

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

**AGENDA**

**THURSDAY, SEPTEMBER 4, 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 <a href="mailto:wreese@sonomavalleyhospital.org">wreese@sonomavalleyhospital.org</a> 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 <ul style="list-style-type: none"><li>CEO Search Update</li><li>Affiliation Agreement Update</li><li>New Medical Staff Executive Positions</li></ul>	Wendy Lee Myatt	Inform	
4. CONSENT CALENDAR <ul style="list-style-type: none"><li>BOD Minutes – 07.11.25</li><li>Quality Committee Minutes – 06.25.25</li><li>Finance Committee Minutes – 07.29.25</li><li>Policies &amp; Procedures</li><li>Medical Staff Credentialing</li></ul>	Wendy Lee Myatt	Action	Pages <ul style="list-style-type: none"><li>a. 3-4</li><li>b. 5-6</li><li>c. 7-8</li><li>d. 9-20</li></ul>
5. ANCILLARY SERVICES ANNUAL REPORT	Dawn Kuwahara, RN BSN Chief Ancillary Officer	Inform	Pages 21 - 32
6. RESOLUTION No. 386: Setting Tax Rate for GO Bonds FY 2026	Ben Armfield	Action	Pages 33 - 36
7. CMO REPORT	Seric Cusick, MD FACEP	Inform	Page 37
8. CEO REPORT	Ben Armfield	Inform	Pages 38 - 41

<b>9. FINANCIALS FOR MONTH END JUNE &amp; JULY 2025</b>	<i>Ben Armfield</i>	Inform	Pages 42 - 62
<b>10. COMMITTEE UPDATES</b> <ul style="list-style-type: none"><li><b>Quality Committee 2025 2<sup>nd</sup> Quarter update</b></li></ul>	<i>Board of Directors</i> <ul style="list-style-type: none"><li><i>Dan Kittleson, DDS</i></li></ul>	Inform	Pages 63 - 67
<b>11. BOARD COMMENTS</b>	<i>Wendy Lee Myatt</i>	Inform	
<b>12. ADJOURN</b>			

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, JULY 11, 2025

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

<b>SONOMA VALLEY HOSPITAL BOARD MEMBERS</b>		
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		
<b>MISSION STATEMENT</b>		
<i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER</b>	Wendy Lee Myatt	
Meeting called to order at 5:00pm		
<b>2. PUBLIC COMMENT</b>	Wendy Lee Myatt	None
<b>3. BOARD CHAIR COMMENTS</b>	Wendy Lee Myatt	
Lee Myatt thanked hospital staff who worked on July 4th and acknowledged the Foundation's kickoff of the <i>My Hospital</i> campaign. She noted community interest in the Blue Zones concept and recommended upcoming community screenings in Sonoma.		
<b>4. CONSENT CALENDAR</b>	Wendy Lee Myatt	Action
a. BOD Minutes – 6.05.25 b. Quality Committee Minutes – 05.28.25 c. Policies & Procedures d. Medical Staff Credentialing	<b>MOTION:</b> by Case to approve, 2 <sup>nd</sup> by Kalos. All in favor.	
<b>5. ANNUAL HUMAN RESOURCES REPORT</b>	Lynn McKissock, SVH Chief HR Officer	Inform
McKissock highlighted that the small HR team advanced cost control, employee support, and compliance this year while emphasizing a healthy culture. Year two of the self-funded health plan within a vetted captive continues to perform favorably; third-party administrators manage claims and pharmacy. To help staff with high-deductible plans, HR lowered employee premiums, shifted wellness credits into HSAs, added a limited-purpose FSA, introduced an interest-free medical expense card, and launched on-demand financial coaching. Major systems work included upgrading time & attendance to a modern, self-service platform and automating ACA reporting. Compensation actions included an across-the-board increase, market-based salary band updates, and targeted adjustments, with discussion about overall compensation philosophy, compression, and budget limits. Staffing trends improved in several areas but recruitment and clinical vacancies remain ongoing focuses; reliance on travelers is declining but still material. Safety and compliance programs remained active, with incidents addressed and regular drills completed; no significant compliance issues were reported. Education and engagement efforts continued (leader onboarding, leadership workshop, clinical competencies, revived volunteer program, and service awards). The latest engagement survey showed steady participation and slightly higher overall engagement; pay and benefits remain the top concerns, especially base pay versus the local market and the high-deductible structure. In the future, a comprehensive review of the retirement plan to the Finance Committee (compliance testing, participation, investment performance; include plan partners).		
<b>6. ELECTION OF INDEPENDENT SPECIAL DISTRICT ALTERNATE MEMBER TO SONOMA LAFCO</b>	Wendy Lee Myatt	Action
All Directors abstained from voting.		
<b>7. BOARD OF DIRECTORS BYLAWS AMENDMENT</b>	Denise Kalos	Action
Kalos presented motion to change "Finance Committee" to "Finance and Audit Committee" in BOD Bylaws.		

**MOTION:** by Kalos to approve, 2<sup>nd</sup> by Bloch. All in favor.

**8. CEO REPORT**  
**• Capital Projects Update**

*Ben Armfield*

Inform

Armfield provided a CEO update, noting progress on UCSF strategic priorities, record-high emergency visits in May, continued strong year-to-date financial performance, high patient satisfaction, and quality metrics being met or exceeded. He reported on physician recruitment, highlighted the success of Hospital Week, and reviewed major capital projects: central wing demolition nearing completion with permanent MRI siting under study, PT expansion finishing on budget, pending state occupancy approval, ICU refresh close to full occupancy, and the AC1 rooftop project likely to trigger a larger regulatory process. The Board discussed the importance of strengthening project oversight, risk management, and coordination with regulatory agencies, with Foundation updates to follow.

**9. FINANCIALS FOR MONTH END MAY 2025**

*Ben Armfield*

Inform

Armfield reported a positive month with operating EBITDA of \$190,000, a 20% improvement over the year-to-date monthly average, with revenue 7% above budget driven by strong emergency, surgery, and MRI volumes, and UCSF referrals beginning to come through. He emphasized the priority of securing financing for \$10–10.5M in IGT matching funds to access supplemental funding, noting progress with banks and plans to present capital strategies to the Finance Committee in August. Discussion followed on recent federal legislation, with concerns about future Medicaid cuts starting in 2027; however, the hospital's approved IGT allocation for the coming year is significantly higher than prior years, providing a buffer against potential reductions. The Board noted the uncertainty of implementation and possible advocacy for district hospitals to gain rural-type exemptions. Armfield also addressed preparedness for community and legal impacts, including coordination with the Community Health Center to manage access challenges and established protocols with staff, legal counsel, and local police should ICE or law enforcement present at the hospital.

**10. COMMITTEE UPDATES**

*Board of Directors*

None

**11. BOARD COMMENTS**

*Board of Directors*

There will be no August Board of Directors meeting.

**12. ADJOURN**

*Wendy Lee Myatt*

Regular session adjourned at 6:42pm



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**

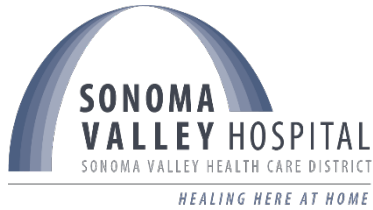
**Wednesday, June 25, 2025, 5:00 PM**

**MINUTES**

<b>Members Present</b>	<b>Excused/Not Present</b>	<b>Public/Staff – Via Zoom</b>
Daniel Kittleson, DDS Wendy Lee Myatt Howard Eisenstark, MD Michael Mainardi, MD Kathy Beebe, RN PhD Carol Snyder Carl Speizer, MD Susan Kornblatt Idell Paul Amara, MD, FACOG, via zoom		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

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Daniel Kittleson, DDS</i>	
Kittleson called meeting to order at 5:00 p.m. Kittleson reminded that there is no July Quality Committee meeting and announced new SVH staff elections: Dr. Amara is new Chief of Staff, Dr. Rainow is new Vice Chief of Staff, Dr. Walther is Chair of Medicine, Dr. Fenton is Vice Chair of Medicine, Dr. Alexandridis is Chair of Surgery, and Dr. Weiss is Vice Chair of Surgery.		
<b>2. PUBLIC COMMENT SECTION</b>	<i>Daniel Kittleson, DDS</i>	
No public comments		
<b>3. CONSENT CALENDAR</b>	<i>Daniel Kittleson, DDS</i>	<b>ACTION</b>
Minutes 05.28.25	<i>Motion to approve by Eisenstark 2<sup>nd</sup> by Lee Myatt. All in favor.</i>	
<b>4. EMERGENCY DEPARTMENT QA/PI</b>	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN</i>	<b>INFORM</b>
Winkler presented for ED. Volumes have been trending upward, with a 9% increase compared to last year, and patient satisfaction remains strong despite higher demand. The “left without being seen” rate has dropped significantly, averaging about 1.2%, thanks in part to nurse-		

initiated order sets that keep patients engaged. Transfers remain steady at 8-10%, though admissions are trending slightly higher due to improved collaboration with hospitalists. Staff engagement is up, with employee survey results showing improvement and patient experience scores remain high overall. Operational improvements, including the addition of a clinical coordinator, better coordination with EMS, and adjustments to the ER's physical layout and equipment placement, are further strengthening efficiency and patient experience. The department continues to rely on some travelers but is actively recruiting permanent staff. Looking ahead, priorities include follow-up call protocols, emergency fire drills, survey readiness, and advancing age-friendly care initiatives.		
<b>5. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt presented a quality department overview and update, recognizing the expertise of its team members and highlighting significant progress with Age-Friendly Health System implementation, including “What Matters” conversations, medication review, mentation assessments, and mobility tracking for patients 65+. Risk management data showed most reported events in 2024 were medication related but resulted in no or minor harm, and staff explained how incidents are reviewed through monthly committees with physician champions. The team also reviewed patient satisfaction trends, where nursing care was praised though food services remained a common concern despite the new room-service model. Discussion was had around restraints, orthopedic length of stay, suicide precaution documentation requirements, and the need for more intuitive Epic workflows, with leadership affirming action plans and policy updates already underway. Looking forward, initiatives for 2025 include reducing CHF and COPD readmissions through early identification and Epic chat communication, strengthening skilled nursing facility collaboration, preparing for geriatric ED and surgical accreditation, and continuing multidisciplinary rounds that engage nutrition, PT, pharmacy, and respiratory therapy to reduce length of stay. Wyatt expressed confidence in the quality department's readiness for survey and commitment to advancing patient safety, quality outcomes, and continuous improvement.		
<b>5. POLICIES &amp; PROCEDURES</b>	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt presented small changes in existing policies and procedures. No new policies were introduced.		
<b>6. CLOSED SESSION:</b> a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Daniel Kittleson, DDS</i>	ACTION
<i>Motion to recommend (with one revision requested) to Board of Directors for approval by Eisenstark, 2<sup>nd</sup> by Speizer. All in favor.</i>		
<b>7. ADJOURN</b>	<i>Daniel Kittleson, DDS</i>	INFORM
Meeting adjourned at 6:10 p.m.		



## SVHCD FINANCE COMMITTEE MEETING

### MINUTES

**TUESDAY, JULY 29, 2025**

**In Person at Sonoma Valley Hospital**

**347 Andrieux Street**

**and Via Zoom Teleconference**

Present	Not Present/Excused	Staff/Public
Ed Case, in person Paul Chakmak, in person Andrew Exner, in person Robert Crane, via zoom Alexis Alexandridis, MD MBA FACS, in person Graham Smith, via zoom Catherine Donahue, via zoom	Dennis Bloch	Ben Armfield, SVH Interim CEO & SVH CFO, in person Lois Fruzynski, SVH Accounting Manager, in person Whitney Reese – SVH Board Clerk, in person Dawn Kuwahara, RN BSN, SVH Chief Ancillary Officer, in person Wendy Lee Myatt, via zoom Leslie Petersen, SVH Foundation ED, in person
<b>MISSION &amp; VISION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
AGENDA ITEM	DISCUSSION	ACTIONS
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Ed Case</i>	Meeting called to order 5:00pm
Case announced Carl Gerlach's resignation from the committee and thanked him for his long tenure and significant contributions to the hospital. Case welcomed Paul Chakmak & Andrew Exner to the Finance Committee. There are still two available committee vacancies available to be filled. The Board of Directors will discuss whether to fill any.		
<b>2. PUBLIC COMMENT SECTION</b>	None	
<b>3. CONSENT CALENDAR</b>	<i>Ed Case</i>	Action
Finance Committee Minutes 5.27.25		<b>MOTION:</b> Motion to approve by Crane, 2 <sup>nd</sup> by Alexandridis. All in favor.
<b>4. GENERAL LIABILITY/PROFESSIONAL LIABILITY INSURANCE COVERAGE LINES 2025/2026</b>	<i>Ben Armfield</i>	Inform
Armfield reviewed the hospital's insurance renewal proposals and the committee was pleased to see an overall premium increase of just under 2%, a significant improvement compared to past years. The hospital's broker has served since at least 2022 with a 10–15% commission, and the committee expressed interest in seeing the full list of insurers and renewal marketing history, as well as periodically reviewing broker arrangements to ensure continued value. Members expressed desire to review deductible structures and explore options like pooled or self-funded programs available to community hospitals. While D&O/EPL premiums rose due to past claims, coverage remains strong, and other lines renewed with minimal or no change. Overall, the committee viewed the renewal outcome as favorable and will continue monitoring risk management and coverage strategies going forward.		
<b>5. FY26 CASH FLOW PROJECTIONS WITH ESTIMATED CAPITAL PLAN</b>	<i>Ben Armfield</i>	Inform

Armfield reviewed upcoming capital and funding needs. A major focus was the IGT program, which allows the hospital to receive about \$22 million in federal matching funds early next year if we contribute \$10.5 million upfront. Management is working with banking partners to ensure financing is in place, with strong confidence that a solution will be reached. More than \$6 million in critical capital projects were identified, including upgrades to air handling, AC systems, and completion of the Outpatient Diagnostic Center. Several funding options are being explored, such as vendor financing, support from the Hospital Foundation, and third-party loans. While the timing of these projects creates short-term cash flow challenges, the committee expressed confidence in management's proactive planning, multiple financing options, and the hospital's improved negotiating position with health plans.

<b>6. FINANCIAL REPORTS FOR MONTH END JUNE 2025</b>	<i>Ben Armfield</i>	Inform
<p>Armfield reported that June closed out a positive fiscal year, stronger than the prior year. The hospital beat budget with nearly \$200k in positive results against a \$150k target, driven largely by additional IGT funds. Net patient revenue fell short of budget due to lower volumes in surgery, MRI, and PT, though still above prior year levels. Operating expenses were 2% over budget overall, but excluding IGT matching fees, ran 3% under budget. Cash collections were especially strong at \$4.5M for the month, ending the year with \$4.4M cash and nearly 30 days cash on hand. This marked the first cash-flow-positive year since COVID, a \$3M turnaround from the prior year. Auditors have completed preliminary fieldwork and will return in mid-August for year-end review. The committee also noted upcoming infrastructure and technology improvement projects across the hospital, which, while not glamorous, will significantly improve operations.</p>		
<b>7. ADJOURN</b>	<i>Ed Case</i>	Inform

## Document Tasks By Committee

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

## Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 08/29/2025 1:43 PM

### Report Parameters

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

**Grouped by:** Committee

**Sorted by:** Document Title

### Report Statistics

Total Documents: 21

**Committee:** 09 BOD-Board of Directors

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

### Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
<b>Access to Public Records</b> <i>Governance and Leadership Policies</i>	Pending Approval	6/4/2025	86
Summary Of Changes: Reviewed. No changes.			
Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)			
Lead Authors: Wyatt, Louise (lwyatt)			
Approvers: 01 P&P Committee -> 09 BOD-Board of Directors - (Committee)			
<b>C-II Controlled Substance Wholesaler Invoice Management</b> <b>Procedure 8390-04</b> <i>Pharmacy Dept</i>	Pending Approval	8/29/2025	0
Summary Of Changes: Reviewed, no changes			
Moderators: Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)			
Lead Authors: Kutza, Chris (ckutza)			
Approvers: 01 P&P Committee -> 09 BOD-Board of Directors - (Committee)			
<b>Conference Room Usage by Outside Groups</b> <i>Governance and Leadership Policies</i>	Pending Approval	8/29/2025	0
Summary Of Changes: Removed phone number and update contact title.			
Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)			
Lead Authors: Jervan, Monique (mjervan)			
Approvers: 01 P&P Committee -> 09 BOD-Board of Directors - (Committee)			
<b>Discipline</b> <i>Human Resources Policies (HR)</i>	Pending Approval	8/28/2025	1
Summary Of Changes: Change Title to: Performance & Conduct Corrective Action Plans OLD: Discipline Added more language to more fully explain the process and expectations: Included responsibilities of employees as well as responsibilities of Leadership; added content to explain the process of progressive corrective action as well as conduct that may result in discipline (verbal & written warnings, suspension, demotion, or dismissal). Refined the list of examples (unacceptable conduct). Added language referencing the NLRA (National Labor Relations Act) - policy should not be interpreted to interfere with			

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 08/29/2025 1:43 PM

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

**employee rights under this Act.  
Updated References.**

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

<b>e-Notification System</b>	<b>Pending Approval</b>	<b>7/10/2025</b>	<b>50</b>
<i>Governance and Leadership Policies</i>			

Summary Of Changes: **Updated title of Risk Manager to Director of Risk Management. Owner of policy changed to Director of Risk Management**

**Removed workflow note regarding concurrent notification of new event to Risk AND Department Leader. changed as below to reflect current practice:**

**3. Immediately upon submission, an email from the online reporting module is automatically sent to the Director of Risk Management informing them of a new report. The Director of Quality & Risk Management will refer the event to appropriate accountable staff.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
Lead Authors: **Wyatt, Louise (lwyatt)**  
Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

<b>Maintenance of Pharmacy Equipment</b>	<b>Pending Approval</b>	<b>8/29/2025</b>	<b>0</b>
<i>Pharmacy Dept</i>			

Summary Of Changes: **Reviewed, no changes**

Moderators: **Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
Lead Authors: **Kutza, Chris (ckutza)**  
Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

<b>NEW: Age-Friendly Health System (AFHS)</b>	<b>Pending Approval</b>	<b>8/29/2025</b>	<b>0</b>
<i>Patient Care Policy</i>			

Summary Of Changes: **NEW POLICY: The purpose of this policy is to establish a standardized approach to delivering safe, evidence-based, and person-centered care to older adults in alignment with the Age-Friendly Health System Centers for Medicare and Medicaid Services Inpatient Quality Reporting (AFHS CMS IQR) domains.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
Lead Authors: **Spear, Becky (rspear)**  
Approvers: **Wyatt, Louise (lwyatt) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Organizational Chart</b>	<b>Pending Approval</b>	<b>8/29/2025</b>	<b>0</b>
<i>Governance and Leadership Policies</i>			

Summary Of Changes: **Reviewed, no changes.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
Lead Authors: **Jervan, Monique (mjervan)**  
Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

<b>Patient Admitting and Registration Responsibilities</b>	<b>Pending Approval</b>	<b>6/12/2025</b>	<b>78</b>
<i>Patient Rights Policies (PR)</i>			

Summary Of Changes: **Changed from 120 to 180 days, removed the last sentence.**

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 08/29/2025 1:43 PM

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

**Reviewed and approved with Lisa Stone 06/12/2025**  
**Grammatical and spelling errors corrected. DK 6.12.25**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
 Lead Authors: **Ramos, Carmen (cramos), Stone, Lisa (lstone)**  
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 09 BOD-Board of Directors - (Committee)**

**Patient Grievance and Complaint Policy**  
*Patient Rights Policies (PR)*

**Pending Approval**

**8/29/2025**

**0**

Summary Of Changes: **Reviewed. No changes.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

Lead Authors: **Wyatt, Louise (lwyatt)**

Approvers: **01 P&P Committee -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

**Patient Personal Belongings Policy**  
*Patient Rights Policies (PR)*

**Pending Approval**

**7/10/2025**

**50**

Summary Of Changes: **Updated language to reflect the new process in Epic (removing reference to the paper process we had before.) Updated reference to reflect CIHQ standards.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

Lead Authors: **Winkler, Jessica (jwinkler)**

Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

**RETIRE: Exit Interviews**  
*Human Resources Policies (HR)*

**Pending Approval**

**5/8/2025**

**113**

Summary Of Changes: **RETIRE: Content combined with Separation of Employment policy.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

Lead Authors: **McKissock, Lynn (lmckissock)**

Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

**RETIRE: Interim Permittee**  
*Human Resources Policies (HR)*

**Pending Approval**

**8/29/2025**

**0**

Summary Of Changes: **Recommend Retirement. We have not hired an Interim Permittee in several years and is no longer a necessary approach for staffing.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

Lead Authors: **McKissock, Lynn (lmckissock)**

Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

**RETIRE: Patient Valuables in ED**  
*Emergency Dept*

**Pending Approval**

**5/8/2025**

**113**

Summary Of Changes: **Reviewed. Recommend retiring as there is a policy ("Patient Personal Belongings/Valuables" RI8610-115) that addresses same.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

Lead Authors: **Ehret, Marylou (mehret)**

Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

**RETIRE: Reduction in Work Force**  
*Human Resources Policies (HR)*

**Pending Approval**

**5/8/2025**

**113**

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 08/29/2025 1:43 PM

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

Summary Of Changes: **RETIRE: Content combined with Separation of Employment policy.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

Lead Authors: **McKissock, Lynn (lmckissock)**

Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

### **RETIRE: Retirement**

Pending Approval

5/8/2025

113

*Human Resources Policies (HR)*

Summary Of Changes: **RETIRE: Content combined with Separation of Employment policy.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

Lead Authors: **McKissock, Lynn (lmckissock)**

Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

### **Smoking Policy**

Pending Approval

8/29/2025

0

*Governance and Leadership Policies*

Summary Of Changes: **The policy was reviewed with Nursing and Admitting. Language added regarding signage at entrances, admitting/waiting areas at all hospital locations. Minor formatting changes completed.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

Lead Authors: **Ramos, Carmen (cramos), Drummond, Kimberly (kdrummond)**

Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

### **Solicitation**

Pending Approval

7/17/2025

43

*Human Resources Policies (HR)*

Summary Of Changes: **Generalized wording and formatting changes to improve clarity. Added information on where to report violation of this policy. Added statement of non-interference with employee rights under National Labor Relations Association Updated reference.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

Lead Authors: **McKissock, Lynn (lmckissock)**

Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

### **Time and Attendance Records**

Pending Approval

7/17/2025

43

*Human Resources Policies (HR)*

Summary Of Changes: **Updated language to reflect current process utilizing the new UKG/Kronos electronic timekeeping system. Removed language pertaining to the 7-minute rounding rule (eliminated). Added statement requiring prior approval for work performed off premises or at home by non-exempt employees. Added statement pertaining to entry of Disability or PTO hours; completed by HR only. Updated references.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

Lead Authors: **McKissock, Lynn (lmckissock)**

Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

### **TITLE CHANGE: Separation of Employment**

Pending Approval

5/8/2025

113

*Human Resources Policies (HR)*

Summary Of Changes: **Changing title to: Separation of Employment and combining content from three other, related policies (Exit Interviews, Reduction in Force, and Retirement). Added more specifics as to the process of voluntary/involuntary terminations. General reorganization and minor language changes to provide clarity.**

Document Tasks by Committee

Sonoma Valley Hospital  
Run by: Reese, Whitney (wreese)  
Run date: 08/29/2025 1:43 PM

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

Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)  
Lead Authors: McKissock, Lynn (lmckissock)  
Approvers: 01 P&P Committee -> 09 BOD-Board of Directors - (Committee)

Unusual Occurrence Report to Governmental Agencies	Pending Approval	8/29/2025	0
Governance and Leadership Policies			

Summary Of Changes: Reviewed no changes  
Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)  
Lead Authors: Wyatt, Louise (lwyatt)  
Approvers: 01 P&P Committee -> 09 BOD-Board of Directors - (Committee)



NEW POLICY Document Cover Sheet  
**AGE-FRIENDLY HEALTH SYSTEM**

DEPARTMENT: Organizational

**NEW POLICY**

**WHY:** To formalize Sonoma Valley Hospital's commitment to being an Age-Friendly Health System (AFHS) and align with Center for Medicare and Medicaid (CMS) Inpatient Quality Reporting (IQR) domains.

**OWNER:**

Chief Executive Officer

**AUTHORS/REVIEWERS:**

Geriatric Nurse Practitioner  
Chief Nursing Officer  
Director of Quality  
AFHS Multidisciplinary Committee  
Board Quality Committee



Policy Name: Age-Friendly Health System (AFHS)		Policy#: PC8610-2411 Origination Date:11/2024
Department: Medicine, Nursing	Review Dates: Revision Dates:	
Scope: Organizational	Effective Date: BOD Approval Dates:	

### **PURPOSE:**

The purpose of this policy is to establish a standardized approach to delivering safe, evidence-based, and person-centered care to older adults in alignment with the Age-Friendly Health System Centers for Medicare and Medicaid Services Inpatient Quality Reporting (AFHS CMS IQR) domains.

### **POLICY:**

Sonoma Valley Hospital (“the hospital”) is fully committed to maintaining and promoting its status as an Age-Friendly Health System. To achieve this, the hospital will adopt and implement the “4Ms” framework – What Matters, Medications, Mentation, and Mobility – in all areas of patient care defined in the following Age-Friendly Health System protocol. This implementation will align with an support compliance with the Centers for Medicare and Medicaid Services (CMS) Inpatient Quality Reporting (IQR) program requirements related to age-friendly care.

### **SCOPE:**

This policy applies to all hospital staff, including physicians, nurses and allied health professionals, care coordinators, and administrative personnel across inpatient settings.

### **DEFINITIONS:**

#### 4Ms Framework

1. **What Matters:** Know and align care with each older adult’s specific health outcome goals and care preferences including but not limited to end of life care, across care settings.
2. **Medication:** if medication is necessary, use Age Friendly medication that does not interfere with What Matters to the older adult, Mobility or Mentation across settings of care.
3. **Mentation:** Prevent, identify, treat and manage dementia, depression, and delirium across settings of care.
4. **Mobility:** Ensure that older adults move safely every day in order to maintain function and to align with What Matters.

### **PROCEDURE:**

1. **Patient Identification:** identify all patients aged 65 and older at admission or during initial evaluation.
2. **Assessment Using the 4Ms Framework:**
  - a. **What Matters:** Objective is to ensure that care aligns with each patient’s health priorities, goals and preferences.
    - i. Initial Assessment;



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1. During admission, the attending physician or designated clinician initiates a discussion with the patient (and/or family or caregiver, as appropriate) to identify “What Matters.”
2. Document the patient’s goals and preferences in the electronic health record (EHR) in the Advanced Care Planning note, including any specific life goals, values, or advance directives.
3. If the patient cannot communicate, involve family or legally authorized representatives.
- ii. Change in Condition:
  1. Update the “What Matters” documentation if any new information or changes occur.
- b. **Medications:** Objective is to minimize potentially inappropriate medications (PIMs) and ensure medication safety.
  - i. Pharmacist Review:
    1. Upon admission, a pharmacist reviews the patient’s medication list, using criteria for PIMs in older adults (e.g., Beers Criteria).
    2. Identify any PIMs or medications with risks for adverse effects, drug-drug interactions, or duplication.
    3. Documentation of the medication review and any PIMs will be included in the patient’s EHR.
  - ii. Notification of Physician:
    1. For any identified PIMs or other medication-related concerns, the pharmacist uses secure messaging to notify the attending physician.
    2. The message includes identified PIM, potential risks, and any suggested alternatives.
    3. The physician reviews and documents any changes or rationales for continuing current medications.
- c. **Mentation:** Objective is to identify and manage delirium to optimize mentation and cognitive health.
  - i. Initial Screening:
    1. Conduct a baseline assessment for delirium within 12 hours of admission using the Confusion Assessment Method (CAM) tool.
    2. Nurses trained in the CAM will perform this assessment.
    3. Document findings in the appropriate EHR flowsheet.
  - ii. Ongoing monitoring:
    1. Reassess patients using the CAM every shift or sooner as needed if there is a change in condition.
    2. Document findings in the appropriate EHR flowsheet.
  - iii. Positive Screening Follow-up:
    1. If a CAM assessment is positive, notify the physician promptly.



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2. Initiate delirium prevention nursing interventions order set in the EHR.
- d. **Mobility:** Objective is to maintain or improve functional mobility to prevent deconditioning and falls.
  - i. Initial Assessment:
    1. On admission, assess each patient's mobility using the Johns Hopkins Highest Level of Mobility (JH\_HLM) scale and document in the appropriate EHR flowsheet.
    2. This assessment is performed by physical therapist or nursing staff trained in the JH-HLM tool.
  - ii. Daily Mobility Support:
    1. Set daily mobility goals for each patient based on JH-HLM scores and document them on the Mobility Care Board.
    2. Nursing and physical therapy staff collaborate to ensure the patient reaches their daily mobility goals, adjusting as needed.
  - iii. Re-assessment and Care Planning:
    1. Re-assess mobility once per shift and document in the appropriate EHR flowsheet.
    2. Notify the physician and interdisciplinary team if there is a significant decline in mobility or if additional support is required.
- e. **Malnutrition:** Objective is to identify, prevent, and treat malnutrition in older adults to support recovery, enhance quality of life, and reduce risk for complications such as falls, infections, and delayed wound healing.
  - i. Initial Assessment:
    1. On admission all patients are screened for nutritional risk within 24 hours by nursing staff using pre-established criteria in the EMR. If a nutrition risk is identified, patients are referred to a Registered Dietitian (RD) within 24 hours. The RD must respond within 2 days, completing a nutrition assessment and documenting findings in the EMR.
    2. Nutritional risk factors include significant unplanned weight loss, poor intake, gastrointestinal symptoms, advanced pressure ulcers, and use of enteral or parenteral nutrition.
  - ii. Ongoing Monitoring and Follow-up:
    1. The RD determines the patient's nutrition risk level (high, moderate, or low) and prioritizes follow-up accordingly:
      - a. **High risk:** seen within 2 days
      - b. **Moderate risk:** within 4 days
      - c. **Low risk:** within 7 days
    2. Risk levels may be adjusted at any time based on clinical judgment. Nutrition assessments and reassessments follow



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established protocols, with all recommendations communicated to the care team.

**3. Interdisciplinary Communication and Documentation**

- a. EHR Documentation: Ensure all 4Ms – What Matters, Medications, Mentation, and Mobility – are documented in the designated sections of the EHR for easy access by the care team.
- b. Team Meetings: Integrate discussions of the 4Ms into interdisciplinary team rounds or case conferences to facilitate coordination of care.
- c. Ensure care is person-centered and aligns with the patient's "What Matters."

**4. Discharge Planning:** Incorporate the 4Ms into discharge planning to ensure continuity of care, including documentation of the 4Ms and nutritional needs in the Discharge Summary. Forward the Discharge Summary to the patient's Primary Care Provider and post-acute care facility if patient is not discharged home.

**5. Staff Education and Training:**

- a. All relevant staff will receive training on Age-Friendly practices and the "4Ms" Framework during onboarding and through ongoing continuing education programs.

**6. Patient and Family Engagement:**

- a. The hospital will foster active engagement of older adults and their families/care partners in the care process, ensuring their voices and preferences guide treatment decisions.

**7. Sustainability:**

- a. The hospital will ensure continuous compliance with the Age-Friendly Health System protocols by monitoring outcomes.
- b. The hospital will maintain active participation in the Age-Friendly Health System initiative, ensuring alignment with the latest standards and best practices as defined by the IHI.
- c. The hospital will monitor and maintain compliance with relevant CMS requirements, including any Age-Friendly-related quality measures, to support reimbursement and regulatory alignment.

**8. Data Collection and Reporting:** Data will be gathered from the EHR.

- a. Age-Friendly Health System Committee: a committee consisting of clinical leaders, quality improvement staff, and interdisciplinary team members will meet regularly to review relevant data, focusing on the "4Ms" framework and AFHS CMS IQR.



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- b. Reporting to the Board Quality Committee: Quarterly Reports: The AFHS Committee will report to the Board Quality Committee on a quarterly basis key data findings, analysis, and recommended actions for improvement.
- c. Metrics for Success may include the following
  - i. Process Measures
    - 1. % of older adults with What Matters Documented
    - 2. % of older adults assessed for high-risk medication use
    - 3. % high risk medications with pharmacist/clinician review
    - 4. % of older adults on any of the targeted medications (*Benzodiazepines, anticholinergics, opioids*)
    - 5. % of older adults assessed for delirium
    - 6. % of older adults assessed for Mobility
    - 7. % of older adults mobilized at least 3 times/day (as appropriate)
    - 8. % of older adults being assessed for all 4Ms
  - ii. Outcome Measures
    - 1. 30-day all-cause readmission
    - 2. Average length of stay
    - 3. Discharge disposition: % of older adults discharged back to home
    - 4. % of older adults with diagnosis of delirium
    - 5. Falls rate
    - 6. Pressure ulcer rate

#### 9. Continuous Improvement

- a. The AFHS Committee will track the implementation of changes and interventions. Success will be measured through improved metrics and outcomes will be shared with all relevant staff.
- b. The Committee will adjust action plans as necessary, with the goal of achieving sustained improvements in older adult care.

#### 10. Compliance and Reporting

- a. Noncompliance with this policy will be reviewed by the Quality Improvement Team.
- b. Reports will be submitted to CMS as required under quality improvement programs.
- c. Annual reports on Age-Friendly Health System implementation and outcomes will be shared with executive leadership and relevant regulatory bodies.

#### REFERENCES:

Adler-Milstein, J.R., Krueger, G. N., Rosenthal, S. W., Rogers, S. E., & Lyles C. R. (2023). Health system approaches and experiences implementing the 4Ms: Insights from 3 early



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<https://doi.org/10.1111/jgs.18417>

Dolansky, M. pohnert, A., Greenberg, S. (2021). Using implementation science strategy mapping on the Age-friendly health system's 4Ms journey. *Innovation and Aging*, 5(Supplement\_1)363, <https://doi.org/10.1093/geroni/igab046.1409>

Fulmer. T. T., Pelton, L., Zhang, J., & Huang, W. (Eds). (2022). *Age-friendly health systems: A guide to using the 4Ms while caring for older adults*. Institute for Healthcare Improvement.

Mate, K., Fulmer, T., Pelton, L., Berman, A., Bonner, A., Huang, W., & Zhang, J. (2021). Evidence for the 4ms: Interactions and outcomes across the care continuum. *Journal of Aging and Health*, 33(7-8), 089826432199165.  
<https://doi.org/10.1177/0898264321991658>

**OWNER:**

Chief Medical Officer

**AUTHORS/REVIEWERS:**

Geriatric Nurse Practitioner  
AFHS Multidisciplinary Committee  
Medical Director of Patient Care Services  
Chief Nursing Officer  
Director of Quality  
Board Quality Committee

**APPROVALS:**

Policy & Procedure Team:  
Performance Improvement/  
Pharmacy & Therapeutics Committee  
Medical Executive Committee:  
The Board of Directors:

# Ancillary Services Annual Report 2024

**SVHCD Board of Directors**

# AGENDA

- Who Are We
- Our Dashboard
  - Quality, Patient, and Staff Satisfaction
- Volumes
- Professional Growth
- Community Service
- Accomplishments
- Challenges
- What's Next

# WHO ARE WE

- **Diagnostic Services**
  - **Imaging**- CT, MRI, X-Ray, Fluoroscopy, Ultrasound, Mammography, Dexa, and Interventional Radiology
  - **Cardiology**- Echocardiography, Treadmill Testing, EKG, Pulmonary Function Testing, and Lexiscans
- **Rehab Services**
  - Physical Therapy, Occupational Therapy, Speech Therapy
- **Occupational Health**
  - Workplace Injuries, Employer Services, and Travel Medicine
- **Wound Care**
- **Laboratory**
  - Clinical Lab, Pathology, Blood Bank
- **Patient Access-**
  - Registration and Scheduling
- **Physician Clinics**
  - Surgeon, Primary Care, and Timeshare office

**Total Staff - 120**

# QUALITY DASHBOARD

Wound Care	2024				
	Q1	Q2	Q3	Q4	Goal
Mean Time to Heal	4	11	12	13	<31 days
Percent Outliers	7%	0%	2%	1%	<22%
Percent Healed	100%	100%	100%	100%	>97%
Rehab Services	2024				
	Q1	Q2	Q3	Q4	Goal
Functional Ability/OP	88%	98	94%	96%	90%
Fall Prevention/IP	66%	73%	87%	88%	90%
Occ Health	2024				
	Q1	Q2	Q3	Q4	Goal
Request for Authorization approved within 10 days	97%	71%	67%	62%	90%
Employer Complaints	2	1	1	1	<3
Patient Complaints	0	2	0	0	<3

Staff Turnover Rate	2024
Wound Care	0.0%
Rehab Services	6.3%
Occ Health	40.7%
Family Practice	15.8%

Diagnostic Services	2024				
	Q1	Q2	Q3	Q4	Goal
Extravasations	1	4	2	1	0
Repeat Analysis	4.8%	5.1%	4.4%	4.9%	<5%
CTDI Dose	0	8	17	14	0
Laboratory	2024				
x	Q1	Q2	Q3	Q4	Goal
Blood Culture Contamination	2.8%	2.3%	2.8%	1.9%	≤3%
Critical Values Timely Report	93%	93%	94%	95%	99%
Patient Access	2024				
	Q1	Q2	Q3	Q4	Goal
RMH- Patient Scheduling	1	6	4	4	≤3
MSP Completion	99%	100%	100%	99%	100%
IMM Signed	90%	90%	94%	94%	100%

Staff Turnover Rate	2024
Diagnostic Svcs	5.2%
Laboratory	0%
Patient Access	46.8%

# PATIENT SATISFACTION

## Rate My Hospital 2024

Department	Q1	Q2	Q3	Q4
Medical Imaging	4.90	4.87	4.92	4.93
OP Rehab	4.93	4.92	4.89	4.93

# STAFF SATISFACTION

Department	2024	2025
Patient Access	4.20	3.69
Occ Health	4.55	4.03
Laboratory	4.00	3.66
Direct Reports	4.32	3.92
Family Practice	4.25	4.29
Diagnostic Imaging	4.38	3.96
Rehab Services	4.06	4.48

# Annual Volumes

Department	FY 2024	FY 2025
Outpatient Rehab	32,261	39,388
Lab	126,363	135,698
X-Ray	12,074	12,535
CT	7,060	6,259
Mammography	3,228	3,295
Ultrasound	2,967	3,171
MRI	1,679	2,324
Pulmonary Function Testing	381	481
Echocardiogram	1,513	1,666
Occupational Health	3,561	3,377
Wound Care	2,324	3,186

# PROFESSIONAL GROWTH

## ➤ Laboratory

Lab Assistant II - Clinical Lab Scientist (prerequisites)

Lab Assistant II - Nursing Prerequisites

Clinical Lab Scientist - Masters Degree (in school)

## ➤ Occupational Health

2 Medical Assistants - Ultrasound Tech (pre-requisites)

Medical Assistant - Pre Med

## ➤ Patient Access

Registration – 1 Representative - Paramedic (in school)

## ➤ Imaging

CT/Xray Tech - Certification in Mammography

Ultrasound Tech - Certification in OB/Gyn

2 CT Xray Tech - Certification in CT

MRI Tech - Certification in MRI



# COMMUNITY SERVICE

- Redwood Empire Food Bank
- Flu Clinics – St. Leos Church, Vintage House, Food Banks
- Mammography Spa Day
- Diabetes Initiative
- Emergency Preparedness
- Back To School Health Fair
- Career Day – High School
- Golden Harvest Senior Health & Wellness Fair



# ACCOMPLISHMENTS

- New Lab Manager
- New Technical Supervisor Laboratory
- Surgeon Clinic added to 1206B
- Completion PT Expansion



# CHALLENGES

- Staffing
- Space
- Aging Equipment

# WHAT'S NEXT

- Completion Lab Analyzers Project
- Internal Medicine to 1206B
- More Mid Level Providers





To: SVHCD Board of Directors  
From: Ben Armfield, Chief Financial Officer  
Date: September 5, 2025  
Subject: Resolution #386 – Setting Tax Rate for GO Bonds FY 2026

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### **RECOMMENDATION:**

Management recommends to the SVHCD Board of Directors the approval of the FY 2026 General Obligation Bonds tax rate of \$18.50 per \$100,000 of the assessed value of the secured property in the District.

### **BACKGROUND AND RATIONALE:**

We are recommending keeping the tax rate flat in FY2026 (the tax rate of \$18.50 per \$100,000 of assessed value was used for FY2025). The total assessed value of the secured property in the District is \$14,373,095,854, which is an increase of 6% over the assessed value of secured property from last year. The tax required to assure payment of the principle, interest, and reasonable reserve for the Bonds for Fiscal Year 2025-2026 is \$2,876,941. The rate, calculated per the Sonoma County's approved formula is \$18.50 per \$100,000 of assessed valuation.

The resolution directs the County to levy and collect this tax, with proceeds used exclusively for payment of GO Bond debt service.

### **FINANCE COMMITTEE MEETING 8/26**

At the Finance Committee meeting on August 26, management's intent was to recommend holding the tax rate flat at \$18.50. However, the presentation materials inadvertently reflected a rate of \$19.60. Following discussion and clarification, the Finance Committee voted to approve a recommendation to set the FY2026 rate at \$18.50, consistent with FY2025.

### **LEGAL AND STATUTORY REQUIREMENTS**

In addition, there were questions raised during the 8/26 Finance Committee meeting regarding the need to execute a formal board resolution in order to finalize the tax rate. Management confirmed with both legal counsel as well as the County of Sonoma that yes, for General Obligation (GO) Bonds, the hospital district's board of directors must adopt a resolution each year that formally sets and approves the ad valorem property tax rate necessary to meet annual debt service.

The requirement comes from **California Government Codes § 53591 & § 29100**, which governs local agency GO bonds, together with the **California Constitution (Article XIII A, Section 1(b)(3))**.

California code requires counties to fix the tax rates for all taxing agencies based on the rates submitted by those agencies' governing boards.

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### **ATTACHMENTS:**

- Attachment I                      Resolution No. 386

# **SONOMA VALLEY HEALTH CARE DISTRICT**

## **RESOLUTION No. 386**

### **RESOLUTION SETTING THE TAX RATE FOR THE 2025-26 FISCAL YEAR FOR THE PAYMENT OF PRINCIPAL AND INTEREST ON THE SONOMA VALLEY HEALTH CARE DISTRICT (SONOMA COUNTY, CALIFORNIA) GENERAL OBLIGATION BONDS, ELECTION OF 2008**

**WHEREAS**, by resolution, adopted by the Board of Directors (the "Board") of the Sonoma Valley Health Care District (the "District") on August 6, 2008, the Board determined and declared that public interest and necessity demanded the need to raise moneys for the expansion, improvement, acquisition, construction, equipping and renovation of health facilities of the District (the "Project"), and the Board called an election to be held within the boundaries of the District in accordance with the California Elections Code;

**WHEREAS**, a special municipal election was held in the District on November 4, 2008 and thereafter canvassed pursuant to law;

**WHEREAS**, an election there was submitted to and approved by the requisite two-thirds (2/3) vote of the qualified electors of the District a question as to the issuance and sale of general obligation bonds of the District for the purpose of raising money for the Project in the maximum aggregate principal amount of \$35,000,000, payable from the levy of an *ad valorem* tax against all taxable property in the District;

**WHEREAS**, pursuant to Chapter 4 of Division 23 (commencing with section 32300) of the California Health and Safety Code (the "Act"), the District is empowered to issue general obligation bonds;

**WHEREAS**, the District sold, on January 27, 2009, an initial series of bonds for the purpose of raising funds needed for the Project and for other authorized costs in the aggregate principal amount of \$12,000,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) General Obligation Bonds, Election of 2008, Series A (2009)" (the "2009 Bonds"); and

**WHEREAS**, the District sold, on August 1, 2010, an additional series of bonds for the purpose of raising funds needed for the Project and for other authorized costs in the aggregate principal amount of \$23,000,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) General Obligation Bonds, Election of 2008, Series B (2010)" (the "2010 Bonds"); and

**WHEREAS**, the District sold, on January 28, 2014, a refunding series of bonds for the purpose of refunding the 2009 Bonds in the aggregate principal amount of \$12,437,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) 2014 General Obligation Refunding Bonds" (the "2014 Bonds"); and

**WHEREAS**, the District sold, on July 28, 2021, a refunding series of bonds for the purpose of refunding the 2010 Bonds in the aggregate principal amount of \$15,825,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) 2021 General Obligation Refunding Bonds" (the "2021 Bonds" and together with the 2014 Bonds, the "Bonds"); and

**WHEREAS**, Sonoma County (the “County”) has requested that the District provide to the County the tax rate required for Fiscal Year 2025-26 to pay principal and interest on the Bonds and to provide a reasonable reserve;

**NOW, THEREFORE, THE BOARD OF DIRECTORS OF SONOMA VALLEY HEALTH CARE DISTRICT DOES HEREBY RESOLVE, DETERMINE AND ORDER AS FOLLOWS:**

*Section 1. Recitals.* All of the recitals herein are true and correct. To the extent that the recitals relate to findings and determinations of the Board, the Board declares such findings or determinations to be made thereby.

*Section 2. Tax Rate; Remittance.*

(a) Based upon the County’s estimate of assessed valuation of all secured property in the District (\$14,373,095,854) the tax rate required to assure payment of the principal of, interest on and a reasonable reserve for the Bonds for Fiscal Year 2025-26 is \$18.50 per \$100,000 of assessed valuation. It is the intent of the District to provide to the County, by resolution, the tax rate required to assure payment of the principal of, interest on and a reasonable reserve for the Bonds for Fiscal Year 2025-26 and each Fiscal Year thereafter, so long as the Bonds remain outstanding. However, in the event the District fails to provide a tax rate in any year, the County is directed to apply the most recently provided tax rate in such year.

(b) The District hereby delegates to the County Board of Supervisors the authority to annually levy and collect the annual *ad valorem* property taxes required for the payment of the principal of and interest on the Bonds.

(c) The District hereby requests that such amounts, as collected, be remitted directly to The Bank of New York Mellon Trust Company, N.A., the District’s paying agent for the Bonds.

*Section 3. Request for Necessary County Actions.* The County Board of Supervisors and the County Auditor-Controller-Treasurer-Tax Collector, and other officials of the County, are hereby directed to take whatever action that may be necessary pursuant to law to provide for the levy and collection of a property tax on all taxable property within the District at the tax rate specified in Section 2(a) above.

*Section 4. General Authority.* The Chair, the Secretary, the Chief Executive Officer and the Chief Financial Officer, and their respective designees, are each hereby authorized, empowered and directed in the name and on behalf of the District to take any and all steps which they or any of them might deem necessary or appropriate in order to give effect to this resolution.

Section 5. Effective Date. This resolution shall take effect immediately on and after its adoption.

\* \* \* \* \*

**PASSED AND ADOPTED** this 4th day of September 2025, by the following vote:

AYES:

NAYS:

ABSTAIN:

ABSENT:

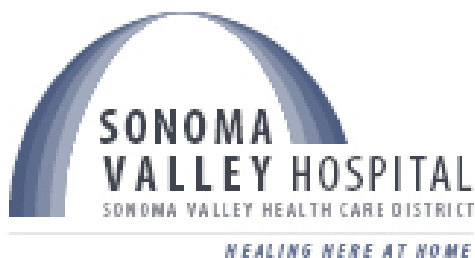
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Wendy Lee Myatt  
Chair, Board of Directors  
Sonoma Valley Health Care District

ATTEST:

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Denise Kalos  
Secretary, Board of Directors  
Sonoma Valley Health Care District



**To: SVHCD Board of Directors**

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**From: Seric Cusick, MD FACEP**

**Meeting Date: September 4<sup>th</sup>, 2025**

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**Subject: CMO Report**

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1. Quality
  - a. Sepsis Committee reestablished and operational.
  - b. Stroke metrics continue to demonstrate excellence; ongoing work on defining optimal measures and means for continual improvement.
  - c. Hospital Policy authorship, revision and approval process reevaluated.
2. Personnel
  - a. Dr. Natasha Bir has departed from General Surgery Call Panel.
  - b. Currently investigating options for additional General Surgery coverage.
3. Marin Health Transfer Process
  - a. Ongoing work to develop pathways to expedite transfer of patients requiring a higher level of care that are within the scope of services at Marin Health.
4. Information Technology
  - a. Epic downtime protocols and resources revised and implemented.
  - b. Continued effort to improve EMR connectivity for community providers attempting to interface with hospital systems.
5. Medical Staff:
  - a. July 2025 welcomed Dr. Paul Amara as Chief of Staff, Dr. Alex Rainow as Vice Chief of Staff, Dr. Alexis Alexandridis as Chair of Surgery, Dr. Noah Wiess as Vice Chair of Surgery, Dr. Ako Walther as Chair of Medicine, and Dr. Andrew Fenton as Vice Chair of Medicine.
  - b. Meetings included the Department of Medicine, Department of Surgery, Performance Improvement, Medical Executive Committee.
  - c. Peer Review Committee membership and structure revised, with inaugural meeting pending in September.



To: SVHCD Board of Directors  
From: Ben Armfield, CFO, Interim CEO  
Date: September 4, 2025  
Subject: CEO Update - September 2025

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Lots going on at the hospital these days! July and August have been full of activity, and it's been energizing to see the pace we've both set and maintained throughout the summer. We began the fiscal year on strong footing in July, and our team has been working hard to carry that momentum forward into the fall. From operations to strategy to community engagement, there is a great deal happening across the organization. Below are some key highlights and callouts to share:

## **OPERATIONS UPDATE**

Much of the financial operations update is covered under the CFO report for August, for to quickly summarize, July was a great start to the year for the hospital. Actual financial results more than doubled the monthly target, and the hospital's operating EBDA (Operating Margin excluding non-cash expenses) of \$500,000 was the best in some time.

July continued the trend of increased volumes. Some of the favorable month can be attributed to the increase in IGT income, but the story really was volumes. Numerous areas set all-time high in volumes.

The hospital recorded more than \$33 million in gross charges, a 20% favorable variance to budget and the highest monthly total in our history. While gross charges are not the most precise measure of bottom-line net revenue, for a hospital like SVH they serve as a strong indicator of overall activity and patient volumes.

**Surgical services** were a key driver, with 151 surgeries performed, 10% above budget and 15% higher than the prior year. This growth continues to be fueled by strong GI and Orthopedic volumes, led by a few key high-volume surgeons. Importantly, these gains are showing signs of sustained growth, with several months now showing the same upward trend.

**CT** volumes exceeded 500 exams for the first time ever (508 total), up 13% compared to last year's average and 35% higher than FY24.

**Ultrasound** reached 297 exams, another all-time record and 35% above last year's level.

**MRI** volumes also hit record highs, buoyed by targeted outreach and new referral patterns. Patients are now coming not just from Sonoma, but also from Petaluma, Napa, and St. Helena, reflecting the success of marketing and access initiatives. We are also starting to receive a number of UCSF referrals, which is certainly encouraging. We are engaging a workgroup with UCSF and SVH to prioritize the efforts of offloading the ongoing imaging backlog that UCSF has.

**Seismic Master Facility Plan:** We are preparing for a January 2026 deadline to submit the hospital's Seismic Compliance Plan and associated construction documents. We would like to engagement the board relatively soon to review compliance options, phasing considerations, and funding strategies to ensure SVH is positioned to meet regulatory deadlines without compromising ongoing operations.

## **MARKETING UPDATE**

We are excited about two great programs that are being offered this Fall:

**Active Aging: Wellness Series** - Join us for four Friday afternoons of inspiring talks from local health experts, all focused on staying healthy and active as we age. From navigating loss to getting better sleep, each session offers practical tips you can use right away.

Fridays in September at Vintage House from 3 to 4:30 p.m. Program is free and open to the entire community.

**Fridays, Sept. 5 - 26 | 3 - 4:30 PM | Vintage House**

**Sept. 5: Grief & Loss** – Kristie Walthard, Hanna Center

**Sept. 12: Age-Friendly Health System: What Matters** – Rebecca Spear, Geriatric Nurse Practitioner

**Sept. 19: Sleep & Weight Management** – Dr. Rafael Sepulveda, Sleep Fit Medical

**Sept. 26: Whole Person Wellness: Aging with Strength, Grace & Connection** – Danielly Rocha-Lanter, Danielly's Fitness

**Golden Harvest Senior Resource & Wellness Faire** - On October 11, 10am - 2pm, at Sonoma Community Center, we will be hosting our second annual Golden Harvest Senior Resource & Wellness Faire. Cosponsored by Cogir, Sonoma Plaza, Vintage House, and Sonoma Community Center, the event gives an opportunity to engage with community services. We'll also have a Soup Cook Off, Flu Vaccinations, Raffles, and Speakers.

## **CAPITAL PROJECT UPDATE**

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 SVH Foundation.

### **Outpatient Diagnostic Center (ODC)**

<b>Active Phase(s)</b>	MRI Permanent Location
<b>Project Budget</b>	\$24,000,000
<b>Projected Total Cost of Project</b>	\$24,000,000
<b>Estimated Construction Completion</b>	TBD
<b>Projected Go-Live</b>	n/a

Construction on the project has continued to progress, with both the CT Phase II and Central Wing Demo phases now complete. While some residual costs remain outstanding, all associated work has been finished. The project team is currently focused on formally closing out the project in compliance with OSHPD requirements.

The final phase of the project is to pursue permanent occupancy of the MRI trailer. We are working with architecture firm 19Six and have submitted our application to the City of Sonoma to establish the MRI in its current location. This phase will also include necessary sidewalk and driveway improvements. Upon completion, this space will achieve permanent occupancy.

Based on a rough order of magnitude budget put together for the finalization/permanence occupancy phases, we still anticipate completing the ODC project for no more than \$24 million which is consistent

with recent, previous report-outs.

### **Physical Therapy Expansion Project**

<b>Project Budget</b>	\$2,300,000
<b>Projected Total Cost of Project</b>	\$2,100,000
<b>Projected Construction Completion</b>	Construction Completed
<b>Projected Go-Live</b>	TBD

Construction has now been completed and we are pleased to report the project is going to finish under budget. The final step is obtaining CDPH approval. The formal application was submitted on July 31st, and while the state has indicated it can take 80-100 days to process, we are actively working with CDPH to facilitate the approval process. This is the last remaining step prior to gaining full occupancy of the renovated space.

### **ICU Refresh Project**

<b>Project Budget</b>	\$630,000
<b>Projected Total Cost of Project</b>	\$660,000
<b>Projected Construction Completion</b>	October 2025
<b>Projected Go-Live</b>	Project Live (have occupancy of all 6 ICU rooms)

This project is now virtually complete, with occupancy granted for all remodeled ICU rooms. The only remaining item is the replacement of the fire alarm system in the nurses' station - a technical update required by the AHJ that does not affect patient care or daily operations.

## **OTHER PROJECTS**

### **AC-1 Replacement**

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

The AC-1 project is currently being evaluated for potential repair. Please note that this unit is beyond its service life, with limited parts available, as the original manufacturer is out of business. Our project management team has reviewed Carrier's proposal and determined that a partial repair of the failed components may be feasible and would not require HCAi permitting. This option would be the much-preferred path, especially in the short term, as it could save the hospital potentially hundreds of thousands of dollars. A full replacement of the AC-1 condensers had become very expensive, with a potential budget approaching \$800,000 and the possibility of exceeding \$1 million once HCAi became involved. We are continuing to evaluate the repair option, and expect to know more in the coming weeks as to whether the repair option is truly viable. If viable, our goal would be to move forward this fall.

# SVH Performance Score Card

## 1. Quality and Safety

Objective	Target	MAY.25	JUN.25	JUL.25	Supporting detail
<b>Infection Prevention</b>					
Central Line Blood Stream Infection CLABSI volume	<1	0	0	0	Less than Target is Goal
Catheter Associated Urinary Tract Infection- CAUTI volume	<1	0	0	0	Less than Target is Goal
CDIFF Infection volume	<1	0	0	0	Less than Target is Goal
Surgical Site Infections volume	<1	2	0	0	Cholecystectomy Laminectomy - Less than Target is Goal
<b>Acute Care Falls</b>					
Patient Fall per 1000 pt days	<3.75	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	Less than Target is Goal

### Core Measures

Sepsis Early Management Bundle % compliant	>81%	100.00	80.00	50.00	Above Target is Goal
Severe Sepsis 3 hour Bundle % compliant	>94%	100.00	100.00	100.00	Above Target is Goal
Severe Sepsis 6 hr Bundle % compliant	100%	100.00	100.00	100.00	
Core OP 23- Head CT within 45 mins % compliant	70%	100.00	100.00	100.00	Above Target is Goal

### Mortality

Acute Care Mortality Rate O/E rate	<1	0.83	0.00	0.82	Lower is better
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### ED

Core OP 18b Median Time ED arrival to ED Departure mins	<132	113.00	106.00	91.00	Lower is better
Core Op 22 ED Left without being seen LWBS	<2%	0.6 (6/992)	0.1 (1/905)	0.30	Lower is better

### PSI 90

PSI 90 Composite Acute Care Admissions	0.00	0.00	0.00	0.00	Lower is better
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### Preventable Harm

Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.158 (3/19)	0.308 (4/13)	0.25	Complications under review Lower is better
Readmissions to Acute Care within 30 days %	<15.3	8.93 (5/56)	7.58 (5/55)	6.76	Lower is better

## 2. Employees

Objective	Target	Q1.25	Q2.25	Supporting Detail
Short-term Turnover	<3%	3.7	11.3	Employed less a year is defined as Short-Term Turnover - method of calculation changed as of 1/1/25
Turnover	<10%	1.6	5.7	Total Turnover Rate (Annual Basis)
Workplace Injuries	<20 Per Year	2 (QTR 1)	1 (QTR 2)	

## 3. Patient Experience

### Outpatient Ambulatory Services (OASCAHPS)

Objective	Target	APR.25	MAY.25	JUN.25	Supporting Detail
Recommend Facility	>90%	91.4	88.9	89.3	Top Box Scores. % of patients choosing "Always"- Above Target is Goal
Communication	>90%	93.4	90.6	92.4	
Discharge Instructions	>95%	97.59	97.09	95.77	

### HCAHPS (Hospital Inpatient)

Objective	Target	APR.25	MAY.25	JUN.25	Supporting Detail
Recommend the hospital	>90%	78.6	72.7	64.3	Top Box Scores. % of patients choosing "Always" - Above Target is Goal
Communication with Nurse	>90%	89.7	68.4	66.0	
Communication with Doctor	>90%	89.7	75.8	70.8	
Cleanliness of Hospital	>90%	69.2	58.3	60.0	
Communication about medicines	>90%	68.2	50.0	61.1	
Discharge Information	>90%	84.6	81.8	93.1	

## 4. Volume

Objective	Target	MAY.25	JUN.25	JUL.25	Supporting Detail
<b>Patient Visits</b>					
Emergency Visits	>855	1,073	985	1,052	Higher than Target is Goal
Surgical Volume Outpatient	>140	129	82	79	Higher than Target is Goal
Surgical Volume Inpatient	>13	7	11	7	Higher than Target is Goal
Inpatient Discharges	>70	73	70	84	Higher than Target is Goal

## 5. Financial

Objective	FY26 Target	MAY.25	JUN.25	JUL.25	Supporting Detail
Operating EBDA in %	varies	3.0%	2.3%	7.3%	July Operating EBDA Target 4.1%
Operating EBDA in % (YTD) *	>5.2%	2.7%	2.6%	7.3%	Note - FY25 was a lower target
Days Cash on Hand @ FYE	>30	27.3	30.0	22.0	Projecting 34.0 @ FYE
Net Operating Revenue (\$M) (annualized)	>\$76.7	\$69.4	\$69.5	\$82.1	FY25 Target \$ 65.8M   FY26 Target \$76.7M





To: SVHCD Finance Committee  
 From: Ben Armfield, Chief Financial Officer  
 Date: August 26, 2025  
 Subject: Financial Report for July 2025

## **OVERALL PERFORMANCE SUMMARY | MONTH OF JULY 2025**

- **Operating EBDA** (with Parcel Taxes) – The hospital posted a positive Operating EBDA of **\$500,000** versus a budget of **\$252,000**. A banner month for the hospital relative to historical financial performance.
- **Operating Revenues** – **\$6.85 million**, exceeding budget by **12%** or **\$756,000**. The increase in budgeted IGT revenue certainly contributes, but volumes were a significant driver in July. Surgery, Imaging, and ER volumes all were up – with a number of imaging areas taking another big leap from past couple of months and posting new all-time highs.
- **Operating Expenses** - **\$6.85 Million**. Expenses exceeded budget by **7% (\$428,000)**. The overage is largely attributable to higher volumes (Surgery +10% vs. budget, ER +20%, OP Visits +8%). Supply costs ran 18% above budget, which aligns with the nearly 20% increase in net patient revenue. Purchased services also increased in July, driven by two one-time expenditures. We expect these costs to decline beginning in August.
- **Cash** – July was another great month in cash collections, as the hospital collected nearly \$4.7M.

## **Overall Performance (In 1000s, Includes Parcel Taxes) | July 2025**

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	\$ (6.6)	\$ (335.6)	\$ 329.0	98%	\$ (6.6)	\$ (335.6)	\$ 329.0	98%	\$ (141.5)	\$ 134.9	95%
Operating EBDA	\$ 499.9	\$ 252.8	\$ 247.1	98%	\$ 499.9	\$ 252.8	\$ 247.1	98%	\$ 377.6	\$ 122.2	32%
Net Income (Loss)	\$ 329.9	\$ (179.7)	\$ 509.6	284%	\$ 329.9	\$ (179.7)	\$ 509.6	284%	\$ 3.7	\$ 326.2	8777%

## **DRIVERS IN MONTHLY PERFORMANCE**

As July marks the first month of FY26, our anticipated increase in IGT funding certainly played a factor in the favorable performance, but July was really defined by notable growth in patient activity, with volumes increasing across nearly every major service line. The hospital recorded more than \$33 million in gross charges, a 20% favorable variance to budget and the highest monthly total in our history. While gross charges are not the most precise measure of bottom-line net revenue, for a hospital like SVH they serve as a strong indicator of overall activity and patient volumes.

Surgical cases, emergency department visits, and outpatient activity all exceeded expectations, while imaging delivered standout results with CT, Ultrasound, and MRI each setting new all-time highs. These gains highlight the hospital's strong operational momentum and demonstrate that July's positive performance was not solely just due to the IGT increase.

- **Surgical services** were a key driver, with 151 surgeries performed, 10% above budget and 15% higher than the prior year. This growth continues to be fueled by strong GI and Orthopedic volumes, led by a

few key high-volume surgeons. Importantly, these gains are showing signs of sustained growth, with several months now showing the same upward trend.

- The **Emergency Department** remained extremely busy, surpassing 1,000 visits for the month and averaging 34 patients per day. This exceeds the original goal of 30 daily visits that was set when the Napa Valley ER group began their coverage. Maintaining volumes above this threshold for over a year underscores both the strength of the partnership and the community's increasing reliance on SVH for emergency services.
- **Outpatient activity** continues to show encouraging growth, with total outpatient visits coming in 8% above budget. July marked the fourth consecutive month exceeding 6,000 outpatient visits, signaling that we are achieving a new baseline of consistent outpatient activity rather than isolated spikes:

The most dramatic performance came from **Imaging Services - CT, Ultrasound, and MRI** each set new all-time highs:

- **CT** volumes exceeded 500 exams for the first time ever (508 total), up 13% compared to last year's average and 35% higher than FY24.
- **Ultrasound** reached 297 exams, another all-time record and 35% above last year's level.
- **MRI** volumes also hit record highs, buoyed by targeted outreach and new referral patterns. Patients are now coming not just from Sonoma, but also from Petaluma, Napa, and St. Helena, reflecting the success of marketing and access initiatives. We are also starting to receive a number of UCSF referrals, which is certainly encouraging. We are engaging a workgroup with UCSF and SVH to prioritize the efforts of offloading the ongoing imaging backlog that UCSF has.
- **IGT** funding also provided a meaningful boost. For FY26, the hospital budgeted a net benefit of \$10.7 million from IGT programs - nearly \$3 million higher than FY25 and close to \$6 million more than FY24. Our approach is to accrue both the revenue and the matching fee evenly, based on budgeted amounts, over the fiscal year. This produces a steady impact on the income statement. **The new accrual for FY26 adds roughly \$235K of net income per month compared to FY25 (and nearly \$500K more than FY24).** Once payments are received and programs are fully reconciled, we perform a true-up adjustment to align the accrual with actual activity. This can create upside or downside swings at the point of reconciliation, but the accrual approach ensures that reported monthly performance reflects a consistent share of anticipated IGT benefit.

Annual IGT Impact	FY26 BUDGET	FY25	FY24
IGT Program Revenue	\$ 19,844,260	\$ 13,912,610	\$ 7,881,130
IGT Matching Fee Expense	\$ 9,175,561	\$ 6,060,261	\$ 3,197,493
<b>Net Benefit - Annual</b>	<b>\$ 10,668,699</b>	<b>\$ 7,852,349</b>	<b>\$ 4,683,637</b>
	<b>FY26 Change vs</b>	<b>\$ 2,816,350</b>	<b>\$ 5,985,062</b>
Monthly IGT Impact	FY26 BUDGET	FY25	FY24
IGT Program Revenue	\$ 1,653,688	\$ 1,159,384	\$ 656,761
IGT Matching Fee Expense	\$ 764,630	\$ 505,022	\$ 266,458
<b>Net Benefit - Monthly</b>	<b>\$ 889,058</b>	<b>\$ 654,362</b>	<b>\$ 390,303</b>
	<b>FY26 Change vs</b>	<b>\$ 234,696</b>	<b>\$ 498,755</b>

Importantly, we elected not to budget the full approved Rate Range allotment since final details were not confirmed at the time the budget was completed. This creates additional upside potential later in FY26 once those funds are finalized and received.

## **OTHER FINANCE UPDATES**

- **FY25 Financial Statement Audit** - Moss Adams is currently on-site, with fieldwork progressing smoothly and no significant issues identified to date. A verbal update will be provided at this week's meeting, with final deliverables expected at October's finance committee meeting.
- **Critical Capital Needs FY26** - Work continues on the prioritization and timing of critical capital items identified during the budget process. Several items require attention prior to receipt of our Rate Range IGT funds in January. We are actively evaluating financing options to ensure the hospital has the flexibility to move forward on urgent projects without putting strain on liquidity. Recommendations on funding strategy will be brought forward to the committee in the coming months.
- **Contract Approval Process** - Beginning in September, we will implement a new contract approval process, which includes standardized approval forms for both operational contracts and capital expenditures. This change is designed to improve documentation and management of our contracts, as well as streamline internal workflows. Communication and training with department leaders will occur in the coming month to support a smooth rollout.

## **CAPITAL PROJECTS UPDATE**

- **PT Expansion Project:** Construction has now been completed and pleased to report the project is going to finish under budget. The final step is obtaining CDPH approval. The formal application was submitted on July 31, and while the state has indicated it can take 80-100 days to process, we are actively working with CDPH to facilitate review and schedule a site visit as soon as possible. Once approval is granted, the expanded space can be fully activated to meet growing patient demand.
- **ODC Project:** The Central Wing demolition has been completed, clearing the way for permanent planning of the 3T MRI. We have engaged architectural firm 19(six) to lead the design process and have submitted an application to the City of Sonoma for permanent occupancy. Discussions are underway with city officials to determine final requirements, and next steps will be shared once feedback is received. In the interim, the MRI trailer remains in use and volumes continue to be strong.
- **ICU Project:** This project is now virtually complete, with occupancy granted for all remodeled rooms. The only remaining item is the replacement of the fire alarm system in the nurses' station - a technical update that does not affect patient care or daily operations.
- **Seismic Master Facility Plan:** Management is preparing for the January 2026 deadline to submit the hospital's Seismic Compliance Plan and associated construction documents. Engagement with the committee and board will begin soon to review compliance options, phasing considerations, and funding strategies to ensure SVH is positioned to meet regulatory deadlines without compromising ongoing operations.

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## **FINANCE REPORT ATTACHMENTS:**

- Attachment A      Income Statement
- Attachment B      Balance Sheet
- Attachment C      Cash Flow Forecast
- Attachment D      Key Performance Indicators | Volumes & Statistics
- Attachment E      Fiscal Year 2026 Business Plan Tracker (DEFERRED TO NEXT REPORT)
- Attachment F      Key Performance Indicators | Overall Performance

Sonoma Valley Health Care District  
Income Statement (in 1000s)  
For the Period Ended July 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	\$ 4,777.3	\$ 4,021.4	755.9	19%	\$ 4,777.3	\$ 4,021.4	755.9	19%	\$ 4,279.8	497.5	12%
2 IGT Program Revenue	1,653.7	1,653.7	-	0%	1,653.7	1,653.7	-	0%	871.5	782.1	90%
3 Parcel Tax Revenue	316.7	316.7	(0.0)	0%	316.7	316.7	(0.0)	0%	316.7	(0.0)	0%
4 Other Operating Revenue	100.8	99.9	0.9	1%	100.8	99.9	0.9	1%	98.0	2.9	3%
5 Total Revenue	\$ 6,848.4	\$ 6,091.6	756.8	12%	\$ 6,848.4	\$ 6,091.6	756.8	12%	\$ 5,566.0	1,282.5	23%
Operating Expenses	CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
6 Labor / Total People Cost	\$ 3,141.8	\$ 2,939.8	202.0	7%	\$ 3,141.8	\$ 2,939.8	202.0	7%	\$ 2,852.7	289.1	10%
7 Professional Fees	689.6	677.4	12.3	2%	689.6	677.4	12.3	2%	760.4	(70.8)	-9%
8 Supplies	722.9	613.2	109.7	18%	722.9	613.2	109.7	18%	437.0	285.9	65%
9 Purchased Services	545.1	409.0	136.0	33%	545.1	409.0	136.0	33%	350.3	194.7	56%
10 Depreciation	506.4	588.3	(81.9)	-14%	506.4	588.3	(81.9)	-14%	519.1	(12.7)	-2%
11 Interest	48.4	36.6	11.8	32%	48.4	36.6	11.8	32%	13.0	35.4	273%
15 Other	436.1	398.2	37.9	10%	436.1	398.2	37.9	10%	409.7	26.4	6%
16 IGT Program Expense	764.6	764.6	-	0%	764.6	764.6	-	0%	365.2	399.4	109%
17 Operating Expenses	\$ 6,855.0	\$ 6,427.1	427.8	7%	\$ 6,855.0	\$ 6,427.1	427.8	6.7%	\$ 5,707.4	1,147.6	20%
18 Operating Margin	\$ (6.6)	\$ (335.6)	\$ 329.0	98%	\$ (6.6)	\$ (335.6)	\$ 329.0	98%	\$ (141.5)	\$ 134.9	95%
Non Operating Income	CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
19 GO Bond Activity, Net	221.8	128.6	93.2	72%	221.8	128.6	93.2	72%	157.7	64.1	41%
20 Misc Revenue/(Expenses)	114.7	27.2	87.4	321%	114.7	27.2	87.4	321%	(12.5)	127.2	-1017%
21 Total Non-Op Income	\$ 336.4	\$ 155.9	180.6	116%	\$ 336.4	\$ 155.9	180.6	116%	\$ 145.2	191.3	132%
22 Net Income (Loss)	\$ 329.9	\$ (179.7)	509.6	-284%	\$ 329.9	\$ (179.7)	509.6	284%	\$ 3.7	326.2	-8777%
23 Restricted Foundation Contr.	817.9	125.0	692.9	554%	817.9	125.0	692.9	554%	66.0	751.9	1140%
24 Change in Net Position	\$ 1,147.7	\$ (54.7)	1,202.4	-2199%	\$ 1,147.7	\$ (54.7)	1,202.4	2199%	\$ 69.7	1,078.1	-1547%
25 Operating EBDA	\$ 499.9	\$ 252.8	247.1	98%	\$ 499.9	\$ 252.8	247.1	-98%	\$ 377.6	122.2	-32%

## Sonoma Valley Health Care District

## ATTACHMENT B

## Balance Sheet

As of July 31, 2025

Expressed in 1,000s

		Current Month	Prior Month	FYE 2025 Prior Year
<b>Assets</b>				
Current Assets:				
1	Cash	\$ 3,428.3	\$ 4,386.3	\$ 4,386.3
2	Net Patient Receivables	7,653.7	7,585.1	7,585.1
3	Allow Uncollect Accts	(1,249.7)	(1,256.1)	(1,256.1)
4	Net Accounts Receivable	\$ 6,403.9	\$ 6,329.0	\$ 6,329.0
5	IGT Program Receivable	19,844.3		
6	Parcel Tax Receivable	3,800.0	-	-
7	GO Bond Tax Receivable	3,344.0	-	-
8	Other Receivables	961.1	951.7	951.7
9	Inventory	963.2	841.0	841.0
10	Prepaid Expenses	1,458.4	788.1	788.1
11	Total Current Assets	\$ 40,203.2	\$ 13,296.2	\$ 13,296.2
12	Property, Plant & Equip, Net	\$ 60,766.5	\$ 60,342.6	\$ 60,342.6
13	Trustee Funds - GO Bonds	5,986.7	5,986.7	5,986.7
14	Other Assets - Deferred IGT Expense	8,682.5	-	-
15	<b>Total Assets</b>	<b>\$ 115,638.9</b>	<b>\$ 79,625.5</b>	<b>\$ 79,625.5</b>
<b>Liabilities &amp; Fund Balances</b>				
Current Liabilities:				
16	Accounts Payable	7,084.3	\$ 6,810.4	\$ 6,810.4
17	Accrued Compensation	4,167.1	4,059.9	4,059.9
18	IGT Program Payable	9,472.1	-	-
19	Interest Payable - GO Bonds	186.1	154.4	154.4
20	Accrued Expenses	260.7	166.1	166.1
21	Deferred IGT Revenue	18,190.6	-	-
22	Deferred Parcel Tax Revenue	3,483.3	-	-
23	Deferred GO Bond Tax Revenue	2,855.6	-	-
24	Line of Credit - Summit Bank	-	-	-
25	Other Liabilities	-	-	-
26	Total Current Liabilities	\$ 46,439.9	\$ 11,930.8	\$ 11,930.8
25	Long Term Debt, net current portion	\$ 27,119.0	\$ 27,239.3	\$ 27,239.3
26	Total Fund Balance	\$ 42,080.0	\$ 40,455.4	\$ 40,455.4
27	<b>Total Liabilities &amp; Fund Balances</b>	<b>\$ 115,638.9</b>	<b>\$ 79,625.5</b>	<b>\$ 79,625.5</b>

Cash Indicators	Current Month	Prior Month	Prior Year FYE
Days Cash	22.0	29.2	29.2
A/R Days	46.9	45.8	45.8
A/P Days	69.1	67.2	67.2

Sonoma Valley Health Care District  
Projected Cash Forecast (In 1000s)  
FY 2026

ATTACHMENT C

	ACTUAL	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	TOTAL
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
<b>Hospital Operating Sources</b>													
1 Patient Payments Collected	\$ 4,683.2	\$ 4,300.0	\$ 4,430.0	\$ 4,440.0	\$ 4,400.0	\$ 4,200.0	\$ 4,373.0	\$ 4,100.0	\$ 4,400.0	\$ 4,300.0	\$ 4,300.0	\$ 4,357.0	\$ 52,283.2
2 Other Revenue - Operating & Non-Op	182.5	105.0	105.0	105.0	105.0	105.0	105.0	105.0	105.0	105.0	105.0	105.0	1,337.5
3 IGT Program Revenue	-	-	0.9	-	-	574.2	22,264.9	-	0.9	-	-	1,000.1	23,840.9
4 Parcel Tax Revenue	110.9	-	-	1,612.0	-	445.0	-	-	-	1,607.1	-	-	3,775.0
5 Unrestricted Contributions	4.0	-	-	-	-	-	-	-	-	-	-	-	4.0
6 Sub-Total Hospital Sources	\$ 4,980.6	\$ 4,405.0	\$ 4,535.9	\$ 6,157.0	\$ 4,505.0	\$ 5,324.2	\$ 26,742.9	\$ 4,205.0	\$ 4,505.9	\$ 6,012.1	\$ 4,405.0	\$ 5,462.1	\$ 81,240.7
<b>Hospital Uses of Cash</b>													
7 Operating Expenses / AP Payments	\$ 5,649.7	\$ 5,100.0	\$ 5,100.0	\$ 5,600.0	\$ 5,250.0	\$ 5,150.0	\$ 7,000.0	\$ 5,800.0	\$ 5,250.0	\$ 5,500.0	\$ 5,900.0	\$ 5,200.0	\$ 66,499.7
8 Term Loan Paydowns - Summit / CHFFA	73.6	73.6	73.6	73.6	73.6	73.6	73.6	73.6	73.6	73.6	73.6	73.6	882.9
9 IGT Financing Interest	-	-	-	-	75.0	90.0	75.0	-	-	-	-	-	240.0
10 IGT Matching Fee Payments	-	229	-	-	10,402	-	-	-	294	-	88	-	11,012
11 Total Hospital Uses	\$ 5,723.3	\$ 5,402.1	\$ 5,173.6	\$ 5,673.6	\$ 15,800.5	\$ 5,313.6	\$ 7,148.6	\$ 5,873.6	\$ 5,617.1	\$ 5,573.6	\$ 6,061.3	\$ 5,273.6	\$ 78,634.3
Net Hospital Sources/Uses of Cash	\$ (742.6)	\$ (997.1)	\$ (637.7)	\$ 483.4	\$ (11,295.5)	\$ 10.7	\$ 19,594.3	\$ (1,668.6)	\$ (1,111.2)	\$ 438.6	\$ (1,656.3)	\$ 188.5	\$ 2,606.5
<b>Non-Hospital Sources</b>													
12 Line of Credit Draw - Summit Bank	-	-	-	-	5,400.0	-	-	-	-	-	-	-	5,400.0
13 Line of Credit Draw - New Bank	-	-	-	-	5,100.0	-	-	-	-	-	-	-	5,100.0
14 Sub-Total Non-Hospital Sources	\$ -	\$ -	\$ -	\$ -	\$ 10,500.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,500.0
<b>Non-Hospital Uses of Cash</b>													
15 Line of Credit Payoff - US Bank LOC	-	-	-	-	-	-	5,400.0	-	-	-	-	-	5,400.0
16 Line of Credit Repayment - New LOC	-	-	-	-	-	-	5,100.0	-	-	-	-	-	5,100.0
17 Sub-Total Non-Hospital Uses of Cash	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,500.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,500.0
18 Net Non-Hospital Sources/Uses of Cash	\$ -	\$ -	\$ -	\$ -	\$ 10,500.0	\$ -	\$ (10,500.0)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19 Net Sources/Uses	\$ (742.6)	\$ (997.1)	\$ (637.7)	\$ 483.4	\$ (795.5)	\$ 10.7	\$ 9,094.3	\$ (1,668.6)	\$ (1,111.2)	\$ 438.6	\$ (1,656.3)	\$ 188.5	\$ 2,606.5
20 Total Cash at beginning of period	\$ 4,386.3	\$ 3,643.7	\$ 2,646.6	\$ 2,008.9	\$ 2,492.3	\$ 1,696.8	\$ 1,707.4	\$ 10,801.8	\$ 9,133.2	\$ 8,021.9	\$ 8,460.5	\$ 6,804.2	
21 Total Cash Prior to Capital Expenditures	\$ 3,643.7	\$ 2,646.6	\$ 2,008.9	\$ 2,492.3	\$ 1,696.8	\$ 1,707.4	\$ 10,801.8	\$ 9,133.2	\$ 8,021.9	\$ 8,460.5	\$ 6,804.2	\$ 6,992.8	
22 Days of Cash on Hand at End of Month	23.4	17.0	12.9	16.0	10.9	10.9	69.2	58.5	51.4	54.2	43.6	44.8	
<b>Capital Expenditures</b>													
23 SVH Capital - Financed by 3rd Party	-	-	23.3	23.3	23.3	23.3	70.0	85.5	85.5	138.4	138.4	138.4	749.7
24 SVH Capital - Financed by Vendor	-	-	-	-	-	-	21.8	21.8	21.8	21.8	21.8	21.8	130.6
25 SVH Capital - SVH Funded Purchases	145.6	30.0	-	-	50.0	-	50.0	50.0	50.0	-	-	-	375.6
26 SVH Capital - Foundation Funded	876.5	500.0	150.0	-	-	-	-	-	-	-	-	-	1,526.5
27 Restricted Donations (rec'd from Foundation)	(806.7)	(500.0)	(150.0)	-	-	-	-	-	-	-	-	-	(1,456.7)
28 Restricted Donations Receivable	-	-	-	-	-	-	-	-	-	-	-	-	-
28 Net Capital Expenditures	\$ 215.4	\$ 30.0	\$ 23.3	\$ 23.3	\$ 73.3	\$ 23.3	\$ 141.8	\$ 157.3	\$ 157.3	\$ 160.2	\$ 160.2	\$ 160.2	\$ 1,325.7
29 Net Sources/Uses (With CapEx)	\$ (958.0)	\$ (1,027.1)	\$ (661.0)	\$ 460.1	\$ (868.8)	\$ (12.7)	\$ 8,952.5	\$ (1,825.9)	\$ (1,268.6)	\$ 278.4	\$ (1,816.5)	\$ 28.3	\$ 1,280.7
30 Total Cash at beginning of period	\$ 4,386.3	\$ 3,428.0	\$ 2,400.9	\$ 1,739.8	\$ 2,199.9	\$ 1,331.1	\$ 1,318.4	\$ 10,271.0	\$ 8,445.1	\$ 7,176.5	\$ 7,454.9	\$ 5,638.4	
31 Total Cash at End of Period	\$ 3,428.0	\$ 2,400.9	\$ 1,739.8	\$ 2,199.9	\$ 1,331.1	\$ 1,318.4	\$ 10,271.0	\$ 8,445.1	\$ 7,176.5	\$ 7,454.9	\$ 5,638.4	\$ 5,666.8	
32 Days of Cash on Hand at End of Month	22.0	15.4	11.2	14.1	8.5	8.5	65.8	54.1	46.0	47.8	36.1	36.3	

Sonoma Valley Health Care District

ATTACHMENT D

Key Performance Indicators | Volumes & Statistics

For the Period Ended July 31, 2025

	Current Month				Year-To- Date							
	Actual	Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%	
<b>Inpatient Volume</b>												
Acute Patient Days	267	253	14	5%	267	253	14	5%	230	37	16%	
Acute Discharges	70	69	1	2%	70	69	1	2%	65	5	8%	
Average Length of Stay	3.8	3.7	0.1	4%	3.8	3.7	0.1	4%	3.5	0.3	8%	
Average Daily Census	8.6	8.2	0.4	5%	8.6	8.2	0.4	5%	7.4	1	16%	

Surgical Volume

IP Surgeries	9	9	(0)	-5%	9	9	(0)	-5%	7	2	29%	
OP Surgeries	142	128	14	11%	142	128	14	11%	124	18	15%	
<b>Total Surgeries</b>	<b>151</b>	<b>137</b>	<b>14</b>	<b>10%</b>	<b>151</b>	<b>137</b>	<b>14</b>	<b>10%</b>	<b>131</b>	<b>20</b>	<b>15%</b>	

Other Outpatient Activity
















Total Outpatient Visits	6,117	5,660	457	8%	6,117	5,660	457	8%	5,593	524	9%	
Emergency Room Visits	1,052	875	177	20%	1,052	875	177	20%	1,006	46	5%	

Payor Mix

	Actual	Budget	%	Actual	Budget	%
Medicare	40.0%	37.9%	2.1%	40.0%	37.9%	2.1%
Medicare Mgd Care	20.1%	21.0%	-1.0%	20.1%	21.0%	-1.0%
Medi-Cal	16.3%	17.6%	-1.2%	16.3%	17.6%	-1.2%
Commercial	21.0%	20.7%	0.3%	21.0%	20.7%	0.3%
Other	2.6%	2.7%	-0.2%	2.6%	2.7%	-0.2%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		<b>100.0%</b>	<b>100.0%</b>	

Payor Mix calculated based on gross revenues

Trended Outpatient Visits by Area

Department	Most Recent Six Months							YoY Monthly Averages			
	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Last 6 Months	FY26	FY25	Chg	% Chg
Lab	1,189	1,372	1,435	1,403	1,392	1,450		1,450	1,348	102	8%
Medical Imaging	980	983	1,082	1,095	1,051	1,087		1,087	982	105	11%
Physical Therapy	1,412	1,395	1,489	1,485	1,460	1,319		1,319	1,424	(105)	-7%
CT Scanner	423	428	478	457	497	508		508	449	59	13%
Occ. Health	259	338	318	282	268	198		198	267	(69)	-26%
Mammography	260	266	300	213	237	233		233	245	(12)	-5%
Occ. Therapy	159	205	172	210	211	288		288	203	85	42%
Ultrasound	206	214	237	195	220	297		297	218	79	36%
Wound Care	264	267	234	258	295	285		285	251	34	13%
MRI	176	191	192	197	198	230		230	181	49	27%
ECHO	148	145	143	144	148	134		134	129	6	4%
Speech Therapy	65	57	83	72	70	60		60	68	(8)	-12%
Other	24	33	27	19	17	28		28	23	5	20%
<b>TOTAL</b>	<b>5,565</b>	<b>5,894</b>	<b>6,190</b>	<b>6,030</b>	<b>6,064</b>	<b>6,117</b>		<b>6,117</b>	<b>5,789</b>	<b>328</b>	<b>6%</b>
Emergency Room	873	926	966	1,073	985	1,052		1,052	940	112	12%

Sonoma Valley Health Care District  
Overall Performance | Key Performance Indicators  
For the Period Ended July 31, 2025

ATTACHMENT F

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	\$ (6.6)	\$ (335.6)	\$ 329.0	98%	\$ (6.6)	\$ (335.6)	\$ 329.0	98%	\$ (141.5)	\$ 134.9	95%
Operating EBDA	\$ 499.9	\$ 252.8	\$ 247.1	98%	\$ 499.9	\$ 252.8	\$ 247.1	98%	\$ 377.6	\$ 122.2	32%
Net Income (Loss)	\$ 329.9	\$ (179.7)	\$ 509.6	284%	\$ 329.9	\$ (179.7)	\$ 509.6	284%	\$ 3.7	\$ 326.2	8777%

**Operating Revenue Summary** (All Numbers in 1000s)

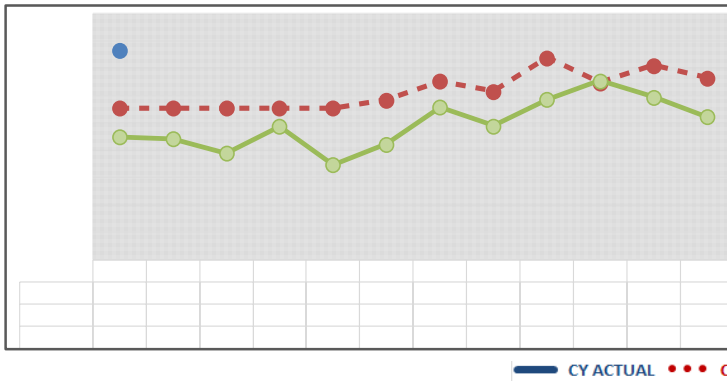
Net Patient Revenue	\$ 6,431	\$ 5,675	\$ 756	13%	\$ 6,431	\$ 5,675	\$ 756	13%	\$ 5,151	\$ 1,280	25%
NPR as a % of Gross	19.0%	19.7%	-3.4%		19.0%	19.7%	-3.4%		18.4%	3.2%	
Operating Revenue	\$ 6,848	\$ 6,092	\$ 757	12%	\$ 6,848	\$ 6,092	\$ 757	12%	\$ 5,566.0	\$ 1,282	23%

**Operating Expense Summary** (All Numbers in 1000s)

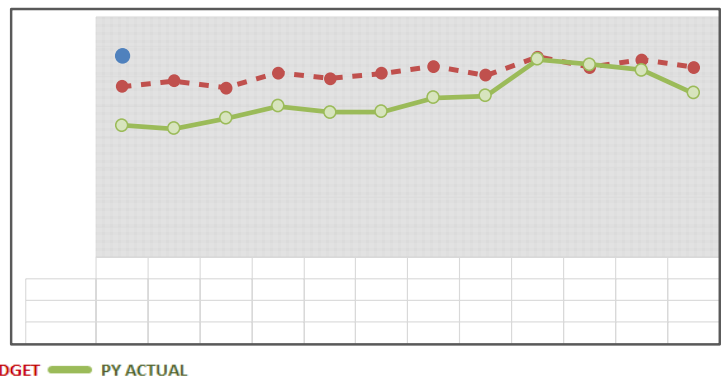
Operating Expenses	\$ 6,855	\$ 6,427	\$ 428	7%	\$ 6,855	\$ 6,427	\$ 428	7%	\$ 5,707	\$ 1,148	20%
Op Exp. Excl. Depr.	\$ 6,349	\$ 5,839	\$ 510	9%	\$ 6,349	\$ 5,839	\$ 510	9%	\$ 5,188	\$ 1,160	22%
Worked FTEs	235.00	229.30	5.70	2%	235.00	229.30	5.70	2%	218.09	16.91	8%

**Trended Operating Revenue & Operating Expense Graphs**

Trended Operating Revenues  
CY Actual vs CY Budget vs PY Actual



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



**Cash Indicators**

	Current Month	Prior Month	Var	% Var
Days Cash	22.0	29.2	(7.2)	-25%
A/R Days	46.9	45.8	1.1	2%
A/P Days	69.1	67.2	1.9	3%



To: SVHCD Finance Committee  
 From: Ben Armfield, Chief Financial Officer  
 Date: July 29, 2025  
 Subject: Financial Report for June 2025

## **OVERALL PERFORMANCE SUMMARY | MONTH OF JUNE 2025**

- **Operating EBDA** (with Parcel Taxes) - The hospital beat budget in June, posting a positive Operating EBDA of **\$205,000** versus a budget of **\$153,000**.
- **Operating Revenues** - **\$5.9 million**, exceeding budget by **3%** or **\$170,000**. Net revenue is outperforming expectations due to additional IGT funds received beyond what was budgeted. However, net patient revenue (excluding IGT) fell short of budget by more than 10% in June, largely due to a decline in surgical volumes compared to prior months and a more conservative reserve applied to gross revenue and accounts receivable in June.
- **Operating Expenses** - **\$6.2 Million**. Exceeded budget by **2%**, or **\$122,000**. Operating expenses decreased compared to the past couple of months. Overall, expenses exceeded budget by 2%, but they ran under budget by 3% when excluding IGT matching fees.
- **Cash** - June's collections were strong, continuing a positive trend for most of calendar year 2025. We collected \$4.51 million during the month. The hospital ended the month and year with **\$4.39 million in Cash** and **29.2 Days Cash on Hand**.

## **OVERALL PERFORMANCE | FISCAL YEAR 2025 (Unaudited)**

June caps what has been a successful financial year for the hospital. We knew this was going to be a critical year for SVH from a financial standpoint, and while there is further improvement needed in years ahead, this fiscal year reset our financial trajectory as we were able to regain some stability in. Some "high level" highlights of our fiscal year performance:

- **Operating EBDA** | Posted a positive Operating EBDA of **\$1.9 Million**, which exceeded budget by **\$670K** and FY24 by **\$2.1 Million**
- **Operating Margin** | Exceeded budget by **\$405K** and FY24 by **\$1.2 Million**
- **Operating Revenues** | Exceeded budget by **6% (\$3.7M)** and FY24 by **14% (\$8.7M)**
- **Cash** | Generated positive cash flow from operations, first time since COVID. **+\$3 Million turnaround compared to FY24**.

## **Overall Performance (In 1000s, Includes Parcel Taxes) | June 2025**

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	\$ (291.4)	\$ (338.6)	\$ 47.3	14%	\$ (4,326.8)	\$ (4,731.8)	\$ 405.0	9%	\$ (5,487.0)	\$ 1,160.2	21%
Operating EBDA	\$ 205.0	\$ 153.1	\$ 51.9	34%	\$ 1,898.2	\$ 1,228.7	\$ 669.5	54%	\$ (219.8)	\$ 2,118.0	964%
Net Income (Loss)	\$ (73.5)	\$ (150.5)	\$ 77.1	51%	\$ (2,036.5)	\$ (2,474.5)	\$ 438.1	18%	\$ (2,961.3)	\$ 924.8	31%

## **DRIVERS IN MONTHLY PERFORMANCE**

June volumes remained strong and largely consistent with recent trends, continuing to reflect the hospital's overall operational momentum. Outpatient activity stayed busy, even as the summer months brought the usual seasonal challenges - including well-earned PTO and time away for a couple of our higher-volume surgeons. Despite these temporary slowdowns, several key service lines worth noting:

- **Emergency Department** volumes continued to run high, maintaining the elevated activity we've seen over the past few months.
- **Outpatient Physical Therapy** remained very active, with volumes holding steady despite ongoing construction impacts.
- **Imaging Services** were exceptionally strong in June.
  - **MRI** volumes held at higher levels, compared to recent run-rate, with 198 exams performed - maintaining the ~200/month pace we've seen since March.
  - **CT volumes** set yet another all-time high, continuing their upward trajectory and establishing CT as one of our most consistently growing modalities.
- **Wound Care** set a new monthly record for visits, further demonstrating the growing demand for this service and the strong performance of the clinical team.

The strength in these areas helped offset minor unfavorable budget variances in other departments, including some modest shortfalls in MRI and PT revenue (compared to the monthly budget).

## **VOLUMES | YEAR OVER YEAR**

As June represents the end of our fiscal year, some highlights to point out as they pertain to year over year changes in key volumes:

- Outpatient Visits | +11%
- Emergency Room Visits | +8%. Averaged 31 visits/day.
- Wound Care Volumes | +40%
- MRI Volumes | +40%
- OP Physical Therapy | +25%
- CT Volumes | 20%
- Surgical Volumes | -7%
- Inpatient Patient Days | 11%

## **OTHER FINANCE UPDATES**

- **Rate Range Program Updates** – Fiscal year 2026 allotments have been negotiated and agreed to. Our focus continues to be on funding sources required to backfill the working capital needed to make the higher matching fee pay-in. We plan to bring a full recommendation to the committee in August.
- **Critical Capital Needs FY26** – We are preparing to bring a comprehensive funding recommendation to the Committee regarding several critical capital needs. During the budget process, we identified at least **\$4.5 million** in capital projects that will require funding in FY26, with several additional items on that list that were still being scoped and quantified (not included in the \$4.5M). We plan to present the full (and still fluid) capital plan to the Committee for discussion in August.

- 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.
- As an additional attachment to this month's finance report, I am including a copy of the letter we distributed to all staff regarding the recently passed **Better Benefits and Budget Reconciliation Act**. The letter outlines the key provisions of the bill and provides context on what it may mean for Sonoma Valley Hospital. We felt it was important to address the issue proactively and offer reassurance to our team while monitoring potential long-term impacts. **Please see Attachment G** if you are interested in reading what went out to our team.

## **CAPITAL PROJECTS 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)**

<b>Active Phase(s)</b>	MRI Permanent Location Prep (Central Wing Demolition)
<b>Project Budget</b>	\$24,000,000
<b>Projected Total Cost of Project</b>	TBD (\$22 million to complete Active & Completed Phases, + Cost to Finalize MRI Final Placement, which is TBD)

#### **Projected Construction Completion TBD**

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.

To assess the latter option, we engaged the architectural firm 19Six to complete a feasibility study. We received their report a couple of weeks ago and were impressed with the quality and thoroughness of their work. Most

importantly, their assessment concluded that the required modifications to make the current site permanent can most likely be accomplished without significant cost or disruption.

Their proposed approach includes a two-phase plan:

1. **Phase One** focuses on getting permanent occupancy for the MRI container in its current location which may require public improvements to the driveway and sidewalks as mandated by the City of Sonoma.
2. **Phase Two** centers on adding a canopy from the Hospital to the MRI entrance and generally “beautifying” the space - enhancing aesthetics to create a more polished and permanent appearance.

We are moving forward with engaging 19Six to begin Phase One work, which will be conducted on a time-and-materials basis with a current not-to-exceed amount of \$10,000. Should additional funds be required beyond this amount to complete Phase One, we will return to the Committee and Board for further approval.

As Phase One progresses, we will also begin identifying funding options for Phase Two. A formal recommendation, including a proposed project close-out strategy, will be brought forward to the Committee and Board at that time.

### **Physical Therapy Expansion Project**

<b>Project Budget</b>	\$2,300,000
<b>Projected Total Cost of Project</b>	\$2,200,000
<b>Projected Construction Completion</b>	July 2025
<b>Projected Go-Live</b>	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. **Construction is now complete and we are pursuing the Certificate of Occupancy with the County.**

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**

<b>Project Budget</b>	\$630,000
<b>Projected Total Cost of Project</b>	\$660,000
<b>Projected Construction Completion</b>	August 2025
<b>Projected Go-Live</b>	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**

<b>Approved Project Budget</b>	\$250,000
<b>Projected Total Cost of Project</b>	TBD
<b>Projected Construction Completion</b>	TBD
<b>Projected Go-Live</b>	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**. AC-1 is the hospital’s primary rooftop condensing unit, and supplies chilled air to the Emergency Department and Operating Room, working with air handling systems to regulate temperature, humidity, and air pressure for patient safety and regulatory compliance. One condenser recently failed, and while emergency repairs by Carrier were temporarily successful, they are not reliable or sustainable long-term; A failure is imminent.

The project scope includes a temporary solution to replace the failed component of the AC-1 system to provide immediate stabilization. This is a short-term solution to maintain critical operations while awaiting permanent replacement, as the final unit requires OSHPD OSP Certification and approval from the Office of Statewide Health Planning and Development (OSHPD).

After securing approval from OSHPD for the permanent installation plans, Sonoma Valley Hospital will initiate a formal public bidding process to select a contractor for the replacement project, ensuring compliance with state regulations and competitive procurement. The temporary unit that does not have OSP certification would be subsequently removed. The 2-phase temporary and permanent solution was required due the long lead time for final equipment which has the required OSP certification.

While the total project budget is still being vetted, 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 this Committee with a full project plan - including cost estimates, scope, and timeline - once we have greater clarity on regulatory requirements and construction implications.

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**FINANCE REPORT ATTACHMENTS:**

- |                |  |
|----------------|--|
| • Attachment A | Income Statement   |
| • Attachment B | Balance Sheet  |
| • Attachment C | Cash Flow Forecast   |
| • Attachment D | Key Performance Indicators   Volumes & Statistics                        |
| • Attachment E | Fiscal Year 2025 Business Plan Tracker                                   |
| • Attachment F | Key Performance Indicators   Overall Performance                         |
| • Attachment G | All Staff Letter – Better Benefits and Budget Reconciliation Act (BBBRA) |

**Sonoma Valley Health Care District**  
**Income Statement (in 1000s)**  
**For the Period Ended June 30, 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	\$ 3,831.5	\$ 4,486.7	(655.2)	-15%	\$ 50,611.1	\$ 50,536.4	74.7	0%	\$ 48,148.3	2,462.8	5%
2	IGT Program Revenue	1,683.5	871.5	812.0	93%	13,912.6	10,458.6	3,454.0	33%	7,881.1	6,031.5	77%
3	Parcel Tax Revenue	316.7	312.5	4.2	1%	3,800.0	3,750.0	50.0	1%	3,702.1	97.9	3%
4	Other Operating Revenue	100.5	92.0	8.5	9%	1,214.8	1,103.9	110.9	10%	1,112.9	102.0	9%
5	Total Revenue	\$ 5,932.2	\$ 5,762.8	169.4	3%	\$ 69,538.6	\$ 65,848.9	3,689.6	6%	\$ 60,844.4	8,694.1	14%
Operating Expenses		CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
6	Labor / Total People Cost	\$ 2,884.2	\$ 2,974.2	(90.0)	-3%	\$ 35,638.1	\$ 35,180.8	457.3	1%	\$ 33,511.8	2,126.4	6%
7	Professional Fees	804.5	797.4	7.1	1%	8,364.0	8,336.5	27.5	0%	7,185.1	1,178.9	16%
8	Supplies	662.3	640.3	22.0	3%	7,825.9	7,386.3	439.6	6%	7,522.4	303.5	4%
9	Purchased Services	273.1	450.8	(177.7)	-39%	4,838.7	4,759.1	79.5	2%	4,963.0	(124.3)	-3%
10	Depreciation	496.4	491.7	4.7	1%	6,225.0	5,960.5	264.5	4%	5,267.2	957.8	18%
11	Interest	26.9	29.4	(2.6)	-9%	416.3	353.3	63.0	18%	712.1	(295.7)	-42%
15	Other	430.6	352.4	78.2	22%	4,497.1	4,221.9	275.1	7%	3,972.4	524.7	13%
16	IGT Program Expense	645.6	365.2	280.5	77%	6,060.3	4,382.3	1,678.0	38%	3,197.5	2,862.8	90%
17	Operating Expenses	\$ 6,223.6	\$ 6,101.4	122.2	2%	\$ 73,865.4	\$ 70,580.7	3,284.6	4.7%	\$ 66,331.4	7,533.9	11%
18	Operating Margin	\$ (291.4)	\$ (338.6)	\$ 47.3	14%	\$ (4,326.8)	\$ (4,731.8)	\$ 405.0	9%	\$ (5,487.0)	\$ 1,160.2	21%
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%	1,942.7	2,130.9	(188.2)	-9%	2,098.2	(155.5)	-7%
20	Misc Revenue/(Expenses)	55.1	10.5	44.6	423%	347.6	126.4	221.2	175%	427.6	(79.9)	-19%
21	Total Non-Op Income	\$ 217.9	\$ 188.1	29.8	16%	\$ 2,290.3	\$ 2,257.2	33.1	1%	\$ 2,525.7	(235.4)	-9%
22	Net Income (Loss)	\$ (73.5)	\$ (150.5)	77.1	-51%	\$ (2,036.5)	\$ (2,474.5)	438.1	18%	\$ (2,961.3)	924.8	31%
23	Restricted Foundation Contr.	436.5	157.4	279.1	177%	3,713.6	1,888.9	1,824.7	97%	5,390.4	(1,676.8)	-31%
24	Change in Net Position	\$ 363.0	\$ 6.9	356.1	5170%	\$ 1,677.1	\$ (585.6)	2,262.8	386%	\$ 2,429.1	(752.0)	31%
25	Operating EBDA	\$ 205.0	\$ 153.1	51.9	34%	\$ 1,898.2	\$ 1,228.7	669.5	-54%	\$ (219.8)	2,118.0	964%

## Sonoma Valley Health Care District

## ATTACHMENT B

**Balance Sheet**  
**As of June 30, 2025**  
Expressed in 1,000s

		<u>Current Month</u>	<u>Prior Month</u>	<u>FYE 2024 Prior Year</u>
<b>Assets</b>				
Current Assets:				
1	Cash	\$ 4,386.3	\$ 4,265.8	\$ 3,748.6
2	Net Patient Receivables	7,585.1	8,067.0	11,860.2
3	Allow Uncollect Accts	(1,256.1)	(1,221.8)	(4,323.2)
4	Net Accounts Receivable	\$ 6,329.0	\$ 6,845.1	\$ 7,537.0
5	Parcel Tax Receivable	-	175.2	-
6	GO Bond Tax Receivable	-	-	-
7	Other Receivables	423.3	394.7	1,647.5
8	Inventory	841.0	921.2	913.4
9	Prepaid Expenses	788.1	867.0	637.5
10	Total Current Assets	\$ 12,767.9	\$ 13,469.0	\$ 14,484.0
11	Property, Plant & Equip, Net	\$ 60,342.6	\$ 60,236.0	\$ 61,734.0
12	Trustee Funds - GO Bonds	5,986.7	5,947.9	5,957.3
13	Other Assets - Deferred IGT Expense	-	700.2	-
14	<b>Total Assets</b>	<b>\$ 79,097.1</b>	<b>\$ 80,353.1</b>	<b>\$ 82,175.3</b>
<b>Liabilities &amp; Fund Balances</b>				
Current Liabilities:				
15	Accounts Payable	\$ 6,282.7	\$ 5,782.8	\$ 6,443.4
16	Accrued Compensation	4,059.9	3,946.1	3,648.8
17	Interest Payable - GO Bonds	154.4	376.7	189.4
18	Accrued Expenses	166.1	176.7	409.6
19	Deferred IGT Revenue	-	1,448.1	-
20	Deferred Parcel Tax Revenue	-	316.7	-
21	Deferred GO Bond Tax Revenue	-	200.6	-
22	Line of Credit - Summit Bank	-	-	4,973.7
23	Other Liabilities	-	-	57.5
24	Total Current Liabilities	\$ 11,403.1	\$ 12,987.7	\$ 15,939.9
25	Long Term Debt, net current portion	\$ 27,239.3	\$ 27,273.7	\$ 27,457.8
26	Total Fund Balance	\$ 40,454.7	\$ 40,091.7	\$ 38,777.6
27	<b>Total Liabilities &amp; Fund Balances</b>	<b>\$ 79,097.1</b>	<b>\$ 80,353.1</b>	<b>\$ 82,175.3</b>

<u>Cash Indicators</u>	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year FYE</u>
Days Cash	29.2	27.3	22.7
A/R Days	45.8	48.5	60.1
A/P Days	67.2	61.9	68.9

**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	Actual Jun	TOTAL
<b>Hospital Operating Sources</b>													
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	\$ 4,512.1	\$ 51,820.2
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	102.0	1,434.8
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	8.1	197.3
4 Unrestricted Contributions	-	8.2	9.5	9.1	6.0	7.6	-	-	-	-	-	-	40.4
5 <b>Sub-Total Hospital Sources</b>	<b>\$ 4,540.5</b>	<b>\$ 4,305.4</b>	<b>\$ 4,332.6</b>	<b>\$ 4,488.2</b>	<b>\$ 4,212.9</b>	<b>\$ 4,075.1</b>	<b>\$ 4,354.5</b>	<b>\$ 3,876.2</b>	<b>\$ 5,355.6</b>	<b>\$ 5,072.6</b>	<b>\$ 4,256.9</b>	<b>\$ 4,622.2</b>	<b>\$ 53,492.6</b>
<b>Hospital Uses of Cash</b>													
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	\$ 4,610.1	\$ 64,267.2
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	479.2	3,369.5
10 <b>Total Hospital Uses</b>	<b>\$ 5,068.9</b>	<b>\$ 5,751.3</b>	<b>\$ 4,805.7</b>	<b>\$ 5,866.2</b>	<b>\$ 5,820.0</b>	<b>\$ 5,218.8</b>	<b>\$ 6,270.7</b>	<b>\$ 5,620.2</b>	<b>\$ 4,932.4</b>	<b>\$ 7,407.6</b>	<b>\$ 7,044.4</b>	<b>\$ 5,162.8</b>	<b>\$ 68,969.0</b>
<b>Net Hospital Sources/Uses of Cash</b>	<b>\$ (528.5)</b>	<b>\$ (1,445.8)</b>	<b>\$ (473.1)</b>	<b>\$ (1,378.0)</b>	<b>\$ (1,607.1)</b>	<b>\$ (1,143.7)</b>	<b>\$ (1,916.3)</b>	<b>\$ (1,743.9)</b>	<b>\$ 423.3</b>	<b>\$ (2,335.1)</b>	<b>\$ (2,787.6)</b>	<b>\$ (540.6)</b>	<b>\$ (15,476.5)</b>
<b>Non-Hospital Sources</b>													
12 Restricted Cash/Money Market													-
11 Restricted Capital Donations	\$ 66.0	\$ 986.4	\$ 177.6	\$ 51.6	\$ 216.7	\$ -	\$ -	\$ 87.0	\$ -	\$ 870.1	\$ -	\$ 457.1	\$ 2,912.5
12 Parcel Tax Revenue	142.5	-	-	1,612.0	-	446.6	-	-	-	1,555.5	-	43.4	3,800.0
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 <b>Sub-Total Non-Hospital Sources</b>	<b>\$ 3,308.4</b>	<b>\$ 986.4</b>	<b>\$ 178.4</b>	<b>\$ 2,316.6</b>	<b>\$ 7,543.6</b>	<b>\$ 446.6</b>	<b>\$ 12,553.3</b>	<b>\$ 87.0</b>	<b>\$ -</b>	<b>\$ 2,978.6</b>	<b>\$ 1,334.8</b>	<b>\$ 661.1</b>	<b>\$ 32,395.1</b>
<b>Non-Hospital Uses of Cash</b>													
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 <b>Sub-Total Non-Hospital Uses of Cash</b>	<b>\$ 3,100.0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,053.1</b>	<b>\$ -</b>	<b>\$ 5,400.0</b>	<b>\$ -</b>	<b>\$ 230.2</b>	<b>\$ 409.9</b>	<b>\$ 87.7</b>	<b>\$ -</b>	<b>\$ 16,280.9</b>
23 <b>Net Non-Hospital Sources/Uses of Cash</b>	<b>\$ 208.4</b>	<b>\$ 986.4</b>	<b>\$ 178.4</b>	<b>\$ 2,316.6</b>	<b>\$ 490.5</b>	<b>\$ 446.6</b>	<b>\$ 7,153.3</b>	<b>\$ 87.0</b>	<b>\$ (230.2)</b>	<b>\$ 2,568.8</b>	<b>\$ 1,247.1</b>	<b>\$ 661.1</b>	<b>\$ 16,114.2</b>
24 <b>Net Sources/Uses</b>	<b>\$ (320.1)</b>	<b>\$ (459.4)</b>	<b>\$ (294.7)</b>	<b>\$ 938.6</b>	<b>\$ (1,116.5)</b>	<b>\$ (697.1)</b>	<b>\$ 5,237.1</b>	<b>\$ (1,656.9)</b>	<b>\$ 193.0</b>	<b>\$ 233.7</b>	<b>\$ (1,540.5)</b>	<b>\$ 120.5</b>	<b>\$ 637.7</b>
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 <b>Total Cash at End of Period</b>	<b>\$ 3,428.5</b>	<b>\$ 2,969.1</b>	<b>\$ 2,674.5</b>	<b>\$ 3,613.0</b>	<b>\$ 2,496.5</b>	<b>\$ 1,799.4</b>	<b>\$ 7,036.5</b>	<b>\$ 5,379.6</b>	<b>\$ 5,572.6</b>	<b>\$ 5,806.3</b>	<b>\$ 4,265.8</b>	<b>\$ 4,386.3</b>	
27 <b>Days of Cash on Hand at End of Month</b>	<b>22.0</b>	<b>19.0</b>	<b>17.1</b>	<b>23.2</b>	<b>16.0</b>	<b>11.5</b>	<b>45.1</b>	<b>34.5</b>	<b>35.7</b>	<b>37.2</b>	<b>27.3</b>	<b>29.2</b>	

# Sonoma Valley Health Care District

ATTACHMENT D

## Key Performance Indicators | Volumes & Statistics

For the Period Ended June 30, 2025

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	YTD	YTD			PYTD		
					Actual	Budget	Var	%	Actual	Var	%
Inpatient Volume											
Acute Patient Days	310	264	46	17%	3,252	3,183	69	2%	2,942	310	11%
Acute Discharges	83	72	11	15%	851	867	(16)	-2%	820	31	4%
Average Length of Stay	3.7	3.7	0.1	2%	3.8	3.7	0.2	4%	3.6	0.2	6%
Average Daily Census	10.3	8.8	1.5	17%	8.9	8.7	0.2	2%	8.1	1	11%

## Surgical Volume

IP Surgeries	11	10	1	11%	123	123	(0)	0%	151	(28)	-19%
OP Surgeries	127	147	(20)	-14%	1,630	1,644	(14)	-1%	1,732	(102)	-6%
<b>Total Surgeries</b>	<b>138</b>	<b>157</b>	<b>(19)</b>	<b>-12%</b>	<b>1,753</b>	<b>1,767</b>	<b>(14)</b>	<b>-1%</b>	<b>1,883</b>	<b>(130)</b>	<b>-7%</b>

## Other Outpatient Activity

Total Outpatient Visits	6,064	5,450	614	11%	69,468	65,400	4,068	6%	62,342	7,126	11%
Emergency Room Visits	985	906	79	9%	11,283	10,428	855	8%	10,418	865	8%

## Payor Mix

	Actual	Budget	%	Actual	Budget	%
Medicare	39.7%	37.7%	2.0%	37.4%	37.8%	-0.4%
Medicare Mgd Care	21.9%	18.2%	3.7%	20.8%	18.3%	2.6%
Medi-Cal	17.2%	16.2%	0.9%	18.1%	16.2%	1.9%
Commercial	18.1%	23.9%	-5.8%	20.4%	23.9%	-3.5%
Other	3.1%	3.9%	-0.8%	3.2%	3.9%	-0.7%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		<b>100.0%</b>	<b>100.0%</b>	

Payor Mix calculated based on gross revenues

## Trended Outpatient Visits by Area

Department	Most Recent Six Months						Last 6 Months	YoY Monthly Averages			
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25		FY25	FY24	Chg	% Chg
Lab	1,461	1,189	1,372	1,435	1,403	1,392		1,348	1,297	52	4%
Medical Imaging	1,122	980	983	1,082	1,095	1,051		982	927	56	6%
Physical Therapy	1,500	1,412	1,395	1,489	1,485	1,460		1,424	1,154	270	23%
CT Scanner	435	423	428	478	457	497		449	380	69	18%
Occ. Health	251	259	338	318	282	268		267	282	(15)	-5%
Mammography	287	260	266	300	213	237		245	240	4	2%
Occ. Therapy	190	159	205	172	210	211		203	205	(2)	-1%
Ultrasound	235	206	214	237	195	220		218	217	1	0%
Wound Care	280	264	267	234	258	295		251	177	74	42%
MRI	163	176	191	192	197	198		181	131	50	38%
ECHO	104	148	145	143	144	148		129	115	14	12%
Speech Therapy	80	65	57	83	72	70		68	49	19	38%
Other	28	24	33	27	19	17		23	20	3	16%
<b>TOTAL</b>	<b>6,136</b>	<b>5,565</b>	<b>5,894</b>	<b>6,190</b>	<b>6,030</b>	<b>6,064</b>		<b>5,789</b>	<b>5,195</b>	<b>594</b>	<b>11%</b>
Emergency Room	993	873	926	966	1,073	985		940	868	72	8%

Sonoma Valley Health Care District  
**Overall Performance | Key Performance Indicators**  
 For the Period Ended June 30, 2025

ATTACHMENT F

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	\$ (291.4)	\$ (338.6)	\$ 47.3	14%	\$ (4,326.8)	\$ (4,731.8)	\$ 405.0	9%	\$ (5,487.0)	\$ 1,160.2	21%
Operating EBDA	\$ 205.0	\$ 153.1	\$ 51.9	34%	\$ 1,898.2	\$ 1,228.7	\$ 669.5	54%	\$ (219.8)	\$ 2,118.0	964%
Net Income (Loss)	\$ (73.5)	\$ (150.5)	\$ 77.1	51%	\$ (2,036.5)	\$ (2,474.5)	\$ 438.1	18%	\$ (2,961.3)	\$ 924.8	31%

**Operating Revenue Summary (All Numbers in 1000s)**

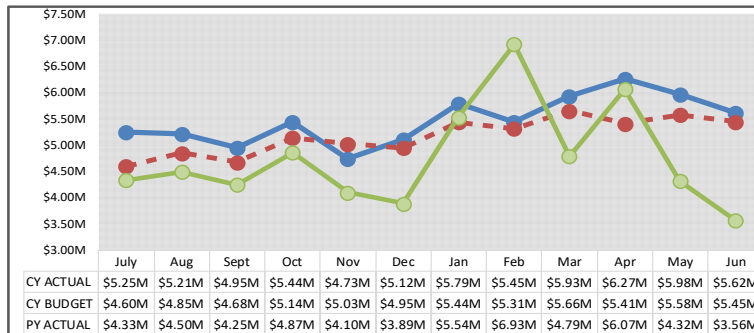
Net Patient Revenue	\$ 5,515.0	\$ 5,358.3	\$ 156.8	3%	\$ 64,523.7	\$ 60,995.0	\$ 3,528.7	6%	\$ 56,029.4	\$ 8,494.3	15%
NPR as a % of Gross	17.4%	18.2%	-4.2%		17.6%	17.9%	-1.3%		16.9%	4.5%	
Operating Revenue	\$ 5,932.2	\$ 5,762.8	\$ 169.4	3%	\$ 69,538.6	\$ 65,848.9	\$ 3,689.6	6%	\$ 60,844.4	\$ 8,694.1	14%

**Operating Expense Summary (All Numbers in 1000s)**

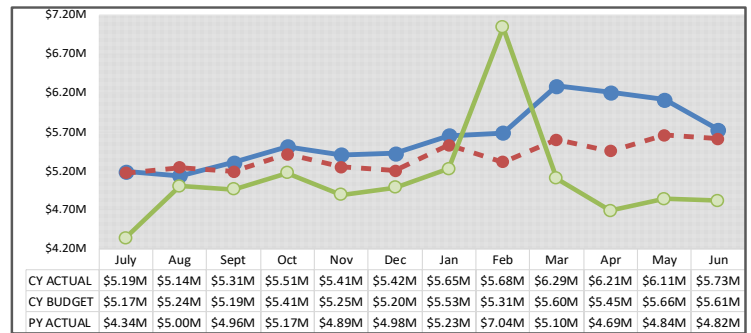
Operating Expenses	\$ 6,223.6	\$ 6,101.4	\$ 122.2	2%	\$ 73,865.4	\$ 70,580.7	\$ 3,284.6	5%	\$ 66,331.4	\$ 7,533.9	11%
Op Exp. Excl. Depr.	\$ 5,727.2	\$ 5,609.7	\$ 117.5	2%	\$ 67,640.4	\$ 64,620.3	\$ 3,020.1	5%	\$ 61,064.3	\$ 6,576.1	11%
Worked FTEs	223.11	222.99	0.12	0%	218.09	219.52	\$ (1.43)	-1%	213.64	4.45	2%

**Trended Operating Revenue & Operating Expense Graphs**

**Trended Operating Revenues**  
CY Actual vs CY Budget vs PY Actual



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



— CY ACTUAL    - - - CY BUDGET    — PY ACTUAL

**Cash Indicators**

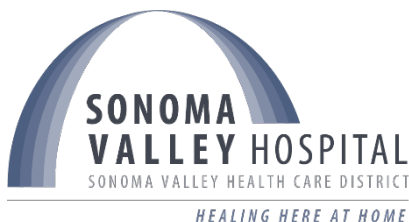
	Current Month	Prior Month	Var	% Var
Days Cash	29.2	27.3	1.9	7%
A/R Days	45.8	48.5	(2.7)	-6%
A/P Days	67.2	61.9	5.3	9%

Sonoma Valley Hospital | FY25 Business Plan Tracker

ATTACHMENT E

Through June 2025

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	Baseline (FY24)	*3T went live August 2023												
				Baseline (FY24)	95	95		95	95	95	95	95	95	95	95	95	1,140
				FY25 Budget	178	196	184	214	215	215	225	225	230	235	240	240	2,596
				FY25 Actual	130	182	182	222	151	190	163	176	191	192	197	198	2,174
				Actual vs. Budget	(48)	(14)	(2)	8	(64)	(25)	(62)	(49)	(39)	(43)	(43)	(42)	(422)
					↓	↓	↓	↑	↓	↓	↓	↓	↓	↓	↓	↓	↓
				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	\$ 1,250,000
				FY25 Actual	\$ 30,000	\$ 74,700	\$ 74,700	\$ 109,000	\$ 48,100	\$ 81,500	\$ 58,400	\$ 69,500	\$ 82,400	\$ 83,200	\$ 87,500	\$ 88,400	\$ 887,400
				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)	\$ (36,000)	\$ (362,600)
		↓	↓	↓	↑	↓	↓	↓	↓	↓	↓	↓	↓	↓			
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	9,900
				FY25 Budgeted				1,100	1,100	1,100	1,590	1,590	1,590	1,590	1,590	1,590	12,840
				FY25 Actual				1,481	1,278	1,337	1,500	1,412	1,395	1,489	1,485	1,460	12,837
				Actual vs. Budget	-	-	-	381	178	237	(90)	(178)	(195)	(101)	(105)	(130)	(3)
								↑	↑	↑	↓	↓	↓	↓	↓	↓	↓
				FINANCIAL IMPACT   INCREMENTAL REVENUE													
				FY25 Budgeted				\$ -	\$ -	\$ -	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 338,400
				FY25 Actual				\$ 43,800	\$ 20,500	\$ 27,300	\$ 46,000	\$ 35,900	\$ 33,900	\$ 44,700	\$ 44,300	\$ 41,400	\$ 337,800
				Actual vs. Budget				43,800	20,500	27,300	(10,400)	(20,500)	(22,500)	(11,700)	(12,100)	(15,000)	\$ (600)
				↑	↑	↑	↓	↓	↓	↓	↓	↓	↓				
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	190
				FY25 Actual	-	11	15	18	15	11	22	15	21	20	16	17	181
				Actual vs. Budget	(5)	6	5	8	-	(4)	7	(5)	1	(5)	(9)	(8)	(9)
					↓	↑	↑	↑	-	↓	↑	↓	↑	↓	↓	↓	↓
				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	\$ 1,330,000
				FY25 Actual	\$ -	\$ 77,000	\$ 105,000	\$ 126,000	\$ 105,000	\$ 77,000	\$ 154,000	\$ 105,000	\$ 147,000	\$ 140,000	\$ 112,000	\$ 119,000	\$ 1,267,000
				Actual vs. Budget	\$ (35,000)	\$ 42,000	\$ 35,000	\$ 56,000	\$ -	\$ (28,000)	\$ 49,000	\$ (35,000)	\$ 7,000	\$ (35,000)	\$ (63,000)	\$ (56,000)	\$ (63,000)
		↑	↑	↑	↑	-	↓	↑	↓	↑	↓	↓	↓				
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	30
				FY25 Actual								4	7	3	4	6	24
				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	\$ 9,145	\$ 45,445
				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	\$ 9,145	\$ 37,945
								↑	↑	↑	↑	↑	↑				
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)	\$ (97,855)	\$ (388,255)
					↓	↑	↑	↑	↓	↓	↓	↓	↓	↓	↓	↓	



**Dear Team,**

As many of you may have heard, Congress recently passed the **Better Benefits and Budget Reconciliation Act (BBBRA)** - a sweeping federal bill that includes significant changes to healthcare funding, particularly related to Medicaid and other federally supported programs. I want to take a moment to share what we know and what this means for Sonoma Valley Hospital and our community.

First and foremost, I want to offer some reassurance. The structure and strength of our team will remain intact as we stay focused on our mission and the community we serve. We understand how important stability is, and our priority is to support each and every one of you while continuing to meet the needs of the Sonoma community. We've faced uncertainty before, and just like in the past, we'll work through this together - focused on stability, transparency, and keeping our mission at the center.

That said, the broader implications of this bill - both statewide and nationally - are significant and worth watching closely.

### **National and Statewide Impact**

This legislation is specifically designed to dramatically reduce federal healthcare spending over time. While the stated intention may be to curb costs, the real-world impact will be felt most acutely by rural and community providers - those already operating under tight financial constraints, trickling down to impact communities like ours.

The bill includes an estimated \$1 trillion in federal Medicaid cuts over the next decade, with major changes set to begin in 2027. These include stricter eligibility requirements - such as new work mandates and more frequent redetermination checks - as well as new caps on supplemental payment programs that many states rely on to strengthen hospital reimbursement.

In California, this legislation puts one in every five dollars of expected federal Medi-Cal support at-risk. This kind of shortfall will most certainly destabilize critical parts of California's healthcare system - including Medi-Cal coverage for millions of beneficiaries, and the viability of community clinics, physician practices, and local hospitals.

### **What This Means for Sonoma Valley Hospital**

Here's how it may affect us:

- **Medicaid eligibility redeterminations** may lead to coverage loss or disruption for many patients who rely on Medi-Cal. This will increase pressure on Federally Qualified Health Centers, such as our Community Health Center here in Sonoma, which are often the first point of care. *SVH will feel the downstream impact through a changing payor-mix and increased demand for uncompensated care, mostly coming through the hospital's emergency room.*
- **Supplemental funding programs** are likely to be capped or scaled back. These programs, which account for nearly 20% of our total revenues, are special funding streams that help hospitals like ours cover the gap between what it costs to provide care and what Medicaid actually pays. These programs are supported by both state and federal dollars and are especially important for hospitals that treat a large number of Medi-Cal and/or Managed Medi-Cal patients.

We are certainly not immune to the pressures this bill forces on healthcare providers. Specifically, reductions in federal funding levels to the supplemental programs we participate in can have drastic and severe consequences. *That being said, there are some important points of context that give us reassurance:*

- The vast majority of the Medicaid-related cuts in the bill **will not take effect immediately** – many, such as changes in supplemental funding programs, are phased in over several years, **not beginning until at least 2027**.
- While the funding levels for the supplemental programs we rely on may decrease, **the programs themselves are not being eliminated**. These programs remain intact and continue to be recognized as vital mechanisms for supporting hospitals like ours.
- **We've been very successful in expanding our supplemental funding pools over the past few fiscal years**, and we've secured another substantial increase for the upcoming Fiscal Year 2026. This is significant. While we do expect reductions to begin as early as 2027, the elevated levels of funding we've achieved will keep us well ahead of where we were just a few years ago - even after the caps and reductions outlined in this bill take effect. *This puts us in a much stronger financial position than in the past and gives us greater flexibility to absorb any future alterations to these programs.*

### **Moving Forward Together**

I won't sugarcoat the challenge: this legislation will most likely stretch our ability to continue providing the high-quality care we commit to our community. But here's what gives me confidence – you. We are resilient. **We are not just strong – we are Sonoma Strong**. We have built strong relationships in our community, and those roots matter. We have been thoughtful in our strategic plan, made targeted investments in growth and stability, and surrounded ourselves with a team that shows up every day with purpose and heart. There is nothing in this bill that puts any of that at-risk.

Our focus now is on ensuring that patients across the Sonoma Valley Health Care District continue to have access to the care they deserve. That will take creativity, commitment, and collaboration - but I believe, without hesitation, that we will meet this moment.

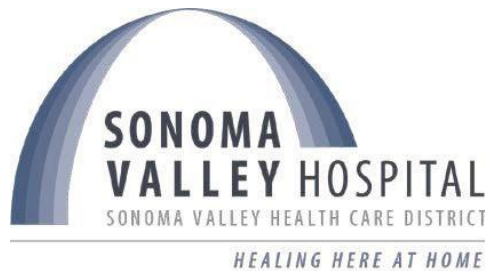
We've weathered uncertainty before, and we'll do it again - not just to survive, but to continue strengthening this hospital's long-term future. And like we always do here, we will do it together.

Thank you for everything you do for this hospital and community.

With appreciation,



Ben Armfield  
Chief Financial Officer & Interim Chief Executive Officer



**To: SVHCD Board of Directors**  
**From: Dan Kittleson, DDS**  
**Date: September 4, 2025**  
**Subject: Quality Committee Quarterly Report: 2nd Quarter 2025**

**Quality performance** in the 2<sup>nd</sup> Quarter of 2025 remained strong. Length of stay continues to be a challenge. Two Surgical site infections occurred and one was reported to CMS as a Hospital Acquired infection.

Metrics measured and reported monthly to Quality Committee include the following:

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

**Patient volume** in the Emergency Department rose slightly from the 1<sup>st</sup> quarter with 3,024 visits. Volume on inpatient side total 920, slightly lower than 1<sup>st</sup> quarter. Overall, surgical volume showed a slight increase compared to last quarter with 476 cases.

During the second quarter, the **Laboratory** and **Emergency** Departments presented to the Quality Committee outlining departmental quality initiatives and data.

## Hospital continues to focus on the following Quality Initiatives-

- **Sepsis.** The Sepsis Committee has been formally created to review cases for bundle compliance. Committee members include the Emergency Department (nursing and physician leaders), Hospitalists, Quality, and Chief Nursing Officer. *There was a dip in overall compliance with the Early Management Sepsis bundle to **80%** from two fallout in June, but April and May were fully compliant.*
- **Stroke care.** The hospital continues to meet or exceed all measures regarding stroke care. SVH also achieved a 2025 Get With the Guidelines Silver Plus Recognition award for Stroke care.
- **Readmissions:** *2<sup>nd</sup> quarter readmission rates (within 30 days of discharge) remained below the Medicare goal of 15.30% with a score of 7.41%*
- **Length of Stay (LOS):** The Medicare risk adjusted average mean length of stay for 2<sup>nd</sup> Quarter is 1.04, *slightly higher than Qtr. 1 of .97. We also monitor “observed over expected ratio” (O/E). To clarify, the observed LOS is the actual LOS. The expected LOS is assigned by CMS according to the diagnosis. (For example, a patient with pneumonia is expected to have an LOS of 5 days but only stays for 3. So,  $3/5 = 0.6$  is the O/E ratio). The target is to be less than one. Our average O/E ratio in the 2<sup>nd</sup> quarter was 0.87.*
- **Safety:** There were zero PSI-90 events or other adverse events in the 2<sup>nd</sup> quarter.
- **Patient Satisfaction:** 2nd Quarter HCAHPS scores for both inpatient and ambulatory shows slight deterioration in all nine domains, but remain competitive with state and national scores. Q-Reviews, the texting survey, demonstrated high patient satisfaction across all five participating departments. (please see attached scores).

## Patient Satisfaction: HCAHPS



Monthly report (copy) INPATIENT

Generated: 8/27/2025 12:47 PM ET  
Service Date Range: 4/1/2025 – 6/30/2025  
Sonoma Valley Hospital - System (15704)

### Inpatient

Questions	Top Box	n	STATE CA Score	All PG Database Score
*Rate hospital 0-10	64.29	42	73.09	70.50
*Recommend the hospital	70.00	40	75.37	70.88
<b>*Comm w/ Nurses Domain Performance</b>	<b>74.89</b>	<b>42</b>	<b>79.13</b>	<b>79.56</b>
*Nurses treat with courtesy/respect	88.10	42	84.74	85.66
*Nurses listen carefully to you	68.29	41	77.05	77.18
*Nurses expl in way you understand	68.29	41	75.61	75.82
<b>*Response of Hosp Staff Domain Performance</b>	<b>63.92</b>	<b>39</b>	<b>63.89</b>	<b>63.41</b>
*Help toileting soon as you wanted	59.26	27	65.86	65.53
*Received help as soon as needed	68.57	35	62.18	60.67
<b>*Comm w/ Doctors Domain Performance</b>	<b>77.24</b>	<b>41</b>	<b>78.94</b>	<b>79.26</b>
*Doctors treat with courtesy/respect	85.37	41	83.72	84.68
*Doctors listen carefully to you	78.05	41	77.61	77.78
*Doctors expl in way you understand	68.29	41	75.48	75.30
<b>*Hospital Environment Domain Performance</b>	<b>63.41</b>	<b>41</b>	<b>74.45</b>	<b>73.10</b>
*Cleanliness of hospital environment	63.41	41	74.45	73.10
<b>*Comm About Medicines Domain Performance</b>	<b>61.11</b>	<b>27</b>	<b>63.39</b>	<b>61.55</b>
*Tell you what new medicine was for	77.78	27	75.73	74.71
*Staff describe medicine side effect	44.44	27	51.04	48.34
<b>*Discharge Information Domain Performance</b>	<b>87.61</b>	<b>39</b>	<b>87.38</b>	<b>86.59</b>
*Staff talk about help when you left	83.78	37	85.34	84.72
*Info re symptoms/prob to look for	91.43	35	89.56	88.44
<b>*Restful Hosp Environment Domain Performance</b>	<b>47.04</b>	<b>43</b>	<b>57.93</b>	<b>58.09</b>
*Quietness of hospital environment	34.15	41	52.38	57.97
*Able to rest as needed	32.56	43	46.14	42.86
*Staff help you rest and recover	74.42	43	75.24	73.32
<b>*Care Coordination Domain Performance</b>	<b>66.76</b>	<b>43</b>	<b>72.83</b>	<b>73.27</b>
*Staff informed about your care	56.10	41	69.43	69.67
*Staff worked together for you	72.09	43	76.34	77.09
*Staff helped with care plan	72.09	43	72.68	73.06
<b>*Info About Symptoms Domain Performance</b>	<b>71.05</b>	<b>38</b>	<b>72.48</b>	<b>72.05</b>
*Staff gave info on symptoms	71.05	38	72.48	72.05

\*CAHPS

## Patient Satisfaction OASCAPS



Monthly report (copy) OAS

Generated: 8/27/2025 12:51 PM ET  
Service Date Range: 4/1/2025 – 6/30/2025  
Sonoma Valley Hospital - System (15704)

### Ambulatory Surgery

Questions	Top Box	n	All PG Database Score	State of California Score
*Facility rating 0-10	91.51	106	88.72	87.63
*Recommend the facility	90.48	105	85.74	85.19
<b>*Communication Domain Performance</b>	92.17	106	92.49	91.57
*Provided needed info re procedure	95.28	106	92.97	92.40
*Instructions good re preparation	93.14	102	94.59	93.87
*Procedure info easy to understand	92.45	106	93.99	93.39
*Anesthesia info easy to understand	95.96	99	94.61	93.59
*Anes side effect easy to understand	84.00	100	86.41	84.62
<b>*Facility/Personal Trtment Domain Performance</b>	97.93	106	97.24	96.69
*Check-in run smoothly	97.17	106	95.99	95.05
*Facility clean	100.00	105	98.12	97.58
*Clerks and receptionists helpful	98.11	106	96.42	95.74
*Clerks and reception courteous	98.11	106	97.71	97.15
*Staff treat w/ courtesy, respect	100.00	106	98.13	97.88
*Staff ensure you were comfortable	94.17	103	97.09	96.74
<b>*Discharge Domain Performance</b>	96.91	106	97.05	96.43
*Written discharge instructions	95.05	101	97.76	97.56
*Instructions regarding recovery	87.62	105	88.44	86.52
*Information re subsequent pain	100.00	101	98.60	98.31
*Information re subsequent nausea	98.78	82	98.80	98.28
*Information re subsequent bleeding	100.00	84	99.13	98.58
*Info on response to infection	100.00	88	99.55	99.33
<b>Nurses Overall</b>	88.52	103	89.23	88.21
Nurses concern for comfort	90.20	102	89.76	88.58
Info nurses gave to prep for proc	87.25	102	88.65	87.68
Nurses response concerns/questions	88.12	101	89.28	88.38
<b>Care Provider Overall</b>	81.51	100	84.47	81.89
CP explanation about proc	84.38	96	85.05	83.04
Info CP shared re how proc went	81.05	95	83.65	79.75
CP response to concerns/questions	83.33	96	86.87	84.99
CP expln why proc important	77.32	97	82.27	79.68
Staff worked together care for you	91.35	104	90.46	89.38

\*CAHPS

**Patient Satisfaction Q-Reviews**  
**2<sup>nd</sup> Quarter 2025**

**Hand and Physical therapy**



**Emergency**



**Inpatient**



**Medical Imaging**



**Outpatient Surgery**

