SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS

AGENDA

THURSDAY, OCTOBER 3, 2024

CLOSED SESSION 5:45 P.M.

REGULAR SESSION 6:00 P.M.

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/98359610569

Meeting ID: 983 5961 0569

One tap mobile
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+12133388477,,98359610569#

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact Whitney Reese, Board Clerk at wreese@sonomavalleyhospital.org at least 48 hours prior to the meeting.	**RECOMMENDATION**		
AGENDA ITEM			
MISSION STATEMENT *The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.*			
CLOSED SESSION With respect to every item of business to be discussed in closed session pursuant to Section 54957.8: **CASE REVIEW/PLANNING**			
1. CALL TO ORDER	*Judith Bjorndal, MD*		
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	*Judith Bjorndal, MD*		
4. REPORT ON CLOSED SESSIONS: 09.30.24 & 10.03.23	*Judith Bjorndal, MD*		
5. CONSENT CALENDAR a. BOD Minutes – 09.05.24 b. Finance Committee Minutes – 08.27.24 c. Quality Committee Minutes – 08.28.24 d. Governance Committee Minutes – 06.19.24 e. Medical Staff Credentialing f. Policies and Procedures	*Judith Bjorndal, MD*	Action	Pages a. 3 – 5 b. 6 - 7 c. 8 – 10 d. 11 f. 12 - 29

6. REACTIVATING THE JOINT CONFERENCE COMMITTEE AND ENGAGEMENT WITH THE MEDICAL EXECUTIVE COMMITTEE	*Bill Boerum*	Action	Pages 30 - 33
7. ODC – MRI Bids (request to reject all bids and direct staff to rebid the project with modifications)	*Kimberly Drummond*	Action	
8. AGE FRIENDLY HEALTH SYSTEM	*Becky Spear, DNP, ARNP, AGNP-C, GS-C*	Inform	Pages 34 - 42
9. IS ANNUAL REPORT	*Bryan Lum, EMBA*	Inform	Pages 43 - 49
10. CEO REPORT	*John Hennelly*	Inform	Pages 50 - 51
11. CMO UPDATE	*Sabrina Kidd, MD*	Inform	Page 52
12. RESOLUTION #377 – PARCEL TAX ADVANCE	*Ben Armfield*	Action	Pages 53 - 61
13. FINANCIALS FOR MONTH END AUGUST 2024	*Ben Armfield*	Inform	Pages 62 - 75
14. COMMITTEE UPDATES • **Quality Committee Update**	*Board of Directors* *Jessica Winkler, DNP, RN, NEA-BC, CCRN*	Inform	Pages 76 - 80
15. BOARD COMMENTS	*Board of Directors*	Inform	
16. ADJOURN	*Judith Bjorndal, MD*	Inform	

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

SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS' REGULAR MEETING

MINUTES

THURSDAY, SEPTEMBER 5, 2024

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

SONOMA VALLEY HOSPITAL BOARD MEMBERS 1. Judith Bjorndal, MD, Chair, Present 2. Susan Kornblatt Idell, Secretary, Present 3. Denise M. Kalos, Second Vice Chair, present 4. Bill Boerum, Treasurer, Present 5. Wendy Myatt Lee, First Vice Chair, present	**RECOMMENDATION**	
MISSION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*		
CLOSED SESSION *With respect to every item of business to be discussed in closed session pursuant to Sections 1461, 32106, and 32155 of the Health and Safety Code or Sections 37606 and 37624.3 of the Government Code:* ***REPORT INVOLVING TRADE SECRET***		
1. CALL TO ORDER	*Bjorndal*	
Meeting called to order at 6:00 p.m.		
2. PUBLIC COMMENT		
None		
3. BOARD CHAIR COMMENTS	*Bjorndal*	
1. Announced closed session held just prior to this meeting. 2. The Board will have a retreat on September 30th. 3. The Board will complete a self-assessment shortly.		
4. CONSENT CALENDAR	*Bjorndal*	Action
a. BOD Minutes – 08.01.24 b. Finance Committee Minutes – 07.23.24 c. Quality Committee Minutes – 06.26.24 d. Audit Committee Minutes – 03.19.24 e. Medical Staff Credentialing f. Policies and Procedures	**MOTION:** by Boerum to approve, 2nd by Kalos. All in favor.	
5. RESOLUTION 375 - ELECTION FOR OPEN BOARD POSITIONS IN CONSOLIDATION WITH DISTRICT ELECTION 2024	*Judith Bjorndal, MD*	Action
Resolution passed with unanimous roll call vote: "AYE" Bjorndal, "AYE" Kornblatt Idell, "AYE" Kalos, "AYE" Boerum, "AYE" Myatt Lee		
6. CHIEF OF STAFF REPORT	*Dr. Ako Walther*	Inform
Dr. Walther presented Chief of Staff report. ED care feedback was very positive with about a 10% response rate. Overall trend of above average performance compared to CA state average for Ambulatory Surgery Care provider overall and HCAHPS Doctors Domain Performance. Ongoing efforts are made to improve collaboration with local primary care providers and enhance care coordination despite challenges in staffing and patient transfers. Additionally, updates on performance		

improvement initiatives and pharmacy guidelines are discussed, with specific changes in the formulary noted. Dr. Walther set goals and made progress to build stronger relationships among staff, improve patient flow, and ensure seamless transitions from emergency to inpatient care.		
7. SEISMIC UPDATE: Hospital Council – Northern and Central California	*Meghan Hardin, Regional Vice President* *Bryan Bucklew, President & CEO*	Inform
Bryan Bucklew discussed the significance of a proposed bill (1432) that grants hospitals up to a five-year extension for construction projects necessary to meet seismic compliance standards. The administration has full discretion over these extensions based on hospital needs and their impact on patient care. The bill also mandates transparency, requiring public disclosure of financial plans and missed milestones. Bucklew highlights the importance of cooperation between hospitals and the state, as well as potential penalties for non-compliance. Though optimistic about the bill's passage, he stresses that it won't solve all issues, with challenges like hospital finances and access to care still remaining.		
8. ANCILLARY SERVICES ANNUAL REPORT	*Dawn Kuwahara, RN BSN*	Inform
Kuwahara highlighted various departments and initiatives within the hospital, including the addition of a surgeons clinic, staff metrics, quality improvement goals, and staffing challenges. Notable achievements include wound care improvements, patient satisfaction in imaging and physical therapy, and community engagement projects such as flu clinics and diabetes fairs. A significant focus was on turnover, especially in patient access, where many staff members pursued further education in healthcare fields. Future plans involve expanding physical therapy space, upgrading lab equipment, and moving the MRI to a permanent location. The report emphasized professional growth, community involvement, and ongoing efforts to meet quality goals.		
9. ICU PROJECT BID and BUDGET	*Kimberly Drummond*	Action
Drummond outlined the project to replace the ICU nurse station. After a public bidding process, the construction cost came in lower than expected at $302,000, reducing the overall budget to $630,000. The project will update the nurse station with modern furniture, enhance patient rooms, improve emergency power availability, and address compliance issues. It is expected to begin in late September and finish by the year's end. Drummond also discussed risks related to delays and contractor costs.	**MOTION:** 1. Approve budget of $630k by Boerum, second by Kalos. All in favor. 2. As stated in memo, approved to accept the project bid of $302k by Boerum, second by Kalos. All in favor.	
10. CEO REPORT	*John Hennelly*	Inform
Strong July to open fiscal year. New MRI open and running and building volume. CMO recruitment continues with second panel and is promising. New ED recruitment for the foundation. Physical therapy projects continues, funding in progress. A community accident caused a power outage in the last month but most critical services are on emergency backup power. New CT needs to be on emergency power – delayed to October. The hospital is hosting events focused on active aging and community engagement throughout September.		
11. CMO UPDATE	*Sabrina Kidd, MD*	Inform

Kidd provided updates on the renewal of major contracts for anesthesia and other services. An exciting new partnership with the Hannah Center aims to enhance care for mental health patients in the emergency department, with future plans to involve psychiatrists. Dr. Walter has successfully returned to surgery, while the departure of Director of Quality, Kylie Cooper, has prompted an ongoing recruitment process for her replacement, with Jessica Winkler and others filling in the interim.		
12. RESOLUTION 376 - SETTING TAX RATE FOR FY24-25 GO BONDS	*Ben Armfield*	Action
Resolution passed with unanimous roll call vote: "AYE" Bjorndal, "AYE" Kornblatt Idell, "AYE" Kalos, "AYE" Boerum, "AYE" Myatt Lee		
13. BANK RELATIONSHIP UPDATE • New Relationship Update • US Bank LOC Extension	*Ben Armfield*	Action
Armfield presented a revised proposal from Summit State Bank. Improved terms, specifically from one year term to seven. Revised terms exceeded expectations and are supported by the Finance Committee.	**MOTION:** by Boerum to approve, 2nd by Myatt Lee. All in favor.	
Armfield presented US Bank LOC extension to 90 days.	**MOTION:** by Boerum to approve, 2nd by Myatt Lee. All in favor.	
14. FINANCIALS FOR MONTH END JULY 2024	*Ben Armfield*	Inform
Armfield presented July's positive financials, mentioning a change in the accounting method for IGT funding. Previously, SVH recognized all estimated revenue and expenses at once upon fee payment, but as of July, they are accruing monthly amounts for a smoother and more accurate P&L. This adjustment will have a $500,000 monthly impact moving forward. Additionally, Armfield highlighted progress in their audit, which is expected to be completed earlier than previous years, crediting Lois Fruzynski, SVH Accounting Manager, for her significant contribution to this effort.		
15. REACTIVATING THE JOINT CONFERENCE COMMITTEE AND ENGAGEMENT WITH THE MEDICAL EXECUTIVE COMMITTEE	*Bill Boerum*	Action
Postponed to October's meeting.		
16. COMMITTEE UPDATES	*Bjorndal*	Inform/Action
a. Committee Charters b. Audit Committee update	*a. Kornblatt Idell* *b. Boerum*	**MOTION:** to approve all charters by Kornblatt Idell, 2nd by Boerum. All in favor.
17. BOARD COMMENTS	*Board Members*	Inform
18. ADJOURN		
Adjourned at 7:56 p.m.	*Bjorndal*	

SVHCD
FINANCE COMMITTEE MEETING

MINUTES

TUESDAY, AUGUST 27, 2024
In Person at Sonoma Valley Hospital
347 Andrieux Street
and Via Zoom Teleconference

Present	Not Present/Excused	Staff/Public
Bill Boerum, in person Wendy Myatt Lee, in person Dennis Bloch, in person Catherine Donahue, via zoom Carl Gerlach, in person Subhash Mishra, MD, via zoom	Graham Smith Robert Crane Ed Case	Ben Armfield, SVH CFO, in person John Hennelly, SVH CEO, in person Dave Pier, ED of SVH Foundation, via zoom Whitney Reese, SVH Board Clerk, in person Dawn Kuwahara, RN BSN, SVH Chief Ancillary Officer, in person Judith Bjorndal, MD, in person Lois Fruzynski, SVH Accounting, in person Kimberly Drummund, SVH Chief of Support Services, via zoom

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

AGENDA ITEM	DISCUSSION	ACTIONS
1. CALL TO ORDER/ANNOUNCEMENTS	*Bill Boerum*	
	Committee members excused absent: Smith, Crane, Case Appreciation for Dave Pier and announcement for his departure Acknowledge for Dennis Bloch, Ed Case and Dan Kittleson being elected to the Board of Directors	Meeting called to order 6:00pm
2. PUBLIC COMMENT SECTION	None	
3. CONSENT CALENDAR	*Bill Boerum*	Action
a. Finance Committee Minutes 07.23.24 b. Finance Committee Charter	a. Motion to approve by Bloch, 2nd by Myatt Lee b. Motion to approve by Bloch, 2nd by Myatt Lee	**MOTIONS:** a. & b. recommended to the BOD to approve. All in favor.
4. ICU CONTRACT AWARD	*Kimberly Drummond*	Action
	Drummond presented ICU project scope and budget. HCAI potential risk. Discussion was robust over the need for full transparency and understanding of the full scope of what the Finance Committee is recommending for approval.	**MOTION:** to recommend the BOD approve the $302k bid from Ridgeview Builders and an overall budget of $630k. Motion by Bloch, second by Gerlach. All in favor

	Motion to recommend the BOD approve the $302k bid from Ridgeview Builders and an overall budget of $630k. This budget number subtracts the difference in construction cost budget and bid ($383k - $302k = $81k).	
5. RESOLUTION # 379 - SETTING TAX RATE FOR FY24-25 GO BONDS	*Ben Armfield*	Action
	Armfield presented Resolution #379.	**MOTION**: to recommend to the BOD to approve by Myatt Lee, second by Gerlach. All in favor
6. BANK RELATIONSHIP UPDATE	*Ben Armfield*	Action
a. New Relationship Update b. US Bank LOC Extension	a. Armfield presented updates to the committee regarding two proposals, with a focus on the revised offer from Summit Bank. Key changes included extending the maturity of the line of credit from one to seven years, subject to annual renewal based on financial covenants. The interest rate was clarified as prime plus 1.5%, with a floor of 8%. A comparison was made between the old and new terms, noting improvements in loan fees and debt service coverage. Recommended BOD approve Summit Bank proposal, pending clarifications and further negotiations regarding the interest rate floor. **Motion by Bloch, 2nd by Gerlach** b. U.S. Bank declined to submit a proposal but agreed to extend the current line of credit for 90 days, from the end of August to the end of November. The only change would be the maturity date. **Motion by Bloch, 2nd by Myatt Lee**	**MOTIONS**: a. & b. recommended to the BOD to approve. All in favor.
7. FINANCIAL REPORTS FOR MONTH END JULY 2024	*Ben Armfield*	Inform
	First month of fiscal year ‘25 - July 2024 had a strong start, with revenues exceeding expectations by over 10%, largely due to higher emergency room and physical therapy visits. While surgeries were slightly below budget, the hospital's overall financial performance improved, with operating revenues reaching $5.25 million and expenses staying close to budget. The hospital also anticipates growth in orthopedic surgeries and MRI usage following recent equipment upgrades.	
8. ADJOURN	*Bill Boerum*	Meeting adjourned at 7:32pm

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
Wednesday, June 26, 2024, 5:00 PM
MINUTES
Via Zoom Teleconference

Members Present – In Person	Excused/Not Present	Public/Staff – Via Zoom
Susan Kornblatt Idell Howard Eisenstark, MD Michael Mainardi, MD, via zoom Kathy Beebe, RN PhD Carol Snyder Denise Kalos, via zoom Paul Amara, MD, FACOG, via zoom	Carl Speizer, MD	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Whitney Reese, Board Clerk Judy Bjorndal, MD, via zoom John Hennelly, CEO Marylou Ehret, RN, SVH Director of ED

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Kornblatt Idell*	
	Kornblatt Idell called meeting to order at 5:00pm. Announced that Kylie Cooper has accepted a position outside of SVH. Dr. Kidd is also departing SVH, moving out of state. Both will be missed.	
2. PUBLIC COMMENT SECTION	*Kornblatt Idell*	
	No public comments	
3. CONSENT CALENDAR Minutes 06.26.24	*Kornblatt Idell*	ACTION
		Motion to approve by Eisenstark, 2nd by Beebe
4. ED QA/PI	*Marylou Ehret, RN, SVH Director of ED* *Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO*	INFORM
Winkler & Ehret presented update for the Emergency Department:		

1. Key Performance Metrics:
   - Average patient admissions: 8.3%, transfers to higher care: 9%, left without being seen (LWBS): 1-2%, and against medical advice (AMA): 1%.
2. Quality Improvement Initiatives:
   - Stroke and sepsis bundles were emphasized, with a focus on prompt coordination with UCSF for stroke cases.
   - The sepsis bundle, blood culture contamination (currently at 3.5%), and continuous observation for high-risk patients were also discussed.
3. Challenges & Solutions:
   - Issues with blood culture contamination prompted reinforcement of best practices.
   - Length of stay for psychiatric patients remains a challenge, with efforts to improve collaboration with county services.
4. Process Improvements:
   - Patient throughput - reduced median time to triage to 9 mins and time to see physicians to 10-12 mins.
   - The new ED Director, Ehret, has focused on team building, training, and optimizing patient flow.
5. Future Plans:
   - Continued focus on reducing LWBS rates, improving throughput, and enhancing collaboration with EMS and fire departments through drills and shared competencies.

4. INPATIENT SERVICES QA/PI	*Jane Taylor, MSN RN CENP, SVH Director of Patient Care Services*	INFORM

Taylor, Director of Patient Care Services, discussed progress on four key quality improvement goals. These include creating individualized care plans for every patient, ensuring comprehensive discharge education, improving hand hygiene, and enhancing patient mobility. Significant progress has been made, particularly in individualized care, with 85-95% compliance. Hand hygiene remains a challenge, with compliance at 60-70%, despite monitoring efforts. Taylor emphasized the importance of ongoing staff education and collaboration across departments. Additional improvements include reduced use of patient restraints and decreased length of stay, particularly for female patients, enhancing overall care quality.

6. QUALITY INDICATOR PERFORMANCE & PLAN	*Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO*	INFORM

Winkler presented the Quality department's May 2024 data. Key points included that mortality and readmission rates are within target, while one patient safety complication is still under review due to confusion about the timing of a pressure ulcer. Adverse events were minimal, with no significant medication errors or infections reported. Some falls occurred but without injury, and sepsis metrics showed a minor issue with order timing. Patient satisfaction scores (HCAHPS) reflect good communication with doctors but indicate areas for improvement in responsiveness and hospital environment. Overall, SVH maintains high ratings across outpatient and inpatient services.

7. POLICIES AND PROCEDURES	*Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO*	INFORM
	Winkler presented for approval to the Board of Directors: • NEW: MRI Emergency Procedures – Quench and Emergency Stop	*Winkler presented to committee.*

	• NEW: MRI Safety • NEW: MRI-Quality Control of Equipment	
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Kornblatt Idell*	ACTION
	Motion to recommend to Board of Directors for approval Eisenstark, 2nd by Mainardi	
9. ADJOURN	*Kornblatt Idell*	
	Meeting adjourned at 6:18 pm	

SVHCD GOVERNANCE COMMITTEE MEETING

MINUTES

MONDAY, JUNE 17, 2024

5:00PM

Present	Not Present	Staff	Public
Susan Kornblatt Idell, in person Bill Boerum, in person Amy Jenkins, via Zoom		Whitney Reese, Board Clerk, in person	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*			
1. CALL TO ORDER/ANNOUNCEMENTS	*Kornblatt Idell*		
	Called to order at 5:05 p.m.		
2. PUBLIC COMMENT SECTION	*Kornblatt Idell*		
	None		
3. CONSENT CALENDAR	*Kornblatt Idell*	Action	
a. Minutes 04.16.23	**MOTION:** by Kornblatt Idell, 2nd by Jenkins to approve meeting minutes. All in favor.		
4. GOVERNANCE COMMITTEE CHARTER	*Kornblatt Idell*		
	MOTION: by Kornblatt Idell, 2nd by Jenkins to approve charter as amended. All in favor.		
5. GIFTS AND HONORIA POLICY	*Kornblatt Idell*	Action	
	MOTION: by Kornblatt Idell to recommend for BOD to approve as corrected, 2nd by Jenkins to policy. All in favor.		
6. ADJOURN	*Kornblatt Idell*		
	Adjourned at 5:14 p.m.		

Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)
Run date: 09/27/2024 3:25 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: 46

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

Committee Members: **Finn, Stacey (sfinn), Newman, Cindi (cnewman), Reese, Whitney (wreese)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Administrative Call *Governance and Leadership Policies*	**Pending Approval**	9/6/2024	21

Summary Of Changes: **Added: The AOC serves as the executive decision maker for any off hours/weekend events that arise. This may include disasters, staffing issues, patient complaints, or events at the hospital that require executive level support as determined by the on-site leadership (typically Nursing Supervisor.)**
Removed Director of Quality from rotation, added Chief Financial Officer

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Hennelly, John (jhennelly)**
Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
Administrative Responsibility *Governance and Leadership Policies*	**Pending Approval**	9/6/2024	21

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

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Hennelly, John (jhennelly)**
Approvers: **01 P&P Committee -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
Anesthesia Scope of Service *Anesthesia Dept Policies*	**Pending Approval**	9/27/2024	0

Summary Of Changes: **Reviewed, removed previous anesthesia report time of 30 min from when anesthesia were housed at a hotel in Sonoma on weekends to cover OB call to current required 60 minute report time.**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Cornell, Kelli (kcornell)**
ExpertReviewers: **Kidd, Sabrina (skidd), Medical Director-Anesthesia**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
ASA Classification *Anesthesia Dept Policies*	**Pending Approval**	9/27/2024	0

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
ExpertReviewers:	**Medical Director-Anesthesia**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Aseptic Technique — **Pending Approval** — 9/27/2024 — 0

Surgical Services/OR Dept

Summary Of Changes:	**Reviewed, Updated Reference**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
ExpertReviewers:	**Medical Director-Surgical Services**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Assessing and Managing Patients at Risk for Suicide — **Pending Approval** — 9/27/2024 — 0

Patient Care Policy

Summary Of Changes:	**Updated references with CIHQ and APA guidelines.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Taylor, Jane (jtaylor)**
ExpertReviewers:	**00 Clinical P&P multidisciplinary review, Medical Director-Patient Care Services**
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)**

Autotransfusion — **Pending Approval** — 9/27/2024 — 0

Patient Care Policy

Summary Of Changes:	**Removed instructions to reinfuse multiple times within the first 6 hours. Only to be reinfused ONCE during the first 6 hours y.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Taylor, Jane (jtaylor)**
ExpertReviewers:	**00 Clinical P&P multidisciplinary review, Medical Director-Patient Care Services**
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)**

Bullets-Evidence for Police Matters — **Pending Approval** — 9/27/2024 — 0

Surgical Services/OR Dept

Summary Of Changes:	**Reviewed, Updated References.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
ExpertReviewers:	**Director, QUALITY (QDIR), Medical Director-Surgical Services**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Care of Pediatric Patient in Surgical Care Unit (SCU) — **Pending Approval** — 9/27/2024 — 0

SCU (Surgical Care Unit Dept

Summary Of Changes: **Reviewed, Updated References**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Cornell, Kelli (kcornell)**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Cartilage Biopsy and Transplant	**Pending Approval**	9/27/2024	0
Surgical Services/OR Dept			

Summary Of Changes: **Reviewed no changes**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Cornell, Kelli (kcornell)**
ExpertReviewers: **Medical Director-Surgical Services**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Code Red-OR	**Pending Approval**	9/27/2024	0
Surgical Services/OR Dept			

Summary Of Changes: **Reviewed, Updated Reference**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Cornell, Kelli (kcornell)**
ExpertReviewers: **Medical Director-Surgical Services, Tarca, Joseph (jtarca)**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Code Stroke Paging	**Pending Approval**	9/27/2024	0
Nursing Services Policies (NS)			

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

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Winkler, Jessica (jwinkler)**
Approvers: **00 Clinical P&P multidisciplinary review -> 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)**

Counts Sponges, Sharps and Instruments	**Pending Approval**	9/27/2024	0
Surgical Services/OR Dept			

Summary Of Changes: **Reviewed, Updated References**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Cornell, Kelli (kcornell)**
ExpertReviewers: **Medical Director-Surgical Services**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Direct Admissions to ICU from Surgery	**Pending Approval**	9/27/2024	0
Surgical Services/OR Dept			

Summary Of Changes: **Reviewed, Reference updated**

Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
ExpertReviewers:	**Kidd, Sabrina (skidd), Medical Director-Surgical Services, Taylor, Jane (jtaylor)**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Discharge Referral Process for Home Care — **Pending Approval** — 9/27/2024 — 0

Case Management/UM Dept

Summary Of Changes:	**Reviewed. Updated policy to due to change in electronic health record. Changed sections that mention faxing home health/SNF/DME/Hospice agencies to either faxing or sending the records electronically via electronic health record to agencies. Updated to state that patient should sign the patient choice form that indicates preference of agencies and this form is scanned into medical record.** **No other content changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Director, QUALITY (QDIR)**
Approvers:	**Kidd, Sabrina (skidd) -> 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)**

Documentation — **Pending Approval** — 9/27/2024 — 0

SCU (Surgical Care Unit Dept

Summary Of Changes:	**Reviewed, Updated verbiage to refer to electronic health record rather than paper health record. Updated reference**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Documentation in Surgery — **Pending Approval** — 9/27/2024 — 0

Surgical Services/OR Dept

Summary Of Changes:	**Reviewed, Updated References**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
ExpertReviewers:	**Medical Director-Surgical Services**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Draping of the Patient in Surgery — **Pending Approval** — 9/27/2024 — 0

Surgical Services/OR Dept

Summary Of Changes:	**Reviewed, Updated References**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Electrical Equipment Safety — **Pending Approval** — 9/27/2024 — 0

Surgical Services/OR Dept

Summary Of Changes:	**Reviewed no changes**

Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Emergency Department Nurse Initiated Order sets — **Pending Approval** — 9/27/2024 — 0

Nursing Services Policies (NS)

Summary Of Changes:	**Replaced term "Nursing Protocols" with "Nurse Initiated Order sets". Clarified the orders are MD orders but may be initiated by RN based on patient chief complaint (such as chest pain, or "nausea and vomiting") in the interest of timely and efficient care. Also added that orders must be signed by MD. Deviation from an order set must be approved by MD. Grammatical changes and updated reference**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler)**
ExpertReviewers:	**Medical Director-Emergency Dept.**
Approvers:	**00 Clinical P&P multidisciplinary review -> 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)**

Emergency Initial Assessment Triage — **Pending Approval** — 9/27/2024 — 0

Emergency Dept

Summary Of Changes:	**spelled out acronyms. removed reference to an ED staffing policy as this policy is about the process of triaging a patient, not staffing the ED. Removed that pediatric patients will be weighed using kilograms and updated that all patients are weighed in KG and height is documented in CM. Updated reference to the Emergency Nurse Association Emergency Severity Index rating system for triage. Updated author/reviewer list**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)**
Approvers:	**00 Clinical P&P multidisciplinary review -> 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)**

Event Related Shelf Life Policy — **Pending Approval** — 9/27/2024 — 0

Surgical Services/OR Dept

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Handling of Anesthetic Drugs in Secure Anesthetizing Locations — **Pending Approval** — 9/27/2024 — 0

Anesthesia Dept Policies

Summary Of Changes:	**Reviewed, Updated Reference**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
ExpertReviewers:	**Kutza, Chris (ckutza), Medical Director-Anesthesia**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

HumidityTemperature Surgical Areas OI8610-102 — **Pending Approval** — 9/27/2024 — 0

Operative & Invasive Services Policies (OI)

Summary Of Changes:	**Reviewed, removed all reference to Birthplace. Engineering department now monitors and reports daily temperature and humidity updated to reflect current workflow. References updated.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
ExpertReviewers:	**Medical Director-Surgical Services**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Legal Blood Draws — **Pending Approval** — 9/27/2024 — 0

Emergency Dept

Summary Of Changes:	**Added purpose statement. "There are times the Sonoma Police Department (SPD) may request assistance with a legal blood draw for analysis of Blood Alcohol Content (BAC) for an individual in their custody. The purpose of this policy is to describe the process for the Emergency Department (ED) staff in this instance."** **Updated the procedure to reflect use of the Sonoma County biological specimen blood alcohol collection kit, and to follow specific instructions provided in the kit. Updated process for registration to reflect the process in Epic. Updated reference to specific California Vehicle Code**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)**
Approvers:	**00 Clinical P&P multidisciplinary review -> 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)**

Medication Reconciliation — **Pending Approval** — 9/27/2024 — 0

Medication Management Policies (MM)

Summary Of Changes:	**Updated procedure section regarding obtaining medication lists to include the language specific to CMS/CIHQ standards. This includes clarifying what is required of diagnostic areas such as medical imaging: "For diagnostic and/or procedural-based outpatient settings, the list need only include those medications pertinent and relevant to the safe rendering of care to the patient."**
Moderators:	**Kutza, Chris (ckutza), Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
ExpertReviewers:	**Young, Dave (dyoung)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Menu Planning — **Pending Approval** — 9/27/2024 — 0

Food (Nutrition) Services Policies (NU)

Summary Of Changes:	**Changed to indicate 4 week menu cycle is used and removed location that menu changes are recorded, changed to indicate notes of changes are kept in department rather than in a specific location**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Finn, Bridget (bfinn)**
Approvers:	**Drummond, Kimberly (kdrummond) -> 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)**

New: Delirium Screening Protocol — **Pending Approval** — 9/27/2024 — 0

Patient Care Policy

Summary Of Changes:	**NEW POLICY This new hospital policy addresses the serious and common syndrome of delirium among hospitalized older adults, characterized by sudden and severe confusion due to rapid changes in brain function. Aligned with the Age-Friendly Health System's "Mentation" component, it includes a delirium screening protocol, essential for becoming a certified Geriatric Emergency Department, and aims to improve care through specialized, compassionate, and evidence-based**

interventions. The policy outlines protocols specific to the Emergency Department and the Medical/Surgical and ICU departments for screening patients for delirium risk, conducting a CAM assessment to identify those with delirium and a delirium nursing order set.

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Taylor, Jane (jtaylor), Spear, Becky (rspear)**
ExpertReviewers: **Medical Director-Emergency Dept., Medical Director-Patient Care Services**
Approvers: **Winkler, Jessica (jwinkler) -> 00 Clinical P&P multidisciplinary review - (Committee) -> 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)**

NEW: Hypersensitivity Reaction Medications/Treatment Protocol-Adult — **Pending Approval** — 9/27/2024 — 0
Medication Management Policies (MM)

Summary Of Changes: **New policy to allow for entering medications and treatments for hypersensitivity reactions per protocol using existing Epic CPOE order sets for this purpose.**
Moderators: **Kutza, Chris (ckutza), Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Nurse to Patient Ratio — **Pending Approval** — 9/27/2024 — 0
SCU (Surgical Care Unit Dept

Summary Of Changes: **Reviewed, Updated Reference**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Cornell, Kelli (kcornell)**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Nursing Services Education Plan — **Pending Approval** — 9/27/2024 — 0
Nursing Services Policies (NS)

Summary Of Changes: **Added purpose statement that the policy outlines the strategy for building and maintaining a strong nursing workforce. Removed "Nursing Educator" and changed it to clinical Education Coordinator. Added that nursing unit leadership works with the education coordinator to identify needs and implement training. Added that staff meetings may be utilized to facilitate in-services/education. Removed section on "Tools and Methods" as it was redundant. Clarified that evaluation of effectiveness of training may be done in multiple ways, such as written tests, return demonstrations, etc. Added the education coordinator to the reviewers list. Updated reference.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Winkler, Jessica (jwinkler)**
Approvers: **00 Clinical P&P multidisciplinary review -> 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)**

Nursing Staffing Floating and Call-Off — **Pending Approval** — 9/27/2024 — 0
Nursing Services Policies (NS)

Summary Of Changes: **Reviewed, no changes**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Winkler, Jessica (jwinkler)**
ExpertReviewers: **Taylor, Jane (jtaylor)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Patient Elopement | **Pending Approval** | 9/27/2024 | 0

Patient Care Policy

Summary Of Changes: **Minor grammatical changes. Also, added options for "increased monitoring, to include a room near the nurses station or a designated bedside companion." Updated reference to include California Health Safety Code**

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

Lead Authors: **Winkler, Jessica (jwinkler)**

ExpertReviewers: **Medical Director-Patient Care Services, Taylor, Jane (jtaylor)**

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

Plan for the Provision of Nursing Care | **Pending Approval** | 9/27/2024 | 0

Nursing Services Policies (NS)

Summary Of Changes: **Removed specific policy links/referrals for the Nurse Staffing plan section. Language is more generalized to comply with accreditation standards and best practice without need for additional referrals. Otherwise, no other revisions.**

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

Lead Authors: **Winkler, Jessica (jwinkler)**

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

Post Offer Pre-Employment Screening | **Pending Approval** | 9/6/2024 | 21

Human Resources Policies (HR)\Employee Health

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

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

Lead Authors: **McKissock, Lynn (lmckissock)**

ExpertReviewers: **Montecino, Stephanie (smontecino)**

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

Proctoring | **Pending Approval** | 9/27/2024 | 0

Medical Staff Dept

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

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

Lead Authors: **Finn, Stacey (sfinn), Salcido, Melissa (msalcido)**

Approvers: **Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Rapid Response Team-Unexpected Clinical Deterioration | **Pending Approval** | 9/27/2024 | 0

Targeted Quality & Safety Initiatives Policies (QS)

Summary Of Changes: **Minor grammatical changes; Clarified the role of the hospitalist is to take the lead and determine either direct admission, transfer to ICU or urgent transfer to ED for further work up and management. Also added that if RR is called during hospitalist on-call hours, the ED MD will be called by supervisor. Added the supervisor must also contact registration as soon as possible to update patient status**

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

Lead Authors: **Taylor, Jane (jtaylor)**

ExpertReviewers: **Medical Director-Patient Care Services, Winkler, Jessica (jwinkler)**

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)**

Respiratory Protection Program | **Pending Approval** | 9/6/2024 | 21

Human Resources Policies (HR)\Employee Health

Summary Of Changes: **Updated location of PAPR's (removing reference to Cardiopulmonary department and replacing with Respiratory Therapy/Inpatient floor).**
Added reference to Employee Health Nurse in addition to Infection Prevention.

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **McKissock, Lynn (lmckissock)**
ExpertReviewers: **Montecino, Stephanie (smontecino)**
Approvers: **Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Restraint Use | **Pending Approval** | 9/27/2024 | 0

Restraint & Seclusion Policies (RS)

Summary Of Changes: **Delineated reporting requirements for deaths associated with the use of restraint. Must report to both CMS and CDPH**

- **Addition of Indications for Use of Restraints**
- **Addition of considerations for Special Populations**
- **Addition of alternatives to consider specifically for ED and Medical/Surgical units**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Spear, Becky (rspear), Director, QUALITY (QDIR)**
ExpertReviewers: **Director, QUALITY (QDIR), Medical Director-Patient Care Services**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Retire- Oximetry Post Exercise | **Pending Approval** | 9/27/2024 | 0

Cardio Dept

Summary Of Changes: **Retire- this is an outdated policy dating back to when the Cardiopulmonary department included inpatient (respiratory therapy) and outpatient care.**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Young, Dave (dyoung)**
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)**

RETIRE: Chest Physiotherapy | **Pending Approval** | 9/27/2024 | 0

Cardio Dept

Summary Of Changes: **Reviewed and recommend RETIRING, this is a procedure not a policy. to be replaced with EBSCO procedure: Performing Manual Chest Physiotherapy in Adults: Respiratory Therapy, © 2024 EBSCO**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Taylor, Jane (jtaylor)**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE: Intraossseous Infusion | **Pending Approval** | 9/27/2024 | 0

Emergency Dept

Summary Of Changes: **Reviewed. I recommend retiring this policy as EBSCO Dynamic Health has this information, complete with video demonstration.**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)**
Approvers: **00 Clinical P&P multidisciplinary review -> 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)

RETIRE: Printing (from McKesson)	**Pending Approval**	9/6/2024	21
Medical Records Services Policies(MR)			

Summary Of Changes:	**Retire: Legacy system process.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cracraft, Kevin (kcracraft)**
ExpertReviewers:	**Pryszmant, Rosemary (rpryszmant), Street, Mark (mstreet)**
Approvers:	**Lum, Bryan (blum) -> Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE: Security of Medical Records in Litigation	**Pending Approval**	9/6/2024	21
HIM/Medical Records			

Summary Of Changes:	**Retire: Legacy system process.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Pryszmant, Rosemary (rpryszmant)**
Approvers:	**Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Safe Baby Surrender Policy	**Pending Approval**	9/27/2024	0
Emergency Services Policies (ED)			

Summary Of Changes:	**Spelling/grammatical changes; added purpose statement. Added instruction for registration to print two ID bands, one for the infant and one for the surrendering individual; added information on the Baby Safe Hotline and CA Office of Child Abuse and Prevention. Changed the Appendix to have links to baby medical questionnaire and BabySafe Fact sheet in multiple languages (as per the Ca Dept of Social Services) and added language that hard copies are available at the ED Tech station. Added that the SVH Social Worker may be contacted if available. Updated reference to the CA Dept of Social Services.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)**
ExpertReviewers:	**Medical Director-Emergency Dept.**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Tuberculosis Screening	**Pending Approval**	9/6/2024	21
Human Resources Policies (HR)\Employee Health			

Summary Of Changes:	**Updated section on "Interpretation of QuantiFERON Gold Laboratory Test" to reflect current practice in alignment with new Lab test result indicators. Reorganized the order of the policy contents to provide better flow/reference; and other minor language edits to provide clarity.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**McKissock, Lynn (lmckissock)**
ExpertReviewers:	**Montecino, Stephanie (smontecino)**
Approvers:	**Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

PURPOSE:

To define the process in which medications and treatments to manage hypersensitivity reactions can be ordered per protocol.

DEFINITIONS:

- **Infusion Reaction:** symptoms or side effects that occur when the immune system reacts to an intravenous medication infusion.
- **Hypersensitivity Reaction:** when a particular condition or substance causes the immune system to overreact.
- **MAR:** Medication Administration Record
- **CPOE:** Computerized Physician Order Entry
- **Order Set:** a standardized group of patient care orders

POLICY:

- When a prescriber orders hypersensitivity reaction medications and /or treatment per protocol, a standard set of medication orders will be placed on the patient's MAR for use by healthcare providers in the case of a hypersensitivity reaction or infusion reaction.

PROCEDURE:

- Outpatient infusion visits: When hypersensitivity reaction medications/treatment per protocol is ordered by a prescriber for an outpatient infusion visit, the pharmacist will activate the CPOE hypersensitivity reaction order set that is embedded in the infusion specific order set and assign it in the medical record to the prescriber's name. This order set contains medications and treatments needed to manage a patient having a hypersensitivity reaction.

- For visits other than outpatient infusions, when hypersensitivity reaction medications/treatment per protocol is ordered by a prescriber, the pharmacist will enter the medication orders included in the order set specific to Adult Hypersensitivity Reactions and assign it in the medical record to the prescriber's name. This order set contains medications and treatments needed to manage a patient having a hypersensitivity reaction.

NEW

OWNER:
Director of Pharmacy

AUTHORS/REVIEWERS:
Director of Pharmacy
Board Quality Committee

APPROVALS:
Policy & Procedure Team:
Performance Improvement:
Pharmacy & Therapeutics Committee:
Medical Executive Committee:
The Board of Directors:

NEW

NEW POLICY
WHY:

Delirium is a serious and common syndrome among hospitalized older adults, characterized by sudden and severe confusion due to rapid changes in brain function. This condition is not only prevalent but also associated with high rates of return to Emergency Department visits, readmissions, and morbidity and mortality rates, significantly impacting the health and wellbeing of patients.

This policy aligns with the principles of an Age-Friendly Health System, particularly emphasizing the “Mentation” component. The 4Ms framework is designed to ensure that care for older adults is tailored to their specific needs and circumstances, promoting better outcomes and enhancing quality of life.

Additionally, this policy and the implementation of a delirium screening protocol is a crucial step in becoming a certified Geriatric Emergency Department. This certification signifies a commitment to providing specialized care that meets the unique needs of older adults. A Geriatric Emergency Department focuses on creating a safe, effective, and compassionate environment for older adults, addressing common geriatric syndromes such as delirium with appropriate, evidence-based interventions.

The purpose of this policy is to systematically identify and assess delirium in patients presenting to the Emergency Department (ED) and those who are admitted to the medical/surgical or intensive care units and to initiate appropriate follow-up actions

OWNER:
Chief Nursing Officer

AUTHORS/REVIEWERS:
Chief Nursing Officer
Geriatric Nurse Practitioner
Director of Emergency Services
Director of Patient Care Services
Medical Director of Emergency Services
Medical Director of Patient Care Services
Board Quality Committee

PURPOSE:

The purpose of this policy is to systematically identify and assess delirium in patients presenting to the Emergency Department (ED) and those who are admitted to the medical/surgical (Med/Surg) or intensive care units (ICU) and to initiate appropriate follow-up actions.

POLICY:

Sonoma Valley Hospital is committed to the recognition and treatment of delirium in all patients by screening appropriately in the ED, ICU and Med/Surg units. All patients meeting the outlined criteria will be assessed for delirium using the Confusion Assessment Method (CAM) or Confusion Assessment Method – ICU (CAM-ICU). Care for patients with active delirium will include the Delirium Order Set for comprehensive management.

PROCEDURE:

EMERGENCY DEPARTMENT

Screening Criteria

- All patients aged 65 years and older with any of the following:
    - a known history of cognitive impairment, dementia, or delirium,
    - altered mental status or acute changes in behavior,
    - common geriatric emergency conditions that are known risk factors for delirium, including:
        - Urinary tract infection (UTI)
        - Pneumonia
        - Dehydration
        - Acute pain or fractures
        - Electrolyte imbalances
        - Polypharmacy
        - Recent surgery or anesthesia
        - Severe illness or infection

Training and Education

- All healthcare providers in the emergency department will receive training on recognizing and managing delirium.
- All Emergency Department Registered Nurses will receive training on the use of the Confusion Assessment Method (CAM) and will be familiar with the criteria for delirium.

NEW

Initial Assessment

- The assigned RN will conduct a brief initial assessment of all eligible patients to identify those who may be at risk for delirium using the screening criteria above during the initial assessment. It will be documented in the initial progress note.

Structured Delirium Screening

- For patients identified as at risk, the RN will conduct a structured delirium screening using the Confusion Assessment Method (CAM) upon initial assessment of a patient and as needed for change in mental status.

Follow-Up Actions

- If a patient is CAM positive, initiate the following follow-up actions:
  - Notify the attending physician of the positive CAM assessment.
  - Initiate the Nursing Delirium Order Set for comprehensive non-pharmacologic nurse-driven management of delirium.
- If a patient is CAM negative, resume usual care.
-

MEDICAL/SURGICAL AND INTENSIVE CARE UNITS

Screening Criteria

- All patients aged 65 years and older.
- Patients with a known history of cognitive impairment, dementia, or delirium.
- Patients with altered mental status or acute changes in behavior.

Training and Education

- All healthcare providers involved in the care of patients will receive training on delirium.
- All registered nurses will receive training on the use of the Confusion Assessment Method (CAM) and will be familiar with the criteria for delirium.

Initial Assessment

- The assigned RN will conduct a brief initial assessment of all eligible patients to identify those who may be at risk for delirium using the screening criteria above upon admission to the Medical/Surgical or Intensive Care Unit. This will be documented in the initial RN assessment progress note.

Structured Delirium Screening

- For patients identified as at risk, the RN will conduct a structured delirium screening using the Confusion Assessment Method (CAM). It will be conducted upon initial assessment of a patient, once every shift, and as needed for change in mental status.

NEW

Follow-Up Actions

- If a patient is CAM positive, initiate the following follow-up actions:
    - Notify the attending physician of the positive CAM assessment.
    - Initiate the Nursing Delirium Order Set for comprehensive non-pharmacologic nurse-driven management of delirium.
- If a patient is CAM negative, resume usual care.

Nurse-Driven Delirium Order Set:

- Misc nursing order (specify)
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified, Update care board every shift; Ensure personal assistive devices (hearing aids, glasses, dentures) are accessible every shift
- Delirium assessment - CAM score
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified
- Misc nursing order (specify)
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified, Daytime: Blinds open and lights on; prevent/minimize daytime napping; no caffeine after 1200 Nighttime: Close blinds and turn off lights; earplugs/eye masks at bedtime; turn off TV; Cluster care at night; Promote uninterrupted sleep for 4-6 hours every night shift
- Activity
  activity level: progressive mobility
- Fall precautions
  Order details
- Misc nursing order (specify)
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified, Evaluate need for foley, IV, restraints and monitors every shift
- Misc nursing order (specify)
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified, Assess for and treat pain
- Notification parameters -
  When to notify provider: if no bowel movement in greater than 48 hours
- Bladder scan: when: inability to void; straight cath if PVR greater than: 300
  when: inability to void
  straight cath if PVR greater than: 300
- Insert indwelling urinary catheter
  insertion indication: chronic urinary retention/obstruction
- Encourage fluids
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified, If cleared for PO liquids, encourage fluids/oral intake

REFERENCES:

Bentley-Henson, A., & Woten, M. (2024, April 11). *Screening for Delirium in Adults with the Confusion Assessment Method*. Dynamic health. https://www.dynahealth.com/nursing-skills/screening-for-delirium-in-adults-with-the-confusion-assessment-method

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Mart MF, Williams Roberson S, Salas B, Pandharipande PP, Ely EW. Prevention and Management of Delirium in the Intensive Care Unit. Semin Respir Crit Care Med. 2021 Feb;42(1):112-126. doi: 10.1055/s-0040-1710572. Epub 2020 Aug 3. PMID: 32746469; PMCID: PMC7855536.

OWNER:
Chief Nursing Officer

AUTHORS/REVIEWERS:
Chief Nursing Officer
Geriatric Nurse Practitioner
Director of Emergency Services
Director of Patient Care Services
Medical Director of Emergency Services
Medical Director of Patient Care Services
Board Quality Committee

NEW

APPROVALS:
Policy & Procedure Team:
Medicine Committee:
Medical Executive Committee:
The Board of Directors:

To: Board of Directors – Sonoma Valley Health Care District
From: Bill Boerum, Board Member
Subject: Reactivate Joint Conference Committee & Reengage with Medical Executive Committee

September 5, 2024

Background:

When I came on the Board in March 2007, there was the practice of two Board Members attending the monthly Medical Executive Committee meetings. One such Member was a permanent representative of the Board, the Board Chair during his/her term of office. The other representative position was rotational through the Board each having a turn. There was and is today, two parts to the meeting: the general session (basically reports by the department heads and other discussion); the other part was private (basically discussions and matters relating to clinical performance and peer review). Both of the Board representatives were excused from that second session. The general format of the meetings continues to this day, but without Board participation.

At some point in years gone by, a previous CEO concluded that it was not necessary for Board Members to attend the monthly Med Exec meetings, and in recommended to the Board, a vote taken – 4 to 1 as I recall – and the Board ceased to attend the meetings. It would be pejorative to say why the CEO made that recommendation, but essentially it cut off an important channel of direct dialogue, communication and observation (and learnings) by the Board of the workings of the Med Exec Committee and of clinical matters under discussion by the Committee. Part of the rationalization of suspending the participation was that it was burdensome for the Board Members – an argument which was persuasive from the CEO to the Board. I found attending such meetings invaluable in understanding what was going on in the hospital and the challenges in treatment of the patient population. The Board Chair had the opportunity to report on decisions and discussion by the Board from its recent meeting, which I did during my three years as Board Chair. This gave the Med Exec Committee a direct view into current matters before the Board.

Since the suspension of Board Member participation, the only channel of communication between the Board and the Med Exec Committee are reports at the quarterly dinner meetings. Though there are reports by department heads, in effect, these are social events with hardly any questions or issues raised.

I believe it is essential that the Board have routine, direct access to the medical staff rather than only relying on reports by the CEO. This is especially critical with three new Board Members coming on in December. Within the Medical Staff By-Laws (its 105 pages recently approved by Med Exec and the Board as the governing authority) there is provision for a resumption of Board Member participation in the monthly meetings. Additionally, there is provision for the activation of the "Joint Conference Committee." Attached is the relevant one-page section of the By-Laws. This bears reading for its importance for the Board's active oversight of the medical staff as well as its direct understanding of the performance of the medical staff. I have reason to believe that the Chief of Staff of the Medical Executive Committee would be agreeable to participation by the Board in the monthly meetings.

I believe it is essential that a newly composed Board – with three new Members – re-engage directly with the Med Exec Committee as part of its governance oversight as well as revive its legitimate role via the Joint Conference Committee as stipulated in the By-Laws.

Recommendations:

- The current, incumbent Board at this meeting give active discussion to the issues raised, herein;
- The current Board resolve to resume participation in the monthly meetings; and,
- The incumbent Board Chair enter into discussion with the Chief of Staff to plan for implementation of the role of the Joint Conference Committee.

Financial Impact:

There is no financial impact for implementing these governance practices.

Article 8
COMMITTEES

8.1-11 **Accountability**

All committees shall be accountable to the Medical Executive Committee.

8.1 Joint Conference Committee

8.2-1 **Composition**

The Joint Conference Committee shall be composed of six members: the Chief of Staff, the Vice-Chief of Staff, two members of the hospital's District Board, the Chief Medical Officer, and the Chief Executive Officer. All members are voting members. The person serving as the Joint Conference Committee chair shall alternate annually between the Chief of Staff and one of the District Board representatives.

8.2-2 **Duties and Meeting Frequency**

a. This committee shall serve as a focal point for furthering an understanding of the roles, relationships, and responsibilities of the District Board, administration, and the Medical Staff. It may also serve as a forum for discussing any hospital matters regarding the provision of patient care. It shall meet as often as necessary to fulfill its responsibilities. Any member of the committee shall have the authority to place matters on the agenda for consideration by the committee.

b. The committee may also serve as the initial forum for exercise of the meet and confer provisions contemplated by Section 14.6 of these bylaws; provided, however, that upon request of at least three committee members, a neutral mediator, acceptable to both contingents, shall be engaged to assist in dispute resolution.

8.2-3 **Accountability**

The Joint Conference Committee is directly accountable to the Medical Executive Committee and to the District Board.

September 19,2024

TO: SVHCD Board of Directors
FROM: SVH Medical Executive Committee

RE: BOD Memo dated 9/5/2024 - Reactivate Joint Conference Committee & Reengage with Medical Executive Committee

Dear Board of Directors,

The SVH Medical Executive Committee (MEC) has reviewed the Memo from the September 5th BOD meeting regarding engaging with the MEC. After careful review of the Medical Staff Bylaws, the MEC has unanimously agreed upon the following:

1. The Joint Conference Committee may be convened as needed per Section 8.2 of the Bylaws. This committee is comprised of equal representation from the BOD, MEC, and Administration and meets on an as needed basis. Any member of the committee may place matters on the agenda for consideration by the committee.
2. Per the Bylaws, Section 8.3, the composition of the Medical Executive Committee does not include members of the Board of Directors, however, the MEC may, from time to time, invite "others", including one or more members of the BOD, to attend regarding a particular agenda item.
3. Per the Medical Staff Bylaws, Section 13.5-4, the BOD may act as the Appeal Board for the Medical Staff. In such capacity, there is a potential for conflict of interest should the BOD also sit on the Medical Executive Committee.
4. There are numerous existing channels of communication between the Medical Staff and the Board of Directors including:
    a. CMO: Per the Bylaws section 7.6, the CMO is the primary liaison between the Medical Staff and the BOD. The CMO reports monthly to the BOD.
    b. Chief of Staff: the COS reports biannually to the BOD using a previously BOD approved template.
    c. All-Medical Staff Meetings: All members of the BOD are invited to the bi-annual all-medical staff meetings.
    d. Board Quality Committee: The Chief of Staff Elect is a member of the Board Quality Committee.
    e. The Joint Conference Committee, as referenced above, and outlined in Section 8.2 of the Bylaws.

The MEC appreciates the BOD support and interest in open communication and looks forward to continued collaboration via the existing channels outlined above.

Sincerely,
Sonoma Valley Hospital Medical Executive Committee

Embracing the Age-Friendly Health System Movement: Sonoma Valley Hospital's Journey

Rebecca Spear, DNP, ARNP, AGNP-C, GS-C

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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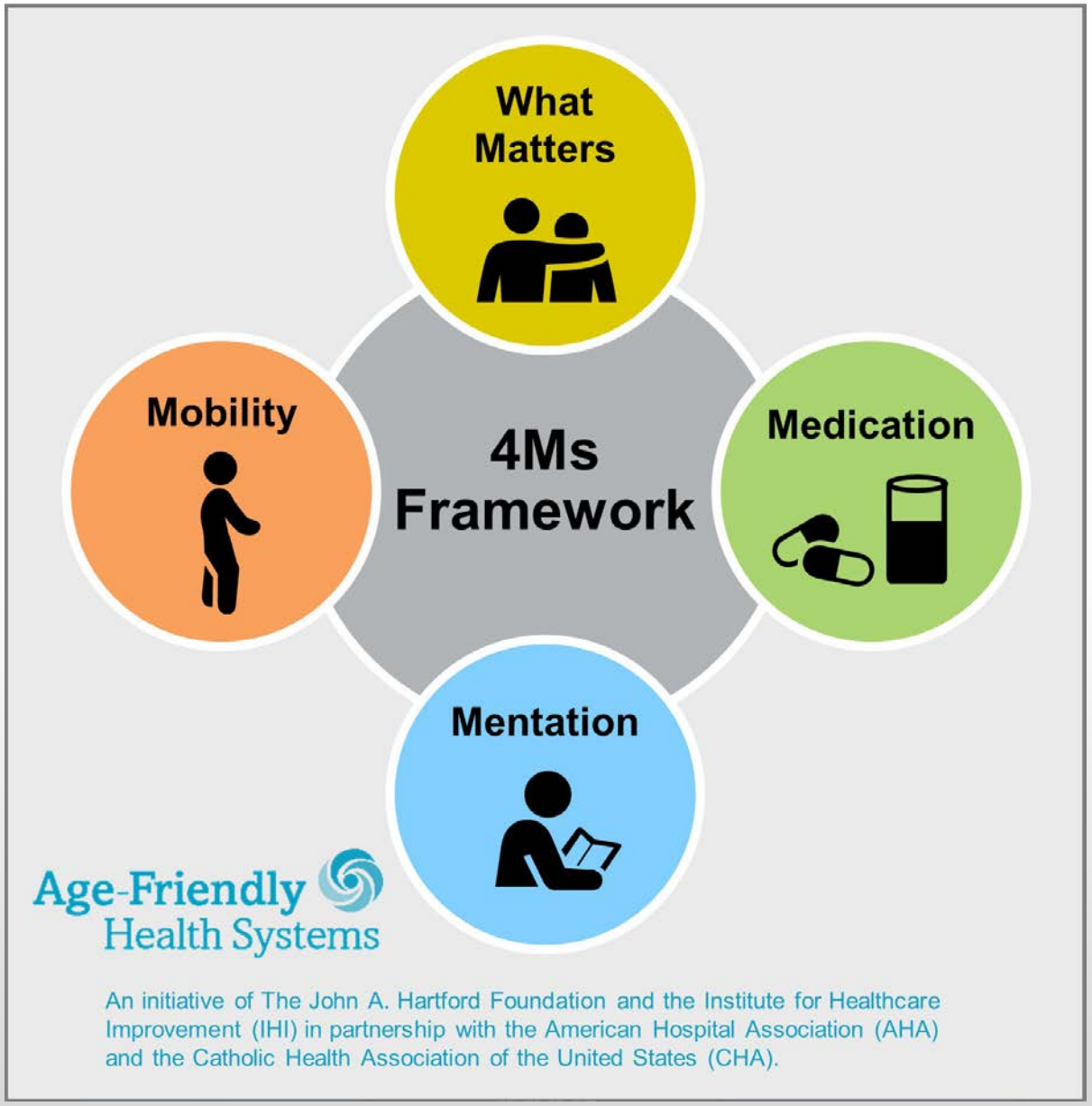


BACKGROUND

SONOMA COUNTY

2ND oldest county in the Bay Area, and surpasses the national average of 18%

SONOMA VALLEY HOSPITAL

75% of inpatient admissions are aged 65 and over

GOAL

SVH sought to elevate the standard of care for older adults by achieving recognition as an Age-Friendly Health System Committed to Care Excellence within the 1st quarter of 2024.

OUR JOURNEY AS AN AGE-FRIENDLY HEALTH SYSTEM

SUMMER 2023

August: Hired an experienced geriatric nurse practitioner to lead the implementation of the Age-Friendly Health System full-time

FALL 2023

September: Joined IHI Age-Friendly Health System Action Community; Engaged hospital team; JH-HLM education for nurses
October: Applied for Participant status; JH-HLM go-live
November: geriatric medication reviews by pharmacist

WINTER 2023/24

December: CAM assessments education for nurses; Physician What Matters education
January: All 4Ms implemented; observation tracking started
February & March: Continued observations of All 4Ms

SPRING 2024

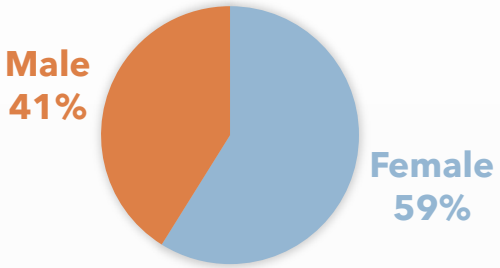
April: Submitted final data to IHI and received recognition as an Age-Friendly Health System – Committed to Care Excellence
May: Continued monthly observation of 4Ms for internal data tracking and reporting

SUMMER 2024

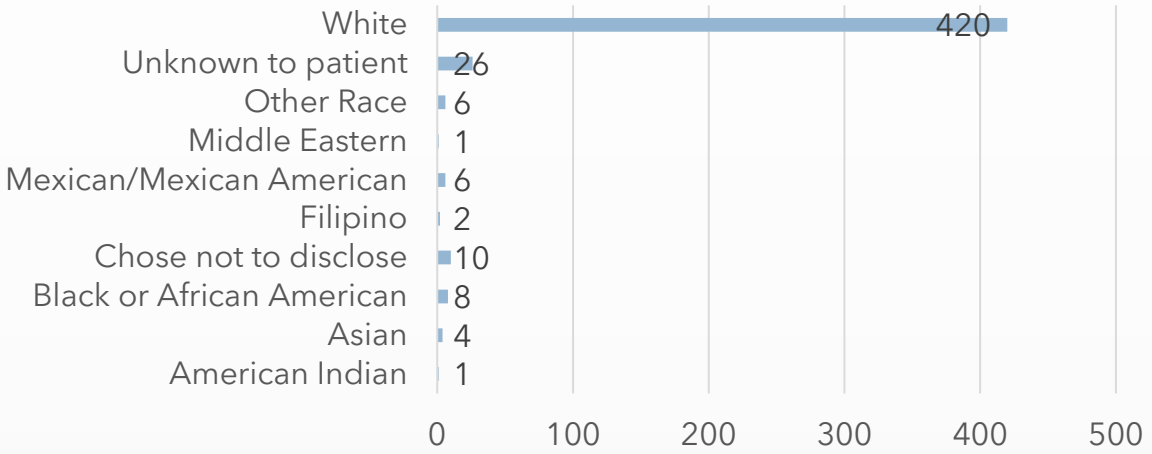
June: Geriatric NP transitioned to part-time oversight of Age-Friendly Health System initiative
July: Emergency Department policies updated to reflect standards of Geriatric Emergency Department (GED)

DEMOGRAPHICS (65+)

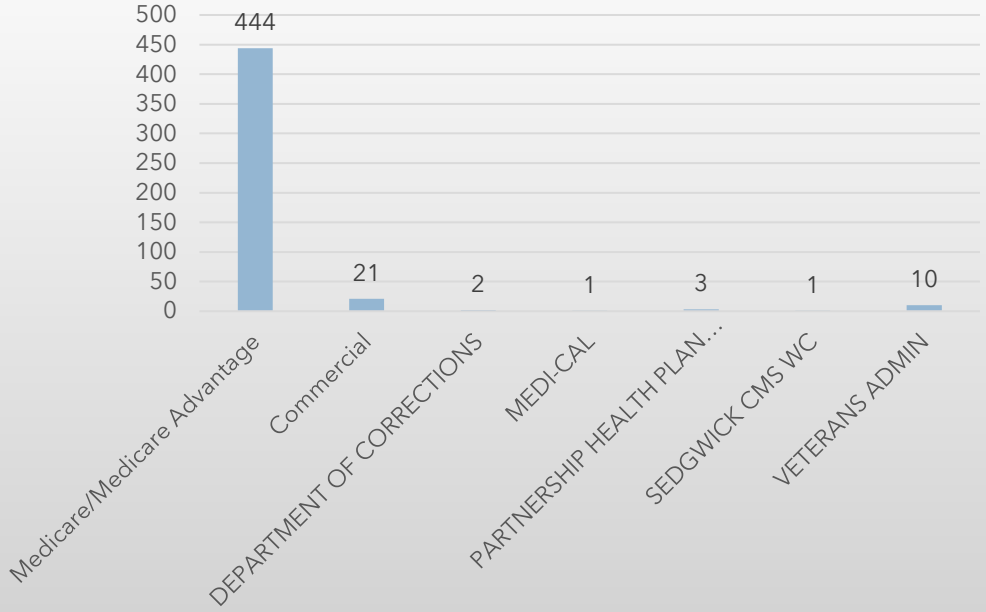
GENDER



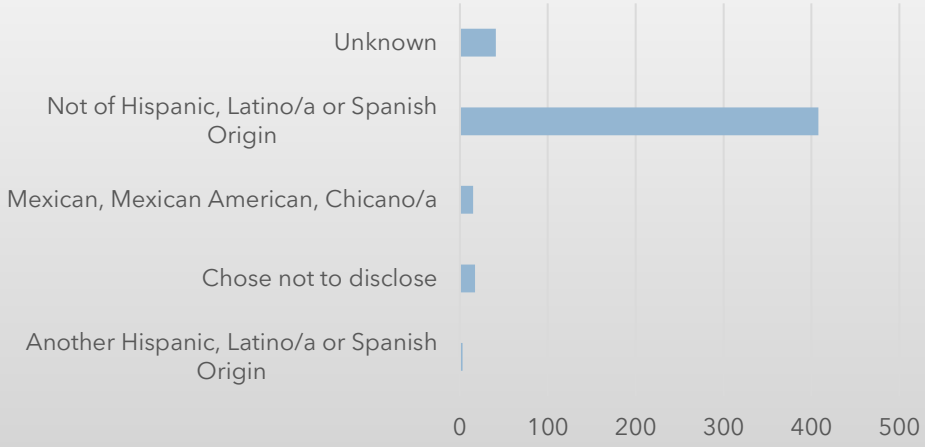
RACE



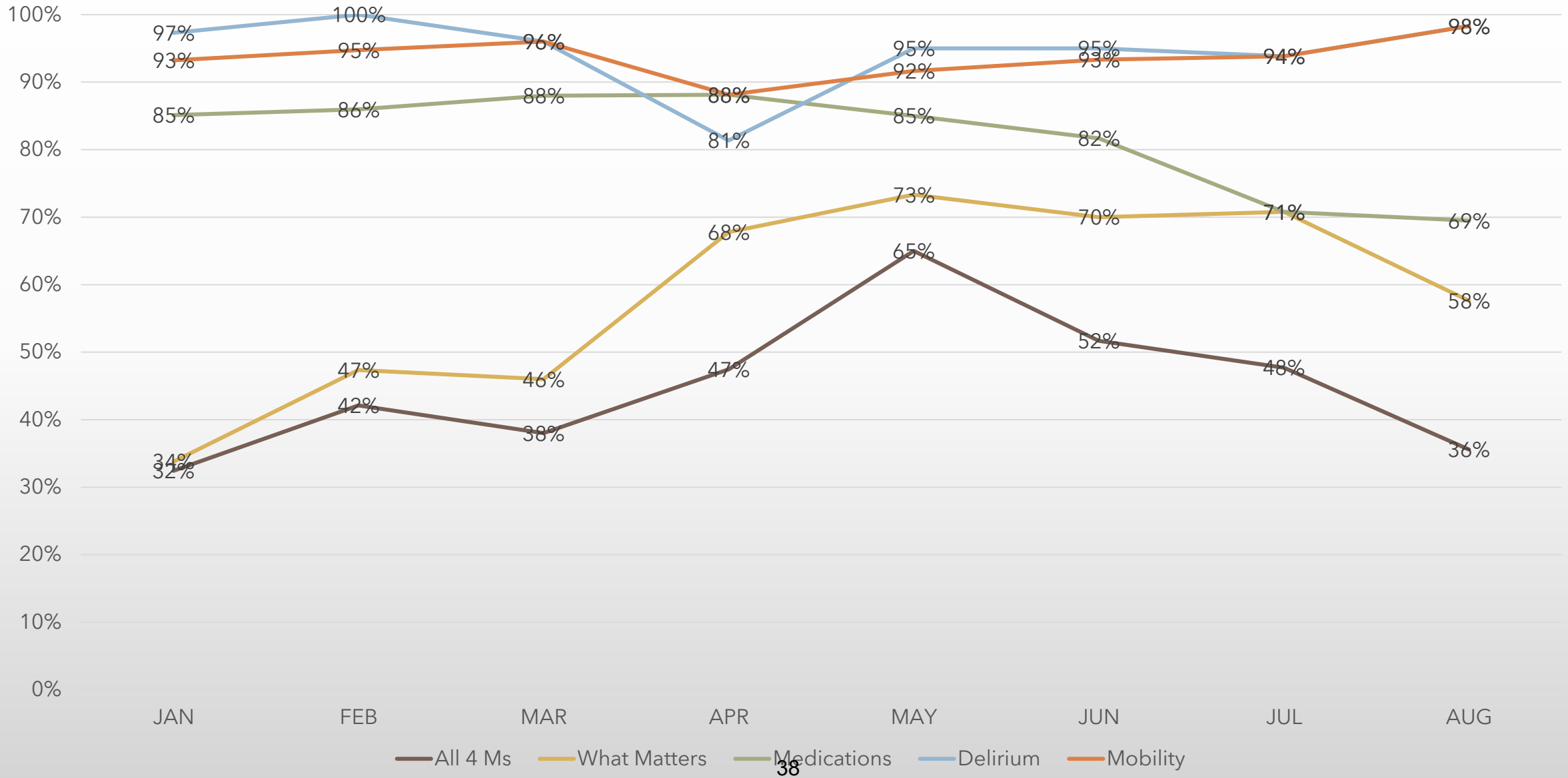
PAYOR



ETHNICITY

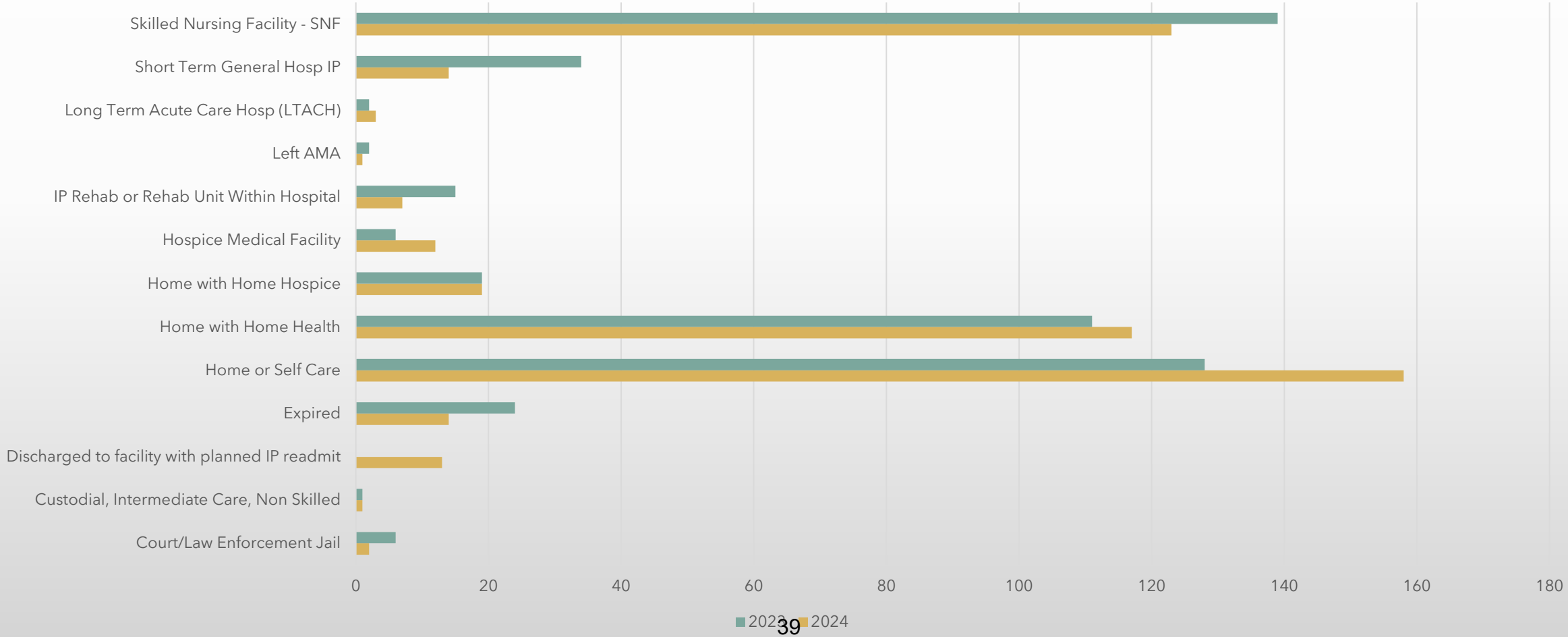


4Ms Observations

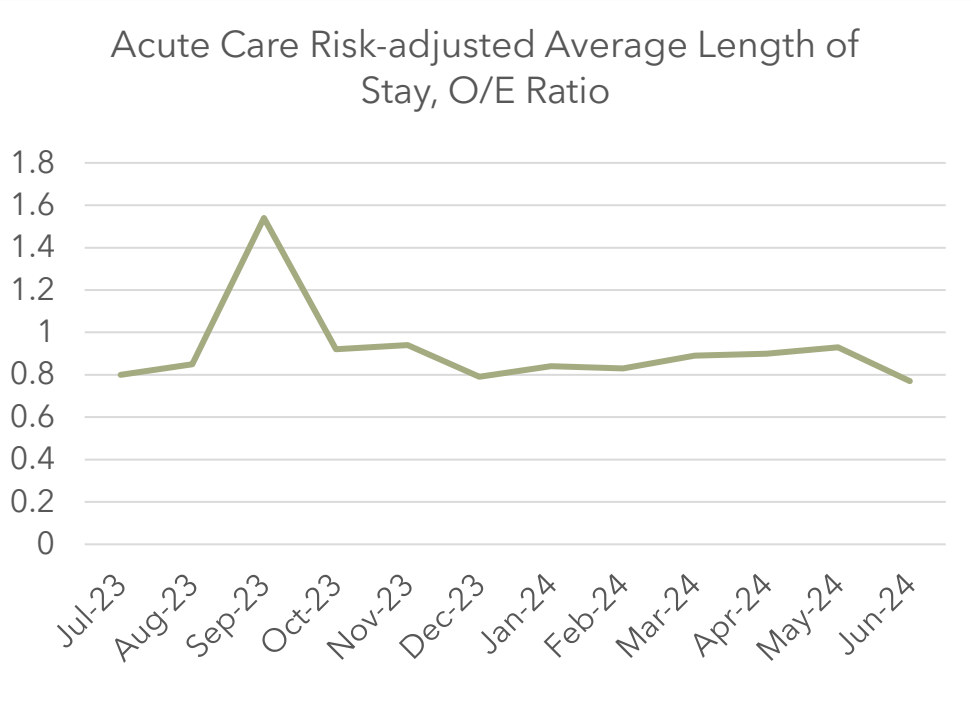


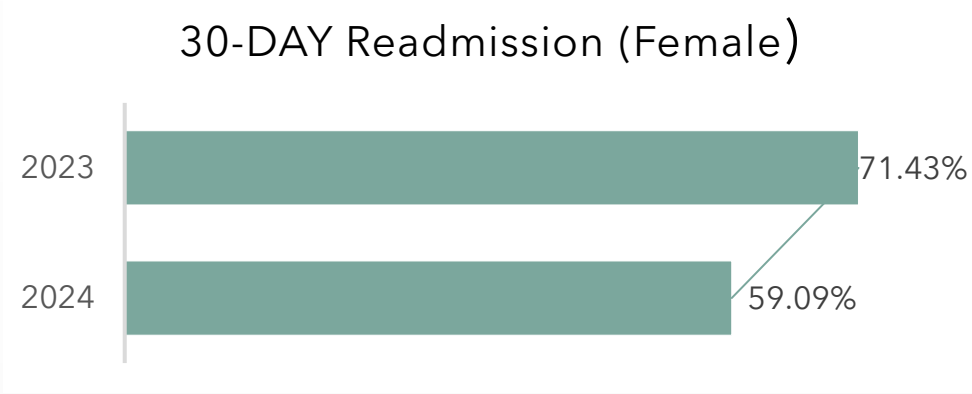
OUTCOMES

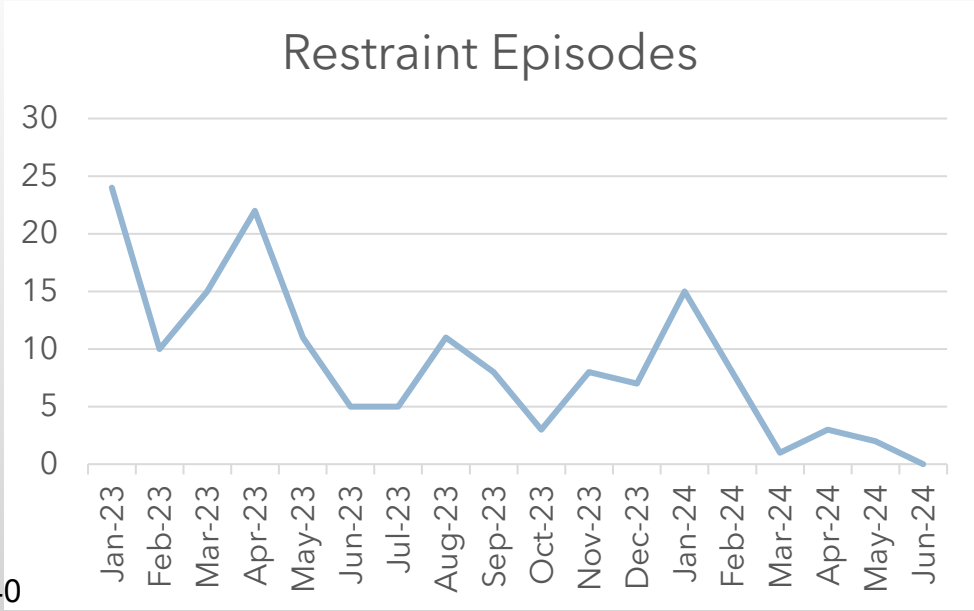
Discharge Disposition
Jan - Aug



OUTCOMES


Acute Care Risk-adjusted Average Length of Stay, O/E Ratio
1.8
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24


30-DAY Readmission (Female)
2023
71.43%
2024
59.09%


Restraint Episodes
30
25
20
15
10
5
0
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24

NEXT STEPS

SONOMA VALLEY HEALTHCARE DISTRICT

- Golden Harvest Senior Wellness & Resource Faire
- Geriatric Emergency Department
- Surgery
- Outpatient

CITY & COUNTY OF SONOMA

- Sonoma County Master Plan for Aging
- How can the City of Sonoma engage?

NATIONAL

- Presented at the Gerontological Advanced Practice Nurses Association (GAPNA) 2024 National Conference

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SONOMA VALLEY HEALTH CARE DISTRICT
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Age-Friendly Health Systems
Committed to Care Excellence

Thank you

Rebecca Spear, DNP, ARNP, AGNP-C, GS-C

707-938-5136

rspear@sonomavalleyhospital.org

Information System and Technology

2024 Initiatives

Bryan Lum
IS / IT Operations Director

Guiding Principles

- Increase security, redundancy, reliability, and resilience
- Maximize efficiency & utilization of resources
- Replace obsolete equipment
- Reduce capital and operational expenditures
- Scalability for hardware, software, and licensing
- Improving patients' quality of care
- Provide sustainable and affordable health care services using Digital Transformation Technology

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Current Projects and Task

- Interfaces: Results and Orders
  - Laboratory, Radiology
    - Practice Fusion
    - athenahealth
    - Providence Epic
    - UCSF Health APeX Epic
    - Ochin Epic
- Sun-setting older EHR systems: Redoc, PrognoCIS, OneContent-Paragon
- Department: Dashboards, Report Writing, Power BI
- Outpatient Physical Therapy Clinic Expansion

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Current Projects and Task

- 1206B Surgery and Sonoma Family Practice Clinics
- Temp MRI and Permanent MRI
- SDWAN with Providence Epic
- Circuit redundancy and upgrades
- Self Check-In kiosks
- Hospital-wide Printer Refresh
- Microsoft operating system: Migrating from Window 10 to Windows 11

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Current Projects and Task

- Fax migration from Analog to Digital by end of 2024
- File migration from local servers to SharePoint/OneDrive
- Transforming paper processes to digital workflows
- Implement Microsoft Teams for communication and collaboration
- MealSuite meal ordering system
- Fuji Synapse PACS upgrade completed

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Strategic Priorities

Strategic Priority 1: Mitigation of IS/IT Security and Data Protection Risks

Strategic Priority 2: SDWAN Redundant Internet Solution

Strategic Priority 3: Modernize Infrastructure

Strategic Priority 4: Upgrade Servers, Virtual Environment, and Disaster Recovery

Strategic Priority 5: Upgrades to Phone System, Electronic Fax, Walkie-Talkie, Improved Cellular Coverage

Future Goal: Merge and Integrate with UCSF Health

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Future Goal

Merge and Integrate

- Merge our Information systems and infrastructure to better integrate with UCSF Health
- Convert to UCSF APeX (Epic) EHR

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SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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To: SVHCD Board of Directors
From: John Hennelly
Date: 10.3.24
Subject: CEO Report

Strategic Plan

As related to our new **strategic plan**, our efforts in FY24 will focus on:

- *Campus Realignment*: discussions with UCSF regarding how they might participate, business plan development on SNF, Sub Acute, Memory Care service lines; working to engage a firm to assist with the development of a master facility plan.
- *Community Care*: market sizing for various community opportunities, urgent care, diagnostic center, specialty clinics, PT/OT
- *Sustainability*: business plan development on GI, cardiology, orthopedics, and UCSF clinical services
- *Seismic*: continued research on possible options. The hospital has engaged HED to assist in the assessment.

We are excited that the hospital was again recognized by the Lown Institute for its performance across various facets of outcomes, value and equity. The hospital ranked **2nd in the state** out of 258 and ranked **10th nationally** out of 2758 acute care hospitals.

Sonoma Valley Health Care District - Lown Institute Hospital Index (lownhospitalsindex.org)

Operations

The hospital saw a second strong month in August to open FY25. Volumes met or exceeded budget in almost all areas except for inpatient. ER, imaging, and physical therapy led the way coupled with stabilizing surgical volumes. In concert with strong expense management, the hospital exceeded its performance targets. Operating Margin again exceeded budget, by 46%, ($506k), EBDA exceeding budget by 119%, $71k, and Net Income at $6k on a budget of ($433k).

The new 3-tesla MRI is open and seeing patients for a second month. Training has been completed and the team is working to refine the schedule and maximize referral sources. The magnet is housed in a temporary building, awaiting construction of its permanent location connected to the hospital next year.

Our Chief Medical Officer recruitment continues. The team has reviewed two slates of candidates and is working to identify qualified matches. Once qualified candidates are identified,

an internal search committee comprised of medical staff members and hospital management will work to select our next CMO.

Patient satisfaction continued to be strong. Survey results show high satisfaction with both care and service. A few examples:

> *Todo muy bien. No tuve que esperar gran coso. El problema esta en mi.. no se inglés, pero me proporcionaron, interpretación y todo muy bien. GRACIAS POR SU ATENCIÓN. (Everything was fine. I didn't have to wait long. The problem is that I don't speak English, but they provided me with interpretation and everything was fine. THANK YOU FOR YOUR ATTENTION.)*

> *I was a drop-in for a CT scan. Everything was handled so helpfully and efficiently. Tech (Lily) was great - friendly, helpful, and cheerful! Thanks to all for a stress free and easy appointment!*

> *I continue to remark how lucky we are to have such an excellent hospital in Sonoma; and my experience today was no exception. Not only was the scheduling of four tests efficient, but the ease with which everything was executed today equally personable. Every technician was warm and knowledgeable; and I once again left the hospital grateful to be a patient.*

Capital

The Outpatient Diagnostic Center (ODC) project is 75% complete. The temporary location for the new **MRI** is complete. The permanent MRI location under renovation. The demolition phase was awarded to GMH to take place through the fall. The project review with HCAI is proceeding.

The **ICU renovation** has been approved by HCAI. We expect construction to begin in October. The project is scheduled for completion in early 2025.

The PT project is proceeding. We expect a contract award to come to you in approximately 4 weeks. With a 16 week lead on the HVAC system, the project is now slated to be completed in the Spring. Fundraising has reached $2m.

To:	**SVHCD Board of Directors**
From:	**Sabrina Kidd, MD**
Meeting Date:	**October 3, 2024**
Subject:	**CMO Report**

September Highlights Included:

1. Imaging Updates:
    a. MRI: The much anticipated Prostate and Breast exams began the week of 9/23/24.
    b. The CT is now scheduled to be connected to generator power in November. This will help support essential patient care, especially in the ED, during a power outage.
2. Personnel Updates
    a. Director of Quality Recruitment is on-going.
    b. CMO Recruitment is on-going. Dr. Kidd's last day with SVH is October 17th.
    c. General Surgery Call: With the retirement of Dr. Lee and the departure of Dr. Kidd, the general surgery ED call pool is short providers. We are working with MarinHealth to stabilize the call pool.
3. Medical Staff work in September focused on revision of our Social Needs Admission Process as well as meetings to improve the overall workflow for admissions from the ED to inpatient. A great kick off meeting was also held with The Mental Health Hub at Hanna Center and our ED representatives.

To:	SVHCD Board of Directors
From:	Ben Armfield, Chief Financial Officer
Date:	October 3, 2024
Subject:	Resolution #377 - Parcel Tax Advance

Recommendation:

Recommend to the SVHCD Board of Directors that they approve both the resolution and executable agreement that would allow Sonoma Valley Health Care District to receive a one-month advance on the December 2024 payment of Parcel Tax funds in the amount of $1,612,000.

Justification:

We are currently facing a significant amount of cash outlay this upcoming November. Specifically, the end of November as our Rate Range IGT matching fee pay-in is due by the 22nd. Our pay-in will require significant amounts of working capital to fund. Because of this, SVHCD management has been in discussions with Sonoma County about the possibility of receiving a one-month advance on the December 2024 allotment of parcel taxes that is due to the hospital – we are scheduled to receive 50% of our yearly allotment in December. This advance would provide quite a bit of flexibility and would allow the hospital to have the necessary cash flow to meet its operational commitments until other supplemental funds are received.

Parcel Tax Advance Details:

- SVHCD would be permitted to receive up to 85% of the December allotment of Parcel Tax revenues.
- The advance would be received right around November 1st.
- The interest rate on the advance would be at an annualized rate of 5.2%.
- The agreement has a maturity date of December 31, 2024. The parcel tax advance would be paid back, in full, as soon as the December allotment of parcel taxes are received.
- We estimate this would cost ~$10,500 in interest expense.

FY25 Parcel Tax Allotment	$	3,794,500
December 2024 Portion	$	1,897,250
Available to be Advanced	**$**	**1,612,663**
Interest Rate		5.2%
Advance Requested	**$**	**1,612,000**
Estimated Maturity (in months)		1.5
Calculated Interest	**$**	**10,478**

SVHCD Finance Committee:

This item was brought forward to the SVHCD Finance Committee on 9/24, and the committee formally approved management's recommendation for the SVHCD Board of Directors to approve management to move forward with this advance.

Attachments:

- Sonoma Valley Health Care District Resolution # 377
- Sonoma County / Sonoma Valley Health Care District Exhibit A – Form of Note
- Sonoma County / Sonoma Valley Health Care District Parcel Tax Agreement

SONOMA VALLEY HEALTH CARE DISTRICT

RESOLUTION NO. 377

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE SONOMA VALLEY HEALTH CARE DISTRICT AUTHORIZING THE ISSUANCE OF A TAX AND REVENUE ANTICIPATION NOTE IN A PRINCIPAL AMOUNT NOT TO EXCEED $1,612,000 AND AUTHORIZING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO ENTER INTO A PARCEL TAX AGREEMENT WITH THE COUNTY OF SONOMA AUDITOR-CONTROLLER-TREASURER-TAX COLLECTOR ("ACTTC")

THE BOARD OF DIRECTORS OF SONOMA VALLEY HEALTH CARE DISTRICT RESOLVES AS FOLLOWS:

WHEREAS, pursuant to Section 53850 *et seq.* of the Government Code of the State of California (the "Government Code") contained in Article 7.6, entitled "Temporary Borrowing," a healthcare district may borrow money by issuing notes (the "Notes") for any purpose for which the health care district is authorized to expend moneys, including but not limited to, current expenses, capital expenditures, investment and reinvestment, and the discharge of any obligation or indebtedness of the district; and

WHEREAS, pursuant to Section 53856 of the Government Code, the District may pledge its parcel tax revenue to the repayment of Notes, which shall be issued as a general obligation of the District, and to the extent not paid from the taxes pledged for the payment thereof, shall be paid with interest thereon from any other moneys of the District lawfully available therefor as required by Section 53857 of the Government Code; and

WHEREAS, the District desires to finance certain obligations incurred by the District in connection with prior operations and ongoing operations; and

WHEREAS, the District has determined that the sum of $1,612,000 is needed to satisfy payment obligations of the District which the District anticipates will become payable prior to the receipt of anticipated parcel tax revenue, and that it is necessary that said sum be borrowed in anticipation of the receipt of taxes to be received by the District during Fiscal Year 2024-2025; and

WHEREAS, the District finds and determines that it is in the best interest of the District to finance its obligations through the issuance of tax and revenue anticipation notes and has determined to issue Sonoma Valley Health Care District Parcel Tax Revenue Anticipation Note, Series 2024 (the "Series 2024 Note"); and

WHEREAS, the Series 2024 Note shall mature on December 31, 2024, which is consistent with the requirement that repayment be made from available funds that have been received or accrued to the District within the fiscal year in which the Notes are issued, or in a succeeding fiscal year from funds accruing in the fiscal year of issuance; and

WHEREAS, the District wishes to provide authority to staff to enter into a parcel tax agreement with the Sonoma County.

WHEREAS, the purchaser of the Note, The Sonoma County Treasury Pool, through the Sonoma County Auditor-Controller-Treasurer-Tax Collector ("ACTTC"), has requested that the District enter into a Parcel Tax Agreement to ensure payment of the Note.

NOW, THEREFORE, be it known that the Board of Directors of the Sonoma Valley Health Care District resolves as follows:

Section 1. The Series 2024 Note may be issued in order to obtain moneys to carry out the District's purposes. The maximum principal amount of the Series 2024 Note which may be issued hereunder is limited to $1,612,000.

Section 2. The Series 2024 Note shall be evidenced and issued in the principal amount of $1,612,000. Registered ownership of the Series 2024 Note will be with the Sonoma County Treasury Pool, as purchaser of the Note, and shall not be transferred thereafter. The Series 2024 Note in the principal amount of $1,612,000 constitutes a "note" and is being issued pursuant to the provisions of section 53854 of the California Government Code.

Section 3. The Series 2024 Note shall be dated as of November 1, 2024, and interest thereon shall be payable upon maturity. The Series 2024 Note shall mature on December 31, 2024, and shall bear interest at the rate of 5.20 percent per annum. If the District fails to pay the note when due, the ACTTC may retain enough of the parcel tax proceeds to satisfy the principle and interest.

Section 4. The Series 2024 Note shall be substantially in the form set forth in Exhibit A, attached hereto and by this reference incorporated herein.

Section 5. The Board of Directors have reviewed all proceedings heretofore taken relative to the authorization of the Series 2024 Note and has found, as a result of such review, and hereby finds and determines that all acts, conditions and things required by law to exist, happen or be performed precedent to and in the issuance of the Series 2024 Note do exist, have happened and have been performed in due time, form and manner as required by applicable law, and the District is now authorized, pursuant to each and every requirement of applicable law to issue the Series 2024 Note.

Section 6. The Series 2024 Note may be redeemed prior to Maturity at any time, without any premium.

Section 7. The District's obligation to pay the principal and interest on the Series 2024 Note shall be an obligation payable from parcel tax revenues and, to the extent parcel tax revenues are insufficient therefor, subject to any existing or future liens or encumbrances thereon, from any other available moneys of the District.

Section 8. The District's President and Chief Executive Officer, or designee, upon the advice of the District's legal counsel or special financial consultants, is hereby authorized to do any and all things and to execute, modify and deliver any and all documents that they may deem necessary in order to effectuate the transactions contemplated by this Resolution and to otherwise carry out the purposes of this Resolution. This authorization includes entering into a Parcel Tax Agreement with the County of Sonoma ACTTC, whereby the District agrees that the Sonoma County Auditor-Controller Treasurer-Tax Collector may retain sufficient proceeds of the December 2024 installment of the District's parcel tax, and, if necessary, from future installments, to satisfy the note, prior to allocating parcel tax proceeds to the District.

Section 9. This Resolution shall take effect immediately upon its adoption.

****

PASSED AND ADOPTED this 3rd day of October 2024, by the following votes:

AYES:
NOES:
ABSENT:
ABSTAIN:

_____
Judith Bjorndal, M.D., Chair
Board of Directors
Sonoma Valley Health Care District

ATTEST:

_____
Susan Kornblatt Idell, Secretary
Board of Directors
Sonoma Valley Health Care District

EXHIBIT A

FORM OF NOTE

United States of America
State of California
Sonoma County

SONOMA VALLEY HEALTH CARE DISTRICT
(Sonoma County, California)
Parcel Tax Revenue Anticipation Note, Series 2024

INTEREST RATE:	MATURITY DATE:	DATED DATE:
5.20%	December 31, 2024	November 1, 2024

REGISTERED OWNER:	SONOMA COUNTY TREASURY
PRINCIPAL SUM:	$1,612,000.00

FOR VALUE RECEIVED, the Sonoma Valley Health Care District, a local health care district organized and existing under and pursuant to The Local Health Care District Law of the State of California (the "District"), hereby acknowledges itself indebted to and promises to pay to the Owner stated above, the Principal Sum stated above in lawful money of the United States of America, on the Maturity Date stated above, or date of earlier redemption as described below, together with interest thereon in like lawful money from the date hereof until payment of such Principal Sum shall be discharged, at the Interest Rate per annum stated above.

It is hereby certified, recited, and declared that this Note is issued pursuant to the provisions of Resolution No. 377 of the Board of Directors of the District duly passed and adopted on October 3, 2024 and pursuant to Section 32130 of the California Health and Safety Code, and that all things, conditions, and acts required to exist, happen, and be performed, exist, have happened, and been performed in regular and due time, form, and manner as required by law, and that the amount of this Note, together with all other indebtedness and obligations of the District, does not exceed any limit prescribed by the Constitution and laws of the State of California.

The Principal Sum of the Note, together with the interest thereon, shall be payable from taxes, income, revenue, cash receipts and other monies which are held or received by the District for the fiscal year 2024-2025 and which are lawfully available for the current expenses and other obligations of the District. Specifically, the Principal Sum of the Note, together with the interest thereon, shall be payable from the proceeds of the District's special tax on parcels of property within the District authorized at an election held on November 2, 2021 (the "Tax").

The Note is issued as a fully registered Note, without coupons. The Note is not transferable by its registered owner.

The Note shall be redeemed at any time, without premium, upon receipt by the District of proceeds from the Tax for fiscal year 2024-2025.

If the Note is called for redemption and payment is duly provided therefor, interest shall cease to accrue hereon from and after the date fixed for redemption.

IN WITNESS WHEREOF, SONOMA VALLEY HEALTH CARE DISTRICT has caused this Note to be executed in its name and on its behalf by the manual signature of its Chief Executive Officer and attested by the manual signature of the Secretary of its Board of Directors, all as of the Dated Date stated above.

SONOMA VALLEY HEALTH CARE DISTRICT

By: _____

John Hennelly
President and Chief Executive Officer
Sonoma Valley Hospital

ATTEST:

_____

Susan Kornblatt Idell
Secretary, Board of Directors
Sonoma Valley Health Care District

CLERK'S CERTIFICATE

I, Whitney Reese, Clerk of the Governing Board of the Sonoma Valley Health Care District of the County of Sonoma, State of California, do hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Governing Board of said District, regularly held at the regular meeting place thereof, on October 3, 2024, of which meeting all the members of said Governing Board had due notice.

I further certify that said resolution has not been amended, modified, or rescinded since the date of its adoption and the same is now in full force and effect.

ATTEST: This _____ day of _____ 2024

_____
Whitney Reese, Clerk of the Governing Board
of the Sonoma Valley Health Care District
County of Sonoma, State of California

COUNTY TREASURER'S AUTHORIZATION
(Per County of Sonoma Resolution 91-0271)

The attached request for borrowing is in compliance with the requirements of Article XVI, Section 6, of the State Constitution and with Resolution 91-0271 of the County of Sonoma.

Approved By:

_____
Auditor-Controller/Treasurer-Tax Collector County of Sonoma

Date: _____

Amount to be collected on Property Tax Bill	$ 1,897,250
Amount Requested	$ 1,612,000
Percent of Property Tax Bill Requested (not to exceed 85% of outstanding property taxes)	85%

PARCEL TAX AGREEMENT BY AND BETWEEN
COUNTY OF SONOMA AUDITOR-CONTROLLER-TREASURER-TAX COLLECTOR
AND
SONOMA VALLEY HEALTH CARE DISTRICT

THIS PARCEL TAX AGREEMENT ("Agreement"), is entered into by and between the COUNTY OF SONOMA AUDITOR-CONTROLLER-TREASURER-TAX COLLECTOR ("ACTTC"), and the SONOMA VALLEY HEALTH CARE DISTRICT ("District")
(collectively referred to as the "Parties" herein).

Recitals

1. On November 2, 2021, voters approved a parcel tax levy on each taxable parcel of land within the District at an annual rate of $250 per parcel per year for ten years ("Tax").

2. The Sonoma County Auditor-Controller Treasurer-Tax Collector ("ACTTC") is responsible for collecting the Tax at the same time that it collects ad valorem property taxes, and for distributing the Tax proceeds to the District.

3. The ACTTC has agreed to purchase from the District a tax and revenue anticipation note as an investment for the Sonoma County Treasury Pool in the principal amount not to exceed $1,612,000, with a maturity date of December 31, 2024 ("Note"), as authorized by Government Code§ 53635.2 and Government Code§ 5360l(e).

4. The ACTTC has requested that the District enter into this Agreement to ensure payment of the Note.

5. On October 3, 2024 the Board of Directors of the District passed Resolution No. 377, authorizing the issuance of the Note and authorizing the President and Chief Executive Officer to enter into this Agreement.

Agreement

1. The District agrees that the ACTTC may retain sufficient proceeds of the December 2024 installment of the Tax to satisfy the principal of and interest on the Note prior to allocating the Tax proceeds to the District.

2. Should the proceeds of the December 2024 installment of the Tax be insufficient to satisfy the principal of and interest on the Note, the ACTTC may retain all the proceeds of the April 2025 installment of the Tax, and sufficient proceeds from each future installment to satisfy the principal of and interest on the Note.

3. The District shall indemnify and hold harmless, to the extent permitted by law, and without limiting the County's obligations under California law to collect the Tax, the ACTTC, the County of Sonoma and the County's officers and employees ("Indemnified Parties") against any and all losses, claims, damages, or liabilities, joint or several, to which such Indemnified Parties may become subject because of the Treasury Pool's purchase of the Note and ACTTC's retention of Tax proceeds. The District shall also reimburse such Indemnified Parties for any legal or other expenses incurred in connection with investigating or defending any such claims or actions.

4. This Agreement is made and entered into for the sole protection and benefit of the Parties and their successors and assigns. No other person shall have any right of action based upon any provision of this Agreement.

5. This Agreement may be executed in duplicate counterpart originals, each of which is deemed to be an original and all of which when taken together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties have each executed this Agreement on _____, 2024

SONOMA COUNTY AUDITOR CONTROLLER TREASURER TAX COLLECTOR

_____
Auditor-Controller-Treasurer-
Tax Collector

APPROVED AS TO FORM

_____
County Counsel

SONOMA VALLEY HEALTH CARE DISTRICT, a health care district of the State of California

_____
President and Chief Executive Officer

APPROVED AS TO FORM

_____
District Counsel

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

To: SVHCD Board of Directors
From: Ben Armfield, Chief Financial Officer
Date: October 3, 2024
Subject: Financial Report for August 2024

Overall Summary

August was another strong month for the hospital, building on the positive momentum from July that started the new fiscal year. Just like July, August's operating margin far exceeded both budget and the prior year, and marked the second straight month in which the hospital posted a positive Operating EBDA margin. This is significant. For reference, the hospital posted a positive Operating EBDA twice all of last fiscal year, so the start to FY 2025 is certainly encouraging.

August was particularly noteworthy due to the launch of two major strategic initiatives: Dr. Walter, our new orthopedic surgeon, began performing surgeries, and our new 3T MRI magnet became fully operational. Both initiatives had a significant impact in August, and both helped drive the volume growth that led to our net revenues exceeding budget by nearly 10% for a second straight month.

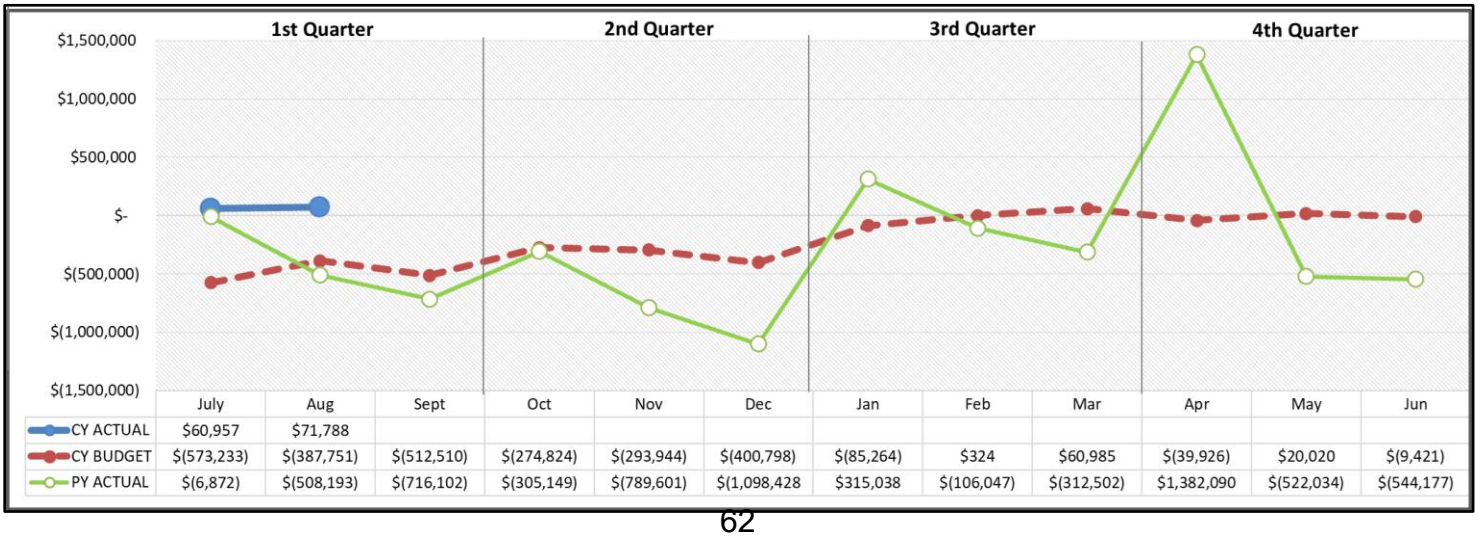
August was yet another very busy on the outpatient side. Surgical cases increased by 20% compared to volume levels of the past two months, ER volumes exceeded budget by over 15%, MRI volumes were up 40% compared to recent run-rate, and our OP physical therapy volumes set yet another all-time high.

As mentioned last month, the monthly budget targets will be ramping up as we progress through the first half of the year so further growth is needed to maintain momentum, but this is a very encouraging start to the fiscal year.

Table 1 | Overall Performance - August 2024

	Current Year Month		Variance		Current Year YTD		Variance		PY YTD	Variance	
	Actual	Budget	$	%	Actual	Budget	$	%	Actual	$	%
Operating Margin	$ (506,681)	$ (934,456)	$ 427,775	46%	$ (964,817)	$ (2,029,394)	$1,064,577	52%	$ (994,272)	$ 29,455	3%
Operating EBDA	$ 71,788	$ (387,751)	$ 459,539	119%	$ 132,745	$ (960,985)	$1,093,730	114%	$ (515,064)	$ 647,809	126%
Op EBDA w Parcel	$ 388,455	$ (75,251)	$ 463,706	616%	$ 766,079	$ (335,985)	$1,102,064	328%	$ 118,270	$ 647,809	548%
Net Income (Loss)	$ 6,284	$ (433,852)	$ 440,136	101%	$ 10,000	$ (1,028,186)	$1,038,186	101%	$ 132,335	$(122,335)	-92%

Graph 1.1 | SVH Trended Operating EBDA



	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
CY ACTUAL	$60,957	$71,788										
CY BUDGET	$(573,233)	$(387,751)	$(512,510)	$(274,824)	$(293,944)	$(400,798)	$(85,264)	$324	$60,985	$(39,926)	$20,020	$(9,421)
PY ACTUAL	$(6,872)	$(508,193)	$(716,102)	$(305,149)	$(789,601)	$(1,098,428	$315,038	$(106,047)	$(312,502)	$1,382,090	$(522,034)	$(544,177)

Drivers in Month's Performance:

Revenues: Operating revenues exceeded the budget by 7% in August. This strong performance was driven by continued surges in emergency room volumes and outpatient activities, including physical therapy and MRI services, both of which had exceptionally busy months. Surgical volumes matched the budget and were 20% higher than the past two months' figures, highlighting the positive developments across the board.

Expenses: Operating expenses came in just under budget, totaling $5.75 million, which is 1% below the monthly budget. While worked FTEs (Full-Time Equivalents) were 2% over budget, this was primarily in areas where volumes significantly exceeded expectations. Year-to-date, operating expenses remain flat with the budget, despite operating revenues exceeding budget by over 10%.

Volumes: Overall, volumes were strong in August. While our inpatient census still lagged behind budget and prior-year levels, this was offset by impressive growth in our outpatient departments, particularly in some key areas – operating room, MRI, emergency room, and physical therapy.

Surgical Volumes: Surgical volumes rebounded in August, nearly meeting the budgeted targets for the first time since Dr. Brown's departure. We performed 157 surgeries (2 short of the budgeted 159), which is a 20% increase from the 130 that were performed in both June and July.

- **Orthopedics** We mentioned last month that our orthopedic surgical volumes would start ramping up immediately once Dr. Walter started performing cases here, and August backed that up as ortho volumes saw a substantial increase in August. Dr. Walter finished his first month of surgery here at SVH, performing 11 surgeries in a shortened month. This helped deliver a 60% surge in orthopedic volumes compared to July and a 25% increase over the past six-month average.
- **General Surgery, GI** General surgery also experienced a notable rise, growing from 5 to 15 surgeries in August. Gastrointestinal (GI) volumes remain strong and consistent.

Other Outpatient Volumes: Outpatient volumes continue to be robust. Both total outpatient visits and total emergency room volumes surpassed their budget targets by over 15% in August. The consistent growth in these areas is encouraging as both areas for the year are up 20% compared to budget and over 10% higher than the first two months of last fiscal year.

- **MRI Volumes** With the new 3T MRI magnet becoming operational in August, we observed a significant spike in MRI volumes. We conducted over 180 exams, which is all-time high for this area and represents a 40% increase compared to historical baseline levels. There is further capacity to grow and we are working with UCSF and other potential referral sources to continue to drive more volume into the department.
- **Emergency Room Visits** Emergency room volumes also maintained their high levels. Although volumes in August came down a bit from July, they significantly outpaced budget and prior year,

and still ended the month averaging 30 visits/day, which signifies a 15% increase compared to volume baselines of the previous group.

- **Physical Therapy Volumes** August was another banner month for our physical therapy department, providing care for over 1,400 visits (AGAIN) in August and setting yet another all-time high in monthly visit volumes (AGAIN). The team has done a great job as they continue to meet the ever-growing demand for PT services. Similar to the volume surge in our ER, physical therapy visit volumes outpace budget by nearly 20% through the first two months of this fiscal year.

Other Updates:

Banking Update: The board of directors approved SVH management to proceed with the formal proposal from Summit State Bank during September's board meeting on 9/5/24. We are currently working with Summit Bank and their underwriters and hope to have a transition completed in the next 30-45 days.

IGT Update: We received notification that our matching fee pay-in for the Rate Range IGT program will be due November 22nd.

Capital Updates:

- **Outpatient Diagnostic Center Project – Temporary MRI**: As has been reported, the 3T MRI magnet has been successfully deployed and is up and running in the temporary structure. We have begun to see an increase in volumes, with some days experiencing double-digit growth. This is encouraging and we expect further growth once we complete applications training for breast and urologic procedures. These trainings are scheduled to be completed this week, after which the 3T will be fully operational for these services. We have begun scheduling breast and urologic procedures for later this month.
- **Outpatient Diagnostic Center Project – Permanent MRI**: Demolition for permanent MRI project set to begin in October. 2 public bids are currently in progress – the MRI site work, and the tie-in to the hospital. Both bids will be presented to finance committee shortly.
- **Outpatient Diagnostic Center Project - CT**: Phase 2 of the CT project, which converts our old radiology space to wound care and cardiology services, is scheduled to open in November.
- **PT Expansion**: General contractor bid for project currently being scheduled.
- **ICU Renovation Project**: Construction set to begin in October.

Audit Update: Our fiscal year 2024 financial statement audit is progressing well. We are currently wrapping up open and outstanding items and should be receiving drafts of our financials statements shortly. We are on-track to have our FY24 audit presented to the board of directors during the November board meeting.

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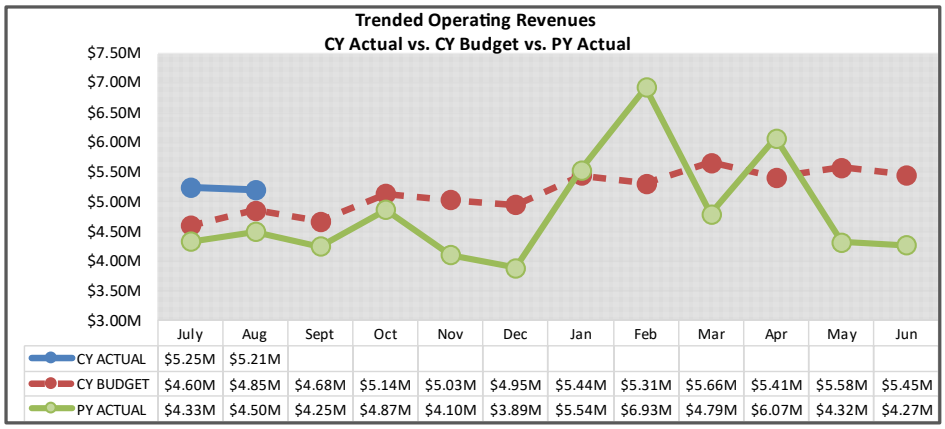
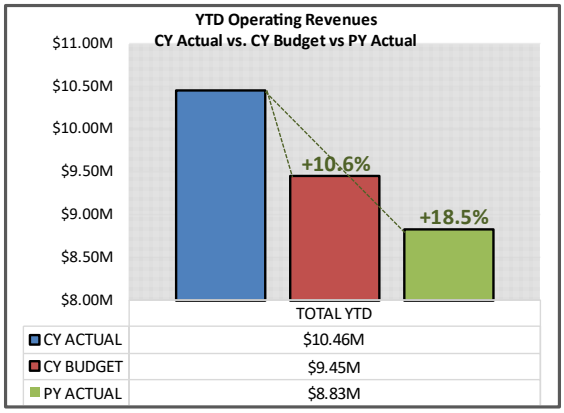
2. NET REVENUE AND VOLUME SUMMARY:

Table 2 | Net Patient Revenue – Actual vs. Budget – August 2024

	Current Year Month		Variance		Current Year YTD		Variance		PY YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	$	%	Actual	$	%
Gross Revenue	$ 29.01M	$ 26.96M	$ 2.05M	8%	$ 56.99M	$ 52.16M	$ 4.83M	9%	$ 56.88M	$ 0.10M	0%
Net Patient Revenue	$ 5.11M	$ 4.76M	$ 0.35M	7%	$ 10.26M	$ 9.27M	$ 0.99M	11%	$ 8.65M	$ 1.61M	19%
NPR as a % of Gross	17.6%	17.7%	-0.2%		18.0%	17.8%	1.3%		15.2%	18.4%	
Total Operating Revenue	$ 5.21M	$ 4.85M	$ 0.36M	7%	$ 10.46M	$ 9.45M	$ 1.01M	11%	$ 8.83M	$ 1.63M	18%

Graph 2.1 | SVH Trended Operating Revenue





Graph 2.2 | SVH Trended Surgeries (Total) - 13 Month Trend

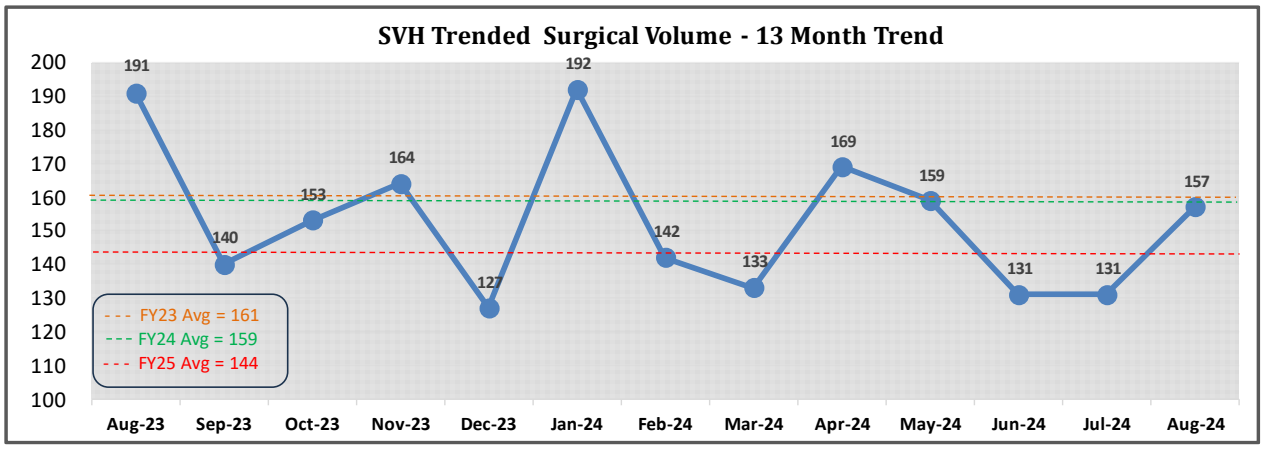


Table 2.3 | Surgical Volumes Top 4 Service Lines – August 2024 vs Prior Month & 6-Month Trend

	Current Mth vs. Previous Mth				6 Month Trend						Current Mth vs. 6 Mth Trend		
Service Line	Aug24	JuL24	Var	% Var	Feb24	Mar24	Apr24	May24	Jun24	Jul24	6 Month Trend	Var	% Var
Orthopedics	43	26	17	65%	40	33	46	27	35	26	35	9	25%
Gastroenterology	71	77	(6)	-8%	59	62	73	85	53	77	68	3	4%
Ophthalmology	20	14	6	43%	20	18	18	20	23	14	19	1	6%
General	15	5	10	200%	11	15	17	14	14	5	13	2	18%
SubTotal	**149**	**122**	**27**	**22%**	**130**	**128**	**154**	**146**	**125**	**122**	**134**	**15**	**11%**
Other	8	9	(1)	-11%	12	5	15	13	6	9	10	(2)	-20%
Grand Total	**157**	**131**	**26**	**20%**	**142**	**133**	**169**	**159**	**131**	**131**	**144**	**13**	**9%**

Table 2.4 | Patient Volumes – August 2024

	Current Year Month		Variance		Current Year YTD		Variance		PY YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	208	257	(49)	-19%	438	517	(79)	-15%	521	(83)	-16%
Average Daily Census	6.7	8.3	(1.6)	-19%	7.1	8.3	(1.3)	-15%	8.4	(1.3)	-16%
Acute Discharges	54	72	(18)	-25%	119	145	(26)	-18%	125	(6)	-5%
IP Surgeries	12	12	0	4%	19	23	(4)	-18%	30	(11)	-37%
OP Surgeries	145	147	(2)	-1%	269	267	2	1%	343	(74)	-22%
Total Surgeries	**157**	**159**	**(2)**	**-1%**	**288**	**290**	**(2)**	**-1%**	**373**	**(85)**	**-23%**
Total Outpatient Visits	5,450	4,610	840	18%	11,043	9,198	1,845	20%	9,969	1,074	11%
Emergency Room Visits	919	793	126	16%	1,925	1,622	303	19%	1,730	195	11%

Table 2.5 | Outpatient Volumes Trended – Last 6 Months

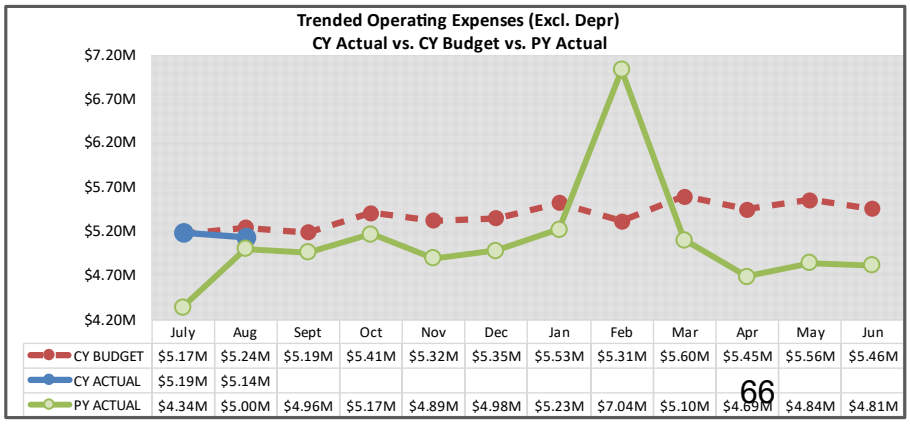
Department	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Last 6 Months
Lab	1,271	1,407	1,364	1,282	1,363	1,313	
Medical Imaging	858	857	900	830	923	947	
Physical Therapy	1,351	1,365	1,196	1,095	1,415	1,426	
CT Scanner	368	387	398	409	411	466	
Occ. Health	209	300	315	308	295	295	
Mammography	232	241	217	211	167	251	
Occupational Therapy	317	224	197	190	196	219	
Ultrasound	220	198	222	182	256	219	
Wound Care	175	201	213	152	205	238	
MRI	123	127	135	121	130	182	
ECHO	110	104	132	106	116	107	
Speech Therapy	45	53	43	53	93	62	
Other	14	22	25	14	23	25	
TOTAL	**5,293**	**5,486**	**5,357**	**4,953**	**5,593**	**5,750**	
Emergency Room	875	862	867	912	1,006	919	

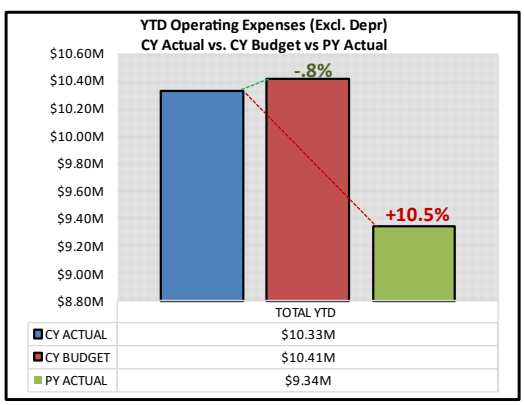
3. OPERATING EXPENSE SUMMARY:

Table 3 | Operating Expenses – Actual vs. Budget – August 2024

	Current Year Month		Variance		Current Year YTD		Variance		PY YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	$	%	Actual	$	%
Operating Expenses	$ 5.72M	$ 5.79M	-$ 0.07M	-1%	$ 11.42M	$ 11.48M	-$ 0.06M	-1%	$ 9.82M	$ 1.60M	16%
Operating Exp. Excl. Depr.	$ 5.14M	$ 5.24M	-$ 0.10M	-2%	$ 10.33M	$ 10.41M	-$ 0.09M	-1%	$ 9.34M	$ 0.98M	11%
Worked FTEs	218.7	214.0	4.7	2%	215.0	212.1	2.9	1%	214.0	1.0	0%

Graph 3.1 | SVH Trended Operating Expenses (excluding Depreciation)





4. **CASH ACTIVITY SUMMARY:**

Table 4 | Cash / Revenue Cycle Indicators - August 2024

	Aug-24	Jul-24	Var	%
Days Cash on Hand	19.8	22.0	(2.2)	-10%
A/R Days	58.3	57.6	0.7	1%
A/P Days	60.7	58.0	2.7	5%

ATTACHMENTS:

- Attachment A is the Payer Mix Analysis
- Attachment B is the Operating Indicators Report
- Attachment C is the Balance Sheet
- Attachment D is the Balance Sheet Variance Analysis
- Attachment E (two pages) is the Statement of Revenue and Expense. The first page breaks out the hospital operations and page two includes all other activity.
- Attachment F is the Trended Income Statement
- Attachment G is the Cash Projection

Sonoma Valley Hospital
Payer Mix for the month of August, 2024

ATTACHMENT A

	MONTH				YEAR TO DATE			
Gross Revenue	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	11,241,631	10,240,844	1,000,787	3.7%	21,009,188	19,855,988	1,153,200	2.2%
Medicare Managed Care	5,502,288	4,945,138	557,150	2.1%	11,089,814	9,571,371	1,518,443	2.9%
Medi-Cal	5,086,457	4,374,709	711,748	2.6%	9,746,615	8,431,427	1,315,189	2.5%
Self Pay	461,460	322,179	139,281	0.5%	981,181	616,418	364,763	0.7%
Commercial & Other Governn	6,063,071	6,446,509	-383,437	-1.4%	12,672,161	12,420,422	251,739	0.5%
Worker's Comp.	626,332	718,124	-91,792	-0.3%	1,442,378	1,376,994	65,383	0.1%
Total	**28,981,238**	**27,047,502**	**1,933,736**	**7.1%**	**56,941,337**	**52,272,621**	**4,668,716**	**8.9%**

	MONTH			YEAR TO DATE		
Payor Mix	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Medicare	38.8%	37.9%	0.9%	36.9%	38.0%	-1.1%
Medicare Managed Care	19.0%	18.3%	0.7%	19.5%	18.3%	1.2%
Medi-Cal	17.6%	16.2%	1.4%	17.1%	16.1%	1.0%
Self Pay	1.6%	1.2%	0.4%	1.7%	1.2%	0.5%
Commercial & Other Governn	20.9%	23.8%	-2.9%	22.3%	23.8%	-1.5%
Worker's Comp.	2.2%	2.7%	-0.5%	2.5%	2.6%	-0.1%
Total	**100.0%**	**100.0%**		**100.0%**	**100.0%**	

SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended August 31, 2024

ATTACHMENT B

	CURRENT MONTH				YEAR-TO-DATE			YTD
	Actual 08/31/24	Budget 08/31/24	Favorable (Unfavorable) Variance		Actual 08/31/24	Budget 08/31/24	Favorable (Unfavorable) Variance	Prior Year 08/31/23
				Inpatient Utilization				
				Discharges				
1	38	54	(16)	Med/Surg	81	108	(27)	92
2	16	18	(2)	ICU	38	36	2	33
3	54	72	(18)	Total Discharges	119	145	(26)	125
				Patient Days:				
4	130	172	(42)	Med/Surg	281	345	(64)	356
5	78	85	(7)	ICU	157	172	(15)	165
6	208	257	(49)	Total Patient Days	438	517	(79)	521
7	23	-	23	**Observation days**	41	-	41	34
				Average Length of Stay:				
8	3.42	3.18	0.2	Med/Surg	3.47	3.19	0.28	3.87
9	4.88	4.69	0.2	ICU	4.13	4.71	(0.58)	5.00
10	3.85	3.56	0.3	Avg. Length of Stay	3.68	3.57	0.11	4.17
				Average Daily Census:				
11	4.2	5.5	(1.3)	Med/Surg	4.5	5.6	(1.0)	5.7
12	2.5	2.8	(0.2)	ICU	2.5	2.8	(0.2)	2.7
13	6.7	8.3	(1.6)	Avg. Daily Census	7.1	8.3	(1.3)	8.4
				Other Utilization Statistics				
				Emergency Room Statistics				
14	919	793	126	OP ER Visits	1,925	1,622	303	1,730
				Outpatient Statistics:				
15	5,750	4,610	1,140	Total Outpatients Visits	11,343	9,198	2,145	9,969
16	12	12	0	IP Surgeries	19	23	(4)	30
17	145	132	13	OP Surgeries / Special Procedures	269	252	17	343
18	327	333	(6)	Adjusted Discharges	635	643	(7)	621
19	1,260	1,201	58	Adjusted Patient Days	2,350	2,325	25	2,622
20	40.6	38.8	1.9	Adj. Avg. Daily Census	37.9	37.5	0.4	42.3
21	1.454	1.400	0.054	Case Mix Index -Medicare	1.396	1.400	(0.004)	1.460
22	1.456	1.400	0.056	Case Mix Index - All payers	1.409	1.400	0.009	1.391
				Labor Statistics				
23	219	214	(5)	FTE's - Worked	215	212	(2.9)	214
24	244	236	(8)	FTE's - Paid	240	235	(4.5)	234
25	49.53	49.39	(0.15)	Average Hourly Rate	48.96	49.52	0.56	49.00
26	6.01	6.08	0.07	FTE / Adj. Pat Day	6.32	6.27	(0.05)	5.54
27	34.2	34.6	0.4	Manhours / Adj. Pat Day	36.0	35.7	(0.3)	31.6
28	131.8	124.8	(7.0)	Manhours / Adj. Discharge	133.3	129.2	(4.0)	133.4
29	22.8%	27.6%	4.8%	Benefits % of Salaries	25.0%	28.9%	3.9%	24.9%
				Non-Labor Statistics				
30	10.6%	10.8%	0.2%	Supply Expense % Net Revenue	9.6%	10.8%	1.2%	14.1%
31	1,664	1,542	(121)	Supply Exp. / Adj. Discharge	1,545	1,553	9	1,971
32	17,610	17,499	(111)	Total Expense / Adj. Discharge	18,122	18,020	(102)	15,973
				Other Indicators				
33	19.8			Days Cash - Operating Funds				
34	58.3	50.0	8.3	Days in Net AR	58.0	50.0	8.0	64.6
35	97%			Collections % of Cash Goal	102%			102.2%
36	60.7	55.0	5.7	Days in Accounts Payable	60.7	55.0	5.7	-
37	17.6%	17.7%	0.0%	% Net revenue to Gross revenue	18.0%	17.8%	0.2%	15.2%
38	36.4%			% Net AR to Gross AR	36.4%			33.8%

ATTACHMENT C

Sonoma Valley Health Care District
Balance Sheet
As of August 31, 2024
UNAUDITED

		Current Month	Prior Month	Prior Year
	Assets			
	Current Assets:			
1	Cash	2,969,124	3,428,185	4,716,878
3	Net Patient Receivables	12,194,645	11,756,221	10,270,858
4	Allow Uncollect Accts	(4,139,598)	(3,948,126)	(1,998,431)
5	Net A/R	8,055,047	7,808,095	8,272,427
6	Other Accts/Notes Rec	1,383,800	1,376,217	1,793,595
7	Parcel Tax Receivable	3,800,000	3,800,000	3,800,000
8	GO Bond Tax Receivable	2,568,326	2,568,326	2,617,464
9	3rd Party Receivables, Net	780,586	361,472	(29,823)
10	Inventory	932,321	917,067	1,004,737
11	Prepaid Expenses	977,566	1,170,136	1,547,135
12	Total Current Assets	$ 21,466,770	$ 21,429,498	$ 23,722,413
13	Property,Plant & Equip, Net	$ 62,103,421	$ 61,613,653	$ 57,662,080
14	Trustee Funds - GO Bonds	5,982,661	5,957,336	5,797,833
15	Designated Funds - Board Approved	-	-	-
16	**Total Assets**	**$ 89,552,852**	**$ 89,000,487**	**$ 87,182,326**
	Liabilities & Fund Balances			
	Current Liabilities:			
17	Accounts Payable	$ 6,825,538	$ 6,673,070	$ 4,707,110
18	Accrued Compensation	4,049,786	3,768,145	3,820,154
19	Interest Payable - GO Bonds	268,600	225,861	314,730
20	Accrued Expenses	202,921	465,936	1,854,361
21	Advances From 3rd Parties	-	-	-
22	Deferred Parcel Tax Revenue	3,166,666	3,483,333	3,166,666
23	Deferred GO Bond Tax Revenue	2,006,269	2,206,896	2,181,221
24	Current Maturities-LTD	217,475	217,475	217,475
25	Line of Credit - Union Bank	1,895,519	1,873,734	4,973,734
26	Other Liabilities	57,510	92,510	57,511
27	Total Current Liabilities	$ 18,690,284	$ 19,006,960	$ 21,292,963
28	Long Term Debt, net current portion	$ 30,522,603	$ 30,646,293	$ 29,710,643
29	Fund Balances:			
30	Unrestricted	$ 16,464,892	$ 15,472,161	$ 15,533,204
31	Restricted	23,875,073	23,875,073	20,645,512
32	Total Fund Balances	$ 40,339,965	$ 39,347,234	$ 36,178,715
33	**Total Liabilities & Fund Balances**	**$ 89,552,852**	**$ 89,000,487**	**$ 87,182,321**

Sonoma Valley Health Care District
Balance Sheet Variance Analysis
As of August 31, 2024

ATTACHMENT D

Assets	Monthly Change	Current Month	Prior Month	Prior Year	Variance Commentary
CURRENT ASSETS					
Cash	(459,061)	2,969,124	3,428,185	4,716,878	Cash receipts of $4.2 million vs. $4.7 million in AP payments. In addition to AP payments, SVH had capital expenditures of $105K for payment of multiple assets.
Net A/R	246,952	8,055,047	7,808,095	8,272,427	Increase in net monthly patient revenue
Other Receivables	426,697	8,532,712	8,106,015	8,181,236	Change relates to the recording of the current fiscal year income receivables for the bond and parcel taxes monthly amortization
Inventory	15,254	932,321	917,067	1,004,737	Comparable balances
Prepaid Expenses	(192,570)	977,566	1,170,136	1,547,135	Monthly expense recognition of prepaid expenditures
TOTAL CURRENT ASSETS	**37,272**	**21,466,770**	**21,429,498**	**23,722,413**	
NON-CURRENT ASSETS					
Net Fixed Assets	489,768	62,103,421	61,613,653	57,662,080	Invoices related to progress billings for ODC project
Trustee Funds - GO Bonds	25,325	5,982,661	5,957,336	5,797,833	
TOTAL ASSETS	**552,365**	**89,552,852**	**89,000,487**	**87,182,326**	

Liabilities / Fund Balance	Monthly Change	Current Month	Prior Month	Prior Year	Variance Commentary
CURRENT LIABILITIES					
Accounts Payable	152,468	6,825,538	6,673,070	4,707,110	Small increase from prior month
Accrued Expenses	18,626	4,252,707	4,234,081	5,674,515	Comparable
Interest Payable	42,739	268,600	225,861	314,730	Go Bond interest accrual
Deferred Revenues	*(517,294)*	5,172,935	5,690,229	5,347,887	Monthly amortization of annual Parcel Tax and IGT funds
Line of Credit	21,785	1,895,519	1,873,734	4,973,734	
Other Liabilities	*(35,000)*	274,985	309,985	274,986	GASB amortization
TOTAL CURRENT LIABILITIES	**(316,676)**	**18,690,284**	**19,006,960**	**21,292,963**	
NON-CURRENT LIABILITIES					
Long Term Debt	(123,690)	30,522,603	30,646,293	29,710,643	Comparable
TOTAL LIABILITIES	**(440,366)**	**49,212,887**	**49,653,253**	**51,003,606**	
FUND BALANCES					
Fund Balance	992,731	40,339,965	39,347,234	36,178,715	Change in Net Position for month $992,730
TOTAL LIABILITIES & FUND BALANCES	**552,365**	**89,552,852**	**89,000,487**	**87,182,321**	

Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended August 31, 2024

ATTACHMENT E

		Month				Year-To- Date						
		This Year		Variance		This Year		Variance			Variance	
		CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
	Volume Information											
1	Acute Discharges	54	72	(18)	-25%	119	145	(26)	-18%	125	(6)	-5%
2	Patient Days	208	257	(49)	-19%	438	517	(79)	-15%	521	(83)	-16%
3	Observation Days	23	-	23	n/a	41	-	41	n/a	34	7	21%
4	Gross O/P Revenue (000's)	24,219	21,120	3,100	15%	46,304	40,429	5,876	15%	45,398	907	2%
	Financial Results											
	Gross Patient Revenue	**CYM Actual**	**CYM Budget**	**Var**	**%**	**YTD Actual**	**YTD Budget**	**Var**	**%**	**PYTD Actual**	**Var**	**%**
5	Inpatient	4,785,991	5,838,589	(1,052,598)	-18%	10,685,145	11,726,925	(1,041,780)	-9%	11,456,221	(771,076)	-7%
6	Outpatient	13,549,229	12,933,586	615,643	5%	25,256,426	24,782,498	473,928	2%	27,842,961	(2,586,535)	-9%
7	Emergency	10,670,255	8,186,017	2,484,238	30%	21,048,057	15,646,245	5,401,812	35%	17,585,674	3,462,383	20%
8	**Total Gross Patient Revenue**	**29,005,475**	**26,958,192**	**2,047,283**	**8%**	**56,989,628**	**52,155,668**	**4,833,960**	**9%**	**56,884,857**	**104,771**	**0%**
	Deductions from Revenue											
9	Contractual Discounts	(24,552,378)	(22,995,808)	(1,556,570)	7%	(48,001,396)	(44,489,194)	(3,512,202)	8%	(47,705,543)	(295,853)	1%
10	Bad Debt	(172,250)	(127,659)	(44,591)	35%	(322,250)	(246,978)	(75,272)	30%	(250,286)	(71,964)	29%
11	Charity Care Provision	(41,925)	54,845	(96,770)	-176%	(147,274)	106,106	(253,380)	-239%	(274,358)	127,084	-46%
12	Supplemental Funding	871,547	871,547	0	0%	1,743,094	1,743,093	1	0%	-	1,743,094	n/a
13	**Total Deductions from Revenue**	**(23,895,006)**	**(22,197,076)**	**(1,697,930)**	**8%**	**(46,727,826)**	**(42,886,973)**	**(3,840,853)**	9%	**(48,230,187)**	**1,502,361**	**-3%**
14	**Net Patient Service Revenue**	**5,110,469**	**4,761,116**	**349,353**	**7%**	**10,261,802**	**9,268,695**	**993,107**	**11%**	**8,654,669**	**1,607,133**	**19%**
15	Other Operating Revenue	98,402	91,993	6,409	7%	196,352	183,987	12,365	7%	172,989	23,363	14%
16	**Total Operating Revenue**	**5,208,871**	**4,853,110**	**355,761**	**7%**	**10,458,154**	**9,452,682**	**1,005,472**	**11%**	**8,827,658**	**1,630,496**	**18%**
	Operating Expenses	**CYM Actual**	**CYM Budget**	**Var**	**%**	**YTD Actual**	**YTD Budget**	**Var**	**%**	**PYTD Actual**	**Var**	**%**
17	Salary and Wages and Agency Fees	2,135,117	2,055,690	79,427	4%	4,143,405	4,111,538	31,867	1%	4,055,705	87,700	2%
18	Employee Benefits	721,346	803,150	(81,804)	-10%	1,565,728	1,641,301	(75,573)	-5%	1,441,694	124,035	9%
19	Total People Cost	2,856,463	2,858,840	(2,377)	0%	5,709,133	5,752,839	(43,706)	-1%	5,497,398	211,735	4%
20	Med and Prof Fees (excld Agency)	537,961	671,497	(133,536)	-20%	1,298,396	1,321,420	(23,024)	-2%	1,157,811	140,585	12%
21	Supplies	543,997	514,319	29,678	6%	980,996	998,061	(17,065)	-2%	1,223,172	(242,176)	-20%
22	Purchased Services	481,692	450,750	30,942	7%	832,022	851,482	(19,460)	-2%	721,612	110,410	15%
23	Depreciation	578,469	546,705	31,764	6%	1,097,562	1,068,409	29,153	3%	479,207	618,355	129%
24	Utilities	199,612	175,209	24,403	14%	403,713	350,418	53,295	15%	317,896	85,817	27%
25	Insurance	16,650	74,736	(58,086)	-78%	119,400	149,472	(30,072)	-20%	147,743	(28,343)	-19%
26	Interest	29,150	29,445	(295)	-1%	42,123	58,889	(16,766)	-28%	85,800	(43,677)	-51%
27	Other	106,367	100,875	5,492	5%	209,243	200,703	8,540	4%	191,289	17,954	9%
28	Supplemental Funding Fees	365,191	365,191	0	0%	730,382	730,382	0	0%	-	730,382	n/a
29	**Operating Expenses**	**5,715,552**	**5,787,566**	**(72,014)**	**-1%**	**11,422,971**	**11,482,076**	**(59,105)**	**-1%**	**9,821,929**	**1,601,041**	**16%**
30	**Operating Margin**	**(506,681)**	**(934,456)**	**427,775**	**46%**	**(964,817)**	**(2,029,394)**	**1,064,577**	**52%**	**(994,272)**	**29,455**	**3%**

Sonoma Valley Health Care District
Statement of Revenue and Expenses
For the Period Ended August 31, 2024

ATTACHMENT E

		Month				Year-To- Date						
		This Year		Variance		This Year		Variance			Variance	
		CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
	Non Operating Rev and Expense											
31	Miscellaneous Revenue/(Expenses)	38,607	14,488	24,119	166%	26,101	28,975	(2,874)	-10%	147,667	(121,566)	-82%
32	Donations	-	(3,955)	3,955	-100%	-	(7,909)	7,909	-100%	-	-	n/a
33	Parcel Tax Assessment Rev	316,667	312,500	4,167	1%	633,334	625,000	8,334	1%	633,334	-	0%
34	Extraordinary Items	-	-	-	n/a	-	-	-	n/a	-	-	n/a
35	**Total Non-Operating Revenue/(Expense)**	**355,274**	**323,033**	**32,241**	**10%**	**659,435**	**646,066**	**13,369**	**2%**	**781,001**	**(121,566)**	**-16%**
36	**Net Income / (Loss) prior to GO Bond(net)**	**(151,407)**	**(611,423)**	**460,016**	**75%**	**(305,382)**	**(1,383,328)**	**1,077,947**	**78%**	**(213,271)**	**(92,111)**	**-43%**
37	GO Bond Activity, Net	157,691	177,571	(19,880)	-11%	315,382	355,143	(39,761)	-11%	345,606	(30,224)	-9%
38	**Net Income / (Loss) with GO Bond(net)**	**6,284**	**(433,852)**	**440,136**	**101%**	**10,000**	**(1,028,186)**	**1,038,186**	**101%**	**132,335**	**(122,335)**	**92%**
39	Restricted Foundation Contributions	986,446	157,410	829,036	527%	1,052,405	314,819	737,586	234%	-	1,052,405	n/a
40	**Change in Net Position**	**992,730**	**(276,442)**	**1,269,172**	**459%**	**1,062,405**	**(713,367)**	**1,775,772**	**249%**	**132,335**	**930,070**	**-703%**
	Operating EBDA	**71,788**	**(387,751)**	**459,539**	**119%**	**132,745**	**(960,985)**	**1,093,730**	**114%**	**(515,064)**	**647,809**	**126%**
	Total EBDA - Excl Rest Contributions	**584,753**	**112,853**	**471,900**	**418%**	**1,107,562**	**40,223**	**1,067,339**	**2654%**	**611,543**	**496,019**	**81%**
	Total EBDA - Incl Rest Contributions	**1,571,199**	**270,262**	**1,300,937**	**481%**	**2,159,967**	**355,042**	**1,804,925**	**508%**	**611,543**	**1,548,424**	**253%**

Sonoma Valley Health Care District **ATTACHMENT F**

FY24 Trended Income Statement - Last 6 Months

For the Period Ended August 31, 2024

		March FY24	April FY24	May FY24	June FY24	July FY25	August FY25	FY25 YTD Month Avg	FY24 YTD Month Avg
1	Acute Discharges	59	70	63	58	65	54	60	68
2	Patient Days	192	230	197	201	230	208	219	245
3	Observation Days	17	19	22	29	18	23	21	22
4	Gross O/P Revenue (000's)	$ 21,438	$ 21,913	$ 21,663	$ 21,914	$ 27,960	$ 28,981	$ 28,471	$ 21,821
	Financial Results								
	Gross Patient Revenue								
5	Inpatient	$ 4,451,229	$ 6,001,401	$ 4,589,215	$ 5,247,297	$ 5,899,154	$ 4,785,991	$ 5,342,573	$ 5,855,907
6	Outpatient	12,014,729	12,349,015	12,028,739	11,630,429	11,683,143	13,524,993	12,604,068	12,948,617
7	Emergency	9,423,709	9,563,637	9,634,326	10,284,037	10,377,802	10,670,255	10,524,029	8,872,108
8	**Total Gross Patient Revenue**	**$ 25,889,667**	**$ 27,914,053**	**$ 26,252,280**	**$ 27,161,763**	**$ 27,960,099**	**$ 28,981,239**	**$ 28,470,669**	**$ 27,676,632**
	Deductions from Revenue								
9	Contractual Discounts	(21,920,503)	(21,690,696)	(22,184,344)	(22,711,319)	(23,449,018)	(24,552,378)	(24,000,698)	(23,322,102)
10	Bad Debt	(216,128)	(2,013,340)	(72,256)	(151,047)	(150,000)	(172,250)	(161,125)	(274,192)
11	Discounts / Other Deductions	165,606	(102,784)	22,408	(118,043)	(105,349)	(41,925)	(73,637)	(8,882)
12	IGT Revenue	780,000	1,861,463	207,222	-	871,547	871,547	871,547	656,761
13	**Total Deductions from Revenue**	**$ (21,191,025)**	**$ (21,945,357)**	**$ (22,026,970)**	**$ (22,980,409)**	**$ (22,832,820)**	**$ (23,895,006)**	**$ (23,363,913)**	**$ (22,948,415)**
14	**Net Patient Service Revenue**	**$ 4,698,642**	**$ 5,968,696**	**$ 4,225,310**	**$ 4,181,354**	**$ 5,127,279**	**$ 5,086,233**	**$ 5,106,756**	**$ 4,728,217**
15	Other Operating Revenue	$ 92,702	$ 102,300	$ 92,828	$ 89,091	$ 122,004	$ 122,638	$ 122,321	$ 92,739
16	**Total Operating Revenue**	**$ 4,791,344**	**$ 6,070,996**	**$ 4,318,138**	**$ 4,270,445**	**$ 5,249,283**	**$ 5,208,871**	**$ 5,229,077**	**$ 4,820,956**
	Operating Expenses								
17	Salary and Wages and Agency Fees	$ 2,056,165	$ 2,054,463	$ 2,080,929	$ 1,996,137	$ 2,008,288	$ 2,135,117	$ 2,071,703	$ 2,026,203
18	Employee Benefits	925,525	856,322	808,621	842,715	844,382	721,346	782,864	785,416
19	Total People Cost	$ 2,981,690	$ 2,910,785	$ 2,889,550	$ 2,838,852	$ 2,852,670	$ 2,856,463	$ 2,854,567	2,811,618
20	Med and Prof Fees (excld Agency)	$ 639,293	$ 579,135	$ 643,707	$ 652,661	$ 760,435	$ 537,961	$ 649,198	$ 598,762
21	Supplies	473,260	361,713	550,525	608,089	436,999	543,997	490,498	626,803
22	Purchased Services	372,201	403,065	307,662	463,462	350,330	481,692	416,011	413,583
23	Depreciation	427,561	422,819	441,840	500,000	519,093	578,469	548,781	441,044
24	Utilities	119,082	151,806	135,364	227,263	204,101	199,612	201,857	162,052
25	Insurance	66,583	98,995	68,544	34,172	102,750	16,650	59,700	68,293
26	Interest	54,108	20,453	50,300	120,563	12,973	29,150	21,062	59,272
27	Other	104,090	115,482	108,036	88,499	102,876	106,367	104,622	100,025
28	Matching Fees (IGT)	293,539	47,472	86,484	-	365,191	365,191	365,191	266,458
29	**Operating expenses**	**$ 5,531,407**	**$ 5,111,725**	**$ 5,282,012**	**$ 5,533,561**	**$ 5,707,419**	**$ 5,715,552**	**$ 5,711,485**	**$ 5,547,909**
30	**Operating Margin**	**$ (740,063)**	**$ 959,271**	**$ (963,874)**	**$ (1,263,116)**	**$ (458,136)**	**$ (506,681)**	**$ (482,408)**	**$ (726,953)**
	Non Operating Rev and Expense								
31	Miscellaneous Revenue/(Expenses)	$ 37,899	$ 40,512	$ 41,366	$ 64,651	$ (12,506)	$ 38,607	$ 13,051	$ 36,743
32	Donations	(1,459)	67	-	-	-	-	-	(1,005)
33	Parcel Tax Assessment Rev	316,667	316,667	316,668	316,663	316,667	316,667	316,667	316,667
34	Extraordinary Items	-	-	-	-	-	-	-	-
35	**Total Non-Operating Rev/Exp**	**$ 353,107**	**$ 357,246**	**$ 358,034**	**$ 381,314**	**$ 304,161**	**$ 355,274**	**$ 329,718**	**$ 352,405**
36	**Net Income / (Loss) Excl GO Bond**	**$ (386,956)**	**$ 1,316,517**	**$ (605,840)**	**$ (881,802)**	**$ (153,975)**	**$ (151,407)**	**$ (152,691)**	**$ (374,548)**
37	GO Bond Activity, Net	175,187	175,187	175,187	175,188	157,691	157,691	157,691	174,790
38	**Net Income/(Loss) Incl GO Bond**	**$ (211,769)**	**$ 1,491,704**	**$ (430,653)**	**$ (706,614)**	**$ 3,716**	**$ 6,284**	**$ 5,000**	**$ (199,759)**
39	Restricted Foundation Contributions	$ 2,442,308	$ 1,202,053	$ 153,261	$ 448,716	$ 65,959	$ 986,446	$ 526,203	$ 449,199
40	**Change in Net Position**	**$ 2,230,539**	**$ 2,693,757**	**$ (277,392)**	**$ (257,898)**	**$ 69,675**	**$ 992,730**	**$ 531,203**	**$ 249,440**
	Operating EBDA	**$ (312,502)**	**$ 1,382,090**	**$ (522,034)**	**$ (763,116)**	**$ 60,957**	**$ 71,788**	**$ 66,373**	**$ (285,910)**
	Total EBDA - Excl Rest Contributions	$ 215,792	$ 1,914,523	$ 11,187	$ (206,614)	$ 522,809	$ 584,753	$ 553,781	$ 241,285
	Total EBDA - Incl Rest Contributions	$ 2,658,100	$ 3,116,576	$ 164,448	$ 242,102	$ 588,768	$ 1,571,199	$ 1,079,984	$ 690,484

Sonoma Valley Hospital
Cash Forecast
FY 2024

ATTACHMENT G

		Actual July	Actual Aug	Forecast Sept	Forecast Oct	Forecast Nov	Forecast Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
	Hospital Operating Sources													
1	Patient Payments Collected	4,211,654	4,169,523	4,000,000	4,000,000	4,100,000	4,100,000	4,100,000	4,100,000	4,200,000	4,200,000	4,250,000	4,250,000	49,681,176
2	Other Operating Revenue	316,656	106,836	37,000	95,000	200,000	93,000	115,000	150,000	20,000	110,000	100,000	100,000	1,443,492
3	Other Non-Operating Revenue	12,149	20,866	10,861	46,651	19,716	11,380	24,169	9,420	11,309	18,628	3,587	8,000	196,736
4	Unrestricted Contributions		8,192											8,192
	Sub-Total Hospital Sources	**4,540,458**	**4,305,417**	**4,047,861**	**4,141,651**	**4,319,716**	**4,204,380**	**4,239,169**	**4,259,420**	**4,231,309**	**4,328,628**	**4,353,587**	**4,358,000**	**51,329,596**
	Hospital Uses of Cash													
5	Operating Expenses / AP Payments	5,002,977	4,703,643	5,032,000	5,047,000	5,057,000	5,139,000	5,407,200	4,878,000	4,954,000	5,030,000	5,403,000	4,977,000	60,630,820
6	Term Loan Paydown - $1.9M LOC	-	-	-	38,525	38,525	38,525	38,525	38,525	38,525	38,525	38,525	38,525	346,725
7	Capital Expenditures	65,959	1,047,616	-	25,000	25,000	-	100,000	125,000	100,000	200,000	225,000	50,000	1,963,575
	SVH Capital	-	105,290		25,000	25,000		100,000	125,000	100,000	200,000	225,000	50,000	955,290
	Foundation Capital	65,959	942,326	-										1,008,285
	Total Hospital Uses	**5,068,936**	**5,751,259**	**5,032,000**	**5,072,000**	**5,082,000**	**5,139,000**	**5,507,200**	**5,003,000**	**5,054,000**	**5,230,000**	**5,628,000**	**5,027,000**	**62,594,395**
	Net Hospital Sources/Uses of Cash	**(528,478)**	**(1,445,842)**	**(984,139)**	**(930,349)**	**(762,284)**	**(934,620)**	**(1,268,031)**	**(743,580)**	**(822,691)**	**(901,372)**	**(1,274,413)**	**(669,000)**	**(11,264,798)**
	Non-Hospital Sources													
8	Restricted Capital Donations	65,959	986,446											1,052,405
9	Parcel Tax Revenue	142,457				1,612,000	285,250				1,754,793			3,794,500
10	Other Payments					300,000								300,000
11	Other:													-
12	IGT - QIP (PY 6/CY23)									750,000				750,000
13	IGT - Rate Range (CY23)							11,105,844						11,105,844
14	IGT - HQAF VIII (CY23)											780,000		780,000
15	IGT - NDPH (SFY23-24)												-	-
16	IGT - NDPH (SFY24-25)												160,600	160,600
17	IGT - DHDP (CY23)									-		838,658		838,658
18	Distressed Hospital Loan Program	3,100,000												3,100,000
19	Line of Credit Draw - New Bank				5,400,000									5,400,000
	Sub-Total Non-Hospital Sources	**3,308,416**	**986,446**	**-**	**5,400,000**	**1,912,000**	**285,250**	**11,105,844**	**-**	**750,000**	**1,754,793**	**1,618,658**	**160,600**	**27,282,007**
	Non-Hospital Uses of Cash													
20	IGT Matching Fee Payments					5,157,563			486,730	294,000	86,480	-		6,024,773
21	Line of Credit Repayment - Existing LOC	3,100,000												3,100,000
22	Line of Credit Repayment - New LOC							5,400,000						5,400,000
	Sub-Total Non-Hospital Uses of Cash	**3,100,000**	**-**	**-**	**-**	**5,157,563**	**-**	**5,400,000**	**486,730**	**294,000**	**86,480**	**-**	**-**	**14,524,773**
	Net Non-Hospital Sources/Uses of Cash	**208,416**	**986,446**	**-**	**5,400,000**	**(3,245,563)**	**285,250**	**5,705,844**	**(486,730)**	**456,000**	**1,668,313**	**1,618,658**	**160,600**	**12,757,234**
	Net Sources/Uses	**(320,062)**	**(459,396)**	**(984,139)**	**4,469,651**	**(4,007,847)**	**(649,370)**	**4,437,813**	**(1,230,310)**	**(366,691)**	**766,941**	**344,245**	**(508,400)**	**1,492,436**
	Total Cash at beginning of period	3,748,581	3,428,519	2,969,124	1,984,985	6,454,636	2,446,789	1,797,419	6,235,232	5,004,922	4,638,231	5,405,172	5,749,417	
	Total Cash at End of Period	**3,428,519**	**2,969,124**	**1,984,985**	**6,454,636**	**2,446,789**	**1,797,419**	**6,235,232**	**5,004,922**	**4,638,231**	**5,405,172**	**5,749,417**	**5,241,017**	
	Days of Cash on Hand at End of Month	**22.0**	**19.8**	**13.2**	**43.0**	**16.3**	**12.0**	**41.6**	**33.4**	**30.9**	**36.0**	**38.3**	**34.9**	

To: **SVHCD Board of Directors**

From: **Susan Kornblatt Idell & Jessica Winkler, DNP, RN, NEA-BC, CCRN**

Date: **October 4, 2024**

Subject: Quality Committee Quarterly Report: 2nd Quarter 2024

Quality performance in the 2nd Quarter remains strong. Metrics measured and reported monthly to Quality Committee include.

- Mortality
- AHRQ Patient Safety Indicators
- Patient Falls
- Readmissions
- Blood Culture Contamination
- Stroke Core Measures
- Utilization Management
- Core Measures- Sepsis/ED/Colonoscopy
- Infection Prevention
- Inpatient and Outpatient Satisfaction

Patient volume in the Emergency Department increased over first quarter, averaging **950** visits per month. Volume on inpatient side stable in the 2nd quarter averaging **64** discharges per month. Surgical volume holding steady compared to last quarter, at an average of **157** surgical cases per month.

Hospital continues to focus on the following Quality Initiatives-

- All sepsis cases are reviewed by the Director of Quality. Any cases that do not meet the core measure standards for sepsis care are reviewed by the Director of Emergency Services/CNO and the Medical Director of the ED with education and follow up with care providers. There was a decrease in overall compliance with the Early Management Sepsis bundle from 87% in the first quarter to **70%** in the second.
- Stroke care. The hospital continues to meet or exceed all measures regarding stroke care.
- 7 Day readmissions are reviewed by the Director of Quality and the Medical Director of the Hospitalist group. 2nd quarter readmission rates (within 30 days of discharge) remain stable at **6.98%** (down from 7.36% last quarter) vs the Medicare goal of < 15%.

- Continued focus on length of stay. In addition to average length of stay we are also monitoring observed over expected ratio (O/E), in which this goal should be less than 1. Each diagnosis is given an expected length of stay (for example pneumonia expected length of stay is 5 days) and if you discharge patient less than that expected length your ratio should be less than 1. Our average O/E ratio in the 2nd quarter was **0.86.**
- **Zero** adverse events in 2nd quarter
- Hospital wide initiatives surrounding patient satisfaction continue. Quarterly HCAHPS scores were down slightly from last year in four domains, but remain competitive with state and national scores. Improvements in communication about medication, discharge information and care transitions demonstrate the focused work on these processes by the inpatient teams. There was an average of 14 surveys returned per month.

Monthly presentations regarding departmental quality initiatives and data continues. Second quarter presentations included an Infection Prevention Annual Risk Assessment and Plan; Pharmacy QA/PI; Laboratory Services QA/PI; and the quarterly report on the Patient Care Services dashboard.

Patient Satisfaction:
HCAHPS

PressGaney

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Service Date Range: 4/1/2024 - 6/30/2024
Sonoma Valley Hospital - System (15704)

Inpatient

Questions	Top Box	n	STATE CA Score	All PG Database Score
*Rate hospital 0-10	80.95	42	74.22	71.19
*Recommend the hospital	80.49	41	74.99	70.19
***Comm w/ Nurses Domain Performance**	79.07	43	79.14	79.74
*Nurses treat with courtesy/respect	93.02	43	85.25	86.40
*Nurses listen carefully to you	76.74	43	76.84	77.31
*Nurses expl in way you understand	67.44	43	75.34	75.50
***Response of Hosp Staff Domain Performance**	61.44	40	64.11	64.55
*Call button help soon as wanted it	62.16	37	62.83	63.11
*Help toileting soon as you wanted	60.71	28	64.64	65.19
***Comm w/ Doctors Domain Performance**	78.57	43	80.01	79.85
*Doctors treat with courtesy/respect	90.48	42	85.09	85.96
*Doctors listen carefully to you	73.81	42	78.79	78.35
*Doctors expl in way you understand	71.43	42	76.14	75.25
***Hospital Environment Domain Performance**	65.48	42	64.30	66.51
*Cleanliness of hospital environment	76.19	42	74.87	73.32
*Quietness of hospital environment	54.76	42	53.72	59.65
***Comm About Medicines Domain Performance**	62.93	29	62.44	60.98
*Tell you what new medicine was for	75.86	29	75.46	74.63
*Staff describe medicine side effect	50.00	26	49.41	47.29
***Discharge Information Domain Performance**	95.91	38	88.19	86.85
*Staff talk about help when you left	97.37	38	86.54	85.23
*Info re symptoms/prob to look for	94.44	36	89.81	88.46
***Care Transitions Domain Performance**	61.59	42	55.23	53.07
*Hosp staff took pref into account	58.97	39	49.49	47.55
*Good understanding managing health	56.10	41	54.43	52.29
*Understood purpose of taking meds	69.70	33	61.73	59.36

Patient Satisfaction
OASCAPS

PressGaney

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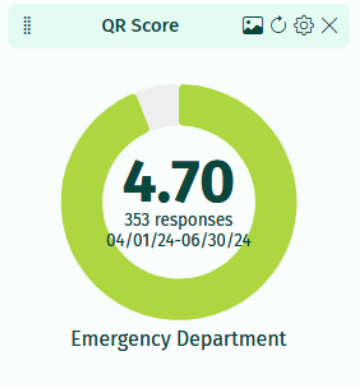
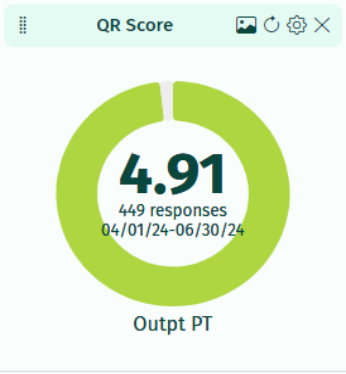
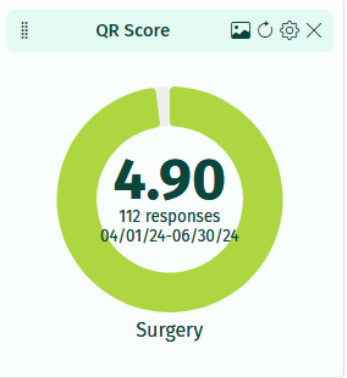
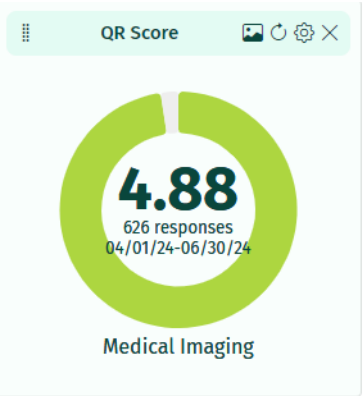
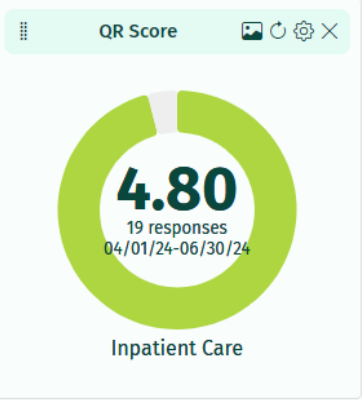
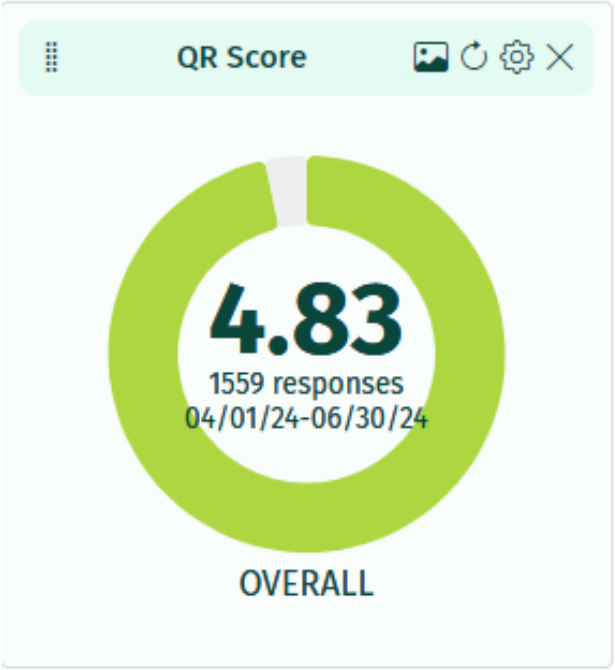
Service Date Range:4/1/2024 - 6/30/2024
Sonoma Valley Hospital - System (15704)

Ambulatory Surgery

Questions	Top Box	n	All PG Database Score	State of California Score
*Facility rating 0-10	90.28	72	87.92	86.63
*Recommend the facility	84.51	71	85.05	84.06
*Communication Domain Performance	90.41	72	92.39	90.85
*Provided needed info re procedure	94.44	72	92.78	91.77
*Instructions good re preparation	94.44	72	94.45	93.21
*Procedure info easy to understand	90.28	72	93.91	92.94
*Anesthesia info easy to understand	91.04	67	94.55	92.97
*Anes side effect easy to understand	81.82	66	86.30	83.76
*Facility/Personal Trtment Domain Performance	97.43	72	97.10	96.26
*Check-in run smoothly	95.83	72	95.61	94.33
*Facility clean	98.61	72	97.93	97.25
*Clerks and receptionists helpful	98.59	71	96.29	95.16
*Clerks and reception courteous	98.61	72	97.65	96.96
*Staff treat w/ courtesy, respect	97.18	71	98.10	97.56
*Staff ensure you were comfortable	95.77	71	97.00	96.38
*Discharge Domain Performance	94.88	72	96.88	96.05
*Written discharge instructions	98.59	71	97.71	97.33
*Instructions regarding recovery	80.56	72	87.92	85.35
*Information re subsequent pain	98.28	58	98.49	98.07
*Information re subsequent nausea	97.73	44	98.59	97.88
*Information re subsequent bleeding	97.83	46	99.05	98.66
*Info on response to infection	96.30	54	99.55	99.33
Nurses Overall	89.95	71	88.82	87.14
Nurses concern for comfort	88.41	69	89.41	87.75
Info nurses gave to prep for proc	90.14	71	88.23	86.60
Nurses response concerns/questions	91.30	69	88.87	87.07
Care Provider Overall	79.50	72	84.09	80.85
CP explanation about proc	80.28	71	84.78	81.84
Info CP shared re how proc went	78.57	70	83.08	78.62
CP response to concerns/questions	84.29	70	86.49	83.75
CP expln why proc important	74.63	67	81.97	79.26
Staff worked together care for you	91.55	71	90.07	88.54

*CAHPS

Patient Satisfaction
Q-Reviews