SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS REGULAR SESSION

AGENDA

THURSDAY, AUGUST 6, 2026 AT 5:00 P.M.

CLOSED SESSION 4:30 P.M.

Held in Person at Council Chambers: 177 First Street West, Sonoma

To participate remotely: Zoom Link: Meeting 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 or 707-935-5035, at least 48 hours prior to the meeting, when possible.

Sonoma Valley Health Care District Board of Directors is holding two Closed Sessions regarding:
4:30pm - Calif. Government Code §54957: PUBLIC EMPLOYEE PERFORMANCE EVALUATION Title: CEO
4:45pm - Calif. Government Code §37606 and §37624.3: REPORT INVOLVING TRADE SECRET Discussion will concern: new service and/or program

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

1. CALL TO ORDER	*Wendy Lee Myatt*	Inform	
2. PUBLIC COMMENT *At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.*			
3. BOARD CHAIR COMMENTS	*Wendy Lee Myatt*	Inform	
4. CONSENT CALENDAR a. BOD Minutes – 07.08.26 b. Finance Committee Minutes – 05.28.26 c. Board Policy: Conflict of Interest d. Policies & Procedures e. Medical Staff Credentialing	*Wendy Lee Myatt*	Action	Pages *2 - 12*
5. SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES	*Nolan Sullivan & Dr. Mia Shim*	Inform	Pages *13 - 29*
6. ANNUAL HUMAN RESOURCES REPORT	*Lynn McKissock*	Inform	Pages *30 - 47*
7. SVHCD BOARD 1ST CHAIR & SVHCD GOVERNANCE COMMITTEE CHAIR REPLACEMENT	*Wendy Lee Myatt*	Action	
8. GOVERNANCE COMMITTEE MEMBER CANDIDATE CONSIDERATION: ELIZABETH SEALEY	*Wendy Lee Myatt*	Action	Page *48*
9. CEO REPORT	*Kelley Kaiser*	Inform	Pages *49 - 56*
10. CMO REPORT	*Patrick I. Okolo III, MD MPH*	Inform	Pages *57 - 58*
11. FINANCIALS OR MONTH END JUNE 2026	*Ben Armfield*	Inform	Pages *59 - 67*
12. COMMITTEE UPDATES	*Board of Directors*	Inform	
13. BOARD COMMENTS	*Wendy Lee Myatt*	Inform	
14. ADJOURN	*Wendy Lee Myatt*		

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

MINUTES

WEDNESDAY, JULY 8, 2026

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

SONOMA VALLEY HOSPITAL BOARD MEMBERS 1. Wendy Lee Myatt, Chair, Present 2. Denise M. Kalos, 1st Vice Chair, Resigned – not present 3. Daniel Kittleson, DDS, 2nd Vice Chair, Excused 4. Dennis B. Bloch, Secretary, Present 5. Ed Case, Treasurer, Present		
MISSION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*		
1. CALL TO ORDER	*Wendy Lee Myatt*	
Meeting called to order at 5:31 p.m.		
2. PUBLIC COMMENT	*Public*	None
3. BOARD CHAIR COMMENTS	*Wendy Lee Myatt*	None
Lee Myatt announced Director Kalos's resignation from the Board of Directors due to moving out of the Sonoma Valley. The Board thanks Denise Kalos for her time and valuable contributions. The term is up for reelection in November and will either be appointed by the Board or left open until the new term begins.		
4. CONSENT CALENDAR	*Wendy Lee Myatt*	Action
a. BOD Minutes – 06.04.26 b. Quality Committee Minutes – 05.29.26 c. Policies & Procedures d. Medical Staff Credentialing	**MOTION:** Motion to approve by Bloch, 2nd by Case. Motion passed. Ayes: 3, Nays: 0	
5. RENEWAL OF INSURANCE POLICIES – FY26	*Ben Armfield*	Inform
*order of presentation changed to present with Agenda Item 9. Armfield reported that annual insurance renewals resulted in approximately a 7% reduction in costs, noted that coverage levels remained unchanged, and credited the hospital's brokers for successfully negotiating favorable rates, particularly for excess workers' compensation, property, and cyber insurance.		
6. CEO REPORT	*Kelley Kaiser*	Inform
Kaiser provided updates on legislative, operational, and strategic initiatives. The hospital is preparing to comply with new state requirements for weapon detection screening and continues to monitor legislation that would allow district hospitals to directly employ physicians, with preliminary planning underway if enacted. Kaiser highlighted strong patient satisfaction scores and recent recognitions, including the Lown Institute's "A" rating for Social Responsibility, Geriatric Emergency Department Accreditation, and the Get With The Guidelines Stroke Gold Award. Progress was noted toward removal of the hospital's old MRI unit and updates were shared on employee town hall meetings supporting organizational engagement.		
7. OCCUPATIONAL HEALTH SERVICE LINE CLOSURE	*Kelley Kaiser*	Action
SVH determined that continuing to offer Employer Health Services is no longer viable. Accordingly, Occupational Health Services will be formally discontinued effective July 17th. **MOTION:** motion to approve service line closure by Bloch, 2nd by Case. Motion passed. Ayes: 3, Nays: 0		
8. CMO REPORT	*Patrick I. Okolo III, MD MPH*	Inform
Dr. Okolo highlighted continued strong performance across key quality metrics, including mortality, readmissions, hospital-acquired infections, and surgical site infections. Two areas were noted of ongoing focus: improving hand hygiene compliance (through increased education, observation, and improved placement of sanitizing stations), and enhancing opioid safety practices. Age-Friendly Health System initiatives also remain a priority. Dr. Okolo reported sustained growth in hospital		

utilization, including increases in ER, inpatient, and operating room volumes, with all available inpatient beds recently occupied. Efforts were recognized of nursing and operational teams in managing increased demand while maintaining quality outcomes. Ambulatory services continue to show growth opportunities, and the hospital continues to evaluate ways to expand access, specialty services, and procedural capacity.		
9. FINANCIALS FOR MONTH END APRIL 2026	*Ben Armfield*	Inform
Armfield reported that May marked the hospital's third consecutive month of positive operating performance. The hospital achieved an operating margin of approximately $311,000, exceeding budget, with operating EBDA of approximately $645,000. Year-to-date operating margin remains positive at approximately $578,000 with one month remaining in the fiscal year. Armfield noted that while the results are not yet considered the long-term steady state, the continued positive performance reflects progress toward financial sustainability.		
10. COMMITTEE UPDATES	*Board of Directors*	None
11. BOARD COMMENTS	*Board of Directors*	None
12. ADJOURN	*Wendy Lee Myatt*	
Regular session adjourned at 6:06 p.m.		

SVHCD FINANCE & AUDIT COMMITTEE MEETING

MINUTES

TUESDAY, MAY 26, 2026

In Person at Sonoma Valley Hospital
347 Andrieux Street
and Via Zoom Teleconference

Present	Not Present/Excused	Staff/Public
Ed Case, in person Paul Chakmak, in person Andrew Exner, in person Alexis Alexandridis, MD MBA FACS, via zoom Robert Crane, in person Dave Pier, in person Catherine Donahue, via zoom	Graham Smith Dennis Bloch	Ben Armfield, SVH CFO, in person Kelley Kaiser, SVH CEO, in person Leslie Petersen, SVH Foundation ED, in person Whitney Reese, SVH Board Clerk, in person Lynn McKissock, SVH Chief of HR, in person Kimberly Drummond, SVH Chief of Support Services, in person Dawn Castelli, SVH Community Outreach & Marketing Mngr, via zoom Bryan Lum, EMBA, SVH Director of Information Technology, via zoom Lois Fruzynski, SVH Accounting Manager, via zoom Wendy Lee Myatt, via zoom

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

AGENDA ITEM	PRESENTER	ACTIONS
1. CALL TO ORDER/ANNOUNCEMENTS Welcome to Dave Pier in joining the SVHCD Finance & Audit Committee.	*Ed Case*	Meeting called to order at 5:00 p.m.
2. PUBLIC COMMENT SECTION	None	
3. CONSENT CALENDAR	*Ed Case*	Action
Finance Committee Minutes 4.28.26	**MOTION:** Motion to approve by Chakmak, 2nd by Alexandridis. All in favor.	
4. SONOMA VALLEY HOSPITAL FOUNDATION	*Leslie Petersen*	Inform
Petersen reported SVHF's support to the hospital's growth and capital investments including the MRI, ODC, PT expansion, ICU improvements, telemetry system, and other equipment. In 2025, SVH Foundation raised nearly $2 million and provided approximately $3.7 million in funding. The Foundation's 2026 priorities include expanding donor engagement, strengthening board and committee participation, pursuing grant opportunities, and building more flexible, loosely restricted funds to address the hospital's highest-priority needs. Petersen highlighted the continued success of the "My Hospital" storytelling campaign, the Women's Health Symposium, Project Pink, and efforts to expand community partnerships and social media outreach. Discussion covered the Foundation's capital plan, fund development, marketing, committees, and its approach to grant research and grant writing (noting a potential use of AI tools to identify and pursue opportunities).		
5. SVH BUDGET FY 2027	*Ben Armfield*	Action

Armfield presented the FY27 Budget just prior to this meeting at a joint meeting of the SVHCD Board of Directors and Finance & Audit Committee. The Committee further discussed the need for multi-year forecasting to navigate long-term financial sustainability, capacity constraints, workforce challenges, and anticipated IGT funding reductions beginning in FY 2029. **MOTION:** Motion to recommend to the BOD to approve by Crane, 2nd by Exner. All in favor.		
6. FINANCIAL REPORTS FOR MONTH END APRIL 2026	*Ben Armfield*	Inform
Armfield presented the April 2026 financial results, reporting a positive operating margin of approximately $225,000 against a budgeted $70,000 loss. Strong performance was driven by a record 316 MRI exams alongside increased surgical and inpatient volumes, offsetting lower Emergency Department numbers. Revenue and expenses exceeded budget by 8% and 3%, respectively. Cash levels temporarily rose from parcel tax and IGT receipts but are projected to decline. Lastly, management is actively monitoring regional competition from a new Napa facility to protect and sustain the hospital's growing MRI referral base.		
7. ADJOURN	*Ed Case*	Meeting adjourned at 5:46 p.m.

SONOMA VALLEY HEALTH CARE DISTRICT

POLICY NAME: **Conflict of Interest**	POLICY #**P-006**
REVISION: **4 – Adopted August 2026**	Page 1 of 5
DEPARTMENT: Board of Directors	
REVIEWING BODY: Governance Committee	REVIEWED/REVISED: August 6, 2026
APPROVING AUTHORITY: Board of Directors	EFFECTIVE: TBD

Administrative Note: This policy replaces "#P-2018.02.01-2 Conflict of Interest" and was revised, reformatted, and renumbered in November 2025.

Purpose

The Political Reform Act (Government Code Section 81000 et seq.) requires state and local government agencies to adopt conflict of interest codes. The Fair Political Practices Commission has adopted Regulation 18730 (Title 2, California Code of Regulations), which contains the terms of a standard conflict of interest code that may be incorporated by reference.

This Regulation, together with the designation of positions in Appendix A and the disclosure categories in Appendix B, constitutes the Conflict of Interest Code of the Sonoma Valley Health Care District, doing business as Sonoma Valley Hospital.

Scope and Applicability

This Conflict of Interest Code applies to all designated officials, employees, consultants (as applicable under 2 CCR § 18700.3), and any person who manages District investments and is required to file Statements of Economic Interests pursuant to this Code or Government Code Section 87200.

Policy

Designated officials and employees, and any other persons required under this Code, shall file Statements of Economic Interests (Form 700) in accordance with the Political Reform Act and Fair Political Practices Commission regulations.

Officials subject to Government Code Section 87200 shall file in accordance with that section.

All filed statements are public records and shall be available for inspection and reproduction in accordance with Government Code Section 81008.

SONOMA VALLEY HEALTH CARE DISTRICT

POLICY NAME: **Conflict of Interest**	POLICY #**P-006**
REVISION: **4 – Adopted August 2026**	Page 2 of 5
DEPARTMENT: Board of Directors	
REVIEWING BODY: Governance Committee	REVIEWED/REVISED: August 6, 2026
APPROVING AUTHORITY: Board of Directors	EFFECTIVE: TBD

Review and Revision

This Conflict of Interest Code shall be reviewed by the District at least biennially in accordance with Government Code Section 87306 to determine whether it accurately reflects the duties of designated positions and complies with the Political Reform Act and applicable Fair Political Practices Commission regulations.

The District shall amend this Code as necessary to ensure continued compliance with applicable law, including changes to designated positions or disclosure categories.

Any amendments shall be submitted to the Fair Political Practices Commission for approval in accordance with Government Code Section 87303.

Approved by the Sonoma Valley Health Care District Board of Directors on:_____

Effective.upon.approval.by.the.Sonoma.County.Board.of.Supervisors.pursuant.to. Government.Code.° 43969¡

Board Chair Signature:_____ **Date:** _____

Wendy Lee Myatt

Board Secretary Signature:_____ **Date:** _____

Dennis B. Bloch

SONOMA VALLEY HEALTH CARE DISTRICT

POLICY NAME: **Conflict of Interest**	POLICY #**P-006**
REVISION: **4 – Adopted August 2026**	Page 3 of 5
DEPARTMENT: Board of Directors	
REVIEWING BODY: Governance Committee	REVIEWED/REVISED: August 6, 2026
APPROVING AUTHORITY: Board of Directors	EFFECTIVE: TBD

Appendix "A"

Designated Positions	Disclosure Category
Member of the Board of Directors	1
President and Chief Executive Officer	1
Chief Ancillary Officer	2
Chief Financial Officer	2
Chief Medical Officer	2
Chief Nursing Officer	2
Chief of Support Services	2
Chief Human Resources Officer	2
Director of Culinary / Food & Nutrition Services	2
Director of Diagnostic Services	2
Director of Facilities / Plant Operations	2
Director of Information Technology	2
Director of Materials Management	2
Director of Pharmacy	2
Director of Quality & Risk Management	2
Members of the Finance Committee	2
Consultants*	2

***Consultants shall be included in the list of designated employees and shall disclose pursuant to the broadest disclosure category in the code subject to the following:*

SONOMA VALLEY HEALTH CARE DISTRICT

POLICY NAME: **Conflict of Interest**	POLICY #**P-006**
REVISION: **4 – Adopted August 2026**	Page 4 of 5
DEPARTMENT: Board of Directors	
REVIEWING BODY: Governance Committee	REVIEWED/REVISED: August 6, 2026
APPROVING AUTHORITY: Board of Directors	EFFECTIVE: TBD

The CEO may determine in writing that a particular consultant, although in a "designated position" is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements described in this section. Such written determination shall include a description of the consultant's duties and based upon that description, a statement of the extent of the disclosure requirements. The CEO's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code.

SONOMA VALLEY HEALTH CARE DISTRICT

POLICY NAME: **Conflict of Interest**	POLICY #**P-006**
REVISION: **4 – Adopted August 2026**	Page 5 of 5
DEPARTMENT: Board of Directors	
REVIEWING BODY: Governance Committee	REVIEWED/REVISED: August 6, 2026
APPROVING AUTHORITY: Board of Directors	EFFECTIVE: TBD

Appendix "B"

The District has adopted Section 18730 of Title 2 of the California Code of Regulations, as it may be amended from time to time, as the District's Conflict of Interest Code. This Appendix and its preamble supplement those provisions.

An investment, interest in real property, or source of income is reportable if the business entity in which the investment is held, the interest in real property is located, or the income or source of income is derived from may be foreseeably affected materially by any decision made or participated in by the designated employee or officer by virtue of their official position.

Form 700 provides guidance on reportable interests within each disclosure category and identifies the corresponding reporting schedules (Schedules A-1, A-2, B, C, D, E, and F).

Category 1 – Statutory Filers (Gov. Code §87200):

Persons in this category are subject to the disclosure requirements of Government Code §87200 and shall disclose interests as required by law.

Category 2 – General Management and Procurement:

Persons designated in this category shall disclose:

a) Investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments, from sources that provide, or have provided within the previous 12 months, services, supplies, materials, machinery, equipment, or other goods used by the District.
b) Investments and business positions in business entities, and sources of income, including gifts, loans, and travel payments, from sources that are subject to the regulatory, purchasing, or contracting authority of the District.
c) Interests in real property located in whole or in part within the jurisdiction of the District, or within two miles of District boundaries.

Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)
Run date: 07/31/2026 2:38 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: 5

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
Downtime Scheduling Procedures (Rehab Services) *Rehabilitation Services Dept*	**Pending Approval**	7/8/2026	23
Summary Of Changes: **Reviewed, no changes**			
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**			
Lead Authors: **Gallo, Christopher (cgallo)**			
Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**			
Employee Parking *Human Resources Policies (HR)*	**Pending Approval**	7/7/2026	24
Summary Of Changes: **Updated policy to remove "Outpatient Cardiopulmonary" parking area as that space is no longer available due to new MRI. Attached updated Parking Map for visual reference. Other minor language updates to provide clarity.**			
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**			
Lead Authors: **McKissock, Lynn (lmckissock)**			
Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**			
Floor Care Procedures *EVS Dept Policies*	**Pending Approval**	7/7/2026	24
Summary Of Changes: **Only changes were removed Chief Support Services Officer as author but kept as owner. Changed Facilities Supervisor to Environmental Services Manager as author.**			
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)**			
Furniture, Fixture & Equipment Specific Cleaning *EVS Dept Policies*	**Pending Approval**	7/7/2026	24
Summary Of Changes: **Changed the word rag/rags with cloth. Removed Chief of Support Services and Facilities Supervisor from Authors/Reviewers and added Environmental Services Manager to Authors/Reviewers.**			

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)**

Scope of Service of EVS Department | **Pending Approval** | 7/7/2026 | 24

EVS Dept Policies

Summary Of Changes:	**Removed Chief of Support Services and Facilities Supervisor from Authors/Reviewers and added Environmental Services Manager.**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Ramirez, Joseph (jramirez)**
Approvers:	**Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

State of Health in Sonoma County

August 06, 2026

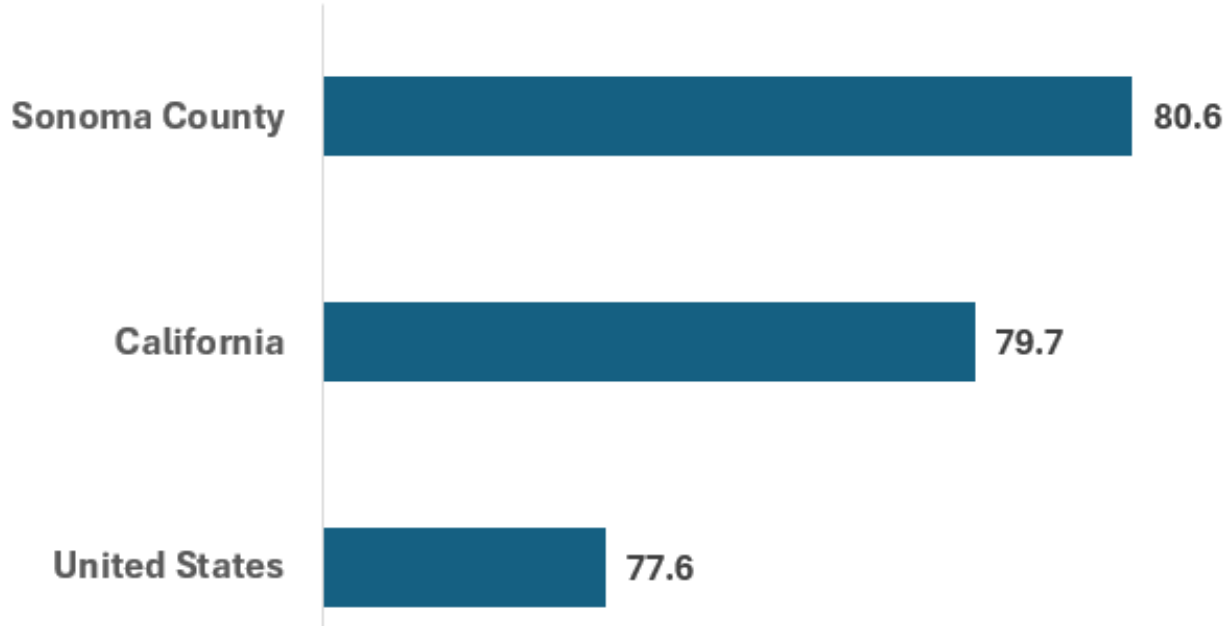
sonoma county
DEPARTMENT OF HEALTH SERVICES

Goals

- Understand current and emerging Sonoma County health trends
  - Life expectancy and trends in leading causes death
    - Demographic disparities
    - Trends in drug overdose deaths
- Health Services engagement in Sonoma Valley
- Real Time Trends
  - Introduce tools to monitor infectious disease circulation, mental health, drug overdose, and climate-related health impacts in near real time

Life Expectancy

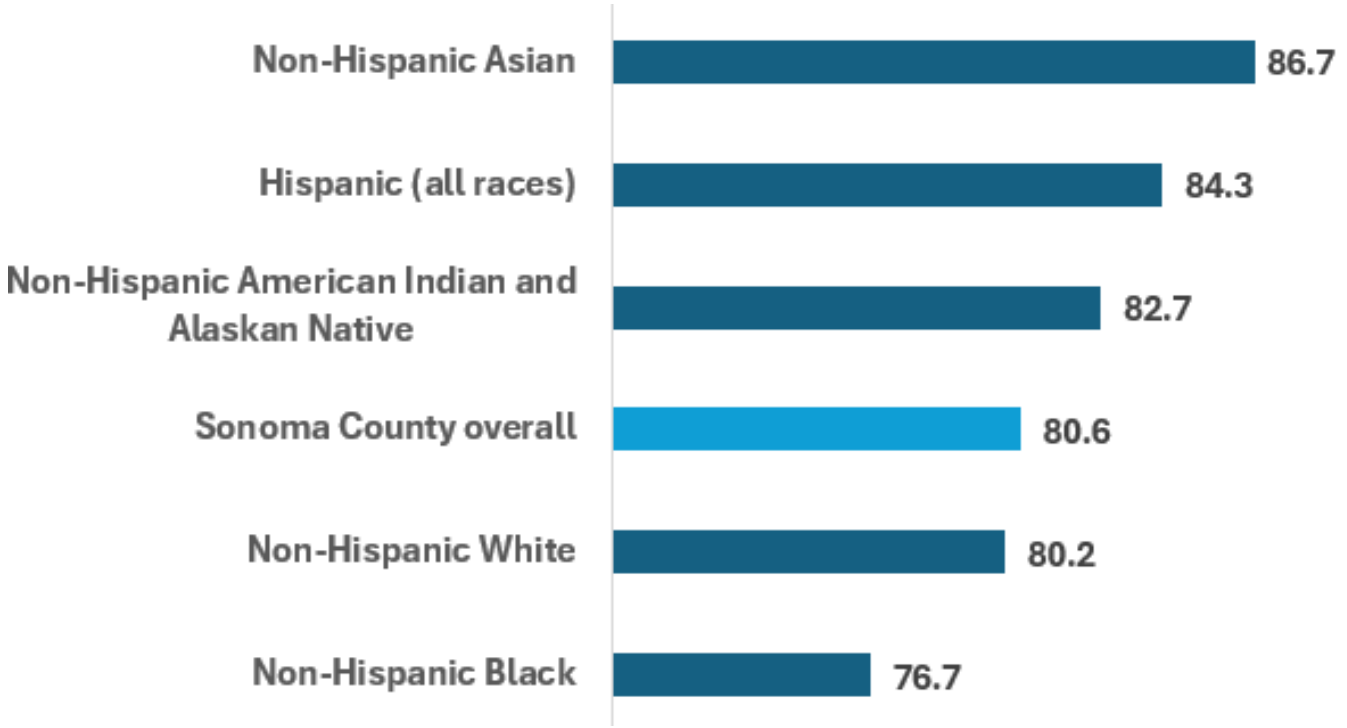
Sonoma County residents have a longer life expectancy than people living in California or the United States, overall



Source: County health rankings, 2025 (based on data from 2021-2023)

Life expectancy by Race/Ethnicity

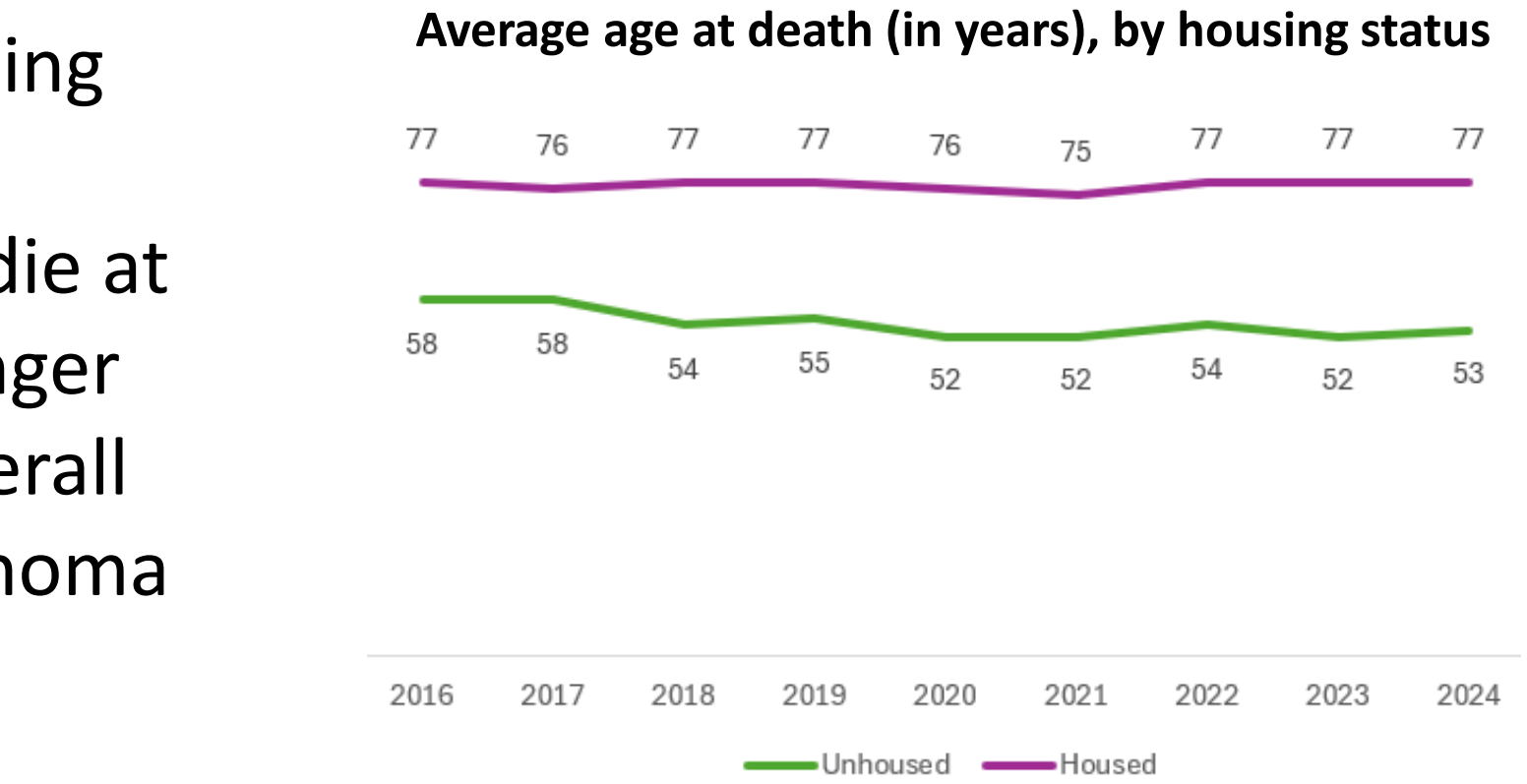
However, life expectancy varies greatly by race/ethnicity in Sonoma County



Source: County health rankings, 2025 (based on data from 2021-2023)

Mortality among people who are unhoused

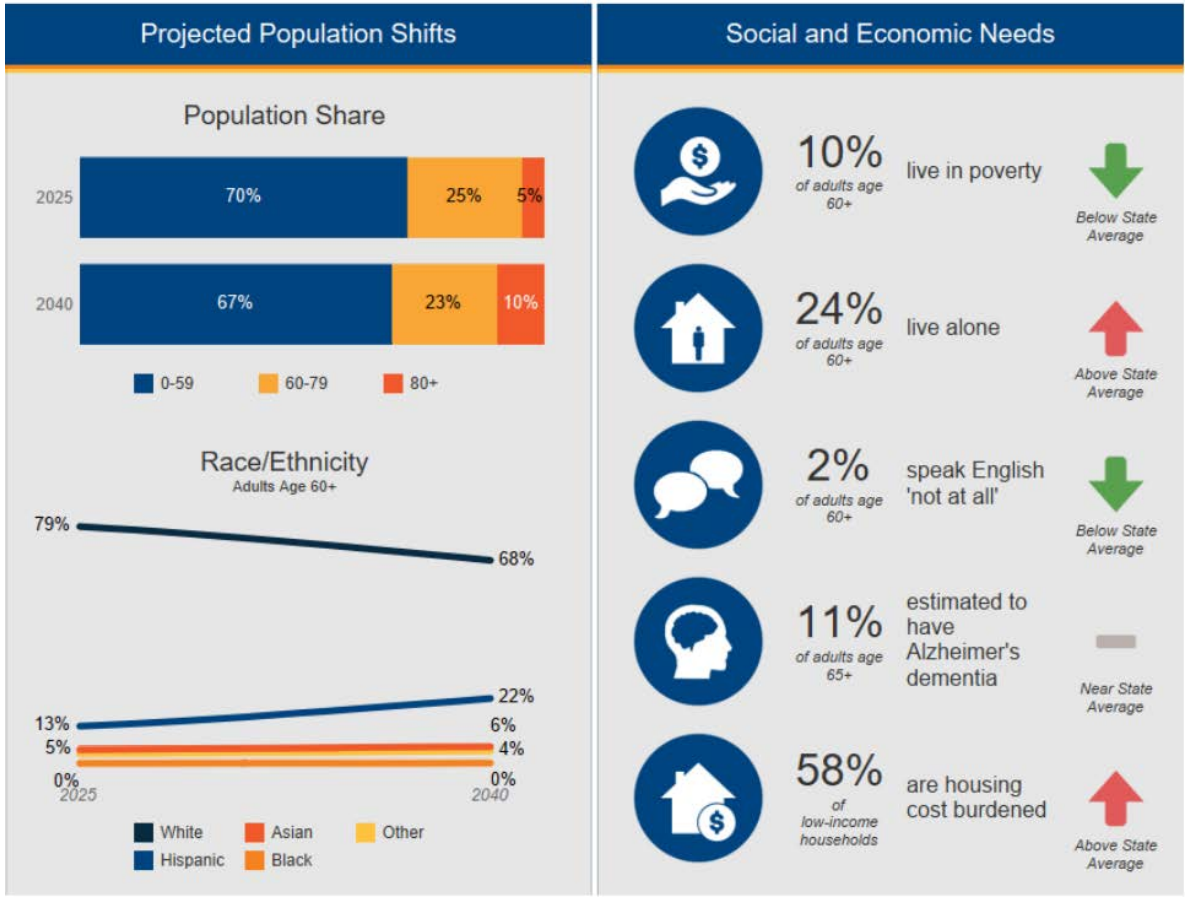
People experiencing homelessness in Sonoma County die at significantly younger ages than the overall population in Sonoma County



Note: Between 2016-2023 there were an average of 4,259 deaths per year among housed individuals as compared to 57 deaths per year among unhoused individuals. 2024 represents death data Jan 1-May 30, 2024

Aging Population

- 30% (140,000) of Sonoma County's population is aged 60+
  - By 2040, 33% of population will be aged 60+, with 10% of these adults aged 80+

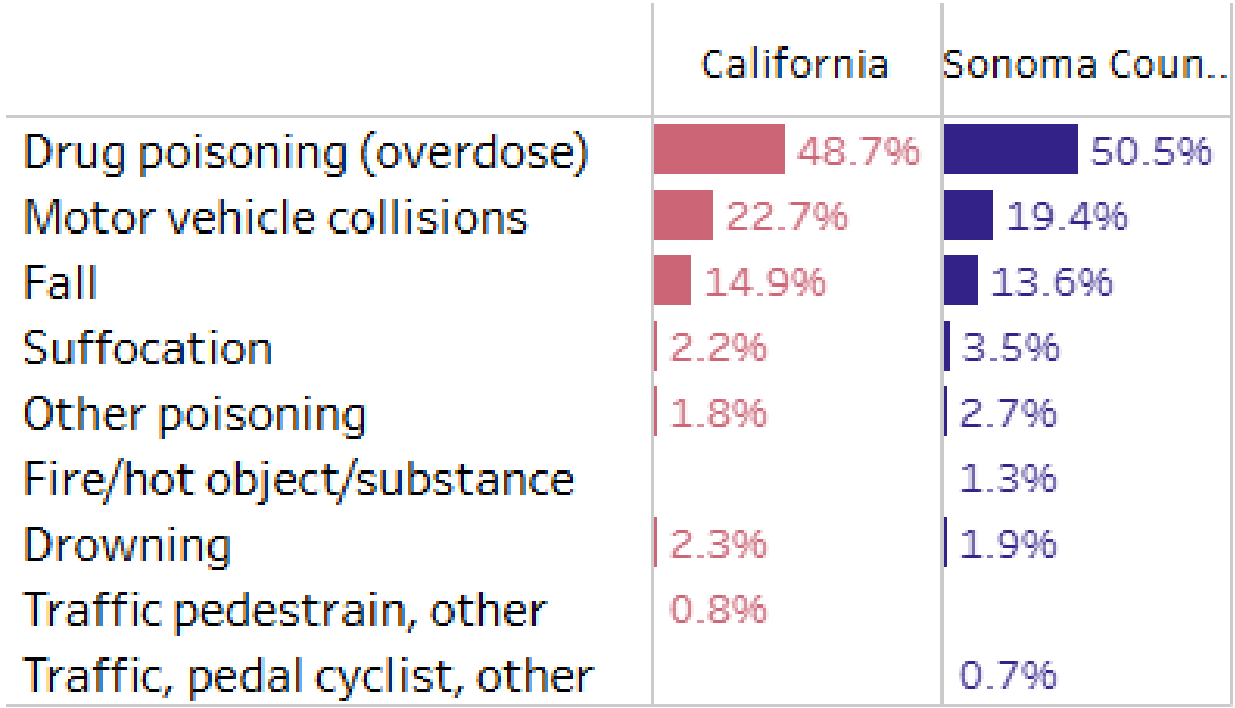


Source: 2025 Profile of Older Adults: Sonoma County, California Department of Aging

Leading Causes of Death and Premature Death

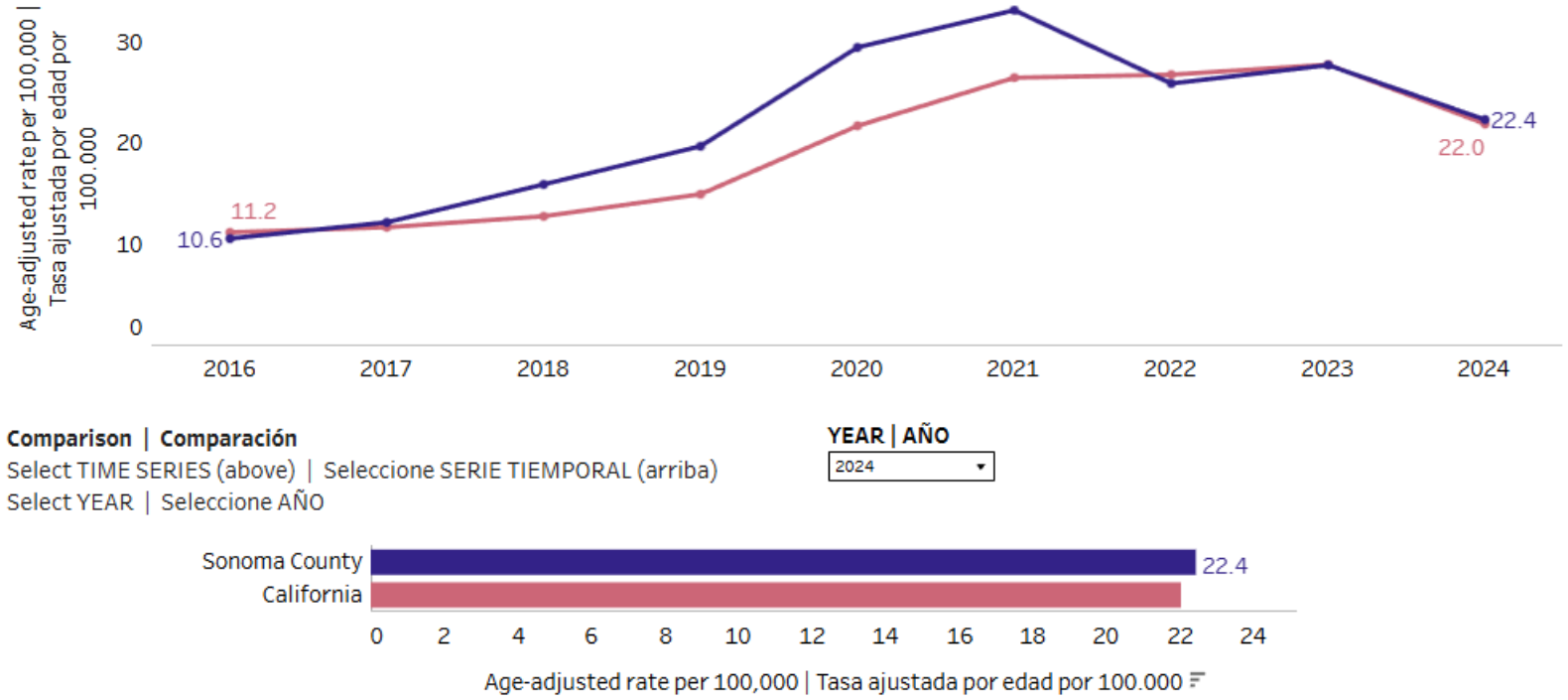
Rank	Leading Causes of Death	Leading Causes of *Premature* Death (<75 years)
1	Cancer	Unintentional Injury
2	Heart Disease	Cancer
3	Stroke	Heart Disease
4	Unintentional Injury	Suicide
5	Alzheimer's Disease	Chronic Liver Disease
6	Chronic Lower Respiratory Disease	Diabetes
7	Diabetes	Stroke
8	Chronic Liver Disease	Chronic Lower Respiratory Disease
9	Suicide	Influenza and Pneumonia
10	Influenza and Pneumonia	Homicide

Percent of Unintentional Injury Deaths by Type (2022-2024)



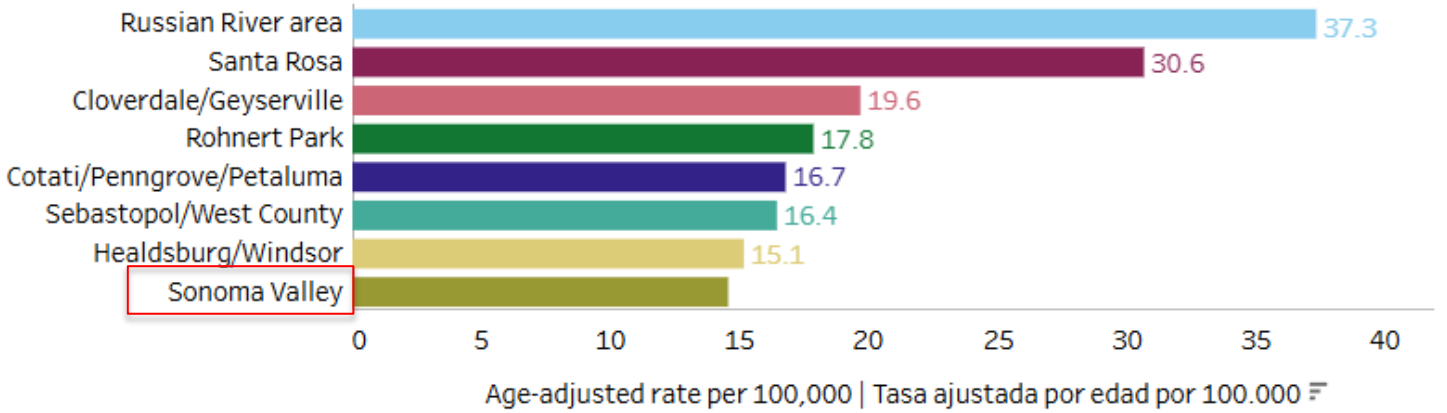
Trends in Drug Overdose Deaths

Rates of drug overdose deaths in Sonoma County have decreased since a peak in 2021

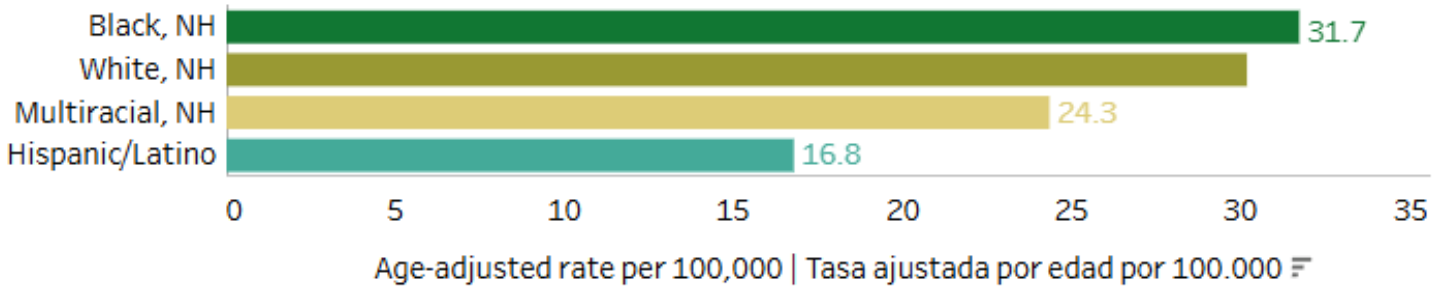


Rates of Death from Drug Overdose by Region and Race/Ethnicity

Death rates from drug overdose by city, 2022-2024



Death rates from drug overdose by race/ethnicity, 2022-2024



Health Services Engagement in Sonoma Valley*

- **In 2024-25:**
  - **21,199** residents of District 1 received at least one service from DHS
    - 1st District has an estimated population of 99,787, with an estimated 20,000 of these residents who are MediCal eligible
  - In addition, **146** unhoused individuals in Sonoma Valley received at least 1 service from DHS
    - 2025 Point in Time count estimated 90 unhoused individuals in Sonoma Valley

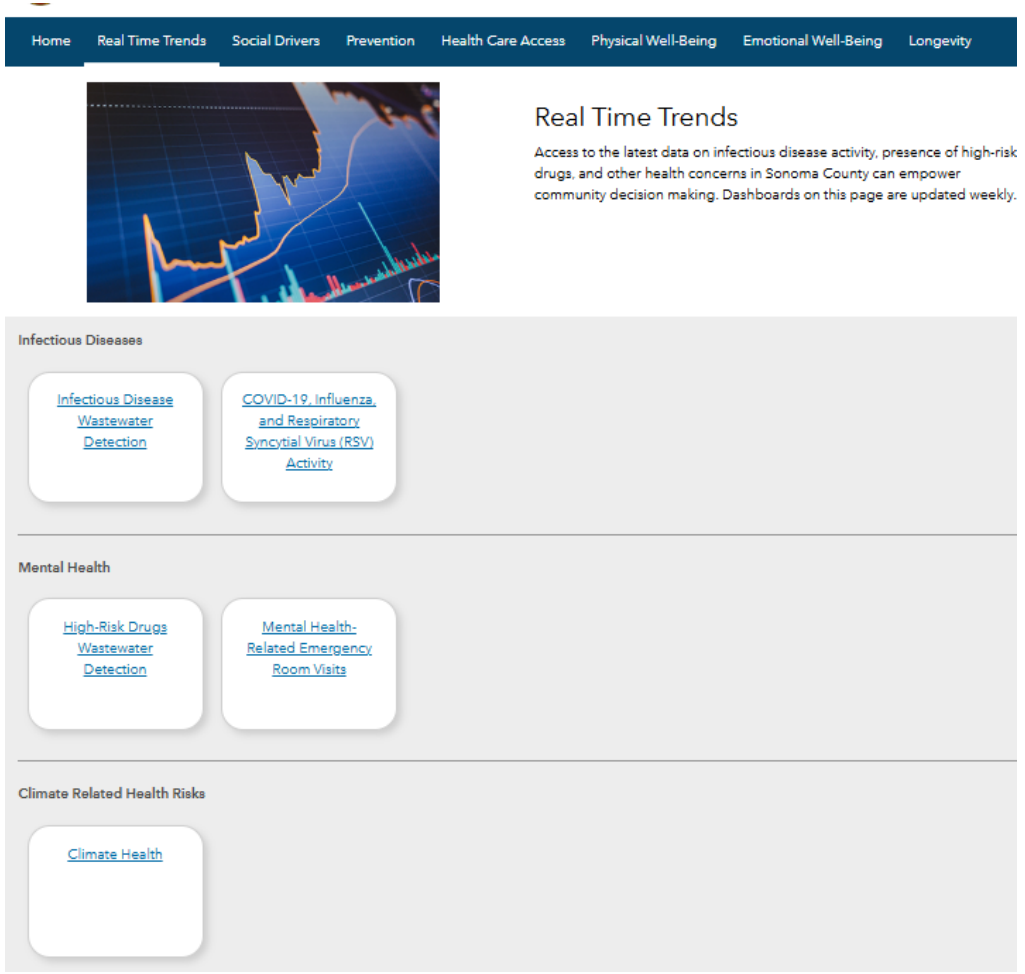
Service	Count	Percent of Total Services
Animal Services	5,108	29%
Behavioral Health	1,439	25%
Disease Prevention	1,941	12%
Emergency Services	12,351	21%
Family Health	360	12%
Services Provided - Total	**21,199**	

*Individuals served by multiple separate programs may be counted more than once

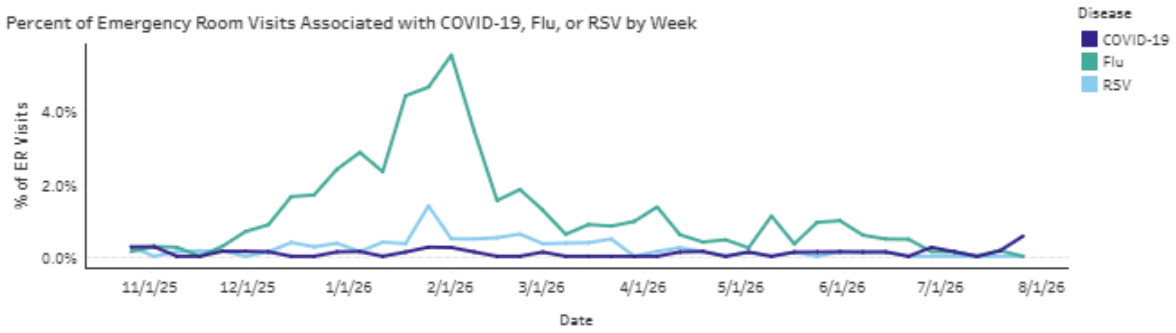
Tools to Monitor Sonoma County Health in Real Time

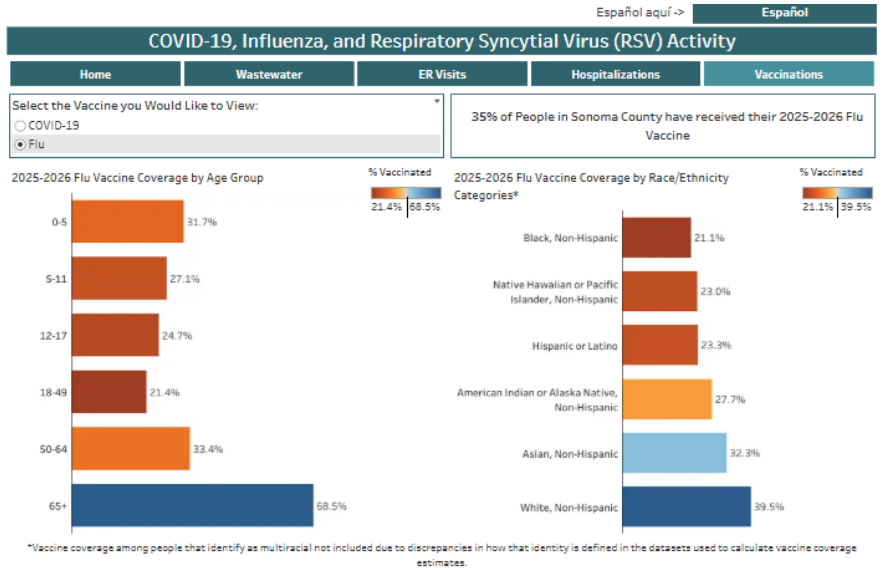
- Monitor infectious disease trends, mental health and climate related health impacts in near real time

  https://gis-community-health.sonomacounty.ca.gov/pages/real-time-trends



COVID-19, Influenza, and RSV Activity

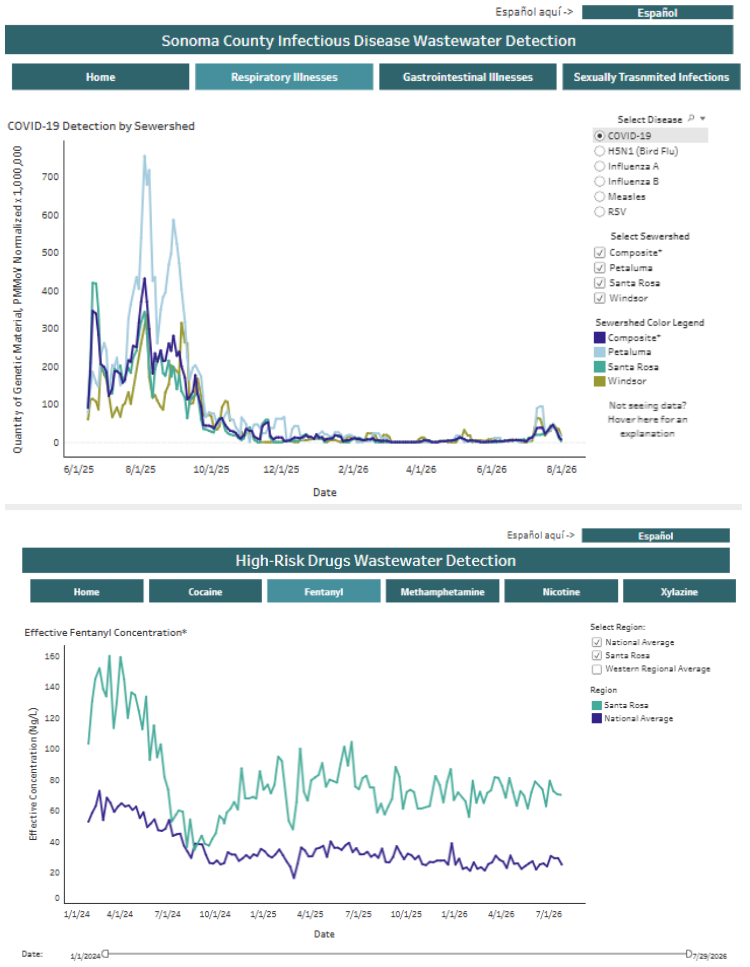




- View data on wastewater trends, emergency room visits, hospitalizations, and vaccine coverage related to COVID-19, flu, and RSV.
  - Current respiratory illness activity remains low. 35% of residents have received their 25-26 Flu vaccine and 20% have received their 25-26 COVID-19 vaccine.

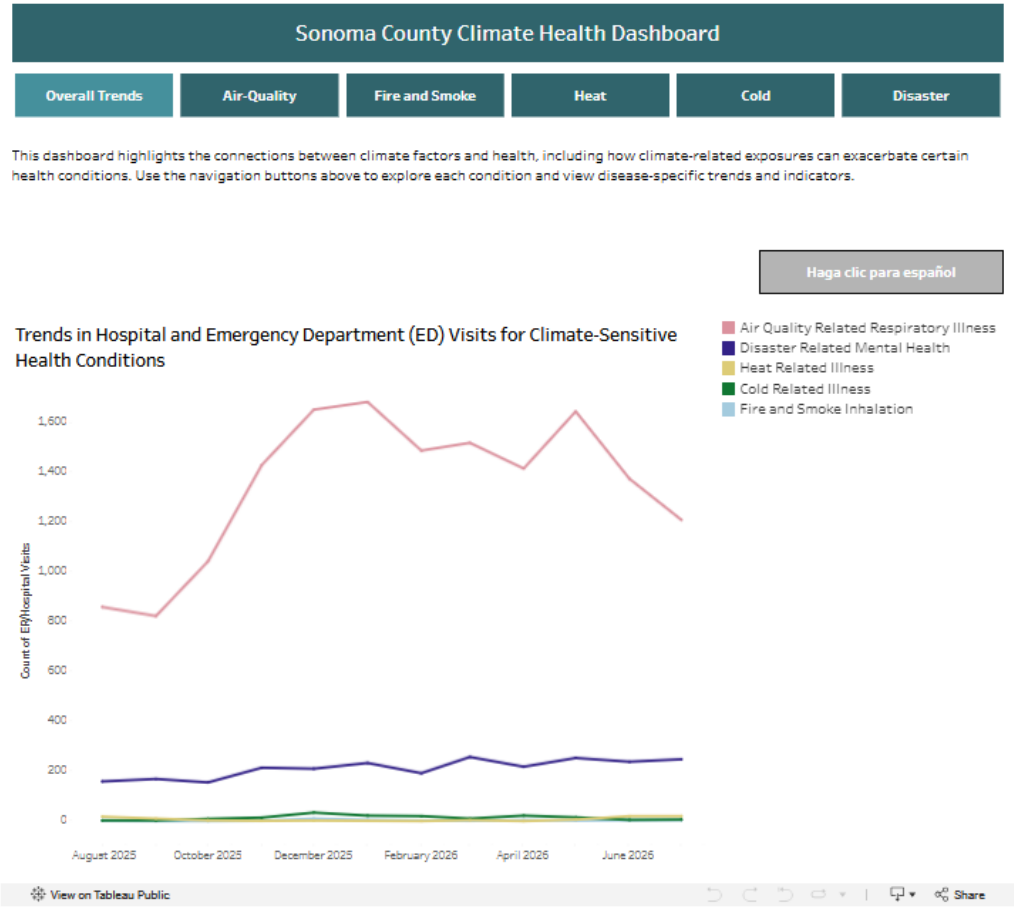
Wastewater Detection

- Two dashboards dedicated to wastewater detection:
  - Early warning signal for infectious disease circulation
  - Monitor levels of High Risk Drugs in Wastewater



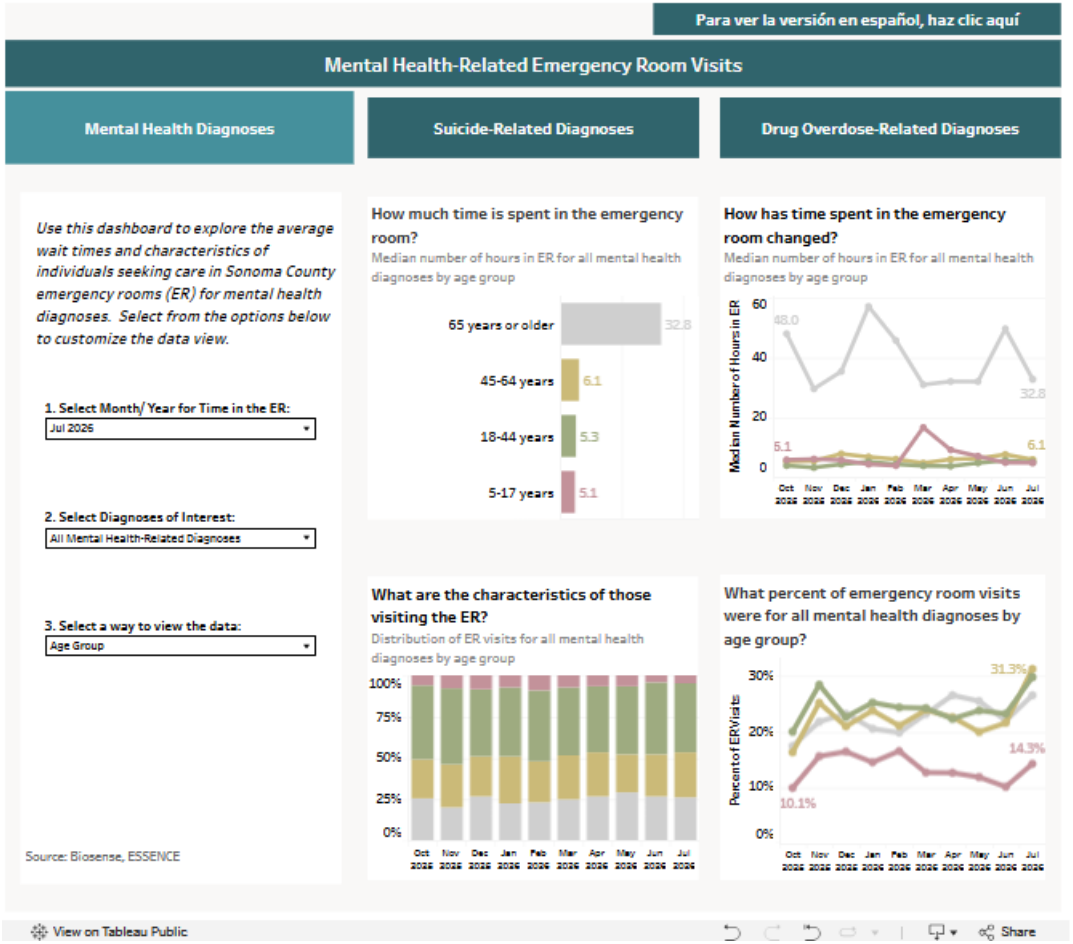
Climate-Related Health Impacts

- Explore emergency room visit trends for:
  - heat-related illness,
  - cold-related illness,
  - air quality-related respiratory illness,
  - fire and smoke inhalation, and
  - disaster-related mental health



Mental Health Related Emergency Room Visits

- Explore emergency room visit trends and wait times for:
  - mental health
  - suicide/self-harm
  - drug overdose



Questions?

Human Resources Annual Report

2025

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Who We Are

Pamela Van Wezel Anderson
Education & Training Manager

Meghan Hofer
HR Analyst

Lisa White
HR Coordinator

Healthcare HR Week
March 16–20, 2026
Celebrating the People Who Bring
Compassion, Community and *Commitment*
to Healthcare HR

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Our Mission

To foster a healthy work environment and connected culture rooted in our values of respect, accountability, and transparency.

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What We Do

- Recruitment & Selection
- Onboarding & Retention
- New Hire & New Leader Orientation Programs
- Employee Education Programs
- Benefit Plan Administration & Benefits Committee
- ACA Compliance & Reporting
- Wellness Program
- Performance Evaluations Program & Performance Management
- Employee Health Services & Workers' Compensation Program
- Compensation Plan Administration
- Employee Service Awards & Recognition Programs
- Employee Engagement Survey
- HRIS Employee Portal (Human Resources Information Systems) Administration
- Quality Assurance/Regulatory Compliance Assurance
- Student Internship & Contract Staff Coordination
- Volunteer Program
- Workplace Policies & Procedures
- Workplace Violence Prevention Program
- Compliance Program

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2025 Highlights

Employee Benefits

- **New medical plan "layer" – Garner Health HRA – 2026 Plan Year**
  - Incentive reimbursement account by choosing top providers (includes all SVH associated physicians)
  - $1,000/$2,000 "2nd dollar" for HDHP (after meeting min. deductible)
  - $2,000/$4,000 "1st dollar" for Base PPO
  - Mid-year Highlights:
    - Strong employee engagement: 40% employee account activation
    - Meaningful member savings: 74% average reduction in out-of-pocket costs
    - SVH estimated annual savings - $95k (top provider utilization)

- **Added Preferred Pricing for SVH Employees @ Adobe Pharmacy**

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2025 Highlights

Employee Benefits, Cont'd

- **Renewed Add-On Benefit Programs**
  - ✓ **Paytient Card** (Interest- and fee-free line of credit; HDHP enrollees; Payroll deducted payment plan)
  - ✓ **Your Money Line** (Unlimited financial guidance from certified coaches)

Food Pantry

- The pantry is created by staff, stocked by staff, and open to all staff!
- Total Items Donated/Received: 9,157
- Total Items Distributed: 8,377
- Overall Utilization Rate: 91.5% of all donated items have been distributed into the hands of employees and their families.

  Fresh fruits and vegetables; Canned goods; Grain products such as rice, pasta, and bread; Dairy items; Quick meal options; Healthy snacks for individuals and families

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2025 Highlights

Retirement Savings Plans

Plans: 403(b), ROTH 403(b), 457(b), ROTH 457(b)
Plan Administrator: Empower
Plan Investment Fiduciary: Leafhouse Financial
Plan Representatives/Financial Planners: Oasic Wealth

- **Employer Match:** $.50 for every dollar - 3% - 5% (tenure based)
- **Vesting:** 6-year vested grading schedule
- **Plan Participation Data** (as of 12/31/25):
  - ✓ 236 Participants - Participation Rate 77%
  - ✓ Average Contribution Rate 10.3% - 31.3% Contributing over 10%

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2025 Highlights

Employee Compensation

- **Annual Pay Increases (3%), effective January 19, 2025**
- **Wage Adjustments:**
  - Market Benchmarking, utilizing CHA/Allied for Health regional survey data
  - Salary Band adjustment for 137 positions, out of a total 179 positions
  - Applied wage adjustment to individual's pay (89/366), effective 4/13/25
  - Total estimated annual impact to payroll: $283,386

Employee Wellness Events

- Spring Break – International Day of Happiness
- Bike to Work Day
- Wellness Wednesday Walkabout
- Random Acts of Kindness Challenge

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2025 Highlights

Education & Training Services

- **Education & Training Manager now Full-time!**
- **Clinical Education, Community Partnerships & Workforce Development**
  - ✓ Clinical skills drills; in-house Basic Life Support (BLS) training; academic affiliation agreements for clinical student opportunities; IV pump training for SVFD)
- **Annual Education, Competency Validation & Regulatory Readiness**
  - ✓ Annual Skills Lab; online education, competencies, and checklists aligned with SVH policies and Regulatory requirements; Survey Readiness initiatives.
- **Emergency Preparedness & Simulation Training**
  - ✓ Inpatient evacuation drill; mock code simulations; Active Crisis Response training in collaboration with Sonoma Police Chief
- **Leadership Development**
  - ✓ LEAD Academy – New Leaders 12 modules (up and coming leaders – 4 modules)
  - ✓ LDI Workshop @ Hanna Center – All Leaders "Resilient Leadership in High-Stress Environments"

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2025 Employee Recognition

34 employees total

- 1 – 45 years!
- 5 – 20 years
- 8 – 15 years
- 11 – 10 years
- 9 – 5 years

2025 ANNUAL SERVICE AWARDS LUNCHEON

Thursday, February 12, 2026
12:00 p.m. to 2:00 p.m.

The Lodge at Sonoma
1325 Broadway
Sonoma, California

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Safety & Compliance

Compliance Program

- Compliance Committee – Quarterly Meetings
- Written Compliance Program
- Training for All Staff
  - Onboarding: Compliance Plan Acknowledgement
  - Onboarding: Conflict of Interest Disclosure Form
  - New Hire education – 1st 30 days
  - Annual Online Courses – All Staff
- Incident Reporting
  - Compliance Hotline (anonymous)
  - Midas e-Notification Reporting System
  - No reportable events in 2025

Workplace Violence Prevention

- Taskforce – Quarterly Meetings
- Written WVP Program/Policy
- Training for All Staff
  - 1st Day Orientation/WVP Competencies
  - New Hire education – 1st 30 days
  - Annual Online Courses – All Staff
  - Active Crisis Management Course
- Incident Reporting
  - Incident Report form completed by Emp.
  - Form sent to Safety Officer – Reports to State
  - Midas Report (e-Notification) for investigation/mitigation
  - 2 incidents reported 2025 – no staff injured

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HR Performance Dashboard

Performance Indicator	2025	2024	2023	2022
New Hires / Total Employees	89 / 381	90 / 360	84 / 345	112 / 331
New Hire FTE / Total FTE	38.3 / 224.9	46.6 / 210.7	45.4 / 213.6	70.1 / 205.7
Turnover Rate	14.4%	15.1%	16.7%	24.4%
Short Term Turnover	37.0%	---	---	---

Open Positions (4th Qtr): 36

- 21 FT/PT; 15 Per Diem/Temporary
- 9 RN; 19 Other Clinical; 8 Non-Clinical

Performance Indicator	SVH	No. California	Statewide
Turnover Rate	14.4%	8.2%	10.2%
Hire Rate	23.4%	8.3%	12%
Vacancy Rate	8.6%	5.0%	6.3%

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2025 Dashboard

Performance Indicator	2025	2024	2023	2022	2021
Registry/Traveler Costs (FY)	$1,373,552	$2,225,582	$2,379,060	$1,606,258	$1,005,644
Salary Costs / % of Net Revenue (FY)	$27,731,827 / 43.0%	$25,142,587 / 44.9%	$24,777,605 / 45.6%	$23,150,818 / 46.2%	$23,763,341 / 48.3%
Benefit Costs / % of Net Revenue (FY)	$6,433,458 / 10.0%	$6,153,443 / 11.0%	$5,859,007 / 10.8%	$5,488,972 / 11.0%	$5,575,741 / 11.3%
Leave of Absences	56	45	54	59	59
Employee Injuries	12	5	15	15	12
Workers' Comp Open Claims	17	12	24	18	24
Workers' Comp Cost of Claims	$213,189	$329,860	$297,311	$246,086	$410,000
Legal Claims/Employment Law Expenses	$25,735	$37,602	$62,657	$194,045	$156,629

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Employee Engagement Survey

Hospital-Wide Results	2026	2025	2024	2023	2022
Organizational Score	4.39	4.29	4.25	4.15	4.19
Organizational Participation	50%	61%	64%	53%	57%

Overall Lowest Scoring Items:	Domain	2026
I have access to support and resources when experiencing periods of increased stress at work.	Manager	4.16
My performance evaluations provide me with timely and meaningful feedback that inspires and supports my professional growth.	Manager	4.26
I feel safe to share my concerns and I know where and how to report them.	Organization	4.26

Overall Highest Scoring Items:	Domain	2026
My work unit strives to exceed the expectations of the people we serve.	Organization	4.65
I have a strong sense of purpose and accomplishment in the work I do.	Employee	4.59
I feel this hospital fosters an inclusive and welcoming environment for employees of all backgrounds.	Organization	4.50

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Employee Engagement Survey
- Pay & Benefits -

	2026		2025	
Do you feel your compensation fairly reflects your skills, experience, and contributions?	Yes	No	Yes	No
	115	68	114	97

	2026		2025	
What aspects of your compensation do you feel is unfair? (Select all that apply)	Count	%	Count	%
Pay compared to similar roles at other North Bay area hospitals	55	78.6%	80	81%
Base Pay	55	78.6%	78	79%
Standby Pay Rate	13	18.6%	23	23%
Shift Differential Pay	11	15.7%	18	18%

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Employee Engagement Survey
- Pay & Benefits -

	2026		2025	
Do the benefits provided by this hospital meet your needs?	Yes	No	Yes	No
	126	57	117	98

	2026		2025	
Which benefits do you feel need improvement? (Select all the apply)	Count	%	Count	%
Health Insurance	50	90.9%	90	94%
Paid Time Off	26	47.3%	45	47%
Retirement Plans	16	29.1%	22	23%
Wellness Program	8	14.6%	8	8%

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Employee Engagement Survey What's Next?

Department Action Plan

Issue/Survey Item	Objective	This is what we'll do…	Timeframe when this will be done…	This is what success looks like…	This is how we'll measure success…

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Questions?

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Elizabeth Sealey
277 4th Street East
Sonoma CA 95476
elizabeth@sealey.net

August 1, 2026

To Whom it may concern,

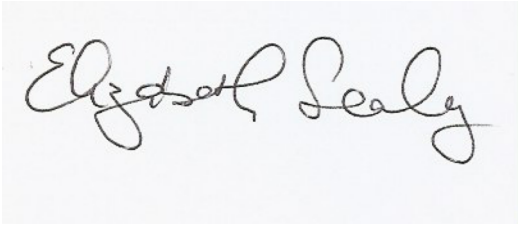
I would like to be considered to join the Sonoma Valley Health Care District Board Governance Committee. This opportunity was presented to me by Kelley Kaiser.

I currently serve on the Sonoma Valley Hospital Foundation Board. I am in my second term. My husband and I bought our property in Sonoma 13 years ago.

My background includes practicing law as a commercial lawyer for 35 years, serving on the Board of Eisenhower Health (a billion-dollar enterprise located in the Coachella Valley) for over 5 years and on its Board of Trustees prior to that. I also serve on the boards of two other non-profits that are not in the healthcare space.

If you think I could add value to your mission, I would be honored to serve on the Governance Committee.

Thank you for your consideration,



Elizabeth Sealey

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To:	SVHCD Board of Directors
From:	Kelley Kaiser, Chief Executive Officer
Date:	August 6, 2026
Subject:	CEO Update

Sonoma Valley Hospital continues to perform strongly across operations, quality, and financial performance. Patient volumes remain well above historical levels, and growing demand in key service lines such as Gastroenterology, Orthopedics, MRI, and Physical Therapy. Leadership is focused on expanding capacity and optimizing operations to sustain this growth.

FY26 marked a breakthrough financial year. The hospital achieved a positive operating margin of approximately $875,000, exceeded budget by $4.3 million, and improved results by $5.2 million over FY25. Revenue growth was driven by higher patient volumes across multiple service lines, while expense management remained disciplined. The organization also strengthened its balance sheet, improved accounts payable performance, and entered FY27 with stronger financial momentum.

Leadership remains aligned around clinical excellence, operational performance, and long-term sustainability as the hospital moves into FY27.

Advocacy updates:

Assembly Bill 2975 (AB2975)

AB 2975 directs the California Department of Occupational Safety and Health (Cal/OSHA) Standards Board (OSHSB) to amend the existing Workplace Violence Prevention in Health Care standard to comport with its provisions, which include requiring:

We continue to evaluate options related to AB2975, our discussions focused heavily on implementation challenges, particularly staffing requirements, timelines, EMTALA considerations, liability exposure, and operational impacts. We have a multi-disciplinary team reviewing the options. We are meeting with both UCSF and QOV to understand how they plan to meet these requirements.

Assembly Bill 2311 (AB 2311)

The hospital is supporting AB 2311, which would authorize healthcare districts to directly employ physicians. This legislation could materially strengthen the hospital's ability to recruit and retain providers in a highly competitive market, especially given the hospital's payer mix and community needs. CAH and Rural Hospitals already have this designation, adding District Hospitals is the next step.

We continue to track this, Bill; **The bill is on a positive track to make it successfully through the legislative process by the end of August. The effective date would be January 1, 2027.**

Quality and Access

Hospital activity remains strong, with inpatient census above the historical average of **10–11 patients**. This growth is occurring ahead of the typical respiratory season and is accompanied by increases in both **Emergency Department visits** and **Operating Room utilization**. Leadership is actively working to expand capacity and improve OR scheduling, staffing, and resource management to sustain and grow volume.

From a **clinical quality** perspective, the Quality Department continues to strengthen its data and reporting capabilities through enhanced analytics. Most key quality indicators are meeting targets. Areas requiring attention include **hand hygiene compliance**, and a temporary decline in **SEP-1 sepsis bundle performance** driven by a small patient sample. Falls, hospital-acquired infections, and pressure injuries remain low and near target levels.

Utilization Review efforts continue to mature, with an emphasis on improving length-of-stay performance through better communication and coordination across care teams while maintaining a positive patient experience.

Overall, leadership remains united and focused on aligning operational decisions with clinical priorities, positioning the organization to successfully manage growth, maintain quality performance, and adapt to ongoing changes in the healthcare environment.

Community Engagement

UV Safety Awareness Month: Protecting Your Skin and Eyes

Summer means more time outside—whether you're hiking local trails, gardening, cheering on the kids at a ballgame, or simply enjoying Sonoma Valley's beautiful weather. It also means increased exposure to the sun's ultraviolet (UV) rays.

July's UV Safety Awareness Month is a great reminder that a few simple habits can help protect your skin and eyes while reducing your risk of long-term health problems.

Simple Ways to Stay Protected
Apply a broad-spectrum, water-resistant sunscreen with SPF 30 or higher and reapply every two hours when outdoors, or after swimming or sweating. Wear UV-blocking sunglasses to help protect your eyes. Choose lightweight clothing that covers your skin and wear a wide-brimmed hat when possible. Take breaks in the shade, especially between

UV Daily Forcast Index		
0 - 2	Low	minimal Protection required
3 - 5	Moderate	Protection required
6 - 7	High	Protection essential
8 - 10	Very High	Extra protection
11+	Extreme	Stay inside

Understanding the UV Index

The UV Index is a daily forecast that measures the strength of ultraviolet radiation from the sun. The higher the number, the greater the risk of skin and eye damage from unprotected sun exposure. **UV Index 0–2 (Low):** Minimal risk. Sunglasses are recommended, and sun protection may still be needed during prolonged outdoor exposure. **UV Index 3–5 (Moderate):** Use sunscreen, sunglasses, and seek shade during midday hours. **UV Index 6–7 (High):** Protection is essential. Limit prolonged outdoor exposure between 10 a.m. and 4 p.m. **UV Index 8–10 (Very High):** Extra precautions are needed. Unprotected skin can burn quickly. **UV Index 11+ (Extreme):** Take all possible protective measures and minimize direct sun exposure.

In Sonoma Valley, UV levels frequently reach the high to very high range during the summer months, making sun protection especially important for outdoor activities, sporting events, gardening, hiking, and community celebrations.

Healthy Summer Checklist ☀️

✓ Wear SPF 30+ sunscreen ✓ Check today's UV Index before spending time outdoors ✓ Stay hydrated during hot weather ✓ Know where your closest emergency care is located ✓ Schedule preventive screenings and annual checkups ✓ Keep your physical therapy or rehabilitation goals on track

Community Partner Spotlight: Sonoma Valley Fire District

As Sonoma Valley prepares to celebrate Independence Day, Sonoma Valley Hospital is proud to recognize the Sonoma Valley Fire District and the vital role it plays in keeping our community safe.

The Fire District will once again host Sonoma's annual Fourth of July Parade and celebrations, one of the Valley's most cherished traditions. Sonoma Valley Hospital CEO Kelley Kaiser is honored to serve as a guest judge during this year's festivities.

Beyond organizing community events, the Fire District provides critical emergency response services throughout Sonoma Valley. Under the leadership of Fire Chief Steve Akre, the District serves communities from Kenwood through Sonoma, including Temelec and Sonoma Raceway.

The Sonoma Valley Fire District currently staffs three ambulances serving the Sonoma Valley Hospital District. In 2025, emergency medical teams completed 3,085 patient transports, with 83 percent of patients brought to Sonoma Valley Hospital. This close partnership helps ensure patients receive emergency care as quickly as possible.

We are grateful for the firefighters, paramedics, EMTs, and emergency personnel who serve Sonoma Valley every day.

My Hospital Story: When Minutes Matter

When nine-year-old Rogers Parker told his mom, Laura, "My arm isn't obeying me," it didn't sound like an emergency. He had complained of a sore shoulder after a sleepover the night before, and like many parents, Laura assumed he had simply slept wrong or pinched a nerve.

But when Rogers asked to go to the emergency room, they made the five-minute drive to Sonoma Valley Hospital—a decision that would prove critical.

Emergency physician Dr. Tim Smith quickly recognized that something far more serious was happening. Rogers wasn't simply dealing with a sore shoulder; he was showing signs of a rare neurological condition that required immediate attention.

It's a powerful reminder that when something doesn't seem right, having expert emergency care close to home can make all the difference.

Read Laura and Rogers' full story, and discover how quick thinking, clinical expertise, and timely care changed the course of one family's life.

Connected Culture

I am pleased to share that Michelle Corder, MSN, RN, CENP has started as our new Chief Nursing Officer. Michelle comes to us with a breadth of experience most recently from Jacksonville, Florida, where for the last two years she has served as the Director of Nursing, ICU/ PCU/Telemetry/ED/Respiratory/Dialysis/ Wound Care at Ascension St. Vincent's Riverside Hospital.

Prior to that, she worked in the Los Angeles area for many years.

Michelle holds a Bachelor of Science in Nursing (BSN) from Walden University and a Master of Science in Nursing (MSN), with a focus on Leadership and Management, from Waldon University.

We continue to focus on the internal culture; areas of focus include Leadership rounding and an Update to our Culture Teams.

Culture Team Evolution & 2026 Engagement Plan

Team Structure Evolution

The Culture Team structure is evolving to better align with organizational priorities and employee needs, fostering flexibility and shared ownership.

Focus on Engagement Model

The refreshed engagement model emphasizes meaningful participation without long-term commitments, enhancing staff involvement across departments.

2026 Engagement Plan Highlights

The 2026 plan introduces quarterly culture activations that celebrate excellence, recognize service, and foster connection among staff.

Benefits of the New Model

The updated approach strengthens culture, increases participation, reduces administrative burden, and creates memorable experiences.

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Sustainability

June 2026 & FY26 Performance Summary

FY26 closed with a strong financial turnaround, highlighted by four consecutive months of positive operating performance, a 4% operating margin in June, and a full-year positive operating margin of approximately $875,000. This exceeded budget by about $4.3 million and improved by $5.2 million compared to FY25, demonstrating meaningful progress beyond EBITDA and into true operating profitability.

Strong Revenue and Volume Growth

June operating revenue reached approximately $7.4 million, exceeding budget by 12% ($790,000). For the full fiscal year, operating revenue totaled approximately $84.5 million, surpassing budget by $7.7 million and prior year results by $14.9 million. Net patient revenue finished the year at approximately $55.2 million, up 6% over budget and 9% over FY25.

Expense Management Remained Disciplined

June operating expenses totaled approximately $7.1 million, about 4% above budget, primarily due to higher IGT program expenses and labor costs.

For the full year, operating expenses excluding IGT were only 2% above budget, demonstrating improved operating leverage and cost management while supporting higher patient volumes.

Fiscal Year Results Reflect Significant Improvement

For FY26, the hospital generated:

- Operating Margin: Approximately $875,000
- Operating EBITDA: Approximately $6.1 million

Performance improvements were driven by higher patient volumes, stronger net patient revenue, continued IGT funding, and improved operational efficiency.

Balance Sheet and Cash Position Improved

Year-end cash totaled approximately $3.5 million, representing 22.6 Days Cash on Hand. While liquidity remains below long-term targets, management made important progress strengthening the balance sheet during FY26.

Key improvements included:

- Accounts Payable reduced to approximately $4.5 million
- A/P days improved from 67.2 days to 41.9 days
- Vendor obligations were reduced and payment cycles normalized
- The organization entered FY27 with fewer deferred obligations and a stronger financial foundation

Outlook for FY27

Management's priorities for FY27 include sustaining operational gains, growing key service lines, building cash reserves, maintaining expense discipline, addressing capital and deferred maintenance needs, and continuing the transition from financial stabilization to long-term sustainability.

Bottom Line: FY26 was a breakthrough year, delivering positive operating margin performance, substantial revenue growth, stronger service line volumes, improved expense control, and a healthier balance sheet, positioning the organization for continued progress in FY27.

SVH Performance Score Card

1. Quality | Access

Objective	Target	FEB 26	MAR 26	APR 26	MAY 26	JUN 26	Supporting detail
Infection Prevention							
Central Line Blood Stream Infection CLABSI volume	<1	0	0	0	0	0	Less than Target is Goal
Catheter Associated Urinary Tract Infection- CAUTI volume	<1	0	N/A	0	0	0	Less than Target is Goal
CDIFF Infection volume	<1	1	0	0	0	1	Less than Target is Goal
Surgical Site Infections volume	<1	0	0	0	1	0	Less than Target is Goal
Acute Care Falls							
Patient fall *with injury* per 1000 pt days	<3.75	3	0	0	0	0	Less than Target is Goal
Core Measures							
Sepsis Early Management Bundle % compliant	>81%	100.00	66.70	50.00	100.00	83.30	Above Target is Goal
Mortality							
Risk Adjusted Acute Care Mortality Rate O/E	<1	0.77	0.31	0.37	0.85	0.74	Lower is better
ED							
Core OP 18b Median Time ED arrival to ED Departure mins	<132	102.00	130.00	126.00	109.00	100.50	Lower is better
Core Op 22 ED Left without being seen LWBS	<2%	0.10	0.30	0.10	0.10	0.30	Lower is better
PSI 90							
PSI 90 Composite Acute Care Admissions	0.00	0.77	0.31	0.00	0.00	0.00	Lower is better
Preventable Harm							
Readmissions to Acute Care within 30 days %	<16.6	3.17	10.94	6.94	10.00	9.59	Lower is better

3. Experience

Outpatient Ambulatory Services (OASCAHPS)

Objective	Target	Q4.25	Q1.26				Supporting Detail
Recommend Facility	>90%	92.3	89.9				Top Box Scores. % of patients choosing "Always"- Above Target is Goal

HCAHPS (Hospital Inpatient)

Objective	Target	Q4.25	Q1.26				Supporting Detail
Recommend the hospital	>90%	77.3	64.1				Top Box Scores. % of patients choosing "Always" - Above Target is Goal

2. Connected Culture

Objective	Target	Q4.25 Oct-Dec	1Q.26 Jan-Mar	2Q.26 Apr-Jun		Supporting Detail
Short-term Turnover	<3%	8.0%	12.8%	8.0%		Employed less a year is defined as Short-Term Turnover -***method of calculation changed as of 1/1/25***
Turnover	<10%	2.1	3.7	4.0		Total Turnover Rate (Annual Basis)
Workplace Injuries	<20 Per Year	5 (QTR 4)	6 (QTR 1)	3 (QTR 2)		

4. Sustainability

Objective	Target	APR 26	MAY 26	JUNE 26		Supporting Detail
Volume						
Emergency Visits	>920	975	1,136	1,049		Higher than Target is Goal
Surgical Volume Outpatient	>135	156	144	142		Higher than Target is Goal
Surgical Volume Inpatient	>10	10	10	18		Higher than Target is Goal
Inpatient Discharges	>70	80	78	68		Higher than Target is Goal
MRI Volumes	N/A	323	301	323		Higher than Target is Goal
PT Volumes	N/A	1,676	1,726	1,910		Higher than Target is Goal
Financial		APR 26	MAY 26	JUNE 26		
Operating EBDA in % (Month) *	varies	8.06%	8.52%	9.50%		June Operating EBDA Target 4.2%
Operating EBDA in % (YTD) *	>5.2%	6.82%	6.99%	7.20%		
Net Liquidity @ FYE	> 28.8	55.2	49.0	42.3		Cash + Net A/R - Outstanding AP | Expressed in Days
Net Operating Revenue ($M) (annualized)	>$76.7	$83.35	$84.03	$84.50		Includes Parcel Tax & IGT Revenues

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To:	SVHCD Board of Directors
From:	Patrick Okolo III, MD, Chief Medical Officer
Date:	August 6, 2026
Subject:	**CMO Report**

1. *Volume and Operational Activity*

Inpatient volumes remain elevated, with an average daily census of approximately 15 patients — a notable increase over our historical average of 10 to 11. This upswing is occurring well ahead of the traditional respiratory season and is mirrored by parallel increases in Emergency Department visits and operating room utilization.

We continue to pursue opportunities to build on this volume growth. The OR is working closely with hospital leadership, including the CMO, to improve scheduling flow and personnel/resource utilization, with the goal of supporting additional case volume. We continue to evaluate all opportunities available to us going forward.

2. Accreditation (CIHQ)

Work on our CIHQ reaccreditation continues, and we are approaching the completion of our obligations. We are managing this effort through a structured project-management approach to ensure we meet all quantitative targets. Our qualitative deliverables have been substantially achieved; the remaining quantitative component is being tracked closely, and this disciplined, project-oriented approach has kept us on pace to meet our targets to date.

3. Clinical Quality

Our new Quality Coordinator is helping strengthen our quality data infrastructure, with continued attention to the eCQMs reported to CMS and other regulatory bodies, alongside our operational and high-reliability measures. We are using relational data tools (e.g., Power BI) to better understand data fidelity and the interdependencies among our various quality measures — an investment that has meaningfully benefited the Quality Department and reflects the growing maturity of our program.

Highlights from this month's quality dashboard:

- Mortality (risk-adjusted O/E), all-cause and condition-specific 30-day readmissions, stroke door-to-CT time, ED left-without-being-seen rate, and colonoscopy follow-up compliance are all performing within target.
- Hand hygiene compliance has declined below target in recent months (64–85% vs. a 90% goal, down from 93% in 2025) and has been identified as a focus area for corrective action.
- The SEP-1 sepsis bundle measure dipped in one recent month on a small case volume; performance has otherwise remained strong.
- Falls, hospital-acquired infections, and pressure injuries remain low and at or near goal.

4. Utilization Review

Utilization review continues to mature in support of our operational metrics, particularly high-reliability measures tied to length of stay. Rather than treating length-of-stay management and patient experience as competing priorities, we are using this work as a strength — continuing to refine and optimize communication flow and coordination across clinical units.

5. Service Line Update — Gastroenterology

Gastroenterology volumes continue to grow, with further growth anticipated as ongoing marketing efforts continue to yield results.

6. Leadership and Governance

The leadership group remains closely aligned on the clinical implications of our operational decisions. We are rowing together as an organization as we navigate the rapid cycles of change within our environment.

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

To: SVHCD Board of Directors
From: Ben Armfield, Chief Financial Officer
Date: August 6, 2026
Subject: Financial Report for June 2026

OVERALL PERFORMANCE SUMMARY | MONTH OF JUNE 2026

Operating Performance

FY26 closed with the clearest evidence yet that the hospital's operating turnaround is gaining traction: four consecutive months of positive operating performance, a 4% operating margin in June, and a full-year positive operating margin of approximately $875,000.

FY26 operating margin finished approximately $4.3 million favorable to budget and approximately $5.2 million improved compared to the prior year. Importantly, this represents positive operating margin performance, not simply positive Operating EBDA.

On June specifically, the month delivered a strong close to the fiscal year. The hospital posted an operating margin of approximately 4% for the month, or $297,000, compared to a budgeted operating loss of approximately ($237,000). Operating EBDA totaled approximately $709,000, exceeding budget by approximately $432,000, or 156%.

Taken together, the June result reflects more than a single strong month. It capped a sustained year-end improvement in which stronger volumes, improved revenue performance, and better operating leverage translated into positive operating margin performance. As the organization transitions into FY27, the focus now shifts to sustaining this progress and continuing the move from stabilization to long-term sustainability.

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	$ 297.4	$ (236.7)	$ 534.1	226%	$ 875.3	$ (3,412.4)	$4,287.7	126%	$ (4,326.8)	$ 5,202.1	120%
Operating EBDA	$ 709.0	$ 276.6	$ 432.3	156%	$ 6,089.9	$ 2,697.7	$3,392.2	126%	$ 1,898.2	$ 4,191.7	221%
Net Income (Loss)	$ 368.2	$ (80.8)	$ 449.0	556%	$ 3,734.4	$ (1,541.9)	$5,276.4	342%	$ (2,036.5)	$ 5,770.9	283%

Operating Revenues

Operating revenues totaled approximately $7.4 million in June, exceeding budget by approximately 12%, or $790,000. Net patient revenue exceeded budget by approximately 1%, while total operating revenue also benefited from continued IGT program activity.

For the full fiscal year, operating revenues totaled approximately $84.5 million, exceeding budget by approximately $7.7 million and prior year by approximately $14.9 million. Net patient revenue totaled approximately $55.2 million for the year, exceeding budget by approximately 6% and prior year by approximately 9%.

June volume activity reflected continued strength across several key service lines:

- Total outpatient visits were approximately 6,705, exceeding budget by approximately 15%.
- Emergency Department visits exceeded budget by approximately 9%.

- MRI volumes reached approximately 323 exams, marking the third consecutive month above 300 exams.
- Physical Therapy volumes were very strong, reaching approximately 1,910 visits during the month.
- Surgical volumes totaled 160 cases, exceeding budget by approximately 7%, with continued strength in GI and Orthopedics.

Emergency Department volumes remained an important part of the year-end story. June ED visits averaged approximately 35 visits per day, and for FY26, ED volumes averaged approximately 33.6 visits per day compared to approximately 28.9 visits per day in FY25. This reflects a meaningful year-over-year increase in emergency department activity and a stronger overall run-rate heading into FY27.

The MRI trend remains one of the more notable operational developments of the year. June was the third consecutive month above 300 MRI exams, compared to approximately one year ago when the organization was focused on sustaining monthly MRI volumes above 200. This reflects continued demand, improved access, and stronger utilization of the 3T MRI platform.

Overall, June's revenue and volume performance reinforced the broader FY26 story: the hospital is generating stronger activity across multiple core service lines, with improved performance in outpatient services, imaging, physical therapy, emergency services, and surgical services.

Operating Expenses

Operating expenses totaled $7.1 million in June, exceeding budget by approximately 4%, or $256,000.

The expense variance was driven primarily by IGT program expense and labor. IGT program expense exceeded budget by approximately $350,000, while labor costs exceeded budget by approximately $275,000. These increases were partially offset by favorable performance in supplies and purchased services.

Importantly, when excluding IGT program expense, operating expenses were below budget for the month of June. Operating expenses excluding IGT totaled approximately $6.0 million, compared to a budget of approximately $6.1 million, or approximately $94,000 favorable to budget. For the full fiscal year, operating expenses excluding IGT were only approximately 2% above budget, despite overall volume levels exceeding budget across several key areas.

A key point for June is that total operating expenses declined compared to May, and expenses excluding IGT program expense were below budget despite continued strong volume activity.

Fiscal Year Performance

FY26 represents a significant year-over-year improvement in operating performance.

The hospital generated a positive operating margin of approximately $875,000 for the fiscal year, compared to a budgeted operating loss of approximately ($3.4 million) and a prior year operating loss of approximately ($4.3 million). This represents an approximate $4.3 million favorable variance to budget and an approximate $5.2 million improvement compared to the prior year.

Operating EBDA totaled approximately $6.1 million for the year, exceeding budget by approximately $3.4 million and prior year by approximately $4.2 million.

The full-year results reflect the combined impact of improved volume performance, stronger net patient revenue, continued IGT program activity, and improved operating leverage. While IGT remains an important component of the hospital's financial performance, the organization also saw meaningful improvement in net patient revenue, outpatient activity, imaging, surgical volumes, and overall operating results.

Ending FY26 with a positive operating margin provides a stronger foundation heading into FY27. The focus now shifts to sustaining that progress, continuing to grow key service lines, managing expenses, and maintaining disciplined cash and capital planning.

Cash

Cash at fiscal year-end totaled approximately $3.5 million, with Days Cash on Hand of 22.6 days. While the cash balance remains below management's long-term target, the year-end cash position should be viewed within the context of the broader balance sheet transformation that occurred during FY26.

Over the past several years, the hospital has been working through a multi-year financial climb - first toward stability, and now toward longer-term sustainability. During the most constrained periods, the organization had limited flexibility and was required to defer certain obligations, stretch accounts payable, and delay capital investment due to constrained liquidity.

FY26 represented a meaningful step forward in that progression. As operating performance improved and supplemental funding was received, management used available cash flow to reduce outstanding obligations, normalize vendor payments, and strengthen the organization's starting point heading into FY27. Accounts payable decreased to approximately $4.5 million at year-end, and A/P days improved significantly from 67.2 days at the prior year-end to 41.9 days at June 30, 2026.

This is an important distinction. The organization is not yet where it needs to be from a Days Cash on Hand perspective, but it has shed a significant portion of the outstanding obligations that were carried into FY26. As a result, the hospital enters FY27 with a cleaner starting point, fewer deferred obligations, and a stronger financial foundation than cash alone would suggest.

Building Days Cash on Hand remains a priority and represents one of the next major steps in the organization's financial improvement plan. At the same time, the hospital continues to face significant deferred maintenance and capital needs, which will require careful prioritization, project sequencing, and evaluation of financing options.

With the organization now operating closer to break-even, and with FY26 ending in a positive operating margin position, management expects to shift from a more reactive cash management posture toward a more strategic approach to liquidity, capital planning, and long-term financial sustainability.

Final Observations

FY26 ended materially stronger than originally budgeted and materially stronger than the prior year. The organization closed the year with four consecutive months of positive operating performance, a positive operating margin of approximately $875,000, and Operating EBDA of approximately $6.1 million.
While continued focus will be required around cash management, expense discipline, capital prioritization, and sustaining improved operating performance, the FY26 results represent a significant step forward. The organization enters FY27 with improved operating momentum, stronger volumes across several key service lines, a cleaner balance sheet, and a clearer path toward long-term financial sustainability.

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 June 30, 2026

ATTACHMENT A

		Month				Year-To- Date						
Revenues		**CYM Actual**	**CYM Budget**	**Var**	**%**	**YTD Actual**	**YTD Budget**	**Var**	**%**	**PYTD Actual**	**Var**	**%**
1	Net Patient Revenue	$ 4,616.0	$ 4,571.2	44.8	1%	$ 55,244.7	$ 51,907.7	3,337.0	6%	$ 50,611.1	4,633.6	9%
2	IGT Program Revenue	2,399.7	1,653.7	746.0	45%	24,216.5	19,844.2	4,372.3	22%	13,912.6	10,303.9	74%
3	Parcel Tax Revenue	308.1	316.7	(8.5)	-3%	3,791.4	3,800.0	(8.6)	0%	3,800.0	(8.6)	0%
4	Other Operating Revenue	108.0	99.9	8.2	8%	1,206.6	1,198.6	8.0	1%	1,214.8	(8.3)	-1%
5	**Total Revenue**	**$ 7,431.8**	**$ 6,641.4**	**790.4**	**11.9%**	**$ 84,459.3**	**$ 76,750.5**	**7,708.7**	**10.0%**	**$ 69,538.6**	**14,920.7**	**21%**
Operating Expenses		**CYM Actual**	**CYM Budget**	**Var**	**%**	**YTD Actual**	**YTD Budget**	**Var**	**%**	**PYTD Actual**	**Var**	**%**
6	Labor / Total People Cost	$ 3,439.9	$ 3,164.9	275.0	9%	$ 38,958.1	$ 37,118.7	1,839.5	5%	$ 35,638.1	3,320.0	9%
7	Professional Fees	753.2	729.4	23.8	3%	8,578.6	8,247.0	331.6	4%	8,364.0	214.6	3%
8	Supplies	408.1	584.0	(175.9)	-30%	8,335.1	8,247.4	87.7	1%	7,825.9	509.2	7%
9	Purchased Services	633.2	684.0	(50.8)	-7%	6,250.2	6,118.3	131.9	2%	4,838.7	1,411.5	29%
10	Depreciation	411.6	513.3	(101.8)	-20%	5,214.6	6,110.1	(895.5)	-15%	6,225.0	(1,010.4)	-16%
11	Interest	9.6	36.6	(27.0)	-74%	578.2	438.6	139.6	32%	416.3	161.9	39%
12	Other	364.2	401.3	(37.1)	-9%	4,592.9	4,707.3	(114.5)	-2%	4,497.1	95.8	2%
13	IGT Program Expense	1,114.8	764.6	350.2	46%	11,076.4	9,175.5	1,900.8	21%	6,060.3	5,016.1	83%
14	**Operating Expenses**	**$ 7,134.4**	**$ 6,878.1**	**256.3**	**3.7%**	**$ 83,584.0**	**$ 80,162.9**	**3,421.1**	**4.3%**	**$ 73,865.4**	**9,718.6**	**13%**
15	**Operating Margin**	**$ 297.4**	**$ (236.7)**	**$ 534.1**	**226%**	**$ 875.3**	**$ (3,412.4)**	**$ 4,287.7**	**126%**	**$ (4,326.8)**	**$ 5,202.1**	**120%**
Non Operating Income		**CYM Actual**	**CYM Budget**	**Var**	**%**	**YTD Actual**	**YTD Budget**	**Var**	**%**	**PYTD Actual**	**Var**	**%**
16	GO Bond Activity, Net	28.2	128.6	(100.5)	-78%	2,445.9	1,543.6	902.4	58%	1,942.7	503.2	26%
17	Misc Revenue/(Expenses)	42.6	27.2	15.4	56%	413.2	326.9	86.3	26%	347.6	65.6	19%
18	**Total Non-Op Income**	**$ 70.8**	**$ 155.9**	**(85.1)**	**-55%**	**$ 2,859.1**	**$ 1,870.5**	**988.7**	**53%**	**$ 2,290.3**	**568.8**	**25%**
19	**Net Income (Loss)**	**$ 368.2**	**$ (80.8)**	**449.0**	**556%**	**$ 3,734.4**	**$ (1,541.9)**	**5,276.4**	**342%**	**$ (2,036.5)**	**5,770.9**	**283%**
20	Restricted Foundation Contr.	-	125.0	(125.0)	-100%	3,484.7	1,500.0	1,984.7	132%	3,713.6	(228.9)	-6%
21	**Change in Net Position**	**$ 368.2**	**$ 44.2**	**324.0**	**734%**	**$ 7,219.1**	**$ (41.9)**	**7,261.0**	**17314%**	**$ 1,677.1**	**5,542.0**	**330%**
22	**Operating EBDA**	**$ 709.0**	**$ 276.6**	**432.3**	**156%**	**$ 6,089.9**	**$ 2,697.7**	**3,392.2**	**126%**	**$ 1,898.2**	**4,191.7**	**221%**

Sonoma Valley Health Care District **ATTACHMENT B**

Balance Sheet
As of June 30, 2026
Expressed in 1,000s

		Current Month	Prior Month	FYE 2025 Prior Year
	Assets			
	Current Assets:			
1	Cash	$ 3,523.9	$ 4,239.8	$ 4,386.3
2	Net Patient Receivables	9,535.0	10,074.8	7,585.8
3	Allow Uncollect Accts	(1,551.1)	(1,595.6)	(1,256.1)
4	Net Accounts Receivable	$ 7,983.9	$ 8,479.2	$ 6,329.7
5	IGT Program Receivable	25.9	164.9	-
6	Parcel Tax Receivable	149.5	149.5	-
7	GO Bond Tax Receivable	448.9	1,626.6	-
8	Other Receivables	33.1	404.6	1,423.3
9	Inventory	1,289.9	971.3	841.0
10	Prepaid Expenses	811.3	908.3	788.1
11	Total Current Assets	$ 14,266.6	$ 16,944.2	$ 13,768.5
12	Property,Plant & Equip, Net	$ 59,253.3	$ 59,011.1	60,342.6
13	Trustee Funds - GO Bonds	6,074.1	4,866.7	5,986.7
14	Other Assets - Deferred IGT Expense	251.9	1,309.8	-
15	**Total Assets**	**$ 79,845.8**	**$ 82,131.7**	**$ 80,097.8**
	Liabilities & Fund Balances			
	Current Liabilities:			
16	Accounts Payable	4,525.8	$ 4,629.2	$ 7,282.7
17	Accrued Compensation	4,334.4	4,157.2	4,059.9
18	IGT Program Payable	-	-	-
19	Interest Payable - GO Bonds	155.6	149.2	154.4
20	Accrued Expenses	223.9	200.6	166.1
21	Deferred IGT Revenue	-	2,425.6	-
22	Deferred Parcel Tax Revenue	-	316.7	-
23	Deferred GO Bond Tax Revenue	-	274.3	-
25	Line of Credit - Summit Bank	-	-	-
26	Other Liabilities	-	(0.0)	-
27	Total Current Liabilities	$ 9,979.7	$ 12,892.7	$ 12,403.1
28	Long Term Debt, net current portion	$ 21,747.3	$ 21,488.3	$ 27,239.3
29	Total Fund Balance	$ 48,118.9	$ 47,750.7	$ 40,455.4
30	**Total Liabilities & Fund Balances**	**$ 79,845.8**	**$ 82,131.7**	**$ 80,097.8**

Cash Indicators	Current Month	Prior Month	Prior Year FYE
Days Cash	22.6	27.2	29.2
A/R Days	51.8	55.0	45.8
A/P Days	41.9	42.9	67.2

Sonoma Valley Health Care District

Projected Cash Forecast (In 1000s)

FY 2026

ATTACHMENT C

		ACTUAL July	ACTUAL Aug	ACTUAL Sept	ACTUAL Oct	ACTUAL Nov	ACTUAL Dec	ACTUAL Jan	ACTUAL Feb	ACTUAL Mar	ACTUAL Apr	ACTUAL May	ACTUAL Jun	TOTAL
	Hospital Operating Sources													
1	Patient Payments Collected	$ 4,683.2	$ 4,292.8	$ 4,956.9	$ 4,513.5	$ 4,208.0	$ 4,353.9	$ 4,970.2	$ 4,666.0	$ 4,598.5	$ 4,315.1	$ 4,186.5	$ 4,802.7	$ 54,547.4
2	Other Revenue - Operating & Non-Op	182.5	104.0	101.6	94.6	101.0	129.0	91.8	114.8	107.2	93.2	101.4	102.7	1,323.6
3	IGT Program Revenue	-	-	-	523.7	31.5	-	2,639.8	20,155.6	-	726.9	-	138.9	24,216.5
4	Parcel Tax Revenue	110.9	-	-	-	-	2,055.4	-	-	-	1,595.1	-	-	3,761.3
5	Unrestricted Contributions	4.0	-	-	-	-	-	-	-	-	-	-	-	4.0
6	**Sub-Total Hospital Sources**	**$ 4,980.6**	**$ 4,396.8**	**$ 5,058.5**	**$ 4,608.1**	**$ 4,309.0**	**$ 7,112.5**	**$ 7,701.8**	**$ 24,936.4**	**$ 4,705.8**	**$ 6,730.2**	**$ 4,287.9**	**$ 5,044.4**	**$ 83,871.9**
	Hospital Uses of Cash													
7	Operating Expenses / AP Payments	$ 5,649.7	$ 4,948.5	$ 4,975.3	$ 6,009.0	$ 4,877.2	$ 5,616.9	$ 6,661.0	$ 8,499.2	$ 5,587.8	$ 5,780.7	$ 6,612.2	$ 5,590.0	$ 70,807.6
8	Term Loan Paydowns - Summit / CHFFA	73.6	73.6	73.6	73.6	73.6	73.6	131.0	73.6	73.6	73.6	73.6	73.6	940.3
9	IGT Financing Interest	-	-	-	-	106.0	77.1	74.2	43.3	-	-	-	-	300.6
10	IGT Matching Fee Payments	-	228.5	-	-	10,426.1	-	-	348.9	-	-	72.8	-	11,076.4
11	Capital Expenditures - SVH Funded	145.6	-	11.3	84.5	59.3	60.0	539.8	723.8	-	-	61.8	96.6	1,782.8
12	Capital Expenditures - Foundation Funded	876.5	468.8	133.8	205.4	94.3	69.6	-	-	-	1,334.9	-	-	3,183.3
13	**Total Hospital Uses**	**$ 6,745.4**	**$ 5,719.5**	**$ 5,194.0**	**$ 6,372.4**	**$ 15,636.6**	**$ 5,897.2**	**$ 7,406.0**	**$ 9,688.8**	**$ 5,661.4**	**$ 7,189.1**	**$ 6,820.4**	**$ 5,760.2**	**$ 88,090.9**
	Net Hospital Sources/Uses of Cash	**$ (1,764.7)**	**$ (1,322.7)**	**$ (135.5)**	**$ (1,764.3)**	**$ (11,327.6)**	**$ 1,215.3**	**$ 295.8**	**$ 15,247.6**	**$ (955.6)**	**$ (458.9)**	**$ (2,532.5)**	**$ (715.9)**	**$ (4,219.0)**
	Non-Hospital Sources													
14	Restricted Donations (rec'd from Foundation)	806.7	538.6	214.6	124.5	94.3	-	-	44.4	-	1,528.6	4.8	-	3,356.6
15	Line of Credit - Draw	-	-	-	-	10,500.0	-	-	-	-	-	-	-	10,500.0
17	**Sub-Total Non-Hospital Sources**	**$ 806.7**	**$ 538.6**	**$ 214.6**	**$ 124.5**	**$ 10,594.3**	**$ -**	**$ -**	**$ 44.4**	**$ -**	**$ 1,528.6**	**$ 4.8**	**$ -**	**$ 13,856.6**
	Non-Hospital Uses of Cash													
18	Line of Credit - Payoff	-	-	-	-	-	-	-	10,500.0	-	-	-	-	10,500.0
20	**Sub-Total Non-Hospital Uses of Cash**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,500.0**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,500.0**
21	**Net Non-Hospital Sources/Uses of Cash**	**$ 806.7**	**$ 538.6**	**$ 214.6**	**$ 124.5**	**$ 10,594.3**	**$ -**	**$ -**	**$ (10,455.6)**	**$ -**	**$ 1,528.6**	**$ 4.8**	**$ -**	**$ 3,356.6**
22	**Net Sources/Uses**	**$ (958.0)**	**$ (784.1)**	**$ 79.1**	**$ (1,639.8)**	**$ (733.3)**	**$ 1,215.3**	**$ 295.8**	**$ 4,792.0**	**$ (955.6)**	**$ 1,069.7**	**$ (2,527.7)**	**$ (715.9)**	**$ (862.4)**
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	$ 1,861.4	$ 6,653.4	$ 5,697.8	$ 6,767.5	$ 4,239.8	
24	**Total Cash at End of Period**	**$ 3,428.3**	**$ 2,644.2**	**$ 2,723.3**	**$ 1,083.5**	**$ 350.3**	**$ 1,565.6**	**$ 1,861.4**	**$ 6,653.4**	**$ 5,697.8**	**$ 6,767.5**	**$ 4,239.8**	**$ 3,523.9**	
25	**Days of Cash on Hand at End of Month**	**22.0**	**17.0**	**17.5**	**7.2**	**4.3**	**10.0**	**11.9**	**42.6**	**36.5**	**43.4**	**27.2**	**22.6**	

Sonoma Valley Health Care District

ATTACHMENT D

Key Performance Indicators | Volumes & Statistics

For the Period Ended June 30, 2026

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
Inpatient Volume											
Acute Patient Days	254	258	(4)	-1%	3,548	3,106	442	14%	3,252	296	9%
Acute Discharges	68	70	(2)	-3%	962	847	116	14%	851	111	13%
Average Length of Stay	3.7	3.7	0.0	1%	3.7	3.7	0.0	1%	3.8	(0.1)	-3%
Average Daily Census	8.5	8.6	(0.1)	-1%	10.6	9.3	1.3	14%	9.7	1	9%
Surgical Volume											
IP Surgeries	18	10	8	87%	147	116	31	27%	123	24	20%
OP Surgeries	142	140	2	2%	1,703	1,614	89	6%	1,630	73	4%
Total Surgeries	**160**	**150**	**10**	**7%**	**1,850**	**1,730**	**120**	**7%**	**1,753**	**97**	**6%**
Other Outpatient Activity											
Total Outpatient Visits	6,705	5,832	873	15%	73,678	69,064	4,614	7%	69,468	4,210	6%
Emergency Room Visits	1,049	962	87	9%	12,270	11,075	1,195	11%	11,283	987	9%

Payor Mix	Actual	Budget	%	Actual	Budget	%
Medicare	37.3%	37.7%	-0.4%	39.0%	37.9%	1.1%
Medicare Mgd Care	19.9%	18.2%	1.7%	18.8%	18.3%	0.5%
Medi-Cal	15.9%	16.2%	-0.3%	16.8%	16.2%	0.6%
Commercial	23.8%	23.9%	-0.1%	21.8%	23.8%	-2.0%
Other	3.0%	3.9%	-0.9%	3.6%	3.8%	-0.3%
Total	**100.0%**	**100.0%**		**100.0%**	**100.0%**	

Payor Mix calculated based on gross revenues

Trended Outpatient Visits by Area

	Most Recent Six Months							YoY Monthly Averages			
Department	**Jan-26**	**Feb-26**	**Mar-26**	**Apr-26**	**May-26**	**Jun-26**	**Last 6 Months**	**FY26**	**FY25**	**Chg**	**% Chg**
Lab	1,420	1,350	1,644	1,482	1,494	1,494		1,444	1,348	95	7%
Medical Imaging	1,041	1,009	1,059	1,090	1,065	1,018		1,038	982	56	6%
Physical Therapy	1,439	1,482	1,623	1,683	1,726	1,910		1,530	1,424	106	7%
CT Scanner	454	420	534	486	544	530		488	449	39	9%
Occ. Health	279	285	249	279	292	275		275	267	8	3%
Mammography	238	239	299	274	257	319		266	245	21	9%
Occ. Therapy	256	231	251	226	238	262		244	203	41	20%
Ultrasound	227	233	321	277	283	334		286	218	68	31%
MRI	235	206	287	316	301	323		252	181	71	39%
ECHO	100	95	120	118	100	110		112	129	(17)	-13%
Speech Therapy	50	114	126	111	108	107		80	68	12	18%
Other	28	13	20	10	12	23		26	23	3	12%
TOTAL	**5,767**	**5,677**	**6,533**	**6,351**	**6,420**	**6,705**		**6,186**	**5,789**	**397**	**7%**
Emergency Room	1,022	943	1,147	975	1,136	1,049		1,023	868	154	18%
ER Visits / Day	33.0	33.7	37.0	32.5	36.6	35.0		33.6	28.9	4.7	16%

Sonoma Valley Health Care District **ATTACHMENT E**

Overall Performance | Key Performance Indicators

For the Period Ended June 30, 2026

	Current Month				Year-To- Date						
	Actual	Budget	Var	%	Actual	Budget	Var	%	PY Actual	Var	%
Operating Margin	$ 297.4	$ (236.7)	$ 534.1	226%	$ 875.3	$ (3,412.4)	$ 4,287.7	126%	$ (4,326.8)	$ 5,202.1	120%
Operating EBDA	$ 709.0	$ 276.6	$ 432.3	156%	$ 6,089.9	$ 2,697.7	$ 3,392.2	126%	$ 1,898.2	$ 4,191.7	221%
Net Income (Loss)	$ 368.2	$ (80.8)	$ 449.0	556%	$ 3,734.4	$ (1,541.9)	$ 5,276.4	342%	$ (2,036.5)	$ 5,770.9	283%

Operating Revenue Summary (All Numbers in 1000s)

Net Patient Revenue	$ 4,616	$ 4,571	$ 45	1%	$ 55,245	$ 51,908	$ 3,337	6%	$ 50,611	$ 4,634	9%
NPR as a % of Gross	13.3%	14.6%	-8.9%		13.6%	14.3%	-4.6%		13.8%	-1.4%	
Operating Revenue	$ 7,432	$ 6,641	$ 790	12%	$ 84,459	$ 76,751	$ 7,709	10%	$ 69,538.6	$ 14,921	21%

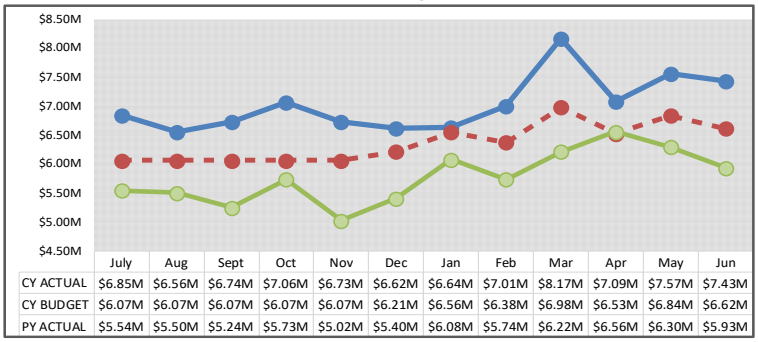
Operating Expense Summary (All Numbers in 1000s)

Operating Expenses	$ 7,134	$ 6,878	$ 256	4%	$ 83,584	$ 80,163	$ 3,421	4%	$ 73,865	$ 9,719	13%
Op Exp. Excl. IGT Fees	$ 6,020	$ 6,113	$ (93.8)	-2%	$ 72,508	$ 70,987	$ 1,520.2	2%	$ 67,805	$ 4,702.5	7%
Worked FTEs	244.59	232.23	12.36	5%	234.42	229.19	$ 5.23	2%	218.09	16.34	7%

Trended Operating Revenue & Operating Expense Graphs

Trended Operating Revenues

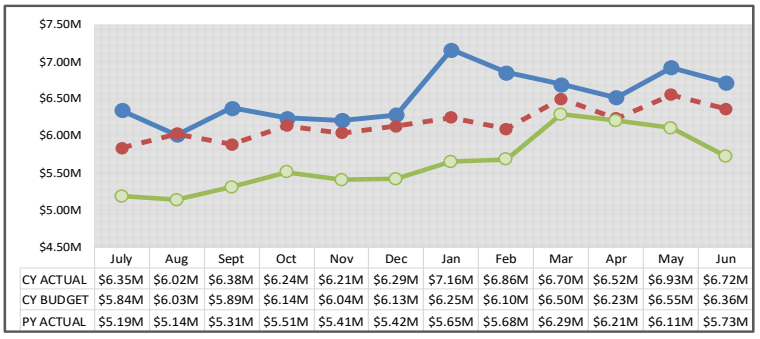
CY Actual vs CY Budget vs PY Actual



	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
CY ACTUAL	$6.85M	$6.56M	$6.74M	$7.06M	$6.73M	$6.62M	$6.64M	$7.01M	$8.17M	$7.09M	$7.57M	$7.43M
CY BUDGET	$6.07M	$6.07M	$6.07M	$6.07M	$6.07M	$6.21M	$6.56M	$6.38M	$6.98M	$6.53M	$6.84M	$6.62M
PY ACTUAL	$5.54M	$5.50M	$5.24M	$5.73M	$5.02M	$5.40M	$6.08M	$5.74M	$6.22M	$6.56M	$6.30M	$5.93M

Trended Operating Expenses (excl Depreciation)

CY Actual vs CY Budget vs PY Actual



	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
CY ACTUAL	$6.35M	$6.02M	$6.38M	$6.24M	$6.21M	$6.29M	$7.16M	$6.86M	$6.70M	$6.52M	$6.93M	$6.72M
CY BUDGET	$5.84M	$6.03M	$5.89M	$6.14M	$6.04M	$6.13M	$6.25M	$6.10M	$6.50M	$6.23M	$6.55M	$6.36M
PY ACTUAL	$5.19M	$5.14M	$5.31M	$5.51M	$5.41M	$5.42M	$5.65M	$5.68M	$6.29M	$6.21M	$6.11M	$5.73M

CY ACTUAL • • • CY BUDGET PY ACTUAL

Cash Indicators	Current Month	Prior Month	Var	% Var
Days Cash	22.6	27.2	(4.6)	-17%
A/R Days	51.8	55.0	(3.2)	-6%
A/P Days	41.9	42.9	(1.0)	-2%