

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

**AGENDA**

**THURSDAY, FEBRUARY 5, 2026  
REGULAR SESSION 5:00 PM**

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

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

Meeting ID: 919 6232 5850

One tap mobile  
+16692192599,,91962325850#  
+16699009128,,91962325850#

*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](mailto:wreese@sonomavalleyhospital.org) or 707-935-5035, at least 48 hours prior to the meeting, when possible.*

**MISSION STATEMENT**

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

<b>1. CALL TO ORDER</b>	<i>Wendy Lee Myatt</i>	Inform	
<b>2. PUBLIC COMMENT</b> <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>			
<b>3. BOARD CHAIR COMMENTS</b>	<i>Wendy Lee Myatt</i>	Inform	
<b>4. CONSENT CALENDAR</b> a. BOD Minutes – 01.07.26 b. Finance Committee Minutes – 11.18.25 c. Quality Committee Minutes – 12.03.25 d. Policies & Procedures e. Medical Staff Credentialing	<i>Wendy Lee Myatt</i>	Action	Pages a. 3-4 b. 5-6 c. 7-8 d. 9-18
<b>5. SONOMA VALLEY FIRE DISTRICT</b>	<i>Steve Akre, Fire Chief</i>	Inform	
<b>6. PATIENT CARE SERVICES &amp; ER ANNUAL REPORT</b>	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN</i>	Inform	Pages 19-37
<b>7. RESOLUTION #389 – CHFFA LOAN MODIFICATION</b>	<i>Ben Armfield</i>	Action	Pages 38-51
<b>8. TELEMETRY SYSTEM REPLACEMENT</b>	<i>Ben Armfield</i>	Action	Pages 52-53
<b>9. EAST AIR HANDLER REPLACEMENT</b>	<i>Ben Armfield &amp; Kimberly Drummond</i>	Action	Pages 54-58

<b>10. SEISMIC COMPLIANCE UPDATE</b>	<i>Ben Armfield</i>	Inform	Pages 59-60
<b>11. CEO REPORT</b>	<i>Kelley Kaiser</i>	Inform	Pages 61-63
<b>12. CMO REPORT</b>	<i>Patrick I. Okolo III, MD MPH</i>	Inform	Pages 64-69
<b>13. FINANCIALS FOR MONTH END DECEMBER 2025</b>	<i>Ben Armfield</i>	Inform	Pages 70-77
<b>14. COMMITTEE UPDATES</b>	<i>Board of Directors</i>	Inform	
<b>15. BOARD COMMENTS</b>	<i>Wendy Lee Myatt</i>	Inform	
<b>16. ADJOURN</b>	<i>Wendy Lee Myatt</i>		

Note: To view this meeting, you may visit <http://sonomatv.org/> or YouTube.com.



**SONOMA VALLEY HEALTH CARE DISTRICT  
BOARD OF DIRECTORS' REGULAR & SPECIAL MEETINGS**

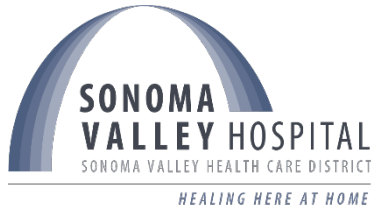
**MINUTES**

WEDNESDAY, JANUARY 7, 2026

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

<b>SONOMA VALLEY HOSPITAL BOARD MEMBERS</b>		
<ol style="list-style-type: none"> <li>1. Wendy Lee Myatt, Chair, Present</li> <li>2. Denise M. Kalos, 1st Vice Chair, Present</li> <li>3. Daniel Kittleson, DDS, 2nd Vice Chair, Present</li> <li>4. Dennis B. Bloch, Secretary, Present</li> <li>5. Ed Case, Treasurer, Present</li> </ol>		
<b>MISSION STATEMENT</b>		
<i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER</b>	Wendy Lee Myatt	
Meeting called to order at 5:00 p.m. Happy new year!		
<b>2. PUBLIC COMMENT</b>	Public	none
<b>3. BOARD CHAIR COMMENTS</b>	Wendy Lee Myatt	
Lee Myatt		
<b>4. CONSENT CALENDAR</b>	Wendy Lee Myatt	Action
<ol style="list-style-type: none"> <li>a. BOD Minutes – 01.07.26</li> <li>b. Policies &amp; Procedures</li> <li>c. Medical Staff Credentialing</li> </ol>	<b>MOTION:</b> motion to approve by Bloch to approve, 2 <sup>nd</sup> by Kittleson. All in favor.	
<b>5. SONOMA CITY MANAGER</b>	David Guhin	Inform
Guhin gave updates on City of Sonoma governance, planning, and finances. Guhin noted the annual selection of the mayor and upcoming goal-setting process, reviewed recent accomplishments such as district-based elections, creation of a Parks and Recreation Department, and a balanced budget with increased reserves, and outlined the ongoing General Plan update, including land use, housing, evacuation planning, and transportation projects. Guhin emphasized coordination with SVH on evacuation planning, land use changes, and permitting, acknowledged concerns about planning timelines, and assured the city's intent to streamline processes while maintaining required approvals.		
<b>6. 2025 ANNUAL HOSPITAL COMMUNITY REPORT</b>	Dawn Castelli	Inform
Castelli presented a high-level overview of SVH's annual community report, which will be published in the January 23 print and digital editions of the IT and posted on the SVH website. Castelli highlighted the focus on "healing here at home" and advancing care, including expanded technology such as robotics, advanced orthopedics, diagnostic imaging, and breast ultrasound. The report notes community programs like Active Aging and the Golden Harvest Senior Resource and Wellness Fair, strong patient satisfaction scores, growth in service volumes across MRI, rehab, outpatient, emergency, and wound care, an increase in staffing (particularly registered nurses) and a snapshot of recent financial trends.		
<b>7. BOARD MEMBER COMMITTEE ASSIGNMENTS</b>	Wendy Lee Myatt	Action
Board recommends no change to the current Chairs and Vice Chairs for Board Committees: <b>Finance Committee:</b> <ul style="list-style-type: none"> <li>• Ed Case, Chair; Dennis Bloch, Vice Chair</li> </ul> <b>Governance Committee:</b> <ul style="list-style-type: none"> <li>• Denise Kalos, Chair; Wendy Lee Myatt, Vice Chair</li> </ul> <b>Quality Committee:</b> <ul style="list-style-type: none"> <li>• Dan Kittleson, Chair; Wendy Lee Myatt, Vice Chair</li> </ul> <b>Affiliation Oversight Committee:</b> <ul style="list-style-type: none"> <li>• Wendy Lee Myatt, Chair; Dennis Bloch, Vice Chair</li> </ul>		

<b>MOTION</b> motion to approve by Kittleson to approve, 2 <sup>nd</sup> by Bloch. All in favor.		
<b>8. CMO REPORT</b>	<i>Patrick I. Okolo III, MD MPH</i>	Inform
Dr. Okolo reported on hospital performance using three themes: reliability, integration, and access. Continued growth was noted in ER volume (with over 10,000 visits for the first time since COVID), stable admission and transfer patterns, full inpatient beds driven by demand rather than staffing limits, and stable quality and mortality metrics with no major concerns. Dr. Okolo highlighted efficient patient flow despite bed constraints, increased but still expandable operating room utilization, and ongoing efforts to strengthen referral relationships and prepare for upcoming state and CIHQ surveys. Plans to expand the 1206B physician model were identified as a key priority for the coming quarter.		
<b>9. CEO REPORT</b>	<i>Kelley Kaiser</i>	Inform
Kaiser reported on leadership priorities focused on strategic planning, strengthening the UCSF affiliation, and internal engagement, noting progress toward finalizing the affiliation agreement with a goal of completion by the end of the first quarter. Stable operating performance in the first half of FY26 was highlighted, along with strong foundation fundraising supporting the Stryker system purchase, ongoing capital and seismic planning with required filings completed, and efforts to improve communication through employee forums. Kaiser also noted coordination with the foundation on capital priorities and an upcoming hospital website update expected later in the month.		
<b>10. FINANCIALS FOR MONTH END NOVEMBER 2025</b>	<i>Ben Armfield</i>	Inform
Armfield reported continued positive financial performance, noting the hospital met or exceeded its operating budget for five consecutive months, posted positive operating margins in three of those months, and achieved a year-to-date operating margin of 2.9%. November remained positive despite expected outpatient volume declines around Thanksgiving, supported by strong inpatient, emergency, and surgical volumes, with operating room utilization increasing though capacity remains. Armfield noted temporary cash flow pressure in November that improved with December parcel tax revenue and upcoming IGT payments, and reported that December set a new record for gross charges, indicating another strong month financially.		
<b>11. COMMITTEE UPDATES</b>	<i>Board of Directors</i>	None
<b>12. BOARD COMMENTS</b>	<i>Board of Directors</i>	
<ul style="list-style-type: none"> <li>• Director Case thanked the management team for guiding the organization through a difficult 2025, crediting leadership changes and renewed focus on strategy, affiliation, and physician recruitment with creating strong momentum and improved performance.</li> <li>• Director Lee Myatt emphasized the strength of teamwork, communication, and integrated execution across leadership, highlighting commitment to the UCSF partnership and a growing connected culture.</li> <li>• Director Bloch mused that the expanding scope and complexity of clinical and affiliation work may soon require moving the CMO role from part-time to full-time to support continued progress.</li> </ul>		
<b>13. ADJOURN</b>	<i>Wendy Lee Myatt</i>	
Regular session adjourned at 5:58 p.m.		



## 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
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<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.		
<b>2. PUBLIC COMMENT SECTION</b>	None	
<b>3. WELCOME KELLEY KAISER</b>	<i>Ed Case</i>	
<b>4. CONSENT CALENDAR</b>	<i>Ed Case</i>	Action
Finance Committee Minutes 10.28.25	<b>MOTION:</b> Motion to approve by Exner, 2 <sup>nd</sup> by Chakmak. All in favor.	
<b>5. IGT UPDATE</b>	<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.		
<b>6. SEISMIC UPDATE</b>	<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.		
<b>7. STRYKER OR EQUIPMENT SYSTEM REPLACEMENT</b>	<i>Ben Armfield</i>	Action
<p>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.</p> <p style="text-align: right;"><b>MOTION:</b> Motion to approve by Crane, 2<sup>nd</sup> by Chakmak. All in favor.</p>		
<b>8. 2026 FINANCE COMMITTEE WORK PLAN</b>	<i>Ben Armfield</i>	Action
<p>Armfield presented work plan highlighting new/modified agenda items and noting specific items that require Action from the Finance Committee.</p> <p style="text-align: right;"><b>MOTION:</b> Motion to approve by Bloch, 2<sup>nd</sup> by Exner. All in favor.</p>		
<b>9. FINANCIAL REPORTS FOR MONTH END OCTOBER 2025</b> <ul style="list-style-type: none"> <li><b>Cash Flow/Financing</b></li> </ul>	<i>Ben Armfield</i>	Inform
<p>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.</p>		
<b>10. ADJOURN</b>	<i>Ed Case</i>	Inform
Meeting adjourned at 6:07pm		



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**

**Wednesday, December 3, 2025, 5:00 PM**

**MINUTES**

Members Present	Excused/Not Present	Public/Staff
Daniel Kittleson, DDS Susan Kornblatt Idell Michael Mainardi, MD Howard Eisenstark, MD Carol Snyder Carl Speizer, MD Kathy Beebe, RN PhD Wendy Lee Myatt, via zoom		Kelley Kaiser, SVH CEO Christopher J. Gallo, PT MSPT, SVH Director of Rehabilitation Services Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO, via zoom Whitney Reese, SVH Board Clerk Patrick Okolo III, MD MPH, SVH CMO, via zoom Louise Wyatt, RN JD, SVH Director of Quality, Risk Management & Patient Safety, Infection Prevention and Case Management Alex Rainow, MD, SVH Vice COS, via zoom Dave Chambers, public

AGENDA ITEM	PRESENTER	ACTION
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Daniel Kittleson, DDS</i>	Called to order at 5:01pm
Welcome to Kelley Kaiser, our new CEO. Next meeting is not until January 2026.		
<b>2. PUBLIC COMMENT SECTION</b>	<i>Daniel Kittleson, DDS</i>	No public comments
<b>3. CONSENT CALENDAR</b>	<i>Daniel Kittleson, DDS</i>	ACTION
Minutes 10.26.25	<i>Motion to approve by Eisenstark, 2<sup>nd</sup> by Mainardi. All in favor.</i>	
<b>4. PT/OT QA/PI</b>	<i>Christopher J. Gallo, PT MSPT</i>	INFORM
Gallo reported a strong year highlighted by the completion of the expanded outpatient facility, which has boosted staff morale, recruitment, and patient capacity. Volumes increased significantly, especially in outpatient PT. The department offers a wide range of specialized services, maintains high patient satisfaction scores, and continues to focus on quality, safety, and community outreach. Key goals for 2026 include hiring additional staff, reducing wait times, expanding wellness and pre-op programs, and preparing for new CMS payment models that make the hospital accountable for 30 days of post-surgical care costs.		

<b>5. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt shared third-quarter results were very positive, with safety and quality metrics showing strong performance across the organization. Most reported events were minor and caused no patient harm. The hospital continues to excel in areas like hand hygiene, transfusion safety, stroke care, and length-of-stay management. Patient experience scores showed improvement in inpatient care, and overall results reflect ongoing. Discussion was had regarding SVH's misleading score with Leapfrog (a voluntary, pay-to-play, safety survey), which SVH does not participate in. The score is mainly due to factors common in small hospitals, not poor performance. The hospital does well on outcomes like infections, falls, and patient safety, but the score is lowered by labor-intensive process requirements and the lack of ICU intensivists. Because completing the survey requires significant resources with little benefit, the hospital has historically chosen not to fully participate, even though a score is still issued.		
<b>7. POLICIES &amp; PROCEDURES</b>	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt presented and the committee reviewed.		
<b>8. ADJOURN</b>	<i>Daniel Kittleson, DDS</i>	Adjourned at 6:16 p.m.
<b>CLOSED SESSION:</b> Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Alex Rainow, MD</i>	ACTION
<i>Motion to approve by Mainardi, 2<sup>nd</sup> by Eisenstark. All in favor</i>		



## Document Tasks By Committee

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

## Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 02/02/2026 12:44 PM

### Report Parameters

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

**Grouped by:** Committee

**Sorted by:** Document Title

### Report Statistics

Total Documents: 49

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

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

### Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
<b>After Hours Call</b> <i>Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics   1206(b)</i>	Pending Approval	1/6/2026	27
Summary Of Changes:	This is an existing policy being added to policy portal.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Rodney, Jennifer (jrodney)		
Approvers:	Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Alcoholic Beverages Policy</b> <i>Patient Care Policy</i>	Pending Approval	2/2/2026	0
Summary Of Changes:	Added purpose statement and scope. Clarified language and process. Added contraindications, and special considerations, including care team assessments/responsibilities.		
	Reviewed by/revised with Medical Dir of Inpatient Svcs (Dr Walther) 12/30/2025		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)		
Approvers:	Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Appointment Scheduling</b> <i>Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics   1206(b)</i>	Pending Approval	1/6/2026	27
Summary Of Changes:	This is not a new policy, it is being added to the portal for the first time.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Rodney, Jennifer (jrodney)		
Approvers:	Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 02/02/2026 12:44 PM

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

<b>Audiograms</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Occupational Health Dept</i>			
Summary Of Changes:	<b>Reviewed, no changes.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Blood and Body Fluid Exposures</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Occupational Health Dept</i>			
Summary Of Changes:	<b>Updated Reference Date and Reviewed/Revised Date.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Breath Alcohol Testing</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Occupational Health Dept</i>			
Summary Of Changes:	<b>Reviewed No Changes</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Cancellation No Show</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Rehabilitation Services Dept</i>			
Summary Of Changes:	<b>Changes made to be consistent with SVH Rehab Services Attendance Agreement and with P+P 7770-111, Title Correction.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Gallo, Christopher (cgallo)</b>		
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Clinic Committee</b>	<b>Pending Approval</b>	<b>1/6/2026</b>	<b>27</b>
<b>Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics   1206(b)</b>			
Summary Of Changes:	<b>existing policy, added to portal.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Rodney, Jennifer (jrodney)</b>		
Approvers:	<b>Alexandridis, Alexis (aalexandridis) -&gt; Kuwahara, Dawn (dkuwahara) -&gt; 1206(b) Clinic Committee - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Customer Relations</b>	<b>Pending Approval</b>	<b>1/6/2026</b>	<b>27</b>
<i>Governance and Leadership Policies</i>			
Summary Of Changes:	<b>Replaced Social Services with Case Management. Grammatical Correction and clarification for staff in-services.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>		

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 02/02/2026 12:44 PM

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

Approvers:	<b>01 P&amp;P Committee -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Declotting Central Venous Access Devices</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Patient Care Policy</i>			
Summary Of Changes:	<b>Added interventions to attempt prior to use of thrombolytics; separated partially occluded vs totally occluded process; added special considerations and relative contraindications and updated reference to EBSCO and cathflo website. Reviewed by Dr A Walther,</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)</b>		
Approvers:	<b>Winkler, Jessica (jwinkler) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Department of Transportation Physical Exams</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Occupational Health Dept</i>			
Summary Of Changes:	<b>Reviewed, no changes.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Drug Testing for Minors</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Occupational Health Dept</i>			
Summary Of Changes:	<b>Reviewed No changes.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Examination Orders</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	<b>Reviewed no changes.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Ashford, Troy (tashford)</b>		
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Hand Hygiene</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Infection Prevention &amp; Control Policies (IC)</i>			
Summary Of Changes:	<b>Updated department from organizational to Infection Prevention, updated purpose, added scope definitions, and references. Added additional indications for hand washing and product usage for surgical hand antisepsis, how often monitoring hand hygiene compliance and procedure.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Wilder, Ashley (awilder)</b>		
Approvers:	<b>14-Infection Control Committee -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 02/02/2026 12:44 PM

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

<b>Infection Control Committee</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Infection Prevention &amp; Control Policies (IC)</i>			
Summary Of Changes:	<b>Added Scope, updated membership and functions of the committee, owners and approvers.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Wilder, Ashley (awilder)</b>		
Approvers:	<b>14-Infection Control Committee -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Influenza Vaccination</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Occupational Health Dept</i>			
Summary Of Changes:	<b>Policy sent to Chris Kutza for review: Contraindication references added, added process for precautions, reference to age taken out of other considerations. Dosage in ML removed as not all vaccines are 0.5ml. Reference to VAERS added and site to get VIS added.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Kuwahara, Dawn (dkuwahara)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Lactating People and Intravenous Contrast Administration</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	<b>Reviewed No Changes.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Ashford, Troy (tashford)</b>		
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Leaving Against Medical Advice</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Patient Care Policy</i>			
Summary Of Changes:	<b>Clarified scope and language on who is able to make decision for AMA; laid out procedure, added special considerations, added that only the certified medical interpreter may be used in AMA discussions and discharge paperwork (AMA form).</b>		
	<b>Reviewed/Revised with MDs Cusick and Walther, Dir of Qlty/RM. December 2025</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Medical Emergencies in the Physician Practice</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics   1206(b)</i>			
Summary Of Changes:	<b>Existing policy never submitted to policy committee.</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Rodney, Jennifer (jrodney)</b>		
Approvers:	<b>Alexandridis, Alexis (aalexandridis) -&gt; Kuwahara, Dawn (dkuwahara) -&gt; 1206(b) Clinic Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Medicinal Cannabis Use in the Terminally Ill</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Patient Rights Policies (PR)</i>			

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 02/02/2026 12:44 PM

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

Summary Of Changes:	Reviewed, no changes. Dr. Walther reviewed and approved with no changes as well.		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Kutza, Chris (ckutza), Wyatt, Louise (lwyatt)		
Approvers:	01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>MRSA Work Status</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Occupational Health Dept</i>			
Summary Of Changes:	Reviewed, no changes.		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Kuwahara, Dawn (dkuwahara)		
Approvers:	01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>NEW: Outpatient Rehabilitation Services</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Rehab Services Policies (RB)</i>			
Summary Of Changes:	New Policy to comply with California Code of Regulations Tittle 22 §§70525-70529, §70531, §70533		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Gallo, Christopher (cgallo)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Patient Room Cleaning Occupied – ISOLATION Precautions</b>	<b>Pending Approval</b>	<b>1/6/2026</b>	<b>27</b>
<i>EVS Dept Policies</i>			
Summary Of Changes:	Updated purpose, policy and made some format changes. 12/31/2025 - changed wording, rags to cloths and don to wear. Reviewed by IP		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Ramirez, Joseph (jramirez)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Plan for the Assessment and Provision of Individual patient Family Needs</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<i>Patient Care Policy</i>			
Summary Of Changes:	Clarified Scope; incorporated language referencing the Interdisciplinary Team, added that Social Determinants of Health are also assessed; Special Populations section added to reflect Older Adults in line with Age Friendly Health System principles; formatting changes to make it easier to read; updated references		
	Reviewed/Approved by CMO 11/28/2025 & Dir of Qlty/RM 11/28/2025		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Winkler, Jessica (jwinkler), Spear, Becky (rspear)		
Approvers:	Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>PPE 90-day Supply Policy (EP)</b>	<b>Pending Approval</b>	<b>1/6/2026</b>	<b>27</b>
<i>Emergency Preparedness Policies (EP)</i>			

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 02/02/2026 12:44 PM

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

Summary Of Changes: **12/9/2025 - 1) Edited Procedure part 3 to include "during a pandemic." Materials will continue to adjust 90-day supply base on historical usage based on the highest 7day usage in the previous 12-month period.**

**Authors/Reviewers: Removed Board Quality Committee, Added Director of Materials Management**

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

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

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

### Pre Placement Physicals

Pending Approval

2/2/2026

0

*Occupational Health Dept*

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

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

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

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

### Private Pay Patients

Pending Approval

1/6/2026

27

**Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics | 1206(b)**

Summary Of Changes: **Existing policy added to portal.**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Rodney, Jennifer (jrodney)**

Approvers: **Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

### QuantiFERON IGRA Testing

Pending Approval

2/2/2026

0

*Occupational Health Dept*

Summary Of Changes: **Reviewed, punctuation addressed. No other changes.**

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

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

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

### Rabies Post-Exposure Vaccination

Pending Approval

2/2/2026

0

*Occupational Health Dept*

Summary Of Changes: **Added reviewed revised date, no changes.**

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

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

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

### Radioactive Material Emergency Procedures

Pending Approval

2/2/2026

0

*Diagnostic Services Dept Policies*

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

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

Lead Authors: **Ashford, Troy (tashford)**

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 02/02/2026 12:44 PM

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

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

<b>Referrals, Preauthorizations and Precertifications</b>	<b>Pending Approval</b>	<b>1/6/2026</b>	<b>27</b>
<b>Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics   1206(b)</b>			

Summary Of Changes: Existing Policy added to policy portal

Moderators: Newman, Cindi (cnewman)

Lead Authors: Rodney, Jennifer (jrodney)

Approvers: Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Release of Blood Products to Nursing</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<b>Laboratory Services Policies (LB)</b>			

Summary Of Changes: Reviewed, Title Corrected.  
Policy reviewed with Lab Manager and Lab Technical Supervisor

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

Lead Authors: Veal, Laurie (lveal)

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

<b>RETIRE: Fluidotherapy Usage</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<b>Rehabilitation Services Dept</b>			

Summary Of Changes: Recommend Retire, obsolete- No longer using device.

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

Lead Authors: Gallo, Christopher (cgallo)

Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>RETIRE: Sports Physicals</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<b>Occupational Health Dept</b>			

Summary Of Changes: The department no longer offers this service, please retire.

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

Lead Authors: Kuwahara, Dawn (dkuwahara)

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

<b>RETIRE: Visits, Admissions, Readmissions, Transfers Through the Emergency Department</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<b>Emergency Services Policies (ED)</b>			

Summary Of Changes: Recommend retiring this policy. It is not comprehensive of anything specific. It is also redundant as the same info is contained in the Transfer of Patients and ED Log policies we just put through approvals

Reviewed and in agreement: Dr Okolo (CMO) Dr Cusick (Med Dir of Emergency Services) M. Ehret (Nursing Director of Emergency Services) 12/31/2025

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

Lead Authors: Winkler, Jessica (jwinkler), Ehret, Marylou (mehret)

Approvers: Okolo, Patrick (pokolo) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 02/02/2026 12:44 PM

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

<b>RETIRE: Yellow Fever Vaccination</b> <i>Occupational Health Dept</i>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
Summary Of Changes: <b>Please retire, this policy is no longer relevant. We do not have access to the Yellow Fever Vaccine.</b>			
Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors: <b>Kuwahara, Dawn (dkuwahara)</b>			
Approvers: <b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Review of Test Results</b> <i>Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics   1206(b)</i>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
Summary Of Changes: <b>Existing policy being added to portal</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Rodney, Jennifer (jrodney)</b>			
Approvers: <b>Alexandridis, Alexis (aalexandridis) -&gt; Kuwahara, Dawn (dkuwahara) -&gt; 1206(b) Clinic Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Rho-Gam Administration</b> <i>Patient Care Policy</i>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
Summary Of Changes: <b>Added purpose statement, scope and definitions. Clarified role of blood bank and role of nursing. Added special considerations section, indications that reflect clinical practice guidelines updates from ACOG.</b>			
<b>Reviewed and approved by Drs Cusick and Amara, Lab Director, pharm and surgical services director.</b>			
Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors: <b>Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)</b>			
Approvers: <b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Sample Medications</b> <i>Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics   1206(b)</i>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
Summary Of Changes: <b>Existing Policy added to Portal</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Rodney, Jennifer (jrodney)</b>			
Approvers: <b>Alexandridis, Alexis (aalexandridis) -&gt; Kuwahara, Dawn (dkuwahara) -&gt; 1206(b) Clinic Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Scope of Practice for Medical Assistants (MAs)</b> <i>Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics   1206(b)</i>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
Summary Of Changes: <b>Existing Policy added to the portal</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Rodney, Jennifer (jrodney)</b>			
Approvers: <b>Alexandridis, Alexis (aalexandridis) -&gt; Kuwahara, Dawn (dkuwahara) -&gt; 1206(b) Clinic Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Sonoma Valley Specialty Clinic Policies and Procedures</b> <i>Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics   1206(b)</i>	<b>Pending Approval</b>	<b>1/6/2026</b>	<b>27</b>
Summary Of Changes: <b>Existing policy added to portal</b>			



## Document Tasks by Committee

## Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 02/02/2026 12:44 PM

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

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Rodney, Jennifer (jrodney)**  
 Approvers: **Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Test Tracking and Follow-Up</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<b>Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics   1206(b)</b>			

Summary Of Changes: **Existing Policy added to portal**  
 Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Rodney, Jennifer (jrodney)**  
 Approvers: **Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Transfer of Instruments for Sterilization</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<b>Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics   1206(b)</b>			

Summary Of Changes: **Existing Policy added to portal**  
 Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Rodney, Jennifer (jrodney)**  
 Approvers: **Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Transfer of Patients for Diagnostic Imaging</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<b>Occupational Health Dept</b>			

Summary Of Changes: **Reviewed no changes.**  
 Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
 Lead Authors: **Kuwahara, Dawn (dkuwahara)**  
 Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Transfer of Patients to the Emergency Room from Occupational Health</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<b>Occupational Health Dept</b>			

Summary Of Changes: **Reviewed, no changes.**  
 Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
 Lead Authors: **Kuwahara, Dawn (dkuwahara)**  
 Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Travel Medicine</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<b>Occupational Health Dept</b>			

Summary Of Changes: **Reviewed, no changes.**  
 Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
 Lead Authors: **Kuwahara, Dawn (dkuwahara)**  
 Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Tuberculosis Screening</b>	<b>Pending Approval</b>	<b>2/2/2026</b>	<b>0</b>
<b>Occupational Health Dept</b>			

Document Tasks by Committee

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

Summary Of Changes: Reviewed no changes.

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

Lead Authors: Kuwahara, Dawn (dkuwahara)

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

Urine Drug Screening	Pending Approval	2/2/2026	0
Occupational Health Dept			

Summary Of Changes: Reviewed, no changes.

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

Lead Authors: Kuwahara, Dawn (dkuwahara)

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

Vaccination Policy	Pending Approval	2/2/2026	0
Occupational Health Dept			

Summary Of Changes: Removed reference to Yellow Fever Vaccine, we no longer offer it.

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

Lead Authors: Kuwahara, Dawn (dkuwahara)

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

# **Sonoma Valley Hospital Nursing**

## **Annual Report to the Hospital Board of Directors**

*February 2026*

*Jessica Winkler, DNP, RN, NEA-BC, CCRN*

*Chief Nursing Officer*

# Agenda

**Overview of Patient Care Services**

**PCS Leadership**

**Professional Profile**

**Clinical Quality & Safety**

**Emergency Department**

**Service Excellence**

# Patient Care Services (PCS)

- Emergency Department
  - RN
  - ED Technicians
- Inpatient Care
  - Intensive Care Unit
  - Medical/Surgical/ Telemetry
  - MS CNA & UA/TT
  - Respiratory Therapy
- Surgical Services
  - Peri-Operative
  - Operating Room
  - Anesthesia & Surgical Technicians
  - Sterile Processing
  - Ancillary (schedulers, navigator)
- House Supervisors
- Nursing Informatics
- VOM SNF (admin oversight only)

PCS Teams make up 39% of total SVH workforce  
(152/386 employees)

SVHCD BOD Feb. 2026 pg.21

# Nursing Leadership

## *Emergency Department*

**Marylou Ehret, MSN, RN,  
OCN, ONS**  
Director of Emergency  
Services

**Stephanie Collins, BSN, RN**  
Clinical Coordinator, ED

## *Inpatient Care*

**Jane Taylor, MSN, RN,  
CENP, CMSRN**  
Director of Inpatient Care  
Services

**Lacie Johst, MSN, RN**  
Clinical Coordinator, Inpt

## *Surgical Services*

**Kelli Cornell, ADN, RN**  
Director of Surgical  
Services

**Kristin Esplin, MSN, RN**  
Clinical Coordinator, OR



# Nursing Professional Profile:

- *106 RNs across PCS Departments*
  - Nurses are 27% of total SVH workforce
- *Years of Nursing Experience:*
  - Total: 1710 years
  - Average: 16
- *Years at Sonoma Valley Hospital:*
  - Total: 633
  - Average: 6.8
  - Range: 0-45

## *Average Nurse Tenure by Dept*

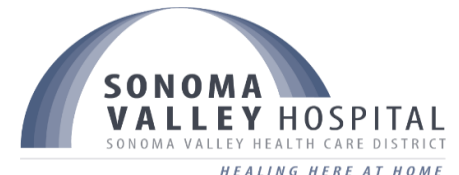
	<i>AVG</i>	<i>Range</i>
<i>Med-Surg</i>	<i>7</i>	<i>0-32</i>
<i>Intensive Care</i>	<i>10</i>	<i>0-45</i>
<i>Emergency</i>	<i>3</i>	<i>0-17</i>
<i>Surgical Svcs</i>	<i>5</i>	<i>0-37</i>
<i>House Supervisor</i>	<i>9</i>	<i>3-32</i>

## *Educational Background*

(Nursing Degrees)	<i>Associates</i>	<i>32</i>	<i>30%</i>
	<i>Bachelors</i>	<i>61</i>	<i>58%</i>
	<i>Masters</i>	<i>12</i>	<i>11%</i>
	<i>Doctorate</i>	<i>1</i>	

## *Non-Nursing Degrees held by our nurses:*

Psychology, Kinesthesia, Political  
Science, Economics/MBA





# Workforce Stability

## *RN Vacancy Rates*

- Across all Departments: **3.61%** \*as of 1/25/2026

<i>Med Surg</i>	<i>0</i>
<i>ICU</i>	<i>1.1</i>
<i>ED</i>	<i>0</i>
<i>Surgical Svcs</i>	<i>0.7</i>

- State RN Vacancy Rate **6%**
- National RN Vacancy Rate: **9.6%**

## *RN Turnover Rate*

- SVH RN Turnover: **11%**
- Western Region: **16.1%**
- National RN Turnover: **16.4%**

NSI Nursing Solutions. (2025). 2024 NSI National Healthcare Retention & RN Staffing Report. <https://www.nsinursingsolutions.com/documents/library>

[/nsi\\_national\\_health\\_care\\_retention\\_report.pdf](#)

Spetz, J. (2025) Regional Forecasts of the Registered Nurse Workforce in California. San Francisco, CA: Philip R. Lee Institute for Health Policy Studies, July 2024. <https://www.rn.ca.gov/pdfs/forms/forecast2024.pdf>



# Across All PCS Disciplines

## Dedication

- Average Tenure: 6.27 Years
- 7% have greater than 20 year
- 20% have greater than 10 yrs

## Employee Engagement Survey



		ED			Surgical Svcs			Nsg Admin			Inpatient		
		2023	2024	2025	2023	2024	2025	2023	2024	2025	2023	2024	2025
	Overall Score:	4.14	3.12	4.04	3.74	4.13	4.38	3.77	3.93	4.45	3.84	4.33	4.41
	Participation Rate:	34%	42%	57%	46%	41%	55%	56%	46%	63%	20%	37%	37%

# Clinical Quality & Safety

- QAPI: Quality Assurance and Process Improvement Activities:
  - Numerous Data Points in all departments
  - Multidisciplinary: Nursing, MD, Pharmacy, etc..
  - Some Regulatory; Some Internal
  - Most are reported publicly via multiple venues
- **Across All Departments:**
  - Medication Administration: Barcode scanning; Pyxis overrides. Hand Hygiene, Readmissions, Critical Lab Value communication time; Blood transfusions

*SVH Quality Committee: Last Wednesdays each month!*

# Clinical Quality & Safety

## *Surgical Services*

- Surgical Site Infections
- Abx 1 hr prior to surgery
- Surgical Complications
- Retained Foreign Body
- Time-Out/Brief/Debrief
- Immediate Use Sterilization
- Bone & Tissue Logs
- Time Stamps
  - On-Time Starts
  - Room Turnover
- Block Utilization
- Same-Day Cancellations

## *ED*

- Blood Cultures
- Sepsis Bundles
- Obs of High Risk of Self Harm
- Timeliness of Care
  - “Door to...”
- Stroke Metrics
- Organ/Tissue Donation
- Barcode Scanning

## *Inpatient Care*

- Pressure Injuries
- Infection Prevention:
  - CAUTI
  - CLABSI
- Falls
- Antibiotics Admin
- Care Planning
- Admission Assessments
- Age-Friendly Metrics
  - Restraint use
  - Med Rec
  - Mobility

# Emergency Preparedness 2025

## *MARCH*

Medical Response  
Surge Exercise  
(MRSE)  
County Exercise  
SVH: Downtime  
procedures



## *April*

Active Crisis Response / Active  
Shooter

94 staff attend across all depts  
2 Hours class  
Taught by Chief of Police  
Brandon Cutting



## **June**

Ultimate Caduceus  
Joint Command Military MRSE



# Emergency Preparedness 2025

## October



**Objective:** Participate in The Great Shakeout- an annual earthquake drill – to test SVH emergency preparedness functions, and to build on last year's drill

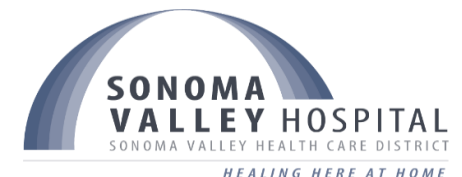
### *Test SVH 4 Functions*

**Goal #1:** Communications are streamlined and efficient

**Goal #2:** Departmental response is timely and accurate

**Goal #3:** The Labor Pool process works

**Goal # 4:** Patients are evacuated timely, and safely



# Emergency Department

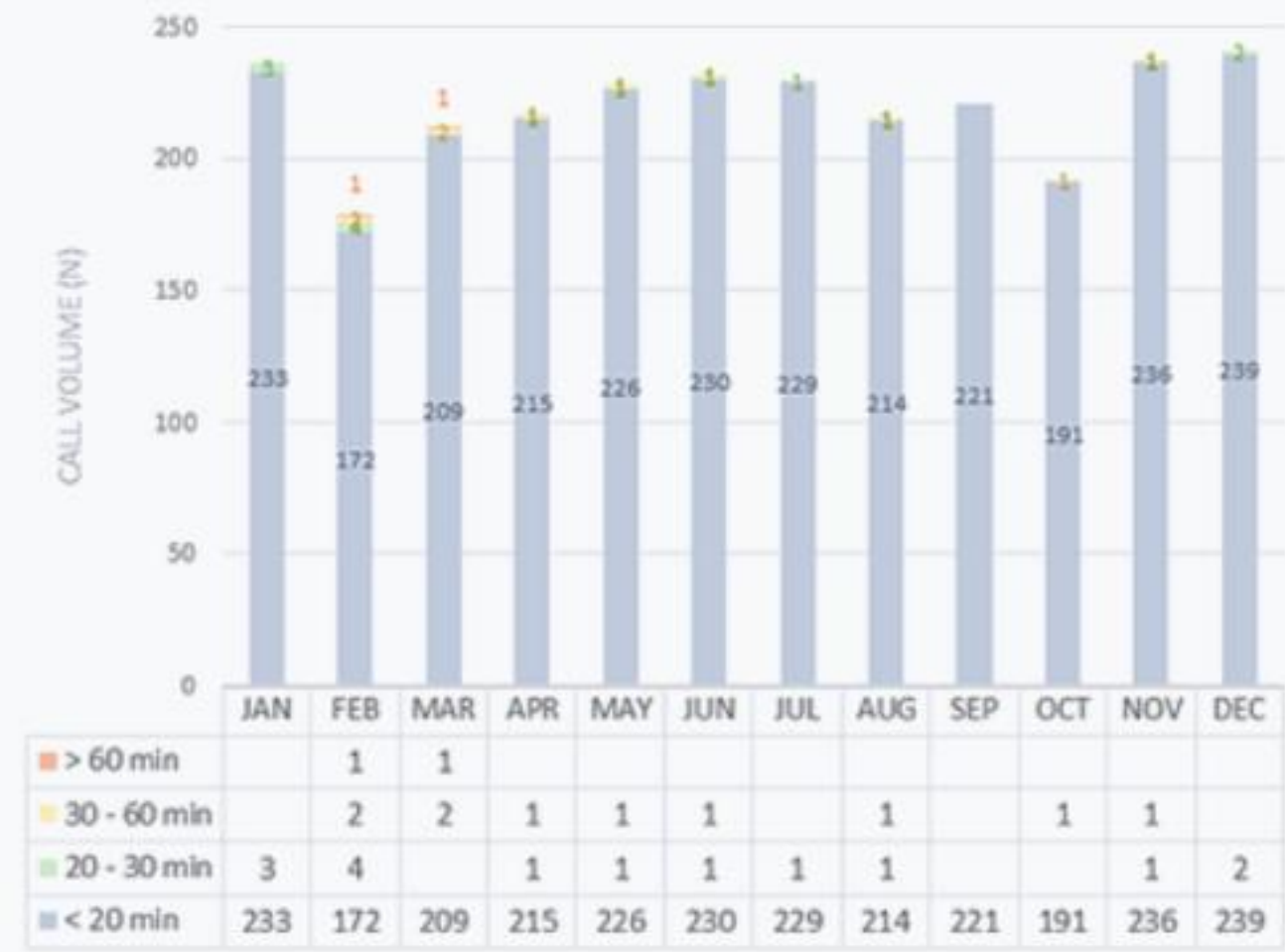
	2023	2024	2025
TOTAL	10,098	10,930	11,919
Average Daily Volume	28.5	29.83	32.58
Percent LWBS	2%	1.3%	0.88%
Percent ADMITTED	8.64%	8.67%	9.58%
Percent TRANSFERED'	7.43%	8.74%	8.39%

Steady Increases in volume, year over year, yet the percentage of Left Without Being Seen has decreased

The Percentage of admitted patient has increased, while the percent of transfers had decreased slightly.

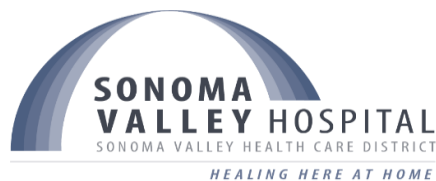


Sonoma Valley Hospital - Call Volume by Ambulance Patient Offload Time (APOT)  
January, 2025 - December, 2025



# APOT: Ambulance Patient Off-Load Time

Sonoma Valley Hospital - 90th Percentile APOT (♦)  
January, 2025 - December, 2025



# ED Throughput

## ED Length of Stay

Arrival to Depart

Arrival to ED Discharge

Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	MTD
135m	132m	135m	128m	141m	134m	123m
117m	114m	119m	116m	121m	114m	110m

## Median Times:

Registration: **2-4** minutes

Arrival to ROOM: **5** minutes

Arrival to Triage: **7** mins

Triage END to Provider: **5** minutes

## *ED to Admission:*

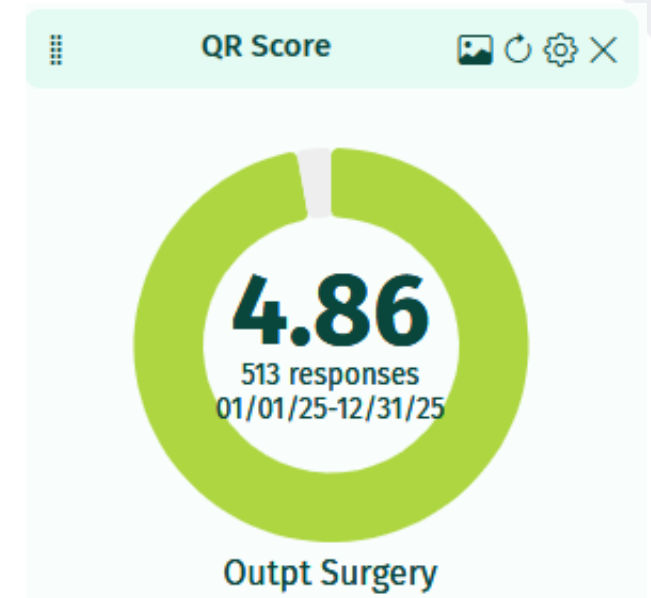
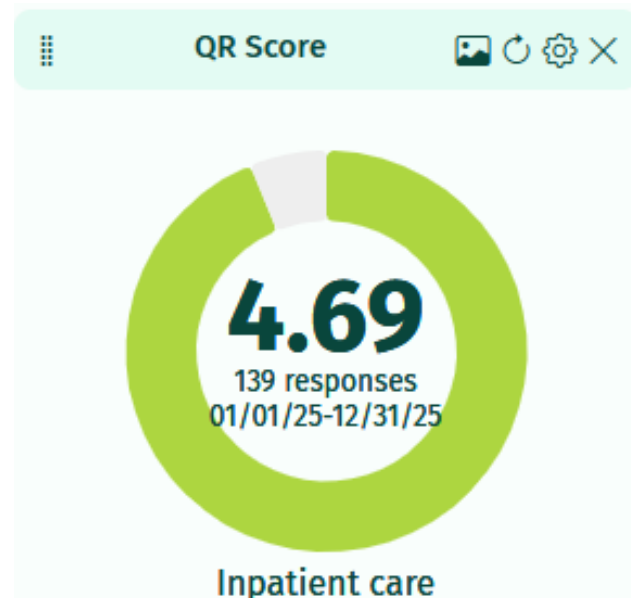
ED Arrival to Admit Order: **3** hrs

Admit Order to Inpt: Median **58** minutes

*69% of all admits get upstairs <90 minutes*



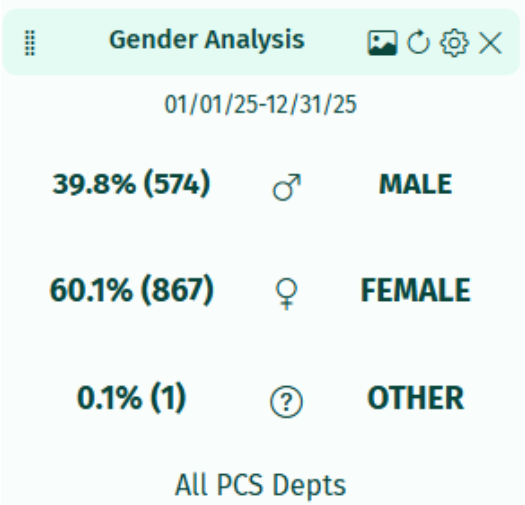
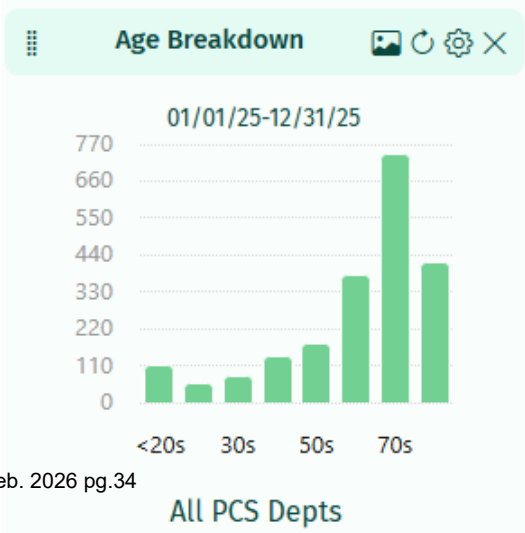
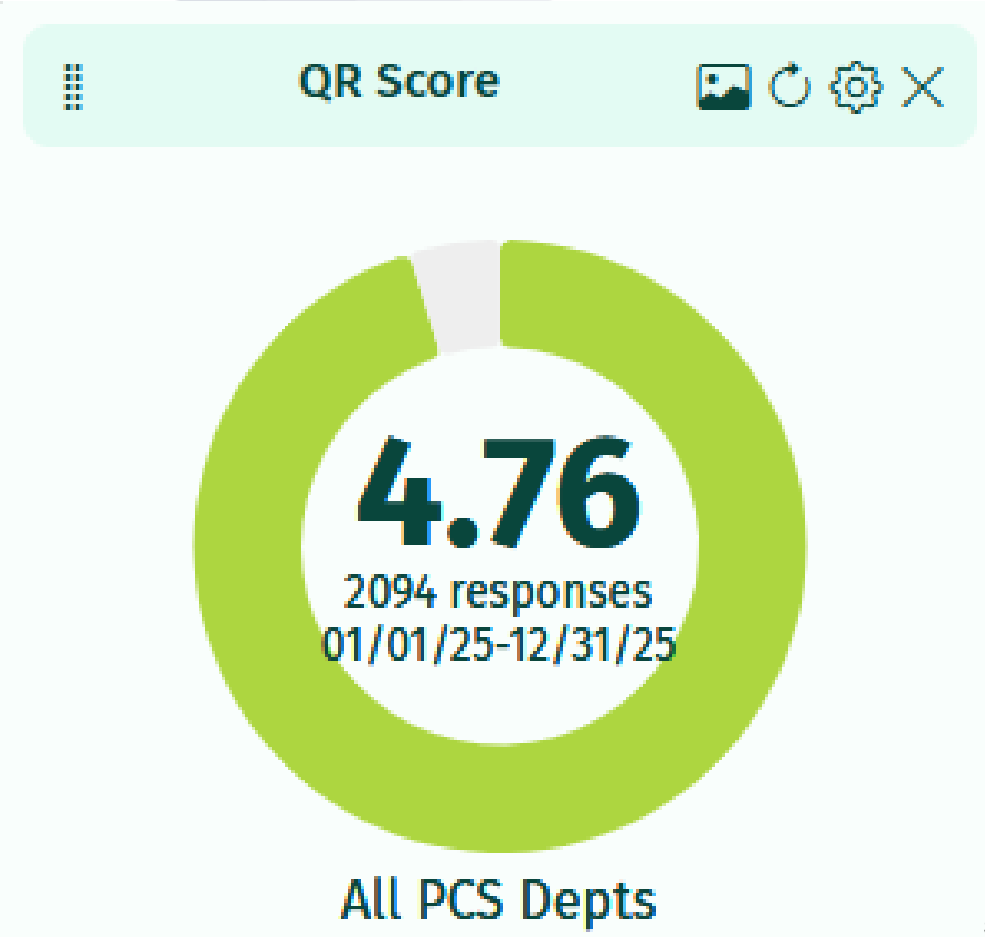
# *Service Excellence: Q Reviews*



# Service Excellence: Q Reviews



Response Rate: 22%



# Service Excellence: HCAHPS

(as of 1/14/2026; data from 1/24-12/24)

137 Surveys = 31% response rate\*



Patients who reported that their nurses "Always" communicated well.

**85%**

National average: 80%

California average: 76%

Patients who reported that they "Always" received help as soon as they wanted.

**79%**

National average: 67%

California average: 60%

Patients who reported that the staff "Always" explained about medicines before giving it to them.

**62%**

National average: 62%

California average: 58%

Patients who reported that YES, they were given information about what to do during their recovery at home.

**92%**

National average: 87%

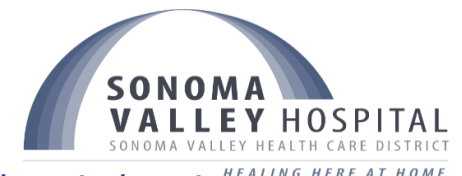
California average: 85%

Patients who "Strongly Agree" they understood their care when they left the hospital.

**57%**

National average: 53%

California average: 48%



# Service Excellence: OASCAPS (as of 1/14/2026; data from 1/24-12/24)

251 Surveys = 26% response rate: no star ratings available yet

Patients who reported that the facility was definitely clean, and staff were helpful and respectful

**97%**

National average: 97%

California average: 96%

Patients who reported that staff gave them clear and complete information about their procedure

**93%**

National average: 92%

California average: 90%

Patients who reported that YES staff gave them written information and prepared them for recovery at home

**97%**

National average: 97%

California average: 96%

Patients who gave their facility a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest)

**87%**

National average: 86%

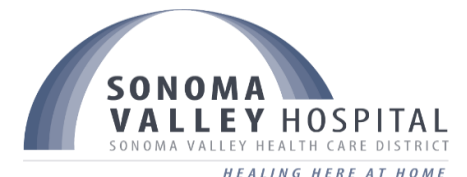
California average: 84%

Patients who reported YES they would definitely recommend the facility

**86%**

National average: 82%

California average: 81%



*Let us never consider  
ourselves finished  
nurses. We must be  
learning all of our  
lives*

*Florence Nightingale*





To: SVHCD Board of Directors  
From: Ben Armfield, Chief Financial Officer  
Date: February 5<sup>th</sup>, 2026  
Subject: Resolution # 389 – Authorizing Management to Proceed with CHFFA Distressed Loan Program Modification

## **PURPOSE AND ASK**

The purpose of this item is to request that the Board execute a resolution authorizing management to proceed with execution of the CHFFA loan modification documents, which will formally defer the Hospital's Distressed Hospital Loan Program ("DHLP") loan repayment obligation from February 2026 to February 2027.

Sonoma Valley Hospital has received formal approval from the California Health Facilities Financing Authority ("CHFFA") for this loan modification. Board authorization is required in order for management to execute the amended loan documents and for the deferral to become effective. The official CHFFA approval letter is attached for reference.

## **BACKGROUND – CHFFA Distressed Hospital Loan Program Modification Program**

As context, the Distressed Hospital Loan Program was originally established by CHFFA to provide 0% interest loans to financially distressed hospitals. As financial pressures on community hospitals continued, CHFFA subsequently introduced a formal Loan Modification Program applicable to existing DHLP loans to provide additional relief where warranted.

This Loan Modification Program was designed to be implemented in phases, allowing CHFFA to first provide near-term repayment relief, while reserving the ability to evaluate longer-term solutions separately.

Under the program structure:

- **Phase I** (we are here) consists of a temporary, 12-month deferral of required loan payments, intended to provide immediate liquidity relief. Approval of Phase I is required in order for a hospital to remain eligible for any further relief.
- **Phase II** contemplates the potential for partial or full loan forgiveness. Phase II criteria, timing, and scope have not yet been finalized by the State and remain to be determined.

The Board action requested under this item relates solely to Phase I of the Loan Modification Program.

## **CHFFA APPROVAL**

CHFFA approved Sonoma Valley Hospital's DHLP Phase I loan modification in early January 2026. Phase I provides a 12-month deferral of the Hospital's loan repayment obligation, extending the first required payment from February 2026 to February 2027.

Approval of this modification was based on CHFFA's review and evaluation of the Hospital's financial position and supporting materials submitted as part of the loan modification application.

As approved, the modification provides a 12-month payment deferral and extends the loan maturity. All other key terms of this agreement remain the same.

	Original Terms	Revised Terms
<b>Loan Amount:</b>	\$ 3,100,000	\$ 3,100,000
<b>Interest Rate:</b>	0% fixed	0% fixed
<b>Original Payment Start:</b>	February 2026	February 2027
<b>Original Maturity:</b>	July 2030	July 2031
<b>Monthly Debt Service:</b>	\$ 57,400	\$ 57,400

Regarding Phase II – criteria, timing, and structure remain to be determined by the State. Hospitals were required to receive approval for Phase I (the payment deferral) in order to be eligible for Phase II consideration. Management will continue to monitor guidance from CHFFA and the State and will bring forward any Phase II opportunity if and when it becomes available.

**BOARD ACTION REQUESTED**

The Board is asked to execute the attached resolution, which authorizes management to proceed with and enter into the CHFFA loan modification, including execution and delivery of the First Amendment to the Loan and Security Agreement and the Amended and Restated Promissory Note.

Board execution of the resolution is required for the loan modification to become effective.

---

**ATTACHMENTS:**

- Resolution #399
- CHFFA / Sonoma Valley Hospital Loan Modification Approval Letter
- CHFFA / Sonoma Valley Hospital DHLP Loan Modification Agreement – 1<sup>st</sup> Amendment

## RESOLUTION NO. 389

### RESOLUTION OF SONOMA VALLEY HEALTH CARE DISTRICT AUTHORIZING EXECUTION AND DELIVERY OF AN AMENDED AND RESTATED PROMISSORY NOTE, THE FIRST AMENDMENT TO LOAN AND SECURITY AGREEMENT, AND CERTAIN ACTIONS IN CONNECTION THEREWITH

#### **DISTRESSED HOSPITAL LOAN PROGRAM**

WHEREAS, Sonoma Valley Health Care District (the “Borrower”) is a public hospital, as defined in Section 129381 of the Health and Safety Code;

WHEREAS, Borrower and the California Health Facilities Financing Authority (the “Lender”) are parties to that certain Loan and Security Agreement, dated as of July 11, 2024 (as amended, supplemented or otherwise modified from time to time, the “Loan Agreement”);

WHEREAS, pursuant to the Loan Agreement, Borrower has instituted turnaround efforts to prevent the closure of the hospital but despite Borrower’s best efforts, Borrower remains in financial distress;

WHEREAS, Borrower has submitted to the Lender a Loan Modification Application under the Distressed Hospital Loan Program (the “Loan Program”) and, if such Loan Modification Application is approved, proposes to enter into that certain (i) First Amendment to Loan and Security Agreement (the “First Amendment”), with the Lender and (ii) amended and restated promissory note (the “Amended and Restated Note”); and

WHEREAS, the Board of Directors has determined that it is advisable and in the best interests of Borrower to enter into the First Amendment and the Amended and Restated Note and the documents in connection therewith.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Borrower as follows:

Section 1. The Board of Directors of Borrower hereby **ratifies** the submission to the Lender of a Loan Modification Application under the Loan Program.

Section 2. Kelley Kaiser, Chief Executive Officer, an “Authorized Officer” IS hereby authorized and directed, for and on behalf of Borrower, to do any and all things and to execute and deliver any and all documents that the Authorized Officer deems necessary or advisable to enter into the First Amendment and the Amended and Restated Note and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 3. The proposed form of the First Amendment is hereby approved. The Authorized Officer is hereby authorized and directed, for and on behalf of Borrower, to execute the First Amendment in substantially said form, with those changes therein as the Authorized Officer may require or approve, that approval to be conclusively evidenced by the execution and delivery thereof.



Section 4. The proposed form of the Amended and Restated Note is hereby approved. The Authorized Officer is hereby authorized and directed, for and on behalf of Borrower, to execute the Amended and Restated Note in substantially said form, with those changes therein as the Authorized Officer may require or approve, that approval to be conclusively evidenced by the execution and delivery thereof.

PASSED AND ADOPTED by the Board of Directors of Sonoma Valley Health Care District held on the 5th day of February, 2026.

## SECRETARY'S CERTIFICATE

I, {\_\_\_\_}, Secretary of Sonoma Valley Health Care District, hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of Sonoma Valley Health Care District duly and regularly held at the regular meeting place thereof on the {\_\_\_\_} day of {\_\_\_\_}, 20{\_\_}, of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

**Ayes:**

**Noes:**

**Absent:**

I further certify that I have carefully compared the same with the original minutes of said meeting on file and of record in my office; that said resolution is a full, true and correct copy of the original resolution adopted at said meeting and entered in said minutes; and that said resolution has not been amended, modified or rescinded since the date of its adoption, and is now in full force and effect.

---

Secretary

Date: \_\_\_\_\_



## CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

901 P Street, Suite 313  
Sacramento, CA 95814  
p (916) 653-2799  
f (916) 654-5362  
chffa@treasurer.ca.gov  
www.treasurer.ca.gov/chffa

### MEMBERS

FIONA MA, CPA, CHAIR  
California State Treasurer

MALIA M. COHEN  
State Controller

JOE STEPHENSHAW  
Director of Finance

ANTONIO BENJAMIN

FRANCISCO SILVA

ROBERT CHERRY, M.D.

ROBERT HERTZKA, M.D.

KATRINA KALVODA

KERI KROPKE, M.A., M.A., CCC-SLP

**EXECUTIVE DIRECTOR**  
CAROLYN ABOUBECHARA

January 8, 2026

Ben Armfield  
Chief Financial Officer, Interim CEO  
Sonoma Valley Hospital  
347 Andrieux Street  
Sonoma, CA 95476

RE: Distressed Hospital Loan Program Loan Modification Application

Dear Ben Armfield,

Congratulations! Your Distressed Hospital Loan Program (“DHLP”) Loan Modification Application has been approved based on the information submitted. Your payment deferral period and maturity date are therefore extended by 12-months. Below are the revised terms of the DHLP loan:

Loan Amount: \$3,100,000.00  
Revised Loan Term: 84 months (with a 30-month initial deferment period)  
Revised First Payment Due Date: February 1, 2027  
Revised Maturity date: July 1, 2031  
Interest Rate: 0% fixed  
Monthly Debt Service Amount: \$57,407.41

The revised terms of the DHLP loan are contingent upon (i) full execution of the First Amendment to Loan and Security Agreement (the “Amendment”); (ii) full execution of the Amended and Restated Promissory Note (the “Note”); (iii) delivery of executed resolutions of Sonoma Valley Hospital’s board of directors or relevant governing body, as applicable, authorizing the execution and delivery of the Amendment and Note; and (iv) the delivery of any other documents reasonably required or requested in connection with carrying out the purposes of this Amendment.

If you have any questions, please contact your Loan Officer, Andrew Arroyo, by email at [Andrew.Arroyo@treasurer.ca.gov](mailto:Andrew.Arroyo@treasurer.ca.gov) or by telephone at 916-657-5165.

Sincerely,

DocuSigned by:

*Carolyn Aboubechara*

EBF51B334FCD46A...

Carolyn Aboubechara  
Executive Director

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**

**DISTRESSED HOSPITAL LOAN PROGRAM**

**FIRST AMENDMENT TO LOAN AND SECURITY AGREEMENT**

This First Amendment to Loan and Security Agreement (“First Amendment”), is entered into by and between the CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY, a public instrumentality of the State of California, having its principal place of business at 901 P Street, Suite 313, Sacramento, California 95814 (together with its successors and assigns, the “Authority” or the “Lender”) and **Sonoma Valley Health Care District DBA Sonoma Valley Hospital**, a California **public hospital** having its principal place of business at **347 Andrieux Street, Sonoma, California 95476** (“Borrower”), under the Distressed Hospital Loan Program pursuant to Health and Safety Code section 129380 et seq. This First Amendment is effective and dated as of the date of the execution by the Authority of this First Amendment by the Authority (the “First Amendment Effective Date”).

**RECITALS**

A. Borrower and the Lender are parties to that certain Loan and Security Agreement, dated as of **July 11, 2024** (as amended, supplemented or otherwise modified and in effect immediately prior to the First Amendment Effective Date, the “Original Loan Agreement” and, the Original Loan Agreement as modified by this First Amendment, the “Loan Agreement”);

B. Pursuant to the Loan Agreement, Borrower has instituted a Turnaround Plan but despite Borrower’s best efforts, Borrower remains in financial distress;

C. Borrower has applied to the Authority and the Department for a Loan Modification Application under the Distressed Hospital Loan Program (the “Loan Program”);

D. The Authority, the Department and the California Department of Finance have determined that Borrower’s Loan Modification Application meets the eligibility requirements of the Loan Program; and

E. Borrower and the Lender wish to amend the Original Loan Agreement in certain respects as set forth herein;

NOW, THEREFORE, in consideration of the foregoing, the parties agree as follows:

1. **Certain Defined Terms**. Except as otherwise defined in this First Amendment, terms defined in the Loan Agreement are used herein as defined therein.

2. **Amendment**. Subject to the satisfaction of the conditions precedent set forth in Section 5 of this First Amendment, but effective as of the date hereof:

(a) Section 2(d) of the Original Loan Agreement is hereby amended and restated in its entirety to read as follows (additions shown in **double underline bold** and deletions in ~~strikethrough~~):

“(d) Repayment; Maturity. Borrower agrees to repay the Loans in equal monthly installments, commencing on the first day of the ~~nineteenth (19th)~~ **thirty-first (31st)** month from the Effective Date until the principal sum of the Loans is paid in full, which shall occur no later than ~~seventy-two (72)~~ **eighty-four (84)** months from the date of this Agreement (the “Maturity Date”). If Borrower commences a restructuring under chapter 11 of the Bankruptcy Code before the Maturity Date and seeks debtor-in-possession financing from the Lender, the Lender agrees to “roll up” the Loans under this Facility into a debtor-in-possession financing facility on a dollar-for-dollar basis and on such other terms and conditions acceptable to the Lender.”

3. **Reaffirmation.** Borrower (a) acknowledges and consents to all of the terms and conditions of this First Amendment, (b) agrees that this First Amendment and any documents executed in connection herewith do not operate to reduce or discharge Borrower’s obligations under the Loan Documents, and (c) agrees that this First Amendment and any documents executed in connection herewith shall not impair or otherwise adversely affect any of the guarantees or liens provided or granted pursuant to the Loan Documents. Each other Loan Document and all guarantees, pledges, grants, security interests and other agreements thereunder shall continue to be in full force and effect and Borrower reaffirms the Loan Document and all guarantees, pledges, grants, security interests and other agreements thereunder.

4. **Representations and Warranties.**

To induce the Lender to enter into this First Amendment, Borrower hereby represents and warrants to the Lender that as of the First Amendment Effective Date and, until the Note is paid in full and all obligations under the Loan Agreement are performed in full, that:

(a) Borrower has the requisite right, power and authority to execute and deliver this First Amendment and the performance of the Loan Agreement.

(b) Borrower has duly authorized, executed and delivered this First Amendment.

(c) This First Amendment constitutes the legal, valid and binding obligations of Borrower, enforceable in accordance with their respective terms, subject to bankruptcy, insolvency, reorganization, arrangement, fraudulent conveyance, moratorium and other laws relating to or affecting the enforcement of creditors’ rights, to the application of equitable principles, regardless of whether enforcement is sought in a proceeding at law or in equity, to public policy and to the exercise of judicial discretion in appropriate cases.

(d) The execution and delivery by Borrower of this First Amendment and the performance by Borrower of this First Amendment and the performance by Borrower of the Loan Agreement will not: conflict with or constitute a breach of, violation or default (with due notice or the passage of time or both) under the articles of incorporation or bylaws of Borrower, any applicable law or administrative rule or regulation or any applicable court or administrative decree or order, or any indenture, mortgage, deed of trust, loan agreement, lease, contract or other agreement, evidence of indebtedness or instrument to which Borrower is a party or to which or by which it or its properties are otherwise subject or bound, or result in the creation or

imposition of any prohibited lien, charge or encumbrance of any nature whatsoever upon any of the property or assets of Borrower, which conflict, violation, breach, default, lien, charge or encumbrance might have consequences that would materially and adversely affect the performance of Borrower of the Loan Agreement.

(e) The representations and warranties set forth in Section 4 of the Loan Agreement, and in each of the other Loan Documents, are true and complete on the date hereof as if made on and as of the date hereof (or, if any such representation or warranty is expressly stated to have been made as of a specific date, such representation or warranty shall be true and correct as of such specific date), and as if each reference in said Section 4 to “this Agreement” included reference to this First Amendment.

5. **Conditions Precedent.** The amendments set forth in Section 2 shall not become effective until the Lender is satisfied that all of the following conditions have been met:

(a) Borrower shall have delivered to the Lender a duly executed First Amendment and amended and restated Note in the form attached hereto as Annex A.

(b) Borrower shall have delivered to the Lender a resolution of Borrower’s board of directors or governing body duly authorizing the execution and delivery by it of this First Amendment and amended and restated Note in the form attached hereto as Annex A and the performance of the Loan Agreement and such amended and restated Note.

(c) Borrower shall have delivered to the Lender any other documents reasonably required by the Lender in connection with carrying out the purposes of this First Amendment.

6. **Miscellaneous.**

(a) References in the Loan Agreement to “this Agreement” (and indirect references such as “hereunder”, “hereby”, “herein” and “hereof”) and references to the Loan Agreement in other Loan Documents shall in each case be deemed to be references to the Loan Agreement as amended hereby.

(a) This First Amendment shall constitute a Loan Document for purposes of the Loan Agreement and the other Loan Documents, and except as specifically modified by this First Amendment, the Loan Agreement and the other Loan Documents shall remain unchanged and shall remain in full force and effect and are hereby ratified and confirmed.

(b) The execution, delivery and performance of this First Amendment shall not constitute a forbearance, waiver, consent or amendment of any other provision of, or operate as a forbearance or waiver of any right, power or remedy of the Lender under the Loan Agreement or any of the other Loan Documents, all of which are ratified and reaffirmed in all respects and shall continue in full force and effect. This First Amendment does not constitute a novation of rights, obligations and liabilities of the respective parties existing under the Loan Documents.

(c) This First Amendment may be executed in any number of counterparts, each of which when so executed and delivered shall be an original, but all counterparts shall together constitute one and the same instrument.

*[Signature Pages Follow]*

IN WITNESS WHEREOF, the parties to this First Amendment have caused this First Amendment to be executed and delivered as of the date of execution of this First Amendment by the Authority.

LENDER: **CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**, a public instrumentality of the State of California

By: \_\_\_\_\_

Name: **Carolyn Aboubechara**

Title: **Executive Director**

Date: \_\_\_\_\_

BORROWER: **SONOMA VALLEY HEALTH CARE DISTRICT  
DBA SONOMA VALLEY HOSPITAL**,  
a California public hospital

By: \_\_\_\_\_  
(Authorized Officer)

Name: **Kelley Kaiser**

Title: **Chief Executive Officer**



## **ANNEX A**

**EXHIBIT D – AMENDED AND RESTATED PROMISSORY NOTE**

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**

**DISTRESSED HOSPITAL LOAN PROGRAM**

**AMENDED AND RESTATED PROMISSORY NOTE**

This Promissory Note was originally executed by the hereinafter defined Borrower on **July 11, 2024** and is being amended and restated as of the First Amendment Effective Date of the Hereinafter Defined Loan Agreement

**SONOMA VALLEY HEALTH CARE DISTRICT DBA SONOMA VALLEY HOSPITAL**, a California **public hospital**, as defined under Government Code section 129381, having its principal place of business at **347 Andrieux Street, Sonoma, California 95476** (the “Borrower”), for value received, hereby promises to pay to CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY, a public instrumentality of the State of California (the “Lender”) and its successors and assigns (the Lender and its successors and assigns, the “Holder”), at its office located at 901 P Street, Suite 313, Sacramento, California 95814, or at such other place as the Holder may from time to time designate in writing, in lawful money of the United States of America, the principal sum of **Three Million One Hundred Thousand Dollars and No Cents (\$3,100,000.00)** (or such lesser amount as shall equal the aggregate unpaid principal amount of the Loans made by the Lender to Borrower under and as described in the Loan Agreement described below).

This Note is the Note referred to in, is executed and delivered under, and is subject to the terms of, the Loan and Security Agreement dated as of **July 11, 2024** (the “Original Loan Agreement”), as amended by the First Amendment to Loan and Security Agreement dated as of \_\_\_\_\_, 2025 (the “First Amendment”) (the Original Loan Agreement, as amended by the First Amendment, and as further amended, supplemented or otherwise modified from time to time, the “Loan Agreement”) each by and between the Borrower and the Lender. Capitalized terms used, but not defined, in this Note have the meanings given them in the Loan Agreement.

The Borrower agrees to repay the outstanding Loans in equal monthly installments as more particularly provided for in the Loan Agreement until payment of such principal sum shall be discharged and in no event later than the Maturity Date.

The Borrower shall be in default of this Note on the occurrence of any Event of Default. Upon default of this Note, the Holder may exercise all of its rights and remedies provided for under the Loan Agreement. The Holder may also use all remedies in law and in equity to enforce and collect the amount owed under this Note. The remedies of the Holder, as provided in the Loan Agreement, shall be cumulative and concurrent and may be pursued singularly, successively or together, at the sole discretion of the Holder, and may be exercised as often as occasion therefor shall arise. No act of omission or commission of the Holder, including specifically any failure to exercise any right, remedy or recourse shall be deemed to be a waiver or release of the same, such waiver or release to be effected only through a written document

executed by the Holder and then only to the extent specifically recited therein. A waiver or release with reference to any one event shall not be construed as continuing, as a bar to, or as a waiver or release of, any subsequent right, remedy or recourse as to a subsequent event.

Borrower hereby waives presentment and demand for payment, notice of intent to accelerate maturity, notice of acceleration and maturity, protest or notice of protest and non-payment, bringing of suit and diligence in taking any action to collect any sums owing hereunder, and agrees that its liability on this Note shall not be affected by any release of or change in any security for the payment of this Note.

Borrower shall have the right to prepay this Note in whole or in part at any time without penalty or premium.

Any provision of this Note or corresponding Loan Agreement that is illegal, invalid, or unenforceable shall be ineffective only to the extent of that illegality, invalidity, or unenforceability without rendering illegal, invalid, or unenforceable the remaining provisions of this Note.

Borrower agrees that the laws of the State of California apply to this Note. Any legal action or proceedings brought to enforce or interpret the terms of this Note shall be initiated and maintained in the courts of the State of California in Sacramento County, provided that the Holder may waive venue in Sacramento County in its sole discretion.

**Sonoma Valley Health Care District**  
**DBA Sonoma Valley Hospital**  
a California public hospital

By: \_\_\_\_\_  
(Authorized Officer)

Name: **Kelley Kaiser**

Title: **Chief Executive Officer**



**To:** SVHCD Board of Directors  
**From:** Ben Armfield, Chief Financial Officer  
**Date:** February 5, 2026  
**Subject:** Mindray Telemetry System Replacement - \$620,252

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## **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.

### **FINANCE COMMITTEE ACTION**

\*\* This item was reviewed and approved by the SVHCD Finance Committee at its January 27, 2026 meeting, with a recommendation for the SVHCD Board of Directors to formally approve during the February board meeting.



To: SVHCD Board of Directors  
From: Ben Armfield, Chief Financial Officer, Kimberly Drummond, Chief of Support Services  
Date: February 5, 2026  
Subject: East Air Handler #3 ("EAH3") Replacement

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### **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 handling 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
<b>TOTAL SOFT COSTS</b>	<b>\$ 494,231.00</b>
Construction (incl. AHU)	1,345,372.00
Construction (abatement)	5,000.00
AHU Commissioning	10,000.00
<b>TOTAL CONSTRUCTION COSTS</b>	<b>\$ 1,360,372.00</b>
<b>CONTINGENCY, Misc. COSTS</b>	<b>\$ 156,806.00</b>
<b>TOTAL PROJECT COSTS - ROM</b>	<b>\$ 2,011,409.00</b>

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 Board of Directors approve proceeding with the EAH3 replacement project based on a rough order of magnitude (ROM) estimated cost not to exceed \$2,011,409, and authorize Management to proceed with the public bidding process.

## **FINANCE COMMITTEE ACTION**

\*\* This item was formally approved by the Finance Committee at its January 27, 2026 meeting, subject to (1) management presenting a comprehensive infrastructure capital plan at the February meeting, and (2) returning to the Committee with the final bid proposals, once obtained, for subsequent review and approval.

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## **ATTACHMENTS:**

Attachment A - East Air Handler 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

<input type="checkbox"/>	ROM	Step 1 - Conceptual
<input checked="" type="checkbox"/>	Estimate	Step 2 - Preliminary Information
<input type="checkbox"/>	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	Comissioning	\$ -	\$ 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 Board of Directors  
From: Kimberly Drummond, Chief of Support Services, Ben Armfield, Chief Financial Officer  
Date: February 5<sup>th</sup>, 2026  
Subject: Seismic Compliance Update

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## **PURPOSE - BACKGROUND AND UPDATE**

At the November 6, 2025 Special Session of the Board of Directors, management provided an overview of Sonoma Valley Hospital's obligations under the upcoming HCAI seismic compliance deadlines. This memo provides an update on required filings, extension requests, and next steps.

As previously reported, the Hospital was required to submit a Seismic Compliance Plan ("SCP") by January 1, 2026, outlining SVH's path to meet the January 1, 2030 deadline for full seismic compliance. "Full seismic compliance" requires that, by 2030, hospitals either: **(1) retrofit** their general acute care buildings to meet the structural (SPC 4/4D) and non-structural (NPC 5) seismic performance categories—including removing non-compliant buildings from general acute care - or **(2) build** a new compliant building. The SCP also identifies construction milestone dates for each building to achieve compliance by 2030.

The hospital's SCP was filed on December 24, 2025 and identifies the compliance strategy for each of the Hospital's general acute care buildings, including:

- **ED/OR Wing & Canopy**: 2030-compliant buildings with NPC 5 upgrade
- **West Wing**: SPC-4D retrofit and NPC 5 upgrade
- **Central Wing (multiple buildings)**: Removal from acute care services (RACS)
- **East Wing (multiple buildings)**: Combination of SPC-4D retrofit, NPC 5 upgrades, and RACS

As the Board will recall, State law provides an extension pathway for small and rural hospitals facing significant seismic upgrade requirements. SVH has therefore applied for this extension under State Assembly Bill 869.

## **2030 EXTENSION - CA ASSEMBLY BILL 869 (AB869)**

State Assembly Bill 869 (AB869) authorizes small/rural hospitals and Distressed Hospital Loan Program ("DHLP") participants that file an SCP to request up to a three-year extension to the 2030 deadline. Because SVH is a DHLP recipient and has filed an SCP, we are eligible for this extension. The Hospital submitted its AB869 extension request on December 30, 2025.

Both the submitted Seismic Compliance Plan (SCP) and AB869 Extension are currently under review.

## **LETTER TO HCAI OFFICIALS**

In conjunction with the extension request, the hospital submitted a letter to HCAI and our state legislators that candidly outlines the Hospital's financial constraints.

The letter emphasizes several key points:

- Submission of the SCP does not represent acknowledgment that SVH has the financial resources or capital structure to execute the required upgrades.

- SVH's participation in the State's Distressed Hospital Loan Program demonstrates the State's own recognition of our limited margins, deteriorated cash position, and restricted access to capital.
- The capital investment required for seismic upgrades is of a magnitude that could threaten the viability of small community hospitals without substantial state financial support.
- SVH formally requested ongoing partnership with the State to establish a realistic and sustainable pathway for compliance.

#### **NEXT STEPS**

While the SCP and AB869 extension request remain under HCAI review, the Hospital is actively preparing for additional statutory deadlines. SVH must continue moving toward the March 1, 2026 deadline to submit construction documents for NPC 5 compliance work. To support this effort, we plan to apply to the State's Small and Rural Hospital Relief Program ("SRHRP"), which is funded by the State Excise Tax and was last reported to hold approximately \$50 million in total funding, with 20 hospitals having already submitted applications. If awarded, SRHRP funding will be used to prepare the required construction documents.

SVH's SCP states that we intend to submit our formal NPC 5 construction documents by December 31, 2026, contingent on receipt of SRHRP funding.

HCAI is expected to complete its review of our SCP and AB869 application within the next six weeks and will provide comments directly to the Hospital. During this period, management will also begin the SRHRP grant application process and initiate an RFP for architectural firms to prepare quotes for the NPC 5 construction documents.

We will continue to keep the Board informed as HCAI's review progresses and as we receive further clarity on available funding opportunities.



To: SVHCD Board of Directors  
From: Kelley Kaiser, Chief Executive Officer  
Date: February 5, 2026  
Subject: CEO Update – February 2026

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### **UCSF Affiliation agreement**

The SVHCD/UCSF Affiliation committee has met several times over the last month. We have made great progress towards our goal of updating the agreement. We have agreed to add a section to the Agreement titled; Professional, Clinical, Strategic Services, directing the Joint Operating Committee to identify and implement the initiatives that directly fulfill SVHCD's mission to improve the access and the quality of care in the Sonoma Valley Community. The areas of focus continue to be around:

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

### **Strategic Planning**

We will be meeting in March to discuss our Strategic Plan and how we plan to evolve it going forward. The intent is to take the existing pillars and adjust them slightly moving forward with the new pillars highlighted below:

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

## **Operations Update**

### **90 Day plan update –**

I have officially completed my first 90 days here at Sonoma Valley Hospital. I am grateful to have the opportunity to lead this amazing team and work with such an engaged community.

Over the last three months, I have completed the following:

- *Board Engagement* – I have connected with each Board member and have a strong understanding of what areas are most important. I have attended each of the Board committees as well as multiple Foundation Board meetings.
- *Senior Leadership* – I continue to meet with the Executive Leadership Team (ELT) on a regular basis. We have also started to meet with the Administrative Leadership Team (ALT) regularly to ensure that we are aligned and collaborating as well as ensuring that communication is cascading appropriately.
- *Strategic Priorities* – As I mentioned above, we are moving forward with updating the UCSF Affiliation agreement and the Strategic Plan.
- *Internal Communication and Visibility* – I have met with most of the divisional chiefs of the Medical Staff as well as several additional physicians. I continue to connect with various staff members, and we are working on scheduling Employee forums and a regular communication channel with staff.
- *Public and Community relations* – I have met with numerous community leaders and have visited several of the local community partners. I continue to meet with the Hospital Council and the District Hospital Leadership Forum to ensure that we are engaged in advocacy efforts going forward.

### **Operating Performance –**

**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. 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, as described in the financial report attached. This position has not been achieved in many years. While there is still much work to do, the current trend provides momentum to propel us through the second half of the fiscal year.

**IGT Update** – As mentioned in the Finance report we are on track to receive the dollars as expected.

**Stryker System** – The Stryker system, generously funded through the Foundation, is on track to begin installation at the end of February.

**Annual Report to the Community** – This was published last week and follows the summary provided at the Board meeting last month.

**SVH Scorecard** – As you can see in the attached, for Patient Experience we have reached the Top box score above 90 percentiles for both Inpatient and Outpatient Satisfaction. Our readmission rate continues to be well below our target.

# SVH Performance Score Card

## 1. Quality and Safety

Objective	Target	NOV 25	DEC 25	JAN 26	Supporting detail
<b>Infection Prevention</b>					
Central Line Blood Stream Infection CLABSI volume	<1	0	0		Less than Target is Goal
Catheter Associated Urinary Tract Infection- CAUTI volume	<1	0	N/A		Less than Target is Goal
CDIFF Infection volume	<1	0	N/A		Less than Target is Goal
Surgical Site Infections volume	<1	0	N/A		Cholecystectomy Laminectomy - Less than Target is Goal
<b>Acute Care Falls</b>					
Patient Fall per 1000 pt days	<3.75	0.00	N/A		Less than Target is Goal
Patient fall with injury per 1000 pt days	<3.75	0.00	N/A		Less than Target is Goal

<b>Core Measures</b>					
Sepsis Early Management Bundle % compliant	>81%	100.00	100.00		Above Target is Goal
Severe Sepsis 3 hour Bundle % compliant	>94%	100.00	100.00		Above Target is Goal
Severe Sepsis 6 hr Bundle % compliant	100%	100.00	100.00		
Core OP 23- Head CT within 45 mins % compliant	70%	N/A	0.50		Above Target is Goal

<b>Mortality</b>					
Acute Care Mortality Rate O/E rate	<1	0.62	0.24		Lower is better

<b>ED</b>					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	145.00	121.50		Lower is better
Core Op 22 ED Left without being seen LWBS	<2%	0.10	0.10		Lower is better

<b>PSI 90</b>					
PSI 90 Composite Acute Care Admissions	0.00	0.00	0.00		Lower is better

<b>Preventable Harm</b>					
Preventable Harm Events Rate % of risk events graded Minor-Major	0.00	0.15	0.22		Complications under review Lower is better
Readmissions to Acute Care within 30 days %	<15.3	9.33	8.54		Lower is better



## 2. Employees

Objective	Target	Q2.25 Apr-Jun	Q3.25 Jul-Sep	Q4.25 Oct-Dec	Supporting Detail
Short-term Turnover	<3%	11.3	13.1	6.7	Employed less a year is defined as Short-Term Turnover - method of calculation changed as of 1/1/25
Turnover	<10%	5.7	5.0	2.1	Total Turnover Rate (Annual Basis)
Workplace Injuries	<20 Per Year	1 (QTR 2)	6 (QTR 3)	5 (QTR 4)	

## 3. Patient Experience

### Outpatient Ambulatory Services (OASCAHPS)

Objective	Target	OCT 25	NOV 25	DEC 25	Supporting Detail
Recommend Facility	>90%	88.2	97.6		Top Box Scores. % of patients choosing "Always" - Above Target is Goal
Communication	>90%	94.3	95.4		
Discharge Instructions	>95%	96.88	100.00		

### HCAHPS (Hospital Inpatient)

Objective	Target	OCT 25	NOV 25	DEC 25	Supporting Detail
Recommend the hospital	>90%	68.8	90.0		Top Box Scores. % of patients choosing "Always" - Above Target is Goal
Communication with Nurse	>90%	66.7	83.3		
Communication with Doctor	>90%	68.8	56.7		
Cleanliness of Hospital	>90%	50.0	80.0		
Communication about medicines	>90%	58.3	50.0		
Discharge Information	>90%	82.6	100.0		

## 4. Volume

Objective	Target	NOV25	DEC 25	JAN 26	Supporting Detail
<b>Patient Visits</b>					
Emergency Visits	>855	932	1,047		Higher than Target is Goal
Surgical Volume Outpatient	>140	116	152		Higher than Target is Goal
Surgical Volume Inpatient	>13	15	10		Higher than Target is Goal
Inpatient Discharges	>70	89	96		Higher than Target is Goal

## 5. Financial

Objective	FY26 Target	OCT25	NOV25	DEC 25	JAN 26	Supporting Detail
Operating EBDA in % (Month) *	varies	11.6%	7.7%	5.0%		December Operating EBDA Target .6%
Operating EBDA in % (YTD) *	>5.2%	8.2%	8.1%	7.6%		
Days Cash on Hand @ FYE	>30	30.5	30.6	30.5		
Net Operating Revenue (\$M) (annualized)	>\$76.7	\$81.6	\$81.5	\$81.1		Includes Parcel Tax & IGT Revenues

# CMO Quality Report – Q1 2026

## Executive Summary

- • SVH patient capacity remained at the top of operational capacity throughout Q1 2026.
- • Volume increase driven by broad-based demand across service lines, not seasonal respiratory viruses.
- • Increased census weathered without operational disruption or safety compromise.
- • CIHQ survey window: March–May 2026 — organization focused on full survey readiness.
- • Progress includes policy approvals, hiring of Infection Prevention professional, and potential Quality Coordinator recruitment.



# Quality Performance Overview

- • Mortality and ALOS aligned with CMS-monitored outcomes.
- • PSI-90 and Falls reported as raw counts for transparency in low-census environment.
- • SEP-1 maintained as consolidated sepsis performance metric.
- • Continued focus on CMS-tracked chronic disease measures (COPD, HF, Joint Replacement).
- • Internal monitoring of lab, medication, and transfusion metrics continues.

# Regulatory & Compliance Update

- • CIHQ corrective action plans progressing (documentation and policy compliance).
- • Improved documentation workflow for high-risk patient observation.
- • Strengthened policy review and approval processes.
- • Alignment of board metrics with CMS reporting standards.

# Operational Capacity & Throughput

- • Sustained high census levels without escalation protocols.
- • No significant increase in readmissions or LOS attributable to surge.
- • Stable ED throughput and inpatient flow.
- • Multidisciplinary coordination maintained operational resilience.

# Governance & Strategic Metric Alignment

- • Removal of non-applicable inpatient metrics (SNF, OB, etc.).
- • Elimination of redundant sepsis bundle reporting.
- • Streamlined board dashboard for governance efficiency.
- • Focus on high-impact, CMS-aligned strategic indicators.

# Service Line Expansion & Strategic Growth

- • Addition of Nephrology consultative services.
- • Renal replacement therapy under evaluation pending operational feasibility.
- • Adoption of Rios Gastroenterology, Weight Loss & Metabolism services.
- • Launch contingent upon completion of external credentialing and paperwork.
- • Targeted readiness before end of March 2026.



To: SVHCD Board of Directors  
 From: Ben Armfield, Chief Financial Officer  
 Date: February 5, 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.

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### **FINANCE REPORT ATTACHMENTS:**

- Attachment A            Income Statement
- Attachment B            Balance Sheet
- Attachment C            Cash Flow Forecast
- Attachment D            Key Performance Indicators | Volumes & Statistics
- Attachment E            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	%	YTD Actual	YTD 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	%	YTD Actual	YTD 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	%	YTD Actual	YTD 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

		Current Month	Prior Month	FYE 2025 Prior Year
<b>Assets</b>				
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	<b>Total Assets</b>	<b>\$ 104,479.2</b>	<b>\$ 106,223.5</b>	<b>\$ 80,097.8</b>
<b>Liabilities &amp; Fund Balances</b>				
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	<b>Total Liabilities &amp; Fund Balances</b>	<b>\$ 104,479.2</b>	<b>\$ 106,223.5</b>	<b>\$ 80,097.8</b>

	Current Month	Prior Month	Prior Year FYE
<b>Cash Indicators</b>			
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)**  
**FY 2026**

**ATTACHMENT C**

	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
<b>Hospital Operating Sources</b>													
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
<b>6 Sub-Total Hospital Sources</b>	<b>\$ 4,980.6</b>	<b>\$ 4,396.8</b>	<b>\$ 5,058.5</b>	<b>\$ 4,608.1</b>	<b>\$ 4,309.0</b>	<b>\$ 7,112.5</b>	<b>\$ 27,362.6</b>	<b>\$ 4,405.0</b>	<b>\$ 4,505.9</b>	<b>\$ 6,013.7</b>	<b>\$ 4,405.0</b>	<b>\$ 5,462.1</b>	<b>\$ 82,619.8</b>
<b>Hospital Uses of Cash</b>													
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
<b>13 Total Hospital Uses</b>	<b>\$ 6,745.4</b>	<b>\$ 5,719.5</b>	<b>\$ 5,194.0</b>	<b>\$ 6,372.4</b>	<b>\$ 15,636.6</b>	<b>\$ 5,897.2</b>	<b>\$ 8,459.4</b>	<b>\$ 7,097.3</b>	<b>\$ 6,461.6</b>	<b>\$ 5,918.1</b>	<b>\$ 6,305.8</b>	<b>\$ 5,518.1</b>	<b>\$ 85,325.3</b>
<b>Net Hospital Sources/Uses of Cash</b>	<b>\$ (1,764.7)</b>	<b>\$ (1,322.7)</b>	<b>\$ (135.5)</b>	<b>\$ (1,764.3)</b>	<b>\$ (11,327.6)</b>	<b>\$ 1,215.3</b>	<b>\$ 18,903.2</b>	<b>\$ (2,692.3)</b>	<b>\$ (1,955.8)</b>	<b>\$ 95.6</b>	<b>\$ (1,900.8)</b>	<b>\$ (56.0)</b>	<b>\$ (2,705.6)</b>
<b>Non-Hospital Sources</b>													
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
<b>17 Sub-Total Non-Hospital Sources</b>	<b>\$ 806.7</b>	<b>\$ 538.6</b>	<b>\$ 214.6</b>	<b>\$ 124.5</b>	<b>\$ 10,594.3</b>	<b>\$ -</b>	<b>\$ 35.0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 12,313.8</b>
<b>Non-Hospital Uses of Cash</b>													
18 Line of Credit - Payoff	-	-	-	-	-	-	-	10,500.0	-	-	-	-	10,500.0
<b>20 Sub-Total Non-Hospital Uses of Cash</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,500.0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,500.0</b>
<b>21 Net Non-Hospital Sources/Uses of Cash</b>	<b>\$ 806.7</b>	<b>\$ 538.6</b>	<b>\$ 214.6</b>	<b>\$ 124.5</b>	<b>\$ 10,594.3</b>	<b>\$ -</b>	<b>\$ 35.0</b>	<b>\$ (10,500.0)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,813.8</b>
<b>22 Net Sources/Uses</b>	<b>\$ (958.0)</b>	<b>\$ (784.1)</b>	<b>\$ 79.1</b>	<b>\$ (1,639.8)</b>	<b>\$ (733.3)</b>	<b>\$ 1,215.3</b>	<b>\$ 18,938.2</b>	<b>\$ (13,192.3)</b>	<b>\$ (1,955.8)</b>	<b>\$ 95.6</b>	<b>\$ (1,900.8)</b>	<b>\$ (56.0)</b>	<b>\$ (891.7)</b>
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	
<b>24 Total Cash at End of Period</b>	<b>\$ 3,428.3</b>	<b>\$ 2,644.2</b>	<b>\$ 2,723.3</b>	<b>\$ 1,083.5</b>	<b>\$ 350.3</b>	<b>\$ 1,565.6</b>	<b>\$ 20,503.8</b>	<b>\$ 7,311.5</b>	<b>\$ 5,355.7</b>	<b>\$ 5,451.3</b>	<b>\$ 3,550.6</b>	<b>\$ 3,494.6</b>	
<b>25 Days of Cash on Hand at End of Month</b>	<b>22.0</b>	<b>17.0</b>	<b>17.5</b>	<b>7.2</b>	<b>4.3</b>	<b>10.0</b>	<b>131.4</b>	<b>46.9</b>	<b>34.3</b>	<b>34.9</b>	<b>22.8</b>	<b>22.4</b>	

**Sonoma Valley Health Care District**  
**Key Performance Indicators | Volumes & Statistics**  
For the Period Ended December 31, 2025

**ATTACHMENT D**

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	YTD	YTD	Var	%	PYTD		
					Actual	Budget			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%

<b>Surgical Volume</b>											
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%
<b>Total Surgeries</b>	<b>161</b>	<b>140</b>	<b>21</b>	<b>15%</b>	<b>962</b>	<b>827</b>	<b>135</b>	<b>16%</b>	<b>824</b>	<b>138</b>	<b>17%</b>

<b>Other Outpatient Activity</b>											
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%

	Actual	Budget	%	Actual	Budget	%
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%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		<b>100.0%</b>	<b>100.0%</b>	

Payor Mix calculated based on gross revenues

**Trended Outpatient Visits by Area**

Department	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%
<b>TOTAL</b>	<b>6,117</b>	<b>5,925</b>	<b>6,203</b>	<b>6,601</b>	<b>5,331</b>	<b>5,938</b>		<b>6,019</b>	<b>5,789</b>	<b>230</b>	<b>4%</b>
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  
Overall Performance | Key Performance Indicators  
For the Period Ended December 31, 2025

ATTACHMENT E

	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 Revenue Summary** (All Numbers in 1000s)

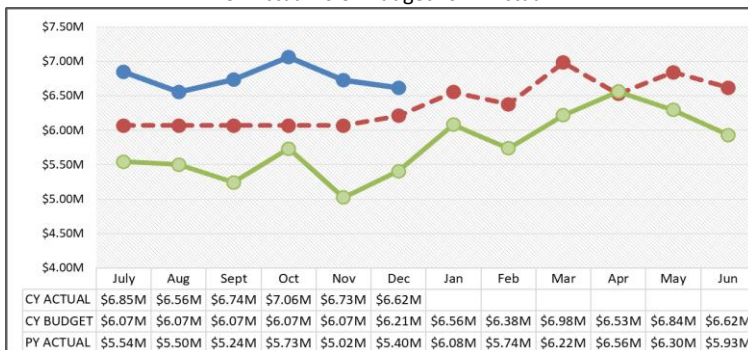
Net Patient Revenue	\$ 6,203	\$ 5,821	\$ 382	7%	\$ 38,051	\$ 34,196	\$ 3,855	11%	\$ 30,103	\$ 7,948	26%
NPR as a % of Gross	17.8%	19.6%	-9.4%		18.8%	19.6%	-4.5%		17.3%	8.3%	
Operating Revenue	\$ 6,615	\$ 6,237	\$ 378	6%	\$ 40,554	\$ 36,695	\$ 3,859	11%	\$ 32,600.7	\$ 7,954	24%

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

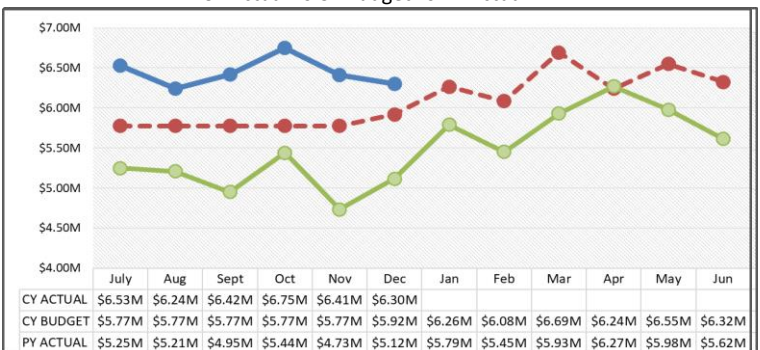
Operating Expenses	\$ 6,768	\$ 6,715	\$ 54	1%	\$ 40,509	\$ 39,263	\$ 1,247	3%	\$ 35,144	\$ 5,365	15%
Op Exp. Excl. Depr.	\$ 6,288	\$ 6,201	\$ 86	1%	\$ 37,483	\$ 36,133	\$ 1,350	4%	\$ 31,974	\$ 5,509	17%
Worked FTEs	237.10	232.14	4.96	2%	232.12	226.26	\$ 5.86	3%	218.09	14.03	6%

**Trended Operating Revenue & Operating Expense Graphs**

Trended Operating Revenues  
CY Actual vs CY Budget vs PY Actual



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



— CY ACTUAL    - - - CY BUDGET    — PY ACTUAL

**Cash Indicators**

	Current Month	Prior Month	Var	% Var
Days Cash	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%