

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

**AGENDA**

**THURSDAY, FEBRUARY 6, 2025  
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?from=addon>

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 <a href="mailto:wreese@sonomavalleyhospital.org">wreese@sonomavalleyhospital.org</a> at least 48 hours prior to the meeting.</p>	<b>RECOMMENDATION</b>		
<p><b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p><b>1. CALL TO ORDER</b></p>	<p>Wendy Lee Myatt</p>		
<p><b>2. PUBLIC COMMENT</b> <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p><b>3. BOARD CHAIR COMMENTS</b></p>	<p>Wendy Lee Myatt</p>		
<p><b>4. CONSENT CALENDAR</b> a. BOD Minutes – 1.09.25 b. Quality Committee Minutes – 12.11.24 c. Finance Committee Minutes – 11.25.24 d. Policies &amp; Procedures e. Medical Staff Credentialing</p>	<p>Wendy Lee Myatt</p>	<p>Action</p>	<p>Pages 3 - 11</p>
<p><b>5. HANNA CENTER</b></p>	<p>Cameron Safarloo</p>	<p>Inform</p>	<p>Pages 12 - 14</p>
<p><b>6. UCSF AFFILIATION UPDATE</b></p>	<p>John Hennelly</p>	<p>Inform</p>	<p>Page 15</p>
<p><b>7. CEO REPORT</b></p>	<p>John Hennelly</p>	<p>Inform</p>	<p>Pages 16 - 18</p>

<b>8. FINANCIALS FOR MONTH END DECEMBER 2024</b>	<i>Ben Armfield</i>	Inform	Pages 19 - 35
<b>9. COMMITTEE UPDATES</b> <ul style="list-style-type: none"> <li>• <b>FINANCE COMMITTEE QUARTERLY REPORT</b></li> <li>• <b>AFFILIATION OVERSIGHT COMMITTEE UPDATE</b></li> </ul>	<i>Board of Directors Ed Case Wendy Lee Myatt</i>	Inform	
<b>10. BOARD COMMENTS</b>	<i>Board of Directors</i>	Inform	
<b>11. ADJOURN</b>	<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, JANUARY 9, 2025

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

<b>SONOMA VALLEY HOSPITAL BOARD MEMBERS</b>		
<ol style="list-style-type: none"> <li>1. Wendy Lee Myatt, Chair, Present</li> <li>2. Denise M. Kalos, 1st Vice Chair, Present</li> <li>3. Daniel Kittleson, DDS, 2nd Vice Chair, Present</li> <li>4. Dennis B. Bloch, Secretary, Present</li> <li>5. Ed Case, Treasurer, Present</li> </ol>		
<b>MISSION STATEMENT</b>		
<i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
<b>CLOSED SESSION 5:45 pm</b>		
Calif. Government Code §54956.9: Conference with Legal Council – Anticipated Litigation		
<b>1. CALL TO ORDER</b>	<i>Wendy Lee Myatt</i>	
Meeting called to order at 6:06 p.m.		
<b>2. PUBLIC COMMENT</b>	<i>Wendy Lee Myatt</i>	None
<b>3. BOARD CHAIR COMMENTS</b>	<i>Wendy Lee Myatt</i>	None
<b>4. REPORT ON CLOSED SESSION</b>	<i>Wendy Lee Myatt</i>	Noted
<b>5. CONSENT CALENDAR</b>	<i>Wendy Lee Myatt</i>	Action
<ol style="list-style-type: none"> <li>a. BOD Minutes – 12.07.24</li> <li>b. Quality Committee Minutes – 10.23.24</li> <li>c. Policies and Procedures</li> <li>d. Medical Staff Credentialing</li> </ol>	<b>MOTION:</b> by Kalos to approve, 2 <sup>nd</sup> by Kittleson. All in favor.	
<b>6. ELECT BOARD COMMITTEE OFFICERS</b>	<i>Wendy Lee Myatt</i>	Action
<p>Lee Myatt recommends the following Chairs and Vice Chairs for Board Committees:</p> <p><b>Audit Committee:</b></p> <ul style="list-style-type: none"> <li>• Ed Case, <i>Chair</i>; Dennis Bloch, <i>Vice Chair</i></li> </ul> <p><b>Finance Committee:</b></p> <ul style="list-style-type: none"> <li>• Ed Case, <i>Chair</i>; Dennis Bloch, <i>Vice Chair</i></li> </ul> <p><b>Governance Committee:</b></p> <ul style="list-style-type: none"> <li>• Denise Kalos, <i>Chair</i>; Wendy Lee Myatt, <i>Vice Chair</i></li> </ul> <p><b>Quality Committee:</b></p> <ul style="list-style-type: none"> <li>• Dan Kittleson, <i>Chair</i>; Wendy Lee Myatt, <i>Vice Chair</i></li> </ul> <p><b>Affiliation Oversight Committee:</b></p> <ul style="list-style-type: none"> <li>• Wendy Lee Myatt, <i>Chair</i>; Dennis Bloch, <i>Vice Chair</i></li> </ul>		
<b>MOTION:</b> by Bloch to approve slate as presented, 2 <sup>nd</sup> by Kalos. All in favor.		
<b>7. SONOMA VALLEY FIRE DISTRICT</b>	<i>Steve Akre, Fire Chief</i>	Inform
<p>Fire Chief Akre emphasized his commitment to prioritizing local fire safety while also supporting fire-affected communities in Southern California. The Sonoma Valley Fire District has deployed two engines with eight firefighters and two chief officers to assist with the Palisades and Eaton fires, while ensuring that all local fire stations remain fully staffed. Akre highlighted the district's longstanding role in mutual aid, with a history of over 40 years of emergency response contributions across the state.</p>		

<p>Additionally, he discussed the integration of the Kenwood Fire District into the Sonoma Valley Fire District, which will bring paramedic-level service to Kenwood for the first time and improve emergency response times.</p> <p>Akre also provided updates on the successful passage of Measure H, which has led to the addition of a third paramedic ambulance, improving response times and reducing staff fatigue. The district has hired 17 new firefighter-paramedics, doubling its full-time staff since 2017. He praised the partnership with Sonoma Valley Hospital, particularly in minimizing ambulance offload times and improving emergency medical coordination. Akre introduced a new quarterly community newsletter aimed at educating residents on fire prevention, department initiatives, and emergency preparedness, which will be distributed widely in both English and Spanish.</p>		
<b>8. 2024 ANNUAL HOSPITAL COMMUNITY REPORT</b>	<i>Dawn Castelli</i>	Inform
<p>Castelli discussed the upcoming annual community report, expressing excitement about reviewing the final draft and reflecting on the organization's achievements. The report, scheduled for print in the Index Tribune on January 31 and digital release on the website, aims to highlight key initiatives under the theme "Healing Here at Home." It emphasizes expanding care access, deepening partnerships, and enhancing specialized services such as advanced diagnostics, rehabilitation, and wound care. The report also includes financial overviews and payer mixes, with suggestions to highlight government funding and tax contributions for transparency. Castelli reaffirmed the importance of bilingual materials to better reach Sonoma's Latino community.</p>		
<b>9. CEO REPORT</b>	<i>John Hennelly</i>	Inform
<p>Hennelly highlighted key hospital initiatives, emphasizing the successful collaboration with Chief Akre and a new ER physician group, which has enhanced training and team confidence. Despite the costs of extra staffing for these training efforts, he stressed the long-term benefits. The hospital's performance from July to December exceeded expectations in volume, financials, and quality metrics. Major projects, including the MRI and CT refresh, are ongoing, though rain-related delays led to demobilization of the MRI construction. However, this is not expected to impact patient care. The hospital's strategic integration with UCSF remains slow, prompting the BOD to request clearer ownership of the issue and reiterating Epic integration as the top focus. Hennelly acknowledged UCSF's staff turnover as a challenge but emphasized ongoing efforts to move forward. Discussions included the need for upgrading aging OR equipment, though it is not currently impacting care. Leslie Peterson was welcomed as the new Executive Director of the SVH Foundation.</p>		
<b>10. CMO UPDATE</b>	<i>John Hennelly</i>	Inform
Presented in written form		
<b>11. FINANCIALS FOR MONTH END NOVEMBER 2024</b>	<i>Ben Armfield</i>	Inform
<p>Armfield presented financials for November 2024: financial performance fell short of budget expectations, breaking a streak of exceeding budget in prior months. The shortfall was primarily volume-related, with declines in outpatient services, surgery, and ER visits—the lowest since the fiscal year began. The Thanksgiving holiday also contributed to reduced elective volumes. Despite this setback, overall year-to-date financials remain strong, with income and margin indicators above budget and prior year levels. Looking ahead, December volumes are rebounding, and SVH anticipates receiving \$11 million in IGT funds, which will be used for debt repayment, AP adjustments, and potential capital needs. A broader financial strategy, including multi-year cash forecasting, is in progress, and discussions on budget planning will intensify in the coming months.</p>		
<b>12. QUALITY COMMITTEE QUARTERLY REPORT</b>	<i>Daniel Kittleson, DDS Jessica Winkler, DNP, RN, NEA-BC, CCRN</i>	Inform
<p>The Q3 quality report highlighted steady patient volume and improvements in key metrics, including an increase in sepsis bundle compliance and strong performance in stroke care. Readmission rates improved, the observed-to-expected length of stay was favorable at 0.85, and patient satisfaction scores saw gains in multiple domains, particularly in ambulatory surgery and physical therapy. While the hospital's performance was praised, concerns were raised about the Leapfrog report, which assigned low scores due to non-participation rather than actual performance. It was discussed whether to engage with Leapfrog despite its high resource demands or rely on other publicly reported data. Some members suggested pushing back against misleading press coverage, but the consensus was to maintain transparency and focus on demonstrating high-quality care.</p>		
<b>13. COMMITTEE UPDATES</b>	<i>Wendy Lee Myatt</i>	None
<b>14. BOARD COMMENTS</b>	<i>Board Members</i>	None
<b>15. ADJOURN</b>	<i>Wendy Lee Myatt</i>	
Adjourned at 7:32 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**

**Wednesday, December 11, 2024, 5:00 PM**

**MINUTES**

**Via Zoom Teleconference**

<b>Members Present</b>	<b>Excused/Not Present</b>	<b>Public/Staff – Via Zoom</b>
Wendy Lee Myatt (chair sub) Daniel Kittleson, DDS, via zoom Kathy Beebe, RN PhD Carol Snyder Howard Eisenstark, MD Susan Kornblatt Idell Carl Speizer, MD Paul Amara, MD, FACOG, via zoom	Michael Mainardi, MD	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO Whitney Reese, SVH Board Clerk Chris Kutza, PharmD John Hennelly, SVH CEO

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Wendy Lee Myatt &amp; Daniel Kittleson, DDS</i>	
	Lee Myatt called meeting to order at 5:00pm.	
<b>2. PUBLIC COMMENT SECTION</b>	<i>Wendy Lee Myatt</i>	
	No public comments	
<b>3. CONSENT CALENDAR</b> Minutes 10.23.24	<i>Wendy Lee Myatt</i>	<b>ACTION</b>
*name edit made	<i>Motion to approve by Kornblatt Idell, 2<sup>nd</sup> by Snyder</i>	
<b>4. PT/OT QA/PI</b>	<i>Chris Kutza, PharmD</i>	<b>INFORM</b>
Kutza presented that the pharmacy department monitors various quality measures, including adverse drug events, antimicrobial stewardship, controlled substance usage, and IV room compliance, all under stringent regulatory requirements. Significant updates include revising the Title 22-mandated medication error reduction plan (MERP) and adapting smart pump guardrails to enhance patient safety. Monitoring metrics include		

high-risk medication errors, near misses, antimicrobial days of therapy, and pharmacy service turnaround times. Despite external challenges like IV fluid shortages, the department remained unaffected due to strong supplier partnerships. Ongoing updates and collaborations ensure compliance, safety, and continuous improvement across all pharmacy operations.		
<b>5. 2024 YEAR IN REVIEW</b>	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i>	INFORM
Winkler provided an overview of departmental achievements for 2024 and goals for 2025. Highlights included advancements in emergency department protocols, such as nurse-initiated orders and collaborative drills with fire and police departments, and surgical improvements like implementing an age-friendly health system and robotics programs. Quality and risk management efforts emphasized compliance, readiness for inspections, and fostering a culture of safety. Infection prevention saw progress in tracking metrics and reducing hospital-acquired infections. Other departments, including pharmacy, lab, imaging, and physical therapy, showcased enhancements in staffing, equipment, and patient care protocols. Looking ahead, priorities include expanding age-friendly initiatives, reducing patient wait times, and refining interdepartmental collaborations. The overall focus remains on improving patient outcomes, operational efficiency, and readiness for regulatory compliance.		
<b>6. 2025 WORK PLAN: QUALITY COMMITTEE</b>	<i>Daniel Kittleson, DDS</i>	INFORM
Discussed and confirmed pending meeting dates.		
<b>7. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i>	INFORM
Winkler presented in October, SVH achieved positive outcomes in mortality rates, infection prevention, and stroke metrics, with only a few challenges. Improvements were implemented, such as updates to Epic for continuity in lab orders. HCAHPS scores reflected strong communication and care quality, though discharge medication teaching was behind state and national averages, it prompted efforts to involve pharmacists and standardize nurse communication. Discussions highlighted the stringent scoring criteria for patient satisfaction, the separation of ER and inpatient statistics, and how CMS aggregates performance metrics to determine reimbursements. Real-time feedback systems were praised for offering actionable insights faster than traditional reporting, underscoring the hospital's commitment to addressing gaps and enhancing care quality.		
<b>7. POLICIES AND PROCEDURES</b>	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i>	INFORM
	Winkler presented for approval to the Board of Directors: <ul style="list-style-type: none"> <li>NEW_ NPO in the Emergency Department</li> </ul>	Recommendations were made before submitting to BOD
<b>8. CLOSED SESSION:</b> a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Lee Myatt</i>	ACTION
<i>Credentialing will be approved virtually prior to January 2025 Board of Directors meeting</i>		
<b>9. ADJOURN</b>	<i>Kornblatt Idell</i>	
Meeting adjourned at 5:50 pm		



**SVHCD  
FINANCE COMMITTEE MEETING  
MINUTES**

**TUESDAY, NOVEMBER 26, 2024  
In Person at Sonoma Valley Hospital  
347 Andrieux Street  
and Via Zoom Teleconference**

<b>Present</b>	<b>Not Present/Excused</b>	<b>Staff/Public</b>
Bill Boerum, in person Ed Case, in person Wendy Myatt Lee, in person Dennis Bloch, in person Carl Gerlach, in person Catherine Donahue, via zoom Graham Smith, via zoom Robert Crane, via zoom Subhash Mishra, MD, via zoom		Ben Armfield, SVH CFO, in person Dawn Kuwahara, RN BSN, SVH Chief Ancillary Officer, in person Whitney Reese, SVH Board Clerk, in person John Hennesly, SVH CEO, in person Judith Bjorndal, via zoom
<b>MISSION &amp; VISION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTIONS</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Bill Boerum</i>	Meeting called to order 6:00pm
<b>2. PUBLIC COMMENT SECTION</b>	None	
<b>3. CONSENT CALENDAR</b>	<i>Bill Boerum</i>	Action
Finance Committee Minutes 10.22.24		<b>MOTION:</b> Motion to approve by Case, 2 <sup>nd</sup> by Bloch. All in favor
<b>4. ROSA SYSTEM – ROBOTIC ASSIST DEVICE</b>	<i>Ben Armfield</i>	Action
Armfield presented a proposal for acquiring the Zimmer Biomet ROSA (Robotic Surgical Assistant System) through a three-year placement agreement at \$270,000 plus incremental per-case costs. The system is designed to enhance orthopedic surgeries by increasing precision, reducing implant misalignment, and improving patient outcomes, particularly in knee and hip replacements. Financial analysis highlights potential net savings of \$52,500 over three years, driven by discounts on Zimmer implants, tiered rebates, and supply chain efficiencies. While the system requires meeting a minimum annual case threshold to avoid additional costs, the committee noted the system's ability to elevate SVH's competitive edge, support Dr. Walter's recruitment, and expand the orthopedic program's market share. Key discussion points included the system's benefits, marketing opportunities, physician commitments, and operational considerations for adoption.		<b>MOTION:</b> Motion to recommend to the BOD to approve by Bloch, 2 <sup>nd</sup> by Lee Myatt. All in favor

<b>5. FY24 SVH AUDITED FINANCIAL STATEMENTS</b>	<i>Ben Armfield</i>	Inform
<p>Discussion around the audited financial statements focused on discrepancies between internal financial statements and the audited report, particularly regarding the classification of revenues, such as café revenue and parcel taxes. Audited statements classify some revenues as non-operating, while internal reports include them as operating revenues, reflecting the organization's operational reality. Members expressed frustration over auditors' rigid classifications, which they felt obscure the financial story and strategic outlook. They emphasized the importance of reconciling internal and audited statements for clarity while maintaining internal reports that better support management and decision-making. A specific variance of \$260,000 due to a Medicare cost settlement reserve was discussed. It was agreed upon that while compliance with audit standards is necessary, internal reporting should prioritize usability and accuracy in reflecting operations.</p>		
<b>6. SVH REVENUE ANALYSIS AND SERVICE LINE PROFIBILITY</b>	<i>Ben Armfield</i>	Inform
<p>Armfield presented a revenue and profitability analysis. Key challenges were identified, including losses in inpatient services, the need for greater revenue from outpatient services, and the importance of validating financial data for accuracy. Recommendations included expanding high-margin services like MRIs and outpatient care to offset inpatient losses, analyzing payer mixes and service volumes to address underperforming areas, and refining cost allocations to separate hospital capital from community-contributed assets. These steps aim to clarify the financial picture and better inform strategic decisions.</p> <p>The importance of community and foundation contributions was repeatedly emphasized, with suggestions to incorporate these into financial reporting to highlight their impact on the hospital's viability. The committee agreed to revisit the data regularly, particularly before board offsites, to refine strategies and maintain alignment with operational goals. Additionally, evolving financial reports to allocate direct costs more transparently—such as depreciation and capital contributions—was recommended to better reflect the hospital's operational and community-funded assets. The discussion concluded with a consensus on the need for continued collaboration and data refinement to support sustainable healthcare delivery.</p>		
<b>7. FY24 BUSINESS PLAN TRACKER</b>	<i>Ben Armfield</i>	Inform
<p>Armfield presented the business plan tracker through October. October was a strong month across the board, with all three initiatives exceeding their budgets. MRI volumes ramped up significantly, achieving 222 exams, while physical therapy hit a record high, and Dr. Walter's contributions continued to grow. However, November is projected to be slower due to the Thanksgiving holiday, though December is expected to rebound with end-of-year deductible-driven demand. Discussions included potential strategies like a newspaper reminder and the anticipated arrival of a new ROSA device within 60 days. The Committee also explored service line strategies, focusing on high-margin cases such as joint replacements and outpatient surgeries, with an emphasis on strategic planning and financial implications. Positive recognition of the team's efforts and results was abundant.</p>		
<b>8. FINANCIAL REPORTS FOR MONTH END OCTOBER 2024</b>	<i>Ben Armfield</i>	Inform
<p>Armfield reported that the organization has had a strong start to the fiscal year, exceeding both budget and prior year performance in key areas like outpatient MRI, physical therapy, and surgical volumes, even amid challenges such as a doctor's absence. Despite robust cash management efforts, including securing a bank deal,</p>		



utilizing a line of credit, and successfully making a \$5.1 million matching payment for an intergovernmental transfer (IGT), cash flow remains tight until an anticipated \$11.5 million payment arrives in January. The team is carefully managing accounts payable (AP), extending payment timelines strategically while maintaining vendor relationships, though AP days have temporarily increased. Discussions highlighted the importance of balancing cash outflows with operational needs and upcoming payments, with recognition of the team's financial acumen in navigating these challenges.		
<b>9. ADJOURN</b>	<i>Bill Boerum</i>	Meeting adjourned at 7:24pm
Boerum reiterated his gratitude to the committee members for their participation over the last two years, acknowledging their support and quick involvement in recruitment. Boerum mentioned having chaired the committee for four years and facilitated the recruitment of six out of the nine members. Thanks was given to everyone for their contributions and the positive outcome of the committee and staff's work was highlighted, despite facing challenges throughout the year.		

## 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: 01/31/2025 9:36 PM

### Report Parameters

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

**Grouped by:** Committee

**Sorted by:** Document Title

### Report Statistics

Total Documents: 5

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

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

### Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
<b>On Call Pharmacist</b> <i>Medication Management Policies (MM)</i>	Pending Approval	1/28/2025	3
Summary Of Changes: <b>Updated hours of operation, minor formatting edits.</b> Moderators: <b>Kutza, Chris (ckutza), Newman, Cindi (cnewman)</b> Lead Authors: <b>Kutza, Chris (ckutza)</b> ExpertReviewers: <b>McKissock, Lynn (lmckissock)</b> Approvers: <b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Patient Controlled Analgesia (PCA)</b> <i>Medication Management Policies (MM)</i>	Pending Approval	1/28/2025	3
Summary Of Changes: <b>Reviewed, no changes</b> Moderators: <b>Kutza, Chris (ckutza), Newman, Cindi (cnewman)</b> Lead Authors: <b>Kutza, Chris (ckutza)</b> ExpertReviewers: <b>Taylor, Jane (jtaylor)</b> Approvers: <b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Pharmacy Staff Competency Assessment</b> <i>Pharmacy Dept</i>	Pending Approval	1/28/2025	3
Summary Of Changes: <b>Reviewed, no changes</b> Moderators: <b>Kutza, Chris (ckutza), Newman, Cindi (cnewman)</b> Lead Authors: <b>Kutza, Chris (ckutza)</b> ExpertReviewers: <b>McKissock, Lynn (lmckissock)</b> Approvers: <b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>QAPI Procedures for Sterile Compounding Quality Assurance program</b> <i>Pharmacy Dept\Compounding Related</i>	Pending Approval	1/28/2025	3

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 01/31/2025 9:36 PM

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

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

Moderators: **Kutza, Chris (ckutza), Newman, Cindi (cnewman)**

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P 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)**

<b>Standby, Call-back, Call-in and Call-off Pay</b>	<b>Pending Approval</b>	<b>1/6/2025</b>	<b>25</b>
<i>Human Resources Policies (HR)</i>			

Summary Of Changes: **Updated language and organization to provide better clarity.  
Updated types and definitions of Call-back pay to reflect correct practice.  
Added "Standby and Call-back when Flexed" for 12-hour shifts flexed in 4-hour blocks of time.  
Added Call-in Incentive for specialized services when not on Standby.  
Added/clarified use of PTO when flexed or cancelled.  
Updated references.**

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

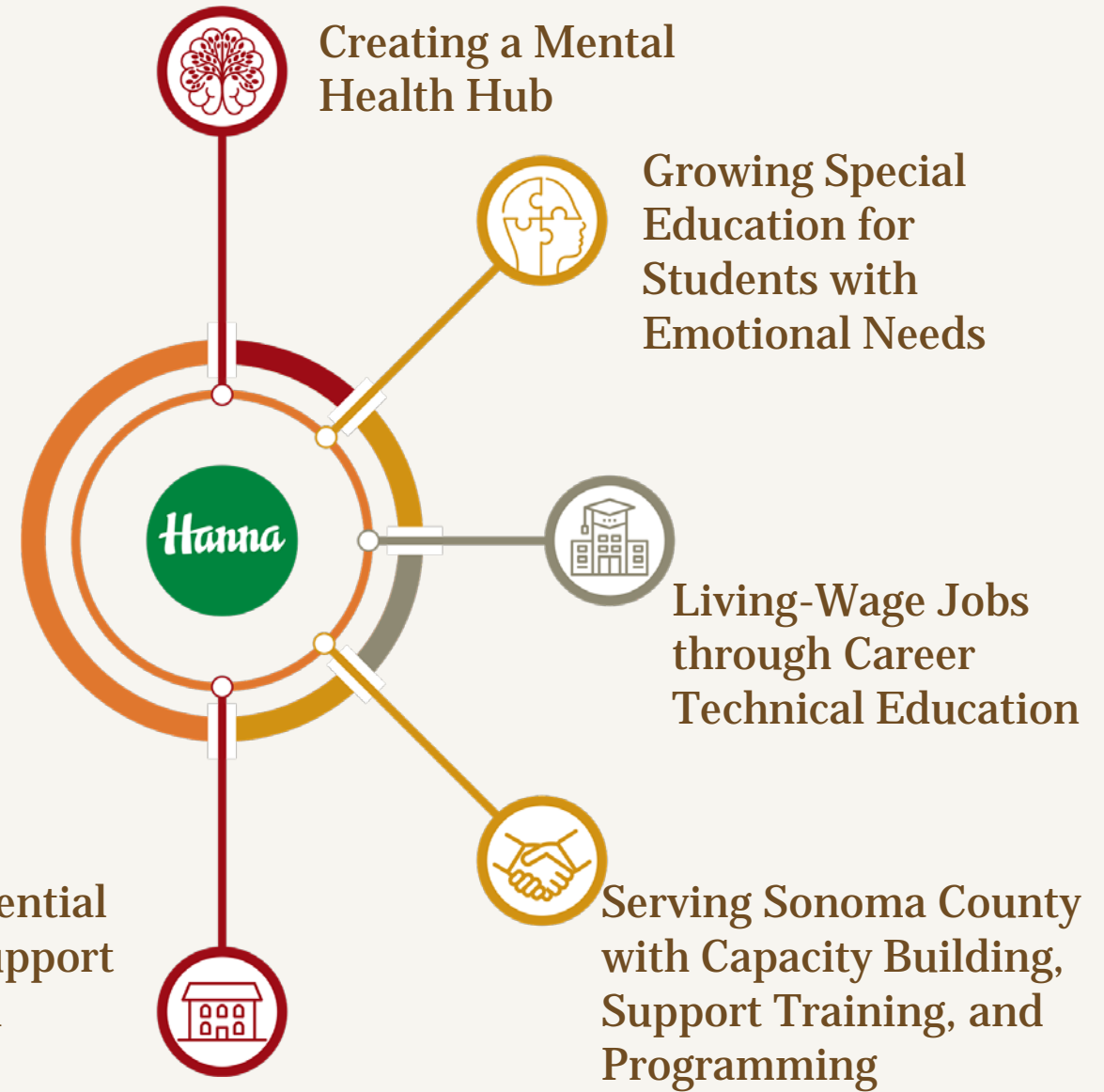
Lead Authors: **McKissock, Lynn (lmckissock)**

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

# THE FUTURE OF HANNA

**Expanded Impact,  
Transformative  
Care, and Greater  
Support**

Providing Residential  
Facilities and Support  
for Foster Youth



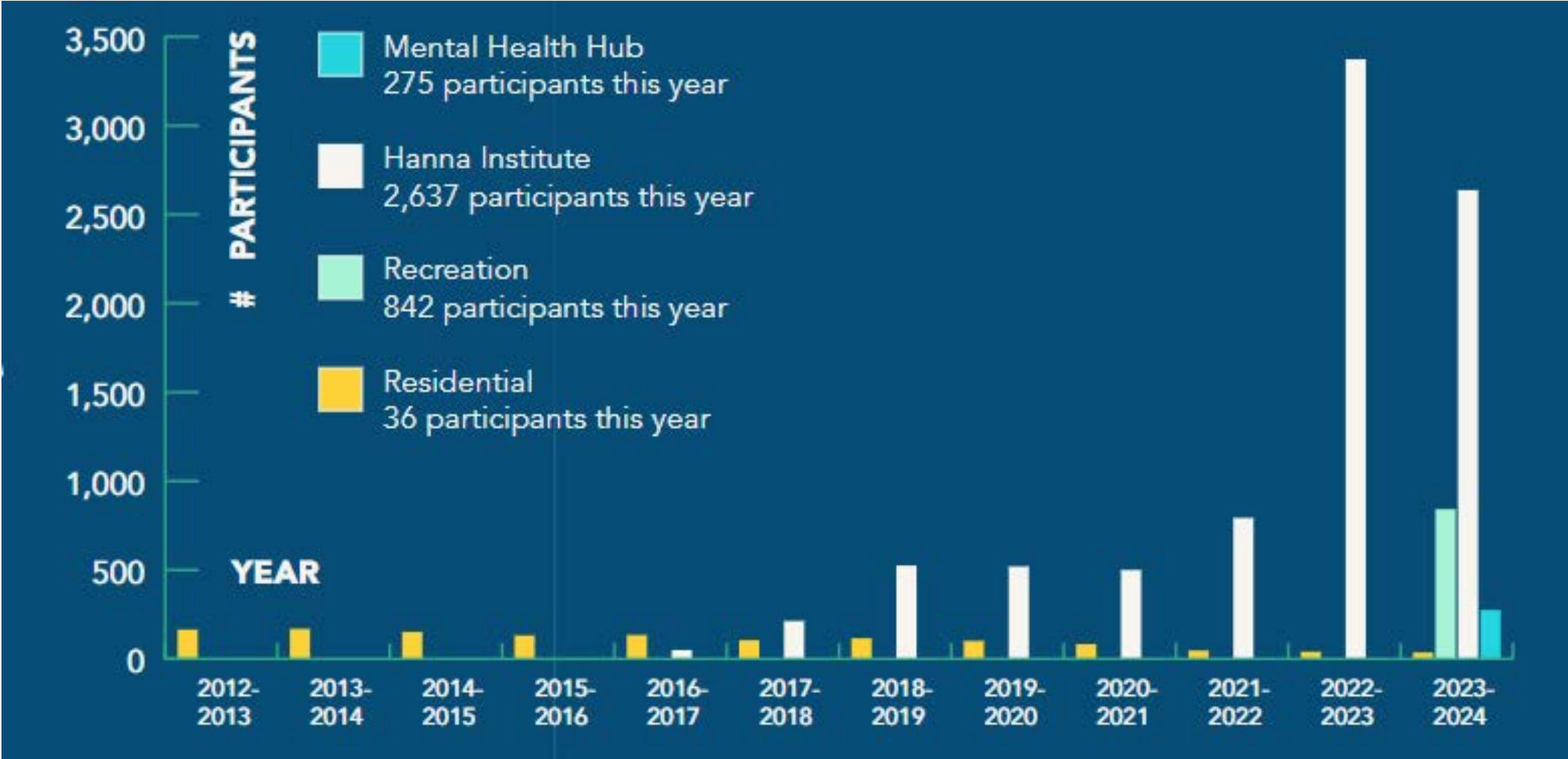
# Bigger Difference

The energy of a startup. The effectiveness of experience.

## Participants Served Annually



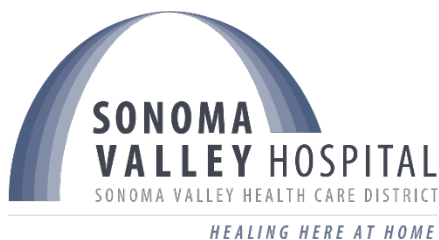
# Annual Participant Counts by Program



Tactic Completed	Tactics under way now	On Hold	Tactics to begin in the next 12 months	Tactics in conceptual form
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UCSF/SVH Joint Operating Dashboard

Strategic Objective	Initiative	Description/Tactic	Benefits/Impact	Start Date	Target Completion Date	Update	Updated	
<b>1 Increase Access to San Francisco based UCSF Care</b> - ability for Sonomans to access care at UCSF in the city has been difficult. This objective seeks to improve pathways to access care.	1.1 Expansion of Telemedicine Services with UCSF Affiliate Network	Neurology coverage for stroke and inpatient care	24/7 availability of neuro consult for stroke cases in ED	2019	2019	complete	7/19	
		Infectious Disease coverage for hospital	Specialty coverage for ED and inpatient units			complete	7/19	
	1.2 Beta Site for Capacity Management (transfer) Center	Intensivist Coverage of ICU	Expanded medical team would increase the types of cases that could be treated at SVH.	The integration will improve both site's ability to place patients in the right setting for their needs. Impact to SVH increased transfers both in and out as needed.	2022	2024	Project on hold with transition of CMO.	1/25
		Integration of SVH into the UCSF capacity management system			Summer 2023	2024	System live. UCSF continues working on processes. SVH participation pending.	12/23
<b>2 Increase Access to Locally Provided Specialists/Primary Care</b> - establishment of care sites in Sonoma will aid in access to UCSF care.	2.1 Physician Employment	Joint recruitment of GI specialists based in Sonoma	Provision of service currently unavailable in Sonoma and highly in demand.	2021	in process	Recruitment continues. Previously identified candidate on hold.	1/25	
		Joint recruitment of orthopedic surgeon based in Sonoma	Orthopedics is in strong demand in Sonoma. Planning to insure availability over coming years.		2023	Dr Walter started 6/24/24. Second recruit on hold until Dr Walter assimilates.	6/24	
	2.2 Expansion of Clinically Integrated Network	Engagement of UCSF faculty in growth or under represented service lines	Engagement can increase the types of care available in Sonoma and increase connectivity with programs at UCSF.		2022	2023	Issuance of RFP to faculty to identify programs which could be cited in Sonoma. Proposals must address market need. RFP to be issued. Delayed due to competing priorities	6/24
		Opportunity to contractually link Sonoma providers to UCSF network improving network access, quality oversight, and financial stability for practices	Helps insure stability of practices in Sonoma and improved access to broader network.			2025	Program being redesigned. No ETA.	12/22
2.3 UCSF Cancer Care	Explore opportunity to introduce UCSF cancer care in Sonoma	Provision of service currently unavailable in Sonoma and highly in demand.		2023		No capacity from UCSF cancer team at this time. Pursuing infusion center independently	9/24	
<b>3 Increase Facility Utilization</b> - objective is to use available space and resources at SVH to alleviate capacity issues at UCSF where needs align. The result will be more availability of services in Sonoma.	3.1 Grow UCSF surgical presence in Sonoma	Objective is to engage UCSF surgeons to practice in Sonoma and at SVH.	Increase availability of surgical services in Sonoma/Increase utilization of SVH operating rooms			EPIC installation has removed key barrier. Improvement to interfaces underway. First target, Dr Carroll (urologist) failed to launch. Seeking other candidates.	9/24	
	3.2 Explore collaborative opportunities in orthopedics	Details listed in section 2. Listed here to note it serves this objective.						
	3.3 Increase utilization of ODC by UCSF	Online scheduling	UCSF is moving to self scheduling which enables the patient to select the best location for their service based upon availability or location. This could optimize utilization of SVH assets.		2022	2024	Team continues to work on this initiative	1/25
	3.4 Development of Post Acute program	Objective is to insure adequate postacute care is available in Sonoma	Meeting market demand and insuring Sonoma has the right setting for care. Activation of dormant space at SVH.			2024	Reviewing possible partnership to expand SNF capacity	6/24
3.6 Market the affiliation	Promote the affiliation and successes within the Sonoma community	Increase interest and loyalty to both organizations		2024	on going	NPR ad campaign underway	6/24	
<b>4 Enhance IT Integration</b> - maximize connectivity between two organizations to improve integration of data available to community and patients	4.1 Maximize data availability between sites	EPIC implementation	Installation of EPIC will improve connectivity between UCSF and SVH.	January 2022	Dec '22	Complete	12/22	
		Optimize EPIC data transfer between instances	Maximizing data integration between SVH Epic and UCSF Epic will optimize utilization by clinicians and patients	Summer 2023	2025	Interfaces complete. Exploring how to further data integration between UCSF and SVH instances of Epic	1/25	
	4.2 Integration of IT management	Contract executed between UCSF and SVH for the provision of management services to SVH			2022	2022	Complete	1/22
<b>5 Share Resources/Reduce Costs</b> - by collaborating, can the two organizations save money?	5.1 Integration of coordination of care w UCSF and/or Marin Health							
	5.2 Explore JV opportunities around ODC	Develop a business case for a joint venture between SVH and UCSF around the ODC and surgical services	A joint venture would provide both capital and focus from UCSF on Sonoma.	CY2023	2024	On hold due to competing priorities within both organizations	4/24	
<b>Parking Lot</b>	Exploration of ways to integrate purchase of goods and services		Cooperating with UCSF on purchasing could yield significant savings			Management continually on the look out for such opportunities. Supplies were reviewed in 2022 - no opportunity. Reimbursement rates - not allowed unless UCSF has a controlling interest. Exploring possibility of UCSF providing insurance contracting services.	4/24	



To: SVHCD Board of Directors  
From: John Hennelly  
Date: 2.6.25  
Subject: CEO Report

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## 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 **2<sup>nd</sup> in the state** out of 258 and ranked **10<sup>th</sup> nationally** out of 2758 acute care hospitals.

[Sonoma Valley Health Care District - Lown Institute Hospital Index \(lownhospitalsindex.org\)](https://lownhospitalsindex.org)

## Operations

January brought the presentation of the **2024 quality metrics for the Emergency Dept.** Of note;

- While seeing almost 10% more patients (10,903) than 2023, the ED experienced a 35% *drop* in patients leaving without being seen (147).
- Average time in the ED dropped below our target of 2.5 hours, July through December consistently hovered around 2 hours 20 minutes.

**Monthly quality data for December** the organization was similarly strong. The hospital measures and tracks hundreds of activities. Some of the most important; infections, falls, reactions, readmissions and even deaths. In all of these categories, with hundreds of patient days, thousands of labs, imaging, and medication administrations, the hospital had fewer than 20 unexpected occurrences in December. Most had no impact on patients.



**The Leapfrog Institute** published their annual grades for hospitals across the United States. Leapfrog collects publicly available data and couples it with an extensive data request from the hospitals to generate their grade. SVH does not submit data as it is both time intensive and, in many categories, our volumes are too few to qualify. Without this data, Leapfrog simply assigns the lowest score to these categories and publishes a grade for SVH. The C grade assigned to SVH does not reflect the performance of the hospital. I encourage everyone to review the data published in our monthly Board Quality Committee to see for yourself that the organization performs at a very high level.

**Patient Satisfaction** scores continued to excel in December. All surveyed areas, Physical Therapy, Outpatient Surgery, ED, Imaging, and Inpatient Services surpassed the exceedingly high bar of 4.75 out of a possible 5.

**Financially**, the hospital again exceeded budget in December for a fifth of six months this year. The performance was driven by higher than budgeted volumes in the ER, PT, and diagnostics (lab & imaging). When including parcel tax revenues, the hospital showed a \$10,000 profit in December. Without the parcel tax, the hospital shows a loss of \$306,000 for the month.

Our **Chief Medical Officer** recruitment continues. The selection committee is interviewing a panel of 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 on hold through the rainy season.

Phase 2 of the **CT** portion of the ODC is nearing completion. 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 mobilizing and beginning work.

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: Board of Directors  
 From: Dawn Castelli  
 Date: 1.28.25  
 Subject: Community Outreach & Marketing (COM)  
 Budget Overview

**HEALING HERE AT HOME OVERVIEW**

Began with SVHCD Board authorization of an additional \$100,000 in COMs budget to put toward growing volumes, specifically MRI, brand awareness, and high-quality community programs. COMs strategically used the funds to focus on:

**Driving Volumes** Medical Imaging (MRI), Rehab

**Build Community Programs** – Active Aging & Golden Harvest Senior Resource & Wellness Faire; introduce Dr. Walter

**Brand Awareness & Elevation**

**Marketing & Outreach**

<b>Advertising</b> (print & digital ads, banners, flags)	\$52,178
<b>Content Development</b> (writer, designer, translator, web)	40,800
<b>Community Programs</b>	3,500 (Grant Funded)
<b>Outreach</b> (Annual Com. Report(ACR), Expert Guide to Health)	11,500
	<b>\$107,978</b>

**ROI**

**Medical Imaging (MRI)** – Scans up **105/mo.**, on average

**Rehab** – Treatments up **9,580** over previous year. Heavily promoted Rehab in 2023 ACR, Lown Institute marketing materials, physician communications, KSVY SVH Expert interview, SVH community newsletter ‘Get to Know Us’.

**Wound Care** – Treatments up **50%**

**Build Community Program** – Connecting our primary consumer (older adults) with our service lines, in turn drives volumes. Community introductions with Dr. Walter driving surgery volumes.

**Brand Awareness & Elevation** – Still collecting data to analyze data over next 6mos-year

**FY2025**

This fiscal year continues with our Healing Here at Home theme. Scheduled marketing for introduction of our ROSA and Orthopedics program beginning February. In Rehab, we currently promote OT’s and Pelvic Health and will add PT in Spring. Brand elevation continues, speaking to the excellent care at SVH. MRI remains highest priority, targeting neighboring communities with advertising and grassroots efforts.



To: SVHCD Board of Directors  
 From: Ben Armfield, Chief Financial Officer  
 Date: February 6, 2025  
 Subject: Financial Report for December 2024

**OVERALL PERFORMANCE SUMMARY**

November and December can be difficult months to navigate given the operational disruptions the holidays can bring, but we are pleased to report that December proved to be a positive month financially for the hospital, reversing course from November’s performance to deliver a month that exceeded budget by nearly 10%. We did continue to see some additional volume fluctuation this past month, particularly in areas such as surgery, as fewer procedures were booked leading into and immediately following the holiday. However, significant growth in key outpatient areas, such as imaging, physical therapy, and the emergency room, contributed to a strong overall performance.

Emergency room volumes headlined the month, with 972 visits - an average of over 31 visits per day and the second busiest month of the fiscal year. Outpatient physical therapy and MRI volumes also saw substantial increases over November, which contributed to the uptick in financial performance. These three service lines - Emergency Room, Outpatient Physical Therapy, and MRI, have driven consistent volume growth and have been the cornerstone of the hospital's operational turnaround when comparing to prior year’s performance.

**2nd QUARTER SUMMARY**

The conclusion of December signifies the end of our 2<sup>nd</sup> quarter and also officially marks the halfway point in our fiscal year. Despite missing budget in November, the 2<sup>nd</sup> quarter in totality was another positive quarter for us, building off a very strong 1<sup>st</sup> quarter that resulted in the hospital’s operating margin exceeding budget by over \$1,000,000 through our halfway point of our fiscal year. The budget will indeed ramp-up now that we are in the latter half of the year, but this start provides a great foundation to build on, especially as our targeted growth initiatives continue to gain traction. Some high-level highlights of our performance through the first two quarters of FY25:

- Operating Margin | Exceeds budget by 20% and FY24 by nearly 30%
- Operating EBDA | Exceeds budget by 50% and FY24 by over 60%
- Net Income (Loss) | Exceeds budget by over 40% and FY24 by 50%
- Operating Revenues | Exceeds budget by 5% and FY24 by nearly 20%
- Operating Expenses | Flat with budget but exceed FY24 by 9%

**Table 1 | Overall Performance - December 2024**

Metric	Current Year Month		Variance		Current Year YTD		Variance		PY YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$(822,492)	\$(892,503)	\$70,011	8%	\$(4,443,524)	\$(5,478,288)	\$1,034,764	19%	\$(6,072,620)	\$1,629,096	27%	
Op Margin w Parcel	\$(505,825)	\$(580,003)	\$74,178	13%	\$(2,543,522)	\$(3,603,288)	\$1,059,766	29%	\$(4,172,618)	\$1,629,096	39%	
Operating EBDA	\$(305,815)	\$(400,798)	\$94,983	24%	\$(1,272,906)	\$(2,468,060)	\$1,195,154	48%	\$(3,424,344)	\$2,151,439	63%	
Op EBDA w Parcel	\$10,852	\$(88,298)	\$99,150	112%	\$627,096	\$(593,060)	\$1,220,156	206%	\$(1,524,342)	\$2,151,439	141%	
Net Income (Loss)	\$(310,428)	\$(391,899)	\$81,471	21%	\$(1,398,625)	\$(2,474,663)	\$1,076,038	43%	\$(2,907,904)	\$1,509,279	52%	

**Graph 1.1 | SVH Trended Operating EBDA**



**DRIVERS IN MONTHLY PERFORMANCE**

Emergency room volume was the primary driver in the revenue growth that December delivered, with OP Physical Therapy and MRI volumes also contributing. Both emergency room volumes and outpatient visits exceeded budget and helped mitigate the fact that we missed budget in surgical volume by 15%.

**Revenues:** Following a month where revenues fell short of budget for the first time during the fiscal year, December got the hospital back on track as operating revenues of \$5.12M exceeded budget by 3%. This also marks an 8% increase over November, which is notable given the drop in surgeries. Emergency room volume was the main catalyst in driving the month over month revenue growth as December’s volumes were an increase of 20% compared to November and up 8% compared to this fiscal year’s run-rate.

Through the year, operating revenues are up over budget by nearly \$1.5M and are up over prior year by nearly \$5.0M. **Operating Revenues | Month vs Budget +3%, YTD vs Budget +5%, YTD vs PY +18%**

**Expenses:** Operating expenses totaled \$5.42 million in December, running 1% over budget for the month. Like November, the overage was largely attributable to an increase in interest expense resulting from our \$5.4 million draw on our new line of credit with Summit State Bank. The interest incurred on this draw adds an additional \$40,000 of interest expense per month until paid off. We are paying back the draw at the end of January so this expense will fall off the books starting next month. **Operating Expenses | Month vs Budget +1%, YTD vs Budget +1%, YTD vs PY +9%**

**Volumes:** The holidays in December brought additional volatility to monthly volumes, but the house was busier as we saw a rebound in total volumes compared to the prior month. Despite a further dip in surgical volume the rest of our outpatient activity remained busy. Upticks in imaging, OP therapy, and emergency room traffic helped mitigate the surgical activity and deliver a month in which gross revenues exceeded budget by 6%. Additionally, we did see an uptick on the inpatient side as our inpatient census, while still slightly under budget, did increase by nearly 40% compared to November’s volume levels.

**Surgical Volumes:** Surgical volumes in December did fall to a fiscal year low of 119, which fell short of budget expectations by approximately 15% for the month. The holiday season certainly has had an impact on elective surgeries the past two months, and we are eager to get into January and put those months behind us. The departure of Dr. Brown and more recently, Dr. Kidd, are also showing through. Together, they accounted for approximately 60 surgeries per month. The recruitment of Dr. Walter has certainly helped mitigate the loss of Dr. Brown, and Dr. Alexandridis is working intensely to try and fill the backlog left with Dr. Kidd's departure. Through December, both service lines are trailing their respective prior year run rates by about 10 surgeries per month.

**SVH Surgical Volume - FY25 Avg vs. FY24 Avg**

Service Line	FY25	FY24	Var	% Var
	Avg	Avg		
Orthopedics	41	53	(11)	-22%
Gastro (GI)	54	63	(10)	-16%
Ophthalmology	20	17	3	15%
General	13	15	(2)	-15%
<b>SubTotal</b>	<b>128</b>	<b>149</b>	<b>(21)</b>	<b>-14%</b>
Other	15	20	(5)	-24%
<b>Total Average</b>	<b>143</b>	<b>169</b>	<b>(26)</b>	<b>-15%</b>

Year-to-date our surgical volume trails budget by 3%. This equates to about 4.5 surgeries/month. We feel confident this gap can get closed through the continued ramp-up of Dr. Walter in Orthopedics as well as adding additional surgeons to our medical staff to help shoulder the load in Gastroenterology. One of those surgeons being Dr. Bir, a general surgeon residing outside of the Sacramento area that recently joined SVH medical staff and will help backfill the void left by Dr. Kidd's departure. She just started taking general surgery call in January, and the current plan is to have her join the 1206(b) clinic where she will operate in Sonoma one day per week.

Much of this volatility was planned and budgeted for, which is why our year-to-date surgical volumes trail prior year by 15% but only trail budget by 3%. **Total Surgical Volume | Month vs Budget -15% , YTD vs Budget -3%, YTD vs PY -15%**

**Other Outpatient Volumes:** Outpatient activity and targeted growth in areas such as physical therapy, imaging, and our emergency room have really been the driving force in the operational turnaround when compared to last fiscal year, and the month of December was no different as all three were key factors in our revenues exceeding expectations.

**Physical therapy** visits continue to exceeded expectations and while December's volumes weren't quite as robust as some of the earlier months of this year, they still exceeded budget and were a +5% increase over prior month. Year-to-date OP PT volumes are up over 20% when compared to prior year.

While not quite hitting budget in December, the 190 **MRI exams** that were performed marks a +25% increase over November's total. We continue to work hard in developing referral patterns to keep this service growing, particularly with UCSF in order to integrate our processes and systems so that we

become a scheduling destination for their patients. **Total Outpatient Visits | Month vs Budget +5%, YTD vs Budget +10%, YTD vs PY +10%**

**Cash:** Cash remains very tight until our Rate Range IGT funding arrives in late January. We’ve been managing cash particularly close ever since we made our matching fee pay-in for the Rate Range program in late November, and we ended December with 11.5 Days Cash on Hand, which is right at the 11.6 we had anticipated to end December with from the previous month’s cash forecast. This will also mark the low point for this fiscal year.

We anticipate receiving roughly \$11.5 million in funding from the Rate Range IGT program, and once we account for all of the movement with the IGT and our line of credit repayment, we will be ending January with 30+ days cash on hand.

**FINANCE UPDATES:**

**Rate Range IGT (CY23/FY25):** We are pleased to report that we received our CY23 Rate Range IGT payment last week in the amount of \$11.9 million. This results in a net benefit of \$6.7 million, which is over \$2 million more than what we had budgeted to net this fiscal year (\$4.4 million) and more than double the amount of what we netted last year (\$3.0 million).

**Rate Range IGT (CY24/FY26):** DHCS is in the process of finalizing Rate Range allocations for the next program year, CY24 Rate Range (paid out in FY26). Once these allocations are finalized and sent to respective health plans we will start the negotiation process with Partnership on our next fiscal year’s allotment. This took months to finalize with Partnership last year and we anticipate the same timeframe this year so more to come on this in the months ahead.

**District Hospital Directed Payment Program (DHDP) IGT:** This is a new IGT program effective this fiscal year. This program will direct Medi-Cal managed care health plans (such as Partnership Health Plan) to make uniform dollar amount ad-on payments based on actual utilization of contracted services. These payments are based on a fixed rate for each contracted managed Medi-Cal encounter the hospital provided services for - \$813.50 for each contracted inpatient day and \$93.45 for each outpatient visit. There is a two-year data lag on payments so the funding we receive this fiscal year will be based on FY23 utilization. The IGT program will be paid based on Utilization Periods (see table below), which are broken down into six-month segments. For this fiscal year we will receive payment for only one six-month segment (or half-year), CY23 Phase I. Starting in FY26 we will be receiving payments for two phases, representing a full year of activity.

Utilization Period	Dates of Service	IGT Payment Year
CY23 Phase I	1/1/23 - 6/30/23	FY25
CY23 Phase II	7/1/23 - 12/31/23	FY26
CY24 Phase I	1/1/24 - 6/30/24	FY26
CY24 Phase II	7/1/24 - 12/31/24	FY27
CY25 Phase I	1/1/25 - 6/30/25	FY27
CY25 Phase II	7/1/25 - 12/31/25	FY28
CY26 Phase I	1/1/26 - 6/30/26	FY28



For this fiscal year’s payment (CY23 Phase I), we’ve been approved to IGT \$230,000 and expect to receive \$573,000 back in funding, netting \$343,000 through this program. Our IGT is due March 7<sup>th</sup> and we expect to receive our funding either in April or May of this fiscal year.

**Hospital Quality Assurance Fee (HQAF) IGT:** The other large IGT program that we participate in is the HQAF (Hospital Quality Assurance Fee) IGT Program. We’ve been approved to IGT \$410,000 and expect to receive \$1,334,000 back in funding, netting \$924,000 through this program. We mentioned last month that the timing of this program was pushed back a couple of months but had yet to hear a definitive date. We received word a couple of weeks ago that our matching fee payment will be due in March, with the program funding coming back to us in May.

**Capital Projects:** The **ICU Renovation Project** is set to begin in mid-February and we anticipate completion in mid-to-late May.

An update on our **Cogeneration (CoGen) Project**, which we haven’t discussed all that recently. This project was re-reviewed and approved in 2023 to install a power generation system on campus that utilizes natural gas. This will provide a much needed alternative to PG&E and should provide lower cost power over time since we will be able to produce electricity and heat on-site as opposed to having to purchase energy separately. A couple steps remain, but the system has been installed on campus and we expect it to be up and running by the summer.

We mentioned a couple of months ago that we are evaluating the purchase of a **new ERP (Enterprise Resource Planning) system**. Our current agreement with Paragon (All Scripts) terminates March 2026 and a new ERP implementation takes around 9 months to complete. We are finalizing discussions and negotiations this month with a few select vendors (Paragon, Infor, Premier, and Oracle) and are planning on bringing forward a recommendation to the board either in March or April on next steps.

**Operational Updates:**

**The ROSA (Robotic Surgical Assist) System** was delivered last week. First case is scheduled for 1/27.

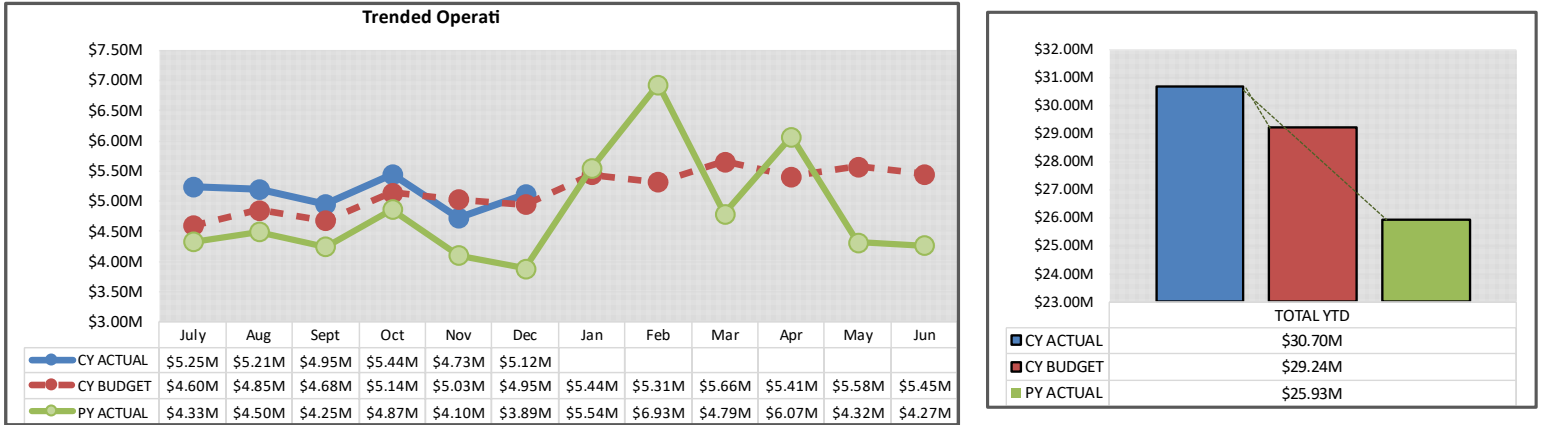
Some big **office/clinic moves** in the community this past month. We terminated our lease on Napa street which will save the hospital over \$100k annually in lease payments. Dr. Weiss (ortho) has relocated (from W. Napa) into our Perkins specialty location and will be followed by Dr Kaplan (urologist) returning to Sonoma after a 1-year hiatus in Napa and Dr Ordon (plastics) who is joining us after relocating from LA last year. These are all non-SVH contracted practitioners with Dr Kaplan employed with a Providence foundation.

**2. NET REVENUE AND VOLUME SUMMARY:**

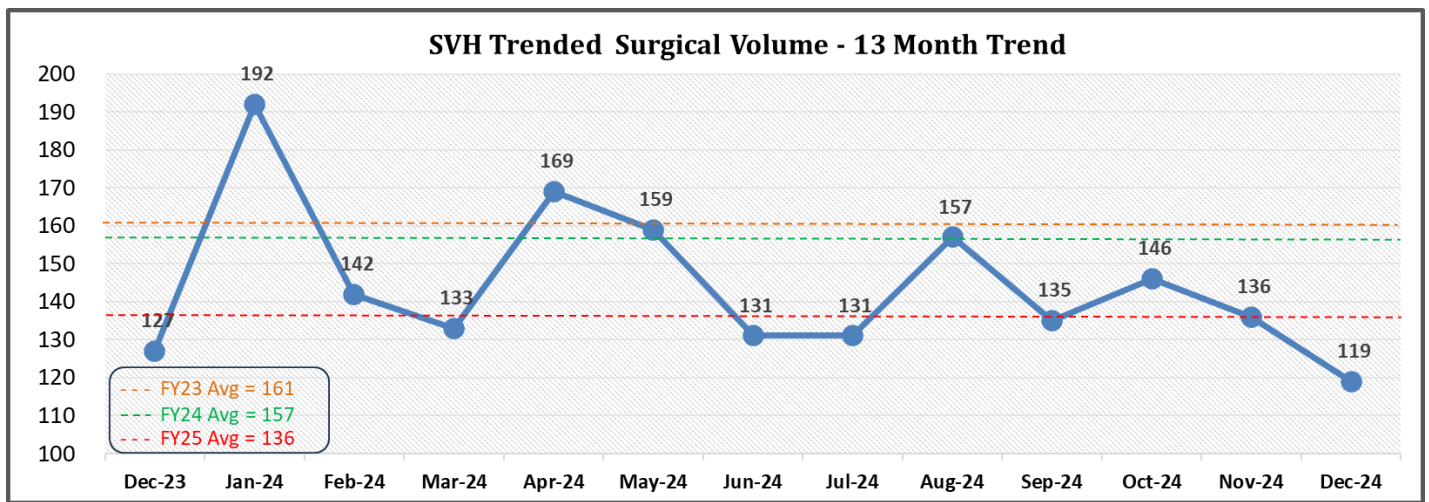
**Table 2 | Net Patient Revenue – Actual vs. Budget – December 2024**

	Current Year Month		Variance		Current Year YTD		Variance		PY YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
<b>Gross Revenue</b>	\$ 29.03M	\$ 27.77M	\$ 1.25M	5%	\$ 173.83M	\$ 162.87M	\$ 10.96M	7%	\$ 169.64M	\$ 4.19M	2%	
<b>Net Patient Revenue</b>	\$ 5.01M	\$ 4.86M	\$ 0.15M	3%	\$ 30.10M	\$ 28.69M	\$ 1.41M	5%	\$ 25.39M	\$ 4.71M	19%	
<b>NPR as a % of Gross</b>	17.3%	17.5%	-1.3%		17.3%	17.6%	-1.7%		15.0%	15.7%		
<b>Total Operating Revenue</b>	\$ 5.12M	\$ 4.95M	\$ 0.17M	3%	\$ 30.70M	\$ 29.24M	\$ 1.46M	5%	\$ 25.93M	\$ 4.77M	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 | December 2024 vs Prior Month & 6-Mth Trend**

Service Line	Current Mth vs. Previous Mth				6 Month Trend						Current Mth vs. 6 Mth Trend		
	Dec24	Nov24	Var	% Var	Jun24	Jul24	Aug24	Sep24	Oct24	Nov24	6 Mth Trend	Var	% Var
Orthopedics	41	46	(5)	-11%	35	26	43	37	53	46	40	1	3%
Gastro (GI)	35	40	(5)	-13%	53	77	71	48	50	40	57	(22)	-38%
Ophthalmology	20	19	1	5%	23	14	20	26	21	19	21	(1)	-2%
General	12	13	(1)	-8%	14	5	15	17	15	13	13	(1)	-9%
<b>SubTotal</b>	<b>108</b>	<b>118</b>	<b>(10)</b>	<b>-8%</b>	<b>125</b>	<b>122</b>	<b>149</b>	<b>128</b>	<b>139</b>	<b>118</b>	<b>130</b>	<b>(22)</b>	<b>-17%</b>
Other	11	18	(7)	-39%	6	9	8	7	7	18	9	2	20%
<b>Grand Total</b>	<b>119</b>	<b>136</b>	<b>(17)</b>	<b>-13%</b>	<b>131</b>	<b>131</b>	<b>157</b>	<b>135</b>	<b>146</b>	<b>136</b>	<b>139</b>	<b>(20)</b>	<b>-15%</b>



**Table 2.4 | Patient Volumes – December 2024**

	Current Year Month		Variance		Current Year YTD		Variance		PY YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%	
Acute Patient Days	263	269	(6)	-2%	1,372	1,563	(191)	-12%	1,593	(221)	-14%	
Average Daily Census	8.5	8.7	(0.2)	-2%	7.5	8.5	(1.0)	-12%	8.7	(1.2)	-14%	
Acute Discharges	66	72	(6)	-9%	361	434	(73)	-17%	432	(71)	-16%	
IP Surgeries	9	10	(1)	-11%	50	62	(12)	-20%	84	(34)	-40%	
OP Surgeries	110	130	(20)	-15%	774	789	(15)	-2%	873	(99)	-11%	
<b>Total Surgeries</b>	<b>119</b>	<b>140</b>	<b>(21)</b>	<b>-15%</b>	<b>824</b>	<b>851</b>	<b>(27)</b>	<b>-3%</b>	<b>957</b>	<b>(133)</b>	<b>-14%</b>	
Total Outpatient Visits	5,333	5,100	233	5%	33,589	30,600	2,989	10%	30,669	2,920	10%	
Emergency Room Visits	972	845	127	15%	5,467	4,964	503	10%	5,102	365	7%	

**Table 2.5 | Outpatient Volumes Trended – Last 6 Months**

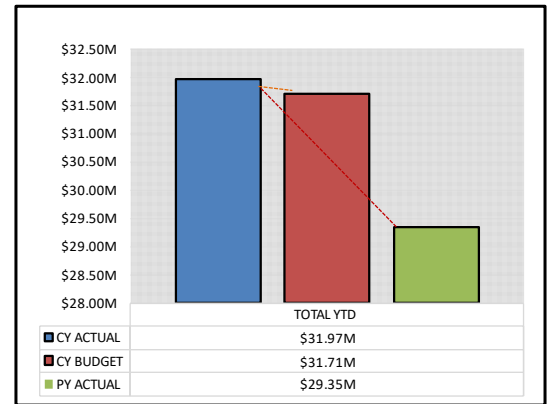
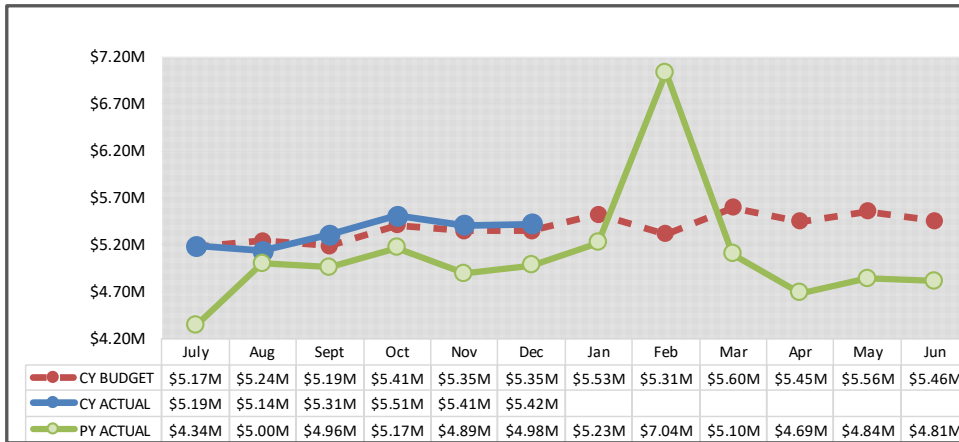
Department	Most Recent Six Months						Last 6 Months	YoY Monthly Averages			
	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24		FY25	FY24	Chg	% Chg
Lab	1,363	1,313	1,269	1,443	1,328	1,211		1,321	1,297	25	2%
Medical Imaging	923	947	878	1,019	791	917		913	927	(14)	-2%
Physical Therapy	1,415	1,426	1,411	1,481	1,278	1,337		1,391	1,154	237	21%
CT Scanner	411	466	458	472	442	426		446	380	65	17%
Occ. Health	295	295	162	255	252	229		248	282	(34)	-12%
Mammography	167	251	215	275	234	230		229	240	(12)	-5%
Occ. Therapy	196	219	294	205	167	210		215	205	10	5%
Ultrasound	256	219	233	252	183	163		218	217	0	0%
Wound Care	205	238	209	277	236	254		237	177	59	33%
MRI	130	182	182	222	151	190		176	131	45	34%
ECHO	116	107	141	147	110	89		118	115	4	3%
Speech Therapy	93	62	66	69	31	69		65	49	16	32%
Other	23	25	26	30	19	8		22	20	2	9%
<b>TOTAL</b>	<b>5,593</b>	<b>5,750</b>	<b>5,544</b>	<b>6,147</b>	<b>5,222</b>	<b>5,333</b>		<b>5,598</b>	<b>5,195</b>	<b>403</b>	<b>8%</b>
Emergency Room	1,006	919	862	894	814	972		911	868	43	5%

**3. OPERATING EXPENSE SUMMARY:**

**Table 3 | Operating Expenses – Actual vs. Budget – December 2024**

Metric	Current Year Month		Variance		Current Year YTD		Variance		PY YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Expenses	\$ 5.94M	\$ 5.84M	\$ 0.10M	2%	\$ 35.14M	\$ 34.72M	\$ 0.42M	1%	\$ 32.00M	\$ 3.14M	10%	
Operating Exp. Excl. Depr.	\$ 5.42M	\$ 5.35M	\$ 0.07M	1%	\$ 31.97M	\$ 31.71M	\$ 0.26M	1%	\$ 29.35M	\$ 2.62M	9%	
Worked FTEs	222.3	216.9	5.4	2%	218.2	215.8	2.5	1%	216.1	2.2	1%	

**Graph 3.1 | SVH Trended Operating Expenses (excluding Depreciation)**



**4. CASH ACTIVITY SUMMARY:**

**Table 4 | Cash / Revenue Cycle Indicators - December 2024**

	Dec-24	Nov-24	Var	%
<b>Days Cash on Hand</b>	11.5	16.0	(4.5)	-28%
<b>A/R Days</b>	56.3	55.5	0.8	1%
<b>A/P Days</b>	67.9	66.4	1.5	2%

**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

**Sonoma Valley Health Care District**  
**Payer Mix for the month of December, 2024**

**ATTACHMENT A**

Gross Revenue	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	9,633,616	10,569,099	-935,483	-3.4%	62,391,625	61,905,980	485,644	0.3%
Medicare Managed Care	6,915,783	5,100,344	1,815,439	6.5%	36,954,171	29,886,106	7,068,065	4.3%
Medi-Cal	5,881,010	4,504,954	1,376,056	4.9%	31,300,231	26,423,011	4,877,220	3.0%
Self Pay	485,764	330,881	154,883	0.6%	2,191,720	1,943,973	247,747	0.2%
Commercial & Other Governn	5,874,630	6,637,728	-763,098	-2.7%	37,120,942	38,935,466	-1,814,525	-1.1%
Worker's Comp.	208,253	738,117	-529,863	-1.9%	3,718,493	4,334,358	-615,864	-0.4%
<b>Total</b>	<b>28,999,056</b>	<b>27,881,122</b>	<b>1,117,934</b>	<b>4.0%</b>	<b>173,677,182</b>	<b>163,428,895</b>	<b>10,248,287</b>	<b>6.3%</b>

Payor Mix	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	33.2%	37.9%	-4.7%	35.9%	37.9%	-2.0%
Medicare Managed Care	23.8%	18.3%	5.6%	21.3%	18.3%	3.0%
Medi-Cal	20.3%	16.2%	4.1%	18.0%	16.2%	1.9%
Self Pay	1.7%	1.2%	0.5%	1.3%	1.2%	0.1%
Commercial & Other Governn	20.3%	23.8%	-3.5%	21.4%	23.8%	-2.5%
Worker's Comp.	0.7%	2.6%	-1.9%	2.1%	2.7%	-0.5%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		<b>100.0%</b>	<b>100.0%</b>	

**Sonoma Valley Health Care District**  
**Operating Indicators**  
**For the Period Ended December 31, 2024**

**ATTACHMENT B**

<b>CURRENT MONTH</b>				<b>YEAR-TO-DATE</b>			<b>YTD</b>	
<b>Actual</b>	<b>Budget</b>	<b>Favorable</b>		<b>Actual</b>	<b>Budget</b>	<b>Favorable</b>	<b>Prior</b>	
<u>12/31/24</u>	<u>12/31/24</u>	<u>(Unfavorable)</u>	<u>Variance</u>	<u>12/31/24</u>	<u>12/31/24</u>	<u>(Unfavorable)</u>	<u>Year</u>	
						<u>Variance</u>	<u>12/31/23</u>	
<b>Inpatient Utilization</b>								
<b>Discharges</b>								
1	48	54	(6)	Med/Surg	255	324	(69)	326
2	18	18	(0)	ICU	106	109	(3)	106
3	66	72	(6)	Total Discharges	361	434	(73)	432
<b>Patient Days:</b>								
4	174	180	(6)	Med/Surg	871	1,044	(173)	1,064
5	89	89	(0)	ICU	501	519	(18)	529
6	263	269	(6)	Total Patient Days	1,372	1,563	(191)	1,593
7	23	-	23	<b>Observation days</b>	138	-	138	133
<b>Average Length of Stay:</b>								
8	3.63	3.32	0.3	Med/Surg	3.42	3.22	0.20	3.26
9	4.94	4.91	0.0	ICU	4.73	4.75	(0.03)	4.99
10	3.98	3.72	0.3	Avg. Length of Stay	3.80	3.60	0.20	3.69
<b>Average Daily Census:</b>								
11	5.6	5.8	(0.2)	Med/Surg	4.7	5.7	(0.9)	5.8
12	2.9	2.9	(0.0)	ICU	2.7	2.8	(0.1)	2.9
13	8.5	8.7	(0.2)	Avg. Daily Census	7.5	8.5	(1.0)	8.7
<b>Other Utilization Statistics</b>								
<b>Emergency Room Statistics</b>								
14	972	845	127	OP ER Visits	5,467	4,964	503	5,102
<b>Outpatient Statistics:</b>								
15	5,333	5,100	233	Total Outpatients Visits	33,589	30,600	2,989	30,669
16	9	10	(1)	IP Surgeries	50	62	(12)	84
17	110	130	(20)	OP Surgeries / Special Procedures	774	774	-	873
18	310	329	(19)	Adjusted Discharges	1,974	1,990	(16)	1,944
19	1,234	1,238	(4)	Adjusted Patient Days	7,477	7,259	218	7,291
20	39.8	39.9	(0.1)	Adj. Avg. Daily Census	40.6	39.5	1.2	39.6
21	1.303	1.400	(0.097)	Case Mix Index - Medicare	1.378	1.400	(0.022)	1.357
22	1.342	1.400	(0.058)	Case Mix Index - All payers	1.393	1.400	(0.007)	1.354
<b>Labor Statistics</b>								
23	217	217	(0)	FTE's - Worked	217	216	(1.6)	216
24	242	239	(3)	FTE's - Paid	240	238	(2.0)	238
25	48.80	49.50	0.70	Average Hourly Rate	49.88	49.52	(0.36)	48.79
26	6.08	5.98	(0.10)	FTE / Adj. Pat Day	5.91	6.03	0.13	6.01
27	34.7	34.1	(0.6)	Manhours / Adj. Pat Day	33.7	34.4	0.7	34.3
28	138.1	128.4	(9.7)	Manhours / Adj. Discharge	127.5	125.4	(2.1)	128.5
29	26.8%	27.2%	0.4%	Benefits % of Salaries	24.8%	28.0%	3.2%	24.7%
<b>Non-Labor Statistics</b>								
30	12.5%	12.9%	0.5%	Supply Expense % Net Revenue	12.1%	12.3%	0.2%	16.6%
31	2,017	1,911	(107)	Supply Exp. / Adj. Discharge	1,848	1,773	(75)	2,168
32	19,292	17,924	(1,368)	Total Expense / Adj. Discharge	17,926	17,597	(329)	16,599
<b>Other Indicators</b>								
<b>Days Cash - Operating Funds</b>								
33	11.5			Days in Net AR	56.4	50.0	6.4	62.7
34	56.3	50.0	6.3	Collections % of Cash Goal	101%			99.1%
35	109%			Days in Accounts Payable	67.9	55.0	12.9	-
36	67.9	55.0	12.9					
37	17.3%	17.5%	-0.2%	% Net revenue to Gross revenue	17.3%	17.6%	-0.3%	15.0%
38	41.3%			% Net AR to Gross AR	41.3%			31.8%

**Sonoma Valley Health Care District**

**ATTACHMENT C**

**Balance Sheet  
As of December 31, 2024  
UNAUDITED**

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
<b>Assets</b>			
Current Assets:			
1 Cash	1,799,387	2,496,519	3,388,272
3 Net Patient Receivables	8,397,289	8,429,333	10,270,305
4 Allow Uncollect Accts	(1,008,773)	(1,058,000)	(2,726,204)
5 Net A/R	7,388,516	7,371,333	7,544,101
6 Other Accts/Notes Rec	1,288,920	865,376	2,190,681
7 Parcel Tax Receivable	1,730,689	2,188,000	1,740,944
8 GO Bond Tax Receivable	2,407,523	2,407,523	2,401,190
9 3rd Party Receivables, Net	8,229,145	7,431,793	317,962
10 Inventory	941,328	944,816	1,015,925
11 Prepaid Expenses	1,042,034	1,151,281	1,023,531
12 Total Current Assets	\$ 24,827,541	\$ 24,856,641	\$ 19,622,605
13 Property, Plant & Equip, Net	\$ 60,710,983	\$ 61,221,931	\$ 56,463,268
14 Trustee Funds - GO Bonds	3,549,995	3,535,751	3,520,557
15 Designated Funds - Board Approved	-	-	-
16 Total Assets	<u>\$ 89,088,519</u>	<u>\$ 89,614,323</u>	<u>\$ 79,606,430</u>
<b>Liabilities &amp; Fund Balances</b>			
Current Liabilities:			
17 Accounts Payable	\$ 8,185,216	\$ 7,977,055	\$ 6,506,464
18 Accrued Compensation	3,883,914	3,713,702	3,737,047
19 Interest Payable - GO Bonds	468,474	431,906	195,172
20 Accrued Expenses	404,037	305,298	571,164
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	1,899,998	2,216,665	1,899,998
23 Deferred GO Bond Tax Revenue	1,203,761	1,404,388	1,308,733
24 Current Maturities-LTD	217,475	217,475	217,475
25 Line of Credit & Term Loan - Summit Bank	5,740,000	5,740,000	4,973,734
26 Other Liabilities	57,511	57,511	57,511
27 Total Current Liabilities	\$ 22,060,386	\$ 22,064,000	\$ 19,467,298
28 Long Term Debt, net current portion	\$ 28,128,173	\$ 28,347,522	\$ 26,378,346
29 Fund Balances:			
30 Unrestricted	\$ 15,524,888	\$ 15,827,728	\$ 13,115,275
31 Restricted	23,375,073	23,375,073	20,645,512
32 Total Fund Balances	\$ 38,899,960	\$ 39,202,800	\$ 33,760,787
33 Total Liabilities & Fund Balances	<u>\$ 89,088,519</u>	<u>\$ 89,614,323</u>	<u>\$ 79,606,430</u>

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

ATTACHMENT D

Assets	Monthly Change	Current Month	Prior Month	Prior Year	Variance Commentary
<b>CURRENT ASSETS</b>					
Cash	(697,132)	1,799,387	2,496,519	3,388,272	Cash out (\$5.4M) for payroll and vendor payments greater than cash in (\$4.9) which includes patient payments, partial parcel tax payment and foundation payment
Net A/R	17,183	7,388,516	7,371,333	7,544,101	Comparable
Other Receivables	763,584	13,656,276	12,892,692	6,650,777	Primarily due to recording of Medi-Cal settlement, IGT entry, and our stop loss receivable
Inventory	(3,488)	941,328	944,816	1,015,925	Comparable
Prepaid Expenses	(109,247)	1,042,034	1,151,281	1,023,531	Monthly amortization
<b>TOTAL CURRENT ASSETS</b>	<b>(29,099)</b>	<b>24,827,541</b>	<b>24,856,641</b>	<b>19,622,605</b>	
<b>NON-CURRENT ASSETS</b>					
Net Fixed Assets	(510,948)	60,710,983	61,221,931	56,463,268	Monthly depreciation
Trustee Funds - GO Bonds	14,244	3,549,995	3,535,751	3,520,557	Interest income
<b>TOTAL ASSETS</b>	<b>(525,804)</b>	<b>89,088,519</b>	<b>89,614,323</b>	<b>79,606,430</b>	
Liabilities / Fund Balance	Monthly Change	Current Month	Prior Month	Prior Year	Variance Commentary
<b>CURRENT LIABILITIES</b>					
Accounts Payable	208,161	8,185,216	7,977,055	6,506,464	Increase in AP due to restricted payment of vendor invoices
Accrued Expenses	268,951	4,287,951	4,019,000	4,308,211	Accrued payroll due to timing and accrued UMR
Interest Payable	36,568	468,474	431,906	195,172	Go Bond interest accrual
Deferred Revenues	(517,294)	3,103,759	3,621,053	3,208,731	Monthly amortization of annual Parcel Tax and IGT funds
Line of Credit	-	5,740,000	5,740,000	4,973,734	No change
Other Liabilities	-	274,986	274,986	274,986	No change
<b>TOTAL CURRENT LIABILITIES</b>	<b>(3,614)</b>	<b>22,060,386</b>	<b>22,064,000</b>	<b>19,467,298</b>	
<b>NON-CURRENT LIABILITIES</b>					
Long Term Debt	(219,349)	28,128,173	28,347,522	26,378,346	Payment of term loan
<b>TOTAL LIABILITIES</b>	<b>(222,964)</b>	<b>50,188,559</b>	<b>50,411,523</b>	<b>45,845,644</b>	
<b>FUND BALANCES</b>					
Fund Balance	(302,840)	38,899,960	39,202,800	33,760,787	Change in Net Position for December \$(302,840)
<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b>(525,803)</b>	<b>89,088,519</b>	<b>89,614,323</b>	<b>79,606,430</b>	

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

	Month				Year-To- Date						
	This Year		Variance		This Year		Variance		Variance		
	CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
<b>Volume Information</b>											
1 Acute Discharges	66	64	2	3%	361	425	(64)	-15%	432	(71)	-16%
2 Patient Days	263	266	(3)	-1%	1,372	1,560	(188)	-12%	1,593	(221)	-14%
3 Observation Days	23	-	23	n/a	138	-	138	n/a	133	5	4%
4 Gross O/P Revenue (000's)	22,848	21,668	1,180	5%	141,855	127,398	14,457	11%	131,824	10,031	8%
<b>Financial Results</b>											
<b>Gross Patient Revenue</b>											
5 Inpatient	6,179,274	6,105,771	73,503	1%	31,974,109	35,471,699	(3,497,590)	-10%	37,720,366	(5,746,257)	-15%
6 Outpatient	12,018,792	13,263,551	(1,244,759)	-9%	80,823,464	78,012,298	2,811,166	4%	81,108,441	(284,977)	0%
7 Emergency	10,829,195	8,403,989	2,425,206	29%	61,031,781	49,386,125	11,645,656	24%	50,809,250	10,222,531	20%
8 Total Gross Patient Revenue	29,027,261	27,773,311	1,253,950	5%	173,829,354	162,870,122	10,959,232	7%	169,638,058	4,191,296	2%
<b>Deductions from Revenue</b>											
9 Contractual Discounts	(23,573,118)	(23,713,691)	140,573	-1%	(146,656,435)	(138,967,002)	(7,689,432)	6%	(144,715,919)	(1,940,515)	1%
10 Bad Debt	(1,122,096)	(131,645)	(990,451)	752%	(1,998,653)	(771,464)	(1,227,189)	159%	(545,027)	(1,453,626)	267%
11 Charity Care Provision	(193,660)	56,557	(250,217)	-442%	(300,599)	331,433	(632,033)	-191%	288,368	(588,967)	-204%
12 IGT Program Revenue	871,547	871,547	0	0%	5,229,282	5,229,280	2	0%	723,542	4,505,740	623%
13 Total Deductions from Revenue	(24,017,327)	(22,917,232)	(1,100,095)	5%	(143,726,405)	(134,177,753)	(9,548,652)	7%	(144,249,036)	522,632	0%
14 Net Patient Service Revenue	5,009,934	4,856,079	153,855	3%	30,102,949	28,692,369	1,410,580	5%	25,389,021	4,713,928	19%
15 Other Operating Revenue	105,312	91,993	13,318	14%	597,728	551,961	45,767	8%	539,139	58,590	11%
16 Total Operating Revenue	5,115,246	4,948,072	167,174	3%	30,700,678	29,244,330	1,456,347	5%	25,928,160	4,772,518	18%
<b>Operating Expenses</b>											
17 Salary and Wages and Agency Fees	2,088,172	2,088,217	(45)	0%	12,553,709	12,360,578	193,131	2%	12,185,207	368,503	3%
18 Employee Benefits	870,312	806,388	63,924	8%	4,766,095	4,856,095	(90,001)	-2%	4,451,697	314,398	7%
19 Total People Cost	2,958,484	2,894,606	63,879	2%	17,319,804	17,216,674	103,131	1%	16,636,903	682,901	4%
20 Med and Prof Fees (excl Agency)	644,409	679,569	(35,159)	-5%	3,956,630	4,039,592	(82,962)	-2%	3,389,664	566,966	17%
21 Supplies	624,886	627,744	(2,857)	0%	3,648,371	3,527,801	120,570	3%	4,213,874	(565,503)	-13%
22 Purchased Services	433,661	400,755	32,906	8%	2,399,228	2,454,505	(55,276)	-2%	2,640,226	(240,998)	-9%
23 Depreciation	516,677	491,705	24,972	5%	3,170,618	3,010,228	160,390	5%	2,648,275	522,343	20%
24 Utilities	120,175	175,209	(55,034)	-31%	1,041,243	1,051,254	(10,012)	-1%	888,656	152,586	17%
25 Insurance	81,549	74,736	6,813	9%	516,619	448,416	68,203	15%	418,055	98,564	24%
26 Interest	99,150	29,445	69,706	237%	248,714	176,667	72,047	41%	309,625	(60,911)	-20%
27 Other	93,555	101,617	(8,062)	-8%	651,827	606,337	45,490	8%	643,807	8,021	1%
28 IGT Program Expense (Matching Fees)	365,191	365,191	0	0%	2,191,146	2,191,145	1	0%	211,693	1,979,453	935%
29 Operating Expenses	5,937,738	5,840,575	97,163	2%	35,144,201	34,722,618	421,583	1%	32,000,779	3,143,422	10%
30 Operating Margin	(822,492)	(892,503)	70,011	8%	(4,443,524)	(5,478,288)	1,034,764	19%	(6,072,620)	1,629,096	37%

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

	Month				Year-To- Date						
	This Year		Variance		This Year		Variance		Variance		
	CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
<b>Non Operating Rev and Expense</b>											
31 Miscellaneous Revenue/(Expenses)	32,580	14,488	18,093	125%	179,099	86,925	92,174	106%	222,647	(43,548)	-20%
32 Donations	-	(3,955)	3,955	-100%	-	(23,728)	23,728	-100%	(4,287)	4,287	-100%
33 Parcel Tax Assessment Rev	316,667	312,500	4,167	1%	1,900,002	1,875,000	25,002	1%	1,900,002	-	0%
34 Extraordinary Items	-	-	-	n/a	-	-	-	n/a	-	-	n/a
<b>35 Total Non-Operating Revenue/(Expense)</b>	<b>349,247</b>	<b>323,033</b>	<b>26,214</b>	<b>8%</b>	<b>2,079,101</b>	<b>1,938,197</b>	<b>140,904</b>	<b>7%</b>	<b>2,118,362</b>	<b>(39,261)</b>	<b>-2%</b>
<b>36 Net Income / (Loss) prior to GO Bond(net)</b>	<b>(473,245)</b>	<b>(569,470)</b>	<b>96,225</b>	<b>17%</b>	<b>(2,364,423)</b>	<b>(3,540,091)</b>	<b>1,175,668</b>	<b>33%</b>	<b>(3,954,258)</b>	<b>1,589,835</b>	<b>40%</b>
37 GO Bond Activity, Net	162,817	177,571	(14,754)	-8%	965,798	1,065,428	(99,630)	-9%	1,046,354	(80,556)	-8%
<b>38 Net Income / (Loss) with GO Bond(net)</b>	<b>(310,428)</b>	<b>(391,899)</b>	<b>81,471</b>	<b>21%</b>	<b>(1,398,625)</b>	<b>(2,474,663)</b>	<b>1,076,038</b>	<b>43%</b>	<b>(2,907,904)</b>	<b>1,509,279</b>	<b>52%</b>
39 Restricted Foundation Contributions	7,588	157,410	(149,822)	-95%	1,521,026	944,457	576,569	61%	-	1,521,026	n/a
<b>40 Change in Net Position</b>	<b>(302,840)</b>	<b>(234,489)</b>	<b>(68,351)</b>	<b>-29%</b>	<b>122,401</b>	<b>(1,530,206)</b>	<b>1,652,607</b>	<b>108%</b>	<b>(2,907,904)</b>	<b>3,030,305</b>	<b>104%</b>
Operating EBDA	(305,815)	(400,798)	94,983	24%	(1,272,906)	(2,468,060)	1,195,154	48%	(3,424,344)	2,151,439	63%
Total EBDA - Excl Rest Contributions	206,249	99,806	106,443	107%	1,771,993	535,565	1,236,429	231%	(259,628)	2,031,622	783%



**Sonoma Valley Health Care District**  
**FY24 Trended Income Statement - Last 6 Months**  
**For the Period Ended December 31, 2024**

ATTACHMENT F

	July	August	September	October	November	December	FY25 YTD	FY25 YTD	FY24 YTD	%
	FY25	FY25	FY25	FY25	FY25	FY25	TOTAL	Mth Avg	Mth Avg	Chg
1 Acute Discharges	65	54	52	62	62	66	361	60	68	-12%
2 Patient Days	230	208	206	273	192	263	1,372	229	245	-7%
3 Observation Days	18	23	25	27	22	23	138	23	22	6%
4 Gross Revenue (000's)	\$ 27,960	\$ 28,981	\$ 28,160	\$ 32,373	\$ 27,204	\$ 29,000	\$ 173,678	\$ 28,946	\$ 27,677	5%
<b>Financial Results</b>										
<b>Gross Patient Revenue</b>										
5 Inpatient	\$ 5,899,154	\$ 4,785,991	\$ 4,896,552	\$ 5,860,242	\$ 4,352,896	\$ 6,179,274	\$ 31,974,109	\$ 5,329,018	\$ 5,855,907	-9%
6 Outpatient	11,683,143	13,524,993	13,626,895	16,102,940	13,742,734	11,991,061	80,671,767	13,445,295	12,948,617	4%
7 Emergency	10,377,802	10,670,255	9,636,758	10,409,422	9,108,349	10,829,195	61,031,781	10,171,964	8,872,108	15%
8 Total Gross Patient Revenue	\$ 27,960,099	\$ 28,981,239	\$ 28,160,205	\$ 32,372,604	\$ 27,203,980	\$ 28,999,530	\$ 173,677,657	\$ 28,946,276	\$ 27,676,632	5%
<b>Deductions from Revenue</b>										
9 Contractual Discounts	(23,449,018)	(24,552,378)	(24,100,734)	(27,735,343)	(23,245,843)	(23,573,118)	(146,656,435)	(24,442,739)	(23,322,102)	5%
10 Bad Debt	(150,000)	(172,250)	(164,500)	(219,000)	(170,807)	(1,122,096)	(1,998,653)	(333,109)	(274,192)	21%
11 Other Deductions	(105,349)	(41,925)	64,180	28,140	(51,986)	(193,660)	(300,599)	(50,100)	(8,882)	464%
12 IGT Revenue	871,547	871,547	871,547	871,547	871,547	871,547	5,229,282	871,547	656,761	33%
13 Total Deductions from Revenue	\$ (22,832,820)	\$ (23,895,006)	\$ (23,329,507)	\$ (27,054,656)	\$ (22,597,089)	\$ (24,017,327)	\$ (143,726,405)	\$ (23,954,401)	\$ (22,948,415)	4%
14 Net Patient Service Revenue	\$ 5,127,279	\$ 5,086,233	\$ 4,830,697	\$ 5,317,948	\$ 4,606,891	\$ 4,982,203	\$ 29,951,252	\$ 4,991,875	\$ 4,728,217	6%
15 Other Operating Revenue	\$ 122,004	\$ 122,638	\$ 119,973	\$ 123,756	\$ 128,012	\$ 133,043	\$ 749,425	\$ 124,904	\$ 92,739	35%
16 Total Operating Revenue	\$ 5,249,283	\$ 5,208,871	\$ 4,950,671	\$ 5,441,704	\$ 4,734,903	\$ 5,115,246	\$ 30,700,678	\$ 5,116,780	\$ 4,820,956	6%
<b>Operating Expenses</b>										
17 Salary & Wages (w/ Agency)	\$ 2,008,288	\$ 2,135,117	\$ 2,063,255	\$ 2,155,198	\$ 2,103,679	\$ 2,088,172	\$ 12,553,709	\$ 2,092,285	\$ 2,026,203	3%
18 Employee Benefits	844,382	721,346	738,758	737,835	853,461	870,312	4,766,095	794,349	785,416	1%
19 Total People Cost	\$ 2,852,670	\$ 2,856,463	\$ 2,802,013	\$ 2,893,033	\$ 2,957,140	\$ 2,958,484	\$ 17,319,804	\$ 2,886,634	\$ 2,811,618	3%
20 Med and Prof Fees	\$ 760,435	\$ 537,961	\$ 670,464	\$ 665,243	\$ 678,117	\$ 644,409	\$ 3,956,630	\$ 659,438	\$ 598,762	10%
21 Supplies	436,999	543,997	630,036	745,969	666,484	624,886	3,648,371	608,062	626,803	-3%
22 Purchased Services	350,330	481,692	352,482	410,063	371,000	433,661	2,399,228	399,871	413,583	-3%
23 Depreciation	519,093	578,469	519,114	582,244	455,020	516,677	3,170,618	528,436	441,044	20%
24 Utilities	204,101	199,612	205,277	169,049	143,029	120,175	1,041,243	173,540	162,052	7%
25 Insurance	102,750	16,650	144,155	85,387	86,128	81,549	516,619	86,103	68,293	26%
26 Interest	12,973	29,150	13,642	38,791	55,008	99,150	248,714	41,452	59,272	-30%
27 Other	102,876	106,367	123,429	139,587	86,013	93,555	651,827	108,638	100,025	9%
28 Matching Fees (IGT)	365,191	365,191	365,191	365,191	365,191	365,191	2,191,146	365,191	266,458	37%
29 Operating expenses	\$ 5,707,419	\$ 5,715,552	\$ 5,825,804	\$ 6,094,557	\$ 5,863,131	\$ 5,937,738	\$ 35,144,201	\$ 5,857,367	\$ 5,547,909	6%
30 Operating Margin	\$ (458,136)	\$ (506,681)	\$ (875,134)	\$ (652,853)	\$ (1,128,228)	\$ (822,492)	\$ (4,443,524)	\$ (740,587)	\$ (726,953)	-2%
<b>Non Operating Rev and Expense</b>										
31 Misc. Revenue/(Exp)	\$ (12,506)	\$ 38,607	\$ 33,567	\$ 70,668	\$ 16,183	\$ 32,580	\$ 179,099	\$ 29,850	\$ 36,743	-19%
32 Donations	-	-	-	-	-	-	-	-	(1,005)	
33 Parcel Tax Revenue	316,667	316,667	316,667	316,667	316,667	316,667	1,900,002	316,667	316,667	0%
34 Extraordinary Items	-	-	-	-	-	-	-	-	-	
35 Total Non-Op Rev/Exp	\$ 304,161	\$ 355,274	\$ 350,234	\$ 387,335	\$ 332,850	\$ 349,247	\$ 2,079,101	\$ 346,517	\$ 352,405	-2%
36 Net Income / (Loss) Excl GO Bond	\$ (153,975)	\$ (151,407)	\$ (524,899)	\$ (265,518)	\$ (795,378)	\$ (473,245)	\$ (2,364,423)	\$ (394,070)	\$ (374,548)	-5%
37 GO Bond Activity, Net	157,691	157,691	162,817	162,817	161,965	162,817	965,798	160,966	174,790	-8%
38 Net Income/(Loss) Incl GO Bond	\$ 3,716	\$ 6,284	\$ (362,082)	\$ (102,701)	\$ (633,413)	\$ (310,428)	\$ (1,398,625)	\$ (233,104)	\$ (199,759)	-17%
39 Restricted Foundation Contr	\$ 65,959	\$ 986,446	\$ 177,715	\$ 60,658	\$ 222,660	\$ 7,588	\$ 1,521,026	\$ 253,504	\$ 449,199	-44%
40 Change in Net Position	\$ 69,675	\$ 992,730	\$ (184,367)	\$ (42,043)	\$ (410,753)	\$ (302,840)	\$ 122,401	\$ 20,400	\$ 249,440	-92%
41 Operating EBDA	\$ 60,957	\$ 71,788	\$ (356,019)	\$ (70,609)	\$ (673,208)	\$ (305,815)	\$ (1,272,906)	\$ (212,151)	\$ (285,910)	26%
42 Total EBDA - Excl Rest Contr	\$ 522,809	\$ 584,753	\$ 157,032	\$ 479,543	\$ (178,393)	\$ 206,249	\$ 1,771,993	\$ 295,332	\$ 241,285	22%

Sonoma Valley Health Care District  
Cash Forecast  
FY 2025

ATTACHMENT G

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
<b>Hospital Operating Sources</b>													
1 Patient Payments Collected	4,211,654	4,169,523	4,265,657	4,281,011	4,115,488	3,960,654	4,100,000	4,100,000	4,300,000	4,300,000	4,300,000	4,300,000	50,403,986
2 Other Operating Revenue	316,656	106,836	45,980	192,736	75,250	88,823	115,000	150,000	20,000	110,000	100,000	100,000	1,421,281
3 Other Non-Operating Revenue	12,149	20,866	11,418	5,408	16,183	18,000	24,169	9,420	11,309	18,628	3,587	8,000	159,137
4 Unrestricted Contributions		8,192	9,519	9,051	6,008	7,588							40,358
<b>Sub-Total Hospital Sources</b>	<b>4,540,458</b>	<b>4,305,417</b>	<b>4,332,574</b>	<b>4,488,206</b>	<b>4,212,929</b>	<b>4,075,065</b>	<b>4,239,169</b>	<b>4,259,420</b>	<b>4,331,309</b>	<b>4,428,628</b>	<b>4,403,587</b>	<b>4,408,000</b>	<b>52,024,762</b>
<b>Hospital Uses of Cash</b>													
5 Operating Expenses / AP Payments	5,002,977	4,703,643	4,628,108	5,681,001	5,589,195	5,094,626	5,457,200	5,778,000	4,954,000	5,030,000	6,103,000	5,477,000	63,498,750
6 Term Loan Paydown - \$1.9M LOC CHAFFA	-	-	-	-	-	116,583	38,516	38,516	38,516	38,516	38,516	38,516	347,681
7 Bridge Loan Payback							750,000						750,000
8 Capital Expenditures	65,959	1,047,616	177,566	185,217	230,797	7,588	25,000	25,000	25,000	100,000	100,000	50,000	2,039,743
8.1 SVH Capital	-	105,290		133,610	14,145		25,000	25,000	25,000	100,000	100,000	50,000	578,045
8.2 Foundation Capital	65,959	942,326	177,566	51,607	216,652	7,588							1,461,698
<b>Total Hospital Uses</b>	<b>5,068,936</b>	<b>5,751,259</b>	<b>4,805,674</b>	<b>5,866,218</b>	<b>5,819,992</b>	<b>5,218,797</b>	<b>6,270,716</b>	<b>5,841,516</b>	<b>5,017,516</b>	<b>5,168,516</b>	<b>6,241,516</b>	<b>5,565,516</b>	<b>66,636,174</b>
<b>Net Hospital Sources/Uses of Cash</b>	<b>(528,478)</b>	<b>(1,445,842)</b>	<b>(473,100)</b>	<b>(1,378,012)</b>	<b>(1,607,063)</b>	<b>(1,143,732)</b>	<b>(2,031,547)</b>	<b>(1,582,096)</b>	<b>(686,207)</b>	<b>(739,888)</b>	<b>(1,837,929)</b>	<b>(1,157,516)</b>	<b>(14,611,412)</b>
<b>Non-Hospital Sources</b>													
9 Restricted Capital Donations	65,959	986,446	177,566	51,607	216,652								1,498,230
10 Parcel Tax Revenue	142,457			1,612,000		446,600				1,754,793			3,955,850
11 Other Payments				652,987				260,000					912,987
12 Other:													-
13 IGT - QIP (PY 6/CY23)			861		26,980								27,841
14 IGT - Rate Range (CY23)							11,900,000						11,900,000
15 IGT - HQAF VIII (CY23)										1,334,373			1,334,373
16 IGT - NDPH (SFY23-24)													-
17 IGT - NDPH (SFY24-25)												160,600	160,600
18 IGT - DHDP (CY23)										573,000			573,000
19 Distressed Hospital Loan Program	3,100,000												3,100,000
20 Line of Credit Payoff Funding - New Bank					1,900,000								1,900,000
21 Line of Credit Draw - New Bank					5,400,000								5,400,000
<b>Sub-Total Non-Hospital Sources</b>	<b>3,308,416</b>	<b>986,446</b>	<b>178,427</b>	<b>2,316,594</b>	<b>7,543,632</b>	<b>446,600</b>	<b>11,900,000</b>	<b>260,000</b>	<b>-</b>	<b>1,754,793</b>	<b>1,907,373</b>	<b>160,600</b>	<b>30,762,881</b>
<b>Non-Hospital Uses of Cash</b>													
22 IGT Matching Fee Payments	-	-	-	-	5,157,563	-	-	-	639,882	86,480	-	-	5,883,925
23 Line of Credit Payoff - US Bank LOC	3,100,000				1,895,519								4,995,519
24 Line of Credit Repayment - New LOC							5,400,000						5,400,000
<b>Sub-Total Non-Hospital Uses of Cash</b>	<b>3,100,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,053,082</b>	<b>-</b>	<b>5,400,000</b>	<b>-</b>	<b>639,882</b>	<b>86,480</b>	<b>-</b>	<b>-</b>	<b>16,279,444</b>
<b>Net Non-Hospital Sources/Uses of Cash</b>	<b>208,416</b>	<b>986,446</b>	<b>178,427</b>	<b>2,316,594</b>	<b>490,550</b>	<b>446,600</b>	<b>6,500,000</b>	<b>260,000</b>	<b>(639,882)</b>	<b>1,668,313</b>	<b>1,907,373</b>	<b>160,600</b>	<b>14,483,437</b>
<b>Net Sources/Uses</b>	<b>(320,062)</b>	<b>(459,396)</b>	<b>(294,673)</b>	<b>938,582</b>	<b>(1,116,513)</b>	<b>(697,132)</b>	<b>4,468,453</b>	<b>(1,322,096)</b>	<b>(1,326,089)</b>	<b>928,425</b>	<b>69,444</b>	<b>(996,916)</b>	<b>(127,975)</b>
Total Cash at beginning of period	3,748,581	3,428,519	2,969,124	2,674,451	3,613,033	2,496,519	1,799,387	6,267,840	4,945,744	3,619,654	4,548,079	4,617,523	
<b>Total Cash at End of Period</b>	<b>3,428,519</b>	<b>2,969,124</b>	<b>2,674,451</b>	<b>3,613,033</b>	<b>2,496,519</b>	<b>1,799,387</b>	<b>6,267,840</b>	<b>4,945,744</b>	<b>3,619,654</b>	<b>4,548,079</b>	<b>4,617,523</b>	<b>3,620,606</b>	
<b>Days of Cash on Hand at End of Month</b>	<b>22.0</b>	<b>19.0</b>	<b>17.1</b>	<b>23.2</b>	<b>16.0</b>	<b>11.5</b>	<b>40.2</b>	<b>31.7</b>	<b>23.2</b>	<b>29.2</b>	<b>29.6</b>	<b>24.1</b>	
				<i>Days Cash on Hand Forecasted from Previous Month</i>		11.6							

Initiative	Investment	Measurable Outcome *	Financial Impact	Volumes / Impact	July	August	September	October	November	December	January	February	March	April	May	June	YTD			
3T MRI	\$1 Million (Temp Trailer)	MRI Exams   Incremental Growth over Baseline (>120 scans/month)	Incremental Revenue   \$1,250,000	VOLUMES *3T went live August 2023																
				Baseline (FY24)	95	95	95	95	95	95	95	95	95	95	95	95	95	570		
				FY25 Budget	178	196	184	214	215	215	225	225	230	235	240	240	1,201			
				FY25 Actual	130	182	182	222	151	190								1,057		
				Actual vs. Budget	(48)	(14)	(2)	8	(64)	(25)								(144)		
					↓	↓	↓	↑	↓	↓								↓		
				INCREMENTAL REVENUE																
				FY25 Budgeted	\$ 71,400	\$ 86,300	\$ 76,100	\$ 102,200	\$ 103,000	\$ 103,000	\$ 111,600	\$ 111,600	\$ 115,900	\$ 120,100	\$ 124,400	\$ 124,400	\$ 542,000			
				FY25 Actual	\$ 30,000	\$ 74,700	\$ 74,700	\$ 109,000	\$ 48,100	\$ 81,500							\$ 418,000			
				Actual vs. Budget	\$ (41,400)	\$ (11,600)	\$ (1,400)	\$ 6,800	\$ (54,900)	\$ (21,500)							\$ (124,000)			
	↓	↓	↓	↑	↓	↓							↓							
Physical Therapy Expansion	\$2.3 Million	Patient Visits   25% growth over FY24 baseline (50% starting in January)	Incremental Revenue   \$475,000	VOLUMES																
				Baseline (FY24)				1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	3,300		
				FY25 Budgeted				1,100	1,100	1,100	1,590	1,590	1,590	1,590	1,590	1,590	3,300			
				FY25 Actual				1,481	1,278	1,337							4,096			
				Actual vs. Budget	-	-	-	381	178	237							796			
								↑	↑	↑							↑			
				INCREMENTAL REVENUE																
				FY25 Budgeted				\$ -	\$ -	\$ -	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ 56,400	\$ -		
				FY25 Actual				\$ 43,800	\$ 20,500	\$ 27,300							\$ 91,600			
				Actual vs. Budget				43,800	20,500	27,300							\$ 91,600			
				↑	↑	↑							↑							
Orthopedist Recruit	TBD	Surgical Cases   Exceed 190 surgeries (16/month)	Incremental Revenue   \$1,615,000	VOLUMES *Started performing surgeries late August24																
				Baseline (FY24)	-	-	-	-	-	-	-	-	-	-	-	-	-			
				FY25 Budgeted	5	5	10	10	15	15	15	20	20	25	25	25	60			
				FY25 Actual	-	11	15	18	15	11							70			
				Actual vs. Budget	(5)	6	5	8	-	(4)							10			
					↓	↑	↑	↑	-	↓							↑			
				INCREMENTAL REVENUE																
				FY25 Budgeted	\$ 35,000	\$ 35,000	\$ 70,000	\$ 70,000	\$ 105,000	\$ 105,000	\$ 105,000	\$ 140,000	\$ 140,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 420,000			
				FY25 Actual	\$ -	\$ 77,000	\$ 105,000	\$ 126,000	\$ 105,000	\$ 77,000							\$ 490,000			
				Actual vs. Budget	\$ (35,000)	\$ 42,000	\$ 35,000	\$ 56,000	\$ -	\$ (28,000)							\$ 70,000			
	↓	↑	↑	↑	-	↓							↑							
ROSA Robot Orthopedic Cases	TBD   Incremental Operational Costs	ROSA Joint Replacement Volumes   Exceed 124 surgeries over 12 month period (~10/month)	Operational Costs   \$ -	VOLUMES																
				FY25 Target										10	10	10	10	10	-	
				FY25 Actual																
				Actual vs. Target																
				INCREMENTAL OPERATIONAL COSTS																
				FY25 Target											\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FY25 Actual																				
Actual vs. Target																				
GRAND TOTAL   Actual vs. Budget					\$ (76,400)	\$ 30,400	\$ 33,600	\$ 106,600	\$ (34,400)	\$ (22,200)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37,600		
					↓	↑	↑	↑	↓	↓								↑		