



It's all
FOR YOU!

ANNUAL REPORT FOR 2011

SONOMA VALLEY HOSPITAL
2011 ANNUAL REPORT

It's all for YOU!

SONOMA VALLEY HEALTH CARE DISTRICT

Board of Directors 2011



Bill Boerum

Sharon Nevins

Peter Hohorst

Madolyn Agrimonti

Kevin Carruth

VIEW FROM THE BOARD CHAIR

WE'RE ON OUR WAY

The transformation Sonoma Valley Hospital into the stable, up-to-date hospital you voted for when you approved our bond measure in 2008, is far from complete, but the process is underway. Using the analogy of a trip from Sonoma to Boston, Sonoma is past the High Sierra and is trekking across Nevada. Yet to come are the Rockies and the Great Plains.

The route has been selected (refurbish, expand and reuse our existing facility), the vehicle chosen (our design build team), and the timetable has been established (ground-breaking in 2012 and opening of new wing in 2013). The trip will not be quick and easy (there is no direct flight); instead there will be many stops along the way to check our progress, evaluate alternatives and adjust the plan. But our destination is clear: we are creating a physical setting and facility that will enhance and expand our ability to do what we do best – to deliver, in a caring and compassionate manner, the best health care possible for the residents of Sonoma Valley.

The accomplishments of the past year have been significant, and there's a new atmosphere in Sonoma Valley Hospital. To borrow a refrain from a childhood story, it's no longer, "I think I can." It is now the optimistic, "We know we can!" And soon, it will become the confident, "We knew we could!"

Peter Hohorst, Chairman of the Board of Directors
Sonoma Valley Health Care District





VIEW FROM THE CEO

WE'RE REALIZING OUR VISION

Last year, after hearing the community's desires for a financially stable, seismically compliant hospital, with state of the art emergency and surgical services and high quality, compassionate care, the staff and I embraced the challenge and began moving Sonoma Valley Hospital steadily forward. We moved with the dedicated commitment from the leaders, physicians and even community volunteers.

Because of the support of the community, we have succeeded in stabilizing the organization financially and we have been able to invest in staff retention and training, which led us to exceeding average national benchmarks in service excellence and quality. We are implementing an Electronic Health Record and we are enhancing people's lives with our new Total Joint Replacement and Medical Weight Loss service lines. All of this took place during construction of our new wing.

Our affiliation with Marin General Hospital and Prima Medical Foundation is enabling us to expand our clinical network and to attract top providers to Sonoma. As this new system expands, affiliations prepare us for healthcare reform and offer further opportunities for efficiency. Through collaboration, we are finding ways to offer competitive health plans to local employers to keep your healthcare here at home.

Looking forward, Sonoma Valley Hospital is committed to becoming an indispensable, quality hospital in a seamless healthcare system that is preferred by physicians and patients to guide our Sonoma residents through their healthcare journey.

Our facility will be recognized as a place of healing and it will be a source of pride for Sonoma. Sonoma Valley Hospital is a special place that has gathered true healers who simply enjoy serving from the heart. Thank you for allowing me to lead this wonderful organization in a place which I consider paradise!

Kelly Mather, President and CEO, Sonoma Valley Hospital



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OUR MISSION:

To improve, restore and maintain the health of everyone in our community.



We are guided by these values in all we do:

COMPASSION: We truly feel for the people we heal. **RESPECT:** We honor each of our patients as a valued individual. **ACCOUNTABILITY:** We take responsibility for our service. **TEAMWORK:** No one can do it alone; together we work miracles. **INNOVATION:** We're creative. We welcome change. **NURTURING:** We care, we tend, we help our patients heal. **GUIDANCE:** We guide our patients through their lifelong healthcare journey.



BECAUSE IT WAS THERE

"THE ER SAVED MY HUSBAND"

» It started in the midst of one of those stale, stagnant summer nights, and he was having trouble breathing. Gaetano Patrinostro, who, with his wife Kimberly, owns Mamma Tannino's Restaurant, in Sonoma, thought it was his asthma. He started sleeping on the couch, where he could sit up, because he was having so much trouble breathing when lying down.

Then one day, he collapsed at the restaurant. They got in touch with a local doctor who happened to be available, who prescribed some medication for his asthma and suggested they see their regular primary care doctor for an x-ray. They left the doctor's office and started to go to lunch but Gaetano kept needing to stop, to get his breath. Finally, he said, "Can we go to the Emergency?"

"When he says it's time to go, it's time to go," says Kimberly. "So I dropped him off and went up to the pharmacy to get the drugs for the asthma. When I got back to the ER, the room was full of doctors, and everyone was saying I should have come right away. His heart rate was three times what it should have been. And his lungs were completely full."

Kimberly Patrinostro is not unaccustomed to hospitals. "My grandma had heart failure and my dad had cancer, so I'm an experienced advocate," she says. So when Gaetano was suddenly in the hands of the ER doctors, she knew how to ask questions. "And they were fantastic. My husband is a terrible patient. But everybody was very, very kind. Dr. Verducci called him 'the Lion' because he was out there walking up and down the halls going, 'I want to get home! I want to get home!'"

"The nurses were spectacular. It's a thankless job, in a way. Here you are, hands in and doing all this and then the people go home and you never know what happened. We were going to write, but one thing and another, never did. Then a couple months ago, the nurses came in for dinner and I broke down in tears, 'You guys saved my husband! I just wanted them to know that the man who cooked their dinner was saved by the hospital.'"

Opposite: Kimberly and Gaetano Patrinostro



“I almost lost him”
— KIMBERLY PATRINOSTRO



“I DIDN'T KNOW WHAT IT WAS” A NEW CHANCE AT LIFE

»» “I felt nauseous. I felt weak and dizzy. But I didn’t have chest pain.” Joe Woodall, a man in his 30’s, faintly suspected a heart attack based on family history, but didn’t want to think it could be happening to him, and so just took some aspirin, and told himself it would pass.

“I’m stubborn. I’ve had bad experiences in hospitals in the past.” When he finally told his wife, he was still reluctant see a doctor, though he was weak, coughing blood and barely able to breathe.

Fortunately for him, his wife is Vivian Woodall, Executive Assistant to the CEO at Sonoma Valley Hospital, and she immediately called Dr. Jared Hubbell, Director of the Emergency Department who urged her to get him into the ER right away, and offered to call him personally, if that would help.

Joe made it in just time.

The ER doctors found the problem, started emergency treatment and admitted him to the Intensive Care Unit (ICU). “It was the best care I’ve had out of any hospital I’ve been to, and I’ve been to a few. I felt like I was listened to. I felt like I could ask

questions without people feeling like I was annoying them. Everybody took time out to make sure everything was answered.”

Vivian praised the staff, too. “Everybody was wonderful,” says Vivian. “They were so kind, so caring, so helpful.”

For Joe, it was a life-changing experience. He’s now working with cardiologist Dr. James Price to build up his heart health, and he’s learned not to wait when there’s a problem.

“Dr. Hubbell told me, ‘The next time if something like this happens, don’t wait. We have really excellent treatments for this condition, and medicine that can save your life.’”

“It’s like a new beginning,” says Vivian. “A new chance at life.”

Opposite: Vivian and Joe Woodall



WE'RE HERE WHEN YOU NEED US SAVING LIVES

»» The Sonoma Valley Hospital Emergency Department has had a remarkable year of growth and development. We've hired three new local full time doctors and expanded our nursing coverage. Although we saw seven percent more patients this year than last, we are meeting national standards for seeing patients in a timely manner with high patient satisfaction scores.

We provide exceptional emergency care including thrombolytics for severe stroke, when minutes count. We are packed with all the necessary state of the art diagnostic and treatment equipment and are ready to expand to our new Emergency Department. Meanwhile, we've remodeled our waiting room. As our population ages and the risk of life-threatening illness increases, we are there for our community seven days a week, 24 hours a day, providing excellent emergency care and saving lives daily.

Over the years, we've saved countless lives and put countless families at ease because we are here, minutes from home, with dedicated physicians and state of the art equipment to handle medical emergencies on-site, or to get patients stabilized and safely transported to a tertiary care facility, such as Marin General Hospital. For patients with chest pain, we have consistent 100 percent compliance with national core measures. We have

established protocols that allow a patient who comes in with chest pain that is subsequently diagnosed as being caused by a type of heart attack called an 'ST elevation' heart attack to be stabilized and transferred to a Cardiac Cath Lab within 25 minutes. This allows the patient to receive definitive care resulting in opening of the blocked heart artery within the national goal of 90 minutes. For stroke patients, our telemedicine program with Cal Pacific gives us access to world class neurologists who provide consultative services that allow us to administer - on site - Thrombolytics, or clot busters, to acute stroke patients, saving lives, right in our own ER. Under their guidance, most of these patients can be safely admitted and cared for by Sonoma Valley Hospital.

We benefit from all our excellent hospital departments. Recently, a mother brought her son in with severe headache, which had been elsewhere diagnosed as stress. We referred the patient to our own Imaging Department for a CT scan, which revealed a brain tumor. An MRI then showed us that it was a kind of tumor that required a specialist neurosurgeon at UCSF. We worked with UCSF and arranged for him to have the surgery that same night. This is one of the many stories that you might hear in the course of a day in our ER. We are proud of our hospital, proud of the service we bring to Sonoma Valley and are always working to improve our patients' care.

Opposite: Jared Hubbell, MD, Medical Director of the Sonoma Valley Hospital Emergency Department and the Sonoma Valley Fire and Rescue Authority, tends a patient.

HOME CARE MEANS WE BRING CARING HOME

» Peg Callahan sprained her back in a fall and came to the Sonoma Valley Hospital Emergency Room where she was diagnosed, admitted and treated. When it was time for her to be discharged, she still had a lot of pain and needed help. Dr. Campbell referred her to Sonoma Valley Hospital Home Care, who sent home care nurse Meg Leisz, whom Peg describes as “a Godsend.”

“Meg is absolutely wonderful. She comes to see me regularly to make sure I’m all right. She says, ‘Let me see you walk.’ She took my blood pressure and was very concerned. She just did everything. And we talk and it makes me feel important. I think she’s wonderful.”

“Dr. Campbell ordered health care services as part of the discharge plan from the Hospital,” says Megan. “He ordered physical therapy and nursing services.”

“We just bonded,” says Peg. “I’m sure she bonds with all her patients – she’s just that way. And we talked all the time! About everything.”

If Meg hadn’t come I would have been totally isolated. I mean, I have three boys, but it was the female human touch that I really needed, and Meg provided that for me.”

Meg, who brought Peg flowers on her visit, smiles. “I go through a systems review and check all the things not necessarily related to the issue that the patient is in for. I’ll ask, ‘Do you have any headaches...?’” I go through all the systems. When I first came in Peg was having more problems with breathing so I would check her oxygen saturation and assess her lungs. But it was remarkable how well she did and how quickly she recovered.”

“Meg and I meshed, and that isn’t always true with people,” says Peg. “Meg is that kind of person that listens and understands and helps. And I just liked her, that’s all.”

Opposite: Meg Liesz, RN and Peg Callahan





DR. ROLF OLNES, PHYSICIAN OF THE YEAR

IT'S ALL ABOUT CARING

»»» “People just want to be seen, and know that they’re cared for. Sometimes it’s just going in and saying, ‘Hi,’ and they feel so good that someone cares.” To Dr. Rolf Olness, who shares the title of Physician Director of the Skilled Nursing Facility with Dr. Clinton Lane, that is what medicine is all about. “To be an advocate for the patient.”

Dr. Olness got interested in medicine in high school. “I had a knee operation, and in those days you were in the hospital about two weeks. And my family doctor said, ‘Would you like to watch an operation?’ and I said, ‘Yes,’ and so I got to watch the surgery. Later, we sat in the doctor’s lounge and he taught me to do square knots. Then we went back in surgery, and he put the sutures in and I tied the knots. I was only 15 years old, but he said, ‘Very good!’”

“When I came to Sonoma in 1964, I went into family practice. It was the best choice I ever made. I grew up with a grandfather in the family, and I got to appreciate the elderly. I think that’s been my gift.”

SNF for him is a family experience. “We really care about helping the family get ready for the patient to go home, so everybody’s on the same page. I think that’s so important to the families.”

Families’ appreciation can be seen throughout the Facility. The “Makeover Project,” spearheaded by former patient Helen Fernandez, and guided by boardmembers Madolyn Agrimonti and Peter Hohorst, is one example. With advice from friends of the hospital Norman Gilroy and Suzanne Brangham, all under the direction of SNF Director Melissa Evans, the project was a labor of love that gave grateful patients and friends an opportunity to give back. By the end of 2011, the Committee had met their goal and can now complete the last two rooms. “Now it looks fabulous,” says Dr. Olness. “New wood floors, new paint, new TVs. They’ve got better TVs than I have!”



*Opposite: Dr. Rolf Olness.
Above: the joyful announcement that all
Makeover Funds have been received.*

WHAT WE MEAN BY QUALITY

»» The concept of quality means many different things to different people. To a patient, quality is a feeling, an experience of confidence and comfort that comes with trusting one is in good hands and that the care one is receiving is compassionate and correct. That is how we want all our patients to feel.

Here at the hospital, we ensure that experience of quality care by basing our care on measurable standards. When we talk about quality patient care we are talking about ensuring that patients receive care that is evidence-based and represents the best practice standards within the healthcare delivery system. It means that you can come to the hospital and be confident that you are receiving care that meets or exceeds state and national benchmarks. The hospital is always working to improve the quality of the patient experience and care. We are now in process of implementing the Electronic Health Record.

This will improve your care by allowing your physicians to access your health record in their offices to ensure that continuity in your care is maintained. It hardwires into the documentation system, those national best practices and evidence-based healthcare practices that will ensure that your care will be seamless and of the highest quality.

The Electronic Health Record is being implemented under the direction of Chief Medical Officer Robert Cohen M.D., and Director of Information Services, Fe Sendaydiego, by the team shown opposite. The EHR will also make it easier for the hospital to track clinical outcomes of care and identify areas in need of improvement.

Leslie Lovejoy, Chief Quality Officer



Above: Nurse Navigator Janet Alexander, R.N., sees to the comfort of new knee recipient, Louise Cavallo.

Opposite: Electronic Health Record project leaders Dr. Robert Cohen and Fe Sendaydiego (3rd and 4th from left) with the Clinical Project Team.



IN THE HEALING EXPERIENCE THE PATIENT IS CENTRAL

»» The year 2011 has been one of tremendous positive change. The department of nursing fully embraced the visionary style and leadership of our new CEO, Kelly Mather, and our partnership with the Studer Group, a leader in training healthcare organizations to achieve, sustain, and accelerate exceptional clinical, operational, and financial outcomes. Together, we developed a framework to employ evidenced-based leadership and adopt many evidenced-based practices central to the care of the patient.

The field of nursing, as both science and art, is devoted to providing a healing experience for the patient. This past year, our focus, in nursing, was to hear what our patients were telling us. Through our surveys we collected data, completed our assessment and recognized that patients want to be informed and engaged in their care. These two desires represent a common theme in other hospitals. A hospital's response has the potential to change the landscape of healthcare. With this in mind, nursing embraced four evidenced-based practices, namely:

- **Hourly rounding** – Every hour someone from the nursing staff will round on the patient and address, at minimum, four elements: Pain, bathroom needs, positioning and placement of essential items close at hand.

- **Bed-side shift reporting** – clinicians do a hand off at the bed-side, including patient and family.

- **Individualized care**- here is where we discuss the plan of care with the patient, and the patient may agree or disagree, and collaborate with the nurse about what care should look like.

- **Post discharge calls**- the patient will receive a call at their home to ensure that they have made their follow-up appointment, have the correct medication, and that all questions are addressed.

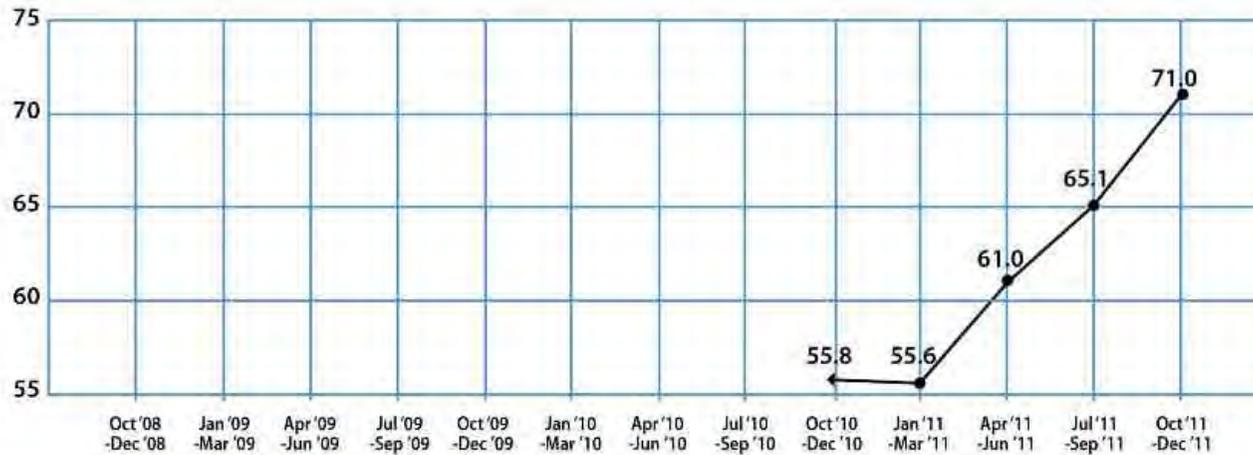
With the implementation of the above practices, we have seen a massive jump in our patient satisfaction scores.... evidenced by the graphs opposite.

Our staff and leadership have aligned themselves with the vision of SVH and have been incredibly responsive in embracing change. I am humbled by their dedication and excellence and am committed to serving my staff and patients on their lifelong journey of health.

Goni Naidoo, Chief Nursing and Clinical Officer

The charts below offer a visual picture of our improvement over the last year.

	Mar '11	Jun '11	Sep '11	Dec '11
	Top Box	Top Box	Top Box	Top Box
Rate hospital 0-10	55.6 ▼	61.0 ▲	65.1 ▲	71.0 ▲
Recommend the hospital	62.4 ▼	62.5 ▲	68.8 ▲	76.6 ▲
Cleanliness of hospital environment	64.4 ▲	63.4 ▼	69.0 ▲	71.6 ▲
Quietness of hospital environment	34.1 ▼	36.2 ▲	42.6 ▲	57.8 ▲
Communicate with Nurses	68.4 ▼	66.9 ▼	72.7 ▲	79.5 ▲
Response of Hospital Staff	44.2 ▼	50.8 ▲	64.0 ▲	60.3 ▼
Communicate with Doctors	76.3 ▼	74.3 ▼	79.1 ▲	80.6 ▲
Hospital Environment	49.3 ▲	49.8 ▲	55.8 ▲	64.7 ▲
Pain Management	60.6 ▼	61.1 ▲	67.6 ▲	76.8 ▲
Communicate About Medicines	43.1 ▲	50.2 ▲	61.9 ▲	62.3 ▲
Discharge Information	81.8 ▼	84.5 ▲	82.3 ▼	88.6 ▲



CREATING A SEAMLESS PHYSICIAN NETWORK

»» Sonoma Valley Hospital is dedicated to caring for all ages, beginning, in our Birth Place, with the newest members of our community. In our family centered Birth Place, we support the natural process of childbirth. The families that deliver here know and bond with our staff because we are a small and intimate facility and we've been caring for them one-on-one throughout their stay. Our special pleasure is to welcome babies into the world whose own mothers were born here. It is a true community birth center.

Dr. Amara is our obstetrician and three of our nurses are also midwives, and can deliver babies as well. Everybody is trained in birthing babies and resuscitation. If a baby is born who requires intensive care, we stabilize her, and transfer her to the Neo Natal Intensive Care Unit in Marin General Hospital.

Adding to the fine pediatricians in the Valley, we now have, through our relationship with Prima Medical Group, and the office of internist Dr. Brian Sebastian, a full team of family practice physicians with Dr. Suzannah Bozzone, Dr. Geeta Malik and Dr. Jerome Smith, who is also Chief of the SVH Medical Staff.

This page, above: Paul Amara, M.D., below, Brian Sebastian, M.D.

Opposite page: Geeta Malik, M.D., Jerome Smith, M.D., Suzannah Bozzone, M.D. and Dr. Malik's daughters, Sohni and Reina Gibbs.







SVH SURGICAL DEPARTMENT RESTORING QUALITY OF LIFE

»» Our Surgical Department has gone through many changes this year and we continue to challenge ourselves to reach to the highest standards in patient safety, satisfaction and service. For the year 2011, we performed 1,658 surgeries and 549 endoscopy procedures, including 36 total joint replacements and 15 weight loss procedures. We will continue to grow and evolve in several different areas including quality, productivity and commitment to producing a patient and physician environment that caters to their every need.

In partnership with Prima Medical Group, Sonoma Valley Hospital has launched a bariatric program for weight loss under the name Sonoma Valley Weight Loss Program. The program is off to a great first year with 16 cases performed. Total pounds lost now stands at 524 lbs since March 29, 2011! Over the past year we have seen significant changes in all our patients' lives, including increased energy, better work performance, and a new outlook on life.

"It's health, vitality and quality of life," says medical weight loss surgeon Scott Perryman, M.D. "I've just seen a patient today who's no longer diabetic. I had a patient who was on a tremendous amount of insulin and is no longer requiring those high doses. It usually takes about three months before we see an effect, but by that time they will have lost close to 100 pounds. This surgery has a profound effect on the health of patients. It increases their longevity and improves their overall health."



*Scott Perryman, M.D.
General surgeon, whose practice
in medical weight reduction is
transforming lives.*

*Opposite: Dr. Michael Brown
performs a knee replacement.*

TOTAL JOINT REPLACEMENT A PATIENT'S PRAISE

»» Letter to the Editor:

It is exactly six days from my knee replacement surgery and I am overwhelmed with appreciation and respect for the program at Sonoma Valley Hospital. I am a health-care consultant with 35 years experience in building and managing outpatient surgery centers. I am very familiar with the preoperative preparation, the many surgical procedures and their board range of recovery experiences. I was not prepared for Sonoma Valley Hospital and Dr. Michael Brown.

Many of my friends and professional colleagues had explained to me the long, painful recovery for a total joint replacement surgery and I was not looking forward to facing that process. After several months of preparation, I still walked in Monday morning very nervous about what was about to happen.

Dr. Ulrich, the anesthesiologist, assured me that there would be a local pain inhibitor for the knee, which would be there for two days following surgery and because of this, less anesthetic narcotics would be necessary. Then, the entire surgical staff verified which knee it was, then Dr. Brown entered and initialed my knee. In no time at all, I was in recovery ready to go back to my room.

From that time on, dedicated, kind, thoughtful and interesting nurses, CNAs and physical therapists saw me constantly until it was time to

go home. By then I was walking on my new knee with the help of a walker and had experienced very little post operative pain. There was the normal discomfort of a surgical incision and the stiffness of the new joint, but otherwise, no real pain ...this is totally great. Many thanks to Dr. Brown, Nurse Navigator Janet Alexander, my amazing nurses and nursing assistants and physical therapist. I am in awe of your dedication and care for your patients and for this program.

Audry M. DeMars, Sonoma

For the Total Joint Replacement Team, Dr. Michael Brown, Dr. Robert Harf and Dr. Noah Weiss, with Nurse Navigator Janet Alexander and the Anesthesia Consultants of Marin and the physical therapists from Sonoma Valley Hospital Hand and Physical Therapy, this letter is a gratifying and familiar response to their work. They pride themselves on excellent outcomes, with minimal pain and fast return to active lives.

Pictured opposite are (top row): Director of Surgery Michelle Donaldson, Michael Brown, M.D., Michael Francisco, P.T., Noah Weiss, M.D. and bottom row: Joanna Brown, PT, Janet Alexander, R.N., Stephen Licata, M.D., and Robert Harf, M.D.



NEW HOME FOR HAND AND PHYSICAL THERAPY



AND MORE SPACE FOR OCCUPATIONAL THERAPY

»» Sonoma Valley Hand and Physical Therapy has finally got a home. With five treatment rooms and 3,600 sq. ft. of professional space and brand new therapeutic gear including a fully equipped studio space for hand therapy. The team is calling it a “dream come true.”

“Now, we have a facility that’s commensurate with the expertise of our great staff, that will allow us to serve the community in the best way we can,” says Lead Therapist, Craig Hamley, PT.

Occupational Therapy now enjoys new, spacious offices, too. Here, Rachel Cronk receives care from Patricia Stillman, PA, for a painful work related injury. “I pretty much walked in with tears of pain. Through this entire process, I have had nothing but fabulous treatment. They were caring, compassionate, thorough. They have a well-rounded team that makes you know how supported you are. I’ve healed remarkably well!”

She says she switched to Sonoma Valley Hospital “because of the great care I’ve received.” For her, this hospital, not just because it’s local, but because it’s shown her extraordinary care is an important asset to the community. “It’s extraordinarily important to have a hospital here in the community. For the safety of the community. There’s nothing better than when you’re ill, to be seen quickly and with care and compassion.”



*Rachel Cronk with Physician's Assistant
Patricia Stillman, P.A.*

WE'RE UPGRADING FOR YOU



LOOKING TO THE FUTURE WE'VE COME A LONG WAY

» Sonoma Index Tribune publisher Bill Lynch was born at Burndale Hospital, which, he says, was more of a sanitarium in a barn, but was referred to as "Sonoma's Hospital" in those early days.

"In those decades, most Sonomans were accepting of the services of the hospital as being as good as any," he says. "So improvements, as they came, were accepted as the natural evolution of modern health care, rather than a dramatic change in quality of care in Sonoma compared to any other hospital."

"I remember that all of the personnel, nurses and doctors especially, were dedicated, attentive and genuinely engaged with their patients."

Sonoma Valley Hospital is looking forward to completing the seismic upgrades, infrastructure improvements and new ER and OR, for which ground will be broken in the spring of 2012. Improvements will move into the second phase, upgrading the rest of the facility, as funding becomes available.

Already, the painting and construction and upgrading that has been done in 2011 is showing the promise of what Sonoma Valley Hospital can and will become, as a state-of-the art, environmentally efficient center for health and healing that will be a matter of pride for all the community of Sonoma.



Burndale Hospital, in the early 50's, known as "Sonoma's Hospital." Photo thanks to Bill Lynch, Publisher, Sonoma Index Tribune

WE'RE KEEPING OUR PROMISE TO YOU, OUR COMMUNITY

»» The hospital measures internal performance on a monthly basis using a balanced scorecard approach. SVH's dashboard is composed of the following pillars: service excellence, quality, people, finance, growth and community. These metrics are commonly used by hospitals in the nation. In keeping with the balanced dashboard and our continued focus on positive results in all areas, we decided to identify our strategies by the following themes: Quality and Service Excellence, People and Innovation, Growth and Community, Financial Stability.

Since the hospital is performing well compared to the national averages in Quality and Service Excellence, and since this year's culture assessment shows that SVH is in an excellent position for continued positive change, our leadership and board chose to focus on the growth, community, financial stability and innovation for the major strategies beginning in 2012.

Sonoma Valley Hospital is here to ensure that quality health care services are easily accessible to our community. We strive to fortify our financial position so that we can

continue to reinvest in our community and infrastructure. Toward that end, SVH has affiliated with Marin General Hospital in Marin County through a management services agreement. This partnership is helping SVH develop financial stability by enhancing clinical affiliations and continuing to recruit top providers to Sonoma. Through collaboration and consolidation with other hospitals, we are in a better position for healthcare reform and expenses are better controlled.

Physicians are the lifeline of our hospital. We have created excellent partnerships with our local medical community, including Sonoma Valley Community Health Center. We strive to achieve a seamless continuum of care that serves both the physician and patient. SVH has over 100 physicians on the medical staff, with most specialties represented locally. In 2011, Sonoma Valley Hospital joined in an alliance with Prima Medical Foundation which now employs seven physicians in Sonoma. Marin General Hospital is also a member of this physician foundation.

DASHBOARD
December 2011



Performance Goals	Objective	Metric	Actual Result	National Benchmark
Service Excellence	High Patient Satisfaction	Press Ganey Monthly Scores Mean Score >86% or 50th Percentile	Inpatient 86.5% Surgery 92.2% Outpatient 92.2% ER 84.1%	50th Percentile means we score higher than 50% of the hospitals in the nation
Quality	Excellent Clinical Outcomes	Value Based Purchasing Clinical Score >90%	100%	Hospitals in the U.S. average 91.1%
People	Highly Engaged and Satisfied Staff	Staff Satisfaction Scores > 75% or 50th Percentile	Baseline Score of 72% taken 12/2010 showed 42nd Percentile	50th Percentile means we score higher than 50% of the hospitals in the nation
	Retain Excellent Staff Members	Turnover	9.0% (36/298)	Hospitals in the U.S. average 12%
Finance	Financial Viability	Achieve an EBIDA >8%	6%	Stable hospitals in the U.S. reach EBIDA of >8%. U.S. average is 7.5%.
	Expense Management	Maintain Operating Expenses Under Budget	\$25,234,244 (actual) \$25,759,837 (budget)	SVH is a very efficient hospital compared to California hospitals
Growth	Inpatient Volumes	1% increase (acute discharges over prior year)	776 YTD 2012 803 YTD 2011	U.S. average for inpatient admissions is down 1% over prior year. U.S. outpatient revenues average 3% increases per year.
	Outpatient Volumes	3% Increase (gross outpatient revenue over prior year)	\$45.8 Million YTD \$44.1 Million 2011	
Community	Market Share	50% in Combined Service Area	48%	U.S. average is 50%



FROM THE FINANCE COMMITTEE CHAIR

WE'RE DOING OK!

» Small District Hospitals are always going to be under the gun financially; that's the way the system is. And we understand that. We're not here to make a profit. We're here to earn only enough money to sustain quality medical care. Anything else is superfluous. But I don't think we really have to worry about that, we've never gotten to that position!

Hospital finances, hospital accounting, are very different from anybody else's accounting. Because you're accruing. And you're making estimates. Your legal responsibility and duty is to serve – whether patients pay for it or not. We are a public service, but we are different from the fire department or the police department in that we have to compete with other hospitals – also public services – for the business.

As a Finance Committee, we report to the Board, and our charge is to look over the shoulders of management and ensure that the hospital be financially sustainable. The Board has the ultimate responsibility, but they look to us

to oversee the daily activities from a financial standpoint – to work with management; to ask questions; to ask for analysis; to track projects over time; but basically, we look at the month to month financials and help plan the annual budget. Our job is to ask good questions, but even more, to recognize good answers. This is definitely a whole team effort and we're fortunate to have a great competent and dedicated team.

How well are we doing? It's always going to be a fight. We look to the continued positive influence of Prima Foundation. We continue to work on the availability of good insurance products for our patients. It's all a tremendous balancing act. But we're doing OK. It's a difficult business proposition, but we really are doing OK. We'll always need help. We need help from the Parcel Tax, from the affiliation with Marin General. We need support from the community. The more help we get from the community the more we can give back to the community. And we're doing our best to make it affordable and the best little hospital around.

Dick Fogg, pictured opposite, is a long-time friend of the Hospital, and Chair of the Sonoma Valley Health Care District Finance Committee



SONOMA VALLEY HEALTH CARE DISTRICT FINANCIALS

MAKING ENDS MEET

»» This is a summary of the financial performance of Sonoma Valley Hospital and provides an overview of the District's financial activities for the years ended June 30, 2011 and 2010. 2011 was a year of transition and change for the District. The following is a summary of the District's financial highlights for 2011. Many new processes and systems were implemented in 2011. The result was to improve operations and to move the District into the modern age of hospital performance.

Financial Highlights

The District's net assets increased in 2011 by approximately \$1,217,000 or 19 percent and increased in 2010 by approximately \$842,000 or 15 percent.

Cash, cash equivalents and total investments increased in 2011 by approximately \$19,600,000 or 230 percent and decreased in 2010 by approximately \$2,818,000 or 25 percent. The increase in cash was due to the receipt of the GO Bond monies. This cash is held in a reserve account that is restricted for the specific purposes of the building project. The Citizens' Bond Oversight Committee oversees the GO Bond spending to ensure community oversight and compliance with the purposes of the bonds. This group meets on a quarterly basis and performs a detailed review of all bond expenditures.

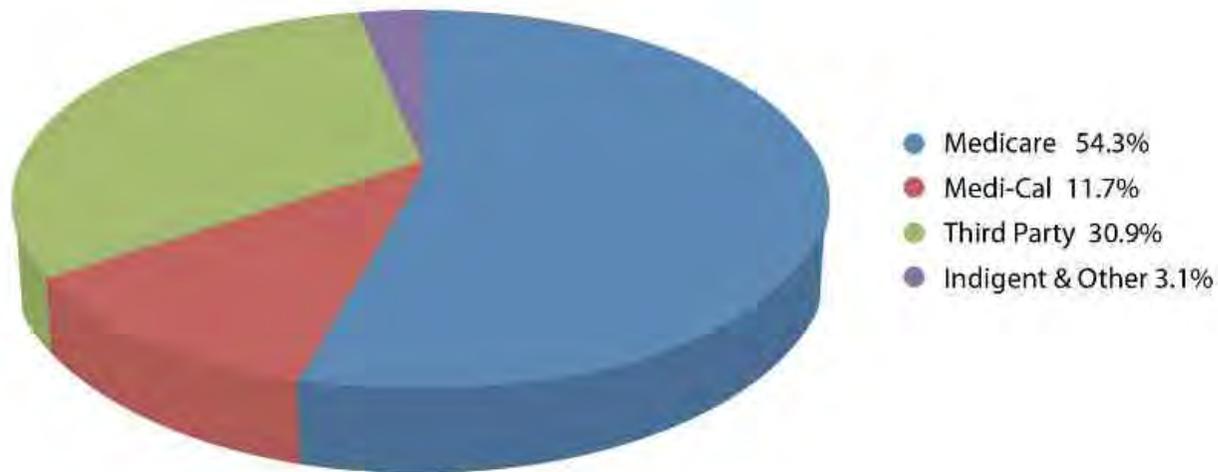
Net patient accounts receivable increased in 2011 by approximately \$460,000 or 11 percent.

SVH Payer Mix

Sonoma Valley Hospital has experienced a dramatic shift in payer mix, and this explains the challenge of financial stability. The Medicare payer mix exceeds the state average of 36.3 percent and continues to increase as our area's population over the age of 65 grows. Medicare payments are low and cover only 89 percent of the cost of hospital operations. Our Medi-Cal payer mix is below the national average of 25 percent, but it covers only 72 percent of current costs. Our medically indigent payer mix is also increasing. Charity care and bad debt costs have increased from \$2,364,621 in FY 2007 to \$3,874,865 in FY 2011.

With all of the challenges typical of small hospitals, we are steadily progressing through our transformation. Our successful physician recruitment, our successful affiliations and our one percent increase in marketshare all point to continuing progress and growth.

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Projected FY 2012
Net Revenues	38,208	39,037	40,905	40,063	45,764	48,714
Labor Expense	22,195	22,454	23,185	22,841	24,436	24,999
Nonlabor Expense	18,509	20,741	20,100	20,489	25,362	27,607
Total Expenses	40,704	43,195	43,285	43,329	49,978	52,605
Net Income	(434)	(3079)	955	842	1,217	1,100



**ASSETS, LIABILITIES AND NET ASSETS**

	2011	2010	2009
Current Assets			
Cash and Cash Equivalents	\$ 1,034,649	\$ 1,643,393	\$ 721,542
Short-term Investments	2,008,280	-	-
Patient Accounts Receivable, net of allowances for doubtful accounts of \$1,687,892 and \$1,660,000 in 2011 and 2010, respectively	4,706,558	4,246,278	4,489,234
Estimated Third-Party Payor Settlements	804,181	1,488,050	833,747
Other Receivables	5,429,602	5,078,195	3,989,309
Supplies	881,875	686,189	650,358
Prepaid Expenses	1,199,012	955,340	217,739
Total Current Assets	\$ 16,064,157	\$ 14,097,445	\$ 10,901,929
Noncurrent Investments			
Board-designated Funds	253,214	251,557	-
Restricted for Capital Acquisitions	23,660,829	4,960,088	-
Funds Held by Trustee	892,813	290,696	-
Principal of Permanent Endowments	36,060	36,131	-
Other Long-term Investments	204,075	1,330,291	-
Total Noncurrent Investments	\$ 25,046,991	\$ 6,868,763	\$ 10,608,636
Capital Assets, net of accumulated depreciation	17,616,232	10,875,405	7,105,588
Other Assets	261,916	823,825	263,558
TOTAL ASSETS	\$ 58,989,296	\$ 32,665,438	\$ 28,879,711
LIABILITIES AND NET ASSETS			
Current Liabilities			
Accounts Payable and Accrued Expenses	3,221,241	4,099,273	3,059,616
Accrued Payroll and Related Liabilities	3,020,680	3,207,727	2,860,564
Deferred Tax Revenues	4,783,007	4,913,860	3,886,724
Current Portion of Capital Lease Obligations	701,696	649,228	510,787
Current Portion of Note Payable	592,489	-	-
Total Current Liabilities	\$ 12,319,113	\$ 14,097,445	\$ 10,901,929
Bonds Payable	35,276,998	12,261,887	12,246,776
Capital Lease Obligations, net of current portion	2,947,991	1,189,322	812,793
Note Payable, net of current portion	884,038	-	-
TOTAL LIABILITIES	\$ 51,428,140	\$ 26,321,297	\$ 23,377,260
Net Assets			
Invested in Capital Assets, net of related debt	5,966,547	1,646,556	2,399,254
Restricted: For Debt Service	892,813	290,696	64,086
Restricted: Expendable for Capital Assets	348,873	497,688	201,239
Restricted: Nonexpendable Permanent Endowments	36,060	30,373	28,504
Unrestricted	316,863	3,878,828	2,809,368
Total Net Assets	\$ 7,561,156	\$ 6,344,141	\$ 5,502,451
TOTAL LIABILITIES AND NET ASSETS	\$ 58,989,296	\$ 32,665,438	\$ 28,879,711

OPERATING RESULTS AND CHANGES IN NET ASSETS	2011	2010	2009
Operating Revenues			
Net Patient Service Revenue, net of provision for bad debts of \$3,515,00 and \$2,612,858, respectively	\$ 43,416,941	\$ 37,489,746	\$ 37,868,643
Capitation Revenue	2,347,347	2,573,773	3,036,583
Other Revenue	41,469	207,907	210,121
Total Operating Revenues	\$ 45,805,757	\$ 40,271,426	\$ 41,115,347
Operating Expenses			
Salaries and Wages	24,436,306	22,840,610	23,184,601
Supplies	6,372,996	5,132,163	5,080,371
Purchased Services	5,123,091	3,797,721	4,580,887
Employee Benefits	4,713,779	4,317,062	4,443,235
Medical Fees	3,951,616	3,036,570	2,151,109
Depreciation and Amortization	1,833,672	1,641,257	1,525,397
Other	1,341,855	1,119,738	911,428
Utilities	822,797	779,375	737,521
Insurance	231,144	267,412	298,510
Total Operating Expenses	\$ 48,827,256	\$ 42,931,908	\$ 42,913,059
Operating Loss	(3,021,499)	(2,660,482)	(1,797,712)
Nonoperating Revenues (expenses)			
Property Tax Revenues	4,794,000	3,685,017	2,905,445
Investment Income (loss)	29,154	(1,745)	54,737
Noncapital Grants and Gifts	7,711	47,010	(372,180)
Interest Expense	(605,587)	(397,365)	158,377
Contribution to Prima Medical Foundation	(365,100)	-	-
Other	29,463	(38,967)	(23,254)
Total Nonoperating Revenues and (expenses)	\$ 3,889,641	\$ 3,293,950	\$ 2,723,125
Excess of Revenues Over Expenses Before			
Capital Grants and Contributions	868,142	633,468	925,413
Capital Grants and Contributions	348,873	208,222	219,256
Transfers to Community Foundation Sonoma County	-	-	(190,000)
Increase in Net Assets	1,217,015	841,690	954,669
Total Net Assets, beginning of year	6,344,141	5,502,451	4,547,782
Total Net Assets, end of year	\$ 7,561,156	\$ 6,344,141	\$ 5,502,451

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 District’s insurance payments are not sufficient to cover all of the related hospital expenses. The District has a high percentage of Medicare and Medi-Cal patients. Payments received from these payers do not cover the cost of patient treatments. **Future plans** – The District issued \$23 million in general obligation bonds in August 2010 in order to finance the second and final phase of the facilities project. During this phase, which the District expects to complete in 2013, the District will complete all construction and improvements and finish purchasing the equipment budgeted in the project. Total project costs are estimated to be at least \$39 million and will be financed by bond proceeds, interest earned on temporarily invested bond proceeds and operations, philanthropic giving and potentially other sources.

WE GIVE BACK COMMUNITY BENEFIT

»» Over the past year, Sonoma Valley Hospital staff and in particular, our Community Trust Team, have carried out a number of programs and activities conducive to health and healing for the whole community.

In February, we offered four free blood pressure clinics, five blood drives and a popular vascular screening event. In this screening, a patient was found to have a life-threatening problem. Fortunately, she went on to treatment and is fine now, and very happy she took advantage of our service.

In April, we offered an emergency preparedness class to help educate our community members about what to do if the unexpected should happen. Our café was filled to capacity.

In 2011, for the first time in years, SVH participated in the Fourth of July Parade. And while it is not literally a healthcare activity, the spirit of the parade did indeed generate a happy and therefore healthy awareness of the Hospital as part of the community and all the departments ready to serve.

In August, we participated in the Relay for Life, and raised \$9,387 for the American Cancer Society. The team vows that next year, with Director of Ancillary Services Jackie Lyons, RT as Chair, we will do even better.

Also in August, we held a series of highly successful classes for the “Active Aging.” These, taught by experts on our staff, focused on demonstrating ways of keeping healthy and fit as we age. We will continue the series this next year.

In October, we observed Breast Cancer Awareness Month with two information tables, T-shirts, a breakfast for survivors and free mammograms. Twenty-six women took advantage of the mammograms, exceeding our expectations by one.

Also in October, we participated in a Bi-National Health Fair at La Luz, and gave a Stroke Support lecture at Vintage House. In November we held a food drive for Christmas and delivered food to local families.

In addition, throughout the year, we sponsor worthy health related causes such as the children’s newspaper, KidScoop. In November, we held a public Forum to help educate our seniors on the health insurance choices available to Medicare recipients who want to continue to use their local doctors and hospital.

Opposite: Sonoma Valley Hospital marches in Fourth of July Parade, 2011





PHILANTHROPY: THE JOY OF GIVING

» Board member Madolyn Agrimonti understands giving. “Philanthropy has been around for a long, long, time. I think it started with Benjamin Franklin and tithing. In small towns, when there were people who were needy, everyone put in a certain amount of money to support those needy people. I see it as an opportunity to do something special, beyond the wonderful things that go on at the Hospital every day.”

“I’m always gratified when people work together for a common goal, and everybody works together and everybody has something that they want to do, according to their interests and talents. For me, it’s my own commitment to my life. You know, the way an artist has eyes to look at color, my eyes look for areas that could be improved.”

“I’m especially interested in these garden, and the Skilled Nursing facility. The money we raised for Skilled Nursing, and seeing the beautiful result – that is instant gratification.”

“More than the money, it says, ‘I believe in your future.’ That’s how I see money that comes to the hospital through donations. Regardless of the size of the money, we’re all saying, ‘I believe in the importance of the future of the hospital!’ It’s really in my soul. It’s what motivates all the things we do. All the wonderful things that happen in this hospital, when people give money, it says, ‘I really believe in what you do and I believe there is a future of the hospital.’”



Madolyn Agrimonti, pictured opposite, a member of the Sonoma Valley Health Care District Board of Directors, is especially proud of the community’s participation in raising the money to refurbish the Skilled Nursing Facility

A VOLUNTEER'S STORY

GROUP STRENGTH

»» When Jon Derby had his bypass surgery, he was 63 years old, "and to be honest with you, I thought it was the beginning of the end," he says. "I had a 75 percent blockage and it happened to be right where the main coronary artery entered the heart. I was told that if I did have an incident, I wouldn't hear the ambulance."

Jon had the surgery and then came to the Hospital for cardiac rehab, where his life turned around. "It was encouraging for me to find people who had been through what I'd been through, and lived and gone on and continued to do well. They might have all kinds of issues, but they go on. I find it really inspiring."

He now enjoys the satisfaction of giving back. "I had been going to cardiac rehab for 3 or 4 months. There's usually a volunteer there, but one day there wasn't and I opened my mouth and said, 'Where's the volunteer today?' And the lady on the treadmill next to me said, 'why don't you volunteer?' So I did. I'm so proud to be part of the Auxiliary and everything we're doing. My life's gotten really full. Having something like cardiac rehab available changed my life. It gave me hope and a greater perspective on what is real in the world again."

"My wife's really proud of me again – the first time in a long time I could say that. We've been married 45 years and this is one of the strongest, best times in our marriage."

Opposite: Auxiliary Volunteers with Jon Derby on the far right.





SONOMA VALLEY HOSPITAL AUXILIARY

»» The men and women of the Auxiliary form a crucial link between the Hospital and the Community, serving cheerfully and kindly. They guide our patients and guests, they deliver mail and perform any number of helpful tasks from stuffing envelopes to working with therapy dogs, helping patients, and providing comfort and cheer.

The Auxiliary serve as a force for fundraising, too, with their annual See's Candy drive, their Arts and Crafts Fair, their raffles, their bake sales and the daily sales in their retail gift store in the Hospital Lobby.

With their blue coats and their ready smiles, they are the face of Sonoma Valley Hospital, expressing the care and friendliness and professional dedication that all are part of what makes Sonoma Valley Hospital special.

They're one of you, our Community, and they're here for you. We can never thank them enough.



Left to right: Marie Martini, Sharon Cornelius, Lela Boragno and Jon Derby get ready for their See's Candy sale.

REVENUE, EXPENDITURES AND CHANGES IN FUND BALANCE REPORT
FOR THE PERIOD FROM JULY 1, 2010 THROUGH JUNE 30, 2011

	General Fund	Memorial Fund	Gift Shop Fund	LAIF Fund	Total
BALANCE 7/1/2010	3,390.44	2,095.00	3,000.00	33,493.33	41,978.77
Revenues:					
Member Dues	880.00				880.00
Meetings / Luncheon	753.00				753.00
Fund Raising Events:					-
Bake Sales & Raffles	2,033.20				2,033.20
Arts & Craft Fair	6,401.54				6,401.54
Food / Beverage Sales			11,785.55		11,785.55
See's Candy Sales	34,529.75		19,280.88		53,810.63
Merchandise Sales			14,458.46		14,458.46
Sales Tax Collections			1,268.39		1,268.39
Donations		940.00	80.08		1,020.08
Interest earned	7.63			164.16	171.79
Credit Card Receipts			21,992.30		21,992.30
Miscellaneous					-
Total Receipts	\$ 44,605.12	\$ 940.00	\$ 68,865.66	\$ 164.16	\$ 114,574.94
Expenditures:					
See's Candy Expense	26,543.06		13,245.88		39,788.94
Food / Drink Expense			6,526.81		6,526.81
Merchandise Expense			10,308.32		10,308.32
Color Book / Crayon expense	475.15				475.15
Grant Expense	6,087.00				6,087.00
Pres. & Pres.-Elect Fund	100.00				100.00
Advertising Expense	2,076.76				2,076.76
Supplies/Postage expense	406.09				406.09
Credit Card Charge Expense			21,895.41		21,895.41
Credit Card Fee Expense			981.14		981.14
Merchandise Display Expense			340.75		340.75
Newsletter / Directory Expense	439.84				439.84
Meeting / Luncheon expense	1,032.66				1,032.66
Events Supplies Expense	680.12				680.12
Tax Expense	813.00				813.00
Miscellaneous expense					-
Total Disbursements	\$ 38,653.68	\$ 0.00	\$ 53,298.31	\$ 0.00	\$ 91,951.99
Revenues Over (Under) Expenses	5,951.44	940.00	-	15,567.35	22,622.95
Gift Shop Net Transfer	13,298.96		(13,298.96)		-
Sales Tax Transfer	1,268.39		(1,268.39)		-
Events Net to General Fund					-
LAIF Fund Transfers	500.00			(500.00)	-
Transfer to Hospital	(2,400.00)	(1,710.66)			(4,110.66)
Ending Balance 6/30/11	\$ 22,009.23	\$ 1,324.34	\$ 4,000.00	\$ 33,157.49	\$ 60,491.06

SONOMA VALLEY HOSPITAL FOUNDATION

»»» Since its inception in 1982, the SVH Foundation has raised more than \$6,000,000 dollars to enhance medical services, equipment and programs at Sonoma Valley Hospital. This is only possible because of the generosity of the community. Your support helps to make our local hospital a true community hospital. In 2011, you: attended our fundraising events; recognized your doctor or nurse with a gift in their honor; donated goods and services to our auction; volunteered your time; bought raffle tickets; raised your paddle for our fund-a-need; made gifts in memory of a loved one; bid on auction lots; sponsored events; bought breast cancer awareness T-shirts in October; and responded generously to our mail appeals.

As a result, we were able to grant over \$168,000 in 2011 to help the Hospital continue providing excellent health care. Your support made a difference! Improvements to the Emergency Department have increased the safety, comfort and privacy of our patients. New pediatric intubation equipment helps save the lives of our smallest patients. A digital camera to document the healing progress assists the Wound Care department in providing outstanding care. Upgrades to The Birthplace offer a more comfortable and healing environment for mothers and their families. Free mammograms in October provided 26 un/underinsured women with this potentially life-saving screening during Breast Cancer Awareness month.

New patient beds have enhanced the comfort and safety of our patients and their caregivers.

Additionally, thanks in large part to the generosity of Sonoma Wine Country Weekend and their fund-a-need bidders, we have raised \$113,583 towards our \$350,000 goal to fund the replacement of our 26-year-old X-ray equipment with a state-of-the-art digital X-ray machine. The new equipment will offer improved reliability, comfort and efficiency and will greatly enhance the experience of patients who need this diagnostic service.

Philanthropy has made this all possible. Your gift of time, treasure or talent truly makes the difference between a good hospital and a great hospital. On behalf of all of us at Sonoma Valley Hospital and the SVH Foundation, thank you for helping make our community hospital great!

Harmony Plenty, Executive Director

2011 Foundation Grants to Sonoma Valley Hospital

Improvements to the Emergency Department	\$ 50,000
Vital Signs Blood Pressure Cuff with Stand	\$ 2,141
Remodel of Birthplace Rooms 319 and 320	\$ 19,176
10 Patient Beds and 5 Mattresses	\$ 64,602
Pediatric Intubation Equipment	\$ 5,891
Patient White Boards for The Birthplace	\$ 561
Digital Camera for Wound Care	\$ 235
Mammograms for 26 Un/Underinsured Patients	\$ 5,096
Renovation of 2 Rooms in the Skilled Nursing Facility	\$ 20,500
Total	\$168,202

"It is so inspiring to see the community come together in support of our Hospital. In 2011, Foundation Board members, Hospital staff, physicians and District Board members - as well as many of their friends and family - represented the Hospital at the Fourth of July parade and again at the Sonoma Valley Harvest Wine Auction. We are so appreciative of this community support and look forward to another great year of working together for the benefit of Sonoma Valley Hospital!" Carolyn Stone, Chair, Foundation Board of Directors

The Foundation Gratefully Acknowledges the Following Gifts Made January-December 2011

TRIBUTE GIFTS:

In honor of Peter Hohorst

Judith and Rodger Doty

In honor of Bill Hutchinson

Patricia and Ted Eliot

In honor of the Sonoma Valley Vintners and Growers

Richard J. Idell and Susan Kornblatt Idell Family Fund

In honor of Carolyn Stone

Henry and Diane Mayo

**In honor of the 60th Wedding Anniversary
of Bob and Carolyn Stone**

Neil and Susan Hall

Kathy Kennett

Lorraine Sangiacomo

Tina Wolfenden

In honor of Mauresa A. Tiller

Steve Tiller

In honor of Lorraine Wedekind's 90th birthday

Patricia Canevari

In honor of Suzanne and Bill Young

Gary and Linda Felt

In memory of Ellen Ahern

Richard and Madge Miller

In memory of Debbie Andrieux

Heidi and Ralph Mitarai

Rosemarie and Ben Pedranzini

In memory of Warren Berl

Aline Berl

In memory of Albert Bernabovi

Gina Bernabovi

In memory of Irving Blackfield

Kay and Howard Riper

In memory of Barbara B. Brazil

David Brazil

In memory of Arthur "Butch" Bruschera

R. J. and Jean Maffioli

In memory of Norma Crain

Heidi and Ralph Mitarai

In memory of Doug Davis

Jo Davis

Josephine and Richard Morenzoni

Gary Scott

In memory of Margaret Ruth Derrington

The Mary's Pizza Shack Family

In memory of Harvey and Jeanne Doron

The Doron Children

In memory of Mary and Leonard Duggan

Duggan's Mission Chapel

In memory of Mary Gallo

Mildred and Thomas Ferrando

In memory of Betty Hubel

Barbara Kully

In memory of Shel Kully

Barbara Kully

In memory of Bainbridge Leland and Virginia Guisness Leland

Chris, Kyoko and Marina Johnston

In memory of Virginia Guisness Leland

The Griffen Family

In memory of Jean Lynch

Nancy and Tony Lilly

In memory of Marian Marioni

Evelyn Montaldo

In memory of Tom McAleese

Nancy and Tony Lilly

In memory of Deanna Meyers

Heidi and Ralph Mitarai

In memory of Mitch Mulas

Evelyn Montaldo

In memory of Geraldine Newman

Heidi and Ralph Mitarai

In memory of Dean Piercy

Richard and Madge Miller

In memory of the poor and homeless of Sonoma

Andrew Sawicki

In memory of Carol Ann Reynolds

Thomas Reynolds

In memory of Donald B. Rice Jr.

Richard Peters

In memory of John Salz

Heidi and Ralph Mitarai

In memory of Bill Schneider

Heidi and Ralph Mitarai

In memory of Jacob Schumann

James and Harriet Blum

In memory of Sam Shainsky

Muriel Robbins

In memory of W. McFate "Mack" Smith, MD

Richard and Patricia Adam

Judith Bjornedal and Ronald Wallachy

Jeanette and Whitney Evans

Dan and Janice Stites

In memory of Mrs. Hisayo Takeuchi

Tom Takeuchi

In memory of Kathryn Elizabeth Thomas

Heidi and Ralph Mitarai

In memory of Ig Vella

Aileen Brown

R. J. and Jean Maffioli

Evelyn Montaldo

In memory of Josephine Votek

Deborah and Joe Votek

In memory of Nell Wilkie

Alan Wilkie

In memory of Sam Wong

Lai Sheong Wong

In memory of Mary Yamakawa

Jimmy and Jennifer Yamakawa

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.

Janet Alexander, Dr. Michael Brown, Dr. Douglas Cambell, Dr. Aimee C. Chagnon, Dr. Robert Cohen, Rena d'Entremont, Emergency Department, Melissa Evans, Carol Freeland, Melissa King, Dr. Clinton Lane, Maureen McGrane, Dr. Rolf C. Olness, Dr. Scott Perryman, Dr. Walter

Prehn, Dr. Brian Sebastian, Wound Care Department.

GIFTS OF CASH

\$50,000+

Sonoma Valley Vintners & Growers Foundation

Sonoma Wine Country Weekend

\$25,000-49,999

Diane and Peter Donnici of the Larry L.

Hillblom Foundation

\$10,000--24,999

Jean Arnold Group Foundation

Vadasz Family Foundation

\$5,000-9,999

John and Leslie McQuown

Marin Sonoma IPA

The John and Sandra Leland Foundation

\$1,000-4,999

Agfa HealthCare Corporation

Sue and Vince Albano

B R Cohn Charity Events

Claire Solot and Sinjin Bain

Peter Boyer and Terry Gamble Boyer

Michael and Joan Buckley

Jean Hopeman and David Chambers

Mary Anne and Richard Cuneo

Ethel and Gene Daly

Duggan's Mission Chapel

John and Deborah Emery

Mildred and Thomas Ferrando

Frank M. Booth

Hilda Teran-Franklin and Ronald Franklin

Phyllis and John Gurney

Harry and Maryanne Harris

Wayne Huie

Ann and Robert E. Hunter, Jr.
Infineon Raceway
Jtec HCM, Inc
Beth Kushner
Holly and Steve Kyle
Clinton Lane
Neil and Judi Leslie
James and Marcia Levy
Lynn Woodward Fund
Susan MacMillan
Marin Hospitalist Medical Group
Henry and Diane Mayo
Marcia Morrisson
Nacht and Lewis Architects
Otto Construction
Steve and Judy Page
Thomas and JaMel Perkins
Peterson Mechanical Inc.
Rex Moore
Lorraine Sangiacomo
Rose Mary and Edward Schmidt
Sodexo
Sonoma Bank
Synergy Dental Group
The Keith W. and Cheryl F. Hughes Fund
Westamerica Bank
\$500-999
Valerie and Stephen Arelt
Bowes Family Foundation
Suzanne Brangham and Jack Lundgren
Buehler and Buehler
Jeff and Liz Bundschu
Robert and Janine Cohen
Marcelo DeFreitas
Ellen and Don Estes
Helen Fernandez
Junny and Guillermo Gonzalez
Gayle and Thomas Jenkins

Greg Klaas
Paul and Sheila Leach
Barbara and Cliff Lee
Nancy and Tony Lilly
Richard Mabe
McKesson
Lois and Jim McVeigh
Floyd and Ida Moses
Michael and Therese Nugent
Rolf C. Olness
William and Paulette Oran
David Oster and Jeannette Fung
Prima Medical Group
Ramekins Culinary School, Events & Inn
Muriel Robbins
June and Herb Sabel
Brian Sebastian
Mikell and Dale Smith
Steve Tiller
Alan Wilkie
Merikay and Bill Wisely
Tina Wolfenden
\$100-499
Beth and Joe Aaron
Richard and Patricia Adam
Richard and Madolyn Agrimonti
Kathy and Joseph Alejandro
Dale and Joy Andersen
Mary Jane Arner
Jean and Bob Arnold Sessions
Nancy Austerman
Irmgard Bagshaw
Beverly and Lyman Ballard
Ernest Bates
Bea Beasley
Aline Berl
Maria Biasetto
B.J. Bischoff

Judith Bjorndal and Ronald Wallachy
Brandstrategy, Inc
David Brazil
Gerry and Bill Brinton
Alden and Elaine Brosseau
Amy and Michael Brown
Brenda and Dick Buckerfield
John and Gladys Burke
Bob Burkhart
Patricia Canevari
Kevin and Claudia Carruth
Blythe and Robert Carver
Alycia and Elvin Case
Diana and Graziano Cerchiai
Henry Cesena
Ron and Audrey Chapman
Maribel Chavez
Francine Clayton
Sara and Bill Clegg
Karen Collins
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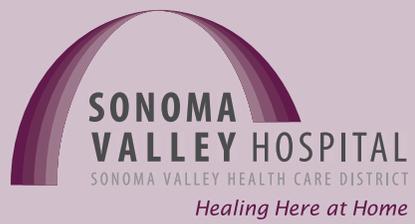
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