SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS

AGENDA

WEDNESDAY, JANUARY 7, 2026

REGULAR SESSION 5:00 PM

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

To participate via Zoom videoconferencing, use the link below:
https://sonomavalleyhospital-org.zoom.us/j/91962325850?from=addon

Meeting ID: 919 6232 5850

One tap mobile
+16692192599,,91962325850#
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In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact Whitney Reese 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 *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.*			
3. BOARD CHAIR COMMENTS	*Wendy Lee Myatt*	Inform	
4. CONSENT CALENDAR a. BOD Minutes – 12.04.25 b. Policies & Procedures c. Medical Staff Credentialing	*Wendy Lee Myatt*	Action	Pages 3-9
5. SONOMA CITY MANAGER	*David Guhin*	Inform	
6. 2025 ANNUAL HOSPITAL COMMUNITY REPORT	*Dawn Castelli*	Inform	Pages 10-16
7. BOARD MEMBER COMMITTEE ASSIGNMENTS	*Wendy Lee Myatt*	Inform	
8. CMO REPORT	*Patrick I. Okolo III, MD MPH*	Inform	Pages 17-23
9. CEO REPORT	*Kelley Kaiser*	Inform	Pages 24-26
10. FINANCIALS FOR MONTH END NOVEMBER 2025	*Ben Armfield*	Inform	Pages 27-34

11. COMMITTEE UPDATES	*Board of Directors*	Inform	
12. BOARD COMMENTS	*Wendy Lee Myatt*	Inform	
13. ADJOURN	*Wendy Lee Myatt*		

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, DECEMBER 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, Absent 3. Daniel Kittleson, DDS, 2nd Vice Chair, Present 4. Dennis B. Bloch, Secretary, Present 5. Ed Case, Treasurer, Present		
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*	
Meeting called to order at 5:00 p.m. Technical audio issues with Zoom delayed start for 6 minutes.		
2. PUBLIC COMMENT	*Wendy Lee Myatt*	
Dave Pier shared highlights from a Sonoma Valley Catalyst meeting on aging in the community, noting that by 2030 the 75+ population is expected to surpass the 0-19 age group. Pier encouraged the hospital to stay engaged and visible in this growing community focus and mentioned that SVH was referenced positively multiple times.		
3. BOARD CHAIR COMMENTS	*Wendy Lee Myatt*	
Lee Myatt reported that four out of the five Board members attended a social dinner of the SVH Medical Executive Team the week prior, noting the great teamwork between the hospital and the board over the last year and thanking everyone for their hard work.		
4. CONSENT CALENDAR	*Wendy Lee Myatt*	Action
a. Finance Committee Minutes – 10.28.25 b. 2026 Work Plans c. Policies & Procedures d. Medical Staff Credentialing	**MOTION:** motion to approve by Case to approve, 2nd by Kittleson. All in favor.	
5. ANCILLARY SERVICES ANNUAL REPORT	*Dawn Kuwahara*	Inform
Kuwahara shared a positive overview of Ancillary Services' 2024 performance, highlighting strong patient satisfaction, solid quality outcomes, growing service volumes, and meaningful staff professional development. She emphasized the team's adaptability across diverse departments, active community involvement, and continued progress despite challenges with staffing, space, and aging equipment.		
6. IS ANNUAL REPORT	*Bryan Lum*	Inform
Lum presented an overview of the IT department's progress in the last year, emphasizing improved cybersecurity, system reliability, cost savings, and digital transformation. Major accomplishments included expanded clinical interfaces, consolidation of phone systems, enhanced network redundancy, and completion of several strategic initiatives supporting patient care and operational efficiency. Active and future projects focus on modernizing infrastructure, migrating to cloud-based solutions, and deeper integration with UCSF.		
7. STRYKER OR EQUIPMENT SYSTEM REPLACEMENT	*Ben Armfield*	Action
Armfield presented a proposal to replace the operating room integration system, identified as a critical capital need, and recommended proceeding with a lease option due to cash-flow considerations. The Finance Committee supported the lease approach, which defers payments until March 2026 while Foundation fundraising continues.		
MOTION motion to approve by Case to approve, 2nd by Kittleson. All in favor.		
8. ELECT DISTRICT OFFICERS	*Board Members*	

No change to district officers:
***Chair**: Wendy Lee Myatt*
***1st Vice Chair**: Denise M. Kalos*
***2nd Vice Chair**: Daniel Kittleson, DDS*
***Secretary**: Dennis B. Bloch*
***Treasurer**: Ed Case*

9. CMO REPORT	*Patrick I. Okolo III, MD MPH*	Inform

Dr. Okolo emphasized progress across medication safety, quality metrics, survey readiness, and future primary care expansion. Okolo noted a milestone in safety culture maturity, surpassing 90% in medication barcode scanning, which was driven by pharmacy and IT leadership. Proactive regulatory survey preparation was highlighted, with new electronic policy systems and strong clinical volumes ahead of respiratory virus season. Okolo underscored the clinical importance of 1206B, and shared optimism about strengthening governance and financial solutions to attract and recruit new primary care providers to SVH.

10. CEO REPORT	*Kelley Kaiser*	Inform

Kaiser thanked the group and shared first-month focus areas:

- **Board engagement** – meeting members, attending most committees in month one, scheduling 1:1s.
- **Senior leadership** – strong, welcoming team; continuing collaboration.
- **Strategic priorities** – learning current plan, working with board direction, 1206B work, MRI referrals, UCSF partnership.
- **Internal communication/visibility** – meeting staff, being accessible.
- **Community relations** – attending local events, meeting mayor, council, city manager, and community leaders.

11. FINANCIALS FOR MONTH END OCTOBER 2025	*Ben Armfield*	Inform

Armfield reported that October was the best financial month in years, driven by stronger operations. SVH posted a positive operating margin, showing real progress in the fiscal year so far. Cash is still tight while waiting for funding expected early next year. The board congratulated the results and confirmed this is the new baseline, with momentum heading in the right direction.

12. COMMITTEE UPDATES • **Quality Committee Q3 update**	*Board of Directors* • Dan Kittleson	Inform

Kittleson presented the Quality Committee's quarterly report for 2025 Q3. Key areas showed improvement in mortality rate, patient safety indicators, blood culture contamination, stroke care, length of stay, sepsis compliance, and readmissions, which remain below Medicare goals. A few isolated patient fall events occurred with no injuries. Appreciation was expressed for the SVH staff and committee superior work and dedication.

13. BOARD COMMENTS	*Board of Directors*	None
14. ADJOURN	*Wendy Lee Myatt*	

Regular session adjourned at 6:07 p.m.

Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)
Run date: 01/04/2026 1:07 PM

Report Parameters

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

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 22

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
Anesthesia Coverage and Availability *Anesthesia Dept Policies*	**Pending Approval**	12/24/2025	11

Summary Of Changes: **Updated website where the anesthesia service provider is available.**

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

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

Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
Change in Patient Condition *Patient Care Policy*	**Pending Approval**	12/24/2025	11

Summary Of Changes: **Reviewed. Updated references to current CIHQ guidelines. Removed step to notify AOC or CMO as there are mechanisms in place for this notification via event eNotification system for reviewing care. Added purpose statement, added that the hospitalist is an acceptable alternative if the surgeon is not available, and that in cases of sharp decline to call RR; also clarified that a phone call is required, not email or text;**

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

Lead Authors: **Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)**

Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
Chromosome Studies *Laboratory Services Policies (LB)*	**Pending Approval**	12/24/2025	11

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

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

Lead Authors: **Veal, Laurie (lveal)**

Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
Code Blue - Management for Patient Emergency *Emergency Code Alerts Policies*	**Pending Approval**	12/24/2025	11

Summary Of Changes:	**Added purpose statement. Clarified that in certain areas (such as ED or OR) Code Blue may not be paged overhead; added Pharmacist and Social Worker (if available) to the response team. Clarified who is responsible for what documentation. Clarified if a code blue more than 250 yards from hospital property (ie, employee parking lots), 911 should be called.** **Reviewed by** **Medical Director of ED** **Director of Hospitalists** **Code Blue Committee**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Winkler, Jessica (jwinkler), Ehret, Marylou (mehret)**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Compounding Nonsterile Drug Products — **Pending Approval** — 12/24/2025 — 11

Medication Management Policies (MM)\Compounding Policies

Summary Of Changes:	**-Updated the scope to include adding of flavoring to an oral liquid as NOT being considered compounding** **-Updated that the annual review of SOPs and QA program is by the pharmacist in charge** **-Minor formatting changes.**
Moderators:	**Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Construction or Renovation Projects, Infection Control — **Pending Approval** — 12/2/2025 — 33

Infection Prevention & Control Policies (IC)

Summary Of Changes:	**Changes made to the policy: Area; Guidelines...** **Page #1 #3 Deleted and updated to reflect current CDPH regulations, along with the Project Managers participations.** **#4 verbiage to reflect updates.** **Page #2 updated guidelines for Class III or IV categories to house the Infection Control permit outside of containment area and info about following building code.** **Page #3 Changes to paragraph 6 for Engineering Department will now conduct inspections during their daily rounding for the duration of construction.** **reviewed and approved by Director of Facilities, Chief of Support Services**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Preventionist, Infection (ipsvh)**
Approvers:	**Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

ED Log — **Pending Approval** — 12/24/2025 — 11

Emergency Dept

Summary Of Changes:	**Added a purpose statement and clarified the policy wording to reflect the workflow in Epic, specifically that the Patient Access rep is responsible to ensure that all pts are registered, regardless of method of arrival or discharge disposition, so that the EMTALA log run via the EHR is accurate and complete. Also clarified that the ED RN or ED Tech must always document a disposition (including if the pt was LWBS, left before triage, left AMA, or eloped). Updated reference to include EMTALA and Title 22**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Winkler, Jessica (jwinkler), Ehret, Marylou (mehret)**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

IV Compounding (Non-Pharmacy Location) — **Pending Approval** — 12/24/2025 — 11

Medication Management Policies (MM)\Compounding Policies

Summary Of Changes:	**Updated beyond use date to be 4 hours from the time of preparation to match current regulations.**
Moderators:	**Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Janitor's Closet Maintenance — **Pending Approval** — 12/2/2025 — 33

EVS Dept Policies

Summary Of Changes:	**Updated the purpose and removed the list of tools. Updated the cart and closet standards.**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Ramirez, Joseph (jramirez)**
Approvers:	**Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Linen Management Services — **Pending Approval** — 12/2/2025 — 33

EVS Dept Policies

Summary Of Changes:	**Added author/reviewer : Environmental Services Manager**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Ramirez, Joseph (jramirez)**
Approvers:	**Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

MRI Cleaning — **Pending Approval** — 12/2/2025 — 33

EVS Dept Policies

Summary Of Changes:	**Updated purpose and removed equipment--added zones and who is responsible for cleaning zones. Reviewed by Director of Diagnostic Imaging**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Ramirez, Joseph (jramirez)**
Approvers:	**Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Pharmacy Staff Competency Assessment — **Pending Approval** — 12/24/2025 — 11

Pharmacy Dept

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Pressure Injury Wound Care Assessment and Management — **Pending Approval** — 12/24/2025 — 11

Patient Care Policy

Summary Of Changes:	**Added purpose statement, shortened policy by adding referrals to Ebsco for in-depth explanations and video demonstrations, removed definitions of various stages of wounds as the RNs are not responsible for staging (and this info is available in Ebsco). Added that all inpatient admissions require thorough assessment by 2 RNs and clarified documentation requirements including frequency of assessments; added a section on Special Populations to include older adults, updated references (added surgery committee to the approval workflow) Added updated copy of Braden Scale for Risk Assessment**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)**
Approvers:	**01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Product Evaluation Guidelines | **Pending Approval** | 12/2/2025 | 33

Governance and Leadership Policies

Summary Of Changes: **The meeting frequency was changed to Ad Hoc.**

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

Lead Authors: **Dugger, James (jdugger)**

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

QAPI Procedures for Sterile Compounding Quality Assurance program | **Pending Approval** | 12/24/2025 | 11

Pharmacy Dept\Compounding Related

Summary Of Changes: **-added verbiage "Random observations of compounding personnel for adherence to proper compounding practices by the supervising pharmacist, and provision of ongoing feedback as needed." to comply with updated regulatory requirements**
-updated lab used for qualitative testing to Fairfield Labs
-removed comments about adverse events and complaints and replaced with a more comprehensive section that contains required regulatory verbiage
-updated references to include additional state statute
-Uploaded new attachments for Sterile Compounding Training Program SOP; IV Room Cleaning Log; IV Hood Cleaning & Filter Change Record that contain updated requirements

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE: Bed Cleaning | **Pending Approval** | 12/2/2025 | 33

EVS Dept Policies

Summary Of Changes: **Retire, is included all patient room cleaning policies.**

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

Lead Authors: **Ramirez, Joseph (jramirez)**

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

Safety on the Job | **Pending Approval** | 12/2/2025 | 33

EVS Dept Policies

Summary Of Changes: **Updated purpose and grouped safety items by hazard such as general, electrical, life safety clearances, spills, body mechanics, etc. for easier understanding.**

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

Lead Authors: **Ramirez, Joseph (jramirez)**

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

Standard Employer Service Rate | **Pending Approval** | 12/2/2025 | 33

Occupational Health Dept

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

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

Lead Authors: **Kuwahara, Dawn (dkuwahara)**

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

Sterile Compounding | **Pending Approval** | 12/24/2025 | 11

Medication Management Policies (MM)\Compounding Policies

Summary Of Changes:	**-Updated section on annual review of SOPs to state that the pharmacist in charge is responsible for the review. -Updated section on oversight and responsibility to include methods used by the pharmacist to ensure quality and accuracy -Updated section on immediate use compounding to include required regulatory language, documentation requirements, and allowed exception for equipment failure -Updated references to include applicable state statute -Uploaded updated attachment "Sterile Compounding Training Program SOP"**
Moderators:	**Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Stroke Admission/Transfer Guidelines — **Pending Approval** — 12/24/2025 — 11

Patient Care Policy

Summary Of Changes:	**Clarified the diagnosis of stroke to "suspected or confirm stroke", removed references to tPA and changed to "intravenous thrombolytic medication" as tPA is not used at SVH; removed language that the transfer was to go specifically to a primary or comprehensive stroke center and replaced with a "higher level of care to a facility providing neurosurgical services". Updated reference. Reviewed/Approved by Dr Cusick 9/26 Marylou Ehret 9/25 Jane Taylor 9/25**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)**
Approvers:	**01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Treat and Transfer of Patients — **Pending Approval** — 12/24/2025 — 11

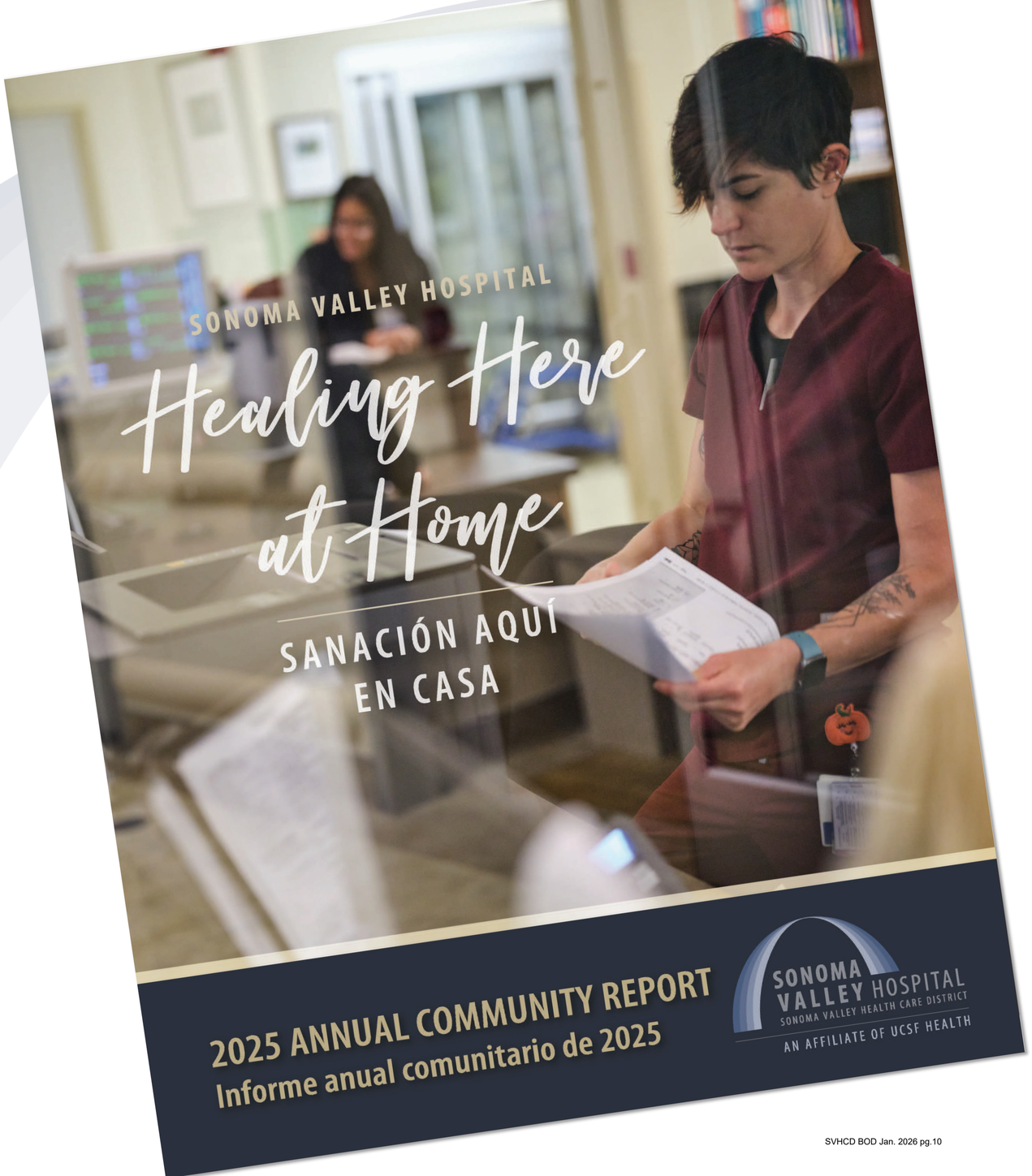
Governance and Leadership Policies

Summary Of Changes:	**Changed title to Transfer of Patients (to include process for all patients, not just to imply ED pts). Added purpose statement that focuses on safe transfer when needed. Added the decision to transfer is made "after careful medical screening, treatment and stabilization, and upon interdisciplinary consultation (physician, surgeon, nursing supervisor as appropriate)..." Added that case management may assist with the transfer process. Removed language that the nursing supervisor approves the transfer. Added proper reference to CMS rule, removed reviewer names (kept titles only). Added sentence that criteria for transfer may also include the request by pt insurance (e.g. Kaiser) and that the transfer reason and process must meet EMTALA and CDPH requirements**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Winkler, Jessica (jwinkler), Ehret, Marylou (mehret)**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Weapons — **Pending Approval** — 12/2/2025 — 33

Governance and Leadership Policies

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



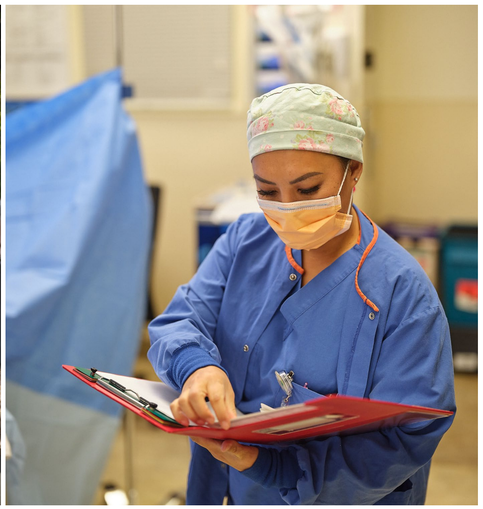
2025 Annual Community Report

OVERVIEW

July 1, 2024 – June 30, 2025

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
HEALING HERE AT HOME

2025 Annual Community Report



HEALING HERE AT HOME: Advancing Our Care

This year, we made exceptional advances in our ability to serve our community: a new 3T MRI, advanced orthopedic and robotic technologies, and expanded diagnostic capabilities.

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
HEALING HERE AT HOME

2025 Annual Community Report

COMMUNITY PARTNERSHIPS & HEALTHY AGING:

Active Aging Wellness: Partnering with Vintage House, the series remains a popular community education program focused on vitality, resilience, and quality of life as we age.

Golden Harvest Senior Resource & Wellness Faire: Co-produced with Vintage House and Sonoma Community Center, the event connected older adults, families, and caregivers with a wide range of local organizations offering support in health, housing, and caregiving.

High Patient Satisfaction Across Services: During 2025, all participating departments received average scores of 4.69 or higher out of 5, demonstrating strong performance across emergency, inpatient, outpatient, and diagnostic services.

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
HEALING HERE AT HOME

ADVANCING CARE THROUGH TECHNOLOGY:

ROSA Robotic Knee System: The addition of the ROSA brings a new level of precision to knee replacement surgery. ROSA blends detailed imaging with real-time data, allowing surgeons to tailor procedures to each patient's anatomy.

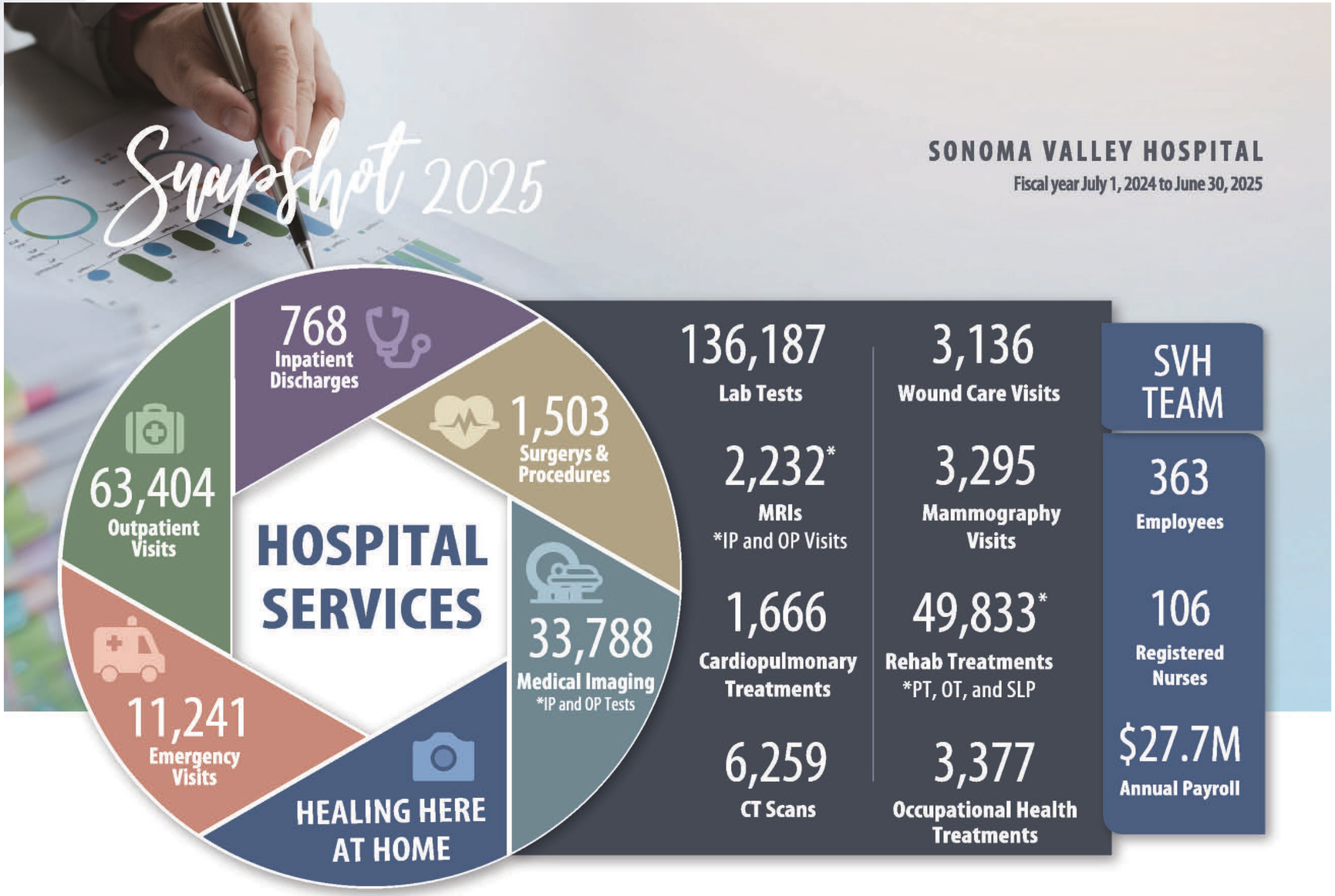
Stryker Navigation System: Upgrades to our Stryker navigation system enhance accuracy and confidence in orthopedic and spine procedures. This technology supports safer procedures, improved outcomes, and expanded access to advanced surgical capabilities without the need to travel outside the community.

New Breast Ultrasound Technology: This year, SVH expanded its women's imaging program with a new advanced breast ultrasound system, offering clearer images, faster exams, and greater comfort for patients.

3T MRI – A New Standard in Imaging: Our 3T MRI represents one of SVH's most significant diagnostic advancements. With a powerful magnet and advanced coils, the 3T MRI produces exceptionally detailed images in less time, improving accuracy across neurological, orthopedic, abdominal, cardiac, and breast imaging.

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
HEALING HERE AT HOME

2025 Annual Community Report



SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
HEALING HERE AT HOME

2025 Annual Community Report

SVH Community Report

PAYER MIX	2025 PAYER MIX	2024 PAYER MIX	2023 PAYER MIX
Medicare	31.0%	33.6%	34.1%
Medi-Cal	31.0%	20.9%	21.6%
Commercial Insurance	32.8%	36.6%	34.5%
Worker's Comp	1.8%	2.1%	3.1%
Self-pay/Other	.4%	2.3%	2.1%
Other Government	2.3%	3.5%	3.8%
Capitated	.7%	1.0%	0.8%
TOTAL	100%	100%	100%

SVH Operating Margin

	2025	2024	2023
Total Operating Revenues	$65,738,559	$57,142,302	$55,707,346
Parcel Tax Revenues	$ 3,735,688	$ 3,702,140	$ 3,776,123
TOTAL Operating Revenues with Parcel Taxes	$69,474,247	$60,844,442	$59,483,469
Total Operating Expenses	$ 73,871,009	$ 66,331,417	$63,489,621
Total Operating Expenses excl. Depreciation	$ 67,646,030	$ 61,064,251	$58,938,847
OPERATING EBDA (Operating Margin excl. Depreciation)	1,828,217	(219,809)	544,622
Cash & Cash Equivalents	4,386,322	3,749,407	6,322,741

FINANCIALS

The Intergovernmental Transfer (IGT)

The Intergovernmental Transfer (IGT) program is a crucial funding mechanism that enables district hospitals to use their own dollars to secure additional federal Medicaid funds through a matching process. For SVH, this means contributing funds to the state, which are then used to access federal Medicaid matching dollars. The combined funds are redistributed to the hospital with a net funding increase. Last fiscal year, the hospital used $3 million to secure over $5 million in additional federal funding. These supplemental revenues are essential, allowing the hospital to reinvest in patient care and ensure sustainable operations.

El programa de Transferencias Intergubernamentales (IGT) *es un mecanismo crítico de financiamiento que permite que los hospitales distritales utilicen sus propios fondos para obtener fondos federales adicionales de Medicaid mediante un proceso de contrapartida. Para el SVH, esto significa contribuir fondos al Estado, que luego se utilizan para obtener fondos federales equivalentes de Medicaid. Los fondos combinados se redistribuyen al hospital con un aumento neto de financiamiento. El pasado año fiscal, el hospital utilizó $3 millones para obtener más de $5 millones en fondos federales adicionales. Estos ingresos suplementarios son esenciales, permitiendo que el hospital reinvierta en la atención al paciente y garantice operaciones sostenibles.*

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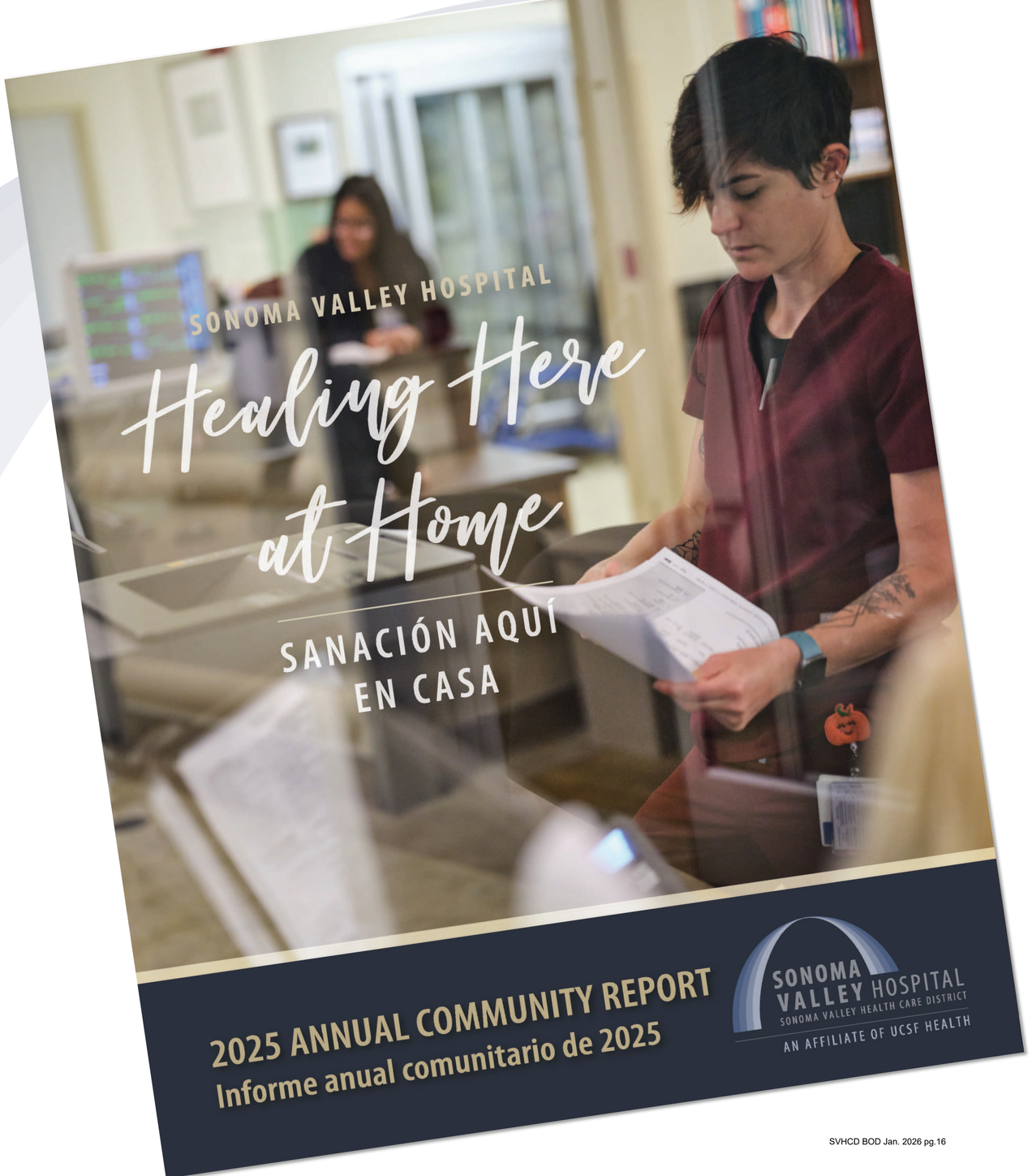

Questions?

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CMO Report

Patrick I. Okolo III, MD, MPH
Sonoma Valley Hospital
Board of Directors Meeting
January 2026

CMO Report – Executive Context

- Purpose
- • Focused update on early 2026 enterprise priorities

- Context
- • From survey preparation to survey performance
- • From fragmented initiatives to integrated execution

- CMO Lens
- • Quality • Safety • Access • Integration • Reliability

Reimagining the 1206(b) Strategy

- Why It Matters
- • Core lever for access, alignment, and downstream value

- Early 2026 Focus
- • Clarify specialty growth and sequencing
- • Strengthen governance and accountability
- • Standardize workflows

- Outcomes
- • Improved access
- • Predictable, compliant operations

Optimizing UCSF–SVH Collaboration

- Strategic Imperative
- • Move from affiliation to active collaboration

- Priority Areas
- • Clinical pathways and co-management
- • Provider communication and referrals
- • EHR interoperability

- Success Indicators
- • Reduced friction
- • Clear escalation pathways

Strengthening the HERV Readiness Team

- Core Principle
- • Readiness as a standing capability

- Early 2026 Actions
- • Formalize structure and cadence
- • Leader alignment by domain
- • Routine tracers and drills

- Impact
- • Survey confidence
- • Faster issue resolution

Actualizing Survey Readiness Gains

- Mindset Shift
- • Survey work becomes daily work

- Key Focus Areas
- • Standard work
- • Gap closure with metrics
- • Frontline reliability

- Board Outcomes
- • Sustained compliance
- • Improved safety and experience

Early 2026 Priorities – Integrated View

- Enterprise Priorities
- • 1206(b): disciplined outpatient execution
- • UCSF–SVH: deeper clinical integration
- • HERV: durable readiness infrastructure
- • Operations: lock in gains

- CMO Commitment
- • Execution over aspiration

To:	SVHCD Board of Directors
From:	Kelley Kaiser, Chief Executive Officer
Date:	January 7, 2026
Subject:	CEO Update – January 2026

Happy New Year! It has been a busy year end at Sonoma Valley Hospital.

Strategic Planning

We have received an updated DRAFT of the Affiliation Agreement with UCSF. We have regular meetings scheduled to ensure this work gets completed. As we update the Affiliation Agreement with UCSF, we are hoping to create a comprehensive sustainable and integrated network to serve the needs of Sonoma Valley now and in the future, focusing on these areas:

- Coordination of SVH/UCSF Hospital transfers and scheduling. Improved access to transfers between facilities. Seamless access and scheduling for Imaging and labs with a continued focus on MRI scheduling.
- Improve Interoperability between Sonoma Valley Hospital and UCSF
- Sharing of educational resources between UCSF and the SVH Medical Staff
- Recruit and expand access in Sonoma for both primary and specialty services; Evaluating the appropriate model that best meets the needs of SVH and the Community while maximizing the relationships that UCSF has with other affiliates (i.e. Marin Health) Creating a sustainable recruiting strategy that aligns with UCSF's North Bay strategy.

As we look at our Strategic Plan, our efforts are focused on the following pillars:

- *Campus Realignment – Align services with community needs (Quality, Access and Experience)*
- *Community Care – Explore and expand relationships (Community Engagement)*
- *Sustainability – Ensure our Financial Future, including Seismic compliance*
- *Connected Culture – Internal alignment - Promote a culture of resilience, innovation and shared purpose*

Operations Update

90 Day plan update –

- I have met with most of the Board to get a sense of their vision and goals.
- I continue to meet regularly with the Leadership team as we work on communication and strategic planning.
- We are working on updating the Strategic Priorities in preparation for a full review of the Strategic Plan this Spring.
- We are in the process of setting up a regular cadence for "All Employee Forums" to be held

twice a year.

- We had a wonderful Welcome event on December 9th, that afforded me the opportunity to meet many of our Donors and Community partners. It was great to see so many of you there!

Operating Performance – November was strong financially, continuing what has been a very favorable start to FY26. For November we exceeded budget from operations and broke even in operating margin (positive $2,500). YTD, we have a 2.9% operating margin. We received the Parcel Tax in December and are on track to receive the IGT dollars in January.

Stryker System – I am pleased to share that the Foundation has raised over $725K towards the Philanthropic goal of $1 million.

Capital Planning – As we head into the new Calendar year, we will continue to focus on Capital Planning and coordination with the Foundation as it makes sense from a Philanthropic perspective.

Seismic update – The team successfully filed the documents required by January 1, 2026, related to Seismic Compliance.

Website update – We will be launching an update to our website in the next quarter. The goal of the update is to enhance the usability of the site as well as update the look and feel.

SVH Performance Score Card

1. Quality and Safety

Objective	Target	OCT 25	NOV 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	0				Less than Target is Goal
CDIFF Infection volume	<1	1	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%	33.30	100.00				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%	N/A	N/A				Above Target is Goal
Mortality							
Acute Care Mortality Rate O/E rate	<1	0.47	0.62				Lower is better
ED							
Core OP 18b Median Time ED arrival to ED Departure mins	<132	107.00	145.00				Lower is better
Core Op 22 ED Left without being seen LWBS	<2%	0.70	0.10				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	0.10	0.15				Complications under review Lower is better
Readmissions to Acute Care within 30 days %	<15.3	10.14	9.33				Lower is better

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2. Employees

Objective	Target	Q2.25 Apr-Jun	Q3.25 Jul-Sep			Supporting Detail
Short-term Turnover	<3%	11.3	13.1			Employed less a year is defined as Short-Term Turnover - ***method of calculation changed as of 1/1/25***
Turnover	<10%	5.7	5.0			Total Turnover Rate (Annual Basis)
Workplace Injuries	<20 Per Year	1 (QTR 2)	6 (QTR 3)			

3. Patient Experience

Outpatient Ambulatory Services (OASCAHPS)

Objective	Target	SEP 25	OCT 25			Supporting Detail
Recommend Facility	>90%	94.9	88.2			Top Box Scores. % of patients choosing "Always"- Above Target is Goal
Communication	>90%	92.3	94.3			
Discharge Instructions	>95%	97.26	96.88			

HCAHPS (Hospital Inpatient)

Objective	Target	SEP 25	OCT 25			Supporting Detail
Recommend the hospital	>90%	81.3	68.8			Top Box Scores. % of patients choosing "Always" - Above Target is Goal
Communication with Nurse	>90%	81.3	66.7			
Communication with Doctor	>90%	83.1	68.8			
Cleanliness of Hospital	>90%	81.3	50.0			
Communicaton about medicines	>90%	65.0	58.3			
Discharge Information	>90%	86.7	82.6			

4. Volume

Objective	Target	OCT 25	NOV 25			Supporting Detail
Patient Visits						
Emergency Visits	>855	952	932			Higher than Target is Goal
Surgical Volume Outpatient	>140	105	116			Higher than Target is Goal
Surgical Volume Inpatient	>13	7	15			Higher than Target is Goal
Inpatient Discharges	>70	77	89			Higher than Target is Goal

5. Financial

Objective	FY26 Target	OCT 25	NOV 25			Supporting Detail
Operating EBDA in % (Month) *	varies	11.6%	7.7%			November Operating EBDA Target .8%
Operating EBDA in % (YTD) *	>5.2%	8.2%	8.1%			
Days Cash on Hand @ FYE	>30	30.5	30.6			
Net Operating Revenue ($M) (annualized)	>$76.7	$81.6	$81.5			Includes Parcel Tax & IGT Revenues

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
HEALING HERE AT HOME

To: SVHCD Board of Directors
From: Ben Armfield, Chief Financial Officer
Date: January 7, 2026
Subject: Financial Report for November 2025

OVERALL PERFORMANCE SUMMARY | MONTH OF NOVEMBER 2025

- **Operating Performance** – Following October's exceptional performance, November reflected a more normalized - yet still very solid - financial month. The hospital generated Operating EBDA of $520,000, significantly outperforming the budgeted Operating EBDA of $50,500. Operating Margin was essentially breakeven at $2,500, compared to a budgeted operating loss of $(462,000).

  Through the first five months of FY26, the hospital has exceeded budgeted operating performance every month and has posted a positive operating margin in three of the five months. This represents meaningful progress relative to prior years and reinforces that recent gains are not isolated events, but part of a broader upward trajectory that management remains focused on sustaining and improving.

- **Operating Revenues** – **$6.73 Million,** exceeding budget by **10%** or **$638,000**. Outpatient volumes softened relative to October, driven largely by the Thanksgiving holiday, as volumes were tracking closely with October levels prior to the holiday week. Despite this, surgical volumes once again exceeded budget and inpatient activity remained strong, with the hospital posting its highest average daily census of the fiscal year. Gross revenues increased by 13% over budget, translating into solid net revenue performance despite the holiday-related disruption.
- **Operating Expenses** - **$6.73 Million**, coming in just **1.5%** over budget, or **$170,000**. Overall expense performance remained well controlled, with most categories tracking closely to budget expectations. Expense discipline continues to be maintained even as clinical volumes remain elevated.
- **Year-To-Date** the hospital's financial position remains very strong and represents a sharp contrast to prior fiscal years. Through five months of FY26, SVH has generated Operating EBDA in excess of $2.7 million and is sustaining a positive Operating Margin of approximately $200,000 (2.9%) - an important milestone for the organization.

OVERALL PERFORMANCE (In 1000s, INCLUDES PARCEL TAXES) | NOVEMBER 2025

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	$ 2.5	$ (462.8)	$465.3	101%	$ 197.8	$ (2,090.2)	$2,288.0	109%	$ (2,037.7)	$ 2,235.5	110%
Operating EBDA	$ 520.2	$ 50.5	$469.6	929%	$ 2,744.0	$ 526.6	$2,217.4	421%	$ 616.2	$ 2,127.7	345%
Net Income (Loss)	$ 263.5	$ (306.9)	$570.5	186%	$ 1,426.1	$ (1,310.8)	$2,736.9	209%	$ (1,088.2)	$ 2,514.3	231%

- **Cash** – Cash collections in November were lower than recent months, largely attributable to the Thanksgiving holiday and related timing impacts. As previously discussed with the committee, cash levels are expected to remain extremely tight until supplemental revenues are received. November closed with operating cash below $500,000, a level that is clearly unsustainable over the long term but was both anticipated and temporary.

Importantly, the hospital received its December parcel tax apportionment of approximately $2.0 million, which has provided near-term relief. Additional liquidity improvement is expected once Rate Range IGT proceeds are received. Management continues to closely manage cash on a daily basis during this interim period.

DRIVERS IN MONTHLY PERFORMANCE

While November volumes pulled back from October's all-time highs, overall activity levels remain strong, with inpatient and surgical volumes leading performance.

Emergency Room volumes moderated slightly from prior months but still totaled 932 visits (31.1 visits per day), finishing 7% above budget. The ER has averaged more than 30 visits per day every month this fiscal year. Year-to-date, ER volumes exceed both budget and prior year by 13% and 10%, respectively - reflecting sustained demand well above historical norms.

Surgical volumes again exceeded budget by nearly 30%, continuing a steady upward trend throughout the summer and fall. Orthopedics and Gastroenterology remain the primary contributors to this growth, reflecting durable strength across two of the hospital's most strategically important service lines and reinforcing the sustainability of recent surgical performance.

Outpatient volumes were lighter than the exceptionally strong run-rate seen in prior months, primarily due to the Thanksgiving holiday. Total outpatient visits were just over 5,300, finishing approximately 6% below budget. MRI volumes declined from October's record levels but remained strong, exceeding 200 exams for the month - still well above historical averages and budget expectations.

Cash remains incredibly tight and due to the current cash constraints and the timing of supplemental revenue receipts, the hospital has been required to extend accounts payable timelines beyond normal levels. Management has prioritized payroll, critical supplies, and essential vendors, while deferring lower-priority payments where possible to preserve liquidity.

As a result, accounts payable balances and days payable outstanding have increased temporarily. This strategy is intentional and short-term in nature. Once IGT proceeds are received, management expects to systematically normalize payables and reduce outstanding balances. The committee should expect a visible improvement in working capital metrics as these supplemental funds are realized.

IGT Update

The hospital successfully completed the Rate Range IGT matching fee pay-in in November, remitting just under $10.5 million to initiate the federal match process.

In late December, we received confirmation that the proceeds have been distributed to the participating health plans. This is an important milestone and indicates that the program is advancing on a timeline consistent with prior experience, providing confidence in the remaining steps of the process.

Based on this progression, the hospital expects to receive the full IGT proceeds in January. Receipt of these funds will materially improve liquidity and allow management to normalize working capital, including the systematic reduction of accounts payable (which will be sizeable) that were temporarily extended during the interim cash-constrained period.

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 November 30, 2025

ATTACHMENT A

		Month				Year-To- Date						
Revenues		**CYM Actual**	**CYM Budget**	**Var**	**%**	**YTD Actual**	**YTD Budget**	**Var**	**%**	**PYTD Actual**	**Var**	**%**
1	Net Patient Revenue	$ 4,624.0	$ 4,021.4	602.6	15%	$ 23,559.7	$ 20,106.8	3,452.9	17%	$ 20,735.3	2,824.4	14%
2	IGT Program Revenue	1,679.7	1,653.7	26.0	2%	8,288.9	8,268.4	20.5	0%	4,357.7	3,931.2	90%
3	Parcel Tax Revenue	316.7	316.7	(0.0)	0%	1,583.3	1,583.3	(0.0)	0%	1,583.3	(0.0)	0%
4	Other Operating Revenue	109.6	99.9	9.7	10%	506.9	499.4	7.5	1%	492.4	14.5	3%
5	**Total Revenue**	**$ 6,729.9**	**$ 6,091.6**	**638.3**	**10%**	**$ 33,938.8**	**$ 30,457.9**	**3,480.9**	**11%**	**$ 27,168.8**	**6,770.1**	**25%**
Operating Expenses		**CYM Actual**	**CYM Budget**	**Var**	**%**	**YTD Actual**	**YTD Budget**	**Var**	**%**	**PYTD Actual**	**Var**	**%**
6	Labor / Total People Cost	$ 3,150.0	$ 2,996.0	154.0	5%	$ 15,958.2	$ 14,996.0	962.2	6%	$ 14,361.3	1,596.9	11%
7	Professional Fees	726.8	717.7	9.1	1%	3,311.7	3,378.7	(67.0)	-2%	3,312.2	(0.6)	0%
8	Supplies	697.8	691.7	6.1	1%	3,713.1	3,453.0	260.1	8%	3,023.5	689.6	23%
9	Purchased Services	391.1	434.0	(42.9)	-10%	2,105.6	2,100.1	5.5	0%	1,965.6	140.0	7%
10	Depreciation	517.7	513.3	4.4	1%	2,546.1	2,616.7	(70.6)	-3%	2,653.9	(107.8)	-4%
11	Interest	25.0	36.6	(11.6)	-32%	148.7	182.8	(34.0)	-19%	149.6	(0.8)	-1%
12	Other	454.4	400.4	54.0	13%	2,134.5	1,997.7	136.8	7%	1,914.4	220.1	11%
13	IGT Program Expense	764.6	764.6	-	0%	3,823.1	3,823.1	-	0%	1,826.0	1,997.2	109%
14	**Operating Expenses**	**$ 6,727.5**	**$ 6,554.4**	**173.1**	**2.6%**	**$ 33,741.0**	**$ 32,548.1**	**1,192.9**	**3.7%**	**$ 29,206.5**	**4,534.5**	**16%**
15	**Operating Margin**	**$ 2.5**	**$ (462.8)**	**$ 465.3**	**101%**	**$ 197.8**	**$ (2,090.2)**	**$ 2,288.0**	**109%**	**$ (2,037.7)**	**$ 2,235.5**	**110%**
Non Operating Income		**CYM Actual**	**CYM Budget**	**Var**	**%**	**YTD Actual**	**YTD Budget**	**Var**	**%**	**PYTD Actual**	**Var**	**%**
16	GO Bond Activity, Net	235.2	128.6	106.5	83%	1,006.8	643.1	363.7	57%	803.0	203.8	25%
17	Misc Revenue/(Expenses)	25.9	27.2	(1.3)	-5%	221.5	136.2	85.3	63%	146.5	74.9	51%
18	**Total Non-Op Income**	**$ 261.1**	**$ 155.9**	**105.2**	**67%**	**$ 1,228.3**	**$ 779.4**	**448.9**	**58%**	**$ 949.5**	**278.8**	**29%**
19	**Net Income (Loss)**	**$ 263.5**	**$ (306.9)**	**570.5**	**186%**	**$ 1,426.1**	**$ (1,310.8)**	**2,736.9**	**209%**	**$ (1,088.2)**	**2,514.3**	**231%**
20	Restricted Foundation Contr.	94.7	125.0	(30.3)	-24%	1,819.0	625.0	1,194.0	191%	1,513.4	305.6	20%
21	**Change in Net Position**	**$ 358.3**	**$ (181.9)**	**540.2**	**297%**	**$ 3,245.1**	**$ (685.8)**	**3,930.9**	**573%**	**$ 425.2**	**2,819.9**	**663%**
22	**Operating EBDA**	**$ 520.2**	**$ 50.5**	**469.6**	**929%**	**$ 2,744.0**	**$ 526.6**	**2,217.4**	**421%**	**$ 616.2**	**2,127.7**	**345%**

Sonoma Valley Health Care District **ATTACHMENT B**

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

		Current Month	Prior Month	FYE 2025 Prior Year
	Assets			
	Current Assets:			
1	Cash	$ 350.3	$ 1,083.5	$ 4,386.3
2	Net Patient Receivables	8,485.3	8,227.8	7,585.8
3	Allow Uncollect Accts	(1,394.6)	(1,511.5)	(1,256.1)
4	Net Accounts Receivable	$ 7,090.7	$ 6,716.3	$ 6,329.7
5	IGT Program Receivable	19,320.6	19,320.5	-
6	Parcel Tax Receivable	3,800.0	3,800.0	-
7	GO Bond Tax Receivable	3,115.2	3,344.0	-
8	Other Receivables	467.8	402.7	1,423.3
9	Inventory	985.4	985.7	841.0
10	Prepaid Expenses	1,284.5	1,314.2	788.1
11	Total Current Assets	$ 36,414.4	$ 36,967.0	$ 13,768.5
12	Property,Plant & Equip, Net	$ 60,715.0	$ 60,911.1	$ 60,342.6
13	Trustee Funds - GO Bonds	3,493.4	3,481.7	5,986.7
14	Other Assets - Deferred IGT Expense	5,600.7	6,313.6	-
15	**Total Assets**	**$ 106,223.5**	**$ 107,673.4**	**$ 80,097.8**
	Liabilities & Fund Balances			
	Current Liabilities:			
16	Accounts Payable	7,922.1	$ 7,576.6	$ 7,282.7
17	Accrued Compensation	3,684.6	3,794.5	4,059.9
18	IGT Program Payable	(1,182.5)	9,243.6	-
19	Interest Payable - GO Bonds	105.4	74.2	154.4
20	Accrued Expenses	418.2	412.7	166.1
21	Deferred IGT Revenue	11,586.9	13,235.0	-
22	Deferred Parcel Tax Revenue	2,216.7	2,533.3	-
23	Deferred GO Bond Tax Revenue	1,920.4	2,194.7	-
24	Current Maturities-LTD	740.0	740.0	740.0
25	Line of Credit - Summit Bank	10,500.0	-	-
26	Other Liabilities	-	-	-
27	Total Current Liabilities	$ 37,911.8	$ 39,804.7	$ 12,403.1
28	Long Term Debt, net current portion	$ 24,134.3	$ 24,049.5	$ 27,239.3
29	Total Fund Balance	$ 44,177.4	$ 43,819.2	$ 40,455.4
30	**Total Liabilities & Fund Balances**	**$ 106,223.5**	**$ 107,673.4**	**$ 80,097.8**

Cash Indicators	Current Month	Prior Month	Prior Year FYE
Days Cash	4.3	7.2	29.2
A/R Days	46.0	43.6	45.8
A/P Days	73.4	70.2	67.2

Sonoma Valley Health Care District

Projected Cash Forecast (In 1000s)

ATTACHMENT C

	FY 2026	*ACTUAL* **July**	*ACTUAL* **Aug**	*ACTUAL* **Sept**	*ACTUAL* **Oct**	*ACTUAL* **Nov**	*Forecast* **Dec**	*Forecast* **Jan**	*Forecast* **Feb**	*Forecast* **Mar**	*Forecast* **Apr**	*Forecast* **May**	*Forecast* **Jun**	**TOTAL**
	Hospital Operating Sources													
1	Patient Payments Collected	$ 4,683.2	$ 4,292.8	$ 4,956.9	$ 4,513.5	$ 4,208.0	$ 3,950.0	$ 4,373.0	$ 4,300.0	$ 4,400.0	$ 4,300.0	$ 4,300.0	$ 4,357.0	$ 52,634.4
2	Other Revenue - Operating & Non-Op	182.5	104.0	101.6	94.6	101.0	105.0	105.0	105.0	105.0	105.0	105.0	105.0	1,318.7
3	IGT Program Revenue	-	-	-	523.7	31.5	-	22,857.6	-	0.9	-	-	1,000.1	24,413.8
4	Parcel Tax Revenue	110.9	-	-	-	-	2,000.0	-	-	-	1,664.1	-	-	3,775.0
5	Unrestricted Contributions	4.0	-	-	-	-	-	-	-	-	-	-	-	4.0
6	**Sub-Total Hospital Sources**	**$ 4,980.6**	**$ 4,396.8**	**$ 5,058.5**	**$ 4,608.1**	**$ 4,309.0**	**$ 6,629.2**	**$ 27,335.6**	**$ 4,405.0**	**$ 4,505.9**	**$ 6,069.1**	**$ 4,405.0**	**$ 5,462.1**	**$ 82,164.9**
	Hospital Uses of Cash													
7	Operating Expenses / AP Payments	$ 5,649.7	$ 4,948.5	$ 4,975.3	$ 6,009.0	$ 4,877.2	$ 5,300.0	$ 7,810.8	$ 6,300.0	$ 5,750.0	$ 5,500.0	$ 5,900.0	$ 5,200.0	$ 68,220.5
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	-	-	-	-	106.0	90.0	75.0	-	-	-	-	-	271.0
10	IGT Matching Fee Payments	-	228.5	-	-	10,426.1	-	-	-	293.5	-	87.7	-	11,035.9
11	Capital Expenditures - SVH Funded	145.6	-	11.3	84.5	59.3	144.9	166.7	723.8	344.5	344.5	244.5	244.5	2,514.1
12	Capital Expenditures - Foundation Funded	876.5	468.8	133.8	205.4	94.3	-	-	-	-	-	-	-	1,778.8
13	**Total Hospital Uses**	**$ 6,745.4**	**$ 5,719.5**	**$ 5,194.0**	**$ 6,372.4**	**$ 15,636.6**	**$ 5,608.5**	**$ 8,126.0**	**$ 7,097.3**	**$ 6,461.6**	**$ 5,918.1**	**$ 6,305.8**	**$ 5,518.1**	**$ 84,703.3**
	Net Hospital Sources/Uses of Cash	**$ (1,764.7)**	**$ (1,322.7)**	**$ (135.5)**	**$ (1,764.3)**	**$ (11,327.6)**	**$ 1,020.8**	**$ 19,209.6**	**$ (2,692.3)**	**$ (1,955.8)**	**$ 151.0**	**$ (1,900.8)**	**$ (56.0)**	**$ (2,538.4)**
	Non-Hospital Sources													
14	Restricted Donations (rec'd from Foundation)	806.7	538.6	214.6	124.5	94.3	-	-	-	-	-	-	-	1,778.8
15	Line of Credit Draw - Summit Bank	-	-	-	-	10,500.0	-	-	-	-	-	-	-	10,500.0
17	**Sub-Total Non-Hospital Sources**	**$ 806.7**	**$ 538.6**	**$ 214.6**	**$ 124.5**	**$ 10,594.3**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 12,278.8**
	Non-Hospital Uses of Cash													
18	Line of Credit Payoff - Summit Bank	-	-	-	-	-	-	10,500.0	-	-	-	-	-	10,500.0
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**	**$ 214.6**	**$ 124.5**	**$ 10,594.3**	**$ -**	**$ (10,500.0)**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,778.8**
22	**Net Sources/Uses**	**$ (958.0)**	**$ (784.1)**	**$ 79.1**	**$ (1,639.8)**	**$ (733.3)**	**$ 1,020.8**	**$ 8,709.6**	**$ (2,692.3)**	**$ (1,955.8)**	**$ 151.0**	**$ (1,900.8)**	**$ (56.0)**	**$ (759.6)**
23	Total Cash at beginning of period	$ 4,386.3	$ 3,428.3	$ 2,644.2	$ 2,723.3	$ 1,083.5	$ 350.3	$ 1,371.0	$ 10,080.6	$ 7,388.3	$ 5,432.5	$ 5,583.5	$ 3,682.7	
24	**Total Cash at End of Period**	**$ 3,428.3**	**$ 2,644.2**	**$ 2,723.3**	**$ 1,083.5**	**$ 350.3**	**$ 1,371.0**	**$ 10,080.6**	**$ 7,388.3**	**$ 5,432.5**	**$ 5,583.5**	**$ 3,682.7**	**$ 3,626.8**	
25	**Days of Cash on Hand at End of Month**	**22.0**	**17.0**	**17.5**	**7.2**	**4.3**	**8.8**	**64.6**	**47.4**	**34.8**	**35.8**	**23.6**	**23.2**	

Sonoma Valley Health Care District **ATTACHMENT D**

Key Performance Indicators | Volumes & Statistics

For the Period Ended November 30, 2025

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
Inpatient Volume											
Acute Patient Days	334	250	84	33%	1,361	1,262	99	8%	1,109	252	23%
Acute Discharges	89	68	21	31%	364	344	20	6%	295	69	23%
Average Length of Stay	3.7	3.7	0.1	2%	3.7	3.7	0.1	2%	3.8	(0.0)	0%
Average Daily Census	11.1	8.3	2.8	33%	8.9	8.3	0.6	8%	7.2	2	23%
Surgical Volume											
IP Surgeries	15	9	6	60%	62	47	15	32%	41	21	51%
OP Surgeries	163	128	35	27%	739	640	99	15%	664	75	11%
Total Surgeries	**178**	**137**	**41**	**30%**	**801**	**687**	**114**	**17%**	**705**	**96**	**14%**
Other Outpatient Activity											
Total Outpatient Visits	5,307	5,660	(353)	-6%	30,153	28,300	1,853	7%	28,256	1,897	7%
Emergency Room Visits	932	875	57	7%	4,951	4,375	576	13%	4,495	456	10%

Payor Mix	**Actual**	**Budget**	**%**	**Actual**	**Budget**	**%**
Medicare	42.3%	37.7%	4.6%	40.9%	37.9%	3.0%
Medicare Mgd Care	17.9%	18.2%	-0.3%	18.2%	18.3%	-0.1%
Medi-Cal	20.4%	16.2%	4.2%	17.6%	16.2%	1.5%
Commercial	15.3%	23.9%	-8.6%	19.4%	23.8%	-4.4%
Other	4.0%	3.9%	0.1%	3.9%	3.8%	0.0%
Total	**100.0%**	**100.0%**		**100.0%**	**100.0%**	

Payor Mix calculated based on gross revenues

Trended Outpatient Visits by Area

	Most Recent Six Months							YoY Monthly Averages			
Department	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Last 6 Months**	**FY26**	**FY25**	**Chg**	**% Chg**
Lab	1,392	1,450	1,403	1,481	1,535	1,217		1,417	1,348	69	5%
Medical Imaging	1,051	1,087	1,011	999	1,056	940		1,019	982	36	4%
Physical Therapy	1,460	1,319	1,465	1,502	1,600	1,270		1,431	1,424	7	1%
CT Scanner	497	508	458	482	545	465		492	449	42	9%
Occ. Health	268	198	256	285	313	282		267	267	(0)	0%
Mammography	237	233	230	250	295	254		252	245	8	3%
Occ. Therapy	211	288	208	195	236	224		230	203	27	13%
Ultrasound	220	297	251	247	281	289		273	218	55	25%
Wound Care	295	285	278	325	284	-		234	251	(17)	-7%
MRI	198	230	178	251	251	202		222	181	41	23%
ECHO	148	134	100	114	131	88		113	129	(15)	-12%
Speech Therapy	70	60	59	53	57	58		57	68	(11)	-16%
Other	17	28	28	19	17	18		22	23	(1)	-5%
TOTAL	**6,064**	**6,117**	**5,925**	**6,203**	**6,601**	**5,307**		**6,031**	**5,789**	**242**	**4%**
Emergency Room	985	1,052	1,040	975	952	932		1,005	868	137	16%
ER Visits / Day	32.8	33.9	33.5	32.5	30.7	31.1		32.7	28.9	3.7	13%

Sonoma Valley Health Care District **ATTACHMENT E**

Overall Performace | Key Performance Indicators

For the Period Ended November 30, 2025

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	$ 2.5	$ (462.8)	$ 465.3	101%	$ 197.8	$ (2,090.2)	$ 2,288.0	109%	$ (2,037.7)	$ 2,235.5	110%
Operating EBDA	$ 520.2	$ 50.5	$ 469.6	929%	$ 2,744.0	$ 526.6	$ 2,217.4	421%	$ 616.2	$ 2,127.7	345%
Net Income (Loss)	$ 263.5	$ (306.9)	$ 570.5	186%	$ 1,426.1	$ (1,310.8)	$ 2,736.9	209%	$ (1,088.2)	$ 2,514.3	231%

Operating Revenue Summary (All Numbers in 1000s)

Net Patient Revenue	$ 6,304	$ 5,675	$ 629	11%	$ 31,849	$ 28,375	$ 3,473	12%	$ 25,093	$ 6,756	27%
NPR as a % of Gross	19.3%	19.7%	-1.6%		19.0%	19.7%	-3.5%		17.3%	9.4%	
Operating Revenue	$ 6,730	$ 6,092	$ 638	10%	$ 33,939	$ 30,458	$ 3,481	11%	$ 27,168.8	$ 6,770	25%

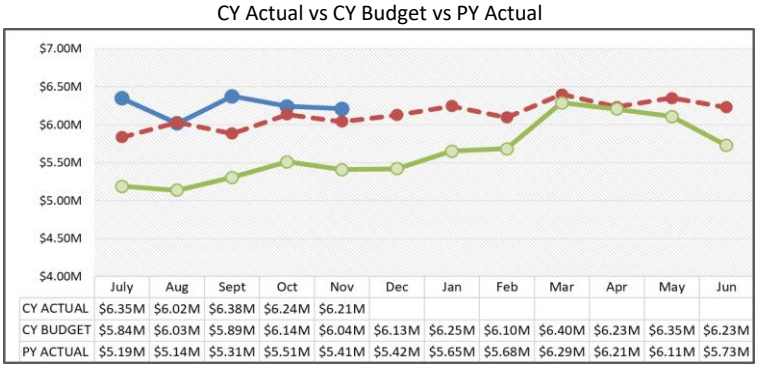
Operating Expense Summary (All Numbers in 1000s)

Operating Expenses	$ 6,727	$ 6,554	$ 173	3%	$ 33,741	$ 32,548	$ 1,193	4%	$ 29,206	$ 4,535	16%
Op Exp. Excl. Depr.	$ 6,210	$ 6,041	$ 169	3%	$ 31,195	$ 29,931	$ 1,263	4%	$ 26,553	$ 4,642	17%
Worked FTEs	237.10	232.15	4.95	2%	231.12	225.09	$ 6.03	3%	218.09	13.03	6%

Trended Operating Revenue & Operating Expense Graphs

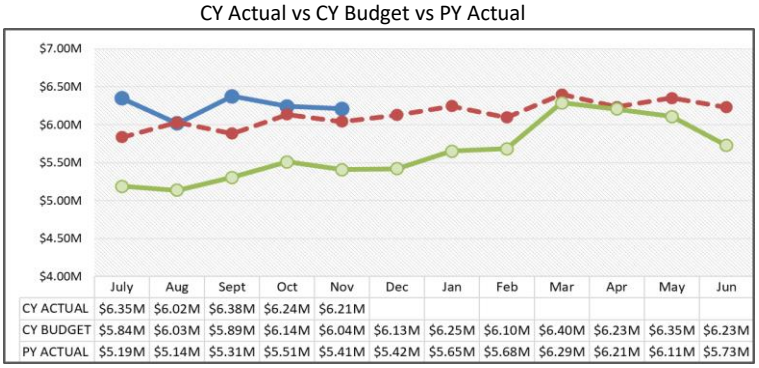
Trended Operating Revenues

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	4.3	7.2	(2.9)	-40%
A/R Days	46.0	43.6	2.4	6%
A/P Days	73.4	70.2	3.2	5%