



May 17, 2024

TO: Legal Counsel

News Media

Salinas Californian

El Sol

Monterey County Herald

Monterey County Weekly

KION-TV

KSBW-TV/ABC Central Coast

KSMS/Entravision-TV

The next regular meeting of the **BOARD OF DIRECTORS OF SALINAS VALLEY HEALTH¹** will be held **THURSDAY, MAY 23, 2024, AT 4:00 P.M., DOWNING RESOURCE CENTER, ROOMS A, B, & C, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.** (Visit SalinasValleyHealth.com/virtualboardmeeting for Public Access Information).

A handwritten signature in black ink, appearing to read "Allen Radner".

Allen Radner, MD
Interim President/Chief Executive Officer

**REGULAR MEETING OF THE BOARD OF DIRECTORS
SALINAS VALLEY HEALTH¹**

**THURSDAY, MAY 23, 2024, 4:00 P.M.
DOWNING RESOURCE CENTER, ROOMS A, B & C**

**Salinas Valley Health Medical Center
450 E. Romie Lane, Salinas, California**

(Visit salinasvalleyhealth.com/virtualboardmeeting for Public Access Information)

AMENDED AGENDA

Presented By

1. CALL TO ORDER / ROLL CALL

Victor Rey, Jr.

2. CLOSED SESSION *(See Attached Closed Session Sheet Information)*

Victor Rey, Jr.

3. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION
(Estimated time 5:30 pm)

Victor Rey, Jr.

4. AWARDS & RECOGNITION

Allen Radner, MD

- DAISY Award Aracely Martinez, RN, BSN, PCCN
- Foundation Partners in Excellence Grant Awarded to CCU Team
- QIP Top Quality Award: Marisa Ceralde
- Hospital Week Festivities

5. PUBLIC COMMENT

Victor Rey, Jr.

This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on issues or concerns within the jurisdiction of this District Board which are not otherwise covered under an item on this agenda.

6. BOARD MEMBER COMMENTS AND REFERRALS

Board Members

7. CONSENT AGENDA - GENERAL BUSINESS

Victor Rey, Jr.

(Board Member may pull an item from the Consent Agenda for discussion.)

- A. Minutes of April 25, 2024, Regular Meeting of the Board of Directors
- B. Minutes of May 13, 2024, Special Meeting of the Board of Directors
- C. Minutes of May 14, 2024, Special Meeting of the Board of Directors
- D. Minutes of May 15, 2024, Special Meeting of the Board of Directors
- E. Minutes of May 16, 2024, Special Meeting of the Board of Directors
- F. Financial Report
- G. Statistical Report
- H. Policies Requiring Approval
 - 1. Patient and Family Education
 - 2. Standards of Care and Practice - Registered Nurse
- Board President Report
- Questions to Board President/Staff
- Public Comment
- Board Discussion/Deliberation

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

- Motion/Second
- Action by Board/Roll Call Vote

8. **REPORTS ON STANDING AND SPECIAL COMMITTEES**

A. **QUALITY AND EFFICIENT PRACTICES COMMITTEE**

Catherine Carson

Minutes of the May 13, 2024 Quality and Efficient Practices Committee meeting have been provided to the Board for their review. The following recommendation has been made to the Board.

1. Consider Recommendation for Board Approval of the Appointment of Community Member Cheryl Pirozzoli as a Patient and Family Advisor to the Quality and Efficient Practices Committee.
 - Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote

B. **FINANCE COMMITTEE**

Joel Hernandez

Minutes of the May 20, 2024 Finance Committee meeting have been provided to the Board for their review. The following recommendations have been made to the Board.

1. Consider Recommendation to the Board of Directors for Approval of the Epic Inpatient Electronic Health Record Solution Support Amendment, Hosting Services Amendment and Related Implementation Services as Sole Source Justification and Contract Award.
 - Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote
2. Consider Recommendation for Board of Directors to approve contract with Linde for Product Supply Agreement of Medical Gas supply and equipment.
 - Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote
3. Consider Recommendation to Board to Approve Project Budget and Major Medical Equipment Purchases for the SVHMC Interventional Radiology and Catheterization Laboratory Equipment Replacement Project.
 - Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment

- Board Discussion/Deliberation
- Action by Board/Roll Call Vote

C. COMMUNITY ADVOCACY COMMITTEE

*Rolando Cabrera,
MD*

Minutes of the May 15, 2024 Community Advocacy Committee meeting have been provided to the Board for their review. Policies on Community Funding were reviewed and accepted. Additional Report from Committee Vice-Chair, if any.

9. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING OF MAY 9, 2024, AND RECOMMENDATIONS FOR BOARD APPROVAL OF THE FOLLOWING:

Rakesh Singh, MD

A. Reports

1. Credentials Committee Report
2. Interdisciplinary Practice Committee Report

B. Policies/Procedures/Plans:

1. Acetaminophen and Ibuprofen Administration Nursing Standardized Procedure
2. Electrocardiogram Nursing Standardized Procedure
3. Fecal Management System in ICU Nursing Standardized Procedure
4. Vacuum-Induced Management of OB Hemorrhage Nursing Standardized Procedure
5. Code Blue, Code White, Code White Neonatal Policy
6. Noise Control Standards (Employees, Medical Staff, & Volunteers) Policy
7. Patient Elopement/Missing Patient Policy
8. Water Management Plan

- Questions to Committee Chair/Staff
- Motion/Second
- Public Comment
- Board Discussion/Deliberation
- Action by Board/Roll Call Vote

10. EXTENDED CLOSED SESSION (*if necessary*)

Victor Rey, Jr.

11. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

Victor Rey, Jr.

12. ADJOURNMENT

Victor Rey, Jr.

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, June 27, 2024, at 4:00 p.m.**

The complete Board packet including subsequently distributed materials and presentations is available at the Board Meeting and in the Human Resources Department of the District. All items appearing on the agenda are subject to action by the Board. Staff and Committee recommendations are subject to change by the Board.

Requests for a disability related modification or accommodation, including auxiliary aids or services, in order to attend or participate in a meeting should be made to the Board Clerk during regular business hours at 831-759-3050. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

SALINAS VALLEY HEALTH BOARD OF DIRECTORS AGENDA FOR CLOSED SESSION

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

CLOSED SESSION AGENDA ITEMS

HEARINGS/REPORTS

(Government Code §37624.3 & Health and Safety Code §§1461, 32155)

Subject matter: (Specify whether testimony/deliberation will concern staff privileges, report of medical audit committee, or report of quality assurance committee):

1. Report of the Medical Staff Quality and Safety Committee
 - Taylor Farms Family Health & Wellness Center (M. Ceralde)
 - Transitions of Care (M. Orta, L. Meraz-Gottfried)
2. Quality and Safety Board Dashboard
3. Star Review/CMS Care Compare
4. Consent Agenda:
 - Critical Care/Progressive Care Cluster
 - Perinatal Services
 - Organ Donation
 - Resuscitation
 - Sleep Medicine
 - Environmental Services
 - Nursing Admin (Transporters, Interpreter Svc)
 - Laboratory
 - P&T and Infection Control Committee
5. Medical Executive Committee
 - Report of the Medical Staff Credentials Committee (With Comments)
6. Risk Management Bi-Annual Report

CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION

(Government Code §54956.9(d)(1))

Name of case: (Specify by reference to claimant's name, names of parties, case or claim numbers):

Araujo et al vs. Salinas Valley Memorial Healthcare System, or

Case name unspecified: (Specify whether disclosure would jeopardize service of process or existing settlement negotiations): _____

CONFERENCE WITH LABOR NEGOTIATOR

(Government Code §54957.6)

Agency designated representative: (Specify name of designated representatives attending the closed session): Allen Radner, MD

Employee organization: (Specify name of organization representing employee or employees in question): National Union of Healthcare Workers, California Nurses Association, Local 39, ESC Local 20, or

Unrepresented employee: (Specify position title of unrepresented employee who is the subject of the negotiations): _____

REPORT INVOLVING TRADE SECRET

(Government Code §37606 & Health and Safety Code § 32106)

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility): Trade Secret, Strategic Planning, Proposed New Programs and Services

Estimated date of public disclosure: (Specify month and year): Unknown

PUBLIC EMPLOYMENT

(Government Code §54957)

Title: (Specify description of position to be filled): President/Chief Executive Officer

ADJOURN TO OPEN SESSION

CALL TO ORDER/ROLL CALL

(VICTOR REY, JR.)

CLOSED SESSION

*(Report on Items to be
Discussed in Closed Session)*

(VICTOR REY, JR.)

*RECONVENE OPEN SESSION/
CLOSED SESSION REPORT*

(VICTOR REY, JR.)

AWARDS AND RECOGNITION

(Verbal)

(DR. RADNER)

PUBLIC COMMENT

BOARD MEMBER COMMENTS

AND REFERRALS

(VERBAL)

DRAFT SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM¹
REGULAR MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
APRIL 25, 2024

Board Members Present: President Victor Rey, Jr., Vice-President Joel Hernandez Laguna, Juan Cabrera, and Catherine Carson;

Absent: Rolando Cabrera, MD.

Also Present:

Allen Radner, MD, Interim President/Chief Executive Officer

Rakesh Singh, MD, Chief of Staff

Matthew Ottone, Esq., District Legal Counsel

Kathie Haines, Executive Support

1. CALL TO ORDER/ROLL CALL

A quorum was present and President Victor Rey, Jr., called the meeting to order at 4:04 p.m. in the Downing Resource Center, Rooms A, B, and C.

2. CLOSED SESSION

President Rey announced items to be discussed in Closed Session as listed on the posted Agenda are *(1) Hearings and Reports, (2) Conference with Legal Counsel-Existing Litigation- Araujo et al vs. Salinas Valley Memorial Healthcare, (3) Conference with Labor Negotiator-National Union of Healthcare Workers, California Nurses Association, Local 39, ESC Local 20, (4) Conference with Real Property Negotiators, (5) Reports Involving Trade Secret-Trade Secret, Strategic Planning, Proposed New Programs and Services, and (6) Public Employee Appointment: President/Chief Executive Officer.* The meeting recessed into Closed Session under the Closed Session Protocol at 4:05 p.m. The Board completed its business of the Closed Session at 4:44 p.m.

3. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 4:46 p.m. President Rey reported that in Closed Session, the Board discussed *(1) Hearings and Reports and (2) Conference with Labor Negotiator-National Union of Healthcare Workers, California Nurses Association, Local 39, ESC Local 20.* The Board received and accepted the reports listed on the Closed Session agenda.

President Rey announced there is a need for an extended closed session. The items to be discussed in Extended Closed Session will be *(1) Conference with Legal Counsel-Existing Litigation- Araujo et al vs. Salinas Valley Memorial Healthcare, (2) Conference with Real Property Negotiators, (3) Reports Involving Trade Secret-Trade Secret, Strategic Planning, Proposed New Programs and Services, and (4) Public Employee Appointment: President/Chief Executive Officer.*

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. AWARDS AND RECOGNITION

Dr. Radner announced it was his pleasure to open the Awards and Recognition portion of the Board of Directors. The following was presented:

- January STAR Award recipient Landen Mucha, RCS, was honored. Christi Kerns, Associate COO, stated Landen could not be present as he was involved in patient care and could not attend. Mr. Mucha was nominated by his peers for his compassion and empathy during a particularly difficult patient interaction in cardiology which resulted in a safe exam with the best possible results.
- January DAISY Award recipient Chanthary Pich, BSN, RN, was introduced and honored. Agnes Lalata, Director/Med-Surg, stated Ms. Pich was nominated by family of a patient for her kind, respectful nursing care. Ms. Pich was hired by Ms. Lalata in 2019 into Med-Surg and she recently transferred to Oncology. Since 2019, Ms. Pich has completed her BSN, become Chemo certified, earned RN III status, and become a charge nurse. Ms. Pich thanked the Board and stated she was glad to work at Salinas Valley Health.
- February STAR Award recipient Tim France, Senior Program Developer, was introduced and honored. Audrey Parks, Chief Information Officer, stated Mr. France has been with SVH for 25 years and produces phenomenal work. He transforms data from a multitude of systems on all levels of the organization and turns it into actionable data. Dr. Radner, Interim President/CEO stated Mr. France is valued and irreplaceable.
- February DAISY Award recipient Gabriela Serrano, CCRN, RN, was introduced and honored. Carla A. Spencer, MSN, RN, NEA-BC, Associate Chief Nursing Officer, stated Ms. Serrano has been an ICU nurse for five years, has her BSN, and is certified. She was nominated by two patient family members. Ms. Serrano has led two of the honor walks and has done so providing dignity and grace for the families.
- February Launch of Donuts with Docs: Dr. Radner introduced Lisa Paulo, CNO, and Dr. Alison Wilson who explained this program connected Hospitalists and nurses in a safe space for communication. The concept was originally proposed by Dr. Gonzalez prior to COVID and has recently regenerated which allows for concerns to be brought forward in a collaborative way. This has been a great opportunity for communication in an informal setting and has been well received by nurses, doctors and patients. There has been a complete unit-by-unit cycle throughout the hospital and will continue approximately monthly.
- April 21 Community Health Day: Claudia Villalobos, Director/Marketing and Communications, and Lynette Fitzgerald, Director/Community Benefit, provided an overview of Community Health Day. As the 1st of an annual event it was a hugely successful fun family event. As a “Real Impact for Staff Engagement” (RISE) event, it truly made an impact on our community. 50 staff registered to volunteer for the event and enough money was raised through employee involvement to purchase 756 soccer balls to give away. Over 2000 healthy snacks were provided by Taylor Farms. The Mobile Clinic was there providing services and interestingly, many people didn’t know the Mobile Clinic existed, even though it is at the Soccer Complex every Sunday. Additional volunteers included Hartnell, CSUMB, and Palma. **BOARD MEMBER DISCUSSION:** This was a great family event that reached many families and undoubtedly helped identify SVH as a community partner. Suggestion: Hold a similar event in South County.

5. PUBLIC COMMENT

None.

6. BOARD MEMBER COMMENTS AND REFERRALS

Vice President Joel Hernandez Laguna: Director Hernandez Laguna acknowledged a letter sent to the Board last month from a patient praising staff for the care provided by every person with whom the patient had contact across the organization.

Director Juan Cabrera: None.

Director Catherine Carson: None.

President Victor Rey, Jr.: Director Rey stated he was personally touched by two losses this past month, employee Jackie Pena, Social Worker, and another dear family friend. He wanted to honor them; they both will be terribly missed.

7. CONSENT AGENDA – GENERAL BUSINESS

Recommend Board Approval of the Following:

- A. Minutes of March 28, 2024, Regular Meeting of the Board of Directors
- B. Financial Report
- C. Statistical Report
- D. Policies Requiring Approval
 - 1. Continuing Education and Hospital Travel
 - 2. Employee Substance Abuse
 - 3. False Claim Act Provisions
 - 4. Fecal Management System
 - 5. Public Records Requests
 - 6. Scope of Service: Cardiovascular Diagnostic and Treatment Units
 - 7. Shoulder Dystocia

PUBLIC COMMENT:

None.

BOARD MEMBER DISCUSSION: The Employee Substance Abuse policy applies to employees. Vendors and contracted employees are held to the same standard of not being altered at work, but are handled differently because they are not SVH employees. Physicians have strict rules through the Medical Staff Code of Conduct and Rules and Regulations. It was clarified the President/CEO “designee” is typically the COO, but can be any appointed chief administrator. SVH was complimented on the quality of Scopes of Service; every department is involved in their own quality.

MOTION:

Upon motion by Director Hernandez Laguna, second by Director Cabrera, the Board of Directors approved the Consent Agenda, Items (A) through (D), as listed above.

ROLL CALL VOTE:

Ayes: Directors J. Cabrera, Carson, Hernandez Laguna and Rey;

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera.

Motion Carried

8. REPORTS ON STANDING AND SPECIAL COMMITTEES

A. QUALITY AND EFFICIENT PRACTICES COMMITTEE

A report was received from Director Catherine Carson regarding the Quality and Efficient Practices Committee. The reports received were informative and excellent. Of note, because Monterey County is so large and there are many deficits in cell tower coverage, SVH and CHOMP are working together with ambulance services to improve patient care while in transit. The Risk Management Plan and Patient Safety Plan required some minor revisions and will be brought forward for Board approval at a later date. The minutes were provided for Board review. There were no recommendations.

B. PERSONNEL, PENSION, AND INVESTMENT COMMITTEE

A report was received from Director Juan Cabrera regarding the Personnel, Pension, and Investment Committee. The minutes were provided for Board review. The following recommendations were made:

1. Consider Recommendation for Board Approval of (i) Findings Supporting Recruitment of Mark Healy, MD, (ii) Contract Terms for Dr. Healy's Recruitment Agreement, and (iii) Contract Terms for Dr. Healy's Surgical Oncology Professional Services Agreement.

MOTION:

Upon motion by Director Carson, and seconded by Director Cabrera, the Board of Directors makes the following findings and approves the recommendations as follows:

- (i) The Findings Supporting Recruitment of Mark Healy, MD;
 - a. That the recruitment of a surgical oncologist to Salinas Valley Health Clinics is in the best interest of the public health of the communities served by the District; and
 - b. That the recruitment benefits and incentives the District proposes for this recruitment are necessary in order to attract and relocate an appropriately qualified physician to practice in the communities served by the District;
- (ii) The Contract Terms of the Recruitment Agreement for Dr. Healy; and
- (iii) The Contract Terms of the Surgical Oncology Professional Services Agreement for Dr. Healy.

PUBLIC COMMENT:

None.

BOARD DISCUSSION:

ROLL CALL VOTE:

Ayes: J. Cabrera, Carson, Hernandez Laguna, and Rey

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera.

Motion Carried

2. Consider Recommendation for Board Approval of (i) Findings Supporting Recruitment of Amanda Jackson, MD, (ii) Contract Terms for Dr. Jackson's Recruitment Agreement, and (iii) Contract Terms for Dr. Jackson's Pediatric Professional Services Agreement.

MOTION:

Upon motion by Director Carson, and seconded by Director Hernandez Laguna, the Board of Directors makes the following findings and approves the recommendations as follows:

- (i) The Findings Supporting Recruitment of Amanda Jackson, MD;
 - a. That the recruitment of a pediatrician to Salinas Valley Health Clinics is in the best interest of the public health of the communities served by the District; and
 - b. That the recruitment benefits and incentives the District proposes for this recruitment are necessary in order to attract and relocate an appropriately qualified physician to practice in the communities served by the District;
- (ii) The Contract Terms of the Recruitment Agreement for Dr. Jackson; and
- (iii) The Contract Terms of the Pediatric Professional Services Agreement for Dr. Jackson.

PUBLIC COMMENT:

None.

BOARD DISCUSSION: It was noted Dr. Jackson will be working at Taylor Farms Family Health and Wellness Center and will fill a huge need. The physician recruiting team was commended for their continued physician recruitment efforts; they are doing a great job.

ROLL CALL VOTE:

Ayes: J. Cabrera, Carson, Hernandez Laguna, and Rey

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera.

Motion Carried

- 3. Consider recommendation for Board of Directors approval of the updated Investment Policy Statement for the Salinas Valley Memorial Healthcare District Employees Pension Plan.

MOTION:

Upon motion by Director Cabrera, and seconded by Director Hernandez Laguna, the Board of Directors approval of the updated Investment Policy Statement for the Salinas Valley Memorial Healthcare District Employees Pension Plan, as presented

PUBLIC COMMENT:

None.

BOARD DISCUSSION: Approval of this motion codifies the investment changes approved in March.

ROLL CALL VOTE:

Ayes: J. Cabrera, Carson, Hernandez Laguna, and Rey

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera.

Motion Carried**C. FINANCE COMMITTEE**

A report was received from Director Joel Hernandez Laguna regarding the Finance Committee. The minutes were provided for Board review. The following recommendations were made:

1. Consider Recommendation for Board Approval of the Lease Agreement Amendment One between Salinas Valley Memorial Healthcare System (SVMHS) and Uni-Kool Partners for Parking Located at 241 Abbott Street, Salinas, CA (70,000 sq. ft. supplementation of current leased space).

MOTION:

Upon motion by Director Cabrera, and seconded by Director Hernandez Laguna, the Board of Directors approves the Lease Agreement Amendment One between Salinas Valley Memorial Healthcare System and the Uni-Kool Partners for 87,120 square feet of finished parking area located at 241 Abbott Street, Salinas, CA 93901, at the annual rate of \$142,213.68 per year for a 5-year term for a total \$711,068.40.

PUBLIC COMMENT:

None.

BOARD DISCUSSION:

None.

ROLL CALL VOTE:

Ayes: J. Cabrera, Carson, Hernandez Laguna, and Rey

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera.

Motion Carried

2. Consider Recommendation for Board Approval of Valet Services Agreement with Corinthian International Parking Services, Inc.

MOTION:

Upon motion by Director Hernandez Laguna, and seconded by Director Cabrera, the Board of Directors approves the Valet Service Agreement between Salinas Valley Memorial Healthcare System and Corinthian International Parking Services, Inc. for three years in the amount of \$2,211,587.

PUBLIC COMMENT:

None.

BOARD DISCUSSION: Corinthian International Parking Services, Inc., is currently providing shuttle service.

ROLL CALL VOTE:

Ayes: J. Cabrera, Carson, Hernandez Laguna, and Rey

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera.

Motion Carried

3. Consider Recommendation for Board Approval to lease 740 E. Romie (a vacant lot) to SALINASIDENCE OPCO, LLC dba PACIFIC COAST POST ACUTE.

MOTION:

Upon motion by Director Hernandez Laguna, and seconded by Director Cabrera, the Board of Directors approves the 5-year lease of property located at 740 E. Romie Lane, Salinas, CA to Pacific Coast Post Acute for purposes of employee parking in the amount of \$21,600 per year.

PUBLIC COMMENT:

None.

BOARD DISCUSSION: None.**ROLL CALL VOTE:**

Ayes: J. Cabrera, Carson, Hernandez Laguna, and Rey

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera.

Motion Carried

4. Consider Recommendation for Board of Directors to approve procurement to replace our fleet of BD Infusion IV Pump equipment.

MOTION:

Upon motion by Director Cabrera, and seconded by Director Carson, the Board of Directors approves procurement of the BD Infusion IV Pump equipment in the amount of \$1,182,987.48.

PUBLIC COMMENT:

None.

BOARD DISCUSSION: Any pumps less than 6yo are being replaced to BD. Purchase of pumps will be phased in; not bulk purchased. These are “Alaris” pumps and do have guard rails.

ROLL CALL VOTE:

Ayes: J. Cabrera, Carson, Hernandez Laguna, and Rey

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera.

Motion Carried

BOARD DISCUSSION: Clement Miller, Earl Stratman and Carla Spencer were commended for their diligence and work on all these contracts. Mr. Miller also commended Materials Management leadership for their assistance in obtaining the best possible negotiated price.

D. TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE

A report was received from Director Victor Rey, regarding the Transformation, Strategic Planning and Governance Committee. He was not able to attend the meeting, however, the minutes were provided for Board review. There were no recommendations.

**9. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC)
MEETING ON APRIL 11, 2024, AND RECOMMENDATION FOR BOARD APPROVAL OF
THE FOLLOWING:**

Rakesh Singh, MD, Chief of Staff, reviewed the reports and Policies/Procedures/Plans revisions of the Medical Executive Committee (MEC) meeting of April 11, 2024. A full report was provided in the Board packet.

Recommend Board Approval of the Following:

- a. Reports
 - 1. Credentials Committee Report
- b. Policies/Procedures/Plans:
 - 1. Laboratory Quality Management Plan

PUBLIC COMMENT:

None.

BOARD DISCUSSION:

None.

MOTION:

Upon motion by Director Cabrera, second by Carson, the Board of Directors receives and accepts the Medical Executive Committee Credentials Committee Report, and approves the Policies, Procedures, Plans, as follows:

- a. Reports
 - 1. Credentials Committee Report
- b. Policies/Procedures/Plans:
 - 1. Laboratory Quality Management Plan

ROLL CALL VOTE:

Ayes: J. Cabrera, Carson, Hernandez Laguna, and Rey

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera.

Motion Carried

**10. CONSIDER BOARD RESOLUTION NO. 2024-01 SETTING GENERAL PREVAILING
WAGE RATES**

Matthew Ottone, Esq., District Legal Counsel, reported Resolution No. 2024-01 was included in the Board Packet, for the Boards consideration. The resolution is necessary as California law requires SVH to make available to contractors prevailing wage rates issued by the Department of Industrial Relations for public works projects annually. Resolution No. 2024-01 adopts the most recent prevailing wage rates which are available for review.

MOTION:

Upon motion by Director Carson, second by Hernandez Laguna, the Board of Directors adopts **RESOLUTION NO. 2024-01 Setting General Prevailing Wage Rates** with the date change to April 25, 2024.

PUBLIC COMMENT:

None.

BOARD DISCUSSION:

None.

ROLL CALL VOTE:

Ayes: J. Cabrera, Carson, Hernandez Laguna, and Rey

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera.

Motion Carried

11. EXTENDED CLOSED SESSION

President Rey announced items to be discussed in Extended Closed Session are *(1) Conference with Legal Counsel-Existing Litigation- Araujo et al vs. Salinas Valley Memorial Healthcare, (2) Conference with Real Property Negotiators, (3) Reports Involving Trade Secret-Trade Secret, Strategic Planning, Proposed New Programs and Services, and (4) Public Employee Appointment: President/Chief Executive Officer.* The meeting recessed into Closed Session under the Closed Session Protocol at 5:40 p.m. The Board completed its business of the Closed Session at 8:02 p.m.

12. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 8:03 p.m. President Rey reported that in Extended Closed Session, the Board discussed *(1) Conference with Legal Counsel-Existing Litigation- Araujo et al vs. Salinas Valley Memorial Healthcare, (2) Conference with Real Property Negotiators, (3) Reports Involving Trade Secret-Trade Secret, Strategic Planning, Proposed New Programs and Services, and (4) Public Employee Appointment: President/Chief Executive Officer.* No action was taken on the items.

14. ADJOURNMENT

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, May 23, 2024, at 4:00 p.m.** There being no further business, the meeting was adjourned at 8:04 p.m.

Rolando Cabrera, MD
Secretary, Board of Directors

DRAFT SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM¹
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
MAY 13, 2024

Board Members Present: **Joel Hernandez Laguna**, Vice President, **Juan Cabrera**, **Rolando Cabrera, MD**, **Catherine Carson**, and **Victor Rey, Jr.**, President, appearing pursuant to Government Code Section 54953(b)(2);

Absent: None.

Also Present:

Kathie Haines, Executive Support

Mark Andrew, Witt Kiefer, Via Teleconference

Jon Hinrichs, Witt Kiefer, Via Teleconference

Director Juan Cabrera joined the meeting at 10:48 a.m.

1. READING OF THE NOTICE OF SPECIAL MEETING

A Special meeting of the Board of Directors of Salinas Valley Health¹ will be held Monday, May 13, 2024, at 10:30 a.m., CEO Conference Room 117, Salinas Valley Health Medical Center, 450 E. Romie Lane, Salinas, California and via teleconference 32655 Camphora Gloria Road, Soledad, California to discuss in Closed Session *Appointment of a Public Employee – President/Chief Executive Officer*.

2. CALL TO ORDER/ROLL CALL

A quorum was present and Vice-President Joel Hernandez Laguna, called the meeting to order at 10:34 a.m. in the CEO Conference Room 117.

3. PUBLIC COMMENT

None.

4. CLOSED SESSION

Vice-President Hernandez Laguna announced the item to be discussed in Closed Session as listed on the posted Agenda is *Public Employee Appointment: President/Chief Executive Officer*. The meeting recessed into Closed Session under the Closed Session Protocol at 10:38 a.m. Ms. Haines was excused from the meeting. The Board completed its business of the Closed Session at 11:38 a.m.

5. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 11:38 a.m. President Rey reported that in Closed Session, the Board discussed *Public Employee Appointment: President/Chief Executive Officer*. No action was taken.

6. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:39 a.m.

Rolando Cabrera, MD
Secretary, Board of Directors

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health



DRAFT SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM¹
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
MAY 14, 2024

Board Members Present: **Victor Rey, Jr.**, President, **Joel Hernandez Laguna**, Vice President, **Juan Cabrera**, **Rolando Cabrera, MD**, and **Catherine Carson**;

Absent: None.

Also Present:

Matt Ottone, Esq., District Legal Counsel

1. READING OF THE NOTICE OF SPECIAL MEETING

A Special meeting of the Board of Directors of Salinas Valley Health¹ will be held Tuesday, May 14, 2024, at 4:00 p.m., Heart Center Teleconference Room, Salinas Valley Health Medical Center, 450 E. Romie Lane, Salinas, California to discuss in Closed Session *Appointment of a Public Employee – President/Chief Executive Officer*.

2. CALL TO ORDER/ROLL CALL

A quorum was present and President Victor Rey, called the meeting to order at 4:07 p.m. in the Heart Center Teleconference Room, Salinas Valley Health Medical Center.

3. PUBLIC COMMENT

None.

4. CLOSED SESSION

President Rey announced the item to be discussed in Closed Session as listed on the posted Agenda is *Public Employee Appointment: President/Chief Executive Officer*. The meeting recessed into Closed Session under the Closed Session Protocol at 4:08 p.m. The Board completed its business of the Closed Session at 5:43 p.m.

5. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 5:43 p.m. President Rey reported that in Closed Session, the Board discussed *Public Employee Appointment: President/Chief Executive Officer*. No action was taken.

6. ADJOURNMENT

There being no further business, the meeting was adjourned at 5:44 p.m.

Rolando Cabrera, MD
Secretary, Board of Directors

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health



DRAFT SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM¹
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
MAY 15, 2024

Board Members Present: **Victor Rey, Jr.**, President, **Joel Hernandez Laguna**, Vice President, **Juan Cabrera**, **Rolando Cabrera, MD**, and **Catherine Carson**;

Absent: None.

Also Present:

Matt Ottone, Esq., District Legal Counsel

1. READING OF THE NOTICE OF SPECIAL MEETING

A Special meeting of the Board of Directors of Salinas Valley Health¹ will be held Wednesday, May 15, 2024, at 4:00 p.m., in the Heart Center Teleconference Room, Salinas Valley Health Medical Center, 450 E. Romie Lane, Salinas, California to discuss in Closed Session *Appointment of a Public Employee – President/Chief Executive Officer*.

2. CALL TO ORDER/ROLL CALL

A quorum was present and President Victor Rey, called the meeting to order at 4:01 p.m. in the Heart Center Teleconference Room, Salinas Valley Health Medical Center.

3. PUBLIC COMMENT

None.

4. CLOSED SESSION

President Rey announced the item to be discussed in Closed Session as listed on the posted Agenda is *Public Employee Appointment: President/Chief Executive Officer*. The meeting recessed into Closed Session under the Closed Session Protocol at 4:02 p.m. The Board completed its business of the Closed Session at 5:18 p.m.

5. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 5:18 p.m. President Rey reported that in Closed Session, the Board discussed *Public Employee Appointment: President/Chief Executive Officer*. No action was taken.

6. ADJOURNMENT

There being no further business, the meeting was adjourned at 5:19 p.m.

Rolando Cabrera, MD
Secretary, Board of Directors

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health



DRAFT SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM¹
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
MAY 16, 2024

Board Members Present: **Victor Rey, Jr.**, President, **Joel Hernandez Laguna**, Vice President, **Juan Cabrera**, **Rolando Cabrera, MD**, and **Catherine Carson**;

Absent: None.

Also Present:

Matt Ottone, Esq., District Legal Counsel

Juan Cabrera arrived at 4:18 p.m.

1. READING OF THE NOTICE OF SPECIAL MEETING

A Special meeting of the Board of Directors of Salinas Valley Health¹ will be held Thursday, May 16, 2024, at 4:00 p.m., in the Heart Center Teleconference Room, Salinas Valley Health Medical Center, 450 E. Romie Lane, Salinas, California to discuss in Closed Session *Appointment of a Public Employee – President/Chief Executive Officer*.

2. CALL TO ORDER/ROLL CALL

A quorum was present and President Victor Rey, called the meeting to order at 4:11 p.m. in the Heart Center Teleconference Room, Salinas Valley Health Medical Center.

3. PUBLIC COMMENT

None.

4. CLOSED SESSION

President Rey announced the item to be discussed in Closed Session as listed on the posted Agenda is *Public Employee Appointment: President/Chief Executive Officer*. The meeting recessed into Closed Session under the Closed Session Protocol at 4:13 p.m. The Board completed its business of the Closed Session at 5:40 p.m.

5. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 5:40 p.m. President Rey reported that in Closed Session, the Board discussed *Public Employee Appointment: President/Chief Executive Officer*. No action was taken.

6. ADJOURNMENT

There being no further business, the meeting was adjourned at 5:41 p.m.

Rolando Cabrera, MD
Secretary, Board of Directors

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

Financial Performance Review

April 2024

Finance Committee - Open Session

Augustine Lopez

Chief Financial Officer

Consolidated Financial Summary

For the Month of April 2024

\$ in Millions	For the Month of April 2024				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 78.7	\$ 61.1	\$ 17.6	28.8%	
Operating Expense	\$ 65.3	\$ 60.7	\$ (4.6)	-7.6%	
Income from Operations *	\$ 13.4	\$ 0.4	\$ 13.0	3250.0%	
Operating Margin %	17.1%	0.6%	16.5%	2750.00%	
Non Operating Income **	\$ (0.5)	\$ 1.9	\$ (2.4)	-126.3%	
Net Income	\$ 12.9	\$ 2.3	\$ 10.6	460.9%	
Net Income Margin %	16.4%	3.8%	12.6%	331.6%	

*Normalizing revenue items included above are:

- **\$4.8M** Medi-Cal - Rate Range Program (CY 2022)

In addition:

- **\$6.5M** Medi-Cal - QIP Program: Annual Lump Sum Budgeted Payment Received (CY 2021) included above.

** **Non-Operating Revenue** was unfavorable by \$2.4M, primarily as the result of unfavorable investment bond performance.

Consolidated Financial Summary

For the Month of April 2024 - Normalized

\$ in Millions	For the Month of April 2024					
			Variance fav (unfav)			
	Actual	Budget	\$VAR	%VAR		
Operating Revenue	\$ 67.4	\$ 61.1	\$ 6.3	10.3%		
Operating Expense	\$ 65.3	\$ 60.7	\$ (4.6)	-7.6%		
Income from Operations *	\$ 2.1	\$ 0.4	\$ 1.7	425.0%		
Operating Margin %	3.2%	0.6%	2.6%	433.33%		
Non Operating Income **	\$ (0.5)	\$ 1.9	\$ (2.4)	-126.3%		
Net Income	\$ 1.6	\$ 2.3	\$ (0.7)	-30.4%		
Net Income Margin %	2.4%	3.8%	-1.4%	-36.8%		

*Normalizing revenue items not included above are:

- \$4.8M Medi-Cal - Rate Range Program (CY 2022)

In addition:

- \$6.5M Medi-Cal - QIP Program: Annual Lump Sum Budgeted Payment Received (CY 2021) not included above.

** Non-Operating Revenue was unfavorable by \$2.4M, primarily as the result of unfavorable investment bond performance.

Consolidated Financial Summary

YTD April 2024 - Normalized

\$ in Millions	FY 2024 YTD April				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 616.2	\$ 602.0	\$ 14.2	2.4%	
Operating Expense	\$ 617.2	\$ 599.7	\$ (17.5)	-2.9%	
Income from Operations *	\$ (1.0)	\$ 2.3	\$ (3.3)	-143.5%	
Operating Margin %	-0.2%	0.4%	-0.6%	-150.0%	
Non Operating Income	\$ 30.8	\$ 19.1	\$ 11.7	61.3%	
Net Income	\$ 29.8	\$ 21.4	\$ 8.4	39.3%	
Net Income Margin %	4.8%	3.6%	1.2%	33.3%	

Normalizing Item:

The above excludes Medicare and Medi-Cal prior year favorable cost report settlements totaling \$1.2M.

The above excludes Medi-Cal - Rate Range Program (CY 2022) \$4.8M.

Salinas Valley Health Key Financial Indicators

Statistic	YTD 04/30/24	SVH Target	+/-	S&P A+ Rated Hospitals	+/-	YTD 4/30/23	+/-
Operating Margin*	-0.2%	5.0%		4.0%		3.7%	
Total Margin*	4.8%	6.0%		6.6%		6.0%	
EBITDA Margin**	4.5%	7.4%		13.6%		7.7%	
Days of Cash*	348	305		249		346	
Days of Accounts Payable*	46	45		-		52	
Days of Net Accounts Receivable***	52	45		49		48	
Supply Expense as % NPR	13.8%	14.0%		-		12.8%	
SWB Expense as % NPR	54.4%	53.0%		53.7%		52.6%	
Operating Expense per APD*	6,738	6,739		-		6,273	

All metrics above are consolidated for SVH except Operating Expense per APD

*These metrics have been adjusted for normalizing items

**Metric based on Operating Income (consistent with industry standard)

***Metric based on 90 days average net revenue (consistent with industry standard)

Questions/Comments

SALINAS VALLEY HEALTH MEDICAL CENTER
SUMMARY INCOME STATEMENT
April 30, 2024

	<u>Month of April,</u>		<u>Ten months ended April 30,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 60,518,141	\$ 58,084,461	\$ 516,323,620	\$ 524,322,042
Other operating revenue	<u>7,615,190</u>	<u>8,114,714</u>	<u>17,476,695</u>	<u>15,725,228</u>
Total operating revenue	<u>68,133,331</u>	<u>66,199,175</u>	<u>533,800,315</u>	<u>540,047,270</u>
Total operating expenses	50,422,614	47,009,348	481,968,847	473,621,809
Total non-operating income	<u>(5,326,060)</u>	<u>(1,527,865)</u>	<u>(18,199,429)</u>	<u>(19,591,386)</u>
Operating and non-operating income	<u>\$ 12,384,657</u>	<u>\$ 17,661,962</u>	<u>\$ 33,632,039</u>	<u>\$ 46,834,075</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
BALANCE SHEETS
April 30, 2024

	<u>Current year</u>	<u>Prior year</u>
ASSETS:		
Current assets	\$ 363,975,697	\$ 430,752,880
Assets whose use is limited or restricted by board	163,692,604	158,016,957
Capital assets	247,338,410	241,433,632
Other assets	293,238,895	178,199,484
Deferred pension outflows	<u>116,911,125</u>	<u>95,857,027</u>
	<u>\$ 1,185,156,731</u>	<u>\$ 1,104,259,981</u>
LIABILITIES AND EQUITY:		
Current liabilities	92,148,892	103,980,309
Long term liabilities	19,934,335	16,902,107
Lease deferred inflows	1,323,811	1,642,999
Pension liability	118,792,064	79,111,485
Net assets	<u>952,957,629</u>	<u>902,623,081</u>
	<u>\$ 1,185,156,731</u>	<u>\$ 1,104,259,981</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
SCHEDULES OF NET PATIENT REVENUE
April 30, 2024

	<u>Month of April,</u>		<u>Ten months ended April 30,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Patient days:				
By payer:				
Medicare	1,586	1,929	17,833	20,121
Medi-Cal	1,013	1,109	10,505	11,752
Commercial insurance	566	581	5,723	7,465
Other patient	118	152	1,022	1,258
Total patient days	<u>3,283</u>	<u>3,771</u>	<u>35,083</u>	<u>40,596</u>
Gross revenue:				
Medicare	\$ 116,701,699	\$ 109,557,113	\$ 1,142,368,657	\$ 1,049,911,497
Medi-Cal	80,519,457	72,464,646	717,858,792	707,174,003
Commercial insurance	54,859,204	50,466,973	527,395,918	517,001,393
Other patient	<u>9,553,478</u>	<u>8,568,032</u>	<u>88,838,567</u>	<u>87,190,984</u>
Gross revenue	<u>261,633,838</u>	<u>241,056,764</u>	<u>2,476,461,934</u>	<u>2,361,277,877</u>
Deductions from revenue:				
Administrative adjustment	206,980	179,008	3,066,899	2,455,388
Charity care	311,716	698,431	6,223,899	6,287,557
Contractual adjustments:				
Medicare outpatient	39,768,075	29,810,038	358,575,684	301,126,654
Medicare inpatient	43,796,091	48,513,678	466,907,260	469,900,601
Medi-Cal traditional outpatient	1,958,276	2,622,546	24,897,293	33,571,156
Medi-Cal traditional inpatient	3,171,090	4,319,253	46,159,972	53,344,209
Medi-Cal managed care outpatient	38,315,373	30,187,198	320,099,670	280,854,145
Medi-Cal managed care inpatient	23,897,809	20,842,201	252,896,969	256,758,356
Commercial insurance outpatient	24,448,212	19,417,708	222,304,969	181,006,667
Commercial insurance inpatient	18,891,959	21,085,097	203,972,303	198,135,138
Uncollectible accounts expense	5,099,551	3,986,399	43,495,003	38,603,709
Other payors	<u>1,250,565</u>	<u>1,310,745</u>	<u>11,538,393</u>	<u>14,912,255</u>
Deductions from revenue	<u>201,115,697</u>	<u>182,972,303</u>	<u>1,960,138,314</u>	<u>1,836,955,835</u>
Net patient revenue	<u>\$ 60,518,141</u>	<u>\$ 58,084,461</u>	<u>\$ 516,323,620</u>	<u>\$ 524,322,042</u>
Gross billed charges by patient type:				
Inpatient	\$ 121,396,269	\$ 130,582,607	\$ 1,243,611,140	\$ 1,276,374,759
Outpatient	108,573,818	79,568,284	936,107,901	794,568,648
Emergency room	<u>31,663,751</u>	<u>30,905,873</u>	<u>296,742,893</u>	<u>290,334,469</u>
Total	<u>\$ 261,633,838</u>	<u>\$ 241,056,764</u>	<u>\$ 2,476,461,934</u>	<u>\$ 2,361,277,877</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
STATEMENTS OF REVENUE AND EXPENSES
April 30, 2024

	<u>Month of April,</u>		<u>Ten months ended April 30,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 60,518,141	\$ 58,084,461	\$ 516,323,620	\$ 524,322,042
Other operating revenue	<u>7,615,190</u>	<u>8,114,714</u>	<u>17,476,695</u>	<u>15,725,228</u>
Total operating revenue	<u>68,133,331</u>	<u>66,199,175</u>	<u>533,800,315</u>	<u>540,047,270</u>
Operating expenses:				
Salaries and wages	16,614,493	14,576,020	166,656,648	169,148,524
Compensated absences	2,801,687	3,492,842	30,164,702	28,855,854
Employee benefits	8,025,558	9,813,071	84,455,346	79,273,460
Supplies, food, and linen	9,011,941	7,173,182	74,398,214	68,469,985
Purchased department functions	4,195,194	3,823,713	36,761,392	41,313,987
Medical fees	2,460,917	1,982,177	24,568,603	20,903,402
Other fees	2,743,758	2,688,657	23,219,807	29,332,930
Depreciation	2,772,807	1,826,428	24,389,785	20,334,222
All other expense	<u>1,796,259</u>	<u>1,633,258</u>	<u>17,354,350</u>	<u>15,989,445</u>
Total operating expenses	<u>50,422,614</u>	<u>47,009,348</u>	<u>481,968,847</u>	<u>473,621,809</u>
Income from operations	<u>17,710,717</u>	<u>19,189,827</u>	<u>51,831,468</u>	<u>66,425,461</u>
Non-operating income:				
Donations	56,322	2,606,456	2,660,534	8,366,424
Property taxes	333,333	333,333	3,333,333	3,333,333
Investment income	(1,647,527)	1,714,706	20,872,769	6,059,942
Taxes and licenses	0	0	0	0
Income from subsidiaries	<u>(4,068,188)</u>	<u>(6,182,360)</u>	<u>(45,066,065)</u>	<u>(37,351,085)</u>
Total non-operating income	<u>(5,326,060)</u>	<u>(1,527,865)</u>	<u>(18,199,429)</u>	<u>(19,591,386)</u>
Operating and non-operating income	<u>12,384,657</u>	<u>17,661,962</u>	<u>33,632,039</u>	<u>46,834,075</u>
Net assets to begin	<u>940,572,972</u>	<u>884,961,119</u>	<u>919,325,590</u>	<u>855,789,006</u>
Net assets to end	<u>\$ 952,957,629</u>	<u>\$ 902,623,081</u>	<u>\$ 952,957,629</u>	<u>\$ 902,623,081</u>
Net income excluding non-recurring items	\$ 12,384,657	\$ 17,661,962	\$ 33,632,039	\$ 46,834,075
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Operating and non-operating income	<u>\$ 12,384,657</u>	<u>\$ 17,661,962</u>	<u>\$ 33,632,039</u>	<u>\$ 46,834,075</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
SCHEDULES OF INVESTMENT INCOME
April 30, 2024

	<u>Month of April,</u>		<u>Ten months ended April 30,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Detail of income from subsidiaries:				
Salinas Valley Health Clinics				
Pulmonary Medicine Center	\$ (184,338)	\$ (261,690)	\$ (2,008,039)	\$ (1,758,198)
Neurological Clinic	(32,331)	(99,820)	(665,570)	(684,269)
Palliative Care Clinic	(105,840)	(48,441)	(921,793)	(680,898)
Surgery Clinic	(163,280)	(166,338)	(1,804,745)	(1,442,101)
Infectious Disease Clinic	(34,404)	(26,832)	(380,770)	(309,055)
Endocrinology Clinic	(185,784)	(209,283)	(2,271,112)	(1,735,710)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(474,932)	(887,922)	(5,657,976)	(4,866,901)
OB/GYN Clinic	(370,833)	(500,970)	(4,058,607)	(3,279,205)
PrimeCare Medical Group	(685,493)	(1,552,589)	(8,420,806)	(6,778,156)
Oncology Clinic	(397,518)	(360,011)	(3,498,149)	(2,623,735)
Cardiac Surgery	(398,354)	(349,825)	(3,197,867)	(2,856,186)
Sleep Center	(67,750)	(62,467)	(568,078)	(363,687)
Rheumatology	(58,521)	(108,738)	(709,909)	(624,749)
Precision Ortho MDs	(384,566)	(661,438)	(4,712,226)	(3,924,354)
Precision Ortho-MRI	0	0	0	0
Precision Ortho-PT	(38,001)	(35,266)	(474,410)	(370,515)
Vaccine Clinic	0	0	16	(683)
Dermatology	(37,944)	(23,756)	(396,140)	(186,516)
Hospitalists	0	0	0	0
Behavioral Health	(51,209)	(40,052)	(497,665)	(334,835)
Pediatric Diabetes	(51,846)	(44,115)	(461,680)	(457,224)
Neurosurgery	(90,377)	(51,795)	(526,149)	(309,145)
Multi-Specialty-RR	7,542	474	30,815	71,140
Radiology	(284,028)	(1,442,282)	(3,069,445)	(2,963,763)
Salinas Family Practice	(71,318)	(141,183)	(1,289,818)	(1,037,683)
Urology	(104,078)	(158,411)	(1,659,691)	(962,549)
Total SVHC	(4,265,203)	(7,232,750)	(47,219,814)	(38,478,977)
Doctors on Duty	(14,994)	694,466	271,135	707,517
Vantage Surgery Center	0	0	0	0
LPCH NICU JV	0	0	0	(1,387,567)
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	144,022	222,191	1,319,761	1,448,559
Coastal	9,088	34,034	105,314	4,595
Apex	0	0	0	0
21st Century Oncology	11,209	24,758	56,865	(28,622)
Monterey Bay Endoscopy Center	47,689	74,941	400,675	383,411
Total	<u>\$ (4,068,188)</u>	<u>\$ (6,182,360)</u>	<u>\$ (45,066,065)</u>	<u>\$ (37,351,085)</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
BALANCE SHEETS
April 30, 2024

	<u>Current year</u>	<u>Prior year</u>
A S S E T S		
Current assets:		
Cash and cash equivalents	\$ 243,116,557	\$ 321,753,911
Patient accounts receivable, net of estimated uncollectibles of \$45,198,876	96,838,017	83,591,939
Supplies inventory at cost	7,787,156	8,103,578
Current portion of lease receivable	935,448	546,861
Other current assets	<u>15,298,519</u>	<u>16,756,591</u>
Total current assets	<u>363,975,697</u>	<u>430,752,880</u>
Assets whose use is limited or restricted by board	<u>163,692,604</u>	<u>158,016,957</u>
Capital assets:		
Land and construction in process	48,812,146	53,803,445
Other capital assets, net of depreciation	<u>198,526,264</u>	<u>187,630,188</u>
Total capital assets	<u>247,338,410</u>	<u>241,433,632</u>
Other assets:		
Right of use assets, net of amortization	6,730,433	5,622,496
Long term lease receivable	494,234	1,186,426
Subscription assets, net of amortization	6,989,307	0
Investment in Securities	254,241,866	145,492,305
Investment in SVMC	5,599,898	7,425,452
Investment in Coastal	1,786,955	1,648,295
Investment in other affiliates	21,571,491	20,556,784
Net pension asset	<u>(4,175,289)</u>	<u>(3,732,274)</u>
Total other assets	<u>293,238,895</u>	<u>178,199,484</u>
Deferred pension outflows	<u>116,911,125</u>	<u>95,857,027</u>
	<u><u>\$ 1,185,156,731</u></u>	<u><u>\$ 1,104,259,981</u></u>
L I A B I L I T I E S A N D N E T A S S E T S		
Current liabilities:		
Accounts payable and accrued expenses	\$ 60,114,379	\$ 64,164,293
Due to third party payers	4,998,064	18,368,337
Current portion of self-insurance liability	20,330,294	18,676,725
Current subscription liability	4,220,137	0
Current portion of lease liability	<u>2,486,018</u>	<u>2,770,954</u>
Total current liabilities	92,148,892	103,980,309
Long term portion of workers comp liability	12,935,574	13,801,058
Long term portion of lease liability	4,465,691	3,101,049
Long term subscription liability	<u>2,533,070</u>	<u>0</u>
Total liabilities	<u>112,083,227</u>	<u>120,882,416</u>
Lease deferred inflows	1,323,811	1,642,999
Pension liability	<u>118,792,064</u>	<u>79,111,485</u>
Net assets:		
Invested in capital assets, net of related debt	247,338,410	241,433,632
Unrestricted	<u>705,619,219</u>	<u>661,189,449</u>
Total net assets	<u>952,957,629</u>	<u>902,623,081</u>
	<u><u>\$ 1,185,156,731</u></u>	<u><u>\$ 1,104,259,981</u></u>

SALINAS VALLEY HEALTH MEDICAL CENTER
STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL
April 30, 2024

	Month of April,				Ten months ended April 30,			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:								
Gross billed charges	\$ 261,633,838	\$ 234,958,521	26,675,317	11.35%	\$ 2,476,461,934	\$ 2,346,971,771	129,490,163	5.52%
Deductions from revenue	201,115,697	184,990,763	16,124,934	8.72%	1,960,138,314	1,848,699,981	111,438,333	6.03%
Net patient revenue	60,518,141	49,967,758	10,550,383	21.11%	516,323,620	498,271,790	18,051,830	3.62%
Other operating revenue	7,615,190	1,332,540	6,282,650	471.48%	17,476,695	13,325,400	4,151,295	31.15%
Total operating revenue	68,133,331	51,300,298	16,833,033	32.81%	533,800,315	511,597,189	22,203,126	4.34%
Operating expenses:								
Salaries and wages	16,614,493	17,615,786	(1,001,293)	-5.68%	166,656,648	171,645,573	(4,988,925)	-2.91%
Compensated absences	2,801,687	2,526,492	275,195	10.89%	30,164,702	29,110,086	1,054,616	3.62%
Employee benefits	8,025,558	8,228,388	(202,830)	-2.46%	84,455,346	79,634,496	4,820,850	6.05%
Supplies, food, and linen	9,011,941	6,679,670	2,332,271	34.92%	74,398,214	67,896,469	6,501,745	9.58%
Purchased department functions	4,195,194	3,539,228	655,966	18.53%	36,761,392	35,392,291	1,369,101	3.87%
Medical fees	2,460,917	2,359,060	101,857	4.32%	24,568,603	23,590,602	978,001	4.15%
Other fees	2,743,758	2,222,815	520,943	23.44%	23,219,807	22,480,581	739,226	3.29%
Depreciation	2,772,807	2,172,851	599,956	27.61%	24,389,785	21,397,326	2,992,459	13.99%
All other expense	1,796,259	1,801,863	(5,604)	-0.31%	17,354,350	18,215,966	(861,616)	-4.73%
Total operating expenses	50,422,614	47,146,153	3,276,461	6.95%	481,968,847	469,363,390	12,605,457	2.69%
Income from operations	17,710,717	4,154,144	13,556,573	326.34%	51,831,468	42,233,799	9,597,669	22.73%
Non-operating income:								
Donations	56,322	166,667	(110,345)	-66.21%	2,660,534	1,666,667	993,867	59.63%
Property taxes	333,333	333,333	(0)	0.00%	3,333,333	3,333,333	(0)	0.00%
Investment income	(1,647,527)	1,185,806	(2,833,333)	-238.94%	20,872,769	11,858,056	9,014,713	76.02%
Income from subsidiaries	(4,068,188)	(3,727,785)	(340,403)	9.13%	(45,066,065)	(39,563,798)	(5,502,267)	13.91%
Total non-operating income	(5,326,060)	(2,041,979)	(3,284,081)	160.83%	(18,199,429)	(22,705,742)	4,506,313	-19.85%
Operating and non-operating income	\$ 12,384,657	\$ 2,112,165	10,272,492	486.35%	\$ 33,632,039	\$ 19,528,057	14,103,982	72.22%

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of April and ten months to date

	Month of April		Ten months to date		Variance
	2023	2024	2022-23	2023-24	
NEWBORN STATISTICS					
Medi-Cal Admissions	33	28	371	337	(34)
Other Admissions	77	61	854	778	(76)
Total Admissions	110	89	1,225	1,115	(110)
Medi-Cal Patient Days	61	46	604	536	(68)
Other Patient Days	145	102	1,439	1,273	(166)
Total Patient Days of Care	206	148	2,043	1,809	(234)
Average Daily Census	6.9	4.9	6.7	5.9	(0.8)
Medi-Cal Average Days	1.9	1.8	1.7	1.7	(0.0)
Other Average Days	0.8	1.6	1.7	1.7	(0.0)
Total Average Days Stay	1.9	1.7	1.7	1.7	(0.0)
ADULTS & PEDIATRICS					
Medicare Admissions	373	343	3,995	3,706	(289)
Medi-Cal Admissions	296	269	2,928	2,664	(264)
Other Admissions	372	293	3,106	2,959	(147)
Total Admissions	1,041	905	10,029	9,329	(700)
Medicare Patient Days	1,611	1,318	17,019	15,050	(1,969)
Medi-Cal Patient Days	1,152	1,052	12,085	10,790	(1,295)
Other Patient Days	898	710	10,226	7,144	(3,082)
Total Patient Days of Care	3,661	3,080	39,330	32,984	(6,346)
Average Daily Census	122.0	102.7	129.0	108.1	(20.8)
Medicare Average Length of Stay	4.4	3.8	4.3	4.1	(0.2)
Medi-Cal AverageLength of Stay	3.8	3.5	3.6	3.5	(0.0)
Other Average Length of Stay	2.5	2.1	2.6	1.9	(0.7)
Total Average Length of Stay	3.5	3.1	3.5	3.2	(0.3)
Deaths	27	29	256	266	10
Total Patient Days	3,867	3,228	41,373	34,793	(6,580)
Medi-Cal Administrative Days	4	24	85	56	(29)
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	4	24	85	56	(29)
Percent Non-Acute	0.10%	0.74%	0.21%	0.16%	-0.04%

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of April and ten months to date

	Month of April		Ten months to date		Variance
	2023	2024	2022-23	2023-24	
<u>PATIENT DAYS BY LOCATION</u>					
Level I	293	262	3,005	2,478	(527)
Heart Center	354	283	3,498	3,254	(244)
Monitored Beds	644	585	6,732	6,177	(555)
Single Room Maternity/Obstetrics	313	220	3,349	2,955	(394)
Med/Surg - Cardiovascular	760	817	9,176	8,405	(771)
Med/Surg - Oncology	308	271	2,810	2,794	(16)
Med/Surg - Rehab	448	457	5,171	4,557	(614)
Pediatrics	86	113	1,241	1,305	64
Nursery	206	148	2,043	1,809	(234)
Neonatal Intensive Care	179	72	1,421	1,059	(362)
<u>PERCENTAGE OF OCCUPANCY</u>					
Level I	75.13%	67.18%	76.04%	62.70%	
Heart Center	78.67%	62.89%	76.71%	71.36%	
Monitored Beds	79.51%	72.22%	82.02%	75.26%	
Single Room Maternity/Obstetrics	28.20%	19.82%	29.77%	26.27%	
Med/Surg - Cardiovascular	56.30%	60.52%	67.08%	61.44%	
Med/Surg - Oncology	78.97%	69.49%	71.10%	70.70%	
Med/Surg - Rehab	57.44%	58.59%	65.42%	57.65%	
Med/Surg - Observation Care Unit	0.00%	0.00%	0.00%	0.00%	
Pediatrics	15.93%	20.93%	22.68%	23.85%	
Nursery	41.62%	29.90%	20.36%	18.03%	
Neonatal Intensive Care	54.24%	21.82%	42.49%	31.67%	

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of April and ten months to date

	Month of April		Ten months to date		Variance
	2023	2024	2022-23	2023-24	
<u>DELIVERY ROOM</u>					
Total deliveries	99	88	1,171	1,036	(135)
C-Section deliveries	36	20	383	319	(64)
Percent of C-section deliveries	36.36%	22.73%	32.71%	30.79%	-1.92%
<u>OPERATING ROOM</u>					
In-Patient Operating Minutes	16,444	19,960	199,591	161,557	(38,034)
Out-Patient Operating Minutes	28,776	32,124	272,004	297,852	25,848
Total	45,220	52,084	471,595	459,409	(12,186)
Open Heart Surgeries	15	14	140	113	(27)
In-Patient Cases	110	121	1,368	1,130	(238)
Out-Patient Cases	307	327	2,792	2,953	161
<u>EMERGENCY ROOM</u>					
Immediate Life Saving	40	39	333	372	39
High Risk	828	797	6,221	7,673	1,452
More Than One Resource	2,875	2,861	29,401	27,927	(1,474)
One Resource	1,818	1,891	20,610	18,886	(1,724)
No Resources	109	68	964	843	(121)
Total	5,670	5,656	57,529	55,701	(1,828)

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of April and ten months to date

	Month of April		Ten months to date		
	2023	2024	2022-23	2023-24	Variance
CENTRAL SUPPLY					
In-patient requisitions	14,686	12,641	152,969	128,955	-24,014
Out-patient requisitions	10,072	11,315	95,155	105,038	9,883
Emergency room requisitions	961	610	7,613	7,033	-580
Interdepartmental requisitions	6,219	6,402	69,338	66,049	-3,289
Total requisitions	31,938	30,968	325,075	307,075	-18,000
LABORATORY					
In-patient procedures	38,458	33,663	397,296	362,312	-34,984
Out-patient procedures	10,945	43,836	104,290	292,890	188,600
Emergency room procedures	13,479	12,552	129,409	128,354	-1,055
Total patient procedures	62,882	90,051	630,995	783,556	152,561
BLOOD BANK					
Units processed	260	277	3,091	2,836	-255
ELECTROCARDIOLOGY					
In-patient procedures	1,179	1,110	11,312	10,988	-324
Out-patient procedures	407	411	3,615	3,918	303
Emergency room procedures	1,234	1,397	11,459	12,408	949
Total procedures	2,820	2,918	26,386	27,314	928
CATH LAB					
In-patient procedures	130	103	1,007	1,224	217
Out-patient procedures	85	152	813	1,233	420
Emergency room procedures	0	1	1	1	0
Total procedures	215	256	1,821	2,458	637
ECHO-CARDIOLOGY					
In-patient studies	467	372	3,973	3,807	-166
Out-patient studies	267	311	2,429	2,824	395
Emergency room studies	1	0	12	9	-3
Total studies	735	683	6,414	6,640	226
NEURODIAGNOSTIC					
In-patient procedures	130	114	1,401	1,261	-140
Out-patient procedures	20	14	197	174	-23
Emergency room procedures	0	0	0	0	0
Total procedures	150	128	1,598	1,435	-163

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of April and ten months to date

	Month of April		Ten months to date		
	2023	2024	2022-23	2023-24	Variance
SLEEP CENTER					
In-patient procedures	1	0	2	0	-2
Out-patient procedures	160	301	1,401	2,487	1,086
Emergency room procedures	0	0	1	0	-1
Total procedures	161	301	1,404	2,487	1,083
RADIOLOGY					
In-patient procedures	1,401	1,261	14,480	13,027	-1,453
Out-patient procedures	458	428	3,936	4,057	121
Emergency room procedures	1,506	1,638	15,168	15,017	-151
Total patient procedures	3,365	3,327	33,584	32,101	-1,483
MAGNETIC RESONANCE IMAGING					
In-patient procedures	187	166	1,515	1,462	-53
Out-patient procedures	119	104	1,023	1,107	84
Emergency room procedures	2	6	59	61	2
Total procedures	308	276	2,597	2,630	33
MAMMOGRAPHY CENTER					
In-patient procedures	3,891	4,579	39,718	41,698	1,980
Out-patient procedures	3,856	4,548	39,355	41,263	1,908
Emergency room procedures	0	0	9	9	0
Total procedures	7,747	9,127	79,082	82,970	3,888
NUCLEAR MEDICINE					
In-patient procedures	17	22	191	199	8
Out-patient procedures	76	125	902	1,142	240
Emergency room procedures	0	1	2	3	1
Total procedures	93	148	1,095	1,344	249
PHARMACY					
In-patient prescriptions	91,756	76,901	960,490	837,441	-123,049
Out-patient prescriptions	15,650	16,760	150,085	158,726	8,641
Emergency room prescriptions	8,782	10,207	87,097	93,965	6,868
Total prescriptions	116,188	103,868	1,197,672	1,090,132	-107,540
RESPIRATORY THERAPY					
In-patient treatments	19,381	15,415	181,557	161,573	-19,984
Out-patient treatments	1,296	1,236	11,147	11,301	154
Emergency room treatments	467	558	4,110	5,079	969
Total patient treatments	21,144	17,209	196,814	177,953	-18,861
PHYSICAL THERAPY					
In-patient treatments	2,210	2,490	25,604	24,962	-642
Out-patient treatments	278	231	1,987	2,600	613
Emergency room treatments	0	0	2	0	-2
Total treatments	2,488	2,721	27,593	27,562	-31

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of April and ten months to date

	Month of April		Ten months to date		
	2023	2024	2022-23	2023-24	Variance
OCCUPATIONAL THERAPY					
In-patient procedures	1,251	1,305	15,866	14,086	-1,780
Out-patient procedures	187	163	1,675	2,335	660
Emergency room procedures	0	0	0	0	0
Total procedures	1,438	1,468	17,541	16,421	-1,120
SPEECH THERAPY					
In-patient treatments	592	437	4,706	4,988	282
Out-patient treatments	17	38	251	387	136
Emergency room treatments	0	0	0	0	0
Total treatments	609	475	4,957	5,375	418
CARDIAC REHABILITATION					
In-patient treatments	0	0	1	11	10
Out-patient treatments	644	719	5,210	5,473	263
Emergency room treatments	0	3	0	3	3
Total treatments	644	722	5,211	5,487	276
CRITICAL DECISION UNIT					
Observation hours	437	251	4,259	3,128	-1,131
ENDOSCOPY					
In-patient procedures	66	88	830	780	-50
Out-patient procedures	59	65	604	567	-37
Emergency room procedures	0	0	0	0	0
Total procedures	125	153	1,434	1,347	-87
C.T. SCAN					
In-patient procedures	749	689	7,390	7,172	-218
Out-patient procedures	455	353	4,022	3,513	-509
Emergency room procedures	723	756	6,798	7,311	513
Total procedures	1,927	1,798	18,210	17,996	-214
DIETARY					
Routine patient diets	20,660	14,091	235,669	164,397	-71,272
Meals to personnel	23,295	30,362	246,257	285,172	38,915
Total diets and meals	43,955	44,453	481,926	449,569	-32,357
LAUNDRY AND LINEN					
Total pounds laundered	100,446	93,500	1,020,928	967,005	-53,923

Memorandum

To: Board of Directors
 From: Clement Miller, COO
 Date: May 14, 2024
 Re: Policies Requiring Approval

As required under Title 22, CMS, and The Joint Commission (TJC), please find below a list of regulatory required policies with summary of changes that require your approval.

	Policy Title	Summary of Changes	Responsible VP
1.	Patient and Family Education	<p>Statements were edited to make them generalized. Updated reference.</p> <p>The designated subject matter expert will review new and/or revised materials.</p> <p>Use a readability test to determine the grade level of the materials (8th grade or less) added.</p>	Lisa Paulo, CNO
2.	Standards of Care and Practice - Registered Nurse	Updated reference dates, admission history time frame	Lisa Paulo, CNO



Last Approved N/A
Next Review 3 years after approval

Owner Stephanie Frizzell: Director Education
Area Patient Care

Patient and Family Education

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- A. To provide a framework for improving patient health outcomes by promoting healthy behavior and involving the patient in care that will help optimize a healthful lifestyle.
- B. To encourage and provide interactive participation in healthcare decisions.
- C. To provide information to help patients maximize their ability to function within a life changing disease process.
- D. To define a mechanism for arranging the continuation of academic educational services for child or adolescent patients.

III. DEFINITIONS

- A. Prolonged hospitalization is defined as being hospitalized for greater than a 30- day consecutive period.

IV. GENERAL INFORMATION

- A. Patient education is intended to communicate self-care, health instructions and information to patients and/or their families. The education may be verbal, written, visual, audio visual and/or computer generated and culturally diverse.
 - 1. Patient and family will be involved in decisions about their healthcare education.
 - 2. Education will be ongoing throughout the patient's care experience.
 - 3. When available, education is provided in the patient's preferred language through written or visual materials, and/or through the use of interpreter services.

4. When called for by the age of the patient and the length of stay, the hospital assesses and provides for the patient's academic educational needs.

B. General Principles And Concepts In Providing Education

1. The goal(s) of patient/family education should be to enable the recipient to maximize his/her ability to engage in behaviors that will optimize a healthful lifestyle.
2. The provision of patient/family education is based primarily upon identified need. The level and intensity of this education should be consistent with the needs of the patient and/or family.
3. The provision of patient/family education is interactive in nature. Active involvement of the patient/family in developing and implementing educational "plans" is recommended.
4. The provision of patient/family education is collaborative in nature. Members of the healthcare team work together to assure that the needs of the patient/family are met.
5. The patient/family should be evaluated to determine if they have received the education that was intended for them. For education that is didactic in nature, this evaluation can be accomplished by having the patient/family provide verbal feedback. If the education is "skill" driven, then evaluation is ideally accomplished by return demonstration.
6. Patients should be provided with appropriate after-care instructions when discharged from any care setting. The scope and intensity of this instruction should be consistent with the needs of the patient/family.
7. Patients should be provided with instruction on specific drug / drug and food/drug interactions when discharged from any care setting, if they have been provided with the medication by the Organization at the time of discharge.
8. Provision of education should be conducted in a manner appropriate to the patient/family's developmental/functional age.

V. PROCEDURE

- A. Upon admission the Hospital gives a copy of "Patient's Rights and Responsibilities", which makes clear to patients and families what their rights are regarding the patient's ongoing health care needs, and gives them the knowledge and skills they need to carry out their responsibilities.
- B. Health care personnel deliver patient/family/community education.
 1. Staff to contact appropriate resources to provide specific education,
- C. Assessment of individual/family educational needs is made prior to developing a teaching plan. This assessment will enable them to engage in healthy behavior and recover disease and illness. The patient's learning needs, abilities, preferences, and readiness to learn are assessed.
 1. Complete the education assessment in the electronic medical record

2. Assessing the following barriers:

- a. Learning preferences.
- b. Readiness to learn.
- c. Culture and religious beliefs.
- d. Physical and emotional barriers.
- e. Financial
- f. Language and reading skills
- g. Cognitive skills
- h. Family involvement.
- i. Understanding of disease process and treatment plan.
- j. Age of the patient and length of stay.

D. Types of learning knowledge assessed but not limited to:

- 1. Nutrition
- 2. Medication
- 3. Pain management
- 4. Disease process and health problem
- 5. Activities of daily living
- 6. Role of patient and family in ongoing healthcare maintenance

E. Roles of the Healthcare Team

- 1. Healthcare Team to include but not limited to:
 - a. Physicians and Physician Assistants
 - b. Nurses
 - c. Clinical Dietitian
 - d. Pharmacist
 - e. Respiratory Therapist
 - f. Physical, Occupational, and Speech Therapists
 - g. Social Workers and Case Managers

2. Explanation of all procedures and rationales for procedures.

F. Nursing staff, physicians, and other members of the health care team are encouraged to develop/revise patient education materials in consultation with content experts, according to appropriate regulatory agencies.

- 1. Teaching methods/materials follow adult learning principles to provide instruction to patients/families/community that best meets their identified needs.
- 2. With due regard for privacy, healthcare personnel teaches and helps patients maintain good standards for personal hygiene and grooming, including bathing,

- brushing teeth, caring for hair and nails, and using the toilet.
3. Patients are educated about the safe and effective use of medical equipment.
 4. Patients are educated about rehabilitation techniques to help them adapt or function more independently in their environment.
 5. Patients are informed about access to additional resources in the community.
 6. Patients are informed about when and how to obtain any further treatment the patient may need.
- G. Nonjudgmental support and encouragement is offered patient/family throughout the teaching process.
- H. Healthcare personnel give discharge instructions to the patient or family, and provide these instructions to the organization or individual responsible for the patient's continuing care.
- I. Review/Develop materials:
1. The designated subject matter expert will review new and/or revised materials.
 2. Use a readability test to determine the grade level of the materials (8th grade or less).
- J. Academic education for child/adolescent patients will be provided by the hospital or through other means when appropriate.
- K. All patient education materials developed by staff members are the property of Salinas Valley health Medical Center. Hospital departments are responsible for ensuring the information is complete, accurate, and meets standards.
- L. PROVISION OF ACADEMIC EDUCATION TO PEDIATRIC PATIENTS (Ages Six through Seventeen)
1. SVHMC will make all reasonable attempts to provide pediatric patients with continued academic instruction during periods of prolonged hospitalization.
 2. Nursing Services and/or the child's Physician is responsible for identifying and referring to Social Services those children who are hospitalized for a prolonged period. Social Services is responsible for assessing the feasibility of providing academic educational services and for coordinating the provision of such services if so indicated.
- M. Documentation:
1. When an instruction is given, health care personnel document understanding of patient's comprehension.
 - a. Patient's ability to perform any return demonstration as needed.
 - b. Staff documents clarification and/or reinforcement of information in the patient medical record.

VI. EDUCATION/TRAINING

- A. Education and/or training is provided as needed

VII. REFERENCES

- A. Joint Commission Standards PC.02.03.01 & PC.02.02.07.
- B. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. (2010) *Tool kit for making written material clear and effective* Retrieved from CMS.gov/ outreach-and-education/outreach/written Materials Toolkit. (Feb 2024)

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
CNO	Lisa Paulo: Chief Nursing Officer	05/2024
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	05/2024
Policy Owner	Stephanie Frizzell: Director Education	05/2024

Standards

No standards are associated with this document



Last Approved N/A
Next Review 3 years after approval

Owner Stephanie Frizzell: Director Education
Area Patient Care

Standards of Care and Practice - Registered Nurse

I. POLICY STATEMENT

- A. The Registered Nurse (RN) is responsible for ensuring that these Standards of Care and Standards of Practice are maintained at all times.

II. PURPOSE

- A. To outline the independent Standards of Practice of registered nurses.

III. DEFINITIONS

- A. **Standards of Care:** describes the level of nursing care that patients can expect as demonstrated through assessment, diagnosis, outcome identification, planning, implementation, and evaluation of stability of patient's condition.
- B. **Standards of Practice:** describe a competent level of nursing practice demonstrated by the critical thinking model known as the nursing process.
- C. **Nurse:** refers to the professional Registered Nurse
- D. **Patient:** refers to both inpatients and outpatients

IV. GENERAL INFORMATION

- A. The following Standards of Care are statements which describe the basic level of care patients can expect while receiving care within the Salinas Valley Health Medical Center (SVHMC). This document is to be used in conjunction with unit-based/department-based and hospital-based guidelines, policies, protocols and procedures. Nursing care is provided in collaboration with physician orders and other interdisciplinary recommendations for care.

V. PROCEDURES

A. STANDARD OF CARE: GENERAL

1. The patient receives nursing care, including basic health care, that helps them to cope with difficulties in daily living that are associated with their actual or potential health or illness problems or treatments, which require a substantial amount of scientific knowledge or technical skill (Board of Registered Nursing, Section 2725, b)

B. STANDARD OF PRACTICE:

1. Upon admission to the nursing unit, the nurse:
 - a. Prepares the room with the equipment appropriate to the care needs of the individual patient.
 - b. Orients patient and family to the room and unit/department.
 - c. Performs and documents an admission history within 2 hours of admission or as patient condition warrants. (Refer to [ADMISSION ASSESSMENT & RE-ASSESSMENT](#))
 - d. Performs and documents a shift assessment within one (1) to two (2) hours of admission as per unit standard. (Refer to [ADMISSION ASSESSMENT & RE-ASSESSMENT](#)).
 - e. Initiates a plan of care at time of admission and update as patient's condition changes. (Refer to [INTERDISCIPLINARY PLAN OF CARE](#))
2. The nurse assesses and monitors the stability of the patient's condition per routine standard and as his/her condition warrants. Refer to [ADMISSION ASSESSMENT & RE-ASSESSMENT](#).
 - a. Vital signs (pulse, respiration, blood pressure and temperature) are obtained per unit standard.
 - b. Physical assessment will be conducted per unit standard: Refer to [ADMISSION ASSESSMENT & RE-ASSESSMENT](#).
 - i. Neuro and musculoskeletal normal value parameters
 - ii. Respiratory normal value parameters
 - iii. Cardiovascular normal value parameters
 - iv. GI/GU normal value parameters
 - v. Integumentary normal value parameters
 - vi. Psycho/social/developmental/cultural/spiritual normal value parameters
3. The nurse communicates appropriate information to other caregivers. Refer to [HANDOFF COMMUNICATION](#)).
4. The nurse delegates as appropriate to role and patient condition.
5. Documentation should be timely, current and chronological – 'point of care documentation' is the preferred method. However, all care performed should be

documented to reflect the time the care was performed.

C. STANDARD OF CARE: TREATMENT AND PROCEDURES:

1. The patient receives his/her treatments/procedures from a qualified care provider.

D. STANDARD OF PRACTICE:

1. Treatment and Procedures

- a. The nurse coordinates care to ensure prescribed treatments and procedures are carried out.
- b. The nurse documents the patient's response to treatments and procedures.

E. STANDARD OF CARE: NUTRITIONAL SUPPORT:

1. The patient receives nursing care to support nutritional status during their hospitalization.

F. STANDARD OF PRACTICE:

1. Nutrition

- a. The nurse completes a nutrition risk screening within 24 hours of admission. [ADMISSION ASSESSMENT & RE-ASSESSMENT](#)
- b. The nurse completes a swallow screen for any patient identified as high risk by assessment or diagnosis.
- c. The nurse monitors nutritional intake and collaborate with registered dietitian as needed. (Refer to [ENTERAL TUBES INSERTION MAINTENANCE](#))
- d. If gastric tube present, the nurse confirms placement and assess/monitor any gastric drainage. (Refer to [ENTERAL TUBES INSERTION MAINTENANCE](#))
- e. If enteral feeding/parenteral feeding is ordered, the nurse monitors rate and tolerance to feedings. (Refer to [ENTERAL TUBES INSERTION MAINTENANCE](#)).

G. STANDARD OF CARE: SKIN INTEGRITY:

1. The patient receives nursing care to maintain skin integrity.

H. STANDARD OF PRACTICE:

1. SKIN

- a. The Nurse completes a skin assessment upon admission, each shift and prn. (Refer to [SKIN ASSESSMENT, PRESSURE INJURY-IDENTIFICATION, PREVENTION AND TREATMENT CLINICAL PROCEDURE](#))
- b. The Nurse initiates the pressure ulcer prevention measures for patients with a Braden score of 18 or less. (Refer to [SKIN ASSESSMENT, PRESSURE INJURY-IDENTIFICATION, PREVENTION AND TREATMENT CLINICAL PROCEDURE](#))

- c. The Nurse initiates the skin integrity care plan for patients with a pressure ulcer or those identified to be at-risk. Refer to [SKIN ASSESSMENT, PRESSURE INJURY-IDENTIFICATION, PREVENTION AND TREATMENT CLINICAL PROCEDURE](#)
- d. The Nurse collaborates with the wound care nurse, nursing team, physicians, rehabilitation and nutrition services staff. (Refer to [SKIN ASSESSMENT, PRESSURE INJURY-IDENTIFICATION, PREVENTION AND TREATMENT CLINICAL PROCEDURE](#))

I. STANDARD OF CARE: PAIN/COMFORT

- 1. The patient receives pain management to promote comfort and healing.

J. STANDARD OF PRACTICE:

1. Pain/Comfort

- a. The nurse performs ongoing pain assessment based on communication with the patient, using appropriate pain scale. (Refer to [PAIN MANAGEMENT](#))
- b. The nurse implements an individualized plan of care for pain management with appropriate interventions and reassessment for patients expressing/experiencing pain.
- c. The nurse reassesses/evaluates effectiveness of pain intervention. (Refer to [PAIN MANAGEMENT](#))
- d. If pain management plan is ineffective, the nurse advocates for the patient.

K. STANDARD OF CARE: PSYCHOSOCIAL SUPPORT:

- 1. The patient/family psychosocial needs are addressed in a supportive manner.

L. STANDARD OF PRACTICE:

1. Psychosocial

- a. The nurse assesses psychosocial, spiritual, cultural, and developmental needs of patients and family. (Refer to [SOCIAL SERVICES: HIGH RISK PSYCHOSOCIAL ASSESSMENT](#))
- b. The nurse evaluates growth and developmental needs.
- c. The nurse considers the need for referrals to other services as appropriate (i.e. Social Services, Case Management).
- d. The nurse screens for and reports signs of abuse. (Refer to [ABUSE AND ASSAULT REPORTING REQUIREMENTS](#))

M. STANDARD OF CARE: PATIENT EDUCATION:

- 1. The patient receives education and training individualized to their plan of care, treatment and services provided during his/her hospitalization and upon discharge.

N. STANDARDS OF PRACTICE:

1. Education

- a. The nurse implements a teaching plan upon admission and throughout hospital stay utilizing the education/nursing process which consists of the following steps. Refer to CPM. 64: [PATIENT AND FAMILY EDUCATION](#)
 - i. **Assessment:** Through assessment, the nurse ascertains the patient's knowledge level, readiness/desire/motivation as well as the ability to learn, in addition to learning preferences.
 - ii. **Plan:** The nurse determines patient and nursing goals and develops an individualized teaching plan.
 - iii. **Implementation:** The nurse carries out the teaching plan using instructional methods and tools.
 - iv. **Evaluation:** The nurse determines if the goals were achieved and reviews behavior changes (outcomes) related to knowledge, attitudes and skills.
- b. The nurse encourages patient/family/significant other to ask questions and voice concerns.

O. **STANDARD OF CARE:** DISCHARGE PLANNING:

1. The patient's discharge plan is individualized.

P. **STANDARDS OF PRACTICE:**

1. Discharge Planning
 - a. The nurse assesses discharge planning needs upon admission and throughout hospital stay.
 - b. The nurse collaborates with case manager regarding discharge plan. Refer to [DISCHARGE/TRANSITION PLANNING GUIDELINES](#) .
 - c. The nurse provides discharge teaching appropriate to patient's condition, learning needs, readiness/ability to learn and language preference.
 - d. The nurse includes family/significant other in discharge planning when possible.

Q. **STANDARD OF CARE:** INFECTION CONTROL:

1. The patient receives care which aligns with established infection prevention and control practices.

R. **STANDARDS OF PRACTICE:**

1. Infection Control
 - a. The nurse practices good hand hygiene. (Refer to [HAND HYGIENE](#))
 - b. The nurse screens patients for potential/actual infections. (Refer to [INFECTION PREVENTION ANNUAL PLAN AND RISK ASSESSMENT](#))
 - c. The nurse provides isolation precautions as warranted. (Refer to [ISOLATION - STANDARD AND TRANSMISSION BASED PRECAUTIONS](#))

S. STANDARD OF CARE: PATIENT SAFETY AND MOBILITY:

1. The patient's environment promotes safety and mobility.

T. STANDARDS OF PRACTICE:

1. Safety and Mobility

- a. The nurse verifies patient identification (ID) band and other alert bands (e.g. allergy, Do Not Resuscitate [DNR], etc.): on admission, prior to administration of medication(s), treatment(s), and/or procedure(s). Refer to policy and procedure for [PATIENT IDENTIFICATION POLICY](#) and [COLOR-CODED WRISTBAND USE](#).
- b. The nurse assesses and manages patient's risk for falls. Refer to [FALLS, MANAGEMENT OF THE PATIENT POLICY](#)
- c. The nurse assesses and manages patient's risk for self-harm. Refer to [CARE OF THE SUICIDAL PATIENT](#).
- d. The nurse uses the least restrictive measures to maintain safety and integrity of treatment modalities, whenever possible. Refer to [RESTRAINT POLICY](#) and [VIOLENT/SELF-DESTRUCTIVE RESTRAINT POLICY](#).
- e. The nurse implements hospital practices associated with the National Patient Safety Standards.

U. STANDARD OF CARE: MEDICATION ADMINISTRATION:

1. The patient receives medications prescribed by a qualified care provider.

V. STANDARDS OF PRACTICE:

1. Medication Administration

- a. The nurse administers medications as prescribed. Refer to [MEDICATION USE](#)
- b. The nurse monitors patient's response to medications and addresses adverse effects.
- c. The nurse educates the patients on potential side effects and adverse reactions.

W. STANDARD OF CARE: IDENTIFICATION AND MANAGEMENT OF CRITICAL EVENTS:

1. The patient receives emergency response care related to negative change in patient stability and critical events.

X. STANDARDS OF PRACTICE:

1. Identification, Management, and Documentation of Critical Events

- a. The nurse observes, recognizes, and determines the presence of abnormal signs/symptoms associated with negative changes in condition (critical events) requiring activation of the Rapid Response Team (RRT) or initiation of an emergency response code. Refer to [RAPID RESPONSE TEAM](#) for SVHMC specific practices.

- b. The nurse documents concurrently or within a reasonable amount of time the actual time of the assessment and intervention.

Y. STANDARD OF CARE: DOCUMENTATION OF NURSING CARE

1. The patient receives access to information regarding their medical condition and their plan of care.

Z. STANDARDS OF PRACTICE:

1. Documentation of Nursing Care
 - a. The nurse documents assessment, intervention, and all aspects of the nursing process timely, accurately, and completely to ensure an organized comprehensive care plan.
 - b. The nurse documents concurrently or within a reasonable amount of time. It is recommended to document at least within two hours to the actual time of the assessment, intervention, and all nursing care related activities, in such a way that the documentation translates a chronological record of events in patient care and delivery of services.
 - c. The nurse takes professional accountability related to documentation practices in accordance with the Standards of Practice for Registered Nurses.

VI. EDUCATION/TRAINING

- A. Education and/or training is provided as needed

VII. REFERENCES

- A. American Nurses Association. (2021). *Scope and standards of practice: Nursing* (4th ed.). Silver Spring, MD
- B. State of California Board of Registered Nursing. (n.d.) *Business and professions code division 2, chapter 6, article 2, section 2725, (b) 4*. Retrieved November 13, 2023, from <http://www.rn.ca.gov/practice/npa.shtml>

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending

CNO	Lisa Paulo: Chief Nursing Officer	05/2024
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	05/2024
Policy Owner	Stephanie Frizzell: Manager Education	11/2023

Standards

No standards are associated with this document

COPY

*QUALITY AND EFFICIENT
PRACTICES COMMITTEE*

*Minutes of the
Quality and Efficient Practices Committee
will be distributed at the Board Meeting*

*Background information supporting the
proposed recommendation from the
Committee is included in the Board Packet*

(CATHERINE CARSON)

**QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING
RECOMMENDATION OF MAY 2024**

- 1. Consider Recommendation for Board Approval of the Appointment of a Community Member to the Quality and Efficient Practices Committee as a Patient and Family Advisor.**

RECOMMENDATION: The Quality and Efficient Practices Committee recommends for Board approval of the Appointment of community member Cheryl Pirozzoli as a Patient and Family Advisor to the Quality and Efficient Practices Committee.

FINANCE COMMITTEE

*Minutes of the Finance Committee
will be distributed at the Board Meeting*

*Background information supporting the
proposed recommendations from the
Committee is included in the Board Packet*

(JOEL HERNANDEZ LAGUNA)

- *Committee Chair Report*
- *Board Questions to Committee Chair/Staff*
- *Motion/Second*
- *Public Comment*
- *Board Discussion/Deliberation*
- *Action by Board/Roll Call Vote*

Board Paper: Finance Committee

Agenda Item: Consider Recommendation to the Board of Directors for Approval of the Epic Inpatient Electronic Health Record Solution Support Amendment, Hosting Services Amendment and Related Implementation Services as Sole Source Justification and Contract Award

Executive Sponsor: Allen Radner, MD, Interim Chief Executive Officer
Gary Ray, Chief Legal Officer
Augustine Lopez, Chief Financial Officer
Audrey Parks, Chief Information Officer
Josh Rivera, Director Enterprise Informatics

Date: May 1, 2024

Executive Summary

Salinas Valley Health has been working towards the development of a comprehensive enterprise-wide electronic health record (EHR) strategy that includes moving Salinas Valley Health Medical Center to a consolidated software system aligned with its ambulatory network, Salinas Valley Health Clinic. This project includes significant investments in software to support clinical, financial, population health, data analytics and enables the migration of our inpatient and outpatient systems to a single, common EHR.

By implementing Epic Inpatient applications, Salinas Valley Health will be migrating from its current vendor, Meditech, to Epic. This transition will displace over forty other applications that are used throughout the healthcare system to augment the current EHR vendor. An integrated EHR platform provides a unified view of the patient healthcare record, will help facilitate streamlined workflows and health system communication, support quality payment program performance, and allow for data analytics. All of this in support of the quadruple aim of enhanced patient experience, improved population health of the populations we serve, reduced costs and better work-life balance of our healthcare providers. The move to Epic Inpatient simplifies communications and data sharing between the Medical Center and Clinics. A fully Epic EHR will also create stronger ties with tertiary referral sites in our region who primarily use Epic.

Background/Situation/Rationale

In 2017, Salinas Valley Health began exploring options to unify our ambulatory clinic network as its growth in size and scale required more advanced functionality than could be accommodated with our then ambulatory systems. With one unified record in mind, we attempted to leverage Meditech's ambulatory system. Once this was determined as non-viable, and with a common EHR in mind, we pursued the Epic ambulatory EHR. This was approved by Salinas Valley Health Board of Directors in March 2019.

In October 2023, Salinas Valley Health's Executive Team directed the organization to start looking into an integrated EHR business impact analysis. Over the past several months we have engaged with Impact Advisors, an information technology consulting company with deep experience in Epic

implementation and who previously assisted with the evaluation and implementation of our Epic Ambulatory solution, to develop a detailed project budget, Total Cost of Ownership (TCO), for a proposed Epic Inpatient system. This work has resulted in a total estimated project cost of approximately eighty-eight million dollars (\$88,000,000) over five (5) years. This total reflects the following:

- Epic Inpatient Care software licensing fees
- Epic hosting costs
- necessary third-party software licensing fees
- hardware costs
- incremental staffing
- training
- implementation professional services

We believe this investment is necessary to support improvements in our healthcare delivery system and our ability to adapt to regulatory requirements, changing reimbursement models that demand a higher level of integration, and more robust clinical and analytics functionality.

Timeline/Review Process to Date

- March 2019:** Epic Ambulatory Project Approved by Salinas Valley Health Board of Directors
- April 2020:** Epic Ambulatory Go-Live at Salinas Valley Health Clinics
- October 2023:** Salinas Valley Health's Executive Team requests a Total Cost of Ownership (TCO) evaluation for potential Epic Inpatient business impact analysis
- April 2024:** Epic Inpatient EHR solution and related implementation services are presented to the Salinas Valley Health Board of Directors
- May 2024:** Epic Inpatient EHR solution and related implementation services are submitted to the Salinas Valley Board of Directors for final approval.

Meeting our Mission, Vision, Goals

Strategic Plan Alignment:

Implementation of Epic Inpatient provides a unified platform for care delivery across our health system. The implementation will improve the service we are able to provide to our patients, enhance patient engagement, result in higher quality of care through more robust access to data, allow for financial improvements related to better integration and population health management capability, and improve work life balance for our healthcare providers that are critical to our success.

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Pillar/Goal Alignment

☒ Service ☐ People ☒ Quality ☐ Finance ☒ Growth ☐ Community

Financial/Quality/Safety/Regulatory Implications:

Proposed Project	Vendor: Epic
1. Proposed effective date	July 1, 2024
2. Term of agreement	Subscription agreement with successive one-year terms (guaranteed support for up to 10 years)
3. Renewal terms	Automatic
4. Termination provision(s)	90 days' notice following initial one-year subscription term
5. Payment terms	The Enterprise Epic Upgrade License Fee is payable as follows: \$806,788 upon execution of this Enterprise Amendment and \$154,496 per month for forty-seven (47) consecutive months beginning one (1) month after execution of this Enterprise Amendment.
6. Annual cost	Approximately \$1,549,372 annually for Epic software maintenance and \$1,457,400 for Epic hosting services (inclusive of Ambulatory & Inpatient services (post IP go-live))
7. Cost over five years	\$88,000,000
8. Cost over ten years	\$125,000,000
9. Budgeted (yes or no)	Yes, FY2025 (Tentative Department 8552) operating and capital budget subject to approval by the Board of Directors
10. Contract(s)	

Recommendation

Consider Recommendation to the Board of Directors for approval of the Epic Inpatient electronic health record solution support amendment, hosting services amendment and related Implementation services as sole source justification and contract award at an estimated project cost (implementation cost less offset costs) of approximately \$88 million for years 1-5, and approximately \$37 million for years 6-10.

Exhibit: Project Budget Summary

Exhibit: Project Budget Summary

SVH Epic Cost Model Cost Summary	Epic Hosted - Months 1 - 60 (FY25 - FY28)			
	Capital	One-Time Operating	Annual Operating	Total All Costs
Total Paid to Epic	\$ 19,330,600	\$ -	\$ 12,245,100	\$ 31,575,700
Total SVH Internal Costs	\$ 38,029,217	\$ 16,896,306	\$ 56,357,086	\$ 111,282,610
Total Cost (Paid to Epic + Internal)	\$ 57,359,817	\$ 16,896,306	\$ 68,602,185	\$ 142,858,309
Total Cost Reductions	\$ (11,155,427)	\$ -	\$ (43,841,274)	\$ (54,996,701)
Net Total Cost	\$ 46,204,391	\$ 16,896,306	\$ 24,760,911	\$ 87,861,608

SVH Epic Cost Model Cost Summary	Epic Hosted - Months 61 - 120 (FY29 - FY34)			
	Capital	One-Time Operating	Annual Operating	Total All Costs
Total Paid to Epic	\$ -	\$ -	\$ 17,188,420	\$ 17,188,420
Total SVH Internal Costs	\$ 675,050	\$ -	\$ 90,122,612	\$ 90,797,662
Total Cost (Paid to Epic + Internal)	\$ 675,050	\$ -	\$ 107,311,031	\$ 107,986,081
Total Cost Reductions	\$ -	\$ -	\$ (70,961,357)	\$ (70,961,357)
Net Total Cost	\$ 675,050	\$ -	\$ 36,349,674	\$ 37,024,724

SVH Epic Cost Model Cost Summary	Epic Hosted - 120 Month Total (FY25 - FY34)			
	Capital	One-Time Operating	Annual Operating	Total All Costs
Total Paid to Epic	\$ 19,330,600	\$ -	\$ 29,433,519	\$ 48,764,119
Total SVH Internal Costs	\$ 38,704,267	\$ 16,896,306	\$ 146,479,698	\$ 202,080,271
Total Cost (Paid to Epic + Internal)	\$ 58,034,867	\$ 16,896,306	\$ 175,913,217	\$ 250,844,391
Total Cost Reductions	\$ (11,155,427)	\$ -	\$ (114,802,631)	\$ (125,958,058)
Net Total Cost	\$ 46,879,441	\$ 16,896,306	\$ 61,110,585	\$ 124,886,332

Board/CEO – Packet Submission Checklist

Epic: Inpatient Electronic Health Record, 2024 - 2034

The original of this completed/fully signed checklist and all required supporting documents are to be hand-delivered to Assistant to CFO **by 4:00 p.m. on the Tuesday that falls three (3) weeks before Board week.**

- ☒ **BOARD/CEO PAPER** – required for all submissions; see attached instructions/sample
- ☒ **KEY CONTRACT TERMS** – required for all submissions – see table in Board/CEO Paper
- ☒ **CONTRACT** – negotiated final with vendor signature [#1001.3574 \(EHR\)](#)
[#1001.3619 \(hosting\)](#)
- ☒ **PROCUREMENT PROCESS DOCUMENTATION** – required for all submissions requiring Board review/approval per Procurement Management Policy (see policy for details; indicate which sub-category is applicable):
 - ☒ If for **data processing/telecommunications goods/services** of more than \$25,000, check applicable option and include documentation: **CIO must review.**
 - ☐ RFP documentation
 - ☒ If sole source – provide detailed justification (see attachment)
 - ☐ If GPO, submit qualifying verification from Materials Management
 - ☐ If for **professional/other services or medical/surgical equipment and supplies** more than \$350,000, check applicable option and include documentation:
 - ☐ RFP documentation
 - ☐ If GPO, submit qualifying verification from Materials Management
 - ☐ If emergency – as designated by Board
 - ☐ If for **non-medical materials/supplies** more than \$25,000, check applicable option and include documentation:
 - ☐ Invitation for bids documentation
 - ☐ If sole source – provide detailed justification (see Attachment 3B)
 - ☐ If GPO, submit qualifying verification from Materials Management

Legal counsel/Contract Administrator reviewed: ☐ No or ☒ Yes, By Whom: [Gary Ray and Natalie James](#)

SUBMITTED BY DEPARTMENT DIRECTOR OR DEPARTMENT ADMINISTRATOR:

 <small>Joshua Rivera (Apr 15, 2024 11:23 PDT)</small>	Director Enterprise Informatics	04/15/2024
Signature	Title/Department	Date

REVIEWED BY:

CIO (if applicable): 	Date: 04/15/2024
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Director of MM/Designee in lieu of Compliance: Natalie Ann James, JD <small>Natalie Ann James, JD (Apr 15, 2024 11:49 PDT)</small>	Date: 04/15/2024
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Justification for Sole Source Form

To: Proposal Evaluation Panel

From: Allen Radner, MD, Interim Chief Executive Officer
Gary Ray, Chief Legal Officer
Augustine Lopez, Chief Financial Officer
Audrey Parks, Chief Information Officer
Josh Rivera, Director Enterprise Informatics

Type of Purchase: (check one)

☐ Materials/Supplies

☒ Data Processing/Telecommunication Goods > \$25,000

☐ Medical/Surgical – Supplies/Equipment > \$25,000

☐ Purchased Services

Cost Estimate (\$):	Estimated \$88,000,000 (years 1 – 5) Estimated \$37,000,000 (years 6 – 10)
Vendor Name:	Epic Systems Corporation and other vendors associated with the Epic Inpatient EHR implementation project
Item Title:	Epic: Inpatient EHR Implementation Project , 2024 - 2034

Statement of Need: My department's recommendation for sole source is based upon an objective review of the product/service required and appears to be in the best interest of the SVMHS. I know of no conflict of interest on my part or personal involvement in any way with this request. No gratuities, favors or compromising action have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials or firms been a deciding influence on my request to sole source this purchase when there are other known suppliers to exist.

Describe how this selection results in the best value to SVMHS. See typical examples below.

- ☐ Licensed or patented product or service. No other vendor provides this. Warranty or defect correction service obligations of the consultant. **Describe why it is mandatory to use this licensed or patented product or service:**
- ☒ Existing SVMHS equipment, inventory, custom-built information system, custom built data inventory system, or similar products or programs. **Describe. If product is off-the-shelf, list efforts to find other vendors (i.e. web site search, contacting the manufacturer to see if other dealers are available to service this region, etc.).**
- Salinas Valley Health is looking to integrate an enterprise-wide Electronic Health Record (EHR) across its ambulatory and inpatient operations. A significant investment was made in 2019 to transition all ambulatory clinics under the Epic Ambulatory EHR system. By implementing Epic Inpatient applications, Salinas Valley Health will be migrating from its current vendor, Meditech, to Epic. This transition will displace over forty other applications that are used throughout the healthcare system to augment the current EHR vendor. An integrated EHR platform provides a unified view of the patient healthcare record, will help facilitate streamlined workflows and health system communication, support quality payment program performance, and allow for data analytics. All of this in support of the quadruple aim of enhanced patient experience, improved population health of the populations we serve, reduced costs and better work-life balance of our healthcare providers. The move to Epic Inpatient simplifies communications and data sharing between the Medical Center and Clinics. A fully Epic EHR will also create stronger ties with tertiary referral sites in our region who primarily use Epic.
- ☐ Uniqueness of the service. **Describe.**
- ☐ SVMHS has established a standard for this manufacturer, supplier or provider and there is only one vendor. **Attach documentation from manufacturer to confirm that only one dealer provides the product.**
- ☐ Factory-authorized warranty service available from only this single dealer. Sole availability at the location required. **Describe.**

Justification for Sole Source Form

- ☐ Used item with bargain price (describe what a new item would cost). **Describe.**
- ☐ Other -The above reasons are the most common and established causes for an eligible sole source. If you have a different reason, **Describe:**

By signing below, I am attesting to the accuracy and completeness of this form.

Submitter Signature:  Date: 04/15/2024
Joshua Rivera (Apr 15, 2024 11:23 PDT)

Board Paper: Finance Committee

Agenda Item: **Consider Recommendation for Board of Directors to approve contract with Linde for Product Supply Agreement of Medical Gas supply and equipment**

Executive Sponsor: Judi Melton, Director Materials Management
Clement Miller, Chief Operating Officer

Date: May 3, 2024

Executive Summary

The clinical departments are requesting approval to enter into a new agreement with Linde Gas for our Medical Gas supply and equipment. The Medical Gas supply consists of oxygen cylinders, propane/Nitrous Oxide, Helium, Carbon Dioxide, and Argon tanks.

Background/Situation/Rationale

We are looking to improve the technology of the regulator on the medical gas oxygen transport tanks. The Linde "GRAB 'N GO" Digital advanced gas delivery system provides a digital display showing time remaining in hours and minutes, along with visual and audible alarms that signal when contents are getting low and then again when time to replace the cylinder. Our current vendor does not possess the new technology. This new technology will allow our clinical staff to easily identify how much oxygen is in the tank and provides safety measures that do not exist today.

Timeline/Review Process to Date:

[3/2024] SVH reviews new technology and obtains quote
[5/2024] SVH brings opportunity to the Board

Strategic Plan Alignment: Approval will allow SVH to continue to provide high quality patient care services.

Pillar/Goal Alignment: ☒ Service ☒ People ☒ Quality ☐ Finance ☐ Growth ☒ Community

Financial/Quality/Safety/Regulatory Implications:

Key Contract Terms	Vendor: Linde
1. Proposed effective date	7/1/2024
2. Term of agreement	5 years (60 months)
3. Renewal terms	Annual price Increase, not to exceed CPI or 4%
4. Termination provision(s)	No early termination, No auto renewal
5. Payment Terms	Net 45
6. Annual cost	\$101,990.52
7. Cost over life of agreement	\$509,952.60
8. Budgeted (indicate y/n)	Yes, 01.7050.7600 (Increase of \$3662/yr, starts in FY25, is included in budget)

Recommendation:

Consider Recommendation for Board to approve contract with Linde for Product Supply agreement of Medical Gas supply and equipment, in the amount of \$509,952.60.

Attachments :
Linde Product Rider CA02072024PL-Cyl and Linde PSA



THIS RIDER ("Rider") numbered CA02072024PL-Cyl and dated as of February 7, 2024 (the "Effective Date"), by and between LINDE GAS & EQUIPMENT INC., a Delaware corporation, having an office at 10 Riverview Drive, Danbury, CT 06810 ("Seller") and Salinas Valley Memorial Healthcare System, a local health care district organized and operating pursuant to Division 23 of the California Health and Safety Code, operating as Salinas Valley Health, having an office at 450 East Romie Lane, Salinas, CA 93901 ("Buyer"), is made part of the Product Supply Agreement between Seller and Salinas Valley Health and dated February 7, 2024 (the "Agreement"; capitalized terms used herein without definition shall have the meanings set forth in the Agreement).

1. **As to this Rider, the following words and terms shall have the following meanings:**

"**Basic Term**" of this Rider commences on the Effective Date and continues for Five (5) years after Effective Date..

"**Location**" for this Rider are solely for Salinas Valley Memorial Healthcare System operating as Salinas Valley Health, having an office at 450 East Romie Lane, Salinas, CA 93901.

"**Prices**" are:

Product	Specification	Product Code	Cylinder Type	Product Price	Estimated Monthly Volume	Rental Charge Per Day
Oxygen, USP, Aluminum E Digital Grab N Go	Oxygen USP	OX M-AEGNGDIGIT	E	\$4.08	303	\$0.266
Oxygen, USP, Aluminum E	Oxygen USP	OX M-AE	E	\$3.16	31	\$0.0100
Oxygen USP Steel K	Oxygen USP	OX M-K	K	\$9.23	4	\$0.188
Nitrous Oxide USP Aluminum E	Nitrous Oxide USP	NS M-AE	E	\$18.60	3	\$0.100
Nitrous Oxide USP Steel 50 LB	Nitrous Oxide USP	NS M-50	50 LB	\$77.74	1	\$0.188
Nitrous Oxide USP Steel 20 LB	Nitrous Oxide USP	NS M-20	20 LB	\$56.54	1	\$0.100
Nitrous Oxide, Spec Gas, 10 LB	Nitrous Oxide 99.5%, CR, Alum 10 LB	NS 2.5CR-A10	10 LB	\$181.52	1	\$0.23
Nitrogen NF Aluminum E	Nitrogen NF	NI M-AE	E	\$6.63	1	\$0.100
Nitrogen NF Steel K	Nitrogen NF	NI M-K	K	\$8.61	4	\$0.188
Argon 4.8 Grade HP	Argon HP	AR 4.8-40	40 CF	\$47.62	2	\$0.23
Argon 5.0 Grade UHP 6000 PSI	Argon UHP 6000 PSI	AR 5.0-6K	6K	\$228.99	1	\$0.751
Helium 5.0 Grade UHP 6000 PSI	Helium UHP 6000 PSI	HE 5.0-6K	6K	\$263.68	1	\$0.751
Helium Industrial Steel K	Helium Industrial	HE K	K	\$111.21	1	\$0.188
Helium USP Steel K	Helium USP	HE M-K	K	\$111.21	1	\$0.188
Helium USP Aluminum AA	Helium USP	HE M-AA	AA	\$32.80	1	\$0.100
Air USP Aluminum E	Air USP	AI M-AE	E	\$6.09	18	\$0.100
Air USP Steel K	Air USP	AI M-K	K	\$12.72	3	\$0.188
Carbon Dioxide USP steel 20LB	Carbon Dioxide USP	CD M-20	20 LB	\$14.76	1	\$0.100
Carbon Dioxide USP Aluminum E	Carbon Dioxide USP	CD M-AE	E	\$10.02	2	\$0.100
Lung Diffusion, Aluminum T	Lung Diffusion mix-.3% CO, 10% HE, 21% OX, bal NICS	LD CO1C-AT	AT	\$268.34	1	\$0.30

Buyer will pay Seller the prices for Product, rental charge or other amount listed in the table above for any cylinder, or other Equipment, items or services (the "Prices"). In addition to the Prices set out above, Products are subject to the Fee and Surcharges Schedule Below, "Exhibit A.6 Fee Schedule and Supplemental Energy Charge," which may be updated from time to time. Rental is subject to a safety and environmental charge which will be noted on the invoice for such Products.

This Rider is being signed as a member in good standing with Vizient GPO. The pricing herein will be fixed firm for eighteen (18) months, after which time will be subject to an annual price increase. The price adjustment shall be the lower of either (a) the net annual percentage change in Medical Care index, as published in Consumer Price Index (Urban) ("CPI-U") for the immediately preceding twelve (12) month period or (b) four percent (4%). If the net change in the index for the immediately preceding twelve (12) month period is a decrease, the Seller will not be permitted a price increase for that period and Seller may not request another increase until the next period.

Notwithstanding any other provision hereof, after the Effective Date of this Rider, Seller may increase the Prices then in effect for gases which Seller does not produce by giving not less than forty five (45) days prior written notice of such increase. If Seller's Price increase exceeds 4% in the aggregate for a period greater than ninety (90) consecutive days other than Contingencies set forth in Article 6, Buyer may Terminate this Agreement without stating a cause or reason and without penalty.

Buyer estimates its monthly consumption of each Product will be the Estimated Monthly Volume ("EMV") if set forth in the table above. Buyer will purchase from Seller its requirements for Product in excess of 120% of the EMV ("Excess Product") to the extent that Seller elects, in its sole discretion, to supply such Excess Product, provided that in such case Seller, upon 15 days prior written notice, may adjust the Prices for all such Product hereunder. If Buyer's monthly consumption of any Product is eighty percent

(80%) or less than the EMV during any period of three (3) consecutive calendar months, Seller, upon 15 days prior written notice, may adjust the Prices and the EMV for such Product. If Buyer fails to take any Product during any period of six (6) consecutive months, Seller will have the right at any time thereafter to immediately terminate this Rider.

Exhibit A.6 Fee Schedule and Supplemental Energy Charge June 2022			
Description	Cylinder Gases (All Tiers 75 Mile Radius FDA plant)	Frequency	
Delivery Charge	\$24	Per Delivery	
Emergency Delivery Same Day, Next Day, Weekend	\$350	Per Occurrence	
HazMat Charge	\$12	Per Delivery	
Safety Environmental	\$10.00	Per Invoice	
Sentry Cylinder Tracking	\$17.95	Per Invoice	
Cylinder Audit Charge	\$450	As Requested by Buyer	
Certificate of Analysis	\$30	As Requested by Buyer	
Loss of Use Cylinder Size: A,B,D,E	\$95 .00	Per Lost Cylinder	
Loss of Use Cylinder Size: G,H,K,J, M	\$225.00	Per Lost Cylinder	
Loss of Use Cylinder Size: DewarOK	\$1,500.00	Per Lost Cylinder	
Supplemental Energy Charge will be implemented based schedule below. Should fuel prices warrant implementation the charge to be reviewed and adjusted quarterly. Rates will be based on the average price of the previous quarter cost of On-Highway Diesel as published by the Energy Information Administration at http://www.eia.gov/petroleum/gasdiesel			
Supplemental Energy Charge			
ON-HIGHWAY DIESEL FUEL INDEX	Fee Per Delivery	Fee Per Delivery	
Cost per Gallon			
Below \$3.26	0	0	Per Index
\$3.26 to \$3.50	\$15	\$15	Per Index
\$3.51 to \$3.75	\$17.50	\$17.50	Per Index
3.76 to \$4.00	\$20.50	\$20.50	Per Index
\$4.01to \$4.25	\$23.00	\$23.00	Per Index
\$4.26 to \$4.50	\$26.50	\$26.50	Per Index
US Energy Information Administration			

"Products" means the items under the Products column in gaseous, liquid or solid form noted in the table under "Prices" above.

"Specifications" means the Product specification set forth under the column so indicated in the table under "Prices" above or listed in the Product Information Sheet(s) attached hereto or available on www.lindeus.com.

2. In addition to the Prices, for each delivery, Products are subject to a delivery, fuel and/or hazardous materials charge that will be noted on the invoice and certain other charges and surcharges, including without limitation those associated with regulatory, safety and environmental compliance, greenhouse gas emission reductions, and obtaining power, energy and transportation, as well as occasional equipment maintenance at rates in effect at the time thereof, in each case whether or not set forth herein (collectively, "Charges and Surcharges"). Charges or Surcharges may be adjusted from time to time as indicated on the invoice. Buyer will pay Seller for any taxes, tariffs, fees, Charges or Surcharges now or hereafter imposed due to the provision of any Product, Equipment or other item hereunder. Terms of payment will be net forty-five(45) days following date of invoice. By paying the amount specified on Seller's invoice, unless Buyer objects in writing within forty-five(45) days of receipt thereof, Buyer shall be deemed to agree to the pricing, Charges and Surcharges and any cylinder balance thereon.

3. If Buyer fails to make payment when due, or its financial responsibility becomes otherwise impaired, or if Buyer is otherwise in default of its obligations hereunder, Seller may, among other remedies, refuse to supply Product except for receipt of cash with order and/or payment in full of all outstanding charges, and/or charge to Buyer a monthly late charge on any delinquent balance equal to 0.5% per month, and/or suspend Seller's performance and/or terminate the Agreement or this or any other Rider. Buyer will pay Seller all fees and costs, including reasonable legal fees and expenses required to collect Buyer's delinquent account, recover any cylinders or other Equipment or otherwise enforce this Agreement.

4. Each cylinder will remain the property of Seller at all times. Buyer will return all cylinders in a good condition, non-contaminated, valves closed, complete with caps and fittings. Buyer will prevent anyone not authorized by Seller from filling Seller owned cylinders. Buyer will pay Seller for any cleanup of cylinders returned in a contaminated condition and for the replacement or repair cost of any cylinders lost or damaged beyond normal wear and tear, including if cylinders are used, filled, refilled, altered, repaired, adjusted, or otherwise tampered with by any person not authorized by Seller. Buyer will comply with all laws, rules and regulations applicable to Buyer's Location relating to a safe and secure operation.

BY SIGNING BELOW, BUYER AND SELLER EACH ACKNOWLEDGE AND AGREE THAT THIS RIDER IS CONDITIONAL UPON THE TERMS AND CONDITIONS HEREIN AND IN THE AGREEMENT AND ANY ATTACHMENT HERETO. Buyer and Seller intending to be legally bound have by the signatures of their authorized representatives executed this Rider as of the date first above written.

Salinas Valley Memorial Healthcare System as Salinas Valley Health (Buyer)

LINDE GAS & EQUIPMENT INC. (Seller)

Submitted by: Patrick Larimer

Signature: _____

Signature: _____

Name and Title: _____

Name and Jennifer Claggett – Regional Manager- Healthcare- US West____

Date: _____

Date: _____

THIS PRODUCT SUPPLY AGREEMENT ("Agreement") numbered CA02072024PL and dated as of February 7, 2024 (the "Effective Date"), is made by and between LINDE GAS & EQUIPMENT INC., a Delaware corporation, having an office at 10 Riverview Drive, Danbury, Connecticut 06810-5113 ("Seller") and Salinas Valley Memorial Healthcare System, a local health care district organized and operating pursuant to Division 23 of the California Health and Safety Code, operating as Salinas Valley Health, having an office at 450 East Romie Lane, Salinas, CA 93901 ("Buyer").

1. Requirements.

Seller will sell to Buyer, and Buyer will purchase from Seller, on the terms and conditions herein and in any rider hereto (each, a "Rider"; capitalized terms not defined herein shall have the meanings set forth in the Rider) executed by the parties from time to time.

2. Prices

Buyer will pay Seller the Prices, Charges and Surcharges set forth in the Rider.

3. Delivery.

The delivery of Product will constitute Buyer's purchase thereof.

4. Specifications; Warranties; Remedies.

Product delivered hereunder will meet the Specifications. Buyer may reject any Product that does not meet the Specifications and no charge will be made for Product so rejected. With respect to any items or equipment, including cylinders and supply systems covered hereunder and not manufactured by Seller, Seller shall make reasonable efforts to assist Buyer in obtaining the benefit for Buyer of any manufacturer's warranty, to the extent available and applicable to Buyer (copies of which may be available on the manufacturer's website). **THERE ARE NO EXPRESS WARRANTIES BY SELLER OTHER THAN UNDER THIS ARTICLE 4. NO WARRANTIES BY SELLER (OTHER THAN WARRANTY OF TITLE AS PROVIDED IN THE UNIFORM COMMERCIAL CODE) WILL BE IMPLIED OR OTHERWISE CREATED INCLUDING WARRANTY OF MERCHANTABILITY AND WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE.** In certain circumstances, Buyer's claims any kind with respect to the conformance of Product to the Specifications, or for nonconforming equipment, whether or not based on negligence, warranty, strict liability or any other theory of law, may exceed the price of the nonconforming Product or equipment due to the nature and extent of the incident, however shall not be greater than the amounts of Seller's general liability insurance required in Article 10. Buyer's exclusive remedy for the unexcused failure to deliver Product when required by Buyer, regardless of cause, including negligence, shall be to recover from Seller the difference between the cost to Buyer of any reasonable purchase of Product in substitution for Product not delivered and the price of such quantity of Product hereunder. Seller's sole obligations and Buyer's exclusive remedies are set forth in this Article 4 with respect to the claims addressed herein. No action, regardless of form, may be brought by either party more than one year after delivery of the Product to which such action applies, except that any claims by Seller for non-payment of invoices, taxes or recovery of any equipment may be brought at any time. For clarity, this also excludes Seller from invoicing for Product or other fees for which they failed to invoice Buyer for if Seller fails to invoice for any such Product or other fees within the one (1) year period of when such costs are incurred.

5. Price Changes

Seller shall be allowed one (1) price adjustment per preceding eighteen (18) months period (each period commences on the first day of the month immediately following the expiration of the prior period), to be based on the following formula and associated indices. The price adjustment shall be the lower of either (a) the net annual percentage change in Medical Care index, as published in Consumer Price Index (Urban) ("CPI-U") for the immediately preceding twelve (12) month period or (b) four percent (4%). If the net change in the index for the immediately preceding twelve (12) month period is a decrease, the Seller will not be permitted a price increase for that period and Seller may not request another increase until the next period. The applicable percentage increase will be used to adjust the then current prices on the date at which Buyer is eligible for a price adjustment. Seller shall provide not less than one hundred twenty (120) days' written notice to Buyer of any change in pricing per terms permitted or required by this Agreement. As exceptions to the above, (i) Prices for Products not Manufactured by Supplier will be adjusted based on the percentage change in the cost of Product. Seller shall provide Buyer forty-five (45) days written notice of any such change in pricing and Seller and Buyer will mutually agree whether a price increase is warranted. If after thirty (30) days Seller and Buyer cannot agree to terms, this Agreement for such Product may be terminated by either party upon providing no less than ninety (90) days' prior written notice. Seller may also request to negotiate additional price increases based on "extraordinary circumstances" that arise during the Term. As a condition of such request, Seller must (i) demonstrate the financial reason for such request and (ii) supply the method and means that Seller and Buyer will use to track and monitor such extraordinary circumstances. If price increase is approved by Buyer due to extraordinary circumstances, it may be implemented with forty-five (45) days' simultaneous notice to Buyer. If such extraordinary circumstances are temporary, Seller will provide periodic updates to Buyer (not less than ninety (90) days) as to the timeline for changes to or the elimination of such price increases. Any price increase approved by Buyer due to the extraordinary circumstances will immediately terminate when the extraordinary circumstances have ended.

6. Contingencies.

Except for the obligation to pay money when due, neither party hereto shall be liable to the other for default or delay in performance due to act of God, accident, fire, flood, storm, riot, war, terrorism, sabotage, disease, epidemic, explosion, strike, labor disturbance, governmental law or regulation, inability to obtain electricity or other type of energy, feedstock, raw or finished material, equipment or transportation, or any similar or different contingency beyond its reasonable control which would prevent or

delay performance or make performance commercially impracticable. During a contingency, Seller will allocate Product among its own requirements and those of its customers in a fair and reasonable manner and Buyer will either pay for any related additional costs for Product Seller is able to deliver to Buyer during the contingency or source Product from another supplier solely for the duration of the contingency. During the contingency, Seller will apply Buyer's sourced Product from another supplier to Buyer's purchase commitment set forth within the Rider.

7. Health, Safety.

Buyer (i) acknowledges that there are hazards associated with Product and Equipment, including the storage, use and handling thereof; (ii) will warn, protect and train its employees, contractors and others exposed to the hazards posed by Buyer's storage, use and handling of Product and Equipment; (iii) assumes all responsibility for the suitability and the results of using Product alone or in combination with other articles or substances and in any manufacturing, medical, or other process or procedures; and will notify Seller of any hazards and safety procedures at the Location(s). If, at any time, Seller considers that performance of its supply obligations hereunder would pose an unreasonable risk to safety, Seller may suspend its supply obligations without notice. Buyer will be responsible for complying with all applicable laws, rules and regulations, including those applicable to Buyer's Locations, and all relevant reporting obligations, including the Emergency Planning and Community Right-to-Know Act of 1986, 42 U.S.C. Sections 11001-11049. Buyer is directed to www.lindeus.com for the applicable Safety Data Sheets related to Product(s), and Buyer will incorporate such information into Buyer's safety program. Buyer will warn and protect its employees including with respect to all necessary and prudent safety practices for handling Products, wearing necessary personal protective equipment, avoiding contact with skin, and use and storage only in adequately ventilated areas.

8. Indemnity.

(a) Each Party shall be responsible for its own acts and omissions and not the acts or omissions of the other Party. Each Party shall indemnify and hold harmless the other Party, its officers, directors, agents, and employees from and against any and all claims, liabilities, and losses occurring or resulting to any person or entity for damage, injury, or death, to the extent such claims, liabilities, or losses arise out of, are alleged to arise out of, or are connected with wrongful, willful, or negligent act or omission of the indemnifying Party or its agents in the performance of this Agreement.

9. Limitation on Liability. Notwithstanding any other provision of this Agreement to the contrary, (a) Seller shall not be liable to Buyer or any third party for any: incidental, consequential, indirect, special, exemplary, punitive or enhanced damages, lost profits or revenues, diminution in value, sales, cover, losses in any way related to damages to vaccines, loss of biological material or scientific research; or any other similar loss or damage, arising in connection with this Agreement regardless of (i) whether such damages were foreseeable or Seller was advised of the possibility of such damages and (ii) the legal or equitable theory (contract, tort, or otherwise) upon which the claim is based; and (b) in no event shall Seller's cumulative liability for any and all claims of any kind under this Agreement exceed the amount of the Seller's general liability insurance amounts as required in Article 10.

10. Insurance

Supplier shall maintain in effect throughout the term of this Agreement general liability insurance in the amount of \$1,000,000 per occurrence and \$3,000,000 annual aggregate; and comprehensive automobile liability insurance in the amounts of \$100,000 per occurrence and \$300,000 annual aggregate covering all motor vehicles, including owned, leased, non-owned, and hired vehicles that are or will be used in providing services under this Agreement. Supplier shall provide Buyer with evidence of current coverage upon request.

11. Confidentiality.

This Agreement, and all pricing and other information furnished by either party hereunder are the proprietary and confidential information ("Information") of the disclosing party, to be kept confidential for ten (10) years after termination hereof, provided (i) the receiving party may disclose Information to the extent legally obligated if such party provides notice to the disclosing party where practicable; and (ii) either party may disclose the Agreement to enforce its rights hereunder.

12. Term.

This Agreement will be in effect from the Effective Date ("Initial Term") and will continue in effect as to each Rider for the Basic Term in each Rider. At the expiration of the Initial Term, this Agreement can **RENEW FOR SUCCESSFUL ONE (1) YEAR TERMS UPON THE EXECUTION OF A MUTUALLY SIGNED AMENDMENT.**

Termination With Cause.

Should either Party default on its obligations under this Agreement, the other Party has the right to notify them in writing of the breach, and the Party in default shall have ten (10) business days to cure such breach. Should the Party in default fail to cure the default within the ten (10) day period, the other Party shall have the right to immediately terminate this Agreement.

Termination Without Cause.

Effectively immediately following completion of the Initial Term, either Party may terminate this Agreement at any time without stating a cause or reason and without penalty upon sixty (60) days' prior written notice to the other Party.

13. Dispute Resolution.

A party that reasonably believes the other party has failed to fulfill any obligation hereunder shall prior to commencing any legal action, promptly notify the other party. If the parties cannot, in good faith discussions, resolve their dispute, they may pursue all remedies under law without prejudice.

14. Assignment and Notice.

This Agreement (i) may not be assigned without the prior written consent of the other party, except to an affiliate of Seller; and (ii) will inure to the benefit of, and be binding upon, the successors and permitted assigns of the parties. Except as otherwise stated herein, notices shall be in writing and deemed given on the date hand delivered, mailed or electronically transmitted to either party at the address in the preamble above.

15. General.

The entire agreement is contained herein and in the Rider(s) and any other or different current or subsequent terms or conditions, including on any website or in any purchase orders, will be deemed null and void unless duly executed by both parties, regardless of any party's "acceptance" by any means including electronically. This Agreement supersedes any prior agreement(s) among the parties covering the supply of Product or Equipment to Buyer's Location(s). If Seller records any telephone conversations, notice of such recordings will be provided and Buyer hereby consents to such recordings. Modifications and waivers hereof are not binding unless in writing by both

parties and a waiver will apply solely to the instance for which sought. Headings are solely for convenience, and shall not be used to interpret the Agreement. The word "including" and variations thereof used herein are deemed to be followed by the words "without limitation." Any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply. In the event of conflict between the terms and conditions contained in this Agreement and any Rider, the Rider will govern. This Agreement will be governed by the laws of the State of California. This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument and may be delivered by a party by facsimile transmission or by email. If any provision or portion thereof herein or in any Rider is held invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions or portions shall not in any way be affected or impaired thereby. **THE PARTIES WAIVE TO THE FULLEST EXTENT PERMITTED BY LAW ANY RIGHT TO A TRIAL BY JURY IN ANY ACTION OR PROCEEDING IN ANY WAY RELATING TO THIS AGREEMENT.**

BY SIGNING BELOW, BUYER AND SELLER EACH ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT IS CONDITIONAL UPON THE TERMS AND CONDITIONS HEREIN AND ON ANY RIDER OR OTHER ATTACHMENT HERETO. Buyer and Seller intending to be legally bound have by the signatures of their authorized representatives executed this Agreement as of the date first above written.

Salinas Valley Memorial Healthcare System as Salinas Valley Health **(Buyer)**

LINDE GAS & EQUIPMENT INC. (Seller)

Signature: _____ Submitted by: Patrick Larimer _____
Signature: _____

Name & Title: _____ Name & Title: Jennifer Claggett- Regional Manager- Healthcare- US West

Date: _____ Date: _____

Rev6/22

Board Paper: Finance Committee

Agenda Item: Consider Recommendation to Board to Approve Project Budget and Major Medical Equipment Purchases for the Salinas Valley Health Medical Center Interventional Radiology and Catheterization Laboratory Equipment Replacement Project

Executive Sponsor: Clement Miller, Chief Operating Officer
Christianna Kearns, Associate Chief Operating Officer
John Kazel, Director of Radiology

Date: May 8, 2024

Executive Summary

The cardiac catheterization (cath) lab and the Interventional Radiology Lab are critical areas for treating patients with heart disease, peripheral vascular disease and many other diseases of the vascular, gastrointestinal, hepatobiliary, genitourinary, pulmonary, and musculoskeletal system. As a ST Elevation Myocardial Infarction (STEMI) receiving center, Salinas Valley Health (SVH) is required to maintain fully operational catheterization labs. The fluoroscopy equipment in Interventional Radiology and catheterization lab 3 has reached end of useful life and will no longer be serviceable by the vendor (Siemens) as of December 31, 2025. Current project planning encompasses full replacement of existing equipment and building components within the procedure and control rooms. All planned renovations require a building permit from California's Department of Health Care Access and Information (HCAI).

Background/Situation

The current equipment in the Interventional Radiology Lab and Cath Lab 3, (installed in) has reached end of useful life. The existing fluoroscopy equipment will no longer be serviced by the medical equipment vendor (Siemens) as of December 31, 2025. Other supporting building components located within the procedure and control rooms (i.e. cabinetry, storage, lights etc.) are obsolete and no longer serve the needs of the physicians and staff. The control and procedure rooms require a complete overhaul to comply with current regulations and accommodate the procedures taking place in that space (i.e. structural heart, peripheral vascular, cardiac cath). Additionally, upgrading our imaging equipment in both suites will provide capacity for growth in endovascular cardiac and vascular service lines.

Timeline/Review Process:

December 2023 - June 2024 – Solicit equipment vendors & finalize equipment package purchases
March 2024 – November 2024 – Finalize design packages & HCAI approvals/permits
Winter 2024 – Bid process & contractor selection
Winter 2024 – Summer 2025 – Construction Activity & temporary trailer utilization
Spring 2025 – Activate & occupy IR Suite
Summer 2025 – Activate & occupy Cath Lab 3 Suite

Pillar/Goal Alignment:

☒ Service ☐ People ☒ Quality ☐ Finance ☒ Growth ☐ Community

Financial/Quality/Safety/Regulatory Implications:

Fiscal year 2024, 2025, 2026 capital budget allocated funding for planning, design, and construction activities required to complete the renovations are indicated below. After completion of the construction bidding process, we will return to the Board for consideration of the construction contract award. Major purchases are identified as follows with Vizient group purchase order discounts applied:

Total Planned Capital Budget(s):

CIP 01.1250.3760 (IR Suite)	\$4,140,627
CIP 01.1250.3765 (CLab3 suite)	\$4,300,526
Total:	\$8,441,153

Total Planned Capital Cash Flow Projections

CIP 01.1250.3760 (IR Suite)	
Fiscal Year 2024	\$100,000
Fiscal Year 2025	\$4,040,627
CIP 01.1250.3765 (CLab3 Suite)	
Fiscal Year 2024	\$50,000
Fiscal Year 2025	\$500,000
Fiscal Year 2026	\$3,750,526

Major Fixed Equipment Costs:

Cath Lab 3 and Interventional Radiology- Fluoroscopy Capital Equipment

Philips	Expense:	\$3,906,091.14
Cath Lab 3 and IR Monitors, Lights, Booms and Cabinets		
JM Keckler	Expense:	\$ 517,059.38
Total Major Fixed Equipment:		\$4,423,150.52

Temporary Facility (mobile trailer through construction) Cost: \$ 525,000.00

Expected 5-year Service Agreement Cost (not included in CIP totals) \$2,051,848.00

Recommendation

Consider recommendation to Board of Directors to (i) approve the total estimated project cost for the SVH Interventional Radiology and Catheterization Laboratory Equipment Replacement Project(s) in the budgeted amount of \$8,441,153.00, (ii) award the capital equipment purchase to Philips Healthcare for the SVH Interventional Radiology and Catheterization Fluoroscopy Equipment Replacement, in the amount of \$3,906,091.14, (iii) award the capital equipment purchases to JM Keckler Medical Company Incorporated for the SVH Interventional Radiology and Catheterization Laboratory Equipment Replacement, in the amount of \$261,152.30, (iv) award the capital equipment purchases to JM Keckler Medical Company Incorporated for the SVH Interventional Radiology and Catheterization Laboratory Cabinetry Replacement, in the amount of \$255,907.08, as presented and (v) approve the five (5) year expected service agreement cost in the amount of \$2,051,848.00 to commence after warranty period.

Attachments:

- (1) Philips IR Fluoroscopy Quote (Closed Session)
- (2) Philips CLab3 Fluoroscopy Quote (Closed Session)
- (3) Philips IR Service Agreement Quote (Closed Session)
- (4) Philips CLab3 Service Agreement Quote (Closed Session)
- (5) Keckler Skytron Light/Boom Quote
- (6) Keckler Logiquip Cabinetry Quote
- (7) Mobile Devices trailer Quote
- (8) Global Project Budget Breakdowns



Salinas Valley Memorial Hospital

Megan Giovanetti
450 E Romie Ln
Salinas, CA 93901-4098



DATE

04-09-2024

EXPIRES

08-07-2024

PRESENTED BY



ACCOUNT MANAGER: Trina McNeil

**SALINAS VALLEY MEMORIAL HOSPITAL-IR
ROOM**

Quote#: Q-87326-1



ATTENTION

Salinas Valley Memorial Hospital

450 E Romie Ln
Salinas, CA 93901-4098

Megan Giovanetti
mgiovanetti@SalinasValleyHealth.com
(831) 809-0191

Hello,

Attached is the quote that you requested. Please make your PO out to Skytron and email to trina@kecklermedical.com or fax to 209-847-4166. For additional information please contact me at 800-523-1010 ext.111. Thank you for your business opportunity.

Mobile: 800-523-1010 ext.111

Trina McNeil
trina@kecklermedical.com
J.M. Keckler Medical Co., Inc.

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024



ATTENTION

Salinas Valley Memorial Hospital

450 E Romie Ln
Salinas, CA 93901-4098SALINAS VALLEY MEMORIAL
HOSPITAL-IR ROOM

QUOTE Q-87326-1

PRICING SUMMARY

PRODUCT	QTY	LIST	LIST	QUOTED	QUOTED
		PRICE	PRICE	PRICE	PRICE
		UNIT	EXTENDED	UNIT	EXTENDED
Booms - Freedom: Mount A: Radiation Shield w/ Light	1	\$ 41,384.00	\$ 41,384.00	\$ 29,614.08	\$ 29,614.08
Booms - Freedom: Mount B: Philips Monitor	1	\$ 32,711.00	\$ 32,711.00	\$ 23,591.40	\$ 23,591.40
Booms - Freedom: Mount C: Radiation Shield	1	\$ 21,480.00	\$ 21,480.00	\$ 15,465.60	\$ 15,465.60
Lights: Mount D: Quad Lucina 4 Lights	1	\$ 29,054.00	\$ 29,054.00	\$ 20,692.14	\$ 20,692.14
Subtotal					\$ 89,363.22
Skytron One: Solutions Fees: Q-87326					\$ 44,193.15
Handling					\$ 1,117.04
TOTAL INVESTMENT					\$ 134,673.41

REQUIRED DEPOSIT

\$ 17,167.77

Subtotal \$134,673.41

Allow for Sales Tax \$ 8,266.10

Total Budget \$142,939.51

QUOTE (Q-87326) SPECIFIC TERMS AND CONDITIONS

GPO	Vizient - 1 (1151)
ISSUE PO TO	Skytron, LLC · PO Box 888615, Grand Rapids, MI, 49588 · P: 616-656-2900 · trina@kecklermedical.com or fax to 209-847-4166
REMIT TO	Skytron, LLC · PO Box 675164, Detroit, MI, 48267-5164

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024

Salinas Valley Memorial Hospital-IR Room

PRICING DETAIL

BOOMS - FREEDOM: MOUNT A: RADIATION SHIELD W/ LIGHT

Reference #: C-129283-5

Ceiling Height: 114 (2896mm)

Power Type: Non-Isolated Power

Top Arm Clearance: 6.5" (Short Hub)

Gas Style: None

ITEM	DESCRIPTION	QTY EXTENDED	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
F110 SERIES	F110 SERIES MOUNT WITH 1 LD ARM	1	Included	Included	Included
4PIK-MTG	Mounting plate pre-install kit, mounting hardware sold separately	1	\$ 800.00	\$ 576.00	\$ 576.00
4CC-ML-00	Ceiling cover MD 4.1" LD 4.5" minimum arm clearance, Freedom	1	\$ 650.00	\$ 468.00	\$ 468.00
4LDS-S-1	Stackmodule F110 Short, Freedom	1	\$ 3,100.00	\$ 2,232.00	\$ 2,232.00
4SP-AUA1	Aurora lamp spindle single, Freedom	1	\$ 800.00	\$ 576.00	\$ 576.00
H9-200-37	Boom Mounting Hardware Kit, Includes 6 rods, 24 nuts, 1-1/4" x 13"	1	\$ 340.00	\$ 244.80	\$ 244.80
4TL-43	Primary 43" LD horizontal arm (not on 4LLS), Freedom	1	\$ 2,000.00	\$ 1,440.00	\$ 1,440.00
42A-43L	Secondary 43" LD Vertical spring arm (1750N) 13-32 lbs, Freedom	1	\$ 5,100.00	\$ 3,672.00	\$ 3,672.00
4LD-E3	Adapter LD Freedom to LD Ergon3, Freedom	1	\$ 940.00	\$ 676.80	\$ 676.80
4VSTL-6	6" Alu LD VST, Freedom	1	\$ 210.00	\$ 151.20	\$ 151.20
X-RAY 50001-A	MAVIG X-Ray Shield 61x76 cm center mounted with cutout. 3AFC-M arms only. Ergon 3.	1	\$ 7,000.00	\$ 5,040.00	\$ 5,040.00
AUA5B	Single Fixture with 24" diameter center focus Aurora Four LED light on 35.25" radial arm	1	\$ 18,000.00	\$ 12,780.00	\$ 12,780.00
B3-320-01-12	VST NON TV AURORA 12" WITH BRUSH BLOCK	1	Included	Included	Included
B9-720-01-RS	SINGLE WALL INTENSITY CONTROL WITH RS232 CONNECTION FOR AURORA FOUR AUA SERIES ONLY	1	\$ 2,300.00	\$ 1,633.00	\$ 1,633.00
B9-210-57-1	Wall Control Back Box; Aurora, Stellar & Nautilus (single and dual only)	1	\$ 68.00	\$ 48.28	\$ 48.28

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024

ITEM	DESCRIPTION	QTY EXTENDED	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
B1-530-10	CENTER FOCUS HANDLE WITH INTENSITY CONTROL AUR/AUT/AUA SERIES	1	\$ 76.00	\$ 76.00	\$ 76.00
TOTAL					\$ 29,614.08

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024

PRICING DETAIL

BOOMS - FREEDOM: MOUNT B: PHILIPS MONITOR

Reference #: C-129284-1

Ceiling Height: 114 (2896mm)

Power Type: Non-Isolated Power

Top Arm Clearance: 7.5"

Gas Style: None

ITEM	DESCRIPTION	QTY EXTENDED	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
F310 SERIES	F310 SERIES MOUNT WITH 1 HD ARM	1	Included	Included	Included
4PIK-MTG	Mounting plate pre-install kit, mounting hardware sold separately	1	\$ 800.00	\$ 576.00	\$ 576.00
4CC-HD-05	Ceiling cover 6.3" – 10.4" arm clearance HD stack, Freedom	1	\$ 1,000.00	\$ 720.00	\$ 720.00
4HD-BC-F	Bottom cover, HD, w/o light spindle hole, Freedom	1	\$ 141.00	\$ 141.00	\$ 141.00
H9-200-37	Boom Mounting Hardware Kit, Includes 6 rods, 24 nuts, 1-1/4" x 13"	1	\$ 340.00	\$ 244.80	\$ 244.80
4EC-68	Primary 68" HD Active Assist Horizontal arm, Freedom	1	\$ 12,000.00	\$ 8,640.00	\$ 8,640.00
4VSTHM-5	5" Steel VST MD/HD (for Stack or ED arm), Freedom	1	\$ 690.00	\$ 496.80	\$ 496.80
42E-40H	Secondary 40" HD/MD Vert. motor arm 206 - 434 lbs.	1	\$ 14,000.00	\$ 10,080.00	\$ 10,080.00
4MCS-PHILIPS	Adapter HD/MD for Philips MCS, Freedom	1	\$ 2,900.00	\$ 2,088.00	\$ 2,088.00
4A-PH-UD	2E Up/down cntr. for 4MCS-Philips (2 pos.), Freedom	1	\$ 840.00	\$ 604.80	\$ 604.80
TOTAL					\$ 23,591.40

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024

Salinas Valley Memorial Hospital-IR Room

PRICING DETAIL

BOOMS - FREEDOM: MOUNT C: RADIATION SHIELD

Reference #: C-129288-3

Ceiling Height: 114 (2896mm)

Power Type: Non-Isolated Power

Top Arm Clearance: 12.5" (Long Hub) **NON-STOCK**

Gas Style: None

ITEM	DESCRIPTION	QTY EXTENDED	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
F110 SERIES	F110 SERIES MOUNT WITH 1 LD ARM	1	Included	Included	Included
4PIK-MTG	Mounting plate pre-install kit, mounting hardware sold separately	1	\$ 800.00	\$ 576.00	\$ 576.00
4CC-ML-00	Ceiling cover MD 4.1" LD 4.5" minimum arm clearance, Freedom	1	\$ 650.00	\$ 468.00	\$ 468.00
4LDS-L-1	Stackmodule F110 Long, Freedom	1	\$ 4,400.00	\$ 3,168.00	\$ 3,168.00
H9-200-37	Boom Mounting Hardware Kit, Includes 6 rods, 24 nuts, 1-1/4" x 13"	1	\$ 340.00	\$ 244.80	\$ 244.80
4TL-50	Primary 50" LD horizontal arm (not on 4LLS), Freedom	1	\$ 2,100.00	\$ 1,512.00	\$ 1,512.00
42A-43L	Secondary 43" LD Vertical spring arm (1750N) 13-32 lbs, Freedom	1	\$ 5,100.00	\$ 3,672.00	\$ 3,672.00
4LD-E3	Adapter LD Freedom to LD Ergon3, Freedom	1	\$ 940.00	\$ 676.80	\$ 676.80
4VSTL-3	3" Alu LD VST, Freedom	1	\$ 150.00	\$ 108.00	\$ 108.00
X-RAY 50001-A	MAVIG X-Ray Shield 61x76 cm center mounted with cutout. 3AFC-M arms only. Ergon 3.	1	\$ 7,000.00	\$ 5,040.00	\$ 5,040.00
TOTAL					\$ 15,465.60

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024

Salinas Valley Memorial Hospital-IR Room

PRICING DETAIL

LIGHTS: MOUNT D: QUAD LUCINA 4 LIGHTS

Reference #: C-129285-1

Ceiling Height (inches): 114

ITEM	DESCRIPTION	QTY EXTENDED	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
LCN4-PKG4	Lucina 4 Quad Light Package, consisting of four light heads, B5-014-101 wall control, B5-014-39 Control Wand, B5-014-40 Stand for Control Wand. DOES NOT INCLUDE OPTIONAL BACK BOX.	1	\$ 28,732.00	\$ 20,399.72	\$ 20,399.72
B5-014-41	Back Box for Lucina 4 wall controls	1	\$ 102.00	\$ 72.42	\$ 72.42
B5-010-02-1	Sterile drape for Argos control wand, 50 per case	1	\$ 220.00	\$ 220.00	\$ 220.00
TOTAL					\$ 20,692.14

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024

Salinas Valley Memorial Hospital-IR Room

PRICING DETAIL

SKYTRON ONE: SOLUTIONS FEES: Q-87326

Reference #: C-129286-4

ITEM	DESCRIPTION	QTY EXTENDED
SERV-926-01	Installation of ceiling mounted boom system, model series, 100, 110 and 120 without integral lighting system. Includes pre-installation walk through, installation, full functional testing of the system and one structural test, to manufacturers specifications. Does not include electrical wiring or structure installation.	1
SERV-926-02	Installation of ceiling mounted boom system, model series, 100, 110 and 120 with integral lighting system. Includes pre-installation walk through, installation, full functional testing of the system and one structural test, to manufacturers specifications. Does not include electrical wiring, wall control unit rough in, or structure installation.	1
SERV-926-05	Installation of ceiling mounted boom system, model series, 300, 310, 320, 330 without integral lighting system. Includes pre-installation walk through, installation, full functional testing of the system and one structural test, to manufacturers specifications. Does not include electrical wiring or structure installation.	1
SERV-926-15	Installation, inspection and warranty certification of recessed lighting system, single mount or up to Four (4) flush ceiling mounted exam system, model series Lucna4 (2). Includes pre-installation walk through, installation and full functional testing of the system. Does not include electrical wiring, structure or wall control unit rough in. Pricing does not include weekend/after hours work.	1
SERV-927-20	Project Management	14
SERV-929-01	Mobilization of service team for site specific required service engagement. Includes all transportation of necessary support equipment/service technician(s) for required service. Does not include transportation of point of service equipment required for the engagement.	1
PRODUCT TOTAL		\$ 44,193.15

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024

Salinas Valley Memorial Hospital-IR Room

PRICING DETAIL

SOLUTIONS: DETAILS ONLY - PRICING PRESENTED IN SKYTRON ONE: SOLUTIONS FEES

ITEM	DESCRIPTION	QTY	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
PROJECT SCOPE	As you budget for this project you should include your facilities management team to review the project scope.	1	\$0.00	\$0.00	\$0.00
INSTALL-LIGHT	*Installation quoted to take place in the same trip as installation of Freedom Booms. If separate trips are needed, additional trip charges will be applied.	1	\$0.00	\$0.00	\$0.00

Installation pricing is an estimate only until site survey is conducted to determine if any additional site preparation is required for proper installation of equipment.

Installation price is on facility provided mount and electrical. Includes installation of wall control to facility installed back box. All electrical connections and final ties must be made by a qualified electrician.

Quoted prices are based on installation being performed during normal business hours Monday thru Friday, 8:00 am to 5:00 pm and to be performed within one year from receipt of purchase order. Installation beyond normal hours and time frame must be negotiated and a purchase order issued. Should the delivery and installation team arrive at the requested date and time specified by the facility/contractor and the facility is not ready a purchase order for additional costs will be required before installation actually begins. Any installation with a duration of more than 30 days will have progress billings & payments. A schedule of values with milestones will be submitted at the early stages of project development.

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024

ITEM	DESCRIPTION	QTY	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
INSTALL-BOOM	<p>*Installation quoted to take place in one trip over consecutive days. If more trips are needed, additional trip charges will be applied.</p> <p>Installation pricing is an estimate only until site survey is conducted to determine if any additional site preparation is required for proper installation of equipment.</p> <p>Installation pricing is to facility provided electrical and mounts. Installation includes one mount test and final adjustments. Additional mount tests are \$600.00 per mount per test (purchase order required for re-test).</p> <p>If existing cables are to be re-used, pricing does not include removal of existing cables or install of other mfg cables, new or used. This would need to be completed by the supplier and coordinated with our install team for them to pull their cables while we are installing. Pricing does include install of up to 15 Skytron cable only.</p> <p>All electrical connections and final ties must be made by a qualified electrician. Access doors are required at each mount and must be provided by facility.</p> <p>Quoted prices are based on installation being performed during normal business hours Monday thru Friday, 8:00 am to 5:00 pm and to be performed within one year from receipt of purchase order. Installation beyond normal hours and time frame must be negotiated and a purchase order issued. Should the delivery and installation team arrive at the requested date and time specified by the facility/contractor and the facility is not ready a purchase order for additional costs will be required before installation actually begins. Any installation with a duration of more than 30 days will have progress billings & payments. A schedule of values with milestones will be submitted at the early stages of project development.</p>	1	\$0.00	\$0.00	\$0.00
DEINSTALL	Deinstallation of existing equipment to be performed by hospital's own facilities team or contractor. If you would like Keckler to perform deinstallation, additional fee will apply.	1	\$0.00	\$0.00	\$0.00
PROJECT MGMT FEE	Initiating, planning, executing, controlling, and closing the work to achieve the specific goals and criteria to assure a successful outcome.	1	\$0.00	\$0.00	\$0.00
STORAGE	Customer will receive the product at their facility and store until ready for installation. If storage and staging is requested of J.M. Keckler Medical then please contact your sales representative for pricing and terms.	1	\$0.00	\$0.00	\$0.00

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024

ITEM	DESCRIPTION	QTY	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
TOTAL					\$0.00

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024

TERMS AND CONDITIONS

CHANGE ORDER FEE: Change order fees, equal to five percent (5%) of order total, apply if order changes occur within 60 days prior to shipment.

CANCELLATION FEE: Eight percent (8%) cancellation fee will be invoiced or deposit will be forfeited on cancelled items of an equipment order.

DRAWING CHANGE FEE: \$200.00 Drawing Revision Charge will be invoiced after 2nd submittal revision, and after 1st fabrication revision. \$750.00 Fabrication Revision Charge will be invoiced if revision is within 45 days of shipping.

MINIMUM ORDER FEE: Orders with a product total less than \$25.00 are subject to a \$20 non-refundable minimum order fee added to the invoice.

RE-STOCKING FEE:

- a. Equipment - 20% re-stocking fee will apply to all returns for credit of new equipment not yet installed, within 180 days of shipment. Refurbishment charges, if any, are calculated upon inspection of goods when received. All returns to be authorized by Skytron in advance.
- b. Parts - \$50.00 re-stocking fee for inspection/testing, and up to five percent (5%) of item cost for repair/refurbishing charge (not to exceed \$2,500 per item). Non-warranty part returns with a List Price less than \$100.00 per item are not accepted.
- c. Re-Stocking policy does not supersede Skytron's North American Warranty policy, Demo policy, or Table Pad Return policy.

WORKING HOURS: All service and installation pricing is based on normal working hours: 8AM to 5PM, Monday thru Friday, excluding holidays.

UNION LABOR: Facilities requiring the use of union labor must be identified as such for quoting purposes.

SEISMIC REQUIREMENTS: Please notify Skytron's Service Manager for installations having specific seismic requirements. Skytron is not responsible for any x-raying of the floor, structural ceiling through bolting, and associated fasteners.

SERVICE CONTRACTS: A signed service contract is required for service programs included in this quote, if applicable. A preliminary evaluation of product may be required for product that has been in use for some time.

SCHEDULING AND TRADE-IN EQUIPMENT: Contact Skytron's Service Manager a minimum of 15 working days prior to desired installation date. Large and intensive projects requiring multiple phases require a minimum 60-day notice before installation commences. Notice is required for installation where trade-in equipment will be present. If required, for a fee, Skytron can disconnect and remove existing equipment.

ELECTRICAL CONNECTIONS, FINAL TIE-INS AND FINISHES: All final tie-ins of electrical connections, plumbing and media must be made by a qualified and licensed individual. Skytron does not provide final tie-in services due to local licensing regulations. Finish work (e.g. caulking and trim) is the responsibility of others. Installation of standard product moldings or trim is included in the pricing provided.

MISCELLANEOUS:

- a. Unless otherwise noted, Skytron reserves the right to make product improvements, discontinue products or change prices without notice.
- b. Unless otherwise noted, quoted amounts do not include freight costs and applicable taxes. Freight and tax rates in effect at time of shipment will be applied.
- c. For products combining lights and equipment pendants, include installation pricing for both individual units.
- d. Buyer expressly agrees that no terms and conditions shall supersede those in this quote without express, written consent of Skytron.

UV DISINFECTION, IF APPLICABLE: In order to maintain warranty on UV Disinfection products (IPT UV-C), a service contract must be purchased from Skytron, and service work performed by a Skytron Service Technician. Failure to comply with the terms of the service contract may void warranty. Service contract terms and conditions are available upon request.

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024



TERMS AND CONDITIONS CONTINUED VIZIENT

PAYMENT TERMS

Net thirty (30) days after date of invoice, subject to credit approval.

Shipping and Taxes are not included in this quote unless itemized above. All products are invoiced upon shipment.

WARRANTY

1 - year Parts and Labor on contracted products.

1 - year Parts and Labor on non-contracted products.

90 - days on replacement parts, spare bulbs (surgical lights), spare pads (surgical tables), supplies, and accessory items.

15 - years on sterilizer pressure vessel (steam chamber and jacket).

**In order to maintain warranty on UV Disinfection products (IPT UV-C), a service contract must be purchased from Skytron, and service work performed by a Skytron Service Technician.*

Failure to comply with the terms of the service contract may void warranty. Service contract terms and conditions are available upon request.

FREIGHT TERMS

F.O.B. Destination. Freight Prepaid and Added. All shipments subject to handling charge.

DELIVERY

120 Days after receipt of order.

Due to the COVID-19 pandemic and increased demand, delivery times may exceed 120 days.

DEPOSIT

25% deposit required for Booms and Active RTLS upon order acceptance.

50% deposit required for Integration and custom products upon order acceptance.

CONTRACT NUMBER

CE7191 (Stainless Steel); CE7201 (Lights, Booms, Integration)

CE7211 (Tables and Accessories); CE7593 (Sterilizers)

CE7598 (Washers and Decontaminators)

I acknowledge that I have reviewed and accept the content of this quote in its entirety.

Signature

Printed Name

Date

Title

Customer Purchase Order Number

Billing Address

Delivery Address

QUOTE

Q-87326-1

DATE

04-09-2024

EXPIRES

08-07-2024



Salinas Valley Memorial Hospital

Megan Giovanetti
450 E Romie Ln
Salinas, CA 93901-4098



DATE

04-09-2024

EXPIRES

08-07-2024

PRESENTED BY



ACCOUNT MANAGER: Trina McNeil

**SALINAS VALLEY MEMORIAL HOSPITAL-
CATH LAB #3 BOOM REPLACEMENT**

Quote#: Q-87300-1



ATTENTION

Salinas Valley Memorial Hospital

450 E Romie Ln
Salinas, CA 93901-4098

Megan Giovanetti
mgiovanetti@SalinasValleyHealth.com
(831) 809-0191

Hello,

Attached is the quote that you requested. Please make your PO out to Skytron and email to trina@kecklermedical.com or fax to 209-847-4166. For additional information please contact me at 800-523-1010 ext.111. Thank you for your business opportunity.

Mobile: 800-523-1010 ext.111

Trina McNeil
trina@kecklermedical.com
J.M. Keckler Medical Co., Inc.

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024



ATTENTION

Salinas Valley Memorial Hospital

450 E Romie Ln
Salinas, CA 93901-4098SALINAS VALLEY MEMORIAL
HOSPITAL-CATH LAB #3
BOOM REPLACEMENT

QUOTE Q-87300-1

PRICING SUMMARY

PRODUCT	QTY	LIST PRICE UNIT	LIST PRICE EXTENDED	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
Booms - Freedom: Mount A: Radiation Shield w/ Light	1	\$ 41,384.00	\$ 41,384.00	\$ 29,614.08	\$ 29,614.08
Booms - Freedom: Mount B: Philips Monitor	1	\$ 32,711.00	\$ 32,711.00	\$ 23,591.40	\$ 23,591.40
Lights: Mount C: Quad Lucina 4 Light	1	\$ 29,054.00	\$ 29,054.00	\$ 20,692.14	\$ 20,692.14
Subtotal					\$ 73,897.62
Skytron One: Solutions Fees: Q-87300					\$ 36,558.92
Handling					\$ 923.72
TOTAL INVESTMENT					\$ 111,380.26
REQUIRED DEPOSIT					
		Subtotal	\$ 111,380.26		\$ 13,301.37
		Allow for Sales Tax	\$ 6,835.53		
		Total Budget	\$ 118,212.79		

QUOTE (Q-87300) SPECIFIC TERMS AND CONDITIONS

GPO	Vizient - 1 (1151)
ISSUE PO TO	Skytron, LLC · PO Box 888615, Grand Rapids, MI, 49588 · P: 616-656-2900 · trina@kecklermedical.com or fax to 209-847-4166
REMIT TO	Skytron, LLC · PO Box 675164, Detroit, MI, 48267-5164

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024

Salinas Valley Memorial Hospital-Cath Lab #3 Boom Replacement

PRICING DETAIL

BOOMS - FREEDOM: MOUNT A: RADIATION SHIELD W/ LIGHT

Reference #: C-129237-2

Ceiling Height: 114 (2896mm)

Power Type: Non-Isolated Power

Top Arm Clearance: 6.5" (Short Hub)

Gas Style: None

ITEM	DESCRIPTION	QTY EXTENDED	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
F110 SERIES	F110 SERIES MOUNT WITH 1 LD ARM	1	Included	Included	Included
4PIK-MTG	Mounting plate pre-install kit, mounting hardware sold separately	1	\$ 800.00	\$ 576.00	\$ 576.00
4CC-ML-00	Ceiling cover MD 4.1" LD 4.5" minimum arm clearance, Freedom	1	\$ 650.00	\$ 468.00	\$ 468.00
4LDS-S-1	Stackmodule F110 Short, Freedom	1	\$ 3,100.00	\$ 2,232.00	\$ 2,232.00
4SP-AUA1	Aurora lamp spindle single, Freedom	1	\$ 800.00	\$ 576.00	\$ 576.00
H9-200-37	Boom Mounting Hardware Kit, Includes 6 rods, 24 nuts, 1-1/4" x 13"	1	\$ 340.00	\$ 244.80	\$ 244.80
4TL-43	Primary 43" LD horizontal arm (not on 4LLS), Freedom	1	\$ 2,000.00	\$ 1,440.00	\$ 1,440.00
42A-43L	Secondary 43" LD Vertical spring arm (1750N) 13-32 lbs, Freedom	1	\$ 5,100.00	\$ 3,672.00	\$ 3,672.00
4LD-E3	Adapter LD Freedom to LD Ergon3, Freedom	1	\$ 940.00	\$ 676.80	\$ 676.80
4VSTL-6	6" Alu LD VST, Freedom	1	\$ 210.00	\$ 151.20	\$ 151.20
X-RAY 50001-A	MAVIG X-Ray Shield 61x76 cm center mounted with cutout. 3AFC-M arms only. Ergon 3.	1	\$ 7,000.00	\$ 5,040.00	\$ 5,040.00
AUA5B	Single Fixture with 24" diameter center focus Aurora Four LED light on 35.25" radial arm	1	\$ 18,000.00	\$ 12,780.00	\$ 12,780.00
B3-320-01-12	VST NON TV AURORA 12" WITH BRUSH BLOCK	1	Included	Included	Included
B9-720-01-RS	SINGLE WALL INTENSITY CONTROL WITH RS232 CONNECTION FOR AURORA FOUR AUA SERIES ONLY	1	\$ 2,300.00	\$ 1,633.00	\$ 1,633.00
B9-210-57-1	Wall Control Back Box; Aurora, Stellar & Nautilus (single and dual only)	1	\$ 68.00	\$ 48.28	\$ 48.28

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024

ITEM	DESCRIPTION	QTY EXTENDED	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
B1-530-10	CENTER FOCUS HANDLE WITH INTENSITY CONTROL AUR/AUT/AUA SERIES	1	\$ 76.00	\$ 76.00	\$ 76.00
TOTAL					\$ 29,614.08

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024

Salinas Valley Memorial Hospital-Cath Lab #3 Boom Replacement

PRICING DETAIL

BOOMS - FREEDOM: MOUNT B: PHILIPS MONITOR

Reference #: C-129238-2

Ceiling Height: 114 (2896mm)

Power Type: Non-Isolated Power

Top Arm Clearance: 7.5"

Gas Style: None

ITEM	DESCRIPTION	QTY EXTENDED	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
F310 SERIES	F310 SERIES MOUNT WITH 1 HD ARM	1	Included	Included	Included
4PIK-MTG	Mounting plate pre-install kit, mounting hardware sold separately	1	\$ 800.00	\$ 576.00	\$ 576.00
4CC-HD-05	Ceiling cover 6.3" – 10.4" arm clearance HD stack, Freedom	1	\$ 1,000.00	\$ 720.00	\$ 720.00
4HD-BC-F	Bottom cover, HD, w/o light spindle hole, Freedom	1	\$ 141.00	\$ 141.00	\$ 141.00
H9-200-37	Boom Mounting Hardware Kit, Includes 6 rods, 24 nuts, 1-1/4" x 13"	1	\$ 340.00	\$ 244.80	\$ 244.80
4EC-68	Primary 68" HD Active Assist Horizontal arm, Freedom	1	\$ 12,000.00	\$ 8,640.00	\$ 8,640.00
4VSTHM-5	5" Steel VST MD/HD (for Stack or ED arm), Freedom	1	\$ 690.00	\$ 496.80	\$ 496.80
42E-40H	Secondary 40" HD/MD Vert. motor arm 206 - 434 lbs.	1	\$ 14,000.00	\$ 10,080.00	\$ 10,080.00
4MCS-PHILIPS	Adapter HD/MD for Philips MCS, Freedom	1	\$ 2,900.00	\$ 2,088.00	\$ 2,088.00
4A-PH-UD	2E Up/down cntr. for 4MCS-Philips (2 pos.), Freedom	1	\$ 840.00	\$ 604.80	\$ 604.80
TOTAL					\$ 23,591.40

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024

Salinas Valley Memorial Hospital-Cath Lab #3 Boom Replacement

PRICING DETAIL

LIGHTS: MOUNT C: QUAD LUCINA 4 LIGHT

Reference #: C-129239-1

Ceiling Height (inches): 114

ITEM	DESCRIPTION	QTY EXTENDED	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
LCN4-PKG4	Lucina 4 Quad Light Package, consisting of four light heads, B5-014-101 wall control, B5-014-39 Control Wand, B5-014-40 Stand for Control Wand. DOES NOT INCLUDE OPTIONAL BACK BOX.	1	\$ 28,732.00	\$ 20,399.72	\$ 20,399.72
B5-014-41	Back Box for Lucina 4 wall controls	1	\$ 102.00	\$ 72.42	\$ 72.42
B5-010-02-1	Sterile drape for Argos control wand, 50 per case	1	\$ 220.00	\$ 220.00	\$ 220.00
TOTAL					\$ 20,692.14

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024

Salinas Valley Memorial Hospital-Cath Lab #3 Boom Replacement

PRICING DETAIL

SKYTRON ONE: SOLUTIONS FEES: Q-87300

Reference #: C-129240-2

ITEM	DESCRIPTION	QTY EXTENDED
SERV-926-02	Installation of ceiling mounted boom system, model series, 100, 110 and 120 with integral lighting system. Includes pre-installation walk through, installation, full functional testing of the system and one structural test, to manufacturers specifications. Does not include electrical wiring, wall control unit rough in, or structure installation.	1
SERV-926-05	Installation of ceiling mounted boom system, model series, 300, 310, 320, 330 without integral lighting system. Includes pre-installation walk through, installation, full functional testing of the system and one structural test, to manufacturers specifications. Does not include electrical wiring or structure installation.	1
SERV-926-15	Installation, inspection and warranty certification of recessed lighting system, single mount or up to Four (4) flush ceiling mounted exam system, model series Lucna4 (2). Includes pre-installation walk through, installation and full functional testing of the system. Does not include electrical wiring, structure or wall control unit rough in. Pricing does not include weekend/after hours work.	1
SERV-927-20	Project Management	14
SERV-929-01	Mobilization of service team for site specific required service engagement. Includes all transportation of necessary support equipment/service technician(s) for required service. Does not include transportation of point of service equipment required for the engagement.	1
PRODUCT TOTAL		\$ 36,558.92

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024

Salinas Valley Memorial Hospital-Cath Lab #3 Boom Replacement

PRICING DETAIL

SOLUTIONS: DETAILS ONLY - PRICING PRESENTED IN SKYTRON ONE: SOLUTIONS FEES

ITEM	DESCRIPTION	QTY	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
PROJECT SCOPE	As you budget for this project you should include your facilities management team to review the project scope.	1	\$0.00	\$0.00	\$0.00
INSTALL-LIGHT	*Installation quoted to take place in the same trip as installation of Freedom Booms. If separate trips are needed, additional trip charges will be applied.	1	\$0.00	\$0.00	\$0.00

Installation pricing is an estimate only until site survey is conducted to determine if any additional site preparation is required for proper installation of equipment.

Installation price is on facility provided mount and electrical. Includes installation of wall control to facility installed back box. All electrical connections and final ties must be made by a qualified electrician.

Quoted prices are based on installation being performed during normal business hours Monday thru Friday, 8:00 am to 5:00 pm and to be performed within one year from receipt of purchase order. Installation beyond normal hours and time frame must be negotiated and a purchase order issued. Should the delivery and installation team arrive at the requested date and time specified by the facility/contractor and the facility is not ready a purchase order for additional costs will be required before installation actually begins. Any installation with a duration of more than 30 days will have progress billings & payments. A schedule of values with milestones will be submitted at the early stages of project development.

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024

ITEM	DESCRIPTION	QTY	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
INSTALL-BOOM	<p>*Installation quoted to take place in one trip over consecutive days. If more trips are needed, additional trip charges will be applied.</p> <p>Installation pricing is an estimate only until site survey is conducted to determine if any additional site preparation is required for proper installation of equipment.</p> <p>Installation pricing is to facility provided electrical and mounts. Installation includes one mount test and final adjustments. Additional mount tests are \$600.00 per mount per test (purchase order required for re-test).</p> <p>If existing cables are to be re-used, pricing does not include removal of existing cables or install of other mfg cables, new or used. This would need to be completed by the supplier and coordinated with our install team for them to pull their cables while we are installing. Pricing does include install of up to 15 Skytron cable only.</p> <p>All electrical connections and final ties must be made by a qualified electrician. Access doors are required at each mount and must be provided by facility.</p> <p>Quoted prices are based on installation being performed during normal business hours Monday thru Friday, 8:00 am to 5:00 pm and to be performed within one year from receipt of purchase order. Installation beyond normal hours and time frame must be negotiated and a purchase order issued. Should the delivery and installation team arrive at the requested date and time specified by the facility/contractor and the facility is not ready a purchase order for additional costs will be required before installation actually begins. Any installation with a duration of more than 30 days will have progress billings & payments. A schedule of values with milestones will be submitted at the early stages of project development.</p>	1	\$0.00	\$0.00	\$0.00
DEINSTALL	Deinstallation of existing equipment to be performed by hospital's own facilities team or contractor. If you would like Keckler to perform deinstallation, additional fee will apply.	1	\$0.00	\$0.00	\$0.00
PROJECT MGMT FEE	Initiating, planning, executing, controlling, and closing the work to achieve the specific goals and criteria to assure a successful outcome.	1	\$0.00	\$0.00	\$0.00
STORAGE	Customer will receive the product at their facility and store until ready for installation. If storage and staging is requested of J.M. Keckler Medical then please contact your sales representative for pricing and terms.	1	\$0.00	\$0.00	\$0.00

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024

ITEM	DESCRIPTION	QTY	LIST PRICE UNIT	QUOTED PRICE UNIT	QUOTED PRICE EXTENDED
TOTAL					\$0.00

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024



TERMS AND CONDITIONS

CHANGE ORDER FEE: Change order fees, equal to five percent (5%) of order total, apply if order changes occur within 60 days prior to shipment.

CANCELLATION FEE: Eight percent (8%) cancellation fee will be invoiced or deposit will be forfeited on cancelled items of an equipment order.

DRAWING CHANGE FEE: \$200.00 Drawing Revision Charge will be invoiced after 2nd submittal revision, and after 1st fabrication revision. \$750.00 Fabrication Revision Charge will be invoiced if revision is within 45 days of shipping.

MINIMUM ORDER FEE: Orders with a product total less than \$25.00 are subject to a \$20 non-refundable minimum order fee added to the invoice.

RE-STOCKING FEE:

- Equipment - 20% re-stocking fee will apply to all returns for credit of new equipment not yet installed, within 180 days of shipment. Refurbishment charges, if any, are calculated upon inspection of goods when received. All returns to be authorized by Skytron in advance.
- Parts - \$50.00 re-stocking fee for inspection/testing, and up to five percent (5%) of item cost for repair/refurbishing charge (not to exceed \$2,500 per item). Non-warranty part returns with a List Price less than \$100.00 per item are not accepted.
- Re-Stocking policy does not supersede Skytron's North American Warranty policy, Demo policy, or Table Pad Return policy.

WORKING HOURS: All service and installation pricing is based on normal working hours: 8AM to 5PM, Monday thru Friday, excluding holidays.

UNION LABOR: Facilities requiring the use of union labor must be identified as such for quoting purposes.

SEISMIC REQUIREMENTS: Please notify Skytron's Service Manager for installations having specific seismic requirements. Skytron is not responsible for any x-raying of the floor, structural ceiling through bolting, and associated fasteners.

SERVICE CONTRACTS: A signed service contract is required for service programs included in this quote, if applicable. A preliminary evaluation of product may be required for product that has been in use for some time.

SCHEDULING AND TRADE-IN EQUIPMENT: Contact Skytron's Service Manager a minimum of 15 working days prior to desired installation date. Large and intensive projects requiring multiple phases require a minimum 60-day notice before installation commences. Notice is required for installation where trade-in equipment will be present. If required, for a fee, Skytron can disconnect and remove existing equipment.

ELECTRICAL CONNECTIONS, FINAL TIE-INS AND FINISHES: All final tie-ins of electrical connections, plumbing and media must be made by a qualified and licensed individual. Skytron does not provide final tie-in services due to local licensing regulations. Finish work (e.g. caulking and trim) is the responsibility of others. Installation of standard product moldings or trim is included in the pricing provided.

MISCELLANEOUS:

- Unless otherwise noted, Skytron reserves the right to make product improvements, discontinue products or change prices without notice.
- Unless otherwise noted, quoted amounts do not include freight costs and applicable taxes. Freight and tax rates in effect at time of shipment will be applied.
- For products combining lights and equipment pendants, include installation pricing for both individual units.
- Buyer expressly agrees that no terms and conditions shall supersede those in this quote without express, written consent of Skytron.

UV DISINFECTION, IF APPLICABLE: In order to maintain warranty on UV Disinfection products (IPT UV-C), a service contract must be purchased from Skytron, and service work performed by a Skytron Service Technician. Failure to comply with the terms of the service contract may void warranty. Service contract terms and conditions are available upon request.

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024



TERMS AND CONDITIONS CONTINUED VIZIENT

PAYMENT TERMS

Net thirty (30) days after date of invoice, subject to credit approval.

Shipping and Taxes are not included in this quote unless itemized above. All products are invoiced upon shipment.

WARRANTY

1 – year Parts and Labor on contracted products.

1 - year Parts and Labor on non-contracted products.

90 - days on replacement parts, spare bulbs (surgical lights), spare pads (surgical tables), supplies, and accessory items.

15 - years on sterilizer pressure vessel (steam chamber and jacket).

**In order to maintain warranty on UV Disinfection products (IPT UV-C), a service contract must be purchased from Skytron, and service work performed by a Skytron Service Technician.*

Failure to comply with the terms of the service contract may void warranty. Service contract terms and conditions are available upon request.

FREIGHT TERMS

F.O.B. Destination. Freight Prepaid and Added. All shipments subject to handling charge.

DELIVERY

120 Days after receipt of order.

Due to the COVID-19 pandemic and increased demand, delivery times may exceed 120 days.

DEPOSIT

25% deposit required for Booms and Active RTLS upon order acceptance.

50% deposit required for Integration and custom products upon order acceptance.

CONTRACT NUMBER

CE7191 (Stainless Steel); CE7201 (Lights, Booms, Integration)

CE7211 (Tables and Accessories); CE7593 (Sterilizers)

CE7598 (Washers and Decontaminators)

I acknowledge that I have reviewed and accept the content of this quote in its entirety.

Signature

Printed Name

Date

Title

Customer Purchase Order Number

Billing Address

Delivery Address

QUOTE

Q-87300-1

DATE

04-09-2024

EXPIRES

08-07-2024

EQUIPMENT QUOTE

1010 Warnerville Rd • Oakdale, CA 95361
(800) 523-1010 • Fax (209) 847-4166 • KecklerMedical.com



Buying Group: Contract Pricing - Standard

Salinas Valley Memorial Hospital
Salinas, CA

Megan Giovanetti
mgiovanetti@SalinasValleyHealth.com - (831) 809-0191

Your Sales Representative:

Trina McNeil
(209) 523-1010 ext.111
trina@kecklermedical.com

Thank you for the opportunity to earn your business!

Quote # **TM-240416-1**

Quote Date: **04/16/24**
Expiration: **06/15/24**

Item No.	Description	Qty	UOM	Unit Price Quoted	Extended Price Quoted
IR North Wall					
SST263680HG-1C	SS TALL CABINET, 26 X 36 X 80, SINGLE COLUMN, LOGICELL, GLASS DOORS	3	EA	\$ 11,280.00	\$ 33,840.00
SST263680HG-2C	SS TALL CABINET, 26 X 36 X 80, DOUBLE COLUMN, LOGICELL, GLASS DOORS	2	EA	\$ 11,894.00	\$ 23,788.00
SST262080RG	SS TALL CABINET, 26 X 19.5 X 80, SINGLE COLUMN, LOGICELL, RIGHT GLASS DOOR	1	EA	\$ 9,078.00	\$ 9,078.00
SSW133630HG	SS WALL CABINET, 13 X 36 X 30, 2 SHELF, GLASS DOORS	1	EA	\$ 6,236.00	\$ 6,236.00
40000EL	ELECTRONIC LOCK, 40000 SERIES	7	EA	\$ 937.00	\$ 6,559.00
2436SHC-L	LOGICELL SHELF, 36"W, WITH LOCKING CLIP	2	EA	\$ 212.00	\$ 424.00
CAT24HD	CATH SLIDE, 24 D SHELF, HVY DTY, EASY PULL, EPOXY COATED, 9 HOOKS (15 PKG PER HOOK)	14	EA	\$ 186.00	\$ 2,604.00
CATHCARD2	DOUBLE SIDED CARD FOR CATH SLIDES	14	EA	\$ 1.00	\$ 14.00
2436SHC-3	SHELF, 24 X 36 X 2.5, 31 DIVIDER SLOTS, STEEL, FROSTY WHITE, CATH MTG RAIL, SLANTABLE	7	EA	\$ 184.00	\$ 1,288.00
244DIV	DIVIDER, 24 X 4, STEEL, FROSTY WHITE	137	EA	\$ 36.00	\$ 4,932.00
2416SHC-3	SHELF, 24 X 16 X 2.5, 13 DIVIDER SLOTS, STEEL, FROSTY WHITE, CATH MTG RAIL, SLANTABLE	10	EA	\$ 110.00	\$ 1,100.00
2TCL24D33	TUB, PLASTIC, 1 CELL, 22 X 14.25 X 2, CLEAR, 3 LONG / 3 SHORT DIVIDERS	10	SET	\$ 274.00	\$ 2,740.00
5BD22	BASKET, WIRE, 2 CELL, 22 X 14.25 X 5, WHITE, 2 LONG / 2 SHORT DIVIDERS	30	SET	\$ 135.00	\$ 4,050.00
8BD22	BASKET, WIRE, 3 CELL, 22 X 14.25 X 8, WHITE, 2 LONG / 2 SHORT DIVIDERS	10	SET	\$ 160.00	\$ 1,600.00
SSTF2636	SS TOE KICK, 26 X 36 X 4	5	EA	\$ 108.00	\$ 540.00
SSTF2620	SS TOE KICK, 26 X 19.5 X 4	1	EA	\$ 66.00	\$ 66.00
IR 1 South Wall					
SSW133630HG	SS WALL CABINET, 13 X 36 X 30, 2 SHELF, GLASS DOORS	2	EA	\$ 6,236.00	\$ 12,472.00
40000EL	ELECTRONIC LOCK, 40000 SERIES	4	EA	\$ 937.00	\$ 3,748.00
SSB263631HS-2C	SS BASE CABINET, 26 X 36 X 30.5, DOUBLE COLUMN, LOGICELL, SOLID DOORS	2	EA	\$ 7,299.00	\$ 14,598.00
SSCT2636	SS COUNTERTOP, 26 X 36, 4" BACK SPLASH	2	EA	\$ 2,099.00	\$ 4,198.00
2TCL24D33	TUB, PLASTIC, 1 CELL, 22 X 14.25 X 2, CLEAR, 3 LONG / 3 SHORT DIVIDERS	8	SET	\$ 274.00	\$ 2,192.00
5BD22	BASKET, WIRE, 2 CELL, 22 X 14.25 X 5, WHITE, 2 LONG / 2 SHORT DIVIDERS	12	SET	\$ 135.00	\$ 1,620.00
SSTF2636	SS TOE KICK, 26 X 36 X 4	2	EA	\$ 108.00	\$ 216.00
CL 3 North Wall					
SST263680HG-1C	SS TALL CABINET, 26 X 36 X 80, SINGLE COLUMN, LOGICELL, GLASS DOORS	1	EA	\$ 11,280.00	\$ 11,280.00
SST262080RG	SS TALL CABINET, 26 X 19.5 X 80, SINGLE COLUMN, LOGICELL, RIGHT GLASS DOOR	1	EA	\$ 9,078.00	\$ 9,078.00



EQUIPMENT QUOTE

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Buying Group: Contract Pricing - Standard

Salinas Valley Memorial Hospital
Salinas, CA

Megan Giovanetti
mgiovanetti@SalinasValleyHealth.com - (831) 809-0191

Your Sales Representative:

Trina McNeil
(209) 523-1010 ext.111
trina@kecklermedical.com

Thank you for the opportunity to earn your business!

Quote # **TM-240416-1**

Quote Date: **04/16/24**
Expiration: **06/15/24**

Item No.	Description	Qty	UOM	Unit Price Quoted	Extended Price Quoted
40000EL	ELECTRONIC LOCK, 40000 SERIES	2	EA	\$ 937.00	\$ 1,874.00
2436SHC-L	LOGICELL SHELF, 36"W, WITH LOCKING CLIP	1	EA	\$ 212.00	\$ 212.00
CAT24HD	CATH SLIDE, 24 D SHELF, HVY DTY, EASY PULL, EPOXY COATED, 9 HOOKS (15 PKG PER HOOK)	7	EA	\$ 186.00	\$ 1,302.00
CATHCARD2	DOUBLE SIDED CARD FOR CATH SLIDES	7	EA	\$ 1.00	\$ 7.00
2436SHC-3	SHELF, 24 X 36 X 2.5, 31 DIVIDER SLOTS, STEEL, FROSTY WHITE, CATH MTG RAIL, SLANTABLE	1	EA	\$ 184.00	\$ 184.00
244DIV	DIVIDER, 24 X 4, STEEL, FROSTY WHITE	41	EA	\$ 36.00	\$ 1,476.00
2416SHC-3	SHELF, 24 X 16 X 2.5, 13 DIVIDER SLOTS, STEEL, FROSTY WHITE, CATH MTG RAIL, SLANTABLE	2	EA	\$ 110.00	\$ 220.00
2TCL24D33	TUB, PLASTIC, 1 CELL, 22 X 14.25 X 2, CLEAR, 3 LONG / 3 SHORT DIVIDERS	2	SET	\$ 274.00	\$ 548.00
5BD22	BASKET, WIRE, 2 CELL, 22 X 14.25 X 5, WHITE, 2 LONG / 2 SHORT DIVIDERS	6	SET	\$ 135.00	\$ 810.00
8BD22	BASKET, WIRE, 3 CELL, 22 X 14.25 X 8, WHITE, 2 LONG / 2 SHORT DIVIDERS	2	SET	\$ 160.00	\$ 320.00
SSTF2636	SS TOE KICK, 26 X 36 X 4	1	EA	\$ 108.00	\$ 108.00
SSTF2620	SS TOE KICK, 26 X 19.5 X 4	1	EA	\$ 66.00	\$ 66.00
CL 3 South Wall					
SST263680HG-2C	SS TALL CABINET, 26 X 36 X 80, DOUBLE COLUMN, LOGICELL, GLASS DOORS	2	EA	\$ 11,894.00	\$ 23,788.00
SSW133630HG	SS WALL CABINET, 13 X 36 X 30, 2 SHELF, GLASS DOORS	2	EA	\$ 6,236.00	\$ 12,472.00
40000EL	ELECTRONIC LOCK, 40000 SERIES	6	EA	\$ 937.00	\$ 5,622.00
SSB263631HS-2C	SS BASE CABINET, 26 X 36 X 30.5, DOUBLE COLUMN, LOGICELL, SOLID DOORS	2	EA	\$ 7,299.00	\$ 14,598.00
SSCT2636	SS COUNTERTOP, 26 X 36, 4" BACK SPLASH	2	EA	\$ 2,099.00	\$ 4,198.00
2416SHC-3	SHELF, 24 X 16 X 2.5, 13 DIVIDER SLOTS, STEEL, FROSTY WHITE, CATH MTG RAIL, SLANTABLE	8	EA	\$ 110.00	\$ 880.00
244DIV	DIVIDER, 24 X 4, STEEL, FROSTY WHITE	40	EA	\$ 36.00	\$ 1,440.00
2TCL24D33	TUB, PLASTIC, 1 CELL, 22 X 14.25 X 2, CLEAR, 3 LONG / 3 SHORT DIVIDERS	16	SET	\$ 274.00	\$ 4,384.00
5BD22	BASKET, WIRE, 2 CELL, 22 X 14.25 X 5, WHITE, 2 LONG / 2 SHORT DIVIDERS	36	SET	\$ 135.00	\$ 4,860.00
8BD22	BASKET, WIRE, 3 CELL, 22 X 14.25 X 8, WHITE, 2 LONG / 2 SHORT DIVIDERS	8	SET	\$ 160.00	\$ 1,280.00
SSTF2636	SS TOE KICK, 26 X 36 X 4	4	EA	\$ 108.00	\$ 432.00
	Large Volume Discount	1	EA		\$ (11,967.10)
TRIM CAN BE QUOTED ONCE EXACT CABINET PLACEMENT WITHIN CAD DRAWING IS DETERMINED					

*****Removal of old equipment and Installation of new equipment not included but can be quoted upon request*****

SUBTOTAL \$ 227,374.90



EQUIPMENT QUOTE

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(800) 523-1010 • Fax (209) 847-4166 • KecklerMedical.com



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Salinas Valley Memorial Hospital

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Your Sales Representative:

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trina@kecklermedical.com

Thank you for the opportunity to earn your business!

Quote # **TM-240416-1**

Quote Date: **04/16/24**

Expiration: **06/15/24**

Item No.	Description	Qty	UOM	Unit Price Quoted	Extended Price Quoted
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Shipping & Handling

Not included in quote. Can be quoted upon request.

Sales Tax

Not included in quote.

TOTAL \$ 227,374.90

TERMS & CONDITIONS

Terms: Net 30 Days
Deposit: 25% Deposit required on all orders greater than \$5,000.00. Due upon submission of purchase order.
FOB: Mfg, prepaid and added.
Sales Tax: Local sales tax will be added.
Storage: Customer will receive product at their facility and store until scheduled install.
Progress Billing: Any installation with duration of greater than 30 days will have progress billing. Schedule of values with milestones will be provided.

Purchase orders should be issued to J.M. Keckler Medical.

Tax \$21,032.18
Allow at S&H \$ 7,500.00
\$255,907.08

Keckler Medical is proud to offer **PREVENTIVE MAINTENANCE** programs that ensure manufacturer warranty compliance. All of our service technicians are dedicated to keeping you operationally effective by offering 24-hour emergency equipment repair. Ask your sales representative for more information today!



MOBILE IR LAB LEASE PROPOSAL

PROPOSAL FOR:
Mobile IR, Special Procedures Lab

- 8'x48' Mobile Lab Coach (Trailer) with pop-out side extensions, on-demand backup generator and hydraulic patient lift
- **Philips Allura FD20 or GE Innova 3100** digital flat panel detector x-ray imaging system

PRESENTED TO:

Bogard Construction – David Scott

DATE OF PROPOSAL:

4/11/24

LEASE TERM:

6 Months (Option to Extend)

LEASE PRICE:

~~\$54,500~~ **\$47,500.00** per Chris Basey phone call with DScott 4/23/24
~~\$54,500/Month~~

LEASE PAYMENT TERMS:

1. First month payment due and payable upon delivery (\$54,500).
2. Subsequent payments due monthly
3. Monthly extensions at end of term

DELIVERY DATE:
DELIVERY REQUIREMENTS:

1. Site prepared by Hospital
2. Transportation: \$7,500 (each way)
3. Training and installation assistance included

SUPPORT/TRAINING:
Comprehensive applications training included.
INSURANCE:

Insurance is required.

SERVICE:
MDI service agreement included with the lease featuring 24 hour, 7 day a week and one-call service. No service or maintenance fees for the term of the lease.

Salinas Valley Memorial Healthcare System

Project Cost Model: SVM CIP ANGIO EQ REPLACEMENT - 01.1250.3760

Architect: SKA

Subject: Budget prepared during concept phase

Date Printed: 5/10/2024

Budget Amount: \$4,140,627.00

Budget Approved Date:

Version:2

Anticipated Completion: Spring 2025

Prepared by: DS/SL, Checked by

Budget Summary

		A	A1	A2
Line Item	Description	Original Budget	Budget Revisions	Current Budget
1	Construction			
100	Construction	\$700,000	\$0	\$700,000
101	ADA Barrier Removal Allowance	\$60,000	\$0	\$60,000
101	Owner Contingency	\$0	\$0	\$0
2	Design			
200	Professional Fees	\$340,000	\$0	\$340,000
200	Reimbursables	\$3,500	\$0	\$3,500
	Inspections and Consultation			
300	Inspector of Record	\$50,000	\$0	\$50,000
301	Special Inspections	\$22,000	\$0	\$22,000
4	AHJ Fees			
400	HCAI Fees	\$38,000	\$0	\$38,000
5	Soft Costs			
502	Construction Management	\$240,000	\$0	\$240,000
504	Soft Cost Contingency	\$20,000	\$0	\$20,000
7	FF&E			
702	Philips Azurion 7 Equipment Package	\$1,500,000	\$402,679	\$1,902,679
702	Logiquip Cabinet Package	\$0	\$157,508	\$157,508
702	Light, Lucina Light, Rad Shield, Monitor Boom, Monitor on Wall	\$150,000	-\$7,060	\$142,940
703	Data & Phone Equipment	\$25,000	\$0	\$25,000
704	Furnishings	\$10,000	\$0	\$10,000
704	Hazmat	\$1,500	\$0	\$1,500
705	Rental Trailers	\$0	\$237,500	\$237,500
9	Rental Trailer utility and infrastructure adjustments		\$50,000	\$50,000
9900	Project Contingency + Escalation	\$140,000	\$0	\$140,000
Totals		\$3,300,000	\$840,627	\$4,140,627

Salinas Valley Memorial Healthcare System

Project Cost Model: Cath Lab 3 Equipment Replacement 01.1250.3765

Architect: SKA

Subject: Budget prepared during concept phase

Date Printed: 5/10/2024

Budget Amount: \$4,300,526.00

Budget Approved Date:

Version: 2

Anticipated Completion: Summer 2025

Prepared by: DS/SL, Checked by

Budget Summary

		A	A1	A2
Line Item	Description	Original Budget	Budget Revisions	Current Budget
1	Construction			
100	Construction	\$750,000	\$0	\$750,000
101	ADA Barrier Removal Allowance	\$40,000	\$0	\$40,000
101	Owner Contingency	\$0	\$0	\$0
2	Design			
200	Professional Fees	\$360,000	\$0	\$360,000
200	Reimbursables	\$3,500	\$0	\$3,500
	Inspections and Consultation			
300	Inspector of Record	\$66,000	\$0	\$66,000
301	Special Inspections	\$22,000	\$0	\$22,000
4	AHJ Fees			
400	HCAI Fees	\$40,000	\$0	\$40,000
5	Soft Costs			
502	Construction Management	\$285,000	\$0	\$285,000
504	Soft Cost Contingency	\$20,000	\$0	\$20,000
7	FF&E			
702	Philips Azurion 7 Equipment Package	\$1,550,000	\$503,413	\$2,053,413
702	Intercom	\$30,000	\$0	\$30,000
702	Logiequip Cabinets for Catheters + Supplies	\$82,000	\$16,400	\$98,400
702	Light, Lucina Light, Rad Shield, Monitor Boom, Monitor on Wall	\$175,000	-\$56,787	\$118,213
703	Data & Phone Equipment	\$25,000	\$0	\$25,000
704	Furnishings	\$10,000	\$0	\$10,000
704	Hazmat Surveying	\$1,500	\$0	\$1,500
705	Rental Equipment	\$0	\$237,500	\$237,500
9				
9900	Project Contingency + Escalation	\$140,000	\$0	\$140,000
Totals		\$3,600,000	\$700,526	\$4,300,526

COMMUNITY ADVOCACY COMMITTEE

*Minutes of the
Community Advocacy Committee
will be distributed at the Board Meeting*

(ROLANDO CABRERA, MD)

Medical Executive Committee Summary – May 9, 2024

Items for Board Approval

Credentials Committee

Initial Appointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Bahu-Baugh, Nijwa, MD	Pulmonology	Medicine	Medicine – Active Community
Kim, Harold, MD	Anesthesiology	Anesthesiology	Anesthesiology
Roldan, Mario, DO	General Surgery	Surgery	General Surgery
Sharma, Arjun, MD	Radiology	Surgery	Remote Radiology Center for advanced Diagnostic Imaging (CADI) at Ryan Ranch Remote Teleradiology/Radiology

Reappointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Archibald-Seiffer, Noah, MD	Anesthesiology	Anesthesiology	Anesthesiology
Basse, Michael, MD	Interventional Radiology	Surgery	Diagnostic Imaging Cardiovascular Diagnostic Center at Ryan Ranch (CADI)
Franklin, Peter, MD	Family Medicine	Family Medicine	Family Medicine – Active Community
Glasscock, Gregory, MD	Neonatology	Pediatrics	Neonatology
Griggs, Ryan, MD	Urology	Surgery	Urology
Guiroy, Bernadette, MD	General Surgery	Surgery	General Surgery
Hinz, Christina, MD	Anesthesiology	Anesthesiology	Anesthesiology
Hu, Steven, MD	Gastroenterology	Medicine	Gastroenterology
Hunt, Madison, MD	Emergency Medicine	Emergency Medicine	Emergency Medicine
Lew, James, MD	Family Medicine	Family Medicine	Family Medicine Adult Pediatric and Well Newborn: Core. Category II Obstetrical
Mercado, Ma Cristina, MD	Pediatrics	Pediatrics	Pediatrics – Active Community: Core.
Ramaiah, Purushotham, MD	Internal Medicine	Medicine	Adult Hospitalist
Razzak, Anthony, MD	Gastroenterology	Medicine	Gastroenterology
Roy, David, MD	Orthopedic and Hand Surgery	Surgery	Orthopedic Surgery Hand Surgery
Sakopoulos, Andreas, MD	Cardiothoracic	Surgery	Cardiac Surgery Thoracic Surgery Vascular Surgery
Suh, Susie, MD	Rheumatology	Medicine	Rheumatology General Internal Medicine
Trost, Stephanie, MD	Pediatrics/ Internal Medicine	Pediatrics	Pediatrics Medicine – Active Community
Youngflesh, Kyle, DO	Palliative Medicine	Medicine	Palliative Medicine Adult Hospitalist

Privilege Modifications:

NAME	SPECIALTY	PRIVILEGE
Kadokia, Rikin, MD	Interventional Cardiology	Percutaneous Catheter Placement for Extracorporeal Membrane Oxygenation (ECMO) prior to patient transfer.
Lin, Bruce, MD	Interventional Radiology	Relinquishing Cardiac MRI and Coronary CTA.

Staff Status Modifications:

NAME	SPECIALTY	STATUS	RECOMMENDATION
Chadive, Deepika, MD	Neonatology	Provisional	Advancement to Active Staff.
Isom, Robert, MD	Nephrology	Provisional	Recommend advancement to Active Staff.
Klick, Anastasia, MD	Family Medicine	Active	Advancement to Active Staff.
Chadive, Deepika, MD	Neonatology	Provisional	Leave of Absence 5/27/2024 to 9/2/2024
Arnold, Cody, MD	Neonatology	Active	Resignation effective 5/31/2024
Conly, Bethany, MD	Ob/Gyn	Leave of Absence	Resignation effective 5/1/2024
Cooper Vaughn, Margaret, MD	Ob/Gyn	Leave of Absence	Resignation effective 6/1/2024
Gurme, Mohini, MD	Neurology	Telemedicine	Resignation effective 5/31/2024
Larsen, Melissa, MD	Ob/Gyn	Leave of Absence	Resignation effective 5/31/2024

Temporary Privileges:

NAME	SPECIALTY	DATES	RECOMMENDATION
Roldan, Mario, DO	General Surgery	5/24/2024 – 5/28/2024	Locum tenens privileges for Shin Park, MD
Sharma, Arjun, MD	Radiology	5/7/2024 – 5/23/2024	Temporary privileges effective 5/7/2024 while awaiting Board approval

Interdisciplinary Practice Committee**Initial Appointments:**

APPLICANT	SPECIALTY/PRIVILEGES	DEPT	SUPERVISING PHYSICIAN(S)
Reese, Sarah, PA	Orthopedics	Surgery	Bert Tardieu, MD

Reappointments:

APPLICANT	SPECIALTY/PRIVILEGES	DEPT	SUPERVISING PHYSICIAN(S)
Davis, Christopher, PA-C	Cardiac Surgery	Surgery	Vincent DeFilippi, MD Andreas Sakopoulos, MD
Mognoni, Stacy, PA-C	Emergency Medicine	Emergency Medicine	Cristina Martinez, MD
Poandl, Alison PA-C	Surgery	Surgery	Tarun Bajaj, MD Shin Young Park, MD
Zuniga, Elizabeth, PA-C	Obstetrics and Gynecology	OB/GYN	Gregory Kanter, MD

Other Items: (Attached)

Acetaminophen and Ibuprofen Administration Nursing Standardized Procedure	Recommend Approval
Electrocardiogram Nursing Standardized Procedure	Recommend Approval
Fecal Management System in ICU Nursing Standardized Procedure	Recommend Approval
Vacuum-Inducted Management of OB Hemorrhage Nursing Standardized Procedure	Recommend Approval

Policies/Plans and Privilege Forms Recommended for Approval: (Attached)

1. Code Blue, Code White, Code White Neonatal Policy
2. Noise Control Standards Policy
3. Patient Elopement Policy
4. Water Management Plan

Informational Items:

I. Committee Reports:

- a. Credentials Committee
- b. Interdisciplinary Practice Committee
- c. Medical Staff Excellence Committee
- d. Quality and Safety Committee Reports:
 - Sepsis Initiative
 - Transitional Care
 - Infection Prevention

II. Other Reports:

- a. Summary of Executive Operations Committee Meetings
- b. Medical Staff Excellence Committee
- c. Summary of Medical Staff Department/Committee Meetings
- d. Medical Staff Treasury Report
- e. Medical Staff Statistics Year to Date
- f. Health Information Management (HIM) Update
- g. Financial Update
- h. HCAHPS Update

Attachments:

I. Nursing Standardized Procedures:

- a. Acetaminophen and Ibuprofen Administration
- b. Electrocardiogram
- c. Vacuum-Induced Management of OB Hemorrhage

II. Policy/Plans

- a. Code Blue, Code White, Code White Neonatal
- b. Noise Control Standards
- c. Fecal Management System in ICU
- d. Patient Elopement/Missing Patient
- e. Water Management Plan



Last Approved N/A
Next Review 3 years after approval

Owner David Thompson:
Clinical Manager
Area Nursing
Standardized
Procedures

Acetaminophen and Ibuprofen Administration Standardized Procedure

I. POLICY

A. N/A

II. DEFINITIONS

- A. Director of Nursing – Nursing Director responsible for a nursing unit or cluster of units.
- B. Fever: Defined as a temperature of 100.4° F (38° C) or greater. The temperature is to be obtained via an appropriate route, taking into consideration the age of the patient, developmental level, health history and current neurological status.
- C. RN – Registered Nurse employed by SVHMC
- D. SP – Standardized Procedure

III. PROCEDURE

- A. Function(s)
 - 1. This standardized procedure describes the administration of Acetaminophen and Ibuprofen to patients in the Emergency Department who meet the criteria listed. The intent of this standardized procedure is to authorize the nurse to administer Acetaminophen and/or Ibuprofen prior to physician assessment and before a patient-specific physician order is obtained.
- B. Circumstances
 - 1. Setting
 - a. This standardized procedure governs the administration of Acetaminophen and/or Ibuprofen to all appropriate patients in the Emergency Department

- b. Patients three (3) months and older (for Acetaminophen) or six (6) months and older for Ibuprofen, presenting with fevers to the Emergency Department, who are seeking treatment from an Emergency Department physician, are eligible to receive Acetaminophen and/or Ibuprofen at triage or in a treatment area.

2. Supervision

- a. Registered Nurses who are qualified to perform this standardized procedure may independently administer Acetaminophen and/or Ibuprofen to patients who meet the criteria for Acetaminophen and/or Ibuprofen administration, and for whom Acetaminophen and/or Ibuprofen are not contraindicated. Physician supervision is not required.

3. Patient Conditions

- a. Emergency Department patients who meet the following criteria may receive acetaminophen and/or ibuprofen:
 - i. Febrile, with a temperature of 100.4° F (38° C) or greater.
 - ii. Have not received Acetaminophen within the past four (4) hours or Ibuprofen within the past six (6) hours prior to arrival in the Emergency Department, with exceptions discussed below.
 - iii. Patients with no known contraindication to acetaminophen and/or ibuprofen.
 - a. Contraindications to acetaminophen administration include:
 - 1. Known allergic or adverse reaction to acetaminophen
 - 2. Patients with G6PD deficiency
 - 3. Patients with liver dysfunction
 - 4. Patients who have taken acetaminophen or acetaminophen-containing products within the past 4 hours
 - 5. Patients less than three (3) months old
 - 6. Contraindications to ibuprofen administration include:
 - i. Known allergic or adverse reaction to ibuprofen, aspirin, or other non-steroidal anti-inflammatory drug (NSAID)
 - ii. Patients presenting with hemorrhage or history of bleeding.
 - iii. Infants less than 6 months of age.
 - iv. Patients presenting with potential

surgical conditions.

- v. Patients in renal failure (dose must be adjusted)
- vi. Head injuries.
- vii. Patients with known thrombocytopenia and or platelet dysfunction.
- viii. Patients with diagnosed cancer or undergoing chemotherapy.
- ix. Patients in last trimester of pregnancy.
- x. Gastric Bypass Patients
- xi. Patients who have received ibuprofen, ibuprofen-containing products, or other NSAID during the past 6 hours.

C. Database

1. Subjective

- a. Antecedent of illness/chief complaint
- b. History of Chills/Rigors
- c. Prioritization and Severity of Illness:
 - i. Pediatric and adult patients with the chief complaint of fever will be triaged using the ESI level 5 triage system. (See [TRIAGE ASSESSMENT](#))
 - ii. Pediatric and Adult patients who have significant underlying medical or surgical history, including but not limited to immunosuppressive disease, oncologic disease, or recent surgery, or who have concurrent medical issues such as respiratory distress or abdominal pain, are given higher prioritization per ESI level 5 triage guidelines.

2. Objective

- a. Temperature >100.4° F (38° C)
- b. Skin warm to the touch
- c. Presence of chills/rigors

D. Diagnosis

1. Fever

E. Plan

1. Treatment

- a. Whenever possible, a patient-specific physician order for Acetaminophen and/or Ibuprofen medication will be obtained. If a patient-specific physician order cannot be obtained in a timely manner, then the RN may administer Acetaminophen and/or Ibuprofen medication per this standardized procedure.
- b. Acetaminophen administration/dosing:
 - i. CHILDREN 3MONTHS AND OLDER:
 - a. Acetaminophen 15 mg/kg PO or PR (**maximum dose = 650 mg or, 75mg/kg/day whichever is less**) for fever greater than or equal to 100.4° F (38 °C).
 - ii. ADULTS (13 years and older)
 - a. Acetaminophen 15mg/kg PO or PR (**maximum dose = 650mg**)
 - iii. Additional information for children and adults:
 - a. May administer suppository if history of recent vomiting noted, or if patient is NPO.
 - b. Contraindications for rectal temperatures would also apply to rectal administration of acetaminophen.
 - c. Only one dose of acetaminophen may be administered by the RN prior to a patient-specific physician order.
 - d. Ibuprofen administration/dosing:
 - iv. CHILDREN 6 MONTHS AND OLDER:
 - a. Ibuprofen 10 mg/kg PO (**maximum dose = 400mg**) for fever greater than or equal to 100.4 °F (38 °C).
 - b. Only one dose of Ibuprofen may be administered prior to a patient-specific physician order.
 - v. ADULTS (13 years and older)
 - a. Ibuprofen 10mg/kg PO (**maximum dose = 600mg**) for fever greater than or equal to 100.4° F (38°C)
 - b. Only one dose of Ibuprofen may be administered prior to a patient-specific physician order

2. Patient conditions requiring consultation/reportable conditions:

- a. **Immediately notify an Emergency Department physician of the following:**
 - i. Changes in airway, breathing, circulation or altered level of consciousness.
 - ii. Temperature that remains greater than 104° F (38° C) one hour after antipyretic administration.
 - iii. Any seizure activity noted.

- iv. Signs or symptoms indicative of an allergic reaction.
- v. Change in triage acuity.
- vi. Signs or symptoms of shock.
- vii. Questions/concerns regarding the appropriateness of ordering acetaminophen and/or ibuprofen

3. Education-Patient/Family

- a. Instruct patient or care provider on appropriate acetaminophen and/or ibuprofen dose, frequency of administration, and suggested administration methods.
- b. Explain to parent/caregiver the importance of monitoring temperatures in infants and children.
- c. Reinforce or demonstrate proper temperature taking technique as appropriate.

4. Follow up

- a. Reassessment and re-evaluation of temperature and patient's condition will occur in accordance with the Emergency Department Policy and Procedure on ASSESSMENT/REASSESSMENT GUIDELINES (see [STANDARDS OF CARE- EMERGENCY DEPARTMENT](#)).

5. Documentation of Patient Treatment

- a. Document all patient procedures and care in the appropriate portion of the electronic health care document along with any patient responses from the interventions.
- b. Orders for procedures described in this standardized procedure are initiated by the registered nurse and entered into record.

F. Record Keeping

- 1. The facility will retain the patients' record according to the Record Retention procedure.

IV. REQUIREMENTS FOR THE REGISTERED NURSE

A. Education and Training

- 1. In accordance with the SVHMC RN job description

B. Experience

- 1. Current California RN license and designated to work in ED

C. Evaluation

- 1. Initial: During the initial orientation process RNs are educated to this SP and complete a review with their preceptor. This is documented on the Department

Specific Orientation Checklist and maintained in the office of the Director of Nursing. The RN is required to implement this SP two (2) times prior to be deemed competent.

2. Ongoing: At least every 3 years competency will be re-assessed via annual skills assessment.
3. During the annual RN performance appraisal process any areas of this SP not meeting requirements will be reviewed with the RN and a plan will be defined if necessary

V. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE

A. Review Schedule

1. Every 3 years or when practice changes are made.

B. Approval

1. The electronic policy and procedure system maintains tracking of initiation, review and approval of this SP including the Interdisciplinary Practice Committee, Medical Executive Committee and the Board of Directors.

VI. REGISTERED NURSE AUTHORIZED TO PERFORM PROCEDURE AND DATES

- A. The list of qualified individuals who may perform this standardized procedure is available in the department / cluster Nursing Director's office and available upon request.

VII. REFERENCES

- A. Green, C., Krafft, H., Guyatt, G., & Martin, D. (2021). Symptomatic fever management in children: A systematic review of national and international guidelines. *PLoS ONE*, 16(6), 1-25. <https://doi.org/10.1371/journal.pone.0245815>
- B. Hockenberry, M. (2017). *Wong's Essentials of Pediatric Nursing* (10th ed.). St. Louis: Elsevier Mosby, p. 731.
- C. Pediatric Emergency Research Canada, Burstein, B., Gravel, J., Aronson, P. L., & Neuman, M. I. (2019). Emergency department and inpatient clinical decision tools for the management of febrile young infants among tertiary paediatric centres across Canada. *Paediatric & Child Health* (1205-7088), 24(3), e142–e154. <https://doi.org/10.1093/pch/pxy126>

Approval Signatures

Step Description

Approver

Date

ED Service	Katherine DeSalvo: Director Medical Staff Services	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	04/2024
Policy Owner	David Thompson: Clinical Manager	04/2024

Standards

No standards are associated with this document



Last Approved N/A
Next Review 3 years after approval

Owner **David Thompson:**
Clinical Manager

Area **Nursing**
Standardized
Procedures

Electrocardiogram Nursing Standardized Procedure

I. POLICY

A. N/A

II. DEFINITIONS

- A. Director of Nursing – Nursing Director responsible for a nursing unit or cluster of units.
- B. RN – Registered Nurse employed by SVHMC
- C. SP – Standardized Procedure

III. PROCEDURE

A. Function

- 1. This Standardized Procedure is intended to expedite care for patients presenting to the Emergency Department with medical conditions that warrant an electrocardiogram.

B. Circumstances

- 1. Setting
 - a. Medical Emergency Department
- 2. Supervision
 - a. No supervision is required prior to examination by a medical provider.
- 3. Patient Conditions (State circumstances under which the RN is to immediately communicate to the physician a change in patient condition)
 - a.

C. Database

1. Subject
2. Objective

D. Diagnosis

1. Registered Nurses (RN) assigned to the ED may order and initiate an electrocardiogram for patients 14 and older, presenting with the following conditions:
 - a. Chest pain or discomfort
 - b. Shortness of breath
 - c. Syncope
 - d. Seizure
 - e. Dizziness
 - f. Abdominal pain
 - g. Nausea and vomiting of unknown etiology
 - h. Fatigue or general body weakness of unknown etiology
 - i. Atypical back, arm(s), shoulder(s), or neck pain in absence of trauma or suspected orthopedic or soft tissue injury
 - j. Unusual nervousness or feeling of impending doom

E. Plan

1. Treatment
2. Patient conditions requiring consultation/reportable conditions:
3. Education-Patient/Family
4. Follow-up
5. Documentation of Patient Treatment
 - a. An order for an electrocardiogram is to be placed in the electronic health record, with notification to the physician once completed.

F. Record Keeping

1. The facility will retain the patients' record according to the Record Retention procedure.

IV. REQUIREMENTS FOR THE REGISTERED NURSE

A. Education

1. In accordance with the SVHMC RN job description

B. Training

1. Clinical competency must be demonstrated and approved by supervising personnel

or preceptor.

C. Experience

1. In accordance with the established SVHMC job description. (Add if there is unit specific experience required)

D. Evaluation

1. Initial: During the initial orientation process RNs are educated to this SP and complete a review with their preceptor. This is documented on the Department Specific Orientation Checklist and maintained in the office of the Director of Nursing. The RN is required to implement this SP two (2) times prior to be deemed competent.
2. Ongoing: At least every 3 years competency will be re-assessed via annual skills assessment.
3. During the annual RN performance appraisal process any areas of this SP not meeting requirements will be reviewed with the RN and a plan will be defined if necessary

V. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE

A. Review Schedule

1. Every 3 years or when practice changes are made.

B. Approval

1. The electronic policy and procedure system maintains tracking of initiation, review and approval of this SP including the Interdisciplinary Practice Committee, Medical Executive Committee and the Board of Directors.

VI. REGISTERED NURSES AUTHORIZED TO PERFORM PROCEDURE AND DATES

- A. The list of qualified individuals who may perform this standardized procedure is available in the department / cluster Nursing Director's office and available upon request.

VII. REFERENCES

- A. ENA (1997) *Triage: Meeting the Challenge*. Park Ridge, IL: Author.
- B. Gilboy N, Tanabe P, Travers DA, Rosenau AM, Eitel DR. *Emergency Severity Index, Version 4. Implementation Handbook*. AHRQ Publication No. 05-0046-2, 2020 Edition. Agency for Healthcare Research and Quality, Rockville, MD.
- C. California Board of Registered Nursing,
- D. Title 16, California Code of Regulations Section 1474

Approval Signatures

Step Description	Approver	Date
ED Service	Katherine DeSalvo: Director Medical Staff Services	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	04/2024
Policy Owner	David Thompson: Clinical Manager	04/2024

Standards

No standards are associated with this document



Last Approved 04/2024
Next Review 04/2027

Owner **Kelly Flower:**
Clinical Manager
Area **Patient Care**

Fecal Management System

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- A. The Flexi-Seal™ PROTECT PLUS Fecal Management System is an indwelling fecal management catheter intended for use to manage fecal incontinence through the collection of liquid to semi-liquid stool and to provide access to administer medications.
- B. The device is intended for use in adult, bedridden patients.

III. DEFINITIONS

A. N/A

IV. GENERAL INFORMATION

- A. A physicians order must be obtained prior to inserting a fecal management system.
- B. Remove any indwelling or anal device prior to insertion of a fecal management device.
- C. Review contraindications to ensure fecal management system is appropriate.
- D. Perform a digital rectal exam to evaluate suitability for insertion of device.

V. PROCEDURE

- A. Set-up
 - 1. Obtain physicians order for Fecal Management system
 - 2. Perform digital rectal exam to evaluate suitability for insertion of device.

- a. Rule out the possibility of a fecal impaction. If a fecal impaction is present, consult with patient's physician to determine if impaction removal is appropriate. The device can be inserted once the fecal impaction is removed.
 - b. Confirm presence or absence of rectal tone, as poor or absent tone may increase leakage around the device or may contribute to the inability to retain the device.
 - c. Review the patients medical record to ensure there are no contraindications to use.
 - d. Position patient on left side and flex hips, if tolerated.
 - e. Separate buttocks and examine external area for fissures, skin tags, rectal prolapse, hemorrhoids or other abnormalities.
 - f. Lubricate index finger of gloved hand.
 - g. If patient is alert, ask patient to bear down for a moment or two to ease passage of index finger.
 - h. Gently insert finger 3 centimeters and pause. 3cm equates to about halfway between most distal "crease lines" on index finger.
 - i. At this point, rectal sphincter tone is determined:
 - i. Good tone feels like a snug ring around the finger.
 - ii. Fair tone feels like a snug ring around the finger but quickly loses its "grip" on the finger.
 - iii. There is little or no resistance with poor or absent tone.
 - j. Pause for a second or two, you should feel the sphincter relax somewhat.
 - k. Continue insertion of index finger until well into the rectal vault. .
 - l. Gently sweep the rectal vault to check for impacted stool.
 - m. Remove finger and wipe anus and buttocks of excess lubricant.
3. Insert the ConvaTec Diamonds™ sachets, one at a time, into the bag opening. Attach the collection bag to the catheter connector with arrows pointing upwards.
 4. Connect a syringe to the white inflation port and remove all air.

B. Insertion

1. Lubricate a gloved finger and insert the gloved finger into the blue finger pocket on the balloon and lubricate the balloon. Gently insert the balloon into the rectal vault.
2. Connect the syringe to the white inflation port and start inflating approx. with 10 ml water or saline into the balloon before removing your finger. Inflate the balloon until the green indicator pops. Do not fill with more than 45ml of fluid.
3. The red dome will indicate if the balloon is overfilled. If the red dome is triggered, fully deflate the balloon. Repeat the balloon inflation process and stop inflation once the green dome has signaled optimal fill.

4. Gently pull on the soft catheter to check that the balloon is securely in the rectum and that it is positioned against the rectal floor.

C. Maintenance

1. Observe the device frequently for obstructions from kinks, solid fecal particles or external pressure.
2. Ensure that the patient does not lie or sit on the catheter as this could lead to localized pressure damage and contribute to the development of anal skin breakdown and/or restrict fecal flow.
3. The skin should be kept clean, dry and protected with a moisture barrier product
4. Observe changes in the location of the position indicator line to determine movement of the retention balloon in the patient's rectum.
5. Change the collection bag as needed or when bag has 800ml of liqued stool.
6. If stool samples are required, utilize the dark blue sampling port.
 - a. Press the tip of a Luer-slip syringe or catheter syringe through the slit inside of the sampling port to access the interior of the catheter. Withdraw the syringe plunger to collect the sample. Withdraw the syringe and close the dark blue sampling port cap.
7. Irrigation/RX medication Port
 - a. The purple ENFit™ connector in the blue housing, marked "IRRIG. /Rx" is used to flush the device if needed and administer medication, if prescribed. ENFit™ helps to further reduce the risk of balloon over inflation by avoiding misconnection of medication to the inflation port
 - b. Irrigate the device once per shift, and as needed. To irrigate the device, fill a syringe with water at room temperature, attach the syringe to the connector in the blue irrigation/medication housing (marked "IRRIG./Rx") and slowly depress the plunger. Do not irrigate through the white inflation port (marked "≤45ml").
 - c. If repeated flushing with water does not return the flow of stool through the catheter, the device should be inspected to ascertain that there is no external obstruction. If no source of obstruction of the device is detected, use of the device should be discontinued.
 - d. If medication is administered, irrigate the device before and afterwards.

D. Discontinuation

1. Discontinue the use of the device if the patient's bowel control, consistency and frequency of stool begin to return to normal.
 - a. To remove the catheter from the rectum, the retention balloon must first be deflated.

- b. Remove the white cap from the inflation port.
- c. Attach a Luer syringe to the white inflation port (marked "≤45ml") and slowly withdraw all fluid from the retention balloon.
- d. Disconnect the Luer syringe and discard.
- e. Grasp the catheter as close to the patient as possible and slowly remove from the anus.
- f. Dispose of the device.
- g. If the balloon is difficult or impossible to deflate, cut the inflation lumen and drain out the water in the balloon. The device should never be removed from a patient with the balloon still inflated.

E. Troubleshooting

1. In the event of expulsion of the device, deflate the balloon fully; rinse the balloon end of the catheter and reinsert following the instructions for 'Device Insertion'.
 - a. A rectal exam should be conducted prior to re-insertion to verify that no stool is present.
 - b. If expulsion continues for more than three episodes, discontinuation of the device should be considered.
2. In the event of stool leakage, correct the position of the retention balloon and irrigate the device.
 - a. If leakage persists, deflate the balloon fully and remove the device.
 - b. Rinse the balloon end of the catheter and reinsert following the instructions for 'Device Insertion'.
 - c. A rectal exam should be conducted prior to re-insertion to verify that no stool is present

F. Contraindications

1. This product is not intended for use for more than 29 consecutive days
2. Do not use in pediatric patients
3. The Fecal Management System should not be used on individuals who:
 - a. have suspected or confirmed rectal mucosal impairment, i.e. severe proctitis, ischemic proctitis, mucosal ulcerations
 - b. have had rectal surgery within the last year
 - c. have any rectal or anal injury
 - d. have hemorrhoids of significant size and/or symptoms
 - e. have a rectal or anal stricture or stenosis
 - f. have a suspected or confirmed rectal/anal tumor

- g. have any in-dwelling rectal or anal device (e.g. thermometer) or delivery mechanism (e.g. suppositories or enemas) in place
- h. are sensitive to or who have had an allergic reaction to any component within the system

G. Considerations

1. Patients should be monitored daily and a physician notified immediately if any of the following occur
 - a. Rectal pain
 - b. Rectal bleeding
 - c. Abdominal symptoms such as distension/pain
2. Over inflation of the retention balloon has the potential to increase the risk of adverse events including rectal pain, bleeding, ulcerations, and possible perforations
3. Output may appear darker than usual and/or may contain black flecks. This is a visible indication of the ConvaTec Diamonds™. If monitoring output color, please use the sampling port.
4. Close attention should be exercised with the use of the device in patients who have inflammatory bowel conditions or who have had rectal surgery. The physician should determine the degree and location of inflammation or extent of surgery (e.g. location of anastomosis) within the colon/rectum prior to considering use of this device in patients with such conditions.
5. Care should be exercised in using this device in patients who tend to bleed from either anti-coagulant / antiplatelet therapy or underlying disease. If signs of rectal bleeding occur, remove the device immediately and notify a physician.
6. The device should be used with caution in patients with spinal cord injury because of the possibility of the development of autonomic dysreflexia.

VI. EDUCATION/TRAINING

- A. Education and/or training is provided as needed.

VII. REFERENCES

- A. Binks R, De Luca E, Dierkes C, Franci A, Herrero E, Niederaalt G. Prevalence, clinical consequences and management of acute faecal incontinence with diarrhoea in the ICU: The FIRST™ Observational Study. J Intensive Care Soc. 2015 Nov;16(4):294-301. doi: 10.1177/1751143715589327. Epub 2015 Jun 30. PMID: 28979434; PMCID: PMC5606465.

- B. Carr, M., Hunter, K.F. (2018). Management of Fecal Incontinence in Acutely Ill and Critically Ill Hospitalized Adults. In: Bliss, D. (eds) Management of Fecal Incontinence for the Advanced Practice Nurse. Springer, Cham. https://doi.org/10.1007/978-3-319-90704-8_10
- C. Trad, Wafa; Flowers, Kelli; Caldwell, Jennifer; Sousa, Mariana S.; Vigh, Gia; Lizarondo, Lucylynn; Gaudin, Julia; Hooper, Dianne; Parker, Deborah. Nursing assessment and management of incontinence among medical and surgical adult patients in a tertiary hospital: a best practice implementation project. JBI Database of Systematic Reviews and Implementation Reports 17(12):p 2578-2590, December 2019. | DOI: 10.11124/JBISRIR-D-19-00110

Approval Signatures

Step Description	Approver	Date
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	04/2024
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	04/2024
Critical Care Director	Lacey Cone: Director Critical Care Services	04/2024
Critical Care Committee	Katherine DeSalvo: Director Medical Staff Services	03/2024
Policy Owner	Kelly Flower: Clinical Manager	03/2024

Standards

No standards are associated with this document



Last Approved 10/2023

Next Review 10/2026

Owner **Daniela Jago:**
Clinical Manager

Area **Women's and
Children's
Services**

Vacuum-Induced Management of OB Hemorrhage

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- A. To provide clinical guidance for use of the vacuum-induced hemorrhage control device for the management of a postpartum hemorrhage with a postpartum patient who has delivered either by cesarean or vaginal delivery.

III. DEFINITIONS

A. N/A

IV. GENERAL INFORMATION

A. Relative contraindications include:

1. Ongoing intrauterine pregnancy
2. Untreated uterine rupture
3. Unresolved uterine inversion
4. Current cervical cancer
5. Known uterine anomaly
6. Current purulent infection of vagina, cervix, or uterus
7. For C-sections: cervix <3 cm dilated before use of vacuum-induced hemorrhage control device

V. PROCEDURE

A. Medical Staff Member:

1. Assess patient and determine method of treatment required for postpartum hemorrhage

2. Determine uterus is clear of any retained placental fragments, arterial bleeding or lacerations
 3. Placement of vacuum-induced hemorrhage control device
 4. Verification of correct placement of intrauterine loop within uterus and cervical seal outside the cervical os through manual exam or ultrasound
 5. Continued medical management of the patient including orders for medications, hydration, blood products, monitoring, etc.
 6. Documentation of plan of care, procedures performed and patient's tolerance of procedure
- B. Registered Nurse (RN):
1. Assess postpartum patient for postpartum bleeding
 2. Notify Care Provider if bleeding is abnormal
 3. Assist in placement of vacuum-induced hemorrhage control device
 4. Fill cervical seal balloon with sterile fluid (predetermined volume per care provider order)
 5. Monitor patient's vital signs and vaginal bleeding
 6. Assess for signs of deteriorating or non-improving conditions and notify care provider
 7. Documentation of assessments, interventions and evaluation of interventions
- C. Review antepartum, intrapartum, birth and recovery period for risk factors for postpartum hemorrhage
1. Potential/known infection – chorioamnionitis, GBS (Group B Strep), etc.
 2. Precipitous or rapid delivery
 3. Traumatic delivery – shoulder dystocia, compound presentations
 4. Abnormal presentations
 5. Vacuum or forceps delivery
 6. Cesarean delivery
- D. Vacuum-induced hemorrhage control device placement following vaginal or cesarean delivery (transvaginal placement only)
1. Evaluate patient for lacerations, retained products of conception, other causes of bleeding, and remove any organized clots before placing the device
 2. Connect syringe to seal valve to remove air from cervical seal before use
 3. Manually compress intrauterine loop and insert transvaginally into the uterus
NOTE: Avoid excessive force. Do not grasp device with an instrument to facilitate intrauterine insertion
 4. Ensure correct placement of intrauterine loop within the uterus and cervical seal within the vagina at the external cervical os
 5. Fill the cervical seal with 60-120mL of sterile fluid to achieve full coverage of the external cervical os.
NOTE: Do not advance cervical seal into the uterus while filling. Confirm cervical seal is outside cervical os
 6. Turn on vacuum source and set to 80 mmHg (+/- 10 mmHg) while occluding the end of

the tubing

NOTE: The maximum vacuum pressure is 90 mmHg. Do not increase pressure higher than 90 mmHg or tissue trauma may occur

7. Connect vacuum-induced hemorrhage control device to vacuum tubing
8. Secure tubing to patient's thigh with tape

DO NOT

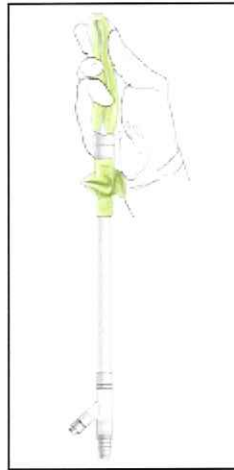


Figure 1



Figure 2

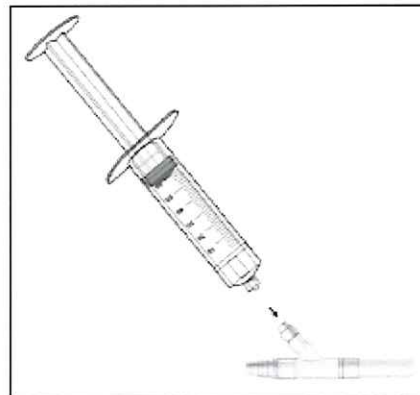


Figure 3

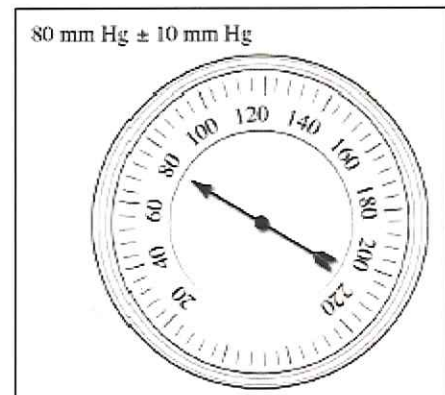
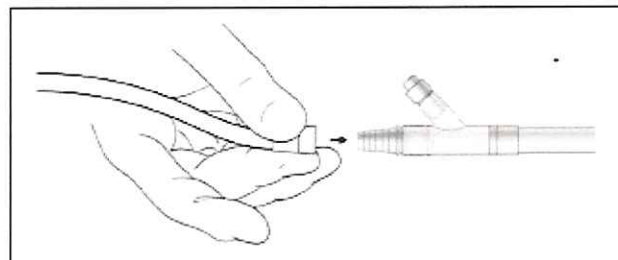


Figure 4



E. Treatment and Monitoring

1. Leave device in place with vacuum applied

2. Verify bleeding is controlled
3. Leave vacuum on for at least one hour after bleeding is controlled
4. Close monitoring for signs of increasing bleeding:
 - a. Continued blood flow into the vacuum tubing and/or no improvement in uterine tone
 - b. Deteriorating physiologic condition - tachycardia, decrease in BP, pallor, diaphoresis, change in level of consciousness, etc.
5. Do not leave the device in place for >24 hours
6. Monitor the patient every 15 minutes x 4, then every 30 minutes x 2, then every 1 hour until device is removed. Assessments should be increased if patient becomes unstable. **DO NOT DO VIGOROUS FUNDAL MASSAGE** Monitoring includes:
 - a. Blood pressure
 - b. Pulse
 - c. Respirations
 - d. Temperature
 - e. Pain level including cramping/abdominal pain
 - f. Intake and output
 - g. Amount of bleeding in suction canister
 - h. Amount of vaginal bleeding (if any)
7. Signs of deteriorating or non-improving conditions should indicate more aggressive treatment and management of patient uterine bleeding and requires that the provider be notified and involved with a further plan of care
8. Document all assessments, communications, interventions, and patient responses to interventions
9. Consider prophylactic antibiotics for prolonged use
10. Steps to removal of vacuum-induced hemorrhage control device
 - a. Vacuum-induced hemorrhage control device can only be removed by a physician
 - b. Confirm treatment is no longer needed
 - c. Disconnect vacuum tubing from device while vacuum is on
 - d. Remove all sterile fluid from cervical seal balloon
 - e. Wait at least 30 minutes to verify bleeding is controlled
 - f. If bleeding recurs, cervical seal can be re-inflated and suction restarted if appropriate
 - g. If bleeding remains controlled and the uterus remains firm, the physician can slowly remove the vacuum-induced hemorrhage control device while supporting the uterine fundus
11. Following removal, monitor the patient every 30 minutes x 2, every 1 hour x 1, then

resume routine assessments per postpartum standards of care. Assessments should be increased if patient becomes unstable. Monitoring includes:

- a. Blood pressure
 - b. Pulse
 - c. Respirations
 - d. Temperature
 - e. Pain level including cramping/abdominal pain
 - f. Intake and output
 - g. Amount of bleeding
12. Notify provider for signs of deteriorating or non-improving condition
 13. Document all assessments, communications, interventions, and patient responses to interventions

F. Documentation:

1. Document assessment and patient response as appropriate in nursing notes

VI. EDUCATION/TRAINING

- A. Education and/or training is provided as needed

VII. REFERENCES

- A. D'Alton, M., Rood, K., Smid, M., Simhan, H., Skupski, D., Subramaniam, A., Gibson, K., Rosen, T., Clark, S., Dudley, D., Iqbal, S., Paglia, M., Duzyj, C., Chien, E., Gibbins, K., Wine, K., Bentum, N., Kominiarek, M., Tuuli, M., & Goffman, D. (2020). Intrauterine vacuum-induced hemorrhage-control device for rapid treatment of postpartum hemorrhage. *Obstetrics & Gynecology*, 136(5), 882-891. <https://doi.org/10.1097/AOG.0000000000004138>
- B. Organon. (2022). Jada system: Vacuum-induced hemorrhage control system, instructions for use. Retrieved online from https://www.organon.com/product/usa/pi_circulars/j/jada/jada_system_ifu_blue_seal.pdf

Approval Signatures

Step Description	Approver	Date
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	10/2023
Women's & Children's Service Line	Katherine DeSalvo: Director Medical Staff Services	10/2023

Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2023
Policy Owner	Daniela Jago: Clinical Manager	08/2023

Standards

No standards are associated with this document

CONFIDENTIAL



Last N/A
Approved
Next Review 3 years after
approval

Owner Carla Spencer:
Associate Chief
Nursing Officer
Area Patient Care

Code Blue, Code White, Code White Neonatal

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- A. To guide staff on the operational procedures for responding to situations where cardiac and or respiratory resuscitation may be needed for an adult, child or neonates on campus.

III. DEFINITIONS

- A. A "Code Blue," "Code White" or "Code White Neonatal" is a call to the Code Response Team requesting assistance when cardiac or respiratory arrest is recognized and resuscitation is to be initiated.
- B. **Patient:** Any person (i.e., visitor, staff members, physician, volunteer, etc.) who presents with a medical emergency.
- C. **Campus:** The main Hospital Campus, including areas outlined in Section A. Hospital Property includes the parking lots, sidewalks, and driveways on the main Hospital Campus. Cardiac Wellness, CDOC (Cardiovascular Diagnostic Outpatient Clinic on San Jose Street and Ryan Ranch location and Outpatient Infusion Center. Taylor Farms Family Health & Wellness Center located in Gonzales is considered an off campus location.
- D. **Code Blue:** A cardiac or respiratory arrest of a patient who is 14 years or older.
- E. **Code White:** A cardiac or respiratory arrest of a patient who is between the ages of greater than one month and under 14-years-old.
- F. **Code White Neonatal:** A cardiac or respiratory arrest of a patient who is one month or under.
- G. **Do Not Attempt Resuscitation (DNAR):** No emergency resuscitative measures are to be initiated.
- H. **AED:** Automatic External Defibrillator

IV. GENERAL INFORMATION

- A. Emergency resuscitation for patients will also be provided on the adjacent parking lots and grounds of the main hospital campus, and the following areas:
 - 1. DRC Offices and Parking Facility
 - 2. MRI Building
 - 3. Any temporary patient care trailer on the immediate hospital grounds
- B. The 911 Emergency Response System will be simultaneously activated for all Codes previously stated #'s 1-3 and/or as directed by Administrative Supervisor.
- C. The Administrative Supervisor in collaboration with the Code Blue Physician or team leader has the authority to cancel any Code Blue call. Exception: accidental/unintentional activation of the Overhead Code paging System may be deactivated by the hospital operator.
- D. For isolation such as Covid refer to attachment D: Code Blue Plus.

V. PROCEDURE

A. GENERAL

- 1. Cardiopulmonary resuscitation (CPR) provided at Salinas Valley Health Medical Center (SVHMC) will be in accordance with current American Heart Association standards. It is the responsibility of all clinical personnel who have patient contact, to maintain current CPR/BLS provider status.
- 2. Medication inventory, security, and replacement guidelines are found in [CRASH CART EQUIPMENT PROCEDURE](#)
- 3. Resuscitation guidelines for Neonatal or Newborns in the delivery and neonatal units should follow the guidelines found in Policy: [NEWBORN RESUSCITATION](#)
- 4. Full resuscitative measures should be initiated unless a DNAR (Do Not Resuscitate) status is active in the patient record

B. PEDIATRIC CODES:

- 1. When the patient's weight is KNOWN (actual weight): The Pediatric Code White Medication Reference Sheets should be used as a reference. Note: Never use stated weight.
- 2. When the patient's weight is UNKNOWN and/or the medication information is NOT available: The Broselow tape should be used as a reference.
- 3. Medication dosages should be checked by 2 licensed clinicians (Physician, RN, and/or Pharmacist against the appropriate reference material. Prior to medication administration
- 4. A "repeat back" is required for all verbal orders prior to medication administration/interventions.
- 5. During a Code Blue, the first responder will activate the Code Blue system

C. EQUIPMENT

1. Universal Adult and Pediatric/Broselow Resuscitation Carts will contain equipment and medication found in Policy [CRASH CART EQUIPMENT PROCEDURE](#) # 81. Each cart will contain an Inventory/Supply list and a Medication list.
2. Request for changes in equipment or medications must be initiated through the Code Blue Committee.
3. The Procedures and Guidelines for Maintenance and Checks of the Emergency Resuscitation Carts are located in [CRASH CART EQUIPMENT PROCEDURE](#)

D. ACTIVATING A CODE

1. Dial Extension 2222 and give location and room number
OR activate by pressing "code button" in the patient room
2. For Adults: State "CODE BLUE"
3. For Pediatric Patients (greater than 1 month 14 years), state " CODE WHITE"
4. For Pediatric Patients (less than 1 month of age) state "CODE WHITE NEONATAL"

E. RESPONDING TO CODES on Main Campus

- **First Responders should:**

1. Activate Code Response System
2. Establish ABC's per AHA guidelines.
 - a. Check responsiveness, airway, respirations, pulse
 - b. Begin CPR (using standard precautions)
 - c. Remain with patient unless necessary to summon help
3. Document concurrently or as soon as possible
4. Additional Code Responders should:
 - a. Bring the appropriate Crash Cart to the location
 - b. Assist with CPR
 - c. Adult Codes:
 - i. Apply AED pads (avoid placement over implanted pacemakers, transdermal patches, EKG electrodes
 - ii. Press analyze
 - iii. Follow defibrillator voice prompts

- **Charge Nurse should:**

1. Verify with telecommunications overhead paging of Code has occurred
2. Redistribute patient assignments temporarily as needed.
3. Request STAT infusion pump from Sterile Supply Processing Department (SSPD) if not available on unit.
4. Notify: Family, primary physician, clergy if requested

- **Nurse assigned to the Patient should:**

1. Assist with CPR as directed by Code Team Leader
2. Complete Documentation of Code Blue Records, including EKG strips and documentation of events leading up to arrest
3. Call report to receiving Unit/RN if going to higher level of care
4. If patient expires follow Post-Mortem Policy:
5. The RN should document if "Anointing of the Sick" is performed, or Pastoral Care is offered.

- **Code Team Nurse should:**

1. Adult Codes: ACLS certification required.
2. Pediatric Codes: PALS certification required.
3. Respond to codes throughout the hospital and on hospital property
Exception; ICU adult codes do not require an ED Code Response nurse
The ED code response nurse should respond to external areas on the hospital property.
4. Critical Care ACLS Provider Nurse may assume leadership of the code in the absence of a Physician including the administration of ACLS medications following ACLS guidelines.
5. Assist with CPR, as needed. Attach ECG monitor cables or paddles and assess the rhythm.
6. Defibrillate as needed.
7. Prepare equipment and assist physician with intubation.
8. ACLS Provider Nurse will remain with the patient during transport to a higher level of care.

- **Administrative Supervisor should:**

1. Respond to codes throughout the hospital and on hospital property.
2. Serve as Resource to Code Team.

Verify completion of the Code Record and Code Evaluation Form
Coordinate transfer to higher level of care if indicated In the event of Patient Death, follow Post- Mortem guidelines set forth in [POST MORTEM-NOTIFICATION \(CORONER, DONOR NETWORK\), AUTOPSY AND RELEASE OF REMAINS](#)

- **Respiratory Therapists should:**

1. Respond to codes throughout the hospital and on hospital property.
2. Assist Code Team with CPR per AHA guidelines
3. Assist with Airway and Ventilatory Management

- **Pharmacist should:**

1. Respond to codes throughout the hospital and on hospital property.

2. Bring appropriate emergency medication box to code as indicated. Calculate, prepare and draw up drug doses.
3. Assist in IV Preparation Document on the Code Blue Record
4. If available a second pharmacist should attend Code Blue, Code White, Code White Neonatal to verify medication doses. If a second pharmacist is not available the doses should be double-checked by another qualified member of the Code Team.

- **Lab Technologist should:**

1. Respond to codes throughout the hospital and on hospital property.
2. Draw blood work as requested by the Physician or designated Code Blue Team Member.
3. Report lab results STAT to the Physician.

- **Emergency Physician should:**

1. Respond to codes throughout the hospital and on hospital property.
2. Assume role of Code Resuscitation Team Leader upon arrival at the scene of the code.
3. May relinquish care to patient's attending Physician when he/she arrives.
4. If two Code Blue events occur simultaneously:
 - a. If there are two Emergency Department (ED) Physicians available, each one will respond to a code.
 - b. If there is only one ED Physician on duty, or the second Physician cannot leave the ED, the second Code will be run by the first responding ACLS or PALS certified ICU or ED RN
 - c. The responding ACLS/PALS Code leader should notify assisting staff to page "Any Available Physician to (specific unit) STAT."
 - d. The ED Physician will report to the location of the second Code Blue as soon as possible.
5. Direct the code as indicated. Activities may include, but are not limited to:
 - a. Ordering medications
 - b. Ordering IVs
 - c. Laboratory studies
 - d. X-ray studies
 - e. Central line insertion
 - f. Chest tube insertion
 - g. 12-Lead ECG interpretation
6. Discontinue resuscitation efforts and pronounce the patient as necessary.
7. Sign the Code Blue Record and dictate an event note.

- **Telecommunication should:**

1. Activate 911 for all off main campus external codes and as directed by Administrative Supervisor.
2. Announce two times over the hospital intercom: "Code Blue," "Code White" or "Code White Neonatal" with the location. **State the specific location** (i.e., 5th Floor Tower vs. Main 5th Floor).
3. The second intercom call should include the specific location as well as the room number.
4. Activate Code Blue pagers (Respiratory Therapists, Security Officers, Administrative Supervisor, Social Services, and Pharmacist). Input the room number of the code if known.
5. Document in the Telecommunication Log: Date, time, unit, how code was called (i.e., console, blue phone, or panel) and initial the entry. 30 minutes following the call; contact unit to obtain Patients first and last name.

- **Security Officer should:**

1. Respond to codes throughout the hospital and on hospital property.
2. Secure the elevator for patient transfer, if applicable.
3. Direct EMS personnel to the scene of the code.

- **CODES OUTSIDE THE MAIN HOSPITAL CAMPUS.**

Responsibilities of staff will be as follows:

1. Activate the 911 Emergency Response System (EMS) immediately
2. Basic Life Support, including AED application/use, will be provided until EMS arrives to assume care of patient
3. EMS to take over care and transport

F. Documentation:

1. Codes should be documented on the Code Record Sheet
 - a. 1 copy to medical records
 - b. 1 copy to Quality Department
2. Code Blue Debrief should be documented and sent to Quality Department.

VI. EDUCATION/TRAINING

- A. Education and/or training is provided as needed

VII. REFERENCES

- A. TJC: IM.7.5; TX.3.5; PI.3; IM.8; IM.10
- B. EMTALA Regulations, Code of Federal Regulations 42, Sections 489.20 and 489.24
- C. EMTALA Statute, USC, Title 42, Sections 1395dd

- D. ACLS 2020 Standard
- E. The Broselow Pediatric Emergency Tape 2019 Edition.
- F. 2020 AHA Guidelines for CPR and ECC.

Attachments

[B: Code Evaluation Tool \(Worksheet Screen Layout\)](#)

[C: Advanced Diagnostic Imaging Center – Code Blue Procedure \(CADI – Ryan Ranch\)](#)

[Code Blue Plus.docx](#)

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Medical Executive Committee	Katherine DeSalvo: Director Medical Staff Services	05/2024
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	04/2024
Policy Owner	Carla Spencer: Associate Chief Nursing Officer	04/2024

Standards

No standards are associated with this document



Last N/A
Approved
Next Review 3 years after
approval

Owner **Lisa Paulo: Chief
Nursing Officer**

Area **Patient Care**

Noise Control Standards (Employees, Medical Staff, & Volunteers)

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- A. Salinas Valley Health Medical Center (SVHMC) is dedicated to the comfort of our patients, visitors, and staff. We utilize noise attenuation procedures in an effort to provide quiet, healing, and, as much as possible, a noise-free environment.

III. DEFINITIONS

- A. Noise is defined as any extraneous sound that would interrupt normal operations or communication, preventing a noise-free environment.

IV. GENERAL INFORMATION

- A. Noise attenuation procedures will be utilized to reduce noise and provide a quiet and healing environment.

V. PROCEDURE

- A. The following guidelines will apply:
1. All nursing units will observe Quiet Hours: 2 p.m.–4 p.m.
 - a. Overhead lights will be dimmed or turned off as appropriate
 - b. Conversations will be held to a minimum and then in hushed tones
 2. Overhead paging is reserved for paging physicians emergently, emergency codes, or

bona fide STAT requests.

3. The telephone operator will conduct overhead paging on behalf of the staff. Employees are not authorized to perform overhead paging except as stated above.
 4. All pagers, smartphones and individual communication devices should be set to quiet or silent mode. Alpha numeric pagers are issued to select departments to limit overhead paging.
 5. Utilize earpieces, headsets or other approved devices for radios and other communication equipment if possible.
 6. Cellular phones within the hospital must be in a quiet or silent mode.
 7. When speaking to patients, try to get as close as possible and use a soft-spoken voice so your voice does not carry Loud, boisterous conversation is inappropriate.
 8. Maintain volume of Department authorized audio devices, e.g., radios, CD players, etc., at a minimal volume.
 9. Televisions, pillow speakers, personal (patient) or hospital-issued devices, and other audio-emitting devices should be kept at minimal volume, especially in patient rooms.
 10. Conduct shift reports in a quiet area, away from patients' hearing, when appropriate.
 11. Break rooms are available for socializing.
- B. The [HEARING CONSERVATION PROGRAM](#) is designed to protect workers with significant occupational noise exposures from hearing impairment. Refer to this program as needed.
- C. Documentation:
1. Training and education of employees will be documented in the employees file.

VI. EDUCATION/TRAINING

- A. Education and/or training is provided as needed

VII. REFERENCES

- A. N/A

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending

Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Medical Executive Committee	Katherine DeSalvo: Director Medical Staff Services	05/2024
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	04/2024
Policy Owner	Lisa Paulo: Chief Nursing Officer	04/2024

Standards

No standards are associated with this document



Last Approved N/A
Next Review 3 years after approval

Owner Lisa Paulo: Chief Nursing Officer

Area Patient Care

Patient Elopement/Missing Patient

I. POLICY STATEMENT

A. NA

II. PURPOSE

- A. To provide guidelines for:
1. Patients who leave Against Medical Advice (AMA)
 2. Patients who are missing from the facility/elopement

III. DEFINITIONS

- A. **Against Medical Advice (AMA)**- A patient who leaves the hospital before treatment is complete and against the advice of the provider(and after the risks and benefits of further care have been explained and documented).
- B. **Elopement** – A patient who leaves the hospital before treatment is complete, without a discussion of their refusal of care, and before the disposition decision is made by the care provider.
- C. **Left Without Being Seen-no intervention (LWBS-NI)**- A patient who leaves the hospital before evaluation by a licensed care provider qualified to complete a medical screening exam and initiate treatment, without any interventions.
- D. **Left Without Being Seen-with intervention (LWBS-WI)**- A patient who leaves the hospital before evaluation by a licensed care provider qualified to complete a medical screening exam and initiate treatment after interventions have been initiated (often per triage nursing protocol orders).
- E. **Decision Making Capacity** – An assessment of the patient or legal representative's ability to understand and communicate a rational decision in regard to refusal of medical care regardless of competence. Essential elements of capacity include:

1. Ability to express choice
2. Ability to understand relevant information
3. Ability to appreciate the significance of the information and its consequences
4. Ability to process information and engage in reasoning as it applies to treatment decisions

IV. GENERAL INFORMATION

- A. Patients who leave the hospital without notifying medical or nursing staff are considered patient elopements. If they have not returned within 2 hrs. nursing may discharge them from the system.
- B. A patient who announces they are leaving is considered to be leaving AMA. All efforts will be made to encourage the patient to remain until the physician on call can discuss the risks involved with leaving AMA. Patients, who still leave AMA, may still receive discharge instructions and/or medications.
- C. A patient who leaves the hospital before initiation of the medical screening exam with interventions initiated is considered to be leaving LWBS-WI. A patient who leaves the hospital before initiation of medical screening exam with no interventions initiated is LWBS-NI.

V. PROCEDURE

- A. Patients who decide to leave the hospital and leave AMA.
 1. Staff should encourage the patient and/or legal representative to stay until the Physician on call can meet or talk with the patient.
 2. Nursing staff will immediately notify the Provider on call and the Administrative Supervisor. If after the discussions with the patient still wants to leave AMA. The physician should complete and sign the Leaving Hospital Against Medical Advice Form with the patient.
- B. If the patient leaves without speaking to the physician or signing the AMA form, the RN will document in the EHR the facts surrounding the patient's departure and the actions taken to assure the patient's safety. If the patient leaves AMA, the RN may ensure that appropriate transportation is arranged and any necessary discharge instructions.
- C. An Occurrence Report should be completed when a patient leaves AMA
- D. Patient Elopement
 1. When a patient is discovered missing, notify the following staff:
 - a. Charge RN
 - b. Administrative Supervisor
 - c. Security
 - d. Attending/Covering Physician
 2. Security will look in all areas including stairwells, patient rooms, balconies and hospital grounds.

3. If after the search, the patient is still missing, the Administrative Supervisor will notify Salinas Police Department if appropriate, and the Administrator on Call
 4. If the patient returns, a nursing assessment should be completed.
 5. If the patient has not return after 2 hours the patient will be considered discharged from the hospital.
 6. If the patient returns after being discharged:
 - a. Notify admitting for a new account number
 - b. Notify the physician for new orders
 7. Document events in the patient care notes and should file an occurrence report. Risk Management should be notified of the patient's elopement..
 8. If the patient remains missing after 24 hrs. the CNO/designee in collaboration with Regulatory/designee will notify California Department of Public Health (CDPH) if required.
 9. The RN will document in the EHR the facts surrounding the elopement and the actions taken to locate the patient.
 10. The RN should complete an Occurrence Report
- E. For patients who are in the Emergency Department and/or Labor and Delivery and leave AMA or elope, staff will follow the above procedures and will document in the Central Log as described in the [THE EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT \(EMTALA\)](#) Policy.
- F. Documentation of patient elopement, AMA, LWBS-NI and LWBS-WI will be in the EHR.

VI. EDUCATION/TRAINING

- A. Education and/or training is provided as needed

VII. REFERENCE

- A. Title 22, California Code of Regulations, §70707(b)(10)
- B. Augustine, James, MD, Granovsky, Michael, MD, Jouriles, Nicholas MD, Napoli, Anthony, MD, EMHL, Parker, Rebecca, B. MD, Pilgrim, Randy MD, Pines, Jesse, M. MD, MSCE, MBS, Schuur, Jeremiah, MD, MHS, Welch, Shari, MD, Yiadom, Maame, Y. A. B. MD, MPH, MSCI. Society for Academic Emergency Medicine: Managing and Measuring Emergency Department Care: Results of the Fourth Emergency Department Benchmarking Definitions Summit. July, 2020, Vol 27, No 7.

Approval Signatures

Step Description

Approver

Date

Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Medical Executive Committee	Katherine DeSalvo: Director Medical Staff Services	05/2024
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	04/2024
Policy Owner	Lisa Paulo: Chief Nursing Officer	04/2024

Standards

No standards are associated with this document

DRAFT



Last Approved N/A
Next Review 1 year after approval

Owner **James Hively:
Manager
Environmental
Health & Safety**

Area **Plans and
Program**

Water Management Plan

I. SCOPE

- A. The purpose of the Water Management Plan is to minimize the risk of waterborne bacteria causing harm to patients, staff and visitors. This plan outlines the elements of risk mitigation, how it is managed, and defines responsibilities.
- B. Waterborne pathogens, such as *Legionella*, *Mycobacterium*, and *Pseudomonas*, can occur naturally in the environment as well as in domestic and commercial water systems. Water and utility systems and appliances, including cooling towers, water loops, showers, and decorative fountains may provide an environment that fosters the growth of these organisms. Hot-water systems may also be an ideal breeding habitat if the temperature is not sufficient to kill the organisms. If these systems, appliances, and water sources are not maintained and treated properly, these organisms may multiply greatly.
- C. *Legionella* bacteria are the most recognized of the waterborne pathogenic organisms. It is the causative agent of Legionnaires' disease, which results in an estimated 30,000 cases of this disease each year in the United States. These cases are primarily the result of breathing very fine aerosolized droplets of water containing the bacteria. *Legionella* grows best in water from 68°F to 115°F, ideally 95°F to 105°F. Appropriate maintenance and operation of these water systems can reduce or even eliminate this risk.
- D. *Mycobacterium abscessus* is a bacterium distantly related to the ones that cause tuberculosis and Hansen's Disease (Leprosy). It is part of a group of environmental mycobacteria and is found in water, soil, and dust. It has been known to contaminate medications and products, including medical devices. *M. abscessus* can cause a variety of infections. Healthcare-associated infections due to this bacterium are usually of the skin and the soft tissues under the skin. It is also a cause of serious lung infections in persons with various chronic lung diseases, such as cystic fibrosis.
- E. *Pseudomonas infection is caused by strains of bacteria found widely in the environment*; the most common type causing infections in humans is called *Pseudomonas aeruginosa*. Serious *Pseudomonas* infections usually occur in people in the hospital and/or with weakened immune

systems. Infections of the blood, pneumonia, and infections following surgery can lead to severe illness and death in these people. However, healthy people can also develop mild illnesses with *Pseudomonas aeruginosa*, especially after exposure to water.

II. OBJECTIVES/GOALS

A. Objectives

B. Goals

1. The goal of the Water Management Plan is to minimize the risk of waterborne bacteria causing harm to patients, staff and visitors.

III. DEFINITIONS

- A. ANSI: American National Standards Institute
- B. ASHRAE: American Society of Heating, Refrigerating and Air-Conditioning Engineers
- C. Legionnaires' disease: a severe form of pneumonia caused by a bacterium known as legionella. Untreated Legionnaires' disease can be fatal.
- D. Legionellosis: disease caused by the Legionella bacterium, including Legionnaires disease and the less severe Pontiac Fever.

IV. PLAN MANAGEMENT

A. Plan Elements

1. Water Management Program Committee

The Salinas Valley Health Medical Center (SVHMC) Water Management Program Committee oversees the Water Management Plan. The Committee is responsible for the oversight and implementation of the program including but not limited to, development, management, and maintenance activities. The committee includes individuals with the expertise and knowledge to provide guidance and assistance in the management of the Water Management Plan. Membership includes:

- a. Facilities
- b. Infection prevention
- c. Safety
- d. Clinical staff
- e. Water treatment contractor
- f. Other individuals as necessary

This Committee reports to the Environment of Care Committee and is knowledgeable about the risks of waterborne pathogenic organisms and the water sources. It provides guidance for policies and practices, and communicates information to leadership and staff.

2. Building Information, Water and Utility System Characteristics

The hospital buildings are inventoried along with the types of patient services and any unused patient care areas in order to identify areas of high risk.

The Water Management Committee maintains basic diagrams that map water supply sources, treatment systems, processing steps, control measures and end-use points.

3. Program Risk Assessment

The Water Management Committee assesses Water and Utility Systems to identify areas of risk. The level of risk for system elements may change in response to periodic building assessments or in response to water system changes or new equipment.

4. Control Measures and Monitoring

Control measures are put in place for at-risk water system elements. High risk areas, as determined by the risk assessment, are monitored with data by the Water Management Program Committee to validate the system is controlling risk as designed. The Committee identifies and oversees corrective actions as needed.

5. Actions in the Event of Suspected or Confirmed Legionellosis Case(s):

- a. In the event of a suspected or confirmed hospital-acquired legionellosis case, initiate the Code Internal Triage or the [OUTBREAK INVESTIGATION](#) policy as appropriate.
- b. Cases of hospital-acquired legionellosis will be reported by Infection Prevention to the county health department in the time frames required. For more information, see [REPORTABLE DISEASE AND CONDITIONS](#) and [INFECTIOUS DISEASE REPORTING - PATHOLOGY](#).
- c. Actions will be taken immediately to protect people from suspected and/or confirmed source(s) of the infection.
- d. The source of the infection will be investigated and identified.
- e. The source will be sanitized appropriately.
- f. Other patients exposed to the source will be identified and tested for legionellosis.
- g. The water source will undergo intensive follow up testing. The county health department may be involved as appropriate.
 - i. The water system will resume use only after it has been deemed safe via testing.
- h. After resolution, the water management plan will be reviewed and changed as needed.

B. Plan Management

1. This plan is managed by the Water Management Program Committee.

C. Plan Responsibility

1. The Chair of the Environment of Care Committee (or designee) has the overall responsibility to work with other Committees and Leadership to accomplish objectives to reduce the risk of waterborne, pathogenic organisms.

D. Performance Measurement

1. The performance measurement process is one part of the evaluation of the effectiveness of the plan. Performance measures have been established to measure at least one important aspect of the plan- see *Control Measures and Monitoring*.

E. Orientation and Education

1. Education and/or training is provided to stakeholders on an as needed basis.

V. REFERENCES

- A. ANSI/ASHRAE Standard 188, "Legionellosis: Risk Management for Building Water Systems"
- B. "Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings: a Practical Guide to Implementing Industry Standards." U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Version 1.1. June 5, 2017.
- C. "Pseudomonas aeruginosa in Healthcare Settings" Centers for Disease Control. <https://www.cdc.gov/hai/organisms/pseudomonas.html>. Accessed 3/11/2024.
- D. "Mycobacterium abscessus in Healthcare Settings". Centers for Disease Control. <https://www.cdc.gov/hai/organisms/mycobacterium.html>. Accessed 3/11/2024.

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
MEC	Katherine DeSalvo: Director Medical Staff Services	05/2024
Environment of Care Committee	James Hively: Manager Environmental Health & Safety	04/2024
Policy Committees	Rebecca Alaga: Regulatory/ Accreditation Coordinator	04/2024
Policy Owner	James Hively: Manager Environmental Health & Safety	03/2024

Standards

No standards are associated with this document

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EXTENDED CLOSED SESSION
(if necessary)

(VICTOR REY, JR.)

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CLOSED SESSION REPORT*

(VICTOR REY, JR.)

ADJOURNMENT