



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

AGENDA

**MONDAY, OCTOBER 6, 2025
REGULAR SESSION 5:00 PM**

**Held in Person at
Council Chambers: 177 First Street West, Sonoma
and via Zoom: <https://sonomavalleyhospital-org.zoom.us/j/96421290468?from=addon>**

Meeting ID: 964 2129 0468

One tap mobile
+12133388477,,96421290468#

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact Whitney Reese, Board Clerk, at wreese@sonomavalleyhospital.org at least 48 hours prior to the meeting.

MISSION STATEMENT

The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.

1. CALL TO ORDER	Wendy Lee Myatt	Inform	
2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i>			
3. BOARD CHAIR COMMENTS	Wendy Lee Myatt	Inform	
4. CONSENT CALENDAR a. BOD Minutes – 9.04.25 b. Quality Committee Minutes – 8.27.25 c. Policies & Procedures d. Medical Staff Credentialing	Wendy Lee Myatt	Action	Pages 3 - 4 4 - 5 6 - 19
5. Community Outreach & Marketing Annual Board Report	Dawn Castelli, Community Outreach & Marketing Manager	Inform	Pages 20 - 28
6. RESOLUTION No. 387: Designation of Admin Responsibility and Bank Signature Authority	Ben Armfield	Action	Page 29
7. CEO REPORT	Ben Armfield	Inform	Pages 30 - 34
8. FINANCIALS FOR MONTH END AUGUST 2025	Ben Armfield	Inform	Pages 35 - 42
9. COMMITTEE UPDATES • Finance Committee update	Board of Directors • Ed Case	Inform	
10. BOARD COMMENTS	Wendy Lee Myatt	Inform	
11. ADJOURN			

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, SEPTEMBER 4, 2025

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

SONOMA VALLEY HOSPITAL BOARD MEMBERS		
1. Wendy Lee Myatt, Chair, Present 2. Denise M. Kalos, 1st Vice Chair, Present 3. Daniel Kittleson, DDS, 2nd Vice Chair, Present 4. Dennis B. Bloch, Secretary, Present 5. Ed Case, Treasurer, Absent		
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	
Meeting called to order at 5:00pm.		
2. PUBLIC COMMENT	Wendy Lee Myatt	None
3. BOARD CHAIR COMMENTS	Wendy Lee Myatt	
Lee Myatt reported three updates: <ul style="list-style-type: none"> • CEO search is in its final stage, with three finalists selected from more than 100 applicants and interviews involving about 30 participants from the District Board, hospital leadership, UCSF, and the Foundation Board • A committee has begun work on renewing the UCSF–Sonoma Valley Hospital affiliation agreement with a goal to finalize it by early November • New medical staff leaders: <ul style="list-style-type: none"> ○ Dr. Amara - Chief of Staff ○ Dr. Rainow - Vice Chief of Staff ○ Dr. Walther - Chair of Medicine ○ Dr. Fenton - Vice Chair of Medicine ○ Dr. Alexandridis - Chair of Surgery ○ Dr. Weiss - Vice Chair of Surgery 		
4. CONSENT CALENDAR	Wendy Lee Myatt	Action
a. BOD Minutes – 07.11.25 b. Quality Committee Minutes – 06.25.25 c. Finance Committee Minutes – 07.29.25 d. Policies & Procedures e. Medical Staff Credentialing (noted that the Quality Committee did not review for approval)	MOTION: by Kittleson to approve, 2 nd by Kalos. All in favor.	
5. ANCILLARY SERVICES ANNUAL REPORT	Dawn Kuwahara, RN-BSN Chief Ancillary Officer	Inform
<i>Presentation postponed to November</i>		
6. RESOLUTION No. 386: Setting Tax Rate for GO Bonds FY 2026	Ben Armfield	Action
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.		
MOTION: to accept Director Kalos vote: AYE		

Director Lee Myatt vote: AYE

Director Kittleson vote: AYE

Director Bloch vote: AYE

7. CMO REPORT

Seric Cusick, MD FACEP

Inform

Presented in Agenda Packet

MOTION: by Bloch to approve, 2nd by Case. All in favor.

8. CEO REPORT

Ben Armfield

Inform

Armfield reported strong July performance with record imaging volumes (CT, MRI, and ultrasound all hit new highs, including 230 MRI exams) driven by expanded referrals from areas like Petaluma, Stanford clinics, and Apple's campus urgent care. Although August volumes dipped due to staff absences, orders outpaced July, and appointments are booked into mid-September; staffing remains stable but tight with one or two vacancies as the team evaluates Saturday service feasibility. The older MRI is rarely used, only two scans in recent months, and there have been no equipment failures despite a mention of such in passing to a Board Director. Capital project updates included the nearly complete ODC central-wing demolition and continued efforts with the city to make the MRI's current site permanent, with costs estimated at \$24 million including optional canopy and beautification upgrades; the PT project came in under budget and is awaiting CDPH licensing, while the ICU project is fully operational with all six rooms open. Work continues with architects on seismic compliance plans, ahead of the January deadline. Armfield expressed appreciation for Dr. Cusick's contributions as CMO as they prepare to onboard Dr. Patrick Okolo on October 6, with plans to ensure orientation includes time at UCSF in San Francisco.

9. FINANCIALS FOR MONTH END JUNE & JULY 2025

Ben Armfield

Inform

Armfield reported a strong start to the fiscal year with an operating EBITDA of nearly \$500,000 on a \$252,000 budget, driven by record-high volumes across imaging, surgical cases, and increased ER visits averaging 34 per day. He highlighted the successful restructuring of hospital debt, reducing the line of credit from \$5 million at 9.5% interest to \$4.5 million at 2.4%, largely due to applying \$3 million from the state distress loan (potentially forgivable) to pay down debt. The FY25 audit is progressing smoothly with no issues reported. Discussion also covered progress on the permanent 3T MRI location, with the city's review expected in October and related site work to be brought back to the Board for approval, with funding committed from operations.

10. COMMITTEE UPDATES

• Quality Committee 2025 2nd Quarter update

Board of Directors

• Dan Kittleson, DDS

Inform

Kittleson thanked Louise and the Quality Committee for their work and noted that the second-quarter report (through the end of June) showed continued strength compared to the first quarter, with slight increases in overall patient and surgical volumes. The committee hosted presentations from the laboratory and emergency departments, while ongoing initiatives, such as the re-established sepsis committee and stroke care, showed strong results, including a 2025 Get With the Guidelines Silver Plus award for stroke care. Readmissions were well below the Medicare target at 7.4%, length-of-stay performance met the observed-over-expected goal at 0.87, and HCAHPS scores stayed competitive despite a slight dip. Quality reviews remained strong, with physical therapy and imaging leading in top scores.

11. BOARD COMMENTS

Board of Directors

None

12. ADJOURN

Wendy Lee Myatt

Regular session adjourned at 5:33 p.m.



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

Wednesday, August 27, 2025, 5:00 PM

MINUTES

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

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Daniel Kittleson, DDS</i>	
Kittleson called meeting to order at 5:00 p.m.		
2. PUBLIC COMMENT SECTION	<i>Daniel Kittleson, DDS</i>	
No public comments		
3. CONSENT CALENDAR	<i>Daniel Kittleson, DDS</i>	ACTION
Minutes 06.25.25	<i>Motion to approve by Mainardi 2nd by Lee Myatt. All in favor.</i>	
4. INPATIENT SERVICES QA/PI	<i>Jane Taylor RN, MSN, CENP</i>	INFORM
Taylor presented an update on QAPI and quality initiatives, highlighting four priority measures for 2025: individualized care plans, nursing education at discharge, hand hygiene, and patient mobility, aligned with the Age-Friendly Health System framework. Compliance with individualized care plans is trending at 85–95% against a 90% goal. Discharge education has been strengthened through Epic’s after-visit summaries, family involvement, follow-up calls, and staff training, resulting in HCAHPS scores slightly above national averages. Efforts to reduce readmissions, particularly for CHF and COPD, include use of the “My Plan” tool, closer collaboration with pharmacy, and quarterly meetings with local skilled nursing facilities. Hand hygiene compliance remains strong at 80-90%, and mobility documentation is consistent at 80-90%, with a new focus on getting patients out of bed for morning meals. Additional initiatives include “4 eyes in 4 hours” skin assessments, stroke program quality measures (earning AHA Silver Plus recognition), reduction of restraint use, age-friendly environmental improvements,		

and benefits from the recent ICU remodel. Discussion emphasized the importance of patient/family engagement, follow-up after discharge, SNF readmissions, and collaboration with UCSF neurology.		
5. PATIENT CARE SERVICES DASHBOARD 2ND QTR (2025)	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN</i>	INFORM
Winkler presented the patient care services dashboard, highlighting strong progress in medication safety, documentation, and blood culture contamination rates. Surgical services are addressing challenges with case scheduling, and teams are actively working on strategies to improve efficiency. Compliance with organ and tissue donation referrals is strengthening as staff adapt to new reporting requirements. Nursing turnover was minimal and for positive reasons, reflecting staff advancement and personal opportunities. Patient throughput remains a focus, with continued efforts to streamline processes and enhance patient flow. Overall, the report reflected positive momentum with targeted improvements underway.		
6. QUALITY INDICATOR PERFORMANCE & PLAN	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt presented June data due to reporting lags, noting no significant harm or concerning trends. Policies and procedures are being revamped, with a backlog expected to clear soon, and the new Age-Friendly Health System policy was introduced to align with CMS requirements. Quality metrics overall remain strong, with mortality and safety indicators meeting targets, infection control stable, and readmissions showing improvement, though length of stay and sepsis bundle compliance continue to be areas of focus. The AFHS discussion emphasized the challenge of balancing patient wishes with family expectations, and the Board will begin receiving quarterly reports on this program starting next year.		
5. POLICIES & PROCEDURES	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt presented new policy: <ul style="list-style-type: none"> • Age-Friendly Health System (AFHS) Committee complimented the policy with appreciation to the authors for putting in a lot of thorough information, integrating it with the EHR datasets and order sets for nurses.		
6. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Daniel Kittleson, DDS</i>	ACTION
Report was not presented so Committee abstained from recommending approval		
7. ADJOURN	<i>Daniel Kittleson, DDS</i>	INFORM
Meeting adjourned at 6:05 p.m.		

Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 10/06/2025 7:40 AM

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: 11

Committee: 09 BOD-Board of Directors

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

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Conflict of Interest <i>Governance and Leadership Policies</i>	Pending Approval	9/2/2025	34
Summary Of Changes: Reviewed. Removed Board Quality as approver since this is not a clinical policy			
Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)			
Lead Authors: Wyatt, Louise (lwyatt)			
Approvers: Armfield, Ben (barmfield) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Exit Lights <i>Engineering Dept</i>	Pending Approval	9/2/2025	34
Summary Of Changes: Reviewed by Plant Operation Manager and no changes were made.			
Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)			
Lead Authors:			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Ice Machine Maintenance Procedure <i>Engineering Dept</i>	Pending Approval	9/2/2025	34
Summary Of Changes: The policy was reviewed by the Plant Operations Manager and no changes were made.			
Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)			
Lead Authors:			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Job Shadow Healthcare Observer Requirements <i>Human Resources Policies (HR)</i>	Pending Approval	9/2/2025	34
Summary Of Changes: Added reference to the Job Shadow/Healthcare Observer packet as the required documents. Updated the list of required documents to reflect current process and removed unnecessary detail. Added language to clarify the process managed by Human Resources. Removed the individual documents as attachments/addendums. Added the Job Shadow/Healthcare Observer packet as an Attachment to the policy.			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 10/06/2025 7:40 AM

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)**

Locker and Desk Inspection	Pending Approval	9/2/2025	34
<i>Human Resources Policies (HR)</i>			

Summary Of Changes: **Change the title of the policy to: Workplace Searches**
Previous title: Locker and Desk Inspection
Expanded on the language of the policy to include all spaces provided by the hospital to employees for use of storage of personal items, including desks and lockers.
Added language "To promote a safe, secure, and efficient workplace" and added a list of examples of personal items that could be subject to search, if suspected to be prohibited per policy.
Strengthened the language regarding prohibited items (weapons, explosives, alcohol, etc.) to "should not be brought onto SVH property" from previous language "may not be placed in locker or desk."
Added that employee's should report to HR if prohibited items are seen.
Added that inspections could occur at any time, with or without notice or consent; before, during, or after work hours; by any supervisor, manager, or security personnel designed by the hospital.
Added that HR is responsible for managing and enforcing this policy and any questions should be directed to HR.
Other minor language edits to enhance clarity.
Updated references
Added attachment of signed acknowledgment (to be distributed to all staff upon publication and included in New Hire Packet)

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

NEW: Interacting with Immigrations & Customs Enforcement Officers (ICE)	Pending Approval	9/18/2025	18
<i>Governance and Leadership Policies</i>			

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
 Lead Authors: **Drummond, Kimberly (kdrummond), Armfield, Ben (barmfield), Wyatt, Louise (lwyatt)**
 Approvers: **Armfield, Ben (barmfield) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Piped Medical Gases Procurement and Contingency Plan	Pending Approval	9/2/2025	34
<i>Engineering Dept</i>			

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

Scheduling Admitting & Patient Access Staff	Pending Approval	9/2/2025	34
<i>Patient Access Dept Policies</i>			

Summary Of Changes: **I added**
On-Call Coverage:
Patient Access staff will participate in a voluntary, rotating on-call schedule to ensure essential staff coverage in the event of any unexpected callouts or other urgent staffing needs during each schedule period.
This on-call schedule will be offered to full-time staff first, followed by part-time and then per-dem staff. The on-call schedule is Friday, 5:00 PM through Monday, 6:00 AM
One minor edit made by DK, abbreviation spelled out.

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 10/06/2025 7:40 AM

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

Staff scheduled for on-call duty are expected to respond promptly (15min) to notifications of staffing needs.

- The on-call schedule will be developed in advance and coordinated based on operational priorities.
- Once contacted, on-call personnel are required to report on-site within 45 minutes of notification or requested time.
- Please refer to Policy #HR8610-136 "Standby/Call-back, Call-in and Call-off Pay" for further details and expectations.

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

Lead Authors:

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

Scope of Service	Pending Approval	10/3/2025	3
<i>SCU (Surgical Care Unit Dept)</i>			
Summary Of Changes:	Revised for clarity, professionalism, and consistency. Sections were reorganized with clearer headings, and grammar and phrasing were improved throughout. Terminology was standardized, nurse-to-patient ratios were clarified, and job roles were made more consistent. The ASPAN reference was updated to the 2023–2025 standards and formatted in APA style. Minor formatting issues were corrected, and referenced policy numbers were clearly cited.		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)		
Approvers:	Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Service of Legal Proceedings	Pending Approval	9/2/2025	34
<i>Governance and Leadership Policies</i>			
Summary Of Changes:	Updated Risk Manager to Director of Quality and Risk Management.		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Wyatt, Louise (lwyatt)		
Approvers:	Armfield, Ben (barmfield) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Staffing Ratio Criteria for 1 to1 Staffing Ratio in the ICU	Pending Approval	7/10/2025	88
<i>ICU Dept</i>			
Summary Of Changes:	Reviewed, No changes		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:			
Approvers:	01 P&P Committee -> 09 BOD-Board of Directors - (Committee)		



Policy Name: Interacting with Immigrations & Customs Enforcement Officers (ICE)		Policy#: GL8610-2508 Origination Date:8/2025
Department: Administration	Review Dates: Revision Dates:	
Scope: Organizational	Effective Date: BOD Approval Dates:	

NEW POLICY

WHY: This policy is needed to provide clear, consistent, and legally compliant guidance to hospital staff if Immigration & Customs Enforcement officials appear on or near hospital property, and/or request assistance in carrying out their duties.

Recent changes in federal enforcement practices and heightened public concern over immigration-related encounters in sensitive locations—including healthcare settings—necessitate a formal protocol to ensure:

- Compliance with federal and state privacy laws, including HIPAA.
- Protection of patient rights, regardless of immigration status.
- Proper handling of warrants and requests for information or access.
- Minimization of operational disruptions and legal risk to the hospital.
- A consistent, professional, and safe response framework for all staff.

This policy will help preserve trust in the hospital as a safe environment for care, protect patient confidentiality, and ensure that interactions with law enforcement are appropriately escalated, documented, and legally vetted.

OWNER:
Chief Executive Officer

AUTHORS/REVIEWERS:
Chief Executive Officer
Director of Quality



Policy Name: Interacting with Immigrations & Customs Enforcement Officers (ICE)		Policy#: GL8610-2508 Origination Date:8/2025
Department: Administration	Review Dates: Revision Dates:	
Scope: Organizational	Effective Date: BOD Approval Dates:	

PURPOSE:

There may be times that Immigration and Customs Enforcement (ICE) agents may arrive on hospital property to carry out a warrant of arrest or detention for a patient or visitor. The purpose of this policy is to provide guidance to all staff on how to respond lawfully, safely, and consistently. This policy aims to protect patient rights and privacy, ensure compliance with the law, and ensure Sonoma Valley Hospital remains a safe environment to work and receive care.

SCOPE:

This policy applies to all employees, contract staff, volunteers, and medical staff at Sonoma Valley Hospital (SVH) and its respective off-campus locations (i.e. Physical Therapy and Family Practice/Specialty offices.)who may encounter or be contacted by ICE agents.

DEFINITIONS:

Judicial Warrant: A warrant signed by a judge or magistrate, legally authorizing law enforcement to enter private areas or seize information.

Administrative Warrant: A warrant,(usually issued by an ICE officer), which does **not** authorize access to **non-public areas** or patient information. This warrant might also be called a Warrant of Removal/Deportation.

Public Area: Spaces generally accessible to the public, such as the main lobby, waiting rooms or cafeteria.

Non-Public Area or Restricted Area: Any clinical, staff-only, or patient care area not open to the public (such as the operating room as an example).

Authorized Hospital Liaisons: Identified representatives of Sonoma Valley Hospital that are authorized to interact with ICE agents. This is usually a member of the executive leadership team and may be the House Supervisor if an administrator is not immediately available.

PROCEDURES:

Should any employee be approached by an ICE agent, please follow the procedure outlined below:

STAFF MEMBER Response:

- Remain calm and professional at all times.
- Inform the ICE agent : "I'm not authorized to speak on behalf of the hospital. I will contact someone who can assist you immediately."
- Do not disclose any patient information. Do not confirm or deny the admission status of a patient
- Do not assist in locating individuals or granting access non-public areas of the hospital

Policy Name: Interacting with Immigrations & Customs Enforcement Officers (ICE)		Policy#: GL8610-2508 Origination Date: 8/2025
Department: Administration	Review Dates: Revision Dates:	
Scope: Organizational	Effective Date: BOD Approval Dates:	

- Should the ICE agent persist, remain calm, do not give out any information and explain you are not obstructing their work, and that again you will notify your supervisors
- Off-campus location: IMMEDIATELY NOTIFY the Administrator on Call
- In-Hospital Location: IMMEDIATELY NOTIFY the House Supervisor
 - If unable to reach House Supervisor, immediately notify the Administrator on Call (AOC) via hospital operator

HOUSE SUPERVISOR Response:

- Immediately notify the AOC
- Immediately go to the location of the ICE agent. Ensure all present remain calm and professional.
- After notifying the AOC, inform the agent that appropriate hospital personnel will be with them shortly to coordinate their request.
- While awaiting the AOC, explain that you are not obstructing their work. Request to see any warrant or other documentation and make a copy.
- Ask for the officer's name, identification number, agency affiliation and make a note of this information

ADMINISTRATOR ON Call Response:

- It is expected the AOC will be present as quickly as possible. However, in the absence of a hospital administrator, the House Supervisor may obtain verbal authorization from the AOC to respond, adhering to the following guidelines:
- Ask for the officer's name, identification, agency affiliation. Make a note of this information
- Ask to see the warrant or other documentation (ensure a copy is made)
- Inform the officer that you are not obstructing their process and that you may need to seek legal counsel
- Ascertain if the warrant is judicial or administrative (samples of various warrants are attached to this policy [see appendix] and may be found via the link to the California Office of the Attorney General in the reference section of this policy.)
 - **Judicial Warrants** must be:
 - *Signed by a judge* – if there is no signature it is not a valid warrant.
 - *Specific in scope*. As in a search warrant or arrest warrant. The judicial warrant must sufficiently describe the area to be searched (public or non-public) or the person to be arrested.
 - *Requires our prompt compliance*.
 - **Administrative warrants** do not allow an officer to enter a non-public area without consent, and do not require our *immediate or prompt compliance*.
- Inform the officer you are not obstructing their duty, but that you must consult hospital legal counsel.
- Contact Hospital Legal Counsel for further guidance.

Policy Name: Interacting with Immigrations & Customs Enforcement Officers (ICE)		Policy#: GL8610-2508 Origination Date: 8/2025
Department: Administration	Review Dates: Revision Dates:	
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- Per policy *Retention/Use of Legal Counsel* (LD8610-141) the Chief Executive Officer is authorized to contact/retain SVH legal counsel. Ensure the CEO is contacted. A list of SVH legal firms is maintained in Administration.

Requests for Patient Information

SVH has a legal and ethical responsibility to protect patient privacy, which also includes the patient disposition (i.e. admission or discharge status).

Protected health information release requires a court order, judicial warrant or subpoena. Please refer to the policy *Disclosure of Patient Health Information by Hospital Personnel* (RC8610-116).

If an ICE agent approaches you and requests **any** patient information, including immigration status, treatment details, expected discharge, explain that you are not authorized to provide such information under patient privacy laws and contact the AOC.

SPECIAL CONSIDERATIONS

- This policy does not refer to those already in the custody of any law enforcement officials. Please refer to the policy *"Care of Patients Under Legal Restriction"* (PC 8610-360).
- If the warrant pertains to a patient, a physician must be consulted to ascertain medical stability.
- If the ICE agent does not cooperate, **do not interfere**.
 - You may verbally request their cooperation, and again express you are not obstructing or interfering.
 - Document the agent's locations, actions and statements
- Never provide false information to an agent or law enforcement officer, and do not tell the person you know is being sought to run or hide.
- For any attempts by ICE agents or any law enforcement officer to apprehend or detain a person, do not interfere, and do not assist. Stay calm and focus on the safety of those around you.
- Please enter the encounter in the electronic event reporting system (AKA Midas).
- Samples of various warrants may be found via the link to the California Office of the Attorney General in the reference section of this policy

REFERENCES:

California Legislation (2018). Government Code, Title 1. Chapter 17.3. § 7285-7285-3.
https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=GOV&division=7.&title=1.&part=&chapter=17.3.&article=



Policy Name: Interacting with Immigrations & Customs Enforcement Officers (ICE)		Policy#: GL8610-2508 Origination Date:8/2025
Department: Administration	Review Dates: Revision Dates:	
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California Office of the Attorney General. (2024). Promoting safe and secure healthcare access for all: Guidance and model policies to assist California's healthcare facilities in responding to immigration issues. <https://oag.ca.gov/consumers/general/health-care>

OWNER:

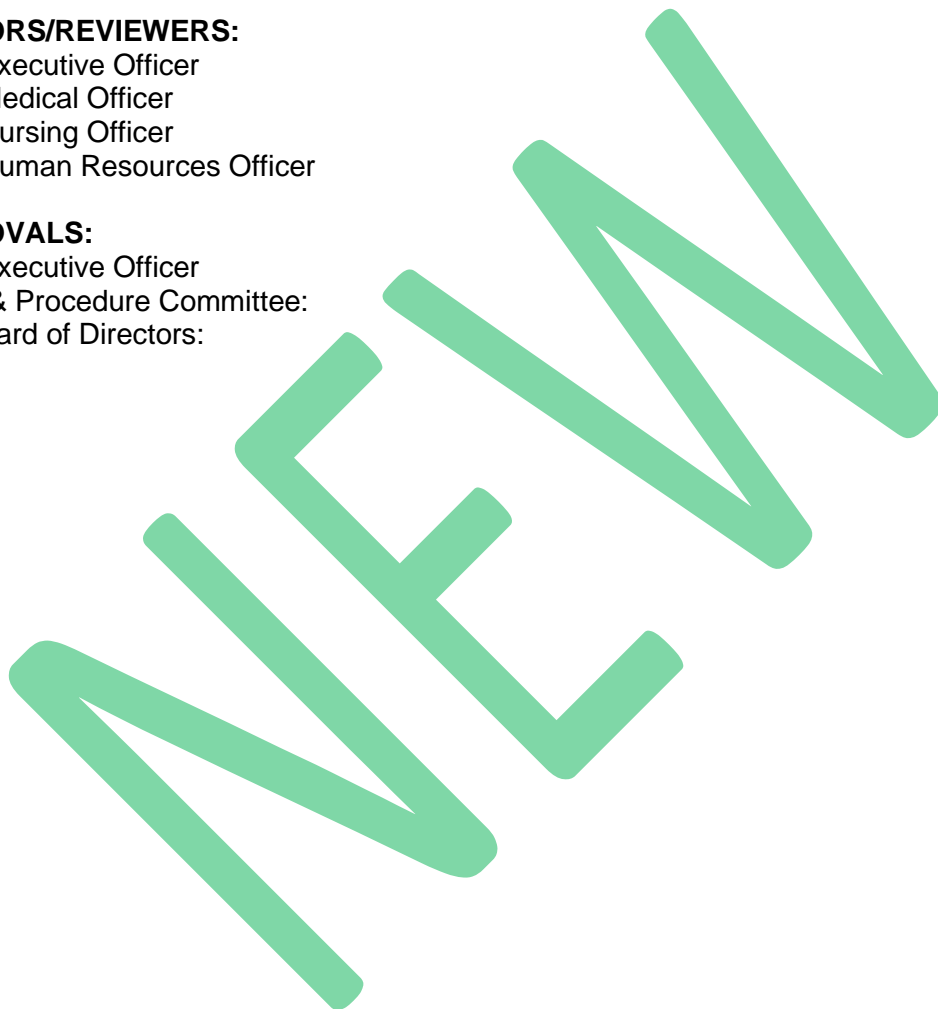
Chief Executive Officer

AUTHORS/REVIEWERS:

Chief Executive Officer
Chief Medical Officer
Chief Nursing Officer
Chief Human Resources Officer

APPROVALS:

Chief Executive Officer
Policy & Procedure Committee:
The Board of Directors:





Policy Name: Interacting with Immigrations & Customs Enforcement Officers (ICE)		Policy#: GL8610-2508 Origination Date: 8/2025
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Appendix A Immigrations and Customs Enforcement "Arrest Warrant" (Form I-200)

U.S. DEPARTMENT OF HOMELAND SECURITY	Warrant for Arrest of Alien
File No. _____	
Date: _____	
To: Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations	
I have determined that there is probable cause to believe that _____ is removable from the United States. This determination is based upon:	
<input type="checkbox"/> the execution of a charging document to initiate removal proceedings against the subject;	
<input type="checkbox"/> the pendency of ongoing removal proceedings against the subject;	
<input type="checkbox"/> the failure to establish admissibility subsequent to deferred inspection;	
<input type="checkbox"/> biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or	
<input type="checkbox"/> statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.	
YOU ARE COMMANDED to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named alien.	
_____ (Signature of Authorized Immigration Officer)	
_____ (Printed Name and Title of Authorized Immigration Officer)	
Certificate of Service	
I hereby certify that the Warrant for Arrest of Alien was served by me at _____ (Location)	
on _____ (Name of Alien) on _____ (Date of Service), and the contents of this	
notice were read to him or her in the _____ (Language) language.	
_____ Name and Signature of Officer	
_____ Name or Number of Interpreter (if applicable)	

Form I-200 (Rev. 09/16)



Policy Name: Interacting with Immigrations & Customs Enforcement Officers (ICE)		Policy#: GL8610-2508 Origination Date: 8/2025
Department: Administration	Review Dates: Revision Dates:	
Scope: Organizational	Effective Date: BOD Approval Dates:	

Appendix B Immigrations and Customs Enforcement "Removal Warrant" (Form I-205)

**DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement
WARRANT OF REMOVAL/DEPORTATION**

File No: _____
Date: _____

To any immigration officer of the United States Department of Homeland Security:

(Full name of alien)

who entered the United States at _____ on _____
(Place of entry) (Date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

☐ an immigration judge in exclusion, deportation, or removal proceedings
☐ a designated official
☐ the Board of Immigration Appeals
☐ a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Secretary of Homeland Security under the laws of the United States and by his or her direction, command you to take into custody and remove from the United States the above-named alien pursuant to law, at the expense of:

(Signature of immigration officer)

(Title of immigration officer)

(Date and office location)



Policy Name: Interacting with Immigrations & Customs Enforcement Officers (ICE)		Policy#: GL8610-2508 Origination Date:8/2025
Department: Administration	Review Dates: Revision Dates:	
Scope: Organizational	Effective Date: BOD Approval Dates:	

Appendix C Federal Search and Seizure Warrant (Form AO 93)

AO 93 (Rev. 11/15) Search and Seizure Warrant

UNITED STATES DISTRICT COURT
for the

In the Matter of the Search of _____
(Briefly describe the property to be searched
or identify the person by name and address)

Case No. _____

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the _____ District of _____
(Identify the person or describe the property to be searched and give its location):

I find that the affidavit(s), or any recorded testimony, establish(es) probable cause to search and seize the person or property described above, and that such search will reveal (identify the person or describe the property to be seized):

YOU ARE COMMANDED to execute this warrant on or before _____ (not to exceed 14 days)
☐ in the daytime 6:00 a.m. to 10:00 p.m. ☐ at any time in the day or night because good cause has been established.

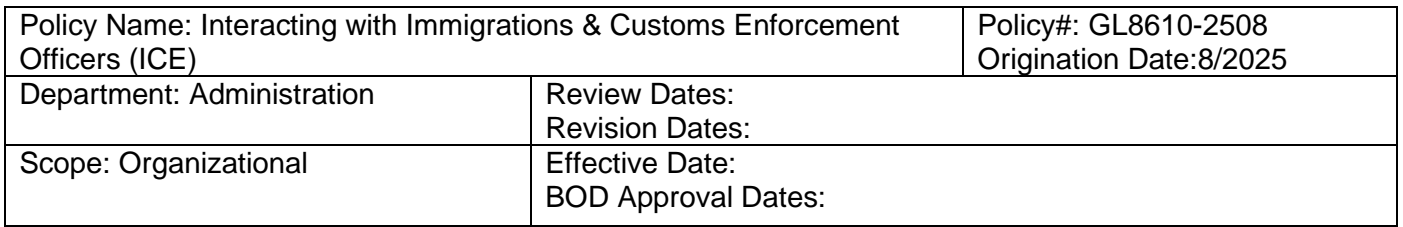
Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to _____
(United States Magistrate Judge)

☐ Pursuant to 18 U.S.C. § 3103a(b), I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized (check the appropriate box)
☐ for _____ days (not to exceed 30) ☐ until, the facts justifying, the later specific date of _____

Date and time issued: _____
City and state: _____

Judge's signature _____
Printed name and title _____



AD 942 (Rev. 11/79) Agent Worksheet

for that

United States of America
v.

Case No.

Deployment

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay
(name of person to be arrested) _____
who is accused of an offense or violation based on the following document filed with the court: _____

- ☐ Indictment ☐ Superseding Indictment ☐ Information ☐ Superseding Information ☐ Complaint
☐ Probation Violation Petition ☐ Supervised Release Violation Petition ☐ Violation Notice ☐ Order of the Court

This offense is briefly described as follows:

Date: _____

Arresting officer's signature _____

City and state: _____

Printed name and title

Return

This warrant was received on filed _____, and the person was arrested on (date) _____
at (city and state) _____.

Date: _____

Arresting officer's signature _____

Policy Name: Interacting with Immigrations & Customs Enforcement Officers (ICE)		Policy#: GL8610-2508 Origination Date: 8/2025
Department: Administration	Review Dates: Revision Dates:	
Scope: Organizational	Effective Date: BOD Approval Dates:	

Appendix E

Department of Homeland Security Immigration Enforcement Subpoena (Form I-138)

1. To (Name, Address, City, State, Zip Code)	DEPARTMENT OF HOMELAND SECURITY IMMIGRATION ENFORCEMENT SUBPOENA to Appear and/or Produce Records 8 U.S.C. § 1225(d), 8 C.F.R. § 287.4	
Subpoena Number _____		
2. In Reference To <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ (Title of Proceeding) _____ (File Number, if Applicable) </div>		
By the service of this subpoena upon you, YOU ARE HEREBY SUMMONED AND REQUIRED TO: <div style="margin-top: 10px;"> (A) <input type="checkbox"/> APPEAR before the U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), or U.S. Citizenship and Immigration Services (USCIS) Official named in Block 3 at the place, date, and time specified, to testify and give information relating to the matter indicated in Block 2. (B) <input checked="" type="checkbox"/> PRODUCE the records (books, papers, or other documents) indicated in Block 4, to the CBP, ICE, or USCIS Official named in Block 3 at the place, date, and time specified. </div>		
Your testimony and/or production of the indicated records is required in connection with an investigation or inquiry relating to the enforcement of U.S. immigration laws. Failure to comply with this subpoena may subject you to an order of contempt by a federal District Court, as provided by 8 U.S.C. § 1225(d)(4)(B).		
3. (A) CBP, ICE or USCIS Official before whom you are required to appear Name _____ Title _____ Address _____ Telephone Number _____	(B) Date _____ (C) Time <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
4. Records required to be produced for inspection _____ <div style="text-align: center; font-size: 4em; color: red; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 50%; left: 50%;">SAMPLE</div>		
	5. Authorized Official _____ (Signature) _____ (Printed Name) _____ (Title) _____ (Date)	

If you have any questions regarding this subpoena, contact the CBP, ICE, or USCIS Official identified in Block 3.

DHS Form I-138 (8/09)

Policy Name: Interacting with Immigrations & Customs Enforcement Officers (ICE)		Policy#: GL8610-2508 Origination Date: 8/2025
Department: Administration	Review Dates: Revision Dates:	
Scope: Organizational	Effective Date: BOD Approval Dates:	

Appendix F Federal Judicial Subpoena

AO 88B (Rev. 10/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action

UNITED STATES DISTRICT COURT
for the

<i>Plaintiff</i>)	
v.)	Civil Action No.
<i>Defendant</i>)	

**SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION**

To: _____
(Name of person to whom this subpoena is directed)

☐ **Production:** YOU ARE COMMANDED to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material:

Place:	Date and Time:
--------	----------------

☐ **Inspection of Premises:** YOU ARE COMMANDED to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:	Date and Time:
--------	----------------

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: _____

CLERK OF COURT OR

_____ <i>Signature of Clerk or Deputy Clerk</i>	_____ <i>Attorney's signature</i>
--	--------------------------------------

The name, address, e-mail address, and telephone number of the attorney representing (name of party) _____, who issues or requests this subpoena, are: _____

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).



Healing Here At Home

COMs OVERVIEW & STRATEGY • PROGRAMS & OUTREACH • WOUND CARE • MRI

Community Outreach & Marketing Annual Board Report

October 6, 2025

OVERVIEW & STRATEGY



Within Community Outreach & Marketing, we've built on the previous year's foundation.

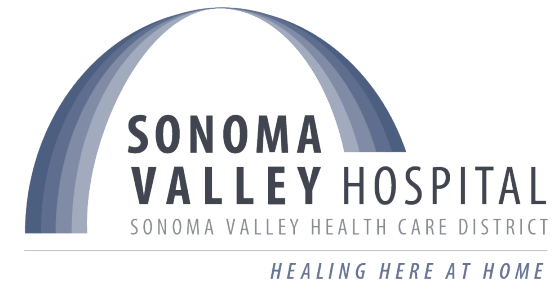
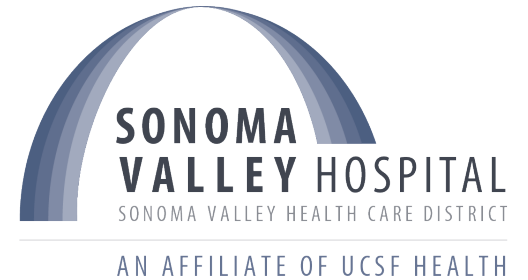
Every piece of our **branding, marketing, outreach, photography** and **language** speak to at least one of the **four pillars** of our strategic plan, in turn elevating our image and **driving our business**.

Opportunities to Reach Our Community:

- Local print advertising
- Monthly newsletter
- Monthly expert on local radio KSVY
- Social media
- Highly targeted digital advertising: geo-fencing, digital billboards, national sites
- Internal SVH marketing: internal screen savers, front lobby screen, printed & posted around campus
- Flyers: printed & digital
- Press Releases
- E-Blasts to Community

Strategic Questions Asked in Reaching Our Community:

- WHO are we engaging?
- WHY are we engaging?
- HOW?
- ROI?





Healing Here At Home

PROGRAMS & OUTREACH

Engage with community services on Housing for All Stages & Ages • Health Reimagined Inclusion & Equity, Not Isolation • Caregiving that Works • Affording Aging



Golden Harvest

Senior Resource & Wellness Faire

WHEN: Saturday, October 11th, 10am – 2pm
WHERE: Sonoma Community Center

Soup Cook Off • Flu Vaccinations • Raffles

SPEAKERS:
Mary Flett, 10:30-11am
HICAP (Health Insurance Counseling and Advocacy Program), 11:30am-12pm
Sonoma Valley Hospital PT Lisa Bell, 12:30-1:30pm

Participating Community Partners: Adobe Drugs • All 4 Seniors • Autumn of Life Planning • By The Bay Health • Cancer Support Sonoma Care Partners Initiative • Cogir of Sonoma • Cogir Sonoma Plaza • Council on Aging - Danielle's Fitness • Dean Zellers Insurance • FISH - HICAP (Health Insurance Counseling and Advocacy Program) • Fred Harb's Inc. Homecare • Hummingbird Project • Long-term Care Ombudsman • Med-Ink Mountainview Memory Care • PACE Napa County • SHARE Sonoma County • Share the Care • Silver Cottage • Sonoma Community Center • Sonoma County Aging & Disability • Resource Hub • Sonoma Splash • Sonoma Valley Community Health Center • Sonoma Valley Hospital • Sonoma Wealth Advisors • Sutter Care at Home • Vintage House | Special thanks to Trinity Episcopal Church, Sonoma Market and City of Sonoma.

To register: mynorthbaytickets.ticketsauce.com/golden-harvest-senior-resource-wellness-faire

SCAN HERE



Participe con servicios comunitarios sobre: a vivienda para todas las etapas y edades • La salud reimaginada: inclusión y equidad, no aislamiento • Cuidados que funcionan • Envejecimiento accesible



Golden Harvest

Feria de recursos y bienestar para personas mayores

CUÁNDO: Sábado 11 de octubre de 10 am a 2 pm
DÓNDE: Centro Comunitario de Sonoma

Competencia de sopas • Vacunas contra la gripe • Rifas

ORADORES:
Mary Flett, 10:30 a 11am
(Programa de consejería y abogacía en seguros de salud), 11:30am a 12pm
Sonoma Valley Hospital PT Lisa Bell, 12:30 a 1:30pm

Los participantes: Adobe Drugs • All 4 Seniors • Autumn of Life Planning • By The Bay Health • Cancer Support Sonoma Care Partners Initiative • Cogir of Sonoma • Cogir Sonoma Plaza • Council on Aging - Danielle's Fitness • Dean Zellers Insurance • FISH - HICAP (Health Insurance Counseling and Advocacy Program) • Fred Harb's Inc. Homecare • Hummingbird Project • Long-term Care Ombudsman • Med-Ink Mountainview Memory Care • PACE Napa County • SHARE Sonoma County • Share the Care • Silver Cottage • Sonoma Community Center • Sonoma County Aging & Disability • Resource Hub • Sonoma Splash • Sonoma Valley Community Health Center • Sonoma Valley Hospital • Sonoma Wealth Advisors • Sutter Care at Home • Vintage House | Agradecimientos especiales a Trinity Episcopal Church, Sonoma Market y la Ciudad de Sonoma.

Para registrarse: mynorthbaytickets.ticketsauce.com/golden-harvest-senior-resource-wellness-faire

SCAN HERE



Engage with Community Services: Housing for All Stages & Age Health Reimagined Inclusion & Equity, Not Isolation Caregiving that Works Affording Aging



Golden Harvest

Senior Resource & Wellness Faire

WHEN: Sat, Oct 11th 10am – 2pm
WHERE: Sonoma Community Center

Soup Cook Off • Flu Vaccinations • Raffles • Speakers

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Participating Community Partners: Adobe Drugs • All 4 Seniors • Autumn of Life Planning • By The Bay Health • Cancer Support Sonoma Care Partners Initiative • Cogir of Sonoma • Cogir Sonoma Plaza • Council on Aging - Danielle's Fitness • Dean Zellers Insurance • FISH - HICAP (Health Insurance Counseling and Advocacy Program) • Fred Harb's Inc. Homecare • Hummingbird Project • Long-term Care Ombudsman • Med-Ink Mountainview Memory Care • PACE Napa County • SHARE Sonoma County • Share the Care • Silver Cottage • Sonoma Community Center • Sonoma County Aging & Disability • Resource Hub • Sonoma Splash • Sonoma Valley Community Health Center • Sonoma Valley Hospital • Sonoma Wealth Advisors • Sutter Care at Home • Vintage House | Special thanks to Trinity Episcopal Church, Sonoma Market and City of Sonoma.

To register: mynorthbaytickets.ticketsauce.com/golden-harvest-senior-resource-wellness-faire

Registration: SCAN HERE

Thank you!



- EMS Week at Farmer’s Market
- Cancer Support Sonoma Wig Out Sponsor
- Focus on our Age-Friendly Health System
- Sonoma Valley People’s Choice Sponsors
- Back-to-School Health Fair
- Active Aging at Vintage House
- Golden Harvest Senior Resource & Wellness Faire at Community Center
- Monthly Expert Talks on KSVY

Sonoma Valley Hospital and Vintage House invite you to join the September lecture series!



Active Aging WELLNESS

Join Us at Stone Hall
Fridays in September 5, 12, 19 & 26 • 3:00-4:30pm



Sept 5
GRIEF & LOSS
Kristie Walther, 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
Daniella Rocha-Lanter, Daniella's Fitness

The talks are open to the entire community, no charge and will be held in-person. Light refreshments will be provided.

Register at: mynorthbaytickets.ticketsauce.com/active-aging Location: Stone Hall at Vintage House, 264 1st Street East, Sonoma. For information: SCAN HERE

To register: [CLICK HERE](#)



Join Us at Vintage House
Fridays in September 5, 12, 19 & 26 • 3:00-4:30pm

The talks are open to the entire community, no charge and will be held in-person. Light refreshments will be provided.

Sonoma Valley Hospital and Vintage House invite you to join the September lecture series!



Active Aging WELLNESS



Sept 5
GRIEF & LOSS
Kristie Walther, 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
Daniella Rocha-Lanter, Daniella's Fitness

The four dynamic talks given by Sonoma Valley Hospital community health experts provide insights on the importance of overall wellness through the lens of Active Aging.

Join Us
Fridays in September 5, 12, 19 & 26 • 3:00-4:30pm

The talks are open to the entire community, no charge and will be held in-person.

Light refreshments will be provided.



Registration

mynorthbaytickets.ticketsauce.com/active-aging

Stone Hall at Vintage House, 264 1st Street East, Sonoma. For information about the speakers an lecture at Sonoma Valley Hospital at community@sonomavalleyhospital.org or by calling 707.935.5257.

- BY THE NUMBERS -

Golden Harvest:
30 community partners
100 attendees (2024)

Active Aging:
310 attendees
over 4 sessions

Back to School Health Fair:
60 backpacks donated
15 SVH volunteers



Healing Here At Home

WOUND CARE

- Monthly e-Blast to Referring Providers
- December 2024 Hospital Happenings ‘Get to Know Us’
- Monthly Expert Talks on KSVV

The holidays are a time for celebration, but safety should always come first. Here are some tips to ensure your home is festive and safe:

- Decorate Safely:** When hanging lights or ornaments, use a sturdy ladder and have someone assist if needed. Avoid overloading electrical outlets to prevent fires.
- Keep Hazards Away:** Place candles and sharp decorations out of reach of children and pets.
- Be Mindful in the Kitchen:** Stay vigilant when cooking holiday meals. Use timers and avoid leaving the stove unattended.

Healthy Holiday Season Tips

Stay healthy this season with these simple strategies:

- Vaccinate Early:** Protect yourself against flu, COVID-19, and RSV. Vaccinations are especially important for seniors and those with compromised immune systems.
- Practice Good Hygiene:** Wash hands frequently and avoid touching your face to reduce the spread of germs.
- Stay Warm:** Dress in layers and avoid overexertion in cold weather.
- Prioritize Rest:** Ensure you get adequate sleep to maintain a strong immune system.

For more tips contact your healthcare provider.

Get to Know Us: Profiles from Sonoma Valley Hospital

Featured Profile: Joe Cornett, RN, WCC: Exploring Wound Care at Sonoma Valley Hospital

At Sonoma Valley Hospital, we take pride in the compassionate care and expertise our staff bring to the community. This month, we spotlight Joe Cornett, RN, WCC, whose dedication to wound care helps patients heal and regain their quality of life.

Q: Can you share a bit about yourself and your journey to Sonoma Valley Hospital?

A: My career started in the semiconductor industry, where I worked on machines used to create computer chips. I also led the emergency medical response team, which gave me my first exposure to healthcare. After staying home to raise my children, I decided to pursue nursing. While in nursing school, I met a wound care nurse whose enthusiasm for her work was contagious. Watching her use a wound vac fascinated me, and I knew I wanted to specialize in this field. I transitioned to wound care early in my career, earned my certification, and joined Sonoma Valley Hospital, where I've been for about 11 years.

Q: Can you tell us more about your role and what the Wound Care Clinic offers?

A: As a Wound Care Nurse, I provide advanced wound care for outpatient cases and consult on inpatient cases. Our clinic specializes in treating acute and chronic wounds that are complicated by conditions like diabetes, trauma, infections, and surgery. We use techniques like sharp debridement, compression therapy, and pulse lavage mechanical debridement to help wounds heal as fast as possible with minimal pain or scarring.

It's rewarding to be part of a process where you can see visible results—turning a difficult wound into a healed one. In some cases, the impact of your work isn't always visible, but with wound care, progress is right in front of you, which is very satisfying.

Q: What does a typical day look like for you?

A: Every day is different, which keeps things interesting. I start with a list of patients to see in the clinic, but I'm often called to inpatient units to assess and recommend treatments for other wounds. You never know what the day will bring, so you have to adapt and roll with the punches.

Q: What do you find most rewarding about your work?

A: The visual results are incredibly gratifying. Watching a wound heal over time and knowing I played a part in that process is satisfying. I've had patients I've worked with for over a decade, which allows me to build strong relationships. Seeing patients get better and getting to know them personally is one of the most rewarding aspects of this job. There are a lot of very interesting stories to tell, and getting to know them is very rewarding.

Q: What do you enjoy most about living and working in Sonoma Valley?

A: Sonoma Valley has a wonderful sense of community. The hospital staff, doctors, and my coworkers are friendly and supportive. It's a great place to live and work, and the people here are wonderful to work with.

- BY THE NUMBERS -

FY24 Wound Care visits: 2324

-

FY25 Wound Care visits: 3186

SONOMA VALLEY HOSPITAL

WOUND CARE SKIN TEARS

A skin tear is where the epidermal layer of the skin is torn. This most commonly happens in the older person. Adult skin is most vulnerable due to the way the epidermal layer is interlocked like a zipper.

As the skin ages, several changes take place:

- The epidermal layer thins & flattens resulting in less collagen & elastin in older skin means the support structure for your blood vessels of collagen & elastin in the skin.
- This causes capillary beds to rupture more easily (senile purpura) & bruising.
- Senile purpura in the skin creates even more susceptibility to skin tears.

The most advanced way to prevent skin tears

- Wearing garments that protect & cushion.
- Wearing long sleeves, long pants, or protective gloves.
- Avoid harsh soap and frequent bathing leading to dry skin.
- Switching to gentle cleansers such as soap-free cleansers.
- If you are a frequent showerer, do not dry out.

The bottom line is to keep your skin moist

References: Acute & Chronic wounds current management

SONOMA VALLEY HOSPITAL

WOUND CARE SKIN SUBSTITUTES

Cellular and tissue-based products (CTP) are more commonly known as Tissue Substitutes. They are viable options for wound healing when all other treatment modalities are exhausted.

Tissue Substitutes (TS) act as protective dressings that limit bacterial colonization and/or stimulate healing depending on the layer of skin they are designed to replace. Types of TS are available for use; most are scaffolding products created from a collagen matrix, and growth factors can migrate. Some TS are seeded with growth factors. The wound bed and are derived from human, bovine, porcine, goat, and fish.

Tissue Substitute selection depends on several factors such as underlying pathology, systemic factors, resolving any infection with the wound, debriding the wound to healthy tissue, ensuring complete contact of the product with the wound bed, patient compliance, ethnic concerns. Another consideration is the cost of the product and potential difficulties.

I have used TS many times in the past. In the case of an issue with rejecting a product, this is when the bandage is changed and there is a purulent discharge noted in the wound bed. I've also observed the formation of a TS in the wound bed with prolonged use of the TS. Typically, I use EndoGraft in a situation where conventional means of wound care have failed. By using a porcine based tissue substitute with good results.

SONOMA VALLEY HOSPITAL

WOUND CARE BIOFILMS

Biofilms are commonly present in most chronic wounds but are difficult, if not impossible, to identify without the naked eye. In vitro, studies have shown that biofilm forms in a rapid multi-step process best addressed as early as possible. As the stages progress, it becomes increasingly difficult to eradicate the biofilm. In brief, the 4 stages of Biofilm formation are as follows:

Stage 1: Reversible Attachment of Microbes
Planktonic microorganisms are free-floating and typically single cells. However, when multiple organisms converge and embed in a wound, they become immobile, or sessile. This initial attachment is reversible, and in a non-compromised, well-vascularized host, a robust immune response may fight these organisms.

Stage 2: Attachment Becomes Permanent
In this next stage, the sessile microorganisms begin to form colonies. This takes place within 2-4 hours.

Stage 3: Matrix Secretion Begins
Once the microcolonies begin to converge, the organisms begin the process of secreting extracellular polymeric substances (EPS). EPS make up the protective matrix that contributes to the organisms' increasing resistance to interventions like antiseptics, disinfectants, etc. This stage occurs within 6-12 hours.

Stage 4: Biofilm Tolerance Continues to Increase
The biofilm continues to evolve and mature and exhibit increased resistance to biocides. This then allows the biofilm development and expansion, all occurring within 2-4 days.

Mitigation is Not a Single Intervention
Appropriate interventions, biofilm will be reformed as a mature entity in 24-72 hours. Remember that the first 24 hours after appropriate debridement is the prime window for intervention, such as antimicrobials, may be most effective.

It is to me that a microbe visits a wound, like the area, so they set up a tent and a biofilm which protects the bacteria so they can propagate without interruption. If you have the slightest suspicion of microbial activity in the wound bed, it is imperative to intervene.

SVH WOUND CARE CLINIC
Alexis Alexandridis MD, Medical Director
Joe Cornett, RN, WCC
(P) 707-935-5270
Charise Ficco, Admitting Specialist
Grace Zepeda, CNA
(P) 707-935-5350 • (F) 707-935-5272

SVH WOUND CARE CLINIC
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SONOMA VALLEY HOSPITAL
WOUND CARE CLINIC
STAFFING HERE AT 707-935-5272

A physical therapist, a woman in a green shirt and khaki pants, is assisting an elderly patient, a woman in a pink shirt and dark pants, with a walking exercise. They are standing on a blue mat on a treadmill, with the patient's hands on the parallel bars. The therapist is standing behind the patient, with her arms extended forward, palms facing each other, to guide the patient's movement. The background shows a home environment with a kitchen counter, a sink, and a dartboard on the wall. The text "Healing Here At Home" is written in a white, cursive font across the middle of the image.

Healing Here At Home

3T MRI

- Full page PD & SIT Print Ads, Programmatic Digital Ads to Launch Awareness
- Comms Package for Providers: Overview of 3T, Patient Info, Provider Image Access
- Addressable Geo-Fencing Ads Targeting Providers ~100 mi. Radius (~275 addresses, 50k impressions/mo., 600k/yr.)
- Programmatic Ads Targeting Patients ~100 mi. Radius (118k impressions/mo., 1.4mil/yr.)
- Mobile Billboard

SONOMA VALLEY HOSPITAL

Medical Imaging

3T MRI

NO WAIT TIMES FOR APPOINTMENTS, SEND YOUR ORDER TODAY

Sonoma Valley Hospital's cutting-edge 3T MRI scanner is the most advanced technology available for diagnostic imaging. This advanced technology enhances our hospital's diagnostic capabilities and patient care right here at home. There are only a handful of these powerful scanners in the entire Bay Area, ensuring top-ranking diagnostics in the heart of Sonoma Valley. The introduction of the 3T MRI strengthens SVH's affiliation with UCSF Health, allowing us to perform many scans previously requiring travel to San Francisco, providing top-notch diagnostic care in a local, accessible setting. Breast and prostate scans are in a local, accessible setting.

Our 3T MRI:

- Allows higher resolution & shorter scan times
- Able to perform breast and prostate scans
- Enables us to conduct non-invasive studies
- Enables us to conduct non-invasive studies
- Offers a faster, more efficient way to scan results
- Offers a faster, more efficient way to scan results
- Offers a faster, more efficient way to scan results

Patients will experience notable improvements:

- Larger bore design makes scans less intrusive
- Faster scan times reduce overall procedure
- Reduced claustrophobia contributes to a better overall healthcare

MRI appointments available at SVH Monday through Friday, 7:30 am to 5:00 pm. Call (707) 935-5020 to schedule.

Contact Carmen Ramirez, Patient Access Manager at (707) 935-5020. SonomaValleyHospital.org for more information or to book your appointment.

SONOMA VALLEY HOSPITAL

Medical Imaging

3T MRI

NO WAIT TIMES FOR APPOINTMENTS, MOST SCANS SCHEDULED WITHIN 48 HRS

Monday through Friday, 7:30 am to 5:00 pm. Call (707) 935-5020 to schedule.

Directions to Sonoma Valley Hospital

- From North US-101 S:
 - Exit 480, ramp right and for College Ave
 - Turn left onto College Ave
 - Bear left onto 4th St
 - Keep straight onto CA-12 / Sonoma Hwy
 - Turn left onto CA-12 / W. Napa St
 - Turn right onto 5th St W
 - Turn left arrive at Andrus St
- From South/San Francisco US 101 N:
 - Right on the ramp for CA-32, Sonoma Hwy
 - Left onto CA-12 / Andrus St
 - Roundabout, take 1st exit
 - Turn left onto CA-12 / Broadway
 - Turn left onto Andrus St
 - Roundabout, take 1st exit
 - Turn left arrive at Andrus St
 - Arrive at 347 Andrus St
- From East Bay: I-580 W:
 - Ramp on the left to I-580 E / I-580 W
 - Keep right stay on I-580 W
 - Ramp on the left for US 101 N
 - Right on the ramp for CA-12
 - Roundabout, take the 1st exit
 - Turn left onto CA-12 / Broadway
 - Turn left onto Andrus St
 - Roundabout, take the 1st exit
 - Turn left arrive at Andrus St
 - Arrive at 347 Andrus St

UCSF Health

SONOMA VALLEY HOSPITAL

AN AFFILIATE OF UCSF HEALTH

Sonoma Valley Hospital

HEALING HERE AT HOME

ER open 24/7 • 3T MRI • Full Service Lab
Surgical Services • Cardiology
Travel Medicine

CLICK or CALL 707.935.5000

347 Andrus Street, Sonoma, CA 95476

SONOMA VALLEY HOSPITAL

Healing Here at Home

3T MRI

Have an order? Use your year-end benefits and call us today to book your appointment: (707) 935-5020

Most scans can be scheduled within 48 hours!

Healing Here at Home means access to world-class care, right in your community. No need to drive to SF!

SONOMA VALLEY HOSPITAL

SONOMA VALLEY HEALTH CARE DISTRICT

HEALING HERE AT HOME

347 Andrus Street, Sonoma, CA 95476

» SCHEDULING PATIENTS NOW «

Sonoma Valley Hospital's

New 3Tesla MRI

3Tesla magnet has a shorter scan time, larger bore, and less noise making it more comfortable for our patients.

To schedule, call (707) 935-5020 or [CLICK HERE](#) to learn more

SONOMA VALLEY HOSPITAL

AN AFFILIATE OF UCSF HEALTH

347 Andrus Street, Sonoma, CA 95476

SONOMA VALLEY Hospital

Appointments available NOW!

IMAGING

CT, MRI, X-Ray, Ultrasound

To learn more and schedule an appointment

SCAN or CALL 707.935.5020

Our new 3T MRI will begin scheduling in May

SONOMA VALLEY HOSPITAL

AN AFFILIATE OF UCSF HEALTH

347 Andrus Street, Sonoma, CA 95476

SONOMA VALLEY HOSPITAL'S

3T MRI

Appointments within 48 hrs for most scans. Call (707) 935-5020

3T magnet has a shorter scan time, larger bore, and less noise making it more comfortable for our patients.

CLICK to learn more

SONOMA VALLEY HOSPITAL

SONOMA VALLEY HEALTH CARE DISTRICT

AN AFFILIATE OF UCSF HEALTH

347 Andrus Street, Sonoma, CA 95476

SONOMA VALLEY HOSPITAL'S

3T MRI

Did you know?

3T magnet has a shorter scan time, larger bore, and less noise making it more comfortable for our patients.

CLICK or CALL 707.935.5020

SONOMA VALLEY HOSPITAL

SONOMA VALLEY HEALTH CARE DISTRICT

AN AFFILIATE OF UCSF HEALTH

347 Andrus Street, Sonoma, CA 95476

- BY THE NUMBERS -

FY24 MRI scans: 1679

-

FY25 MRI scans: 2324





Healing Here At Home

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

RESOLUTION NO. 387

**DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY
AND BANK SIGNATURE AUTHORITY**

We, the Board of Directors of the Sonoma Valley Health Care District, hereby resolve to delegate to the Interim Chief Executive Officer, Benjamin Armfield, and to SVHCD Board Director, Wendy Lee Myatt, the authority to represent the District Board and the authority to execute or accept licensing citations and grant applications and related documents in connection with Sonoma Valley Hospital. In addition, we hereby resolve to grant bank signature authority to Interim Chief Executive Officer, Benjamin Armfield, and to SVHCD Board Director, Wendy Lee Myatt. All prior authorized signatures are hereby revoked.

PASSED AND ADOPTED this 6th day of October, 2025, at Sonoma, California.

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

Wendy Lee Myatt, Chair
SONOMA VALLEY HEALTH CARE DISTRICT

ATTEST:

Dennis B. Bloch, Secretary
SONOMA VALLEY HEALTH CARE DISTRICT



To: SVHCD Board of Directors
From: Ben Armfield, CFO, Interim CEO
Date: October 6, 2025
Subject: CEO Report – October 2025

OPERATIONS UPDATE | AUGUST 2025

Much of the financial operations update is covered under the August Finance Report, but August was another favorable month for the hospital. We reported last month that July's financial performance was the best in some time, and we are happy to report that August's performance was even better, surpassing last month by posting an Operating EBDA of \$540,000 and also a positive Operating Margin of just under \$40,000.

Operationally, August continued the upward trend in patient volumes. While inpatient census softened slightly compared to prior months - and some imaging services (MRI, CT, Ultrasound) moderated after record highs in July - total outpatient visits and surgical volumes both exceeded budget.

We continue to see big volume numbers coming from our emergency room. We treated 1,040 visits in August, which averages out to 33.5 patient visits/day. We have consistently run +30 visits/day for much of this calendar year, but this is even a further step from our recent run-rate.

This was also included in the finance report, but to add additional context to this volume increase, the table below illustrates the year over year growth in our emergency room. Volumes so far this year represent a 30% increase compared to what we averaged in FY23. This speaks to the work and commitment of both our internal team as well as our emergency medicine physician partners. Great stuff.

ER Visits / Day	FY 2026*	FY 2025	FY 2024	FY 2023
Visits Per Day	33.7	30.9	28.1	26.4
YoY Chg - FY26 vs.		9%	20%	28%

* Through August 2025

OTHER UPDATES

We are incredibly excited to welcome our new **Chief Medical Officer, Dr. Patrick Okolo. He officially starts October 6th.** Dr. Okolo is joining us from Rochester Regional Health in New York, where he served as Executive Medical Director and System Chief of Gastroenterology. He will spend the first six months here as a full-time CMO, and will then transition to a hybrid position, spending half of his time as the hospital's CMO and the other half operating as a GI physician in Sonoma Valley out of our 1206(b) clinic. As we very much look forward to Dr. Okolo hitting the ground running, we also want to make sure we acknowledge the great work that our interim Chief Medical Officer, Dr. Seric Cusick, has been doing while we search for a full-time replacement. His efforts cannot be understated and we are incredibly grateful for his dedication and sacrifices while balancing this with his full-time clinician role.

We were informed by the American Heart Association that Sonoma Valley Hospital was awarded with the **2025 Get With The Guidelines Stroke Award**. This is a national quality achievement award recognizing hospitals for dedication and commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines. We take great

pride in this recognition and we are grateful for all of the work and dedication involved in making this happen.

We received word from Summit Bank last week that our **new proposed line of credit** terms were officially approved at their board meeting last week. This is a crucial piece of our finance strategy that will allow us to both manage and optimize our financial levers and opportunities effectively. The new terms will be effective starting next month.

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

Management is preparing for the January 2026 deadline to submit the hospital’s **Seismic Compliance Plan** and associated construction documents. This will require thoughtful planning given the scope of work and financial implications. Given the project’s complexity and financial implications, engagement with the Board will begin soon to review potential compliance options, phasing strategies, and funding pathways.

CAPITAL PROJECT UPDATES

Outpatient Diagnostic Center (ODC)

Active Phase(s)	Obtaining Permanent Occupancy of MRI
Project Budget	\$24,000,000
Projected Total Cost of Project	\$24,000,000
Projected Construction Completion	TBD
Projected Go-Live	n/a

Construction is complete on the CT Phase II and Central Wing Demo phases of the ODC project. As mentioned last month, there are residual costs that remain outstanding, but all associated work with those phases has been completed.

We are now in the final phase of the project, which is to pursue permanent occupancy of the MRI trailer in its current location. We’ve engaged the 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. We are currently working with the City of Sonoma to finalize the remaining scope of work related to the potential sidewalk/driveway improvements that may need to get addressed prior to achieving permanent occupancy.

We plan on bringing a formal proposal to the board upon final City review that includes the scope of work and additional cost needed to close out this phase of the project.

Upon completion of this phase, this space will achieve permanent occupancy.

Once we have achieved permanent occupancy, we will then focus on the second and last phase of this project, which is the ‘beautification’ of the current space. This work would include any building or land improvements, such as constructing a canopy with a path from the hospital building to the MRI trailer and any other work to make the location more functional and appealing.

There have been no changes in our estimations of total project cost; we still anticipate completing the ODC project for no more than \$24 million.

Physical Therapy Expansion Project

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

Construction on the PT Expansion project has been completed, and we are currently furnishing finishing touches on the interior of the space.

We are also working with CDPH to receive necessary approval and permitting. Our formal application was submitted on July 31st. CDPH indicates their timeline to facilitate the approval process can take up to 100 days, and we are actively working with them to finalize. This is the last remaining step in order to going live with the expansion.

We estimate our projected go-live to be no later than November 2025.

ICU Refresh Project

Project Budget	\$630,000
Projected Total Cost of Project	\$660,000
Projected Construction Completion	COMPLETED
Projected Go-Live	All 6 ICU Rooms Operational as of August 2025

The ICU Refresh project is now complete. We had been working with HCAI in regards to a requirement of an additional smoke detector in the area, and we are pleased to report that this has been completed and also inspected by HCAI. Final step to officially close this project out is administrative paperwork and we are working with HCAI to close this out accordingly.

AC-1 Replacement Project

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

The AC-1 project is now currently being evaluated for potential repair by an alternative vendor, instead of a full-blown replacement. The original vendor explored fabricating the failed components of the unit through three different sources but concluded it was not feasible - recommending instead a full bypass with new equipment. After further internal review it was determined that this solution would indeed require an HCAI project, and refined cost estimations projected a project cost in excess of \$700,000.

In an effort to look at alternative approaches, our project management team engaged a reputable third-party to review this initial assessment with the hope of getting a second opinion on best path forward.

The newly engaged vendor, who has prior experience with this specific unit, conducted additional research and confirmed that fabrication of the failed parts is indeed viable. They have provided a repair proposal, which is currently being reviewed and validated by a third-party mechanical expert. The hospital will look to proceed with this repair approach, and will bring forward the proposal to the board for approval once validated. We expect with Total costs of this repair are expected to remain within the \$250,000 previously approved by the Board in May.

SVH Performance Score Card

1. Quality and Safety

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

Core Measures

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

Mortality

Acute Care Mortality Rate O/E rate	<1	0.82	0.23			Lower is better
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ED

Core OP 18b Median Time ED arrival to ED Departure mins	<132	91.00	127.50			Lower is better
Core Op 22 ED Left without being seen LWBS	<2%	0.30	0.20			Lower is better

PSI 90

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

Preventable Harm

Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.25	0.08			Complications under review Lower is better
Readmissions to Acute Care within 30 days %	<15.3	6.76	3.33			Lower is better



2. Employees

Objective	Target	Q1 25 Jan-Mar	Q2 25 Apr-Jun		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	JUN 25	JUL 25		Supporting Detail
Recommend Facility	>90%	89.3	87.5		Top Box Scores. % of patients choosing "Always"- Above Target is Goal
Communication	>90%	92.4	88.9		
Discharge Instructions	>95%	95.77	97.21		

HCAHPS (Hospital Inpatient)

Objective	Target	JUN 25	JUL 25		Supporting Detail
Recommend the hospital	>90%	64.3	69.2		Top Box Scores. % of patients choosing "Always" - Above Target is Goal
Communication with Nurse	>90%	66.0	86.8		
Communication with Doctor	>90%	70.8	87.6		
Cleanliness of Hospital	>90%	60.0	69.2		
Communication about medicines	>90%	61.1	57.1		
Discharge Information	>90%	93.1	80.5		

4. Volume

Objective	Target	JUL 25	AUG 25		Supporting Detail
Patient Visits					
Emergency Visits	>855	1,052	1,040		Higher than Target is Goal
Surgical Volume Outpatient	>140	142	134		Higher than Target is Goal
Surgical Volume Inpatient	>13	9	6		Higher than Target is Goal
Inpatient Discharges	>70	84	68		Higher than Target is Goal

5. Financial

Objective	FY26 Target	JUL 25	AUG 25		Supporting Detail
Operating EBDA in % (Month) *	varies	7.3%	5.0%		August Operating EBDA Target 2.7%
Operating EBDA in % (YTD) *	>5.2%	7.3%	6.2%		
Days Cash on Hand @ FYE	>30	32.5	32.5		
Net Operating Revenue (\$M) (annualized)	>\$76.7	\$82.2	\$80.4		Includes Parcel Tax & IGT Revenues



To: SVHCD Board of Directors
 From: Ben Armfield, Chief Financial Officer
 Date: October 6, 2025
 Subject: Financial Report for August 2025

OVERALL PERFORMANCE SUMMARY | MONTH OF AUGUST 2025

- **Operating EBDA** (with Parcel Taxes) – August marked another strong month from operations, as the hospital posted a positive Operating EBDA of **\$542,000** versus a budget of **\$163,000**. Another banner month for the hospital relative to historical financial performance.
- **Operating Revenues – \$6.55 million**, exceeding budget by **8%** or **\$467,000**. While we saw some drop-offs in some of the areas where volumes have spiked the past couple of months, the hospital still maintained the higher overall volume levels that have led to the most recent higher revenue months. We did see our IP activity dip (ADC of 7.6 compared to budget of 8.1), but total outpatient visits (+5% vs. budget), emergency room volumes (+19%), and surgical volumes (+2%) all exceeded their monthly budget in August.
- **Operating Expenses - \$6.52 Million**. Operating expenses were basically flat with budget for August (exceeded budget by .1%), and marked a 5% reduction from what we ran in July (+7% compared to budget in July). Salary & wage costs exceeded budget, but like last month, is largely attributed to higher volumes, such as the emergency room where monthly volumes were nearly +20% compared to budget. As discussed in last month's report, purchased services had spiked in July due to one-time expenditures. As expected, these normalized in August, resulting in a meaningful reduction that brought year-to-date actuals back in line with budget.

Through the first two months of this fiscal year, we are +10% vs. budget in operating revenue, and +3% vs. budget when looking at operating expenses.

- **Cash** – August's cash collections were somewhat modest compared to last couple of months, coming in right under \$4.3 million. The hospital also made it's first IGT matching fee pay-in of the year, sending nearly \$230,000 out the door for participation in the Directed Hospital Directed Payments program, which is a supplemental funding program designed to provide wrap-around funding based on contracted managed medi-cal volume. This will result in a net benefit of just under \$350,000, but reduced cash by \$230,000 in August. The hospital ended August with 17.0 Days Cash on Hand.

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

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	\$ 36.8	\$ (425.5)	\$462.4	109%	\$ 30.3	\$ (761.1)	\$ 791.4	104%	\$ (331.5)	\$361.7	109%
Operating EBDA	\$ 541.9	\$ 62.8	\$479.1	763%	\$ 1,041.8	\$ 315.6	\$ 726.2	230%	\$ 766.1	\$275.7	36%
Net Income (Loss)	\$ 266.5	\$ (269.7)	\$536.2	199%	\$ 596.4	\$ (449.4)	\$ 1,045.8	233%	\$ 10.0	\$586.4	5864%

DRIVERS IN MONTHLY PERFORMANCE

We did see a drop in inpatient activity in July relative to more recent months, but outpatient activity remained strong, helping the hospital to exceed budget in gross charges by 13%. Through the first two months of this fiscal year, we are exceeding budget and prior year in gross revenue by 15% and 18%, respectively.

Emergency Room volumes remain strong. 1,040 visits in August – an average of 33.5 per day. As mentioned last month, the goal when bringing on the new ER group (back in the summer of 2023) was to reach 30 visits per day. Just two months into the fiscal year, but we are averaging nearly 34 visits day, which going back and comparing to our FY23 volumes (see table below), represents nearly a 30% increase in patient volumes. That is huge. In addition, going back to the start of this calendar year, there has only been one month where we didn't reach the 30 visit/day target, and that was this past March when we averaged 29.8 visits. Both the internal team as well as our emergency medicine physician partners have worked hard in rebuilding the perception of the great care that is provided in the ER of this hospital. Very encouraging growth and we expect continued volume strength as this momentum carries forward.

ER Visits / Day	FY 2026*	FY 2025	FY 2024	FY 2023
Visits Per Day	33.7	30.9	28.1	26.4
YoY Chg - FY26 vs.		9%	20%	28%

* Through August 2025

Surgical volumes exceeded budget again, albeit modestly at 2%. GI and orthopedic volumes continue to lead our surgical case profile and are the drivers in surgery cases exceeding budget. Dr. Walter performed 16 orthopedic cases in August, and Dr. Alexandridis continues to operate at a very high level, performing nearly 60 cases at SVH this past month! Year-to-date, our surgical volumes are +6% compared to budget.

Outpatient activity continued an overall trend of volumes exceeding budget, but we did see some regression in August. The 5,925 total outpatient visits (see attachment D for detail) represents the first month since March that we failed to hit 6,000 total visits. Despite that slight dip, volumes still exceeded budget, with reductions driven by isolated, one-time factors rather than broader demand shifts.

CT and **Ultrasound**, two areas that posted all-time high in volumes in July, experienced a bit of a pullback in August. This was expected given the significant jump in July, and both areas still delivered volumes months in August that exceeded their respective budget targets.

MRI volumes dropped from the all-time high of 230 in July to 178 in August. This was specifically due to unexpected staffing issues that constrained our ability to operate at full strength. What is important in this number is that while volumes in August did fall, our orders did not. We were able to work through the backlog quickly, as it looks as though MRI volumes in September may make for another all-time high.

OTHER FINANCE UPDATES

- **Banking Update** – We were informed last week that our new line of credit terms with Summit Bank was approved by their board of directors. This is a significant step in aligning our banking financing needs with upcoming obligations, and is a crucial milestone to be able to check off. We will have formal documents to approve at next month's board meeting.

- **FY25 Financial Statement Audit** – We are still working with Moss Adams to complete our FY25 financial statement audit. Fieldwork has been completed, and while we are still going through some final items, current feedback indicates that the process is still on track and well managed. We are still on track to produce final deliverables at October’s finance committee meeting.

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 Key Performance Indicators | Overall Performance

Sonoma Valley Health Care District
Income Statement (in 1000s)
For the Period Ended August 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	\$ 4,495.3	\$ 4,021.4	473.9	12%	\$ 9,272.6	\$ 8,042.7	1,229.9	15%	\$ 8,518.7	753.9	9%
2	IGT Program Revenue	1,653.7	1,653.7	-	0%	3,307.4	3,307.4	-	0%	1,743.1	1,564.3	90%
3	Parcel Tax Revenue	316.7	316.7	(0.0)	0%	633.3	633.3	(0.0)	0%	633.3	(0.0)	0%
4	Other Operating Revenue	93.1	99.9	(6.8)	-7%	193.9	199.8	(5.9)	-3%	196.4	(2.5)	-1%
5	Total Revenue	\$ 6,558.7	\$ 6,091.6	467.1	8%	\$ 13,407.1	\$ 12,183.2	1,223.9	10%	\$ 11,091.5	2,315.6	21%
Operating Expenses		CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
6	Labor / Total People Cost	\$ 3,202.7	\$ 3,037.9	164.8	5%	\$ 6,344.5	\$ 5,977.7	366.8	6%	\$ 5,709.1	635.4	11%
7	Professional Fees	625.1	651.3	(26.2)	-4%	1,314.7	1,328.6	(13.9)	-1%	1,298.4	16.3	1%
8	Supplies	704.0	730.0	(25.9)	-4%	1,427.0	1,343.2	83.8	6%	981.0	446.0	45%
9	Purchased Services	270.6	409.0	(138.4)	-34%	815.7	818.0	(2.4)	0%	832.0	(16.4)	-2%
10	Depreciation	505.1	488.3	16.8	3%	1,011.5	1,076.7	(65.1)	-6%	1,097.6	(86.0)	-8%
11	Interest	26.5	36.6	(10.1)	-28%	74.8	73.1	1.7	2%	42.1	32.7	78%
15	Other	423.3	399.5	23.8	6%	859.4	797.7	61.7	8%	732.4	127.1	17%
16	IGT Program Expense	764.6	764.6	-	0%	1,529.3	1,529.3	-	0%	730.4	798.9	109%
17	Operating Expenses	\$ 6,521.9	\$ 6,517.1	4.7	0.1%	\$ 13,376.9	\$ 12,944.3	432.6	3.3%	\$ 11,423.0	1,953.9	17%
						11,847.61						
18	Operating Margin	\$ 36.8	\$ (425.5)	\$ 462.4	109%	\$ 30.3	\$ (761.1)	\$ 791.4	104%	\$ (331.5)	\$ 361.7	109%
Non Operating Income		CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
19	GO Bond Activity, Net	223.7	128.6	95.1	74%	445.5	257.3	188.2	73%	315.4	130.1	41%
20	Misc Revenue/(Expenses)	6.0	27.2	(21.2)	-78%	120.7	54.5	66.2	121%	26.1	94.6	362%
21	Total Non-Op Income	\$ 229.7	\$ 155.9	73.8	47%	\$ 566.2	\$ 311.7	254.4	82%	\$ 341.5	224.7	66%
22	Net Income (Loss)	\$ 266.5	\$ (269.7)	536.2	199%	\$ 596.4	\$ (449.4)	1,045.8	233%	\$ 10.0	586.4	5864%
23	Restricted Foundation Contr.	491.6	125.0	366.6	293%	1,309.4	250.0	1,059.4	424%	1,052.4	257.0	24%
24	Change in Net Position	\$ 758.1	\$ (144.7)	902.8	624%	\$ 1,905.8	\$ (199.4)	2,105.2	1056%	\$ 1,062.4	843.4	79%
25	Operating EBDA	\$ 541.9	\$ 62.8	479.1	763%	\$ 1,041.8	\$ 315.6	726.2	230%	\$ 766.1	275.7	36%

Sonoma Valley Health Care District

ATTACHMENT B

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

		<u>Current Month</u>	<u>Prior Month</u>	<u>FYE 2025 Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 2,644.2	\$ 3,428.3	\$ 4,386.3
2	Net Patient Receivables	7,924.8	7,653.7	7,585.1
3	Allow Uncollect Accts	(1,233.4)	(1,249.7)	(1,256.1)
4	Net Accounts Receivable	\$ 6,691.4	\$ 6,403.9	\$ 6,329.0
5	IGT Program Receivable	19,844.3	\$ 19,844.3	
6	Parcel Tax Receivable	3,800.0	3,800.0	-
7	GO Bond Tax Receivable	3,344.0	3,344.0	-
8	Other Receivables	793.3	961.1	951.7
9	Inventory	956.4	963.2	841.0
10	Prepaid Expenses	1,519.6	1,458.4	788.1
11	Total Current Assets	\$ 39,593.2	\$ 40,203.2	\$ 13,296.2
12	Property, Plant & Equip, Net	\$ 61,310.4	\$ 60,766.5	\$ 60,342.6
13	Trustee Funds - GO Bonds	5,986.7	5,986.7	5,986.7
14	Other Assets - Deferred IGT Expense	7,892.9	8,682.5	-
15	Total Assets	\$ 114,783.1	\$ 115,638.9	\$ 79,625.5
Liabilities & Fund Balances				
Current Liabilities:				
16	Accounts Payable	7,547.4	\$ 7,084.3	\$ 6,810.4
17	Accrued Compensation	4,468.0	4,167.1	4,059.9
18	IGT Program Payable	9,472.1	9,472.1	-
19	Interest Payable - GO Bonds	223.3	186.1	154.4
20	Accrued Expenses	244.2	260.7	166.1
21	Deferred IGT Revenue	16,536.9	18,190.6	-
22	Deferred Parcel Tax Revenue	3,166.7	3,483.3	-
23	Deferred GO Bond Tax Revenue	2,596.0	2,855.6	-
24	Line of Credit - Summit Bank	-	-	-
25	Other Liabilities	-	-	-
26	Total Current Liabilities	\$ 44,994.5	\$ 46,439.9	\$ 11,930.8
27	Long Term Debt, net current portion	\$ 26,950.4	\$ 27,119.0	\$ 27,239.3
28	Total Fund Balance	\$ 42,838.1	\$ 42,080.0	\$ 40,455.4
29	Total Liabilities & Fund Balances	\$ 114,783.1	\$ 115,638.9	\$ 79,625.5

<u>Cash Indicators</u>	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year FYE</u>
Days Cash	17.0	22.0	29.2
A/R Days	47.0	46.9	45.8
A/P Days	72.5	69.1	67.2

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

ATTACHMENT C

	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
Hospital Operating Sources													
1 Patient Payments Collected	\$ 4,683.2	\$ 4,292.8	\$ 4,750.0	\$ 3,800.0	\$ 4,400.0	\$ 4,200.0	\$ 4,373.0	\$ 4,100.0	\$ 4,400.0	\$ 4,300.0	\$ 4,300.0	\$ 4,357.0	\$ 51,956.0
2 Other Revenue - Operating & Non-Op	182.5	104.0	105.0	105.0	105.0	105.0	105.0	105.0	105.0	105.0	105.0	105.0	1,336.5
3 IGT Program Revenue	-	-	0.9	-	-	919.1	22,264.9	-	0.9	-	-	1,000.1	24,185.8
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	\$ 4,396.8	\$ 4,855.9	\$ 5,517.0	\$ 4,505.0	\$ 5,669.1	\$ 26,742.9	\$ 4,205.0	\$ 4,505.9	\$ 6,012.1	\$ 4,405.0	\$ 5,462.1	\$ 81,257.3
Hospital Uses of Cash													
7 Operating Expenses / AP Payments	\$ 5,649.7	\$ 4,948.5	\$ 5,100.0	\$ 5,200.0	\$ 5,250.0	\$ 5,150.0	\$ 7,300.0	\$ 5,800.0	\$ 5,250.0	\$ 5,500.0	\$ 5,900.0	\$ 5,200.0	\$ 66,248.2
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	-	228.5	-	-	10,401.9	-	-	-	293.5	-	87.7	-	11,011.7
11 Capital Expenditures - SVH Funded	145.6	-	175.0	-	123.3	120.0	157.3	210.2	210.2	160.2	160.2	160.2	1,622.2
12 Capital Expenditures - Foundation Funded	876.5	468.8	-	-	-	-	-	-	-	-	-	-	1,345.3
13 Total Hospital Uses	\$ 6,745.4	\$ 5,719.5	\$ 5,348.6	\$ 5,273.6	\$ 15,923.8	\$ 5,433.6	\$ 7,605.9	\$ 6,083.8	\$ 5,827.3	\$ 5,733.8	\$ 6,221.5	\$ 5,433.8	\$ 81,350.3
Net Hospital Sources/Uses of Cash	\$ (1,764.7)	\$ (1,322.7)	\$ (492.7)	\$ 243.4	\$ (11,418.8)	\$ 235.5	\$ 19,137.0	\$ (1,878.8)	\$ (1,321.4)	\$ 278.4	\$ (1,816.5)	\$ 28.3	\$ (93.0)
Non-Hospital Sources													
14 Restricted Donations (rec'd from Foundation)	806.7	538.6	-	-	-	-	-	-	-	-	-	-	1,345.3
15 Line of Credit Draw - Summit Bank	-	-	-	-	5,400.0	-	-	-	-	-	-	-	5,400.0
16 Line of Credit Draw - New Bank	-	-	-	-	5,100.0	-	-	-	-	-	-	-	5,100.0
17 Sub-Total Non-Hospital Sources	\$ 806.7	\$ 538.6	\$ -	\$ -	\$ 10,500.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,845.3
Non-Hospital Uses of Cash													
18 Line of Credit Payoff - US Bank LOC	-	-	-	-	-	-	5,400.0	-	-	-	-	-	5,400.0
19 Line of Credit Repayment - New LOC	-	-	-	-	-	-	5,100.0	-	-	-	-	-	5,100.0
20 Sub-Total Non-Hospital Uses of Cash	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,500.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,500.0
21 Net Non-Hospital Sources/Uses of Cash	\$ 806.7	\$ 538.6	\$ -	\$ -	\$ 10,500.0	\$ -	\$ (10,500.0)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,345.3
22 Net Sources/Uses	\$ (958.0)	\$ (784.1)	\$ (492.7)	\$ 243.4	\$ (918.8)	\$ 235.5	\$ 8,637.0	\$ (1,878.8)	\$ (1,321.4)	\$ 278.4	\$ (1,816.5)	\$ 28.3	\$ 1,252.3
23 Total Cash at beginning of period	\$ 4,386.3	\$ 3,428.3	\$ 2,644.2	\$ 2,151.5	\$ 2,394.9	\$ 1,476.1	\$ 1,711.6	\$ 10,348.6	\$ 8,469.8	\$ 7,148.4	\$ 7,426.7	\$ 5,610.3	
24 Total Cash at End of Period	\$ 3,428.3	\$ 2,644.2	\$ 2,151.5	\$ 2,394.9	\$ 1,476.1	\$ 1,711.6	\$ 10,348.6	\$ 8,469.8	\$ 7,148.4	\$ 7,426.7	\$ 5,610.3	\$ 5,638.6	
25 Days of Cash on Hand at End of Month	22.0	17.0	13.8	15.4	9.5	11.0	66.3	54.3	45.8	47.6	36.0	36.1	

Sonoma Valley Health Care District

ATTACHMENT D

Key Performance Indicators | Volumes & Statistics

For the Period Ended August 31, 2025

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	YTD	YTD	PYTD				
					Actual	Budget	Var	%	Actual	Var	%
Inpatient Volume											
Acute Patient Days	236	251	(15)	-6%	503	504	(1)	0%	438	65	15%
Acute Discharges	68	68	(0)	-1%	138	137	1	1%	119	19	16%
Average Length of Stay	3.5	3.7	(0.2)	-5%	3.6	3.7	(0.0)	-1%	3.7	(0.0)	-1%
Average Daily Census	7.6	8.1	(0.5)	-6%	8.1	8.1	(0.0)	0%	7.1	1	15%

Surgical Volume

IP Surgeries	10	9	1	7%	19	19	0	1%	19	-	0%
OP Surgeries	130	128	2	2%	272	256	16	6%	269	3	1%
Total Surgeries	140	137	3	2%	291	275	16	6%	288	3	1%

Other Outpatient Activity

Total Outpatient Visits	5,925	5,660	265	5%	12,042	11,320	722	6%	11,343	699	6%
Emergency Room Visits	1,040	875	165	19%	2,092	1,750	342	20%	1,925	167	9%

Payor Mix

	Actual	Budget	%	Actual	Budget	%
Medicare	37.5%	37.7%	-0.2%	38.8%	37.7%	1.1%
Medicare Mgd Care	20.9%	21.0%	-0.1%	20.5%	21.0%	-0.5%
Medi-Cal	17.8%	17.7%	0.1%	17.0%	17.7%	-0.7%
Commercial	21.0%	20.9%	0.1%	21.0%	20.9%	0.1%
Other	2.8%	2.7%	0.1%	2.7%	2.8%	-0.1%
Total	100.0%	100.0%		100.0%	100.0%	

Payor Mix calculated based on gross revenues

Trended Outpatient Visits by Area

Department	Most Recent Six Months						Last 6 Months	YoY Monthly Averages			
	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25		FY26	FY25	Chg	% Chg
Lab	1,372	1,435	1,403	1,392	1,450	1,403		1,427	1,348	78	6%
Medical Imaging	983	1,082	1,095	1,051	1,087	1,011		1,049	982	67	7%
Physical Therapy	1,395	1,489	1,485	1,460	1,319	1,465		1,392	1,424	(32)	-2%
CT Scanner	428	478	457	497	508	458		483	449	34	7%
Occ. Health	338	318	282	268	198	256		227	267	(40)	-15%
Mammography	266	300	213	237	233	230		232	245	(13)	-5%
Occ. Therapy	205	172	210	211	288	208		248	203	45	22%
Ultrasound	214	237	195	220	297	251		274	218	56	26%
Wound Care	267	234	258	295	285	278		282	251	30	12%
MRI	191	192	197	198	230	178		204	181	23	13%
ECHO	145	143	144	148	134	100		117	129	(12)	-9%
Speech Therapy	57	83	72	70	60	59		60	68	(9)	-13%
Other	33	27	19	17	28	28		28	23	5	20%
TOTAL	5,894	6,190	6,030	6,064	6,117	5,925		6,021	5,789	232	4%
Emergency Room	926	966	1,073	985	1,052	1,040		936	868	68	8%

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

ATTACHMENT E

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	\$ 36.8	\$ (425.5)	\$462.4	109%	\$ 30.3	\$ (761.1)	\$ 791.4	104%	\$ (331.5)	\$361.7	109%
Operating EBDA	\$ 541.9	\$ 62.8	\$479.1	763%	\$ 1,041.8	\$ 315.6	\$ 726.2	230%	\$ 766.1	\$275.7	36%
Net Income (Loss)	\$ 266.5	\$ (269.7)	\$536.2	199%	\$ 596.4	\$ (449.4)	\$ 1,045.8	233%	\$ 10.0	\$586.4	5864%

Operating Revenue Summary (All Numbers in 1000s)

Net Patient Revenue	\$ 6,149	\$ 5,675	\$ 474	8%	\$ 12,580	\$ 11,350	\$ 1,230	11%	\$ 10,262	\$2,318	23%
NPR as a % of Gross	18.8%	19.7%	-4.4%		18.9%	19.7%	-3.9%		18.0%	4.9%	
Operating Revenue	\$ 6,559	\$ 6,092	\$ 467	8%	\$ 13,407	\$ 12,183	\$ 1,224	10%	\$ 11,091.5	\$2,316	21%

Operating Expense Summary (All Numbers in 1000s)

Operating Expenses	\$ 6,522	\$ 6,517	\$ 5	0%	\$ 13,377	\$ 12,944	\$ 433	3%	\$ 11,423	\$1,954	17%
Op Exp. Excl. Depr.	\$ 6,017	\$ 6,029	\$ (12)	0%	\$ 12,365	\$ 11,868	\$ 498	4%	\$ 10,325	\$2,040	20%
Worked FTEs	234.08	232.17	1.91	1%	234.54	230.74	\$ 3.80	2%	218.09	16.45	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



— CY ACTUAL - - - CY BUDGET — PY ACTUAL

Cash Indicators

	Current Month	Prior Month	Var	% Var
Days Cash	17.0	22.0	(5.0)	-23%
A/R Days	47.0	46.9	0.1	0%
A/P Days	72.5	69.1	3.4	5%