



SVHCD FINANCE COMMITTEE MEETING

AGENDA

TUESDAY, JANUARY 27, 2026

5:00 p.m. Closed Session

5:20 p.m. Regular Session

To Be Held in Person at
Sonoma Valley Hospital, 347 Andrieux Street
Administrative Conference Room
and via Zoom:

<https://sonomavalleyhospital-org.zoom.us/j/98107668749>

Meeting ID: 981 0766 8749

One tap mobile

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+16699009128,,98107668749#

In compliance with the Americans with Disabilities Act, the District will provide reasonable accommodations to persons with disabilities. If you require special accommodations to participate in a District meeting, please contact Whitney Reese at wreese@sonomavalleyhospital.org or 707-935-5035, at least 48 hours prior to the meeting, when possible.

MISSION STATEMENT

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

CLOSED SESSION 5:00 p.m.

Calif. Government Code §37606 and 37624.3: TRADE SECRET;
Discussion will concern proposed new service and/or program

(A “trade secret” is defined as information that is not generally known to the public or competitors and that (1) “derives independent economic value, actual or potential” by virtue of its restricted knowledge; (2) is necessary to initiate a new hospital service or program or facility; and (3) would, if prematurely disclosed, create a substantial probability of depriving the hospital of a substantial economic benefit.)

REGULAR SESSION 5:20 p.m.

1. CALL TO ORDER/ANNOUNCEMENTS	<i>Case</i>	
2. PUBLIC COMMENT SECTION	<i>Case</i>	
<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. CONSENT CALENDAR <ul style="list-style-type: none">Finance Committee Minutes 11.18.25	<i>Case</i>	Action Pages 4 - 5
4. TELEMETRY SYSTEM REPLACEMENT	<i>Armfield</i>	Action Pages 6 - 27
5. EAST AIR HANDLER REPLACEMENT	<i>Drummond/Armfield</i>	Action Pages 28 - 32
6. SERVICE LINE CONTRIBUTION MARGIN ANALYSIS & MARKET SHARE	<i>Armfield</i>	Inform Pages 33 - 39
7. SEISMIC COMPLIANCE UPDATE	<i>Armfield</i>	Inform
8. FINANCIAL REPORTS FOR MONTH END DECEMBER 2025	<i>Armfield</i>	Inform Pages 40 - 47
9. ADJOURN	<i>Case</i>	



To: SVHCD Finance Committee
From: Ben Armfield, Chief Financial Officer
Date: January 27, 2026
Subject: January Agenda Overview & Key Considerations

Happy New Year! As we begin 2026, management is introducing a brief, one-page agenda overview such as this to help frame each Finance Committee meeting. Our intent is to provide a concise summary of the items to be discussed, highlight where formal Committee action is requested, and offer helpful context on how to approach the materials included in the packet. We expect to include a similar one-page overview going forward.

For January, the agenda includes several items to tee up and discuss, including time-sensitive capital requests and a number of informational updates. The summary below is intended to quickly orient the Committee to those items and provide context that management believes will be helpful as you review the attached materials.

Closed Session Discussion: SVH and Summit Bank Relationship

- Summit Bank / SVH Relationship Discussion**

Janet Conners, Vice President at Summit Bank, will join the Committee to participate in a discussion regarding SVH's banking relationship and outlook. This discussion is intended to provide context on the current relationship and lending framework, discuss near- and mid-term liquidity considerations, and explore the forward "glidepath" for NOTE : Due to the nature of items being discussed, this item will be held as a closed session item, starting at 5:00.

Action Items for Committee Consideration:

There are two action items for which management is seeking a recommendation from the Finance Committee:

- Telemetry System Replacement | \$620,000**

Management is seeking Finance Committee recommendation to proceed with the replacement of the hospital's end-of-life telemetry and patient monitoring system, at a not-to-exceed cost of \$620,252. This is a long-standing capital need tied directly to patient safety and clinical operations, and was identified as a critical capital item during the FY26 budget process. The proposed solution was selected following a comprehensive evaluation of alternatives. The Committee's role is to evaluate the recommendation and, if supported, forward it to the Board of Directors.

- East Air Handler (EAH3) Replacement**

Management is requesting Finance Committee recommendation to advance the EAH3 replacement project and authorize management to proceed with the public bidding process, at a not-to-exceed project cost of \$2,011,409. EAH3 has failed and requires replacement to maintain East Wing operations and improve infrastructure resiliency. This action represents a critical first step in addressing broader HVAC system risks across the campus.

Other Informational Items of Note :

- Contribution Margin Analysis & Market Share Analysis**

We will spend time walking through a completed profitability contribution margin analysis as well as compiled market share data (specific to inpatient and emergency medicine activity). The FY25 Contribution Margin and Market Share materials are provided for context and directional insight, not for approval. As you review these reports, it is important to note that these are directional – not absolute. A few callouts that may be helpful to be aware of prior to reviewing these reports:

- The profitability analysis is based on cost accounting and contribution margin, not total net income, and will not tie out dollar-for-dollar to the hospital's year-end financial statements.
- Indirect and overhead cost allocation methodologies remain a work in progress, and management continues to refine these models following the Epic implementation.

- The market share data is heavily weighted toward inpatient volumes, which inherently understates areas of strength for Sonoma Valley Hospital given our outpatient- and emergency-focused care model.

Taken together, these reports are intended as directional tools to inform strategic discussion and identify trends, rather than as definitive measures of service-line profitability. Additional detail and limitations are outlined in the accompanying cover memo.

- **Seismic Update**

Management will provide an update on recent seismic compliance activity and submission of specific required seismic documents.

- **December Finance Report**

Management will provide an update on December financial performance, which exceeded budget for a sixth straight month. Management will also provide updates on cash flow and anticipated receipts related to the IGT Rate Range Program.

Looking forward to seeing you all on Tuesday, 1/27 at 5:00. Please feel free to reach out in advance if you have any questions or would like to flag topics for discussion.



SVHCD FINANCE & AUDIT COMMITTEE MEETING

MINUTES

TUESDAY, NOVEMBER 18, 2025
In Person at Sonoma Valley Hospital
347 Andrieux Street
and Via Zoom Teleconference

Present	Not Present/Excused	Staff/Public
Ed Case, in person Paul Chakmak, in person Alexis Alexandridis, MD MBA FACS, in person Andrew Exner, in person Robert Crane, in person Graham Smith, via zoom Dennis Bloch, via zoom	Catherine Donahue	Ben Armfield, SVH CFO, in person Kelley Kaiser, SVH President and CEO, in person Whitney Reese, SVH Board Clerk, in person Lois Fruzynski, SVH Accounting Manager, in person Leslie Petersen, SVH Foundation ED, in person Dawn Kuwahara RN BSN, SVH Chief Ancillary Officer, in person Patrick I. Okolo III, MD MPH, SVH Chief Medical Officer, via zoom Lisa Stone, SVH Revenue Cycle Manager, via zoom Wendy Lee Myatt, via zoom

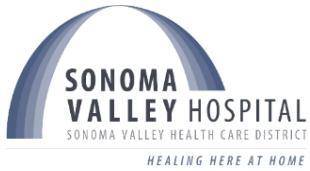
MISSION & VISION STATEMENT

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

AGENDA ITEM	PRESENTER	ACTIONS
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Ed Case</i>	Meeting called to order 5:00pm
No meeting for December. Committee will reconvene in January - happy holidays and New Year. Appreciation expressed to all committee members.		
2. PUBLIC COMMENT SECTION	None	
3. WELCOME KELLEY KAISER	<i>Ed Case</i>	
4. CONSENT CALENDAR	<i>Ed Case</i>	Action
Finance Committee Minutes 10.28.25	MOTION: Motion to approve by Exner, 2 nd by Chakmak. All in favor.	
5. IGT UPDATE	<i>Ben Armfield</i>	Inform
Armfield reported SVH will be receiving a total net benefit of \$12 million through the IGT program. That consists of about a \$10.5 million pay-in with about \$22 million coming back in revenue proceeds. \$5 million more than last year, \$9 million more than FY24. Budgeted net benefit of about \$10 million.		
6. SEISMIC UPDATE	<i>Ben Armfield</i>	Inform
Armfield gave an overview of upcoming seismic compliance deadlines, starting with a January 1, 2026 filing that outlines scope and timing. After consulting with the California Hospital Association, leadership learned there are limited legislative options, as a recent deadline extension bill was vetoed. The plan is to file the required compliance application and seek an extension available to distressed hospitals, potentially moving the 2030 deadline to 2033, while continuing advocacy efforts. Although full seismic upgrades are likely unaffordable, filing on time may allow flexibility, state financial support, and ongoing dialogue as the		

state works to balance expectations for large systems versus small, rural hospitals.

7. STRYKER OR EQUIPMENT SYSTEM REPLACEMENT	<i>Ben Armfield</i>	Action
Committee discussed replacing the hospital's aging, end-of-life surgical video system used in all operating rooms, which is critical for laparoscopic procedures and overall OR functionality. The system is being fundraised by the foundation, which has already raised about \$275k. Due to cash constraints and the risk of system failure, the committee approved a short-term lease with a three-month payment deferral rather than an upfront purchase, allowing installation to proceed while giving time for fundraising and IGT funds to arrive.		
	MOTION: Motion to approve by Crane, 2 nd by Chakmak. All in favor.	
8. 2026 FINANCE COMMITTEE WORK PLAN	<i>Ben Armfield</i>	Action
Armfield presented work plan highlighting new/modified agenda items and noting specific items that require Action from the Finance Committee.		
	MOTION: Motion to approve by Bloch, 2 nd by Exner. All in favor.	
9. FINANCIAL REPORTS FOR MONTH END OCTOBER 2025 <ul style="list-style-type: none">• Cash Flow/Financing	<i>Ben Armfield</i>	Inform
Armfield reported October was the hospital's strongest financial month in recent history, with an operating margin over \$300,000 driven by higher volumes across key service lines, especially outpatient imaging and surgery. Operating revenue exceeded budget by more than 15% while expenses were only slightly over budget, resulting in a positive operating margin for the first four months of the fiscal year. While operations are performing well, cash remains tight until parcel tax and IGT funds arrive, requiring careful management of payables. The Committee also discussed ongoing growth opportunities, particularly in physical therapy, alongside continued pressures from staffing challenges, inflation, and rising supply and operating costs.		
10. ADJOURN	<i>Ed Case</i>	Inform
Meeting adjourned at 6:07pm		



To: SVHCD Finance Committee
From: Ben Armfield, Chief Financial Officer
Date: January 27, 2026
Subject: Mindray Telemetry System Replacement - \$620,252

THE ASK

Approval is requested to authorize management to proceed with the purchase and installation of a replacement hospital-wide telemetry and patient monitoring system from Mindray, at a **total not-to-exceed cost of \$620,252** (per final vendor proposal). This item has been a long-standing capital need and was formally elevated to a critical priority during the FY26 budget process.

TELEMETRY MONITORING SYSTEM - What is it and why do we need it?

A telemetry monitoring system is the hospital's continuous, real-time method of tracking a patient's heart rhythm, vital signs, and status while allowing clinical staff to monitor multiple patients from centralized viewing stations. At SVH, this system is foundational to safe operations across the Emergency Department, ICU, and Med/Surg floors - particularly for patients who require uninterrupted monitoring.

In practical terms, the new system replaces and modernizes all of the equipment our staff use to continuously observe patients - both at the bedside and from central nursing stations. It ensures that patients are safely monitored at all times, including during transport. The upgraded system provides a unified and reliable platform that alerts staff quickly when a patient's condition changes and supports early intervention. Because this monitoring is core to patient safety, having a modern and dependable system is essential.

BACKGROUND

SVH's existing telemetry and patient monitoring infrastructure is **over 15 years old** and well beyond its expected useful life. It was identified as a capital need dating back to FY 2023. As part of the FY26 budget development cycle, this replacement was designated as a critical clinical infrastructure item, similar in priority to the recent Stryker OR system replacement reviewed by this Committee.

The current system shows increasing reliability issues, limited expandability, and growing maintenance challenges. Replacement is now required to mitigate increasing risk and maintain patient-safety standards.

ASSESSMENT

Management evaluated multiple replacement options, including an updated version of our current platform - SpaceLabs. SpaceLabs is a well-established monitoring system widely used across community hospitals; however, it carries a higher capital cost and does not offer meaningful incremental advantages over newer platforms in terms of functionality, flexibility, or long-term value.

After performing due diligence, management unanimously selected Mindray as the preferred vendor. Several factors informed this decision:

- **Cost:** Mindray's total proposal of \$620,000 is more than 20% lower than a functionally comparable SpaceLabs solution, while offering equivalent clinical capabilities, modern software, and a competitive warranty structure.
- **Technology and Quality:** Mindray's solution includes more equipment and broader functionality than alternative platforms, including portable vital-signs devices and monitors with more advanced capabilities for critical care and trauma settings. Each bedside monitor also functions as a transport monitor, improving continuity of monitoring when patients move between departments. In addition, the Emergency Department and critical-care monitors offer expanded functionality to support higher-acuity patients and more advanced monitoring needs.
- **Increased Telemetry Capacity:** The Mindray solution more than doubles the hospital's telemetry capacity, increasing available telemetry units from four to nine.

- **UCSF Alignment:** As part of our evaluation, we solicited feedback from UCSF, which uses Mindray across its enterprise for telemetry and patient monitoring. Their team strongly recommended Mindray based on system performance, ease of use for clinical staff, and the company's support structure.

This external validation, combined with our internal cost and capability review, supports Mindray as the best long-term partner for SVH.

Mindray has also confirmed a two-month equipment lead time, with payment due 45 days after installation, giving the hospital flexibility around cash flow timing.

FINANCIAL CONSIDERATIONS – Funding Plan

- **Total Capital Cost:** \$620,252
- **Funding Recommendation:** Direct Purchase

Up until recently, vendor financing was the preferred option - primarily because this need was emerging during the hospital's most vulnerable cash-flow period (the fall months, before IGT funds arrive). However, we have been able to extend the life of our current system long enough to align the purchase with the arrival of IGT funds at the end of this month, which now makes a full purchase financially feasible and more advantageous than financing.

Additionally, management is actively working with the SVH Foundation on the potential for philanthropic support to help offset some portion of the project cost. This could further reduce the financial impact on hospital operations and preserve liquidity for other FY26 capital needs.

RECOMMENDATION

Management recommends approval to proceed with the purchase and installation of the Mindray telemetry and patient monitoring system (Quote Q-177203) at a **total not-to-exceed cost of \$620,252**.

This investment replaces an end-of-life system, fulfills a long-standing capital need, supports patient safety, aligns with the FY26 capital plan, and can be funded in a manner that preserves hospital liquidity.

ATTACHMENTS:

- I. Mindray Final Proposal

A GLOBAL LEADER IN PATIENT MONITORING, ANESTHESIA AND ULTRASOUND SYSTEMS

PROPOSAL FOR:
SONOMA VALLEY HOSPITAL

PREPARED BY:

Clayton Haflich

Oct 17, 2025



monitoring | anesthesia | ultrasound

Proposal Summary

Proposal Date: Oct 17, 2025
 Proposal Number: Q-177203
 Proposal Exp. Date: Dec 26, 2025
 Sales Rep: Clayton Haflich
 Proposal For: SONOMA VALLEY HOSPITAL

Contact: James Dugger
 Title: Director of Materials Management
 Phone: (707) 935-5224
 Email: jdugger@sonomavalleyhospital.org

Mindray DS USA, Inc.
 800 MacArthur Blvd.
 Mahwah, NJ 07430
 Tel: 201-995-8000
 Fax: 800.266.9624

Total Price By Department

ED GENERAL/TRIAGE 1ST FLOOR (NEW WING)

Department Name	List Price	Departmental Discount	Net Price
ED GENERAL/TRIAGE 1ST FLOOR (NEW WING)	USD 143,397.00	USD -66,768.36	USD 76,628.64
ED GENERAL/TRIAGE 1ST FLOOR (NEW WING) TOTAL:			USD 76,628.64

ED HALLWAY

Department Name	List Price	Departmental Discount	Net Price
ED Hallway	USD 29,410.00	USD -13,843.36	USD 15,566.64
ED HALLWAY TOTAL:			USD 15,566.64

ED WORKSTATION

Department Name	List Price	Departmental Discount	Net Price
ED Workstation	USD 27,329.08	USD -10,954.24	USD 16,374.84
ED WORKSTATION TOTAL:			USD 16,374.84

ED TRAUMA (ROOM 6 & 7)

Department Name	List Price	Departmental Discount	Net Price
ED TRAUMA (ROOM 6 & 7)	USD 62,502.00	USD -29,324.65	USD 33,177.35
ED TRAUMA (ROOM 6 & 7) TOTAL:			USD 33,177.35

OR 2ND FLOOR (NEW WING)

Department Name	List Price	Departmental Discount	Net Price
OR 2ND FLOOR (NEW WING)	USD 72,998.00	USD -34,323.17	USD 38,674.83
OR 2ND FLOOR (NEW WING) TOTAL:			USD 38,674.83

PACU/PRE OP 2ND FLOOR (NEW WING)

Department Name	List Price	Departmental Discount	Net Price
PACU/PRE OP 2ND FLOOR (NEW WING)	USD 172,179.00	USD -79,797.42	USD 92,381.58
PACU/PRE OP 2ND FLOOR (NEW WING) TOTAL:			USD 92,381.58

OR/PACU/PRE OP WORKSTATION

Department Name	List Price	Departmental Discount	Net Price
OR/PACU/PRE OP WORKSTATION	USD 18,045.00	USD -8,441.04	USD 9,603.96
OR/PACU/PRE OP WORKSTATION TOTAL:			USD 9,603.96

MEDSURG TELEMETRY (3RD FLOOR/WEST WING)

Department Name	List Price	Departmental Discount	Net Price
MEDSURG TELEMETRY (3RD FLOOR/WEST WING)	USD 52,654.00	USD -25,432.01	USD 27,221.99
MEDSURG TELEMETRY (3RD FLOOR/WEST WING) TOTAL:			USD 27,221.99

MEDSURG WORKSTATION

Department Name	List Price	Departmental Discount	Net Price
MedSurg Workstation	USD 24,767.72	USD -9,825.69	USD 14,942.03
MEDSURG WORKSTATION TOTAL:			USD 14,942.03

ICU (3RD FLOOR/WEST WING)

Department Name	List Price	Departmental Discount	Net Price
ICU (3RD FLOOR/WEST WING)	USD 143,136.00	USD -66,443.70	USD 76,692.30
ICU (3RD FLOOR/WEST WING) TOTAL:			USD 76,692.30

ICU WORKSTATION

Department Name	List Price	Departmental Discount	Net Price
ICU Workstation	USD 16,845.00	USD -7,835.04	USD 9,009.96
ICU WORKSTATION TOTAL:			USD 9,009.96

ICU TRANSPORT

Department Name	List Price	Departmental Discount	Net Price
ICU Transport	USD 14,115.00	USD -6,706.03	USD 7,408.97
ICU TRANSPORT TOTAL:			USD 7,408.97

VITAL SIGNS (ED/CT/MEDSURG)

Department Name	List Price	Departmental Discount	Net Price
VITAL SIGNS (ED/CT/MEDSURG)	USD 60,930.00	USD -29,846.34	USD 31,083.66
VITAL SIGNS (ED/CT/MEDSURG) TOTAL:			USD 31,083.66

INFRASTRUCTURE

Department Name	List Price	Departmental Discount	Net Price
Infrastructure	USD 176,612.02	USD -46,934.88	USD 129,677.14
INFRASTRUCTURE TOTAL:			USD 129,677.14

EGATEWAY

Department Name	List Price	Departmental Discount	Net Price
eGateway	USD 49,623.00	USD -23,739.57	USD 25,883.43
EGATEWAY TOTAL:			USD 25,883.43

CLINICAL EDUCATION

Department Name	List Price	Departmental Discount	Net Price
Clinical Education	USD 15,924.95	USD 0.00	USD 15,924.95
CLINICAL EDUCATION TOTAL:			USD 15,924.95

TOTAL: USD 620,252.27

To: James Dugger
SONOMA VALLEY HOSPITAL
347 ANDRIEUX ST
SONOMA, CA 95476

Sales Representative: Clayton Haflich
Quote Number: Q-177203
Proposal Date: Oct 17, 2025

Affiliation: CHC

Phone:
E-mail: c.haflich@mindray.com

**ED GENERAL/TRIAGE 1ST FLOOR
(NEW WING)**

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
1	121-001524-00	N1 Monitor with Nellcor® OxiMax® SpO2, ST/Arrhythmia analysis, 3/5/6-lead ECG, NIBP, two invasives, dual temperature, integrated battery, 2.4/5GHz wireless enabled Multiparameter Modules-include Masimo or Nellcor SpO2 adult reusable sensor, Masimo or Nellcor SpO2 cable, reusable adult NIBP cuff and hose, ECG 5 lead adult defib proof cable and ECG 5 lead snap 24" wire set, and MR420B adapter cable for YSI probe. All other accessories must be ordered separately. (N-Series Monitors connected to BeneVision DMS must be at R4.01 or greater. eGateway compatibility is eGateway 6.7 or greater.)	USD 11,295.00	USD 5,591.03	7	USD 39,137.21
2	803-040197-00	Device Install & Setup w/ CABL and tenting for one of the following - patient monitor, printer or display. Includes Cable pull with tenting, programming, configuration and verification	USD 1,836.00	USD 1,560.60	7	USD 10,924.20
3	121-001621-00	Microstream CO2 Module / Peds-Adult	USD 4,440.00	USD 2,197.80	2	USD 4,395.60
4	121-001635-00	Docking Station with pole mount kit Sales BOM	USD 1,100.00	USD 544.50	7	USD 3,811.50
5	115-054851-00	Transport Modular rack/handle with 1X module slot and bedrail hook kit	USD 875.00	USD 555.19	7	USD 3,886.33
6	121-001617-00	22" ELO Screen for N17 or N1 (023-001403-00) Sales BOM	USD 3,875.00	USD 1,918.13	7	USD 13,426.91
7	045-003254-00	N1/T1 Dock Mount - cross clamp with 9" riser post includes 9" downpost and clamp	USD 145.00	USD 92.00	7	USD 644.00
8	115-033880-00	Host to GCX mounting kit (Mounts the host to the wall channel-included with N19/N22 rotating kit Sales BOM pn 121-001636-00)	USD 45.00	USD 28.55	7	USD 199.85
9	001C-30-70759	IM2201 12 Pin IBP cable (Hospira)	USD 160.00	USD 101.52	2	USD 203.04
ED GENERAL/TRIAGE 1ST FLOOR (NEW WING) TOTAL:						USD 76,628.64

ED HALLWAY

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
10	121-001524-00	N1 Monitor with Nellcor® OxiMax® SpO2, ST/ Arrhythmia analysis, 3/5/6-lead ECG, NIBP, two invasives, dual temperature, integrated battery, 2.4/5GHz wireless enabled Multiparameter Modules-include Masimo or Nellcor SpO2 adult reusable sensor, Masimo or Nellcor SpO2 cable, reusable adult NIBP cuff and hose, ECG 5 lead adult defib proof cable and ECG 5 lead snap 24" wire set, and MR420B adapter cable for YSI probe. All other accessories must be ordered separately. (N-Series Monitors connected to BeneVision DMS must be at R4.01 or greater. eGateway compatibility is eGateway 6.7 or greater.)	USD 11,295.00	USD 5,591.03	2	USD 11,182.06
11	803-040040-00	Device Install & Setup w/o CABL for one of the following - patient monitor, printer or display. Includes programming, configuration and verification	USD 845.00	USD 718.25	2	USD 1,436.50
12	009-004783-00	5-Lead ECG Leadset, AHA, Snap, 36"	USD 145.00	USD 92.00	2	USD 184.00
13	045-004267-00	Mobile Stand with Quick Release Mount	USD 445.00	USD 282.35	2	USD 564.70
14	121-001635-00	Docking Station with pole mount kit Sales BOM	USD 1,100.00	USD 544.50	2	USD 1,089.00
15	115-054851-00	Transport Modular rack/handle with 1X module slot and bedrail hook kit	USD 875.00	USD 555.19	2	USD 1,110.38
ED HALLWAY TOTAL:						USD 15,566.64

ED WORKSTATION

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
16	121-002588-00	BeneVision DMS Workstation and UPS. The WorkStation can be licensed for 1-64 patient sectors.	USD 3,185.00	USD 1,576.58	1	USD 1,576.58
17	803-040194-00	WorkStation/Tower Install &Setup w/ tenting includes Cable pull with tenting, programming, configuration and verification	USD 3,635.00	USD 3,089.75	1	USD 3,089.75
18	803-011963-00	One year extended warranty for BeneVision DMS Workstation	USD 1,250.00	USD 0.00	1	USD 0.00
19	121-001375-00	BeneVision DMS Workstation Server License. Each of these licenses supports 32 patient sectors. Each DMS WorkStation supports up to 2 licenses for a maximum of 64 patient sectors per WorkStation.	USD 3,400.00	USD 1,683.00	1	USD 1,683.00
20	110-004115-00	BeneVision DMS WorkStation Bed/Sector License. This license allows monitoring of one patient sector.	USD 300.00	USD 148.50	12	USD 1,782.00
21	121-001453-00	BeneVision DMS Widescreen Touch Display (24 Inch Display)	USD 2,975.00	USD 1,472.63	1	USD 1,472.63
22	USE-OWN-DISPLAY	Customer will provide their own repeater screens. (BeneVision DMS is optimized at a resolution of 1920 x 1080)	USD 0.00	USD 0.00	1	USD 0.00
23	121-002444-00	Transmitter (1 per display, 1 - 8 remote displays)	USD 1,800.00	USD 1,142.10	1	USD 1,142.10
24	121-002445-00	Receiver (1 per remote display)	USD 1,700.00	USD 1,078.65	2	USD 2,157.30

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
25	803-040226-00	IP repeater/Xmitter Installation includes cable with containment and setup	USD 1,361.36	USD 1,157.16	3	USD 3,471.48
ED WORKSTATION TOTAL:					USD 16,374.84	

ED TRAUMA (ROOM 6 & 7)

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
26	121-001524-00	N1 Monitor with Nellcor® OxiMax® SpO2, ST/ Arrhythmia analysis, 3/5/6-lead ECG, NIBP, two invasives, dual temperature, integrated battery, 2.4/5GHz wireless enabled Multiparameter Modules-include Masimo or Nellcor SpO2 adult reusable sensor, Masimo or Nellcor SpO2 cable, reusable adult NIBP cuff and hose, ECG 5 lead adult defib proof cable and ECG 5 lead snap 24' wire set, and MR420B adapter cable for YSI probe. All other accessories must be ordered separately. (N-Series Monitors connected to BeneVision DMS must be at R4.01 or greater. eGateway compatibility is eGateway 6.7 or greater.)	USD 11,295.00	USD 5,591.03	2	USD 11,182.06
27	803-070877-00	N1 Install & Setup includes programming, configuration and verification	USD 230.00	USD 160.20	2	USD 320.40
28	121-001546-00	N15 Monitor with Early Warning Score N15 Monitor-includes 5 year warranty, battery, 6 module slots, quick reference guide, line cord and 1 roll of paper (N-Series Monitors connected to BeneVision DMS must be at R4.01 or greater. eGateway compatibility is eGateway 6.7 or greater.)	USD 9,905.00	USD 4,902.98	2	USD 9,805.96
29	803-040197-00	Device Install & Setup w/ CABL and tenting for one of the following - patient monitor, printer or display. Includes Cable pull with tenting, programming, configuration and verification	USD 1,836.00	USD 1,560.60	2	USD 3,121.20
30	121-002344-00	FloTrac Module (no accessories)	USD 1,050.00	USD 519.75	1	USD 519.75
31	121-002346-00	FloTrac Cable (no accessories)	USD 5,800.00	USD 3,680.10	1	USD 3,680.10
32	121-001621-00	Microstream CO2 Module / Peds-Adult	USD 4,440.00	USD 2,197.80	2	USD 4,395.60
33	115-062361-01	N-Series FDA Manual	Included	Included	1	USD 0.00
34	045-003425-00	Transition mounting plate. (N12, N15 and N17)	USD 120.00	USD 76.14	2	USD 152.28
ED TRAUMA (ROOM 6 & 7) TOTAL:					USD 33,177.35	

OR 2ND FLOOR (NEW WING)

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
35	121-001524-00	N1 Monitor with Nellcor® OxiMax® SpO2, ST/ Arrhythmia analysis, 3/5/6-lead ECG, NIBP, two invasives, dual temperature, integrated battery, 2.4/5GHz wireless enabled Multiparameter Modules-include Masimo or Nellcor SpO2 adult reusable sensor, Masimo or Nellcor SpO2 cable, reusable adult NIBP cuff and hose, ECG 5 lead adult defib proof cable and ECG 5 lead snap 24" wire set, and MR420B adapter cable for YSI probe. All other accessories must be ordered separately. (N-Series Monitors connected to BeneVision DMS must be at R4.01 or greater. eGateway compatibility is eGateway 6.7 or greater.)	USD 11,295.00	USD 5,591.03	3	USD 16,773.09
36	803-070877-00	N1 Install & Setup includes programming, configuration and verification	USD 230.00	USD 160.20	3	USD 480.60
37	009-004771-00	3-Lead ECG Leadset, AHA, Pinch, 24"	USD 105.00	USD 66.62	3	USD 199.86
38	009-005268-00	ECG cable, 10' (3.1 m), ESU-proof, for N/T	USD 125.00	USD 79.31	3	USD 237.93
39	121-001546-00	N15 Monitor with Early Warning Score N15 Monitor-includes 5 year warranty, battery, 6 module slots, quick reference guide, line cord and 1 roll of paper (N-Series Monitors connected to BeneVision DMS must be at R4.01 or greater. eGateway compatibility is eGateway 6.7 or greater.)	USD 9,905.00	USD 4,902.98	3	USD 14,708.94
40	803-040197-00	Device Install & Setup w/ CABL and tenting for one of the following - patient monitor, printer or display. Includes Cable pull with tenting, programming, configuration and verification	USD 1,836.00	USD 1,560.60	3	USD 4,681.80
41	115-062361-01	N-Series FDA Manual	Included	Included	1	USD 0.00
42	121-002458-00	Tabletop Mount w/ N15/17 Plate	USD 570.00	USD 361.67	3	USD 1,085.01
43	001C-30-70759	IM2201 12 Pin IBP cable (Hospira)	USD 160.00	USD 101.52	5	USD 507.60
OR 2ND FLOOR (NEW WING) TOTAL:						USD 38,674.83

PACU/PRE OP 2ND FLOOR (NEW WING)

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
44	121-001524-00	N1 Monitor with Nellcor® OxiMax® SpO2, ST/ Arrhythmia analysis, 3/5/6-lead ECG, NIBP, two invasives, dual temperature, integrated battery, 2.4/5GHz wireless enabled Multiparameter Modules-include Masimo or Nellcor SpO2 adult reusable sensor, Masimo or Nellcor SpO2 cable, reusable adult NIBP cuff and hose, ECG 5 lead adult defib proof cable and ECG 5 lead snap 24" wire set, and MR420B adapter cable for YSI probe. All other accessories must be ordered separately. (N-Series Monitors connected to BeneVision DMS must be at R4.01 or greater. eGateway compatibility is eGateway 6.7 or greater.)	USD 11,295.00	USD 5,591.03	9	USD 50,319.27
45	803-040197-00	Device Install & Setup w/ CABL and tenting for one of the following - patient monitor, printer or display. Includes Cable pull with tenting, programming, configuration and verification	USD 1,836.00	USD 1,560.60	9	USD 14,045.40

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
46	009-004771-00	3-Lead ECG Leadset, AHA, Pinch, 24"	USD 105.00	USD 66.62	9	USD 599.58
47	121-001617-00	22" ELO Screen for N17 or N1 (023-001403-00) Sales BOM	USD 3,875.00	USD 1,918.13	9	USD 17,263.17
48	121-001635-00	Docking Station with pole mount kit Sales BOM	USD 1,100.00	USD 544.50	9	USD 4,900.50
49	115-054851-00	Transport Modular rack/handle with 1X module slot and bedrail hook kit	USD 875.00	USD 555.19	9	USD 4,996.71
50	115-033880-00	Host to GCX mounting kit (Mounts the host to the wall channel-included with N19/N22 rotating kit Sales BOM pn 121-001636-00)	USD 45.00	USD 28.55	9	USD 256.95

PACU/PRE OP 2ND FLOOR (NEW WING) TOTAL: USD 92,381.58

OR/PACU/PRE OP WORKSTATION

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
51	121-002588-00	BeneVision DMS Workstation and UPS. The WorkStation can be licensed for 1-64 patient sectors.	USD 3,185.00	USD 1,576.58	1	USD 1,576.58
52	803-040194-00	WorkStation/Tower Install & Setup w/ tenting includes Cable pull with tenting, programming, configuration and verification	USD 3,635.00	USD 3,089.75	1	USD 3,089.75
53	803-011963-00	One year extended warranty for BeneVision DMS Workstation	USD 1,250.00	USD 0.00	1	USD 0.00
54	121-001375-00	BeneVision DMS Workstation Server License. Each of these licenses supports 32 patient sectors. Each DMS WorkStation supports up to 2 licenses for a maximum of 64 patient sectors per WorkStation.	USD 3,400.00	USD 1,683.00	1	USD 1,683.00
55	110-004115-00	BeneVision DMS WorkStation Bed/Sector License. This license allows monitoring of one patient sector.	USD 300.00	USD 148.50	12	USD 1,782.00
56	121-001453-00	BeneVision DMS Widescreen Touch Display (24 Inch Display)	USD 2,975.00	USD 1,472.63	1	USD 1,472.63

OR/PACU/PRE OP WORKSTATION TOTAL: USD 9,603.96

MEDSURG TELEMETRY (3RD FLOOR/WEST WING)

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
57	121-001700-00	WiFi Telemetry Transmitter WITH Alarms (TM80) (includes 1 ea - 3 AA Battery Pack), Compatible with both Masimo and Nellcor Pulse Oximetry. (SpO2)	USD 4,600.00	USD 2,277.00	9	USD 20,493.00
58	009-004782-00	5-Lead ECG Leadset, AHA, Snap, 24"	USD 135.00	USD 85.66	9	USD 770.94
59	125-000015-00	Nellcor SpO2 module	USD 1,175.00	USD 581.63	2	USD 1,163.26
60	9000-10-05161	SENSOR,SPO2,NELL,ADULT,DS100A	USD 277.00	USD 175.76	2	USD 351.52
61	115-030107-00	BeneVision TM80/TM70/TD60 Rechargeable Lithium-Ion Battery Pack.	USD 325.00	USD 206.21	12	USD 2,474.52
62	803-040050-00	Telepack installation & setup includes programming, configuration and verification	USD 115.00	USD 97.75	9	USD 879.75

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
63	115-030108-00	BeneVision Central Charger. Charges up to 10 Lithium-Ion Battery Packs simultaneously	USD 2,200.00	USD 1,089.00	1	USD 1,089.00
MEDSURG TELEMETRY (3RD FLOOR/WEST WING) TOTAL:						USD 27,221.99

MEDSURG WORKSTATION

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
64	121-002588-00	BeneVision DMS Workstation and UPS. The WorkStation can be licensed for 1-64 patient sectors.	USD 3,185.00	USD 1,576.58	1	USD 1,576.58
65	803-040194-00	WorkStation/Tower Install & Setup w/ tenting includes Cable pull with tenting, programming, configuration and verification	USD 3,635.00	USD 3,089.75	1	USD 3,089.75
66	803-011963-00	One year extended warranty for BeneVision DMS Workstation	USD 1,250.00	USD 0.00	1	USD 0.00
67	121-001375-00	BeneVision DMS Workstation Server License. Each of these licenses supports 32 patient sectors. Each DMS WorkStation supports up to 2 licenses for a maximum of 64 patient sectors per WorkStation.	USD 3,400.00	USD 1,683.00	1	USD 1,683.00
68	110-004115-00	BeneVision DMS WorkStation Bed/Sector License. This license allows monitoring of one patient sector.	USD 300.00	USD 148.50	10	USD 1,485.00
69	121-001453-00	BeneVision DMS Widescreen Touch Display (24 Inch Display)	USD 2,975.00	USD 1,472.63	1	USD 1,472.63
70	USE-OWN-DISPLAY	Customer will provide their own repeater screens. (BeneVision DMS is optimized at a resolution of 1920 x 1080)	USD 0.00	USD 0.00	1	USD 0.00
71	121-002444-00	Transmitter (1 per display, 1 - 8 remote displays)	USD 1,800.00	USD 1,142.10	1	USD 1,142.10
72	121-002445-00	Receiver (1 per remote display)	USD 1,700.00	USD 1,078.65	1	USD 1,078.65
73	803-040226-00	IP repeater/Xmitter Installation includes cable with containment and setup	USD 1,361.36	USD 1,157.16	2	USD 2,314.32
74	803-040014-00	Cable pulling and certification with tenting procedures for Central Station system expansions.	USD 1,100.00	USD 1,100.00	1	USD 1,100.00
MEDSURG WORKSTATION TOTAL:						USD 14,942.03

ICU (3RD FLOOR/WEST WING)

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
75	121-001546-00	N15 Monitor with Early Warning Score N15 Monitor-includes 5 year warranty, battery, 6 module slots, quick reference guide, line cord and 1 roll of paper (N-Series Monitors connected to BeneVision DMS must be at R4.01 or greater. eGateway compatibility is eGateway 6.7 or greater.)	USD 9,905.00	USD 4,902.98	6	USD 29,417.88
76	803-040197-00	Device Install & Setup w/ CABL and tenting for one of the following - patient monitor, printer or display. Includes Cable pull with tenting, programming, configuration and verification	USD 1,836.00	USD 1,560.60	6	USD 9,363.60
77	121-002344-00	FloTrac Module (no accessories)	USD 1,050.00	USD 519.75	2	USD 1,039.50
78	121-002346-00	FloTrac Cable (no accessories)	USD 5,800.00	USD 3,680.10	2	USD 7,360.20

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
79	121-001621-00	Microstream CO2 Module / Peds-Adult	USD 4,440.00	USD 2,197.80	4	USD 8,791.20
80	121-001562-00	MPM-3 Nellcor SpO2 3/5/6 lead Arrhythmia and ST (M51CE-PA00005) Multiparameter Modules- include SpO2 reusable adult finger sensor and cable, reusable adult NIBP cuff (pn 115-027715-00) and hose (pn 6200-30-09688), ECG 5 lead adult defib proof cable (pn 009-004266-00) and ECG 5 lead snap 24" wire set (pn 009-004782-00), and MR420B adapter cable for YSI probe (pn 040-001235-00). All other accessories must be ordered separately.	USD 6,500.00	USD 3,217.50	6	USD 19,305.00
81	009-004786-00	5-Lead ECG Leadset, AHA, Pinch, 24"	USD 145.00	USD 92.00	6	USD 552.00
82	115-062361-01	N-Series FDA Manual	Included	Included	1	USD 0.00
83	045-003425-00	Transition mounting plate. (N12, N15 and N17)	USD 120.00	USD 76.14	6	USD 456.84
84	001C-30-70759	IM2201 12 Pin IBP cable (Hospira)	USD 160.00	USD 101.52	4	USD 406.08
ICU (3RD FLOOR/WEST WING) TOTAL:						USD 76,692.30

ICU WORKSTATION

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
85	121-002588-00	BeneVision DMS Workstation and UPS. The WorkStation can be licensed for 1-64 patient sectors.	USD 3,185.00	USD 1,576.58	1	USD 1,576.58
86	803-040194-00	WorkStation/Tower Install &Setup w/ tenting includes Cable pull with tenting, programming, configuration and verification	USD 3,635.00	USD 3,089.75	1	USD 3,089.75
87	803-011963-00	One year extended warranty for BeneVision DMS Workstation	USD 1,250.00	USD 0.00	1	USD 0.00
88	121-001375-00	BeneVision DMS Workstation Server License. Each of these licenses supports 32 patient sectors. Each DMS WorkStation supports up to 2 licenses for a maximum of 64 patient sectors per WorkStation.	USD 3,400.00	USD 1,683.00	1	USD 1,683.00
89	110-004115-00	BeneVision DMS WorkStation Bed/Sector License. This license allows monitoring of one patient sector.	USD 300.00	USD 148.50	8	USD 1,188.00
90	121-001453-00	BeneVision DMS Widescreen Touch Display (24 Inch Display)	USD 2,975.00	USD 1,472.63	1	USD 1,472.63
ICU WORKSTATION TOTAL:						USD 9,009.96

ICU TRANSPORT

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
91	121-001524-00	N1 Monitor with Nellcor® OxiMax® SpO2, ST/ Arrhythmia analysis, 3/5/6-lead ECG, NIBP, two invasives, dual temperature, integrated battery, 2.4/5GHz wireless enabled Multiparameter Modules-include Masimo or Nellcor SpO2 adult reusable sensor, Masimo or Nellcor SpO2 cable, reusable adult NIBP cuff and hose, ECG 5 lead adult defib proof cable and ECG 5 lead snap 24" wire set, and MR420B adapter cable for YSI probe. All other accessories must be ordered separately. (N-Series Monitors connected to BeneVision DMS must be at R4.01 or greater. eGateway compatibility is eGateway 6.7 or greater.)	USD 11,295.00	USD 5,591.03	1	USD 5,591.03
92	803-040040-00	Device Install & Setup w/o CABL for one of the following - patient monitor, printer or display. Includes programming, configuration and verification	USD 845.00	USD 718.25	1	USD 718.25
93	121-001635-00	Docking Station with pole mount kit Sales BOM	USD 1,100.00	USD 544.50	1	USD 544.50
94	115-054851-00	Transport Modular rack/handle with 1X module slot and bedrail hook kit	USD 875.00	USD 555.19	1	USD 555.19
ICU TRANSPORT TOTAL:						USD 7,408.97

VITAL SIGNS (ED/CT/MEDSURG)

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
95	121-002423-00	VS9 Vital Signs Monitor, non-invasive blood pressure and pulse rate, Nellcor OxiMax SpO2, TrueTemp,2.4/5GHz wireless	USD 5,345.00	USD 2,549.57	9	USD 22,946.13
96	115-034132-00	Smart Li-ion Battery kit(5600mAh)	USD 255.00	USD 161.80	9	USD 1,456.20
97	045-004269-00	Power plus mobile stand without battery	USD 520.00	USD 329.94	9	USD 2,969.46
98	115-088398-01	VS9 Combo Ops Manual CD	Included	Included	1	USD 0.00
99	115-039575-00	2D Bar Code Scanners Kit (ACC7)	USD 650.00	USD 412.43	9	USD 3,711.87
VITAL SIGNS (ED/CT/MEDSURG) TOTAL:						USD 31,083.66

INFRASTRUCTURE

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
100	803-040043-00	Basic Wireless/Hardwire Design & Implementation per 5 servers	USD 26,950.00	USD 22,907.50	1	USD 22,907.50
101	803-070492-00	Hospital Network Integration Services includes design and implementation required for interoperability solutions	USD 6,157.00	USD 5,233.45	1	USD 5,233.45
102	803-070282-00	BeneVision DMS PDF Printing capability	USD 0.01	USD 0.01	1	USD 0.01
103	803-040085-00	Service charges for configuring and testing the eGateway Document Management Interface OR WorkStation for PDF Printing. One per interface	USD 4,990.00	USD 4,241.50	1	USD 4,241.50
104	121-002455-00	BeneVision DMS Department Server, 32 Bed, Rack Mountable 1U, Supports 64 bed WorkStation	USD 7,300.00	USD 3,613.50	1	USD 3,613.50
105	803-011986-00	One Year Extended Warranty for BeneVision DMS Server	USD 1,595.00	USD 1,595.00	1	USD 1,595.00

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
106	121-001372-00	BeneVision CS Server License	USD 9,700.00	USD 4,801.50	1	USD 4,801.50
107	121-001373-00	BeneVision CS Bed License (FD, Bed, Adv) - Per Channel	USD 400.00	USD 198.00	24	USD 4,752.00
108	121-001269-00	BeneVision Central Station - TelePack license Key Package. Includes: One Arrhythmia detection, St Segment analysis and QT Monitoring license per TelePack channel.	USD 875.00	USD 433.13	9	USD 3,898.17
109	121-002455-00	BeneVision DMS Department Server, 32 Bed, Rack Mountable 1U, Supports 64 bed WorkStation	USD 7,300.00	USD 3,613.50	1	USD 3,613.50
110	803-011986-00	One Year Extended Warranty for BeneVision DMS Server	USD 1,595.00	USD 1,595.00	1	USD 1,595.00
111	121-001372-00	BeneVision CS Server License	USD 9,700.00	USD 4,801.50	1	USD 4,801.50
112	121-001373-00	BeneVision CS Bed License (FD, Bed, Adv) - Per Channel	USD 400.00	USD 198.00	24	USD 4,752.00
113	803-070875-00	Project Management Service Tier 3 provides project management for High complexity projects	USD 1,000.00	USD 890.00	19	USD 16,910.00
114	045-003660-10	BeneVision 05.03.00 Media Kit	USD 0.01	USD 0.01	1	USD 0.01
115	803-040195-00	WiFi Installation per 100 SQFT includes tenting material, installation and verification	USD 325.00	USD 276.25	170	USD 46,962.50
INFRASTRUCTURE TOTAL:						USD 129,677.14

EGATEWAY

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
116	121-001711-00	eGateway Software only (VM compatible), please refer to the Host Platform Requirements and Configuration Guide. This configuration includes licenses for Results (discrete trended numerical values), ADT (demographics for positive patient identification), 12-Lead export (with bedsides /w 12-lead and DMS) and Document Management interface. One eGateway supports up to 200 continuous bedside monitors. Capacity can easily be expanded to 1200 continuous bedside monitors.	USD 25,000.00	USD 12,375.00	1	USD 12,375.00
117	803-040182-00	Charge for installation, setup and configuration of VM eGateway	USD 2,500.00	USD 2,125.00	1	USD 2,125.00
118	5000-HS-MPIN-01	HL7 Mapping for ADT messaging option	USD 9,686.00	USD 6,030.00	1	USD 6,030.00
119	5000-HS-MPIN-02	Professional services to complete HL7 results mapping	USD 12,437.00	USD 5,353.43	1	USD 5,353.43
EGATEWAY TOTAL:						USD 25,883.43

CLINICAL EDUCATION

Line #	Part Number	Description	List Price	Net Price	QTY	Total Net
120	803-040215-00	<p>Advanced Mindray Clinical Education Support for the hospital market.</p> <p>To include:</p> <ul style="list-style-type: none"> - Setting evidence based parameter and alarm configurations. - Provides 4 Super user training sessions approximately 3 hours in length including 8 clinicians in each session. - Go-Live support : - Comprised of assisting in the conversion to Mindray monitors & the BeneVision DMS. - Committed to a focus of patient comfort and safety with limited disruption to the clinical workflow. - On hand for clinical support and Q& A with the first use of monitors. - Go-live also provides local on-call phone support from the go-live clinician after 3:00pm, providing emergency on-site support, as needed. - Advanced includes an additional day of Post Go-Live support. - On-line training for 1 year from the Mindray eLearning Center which includes training modules covering BeneVision DMS, N-Series monitors, ePM monitors and Vital Sign monitors for self-paced training. 	USD 15,924.95	USD 15,924.95	1	USD 15,924.95
CLINICAL EDUCATION TOTAL:						USD 15,924.95

To:	James Dugger SONOMA VALLEY HOSPITAL 347 ANDRIEUX ST SONOMA, CA 95476	Sales Representative: Clayton Haflich Quote Number: Q-177203 Proposal Date: Oct 17, 2025		
Affiliation:	CHC	Phone: E-mail: c.haflich@mindray.com		
Affiliation Notes: Community Hospital Corporation - CHC - (HealthTrust Purchasing Group) Patient Monitoring Contract # 500028 - Vital Signs #70090 - BeneVision DMS – Standard 1 year warranty (additional 1-year extended warranty-central station, workstation, eGateway towers). Accutorr3 & VS9 Monitors - Standard 3-year warranty. BeneVision N-Series (Modular N12-N22 patient monitors, N1 Monitor/Module, BeneLink, N-Series AG multi-gas, AG/BIS multi-gas, Platinum MPM, parameter and recorder modules, module racks and docks) - Standard 5-year warranty. ePM Monitors (Configured multi-parameter patient monitors and ePM multi-gas module) - Standard 3-year warranty. DEMO PATIENT MONITOR EQUIPMENT (12 MONTHS ONLY) AND RELATED-MODULES/ACCESSORIE (6 MONTHS ONLY). DEMO DMS/EGW EQUIPMENT (12 MONTHS ONLY) and RELATED ACCESSORIES (6 MONTHS ONLY). **DEMO PATIENT MONITOR & MODULE EQUIPMENT (12 MONTHS ONLY) AND RELATED ACCESSORIES (6 MONTHS ONLY) Anesthesia Contract #4957 - Anesthesia Machines - Standard 3-year warranty. Vaporizers – Standard 1 year warranty. Ultrasound Contract #4954 - M9 Premium, TE5, TE7, TE7 Max, TEX Ultrasound Machines & Transducers (Excluding 4D & TEE Transducers - Standard one year) have a standard five year warranty. Resona7, Resona I8 & Resona9 Ultrasound Machine & Transducers - Standard 5 Year Warranty. ME8 -Standard 5 Years, DC-90 - Standard 5-year warranty. Hepatus6 -Standard 5 Year Warranty, Hepatus5 – Standard 3 Year Warranty. ZOne Emerald systems include a 5-year warranty except for the TEE and any refurbished transducers which carry the first-year warranty. Ultrasound Accessories - 1 Year Warranty, 6 Month Warranty for Batteries. TEE PROBES (P8-2Ts TRANSDUCER) – 2 YEAR WARRANTY. EXCEPTION: Mindray Certified Refurbished ultrasound systems and transducers (excluding specialty transducers): One (1) year.				
Return Goods Policy/Restock Fee 20%. For merchandise ordered in error - Return must be in original unopened container/package.				
Payment Terms:	NET 45 DAYS (Subject to Credit Approval)			
Shipping Terms:	F.O.B. ORIGIN (CUSTOMER PAYS FREIGHT) "To ensure on-time delivery of your orders, Mindray may drop ship products directly from our overseas factories or distribution warehouses"			
Proposal Notes:				
Product Notes:	Biomedical training credits issued to customers at the time of sale, are for the sole use of employees of the facility purchasing the equipment, and are non transferable.			
Central Station - Hospitals, or buying groups, that require special containment procedures while opening plenum spaces including the use of a negative chamber tent system will be billed separately for the containment costs. These cost will include, but not be limited to, rental of a containment system, plus the additional cost incurred by the cable installer and the Mindray Representative who are required to use the system. This will also apply to any containment costs incurred after the installation for Mindray Representatives when performing maintenance on the system.				
Trash Removal responsibility				

Mindray is not responsible for the disposal of packing material associated with newly installed Mindray products. Mindray will work with the customer to collect and centralize the packing material for ease of disposal by the customers' personnel. The customer will be responsible for sorting and disposal of packing material.

De-Installation of existing cabling

Mindray is not responsible for the de-installation of existing cabling associated with an existing patient monitoring system. Mindray will provide this service on a time and material basis in the event that the customer would like to have this work done by Mindray at the time of the installation. Customer will be responsible for pulling of cable and certification, if these items are not charged on the body of this quote.

Fiber Optics Requirements

In the event that fiber optics network runs are necessary due to the location of the central rack, then it will be the customer's responsibility to add the necessary fiber optic run(s). Mindray Technology service will provide this service on a T+M basis in the event that the customer would like to have this work done by Mindray.

Pricing for cable pull and certification is based on nonunion labor. If Union labor is required customer will be invoiced for any additional cost. Pricing for cablepull includes installation of cables above ceilings or any horizontal/vertical pathways and shall be supported per BISCI standards utilizing communications rated J-hooks. Pricing does not include major structural changes to go between walls or floors, e.g., penetration of interior or exterior cement walls or the installation of conduit/Raceway.

Certified Refurbished products is subject to inventory availability.

Product Notes:

Please complete at time of purchase:

Uncrating Needed: YES / NO

Receiving Dock Hours: _____

Debris Removal: YES / NO

Lift Gate Required: YES / NO

Prior Notification: YES / NO

Inside Delivery Required: YES / NO

Contact Name: _____

Department: _____

Contact Phone #(s) _____

E-mail Address(s) _____

Purchase order acceptance and delivery of Mindray Certified Refurbished products is subject to inventory availability.

This quotation contains no provisions for Biomedical training tuition or credits.

If your terms are Cash-in-advance, please remit check directly to:

Mindray DS USA, Inc. 24312 Network Place, Chicago, IL 60673-1243

Total Price By Department

ED GENERAL/TRIAGE 1ST FLOOR (NEW WING)

Department Name	Departmental Discount	List Price	Net Price
ED GENERAL/TRIAGE 1ST FLOOR (NEW WING)	USD -66,768.36	USD 143,397.00	USD 76,628.64
ED GENERAL/TRIAGE 1ST FLOOR (NEW WING) TOTAL:			USD 76,628.64

ED HALLWAY

Department Name	Departmental Discount	List Price	Net Price
ED Hallway	USD -13,843.36	USD 29,410.00	USD 15,566.64
ED HALLWAY TOTAL:			USD 15,566.64

ED WORKSTATION

Department Name	Departmental Discount	List Price	Net Price
ED Workstation	USD -10,954.24	USD 27,329.08	USD 16,374.84
ED WORKSTATION TOTAL:			USD 16,374.84

ED TRAUMA (ROOM 6 & 7)

Department Name	Departmental Discount	List Price	Net Price
ED TRAUMA (ROOM 6 & 7)	USD -29,324.65	USD 62,502.00	USD 33,177.35
ED TRAUMA (ROOM 6 & 7) TOTAL:			USD 33,177.35

OR 2ND FLOOR (NEW WING)

Department Name	Departmental Discount	List Price	Net Price
OR 2ND FLOOR (NEW WING)	USD -34,323.17	USD 72,998.00	USD 38,674.83
OR 2ND FLOOR (NEW WING) TOTAL:			USD 38,674.83

PACU/PRE OP 2ND FLOOR (NEW WING)

Department Name	Departmental Discount	List Price	Net Price
PACU/PRE OP 2ND FLOOR (NEW WING)	USD -79,797.42	USD 172,179.00	USD 92,381.58
PACU/PRE OP 2ND FLOOR (NEW WING) TOTAL:			USD 92,381.58

OR/PACU/PRE OP WORKSTATION

Department Name	Departmental Discount	List Price	Net Price
OR/PACU/PRE OP WORKSTATION	USD -8,441.04	USD 18,045.00	USD 9,603.96
OR/PACU/PRE OP WORKSTATION TOTAL:			USD 9,603.96

MEDSURG TELEMETRY (3RD FLOOR/WEST WING)

Department Name	Departmental Discount	List Price	Net Price
MEDSURG TELEMETRY (3RD FLOOR/WEST WING)	USD -25,432.01	USD 52,654.00	USD 27,221.99
MEDSURG TELEMETRY (3RD FLOOR/WEST WING) TOTAL:			USD 27,221.99

MEDSURG WORKSTATION

Department Name	Departmental Discount	List Price	Net Price
MedSurg Workstation	USD -9,825.69	USD 24,767.72	USD 14,942.03
MEDSURG WORKSTATION TOTAL:			USD 14,942.03

ICU (3RD FLOOR/WEST WING)

Department Name	Departmental Discount	List Price	Net Price
ICU (3RD FLOOR/WEST WING)	USD -66,443.70	USD 143,136.00	USD 76,692.30
ICU (3RD FLOOR/WEST WING) TOTAL:			USD 76,692.30

ICU WORKSTATION

Department Name	Departmental Discount	List Price	Net Price
ICU Workstation	USD -7,835.04	USD 16,845.00	USD 9,009.96
ICU WORKSTATION TOTAL:			USD 9,009.96

ICU TRANSPORT

Department Name	Departmental Discount	List Price	Net Price
ICU Transport	USD -6,706.03	USD 14,115.00	USD 7,408.97
ICU TRANSPORT TOTAL:			USD 7,408.97

VITAL SIGNS (ED/CT/MEDSURG)

Department Name	Departmental Discount	List Price	Net Price
VITAL SIGNS (ED/CT/MEDSURG)	USD -29,846.34	USD 60,930.00	USD 31,083.66
VITAL SIGNS (ED/CT/MEDSURG) TOTAL:			USD 31,083.66

INFRASTRUCTURE

Department Name	Departmental Discount	List Price	Net Price
Infrastructure	USD -46,934.88	USD 176,612.02	USD 129,677.14
INFRASTRUCTURE TOTAL:			USD 129,677.14

EGATEWAY

Department Name	Departmental Discount	List Price	Net Price
eGateway	USD -23,739.57	USD 49,623.00	USD 25,883.43
EGATEWAY TOTAL:			USD 25,883.43

CLINICAL EDUCATION

Department Name	Departmental Discount	List Price	Net Price
Clinical Education	USD 0.00	USD 15,924.95	USD 15,924.95
CLINICAL EDUCATION TOTAL:			USD 15,924.95

TOTAL: USD 620,252.27**Quotation**

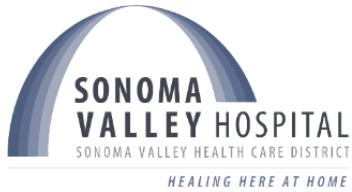
Total List Amount	USD 1,080,467.77
Total GPO Discount	USD 455,215.50
Total Additional Discount/Tradeln	USD 5,000.00
Total Net Amount	USD 620,252.27

Mindray Capital Leasing Options**Monthly Lease Payment Amount:**

36 months USD 19,767.44
48 months USD 15,388.46
60 months USD 12,758.59

Leasing Notes:

This quote is non-binding and is subject to credit approval and acceptance by Mindray Capital. Monthly payments do not include applicable freight and taxes.



To: SVHCD Finance Committee
From: Kimberly Drummond, Chief, Support Services
Date: January 27, 2026
Subject: East Air Handler #3 ("EAH3") Replacement

THE ASK

Management seeks Board approval to move forward with replacing the East Air Handler #3 ("EAH3"). This air handler services administrative offices/conference room and corridors in the East Wing.

EAH3 replacement has been on the hospital's Capital Plan since 2022. In 2023, Management completed a feasibility study and preliminary cost analysis, which indicated a total project cost in the range of approximately \$1.5 million. Following completion of the feasibility work, Management began the design process while evaluating potential funding sources and identifying the most appropriate timing for the project, given broader financial and operational considerations.

During this period, project design work continued, with scope refinements and cost updates occurring as part of the normal course of design development and broader construction cost inflation since 2022. As a result, Management is seeking approval based on an updated rough order of magnitude (ROM) total project cost of **\$2.012 million**.

Upon Board approval, Management will proceed with public bidding for the project. Bid results are anticipated to be brought back to the Board for consideration and award to the lowest responsive bidder.

AIR HANDLERS – What Are They?

An air handling unit ("air handler") is a core component of the Hospital's HVAC system. It is responsible for circulating, filtering, heating, cooling, and distributing air throughout a building or specific zones within a building. Air handlers play a critical role in maintaining indoor air quality, temperature control, and overall comfort for staff, patients, and visitors.

Unlike localized or room-based equipment, air handlers serve entire sections of a building. Failure of an air handler can impact multiple areas simultaneously, resulting in loss of ventilation, temperature control, and air circulation. As a result, air handlers are considered essential infrastructure rather than discretionary equipment.

This project is **not** the same as the AC-1 repair currently underway. The AC-1 project replaces a central cooling plant component that produces chilled water for the Hospital, whereas EAH3 is an air distribution unit that conditions and delivers that cooling (and heating) to occupied spaces.

SVH OVERVIEW – Current Situation

The East Wing has 6 air handing units servicing the building. All units are original to the 1980 East Wing construction and all need replacement. EAH3 has failed and cannot be repaired. A feasibility study was conducted to replace the EAH3 with a unit that provides additional capacity. EAH3 replacement is critical and the first step to be able to support replacing the remaining East Wing Air handlers. Also, the upsized EAH3 unit is designed to provide resiliency in the event of failure of EAH1 or EAH2 that service the Skilled Nursing Facility in East Wing South. EAH1 and EAH2 can be operated separately by the new EAH3 unit during their individual planned replacement or unplanned failure and minimize operational disruptions to the Skilled Nursing Unit.

WHY NOW?

Although replacement of EAH3 has been planned since 2022, Management has provided a temporary air system in the functioning administrative space while evaluating funding options and prioritizing other critical capital needs.

Following completion of the 2023 feasibility study, Management continued to make due with the existing system, utilizing interim maintenance and operational workarounds to sustain functionality while evaluating funding options and prioritizing other critical capital needs.

Financial capacity was the primary constraint during this period. The Hospital did not have sufficient liquidity or identified funding sources to responsibly advance a project of this magnitude without creating undue financial risk.

In addition, the Hospital has been managing multiple concurrent, high-priority capital initiatives, including the physical therapy expansion, Outpatient Diagnostic Center project, ICU upgrade project, and the laboratory analyzer replacement. Management intentionally sequenced major projects due to overextended resources and to align this replacement with the completion or stabilization of other significant initiatives.

EAH3 cannot be repaired, and continued deferral into the next fiscal year is no longer a viable option. Further delay materially increases the risk of unplanned operational disruptions to its clinical spaces and exposes the organization to higher costs associated with emergency response or accelerated future replacement.

Proceeding now allows the Hospital to address a critical infrastructure failure in a controlled manner, maintain East Wing operations, and establish necessary resiliency to support future HVAC replacements.

FUNDING SOURCE

Management is currently evaluating options for funding the EAH3 replacement project, including third-party financing and the use of hospital operating cash reserves.

While the project could be funded from operating cash if necessary, Management believes that utilizing financing provides the most prudent short- and long-term approach to managing the Hospital's available liquidity. In particular, financing allows the Hospital to preserve cash reserves and maintain financial flexibility as the organization looks ahead to the Fall 2026 period, when liquidity demands are expected to be more pronounced.

The earliest the Hospital expects to incur a financial obligation associated with this project is **April 2026**.

Management plans to return to the Finance Committee next month with a recommended funding approach for review and consideration prior to final commitment.

PROJECT BUDGET

The total project cost is currently estimated at approximately \$2.0 million on a rough order of magnitude (ROM) basis. This estimate reflects the current scope of work, design development, and prevailing construction market conditions.

As part of the project's progression, an external construction management firm, Eads Builders, was engaged to review the project and assist with cost validation and constructability considerations. The attached budget outlines the major cost components and assumptions underlying the current estimate.

The increase from the original estimate reflects a combination of factors, including continued design development and scope refinement, construction cost escalation, incorporation of construction management services, and more accurate estimates for permitting and inspection requirements. These changes are consistent with the normal progression of projects as they advance from early feasibility through design and pre-bid phases.

Architect, MEPS Engineers	302,600.00
Permits	68,631.00
Project Management	68,000.00
Preconstruction Testing	10,000.00
Special Inspections	45,000.00
TOTAL SOFT COSTS	\$ 494,231.00
Construction (incl. AHU)	1,345,372.00
Construction (abatement)	5,000.00
AHU Commissioning	10,000.00
TOTAL CONSTRUCTION COSTS	\$ 1,360,372.00
CONTINGENCY, Misc. COSTS	\$ 156,806.00
TOTAL PROJECT COSTS - ROM	\$ 2,011,409.00

ROM - The total project costs are a rough order of magnitude based on a cost estimation. Public bidding will determine the construction costs. All change orders resulting from field conditions will be funded from the project contingency.

Design costs categories included in the design fee include:

ARCHITECT

- Design project management with mechanical, electrical, plumbing and structural (MEPS)Engineers, Fire alarm Engineer, Commissioning and Estimation
- Pre-design – field survey and document existing conditions, conduct code analysis
- Design Development (DD) – prepare DD drawings based on feasibility study, coordinate with cost estimator, revise DD drawings based on Hospital feedback
- Construction Document (CD) – prepare CD drawings for Hospital review, prepare equipment submittals
- Agency Review - prepare & submit drawing and submittal packages for HCAI review, respond to HCAI comments and revise drawings as needed, prepare HCAI post approval paperwork for permit, inspections, and start of construction.
- Bidding Phase – Prepare bid documents, attend contractor bid walk, prepare responses to bidder questions and bid package addendums
- Contract Administration Services – review contractor submittals, respond to contractor requests for information (RFI), Owner-Architect-Contractor (OAC) weekly coordination meetings, prepare amended construction documents (ACD) for HCAI review, Architectural Supplemental Instructions (ASI) for contractors as required. Conduct milestone walk-through and prepare/present HCAI milestone

- documentation. Review contractor methods of procedure, resolve code compliance issues with HCAI.
- Conduct punch-list walkthrough.
- Project Close-out - Prepare HCAI final documentation, conduct final walkthrough with HCAI

ENGINEERS

- Mechanical, Electrical, Plumbing and Structural (MEPS) and Fire Alarm Engineers provide design and calculations for their modality. Respond to plan check comments from HCAI.
- Construction Administration Services for each modality – Attend OAC meetings, respond to RFIs, review change orders, review and approve contractor submittals, ACD for HCAI review
- Construction observations, perform functional testing and factory testing with contractor, perform final commissioning reports for HVAC equipment and controls.
- Project close-out – Prepare HCAI final documentation

RECOMMENDATION

Management recommends that the SVHCD Finance Committee formally recommend to the SVHCD Board of Directors approval for Management to move forward with the EAH3 replacement project based on a rough order of magnitude (ROM) estimated cost not to exceed **\$2,011,409**, and to proceed with the public bidding process.

ATTACHMENTS:

Attachment A - East Air Handler Project Budget

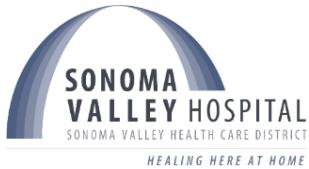
Attachment A: Project Budget

Project Name: Sonoma Valley Hospital - East Air Handler Unit #3 Replacement
 Project Description: Replace EAHU#3

Estimate Prepared on: 12/12/2025
 Estimate Prepared By: Ryan Eads
 Square Footage: N/A

ROM	Step 1 - Conceptual
Estimate	Step 2 - Preliminary Information
Budget	Step 3 - Final budget

Line Item	Description	Original Estimate	Amendments to Estimate	Total Budget	Notes
Section 1: Land & Real Estate		\$ -	\$ -	\$ -	
1.1	Land	\$ -	\$ -	\$ -	
Section 2: Soft Cost		\$ 306,231.16	\$ 188,000	\$ 494,231.16	
2.1	Architect, MEPS and interior Designer	\$ 262,600.00	\$ 40,000	\$ 302,600.00	Current Contracts already exceeded original budget. SKA committed cost is currently at 296,490
2.2	Signage Consultants	\$ -	\$ -	\$ -	N/A
2.3	Owner Consultants	\$ -	\$ -	\$ -	N/A
2.4	Permits and Fees	\$ 28,631.16	\$ 40,000	\$ 68,631.16	HCAI Plan review fee & Permit fees of total construction cost.
2.5	Cost Engineer	\$ -	\$ -	\$ -	N/A
2.6	Project Management and Software	\$ -	\$ 68,000	\$ 68,000.00	Executed PMR between Eads Builders and SVH
2.7	Preconstruction	\$ -	\$ 10,000	\$ 10,000.00	Rough Order of Magintude (ROM) Electrical Load Readings, Air Balance Reports.
2.8	Inspector Of Record	\$ 15,000.00	\$ 30,000	\$ 45,000.00	Rough Order of Magintude (ROM) Estimated 5% of Construction cost for Inspector of record
2.9	Special Inspections	\$ -	\$ -	\$ -	N/A
2.10	Capital Interest	\$ -	\$ -	\$ -	N/A
Section 3: Construction Costs		\$ 950,372.00	\$ 410,000	\$ 1,360,372.00	
3.1	Construction - Capital	\$ 945,372.00	\$ 400,000	\$ 1,345,372.00	Construction cost of new Air Handler unit, crane operation, duct work, seismic retrofit of wall supporting air handler
3.2	Construction - Make Ready (abatement)	\$ 5,000.00	\$ -	\$ 5,000.00	N/A
3.3	Commissioning	\$ -	\$ 10,000	\$ 10,000.00	Commissioning controls of new airhandler
3.4	Construction - Feasability	\$ -	\$ -	\$ -	N/A
3.5	Construction Sales Tax	\$ -	\$ -	\$ -	N/A
Section 4: Equipment		\$ -	\$ -	\$ -	
4.1	Equipment Planning Services	\$ -	\$ -	\$ -	N/A
4.2	Equipment - Capital	\$ -	\$ -	\$ -	N/A
4.3	Equipment - Expense	\$ -	\$ -	\$ -	N/A
4.4	Equipment - Sales Tax	\$ -	\$ -	\$ -	N/A
Section 5: Information Technology		\$ -	\$ 15,000	\$ 15,000.00	
5.1	IT Services	\$ -	\$ 15,000	\$ 15,000.00	Rough Order of Magintude (ROM) Budget for IS Costs.
5.2	IS Sales Tax	\$ -	\$ -	\$ -	N/A
Section 6: FF&E		\$ -	\$ -	\$ -	
6.1	Furniture Planning Services	\$ -	\$ -	\$ -	N/A
6.2	Furniture and Fixtures	\$ -	\$ -	\$ -	N/A
6.3	Artwork	\$ -	\$ -	\$ -	N/A
6.4	Furniture and Fixtures Sales Tax	\$ -	\$ -	\$ -	N/A
Section 7: Contingency and Escalation		\$ 141,806.00	\$ -	\$ 141,806.00	
7.1	Project Contingency	\$ 141,806.00	\$ -	\$ 141,806	Rough Order of Magintude (ROM) Owner Contingency at 15% of original budget
7.2	Project Escalation	\$ -	\$ -	\$ -	
	Totals	\$ 1,398,409.16	\$ 613,000	\$ 2,011,409	



To: SVHCD Finance Committee
From: Ben Armfield, Chief Financial Officer
Date: January 27, 2026
Subject: FY25 Contribution Margin Analysis with Market Share

Enclosed is the FY25 Contribution Margin Analysis for Sonoma Valley Hospital, supplemented this year with patient-origin market share data for both inpatient and emergency department services. Together, these analyses are intended to provide a clearer view of how individual service units and service areas contribute to the hospital's financial performance, and how that performance aligns with underlying demand patterns in our primary service area.

Profitability Reporting Framework

This analysis is structured to provide two complementary perspectives – an overall profitability summary of all of the hospital's service units, and a more granular view into the contribution margin of the hospital's service areas and their direct contribution to the hospital's bottom line.

I. Revenue and Profitability by SVH Service Unit

First, profitability is examined at the hospital service unit level, focusing primarily on **contribution margin**, which reflects revenues and direct expenses attributed to each service unit and provides a clear view of immediate financial contribution. This perspective highlights how individual service units generate margin before the impact of fixed and indirect costs, and is intended to illustrate the ongoing revenue contribution associated with each incremental visit, recognizing that the majority of indirect costs are fixed in nature and do not vary directly with volume.

For purposes of this report, indirect revenues and overhead expenses are presented in aggregate at the hospital-wide level, rather than allocated across individual service units. This approach is intended to provide transparency into the hospital's overall operating performance while avoiding the distortions and volatility that can result from service-unit-level indirect cost allocations, which remain under active review.

II. Revenue and Profitability by SVH Service Unit & Service Area

Second, we analyze profitability at a more granular level by **service unit and service area**. For instance, within the outpatient diagnostics service unit, we further break down the financials for individual service areas such as Lab, CT, and MRI. These analyses detail contribution margin both in total dollars and on a per-encounter basis, enabling us to identify specific areas of strength and opportunity within each unit.

See our specific Service Unit and Service Area groupings and definitions below:

Service Unit & Service Area Definitions

Service Units	
Emergency Medicine	
Inpatient	
Outpatient Surgery	
Outpatient Diagnostics	
Rehab	
Occupational Health	
Special Procedures	



Service Units & Service Areas	
Service Unit	Service Area
Emergency Medicine	Emergency Medicine
Inpatient	Emergency Medicine Surgical Services Internal Medicine
Outpatient Surgery	Surgical Services
Outpatient Diagnostics	Lab Multi Imaging Mammography Ultrasound MRI Cardiopulmonary CT Scan Nuc Med
Rehab	OP PT OP OT OP Speech
Occupational Health	Industrial Health
Special Procedures	Wound Care Medical Infusion

Context for Variances in Profitability

It is important to note that the hospital's cost accounting allocations remain a work in progress. While significant progress has been made since the transition to Epic - including improved data integrity and more reliable attribution of direct costs - indirect and overhead cost allocation methodologies continue to be reviewed and refined. As a result, variances in reported profitability across service units should be interpreted in this context.

More broadly, variability in profitability across different types of service units is common in hospital operations. Payments can vary significantly based on service type, payer mix, and reimbursement methodologies, and cost allocations - particularly indirect and overhead allocations - can meaningfully influence reported margins. For example, inpatient services often exhibit a very different financial profile compared to outpatient diagnostics or surgical services. This diversity is a normal and expected aspect of healthcare delivery and underscores the importance of evaluating service unit performance alongside operational and strategic considerations.

Cost Accounting (Profitability) vs. Financial Statements

It is also important to note that this contribution margin analysis is derived from the hospital's cost accounting system and is not intended to reconcile directly to the hospital's income statement or audited financial results. Cost accounting reports are based on actual payments received and directly attributed costs, are typically organized by date of discharge, and are designed to evaluate service-level operating performance. In contrast, the hospital's income statement reflects accrued revenues and expenses, includes additional non-patient revenue and accounting adjustments, and is reported on a different timing and classification basis. As a result, differences between cost accounting outputs and financial statement results are expected and do not indicate inconsistencies in underlying performance.

FY25 Contribution Margin Highlights

On an aggregate basis, the hospital generated approximately **\$16.9 million of contribution margin in FY25**, representing a **31% contribution margin overall**. Performance continues to be led by Emergency Medicine, Outpatient Diagnostics, and Outpatient Surgery, which together account for a substantial majority of total contribution margin. Inpatient services, while near breakeven on a contribution margin basis, remain a critical component of the hospital's care continuum and are more meaningfully impacted at the operating margin level by indirect cost allocations.

Service Area Observations

While there are certainly fluctuations in profitability across the hospital's service units and service areas, what is most encouraging are the performances of the areas where we are focusing our growth efforts – Outpatient Diagnostics (MRI, CT, and Mammography), Outpatient Surgery, Outpatient Rehab and Emergency Medicine. Across the board, these areas demonstrate strong financial margins and validate the strategic decision-making in specifically targeting these areas for growth.

III. SVH Service Line Market Data - 2024

New this year, we have layered in patient-origin market share analysis for ZIP code 95476, our core service area, to provide demand-side context for the contribution margin results.

- Inpatient Market Share:**

From 2019 to 2024, total inpatient discharges from ZIP 95476 increased approximately 5%. Sonoma Valley Hospital maintained a stable overall inpatient market share of roughly 25% during this period, indicating consistent capture of inpatient demand in a modestly growing market. Service-line detail further illustrates areas of relative strength and opportunity, which can be evaluated alongside contribution margin performance.

- Emergency Department Market Share:**

Emergency department encounters from ZIP 95476 increased approximately 22% cumulatively from 2021 to 2024. Over this same period, Sonoma Valley Hospital's ED market share increased from 63% to 66%, reinforcing the Emergency Department's role as the hospital's primary front door and a key driver of contribution margin.

Demographic Considerations

Consistent with prior analyses, total population in ZIP code 95476 is estimated to be relatively flat over time. However, the age composition of the community continues to shift. The population aged 65 and older is projected to grow meaningfully over the next five years, while younger age cohorts remain flat or decline. This aging demographic profile provides important context for the observed growth in emergency department utilization and demand for diagnostic and inpatient services.

Ongoing Refinements and Improvements

As in prior years, this analysis reflects continued refinement of our cost accounting methodologies following the Epic implementation. While the reporting is increasingly stable and actionable, management will continue to review allocation methodologies to ensure indirect costs and revenues are aligned as closely as possible with actual resource utilization.

The market data should be viewed as a work in progress. The current market share data set is heavily weighted toward **inpatient volumes**, which inherently understates areas of performance for Sonoma Valley Hospital given our limited inpatient footprint and strategic emphasis on outpatient and emergency services.

To address this limitation, we have included Emergency Department encounter volumes and market share for our primary service area, which provides a more complete and representative view of demand capture in one of the hospital's core service lines. Emergency Medicine is a critical access point for the community and a key contributor to overall contribution margin, making this an important enhancement to the analysis.

Looking ahead, the next phase of this work will focus on incorporating outpatient and ambulatory market share data, allowing for a more balanced and comprehensive view of how patients in our service area access care across the full continuum. We intend to continue refining and expanding this reporting in future cycles so that market share analysis more closely aligns with the hospital's service mix and strategic priorities.

Conclusion

Taken together, the FY25 Contribution Margin Analysis, combined with patient-origin market share and demographic context, provides a more complete view of both financial performance and underlying demand trends. The results validate the hospital's strategic emphasis on Emergency Medicine, Outpatient Diagnostics, and select surgical and rehabilitation services, while also highlighting areas for continued monitoring and improvement.

ATTACHMENTS:

- I. Overall Operating Margin Analysis by Service Unit – FY25
- II. Contribution Margin Analysis by Service Unit & Service Area – FY25
- III. Service Line Market Data - 2024

SVH Profitability
I. Overall Operating Margin Analysis by Service Unit
Fiscal Year 2025

* Includes Contribution Margin & Operating Income (Contribution Margin + Indirect Revenue + Indirect Overhead Allocation). Reimbursement does not include Parcel Taxes and Other Operating Revenue.

Service Unit	Emergency Medicine	Outpatient Surgery	Inpatient Services	Rehab	Outpatient Diagnostics	Occ Health	Special Procedures	SVH TOTAL
Visits	10,487	1,684	831	20,086	31,884	3,574	3,983	72,529
Total Charges	130,531,337	66,753,799	74,984,781	12,485,320	69,118,503	585,690	7,241,879	361,701,309
Total Reimbursement	19,894,043	9,028,534	11,126,377	2,699,676	9,965,219	256,661	1,535,601	54,506,111
Total Direct Labor Costs	(10,306,674)	(3,110,094)	(8,387,399)	(1,568,841)	(3,251,595)	(401,519)	(474,645)	(27,500,767)
Total Direct Operational Costs	(1,705,048)	(3,338,633)	(2,838,161)	(141,028)	(1,412,574)	(44,592)	(622,224)	(10,102,260)
Total Direct Costs	(12,011,722)	(6,448,727)	(11,225,560)	(1,709,869)	(4,664,169)	(446,111)	(1,096,869)	(37,603,027)
Contribution Margin	7,882,321	2,579,807	(99,183)	989,807	5,301,050	(189,450)	438,732	16,903,084
Contribution Margin %	40%	29%	-1%	37%	53%	-74%	29%	31%
Indirect Activity (Indirect Costs Less Indirect Revenue)								(21,839,040)
Operating Income (Loss)								(4,935,956)
Operating Margin %								-9.1%

SVH Profitability
II. Contribution Margin Analysis By Service Unit & Service Area
Fiscal Year 2025

Service Unit / Service Area	Visits	Total Dollars				Dollars per Encounter				
		Total Charges	Total Payments	Direct Cost	Contribution Margin	Cont Margin %	Charges	Payments	Dir Cost	Cont Margin
Emergency Medicine	10,483	130,531,337	19,894,043	(12,011,722)	7,882,321	40%	12,452	1,898	(1,146)	\$ 752
Emergency Medicine	10,483	130,531,337	19,894,043	(12,011,722)	7,882,321	40%	12,452	1,898	(1,146)	\$ 752
Inpatient	831	74,984,781	11,126,377	(11,225,560)	-99,183	-1%	90,234	13,389	(13,508)	\$ (119)
Inpatient	831	74,984,781	11,126,377	(11,225,560)	-99,183	-1%	90,234	13,389	(13,508)	\$ (119)
Occupational Health	3,574	585,690	256,661	(446,111)	-189,450	-74%	164	72	(125)	\$ (53)
Industrial Health	3,574	585,690	256,661	(446,111)	-189,450	-74%	164	72	(125)	\$ (53)
Outpatient Diagnostics	31,885	69,118,503	9,965,219	(4,664,169)	5,301,050	53%	2,168	313	(146)	\$ 166
Cardiopulmonary	1,671	7,472,348	1,194,912	(267,201)	927,711	78%	4,472	715	(160)	\$ 555
CT Scan	1,588	10,507,646	784,552	(218,181)	566,371	72%	6,617	494	(137)	\$ 357
Internal Medicine	19	647,190	51,131	(50,424)	707	1%	34,063	2,691	(2,654)	\$ 37
Lab	15,527	15,909,329	1,416,941	(1,222,812)	194,129	14%	1,025	91	(79)	\$ 13
Mammography	3,494	2,729,604	1,266,646	(422,496)	844,150	67%	781	363	(121)	\$ 242
MRI	2,053	11,596,485	1,821,264	(505,978)	1,315,286	72%	5,649	887	(246)	\$ 641
Multi Imaging	5,106	7,197,149	1,506,994	(949,971)	557,023	37%	1,410	295	(186)	\$ 109
Nuc Med	127	1,407,580	196,797	(78,728)	118,069	60%	11,083	1,550	(620)	\$ 930
Other OP Imaging	143	6,773,257	533,583	(471,979)	61,604	12%	47,365	3,731	(3,301)	\$ 431
Ultrasound	2,157	4,877,915	1,192,399	(476,399)	716,000	60%	2,261	553	(221)	\$ 332
Outpatient Surgery	1,687	66,753,799	9,028,534	(6,448,727)	2,579,807	29%	39,570	5,352	(3,823)	\$ 1,529
Surgical Services	1,687	66,753,799	9,028,534	(6,448,727)	2,579,807	29%	39,570	5,352	(3,823)	\$ 1,529
Rehab	22,188	12,485,319	2,699,676	(1,709,869)	989,807	37%	563	122	(77)	\$ 45
OP OT	2,449	1,656,001	402,783	(181,400)	221,383	55%	676	164	(74)	\$ 90
OP PT	18,945	10,084,612	2,162,710	(1,447,032)	715,678	33%	532	114	(76)	\$ 38
OP Speech	794	744,706	134,183	(81,437)	52,746	39%	938	169	(103)	\$ 66
Special Procedures	3,983	7,241,879	1,535,601	(1,096,869)	438,732	29%	1,818	386	(275)	\$ 110
Medical Infusion	633	5,201,033	653,933	(824,740)	-170,807	-26%	8,216	1,033	(1,303)	\$ (270)
Wound Care	3,350	2,040,846	881,668	(272,129)	609,539	69%	609	263	(81)	\$ 182
Grand Total	74,631	361,701,308	54,506,111	(37,603,027)	16,903,084	31%	4,847	730	(504)	\$ 226

III. SVH Service Line Market Data

2024

Inpatient Market Share % by Hospital | Patients Residing in Zip 95476 | 2019 vs. 2024

Inpatient Market Share % by Hospital - Zip Code 95476			
Hospital / Facility	2019	2024	Chg
SONOMA VALLEY HOSPITAL	25%	25%	0%
KAISER FOUNDATION HOSPITAL	25%	26%	1%
PROVIDENCE - NAPA & SANTA ROSA	23%	22%	-1%
MARIN HEALTH MEDICAL CENTER	7%	10%	2%
UCSF	8%	7%	-1%
SUTTER MEDICAL CENTER	6%	3%	-3%
CALIFORNIA PACIFIC MEDICAL CENTER	0%	2%	2%
STANFORD HEALTH CARE	0%	1%	1%
OTHER FACILITIES	6%	4%	-2%
TOTAL IP DISCHARGES	2,350	2,466	
5 Year Change in IP Discharges			4.9%

Hospital Inpatient Market Share % by Service Line | Patients Residing in Zip 95476 | 2024

Hospital Market Share % by Service Line - Patients Residing in Zip Code 95476											
Hospital / Facility	General Medicine			Women's Health				Behavioral Health			Facility Total
	Medicine	Cardiac	Surgery	Health	Ortho	Neuro	Cancer	Spine	Health		
SONOMA VALLEY HOSPITAL	36%	15%	19%	1%	38%	25%	6%	15%	50%	25%	
KAISER FOUNDATION HOSPITAL	26%	26%	33%	36%	15%	20%	30%	28%	18%	26%	
PROVIDENCE - NAPA & SANTA ROSA	19%	20%	24%	48%	15%	22%	8%	15%	24%	22%	
MARIN HEALTH MEDICAL CENTER	6%	27%	10%	7%	1%	11%	3%	12%	5%	10%	
UCSF	4%	4%	7%	3%	10%	12%	33%	4%	0%	7%	
SUTTER MEDICAL CENTER	2%	2%	3%	4%	4%	1%	3%	12%	3%	3%	
OTHER FACILITIES	7%	6%	4%	2%	17%	8%	18%	15%	0%	8%	
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
TOTAL IP DISCHARGES	921	363	271	253	222	205	125	68	38	2,466	

Hospital Inpatient Market Share % by Service Line | Patients Residing in Zip 95476 | Change in Market Share 2024 vs. 2019

Hospital Market Share % by Service Line - 5 Year Change 2024 vs. 2019 - Patients Residing in Zip Code 95476											
Hospital / Facility	General Medicine			Women's Health				Behavioral Health			Facility Total
	Medicine	Cardiac	Surgery	Health	Ortho	Neuro	Cancer	Spine	Health		
SONOMA VALLEY HOSPITAL	-4%	-3%	6%	1%	5%	4%	-6%	10%	-6%	0%	
KAISER FOUNDATION HOSPITAL	1%	-4%	8%	0%	-1%	-4%	14%	12%	3%	1%	
PROVIDENCE - NAPA & SANTA ROSA	1%	1%	-5%	1%	-3%	4%	-33%	-1%	17%	-1%	
MARIN HEALTH MEDICAL CENTER	2%	7%	6%	4%	-5%	5%	-7%	3%	-6%	2%	
UCSF	0%	1%	-8%	2%	3%	-12%	17%	-32%	-4%	-1%	
SUTTER MEDICAL CENTER	-2%	-3%	-1%	-8%	-10%	-3%	0%	3%	-1%	-4%	
OTHER FACILITIES	2%	1%	-6%	1%	11%	5%	16%	6%	-3%	2%	

Source: SG2 (UCSF), OSHPD Patient Origin Market Share Pivot Profile

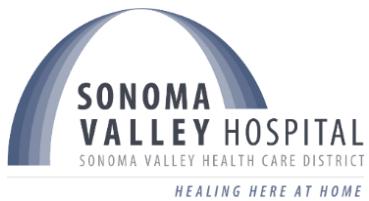
III. SVH Service Line Market Data 2024

Hospital Emergency Encounters | Patients Residing in Zip 95476 | 2021 - 2024

Emergency Encounters by Hospital - Zip Code 95476				
Hospital / Facility	2021	2022	2023	2024
SONOMA VALLEY HOSPITAL	4,918	5,348	5,502	6,340
KAISER FOUNDATION HOSPITAL	1,642	1,721	1,711	1,805
PROVIDENCE - NAPA & SANTA ROSA	604	635	652	660
MARIN HEALTH MEDICAL CENTER	142	189	129	158
UCSF	130	113	114	154
SUTTER MEDICAL CENTER	57	92	69	85
CALIFORNIA PACIFIC MEDICAL CENTER (CPMC)	46	55	58	75
STANFORD HEALTH CARE	37	21	34	22
OTHER FACILITIES	221	217	230	235
TOTAL	7,797	8,391	8,499	9,534
YoY Change in ED Encounters - 95476 Zip	-	8%	1%	12%
Cumulative Change in ED Encounters - 95476 Zip	-	8%	9%	22%

Hospital Emergency Market Share % | Patients Residing in Zip 95476 | 2021 - 2024

Emergency Market Share % by Hospital - Zip Code 95476				
Hospital / Facility	2021	2022	2023	2024
SONOMA VALLEY HOSPITAL	63%	64%	65%	66%
KAISER FOUNDATION HOSPITAL	21%	21%	20%	19%
PROVIDENCE - NAPA & SANTA ROSA	8%	8%	8%	7%
MARIN HEALTH MEDICAL CENTER	2%	2%	2%	2%
UCSF	2%	1%	1%	2%
SUTTER MEDICAL CENTER	1%	1%	1%	1%
CALIFORNIA PACIFIC MEDICAL CENTER (CPMC)	1%	1%	1%	1%
STANFORD HEALTH CARE	0%	0%	0%	0%
OTHER FACILITIES	3%	3%	3%	2%



To: SVHCD Finance Committee
From: Ben Armfield, Chief Financial Officer
Date: January 27, 2026
Subject: Financial Report for December 2025

OVERALL PERFORMANCE SUMMARY | MONTH OF DECEMBER 2025

- **Operating Performance** - December once again exceeded budget, marking **six consecutive months** in which the hospital has outperformed budgeted financial targets to start the fiscal year. For the month, the hospital posted an operating loss of **\$(153,000)**, which compares favorably to the budgeted operating loss of **\$(477,000)**. Operating EBDA remained positive at **\$328,000**, significantly ahead of the budgeted **\$36,000**.

December's operating performance followed a pattern consistent with prior months this fiscal year, with outpatient services continuing to lead results, alongside a noticeable uptick in inpatient activity. This combination helped offset typical year-end seasonal pressures.

	Current Month					Year-To- Date					
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	\$ (152.8)	\$ (477.4)	\$ 324.6	68%	\$ 45.0	\$ (2,567.6)	\$ 2,612.6	102%	\$ (2,543.5)	\$ 2,588.6	102%
Operating EBDA	\$ 327.8	\$ 36.0	\$ 291.8	812%	\$ 3,071.7	\$ 562.5	\$ 2,509.2	446%	\$ 627.1	\$ 2,444.6	390%
Net Income (Loss)	\$ 100.2	\$ (321.5)	\$ 421.7	131%	\$ 1,526.3	\$ (1,632.3)	\$ 3,158.6	194%	\$ (1,398.6)	\$ 2,924.9	209%

- **Operating Revenues** - **\$6.62 Million**, which exceeded budget by **6%** or **\$378,000**. Outpatient volumes rebounded from the November holiday-related dip, while inpatient activity was very busy relative to recent utilization. Imaging volumes also increased across multiple modalities, with MRI, CT, and other diagnostic areas contributing meaningfully to the revenue outperformance.
- **Operating Expenses** - **\$6.77 Million**, which exceeded budget by **1%** or **(\$54,000)**. Expense growth in December was driven primarily by increased interest expense associated with additional line-of-credit utilization, which added approximately **\$75,000** in cost during the month. While this reflects higher leverage, interest expense overall still tracked below budget, and the increase was anticipated given the hospital's planned short-term liquidity strategy.
- **Year-To-Date** - The hospital's financial performance remains strong and continues to trend in a very positive direction. Through the first half of the fiscal year, the organization is still sustaining a positive operating margin, a position not achieved in many years. While there is still work ahead, the consistency of results to date reflects meaningful progress and provides a solid foundation to build upon in the second half of the year.
- **Cash** - Cash levels remained extremely tight throughout December, consistent with prior months, as the hospital continues to operate through a constrained liquidity window ahead of IGT funding. To maintain operations, management continued to carefully prioritize cash outflows and extend payable timelines where necessary.

During the month, the hospital received approximately **\$2.0 million** of the nearly **\$3.8 million** in annual parcel tax proceeds. These funds provided critical short-term relief and helped stabilize cash flow during this interim period. Liquidity is expected to improve further once IGT proceeds are received.

DRIVERS IN MONTHLY PERFORMANCE

Inpatient activity strengthened further in December, with the hospital operating at a higher census relative to recent months. Average Daily Census approached 11.5, or approximately 14.0 when observation days are included, reflecting increased inpatient utilization.

Emergency Department volumes were particularly strong in December, finishing nearly 20% above budget. Year-to-date, ER volumes are running 15% over budget and 10% above prior-year levels, underscoring sustained demand and continued pressure on front-end services.

Surgical volumes, while slightly below the recent peak run-rate, still exceeded budget by more than 15% for the month. On a year-to-date basis, surgical activity is up double digits compared to both budget and prior year. Gastroenterology and Orthopedics remain the primary drivers of this performance and continue to anchor surgical growth.

Outpatient activity rebounded from November's holiday-related slowdown, with notable improvement across imaging and procedural areas. Diagnostic imaging volumes increased meaningfully, contributing to stronger outpatient revenue performance overall.

MRI volumes remained elevated in December, with nearly **250 exams performed**, continuing the trend of materially higher utilization compared to historical levels and reinforcing the sustained demand for advanced imaging services.

OTHER FINANCE UPDATES

IGT Update

In late December, the hospital received confirmation that Rate Range IGT proceeds have been distributed to the participating health plans, signaling that the program has cleared a key processing milestone and is moving through the final stages consistent with prior experience.

Subsequent to January month-end, the hospital received its full IGT funding from Kaiser, totaling approximately \$2.6 million, resulting in net proceeds of roughly \$1.2 million. This receipt represents the first tranche of IGT funds and has already begun to provide incremental liquidity relief.

The hospital expects to receive the **remaining IGT proceeds associated with the Partnerships allocation by the end of the month**. Once fully received, these funds will materially strengthen liquidity and allow management to normalize working capital, including reducing the elevated accounts payable balance that accumulated during the recent cash-constrained period, as well as advancing select critical capital projects that had been deferred due to cash limitations.

Cogeneration Project

The hospital is now fully operational with its cogeneration system, developed and operated in partnership with Unison Energy. The system provides on-site power generation while capturing waste heat for hospital use, improving both energy efficiency and resiliency. As part of the project scope, cogeneration units were installed on the hospital rooftop, and a new electrical transformer was installed to support the system. The full cost of

the transformer was covered by Unison Energy, limiting the hospital's capital exposure while delivering the operational and financial benefits of the upgrade.

A key benefit of the project is long-term cost stability and savings. The arrangement effectively caps the hospital's per-unit energy costs with a fixed annual escalation of approximately 2%-2.5%, significantly reducing reliance on PG&E and exposure to utility rate volatility. Based on recent energy cost experience, the project is expected to generate meaningful ongoing cost savings for the hospital.

Capital Planning Process

Starting in February, management will be initiating a departmental capital needs planning exercise focused on long-term capital requirements across the organization. This effort is intended to better align future capital requests with strategic priorities, operational needs, and realistic funding capacity. The process will help inform multi-year capital planning, improve visibility into upcoming infrastructure and equipment needs, and support more deliberate capital allocation decisions moving forward. Additional updates will be brought to the committee as this work progresses.

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 December 31, 2025

ATTACHMENT A

Month						Year-To- Date						
Revenues		CYM Actual	CYM Budget	Var	%	CYM Actual	CYM Budget	Var	%	PYTD Actual	Var	%
1	Net Patient Revenue	\$ 4,554.4	\$ 4,166.9	387.5	9%	\$ 28,114.1	\$ 24,273.7	3,840.4	16%	\$ 24,873.7	3,240.4	13%
2	IGT Program Revenue	1,648.2	1,653.7	(5.5)	0%	9,937.1	9,922.1	15.0	0%	5,229.3	4,707.8	90%
3	Parcel Tax Revenue	316.7	316.7	(0.0)	0%	1,900.0	1,900.0	(0.0)	0%	1,900.0	(0.0)	0%
4	Other Operating Revenue	96.2	99.9	(3.7)	-4%	603.1	599.3	3.8	1%	597.7	5.4	1%
5	Total Revenue	\$ 6,615.5	\$ 6,237.2	378.3	6%	\$ 40,554.3	\$ 36,695.1	3,859.2	11%	\$ 32,600.7	7,953.6	24%
Operating Expenses		CYM Actual	CYM Budget	Var	%	CYM Actual	CYM Budget	Var	%	PYTD Actual	Var	%
6	Labor / Total People Cost	\$ 3,175.8	\$ 3,096.3	79.5	3%	\$ 19,134.0	\$ 18,092.3	1,041.8	6%	\$ 17,319.8	1,814.2	10%
7	Professional Fees	676.2	679.6	(3.4)	0%	3,987.8	4,058.3	(70.4)	-2%	3,956.6	31.2	1%
8	Supplies	730.0	688.0	41.9	6%	4,443.0	4,141.0	302.0	7%	3,648.4	794.7	22%
9	Purchased Services	530.4	464.0	66.4	14%	2,636.0	2,564.1	71.8	3%	2,399.2	236.7	10%
10	Depreciation	480.5	513.3	(32.8)	-6%	3,026.7	3,130.1	(103.4)	-3%	3,170.6	(143.9)	-5%
11	Interest	101.9	108.4	(6.4)	-6%	250.6	291.1	(40.5)	-14%	248.7	1.9	1%
12	Other	308.8	400.3	(91.5)	-23%	2,443.2	2,398.0	45.2	2%	2,209.7	233.6	11%
13	IGT Program Expense	764.6	764.6	-	0%	4,587.8	4,587.8	-	0%	2,191.1	2,396.6	109%
14	Operating Expenses	\$ 6,768.2	\$ 6,714.5	53.7	0.8%	\$ 40,509.3	\$ 39,262.7	1,246.6	3.2%	\$ 35,144.2	5,365.1	15%
15	Operating Margin	\$ (152.8)	\$ (477.4)	\$ 324.6	68%	\$ 45.0	\$ (2,567.6)	\$ 2,612.6	102%	\$ (2,543.5)	\$ 2,588.6	102%
Non Operating Income		CYM Actual	CYM Budget	Var	%	CYM Actual	CYM Budget	Var	%	PYTD Actual	Var	%
16	GO Bond Activity, Net	235.2	128.6	106.5	83%	1,242.0	771.8	470.2	61%	965.8	276.2	29%
17	Misc Revenue/(Expenses)	17.8	27.2	(9.5)	-35%	239.2	163.5	75.8	46%	179.1	60.1	34%
18	Total Non-Op Income	\$ 252.9	\$ 155.9	97.1	62%	\$ 1,481.2	\$ 935.2	546.0	58%	\$ 1,144.9	336.3	29%
19	Net Income (Loss)	\$ 100.2	\$ (321.5)	421.7	131%	\$ 1,526.3	\$ (1,632.3)	3,158.6	194%	\$ (1,398.6)	2,924.9	209%
20	Restricted Foundation Contr.	134.2	125.0	9.2	7%	1,953.2	750.0	1,203.2	160%	1,521.0	432.2	28%
21	Change in Net Position	\$ 234.3	\$ (196.5)	430.9	219%	\$ 3,479.5	\$ (882.3)	4,361.8	494%	\$ 122.4	3,357.1	2743%
22	Operating EBDA	\$ 327.8	\$ 36.0	291.8	812%	\$ 3,071.7	\$ 562.5	2,509.2	446%	\$ 627.1	2,444.6	390%

Sonoma Valley Health Care District

ATTACHMENT B

Balance Sheet

As of December 31, 2025

Expressed in 1,000s

				FYE 2025
		Current Month	Prior Month	Prior Year
Assets				
Current Assets:				
1	Cash	\$ 1,565.6	\$ 350.3	\$ 4,386.3
2	Net Patient Receivables	8,817.1	8,485.3	7,585.8
3	Allow Uncollect Accts	(1,423.0)	(1,394.6)	(1,256.1)
4	Net Accounts Receivable	\$ 7,394.1	\$ 7,090.7	\$ 6,329.7
5	IGT Program Receivable	19,320.5	19,320.6	-
6	Parcel Tax Receivable	1,744.6	3,800.0	-
7	GO Bond Tax Receivable	3,115.2	3,115.2	-
8	Other Receivables	645.6	467.8	1,423.3
9	Inventory	962.8	985.4	841.0
10	Prepaid Expenses	1,191.0	1,284.5	788.1
11	Total Current Assets	\$ 35,939.3	\$ 36,414.4	\$ 13,768.5
12	Property,Plant & Equip, Net	\$ 60,300.4	\$ 60,715.0	\$ 60,342.6
13	Trustee Funds - GO Bonds	3,505.2	3,493.4	5,986.7
14	Other Assets - Deferred IGT Expense	4,734.4	5,600.7	-
15	Total Assets	\$ 104,479.2	\$ 106,223.5	\$ 80,097.8
Liabilities & Fund Balances				
Current Liabilities:				
16	Accounts Payable	7,831.8	\$ 7,922.1	\$ 7,282.7
17	Accrued Compensation	4,260.9	3,684.6	4,059.9
18	IGT Program Payable	(1,182.5)	(1,182.5)	-
19	Interest Payable - GO Bonds	136.7	105.4	154.4
20	Accrued Expenses	416.2	418.2	166.1
21	Deferred IGT Revenue	9,938.7	11,586.9	-
22	Deferred Parcel Tax Revenue	1,900.0	2,216.7	-
23	Deferred GO Bond Tax Revenue	1,646.0	1,920.4	-
24	Current Maturities-LTD	740.0	740.0	740.0
25	Line of Credit - Summit Bank	10,500.0	10,500.0	-
26	Other Liabilities	-	-	-
27	Total Current Liabilities	\$ 36,187.8	\$ 37,911.8	\$ 12,403.1
28	Long Term Debt, net current portion	\$ 23,879.7	\$ 24,134.3	\$ 27,239.3
29	Total Fund Balance	\$ 44,411.8	\$ 44,177.4	\$ 40,455.4
30	Total Liabilities & Fund Balances	\$ 104,479.2	\$ 106,223.5	\$ 80,097.8

Cash Indicators	Current Month	Prior Month	Prior Year FYE
Days Cash	12.0	2.3	29.2
A/R Days	48.0	46.0	45.8
A/P Days	72.5	73.4	67.2

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

ATTACHMENT C

FY 2026	Projected Cash Forecast (In 1000s)												
	ACTUAL July	ACTUAL Aug	ACTUAL Sept	ACTUAL Oct	ACTUAL Nov	ACTUAL 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	\$ 4,353.9	\$ 4,400.0	\$ 4,300.0	\$ 4,400.0	\$ 4,300.0	\$ 4,300.0	\$ 4,357.0	\$ 53,065.3
2 Other Revenue - Operating & Non-Op	182.5	104.0	101.6	94.6	101.0	129.0	105.0	105.0	105.0	105.0	105.0	105.0	1,342.7
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	-	-	-	-	2,055.4	-	-	-	1,608.7	-	-	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	\$ 7,112.5	\$ 27,362.6	\$ 4,405.0	\$ 4,505.9	\$ 6,013.7	\$ 4,405.0	\$ 5,462.1	\$ 82,619.8
Hospital Uses of Cash													
7 Operating Expenses / AP Payments	\$ 5,649.7	\$ 4,948.5	\$ 4,975.3	\$ 6,009.0	\$ 4,877.2	\$ 5,616.9	\$ 7,810.8	\$ 6,300.0	\$ 5,750.0	\$ 5,500.0	\$ 5,900.0	\$ 5,200.0	\$ 68,537.4
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	77.1	75.0	-	-	-	-	-	258.1
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	60.0	500.0	723.8	344.5	344.5	244.5	244.5	2,762.6
12 Capital Expenditures - Foundation Funded	876.5	468.8	133.8	205.4	94.3	69.6	-	-	-	-	-	-	1,848.4
13 Total Hospital Uses	\$ 6,745.4	\$ 5,719.5	\$ 5,194.0	\$ 6,372.4	\$ 15,636.6	\$ 5,897.2	\$ 8,459.4	\$ 7,097.3	\$ 6,461.6	\$ 5,918.1	\$ 6,305.8	\$ 5,518.1	\$ 85,325.3
Net Hospital Sources/Uses of Cash	\$ (1,764.7)	\$ (1,322.7)	\$ (135.5)	\$ (1,764.3)	\$ (11,327.6)	\$ 1,215.3	\$ 18,903.2	\$ (2,692.3)	\$ (1,955.8)	\$ 95.6	\$ (1,900.8)	\$ (56.0)	\$ (2,705.6)
Non-Hospital Sources													
14 Restricted Donations (rec'd from Foundation)	806.7	538.6	214.6	124.5	94.3	-	35.0	-	-	-	-	-	1,813.8
15 Line of Credit - Draw	-	-	-	-	10,500.0	-	-	-	-	-	-	-	10,500.0
17 Sub-Total Non-Hospital Sources	\$ 806.7	\$ 538.6	\$ 214.6	\$ 124.5	\$ 10,594.3	\$ -	\$ 35.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,313.8
Non-Hospital Uses of Cash													
18 Line of Credit - Payoff	-	-	-	-	-	-	-	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	\$ -	\$ 35.0	\$ (10,500.0)	\$ -	\$ -	\$ -	\$ -	\$ 1,813.8
22 Net Sources/Uses	\$ (958.0)	\$ (784.1)	\$ 79.1	\$ (1,639.8)	\$ (733.3)	\$ 1,215.3	\$ 18,938.2	\$ (13,192.3)	\$ (1,955.8)	\$ 95.6	\$ (1,900.8)	\$ (56.0)	\$ (891.7)
23 Total Cash at beginning of period	\$ 4,386.3	\$ 3,428.3	\$ 2,644.2	\$ 2,723.3	\$ 1,083.5	\$ 350.3	\$ 1,565.6	\$ 20,503.8	\$ 7,311.5	\$ 5,355.7	\$ 5,451.3	\$ 3,550.6	
24 Total Cash at End of Period	\$ 3,428.3	\$ 2,644.2	\$ 2,723.3	\$ 1,083.5	\$ 350.3	\$ 1,565.6	\$ 20,503.8	\$ 7,311.5	\$ 5,355.7	\$ 5,451.3	\$ 3,550.6	\$ 3,494.6	
25 Days of Cash on Hand at End of Month	22.0	17.0	17.5	7.2	4.3	10.0	131.4	46.9	34.3	34.9	22.8	22.4	

Sonoma Valley Health Care District
ATTACHMENT D
Key Performance Indicators | Volumes & Statistics

For the Period Ended December 31, 2025

	Current Month				Year-To- Date				PYTD		
	Actual	Budget	Var	%	YTD Actual	YTD Budget	Var	%	Actual	Var	%
Inpatient Volume											
Acute Patient Days	352	262	90	34%	1,713	1,525	188	12%	1,372	341	25%
Acute Discharges	96	72	24	34%	459	416	44	10%	361	98	27%
Average Length of Stay	3.7	3.7	0.0	0%	3.7	3.7	0.1	2%	3.8	(0.1)	-2%
Average Daily Census	11.4	8.5	2.9	34%	9.3	8.3	1.0	12%	7.5	2	25%
Surgical Volume											
IP Surgeries	15	10	5	53%	77	57	20	35%	50	27	54%
OP Surgeries	146	130	16	12%	885	770	115	15%	774	111	14%
Total Surgeries	161	140	21	15%	962	827	135	16%	824	138	17%
Other Outpatient Activity											
Total Outpatient Visits	5,938	5,722	216	4%	36,091	34,022	2,069	6%	33,589	2,502	7%
Emergency Room Visits	1,047	897	150	17%	5,998	5,272	726	14%	5,467	531	10%
Payor Mix											
Medicare	38.8%	37.7%	1.1%		39.0%	37.9%	1.0%				
Medicare Mgd Care	18.1%	18.2%	-0.1%		18.2%	18.3%	-0.1%				
Medi-Cal	17.4%	16.2%	1.2%		17.9%	16.2%	1.8%				
Commercial	22.1%	23.9%	-1.8%		21.1%	23.8%	-2.7%				
Other	3.5%	3.9%	-0.4%		3.8%	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

Department	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Last 6 Months	FY26	FY25	Chg	% Chg
Lab	1,450	1,403	1,481	1,535	1,217	1,355		1,407	1,348	59	4%
Medical Imaging	1,087	1,011	999	1,056	940	1,081		1,029	982	47	5%
Physical Therapy	1,319	1,465	1,502	1,600	1,270	1,337		1,415	1,424	(9)	-1%
CT Scanner	508	458	482	545	465	508		494	449	45	10%
Occ. Health	198	256	285	313	282	310		274	267	7	3%
Mammography	233	230	250	295	254	301		261	245	16	7%
Occ. Therapy	288	208	195	236	248	285		243	203	40	20%
Ultrasound	297	251	247	281	289	295		277	218	59	27%
MRI	230	178	251	251	202	245		226	181	45	25%
ECHO	134	100	114	131	88	132		117	129	(12)	-9%
Speech Therapy	60	59	53	57	58	57		57	68	(11)	-16%
Other	28	28	19	17	18	33		24	23	1	3%
TOTAL	6,117	5,925	6,203	6,601	5,331	5,938		6,019	5,789	230	4%
Emergency Room	1,052	1,040	975	952	932	1,047		1,000	868	132	15%
ER Visits / Day	33.9	33.5	32.5	30.7	31.1	33.8		32.6	28.9	3.7	13%

Sonoma Valley Health Care District
ATTACHMENT E
Overall Performance | Key Performance Indicators

For the Period Ended December 31, 2025

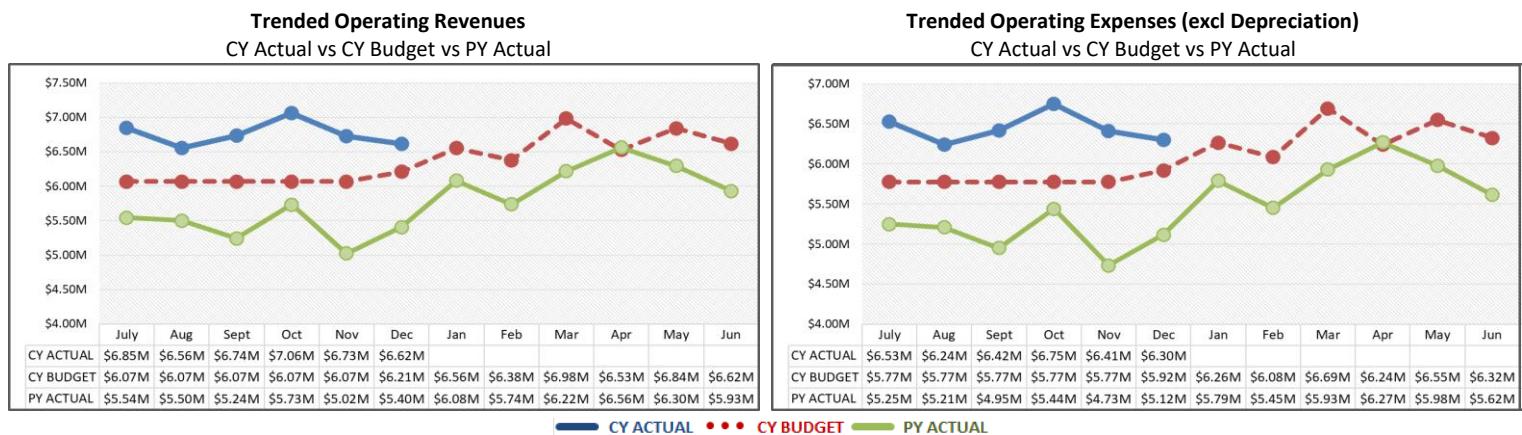
	Current Month				Year-To- Date				PY Actual	Var	%
	Actual	Budget	Var	%	Actual	Budget	Var	%			
Operating Margin	\$ (152.8)	\$ (477.4)	\$ 324.6	68%	\$ 45.0	\$ (2,567.6)	\$ 2,612.6	102%	\$ (2,543.5)	\$ 2,588.6	102%
Operating EBDA	\$ 327.8	\$ 36.0	\$ 291.8	812%	\$ 3,071.7	\$ 562.5	\$ 2,509.2	446%	\$ 627.1	\$ 2,444.6	390%
Net Income (Loss)	\$ 100.2	\$ (321.5)	\$ 421.7	131%	\$ 1,526.3	\$ (1,632.3)	\$ 3,158.6	194%	\$ (1,398.6)	\$ 2,924.9	209%

Operating Revenue Summary (All Numbers in 1000s)

Net Patient Revenue	\$ 6,203	\$ 5,821	\$ 382	7%	\$ 38,051	\$ 34,196	\$ 3,855	11%	\$ 30,103	\$ 7,948	26%
NPR as a % of Gross	17.8%	19.6%	-9.4%		18.8%	19.6%	-4.5%		17.3%	8.3%	
Operating Revenue	\$ 6,615	\$ 6,237	\$ 378	6%	\$ 40,554	\$ 36,695	\$ 3,859	11%	\$ 32,600.7	\$ 7,954	24%

Operating Expense Summary (All Numbers in 1000s)

Operating Expenses	\$ 6,768	\$ 6,715	\$ 54	1%	\$ 40,509	\$ 39,263	\$ 1,247	3%	\$ 35,144	\$ 5,365	15%
Op Exp. Excl. Depr.	\$ 6,288	\$ 6,201	\$ 86	1%	\$ 37,483	\$ 36,133	\$ 1,350	4%	\$ 31,974	\$ 5,509	17%
Worked FTEs	237.10	232.14	4.96	2%	232.12	226.26	\$ 5.86	3%	218.09	14.03	6%

Trended Operating Revenue & Operating Expense Graphs

Cash Indicators

	Current Month	Prior Month	Var	% Var
Days Cash	12.0	2.3	9.7	423%
A/R Days	48.0	46.0	2.0	4%
A/P Days	72.5	73.4	(0.8)	-1%