



The
Future of
Healthcare
is **Here**

2012 ANNUAL REPORT



SONOMA VALLEY HOSPITAL
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The Future of Healthcare is Here

SONOMA VALLEY HEALTH CARE DISTRICT
Board of Directors 2012



Peter Hohorst

Madolyn Agrimonti

Bill Boerum

Sharon Nevins

Kevin Carruth

VIEW FROM THE BOARD CHAIR

MOVING FORWARD

As I write this, change is in the air.

A big white canopy surrounds the entrance to the Hospital, providing protection from the dust and noise of construction.

Inside, fresh paint has replaced the tired look. New energy efficient tubes have been installed in all of the fluorescent lighting fixtures to save energy and provide more uniform lighting. Patient registration is simpler and easier.

The steel skeleton of the new Emergency Building is rising, soon to be topped by a symbolic evergreen tree, indicating completion. Our dream hospital is becoming a reality. It is less than a year away.

The nine treatment rooms in the new Emergency Department (instead of 5), will almost double the number of patients that can be treated at the same time. This will mean shorter waits in the waiting room. Patient privacy will be better. The three operating rooms on the second floor will be twice the size of the existing operating rooms and will be equipped with the latest medical equipment.

The MRI trailer, containing a newly enhanced 64 slice imaging machine, has been relocated closer to the main entrance.

On a broader front, Palm Drive Hospital of Sebastopol has joined with Sonoma Valley Hospital in affiliating with Marin General Hospital. Palm Drive's decision has led to the merging of the finance departments of the two affiliated hospitals and generated significant savings for each hospital. Information technology functions and electronic health record systems are also being coordinated.

All this has only been possible because of the extraordinary support the Hospital has received from the community. A parcel tax renewal was passed by a comfortable margin. Donors to the capital campaign have stepped forward with a generosity that is heartwarming. And volunteers who lend their support as members of the Hospital Auxiliary and the many committees that enable the Hospital to run effectively are equally appreciated. For all of this we are extremely grateful.

We are truly a Community Hospital.

Peter Hohorst, Chair, Sonoma Valley Health Care District Board of Directors





VIEW FROM THE CEO

THE FUTURE OF HEALTH CARE IS ALREADY HERE

While many have speculated about the future of health care, an interesting thing has been happening in Sonoma Valley Hospital. With the innovations we have been putting in place since 2010, the future of health care is already here. I cannot think of one process or service in our facility that we have not improved by implementing either new technology or best practices. As this year's dashboard will show you, we've achieved almost all of our goals to date. We've embraced the future with innovation in almost everything we do to bring the best care for patients, along with the most efficient practices, resulting in the maximum value to our community for our limited resources.

Here are some of the highlights. In May, we broke ground on our new Emergency and Surgical Services wing which, along with seismic upgrades and infrastructure improvements, will make the existing facility more patient-centered, seismically compliant and viable through 2030. In May also, we "went live" with our Electronic Health Record. This will not only enhance patient safety and quality, but will allow us to connect with other healthcare providers electronically. Through our partnership with Marin General Hospital we are starting to see millions of dollars in savings and stability. With our partnership with our physicians, our telemedicine capability, our affiliation with other area hospitals and our participation in a new low cost health plan, we are well positioned to serve our community members so they can get at least 90 per cent of their healing right here at home.

It's been a pleasure serving the Sonoma Valley Health Care District as the CEO for the past two and a half years, and I look forward to continuing to meet the challenges of the coming years with the innovation, creativity and dedication we're nurturing in today's Sonoma Valley Hospital.

Kelly Mather
President and Chief Executive Officer
Sonoma Valley Hospital



Kelly Mather

Far Left: Board member Bill Boerum, Board member Madolyn Agrimonti, former CEO Carl Gerlach, CEO Kelly Mather, Donor Marcia Nelson, Mayor Joanne Sanders, Chief Medical Officer Dr. Robert Cohen

Our Mission to maintain, improve and restore the health of everyone in our community. **Our Vision** SVH will be a nationally recognized, compassionate place of healing and known for excellence in clinical quality. We serve as the guide and indispensable link for our community's health care journey.





Our Values C.R.E.A.T.I.N.G Compassion,
Respect, Excellence, Accountability, Teamwork, Innovation,
Nurturing, Guidance.

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MARCIA AND GARY NELSON

At the May 10, 2012 groundbreaking ceremony for the new Sonoma Valley Hospital Emergency Care and Surgery Center, Gary and Marcia Nelson, longstanding champions of the ER, pledged a \$3 million charitable gift to the Capital Campaign for Emergency Care. In recognition of this historic gift, we named the new Emergency Care Center in their honor.

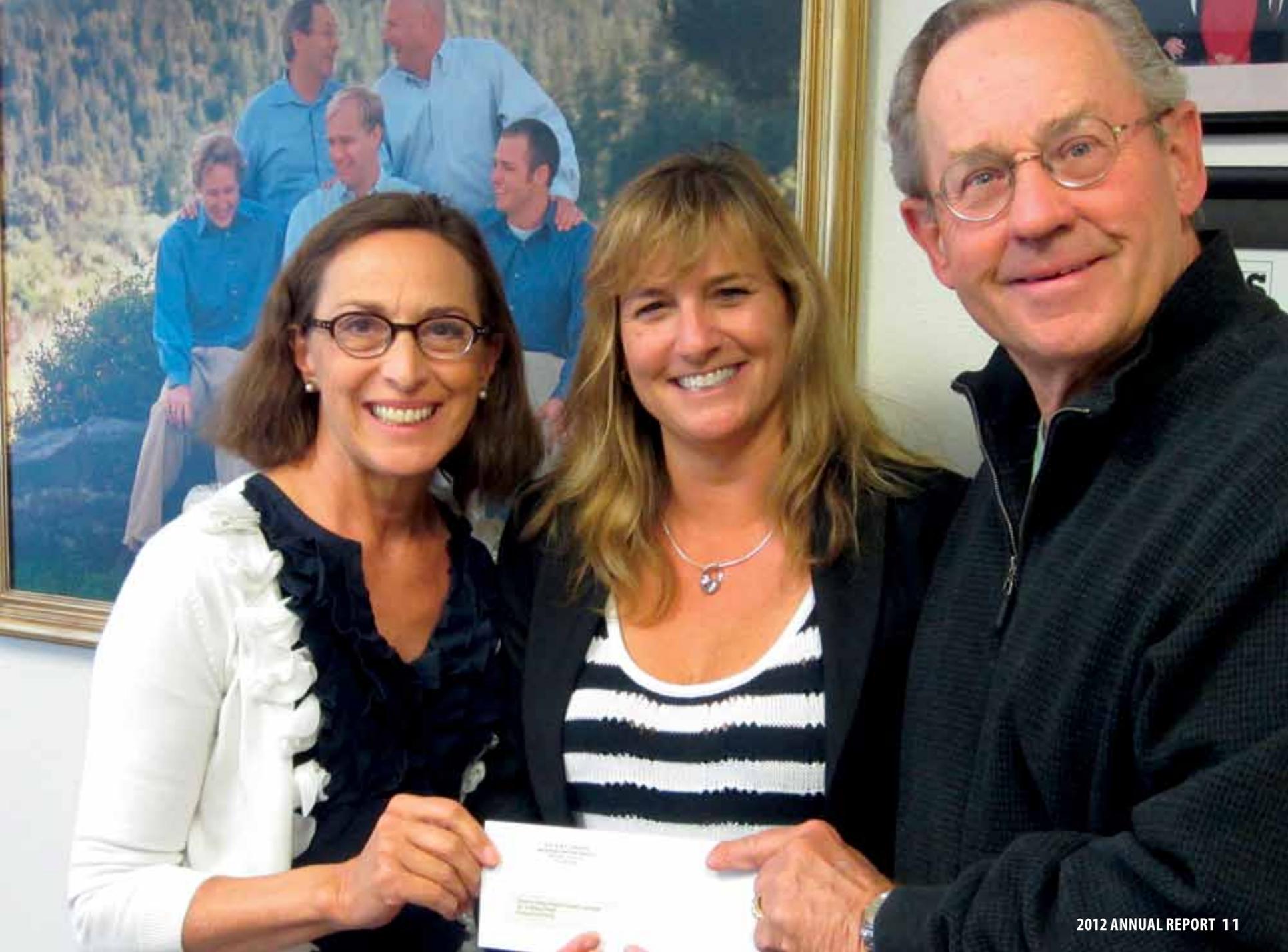
“The SVH Emergency Room is a critical and essential service to all of us in this community,” said Gary Nelson. “It serves every single resident and visitor in time of need, from the poorest to the most wealthy. When a health crisis takes place in our Valley, we need a state-of-the-art ER with the equipment and staff required to save the lives of our friends and families.”

He explained that thirty years ago, their three-month old son, Justin, was saved from Sudden Infant Death Syndrome (SIDS) by the physicians in the SVH ER. Marcia delivered him to the hospital barely alive, blue. Having the Emergency Room so close saved him. “We have never forgotten how fortunate we were to have this hospital nearby.” Marcia, presenting the gift at the

Groundbreaking Ceremony on May 10, said that in making such a large gift, she felt “changed.” She said, “One can argue about many health care issues in the US, but on a day-to-day basis, we need to serve the young, the old, and everyone in between in our Valley. This is a worthy investment. We hope our gift will help ensure that quality lifesaving ER services are available for years to come in Sonoma.”



Opposite: Marcia Nelson (left) and Gary Nelson (right) present check to Kelly Mather (center)





PATIENT PRAISES “STELLAR” CARE

“I’ve been in the Valley for 50 years and I never went to the doctor ‘til my hip became so painful,” says Curtis Dorset, chef at Sunflower Caffé and recent hip replacement patient. “I’m 57 years old. So there was a lot of fear involved.”

“Sonoma Valley Hospital was really stellar for a lot of reasons – the competence, the caring, the cleanliness, the absolute dedication to have everything spotless and spot on – and the level of care I received from the nursing staff was absolutely professional. I felt like the people who were taking care of me really cared about me. They treated me like a human being, not an object. That’s a huge deal.”

“You can get a great level of technical care, but I really felt that everybody that was taking care of me was concerned. And I thought that was really exceptional.”

“There’s another thing I thought was really great. In the room, there was a dry erase board that told you who was taking care of you, what their job was, what they did – anybody could walk in that room, at any time, and know where I was in my treatment. I was so impressed. There was never a moment when I would question when I was going to get meds, what they were going to be. I man-

age a staff, and it’s on my list to rework that same model for my kitchen staff.”

“And it was quiet. Dr. Brown warned me I may have trouble sleeping, but I slept all three nights I was there. The other part of it is the physical therapy. I love having physical therapy come to my house. That was tremendous.”

“I’m so happy that I could have my hip replacement done here, where I had all my friends around, and for all the follow up, it’s all right here. You don’t have to go out of town for your physical therapy. What I want people to know is that we have a very competent hospital in this town. It’s a small operation, you don’t get lost – and we have it in this town. We should use it. You can go there with confidence.”

Opposite: Curtis Dorset, Chef, Sunflower Caffé

HEALING HERE AT HOME



IMPROVEMENTS IN THE EMERGENCY DEPARTMENT

With an improved triage system, wait times in the Sonoma Valley Hospital Emergency Room are on the average at or better than the national standard, which is 30 minutes or less. Along with the rest of the Hospital, the ER has adopted the Electronic Health Record, and as their medical information is entered and stored, patients who come into the ER will find all their medical information is already online, saving time and effort.

In order to hear how our patients have experienced their care with us, the Emergency Department has also implemented an assessment process where, in addition to the regular patient satisfaction survey reports, we have a system where we randomly call a percentage of our patients after their discharge to get their feedback. According to both surveys, the SVH ER completed the year with high patient satisfaction rates. According to Emergency Department Director Jared Hubbell, MD, "Our patients are showing satisfaction in the high 90s." He anticipates the new building, which will be ready in 2013, will be a huge boost in the ED capability. "We strive for excellence. We have an excellent group of doctors, and we have better than average staffing, process times and quality outcomes. With the new building, we will be recognized as a first class emergency institution in Northern California."

INNOVATIONS IN MEDICINE



Above: This diagram shows the new ER and on the second floor, the new OR. Note that the darkened areas represent the square footage of the current space (not their current placement), so you can see how much new space will be gained.



THE ELECTRONIC HEALTH RECORD

In May of 2012, Sonoma Valley Hospital went live with the Electronic Health Record (EHR). Now all patients' health information is entered into a computer database, and becomes available online to physicians anywhere in the Hospital, or in associated physicians' offices in other medical centers.

Converting to the EHR is a government-mandated quality endeavor that has already begun to increase convenience, efficiency and patient safety. Dr. Robert Cohen, Chief Medical Officer, who, with Fe Sendaydiego, Director of Informational Services, drove the effort, explains. "First, having doctors write their prescriptions into the computer eliminates any errors that might occur because of illegibility. Then, if a doctor prescribes a number of medicines, the computer will automatically test for drug interactions, and will also check to make sure the medicines are compatible with any being taken at home. The process standardizes orders and significantly reduces medication errors. The superteam (Mike Norton, Mike Orsi, Sergio Torres, Ken Perry, Sue Grixti, Sue Rolling, Lorna Kennedy-Klein, Lisa Miklos, Carmen Lopes de Bravo, Karen Rara, Brett Roncelli, Kay Lynn Kitchens) began the work

in 2011 and kept the project on schedule." According to CEO Kelly Mather, "Implementation of the new system, which affected almost every process in the Hospital, went extremely well and Sonoma staff exceeded all expectations." Sendaydiego says, "It was like directing an orchestra, making sure everyone was on board and everything went according to schedule." Mark Kobe, Director of Nursing, says he can see results already. "We're starting to see our patients come back, and we already have knowledge of any previous health problems and have a list of their medications."

By 2015, all patients should be able to access their medical histories from anywhere in the country.

INNOVATIONS IN MEDICINE

Opposite: Director of Nursing Mark Kobe shows Kathy Chi Le, RT, and trainee Jiusten Santos a point on a patient's Electronic Health Record.

TELEMEDICINE

For the last several years, Sonoma Valley Hospital has used telecommunication technology to give patients and their doctors immediate access to diagnostic specialists in medical centers such as California Pacific Medical Center and University of California Davis for specialized diagnoses and treatment.

The Hospital is now launching a program with the California prison system to enable orthopedic surgeon Dr. Michael Brown to examine orthopedic patients remotely. This means that Sonoma Valley Hospital is not only bringing large medical center specialists to our patients but we will also be able to provide the care of a surgeon to off-site patients, under an arrangement financially beneficial to the Hospital.

TELEMEDICINE-BASED ANTIBIOTIC STEWARDSHIP PROGRAM

While across the nation, the over-use of antibiotics is understood as a contributing factor to the development of drug-resistant germs, the Sonoma Valley Hospital Antibiotic Stewardship program, under the leadership of Infection Control Coordinator Courtney McMahon, and infectious disease specialist Dr. Javeed Siddiqui, gained national recognition this year as a model program.

Begun in 2007, the program was designed to reduce the over-use of antibiotics by monitoring prescriptions, undertaking educational initiatives, and using carefully targeted applications of antibiotics. The results have been safer use of antibiotics for patients and a reduction of antibiotic-resistant “bugs” in the Hospital community and possibly beyond. According to

McMahon, “Our program appears to have had a positive effect on the local resistance patterns, based on the fact that we are the primary lab in town and the data incorporates both outpatient and inpatient lab tests.” The program is written up on the U.S. Department of Health and Human Services website (<http://www.innovations.ahrq.gov/content.aspx?id=3627>).

Telemedicine is essential to the infectious disease prevention program since it would be economically unfeasible for a small hospital like SVH to have an infectious disease specialist on staff. With telemedicine, in the form of the little bowling pin shaped robot figure that cruises the halls of the Hospital to “visit” with patients and doctors, Dr. Siddiqui is on call at all times. For a practical example of the benefits of telemedicine, the University of California Davis Health System website tells the story of an out-of-town visitor to Sonoma who came in to the Sonoma Valley Hospital ER with an infection in his knee, at the site of a recent surgery he’d had done in his hometown. SVH doctors cleaned the wound, and then wanted to insert an IV to administer anti-bacterial medicine. That would require hospitalization, but the man was due on a plane home. This would have been a costly problem without the robot and Dr. Siddiqui who, through the robot’s camera, examined the patient’s knee and offered an alternative – a new oral anti-bacterial that would aggressively treat the infection without the IV. The patient travelled home as planned and recovered. Such use of telemedicine for infectious disease consultations has been said to be a first in the telemedicine field.

Opposite: Nancy Large, pharmacist, Pamela Wiley, microbiologist, Dr. Larry Burchett, hospitalist, Courtney McMahon, Infection Control Coordinator review a patient’s information. Insert: The “robot” and Infectious Disease Specialist Dr. Javeed Siddiqui on the way to “visit” a patient.





HAND THERAPY A SPECIALTY

Braden Lyons broke his wrist weight lifting when he was 19. After recovering from surgery, he went on to play football. Almost immediately, things began to go wrong. “The hardware in my wrist worked on the bone and hollowed out the bone and that eventually required a bone-graft surgery. It was painful and also very exhausting.”

After bone graft surgery, he began rehabilitation with Sonoma Valley Hospital, which is fortunate to have two highly qualified certified hand therapists, Veronika Scheftner, OTR/L, CHT, and Pat Chan, OTR/L. Veronika helped him back to full mobility.

“She made it very clear at the start that it wasn’t going to be easy. I had no range of motion, muscular atrophy, limited mobility and absolutely no strength. Over the previous 52 weeks, I’d spent about 36 of them in a cast. But she was very, very patient with me. She recorded every single thing we did, so on days where it felt we weren’t getting anywhere, she went back to her records and showed me where we had really made strides. She did a lot of ultrasound and massaging the scar tissue, which

probably paid off the most. I met people with similar injuries and their biggest problem later was the scar tissue. She caught that early, and got most of it dissipated.”

Most importantly, she was encouraging.

“Veronika went to school to learn about the hand, but what you really need to know is to work with people. And she knows how to work with people. I think I made much bigger strides because of her communication. With physical therapy, you’re getting people at the end. They’ve had it. They’re so over the process, yet they expect so much from physical therapy, because it’s just that last hurdle to getting back to normal. That’s a tall order for a professional to work with, and she handled it.”



Above: Braden, now 21, is now healed and happy and playing football for Florida Atlantic University in Boca Raton. Opposite: Veronika Scheftner works with patient Jerica Tercero.

INNOVATIONS IN OCCUPATIONAL THERAPY

INNOVATIONS IN MANAGEMENT

QUALITY AND PATIENT COMMUNICATION

Sonoma Valley Hospital is always looking for ways we can improve the services we provide. Here are two ways in which we have improved our patients' experience when they come to Sonoma Valley Hospital.

In the past year, we have taken a look at increasing our efficiency in providing Outpatient Laboratory and Admitting Services. Using best practice performance improvement strategies, the Admitting Department reduced its wait time from an average of 8 minutes to an average of 4 minutes while the Laboratory reduced wait time from an average of 15 minutes to an average of 7 minutes. By working together and making some simple changes in how we do things, we are proud to say the average time it takes for a patient to have a lab test drawn is less than 15 minutes.

The Admitting and Surgery team also streamlined the process of coming to the Hospital for morning surgery. Using best practice strategies, the team simplified the communication between physician offices and surgery scheduling, created a fast track process for obtaining insurance pre-authorization, scheduling requests and

physician orders; they implemented pre-registration so that community members do not have to stop in Admitting before going to the Surgical Services Department. The changes have significantly reduced the incidence of missing information, the need to clarify orders, extra phone calls and delays in registration.

These are the kinds of innovations that create for our patients a sense of comfort and confidence at first contact, and when they feel most vulnerable, setting and maintaining the tone for their hospital experience. Our continued innovation lets our patients know we're listening to them and we're putting their needs first.

*Opposite page:
Lisa Duarte, Admitting Manager, helps explain the process to a patient. Right:
Lucy Rodriguez greets a caller.*





INNOVATIONS IN MANAGEMENT

HELPING PATIENTS AVOID MULTIPLE HOSPITAL STAYS

Under the Affordable Care Act hospitals will receive less Medicare reimbursement overall and should a Medicare patient need to be readmitted within 30 days of a hospitalization, the hospital will receive no reimbursement for the subsequent care. SVH welcomes this as helping to encourage good care for patients not only while they are in the hospital, but after they are discharged. The excellent discharge process at SVH ensures that patients have the support they need at home, so we enjoy lower than average readmission rates. Further, our nurses and social workers work with the primary care physicians to help patients avoid the need for readmission to the hospital, a process, which our results show, is working.

OPERATING WITH MORE EFFICIENCY

The Surgery Department, with the highest expenses in the Hospital, has engaged the whole staff in LEAN, a tool that increases productivity and is utilized for cost containment. Director Michelle Donaldson assigned leaders to run their supply areas of the six surgical departments like a business. "I feel like we are all becoming owners and not renters," she says. The staff members are participating in reducing supply costs and have already reduced our costs by over 15 percent. If they can reduce costs by 30 percent, nurses and surgery staff will receive a bonus

from a portion of the savings. Surgeons too have gotten on board. Dr. Perryman, who has performed over 40 medical weight loss surgeries since coming to Sonoma in 2010, has bought into the program and has reduced supplies from \$4,000 per case to \$2,100 this year.

EVIDENCE-BASED MEDICINE

Hospitalists are physicians trained in and practicing acute inpatient hospital care. Sonoma was one of the first small hospitals to have hospitalists available for our inpatients in the hospital 24 hours a day. This year, the physician hospitalists of Sonoma Valley Hospital joined Sound Physicians, a Tacoma-based hospitalist organization, to take us to the next level of inpatient care. The group's performance management solutions, workflow and informatics systems will increase our ability to deliver excellent quality through evidence-based medicine, which insures all treatments are safe, effective, cost effective, current and clear.

Opposite: Heather Plomteaux RN, Coordinator of Surgical Services, helps John Huaco, Lead Surgical Technician, Marc McCarty, surgery buyer, and Tiffani Lee, Surgical Technician, organize supplies. Insert: Fully equipped model patient room, completed in 2012.





PHYSICIAN OF THE YEAR

I LISTEN TO MY PATIENTS

Dr. Subhash Mishra, Sonoma Valley Hospital's Physician of the Year for 2012, is a small town physician with a big city background, and he brings the best of both to his primary care practice in Sonoma. "With primary care, you see everything," he says, "you go through the patient's care from start to finish. It's always interesting."

He grew up in Glasgow, Scotland, and went to medical school there, worked in the UK for a while and then went to Chicago and from there to Sonoma. Here, a major part of his practice has to do with talking to his patients and listening to them, and he finds the people always interesting. "We have people from all different walks of life and different occupational backgrounds here." The pace is appealing, too, and conducive to healing relationships. "It's probably better medicine," he says. "They can go to a larger hospital and then come back and have had umpteen different tests and seen three or four different doctors, and they're no more the wiser."

He praises the group of physicians here in town and mentions the Sonoma Valley Hospital Home Care service with special appreciation. "From our perspective, Home

Care is very valuable, especially in an aging population. They can go out in the home and really see what's going on. We get 10-20 minutes with a patient in the office, but that is just a small snippet and patients go home and we're not sure what's going on with the medications. So the Home Care people do a great job."

Barbara Lee, Director of the Sonoma Valley Hospital Home Care Program, which nominated Dr. Mishra for the award, said his care for patients is extraordinary. "He's just so caring, and he knows his patients really, really well and he's a very good doctor. But I think the main thing is that he really cares about the patients. He knows them and cares about them."

As for his own practice, he takes a modest stance. "I don't think I'm doing anything special, just treating everyone with respect, and that means everyone you meet in the Hospital, whether it's someone in the lab, or in house-keeping, seeing everybody as part of that team."

Opposite: Dr. Subhash Mishra



COMPASSIONATE CARE

THE BIRTHPLACE

The Birthplace remains an unsung treasure in Sonoma Valley Hospital, with remodeled rooms in soothing, home-like colors and décor and a family atmosphere characterized by loving, friendly and genuinely caring nurses who make each mother's experience as comfortable as possible and each family welcome. This year, on two separate days, one in June and one on December 12, they tipped the charts with four births each.

This year, the Birthplace nurses decided to take their message to the public and set up a table at the Tuesday Farmers' Market to talk to people and let them know about what is available to expectant mothers right here in Sonoma.

"We took photos and a banner and pamphlets and everybody was shocked," said Birthplace Director Pauline Headley. "They said they hadn't known how nice it was." The Birthplace aims to be as low intervention as possible, offering a homelike setting that feels as natural as possible.

For Headley and her staff, the experience of upgrading to the Electronic Health record has been positive. "I feel very good about it. I really believe that we have to move with the time, and this is the way forward."

For her, as in other areas, greater efficiency means more time spent with patients. "Yesterday I spent two hours with a patient that last year I may have felt I didn't have the time to give. Where we're at now, I know I have to make the time." What informs her, in part, is the data she gets from regular monthly patient satisfaction surveys, an innovation that has had direct pay-off. "Because I look at the surveys, I'm able to put improvements into practice. I pay big attention to that."

"We have heard the community's concerns and we have put measures in place to ensure that each patient gets a personal experience and one that improves their outcomes and speaks to the care that they deserve."

*Opposite:
Paul Amara,
M.D., with
four babies
delivered
on one day.
Right: Pauline
Headley (r),
and friends at
the Birthplace
booth in the
Farmers'
Market*



PALLIATIVE CARE

The Sonoma Valley Hospital Palliative Care Program is a new addition to a hospital culture already firmly grounded in providing compassion and comfort to all patients. It brings another, dedicated layer of care, with specially trained team members, to provide comfort to patients and their family members. The team consists of the palliative care physician, the palliative care nurse practitioner, a social worker, and ordinarily a chaplain as well. The scope of care includes not only those patients at the end of their life, but also serves patients who are still seeking treatment and hoping to recover.

“Palliative means relieving suffering,” says Medical Director Brian Sebastian, MD, MPH, FACP. “Having patients feel listened to is part of caring for them. It is a way of saying to the patients, ‘We care about you and we want your stay here to be as free from suffering as possible.’” One of the goals of the Palliative Care team is to support busy doctors and nurses by being able to give focused and dedicated time to help ease the suffering of their patients.

Palliative Care, as practiced in Sonoma Valley Hospital, addresses the whole person – and the family – and aims to meet the physical, psychological, emotional and spiritual comfort needs for any patient who is seeking treatment for a new or existing debilitating and/or potentially life-threatening illness.

Sandy Popovich moved her parents into an independent home in Sonoma in October, and in November her father became ill and was admitted to the Hospital, where he died. “It was an introduction to the community. I felt good about his caregivers. I felt good about the environment and being in the neighborhood and not driving to San Francisco for care. The caregivers helped all of us. I felt, if I go, I’d like to go that way, right at Sonoma Valley Hospital. I almost felt it was more like a hotel than a hospital.”



Opposite: “This job has allowed me to fulfill the true reason why I went into nursing.” Palliative Care Nurse Practitioner Geoff Van den Brande. Above: Sandy Popovich



Medical Director of Endocrinology
Responsible Care Center

Sonoma Valley Hospital



HOME CARE

The Sonoma Valley Hospital Home Care Program has been recognized for the second year in a row with the national HomeCare Elite™ award. The National Research Corporation names the top 25 percent of home health agencies in the United States annually based on excellent patient outcomes. Our Home Care staff is proud of this recognition of their skills and compassion and remains committed to expanding their expertise and promoting the health of their patients.

This year, Barbara Lee, RN, MSN, Home Care Director, earned national certification as a Home Care Administrator. Home Care boasts an excellent Wound Care Certified RN providing state-of-the-art assessment and treatment. Our social worker participates in the new Palliative Care Committee in the Hospital, as well as the Sonoma County Committee for Healthcare Improvement workgroups. Home Care also has a highly qualified, experienced rehabilitation team providing physical, occupational and speech therapy in the home.

Over the past year, as the Hospital has expanded, Home Care, too, has moved to expand its services into a larger geographic area to answer a broader need. "Our goal is to continue to provide excellent care to the people of our community" says Lee, "and to gradually expand our services geographically with the same high quality."

SKILLED NURSING FACILITY

The Skilled Nursing Facility has had a year of progress too, earning a five star rating from Medicare. "We're excited," says Director Melissa Evans. SNF cleared two Federal surveys within five months. "Both went very well," she says. "A testament to the quality of the staff and physicians, especially Drs. Lane and Olness, our co-directors."

Finished this year was the "makeover" of all of the rooms, complete with all the new televisions installed. The artwork, chosen by Suzanne Brangham, adds to the beauty. At a festive summer party honoring all the donors and contributors, Helen Fernandez spoke movingly about her appreciation for the SNF and why it's been so important to her to undertake the makeover project. The many former patients and friends who want to make sure SNF will always be here applauded Helen and the project and each other.



*Opposite:
Sonoma
Valley Hospital
Home Care
staff, 2012.
Right: Helen
Fernandez at
SNF Makeover
celebration.*

COMPASSIONATE CARE

LEADING THE WAY

As part of the mission to improve the health of the whole community, SVH leaders have been going into the community teaching wellness in the middle school, mentoring high school students with their senior projects related to health care careers, and helping early learners with reading. SVH Nutritional Services Manager Mary Finkenbinder has worked with La Luz to teach mothers how they can alter their home menus to create more healthy meals. The whole Hospital has participated in or supported major community events like the Relay for Life, to raise money to fight cancer, and the Gran Fondo, a fundraiser for charities of choice.

FIGHTING CANCER THROUGH AWARENESS AND ACTION

In this past year's Relay for Life, the nation-wide cancer fundraiser, Sonoma Valley Hospital entered not one team, but three, Vital Signs One and Two and Home Care Healers. According to Jackie Lyons, local event chair for 2012, between 65 and 70 staff members participated, either on the teams or serving in support roles. The Hospital offered cancer information throughout the month of October, Breast Cancer Awareness Month.

This year, the Hospital has offered mammograms at no cost to uninsured and underinsured women, thanks to funding by the Foundation. "This year," says Lyons, "We did 100 screening mammos, 14 diagnostic, and 9 breast ultrasounds, which came to \$23,183, paid for by the Foundation to cover the Hospital and radiologist's charges. In total, 114 patients received screening and diagnostic services that they otherwise would not have been able to afford."

COMMUNITY OUTREACH

Opposite: Mary Finkenbinder leads off the Relay for Life in Sonoma, 2012





The
WELLNESS WHEEL
Using The 5 Keys To Wellness

Each day, you color your wellness wheel with your thoughts and actions.

600 - 690

IMPROVING HEALTH THROUGH EDUCATION

The Hospital is a member of the Health Roundtable along with community leaders from the Boys and Girls Club, Vintage House, Sonoma Valley Community Health Center, The Ecology Center, the School District, the City and other health care providers. The Health Roundtable's Diabetes Committee, led by Madolyn Agrimonti, former Health Care District Board member, is on a mission to provide education about and help prevent diabetes.

Because the diabetes problem is prominent in Sonoma and we want the community to have the resources and education they need to maintain their health, even when diagnosed with diabetes, the Hospital extended its care into the community in an effort to head off the disease before it starts. Mary Finkenbinder, along with one of her Spanish speaking cooks, has been teaching healthy cooking classes at La Luz. The recipes are designed to be within the range of their own home cooking, but with lower fat and sugar content and an emphasis on fresh fruits and vegetables.

In partnership with United Way and the Sonoma Valley Education Foundation, Dawn Kuwahara, Director of Professional Services, recruited seven leaders from SVH to tutor first graders at Sassarini school. In Sonoma Valley, only 9 percent of the English language learners are proficient in reading by the 3rd grade. That means 91 percent are below proficiency. This is significant because

a student who is not proficient in reading by the 3rd grade is not likely to graduate from high school. The Hospital supports this proactive approach and wants to help our young people to be successful. It's a crucial part of health care.

Sonoma Valley Hospital is also participating in a mentorship program to help high school students interested in careers in health care. Twelve of the Hospital's leaders, plus CEO Kelly Mather, are volunteering time in these programs. Mather, herself, teaches a class on health to 6th graders at Adele Harrison Middle School and 9th graders at Sonoma Valley High.

In addition, our "Community Trust Team," led for the past two years by Barbara Lee, engaged Hospital staff to participate in many community events in 2012 such as the Gran Fondo, Relay for Life – for which team member Jackie Lyons chaired the event for the City – and the 4th of July Parade. We collected tons of clothing and toys for Christmas including 75 coats, in partnership with Director of Pharmacy Chris Kutza's daughter and her Girl Scout troop.

Opposite: Kelly Mather teaching 12-year-olds about health awareness in Adele Harrison Middle School. Right: Pharmacist Chris Kutza and the Girl Scout troop.



OUR DASHBOARD

WE ARE SEEING RESULTS

Most successful hospitals measure six areas and use a dashboard to track performance. This is our third dashboard, and I am so impressed with our staff and our physicians. As you can see here, the green shows we have met or exceeded most of our goals. The yellow means we're short, but almost there. The red means we need work. As you go down the list, it's important to note that of all things, patient satisfaction comes first. And in a year when we've had construction, and an internal challenge as huge as the implementation of the Electronic Health Record, that we've been able to maintain high patient satisfaction scores is impressive.

Our clinical quality outcomes are outstanding. This reflects the excellence of our physicians and nurses. Staff satisfaction started out average as compared to other hospitals in 2010 and we set a higher goal to be above average. We achieved this goal and because we expect the scores will go up, we set an even higher goal for 2012. As you can see from the Finance page, we are doing well. This is a challenging time for hospitals but thanks to our outstanding community support, Sonoma Valley Hospital is holding fast.

The way we provide health care has changed significantly in the past year. While we still have 50% market

share in our community, patients are receiving more care in the outpatient setting. The major trend in reductions for patients staying overnight in the hospital for care was felt throughout the nation in 2012. Finally, a category that makes me so proud is our community service and the number of hours our very busy staff have given to improve the health of the community. The positive results in 2012 were a team effort. The following staff were recognized by this year's Excellence Awards: For Compassion, Suzanne Clark; for Respect, Lucy Rodriguez; for Excellence, Karen Rara; Accountability, Rita Gallagher; Teamwork, Steve Lombardi; Innovation, Michael Orsi; Nurturing, Mike Norton; Guidance, Taylor McCandless; Leader of the Year, Paula Davis; and for Team Excellence, Environmental Services. Cheryl Van Paris is Clinical, Non-RN Staff Member of the Year, Lisa Duarte is Non-Clinical Staff Member of the Year, and Heather Plomteaux is Nurse of the Year.

All in all, 2012 was a positive year.

Kelly Mather

President and CEO, Sonoma Valley Hospital

DASHBOARD
December 2012

Performance Goals	Measurement	Annual Goal	Actual
Service Excellence	Patient Satisfaction	Mean Score > 86% or above 50th percentile	Inpatient 86.3 Outpatient 94.1 Surgery 93.2
Quality	Clinical Outcomes	Value Based Purchasing Clinical Score > 90%	100% 3 out of 6 months Score: 90
People	Staff Satisfaction	75%	74.4%
	Turnover	< 12%	7.6%
Finance	EBIDA	8%	9%
	Postive Operating Margin with Parcel Tax	Net Income Over Expenses	\$80,129
Growth	Inpatient Volumes	1% above FY 2012	0%
	Outpatient Volumes	3% above FY 2012	11%
Community	Hours of time donated to improve health	> 600	613



Since 2002, Sonoma Valley Hospital has benefitted from the parcel tax and has not lost money since the passing of the tax. Why do we need a parcel tax? While always being an efficient hospital, we are in a small community and our payor mix is much different from other hospitals because our community is older and most people have Medicare. Why can't we make it on Medicare payments alone? We are efficient, but not that efficient. No hospital is, yet. A top priority for the Hospital is to reduce our operating costs so that we can break even on Medicare and continue to offer quality and safe care to our patients.

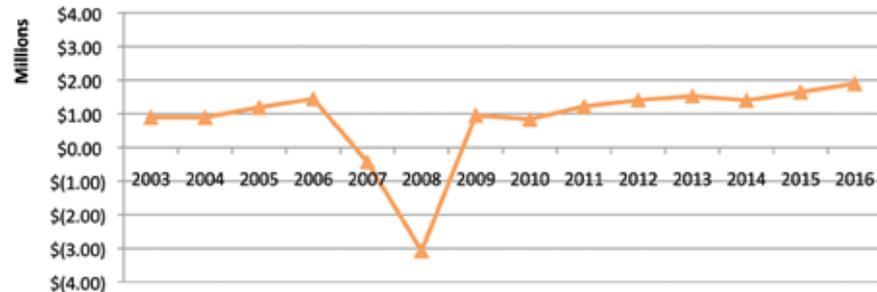
The following is the net income over the past 10 years. As you can see, the Hospital has been profitable with the exception of 2007 and 2008. That was the period when the Hospital had to write off the costs of the prior building program. With the exception of that extraordinary event, the Hospital has been profitable after the parcel tax. The Hospital is very appreciative and thankful for this. Without this, the community would not be able to have a hospital to provide care within the city limits.

FISCAL YEAR 2012

On the opposite page is a summary of the financial performance for the Fiscal Year ending June 30, 2012 and 2011. Fiscal year 2012 was a year filled with challenges and one of preparation for building our new addition. The challenges that were overcome were the building improvements made to the existing building. One of the best things that happened in fiscal year 2012 was the implementation of the Electronic Health Record. This allows the District to have electronic records for nursing, computerized physician order entry and medication administration. The implementation of these new systems improves the quality of care and offers a safer environment for the patient. The District is very proud to be able to provide this to our community and to our patients. This also allows the District to qualify for additional Federal payments that will defray a large portion of the system.

Fiscal year 2012 was the first full year for our affiliation with Marin General Hospital. The Hospital continues to benefit from the relationship with Marin General Hospital. In fiscal year 2013, we project that SVH will save over \$1.5 million in costs. Also in 2012, Palm Drive Health Care District joined the affiliation with Marin General. We have started to work closely

NET INCOME AFTER PARCEL TAX



with Palm Drive in many non-patient care related activities. We have combined our patient billing departments into one and now are getting the benefit of additional billing expertise at a reduced cost. The largest activity that we are doing with Palm Drive is in the Information Technology area. We have expanded our IT coverage to include Palm Drive. This has brought a much needed infusion of technology and systems into Palm Drive and has allowed the Hospital to save over \$350,000 in operating costs. These are just the first examples of using economies of scale to reduce costs at both hospitals and continue to offer the high quality and safe patient care to both communities. We will continue to look at other administrative functions that we could do together. Other areas that we are currently reviewing are accounting, payroll, and education. This is just another benefit of our affiliation with Marin General. We truly have the benefits of a system without the negatives. It is the best of both worlds.

	2012	2011	2010
Operating Revenues	47,237,304	45,805,757	40,271,426
Less Operating Expenses	(52,703,972)	(48,827,256)	(42,931,908)
Operating Loss	(5,466,668)	(3,021,499)	(2,660,482)
Non Operating Revenues	4,820,805	3,889,641	3,293,950
Excess Revenues Over Expenses Before Capital Contributions	(645,863)	868,142	633,4683
Capital Contributions	2,043,087	348,873	208,222
Increase in District's Net Assets	1,397,224	1,217,015	841,690

Operating losses – the first component of the overall change in the District's net assets is its operating income or loss—generally, the difference between net patient service and other operating revenues and the expenses incurred to perform those services. In each of the past three years, the District has reported an operating loss. This is consistent with the District's recent operating history as the District was formed and is operated primarily to serve residents of Sonoma Valley, regardless of their ability to pay. The District levies property taxes to provide sufficient resources to enable the facility to serve lower income and other residents. The increase in the operating loss in 2012 was caused by two material factors: 1) employee health insurance costs increased by 12% effective January 1, 2012, \$450,000; 2) and an exceptional amount of repair costs were incurred due to the resolution of many years of deferred maintenance costs, \$800,000.

Through December 2012 - For the first six months of the new fiscal year, the Hospital is exceeding its operating budget. The net income before capital contributions is \$169,981 on a budget of \$33,049 or \$136,932 better than expected. The Hospital continues to have good volumes and good expense management.



SONOMA VALLEY HOSPITAL AUXILIARY

The Sonoma Valley Hospital Auxiliary has been serving the Sonoma Valley Hospital community since 1956. Its mission is to be of service to the Hospital's patients, staff and visitors. The members provide wheelchair transportation for patients and visitors, delivery service among Hospital departments, and keeping families of surgery patients informed of the status of their loved ones. They help out with activities in the Skilled Nursing Unit and staff the Hospital Gift Shop.

The Auxiliary funds go to various Hospital needs. "This past year," says Auxiliary president Sharon Cornelius, "our major thrust was providing employee education grants to help Hospital employees increase their career potential and their value to the Hospital and the patients." This year, the Auxiliary raised about \$20,000 for education.

The biggest fundraising event this year was the second annual Arts and Crafts Fair at the Sebastiani Winery, held in conjunction with the Sonoma Film Festival. Some forty vendors set up shop on the winery lawn to sell their hand-crafted wares. At this fair, the Auxiliary raised about \$6,000. Funds are raised on an on-going basis through sales at the Gift Shop and through See's candy sales three times a year.

The active membership of the SVHA is made up of some 50 people from our community. They are readily recognized by their blue jackets and their desire to make your experience at SVH a pleasant one. Says new Auxiliary president, Sharon Cornelius, "The best day of my week is the day I spend at the Hospital!"

OUR VOLUNTEERS

AUXILIARY REVENUE, EXPENDITURES AND FUND BALANCE REPORT

for the period ending September 30, 2011

	General Fund	Memorial Fund	Ways & Means Petty Cash	Gift Shop Fund	LAIF Fund	Total
Balance 7-1-2011	22,009.23	1,324.35	0.00	4,000.00	33,157.52	60,491.10
Revenues Total Receipts	39,096.99	270.00	200.00	66,483.64	153.44	106,204.07
Expenditures Total Disbursements	43,848.82			57,857.06		101,705.88
Revenues Over (Under) Expenses	(4,751.83)		200.00	8,626.58	153.44	4,498.19
Ending Balance 6-30-2012	5,888.66	1,594.35	200.00	4,000.00	33,310.96	44,993.97

Opposite: Auxiliary members (from left to right) Rose Giannis, Sugar Carlton, Dan Lennon, and Margaret Johnson in the Hospital Gift Shop.

PHILANTHROPY

THE SONOMA VALLEY HOSPITAL FOUNDATION

In 2012, the Sonoma Valley Hospital Foundation turned 30! In honor of this anniversary, I want to acknowledge the important role of SVHF in supporting the Hospital and thank the community helping to bring us to this milestone. Since 1982, Sonoma Valley Hospital Foundation has raised over \$7 million to fund new equipment, facility improvements, technology and programs that help our caregivers provide the very best care for our patients. The valuable contributions of the Board members, volunteers and donors who made this possible cannot be overstated. Lives were saved because of your dedication and generosity.

Much has changed since the Foundation began its important work three decades ago. Especially in the past few years, philanthropy has become an even more critical component of health care and it is clear that reliance on fundraising will continue to grow. Factors such as economic downturns, decreased reimbursements for patient care, an unpredictable number of patients, and sharp increases in charity care and bad debt have led hospitals to ask for more support from their already generous communities.

Like hospitals across the country, Sonoma Valley Hospital has evaluated and refined its fundraising programs to meet the needs of health care today and the communities we serve. We have researched fundraising best practices, consulted with peer organizations for new ideas, and met with donors and community members to determine a new, more effective direction. This has culminated in a strategic fundraising program that will allow us to operate more successfully and efficiently.



Above: ED: The Foundation granted nearly \$40,000 in 2012 to fund much-needed equipment for the Emergency Department.

Sonoma is a generous and giving community. The exciting progress of the Hospital's Capital Campaign for Emergency Care demonstrates what community support can accomplish. The new wing would not be possible without contributions from people in the community who realize that their gift truly does make a difference.

Annual funding is equally important for the Hospital. With contributions from the community, the Foundation supports programs and equipment that the Hospital requires but has no other source for funding. Thanks to generous donors, SVHF was able to grant almost \$200,000 to help fund these programs and equipment in 2012:

- Toys and books to comfort our pediatric patients
- Non-invasive portable ventilators to replace obsolete equipment
- Infant car seats for needy families in our community to take their newborns home safely
- Compact transport monitors to improve patient monitoring during transport
- A workstation with dual monitors for the ER to facilitate access to Electronic Health Records
- State-of-the-art X-ray machine to replace decades-old equipment
- Furnishing and equipment for a treatment room for women's health procedures
- Mammograms for 114 uninsured and underinsured women

With your help, we will make an even bigger difference in 2013 and beyond. Again, thanks to all who have supported SVHF over the past 30 years. I look forward to working with the community as we enter this next stage in the Foundation's evolution.

Harmony Plenty, Executive Director



Above: CARA Charities presented a donation to fund car seats for needy families at the 2012 GoPro Indy Grand Prix at Sonoma Raceway in August. Below: A gift to the SVH Foundation is a meaningful way to thank your doctor, nurse or other staff while honoring the work they do.



FOUNDATION DONORS

January 1-December 31, 2012

We gratefully recognize the following donors for their gifts to the SVH Foundation. This includes event participation, grants and outright gifts from individuals, businesses and foundations.

TRIBUTE GIFTS

In honor of Edythe Cardellos
Lorraine Wedekind

In honor of Patti England
Todd and Margaret Evans
Hilda Teran-Franklin and Ronald Franklin
Ruth Thorne

In honor of Sherry A. Faure
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In honor of Mauresa A. Tiller
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In memory of Bev Ballard
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In memory of Sam Ling Wong
Lai Sheong Wong

In memory of Don Woodward
Lynne Woodward

GRATEFUL PATIENT GIFTS

We are proud to have received donations from grateful patients and their families in honor of the following departments, physicians and caregivers.

Dr. Michael Brown, Dr. Douglas Campbell, Lori Campbell, Dr. Charles Elboim, Dr. Clinton Lane, Dr. Yong Qing Liu, Dr. Donald Martin, Karen McGilley, Dr. Rolf C. Olness, Diane Peter, Dr. Robert Petty, Christine Power, Dr. James Price, Dr. Brian Sebastian, Dr. Thomas S. Stanton, Dr. Dennis J. Verducci

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IN-KIND GIFTS

**Thank you to the following donors
for their gifts of goods or services.**

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Vineyard Jewelers
VJB Cellars
Merikay and Bill Wisely
Tina Wolfenden

We regret any errors or omissions.

**Denotes deceased.*

THE CAPITAL CAMPAIGN FOR EMERGENCY CARE

Our generous community made 2012 a record year for philanthropy. Campaign donors made their biggest, and in many cases, first contributions in support of the Capital Campaign to build the Marcia and Gary Nelson Family Emergency Care Center, the Surgery Center and other vital hospital improvements. As of this printing, Capital Campaign income is \$5.6 million toward our minimum goal of \$11 million. We have also received a challenge grant of \$2 million. Highlights of the Capital Campaign include:

- A Lead Gift of \$3 million from Marcia and Gary Nelson, the largest gift in our history.
- Groundbreaking in May with a community-wide celebration.
- Marcia and Gary Nelson agreed to co-chair the Capital Campaign and hosted an event to publicly announce it in September. Sarah and Darius Anderson, Suzanne Brangham and Jack Lundgren, Janine and Robert Cohen, Phyllis and John Gurney, Marcia and Jim Levy, and Judy and Les Vadasz co-hosted the event.
- Darius Anderson agreed to serve as the Capital Campaign CEO to help us organize Leadership Gift fundraising.
- The Vadasz family pledged a Challenge Grant of \$2 million. They will make this gift if, and only if, the community matches it.
- Our medical staff and employees launched their own fundraising campaigns to support the Capital Campaign, adding to the spirit and income to reach the campaign goal.

We are grateful for such strong support and look forward to celebrating opening the doors of the new wing in Fall 2013.



Above: SVH CEO Kelly Mather, donors Les and Judy Vadasz, and Capital Campaign Director Harmony Plenty visit the construction site. Below: SVH community gathers to celebrate Groundbreaking in May 2012



"I am confident in the success of the Capital Campaign because of our community. We take care of each other. I am certain that those who are able to contribute will do so when asked. The quality of emergency care available to us and our loved ones depends on it."

-Darius Anderson, Campaign CEO



CAPITAL CAMPAIGN LEADERSHIP

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Marcia and Gary Nelson

Campaign Steering Committee

Darius Anderson, Campaign CEO

Simon Blattner

David Good

Kelly Mather

Medical Staff Campaign Co-Chairs

Jerome C. Smith, M.D.

Paul Wasserstein, M.D.

Employee Campaign Co-Chairs

Jean Holmes, Lab Assistant

Tyler Sugrue, Emergency Department

Lead Tech/Analyst

Campaign Staff

Harmony Plenty, Campaign Director

Gina Jacquez, Development Assistant

“Community investment is essential to maintain and improve our health care services in the Valley. We hope that our action will encourage others to join us and make this important investment for the future.” - Les Vadasz

CAMPAIGN DONORS

Through January 18, 2012

We gratefully recognize the following donors for their gifts and pledges to the Capital Campaign for Emergency Care.

Anonymous

Felix Adler, M.D.

Madolyn and Rich Agrimonti

Elise Alexander-Stone

D. Paul Amara, M.D. and Yong Q. Liu, M.D.

Sarah and Darius Anderson

Anesthesia Consultants of Marin

Nancy Angel

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Stephen and Diane Bieneman

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Bill and Nancy Boerum

Sheila Bonbright

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