36.1)	-10%	4,066.5	3,869.6	196.9	5%	3,614.5	452.0	13%
16	IGT Program Expense	728.0	365.2	362.8	99%	5,414.6	4,017.1	1,397.5	35%	3,197.5	2,217.1	69%
17	Operating Expenses	\$ 6,613.3	\$ 6,148.5	464.8	8%	\$ 67,641.8	\$ 64,629.3	3,012.5	4.7%	\$ 61,041.3	6,600.4	11%
18	Operating Margin	\$ (316.7)	\$ (259.2)	\$ (57.5)	-22%	\$ (4,035.4)	\$ (4,543.2)	\$ 507.7	11%	\$ (4,066.7)	\$ 31.3	1%
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%	1,779.9	1,953.3	(173.4)	-9%	1,922.3	(142.4)	-7%
20	Misc Revenue/(Expenses)	29.2	10.5	18.7	177%	292.5	115.9	176.7	152%	364.2	(71.7)	-20%
21	Total Non-Op Income	\$ 192.0	\$ 188.1	3.9	2%	\$ 2,072.4	\$ 2,069.1	3.3	0%	\$ 2,286.5	(214.1)	-9%
22	Net Income (Loss)	\$ (124.7)	\$ (71.1)	(53.6)	75%	\$ (1,963.0)	\$ (2,474.0)	511.0	21%	\$ (1,780.2)	(182.8)	-10%
23	Restricted Foundation Contr.	129.2	157.4	(28.2)	-18%	3,277.1	1,731.5	1,545.6	89%	4,941.7	(1,664.5)	-34%
24	Change in Net Position	\$ 4.5	\$ 86.3	(81.8)	-95%	\$ 1,314.1	\$ (742.5)	2,056.7	277%	\$ 3,161.5	(1,847.3)	58%
25	Operating EBDA	\$ 187.3	\$ 232.5	(45.2)	-19%	\$ 1,693.2	\$ 925.6	767.6	-83%	\$ 725.8	967.3	-133%

Sonoma Valley Health Care District

ATTACHMENT B

Balance Sheet
As of May 31, 2025
Expressed in 1,000s

		<u>Current Month</u>	<u>Prior Month</u>	<u>FYE 2024 Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 4,265.8	\$ 5,806.3	\$ 3,748.6
2	Net Patient Receivables	8,067.0	7,770.2	11,860.2
3	Allow Uncollect Accts	(1,221.8)	(1,053.6)	(4,323.2)
4	Net Accounts Receivable	\$ 6,845.1	\$ 6,716.7	\$ 7,537.0
5	Parcel Tax Receivable	175.2	175.2	-
6	GO Bond Tax Receivable	-	975.3	-
7	Other Receivables	1,394.7	1,071.8	1,647.5
8	Inventory	921.2	946.9	913.4
9	Prepaid Expenses	867.0	1,043.0	637.5
10	Total Current Assets	\$ 14,469.0	\$ 16,735.1	\$ 14,484.0
11	Property, Plant & Equip, Net	\$ 60,236.0	\$ 60,570.3	\$ 61,734.0
12	Trustee Funds - GO Bonds	5,947.9	4,817.3	5,957.3
13	Other Assets - Deferred IGT Expense	700.2	1,453.0	-
14	Total Assets	\$ 81,353.1	\$ 83,575.7	\$ 82,175.3
Liabilities & Fund Balances				
Current Liabilities:				
15	Accounts Payable	\$ 6,782.8	\$ 6,371.4	\$ 6,443.4
16	Accrued Compensation	3,946.1	4,650.9	3,648.8
17	Interest Payable - GO Bonds	376.7	347.3	189.4
18	Accrued Expenses	176.7	168.5	409.6
19	Deferred IGT Revenue	1,448.1	3,103.0	-
20	Deferred Parcel Tax Revenue	316.7	633.3	-
21	Deferred GO Bond Tax Revenue	200.6	401.3	-
22	Line of Credit - Summit Bank	-	-	4,973.7
23	Other Liabilities	-	-	57.5
24	Total Current Liabilities	\$ 13,987.7	\$ 15,675.6	\$ 15,939.9
25	Long Term Debt, net current portion	\$ 27,273.7	\$ 27,812.9	\$ 27,457.8
26	Total Fund Balance	\$ 40,091.7	\$ 40,087.2	\$ 38,777.6
27	Total Liabilities & Fund Balances	\$ 81,353.1	\$ 83,575.7	\$ 82,175.3

<u>Cash Indicators</u>	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year FYE</u>
Days Cash	27.3	37.2	22.7
A/R Days	47.9	47.0	60.1
A/P Days	67.2	64.4	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	Actual Mar	Actual Apr	Actual 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	\$ 5,221.2	\$ 4,970.6	\$ 4,142.0	\$ 4,300.0	\$ 51,608.1
2 Other Operating Revenue	316.7	106.8	46.0	192.7	75.3	88.8	115.0	107.7	90.1	90.8	102.8	100.0	1,432.8
3 Other Non-Operating Revenue	12.1	20.9	11.4	5.4	16.2	18.0	24.2	13.5	44.3	11.2	12.0	8.0	197.2
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	\$ 5,355.6	\$ 5,072.6	\$ 4,256.9	\$ 4,408.0	\$ 53,278.4
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	\$ 4,807.5	\$ 6,435.9	\$ 6,854.0	\$ 5,128.3	\$ 64,785.4
7 Term Loan Paydown	-	-	-	-	-	116.6	89.7	73.6	73.6	73.6	73.6	73.6	574.1
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	51.3	898.2	116.8	50.0	2,940.3
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	\$ 4,932.4	\$ 7,407.6	\$ 7,044.4	\$ 5,251.8	\$ 69,058.0
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)	\$ 423.3	\$ (2,335.1)	\$ (2,787.6)	\$ (843.8)	\$ (15,779.7)
Non-Hospital Sources													
12 Restricted Cash/Money Market													-
11 Restricted Capital Donations	\$ 66.0	\$ 986.4	\$ 177.6	\$ 51.6	\$ 216.7	\$ -	\$ -	\$ 87.0	\$ -	\$ 870.1	\$ -	\$ -	\$ 2,455.4
12 Parcel Tax Revenue	142.5	-	-	1,612.0	-	446.6	-	-	-	1,555.5	-	-	3,756.6
13 Other Payments	-	-	-	653.0	-	-	-	-	-	-	-	-	653.0
14 IGT Payments	-	-	0.9	-	27.0	-	12,553.3	-	-	553.0	1,334.8	160.6	14,629.6
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	\$ 3,308.4	\$ 986.4	\$ 178.4	\$ 2,316.6	\$ 7,543.6	\$ 446.6	\$ 12,553.3	\$ 87.0	\$ -	\$ 2,978.6	\$ 1,334.8	\$ 160.6	\$ 31,894.6
Non-Hospital Uses of Cash													
19 IGT Matching Fee Payments	\$ -	\$ -	\$ -	\$ -	\$ 5,157.6	\$ -	\$ -	\$ -	\$ 230.2	\$ 409.9	\$ 87.7	\$ -	\$ 5,885.4
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	\$ -	\$ 230.2	\$ 409.9	\$ 87.7	\$ -	\$ 16,280.9
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	\$ (230.2)	\$ 2,568.8	\$ 1,247.1	\$ 160.6	\$ 15,613.7
24 Net Sources/Uses	\$ (320.1)	\$ (459.4)	\$ (294.7)	\$ 938.6	\$ (1,116.5)	\$ (697.1)	\$ 5,237.1	\$ (1,656.9)	\$ 193.0	\$ 233.7	\$ (1,540.5)	\$ (683.2)	\$ (166.0)
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	\$ 5,572.6	\$ 5,806.3	\$ 4,265.8	
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	\$ 5,572.6	\$ 5,806.3	\$ 4,265.8	\$ 3,582.6	
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	35.7	37.2	27.3	23.0	

Sonoma Valley Health Care District

Key Performance Indicators | Volumes & Statistics

For the Period Ended May 31, 2025

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	YTD	YTD	PYTD				
					Actual	Budget	Var	%	Actual	Var	%
Inpatient Volume											
Acute Patient Days	288	270	18	7%	2,942	2,919	23	1%	2,741	201	7%
Acute Discharges	75	72	3	4%	768	795	(27)	-3%	762	6	1%
Average Length of Stay	3.8	3.7	0.1	3%	3.8	3.7	0.2	4%	3.6	0.2	6%
Average Daily Census	9.3	8.7	0.6	7%	8.8	8.7	0.1	1%	8.2	1	7%

Surgical Volume												
IP Surgeries	15	10	5	48%	112	113	(1)	-1%	144	(32)	-22%	
OP Surgeries	147	149	(2)	-1%	1,503	1,497	6	0%	1,608	(105)	-7%	
Total Surgeries	162	159	3	2%	1,615	1,610	5	0%	1,752	(137)	-8%	

Other Outpatient Activity												
Total Outpatient Visits	6,030	5,100	930	18%	63,404	56,100	7,304	13%	57,389	6,015	10%	
Emergency Room Visits	1,073	940	134	14%	10,298	9,522	776	8%	9,424	874	9%	

Payor Mix	Actual	Budget	%	Actual	Budget	%
Medicare	40.7%	37.8%	3.0%	37.2%	37.8%	-0.6%
Medicare Mgd Care	18.5%	18.3%	0.3%	20.7%	18.3%	2.5%
Medi-Cal	15.1%	16.2%	-1.1%	18.2%	16.2%	2.0%
Commercial	22.5%	23.9%	-1.4%	20.6%	23.9%	-3.2%
Other	3.1%	3.9%	-0.7%	3.2%	3.9%	-0.7%
Total	100.0%	100.0%		100.0%	100.0%	

Payor Mix calculated based on gross revenues

Trended Outpatient Visits by Area

Department	Most Recent Six Months							YoY Monthly Averages			
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Last 6 Months	FY25	FY24	Chg	% Chg
Lab	1,211	1,461	1,189	1,372	1,435	1,403		1,344	1,297	48	4%
Medical Imaging	917	1,122	980	983	1,082	1,095		976	927	50	5%
Physical Therapy	1,337	1,500	1,412	1,395	1,489	1,485		1,421	1,154	267	23%
CT Scanner	426	435	423	428	478	457		445	380	65	17%
Occ. Health	229	251	259	338	318	282		267	282	(15)	-5%
Mammography	230	287	260	266	300	213		245	240	5	2%
Occ. Therapy	210	190	159	205	172	210		202	205	(3)	-1%
Ultrasound	163	235	206	214	237	195		218	217	0	0%
Wound Care	254	280	264	267	234	258		247	177	70	40%
MRI	190	163	176	191	192	197		180	131	48	37%
ECHO	89	104	148	145	143	144		127	115	12	11%
Speech Therapy	69	80	65	57	83	72		68	49	19	38%
Other	8	28	24	33	27	19		24	20	4	19%
TOTAL	5,333	6,136	5,565	5,894	6,190	6,030		5,764	5,195	569	11%
Emergency Room	972	993	873	926	966	1,073		936	868	68	8%

Sonoma Valley Hospital | FY25 Business Plan Tracker

ATTACHMENT E

Through May 2025

Through May 2025		Measurable	Financial														
Initiative	Investment	Outcome *	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	1,045
				FY25 Budget	178	196	184	214	215	215	225	225	230	235	240	240	2,356
				FY25 Actual	130	182	182	222	151	190	163	176	191	192	197		1,976
				Actual vs. Budget	(48)	(14)	(2)	8	(64)	(25)	(62)	(49)	(39)	(43)	(43)		(380)
					↓	↓	↓	↑	↓	↓	↓	↓	↓	↓	↓		↓
				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	\$ 1,125,600
				FY25 Actual	\$ 30,000	\$ 74,700	\$ 74,700	\$ 109,000	\$ 48,100	\$ 81,500	\$ 58,400	\$ 69,500	\$ 82,400	\$ 83,200	\$ 87,500		\$ 799,000
				Actual vs. Budget	\$ (41,400)	\$ (11,600)	\$ (1,400)	\$ 6,800	\$ (54,900)	\$ (21,500)	\$ (53,200)	\$ (42,100)	\$ (33,500)	\$ (36,900)	\$ (36,900)		\$ (326,600)
	↓	↓	↓	↑	↓	↓	↓	↓	↓	↓	↓		↓				
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	8,800
				FY25 Budgeted				1,100	1,100	1,100	1,590	1,590	1,590	1,590	1,590	1,590	11,250
				FY25 Actual				1,481	1,278	1,337	1,500	1,412	1,395	1,489	1,485		11,377
				Actual vs. Budget	-	-	-	381	178	237	(90)	(178)	(195)	(101)	(105)		127
								↑	↑	↑	↓	↓	↓	↓	↓		↑
				FINANCIAL IMPACT INCREMENTAL REVENUE													
				FY25 Budgeted			\$ -	\$ -	\$ -	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 282,000
				FY25 Actual				43,800	20,500	27,300	46,000	35,900	33,900	44,700	44,300		\$ 296,400
				Actual vs. Budget				43,800	20,500	27,300	(10,400)	(20,500)	(22,500)	(11,700)	(12,100)		\$ 14,400
				↑	↑	↑	↓	↓	↓	↓	↓		↑				
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	165
				FY25 Actual	-	11	15	18	15	11	22	15	21	20	16		164
				Actual vs. Budget	(5)	6	5	8	-	(4)	7	(5)	1	(5)	(9)		(1)
					↓	↑	↑	↑	-	↓	↑	↓	↑	↓	↓		↓
				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	\$ 1,155,000
				FY25 Actual	\$ -	\$ 77,000	\$ 105,000	\$ 126,000	\$ 105,000	\$ 77,000	\$ 154,000	\$ 105,000	\$ 147,000	\$ 140,000	\$ 112,000		\$ 1,148,000
				Actual vs. Budget	\$ (35,000)	\$ 42,000	\$ 35,000	\$ 56,000	\$ -	\$ (28,000)	\$ 49,000	\$ (35,000)	\$ 7,000	\$ (35,000)	\$ (63,000)		\$ (7,000)
	↓	↑	↑	↑	-	↓	↑	↓	↑	↓	↓		↓				
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	24
				FY25 Actual								4	7	3	4		18
				Actual vs. Target								(2)	1	(3)	(2)		(6)
												↓	↑	↓	↓		↓
				FINANCIAL IMPACT													
				ROSA Lease Cost								\$ (2,500)	\$ 1,250	\$ (3,750)	\$ (2,500)	\$ -	\$ (7,500)
				Implant Supply Savings								\$ 8,060	\$ 10,400	\$ 8,300	\$ 9,540		\$ 36,300
				Rebate Savings (savings will kick-in once total annual Zimmer spend exceeds \$500,000)								\$ -	\$ -	\$ -	\$ -		\$ -
				Actual vs. Target								\$ 5,560	\$ 11,650	\$ 4,550	\$ 7,040		\$ 28,800
									↑	↑	↑	↑		↑			
GRAND TOTAL Actual vs. Budget					\$ (76,400)	\$ 30,400	\$ 33,600	\$ 106,600	\$ (34,400)	\$ (22,200)	\$ (14,600)	\$ (92,040)	\$ (37,350)	\$ (79,050)	\$ (104,960)	\$ -	\$ (290,400)
					↓	↑	↑	↑	↓	↓	↓	↓	↓	↓		↓	

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	\$ 316.4	\$ (259.2)	\$ 575.5	222%	\$ (4,035.4)	\$ (4,543.2)	\$ 507.7	11%	\$ (4,066.7)	\$ 31.3	1%
Operating EBDA	\$ 187.3	\$ 232.5	\$ (45.2)	-19%	\$ 1,693.2	\$ 925.6	\$ 767.6	83%	\$ 725.8	\$ 967.3	133%
Net Income (Loss)	\$ (124.7)	\$ (71.1)	\$ (53.6)	-75%	\$ (1,963.0)	\$ (2,474.0)	\$ 511.0	21%	\$ (1,780.2)	\$ (182.8)	-10%

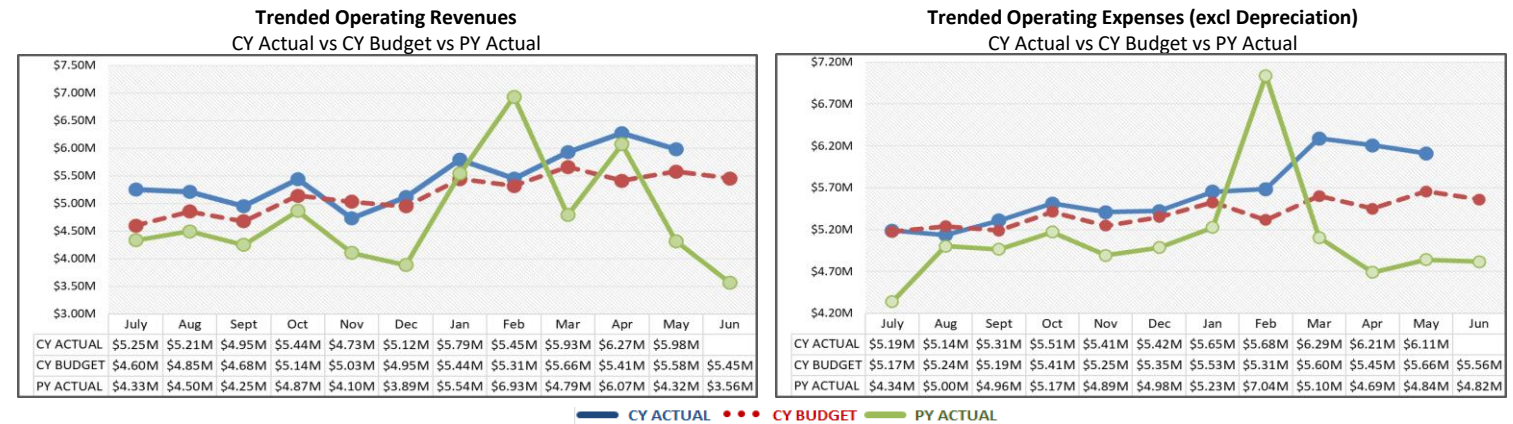
Operating Revenue Summary (All Numbers in 1000s)

Net Patient Revenue	\$ 5,878.5	\$ 5,484.8	\$ 393.7	7%	\$ 59,008.7	\$ 55,636.7	\$ 3,372.0	6%	\$ 52,557.2	\$ 6,451.4	12%
NPR as a % of Gross	18.2%	18.0%	1.1%		17.7%	17.8%	-1.1%		17.2%	2.4%	
Operating Revenue	\$ 6,296.6	\$ 5,889.3	\$ 407.3	7%	\$ 63,606.3	\$ 60,086.1	\$ 3,520.2	6%	\$ 56,974.7	\$ 6,631.7	12%

Operating Expense Summary (All Numbers in 1000s)

Operating Expenses	\$ 6,613.3	\$ 6,148.5	\$ 464.8	8%	\$ 67,641.8	\$ 64,629.3	\$ 3,012.5	5%	\$ 61,041.3	\$ 6,600.4	11%
Op Exp. Excl. Depr.	\$ 6,109.2	\$ 5,656.8	\$ 452.5	8%	\$ 61,913.2	\$ 59,160.6	\$ 2,752.6	5%	\$ 56,248.8	\$ 5,664.4	10%
Worked FTEs	225.13	222.35	2.78	1%	217.63	219.20	\$ (1.57)	-1%	214.16	3.47	2%

Trended Operating Revenue & Operating Expense Graphs



Cash Indicators

	Current Month	Prior Month	Var	% Var
Days Cash	27.3	37.2	(9.9)	-27%
A/R Days	47.9	47.0	0.9	2%
A/P Days	67.2	64.4	2.8	4%