

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

AGENDA

**THURSDAY, JANUARY 9, 2025
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/96421290468>**

Meeting ID: 964 2129 0468

One tap mobile
+12133388477,,96421290468# US
+16692192599,,96421290468# US

<p>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.</p>	RECOMMENDATION		
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p>CLOSED SESSION 5:45 pm Calif. Government Code §54956.9: Conference with Legal Council – Anticipated Litigation</p>			
1. CALL TO ORDER	Wendy Lee Myatt		
<p>2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
3. BOARD CHAIR COMMENTS	Wendy Lee Myatt		
<p>4. CONSENT CALENDAR</p> <ul style="list-style-type: none"> a. BOD Minutes – 12.07.24 b. Quality Committee Minutes – 10.23.24 c. Policies & Procedures d. Medical Staff Credentialing 	Wendy Lee Myatt	Action	Pages a. 3-4 b. 5-6 c. 7-20
5. ELECT BOARD COMMITTEE OFFICERS	Board of Directors	Action	
6. SONOMA VALLEY FIRE DISTRICT	Steve Akre, Fire Chief	Inform	
7. 2024 ANNUAL HOSPITAL COMMUNITY REPORT	Dawn Castelli	Inform	Pages 21-27
8. CEO REPORT	John Hennelly	Inform	Pages 28-29

9. CMO UPDATE	<i>Seric Cusick, MD</i>	Inform	Page 30
10. FINANCIALS FOR MONTH END NOVEMBER 2024	<i>Ben Armfield</i>	Inform	Pages 31-36
11. QUALITY COMMITTEE QUARTERLY REPORT	<i>Daniel Kittleson, DDS Jessica Winkler, DNP, RN, NEA-BC, CCRN</i>	Inform	Pages 37-41
12. COMMITTEE UPDATES	<i>Board of Directors</i>	Inform	
13. BOARD COMMENTS	<i>Board of Directors</i>	Inform	
14. ADJOURN	<i>Wendy Lee Myatt</i>	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, DECEMBER 5, 2024

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

<p>SVHCD BOARD MEMBERS (DEPARTING)</p> <ol style="list-style-type: none"> Judith Bjorndal, MD, Chair, Present Susan Kornblatt Idell, Secretary, Present Denise M. Kalos, 2nd Vice Chair, Present Bill Boerum, Treasurer, Present Wendy Lee Myatt, 1st Vice Chair, Present 	<p>SVHCD BOARD MEMBERS (NEW)</p> <ol style="list-style-type: none"> Wendy Lee Myatt, Chair, Present Denise M. Kalos, 1st Vice Chair, Present Daniel Kittleson, DDS, 2nd Vice Chair, Present Dennis B. Bloch, Secretary, Present Ed Case, Treasurer, Present 	
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i></p>		
<p>1. CALL TO ORDER</p>	<p><i>Bjorndal</i></p>	
<p>Meeting called to order at 6:00 p.m.</p>		
<p>2. PUBLIC COMMENT</p>		
<p>None</p>		
<p>3. BOARD CHAIR COMMENTS</p>	<p><i>Bjorndal</i></p>	
<p>Dr. Bjorndal reiterated her gratitude for the hospital administration, staff, and fellow board members.</p>		
<p>4. CONSENT CALENDAR</p> <ol style="list-style-type: none"> BOD Minutes – 11.07.24 Finance Committee Minutes – 10.22.24 Medical Staff Credentialing Policies and Procedures 	<p><i>Bjorndal</i></p>	<p>Action</p> <p>MOTION: by Boerum to approve, 2nd by Kornblatt Idell. All in favor.</p>
<p>5. SWEARING IN NEW BOARD MEMBERS</p>	<p><i>Judith Bjorndal, MD</i></p>	<p>Action</p>
<p>Thank you to departing Board Directors: Judith Bjorndal, MD, Susan Kornblatt Idell, and Bill Boerum. Welcome to new Board Directors: Daniel Kittleson, DDS, Dennis B. Bloch, and Ed Case.</p>		
<p>6. ELECT DISTRICT OFFICERS</p>	<p><i>Board Members</i></p>	<p>Action</p>
<p>Chair: <u>Wendy Lee Myatt</u> (motion by Kalos, 2nd by Kittleson, all in favor) 1st Vice Chair: <u>Denise M. Kalos</u> (motion by Lee Myatt, 2nd by Kittleson, all in favor) 2nd Vice Chair: <u>Daniel Kittleson, DDS</u> (motion by Lee Myatt, 2nd by Bloch, all in favor) Secretary: <u>Dennis B. Bloch</u> (motion by Lee Myatt, 2nd by Kalos, all in favor) Treasurer: <u>Ed Case</u> (motion by Lee Myatt, 2nd by Bloch, all in favor)</p>		
<p>7. RESOLUTION NO. 383 HONORING JUDITH BJORNDAL, MD</p>	<p><i>Wendy Lee Myatt</i></p>	<p>Action</p>
<p>Resolution passed by roll call vote: Lee Myatt <u>AYE</u>, Kalos <u>AYE</u>, Kittleson <u>AYE</u>, Bloch <u>AYE</u>, Case <u>AYE</u></p>		
<p>8. RESOLUTION NO. 384 HONORING BILL BOERUM</p>	<p><i>Wendy Lee Myatt</i></p>	<p>Action</p>
<p>Resolution passed by roll call vote: Lee Myatt <u>AYE</u>, Kalos <u>AYE</u>, Kittleson <u>AYE</u>, Bloch <u>AYE</u>, Case <u>AYE</u></p>		
<p>9. RESOLUTION NO. 385 HONORING SUSAN KORNBLATT IDELL</p>	<p><i>Wendy Lee Myatt</i></p>	<p>Action</p>
<p>Resolution passed by roll call vote: Lee Myatt <u>AYE</u>, Kalos <u>AYE</u>, Kittleson <u>AYE</u>, Bloch <u>AYE</u>, Case <u>AYE</u></p>		

10. CEO REPORT	<i>John Hennelly</i>	Inform
Hennelly reported a 4 th consecutive month of strong performance financially and in regards to quality. ICU project will begin in the next few weeks and last eight weeks. The PT project is waiting for materials for starting and hopefully will be this month. MRI demo almost complete.		
11. CMO REPORT	<i>Seric Cusick, MD</i>	Inform
No verbal presentation - report submitted in writing, included in packet.		
12. ROSA - Robotic Surgical Assistant System	<i>John Hennelly</i>	Action
Hennelly presented the hospital's proposed acquisition of the ROSA robotic system for Orthopedics, a move aimed at improving surgical precision and patient outcomes for joint replacements. Dr. Walter provided insights into the system's capabilities, its benefits in reducing variability and improving implant alignment, and its potential to enhance the hospital's competitiveness. Questions were raised about its financial implications, alignment with existing practices, and impact on recruitment and marketing. Dr. Walter emphasized his preference for Zimmer Biomet products and highlighted the system's importance in meeting patient expectations and keeping pace with industry advancements.		
MOTION: by Bloch to approve, 2 nd by Lee Myatt. All in favor.		
13. FY25 BUSINESS PLAN TRACKER	<i>Ben Armfield</i>	Inform
Armfield presented the FY2 Business Plan Tracker that shows the tracking progress for three significant business plan initiatives included in the fiscal year's budget: the temporary 3T MRI trailer, outpatient Physical Therapy expansion, and Dr. Walter's recruitment. These initiatives aimed to drive incremental volume and financial outcomes, which are being monitored monthly. Despite some delays, the projects are performing well overall, with notable success in MRI volumes and Dr. Walter's swift onboarding. Discussions also addressed challenges like integrating 3T MRI image accessibility for referring physicians, particularly with UCSF, emphasizing the urgency to improve connectivity through Epic. Suggestions were made to incorporate updates into broader reports and potentially present summarized progress annually to the foundation to showcase donor impact.		
14. FINANCIALS FOR MONTH END OCTOBER 2024	<i>Ben Armfield</i>	Inform
Armfield reported the hospital financials for October: another positive financial month, marking four consecutive months of exceeding budget and prior-year performance. October set an all-time high in charges at over \$32 million, driven by strong outpatient volume growth, including record-breaking MRI exams and PT volumes. ER visits were up 10% versus budget and almost 15% year-to-date. Despite the departure of Dr. Kidd, surgery volumes rebounded. Bottom-line indicators remain positive, with further upside anticipated from enhanced IGT funding, despite increased matching fee payments and associated cash flow challenges. Looking ahead, November is expected to fall short of budget, but the solid start to the fiscal year positions the hospital for continued growth. The team is also managing ongoing rate range negotiations and leveraging additional funding sources to optimize cash flow and performance.		
15. BOARD OF DIRECTORS & BOARD COMMITTEES 2025 WORK PLANS a. Board of Directors b. Finance Committee c. Quality Committee d. Audit Committee e. Governance Committee	<i>Wendy Lee Myatt</i>	Action
MOTION: by Lee Myatt to approve, 2 nd by Kalos. All in favor.		
15. COMMITTEE UPDATES	<i>Board Members</i>	Inform
none		
15. BOARD COMMENTS	<i>Board Members</i>	Inform
New Board Members will presented with online training materials from our legal team within the next month.		
16. ADJOURN	<i>Wendy Lee Myatt</i>	
Adjourned at 7:11 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

Wednesday, October 23, 2024, 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present – In Person	Excused/Not Present	Public/Staff – Via Zoom
Denise Kalos Wendy Myatt Lee (Board sub) Kathy Beebe, RN PhD Carol Snyder Paul Amara, MD, FACOG, via zoom Michael Mainardi, MD	Susan Kornblatt Idell Carl Speizer, MD Howard Eisenstark, MD	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Whitney Reese, Board Clerk Judy Bjorndal, MD, via zoom Christopher J. Gallo, PT MSPT

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kalos</i>	
	Kalos called meeting to order at 5:00pm. Susan Kornblatt Idell was not able to attend this meeting, as her final meeting as Quality Committee Chair. Committee members expressed deep appreciation for her tenure and are pleased that she will continue to be a member of the committee, even after her term on the Board of Directors concludes in December.	
2. PUBLIC COMMENT SECTION	<i>Kalos</i>	
	No public comments	
3. CONSENT CALENDAR Minutes 09.25.24	<i>Kalos</i>	ACTION
	<i>Motion to approve by Mainardi, 2nd by Snyder</i>	
4. PT/OT QA/PI	<i>Christopher J. Gallo, PT MSPT</i>	INFORM
Gallo presented an update for regarding the Physical Therapy department. PT is working to improve patient outcomes through education and monitoring. The team aims for 100% documentation of orthostatic responses to ensure safe discharges, though challenges remain in balancing		

<p>readiness assessments, especially for younger patients. Speech therapy efforts are supported by the use of the Functional Oral Intake Scale (FOIS) to track improvements in oral intake, with data collection helping to validate progress during patient stays. Regular chart audits involving all staff ensure compliance with Medicare and internal standards, maintaining high-quality documentation and outcomes. Expansion plans include increasing therapy spaces and staff to meet patient demand, while exploring community-focused wellness programs such as Pilates, transitional training, and a lymphedema program to address unmet needs. Staffing challenges persist, though successful recruitment has brought in skilled therapists. While home occupational therapy services are limited due to staffing and liability constraints, the team remains committed to exploring ways to support patients transitioning home safely. Positive patient feedback underscores the dedication and effectiveness of the team, highlighting their impact within the community.</p>		
<p>5. PATIENT CARE SERVICES DASHBOARD 3RD QTR</p>	<p><i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i></p>	<p>INFORM</p>
<p>Winkler reported strong performance in most areas: medication scanning rates exceed 90% except in the ER (low 80% due to workflow issues) with zero preventable errors. Nursing turnover was 6.3%, mainly due to career moves, but average tenure remains high at 8–10 years. Patient experience scores averaged 4.85 stars, with outpatient surgery leading at 4.86 and ER at 4.74. Despite salary competitiveness challenges, staff retention is strong, supported by professional development programs and preceptorship opportunities.</p>		
<p>6. QUALITY INDICATOR PERFORMANCE & PLAN</p>	<p><i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i></p>	<p>INFORM</p>
<p>Winkler presented quality metrics for September, noting mortality within targets, no adverse events, and two hospital-acquired C Diff cases under investigation. Blood culture contamination and ED throughput delays were addressed, while stroke certification challenges stemmed from atypical presentations. Readmission rates and patient satisfaction scores exceeded targets, and no severe sepsis cases met criteria.</p>		
<p>7. POLICIES AND PROCEDURES</p>	<p><i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i></p>	<p>INFORM</p>
	<p>No policy and procedure changes</p>	
<p>8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report</p>	<p><i>Kalos</i></p>	<p>ACTION</p>
	<p><i>Motion to recommend to Board of Directors for approval by Mainardi, 2nd by Snyder. Beebe abstained.</i></p>	
<p>9. ADJOURN</p>	<p><i>Kalos</i></p>	
	<p>Meeting adjourned at 5:50 pm</p>	

Document Tasks By Committee

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

Report Parameters

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

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 49

Committee: 09 BOD-Board of Directors

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

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Admission Criteria to the ICU <i>ICU Dept</i>	Pending Approval	12/11/2024	23

Summary Of Changes: **Reviewed, no changes, reference remains current**

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)**

Aid in Dying <i>Patient Rights Policies (PR)</i>	Pending Approval	12/11/2024	23
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Summary Of Changes: **Reviewed, no 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)**

Anti-harassment Policy <i>Human Resources Policies (HR)</i>	Pending Approval	12/10/2024	24
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Summary Of Changes: **Title Change to: Harassment, Discrimination and Retaliation Prevention**
Updated the purpose statement for clarity and updated language in the policy throughout to ensure compliance with updated laws and regulations.
Added statements and paragraphs throughout to fully define and detail behaviors related to harassment, discrimination and retaliation. Removed outdated language and unnecessary legal definitions.
Added a section on Reasonable Accommodation and how failure to do so could be construed as discrimination.
Updated Complaint Procedures to provide clear and specific direction.
Added more detail about how SVH will respond to complaints.
Updated references.

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

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

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

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 01/03/2025 4:18 PM

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

Autoclave Failure	Pending Approval	12/11/2024	23
<i>Central Sterile Dept</i>			
Summary Of Changes:	Reviewed, updated autoclave failure process to reflect current practice. Call biomed, not engineering. 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)		
C-arm Equip Operation and Maintenance 7630-111	Pending Approval	12/11/2024	23
<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	No changes.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Ashford, Troy (tashford)		
ExpertReviewers:	Medical Director-Diagnostic Radiology		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
C-arm Equipment Exemption 7630-113	Pending Approval	12/11/2024	23
<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	No changes.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Ashford, Troy (tashford)		
ExpertReviewers:	Medical Director-Diagnostic Radiology		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Cancellation No Show	Pending Approval	12/11/2024	23
<i>Rehabilitation Services Dept</i>			
Summary Of Changes:	Clarifying language (deleted comma, added or)		
	<ul style="list-style-type: none"> • All new outpatients will sign an agreement regarding cancellation or no-shows made without 24 hour notice or at their first appointment. 		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gallo, Christopher (cgallo)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Code Blue - Broselow Carts and Emergency Medications	Pending Approval	12/11/2024	23
<i>Emergency Code Alerts Policies</i>			
Summary Of Changes:	Updated location that spare trays are stored from 3S med room (wrong), to 3C med room (correct)		
	Updated contents list for medication tray, increasing par levels of epinephrine, naloxone, calcium chloride, and sodium bicarbonate. Added naloxone 2mg syringe as well.		
	Reviewed at Code Blue Committee--approved.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza), Winkler, Jessica (jwinkler)		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 01/03/2025 4:18 PM

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

ExpertReviewers: **12-Safety Committee, 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)**

Compounding Nonsterile Drug Products	Pending Approval	12/11/2024	23
<i>Medication Management Policies (MM)\Compounding Policies</i>			

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

Compounding Policies, Annual Review	Pending Approval	12/11/2024	23
<i>Medication Management Policies (MM)\Compounding Policies</i>			

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

Conflict Management including Medical Staff, BOD	Pending Approval	12/11/2024	23
<i>Governance and Leadership Policies</i>			

Summary Of Changes: **Edited title from "Conflict Management" to "Conflict Management including Medical Staff, BOD"**
No changes to policy
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Hennelly, John (jhennelly)**
 ExpertReviewers: **Kidd, Sabrina (skidd)**
 Approvers: **Hennelly, John (jhennelly), McKissock, Lynn (lmckissock) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (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)**

Diet Orders and Diet Changes	Pending Approval	12/11/2024	23
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: **Reviewed, no changes needed**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Finn, Bridget (bfinn)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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)**

Dress Code	Pending Approval	12/10/2024	24
<i>Human Resources Policies (HR)</i>			

Summary Of Changes: **Updated table of required uniforms only: Removed Rehab Services; added Patient Access Staff**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **McKissock, Lynn (lmckissock)**
 Approvers: **Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 01/03/2025 4:18 PM

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

Employee Assistance Program	Pending Approval	12/10/2024	24
<i>Human Resources Policies (HR)</i>			
Summary Of Changes:	Minor changes in the verbiage to provide clarity. Removed language regarding continued employment contingent upon utilizing EAP services when formally referred by supervisor. Updated references.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	McKissock, Lynn (lmckissock)		
Approvers:	Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Employee Health Services	Pending Approval	12/10/2024	24
<i>Human Resources Policies (HR)</i>			
Summary Of Changes:	Minor language edits, adding Employee Health Nurse reference. Updated title of Owner/Author. No other changes necessary.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	McKissock, Lynn (lmckissock)		
Approvers:	Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Enteral and Oral Supplementation, Role of Dietitian	Pending Approval	12/11/2024	23
<i>Food & Nutrition Services Dept Policies</i>			
Summary Of Changes:	Reviewed, no changes needed		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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)		
Food Nutrition Disaster Plan	Pending Approval	12/11/2024	23
<i>Food & Nutrition Services Dept Policies</i>			
Summary Of Changes:	Updated inventory to reflect current amounts, removed specific amounts of tube feed formulas kept on hand for emergency, policy now states "Enteral nutrition formulas will be stored in the room labeled C-1227 for patients on tube feeding. "		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Finn, Bridget (bfinn)		
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (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)		
Implantation of a Medical Device	Pending Approval	12/11/2024	23
<i>Surgical Services/OR Dept</i>			
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)		
Information Management, System Security and Password Control	Pending Approval	12/10/2024	24
<i>Information Systems Dept</i>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 01/03/2025 4:18 PM

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

Summary Of Changes:	Updated section describing the routing of the IS User Security Form for new hires, per Lynn McKissock.			
	Previous: Grammatical, Spelling and/or Formatting Corrections made. Slight content changes, to frequency of password changes.			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Cracraft, Kevin (kcracraft)			
ExpertReviewers:	11-Compliance Committee, Lum, Bryan (blum), Street, Mark (mstreet)			
Approvers:	Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Late Trays		Pending Approval	12/11/2024	23
	<i>Food & Nutrition Services Dept Policies</i>			
Summary Of Changes:	Reviewed, no changes needed			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Finn, Bridget (bfinn)			
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (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)			
Licensure, Certification, Registration Verification		Pending Approval	12/10/2024	24
	<i>Human Resources Policies (HR)</i>			
Summary Of Changes:	Minor language updates for clarity Removed reference to CVO (obsolete) Added references			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	McKissock, Lynn (lmckissock)			
Approvers:	Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Management of Patient Agitation Aggression Physically Acting Out and Depressed Patients		Pending Approval	12/11/2024	23
	<i>Patient Care Policy</i>			
Summary Of Changes:	Updated reference and removed Lethality tool that is not used nor available electronically. Removed reference to Dr Strong; not a code in SVH policy			
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)			
Management of the Social Needs Patients		Pending Approval	12/11/2024	23
	<i>Medical Staff Policies (MS)</i>			
Summary Of Changes:	Protocol updated per new workflow diagram. Streamlined potential time patient would spend in ED and updated to EPIC process for admission.			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Kidd, Sabrina (skidd)			
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)			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 01/03/2025 4:18 PM

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

Metformin and Intravenous Contrast Media <i>Diagnostic Services Dept Policies</i>	Pending Approval	12/11/2024	23
Summary Of Changes:	No Changes.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza), Ashford, Troy (tashford)		
ExpertReviewers:	Kutza, Chris (ckutza), Medical Director-Diagnostic Radiology		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Moderate Sedation <i>Anesthesia Services Policies (AN)</i>	Pending Approval	12/11/2024	23
Summary Of Changes:	Reviewed by pharmacy no changes. Reviewed by surgery, updated owner and authors/Reviewers to proper titles, removed references to individuals by name.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Cornell, Kelli (kcornell)		
ExpertReviewers:	Kutza, Chris (ckutza), Taylor, Jane (jtaylor)		
Approvers:	Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
MRI Safety and Pregnancy <i>Radiology Services Policies (RD)</i>	Pending Approval	12/11/2024	23
Summary Of Changes:	added positioning instructions- Special consideration should be given to the positioning of the pregnant person for the imaging. In general, it is not advisable for a pregnant person (greater than 16 weeks) to stay in a supine position for an extended period of time due to the risk of compression on the inferior vena cava and aorta, that may cause a decrease in cardiac output and decreased blood flow to the fetus. The MRI technician may consult the ordering provider or radiologist for specific positioning recommendations.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Ashford, Troy (tashford)		
ExpertReviewers:	Medical Director-Diagnostic Radiology, Winkler, Jessica (jwinkler)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
NEW: NPO in the Emergency Department for the Geriatric Patient <i>Emergency Dept</i>	Pending Approval	1/3/2025	0
Summary Of Changes:	NEW POLICY		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Winkler, Jessica (jwinkler), Ehret, Marylou (mehret)		
ExpertReviewers:	Cornell, Kelli (kcornell), Medical Director-Emergency Dept.		
Approvers:	Winkler, Jessica (jwinkler), 00 Clinical P&P multidisciplinary review - (Committee) -> 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)		
Orientation Period <i>Human Resources Policies (HR)</i>	Pending Approval	12/10/2024	24
Summary Of Changes:	Removed Appendices and provided location of forms instead.		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 01/03/2025 4:18 PM

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

	Minor language edits to provide clarity and consistency Updated references.			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	McKissock, Lynn (lmckissock)			
Approvers:	Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Parenteral Nutrition, Role of the Dietitian	Pending Approval	12/11/2024	23	
<i>Food & Nutrition Services Dept Policies</i>				
Summary Of Changes:	Reviewed, no changes needed			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Finn, Bridget (bfinn)			
ExpertReviewers:	Tremain, Alesha (atremain)			
Approvers:	Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (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)			
Patient Identification	Pending Approval	12/11/2024	23	
<i>Targeted Quality & Safety Initiatives Policies (QS)</i>				
Summary Of Changes:	Updated reference. Grammatical fixes. Added purpose statement. Many medical errors can occur when patients and/or their specimens are not clearly identified. The purpose of this policy is to outline Sonoma Valley Hospital's requirement of all caregivers to clearly identify a patient prior to providing any care, treatment, or test.			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Winkler, Jessica (jwinkler)			
ExpertReviewers:	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)			
Patients Undergoing Surgery with CIED/ICD	Pending Approval	12/11/2024	23	
<i>Surgical Services/OR Dept</i>				
Summary Of Changes:	Reviewed, Updated Reference, spelled out Implanted Electronic devices, Cardiac Implanted Electronic Device, and Implantable Cardiac Defibrillator, and provided definitions. Included instructions for Cochlear implants which are mentioned but not instructions were provided. Suggest changing the name of the policy to "Patients Undergoing Surgery with CIED/ICD" as this is what the policy addresses.			
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)			
Preparation of Methotrexate IM Doses Using ChemoClave System Procedure	Pending Approval	12/11/2024	23	
<i>Pharmacy Dept\Compounding Related</i>				
Summary Of Changes:	Added definition of abbreviation IM (intramuscular). Added clarification of circumstances under which preparation of methotrexate IM is performed at SVH.			
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)			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 01/03/2025 4:18 PM

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

Prevention of Central Line Associated Blood Stream Infections	Pending Approval	12/11/2024	23
<i>Infection Prevention & Control Policies (IC)</i>			
Summary Of Changes:	Equipment & supplies section deleted section " not indicated for patients <2 months of age Daily Chlorhexidine bathing for patients with Central Venous Catheter (CVL) 1. The inpatient with any type of CVL will be bathed daily with CHG wipes as a preventive, best practice method for reducing possible CLABSI. I also in Journal of Hospital Infection 110 (2021) 26e32		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Montecino, Stephanie (smontecino), Taylor, Jane (jtaylor)		
ExpertReviewers:	00 Clinical P&P multidisciplinary review		
Approvers:	Kidd, Sabrina (skidd) -> 01 P&P Committee - (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)		
Radiological Safety	Pending Approval	12/11/2024	23
<i>Surgical Services/OR Dept</i>			
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)		
Renal Dosing-Pharmacy Protocol	Pending Approval	12/11/2024	23
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Updated attachment to have Enoxaparin refer to updated policy name. Old name = DVT Prophylaxis and Treatment Protocol; New name - Enoxaparin Dosing Protocol		
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)		
RETIRE COVID-19 On-Site Vaccination Protocol	Pending Approval	12/11/2024	23
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Recommend retiring this policy. This was specific to process for administering COVID vaccinations, 1st and 2nd doses, screening for vaccination status, etc. Further, we do not routinely carry the COVID vaccine		
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)		
Retire- Performance Improvement Plan	Pending Approval	12/11/2024	23
<i>Cardio Dept</i>			
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:	Ashford, Troy (tashford)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 01/03/2025 4:18 PM

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

> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

RETIRE: Body Fluid Exposure Prophylaxis Kit Preparation 8390-06 <i>Pharmacy Dept</i>	Pending Approval	12/11/2024	23
Summary Of Changes: Retire-matching process to current standard process for ED Take Home packs. No need for separate policy any longer			
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)			
RETIRE: COVID 19 State and Federal Reporting <i>Governance and Leadership Policies</i>	Pending Approval	12/10/2024	24
Summary Of Changes: RETIRE: obsolete			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Director, QUALITY (QDIR)			
Approvers: Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE: Promotion and Transfer <i>Human Resources Policies (HR)</i>	Pending Approval	12/10/2024	24
Summary Of Changes: Recommending retirement as this is outdated and redundant to current policies (Hiring Process, Employment Conditions, and Equal Employment Opportunity)			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: McKissock, Lynn (lmckissock)			
Approvers: Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:Vehicle Safety Program <i>Care of the Physical Environment (CE)</i>	Pending Approval	12/10/2024	24
Summary Of Changes: RETIRE: This policy is recommended for retirement as a comprehensive organizational policy Vehicle Usage, Hospital Owned was enacted in 2023.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Tarca, Joseph (jtarca)			
Approvers: Drummond, Kimberly (kdrummond) -> Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Sales Representative in the Operating Room <i>Surgical Services/OR Dept</i>	Pending Approval	12/11/2024	23
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)			
Shift Differential <i>Human Resources Policies (HR)</i>	Pending Approval	12/10/2024	24
Summary Of Changes: Removed paragraph stating that employees on Standby are not paid Shift Differential when called back unless they work 4 or more hours in that premium shift. This is not the case. Reorganized paragraph for better information flow.			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 01/03/2025 4:18 PM

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

Updated references.

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

Smoking Policy <i>Care of the Physical Environment (CE)</i>	Pending Approval	12/10/2024	24
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Summary Of Changes: **Reviewed. No changes needed**

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

Standing Orders and Protocols <i>Medication Management Policies (MM)</i>	Pending Approval	12/11/2024	23
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Summary Of Changes: **Reviewed, no changes other than minor formatting edits**

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)**

Sterile Compounding <i>Medication Management Policies (MM)\Compounding Policies</i>	Pending Approval	12/11/2024	23
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Summary Of Changes: **Reviewed, no changes**

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)**

Surgical Invasive Procedure and Site Confirmation Verification 018610-104 <i>Operative & Invasive Services Policies (OI)</i>	Pending Approval	12/11/2024	23
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Summary Of Changes: **Reviewed updated references. Updated wording from give "Pre-op antibiotics within 60 minutes" to "any necessary antibiotics" -per Medical Director of Anesthesia request to match current practice.**

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)**

Unit Dose Packaging <i>Medication Management Policies (MM)</i>	Pending Approval	12/11/2024	23
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Summary Of Changes: **Reviewed, no changes**

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)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 01/03/2025 4:18 PM

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

Wound Classification	Pending Approval	12/11/2024	23
<i>Surgical Services/OR Dept</i>			
Summary Of Changes:	Updated references and proper titles of Owners & Authors/Reviewers.		
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)		



SUBJECT: NPO in the Emergency Department for the Geriatric Patient POLICY: PC7010-2401

Page 1 of 3

DEPARTMENT: Emergency Department

EFFECTIVE:

REVISED:

NEW POLICY

WHY: As part of achieving Geriatric Emergency Department Accreditation (GEDA) designation, the ED is reviewing/creating workflows and policies that support best practices in the care management of those patients age 65 and over. The purpose of this policy is to outline the rationale to minimize NPO (nothing by mouth) status and ensure Geriatric Emergency Department patients have appropriate access to food and drink, while preventing complications and delays in treatments due to inadvertent ingestion.

OWNER:
Chief Nursing Officer

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

SUBJECT: NPO in the Emergency Department for the Geriatric Patient POLICY: PC7010-2401

Page 2 of 3

DEPARTMENT: Emergency Department

EFFECTIVE:

REVISED:

PURPOSE:

Older adults are at greater risk for being dehydrated or malnourished. Dehydration or malnourishment can have consequences, such as: an altered level of consciousness, delirium, muscle wasting, weakness, etc., and a prolonged hospital stay. Avoiding automatic *nil per os*: nothing by mouth (NPO) orders in the Emergency Department for the geriatric population may support better patient nutrition and hydration, and ultimately better outcomes. The purpose of this policy is to:

- A.** To minimize use of NPO (*nil per os*, nothing by mouth) status and promote access to appropriate food and drink for geriatric Emergency Department patients.
- B.** To prevent complications and delays in treatment due to inadvertent ingestion of food and drink.

BACKGROUND KNOWLEDGE

- NPO (*nil per os*: nothing by mouth) is the practice of prescribed fasting for a period of time before a procedure or imaging in which patients are not allowed the oral intake of liquids or solids.
- Transit of clear liquids out of the stomach is essentially complete within two hours of drinking.
- The difference in gastric volumes or stomach pH in patients on standard fast vs shortened (<180 minutes) liquid fast is not statistically significant.
- Patients experience less thirst and hunger for fasting times of 2 to 4 hours versus more than 4 hours.

POLICY

To ensure continued nutrition and hydration in our elderly population, the ED MD should follow these best practices (unless medically contraindicated): Clear liquids may be ingested for up to 2 hours before procedures requiring general anesthesia, regional anesthesia, or procedural sedation and analgesia.

- A light meal (for example, tea and a piece of toast) may be ingested for up to 6 hours before elective procedures requiring general anesthesia, regional anesthesia, or procedural sedation and analgesia.
- NPO status prior to imaging will be determined by the imaging-specific guidelines.
- Patients not expected to undergo procedures or imaging that require a patient to be NPO will be offered liquids, snacks, and meals as appropriate to their thirst and hunger needs.



SUBJECT: NPO in the Emergency Department for the Geriatric Patient POLICY: PC7010-2401

Page 3 of 3

DEPARTMENT: Emergency Department

EFFECTIVE:

REVISED:

References

Black MK, Lupa MC, Lemley LW, Dreesen EB, Deaton AM, Wardrop RM.. (2021) Things we do for no reason: NPO after midnight. *J Hosp Med*.16(6):368-370. doi: 10.12788/jhm.3537. PMID: 35179460; PMCID: PMC8191764.

American Society of Anesthesiologists. (2017). Practice Guidelines for Preoperative Care. Fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: Application to healthy patients undergoing elective procedures. *Anesthesiology* 2017; 126:376–393 doi: <https://doi.org/10.1097/ALN.0000000000001452>

OWNER:
Chief Nursing Officer

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

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



SONOMA VALLEY FIRE DISTRICT UPDATE

January 9, 2025

Sonoma Valley Hospital Board



SONOMA VALLEY FIRE DISTRICT MEASURE H BENEFITS



- One new Ambulance Company
- Increased Fire Engine Staffing
- 17 new Firefighter/Paramedics
- Two Fire Station Rebuilds
- REDCOM fees of \$170k annually
- 2 Prevention/Support Positions
 - Focus on Wildfire Prevention

▪ Countywide Benefits:

- REDCOM Dispatch Fees & enhancements
- Severe Weather Upstaffing funding
- Technology and Training enhancements
- Vegetation Management projects





SONOMA VALLEY HOSPITAL AND FIRE DISTRICT PARTNERSHIP



- SVFD now has three staffed ALS Ambulances
 - Serves the entire SVH District area
- Responses in 2024:
 - 2,917 patient transports up 7.5%
 - 2,327 to SVH – 80%, up from 77.6% in 2023
- Upstaff an additional Ambulance
 - Places a fire engine out of service: down to 2 times/month
- Benefits from Tax Measure:
 - Increase Ambulances by 50%
 - Maintains critical Fire Response capability





SONOMA VALLEY HOSPITAL AND FIRE DISTRICT PARTNERSHIP



- Training: SVFD and SVH Staffs
- Live Scenario Based Drills:
- ED Dr's provide Training Topics for SVFD Paramedics and EMTs
- Improved Collaboration and Coordination with new ED Group



QUESTIONS?



SONOMA VALLEY FIRE DISTRICT

Community Firewire Newsletter

First Quarter 2025

Chief's Corner



Welcome to the inaugural edition of our quarterly newsletter! I'm Fire Chief Steve Akre, and I'm thrilled to have this opportunity to connect with you. This newsletter will serve as an important tool for keeping you informed about the latest developments within our fire department, upcoming safety initiatives, and key updates from our dedicated team. Our mission is to provide exceptional service and support to our community, and this publication will highlight the work we're doing to enhance public safety, respond to emergencies, and ensure the well-being of all residents. We'll also share valuable fire prevention tips, training opportunities, and ways you can get involved in making our community a safer place. As we continue to work together, I want to thank you for your trust and support. Your safety is our top priority, and we're committed to keeping you informed every step of the way. We hope you find this newsletter both informative and helpful. Sincerely, Steve Akre- Fire Chief

Sonoma Valley Fire News



Promotional Testing

We are excited to announce that the District has successfully completed an Engineer's promotion assessment, with seven candidates demonstrating outstanding performance. These individuals have

earned the opportunity to take the next steps in their careers with us, and we look forward to their continued growth and contributions to the team. Congratulations to all!

Prescribed Burning



We are proud to announce the successful completion of our first prescribed burn (18 acres) in the Diamond A area, organized and operations, in partnership with the Audubon Canyon Ranch Fire Forward program. This important project will help reduce fuel loads, improve local ecology, remove invasive species, and create a fuel break for resident evacuations. If you're interested in having a prescribed burn on your property, please don't hesitate to reach out to us.

2024 October - December Calls

Our top priority is the safety and well-being of our community.

Medical- 761

Fire- 25

Public Assist- 298

False Alarms- 47

Total Calls- 1,171

Training

Total Training Hours

- October 2024-December 2024- 2,208
- YTD Total for 2024- 11,354

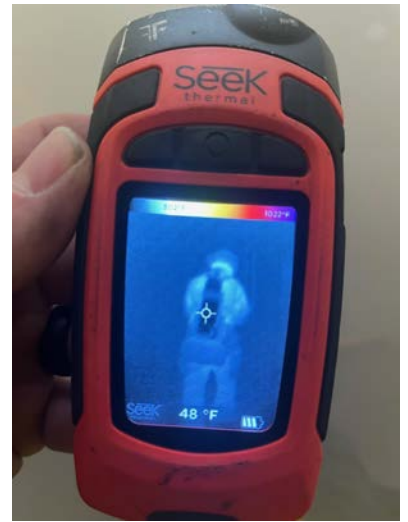
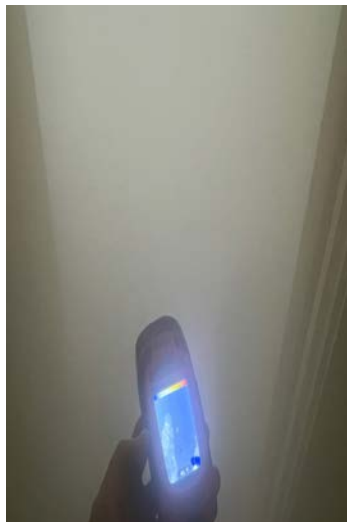
Training Highlights

- Ladder truck operations
- Search drills
- Wildland training
- EMS symposium



Training to rescue victims

Using the vacant buildings at the Sonoma Development Center, our crews conducted search drills to simulate real-life scenarios. Old furniture was brought in to recreate conditions typically encountered during actual emergencies. Wearing full personal protective equipment (PPE), including breathing apparatus masks to mimic blackout conditions, the crews trained in zero-visibility environments. They practiced navigating rooms on their hands and knees, using their bodies, ropes, and hand tools to locate potential victims effectively.



Congratulations

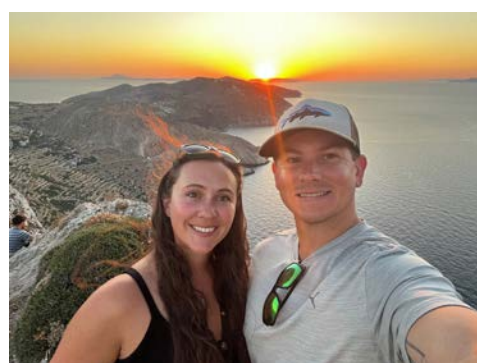
Sonoma Valley Fire District recently promoted these individuals for their dedication and service to our community. Fire Captain Rodd Kneeland, instrumental in revitalizing multiple stations throughout the years to provide a better environment for our crews. Fire Captain Ryan McCracken, a vital contributor to our Hands-only community CPR program as well as implementation into community AED's. Fire Captain Michael Montgomery, for his GIS skills to keep our mapping and programs up to date. These Captains will continue to serve our community with distinction as front-line supervisors.



Capt. Kneeland



Capt. McCracken



Capt. Montgomery

Completion of Probation

The Sonoma Valley Fire District proudly congratulates Firefighter/Paramedic Hunter Van Emmerik and Firefighter/Paramedic Varian Bartolini on successfully completing their probationary period. Please join us in celebrating these exceptional individuals as valued members of our SVFD family!



Fire Prevention

The Sonoma Valley Fire Prevention Bureau reminds everyone to prioritize safety as we ring in the New Year. Simple precautions like keeping flammable materials away from heat sources, ensuring smoke alarms are functioning, and properly disposing of fireplace ashes can prevent accidents and save lives. Residents are encouraged to review their emergency plans and clear defensible space around their homes to reduce wildfire risks. By staying vigilant and responsible, we can all contribute to a safer, more enjoyable start to the year.



Use a metal bucket to safely store ashes. Fill the bucket with water and let the ashes soak for at least three days before disposal. Avoid placing ashes in plastic garbage bins, as they can easily ignite. A safe alternative is to spread the fully cooled ashes in your garden.

New Regional Vegetation Management Coordinator

Thanks to your support in approving the County-wide sales tax for fire services, we are excited to announce the hiring of our first Vegetation Management Coordinator. This new position is dedicated to handling all aspects of wildland fire preparedness. Responsibilities include working with Firewise and Fire Safe Councils, securing grants and managing projects, overseeing the SVFD chipper program, coordinating prescribed burns, conducting defensible space inspections, and providing public education. This role is vital in enhancing our community's resilience to wildfires.



Firehouse Favorites: Recipes Straight from the Crew



Recipe

TITLE: Peruvian Chicken

By: Firefighter Ortiz

PREP TIME: 2 hours

COOK TIME: 40

SERVINGS: 2-4

INGREDIENTS:

2 lbs. chicken
1 lime
3 cloves garlic-grated
¼ Tbsp. cumin
¼ Tbsp. paprika
¼ Tbsp. ground thyme
¼ Tbsp. oregano
1 Tbsp. soy sauce
1 Tsp. Dijon
1 cup sweet chili sauce

DIRECTIONS:

In a large bowl combine mustard, lime juice, soy sauce, garlic, spices, sweet chili sauce. Add chicken and marinate for a few hours. Oven to 450 degrees. Place chicken on a baking sheet with parchment paper and drizzle olive oil over chicken.

Serve over rice with green sauce.

Green Sauce- Bushel of cilantro, ½ cup sour cream, ¼ cup of mayo, 1 serrano pepper, 1-2 garlic cloves, S&P to taste, 1 lime juice. Blend all ingredients. Chill in refrigerator to thicken.

New Fire Station #2

We are thrilled to announce the purchase of land for our new Fire Station #2, made possible by your support in approving the county-wide sales tax for fire services (Measure H). This new station will significantly improve response times in our District 2 response zone and include a department training facility and a community hall. This marks our first new station in over 25 years, and we look forward to keeping you updated throughout this exciting project!



Upcoming Events

April: Hands-Only CPR trainings– Sonoma Station

May 11th : Mother's Day Breakfast- Glen Ellen Station

June 15th : Father's Day Breakfast- Kenwood Station

July 4th : Sonoma's Fourth of July Celebration & Parade

Thank you!

The Sonoma Valley Fire District extends our heartfelt gratitude to our incredible community for your continued support. As we launch the first edition of our newsletter, we are excited to keep you informed about our projects, services, and initiatives. This platform will allow us to share updates, celebrate milestones, and connect with you on the work we do to keep Sonoma Valley safe. Thank you for being an essential part of our journey, and we look forward to staying connected!

*Thank
you*



Sonoma Valley Fire District

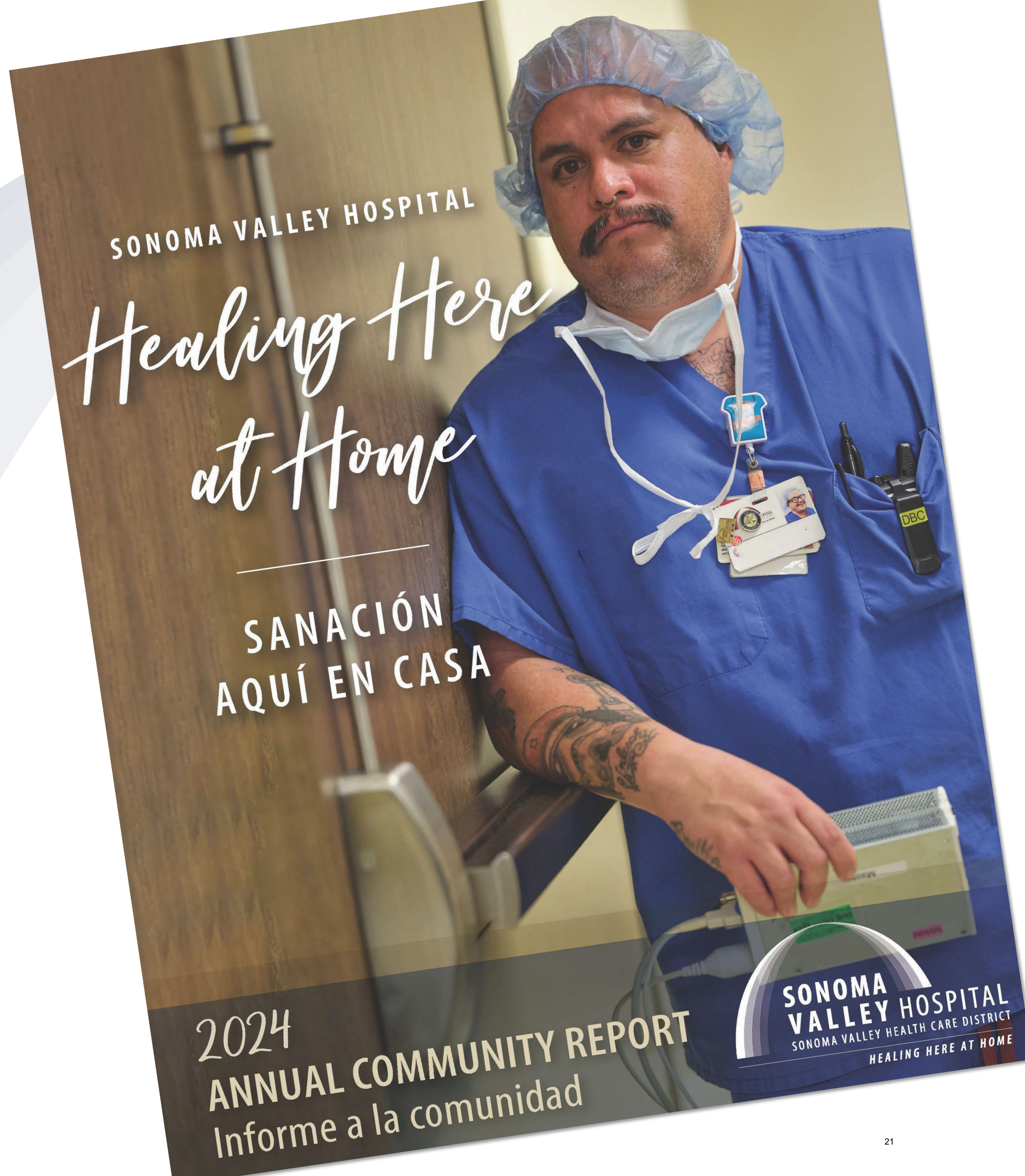
630 Second St. West

Sonoma, CA 95476

(707)996-2102

www.SonomaValleyFire.org





2024 Annual Community Report

OVERVIEW

July 1, 2023 – June 30, 2024



2024 Annual Community Report: OVERVIEW



HEALING HERE AT HOME: Reaching More of Our Community

This year, we made significant strides in expanding our reach, improving access, and enhancing healthcare excellence in Sonoma Valley.

2024 Annual Community Report: OVERVIEW

HIGHLIGHTS:

Bringing Care Into the Community: We deepened our partnerships with organizations like Vintage House, La Luz, and UCSF Health to extend healthcare beyond our walls.

National Recognition in Excellence: SVH was recognized by the Lown Institute as one of the most socially responsible hospitals in America. Receiving 'A' grades in Health Equity, Value, and Outcomes. SVH ranked 2nd in California and 10th nationally.

Expanded Specialist Access: We welcomed Dr. Walter, a skilled orthopedist dedicated to enhancing local access to specialized care.



2024 Annual Community Report: OVERVIEW

HIGHLIGHTS:

Advancing Diagnostic Excellence: We proudly unveiled our state-of-the-art 3Tesla MRI. This advanced technology sets a new standard for care in Sonoma Valley.

Meeting Growing Needs: We began a major expansion of our PT department – adding 3,500 square feet to the existing facility on Hwy. 12, nearly doubling our capacity.

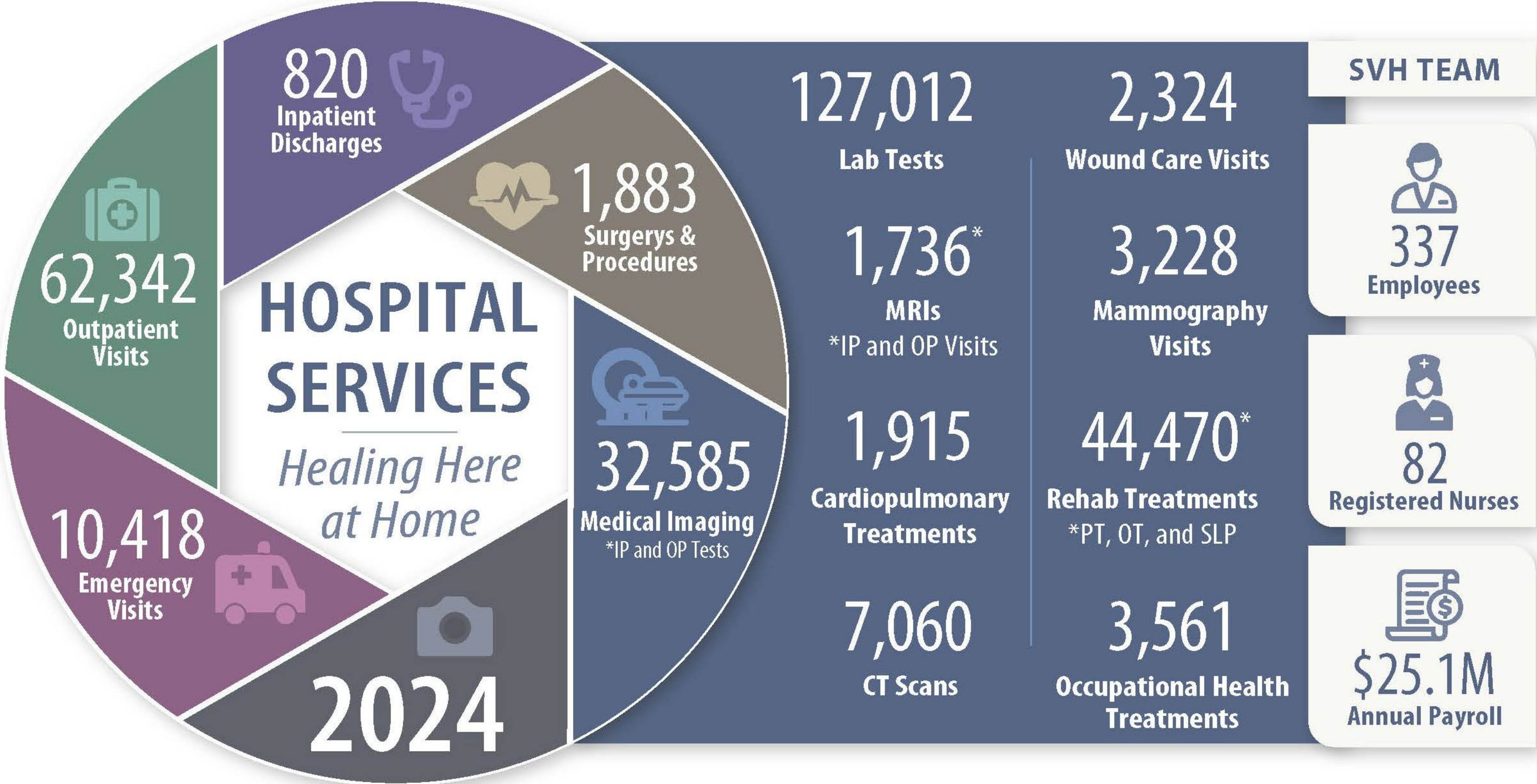
New Leadership & Enhanced Care: The ED welcomed a highly skilled team from Napa Valley Emergency Medical Group. Dr. Cusick noted, “Our ER is staffed by highly trained physicians who are also your neighbors and friends. We don’t just serve the community, we are part of it.”

Wound Care: Services unique to SVH, Joe Cornett specializes in treating acute and chronic wounds that are complicated by conditions like diabetes, trauma, infections, and surgery.

2024 Annual Community Report: OVERVIEW

Snapshot

SONOMA VALLEY HOSPITAL
Fiscal year July 1, 2023 to June 30, 2024



2024 Annual Community Report: OVERVIEW

SVH Community Report	2024	2023	2022
PAYER MIX	PAYER MIX	PAYER MIX	PAYER MIX
Medicare	33.6%	34.1%	35.7%
Medi-Cal	20.9%	21.6%	18.5%
Commercial Insurance	36.6%	34.5%	34.5%
Worker's Comp	2.1%	3.1%	3.3%
Self-pay/Other	2.3%	2.1%	3.4%
Other Government	3.5%	3.8%	4.5%
Capitated	1.0%	0.8%	0.1%
TOTAL	100%	100%	100%
SVH Operating Margin	2024	2023	2022
Total Operating Revenues	\$57,142,302	\$55,707,346	\$51,159,893
Parcel Tax Revenues	\$ 3,702,140	\$ 3,776,123	\$ 3,800,004
TOTAL Operating Revenues with Parcel Taxes	\$60,844,442	\$58,938,847	\$58,938,847
Total Operating Expenses excl. Depreciation	\$ 61,064,251	\$ 58,938,847	\$55,394,325
OPERATING EBDA (Operating Margin excl. Depreciation)	(219,809)	544,622	(434,428)
Cash & Cash Equivalents	3,748,581	6,322,741	9,338,887

SONOMA VALLEY HOSPITAL

Healing Here
at Home

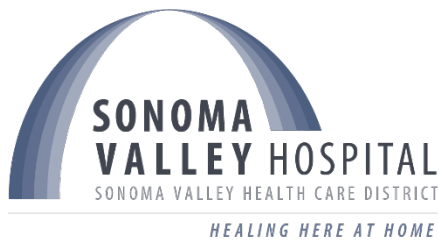
SANACIÓN
AQUÍ EN CASA

2024
ANNUAL COMMUNITY REPORT
Informe a la comunidad

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

Questions?





To: SVHCD Board of Directors
From: John Hennelly
Date: 1.9.25
Subject: CEO Report

Strategic Plan

As related to our new **strategic plan**, our efforts in FY25 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 \(lownhospitalsindex.org\)](https://lownhospitalsindex.org)

Operations

Patient Satisfaction and quality indicators remained strong in November. The hospital saw significant seasonal drops in volumes across the board. Diagnostics, ER, and OR volumes slipped relative to prior months but remained ahead of prior year. Despite the pullback, the hospital is roughly \$1m ahead of budget in Operating Margin and Net Income.

Investments in orthopedics, diagnostics and therapies are key contributors to improvements in access to care, patient satisfaction and margins. We expect this to continue as all three areas expand in the second half of FY25.

Key marketing focused on the MRI has contributed to growth in the service line. Advertisements in the Index Tribune, KSVY, and significant online advertising are underway.

The Hospital Foundation welcomed Leslie Petersen as its new Executive Director. Leslie brings decades of experience in community service, strategic vision, fundraising, and non-profit management. She joins us from her most recent role as Vice President of Advancement at Hanna Center.

Our Chief Medical Officer recruitment continues. The holidays led to a slowdown in available candidates.

Capital

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

Phase 2 of the CT portion of the ODC is underway. Several diagnostic modalities are moving from the Cardiology Department near the cafeteria into the Radiology Department.

The **ICU renovation** has been approved by HCAI and awarded to Ridgeview Builders. The contractor is scheduling work based upon material availability.

The **PT project**, doubling the footprint of the space on Highway 12 is underway. The project is scheduled to be completed in May 2025.



To: SVHCD Board of Directors
From: Seric Cusick, MD
Meeting Date: January 9th, 2025
Subject: CMO Report

December Highlights Included:

1. Clinical infrastructure - Spacelabs
 - a. Modernization of existing patient monitoring system under review
2. Personnel Updates
 - a. Director of Quality recruitment is ongoing.
 - b. CMO recruitment is ongoing.
3. Marin Health Transfer Process
 - a. Continued work with MH administration to optimize transfer process.
4. Medical Staff:
 - a. December meetings included: Medical Executive Committee and Peer Review



To: SVHCD Board of Directors
 From: Ben Armfield, Chief Financial Officer
 Date: January 9, 2025
 Subject: Financial Report for November 2024

OVERALL PERFORMANCE SUMMARY

November broke a trend of consecutive favorable monthly performances since the start of the fiscal year, with volumes taking a dip compared to recent months. This decline aligns with typical seasonal patterns as the holiday season approaches. The shorter workweeks during the Thanksgiving period did disrupt operational flow, impacting volumes and operational capacity of some key areas towards the end of November. While we accounted for this seasonal decrease in our budget, the pullback was slightly greater than anticipated.

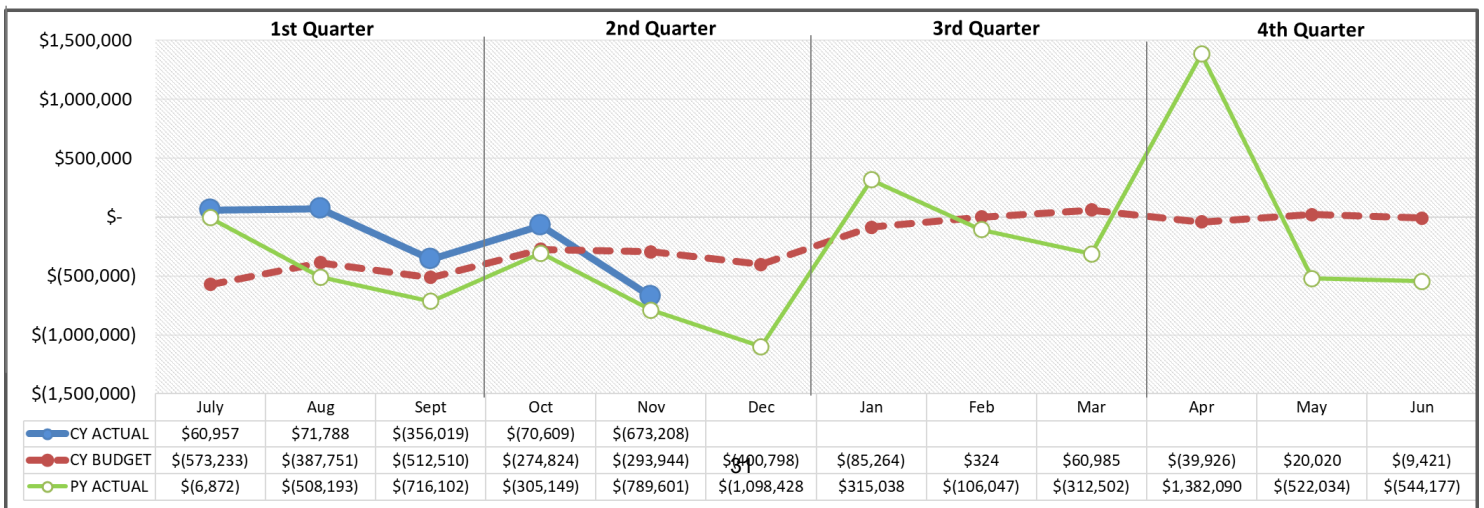
Most of the hospital’s outpatient areas experienced some level of reduction, with the most significant impacts observed in emergency room traffic and high-growth areas such as MRI and outpatient physical therapy. Both MRI and physical therapy set all-time high volumes in October; while November volumes remained above prior-year baseline levels, they declined compared to the previous month. Outpatient surgeries also saw a decrease from October but managed to maintain reasonable levels relative to the current run rate.

Despite the pullback, year-to-date operating revenues remain ahead of budget and prior-year levels, reflecting the strength of earlier months’ performances. Efforts will focus on sustaining the momentum created earlier in the fiscal year, with an expectation that volumes will rebound after the holiday season.

Table 1 | Overall Performance - November 2024

Metric	Current Year Month		Variance		Current Year YTD		Variance		PY YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$(1,128,228)	\$ (785,648)	\$ (342,580)	-44%	\$ (3,621,032)	\$ (4,585,785)	\$ 964,753	21%	\$ (4,542,863)	\$ 921,831	20%	
Op Margin w Parcel	\$ (811,561)	\$ (473,148)	\$ (338,413)	-72%	\$ (2,037,697)	\$ (3,023,285)	\$ 985,588	33%	\$ (2,959,528)	\$ 921,831	31%	
Operating EBDA	\$ (673,208)	\$ (293,944)	\$ (379,264)	-129%	\$ (967,091)	\$ (2,042,262)	\$ 1,075,171	53%	\$ (2,325,916)	\$ 1,358,826	58%	
Op EBDA w Parcel	\$ (356,541)	\$ 18,556	\$ (375,097)	-2021%	\$ 616,244	\$ (479,762)	\$ 1,096,006	228%	\$ (742,581)	\$ 1,358,826	183%	
Net Income (Loss)	\$ (633,413)	\$ (285,044)	\$ (348,369)	-122%	\$ (1,088,197)	\$ (2,082,764)	\$ 994,568	48%	\$ (1,882,080)	\$ 793,883	42%	

Graph 1.1 | SVH Trended Operating EBDA



DRIVERS IN MONTHLY PERFORMANCE

The drivers in November's performance were largely tied to volume reductions across several key areas, following all-time highs achieved in October. Additional disruptions were noted in the final week of the month, compounding the seasonal slowdown. Nonetheless, our strategic initiatives implemented earlier in the year continue to support a solid foundation for growth.

Revenues: November marked the first month of the fiscal year in which operating revenues fell short of budget, missing the target by 6%. This ended a streak of four consecutive months exceeding budgeted revenues. The decline was driven by reductions in outpatient services, particularly in physical therapy and MRI volumes. Emergency room and surgical volumes also experienced declines.

Year-to-date, however, operating revenues remain comfortably ahead of both budget and prior-year levels, reflecting the hospital's overall strong financial performance this fiscal year. | **Month vs Budget -6%, YTD vs Budget +5%, YTD vs PY +16%**

Expenses: Operating expenses totaled \$5.41 million in November, running 1% over budget for month. The overage was largely attributable to an increase in interest expense resulting from the execution of our two new loans – the \$1.9M term loan and the \$5.4M draw on our new line of credit. We also experienced a small increase in salaries and wage expenses, particularly in PTO given the lower volumes coupled with the Thanksgiving holiday. Despite these added expenses, year-to-date operating expenses remain closely aligned with the budget, coming in just 1% over the year-to-date target. | **Month vs Budget +1%, YTD vs Budget +1%, YTD vs PY +9%**

Volumes: Volumes in November trailed off from the most recent trends as we saw a pullback from what had been consecutive months of higher volume trends. Both inpatient and outpatient volumes declined during November. As has been highlighted in this memo, Physical Therapy, MRI, and Emergency Room Volumes all saw a reduction compared to their most recent trends.

Surgical Volumes: Surgical volumes in November fell short of budget by approximately 4%, with 136 surgeries performed against a target of 142. Year-to-date surgical volumes are slightly under budget, though orthopedic surgery continues to be a strong contributor. | **Month vs Budget -4%, YTD vs Budget -1%, YTD vs PY -15%**

Orthopedics Orthopedic surgery, a standout performer in October, posted another strong month with 46 surgeries being performed in November. This is a slight decrease compared to prior month, but also 25% higher than the service line's current 6-month trend, so still positive. Like previous months, all orthopedic surgeons are contributing to this uptick in volume, with Dr. Walter still achieving robust results. Dr. Walter performed 15 cases in November, which met his budget for the month despite a shortened scheduled workload due to the holidays. For the year, Dr. Walter is +30% compared to his year-to-date targets.

Gastroenterology GI volumes took a dip as Dr. Alexandridis is trying to shoulder the load given Dr. Kidd's departure. We are working on solutions to bring on some additional surgical capacity to help Dr. A and to increase overall GI Volumes.

Other Outpatient Volumes: Other outpatient volumes came down from an incredibly busy October. Total outpatient visits dropped by approximately 15% in November from the prior month but still managed to exceed the monthly budget by 2%. Most outpatient departments experienced some level of volume pullback in November, with the main areas concentrated in imaging. **Total Outpatient Visits | Month vs Budget +2%, YTD vs Budget +11%, YTD vs PY +10%,**

MRI volumes dropped from the all-time high achieved in October, with 151 exams performed in November. This represents the lowest monthly total since the 3T MRI went live, though volumes remain significantly higher than pre-implementation levels. Physical therapy volumes, while still exceeding budget, also hit their lowest point this fiscal year, highlighting the seasonal impact. Emergency room volumes similarly experienced their lowest levels of the fiscal year, reflecting broader seasonal trends. Despite these declines, outpatient services continue to drive strong year-to-date performance, supported by strategic investments and operational efficiencies.

It should also be noted that it appears for the month of December that all of these areas saw their volumes regain their pre-November levels. **OP MRI Volume | Month vs Budget -24%, YTD vs Budget -7.5%, YTD vs PY +43% | Emergency Room Volume | Month vs Budget -7%, YTD vs Budget +9%, YTD vs PY +7%,**

Cash:

The hospital's total cash position decreased by \$1.1 million between October and November, ending at just under \$2,500,000. Total cash outlay in November totaled \$5.8 million, compared to payments received of \$4.1 million. The increase in cash outlay from fiscal year averages was due to select catch-up payments for specific AP vendors. Additionally, the hospital experienced significant cash inflows and outflows during the month that mostly netted to zero.

In November, the hospital closed on a new bank loan, which allowed for backfilling the \$5.1 million payout from operations to fund the Rate Range IGT matching fee. Furthermore, the existing line of credit with US Bank was paid off in full and rolled into a \$1.9 million term loan, as has been discussed over recent months. The hospital is on track to receive Rate Range IGT funding in early January, which will significantly enhance the overall cash position. Until then, cash will remain tight, requiring diligent daily management.

Other Finance Updates:

Rate Range IGT: We should be receiving our IGT Rate Range funding in early January. We expect to receive around \$11 million in funding, resulting in an estimated net benefit of approximately \$6 million.

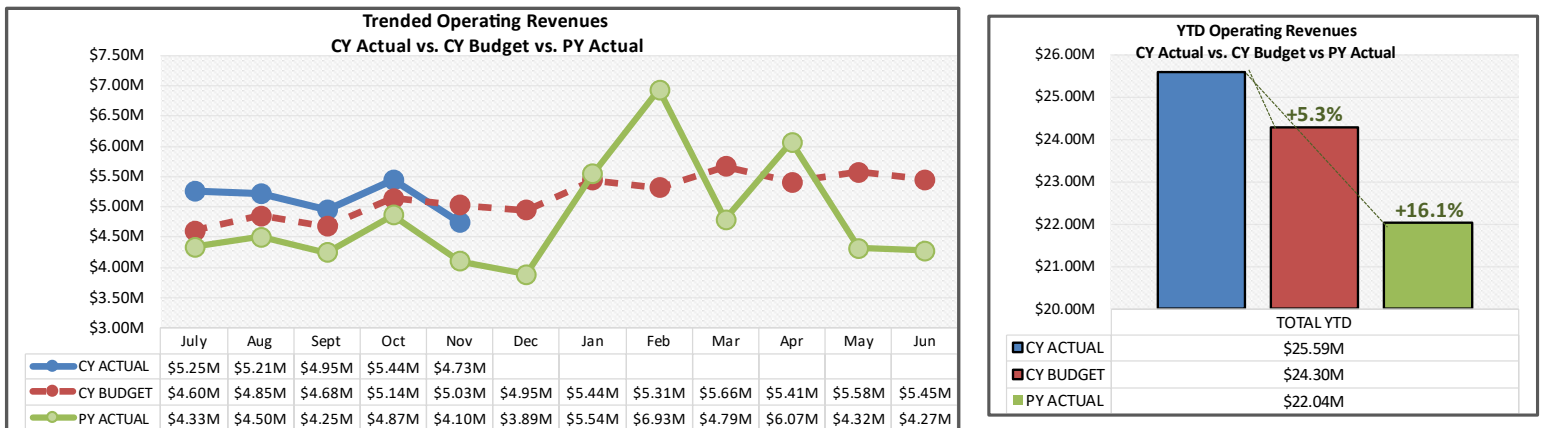
HQAF IGT: The next IGT after the Rate Range is our HQAF (Hospital Quality Assurance Fee) IGT matching fee. We've been approved to IGT \$410,000 and expect to receive \$1,334,000 back in funding, netting \$924,000 through this program. The matching fee was originally due in late December with the funding payment coming back by the end of January. However, this program has been delayed for a couple of months. We believe this will be due in March but have yet to receive clarity around a definitive date.

2. NET REVENUE AND VOLUME SUMMARY:

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

	Current Year Month		Variance		Current Year YTD		Variance		PY YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Gross Revenue	\$ 27.23M	\$ 28.19M	-\$ 0.96M	-3%	\$ 144.80M	\$ 135.10M	\$ 9.71M	7%	\$ 142.81M	\$ 2.00M	1%	
Net Patient Revenue	\$ 4.63M	\$ 4.94M	-\$ 0.30M	-6%	\$ 25.09M	\$ 23.84M	\$ 1.26M	5%	\$ 21.60M	\$ 3.50M	16%	
NPR as a % of Gross	17.0%	17.5%	-2.8%		17.3%	17.6%	-1.8%		15.1%	14.6%		
Total Operating Revenue	\$ 4.73M	\$ 5.03M	-\$ 0.29M	-6%	\$ 25.59M	\$ 24.30M	\$ 1.29M	5%	\$ 22.04M	\$ 3.54M	16%	

Graph 2.1 | SVH Trended Operating Revenue



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

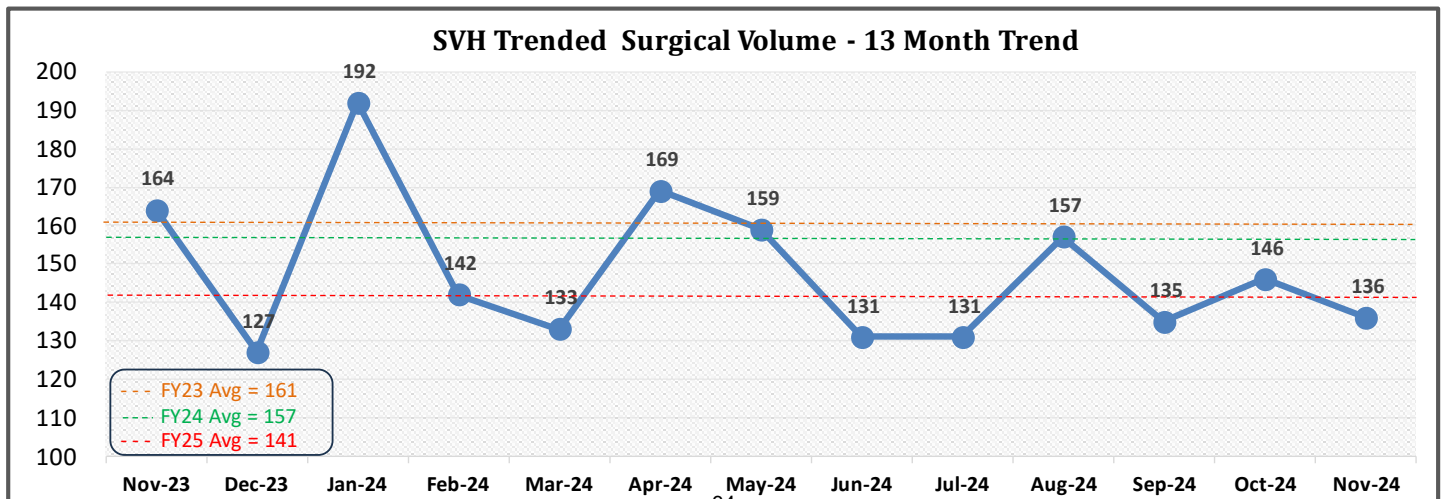


Table 2.3 | Surgical Volumes Top 4 Service Lines | November 2024 vs Prior Month & 6-Mth Trend

Service Line	Current Mth vs. Previous Mth				6 Month Trend						Current Mth vs. 6 Mth Trend		
	Nov24	Oct24	Var	% Var	May24	Jun24	Jul24	Aug24	Sep24	Oct24	6 Month Trend	Var	% Var
Orthopedics	46	53	(7)	-13%	27	35	26	43	37	53	37	9	25%
Gastro (GI)	40	50	(10)	-20%	85	53	77	71	48	50	64	(24)	-38%
Ophthalmology	19	21	(2)	-10%	20	23	14	20	26	21	21	(2)	-8%
General	13	15	(2)	-13%	14	14	5	15	17	15	13	(0)	-3%
SubTotal	118	139	(21)	-15%	146	125	122	149	128	139	135	(17)	-12%
Other	18	7	11	157%	13	6	9	8	7	7	8	10	116%
Grand Total	136	146	(10)	-7%	159	131	131	157	135	146	143	(7)	-5%

Table 2.4 | Patient Volumes – November 2024

	Current Year Month		Variance		Current Year YTD		Variance		PY YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	192	257	(65)	-25%	1,109	1,294	(185)	-14%	1,342	(233)	-17%
Average Daily Census	6.2	8.3	(2.1)	-25%	9.0	10.5	(1.5)	-14%	10.9	(1.9)	-17%
Acute Discharges	62	72	(10)	-14%	295	361	(66)	-18%	349	(54)	-15%
IP Surgeries	8	10	(2)	-16%	41	52	(11)	-21%	72	(31)	-43%
OP Surgeries	128	132	(4)	-3%	664	659	5	1%	758	(94)	-12%
Total Surgeries	136	142	(6)	-4%	705	711	(6)	-1%	830	(125)	-15%
Total Outpatient Visits	5,222	5,100	122	2%	28,256	25,500	2,756	11%	25,748	2,508	10%
Emergency Room Visits	814	873	(59)	-7%	4,495	4,120	375	9%	4,212	283	7%

Table 2.5 | Outpatient Volumes Trended – Last 6 Months

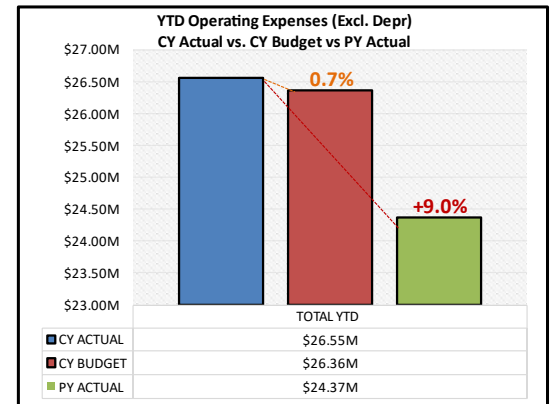
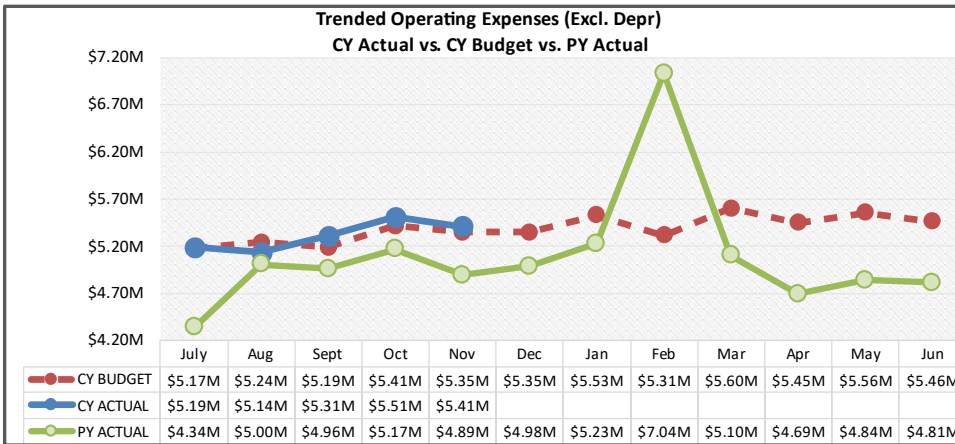
Department	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Last 6 Months
Lab	1,282	1,363	1,313	1,269	1,443	1,328	
Medical Imaging	830	923	947	878	1,019	791	
Physical Therapy	1,095	1,415	1,426	1,411	1,481	1,278	
CT Scanner	409	411	466	458	472	442	
Occ. Health	308	295	295	162	255	252	
Mammography	211	167	251	215	275	234	
Occupational Therapy	190	196	219	294	205	167	
Ultrasound	182	256	219	233	252	183	
Wound Care	152	205	238	209	277	236	
MRI	121	130	182	182	222	151	
ECHO	106	116	107	141	147	110	
Speech Therapy	53	93	62	66	69	31	
Other	14	23	25	26	30	19	
TOTAL	4,953	5,593	5,750	5,544	6,147	5,222	
Emergency Room	912	1,006	919	862	894	814	

3. OPERATING EXPENSE SUMMARY:

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

Metric	Current Year Month		Variance		Current Year YTD		Variance		PY YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Expenses	\$ 5.86M	\$ 5.81M	\$ 0.05M	1%	\$ 29.21M	\$ 28.88M	\$ 0.32M	1%	\$ 26.59M	\$ 2.62M	10%	
Operating Exp. Excl. Depr.	\$ 5.41M	\$ 5.35M	\$ 0.06M	1%	\$ 26.55M	\$ 26.36M	\$ 0.19M	1%	\$ 24.37M	\$ 2.18M	9%	
Worked FTEs	219.3	219.9	(0.6)	0%	217.4	215.5	1.9	1%	214.6	2.8	1%	

Graph 3.1 | SVH Trended Operating Expenses (excluding Depreciation)



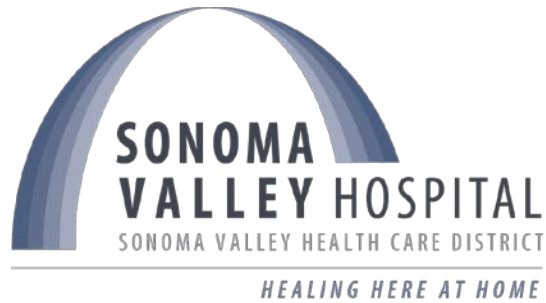
4. CASH ACTIVITY SUMMARY:

Table 4 | Cash / Revenue Cycle Indicators - November 2024

	Nov-24	Oct-24	Var	%
Days Cash on Hand	16.0	23.2	(7.2)	-31%
A/R Days	55.5	56.0	(0.5)	-1%
A/P Days	66.4	72.1	(5.7)	-8%

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
- **Attachment H is the FY25 Business Plan Tracker**



To: SVHCD Board of Directors

From: Dan Kittleson, DDS & Jessica Winkler, DNP, RN, NEA-BC, CCRN

Date: January 9, 2025

Subject: Quality Committee Quarterly Report: 3rd Quarter 2024

Quality performance in the 3rd Quarter remained 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 remained steady from last quarter, averaging **938** (1019, 929 & 865) visits per month.

Volume on inpatient side stable in the 3rd quarter averaging **57** discharges per month.

Surgical volume is holding steady compared to last quarter, at an average of **147** surgical cases per month.

Monthly presentations to the Quality Committee regarding departmental quality initiatives and data continue. Third quarter departmental presentations included Emergency Department, Inpatient Care Services, and Medical Imaging departments.

Hospital continues to focus on the following Quality Initiatives-

- **Sepsis.** All cases are reviewed by the Director of Emergency Services and Chief Nursing Officer. Any cases that do not meet the core measure standards for sepsis care are then also reviewed by the Medical Director of the ED, with education and follow up with care providers. *There was an increase in overall compliance with the Early Management Sepsis bundle from 70% in the second quarter to **86%** in the third.*
- **Stroke care.** The hospital continues to meet or exceed all measures regarding stroke care, with the only exception of “Median Door to tPA time;” *With a goal of 60 minutes or less, we averaged **68** minutes over 3 cases in the 3rd quarter.* All cases are reviewed by our Stroke Coordinator, Director of Emergency Services and the ED Medical Director. Additionally, all stroke care is discussed at bi-monthly meetings with our neuro colleagues at UCSF.
- **Readmissions:** *3rd quarter readmission rates (within 30 days of discharge) improved slightly over last quarter, at **6.08%** (vs. 6.98 in 2nd qtr and 7.36% 1st qtr) vs the Medicare goal of < 15%.*
- **Length of Stay (LOS):** In addition to mean length of stay (**3.56 days in the 3rd quarter-over the target of 2.45 days**), we also monitor “observed over expected ratio” (O/E). To clarify, the observed LOS is the actual LOS. The expected LOS is assigned by CMS according to the diagnosis. (For example, a patient with pneumonia is expected to have an LOS of 5 days, but only stays for 3. So, $3/5 = 0.6$ is the O/E ratio). The target is to be less than one. *Our average O/E ratio in the 3rd quarter was **0.85**.*
- **Safety:** There was one PSI-90 event in July related to a pressure ulcer but there were no other PSI-90 or other adverse events in 3rd quarter.
- **Patient Satisfaction:** 3rd Quarter HCAHPS scores were improved in five of the seven domains and remain competitive with state and national scores. Ambulatory surgery saw improvements across all domains for the 3rd quarter. Response rate for both inpatient and ambulatory surgery was about 31%. Q-Reviews, the texting survey, demonstrated high patient satisfaction across all five participating departments.

Patient Satisfaction: HCAHPS



Monthly report (copy) INPATIENT

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Sonoma Valley Hospital - System (15704)

Inpatient

Questions	Top Box	n	STATE CA Score	All PG Database Score
*Rate hospital 0-10	70.97	31	73.33	70.93
*Recommend the hospital	67.74	31	73.40	69.88
*Comm w/ Nurses Domain Performance	85.56	30	78.41	79.64
*Nurses treat with courtesy/respect	93.33	30	84.54	86.15
*Nurses listen carefully to you	80.00	30	76.14	77.28
*Nurses expl in way you understand	83.33	30	74.54	75.49
*Response of Hosp Staff Domain Performance	81.40	28	62.89	64.50
*Call button help soon as wanted it	73.91	23	61.71	62.96
*Help toileting soon as you wanted	88.89	18	63.94	65.32
*Comm w/ Doctors Domain Performance	85.47	31	79.22	79.75
*Doctors treat with courtesy/respect	90.32	31	84.41	85.76
*Doctors listen carefully to you	83.33	30	78.06	78.35
*Doctors expl in way you understand	82.76	29	75.18	75.14
*Hospital Environment Domain Performance	75.54	31	63.62	66.77
*Cleanliness of hospital environment	83.33	30	73.73	73.17
*Quietness of hospital environment	67.74	31	53.51	60.32
*Comm About Medicines Domain Performance	67.54	19	61.72	61.14
*Tell you what new medicine was for	68.42	19	74.73	74.73
*Staff describe medicine side effect	66.67	18	48.71	47.51
*Discharge Information Domain Performance	85.45	28	87.55	86.69
*Staff talk about help when you left	85.71	28	85.93	85.06
*Info re symptoms/prob to look for	85.19	27	89.16	88.30
*Care Transitions Domain Performance	60.50	30	54.33	53.07
*Hosp staff took pref into account	44.83	29	49.12	47.68
*Good understanding managing health	70.00	30	53.47	52.31
*Understood purpose of taking meds	66.67	24	60.23	59.27

*CAHPS

Patient Satisfaction

OASCAPS



Monthly report (copy) OAS

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 Sonoma Valley Hospital - System (15704)

Ambulatory Surgery

Questions	Top Box	n	All PG Database Score	State of California Score
*Facility rating 0-10	88.06	67	87.97	86.90
*Recommend the facility	89.55	67	84.95	84.12
*Communication Domain Performance	95.18	69	92.31	90.96
*Provided needed info re procedure	95.65	69	92.71	91.58
*Instructions good re preparation	95.59	68	94.43	93.45
*Procedure info easy to understand	97.10	69	93.84	92.88
*Anesthesia info easy to understand	96.92	65	94.37	92.79
*Anes side effect easy to understand	90.63	64	86.16	84.02
*Facility/Personal Trtment Domain Performance	98.79	69	97.11	96.36
*Check-in run smoothly	98.55	69	95.66	94.62
*Facility clean	100.00	69	97.93	97.39
*Clerks and receptionists helpful	97.10	69	96.33	95.44
*Clerks and reception courteous	100.00	68	97.63	96.97
*Staff treat w/ courtesy, respect	98.55	69	98.09	97.48
*Staff ensure you were comfortable	98.53	68	96.99	96.24
*Discharge Domain Performance	96.10	69	96.87	96.10
*Written discharge instructions	92.42	66	97.70	97.39
*Instructions regarding recovery	89.86	69	87.88	85.56
*Information re subsequent pain	98.28	58	98.47	97.98
*Information re subsequent nausea	100.00	51	98.58	97.91
*Information re subsequent bleeding	98.08	52	99.04	98.52
*Info on response to infection	97.96	49	99.51	99.23
Nurses Overall	92.93	67	88.85	87.58
Nurses concern for comfort	92.42	66	89.45	87.94
Info nurses gave to prep for proc	94.03	67	88.21	86.94
Nurses response concerns/questions	92.31	65	88.93	87.88
Care Provider Overall	86.74	68	84.10	81.10
CP explanation about proc	88.24	68	84.79	82.35
Info CP shared re how proc went	83.58	67	83.10	78.59
CP response to concerns/questions	91.04	67	86.52	83.89
CP expln why proc important	83.87	62	81.94	79.43
Staff worked together care for you	94.20	69	90.10	88.89

*CAHPS

Patient Satisfaction Q-Reviews

