February 21, 2025

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 HEALTH**[1] will be held **THURSDAY, FEBRUARY 27, 2025, AT 4:00 P.M., DOWNING RESOURCE CENTER, ROOMS A, B, & C, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.**

(V*isit* https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/board-committee-meetings-virtual-link/ *for Public Access Information*).

Allen Radner, MD
President/Chief Executive Officer

[1] Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

REGULAR MEETING OF THE BOARD OF DIRECTORS
SALINAS VALLEY HEALTH[1]

THURSDAY, FEBRUARY 27, 2025, 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)

	AGENDA	*Presented By*
1.	**CALL TO ORDER / ROLL CALL**	*Joel Hernandez Laguna*
2.	**CLOSED SESSION** *(See Attached Closed Session Sheet Information)*	*Joel Hernandez Laguna*
3.	**RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION** *(Estimated time 4:30 pm)*	*Joel Hernandez Laguna*
4.	**AWARDS & RECOGNITION**	*Allen Radner, M.D.*
5.	**CONSIDER BOARD RESOLUTION NO. 2025-01 COMMITTING TO PROVIDE LOCALLY DELIVERED, QUALITY HEALTHCARE TO EVERYONE, REGARDLESS OF IMMIGRATION STATUS** ▪ Report by District Legal Counsel ▪ Questions to District Legal Counsel/Staff ▪ Public Comment ▪ Board Discussion/Deliberation ▪ Motion/Second ▪ Action by Board/Roll Call Vote	*Matt Ottone* *District Legal Counsel*
6.	**PUBLIC COMMENT** 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.	*Joel Hernandez Laguna*
7.	**CONSENT AGENDA - GENERAL BUSINESS** *(Board Member may pull an item from the Consent Agenda for discussion.)* A. Minutes of the Regular Meeting of the Board of Directors January 23, 2025 B. Minutes of the Special Meeting of the Board of Directors February 6, 2025 C. Policies Requiring Approval 1. Capital Equipment 2. Fetal Demise/Stillborn/Neonatal Death 3. Immigration	*Joel Hernandez Laguna*

[1]Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. Labor and Delivery Obstetrical Care Standards: Assessment and Documentation
5. Maternal Transport-Tertiary Care and Transfer of Patient
6. Medical Equipment Management Plan
7. Newborn Thermoregulation Management
8. NICU: IV Therapy
9. Oral Care
10. Pre-Term Labor
11. Scope of Service: Outpatient Infusion Center
12. Scope of Service: Wound Management Program (WMP)
13. Sterilization and Monitoring Standards – Autoclaves
14. Surgical Smoke
15. Well Newborn Discharge Criteria and Planning

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

8. BOARD MEMBER COMMENTS AND REFERRALS *Joel Hernandez Laguna*

9. REPORTS ON STANDING AND SPECIAL COMMITTEES

A. **QUALITY AND EFFICIENT PRACTICES COMMITTEE** *Catherine Carson*

Minutes of the February 18, 2025 Quality and Efficient Practices Committee meeting have been provided to the Board for their review. Additional Report from Committee Chair, if any.

B. **FINANCE COMMITTEE** *Victor Rey, Jr.*

Minutes of the February 24, 2025 Finance Committee meeting have been provided to the Board for their review. The Financial Reports of the Finance Committee have been provided for review (informational). The following recommendations have been made to the Board.

1. Consider Recommendation for Board Approval of Sentrics Interactive Patient Care Solutions System 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 Approval of Project Budget for the MRI Equipment Installation at 444 E. Romie Outpatient Imaging Center and Award of contract to Siemens Medical Solutions for MRI Equipment and Service Agreement

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

3. Consider Recommendation for Board Approval of Project Budget, associated taxes and construction for the Salinas Valley Health Clinic MRI Equipment Installation & building refresh at 626 Brunken Avenue Imaging Center

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

C. **PERSONNEL, PENSION AND INVESTMENT COMMITTEE** *Catherine Carson*

Minutes of the February 24, 2025 Personnel, Pension and Investment Committee meeting have been provided to the Board for their review. The following recommendations have been made to the Board.

1. Consider recommendation for Board of Directors to approve replacing target date funds within the 403(b) and 457 Plans.

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

2. Consider Recommendation for Board Approval: Amendment to the Salinas Valley Memorial Healthcare System 403(b) Retirement Plan

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

D. **COMMUNITY ADVOCACY COMMITTEE** *Rolando Cabrera, M.D.*

Minutes of the February 12, 2025 Community Advocacy Committee meeting have been provided to the Board for their review. Additional Report from Committee Vice-Chair, if any.

10. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING OF FEBRUARY 13, 2025, AND RECOMMENDATIONS FOR THE FOLLOWING BOARD APPROVALS: *Rakesh Singh, M.D.*

A. Reports

1. Credentials Committee Report
2. Interdisciplinary Practice Committee Report (Including the following)
    - Electrocardiogram Nursing Standardized Procedure

B. Policies/Procedures/Plans and Agreements Recommended for Approval:
    - Information Management Program Plan
    - Laboratory Critical Values
    - Temporary Involuntary Hold - 5150

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

11. EXTENDED CLOSED SESSION *(if necessary)* *Joel Hernandez Laguna*

12. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION *Joel Hernandez Laguna*

13. ADJOURNMENT *Joel Hernandez Laguna*

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, March 27, 2025, at 4:00 p.m.**

The Salinas Valley Health (SVH) Board packet is available at the Board Meeting, electronically at https://www.salinasvalleyhealth.com/about-/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2025/, and in the SVH Human Resources Department located at 611 Abbott Street, Suite 201, Salinas, California, 93901. All items appearing on the agenda are subject to action by the SVH Board.

Requests for a disability related modification or accommodation, including auxiliary aids or Spanish translation services, in order to attend or participate in-person at a meeting, need to be made to the Board Clerk during regular business hours at 831-759-3050 at least forty-eight (48) hours prior to the posted time for the meeting in order to enable the District to make reasonable accommodations.

SALINAS VALLEY HEALTH BOARD OF DIRECTORS
THURSDAY, FEBRUARY 27, 2025, 4:00 P.M.

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. Medical Executive Committee
    - Report of the Medical Staff Executive Committee (With Comments)
2. Report of the Medical Staff Quality and Safety Committee
    - Accreditation and Regulatory
        - CDPH/CMS
        - Survey Update/Action Plans
        - New Regulations, Alerts, Waivers
    - Healthgrades and Patient Safety Indicators
3. Consent Agenda:
    - Falls
    - BETA Heart Domains
    - Pathology Report
    - Infection Prevention
    - Pharmacy & Therapeutics
    - Environment of Care

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

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 LEGAL COUNSEL-ANTICIPATED LITIGATION
(Government Code §54956.9(d)(2))

Significant exposure to litigation pursuant to Section 54956.9(d)(2) or (3) (Number of potential cases): One (1)

Additional information required pursuant to Section 54956.9(e): _____

ADJOURN TO OPEN SESSION

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

CLOSED SESSION

(Report on Items to be Discussed in Closed Session)

RECONVENE OPEN SESSION/
CLOSED SESSION REPORT

(Meeting Chair)

AWARDS AND RECOGNITION

(Verbal)

(DR. RADNER)

RESOLUTION NO. 2025-01
OF THE BOARD OF DIRECTORS OF
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

A RESOLUTION OF THE BOARD OF DIRECTORS OF SALINAS VALLEY HEALTH COMMITTING TO PROVIDE LOCALLY DELIVERED, QUALITY HEALTHCARE TO EVERYONE, REGARDLESS OF IMMIGRATION STATUS

WHEREAS, Salinas Valley Health has served as a cornerstone of healthcare for the Salinas Valley and surrounding communities since 1953, committed to delivering safe, compassionate, and high-quality medical care to every person, regardless of background, country of origin, or immigration status.

WHEREAS, our commitment to serving the health and well-being of our community has been built on a foundation of dignity, respect, and inclusivity.

WHEREAS, fears surrounding immigration enforcement have become a recent significant concern for many individuals and families in our community, leading to potential hesitancy in seeking medical care.

WHEREAS, Salinas Valley Health adheres to both California and federal privacy laws, which explicitly prohibit the disclosure of patient information without a legal mandate, and Salinas Valley Health does not inquire about immigration status as part of our care provision, and all care provided is confidential, in alignment with our commitment to patient rights and privacy.

WHEREAS, the Board of Directors recognizes that access to healthcare is a fundamental right for all individuals and is vital for the overall health of our community.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Salinas Valley Health that Salinas Valley Health reaffirms its long-standing commitment to providing locally delivered, quality healthcare to every individual in our community, regardless of immigration status; that patient privacy protections are foundational to our commitment; and Salinas Valley Health will continue to provide care without discrimination, ensuring that all individuals are treated with dignity and respect.

FURTHER RESOLVED, that Salinas Valley Health encourages our community to continue to seek medical care with confidence, knowing that our doors remain open and that we are here to provide the care and support every person deserves.

This Resolution was adopted at a duly noticed Regular Meeting of the Board of Directors of the District on February 27, 2025, by the following vote:

AYES:
NOES:
ABSTENTIONS:
ABSENT:

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

By: _____
Joel Hernandez Laguna, Board President

PUBLIC COMMENT

DRAFT SALINAS VALLEY HEALTH[1]
REGULAR MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
JANUARY 23, 2025

Board Members Present: President Joel Hernandez Laguna, Juan Cabrera, Rolando Cabrera, M.D. Catherine Carson, and Victor Rey, Jr.

Absent: None;

Also Present:
Allen Radner, MD, President/Chief Executive Officer
Rakesh Singh, MD, Chief of Staff
Matthew Ottone, Esq., District Legal Counsel
Kathie Haines, Executive Support.

Juan Cabrera arrived at 4:10 p.m.

1. CALL TO ORDER/ROLL CALL

A quorum was present and President Hernandez Laguna called the meeting to order at 4:03 p.m. in the Downing Resource Center, Rooms A, B, and C.

2. CLOSED SESSION

President Hernandez Laguna announced items to be discussed in Closed Session as listed on the posted Agenda are *(1) Hearings and Reports, (2) Reports Involving Trade Secret-Trade Secret, Strategic Planning, Proposed New Programs and Services, (3) Conference with Legal Counsel Existing Litigation-Araujo et al. vs. Salinas Valley Memorial Healthcare, (4) Conference with Legal Counsel Anticipated Litigation, and (5) Threat to Public Services or Facilities*.

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 4:27 p.m.

3. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 4:36 p.m. President Hernandez Laguna reported that in Closed Session, the Board discussed *(1) Hearings and Reports, and (2) Conference with Legal Counsel Existing Litigation-Araujo et al. vs. Salinas Valley Memorial Healthcare, (3) Conference with Legal Counsel Anticipated Litigation, and (4) Threat to Public Services or Facilities.* The Board received and accepted the reports listed on the Closed Session agenda.

President Hernandez Laguna announced there is a need for an extended closed session.

[1]Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. APPOINTMENT OF BOARD MEMBERS TO STANDING COMMITTEES OF THE BOARD OF DIRECTORS

President Hernandez Laguna made the following Standing Committee appointments:

Monthly Meetings

Finance Committee
Chair Victor Rey, Jr.
Vice-Chair Joel Hernandez Laguna

Personnel, Pension & Investment Committee
Chair Juan Cabrera
Vice-Chair Catherine Carson

Quality and Efficient Practices Committee
Chair Catherine Carson
Vice-Chair Rolando Cabrera, M.D.

Quarterly Meetings

Community Advocacy Committee
Chair Rolando Cabrera, M.D.
Vice-Chair Joel Hernandez Laguna

Corporate Compliance and Audit Committee
Chair Juan Cabrera
Vice-Chair Catherine Carson

Transformation, Strategic Planning and Governance Committee
Chair Victor Rey, Jr.
Vice-Chair Rolando Cabrera, M.D.

5. 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:

- **Dolores Martinez/Retirement After 40 years:** Augustine Lopez, CFO, and Charlotte Wayman, Director Patient Financial Services/Patient Registration, honored Dolores Martinez who retired after four decades of service stating she was the backbone of our Patient Registration Services, serving as manager. Dolores has taken staff to a new level, elevated systems and is a true example of commitment, loyalty and dedication. Dolores thanked Charlotte, Augustine, the organization, Dr. Radner, Karina Rusk and Carla Spencer stating she couldn't have done her job without them and for "having the trust I could do the job."
- **Dr. Christine Ponzio/Taylor Farms Family Health & Wellness Center:** Dr. Radner and Dr. Rodriguez, honored Dr. Ponzio who has been serving the people of Gonzales for decades. He stated she was the natural partner for medical director when planning began for our TFFH&WC and we congratulate her on her well-deserved retirement. Dr. Ponzio was thanked her for her extraordinary service and leadership. She grew up in Soledad, returned to Gonzalez to practice and has been a provider for 39 years. Additionally, she was the recipient of the Medical Staff Lifetime Achievement Award. Dr. Ponzio stated that while

"looking back my tenure and colleagues have enriched my life. I am grateful, and my wish is for this community of doctors is to continue to excel." She thanked SVH for the award.

- **Rose River Memorial:** Dr. Radner and Clement Miller honored Dr. Nadine Semer for her work during the pandemic by leading the Rose River Memorial art project to recognize the impact of COVID-19 and promote community healing. In October 2024, more than a year-and-a-half after the unveiling of the Rose River Memorial at Salinas Valley Health, a smaller version of the temporary outdoor installation of this tribute received a new home inside our main visitor lobby. A plaque below the framed display reminds visitors of the tribute's purpose. Dr. Semer was presented with flowers in recognition of her work on the project to support staff and community. Dr. Semer thanked SVH for supporting the project that was "a group effort to unite the community during turbulent times."

  Dr. Semer honored Raylene Clough, volunteer extraordinaire, for her dedication to the Rose River Memorial project. Raylene is an active volunteer and her dedication to the Rose River Memorial is only one of the projects contributing to over 2300 volunteer hours at SVH. Raylene stated that she has been a volunteer since a teenager at SVH and "I enjoy being a volunteer and working with everyone." Raylene thanked Dr. Semer and SVH for the award.

6. MOBILE CLINIC UPDATE:

Orlando Rodriguez, M.D., Chief Medical Officer, and Lynette Fitzgerald, Director Community Benefit, provided an update on the SVH Mobile Clinic including the following:

Dr. Rodriguez thanked the Board for continued support because without that, none of the community benefit of the Mobile Clinic would happen. Adding a nurse practitioner has been a tremendous help with continuity of care.

The SVH Mobile Clinic has celebrated five (5) years of service and provides quality healthcare locally for everyone with no-cost lab work for uninsured, wellness screening, distribution of blood pressure machines, glucose monitoring kits, Dexcom samples, condoms/feminine hygiene products, Narcan, COVID tests, and food distribution. Total patient visits to date 18,750. provided at locations throughout the county. The clinic will be applying to be a Vaccines For Children California (VFC) certification site.

2024 Dashboard: 3,844 patient visits; 873 vaccinations, 395 A1C tests, 2,208 blood pressure screenings (630 diagnosed as high BP) 54% diabetics. Of total visits, 91% uninsured.

Understanding why the patient population has averaged 91% for the last five years, SVH used the ALICE (Asset Limited, Income Constrained, and Employed) Wage Tool developed by United for ALICE. ALICE represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, *health care*, and technology. 91% of the Mobile Clinic patients are uninsured; many of whom are working but miss the MediCal threshold. Ms. Fitzgerald provided an example of a family of 2 adults and 2 children, both parents working in the AG field earning $20/hour. This would place them over the MediCal threshold by $208.

Knowing that it is difficult to quantify the work the Mobile Clinic is doing, SVH used the Harvard Mobile Health Map model to determine the ROI. In 2024, Mobile Clinic's impact (excluding annual/sports physicals, flu clinics and wellness screenings) is: 2,464 patient visits, 202 life years saved (extending & improving thru preventative care), $20/$1 ROI, $14,606,303 returned back to community, 543 ED visits avoided. Race/ethnicity and age group statistics were provided.

COMMITTEE DISCUSSION: The Mobile Clinic is a valuable resource for our community especially for those who are underserved. Clients are not questioned about immigration status. A1C numbers are consistent by location. How are we helping break the A1C level cycle? The Clinic monitors patients,

provides education, prescribes medication, and connects them to resources, and endocrinology clinics when necessary.

7. PUBLIC COMMENT:

None.

8. CONSENT AGENDA – GENERAL BUSINESS

It was noted the Medication Use Policy has been removed for consideration; the policy will return for consideration at a later date.

Recommend Board Approval of the Following:

A. Minutes of the Annual Meeting of the Board of Directors December 19, 2024.
B. Policies Requiring Approval
    1. Activity Blankets for the Management of patients with dementia, delirium, or encephalopathy
    2. Breast Milk Calculation/Baby Weight Scale Clinical
    3. Compliance Sanctions Review
    4. Enteral Tubes Insertion Maintenance
    5. Governmental Investigations
    6. Mandatory Reporting
    7. Metal Detection - Emergency Department
    8. Newborn Critical Congenital Heart Disease Screen
    9. Newborn Pain, Agitation, and Sedation Management
    10. Pharmacy Sterile Compounding
    11. Respiratory Care POC Correlation
    12. Scope of Service: Critical Care
    13. Scope of Service: Facilities Management
    14. Scope of Service: Health Information Management
    15. Scope of Service: Respiratory, Neurodiagnostics and Sleep Center
    16. SVH Policy for Photography
    17. Vendor, Contractor, and Agent Participation in Hospital Compliance

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, second by Director Rey, the Board of Directors approved the Consent Agenda, Items (A) and (B) as listed.

ROLL CALL VOTE:

Ayes: J. Cabrera, Dr. R. Cabrera, Carson, Hernandez Laguna, and Rey;
Noes: None;
Abstentions: None;
Absent: None.

Motion Carried

9. BOARD MEMBER COMMENTS AND REFERRALS

Director Juan Cabrera: None.

Director Rolando Cabrera, M.D.: None.

Director Catherine Carson: None.

Director Victor Rey, Jr.: Director Rey stated he attended the dedication of the Rose River Memorial, and it was a day of healing for himself and the community.

Director Joel Hernandez Laguna: President Hernandez Laguna stated he appreciated the Mobile Clinic Update. President Hernandez Laguna distributed a draft memo from the Board and Dr. Radner to be sent to staff.

10. 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 minutes of the January 13, 2025 meeting were provided for Board review. Director Carson stated there were presentations by the nursing Quality Counsel and governance responsibility of quality based on the Institute for Healthcare Improvement (IHI) white paper "Framework for Effective Board Governance of Health System Quality."

B. FINANCE COMMITTEE

A report was received from Director Juan Cabrera regarding the Finance Committee. The minutes of the January 20, 2025 meeting were provided for Board review. The Financial Reports of the January meeting were included in the packet for review (informational).

Director Cabrera reported that these three (3) items were voted by the Finance Committee as a recommendation to the entire Board for Approval, however there was only one board member present to vote on the items. The Committee charter requires two board members present to vote in the affirmative for a recommendation to the entire board for approval. Therefore, these items are coming to the Board without a formal recommendation, but note that the committee did hear the matters and voted in the affirmative to recommend them to the board for approval.

1. **Consider Board Approval of Initial Project Cost Estimate and Award Contract to John A. Martin & Associates, Inc. for the Seismic Retrofit Project.**

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Carson, the Board of Directors approves (i) the total estimated project cost for the Seismic Retrofit Project in the budgeted amount of $62,500,000 and (ii) the contract for $3,100,000 to John A. Martin & Associates, Inc. for structural design services for the Seismic Retrofit Project at the main hospital campus.

ROLL CALL VOTE:

Ayes: J. Cabrera, Dr. R. Cabrera, Carson, Hernandez Laguna, and Rey;
Noes: None;
Abstentions: None;
Absent: None.

Motion Carried

2. **Consider Board Ratification and Approval of Competitive Solicitation and Contract Award for Epic Acute Project Training Consultant Engagement with Evergreen Healthcare Partners, Inc.**

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: Alysha Hyland, CAO, was applauded for train-the-trainer philosophy of this project.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Rey, the Board of Directors ratifies and approves the Competitive Solicitation and Contract Award for Epic Acute Project Training Consultant Engagement with Evergreen Healthcare Partners, Inc., not to exceed $1,325,000.

ROLL CALL VOTE:

Ayes: J. Cabrera, Dr. R. Cabrera, Carson, Hernandez Laguna, and Rey;
Noes: None;
Abstentions: None;
Absent: None.

Motion Carried

3. **Consider Board Approval of Purchase of MRI Equipment and Service Agreement from Canon for SVH Clinics Imaging Services.**

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Rey, the Board of Directors approves the terms for purchasing MRI equipment for Salinas Valley Health Imaging from Canon in the amount of $1,385,027.00 and for a sixty-month service agreement in an amount not to exceed $450,000

ROLL CALL VOTE:

Ayes: J. Cabrera, Dr. R. Cabrera, Carson, Hernandez Laguna, and Rey;
Noes: None;
Abstentions: None;
Absent: None.

Motion Carried

C. TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE

A report was received from Director Dr. Cabrera regarding the Transformation, Strategic Planning and Governance Committee. The minutes of the January 15, 2025 meeting were provided for Board review. There are no recommendations from this committee to the Board.

11. CONSIDER APPROVAL OF CONTRACT TERMS OF THE FAMILY MEDICINE PROFESSIONAL SERVICES AGREEMENT FOR DOLORES PEÑA, M.D.

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Rey, the Board of Directors approves the contract terms of the Family Medicine Professional Services Agreement for Dolores Peña, M.D.

ROLL CALL VOTE:

Ayes: J. Cabrera, Dr. R. Cabrera, Carson, Hernandez Laguna, and Rey;
Noes: None;
Abstentions: None;
Absent: None.

Motion Carried

12. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING ON JANUARY 9, 2025, AND RECOMMENDATION FOR BOARD APPROVAL OF THE FOLLOWING:

Rakesh Singh, MD, Chief of Staff, reviewed the reports of the Medical Executive Committee (MEC) meeting of January 9, 2025. A full report was provided in the Board packet.

Recommend Board Approval of the Reports as listed on the Agenda.

PUBLIC COMMENT: None.

BOARD DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, second by Director J. Cabrera, the Board of Directors receives and accepts the Medical Executive Committee Credentials Committee Report and Interdisciplinary Practice Committee Report as follows:

A. Reports

1. Credentials Committee Report (Including the following):
   - Internal Medicine – Clinical Privileges Delineation – Revision

2. Interdisciplinary Practice Committee Report (Including the following):
   - Nursing Standardized Procedure: Nurse-Driven External Urinary Catheter Protocol

ROLL CALL VOTE:

Ayes: J. Cabrera, Dr. R. Cabrera, Carson, Hernandez Laguna, and Rey;
Noes: None;
Abstentions: None;
Absent: None.

Motion Carried

13. EXTENDED CLOSED SESSION

President Hernandez Laguna announced items to be discussed in Extended Closed Session are *(1) Reports Involving Trade Secret-Trade Secret, Strategic Planning, Proposed New Programs and Services,* The meeting recessed into Closed Session under the Closed Session Protocol at 5:25 p.m. The Board completed its business of the Closed Session at 6:08 p.m.

14. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 6:09 p.m. President Hernandez Laguna reported that in Extended Closed Session, the Board discussed *(1) Reports Involving Trade Secret-Trade Secret, Strategic Planning, Proposed New Programs and Services*.

No action was taken.

15. ADJOURNMENT

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, February 27, 2025, at 4:00 p.m.** There being no further business, the meeting was adjourned at 6:10 p.m.

_____

Rolando Cabrera, MD
Secretary, Board of Directors

DRAFT SALINAS VALLEY HEALTH[1]
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
FEBRUARY 6, 2025

Board Members Present: President Joel Hernandez Laguna, Rolando Cabrera, M.D. Catherine Carson, and Victor Rey, Jr.

Absent: None;

Also Present:
Allen Radner, MD, President/Chief Executive Officer
Matthew Ottone, Esq., District Legal Counsel
Gary Ray, Chief Legal Officer
Kathie Haines, Executive Support.

1. READING OF THE NOTICE OF SPECIAL MEETING

President Hernandez Laguna read the following: A Special meeting of the Board of Directors of Salinas Valley Health[1] will be held Thursday, February 6, 2025, at 4:30 p.m., in the Heart Center Teleconference Room, Salinas Valley Health Medical Center, 450 E. Romie Lane, Salinas, California, for Report by Legal Counsel on Options to Fill Board Vacancy; Determination by Board of Directors on Manner to Fill Board Vacancy (California Government Code Section 1780).

2. CALL TO ORDER/ROLL CALL

A quorum was present and President Hernandez Laguna called the meeting to order at 4:32 p.m. in the Heart Center Teleconference Room.

3. PUBLIC COMMENT:

None.

4. REPORT BY LEGAL COUNSEL ON OPTIONS TO FILL BOARD VACANCY; DETERMINATION BY BOARD OF DIRECTORS ON MANNER TO FILL BOARD VACANCY (California Government Code Section 1780)

District Legal Counsel, Matt W. Ottone, Esq. reported the following:

Section 2.3.2 of the SVMHS Bylaws provides that vacancies created by resignation shall be filled by the methods provided by law. Methods provided by law (California Government Code Section 1780) are:

(1) Appointment by the Board: Appointment must be made within sixty (60) days after either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later.

The resignation was effective and Board notified of the resignation on the same day, January 23, 2025. The 60 days deadline to make the appointment is March 24, 2025. The Board appointment process was

[1]Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

reviewed including notices and the voting process. The March Board Meeting is March 27, therefore, a Special Board Meeting will be necessary.

(2) Special Election: Instead of making an appointment, the remaining members of the Board may call an election to fill the vacancy. The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the district board calls the election. The next General Election is June 2, 2025, which is exactly 130 days from January 23, 2025. The Special Election Process would be handled by the County Elections Office, with cost of the election being borne by the District.

If neither method is chosen, then the Board of Supervisors can choose to either appoint a Board member or order the district to call an election.

Board Discussion: The appointment must be within 60 days. The appointment would be a 2-year term until the November 2026 General Election. At that time, there would be four (4) Board Members up for election. The candidate requirements are living in Zone 3 and being a registered voter 18 years of age or older. Fifteen days prior to appointment Notices of Vacancy must be posted in three locations within Zone 3. SVH will also post the notice on the Salinas Valley Health website and in the newspaper, which will be coordinated with Karina Rusk, Director Public Relations. In the past, an ad hoc committee has reviewed applications and made recommendations to the full Board for final approval. Ideally the candidate will know the needs of Zone 3 and have an interest in healthcare. Final approval would be by the full Board. Applicants will be asked to submit Letters of Interest. Once appointed, the new Board member could attend the March Board meeting. If the election process is chosen as the method to fill the vacancy, the new Board member would attend the July Board meeting.

After careful review and discussion among the Board and District Counsel regarding the cost and timing of a special election, there was consensus among the Board to appoint an Ad Hoc Committee to consider applicants to recommend a candidate to the Board to fill the vacancy for Zone 3.

MOTION:

Upon motion by Director Dr. Cabrera, second by Director Rey, the Board of Directors approved the method of appointment to fill the Board of Directors vacancy.

PUBLIC COMMENT: None.

ROLL CALL VOTE:

Ayes: Dr. Cabrera, Carson, Rey and Hernandez Laguna;
Nays: None;
Abstentions: None;
Absent: None.

Motion Carried

MOTION:

Upon motion by Director Dr. Cabrera, second by Director Rey, the Board of Directors approved directing staff to develop a timeline with Board consensus to appoint a board member to fill the Zone 3 vacancy at a Special Board of Directors Meeting on March 24, 2025.

PUBLIC COMMENT: None.

ROLL CALL VOTE:

Ayes: Dr. Cabrera, Carson, Rey and Hernandez Laguna;
Nays: None;
Abstentions: None;
Absent: None.

Motion Carried

MOTION:

Upon motion by Director Dr. Cabrera, second by Director Rey, Directors Hernandez Laguna and Carson were appointed to the Board of Directors Vacancy Ad Hoc Committee.

PUBLIC COMMENT: None.

ROLL CALL VOTE:

Ayes: Dr. Cabrera, Carson, Rey and Hernandez Laguna;
Nays: None;
Abstentions: None;
Absent: None.

Motion Carried

5. ADJOURNMENT

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, February 27, 2025, at 4:00 p.m.** There being no further business, the meeting was adjourned at 5:10 p.m.

_____

Rolando Cabrera, MD
Secretary, Board of Directors

Status **Pending** PolicyStat ID **17434590**

Last Approved	N/A	Owner	Scott Cleveland: Controller
Next Review	3 years after approval	Area	Administration

Capital Equipment

I. POLICY STATEMENT

A. It is Salinas Valley Health (SVH) policy to capitalize all equipment that meet the following requirements:

- Equipment has a useful life in excess of one year as defined in the AHA Guideline for Useful Life of Equipment.
- Computer Systems and Copiers/Printers costing over $5,000 (computer system include monitor and computer; copiers/printers include any accessories) including taxes and freight.
- Equipment costing over $5,000 including taxes and freight.
- Groups of similar equipment costing over $25,000 but less than $5,000 individually including taxes and freight. (e.g. 10 desks costing $3,000 each equals $30,000).

II. PURPOSE

A. To provide guidance on implementing GASB 34 - Fixed Asset Accounting System as it relates to Capital Equipment.

III. DEFINITIONS

A. N/A

IV. GENERAL INFORMATION

A. N/A

V. PROCEDURE

A. Once the equipment has been determined to be Capital Equipment, the requesting party must

complete the Budgeting and Approval of Capital Purchases Form (see Policy CAPITAL BUDGET PLANNING PURCHASE).

B. Competative Solicitation is required for:
    1. Data processing/telecommunications goods/services of $25,000 or more
    2. Professional/other services or medical/surgical equipment and supplies $400,000 or more
    3. Non-medical materials/supplies/Public Works $25,000 or more

C. When Competitive Solicitation is needed, based on quote dollar amount, include one of the following with capital request:
    1. RFP documentation (at least two bids with score card, showing vendor selection).
    2. If Sole source – provide detailed justification.
    3. If GPO, submit qualifying verification from Supply Chain.

D. Any special construction/accommodation necessary to install the equipment must be included in the request.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

A. N/A

Approval Signatures

Step Description	Approver	Date
Board Approval	Kathryn Haines: Administrative Assistant - PD	Pending
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Scott Cleveland: Controller	01/2025

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **16470350**

Last Approved	N/A	Owner	Daniela Jago: Clinical Manager
Next Review	3 years after approval	Area	Women's and Children's Services

Fetal Demise/Stillborn/Neonatal Death

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To guide the nursing staff in the appropriate care for the patient/family who has experienced a perinatal loss.

III. DEFINITIONS

A. **Fetal Death:** Fetal death before the complete expulsion or extraction from the mother, irrespective of the duration of pregnancy. For statistical purposes, fetal deaths may be further subdivided as early fetal death (20-27 weeks of gestation) or late fetal death (28 weeks of gestation or more).

B. **Stillbirth:** infant born at 20 weeks gestational age or greater, or greater than 400 grams if **gestational** age is unknown, with no signs of life.

C. **Miscarriage (spontaneous abortion):** Fetus that dies in utero prior to 20 weeks of gestation.

D. **Neonatal Death:** infant born at any gestational age or weight with signs of life such as the beating of the **heart**, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached, and expires after birth.

E. **Live birth** – the complete expulsion or extraction from the mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps. This applies to any gestational age.

F. **Indeterminate length of gestation** – when the gestational age is indeterminate, the following criteria can be used to determine the proximity to the 20th week:

1. Weight of 400 grams (14.1 ounces) or more and
2. Crown-heel length of 28 centimeters (11 inches) or more.
3. If attending physician is unable to determine gestational age using above criteria, or if less than 20 weeks, the fetus may be sent to the pathologist for age determination.
4. When the period of gestation is questionable, the final authority will rest with the attending physician as to how the fetus will be classified. The pathologist will make the final determination only upon request from the attending physician.

IV. GENERAL INFORMATION

A. Care will be provided in accordance with LABOR AND DELIVERY OBSTETRICAL STANDARDS: ASSESSMENT AND DOCUMENTATION

B. Patient's room will be identified with "Perinatal loss door card" (butterfly).

C. All patients who experience a loss will be offered the:

1. Memory box – if patient or family declines the memory box at this time, the contents will be kept on file for one year in the identified secured cabinet located on the second floor.
2. Written instructions INTERPRETER/TRANSLATOR COMMUNICATION POLICY
3. Support services

D. Do not resuscitate order WITHDRAWING LIFE-SUSTAINING TREATMENT AND WITHHOLDING CARDIOPULMONARY RESUSCITATION

V. PROCEDURE

A. Obtain infant morgue pack from Materials Management.

B. Identification

1. Live births at any gestational age will have a complete admission through patient registration with appropriate identification bands placed on patient
2. For **non-live** births**, no admission or patient registration is completed.** Mother's hospital number is used for identification purposes.
3. Mother's identification is to be placed directly on remains of fetal demise/neonatal death – preferably ankle.

C. Obtain and record weight and length of infant.

D. The following should be notified in the event of a fetal loss:

1. Patient's preferred spiritual support
2. Administrative supervisor
3. Social services

E. Hospital forms:
    1. Bereavement packet
    2. Release of remains
    3. Salinas Valley Health Medical Center (SVHMC) authorization for autopsy (if requested by Physician or mother/father)
        - If parents requesting autopsy, there may be an associated fee.

F. Notify Administrative supervisor of all fetal demises, stillbirths and neonatal deaths.

G. The administrative supervisor will report all neonatal deaths of 20 weeks gestation and more to the California Transplant Donor Network (CTDN).
    1. The administrative supervisor will report all neonatal deaths of 20 weeks gestation and more to the Monterey County Coroner's office in the following circumstances:
        - Suspicious circumstances
        - Suspected trauma related to death

H. *Fetal death 20 weeks and over (stillbirth)*
    1. A certificate of fetal death is prepared in two copies.
    2. For information regarding disposition and/or if the parents desire an autopsy, the administrative supervisor must be notified and will deliver the authorization for autopsy to the laboratory per POST MORTEM-NOTIFICATION (CORONER, DONOR NETWORK), AUTOPSY AND RELEASE OF REMAINS If an authorization for autopsy is signed, it should indicate on the form if there will be a burial.
    3. If the death is to be reported to the coroner's office, the physician in attendance does not solicit an authorization for autopsy or order an autopsy without permission of the coroner.
    4. If the family desires burial, nursing staff will obtain the signature on Morgue Release form. The Administrative Supervisor will obtain the signed Morgue Release and will contact the appropriate mortuary to remove the body.

I. One copy of the Certificate of fetal death is given to the funeral director and the second copy will be part of the permanent medical record of the mother.

J. ***Miscarriage (spontaneous abortion) under 20 weeks gestation***
    1. Non-viable fetal demise is handled as a specimen.
    2. No certificate of death is required for a fetal demise less than 20 weeks gestation

K. ***Live birth with infant dying soon after birth (neonatal death)***
    1. This applies to a live birth at any gestational age.
    2. A certificate of live birth and certificate of death are prepared by the HIM department in two copies each. The original is sent to the Health Department by medical records and a copy is filed in the baby's chart.
    3. If parents desire an autopsy, nursing staff will obtain the signature for Authorization for Autopsy. The Administrative Supervisor will be notified and will deliver the

original, signed authorization for Autopsy to the laboratory. If an authorization for autopsy is signed, it should indicate on the form if there will be a burial.

L. Departmental responsibilities:

Nursing:

1. Responsible for determining the family's wishes in regards to burial. Provide list of local mortuaries.
2. Preparation of memory box and other remembrances.
3. Responsible for proper paperwork completion. Please make every effort to coordinate with other departments to present all paperwork at one time to minimize emotional trauma to the family.
4. Evaluate for appropriateness of cooling cot use. See Attachment A
5. After the family has adequate time to spend with the body, nursing is responsible for placing appropriate identification on the body or specimen and transport to Pathology or the Morgue.
    a. For all deliveries (whether live birth or not) and all gestational ages an identification band is to be placed on the body/specimen. The band is to be directly on body/specimen in a manner where it is most likely to remain in place.
        i. Non-live births – Mother's identification information
        ii. Live births – Infant's identification information
6. Refer to policy #297 POST MORTEM-NOTIFICATION (CORONER, DONOR NETWORK), AUTOPSY AND RELEASE OF REMAINS

M. Documentation:

1. Live birth information in neonate's electronic health record
2. Non-live birth information in mother's electronic health record
3. Perinatal Loss Checklist (add to EHR worklist)
4. Release of remains
5. Authorization for autopsy as indicated

VI. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VII. REFERENCES

A. AAP & ACOG. (2017). *Perinatal Guidelines*. (8th ed). Author.

Attachments

A: Cooling Cot "Cuddle Cot" Instructions for Use

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
CNO	Carla Spencer: Chief Nursing Officer	02/2025
Director Women's & Children's Services	Julie Vasher: Director Women's & Children's Services	02/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Daniela Jago: Clinical Manager	01/2025

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **17541724**

Last Approved	N/A	Owner	Allen Radner: President/Chief Executive Officer
Next Review	3 years after approval	Area	Administration

Immigration

I. POLICY STATEMENT

A. Salinas Valley Health remains committed to serving our diverse community, ensuring that every individual receives respect and access to medical care, regardless of immigration status. We strictly adhere to privacy laws and are committed to protecting patient confidentiality.

II. PURPOSE

A. This policy has been developed as a response to recent events and our ongoing commitment to ensure every individual receives respect and access to medical care regardless of immigration status.

III. DEFINITIONS

A. ICE - Immigration and Customs Enforcement

IV. GENERAL INFORMATION

A. N/A

V. PROCEDURE

A. In the unlikely event that you, as a Salinas Valley Health employee, are approached at the workplace by an individual identifying themselves as a Federal Immigration and Customs Enforcement (ICE) officer, please follow these steps:

1. Respond Courteously and Professionally
    a. Politely inform the officer that you are not authorized to assist but will immediately contact your supervisor.
    b. Ask the officer to wait while you call the nursing supervisor.

2. Contact the Nursing Supervisor at Extension 5771 The Nursing Supervisor will gather as much information as possible, including:
    a. Date, time, and location of the officer's arrival
    b. Document name of the ICE agent with identification information (Badge Number) if available
    c. Nature of the investigation
    d. Whether ICE has legal documentation to inquire about a specific individual
    e. Whether Salinas Valley Health Legal Counsel or the Administrator on Call needs to be contacted
    f. Interactions with ICE agents must be documented in the facilities incident management system.
3. For Administrators – ICE Protocol California and federal health information privacy laws prohibit hospitals, physicians, and other healthcare providers from disclosing patient information to ICE officers unless:
    a. The patient signs a legally compliant authorization for the release of information form.
    b. For medical information requests, the officer provides a subpoena, search warrant, or court order issued to ICE.
    c. For physical access requests, the officer provides a judicial warrant signed by a U.S. District Court judge or magistrate.
    d. For critically ill patients – The ICE agent shall be asked to confer with the attending physician to ensure the patient meets their criteria for safe release.
    e. In the event a patient is removed from the facility, the facts associated with the patients removal must be documented in the patient's medical record

B. Staff are asked to refrain from engaging with ICE officials except as outlined above.

C. We recognize that guidance may continue to evolve, and our response may be updated accordingly

VI. EDUCATION/TRAINING

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

VII. REFERENCES

A. N/A

Approval Signatures

Step Description	Approver	Date
Board Approval	Kathryn Haines: Administrative Assistant - PD	Pending
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	02/2025
Policy Owner	Allen Radner: President/Chief Executive Officer	02/2025

Standards

No standards are associated with this document

Status Pending PolicyStat ID 16893067

Last Approved	N/A	Owner	Daniela Jago: Clinical Manager
Next Review	3 years after approval	Area	Women's and Children's Services

Labor and Delivery Obstetrical Care Standards: Assessment and Documentation

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To outline the nursing care of the patient on labor and delivery to include antepartum, intrapartum and immediate postpartum and newborn patients.

III. DEFINITIONS

A. GBS – group beta streptococcus.

B. FHR – fetal heart rate.

C. NICHD – National Institute of Child Health and Human Development.

D. NRP – Neonatal Resuscitation Program.

E. AWHONN – Association of Women's Health, Obstetric and Neonatal Nurses

F. ACOG – American College of Obstetricians and Gynecologists

G. AAP – American Academy of Pediatrics

IV. GENERAL INFORMATION

A. An admission assessment should occur upon patient's arrival to unit. This will include physical and psychosocial assessment. Needs will be identified and a plan of care will be established to meet the patient's preferences and abilities while ensuring maternal and fetal well-being based on assessment findings. Anticipated discharge needs will be continually assessed during patient stay.

V. PROCEDURE

A. Patients should be monitored via electronic fetal monitoring for at least twenty (20) minutes on admission regardless of their labor status. The tracing should be continuous until it meets criteria for Category I or as directed by a physician (Refer to FETAL HEART RATE MONITORING). The RN should document patient's refusal to be monitored, if applicable.

B. The RN should document the following:

- Initial assessment and reassessments ADMISSION ASSESSMENT & RE-ASSESSMENT

C. Care will be age appropriate (developmental) and placement on the age continuum will be assessed. The concepts of key characteristics will be applied when developing the plan of care.

D. Age groups defined:

- Neonate: 1-28 days
- Pediatric: <14 years
- Adolescent: 14-19 years
- Adult: 19-45 years
- Senescent: 45-65 years

E. Interpreter/translation services will be available when there is an identified communication barrier.

F. Family centered care should be encouraged including rooming in and care of the newborn by parents and/or surrogate parent.

G. **Maternal/Fetal Assessment Standards**

- Review prenatal record for:
    1. Gestational age/ultrasound reports
    2. Laboratory and screening tests
    3. Vital signs
    4. GBS status
        a. If status unknown, contact physician's office for updated records. If not available obtain culture per physician order and GROUP B STREPTOCOCCUS PERINATAL SCREENING AND MANAGEMENT.
    5. Hepatitis B Status
        a. If status unknown, contact physician's office for updated records. If not available, obtain labs per physician order.
    6. HIV Status
        a. If status unknown, contact physician's office for updated records. If not available, obtain labs per physician order

7. Pre-existing conditions
8. Social considerations
    a. Former or current drug, tobacco, or alcohol use/abuse
    b. Demographic, socioeconomic or social vulnerabilities
    c. Support system
    d. Threats to physical and emotional safety
9. Any fetal condition noted through provider information, Stanford prenatal diagnostic center, will be noted and reported to the newborn provider.

- Obtain and document patient history through interview of patient and review of prenatal record.
- Maternal Vital signs, to include pulse, respirations, and blood pressure should be evaluated and documented on admission and assessed and recorded at regular intervals, at least every four hours. This frequency may be increased as active labor progresses according to clinical signs and symptoms i.e. hypertensive disorders of pregnancy, regional analgesia/anesthesia.
    1. Temperature every 4 hours unless ruptured membranes at which time assessment should occur every 2 hours. If temperature is equal to or greater than 37.4 C, temperature should be evaluated every hour.
    2. Respiratory rate every four hours unless patient has received regional analgesia. Refer to REGIONAL ANALGESIA/ANESTHESIA IN LABOR CLINICAL PROCEDURE .
- Pain should be assessed using the Modified Wong-Baker scale and/or the Labor Coping Scale.
    1. Analgesia/anesthesia should be provided per physician order after assessment of pain level and labor status.
    2. Maternal/fetal response should be assessed after administration of any analgesia/anesthesia.
    3. Comfort measures such as shower, ambulation, and various postural positions should be offered in accordance with patient condition.
- Patient preferences should be discussed in regards to personal birthing experience. Preferences should be documented as a component of the plan of care.
- Assess uterine activity through palpation and external tocodynamometer. Refer to FETAL HEART RATE MONITORING
- Fetal heart rate should be evaluated and managed in accordance with the FETAL HEART RATE MONITORING.
- Vaginal exam by RN if patient is in labor or labor suspected, and **exam is not contraindicated**. If patient less than 34 weeks gestation, obtain fetal fibronectin specimen FETAL FIBRONECTIN VAGINAL SPECIMEN CLINICAL PROCEDURE swab prior to exam. Obtain physician order for fetal fibronectin specimen. Vaginal exam to

include assessment of presentation, dilation, effacement, station and membrane status.

1. Vaginal exam to be deferred if unexplained bleeding, documentation of possible placenta previa, and/or limited exams due to rupture of membranes (ROM) without need to assess dilation status.
2. If membranes are ruptured, assess amniotic fluid for color, odor and amount.
3. Uterine tenderness should be evaluated on all patients.
4. Assess for frequency of voiding, characteristics of urine and bladder distention. Dip urine on admission for protein, ketones and glucose and as needed depending on patient condition POINT OF CARE TESTING CLINICAL PROCEDURE
5. Estimated and Quantified Blood Loss (EBL and QBL) should be included in I&O

- Assess patient for appropriateness of alternative second stage labor strategies. See Second stage management guidelines in Attachment A.
- Complete total systems review per ADMISSION ASSESSMENT & RE-ASSESSMENT

H. **Delivery Standards**

- The staff should notify the NICU team for attendance at high risk deliveries, per NEWBORN RESUSCITATION
- Two registered nurses should be present at all deliveries, with one NRP certified RN devoted to care of the newborn. ADMISSION ASSESSMENT - NEWBORN
- Encourage skin to skin contact immediately after birth with consideration for maternal/newborn condition or maternal preference.
- Recovery assessments for vaginal births should be completed every fifteen (15) minutes times eight (8), every hour times two (2), every four (4) hours times one and then every eight (8) hours. Assessments should include:
    1. Vital signs
    2. Pain
    3. Fundus
    4. Lochia
    5. Perineum
    6. Maternal/fetal attachment (bonding)
- Quantification of blood loss should occur with each delivery and documented as part of the cumulative blood loss in the I&O.
- All components of maternal and newborn recovery should be completed two hours after initiation of the recovery period with consideration for extended recovery for the patient with complications. At this time, care should be transferred to mother/baby unit per unit standards.

I. **Cesarean Section (C/S) Standards**

- For C/S patients, the standardized pre-op teaching guide should be utilized and the nurse should initiate pre-op and post-op instructions to include:
    1. Emotional support
    2. Abdominal prep
    3. Surgical site infection prevention
    4. Urinary catheter infection prevention
    5. Respiratory care
    6. Length of procedure
    7. PACU routine
    8. Parent/infant attachment
    9. Visitation guidelines for PACU
- Vital signs should be taken within four hours prior to surgery.
- Urinary catheters may be placed in the OR after regional anesthesia for scheduled C/S.
- All patients should be positioned in a lateral tilt position.
- Patients should experience family centered care in the OR via see through drape and participation in immediate skin to skin – per newborn's condition
- Fetal heart rate monitoring in the event of a cesarean should be as follows:
    1. For scheduled cesareans: the fetal heart rate should be assessed after the administration of regional anesthesia via doppler
    2. For patients who will undergo cesarean section for fetal intolerance to labor or other indications after a trial of labor, monitor fetus as indicated:
        a. FSE – as close to incision time as possible
        b. External – as possible through application of regional anesthetic, following anesthesia administration and prior to abdominal prep

J. **PACU Standards**

- Equipment comparable to that in the main PACU should be available to care for obstetric patients recovering from major neuraxial anesthesia or general anesthesia.
    a. Assessments in the PACU should occur every 15 minutes and include:
        a. Level of consciousness
        b. Blood pressure, pulse, and respirations
        c. Skin color
        d. Oxygen saturation
        e. Pain

f. Surgical incision and/or dressing
g. Intake and output
h. Sensory and motor function
i. Temperature (every 15 minutes until normothermic)
j. **Fundal height, tone, and location**
k. **Amount, character, and color of lochia**
l. **Bladder distention**

b. Discharge criteria will be assessed using the Aldrete Scoring System. A score of eight (8) or greater is required for discharge unless the patient is going to ICU post-op. with a two (2) in the respiratory category for the patient's going to general care. For patients with an Aldrete score less than eight (8), a specific physician's order is required for discharge unless the patient has a pre-existing condition rendering the Aldrete score less than eight (8).DISCHARGE FROM THE PACU
c. Total recovery time should inclusive of ACOG/AAP guidelines including a recovery period of frequency based on patient condition with a minimum of q 15" x 8.

Note: increase frequency of surveillance and notify OB and/or Anesthesia provider if concerns about maternal stability arise.

K. **Equipment and Safety Standards**

- All patient rooms should be stocked with appropriate equipment and supplies necessary to facilitate care of the maternal fetal dyad.
- A universal protocol/time out should be conducted before any invasive procedure.
- Two patient identifiers should be used prior to medication administration or patient transfer.
- Please see NEONATES - IDENTIFICATION, SECURITY AND PREVENTION OF ABDUCTION . The registered nurse should instruct the parents in infant security, use of the bulb syringe, infant safety, and how to call for assistance.

L. **Newborn Recovery Assessment Standards**

- In the delivery room, infant should be identified per NEONATES - IDENTIFICATION, SECURITY AND PREVENTION OF ABDUCTION
- ADMISSION ASSESSMENT - NEWBORN
- Initiate PERINATAL SERVICE: BLOOD GLUCOSE MANAGEMENT/TREATMENT STANDARDIZED PROCEDURE per policy.
- If maternal Hepatitis B status unknown, refer to HEPATITIS B IMMUNOPROPHYLAXIS IN THE NEWBORN CLINICAL PROCEDURE
- If maternal HIV status is positive, newborn should be admitted to NICU for initial pharmacological management.

- Newborn bath will be delayed until at least 8 hours of age. Exceptions to this would be if mother is Hep B or HIV positive.
- Newborns requiring a higher level of care per ADMISSION CRITERIA FOR NEONATAL INTENSIVE CARE NURSERY CLINICAL PROCEDURE should be transferred to NICU care.

M. **Documentation:** Labor and delivery documentation should occur in concordance with AWHONN, and AAP & ACOG guidelines. These recommendations are the minimal requirement for documentation.

- Labor fetal heart rate evaluation as well as uterine activity evaluation and documentation shall be as outlined in the FETAL HEART RATE MONITORING
- Components required in documentation on the patient in labor and delivery include:
    1. FHR according to NICHD, AAP & ACOG, and AWHONN guidelines
    2. Uterine activity according to NICHD, AAP & ACOG, and AWHONN guidelines
    3. Membrane status
    4. Amniotic fluid assessment to include color, odor and amount.
        a. Fetal heart rate should be assessed before and after amniotomy and after spontaneous rupture of membranes. Note fluid assessment as above. This should also be documented periodically throughout labor.
    5. Vital signs:
        a. Blood pressure and pulse every four hours unless more frequent assessment is indicated
        b. Temperature every 4 hours unless ruptured membranes at which assessment should occur every 2 hours. If temperature is 37.4 C, temperature should be evaluated every hour.
        c. Respiratory rate every four hours unless patient has received regional analgesia. Please refer to REGIONAL ANALGESIA/ ANESTHESIA IN LABOR CLINICAL PROCEDURE
        d. A complete set of vital signs should be taken within four hours prior to cesarean section.
- Interventions for maternal and/or fetal condition including but not limited to:
    1. Fetal resuscitation
    2. Shoulder dystocia
    3. Operative vaginal delivery
    4. Other obstetric emergency
- Interactions/conversations with physician should include report given as well as caregiver response.

Documentation	Frequency
Admission assessment data	On admission: assess within one hour and document by end of shift
L/D Shift assessment	Once a shift
L&D Recovery*	Q15 min x 8 Q 1 hr x 2, then Q 4 hr x 1 Then Q shift
CS Recovery* – once in Postpartum Care	Q 30 min x 2 Q1 hr x 2 Q 4 hr x 2
Newborn Recovery	Q 30 min x 4
Newborn RAPP assessment (Respirations, Activity, Perfusion and Position)	Q 15 min x 8
Intake and Output	Q shift and per patient condition.
*Increase frequency of surveillance if concerns about maternal stability arise. Notify provider.	

VI. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VII. REFERENCES

A. American Academy of Pediatrics & American College of Obstetricians and Gynecologists (2017). Guidelines for Perinatal Care. (8th ed.). AAP/ACOG.

B. Simpson, K., & Creehan, P. (2020) Perinatal Nursing. (5th ed.) Philadelphia: Lippincott Williams & Wilkins.

Attachments

2nd stage algorithm.docx

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
CNO	Carla Spencer: Chief Nursing Officer	02/2025
Women & Children's Service	Katherine DeSalvo: Director Medical Staff Services	02/2025
Director of WCS	Julie Vasher: Director Women's & Children's Services	02/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Daniela Jago: Clinical Manager	01/2025

Standards

No standards are associated with this document

Status Pending PolicyStat ID 17018238

Last Approved	N/A	Owner	Daniela Jago: Clinical Manager
Next Review	3 years after approval	Area	Women's and Children's Services

Maternal Transport-Tertiary Care and Transfer of Patient

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To provide for a coordinated transfer between primary physician, perinatologist and/or receiving medical center of a high-risk labor patient to a Tertiary Care Center.

B. To provide guidance and information regarding management of high-risk obstetric patients.

III. DEFINITIONS

A. MSE-Medical Screening Examination

IV. GENERAL INFORMATION

A. The obstetrical service acknowledges the advantages of tertiary medical care for select maternity patients/newborns that are at high risk.

B. Refer to Policy 1034- THE EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA)

V. PROCEDURE

A. Consultation

1. After the MSE is completed, maternal transport will be undertaken only when there is reasonable assurance that the infant will not deliver en-route and risks and benefits have been discussed with patient or authorized representative. Consultation with tertiary center physician and neonatologist who will care for the newborn after delivery may be helpful in questionable situations.

2. Obtain an order to consult perinatalogist prior to maternal transport. If perinatalogist not available telephone consultation will be available to the Physicians and Perinatal services nursing staff 24 hours a day by contacting Northern California Perinatal Dispatch System Center (located at Lucille Packard Hospital) at (650) 723-7342.
3. Maternal transport to tertiary medical center will occur for any of the following medical situations:
    a. Gestational age less than 28weeks
    b. Estimated birth weight less than 1000 grams
    c. Mothers/infants with complex problems where there may not be sufficient sub-specialty capabilities.
4. Consultation with the tertiary center is the responsibility of the primary physician who is providing obstetrical care. Consultation should include:
    a. Appropriateness of transport.
    b. Destination.
    c. Method: e.g., private automobile, ground ambulance
5. Referring physician is responsible for:
    a. Documenting name of consultant and facility.
    b. Documenting time of consultation.
    c. Documenting recommendations/treatment plan.
    d. Documenting patient assessment up to time of departure. No major treatment changes should be made prior to departure. If a change is necessary, departure should be delayed until stabilization occurs. Responsibility for patient management lies with the referring physician until transport.

B. Process:

1. Administrative Supervisor should be contacted once transport has been decided.
2. Perinatalogist, patient's attending physician or Administrative Supervisor will contact the Dispatch Center to assist in locating an available maternal bed.
    a. Primary RN should be prepared to give complete report on patient including: patient's name, age, gravidity, para, EDC, ultrasound reports, indications for transport inquiry, available lab results, and treatment from admission to Salinas Valley Health Medical Center (SVHMC) to time of call. Phone number where attending physician can be reached **must** be included in the report.
3. Obtain patient signature on Patient Transfer Acknowledgment.
4. Referring physician determines destination, mode of transport, and composition of transport team, and documents this information in the patient's chart. Coordinator from dispatch center for transport is notified.
5. Make a copy of patient's chart for transport to give to accepting facility.

C. Documentation

1. Document all education and events in the patient's electronic health record.

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
CNO	Carla Spencer: Chief Nursing Officer	02/2025
Women & Children's Service	Katherine DeSalvo: Director Medical Staff Services	02/2025
Director of WCS	Julie Vasher: Director Women's & Children's Services	02/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Daniela Jago: Clinical Manager	01/2025

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **17018240**

Last Approved	N/A	Owner	Laura Zerbe: Manager Facilities Construction and Plant Operatio
Next Review	1 year after approval	Area	Plans and Program

Medical Equipment Management Plan

I. SCOPE

A. The Medical Equipment Management Program is designed to assure proper selection, of the appropriate medical equipment to support a safe patient care and treatment environment. The Program will assure effective preparation of staff responsible for the use, maintenance, and repair of the equipment, and manage risks associated with the use of medical equipment technology Finally, the Program is designed to assure continual availability of safe, effective equipment through a program of planned maintenance, timely repair, ongoing education and training, and evaluation of all events that could have an adverse impact on the safety of patients or staff as applied to the building and services provided at Salinas Valley Health Medical Center (SVHMC).

II. OBJECTIVES/GOALS

A. The annual goals for the Medical Equipment Program are developed from information gathered during routine and risk assessment activities, annual evaluation of the previous year's program, performance measures, and environmental tours.

III. DEFINITIONS

A. Environment of Care Committee (EOC)

B. "**High-risk**" medical equipment: medical equipment on the inventory for which there is an identified risk of serious harm or death to a patient or staff member should the equipment fail. The high-risk medical equipment includes life-support equipment.

IV. PLAN MANAGEMENT

A. **Plan Elements**

1. The sophistication and complexity of medical equipment continues to expand. Selecting new medical equipment technology requires research and a team approach.
2. Patient care providers need information to develop an understanding of medical equipment limitations, safe operating conditions, safe work practices, and emergency clinical interventions during failures.
3. Medical equipment may injure patients or adversely affect care decisions if not properly maintained.

B. **Plan Management**

1. **Management Plan**

    a. The organization develops and maintains the Medical Equipment Management Plan to effectively manage the medical equipment risks to the staff, visitors, and patients at SVHMC. The Chief Biomed Engineer works collaboratively with the Environmental Health and Safety Manager, Plant Operations and Hospital Construction maintain and effective plan.

2. **Selection & Acquisition**

    a. The Chief Biomed Engineer helps in coordinating the medical equipment selection and acquisition process. Department heads and others, as appropriate, collaborate to select and acquire medical equipment. Department heads develop recommendations related to equipment to purchase. The Chief Biomed Engineer ensures medical equipment considered for purchase meets appropriate standards of performance and safety.

    b. The Chief Biomed Engineer works with design professionals and medical staff to identify needs for space and support of new equipment. They also manage the commissioning of new equipment. The commissioning process includes assembly, installation, and testing of new equipment prior to initial use.

    c. The managers of clinical departments where new equipment is installed collaborate with Materials Management, Information & Technology, Biomedical Equipment, Plant Operations and equipment suppliers to assure appropriate education and training are provided to all initial users of the equipment and a program for training additional future users is developed.

    d. Capital equipment requests for medical equipment are included as part of the annual budget process. The CEO has final approval over all new medical equipment purchases. The Biomedical Department maintains documentation related to the Medical Equipment.

3. **Criteria & Inventory**

    a. The SVHMC maintains an inventory of selected medical equipment categorized by physical risk associated with use and equipment incident history. This includes all life support equipment. The Biomedical

Department evaluates new types of equipment before initial use to determine whether to include this equipment in the inventory.

b. Written criteria are used to identify risks associated with medical equipment. The risks include, equipment function, physical risks associated with use, and equipment incident history as it relates to patient safety. The risks identified are used to assist in determining the strategies for maintenance, testing, and inspection of medical equipment. In addition, the identified risks are used to guide the development of training and education programs for staff that use or maintain equipment.

c. Equipment requiring a program of planned maintenance is listed as part of a maintenance inventory. The list includes equipment maintained by in-house staff as well as equipment maintained by vendors.

4. **Identifying activities and frequencies**

    a. The organization identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all medical equipment on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations, or with strategies of an Alternative Equipment Maintenance (AEM) program. The strategies of an AEM program will not reduce the safety of equipment and must be based on accepted standards of practice.

    b. A computerized maintenance management system is used to schedule and track timely completion of scheduled maintenance and service activities. The Director is responsible for assuring that the rate of timely completion of scheduled maintenance and other service activities meets regulatory and accreditation requirements, including medical equipment maintained by vendors.

    c. The frequency of maintenance is determined at the time of initial evaluation of the utility system based on the following:

        i. Interval testing

        ii. Run-time based inspections

        iii. Corrective maintenance

        iv. Metered maintenance based on hours of use, or other time of use processes (This strategy uses on-board clocks or event recorders to trigger specific tests, inspections or service)

5. **Maintaining specific medical equipment**

    a. The organization's activities and frequencies for inspecting, testing, and maintaining the following items are conducted in accordance with manufacturers' recommendations or accreditation standards if frequency is increased:

        i. Medical equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers'

recommendations, or otherwise establishes more stringent maintenance requirements

ii. Medical laser devices

iii. Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes)

iv. New medical equipment with insufficient maintenance history to support the use of alternative maintenance strategies

b. The maintenance history used to determine the activities and frequencies may include, records provided by the organization's contractors used to service the equipment, and information made public by nationally recognized sources, such as ECRI. The organization's experience of testing, maintaining, and inspecting medical equipment will also be used as history to determine the activities and frequencies required.

6. **Assessing the equipment for maintenance with written criteria**

a. The organization identifies a qualified individual, or individuals if necessary, that will use written criteria to support the determination whether it is safe to permit medical equipment to be maintained in an AEM (alternate equipment maintenance) program. The written criteria will include:

i. How the equipment is used, including the seriousness and prevalence of harm during normal use

ii. Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm

iii. A availability of alternative or back-up equipment in the event the equipment fails or malfunctions

iv. Incident history of identical or similar equipment

v. Maintenance requirements of the equipment

b. Once the appropriate program is determined, the information is entered into the record for the medical equipment in the inventory.

7. **Identifying medical equipment that is using the AEM program**

a. The medical equipment that will be included in the AEM program will be clearly identified in the medical equipment inventory. The inventory is updated at the time of this determination.

8. **Safe Medical Devices Act**

a. Risk Management is responsible for monitoring and reporting all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990. Risk Management collects information about potentially reportable events through the incident reporting and investigation process. The appropriate clinical staff conduct investigations

of medical equipment incidents to determine if the incident is reportable under criteria established by the Food and Drug Administration.

b. Risk Management uses the Sentinel Event Process to investigate and document reportable incidents and prepares quarterly reports for the Safety Committee on those incidents determined to be reportable. Risk Management is also responsible for completing all reports and handling other communications with medical equipment manufacturers and the FDA required by the Safe Medical Devices Act.

c. Appropriate changes in processes and training are made through the performance improvement process. The changes are communicated to all appropriate staff.

9. **Emergency Procedures**

    a. The Chief of Biomed assists in the development of written procedures that are followed when medical equipment fails. These procedures include emergency clinical interventions and the location and use of backup medical equipment. The head of each department that uses life support or other life-critical medical equipment develops and trains staff about the specific emergency procedures to be used in the event of failure or malfunction of equipment whose failure could cause death or irreversible harm to the patient dependent on such equipment.

    b. These emergency response procedures provide clear, specific instructions for staff responding to an emergency and provide information about notifying appropriate administrative staff of the emergency, actions required to protect patients from harm, contacts for spare equipment or repair services, and contacts to obtain additional staff to manage the emergency.

    c. Each department head maintains copies of applicable emergency procedures in accessible locations in their departments. Departmental staff receives orientation and ongoing education and training about the emergency procedures.

    d. Each department head reviews the department specific medical equipment emergency procedures annually.

10. **Testing of Medical Equipment Prior to Initial Use**

    a. The Biomedical Department will test all medical equipment on the inventory before initial usage. SVHMC performs safety, operational, and functional checks. The inventory includes, equipment owned by the SVHMC, leased, and rented from vendors. These inspection, testing and maintenance documents are maintained in the Biomedical Department for review. The Chief of Biomed manages the program of planned inspection and maintenance.

11. **Testing of High Risk and Non High Risk Equipment**

    a. The Chief of Biomed assures that scheduled testing of all medical

equipment is performed in a timely manner. Reports of the completion rate of scheduled inspection and maintenance are presented to the EOC Committee each quarter. If the quarterly rate of completion falls below 100%, the Chief of Biomed will present an analysis to determine the cause of the problem and make recommendations for addressing it. These inspection, testing, and maintenance documents are maintained in the Biomedical Department for review.

12. **Testing of Sterilizers**
    a. The Plant Operations Department is responsible for testing and maintaining of all types of sterilizers used in SVHMC. Records of load testing and regular maintenance are maintained by Plant Operations/ Engineering Department. Any improper results are documented as patient safety incidents and reported to the EOC Committee for evaluation and action. Documentation of the testing and maintenance activities are maintaining in the Plant Operations/Engineering Department for review.

13. **Testing of Dialysis Equipment**
    a. The Salinas Valley Dialysis Services is responsible for performing equipment maintenance and chemical and biological testing of water used in hemodialysis at SVHMC. The program of maintenance includes, regular cleaning and disinfection of all dialysis equipment, and testing for compliance with biological and chemical standards for the dialysis water supply. Documentation of the testing and maintenance activities is maintained in the Biomedical Department for review.

14. **Equipment Used in Oxygen-Enriched Atmospheres**
    a. Equipment listed for use in oxygen-enriched atmospheres are clearly and permanently labeled (withstands cleaning/disinfecting) as follows:
        i. Oxygen-metering equipment, pressure-reducing regulators, humidifiers, and nebulizers are labeled with name of manufacturer or supplier.
        ii. Oxygen-metering equipment and pressure reducing regulators are labeled "OXYGEN–USE NO OIL."
        iii. Labels on flowmeters, pressure-reducing regulators, and oxygen-dispensing apparatuses designate the gases for which they are intended.
        iv. Cylinders and containers are labeled in accordance with Compressed Gas Association (CGA) C-7.

15. **Maintenance of Anesthesia Apparatus**
    a. The hospital performs equipment maintenance on anesthesia apparatus. The apparatus are tested at the final path to patient after any adjustment, modification or repair. Before the apparatus is returned to service, each connection is checked to verify proper gas flow and an oxygen analyzer is used to verify oxygen concentration. Areas designated for servicing of

oxygen equipment are clean and free of oil, grease, or other flammables.

16. **Establishing Quality Control & Maintenance of Diagnostic Imaging Equipment**
    a. The Director of Radiology in collaboration with the Medical Physicist and the Chief of Biomed Engineering establish effective quality control measures and defined maintenance intervals that are consistent with manufacturer's recommendations and/or accreditation requirements to assure equipment functionality and quality of the following imaging equipment:
        i. CT (computed tomography)
        ii. NM (nuclear medicine)
        iii. Mammography
        iv. Special Procedures
        v. General X-ray
        vi. Alliance Imaging maintains PET (positron emission tomography) and MRI (magnetic resonance imaging) equipment – Service records and Physicist reports are provided to Bio-med and the Director of Imaging Services by Alliance Imaging.
        vii. All ultrasound equipment is maintained and serviced by a qualified service engineer per manufacturer's guidelines and/or accreditation requirements. An annual medical physicist equipment check is not required.

C. **Plan Responsibility**
    1. The Chief Biomed Engineer, in collaboration with the Environment of Care Committee, assures that the Medical Equipment Program is implemented in all key clinical areas.
    2. The Chief Biomed Engineer, implements the in-house medical equipment maintenance program and tracks maintenance provided by original equipment manufacturers, and other contractors who provide maintenance and repair services for specific items of equipment.

D. **Performance Measurement**
    1. The performance measurement process is one part of the evaluation of the effectiveness of the Medical Equipment Program. Performance measures are established to measure at least one important aspect of the Medical Equipment Program and are meant to focus on areas that need improvement or affect the overall safety of patient, staff, or visitors.
    2. **Monitoring Diagnostic Imaging Equipment Quality Performance**
        a. The organization assures that the quality of the diagnostic imaging modalities equipment performance is maintained. The Medical Physicist is responsible for these activities. The results of the quality program are reported to the Chief of the Biomedical Engineering department periodically and is reported up to the Environment of Care Committee

(EOC) when appropriate.

b. At least annually, the Diagnostic Medical Physicist or MRI scientist evaluates performance for computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), magnetic resonance imaging (MRI), and x-ray equipment. They may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist or MRI scientist

c. This includes testing of image acquisition display monitors for maximum and minimum luminance, luminance uniformity, resolution, and spatial accuracy.

3. **Monitoring Radiation Dose from CT Equipment**

    a. At least annually, a qualified Medical physicist evaluates the radiation doses from diagnostic computed tomography (CT) services. This includes:

    b. Measures the radiation dose (in the form of volume computed tomography dose index (CTDIvol) produced by each diagnostic CT imaging system. The radiation dose for following four CT protocols will be monitored:

        i. adult brain

        ii. adult abdomen

        iii. pediatric brain

        iv. pediatric abdomen

    c. If one or more of these protocols is not used by the (critical access) hospital, other commonly used CT protocols may be substituted.

    d. Verifies that the radiation dose (in the form of CTDIvol) produced and measured for each protocol tested is within 20 percent of the CTDIvol displayed on the CT console. This applies only for systems capable of calculating and displaying radiation doses. The dates, results, and verifications of these measurements are documented.

    e. Even though the Medical physicist is accountable for these activities, they may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. Physicist annual reports are located in Biomed and Diagnostic Imaging.

4. **Evaluating performance of CT equipment**

    a. At least annually, the Medical physicist evaluates the performance for all diagnostic computed tomography (CT) services. The evaluation results, along with recommendations for correcting any problems identified are documented and reported to the Director of Diagnostic Imaging.

    b. The evaluation includes the use of phantoms to assess the following imaging metrics:

        i. image uniformity

ii. scout precision accuracy
iii. alignment light accuracy
iv. table travel accuracy
v. radiation beam width
vi. high-contrast resolution
vii. low-contrast resolution
viii. geometric or distance accuracy
ix. CT number accuracy and uniformity
x. artifact evaluation

c. This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.

d. Even though the Medical Physicist is accountable for these activities, they may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist.

5. **Evaluating performance of MRI imaging equipment**

a. At least annually, the Medical Physicist or Magnetic Resonance Imaging (MRI) Scientist conducts a performance evaluation of all MRI imaging equipment. The evaluation results, along with recommendations for correcting any problems identified are documented and reported to the Chief, Biomedical Engineering Department.

b. The evaluation includes the use of phantoms to assess the following imaging metrics:

i. imaging uniformity
ii. signal to noise (SNR) for all coils used clinically
iii. slice thickness accuracy
iv. slice position accuracy
v. alignment light accuracy
vi. high contrast resolution
vii. low contrast resolution (or contrast to noise ratio)
viii. geometric or distance accuracy
ix. geometric or distance accuracy
x. magnetic field homogeneity
xi. artifact evaluation

6. **Evaluating performance of Nuclear Medicine imaging equipment**

a. At least annually, the Medical Physicist or Nuclear Medicine Physicist conducts a performance evaluation of all nuclear medicine imaging equipment. The evaluation results, along with recommendations for correcting any problems identified are documented and reported to the Chief of the Biomedical Department.

b. The evaluations are conducted for the entire image types produced clinically by each NM scanner (for example, planar and/or tomographic). This includes the use of phantoms to assess the following imaging metrics:

    i. imaging uniformity/system uniformity

    ii. high contrast resolution/system spatial resolution

    iii. sensitivity

    iv. energy resolution

    v. count rate performance

    vi. artifact evaluation

c. The tests for low contrast resolution or detectability for non-planar acquisitions may also be conducted, even though it is not required.

7. **Evaluating the performance of PET imaging equipment**

    a. At least annually, the Diagnostic Medical Physicist evaluates the performance for all positron emission tomography (PET) imaging equipment. The evaluation results, along with recommendations for correcting any problems identified are documented and reported to the Chief, Biomedical Department.

    b. The evaluations are conducted for all of the image types produced clinically by each PET scanner (for example, planar and/or tomographic). A phantom is used to assess the following imaging metrics:

        i. imaging uniformity/system uniformity

        ii. high contrast resolution/system spatial resolution

        iii. low contrast resolution or detectability (not applicable on planar acquisitions)

        iv. artifact evaluation

    c. The scanner tests for sensitivity, energy resolution, and count rate performance may also be conducted, even though it is not required. Even though the Diagnostic Medical Physicist is accountable for these activities, they may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the Diagnostic Medical Physicist

8. **Evaluating the performance of Fluoroscopy equipment**

    a. At least annually, a diagnostic medical physicist conducts a performance evaluation of fluoroscopic imaging equipment. The evaluation results,

along with recommendations for correcting any problems identified, are documented. The evaluation includes an assessment of the following:

i. Beam alignment and collimation
ii. Tube potential/kilovolt peak (kV/kVp) accuracy
iii. Beam filtrations (half-layer value)
iv. high-contrast resolution
v. low-contrast detectability
vi. maximum exposure rate in all imaging modes
vii. displayed air-kerma rate and culmative-air kerma accuracy (when applicable)

b. Medical physicists conducting performance evaluations may be assisted with the testing and evaluation of equipment performance by individuals who have the required training and skills, as determined by the physicist. This does not apply to fluoroscopy equipment used for therapeutic treatment planning or delivery.

9. **Evaluating the Management Plan**

a. On an annual basis, the Biomedical Department and EOC Committee evaluates the scope, objectives, performance, and effectiveness of the Plan to manage the medical equipment risks to the staff, visitors, and patients at SVHMC.

E. **Orientation and Education**

1. Orientation, education and/or training is provided on an as needed basis.

V. REFERENCES

A. N/A

Attachments

A: Medical Equipment Risk-Based Analysis

Approval Signatures

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

Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
COO	Clement Miller: Chief Operating Officer	02/2025
Bio Med	Simplicio Tualla Jr.: Chief Biomed Engineer	02/2025
Policy Committees	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Laura Zerbe: Manager Facilities Construction and Plant Operatio	01/2025

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **17035355**

Last Approved	N/A	Owner	Karina Kessler: Clinical Manager
Next Review	3 years after approval	Area	Women's and Children's Services

Newborn Thermoregulation Management

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To guide staff in maintaining the stability of the infant's temperature throughout hospitalization in the neonatal period

III. DEFINITIONS

A.
1. ELBW – Extremely Low Birth Weight Infant < 1000g
2. VLBW – Very Low Birth Weight Infant < 1500g
3. GA – Gestational Age
4. CGA – Corrected Gestational Age
5. SGA – Small for Gestational age

IV. GENERAL INFORMATION

A. Thermal support will be provided for all newborns to maintain a neutral thermal environment and normothermia.

B. The infant's response to changes in the thermal environment will be monitored.

C. Normothermia: 36.5^{o} C – 37.5^{o} C Axillary

D. World Health Organization hypothermia criteria

1. Mild hypothermia: 36^{o} C – 36.4^{o} C Axillary
2. Moderate hypothermia: 32^{o} C – 35.9^{o} C Axillary

3. Severe hypothermia: < 32^{O} C Axillary

V. PROCEDURE

A. Standard Precautions

B. Explain procedures to parents/caregivers if present

C. Considerations

1. Monitoring axillary temperatures alone can be misleading
    a. Metabolism of brown fat during cold stress increases axillary temperature
    b. Skin temperatures deviating from axillary temperatures provide an early indication of thermal stress
2. Hats
    a. May be appropriate to use during delivery/stabilization care
    b. After stabilization, hats are generally not needed for routine thermoregulation, regardless of type of bed infant is cared for in
3. Phototherapy
    a. Care of unclothed infant (especially SGA or late pre-term) in an open crib under phototherapy may place infant at risk for cold stress due to lack of insulation and potential drafts.
    b. Some infants able to maintain normothermia with clothing in a crib may need to be placed in an isolette for the duration of phototherapy
    c. Phototherapy potentially increases bed temperatures and isolette set temperature may need to be adjusted accordingly

D. Thermal Assessment

1. Newborn thermal assessment includes central and peripheral evaluation of skin color, perfusion, and temperature (in addition to regular temperature measurements).
2. Axillary temperature measurement
    a. Axillary normothermia 36.5^{O} C – 37.5^{O} C (97.7^{O} F – 99.5^{O} F)
    b. Preferred route for routine neonatal temperature measurement
    c. When possible perform during care times to minimize sleep disruption
    d. Frequency per standards of care
3. Continuous skin temperature monitoring
    a. Skin normothermia: 36.2^{O} C – 37.2^{O} C (97.2^{O} F – 99^{O} F)
    b. Maintain continuous skin temperature monitoring while infant cared for under radiant warmer or isolette in servo-control mode

c. Closely monitor skin temperature probe placement to minimize iatrogenic hypo- or hyperthermia

d. Continuous skin temperature monitoring may be used with isolette air mode if thermal stress is of concern

4. Continuous rectal temperature monitoring – NICU only with physician order

a. Rectal temperature probe

b. Purpose

i. During passive cooling in preparation for transport to cooling center

ii. If unable to monitor axillary temperatures due to extreme level of accidental hypothermia

E. Thermal Support

1. Prevent heat loss

a. Pre-warm care surfaces, equipment, hands

b. Warm, draft-free environment

c. Polyethylene wrap/bag for increased exposed surface area

d. Humidity

e. Avoid bed placement near cold surfaces

2. Delivery care

a. Pre-warmed bed, blankets, and hat. Dry infant. Prompt removal of wet linen.

b. Under 32 weeks gestation

i. Use heated mattress in addition to warmer

ii. Do not dry amniotic fluid

iii. Place directly in polyethylene body wrap/bag

iv. Place knitted/cotton or polyethylene hat

3. Skin to skin care

a. Effective to prevent hypothermia after birth

b. Place clinically stable infant skin to skin as soon as possible after delivery with warm blanket over infant and mother

c. Routine recovery care and assessment can be performed during skin-to-skin holding

d. Liberal skin-to-skin holding is encouraged throughout hospitalization, dependent on infant's clinical stability and parent/caregiver availability

4. Room temperature thermal environment – "open crib"

a. Infants will be clothed with t-shirt/outfit and blanket in room temperature

environment when not held skin-to-skin or under phototherapy

5. Servo-control radiant warmer
    a. Neonatal stabilization
        i. Remove additional heat sources as needed to prevent iatrogenic hyperthermia
    b. Procedures
6. Isolette
    a. GA < 34 weeks
    b. Birth weight < 1500g
    c. Other underlying conditions that affect heat loss
        i. Gastroschisis
        ii. Omphalocele
        iii. Hyperbilirubinemia requiring phototherapy
    d. Conditions with increased risk of oxygen consumption
        i. Persistent pulmonary hypertension (PPHN)
        ii. Sepsis
        iii. SGA
    e. Conditions benefitting from decreased stimulation
        i. PPHN
        ii. Labile apnea, bradycardia, desaturation episodes
        iii. Neonatal opiate withdrawal syndrome (NOWS)
        iv. Unstable clinical condition
    f. Term or late pre-term infants cared for in an isolette due to an underlying condition, and not for thermal support, may need a lower set temperature
    g. Humidity
        i. Initiate isolette humidity at 70-80% for < 30 weeks GA at birth
        ii. Consider weaning humidity % after 7 days of life
        iii. Maintain humidity > 50% until 30-32 weeks CGA
    h. Complete infant care through portholes when possible
        i. Minimizes need to open doors, walls, and top
        ii. Decreases risk of evaporative and conductive loss, as well as loss of humidity if in use
    i. Adjust isolette set temperature based on: gestation, weight, post-natal age, and individual infant needs

j. Servo-control mode
    i. Initial mode for preterm or clinically unstable infants
    ii. Set temperature initially at 36.5^{O}C, adjust as needed to maintain normothermia
    iii. Monitor temperature probe for continuous skin contact
k. Air mode
    i. Provides more stable environmental temperature
    ii. Isolette set temperature must be set higher than NICU ambient room temperature (no lower than 23^{O}C)

7. Passive cooling - NICU Only
    a. Initiated per MD order
    b. In collaboration with physician, determine if infant is candidate for passive cooling therapy
    c. Passive cooling process
        i. Remove external heat sources and clothing
        ii. Monitor rectal temperature every 15 minutes
        iii. Target core temperature: 33^{O}C – 34^{O}C
        iv. Continue monitoring until infant transported to cooling center

F. Thermal Stress
1. Hypothermia/Cold stress
    a. Monitor signs of cold stress:
        i. Thermal: skin cool or cold to touch; high axillary temperature with low skin temperature or increased central-peripheral skin temperature differential
        ii. Cardiopulmonary: bradycardia, apnea, respiratory distress
        iii. CNS: lethargy, poor tone, irritability, feeding intolerance
        iv. Vascular: peripheral vasoconstriction, acrocyanosis, pallor, mottling, central cyanosis
        v. Metabolic: hypoglycemia, metabolic acidosis, increased O_2 demand, poor weight gain
    b. Treat any underlying conditions, e.g. hypoglycemia
    c. Skin-to-skin rewarming
        i. Appropriate for clinically stable infant > 34 weeks CGA
        ii. May use for hypothermia ranging 35^{O}C – 36.4^{O}C axillary
        iii. Provide skin-to-skin contact in warm room with warm blanket

over infant and mother

iv. Transfer to servo-control isolette or warmer if temperature does not respond within 30 minutes

d. Rewarming in servo-control isolette or radiant warmer

i. Use for: clinically unstable or < 34 weeks CGA infant, hypothermia unresponsive to skin-to-skin, and hypothermia ranging 32^{o}C – 34.9^{o}C axillary

ii. Recommended rewarming rate of 1^{o}C-2^{o}C every hour

iii. Continuously monitor skin temperature in servo-control

iv. Monitor axillary temperature every 15-30 minutes until stable

e. Extreme hypothermia < 32^{o}C consult with tertiary center

2. Hyperthermia/Heat stress

a. Hyperthermia > 37.5^{o}C axillary

b. Differentiate between iatrogenic overheating (environmental, maternal fever) or pathologic processes (infection, asphyxia, dehydration, neonatal opiate withdrawal)

c. Monitor for signs of heat stress

i. Thermal: skin warm or hot to touch

ii. Cardiopulmonary: tachycardia, tachypnea apnea

iii. CNS: seizures, poor feeding, irritability, weak cry

iv. Vascular: hypotension, dehydration, vasodilation, flushed/red skin

v. Metabolic: increased O_2 demand, poor weight gain, hypernatremia

d. Cool infant

i. Reposition skin temp probe and adjust isolette or radiant warmer temperature as appropriate

ii. Remove clothing/blanket layers as appropriate to age, gestation, clinical condition, and thermal environment

iii. Monitor temperature until stable

G. NICU Weaning Guideline: From Isolette to Open Crib

1. Criteria to attempt weaning procedure

a. Medically stable

b. Brain maturity to regulate temperature: 34 – 35 weeks CGA

c. Recommended weight of 1600g

d. At least 5 days of consistent weight gain

2. Isolette set on air control
3. Dress infant in shirt and swaddle in 1 blanket
4. Decrease isolette set temperature 1 – 1.5^{O}C daily until reaching 26-28^{O}C range
5. Place in open crib when:
    a. Weaning criteria met
    b. Isolette temperature is at or near room temperature
    c. Infant's temperature remains at least 36.5^{O}C axillary for 2 consecutive measurements at or near room temperature
6. Continue monitoring axillary temperature per standard
    a. If axillary temperature < 36.5^{O}C add second blanket
    b. If axillary temperature remains < 36.5^{O}C return infant to isolette
    c. Reattempt weaning after 72 hours of stable temperatures
    d. Avoid using warm blankets and hats to maintain normothermia in an open crib
7. After transitioning to an open crib
    a. Monitor infant for adverse effects: hypothermia, bradycardia, apnea, poor weight gain, hypoglycemia, and feeding intolerance
    b. Development of adverse effects may necessitate returning infant to isolette

H. Documentation- EMP
    1. Thermal assessment and temperature assessment
    2. Thermal support, environment, and care

VI. EDUCATION/TRAINING

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

VII. REFERENCES

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Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
CNO	Carla Spencer: Chief Nursing Officer	02/2025
Women & Children's Service	Katherine DeSalvo: Director Medical Staff Services	02/2025
Director of WCS	Julie Vasher: Director Women's & Children's Services	01/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Karina Kessler: Clinical Manager	12/2024

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **17219927**

Last Approved	N/A
Next Review	3 years after approval
Owner	Julie Vasher: Director Women's & Children's Services
Area	Women's and Children's Services

NICU: IV Therapy

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To guide the RN in the administration and monitoring of intravenous therapy including IV fluids, blood/blood components, and IV medications ordered by the physician.

III. DEFINITIONS

A. N/A

IV. GENERAL INFORMATION

A. Evaluate the potential need for long term access and preserve preferred PICC line sites if indicated.

B. NICU RNs who have completed the NICU IV competency may insert an IV per physician's orders.

C. A two (2) RN check is completed prior to administering a new IV fluid, and setting initial rates. At handover, review that the correct fluid is being delivered to the correct patient, through the appropriate vascular access device, and at the correct rate.

D. Neonatal IV fluids, medications, and blood products will be administered by an RN who has successfully passed the Salinas Valley Health Medical Center (SVHMC) Medication Test, the NICU Medication Test, IV Therapy Nursing Competencies, and has been oriented to NICU.

V. PROCEDURE

A. Standard Precautions

B. Intravascular Therapy Safety

- All IV fluids administered by an infusion pump require a volume limiting chamber.
- Check IV solutions against physician's orders with a second RN for type and rate to be infused.
- Label IV fluids and tubing with date, time, and initials of both RNs double-checking fluids.
- A 0.22 micron in-line filter must be used for all fluids excluding lipids, blood or blood products, and certain medications (i.e. Amphoteracin B, Insulin, and Dextran) as per pharmacy recommendations.
- All lipids should be filtered using a 1.2micron in line or add on filter. Filtered lipids should be infused closest to the patient as possible, below the 0.22micron filter or via a separate access site.
- For infusion over 24 hours, daily doses should be divided into two containers and infused over 12 hours.

C. Insertion (After two (2) unsuccessful insertion attempts, assistance must be obtained.)

- Consider the following for peripheral intravenous catheters (PIVs).
    1. Avoid placing PIVs in areas of flexion.
    2. Avoid sites for potential central venous catheters (e.g., cephalic, brachial, greater saphenous veins).
    3. It is recommended to begin with more distal sites and progress proximally if needed. The following is the suggested order of preference for PIV placement.
        a. Back of hand
        b. Foot
        c. Ankle
        d. Forearm
        e. Antecubital fossa
        f. Scalp – Avoid sites outside the hairline. If necessary, use small scissors to trim hair to the degree needed to stabilize the IV. Do not shave the area.
    4. Condition of available veins.
    5. Type of infusion.
    6. Duration of IV therapy.
- Use a heel warmer for approximately 5 min., if necessary to improve perfusion and visibility of vessels.

- Provide comfort/pain-relieving measures and developmental positioning/swaddling with selected venipuncture site accessible.
- Scrub site with appropriate skin antiseptic and allow to dry.
- Insert needle or catheter using aseptic technique and confirm placement. Attach T-connector and flush.
- Apply transparent dressing over the cannula and insertion site, tape to secure the catheter. Loop tubing and secure to extremity to prevent tension on the catheter.
- Ensure that the dressing, securement device and/or armboard does not interfere with visualization of the catheter site, surrounding tissues, and involved extremities and digits; or impede venous return.
- If using an armboard, double-back the tape or apply cotton to tape to protect skin.
- If ID bands were removed for IV insertion, replace immediately.
- Document IV site placement, date, time, catheter size, and number of attempts.

D. Monitoring and Care:

- Initiate twenty-four (24) hour I&O documentation.
    1. At the end of a twelve (12) hour shift, record the total shift intake.
    2. Night shift, will record the total twenty-four (24) hour intake.
- Frequent assessment and documentation of vascular access device (VAD) sites is necessary to reduce complications.
    1. Cannulation sites, surrounding tissue, infusing solution and volume of solution infused should be assessed and documented at least hourly.
    2. Additionally, observe hourly for any signs of redness, edema, pain with flushing, increasing pump pressure reading, or increased resistance when flushing the catheter.

E. Infection Control:

- Limit the use of stopcocks and other ports to the least number required for treatment.
- Use aseptic technique when accessing PIV ports. Vigorously scrub the hub of the port with alcohol for at least fifteen (15) seconds and allow it to dry before accessing port.
- Limit line manipulation.

F. Fluid and Tubing Changes (see I.V. THERAPY - PERIPHERAL and MEDICATION USE :

- Maintain aseptic technique during tubing changes
- All IV **fluids** are changed every twenty-four (24) hours.
- Continuous intralipid infusions are changed every twelve (12) hours.
- Tubing that combines intralipids and any other fluids is change every twenty-four (24) hours (See PERIPHERALLY INSERTED CENTRAL CATHETERS SITE CARE/ NEONATE - NICU)

- Administration tubing that does not contain intralipids or blood products is changed every **ninety-six (96) hours.** (Blood products are not administered via PICC lines).
- Needleless components are changed at least as frequently as the administration set (this includes claves, stopcocks, and transducers).

G. Documentation:
   - Medications and fluids are documented in the electronic medication record (MAR).
   - I&O is documented in the electronic health record.

VI. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VII. REFERENCES

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Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
CNO	Carla Spencer: Chief Nursing Officer	02/2025
Director Women's & Children's Services	Julie Vasher: Director Women's & Children's Services	01/2025

Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Julie Vasher: Director Women's & Children's Services	01/2025

Standards

No standards are associated with this document

Status Pending PolicyStat ID 16976912

Last Approved	N/A	Owner	Lacey Cone: Director Critical Care Services
Next Review	3 years after approval	Area	Patient Care

Oral Care

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To create a standardized oral care practice amongst Salinas Valley Health staff involved in direct patient care, which reflects current, evidence-based practice recommendations.

B. To create a systematic approach to the provision of high quality, routine oral care.

III. DEFINITIONS

A. Oral cavity: the oral cavity includes the lips, gingivae, teeth, hard palate, buccal surfaces, tongue, and floor of the mouth.

B. Biofilm: a well-organized, cooperative community of microorganisms that form on the surfaces of the cheeks, tongue and teeth comprised of a sticky mass of proteins, lipids, glycoproteins, and glycolipids which house oral microbial communities.

C. Oral care: the mechanical removal of plaque and biofilm from the mouth by gently brushing the palate, buccal surfaces, tongue, gums, and tooth surfaces with a soft-bristled toothbrush; the use of alcohol-free antiseptic mouth rinse, and the application of oral cavity moisturizer.

D. Denture care: the removal of plaque and food debris from dentures or removable dental appliances by gently brushing the appliance with a soft-bristled toothbrush and soaking the appliance in a cleansing solution.

IV. GENERAL INFORMATION

A. An oral health assessment will be completed as part of the admission assessment and a minimum of every twelve hours using a standardized assessment tool.

1. The oral cavity will be assessed using a standardized assessment tool the Bedside

Oral Assessment (See Bedside Oral Assessment Tool).

B. All patients will receive oral care while admitted to the hospital.

C. Good oral hygiene, including regular brushing and flossing, is essential to control harmful bacteria and prevent conditions like tooth decay and gum disease.

D. Oral health can influence several serious conditions, including endocarditis and research suggests a connection between oral bacteria and cardiovascular diseases like heart disease and stroke. Gum disease is linked to complications in pregnancy, such as premature birth and low birth weight, while oral germs can contribute to pneumonia and other respiratory illnesses (Sedghi et al., 2021).

V. PROCEDURE

A. Organization adopted practice standards and procedures can be found on StarNet Quick links-Dynamic Health.

B. Independent patients, able to perform their own oral care:

1. Provide oral care supplies.
2. Teeth brushing will be performed a minimum of twice daily.
3. Instruct the patient how and when to apply mouth moisturizer.

C. Dependent patients, unable to perform their own oral care:

1. Follow standard procedure for gathering appropriate oral care supplies.
2. Position the patient's head to the side or in semi-fowlers position.
3. Provide suctioning as needed while performing oral care.
4. Oral cavity moisturizer will be applied every four hours and as needed to prevent drying of oral mucosa.

D. Denture wearing patients:

1. Denture care should be provided at the same frequency as oral care for natural teeth; dentures should be removed at night to prevent bacterial buildup and to allow for gums to rest.
2. Patients should be encouraged to wear dentures while they are awake to facilitate clear speech and nutrition.
3. At bedtime, dentures should be stored in a patient-labeled cup filled with cool water and effervescent cleaner.
4. Refer to Dynamic Health, Caring for Patients with Dentures, for step-by-step procedure.

E. Pediatric Patients:

1. For infants without teeth, gently wipe all surfaces of the oral cavity with a water moistened soft cloth.

2. For pediatric patients with teeth, brush teeth with a pediatric toothbrush and toothpaste a minimum of twice daily.
    a. Patients 3 years and younger, use a rice-grain sized smear of toothpaste.
    b. Patients older than 3 years, use a pea-sized amount of toothpaste.
3. Refer to Dynamic Health, Providing Oral Care to Hospitalized Pediatric Patients.

F. For intubated patients in the ICU and/or tracheostomy patients in the ICU and 1 Main:
    1. Chlorohexidine gluconate (CHG) will be used to provide oral care every twelve hours, in addition to standard oral care.

G. Documentation
    1. Nurse Swallow Screen will be performed and documented upon admission and as needed when a change in condition occurs.
    2. An Oral health assessment will be performed and documented by the nurse upon admission and a minimum of every twelve hours using the Bedside Oral Assessment tool.
    3. Oral Care will be performed and documented in the patient care record a minimum of every twelve hours and as indicated by oral care protocol.
    4. Frequency of oral mucosal care is driven by the Bedside Oral Assessment Score and will be documented in patient care record according to protocol frequency.
    5. Chlorohexidine Gluconate requires a physician order and is obtained through the pharmacy; CHG is scanned and documented on patient eMAR.
    6. Staff members will document refusal of oral care in patient care record.

VI. EDUCATION/TRAINING

A. Education and/or training will be provided as needed.

VII. REFERENCES

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B. Ames, Nancy & Sulima, Pawel & Yates, Jan & Mccullagh, Linda & Gollins, Sherri & Soeken, Karen & Wallen, Gwenyth. (2011). Effects of Systematic Oral Care in Critically Ill Patients: A Multicenter Study. American journal of critical care: an official publication, American Association of Critical-Care Nurses. 20. e103-14. 10.4037/ajcc2011359.

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Attachments

Bedside Oral Assessment.docx

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
CNO	Carla Spencer: Chief Nursing Officer	01/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Lacey Cone: Director Critical Care Services	01/2025

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **16327503**

Last Approved	N/A	Owner	Daniela Jago: Clinical Manager
Next Review	3 years after approval	Area	Women's and Children's Services

Pre-Term Labor

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To guide the staff in management of the preterm labor patient in order to identify and treat preterm labor and ensure optimal outcomes for mother and baby.

III. DEFINITIONS

A. GBS – Group Beta Strep.

B. PPROM - Premature Preterm Rupture of Membranes.

IV. GENERAL INFORMATION

A. Tocolysis can be used in the treatment of preterm labor.

B. Consideration for contraindications to tocolysis include:

1. Significant hypertension (eclampsia, severe pre-eclampsia).
2. Antepartum hemorrhage with hemodynamic instability.
3. Fetal demise or lethal anomaly.
4. Intra-amniotic infection.
5. Severe intrauterine growth restriction.

C. Magnesium sulfate for neuroprotection on preterm fetus as follows:

1. Inclusion criteria
    a. ≤ 32 weeks gestation.

b. Spontaneous or indicated delivery anticipated within 24 hours.
c. Advanced preterm labor (4-8 cm) dilation & intact membranes.
d. Suspected cervical insufficiency with a high likelihood of delivery within 12 hours.
e. Indicated preterm delivery anticipated within 2-24 hours e.g.
f. Absence of maternal myasthenia gravis, renal failure.

V. PROCEDURE

A. A fetal fibronectin (fFN) specimen FETAL FIBRONECTIN VAGINAL SPECIMEN will be obtained on patients less than 34 weeks prior to a vaginal exam and sent for evaluation per MD order.
B. A GBS specimen should be obtained on patients admitted to the unit for preterm labor if a specimen has not been previously obtained and sent for evaluation per MD order.
C. Sterile speculum examination may be performed by physician for the patient with suspected ruptured membranes.
D. If ruptured membranes is ruled out and no evidence of placenta previa, baseline cervical examination should be done gently with minimal manipulation of the cervix.
E. Patients with the diagnosis of preterm labor will have continuous fetal monitoring during stabilization, and then per MD order.
F. Assessment for preterm labor includes, but is not limited to:
    1. Uterine cramping.
    2. Vaginal discharge.
    3. Vaginal bleeding.
    4. Back and/ or upper thigh pain.
    5. Pelvic pressure.
G. Magnesium sulfate is a high alert medication, and if ordered, will be administered according to the MAGNESIUM SULFATE IN THE OBSTETRIC PATIENT policy.
H. Patients with PPROM will have temperatures taken every 4 hours, and the MD will be notified with a temperature greater than 100.4°; assessment will also reflect presence or absence of uterine tenderness.
I. Documentation:
    1. FETAL HEART RATE MONITORING
    2. LABOR AND DELIVERY OBSTETRICAL STANDARDS: ASSESSMENT AND DOCUMENTATION

VI. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VII. REFERENCES

A. American College of Obstetricians and Gynecologists.(2010). Reaffirmed 2020. Magnesium sulfate before anticipated preterm birth for neuroprotection. Committee opinion no. 455.

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Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
CNO	Carla Spencer: Chief Nursing Officer	02/2025
Women & Children's Service	Katherine DeSalvo: Director Medical Staff Services	02/2025
Director of WCS	Julie Vasher: Director Women's & Children's Services	02/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Daniela Jago: Clinical Manager	01/2025

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **16347642**

Last Approved	N/A
Next Review	1 year after approval
Owner	Anthony Duenas: Manager Outpatient Infusion & Wound Operations
Area	Scopes Of Service

Scope of Service: Outpatient Infusion Center

I. SCOPE OF SERVICE

The Outpatient Infusion Center (OPI) supports the Mission, Vision, Values and Strategic Plan of Salinas Valley Health and has designed services to meet the needs and expectations of patients, families and the community.

The purpose of the OPI is to enhance patient services and health programs that help Salinas Valley Health remain a leading provider of medical care. The goal of the OPI is to ensure that all customers will receive high quality care and service in the most expedient and professional manner possible.

II. GOALS

In addition to the overall Salinas Valley Health goals and objectives, the OPI develops goals to direct short term projects and address opportunities evolving out of quality management activities. These goals will have input from other staff and leaders as appropriate and reflect commitment to annual hospital goals.

The goal of the OPI is:

A. To provide outpatient services to referred patients who require treatment, including but not limited to, chemotherapy, immunotherapy, biotherapy, antibiotics, and blood products.

III. DEPARTMENT OBJECTIVES

A. To support Salinas Valley Health and the Department of Nursing objectives.

B. To support the delivery of safe, effective, and appropriate care and service in a cost effective manner.

C. To plan for the allocation of human/material resources.

D. To provide high quality service with a focus on a collaborative, multi-disciplinary approach to minimize the negative physical and psychological effects of the disease processes and surgical interventions through patient/significant other education and to restore the patient to the highest level of wellness possible.

E. To support the provision of a therapeutic environment appropriate for the patient population in order to promote healing of the whole person.

F. To provide necessary expertise, technology, instrumentation and equipment for the management of patients.

G. To provide appropriate staff orientation and development.

H. To continually evaluate OPI functions, staff performance, care, and service for quality management and continuous quality improvement.

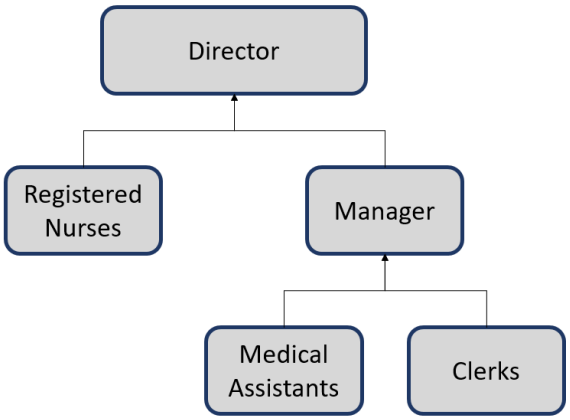
IV. POPULATION SERVED

Clinical:

The OPI provides care for adult patients, 18 years and older.

V. ORGANIZATION OF THE DEPARTMENT

Organizational Chart



A. Hours of Operation:
The OPI provides services Monday - Friday, between the hours 07:00 -17:30.

B. Location of Department:
The OPI is located at 515 East Romie Lane in Salinas, Ca.

C. Admission, Discharge, Transfer Criteria (if applicable):
This is an Outpatient/Ambulatory facility. If the patient requires a higher level of care, 911 is called and patient is transferred to the Emergency Department.

- Orders are accepted from licensed independent practitioners (LIP) who are determined to be qualified by the health care setting.
- LIP orders are only valid for a maximum of one year. For continuation of the same

treatment, the referring provider will need to issue new orders to continue the services at the OPI.

- The documentation needed for referral and treatment may differ depending on the medical necessity specified by the insurance.
    - Insurance authorizations for orders are the responsibility of the referring provider's office unless otherwise approved by Outpatient Infusion leadership.

D. The healthcare setting will evaluate any infectious patient to determine if it is appropriate for them to receive care without causing an increased risk to other patients. The OPI cannot admit anyone with airborne precautions.

E. Patient visitors are generally limited to one and any exceptions are vetted through infusion leadership.

F. Children under the age of 16 may be in the waiting area under supervision but are not allowed in the treatment area. No individual under the age of 18 will be allowed in the treatment area.

G. Services and treatments may include but are not limited to:

- Chemotherapy
- Biotherapy
- Immunotherapy
- Antibiotic therapy
- Blood and blood product transfusions
- Hydration therapy
- Maintenance of central lines
- Therapeutic phlebotomy

H. Patient/Legal Representative Request for Photography / Audio Recording will adhere to Hospital Procedure: Consent to Photography

VI. DEFINITION OF PRACTICE AND ROLE IN MULTIDISCIPLINARY CARE /SERVICE

A. Care is delivered by a multidisciplinary team comprised of medical staff, registered nurses and ancillary support according to the needs of the patients. Services are provided based upon patient assessments, patient and/or family preferences, plans of care, and medical staff orders.

B. The Director and Manager assume responsibility of day to day operations and all care provided in the center.

C. General supervision for all treatments is required of the referring LIP. [2]

- In a non-emergent event if the LIP is unavailable the orders may be deferred.

D. The Director of Pharmacy and the manager of Outpatient Pharmacy Services will be

responsible for the pharmacy services in the OPI and will support the staff.

E. The Infusion Center participates in the Commission on Cancer accreditation standards of care and in the Cancer Committee.

VII. EVALUATION OF CARE

Systems, services and patient care are evaluated to determine their timeliness, appropriateness, clinical necessity and the extent to which the level of care or services provided meets the patient's needs through any one or all of the following quality improvement practices:

A. Multidisciplinary Performance Improvement Teams
B. Patient/ Family satisfaction surveys
C. Focused studies
D. Patient relation services
E. Employee forums
F. Staff meetings and staff input
G. Nursing Leadership

VIII. REQUIREMENTS FOR STAFF

All individuals who provide patient care services are licensed and/or registered (according to applicable state law and regulation) and have the appropriate training and competence.

The center follows guidelines of national, state, and local regulatory bodies. Standards of practices are consistent with Basic Life Support (BLS), and Oncology Nursing Society (ONS).

A. Licensure / Certifications:
The basic requirements for *Registered Nurses* include:
    - Current state licensure
    - Current BLS
    - Current ONS Chemotherapy and Immunotherapy provider card
    - Competency-based orientation
    - Annual competency

The basic requirements for *Outpatient Infusion Clerk* include:
    - Current BLS
    - Competency-based orientation
    - Annual competency

The basic requirements for *Medical Assistants* include:
    - Current BLS
    - Current Phlebotomy Licensure

- Competency-based orientation
- Annual competency

B. Competency:
Staff are required to have routine competency assessments and annual performance appraisals. The assessment may be in a written, demonstrated, observed, or verbal form. Online education modules are required annually and are defined by the organization. In-services and other educational resources are part of the department's on-going efforts to educate staff and further enhance performance and improve staff competence.

C. The educational needs of the department are assessed through a variety of means, including:
    - STAR Values
    - Quality Assessment and Improvement Initiatives
    - Strategic Planning (Goals & Objectives)
    - New and emerging products and/or technologies
    - Changes in Practice
    - Regulatory Compliance
    - Feedback and requests for future topics are regularly solicited from staff via e-mail, surveys, in-service evaluation forms, and in person
    - Needs assessment completed by Nursing Education

IX. STAFFING PLAN

Staffing is based on patient volume and acuity. Patient assignments are made based on competency and total patient acuity. Continual assessments and adjustments are made throughout the shift as needed. Authorization of overtime will be assessed in collaboration between staff and leadership. The minimum core staffing will include two BLS trained personnel.

X. EVIDENCE-BASED STANDARDS

The OPI will provide individualized care following evidence-based practice, policies and procedures.

In collaboration with leadership, staff will design, implement, and evaluate delivery of care, consistent with a "Patient First" philosophy. Care will be provided:

- With compassion, respect, and dignity for each individual without bias
- In a manner that best meets the individualized needs of the patient
- In a timely manner
- Coordinated through multidisciplinary team collaboration
- In a manner that maximizes the efficient use of financial and human resources.

Salinas Valley Health has developed administrative and clinical standards for staff practice and these are available on the intranet.

XI. CONTRACTED SERVICES

Contracted services under this Scope of Service are maintained in the electronic contract management system.

XII. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

The OPI supports Salinas Valley Health's commitment to continuously improving the quality of patient care. Based on opportunities identified through various venues, including Unit Practice Council, Occurrence Reporting, Patient/Employee Rounding, and additional observations, the center will develop process improvement plans in accordance to the strategic initiatives of the organization. Quality improvements within the OPI are developed and implemented with Finance, Regulatory, Quality, Safety, and Administrative guidance.

XIII. REFERENCES

1. "CMS Manual System *Pub 100-02 Medicare Benefit Policy*". January 15, 2020. Department of Health & Human Services; Centers for Medicare & Medicaid Services.

Attachments

Image 1

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
CNO	Carla Spencer: Chief Nursing Officer	01/2025
Director of OP Infusion/Wound	Thelma Baker: Director Outpatient Oncology & Wound Services	01/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025

Policy Owner	Anthony Duenas: Manager Outpatient Infusion & Wound Operations	01/2025

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **16948843**

Last Approved	N/A
Next Review	1 year after approval
Owner	Anthony Duenas: Manager Outpatient Infusion & Wound Operations
Area	Scopes Of Service

Scope of Service: Wound Management Program (WMP)

I. GOAL:

The goal of the Wound Management Program is to function as a dynamic resource for Salinas Valley Health Medical Center (SVHMC). Our Salinas Valley Health Wound Healing Clinic goal is to care for patients with wounds of all stages, with specific emphasis on chronic non-healing wounds. Our goal in the inpatient program is to make the patient's hospital stay as comfortable as possible, decrease the chances of complications and minimize the number of hospital days.

II. SCOPE OF SERVICE:

A. DESCRIPTION / HOURS OF OPERATION

The Wound Management Program (WMP) provides a continuum of physician-directed specialty wound care in the diagnosis, evaluation, treatment and prevention, of hospitalized patients as well as patients in an ambulatory setting. Services provided, which include nutritional, educational and social needs as they relate to the patients' health care, are available for patients of all ages.

Services of the Regional Wound Care Program are delivered through two (2) functional areas:

Inpatient Wound Management Program – The Inpatient Wound Care Program provides a comprehensive, collaborative approach to improve inpatient wound outcomes of all etiologies. The program exemplifies continuity of care, offering wound management to all hospital patients. Services are delivered in an individualized, compassionate manner that promotes healing and minimizes the chances of complications.

Salinas Valley Health Wound Healing Clinic - The Salinas Valley Health Wound Healing Clinic (WHC) is located at 440 East Romie Lane, Salinas, California and is a physician-led, outpatient

center designed specifically for patients with acute and chronic wounds. The Clinic is staffed by a team of experienced and certified providers dedicated to promoting the healing of acute and chronic sores, ulcers and wounds in a caring environment. Specially trained Registered Nurses serve as case managers and provide expert care with a comforting personal touch.

An inpatient Wound Care Nurse is generally scheduled Monday through Friday, from 8:30 AM until 4:30 PM. Hospitalized patients in need of these services can be evaluated by the Inpatient Wound Care Nurse following the placement of a Wound Care Consult request.

The Wound Healing Clinic is open Monday through Friday, from 8:00 AM until 5:00 PM. Patients are scheduled during Physician specialists' clinic times.

B. PATIENT POPULATION

C. The inpatient program exemplifies continuity of care, offering wound management to all hospital patients of any age. The Wound Healing Clinic helps patients with diabetes, poor circulation, infections, and other conditions that lead to persistent wounds resistant to conventional therapies of all ages.

The department prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.

D. THERAPEUTIC/DIAGNOSTIC MODALITIES AND COMPLEXITY OF CARE PROVIDED

Wound vacuum assisted closure dressing changes; multi-layer compression wraps; wound measurements, monitoring and photographing; mechanical and surgical debridement; application of skin substitutes; multi-specialty collaboration and intervention; and ordering of appropriate durable medical equipment (DME).

E. WOUND MANAGEMENT PROGRAM TEAM

The treatment team consists of the medical staff, nursing staff, physical therapists, physical therapy assistants, rehab aides and support services according to the needs of the patient.

Medical direction of the Wound Healing Clinic is the responsibility of the Medical Director. The Medical Director promotes care according to the established protocols and clinical pathways, participates in peer review, and consults with other physician(s) regarding results and actions. The Medical Director is responsible for orientation and ongoing education of staff physicians and other clinical peer providers.

The WMP is organized within the patient care services division of the hospital. Overall management of the WHC is the responsibility of the department director. All personnel within the department are under the guidance and direction of the Director and Manager. In the Manager's absence, the position is filled by the Director or their designee.

F. EVALUATION OF CARE

Systems, services and patient care are evaluated to determine timeliness, appropriateness, clinical necessity and the extent to which the level of care or services provided meets the

patient's needs through any one or all of the following quality improvement practices:

1. Multidisciplinary Performance Improvement Teams
2. Patient satisfaction surveys
3. Focused studies - as appropriate
4. Patient relation services – as appropriate
5. Staff meetings and staff input

G. GOAL DEVELOPMENT

Our goal in the inpatient program is to make the patient's hospital stay as comfortable as possible, decrease the chances of complications and minimize the number of hospital days. We use evidenced-based practice to help identify the best options, accelerate healing and improve the patient's overall well-being.

Assisting direct care nurses through ongoing education and one-on-one review to prevent hospital acquired pressure ulcers is a primary and ongoing goal. Interim goals are established as needed for specific identified opportunities of improvement and focused on for specific time durations until outcomes are achieved and made sustainable.

Our Salinas Valley Health Wound Healing Clinic program goal is to provide individualized care, education and training to patients and their caregivers to aid in the healing process. The clinic's structured regimens also help prevent recurrences.

H. DEPARTMENT OBJECTIVES:

1. To deliver safe, effective, and appropriate care in a cost effective manner.
2. To plan for the allocation of human/material resources.
3. To provide high level medical and nursing management with a focus on a collaborative, multi-disciplinary approach to minimize the negative physical and psychological effects of disease processes and surgical interventions through patient/significant other education and to restore the patient to as high a level of wellness as possible.
4. To collect data about the department function, staff performance, and patient care for quality management purposes and continuous quality improvement.
5. To provide a therapeutic environment appropriate for the patient population in order to promote healing of the whole person.
6. To provide necessary expertise, technology, instrumentation and equipment for the management of patients with complex wounds.
7. To provide nursing care based on the nursing process.
8. To evaluate staff performance on an ongoing basis.
9. To provide appropriate staff orientation and development.
10. To provide a specialized environment conducive to healing patients with a history of chronic non-healing wounds and complex acute wounds.

11. To provide comprehensive, integrated wound care services across the continuum to include: medical, nursing, home health, nutritional & rehabilitative services and other services as appropriate.
12. To prevent wound development in at-risk populations and increase limb salvage.
13. To provide an educational framework which assists patients, family and/or caregivers in gaining knowledge and skills to meet the patient's ongoing healthcare needs.
14. To promote the involvement of patient and significant others in the decisions regarding healthcare alternatives.
15. To encourage maximum rehabilitation potential and independence.
16. To provide an explicit, systematic and ongoing program to evaluate care and identify opportunities and strategies for performance improvement.
17. To maintain highly qualified and competent staff through provision of education, training and competency verification.
18. To provide a program of community awareness regarding the scope of wound care services.

III. STAFF QUALIFICATIONS:

Staffing is based on patient volume and physician need. All individuals who provide patient care services are licensed or registered (according to applicable state law and regulation) and have the appropriate training and competence. Staff include: Department Director, Manager, Registered Nurses, Licensed Vocational Nurses, and Unit Clerks.

A. ***Physicians are required to have:***
    1. Credentials to practice within the hospital
    2. Completion of 4 hours proctoring with a Wound Care Physician
    3. Completion of 5 hours of online wound care course training

B. ***Registered Nurses are required to have:***
    1. Current state licensure
    2. Current basic life support (BLS)
    3. Completion of competency-based orientation
    4. Completion of annual competency and education

C. ***LVNs are required to have:***
    1. Current state licensure
    2. Current BLS
    3. Completion of competency-based orientation
    4. Completion of annual competency and education

D. ***Unit clerks are required to have:***

1. Completion of department-based orientation
2. Completion of registration orientation

IV. STAFF SKILL MIX:

Inpatient assignments are made by the lead nurse based on acuity and needs of the patients, technology involved, competencies of the staff, the degree of supervision required, and the level of supervision available.

WHC assignments are made by the leadership team based on acuity and needs of the patients, technology involved, competencies of the staff, the degree of supervision required, and the level of supervision available.

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
CNO	Carla Spencer: Chief Nursing Officer	01/2025
Director of OP Infusion/Wound	Thelma Baker: Director Outpatient Oncology & Wound Services	01/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	11/2024
Policy Owner	Anthony Duenas: Manager Outpatient Infusion & Wound Operations	11/2024

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **15170049**

Last Approved	N/A	Owner	Aisha Huebner: Director Perioperative Services
Next Review	3 years after approval	Area	Infection Control

Sterilization and Monitoring Standards - Autoclaves

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To minimize patient risk for surgical site infection by providing staff guidelines from evidence based practice for the sterilization of reusable surgical items, in the Surgical Sterile Processing Department and Surgery.

III. DEFINITIONS

A. AORN: Association of periOperative Registered Nurses.

B. AAMI: Association for the Advancement of Medical Instrumentation.

C. BI: Biological indicator. a vial of known concentration of bacterial spores, which are sterilized, incubated, and monitored for growth. No growth confirms the efficacy of the sterilization process

D. Bowie Dick: an air removal test for steam sterilizers designed to detect residual air in the sterilizer that would prevent sterilization during the PreVac steam cycle.

E. CDC – Centers for Disease Control and Prevention.

F. Class 1 chemical indicator: an external package indicator used to determine if an item has been exposed to the sterilization process.

G. Class 5 chemical integrator: Chemical integrator: A sterilization process indicator which verifies the sterilizer's ability to maintain temperature over time, mimics the response of a BI, and provides immediate indication of process failures

H. Decontamination: the removal of contaminants (microorganisms, blood, debris) which renders the item safe for handling and sterilization.

I. Gravity sterilization: a sterilization cycle that relies on gravity to remove air from the sterilizer chamber. The sterilizer chamber gradually fills with steam forcing air out.

J. IFU: Instructions for use.

K. Implants: items intended to be left in the patient for extended time or for life.

L. IUSS: Immediate use steam sterilization

M. Loaner instruments: items (usually in sets) not maintained on site and loaned to the hospital for use on a specific procedure.

N. Major sterilizer repairs: welds; replacement of chamber door, vacuum pump, or major piping assembly; rebuilds or upgrades of controls.

O. Minor repairs: normal preventive maintenance such as rebuilding of solenoid valves or replacement of gaskets..

P. PreVac sterilization: a sterilization cycle using a vacuum pump to remove air from the sterilizer chamber during a conditioning phase, which results in less exposure time to the high temperature necessary for sterilization.

Q. Spores: an encapsulated reproductive form of a microorganism that is highly resistant to the sterilization process.

R. SSPD: Surgical Sterile Processing Department. An area in which instruments/supplies are decontaminated, prepared for sterilization, and sterilized by qualified personnel.

S. Steam sterilization: the destruction of microbial life, including spores, on an object by exposing the object to moist heat under high pressure for a specific time period.

T. Sterrad sterilization: the destruction of microbial life, including spores, on an object by exposing the object to hydrogen peroxide gas plasma.

U. TJC-The Joint Commission

V. Humipak: To provide a humid environment delaying the drying of contaminants during transport. Refer to attachment.

IV. GENERAL INFORMATION

A. N/A

V. PROCEDURE STATEMENT

A. The standards and guidelines from the American Association for the Advancement of Medical Instrumentation (AAMI) and the Association of periOperative Registered Nurses (AORN) are followed concerning the operation and quality control of sterilizers.

B. Items are decontaminated, prepared for sterilization, sterilized, and stored by qualified personnel in Surgical Sterile Processing Department (SSPD) and Surgery based on manufacturers' instructions for use.

C. Surgery Department sterilizers may be used by qualified Surgery staff for immediate use steam sterilization (IUSS) of instruments/implants in the following limited circumstances

1. When the shortest possible time is necessary between processing the items and utilization in the patient's OR room i.e.
    a. The instrument/implant was contaminated during the procedure and there is no replacement.
    b. An implant need changed or unplanned procedure developed during the case.
    c. An emergency, which is documented by the physician.

2. When the sterilization is approved by the charge nurse, documented in the patient's record, and recorded with an occurrence report.
3. When the instruments are sterilized in and transferred to the OR room in a sterilization containment device.
4. When the instruments will not be stored for later use.

D. Vendor loaned instruments are received, decontaminated, and sterilized in SSPD in preparation for procedures.

E. Instruments may be processed, sterilized, and shared between The Salinas Valley Health Medical Center (SVHMC) ambulatory surgery center and hospital by complying with this policy.

F. Single use devices (SUDS) are excluded from sterilization in SSPD and Surgery sterilizers. SUDS may be reprocessed and sterilized by a contracted vendor as described in the policy, REPROCESSING SINGLE USE DEVICES

G. Quality control is maintained by documentation of each sterilization cycle and monitoring the effectiveness of the process.

H. Sterilizer failure is reported, followed up, and resolved as described in the procedure section.

I. Sterilization records/logs for each cycle are retained for 10 years.

VI. PROCEDURE

A. Types of sterilizers: Steam or hydrogen peroxide gas plasma sterilization is used for items designated by the Spaulding classification system as critical and the manufacturer as reusable.

1. Critical items are described by AAMI as those used in sterile tissue or in the vascular system e.g. surgical instruments, cutting endoscopic devices that break the mucosal barrier, and implants.
2. Steam is used for heat and moisture stable items, which are designated by the manufacturer as suitable for that sterilization process using the following cycle types/ settings.
    a. PreVac (dynamic air removal) cycles are used in SSPD.
    b. PreVac and gravity cycles are used in Surgery to prepare items for immediate use.
    c. Steam sterilizers are set to sterilize at temperature and at varying cycle lengths/times specified by the manufacturers.
    d. Steam is the primary sterilization process used in this facility due to its documented reliability, speed, and low cost.
3. Sterrad is used for heat sensitive items designated by the manufacturer as suitable for that sterilization process.
4. Manufacturer instructions for use (IFU) are maintained in SSPD for stocked items.
    a. For loaner items, the vendor's representative is required to supply IFUs prior to the instruments arrival on site.
    b. When sterilizer and manufacturer IFU recommendations conflict, the item manufacturer's recommendations should be used.

B. Contaminated items: transportation of and cleaning and decontamination prior to sterilization.
    1. Items destined for sterilization are transported to decontamination areas, cleaned, decontaminated, inspected and packaged prior to sterilization according to AORN's recommended practices for cleaning and care of surgical and powered instruments and AAMI standards.
    2. Refer to Attachment A: cleaning and decontamination prior to sterilization.

C. The final stage in preparation for sterilization is described in Attachment B: Preparation for and packaging prior to sterilization.

D. Sterilization process in SSPD and Surgery.
    1. For items sterilized in SSPD refer to Attachment C: PreVac sterilization and Attachment D: Sterrad sterilization.
    2. IUSS sterilization in Surgery may be authorized in the circumstances defined in the policy section.
        a. Qualified Surgery staff members are solely responsible for operating Surgery sterilizers.
        b. The manufacturer's instruction for use for the item to be sterilized is obtained and present in Surgery for reference prior to initiating IUSS.
        c. Refer to Attachment E: immediate use steam sterilization.

E. Vendor loaned instruments: an established system is utilized for requesting, receiving, processing, post procedure decontamination, inventory, packaging, and return to the vendor.

F. Sterile storage
    1. Shelf life for items sterilized in SSPD is event-related and should be based on the quality of the packaging material, the storage conditions, the methods and conditions of transport, and the amount and conditions of handling.
    2. Storage areas for sterile supplies have controlled environments
        a. Temperature in sterile storage areas is regulated at 72-78˚ F.
        b. Humidity is maintained at 20-60%.
        c. Air exchanges are a minimum of 4 changes/hour and air flow is positive.
        d. The area is considered semi-restricted and attire is scrubs and hair covering.
        e. Shelving is arranged to promote air flow.
        f. The area is disinfected on a routine basis. Refer to the CENTRAL SUPPLY CLEANING PROCEDURE
    3. External shipping containers are excluded from the area. Supplies may be removed from exterior containers and brought into the area for storage.

G. Sterilizer maintenance
    1. Daily and monthly cleaning.
        a. Daily the OR and SSPD staff clean the drain strainers.
        b. Monthly SSPD staff clean the sterilizers interiors and exteriors following manufacturer recommendations and inspect the gaskets for cracks, which are

reported to Engineering.

c. Personal protective equipment is used to prevent injury and product SDS and eye wash stations are available in the area.

d. Steam sterilizers are shut down and allowed to cool a minimum of 4 hours prior to cleaning in order to prevent burns.

2. Service, preventative maintenance, and annual cleaning are provided by a contracted service vendor. Deficiencies reported by users to Engineering are scheduled by Engineering for interim work.

3. Copies of service records are maintained by Engineering.

H. Quality assurance and recall

1. Daily quality assurance testing for Surgery sterilizers that are used less than 24 hrs daily occurs prior to the first load of the day and for SSPD occurs once daily. Interpretation of the test results is described in the competencies Steam and Sterrad Sterilizer Monitoring.

a. PreVac testing with a Bowie Dick: the test pack is placed over the drain in an empty sterilizer which is the most rigorous test of air evacuation.

b. The sterilizer's efficacy for killing spores is assessed with BIs.

i. For the gravity cycle in Surgery, a one hour BI is run in a Flashtite container.

ii. For the PreVac cycle in Surgery and SSPD, a 24 minutes BI test pack is used.

iii. For the Sterrad cycle in SSPD, a 15 minutes BI is used.

c. Following routine maintenance or minor repairs, sterilizers are challenge tested in the same manner as the daily quality assurance testing.

d. For major repairs which include welds; replacement of chamber door, vacuum pump, or major piping assembly; rebuilds or upgrades of controls; or sterilizer relocation, performance testing is more intense and the unit is posted out of service until test results are known.

i. In PreVac mode, 3 consecutive loads are run with a 24 minute Biological Indicator (BI) and Bowie Dick.

ii. In Gravity mode, 3 consecutive loads are run with a one hour BI.

2. The operator confirms each sterilizer load meets physical parameters by documenting/checking initial time, temperature, and cycle settings and the final time and temperature objectives were met.

3. Exposure to the sterilization process is confirmed with chemical indicators for each item sterilized.

a. A class 5 chemical integrator is included within the package/container.

b. A class 1 chemical indicator is affixed to the exterior of each item packaged in SSPD.

c. Class 1 indicators are checked before storage and Class 1 and 5 indicators are checked before use to confirm the item was exposed to the sterilant.

4. BIs are included with each load to confirm sterilization was effective and to limit the number of items/patients exposed in the event of sterilization failure and recall.
5. Implants should be quarantined until BI results are available.
6. Competence to operate sterilizers and monitor quality assurance indicators is validated as described in the Sterilizer Operating and Monitoring Competencies located on STARnet in the Education Department competence section.

I. Premature release of implants prior to BI results
    1. Premature release of items may occur under limited circumstances as described in Attachment G, which includes an example of the Premature Release form.
    2. A copy of the completed Premature Release form is reviewed by the area managers and is maintained with the other sterilization records.
    3. The premature release and BI results are documented in the patient's Perioperative Case Record.

J. Actions for sterilizer failure or quality assurance monitoring failure
    1. For IUSS, the individual item is recalled; for SSPD the entire load is recalled.
    2. The sterilizer is posted out of service.
    3. The supervisor or charge RN is notified and an occurrence report is completed.
    4. For an item used on a patient, additional notifications include the Infection Control Practitioner, department director, and Risk Management for follow-up and physician notification.
    5. The event is investigated to determine the cause of the failure.
    6. The sterilizer is re-challenged and if failure persists Engineering is notified.
    7. For more detailed description of interventions refer to the competencies for sterilizer monitoring located on STARnet in the Education Department's competence section.

K. RESPONSIBILITIES FOR STERILIZATION PROCESS: SURGERY AND SSPD
    1. PM Assistant Head Nurse of Surgery (AHN) and SSPD supervisor.
        a. Oversees the daily testing and documentation for each sterilizer in the department, which includes reviewing:
            i. The 24-hour printed record for the initials of the person who verified the parameters for the load were met.
            ii. The sterilizer log for initials of the operator, load number, cycle duration and temperature, cycle type (PreVac or Gravity), load contents, and for Surgery the patient ID and OR room number.
            iii. The results of performance monitoring of the sterilization process, Bowie Dick and Biologicals.
            iv. The action taken for performance testing failure, which includes service and retesting to confirm the unit, is working effectively.
        b. Reviews or completes the monthly sterilization occurrence report, which is submitted to the department manager and the infection control practitioner.

2. Surgery RNs and Technicians, and SSPD Instrument and Supply Technicians, who operate the sterilizers are accountable for:
    a. Following the manufacturer's recommendations.
    b. Including biological and chemical indicators with each load.
    c. Verifying the parameters for sterilization have been met and documented.
    d. For Surgery verifying the patient identification has been included, which facilitates delivery to the correct patient and follow up for sterilization failure.
    e. Initiating corrective action in the event of sterilization failure.
3. Each sterilized load is documented.
    a. For SSPD the following are noted manually or in the Impress tracking record.
        i. Load controls with lot numbers.
        ii. Load contents with bar codes.
        iii. Load number.
        iv. Load type.
        v. Date and time.
        vi. Sterilizer number.
        vii. BI lot number and results.
        viii. Name of person initiating the process and name of person completing the process.
        ix. Parameters passed.
    b. For IUSS sterilization, the following are noted in the sterilizer log.
        i. Load number.
        ii. PreVac or gravity cycle.
        iii. Sterilize and dry times.
        iv. Temperature.
        v. Surgery room number.
        vi. Load contents.
        vii. Reason for IUSS.
        viii. Patient name and medical record number.
        ix. BI lot number and results
        x. Reason if cycle aborted.
        xi. Operator ID
    c. Each load/cycle is documented with a sterilizer printout on which the operator confirms the initial time, temperature, and cycle settings and the final time and temperature parameters were met.

L. Salinas Surgery Center (SSC)

1. Instruments/implants may be decontaminated, packaged and sterilized at either Salinas Surgery Center or this facility and transferred to the other facility when the following criteria are met.
    a. The sterile item is enclosed in a plastic bag.
    b. The bagged item is transferred to a rigid transportation container, which has been disinfected and allowed to dry.
    c. The transportation container is secured with a plastic lock.
    d. A staff member from the requesting facility signs for the item and then transports it directly to the facility.
    e. Upon receipt the requestor verifies the plastic lock remained secured during transport, then removes the item and confirms the sterile package integrity.
2. Prior to returning the borrowed item to the source, it is decontaminated and packaged.
3. Items sterilized by SVHMC should be scanned in or out with the Impress instrument tracking system.

M. Taylor Farms Family Health and Wellness Center
1. Items designated by the Spaulding classification system as critical and the manufacturer as reusable.are prepared for sterilization, sterilized, and stored by qualified personnel based on manufacturers' instructions for use.
2. Follow direction for the operation of the table top sterilizer (Attachment F)

N. Documentation:
1. Logbooks for sterilizers.
2. IUSS is documented in the patient's record.
3. Infection Control monitoring summary report.

VII. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VIII. REFERENCES

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B. ANSI/AAMI. (2017). ST 79. Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities. Section 10, quality control: 10.4 dynamic air removal, 10.5.2.2.2 load release with failed class 5 CIs, 10.6.3 3 release criteria for implants and emergency release of implants, 10.6.4 minor repairs, 10.7.4 Routine biological monitoring of flash sterilization cycles, 10.7.4.1 BI monitoring for IUSS in sterilization containers, 10.7.5 Actions to take when BI, CI, or physical monitors indicate failure.

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E. IAHSCHM. (2012). Sample policy and procedure for loaner instrumentation. Retrieved July 8, 2014 from http://www.iahcsmm.org/pdfs/IAHCSMMLoanerInstrumentationSamplePolicyandProcedureJWEdits.1.30.2012%20FINAL.pdf

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H. Sterrad

1. Sterrad 100S. (2021). Sterilization system user's guide.
2. Sterrad 100NX. (2023). Sterilization system user's guide.

Attachments

- 370 WIN Tipsheet_Humipak Water Update.pdf
- A: Cleaning and Decontamination Prior to Sterilization
- B: Preparation for and Packaging Prior to Sterilization
- C: Prevac Steam Sterilization in SSPD
- D: Sterrad Sterilization in SSPD
- E: Immdediate Use Steam Sterilization (IUSS)
- F: Taylor Farms Family Health and Wellness Center process
- G: Premature Release of Implants Without BI Results

Approval Signatures

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

P&T/IPC	Genevieve delos Santos: Director Pharmacy	02/2025
P&T/IPC	Kiri Golleher: Pharmacy Clinical Coordinator	01/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	12/2024
Policy Owner	Aisha Huebner: Director Perioperative Services	12/2024

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **16470319**

Last Approved	N/A	Owner	Aisha Huebner: Director Perioperative Services
Next Review	3 years after approval	Area	Perioperative Services

Surgical Smoke

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To provide guidance to perioperative personnel for creating an environment that reduces the exposure of patients and perioperative personnel to surgical smoke. The expected outcome is that the patient's respiratory status is maintained at or improved from baseline levels and the patient and perioperative team are free from signs and symptoms of chemical injury.

III. DEFINITIONS

A. Electrosurgical Unit [ESU] equipment used for cauterization and fulguration of tissue.

B. Laser – light amplification by stimulated emission of radiation-used as an intensely hot, precisely focused beam of light to remove or vaporize tissue and control bleeding.

C. Surgical smoke - The gaseous product of burning organic material created as a result of the destruction of tissue by lasers, electrosurgical units, ultrasonic devices, power instruments, and other heat-producing surgical tools. Surgical smoke can contain toxic gases and vapors such as benzene; hydrogen cyanide; formaldehyde; bio aerosols; dead and live cellular material, including blood fragments; and viruses. At high concentrations, surgical smoke causes ocular and upper-respiratory tract irritation in health care workers and creates obstructive visual problems for the surgeon. Surgical smoke has unpleasant odors and has been shown to have mutagenic potential.

IV. GENERAL INFORMATION

A. When surgical smoke (e.g., plume, aerosols) is generated by energy-generating devices (e.g., electrosurgical units [ESUs], lasers, ultrasonic scalpels/dissectors) during operative or other

invasive procedures, all surgical smoke will be captured and filtered through the use of smoke evacuators or in-line filters positioned on suction lines.

V. PROCEDURE

A. All surgical smoke will be removed using a smoke evacuation system during operative and other invasive procedures that generate surgical smoke.
    1. A smoke evacuation unit with a 0.1 µm filter (e.g., an ultra-low particulate air [ULPA] filter) will be used.
    2. When a medical-surgical suction system is used to evacuate smoke, a 0.1 µm in-line ULPA filter will be used.
        a. The filter will be placed between the suction wall/ceiling connection and the suction canister.
    3. Suction tubing with a suction tip attached will be used, or the suction tubing may be attached directly to the ESU pencil with smoke evacuator tubing.
    4. The smoke capture device (e.g., wand, tubing) will be positioned as close to the surgical site as necessary to effectively collect the surgical smoke.
    5. The smoke evacuator will be activated at all times when surgical smoke is produced during the procedure.

B. Suction tubing with a suction tip attached will be used, or the suction tubing may be attached directly to the ESU pencil with smoke evacuator tubing.

C. Surgical smoke will be evacuated with the smoke evacuation device throughout minimally invasive procedures.

D. Standard precautions will be used to handle used smoke evacuator filters, tubing, and wands as potentially infectious waste and to dispose of these items as biohazardous waste.

E. Respiratory protection (i.e., a fit-tested N95 filtering face piece respirator) may be used as secondary protection against residual surgical smoke.

F. A fit-tested surgical N95 filtering face piece respirator will be worn during higher-risk, aerosol-generating procedures and procedures on patients with known or suspected aerosol transmissible diseases (e.g., tuberculosis, varicella, rubeola).

G. Documentation: N/A

VI. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VII. REFERENCES

A. Guideline for surgical smoke safety. In: Guidelines for Perioperative Practice. Denver, CO: AORN, Inc.; 2016.

B. Fencl, J.L. (2017), Guideline Implementation: Surgical Smoke Safety. AORN Journal, 105: 488-497. https://doi.org/10.1016/j.aorn.2017.03.006

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
CNO	Carla Spencer: Chief Nursing Officer	01/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Aisha Huebner: Director Perioperative Services	12/2024

Standards

No standards are associated with this document

Status Pending PolicyStat ID 16948888

Last Approved	N/A	Owner	Julie Johnson: Clinical Manager
Next Review	3 years after approval	Area	Women's and Children's Services

Well Newborn Discharge Criteria and Planning

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To establish a coordinated, multidisciplinary process that enables the infant and family to meet the discharge criteria through discharge planning and teaching.

III. DEFINITIONS

A. N/A

IV. GENERAL INFORMATION

A. A discharge plan should be outlined and documented by the medical, nursing, and ancillary services. Infants admitted to the Nursery/Mother Baby will be discharged when the specified criteria are met.

V. PROCEDURE

A. Discharge Criteria – Full term infant:

1. Physician's discharge order.
    a. If there is no change in infant's condition, infant may be discharged within twenty-four (24) hours of written discharge orders.
    b. If an abnormal finding is assessed after the discharge order is written, the physician will be notified for re-examination of the infant and/or additional orders.
2. The infant is physiologically stable with vital signs documented to be normal and

stable for at least twelve (12) hours preceding discharge.

3. The infant has urinated and has passed at least one stool spontaneously.
4. The infant is able to tolerate oral feedings by breast or bottle. At least two (2) successful feedings should be completed with documentation of ability to coordinate sucking, swallowing, and breathing while feeding.
5. If the mother is discharged with lactation aids – a referral to the lactation consultant is recommended
6. Physical examination reveals no abnormalities that require continued hospitalization.
7. There is no evidence of abnormal bleeding at the circumcision site for a minimum of two (2) hours.
8. The clinical significance of jaundice, if present before discharge, has been determined and appropriate management or follow-up plans have been put in place.
9. Newborn Metabolic Screen, Critical Congenital Heart Defects (CCHD) screen and Hearing Screen have been completed or appropriate documentation has been completed if declined by parents/guardians.
10. The infant has been adequately evaluated and monitored for sepsis on the basis of maternal risk factors and in accordance with current guidelines for management of newborns with suspected or proven early-onset sepsis.
11. Maternal and infant laboratory test results are available and have been reviewed.

B. Discharge Criteria – Late-preterm infant:

1. Accurate determination of gestational age
2. Demonstration of 24 hours of successful feeding by breast or bottle and the ability to coordinate sucking, swallowing, and breathing while feeding.
3. A follow-up visit scheduled for 24-48 hours after discharge.
4. Car safety seat test completed see CARSEAT TESTING

C. Discharge Criteria – Parents/Guardians:

1. Parents/guardians have demonstrated knowledge, confidence and ability to provide routine care for their infant and have been provided information in basic infant safety.
2. Parents/guardians have received education regarding signs of illness and common infant problems (i.e. jaundice).
3. Family, environmental and social risk factors have been assessed and, if present, have been resolved, or a plan to safeguard the infant is in place.
4. Referrals have been made to appropriate support agencies including, but not limited to: Social Services, CPS, VNA, Public Health Department, WIC, and California Children's Services (CCS).

D. Discharge of infant with exceptions to the specified discharge criteria:

1. Physician's order required.

2. Document arrangement of appropriate follow-up care and any instructions given to family.

E. Discharge Planning:
    1. Discharge planning begins on admission and progresses with the family's level of readiness.
    2. Initiate the teaching/discharge plan that includes increasing opportunities for family involvement in care.
    3. Provide a private place for family and infant to interact and learn.
    4. Anticipate need for specialized formulas at home.
    5. Determine immunization status.
    6. Provide car seat program information.
    7. Verify infant's follow-up appointment and provide them with the address and phone number of the physician's office or clinic.
        a. Reinforce importance of keeping appointment for higher risk infants, i.e., babies who have received phototherapy.

F. Documentation:
    1. Document infant's physiologic condition in the electronic health record. .
    2. Document discharge planning in the electronic health record.
    3. Document family teaching, follow-up appointment and all referrals in the electronic health record and/or, agency specific referral forms.

VI. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VII. REFERENCES

A. **Guidelines for Perinatal Care**. (8th Edition, 2017). A Joint Publication of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.

Approval Signatures

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

CNO	Carla Spencer: Chief Nursing Officer	01/2025
Director Women's & Children's Services	Julie Vasher: Director Women's & Children's Services	01/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Julie Johnson: Clinical Manager	01/2025

Standards

No standards are associated with this document

BOARD MEMBER COMMENTS

AND REFERRALS

(VERBAL)

QUALITY AND EFFICIENT

PRACTICES COMMITTEE

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

(CATHERINE CARSON)

PERSONNEL, PENSION & INVESTMENT COMMITTEE

Minutes of the Personnel, Pension & Investment Committee will be distributed at the Board Meeting

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

(CATHERINE CARSON)

PERSONNEL, PENSION & INVESTMENT

COMMITTEE

RECOMMENDATION FOR BOARD
TO APPROVE
REPLACING TARGET DATE FUNDS
WITHIN THE 403(b) AND 457 PLANS

(CATHERINE CARSON)

TENTH AMENDMENT TO THE
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
403(b) RETIREMENT PLAN

This Tenth Amendment (Amendment) to the Salinas Valley Memorial Healthcare System 403(b) Retirement Plan (Plan) is adopted by the Salinas Valley Memorial Healthcare System (Employer) to be effective as set forth below.

RECITALS

WHEREAS, the Employer adopted the Plan effective as of June 1, 2011 subject to the power to amend the Plan from time to time; and

WHEREAS, The Employer now wishes to amend the Plan to (i.) establish an additional class of employees to the Eligible Employees, and (ii.) update reference to Salinas Valley Health Clinics.

NOW, THEREFORE, the Plan is hereby amended as set forth below.

AMENDMENT

The Salinas Valley Memorial Healthcare System 403(b) Retirement Plan (Plan) is amended, effective as of the date this amendment is executed, except for those provisions that have special effective dates set forth below, as follows:

1. Section 3.01, "Eligible Employees; Excluded Employees," is amended and restated to read as follows:

3.01. Eligible Employees; Excluded Employees.

All Employees of the Employer, who are not otherwise excluded from participation in the Plan, are eligible to participate in the Plan after completion of the eligibility requirements set forth in the Eligibility Requirements section, below. This Plan excludes the following classifications of Employees (even if they might otherwise satisfy the eligibility criteria specified in the Plan):

A. Employees who are eligible to participate in the Salinas Valley Memorial Healthcare System 403(b) Tax Deferred Salary Reduction Plan and whose employment is governed by the terms of a collective bargaining agreement between Employee representatives (within the meaning of Code section 7701(a)(46)) and the Employer under which retirement benefits were the subject of good faith

bargaining, unless the collective bargaining agreement specifically requires participation in this Plan (referred to as "affiliated employees").

B. *Employees who are nonresident aliens and who receive no earned income (within the meaning of Code section 911(d)(2)) from the Employer that constitutes income from sources within the United States (within the meaning of Code section 861(a)(3)).*

C. *Employees who are students performing services described in Code section 3121(b)(10).*

D. *Employees of an Affiliated Employer that has not adopted the Plan.*

E. *Leased Employees.*

F. *Except to the extent required by Code section 403(b)(12)(A)(ii), a worker that the Employer did not treat as an Employee, but who is subsequently determined to be an Employee by a local, State or federal governmental entity or by a court of competent jurisdiction.*

G. *Employees who are eligible to participate in the Salinas Valley Memorial Healthcare System 403(b) Tax Deferred Salary Reduction Plan.*

H. *Effective January 1, 2023, Non-affiliated Employees who become covered by the terms of a collective bargaining agreement, unless the collective bargaining agreement specifically requires participation in this Plan.*

I. *In addition to the foregoing exclusions, the following classifications of Employees are excluded from the provisions of the Plan that provide for Nonelective Contributions and Matching Contributions:*

1. *Non-affiliated Employees (Employees whose employment is not governed by the terms of a collective bargaining agreement between Employee representatives and the Employer) who are temporary Employees.*

2. Non-affiliated Employees (Employees whose employment is not governed by the terms of a collective bargaining agreement between Employee representatives and the Employer) who are Per Diem Employees.

3. Employees of an entity in which the Employer is an investor.

J. Physicians and non-physicians of the Salinas Valley Health Clinics shall be excluded from the provisions of this Plan that provide for Matching Contributions.

2. The Plan is further amended by changing all references in the Plan to the "Salinas Valley Medical Clinic" to the "Salinas Valley Health Clinics."'

All other provisions of the Plan as in effect prior to this Amendment shall remain unchanged by this Tenth Amendment.

Executed this _____ day of _____, 2025

SALINAS VALLEY MEMORIAL
HEALTHCARE SYSTEM

By: _____

Title: _____

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

(VICTOR REY, JR.)

Board Paper: Finance Committee

Board Resolution 2025-02, delegation of authority up to $350,000

Request: Consider Recommendation for Board Approval of Sentrics Interactive Patient Care Solutions System as Sole Source Justification and Contract Award

Executive Sponsor: Audrey Parks, CIO

Date: February 12, 2025

Executive Summary

Salinas Valley Memorial Healthcare System (SVMHS) currently utilizes Sentrics, formerly known as Allen Technologies., Inc (ATI) as the interactive patient care systems or patient education and entertainment solution. The solution is used by patients to access patient education videos, CARE Channel (relaxation videos), Dish Network content and more. We would like to renew the support agreement for an initial 3-year term followed by 1-year annual renewals.

Features	Active at SVMHS
Hospital TV Plus Entertainment	
TV	✓
Music	✓
Internet Browsing	✓
Games	✓
Movies on Demand	✓
Patient Experience	
Message Bars and On-Screen Notifications	✓
Language Selection- Quick Links	✓
Patient Introduction & Orientation	✓
Additional Hospital Information	✓
Patient Education	
Educational Videos Available in English	Wellness Vendor
Educational Videos Available in Spanish	Wellness Vendor
Pre-assigned Educational Videos	✓
On-Screen Patient Education Checklist	✓
Bedside Education Assignment	✓
System Management & Reporting	
Monitor Critical System Components	✓
Remote Device Administration	✓

Financial/Quality/Safety/Regulatory Implications: Service and Finance

Key Contract Terms	Vendor: Sentrics
1. Proposed effective date	February 28, 2025
2. Term of agreement	February 28, 2025 – February 27, 2028 (3-year 2/2025 – 2/2028; annual renewal)
3. Renewal terms	1-year renewal
4. Termination provision(s)	May terminate within 60 days' notice of material breach

5. Payment Terms	$455,328/3-year term. $12,648 paid monthly x 36 months = $455,328; net 45
6. Annual cost(s)	$151,776
7. Cost over life of agreement	$455,328 / 3-year term
8. Budgeted (indicate y/n)	Yes, 8540.6600
9. Contract	1001.17

Recommendation

Consider recommendation for Board approval of Sentrics interactive patient care solutions system as sole source justification and contract award for $455,328 over a 3-year term.

Attachments

- Sentrics, Amendment #4 dated January 17th, 2025
- Sole Source Justification
- [#195340] PROCUREMENT: Sentrics - 3-year renewal | Salinas Valley Health

Alysha Hyland (Feb 13, 2025 08:42 PST)

Board/CEO – Packet Submission Checklist
Sentrics (Interactive Patient Care Systems) Renewal, 2025 - 2028

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 1001.17

☒ **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:
- ☐ 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:** Natalie James, Contract Administrator

SUBMITTED BY DEPARTMENT DIRECTOR OR DEPARTMENT ADMINISTRATOR:

Signature	Title/Department	Date
Audrey Parks	CIO	02/12/2025

REVIEWED BY:

CIO (if applicable): Audrey Parks Date: 02/12/2025

Director of Audit/Compliance: Judi Melton Judi Melton (Feb 13, 2025 09:07 PST) Date: 02/13/2025

Justification for Sole Source Form

To: Sentrics (Allen Technologies, Inc)

From: Audrey Parks, CIO

Type of Purchase: (check one)

- ☐ Materials/Supplies
- ☒ Data Processing/Telecommunication Goods > $25,000
- ☐ Medical/Surgical – Supplies/Equipment > $25,000
- ☐ Purchased Services

Cost Estimate ($):	$455,328
Vendor Name:	Sentrics (Allen Technologies, Inc)
Item Title:	Interactive Patient Care Solutions System

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 Memorial Healthcare System (SVMHS) currently utilizes Sentrics, formerly known as Allen Technologies., Inc (ATI) as the interactive patient care systems or patient education and entertainment solution. The solution is used by patients to access patient education videos, CARE Channel (relaxation videos), Dish Network content and more. The current solution is satisfactory and we have an infrastructure already installed to support Sentrics' interactive patient education and entertainment solution. There is little interest in replacing this solution within the proposed 3-year renewal. We would like to renew the support agreement for an initial 3-year term followed by 1-year annual renewals.
- ☐ 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.**
- ☐ 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: Audrey Parks Date: 02/12/2025

FIFTH AMENDMENT TO THE AGREEMENT
BETWEEN
SALINSA VALLEY MEMORIAL HEALTHCARE
AND
ALLEN TECHNOLOGIES, INC.

This is the Fifth Amendment to the Agreement (the "Fifth Amendment") between Allen Technologies, Inc. ("Allen") and Salinas Valley Memorial Healthcare ("Client").

RECITALS

WHEREAS, Allen and Client entered into an (the "Agreement") Agreement dated June 26, 2012; and a First Amendment dated September 1, 2014, and a Second Amendment dated June 7, 2018, and a Third Amendment dated January 24, 2019, and a Fourth Amendment dated December 29, 2021; and,

WHEREAS, Allen and Client desire to amend the Agreement as set forth herein.

NOW, THEREFORE, in consideration of the foregoing, the parties agree as follows:

1. **Term**. This Amendment shall be effective from the last date of signature and shall continue for three (3) years from February 8, 2025 (the "Initial Term"). After the Initial Term, the Amendment shall automatically renew for successive one (1) year period unless the Client provides written notice of non-renewal ninety (90) days prior to the end of the Initial Term or any subsequent term.

2. **Facility Location.** 450 E Romie Ln., Salinas, CA 93901

3. **Solutions and Fees.** Allen Technologies shall provide to Client the following Solutions to the facility for the respective Solutions fees in accordance with this Amendment and the overall terms of the Agreement.

SAAS SOFTWARE

4. **SAAS FEE.** Allen Technologies shall provide to Client the right to use the Allen Software for the Service for up to 249 locations for a monthly fee of ($10,906.00), billed monthly.

SWANK

5. **SWANK FEE.** Client has opted to receive Swank Motion Pictures' 40-movie subscription through the E3 Patient Engagement system with 25% of the movies updated quarterly via e-delivery for up to 249 locations for a monthly fee of ($1,742.00). Movie services are provided by Swank Motion Pictures and any fee increases passed to Allen shall be added to the monthly fees as projected below. Allen Technologies does not set SWANK movie package pricing, and the above rates are subject to change at any time by Swank Motion Pictures.

TOTAL ANNUAL RECURRING FEE: $151,776.00

The provided pricing excludes freight, duties, import fees and sales tax. Tax amount will be added based on Client provided address and current tax rates and local tax tables at the time of invoicing. If Sentrics is collecting and remitting Sales Tax, Client is responsible for actual tax amounts. If the invoice does not include tax, Client is responsible for use tax. If the project and/or billing entity is tax exempt, a tax-exempt certificate must be provided prior to invoicing. If a third party is financing this agreement, shipping fees may be included in the amount financed. Sentrics shall invoice Client for expenses for out of pocket and travel expenses related to the Schedule and Statement of Work as applicable.

If a third-party is financing the agreement, Client is subject to approval by third-party leasing company. All lease documents must be signed and returned to the third-party leasing company and Sentrics prior to shipping of equipment. If the lease is not executed simultaneously with this agreement, Client is responsible for all fees.

6. **Additional Terms**

a. Should Client desire to add solutions or facilities outside of the solutions and facilities specified in this Amendment, an additional mutually agreed upon Amendment shall be entered into by and between Client and Sentrics, each of which will be deemed to be incorporated into the Agreement.

b. In the event of any conflict or inconsistency between the terms of the Agreement and the terms of this Amendment, the terms of this Amendment shall control. Except as set forth above, the remaining provisions of the Agreement shall remain in full force and effect and are hereby ratified in their entirety.

By signatures below, the duly authorized representatives of the parties hereto have agreed to abide by the terms and conditions of this Amendment.

The terms and pricing set forth in this attached Amendment shall be null and void if not executed by Client on or before February 28, 2025.

SENTRICS, INC.	**CLIENT**
By: _____	By: _____
Name: _____	Name: Audrey Parks
Title: _____	Title: _____
Date: _____	Date: _____

Board Paper: Finance Committee

Agenda Item: Consider Recommendation for Board Approval of Project Budget for the MRI Equipment Installation at 444 E. Romie Outpatient Imaging Center and Award of contract to Siemens Medical Solutions for MRI Equipment and Service Agreement

Executive Sponsor: Clement Miller – Chief Operating Officer

Date: February 13, 2025

Executive Summary

Salinas Valley Health (SVH) currently leases a portion of its free-standing outpatient imaging facility at Wilgart and E. Romie to Akumin Inc, a third-party MRI service provider. With the lease agreement set to expire, ownership of the MRI space and equipment will transfer fully to SVH. The existing MRI system, now over 22 years old, is beyond its useful life, operating on outdated software with no upgrade pathway, and OEM service support will cease by mid-2025.
To ensure continuity and advancement in imaging services, SVH intends to procure, install, and operate a new MRI system, assuming full management of MRI operations and services. This project includes funding for equipment acquisition, a five-year service agreement, permitting, construction, and necessary site improvements. Renovations will be minimal, primarily focused on equipment installation and facility updates. The required permits will be secured through the City of Salinas.

Salinas Valley Health Executive Team is requesting board approval for a capital investment of **$4,357,484** to execute the project, ensuring seamless integration into Salinas Valley Health's long-term imaging strategy and enhancing patient care capabilities.

Background/Situation/Rationale

The MRI system at 444 E. Romie Lane has been in service under a lease agreement with Akumin Inc since July 2002, with a current base lease cost of $67,500 per month. Having been in operation for over 22 years, the system is technologically obsolete, lacks a viable upgrade path, and will no longer receive OEM support after mid-2025.
With the conclusion of the Akumin Inc agreement in August 2025, SVH will assume full ownership of the MRI space and equipment, presenting a strategic opportunity to replace the outdated system with a modern, high-performance MRI. This investment aligns with SVH's broader initiative to optimize outpatient imaging services by:

- Enhancing diagnostic capabilities with improved image quality, faster scan times, and increased patient throughput.
- Expanding access for bariatric patients (up to 650 lbs)
- Providing advanced imaging services to include cardiac MRI, breast MRI, and MRI-guided breast biopsy procedures.
- Improving care coordination by providing redundant on-campus MRI support, reducing the need for inpatient transfers to offsite facilities in case of system downtime.

This transition represents a pivotal shift, positioning SVH as the sole provider of MRI services within the facility, ensuring full operational control and alignment with the health system's long-term imaging strategy.

Timeline/Review Process to Date:

December 2024:	Equipment Selection
February-November 2025:	Contracting/Procurement/Permitting
January 2026:	Commence Construction

Meeting our Mission, Vision, Goals

Pillar/Goal Alignment:

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

Fiscal Year Capital Budgeting:

Key Contract Terms	Vendor: Siemens
1. Proposed effective date	March 1, 2025
2. Term of agreement	Capital purchase with 5 year extended warranty
3. Renewal terms	N/A
4. Termination provision(s)	N/A
5. Payment Terms	MRI including tax - $2,086,764 5yr MRI service contract - $712,185 Contractor/PM/Architect/Construction - $1,558,535
6. Annual cost	N/A
7. Cost over life of agreement	$4,357,484
8. Budgeted (indicate y/n)	Yes

Recommendation

Consider recommendation for Board of Directors to approve (i) the total estimated Project Budget for the Salinas Valley Health MRI Equipment Installation at 444 E. Romie Lane in the amount of $4,357,484.00, (ii) Award equipment contract to Siemens Medical Solutions in the amount of $2,086,764.00, and (iii) Award 5-year service contract to Siemens Medical Solutions in the amount of $712,185.00.

Attachments

1) Siemens Equipment Purchase Proposal dated 1/22/2025
2) Siemens Equipment 5-year Service Agreement
3) MRI Install & Refresh Plan 2/12/25
4) Project Cost Budget at time of equipment procurement

Proposal # P-CPQ-1306736-0-2

SIEMENS Healthineers

DISTRICT / SALES OFFICE

SIEMENS MEDICAL SOLUTIONS USA, INC.

Attn: TJ Barrett
Phone:
Email: terry.barrett@siemens-healthineers.com

SOLD TO	BILL TO	PAYER
SALINAS VALLEY MEMORIAL 450 E ROMIE LN, 3827, SALINAS, CA, 93901	SALINAS VALLEY MEMORIAL 450 E ROMIE LN, 3827, SALINAS, CA, 93901	SALINAS VALLEY MEMORIAL 450 E ROMIE LN, 3827, SALINAS, CA, 93901

Siemens Medical Solutions USA, Inc. is pleased to submit the following proposal for the service described herein at the stated prices and terms. Subject to your acceptance of the terms and conditions on the face and general terms and conditions Document hereof.

Item #	System Name	Functional Location	Service Agreement	Contract Duration	Warranty Period Price	Partial Year Price	Annual Price
1	MAGNETOM SOLA	N/A	Advance Plan Plus	Warranty +5 Years	$ 0	$ 0	$ 127,157
2	Haskris Chiller	N/A	Chillers Full Service	Warranty +5 Years	$ 0	$ 0	$ 8,840
3	MRXperion	N/A	Bayer Full Service	Warranty +5 Years	$ 0	$ 0	$ 6,440

Terms of payment:
Net 30 days from invoice date. Past due payment is subject to 1.5% interest charge per month.

Note, in order to lower the costs of financial processing for all parties, Siemens encourages the use of electronic funds transfer via the Automated Clearing House (ACH) system.
Siemens also accepts certain other forms of payment, but processing fees may apply.

INCLUDES: Parts and/or Labor to the extent shown in Exhibit A. System Updates. Access to Siemens Customer Care Center for technical telephone support (remote diagnostics, if available to the site and the equipment).

EXCLUDES: Parts defective due to "acts of God", abuse, misuse, neglect, thermal and shock. Specialty components, including, but not limited to: Glassware, Flat Detectors, Consumables, Transducers, MRI coils, SPECT and PET sources (unless purchased as an option). Non-Siemens components and accessories (such as VCR, injector, laser printer, MR surface coils, tables/table tops, chiller, UPS, etc.) unless specifically identified in Exhibit A.

NOTES:

The filtered and chilled water supply listed in the specifications is an integral part of the MR Equipment covered by this Agreement and is critical for the proper operation of the Equipment and for minimizing the loss of cryogens and preventing damage to the MR and its components. Servicing of the chiller, that among other things regulates the quality and temperature of the water supply to the MR, by vendors contracted and certified by Siemens is the recommended path for reducing downtime, potential cryogen losses and damage to the MR and its components. In the event that Customer fails to maintain water quality and cooling parameters as per Equipment specifications, Siemens Healthineers reserves the right on written notice to Customer to: (i) remove helium, CryoCare, and Magnet coverage from the service Agreement or relevant service schedule (with a corresponding reduction in price for the remaining coverage term); or (ii) terminate the Service Agreement and/or relevant service schedule.
Cryogens lost on the associated MR Equipment and any other damages caused to the MR and any of its components due to issues with chillers not serviced in accordance with Siemens Healthineers specifications or due to other excluded causes (e.g., interruption of power, force majeure occurrences, Customer misuse or negligence, etc.) are not covered under this Agreement and will be replaced and/or repaired at the Customer's sole cost and expense at the current negotiated rate for Siemens Service By Request (Time and Materials) customers.

Customer's Acceptance		Siemens Medical Solutions USA, Inc.	
By (sign):		By (sign):	
Name:		Name:	TJ Barrett
Title:		Title:	
Date:		Date:	

Customer P.O. #		Enter P.O. # for contract billing; if not provided, Siemens will invoice without P.O.
Initialed		Initial if P.O. is required but will be issued prior to warranty expiration
Standing P.O. #		Used for T&M charges outside of the contract

This service agreement proposal is valid for 30 days. Agreement becomes effective upon customer signature and Siemens acceptance. Customer's acceptance acknowledges receipt and agreement to Terms and Conditions set forth on all pages of this proposal.

Exhibit A - Item #1: MAGNETOM SOLA

EQUIPMENT LOCATION	EQUIPMENT QUOTE #	SERVICE QUOTE #
SALINAS VALLEY MEMORIAL 450 E ROMIE LN, 3827, SALINAS, CA, 93901	CPQ-1303202	CPQ-1306736 Rev 0

SERVICE AGREEMENT	PAYMENT FREQUENCY	STANDARD WARRANTY
Advance Plan Plus	Monthly	Warranty

WARRANTY START	WARRANTY END	WARRANTY PRICE
Upon Warranty Commencement	1 year Duration	$ 0

CONTRACT START	CONTRACT END	ANNUAL PRICE
Upon Warranty Expiration	5 years Duration	$ 127,157

See Glossary pages for detailed descriptions of items listed below:

Coverage applies during the Contract Period as indicated:	Warranty Period	Contract Period
Standard PCP Weekdays	08:00-17:00	08:00-17:00
Uptime Guarantee	97%	95%
On-Site Response Time	Within 4 Hours	Within 8 hours
Parts Order Requirement	Noon	6 PM
Delivery Time	Next Business Day	Next Business Day
Planned Maintenance	Per factory schedule	Per factory schedule
Safety Checks	✓	✓
Quality Assurance	✓	✓
Updates	✓	✓
Technical Phone Support	✓	✓

Coverage applies during the Contract Period as indicated:	Warranty Period	Contract Period
Corrective Maintenance Labor	✓	✓
Remote response Time	N/A	Within 1 Hour
Service Parts Coverage	✓	✓
Consumable Coverage	Not included	Not included
AdvanceNow	✓	✓
Travel	Included during covered hours	Included during covered hours
Coil Coverage	Wear/Failure	Wear/Failure
Helium Refill Coverage	✓	✓
MMA	✓	✓
Cryocare Coverage	✓	✓
Annual Exam Allowance	Unlimited	Unlimited
External Chiller	Not included	Not included
Phone Application Support	✓	✓
Remote Assist - Application Support	✓	✓
Enhanced Virtual Learning Subscription	N/A	Qty 1
Accredited Self Studies (MR)	N/A	Qty 1
ACR Support Package (MR)	Not included	Not included
Smart Remote Services	✓	✓
PEPconnect	✓	✓

The Options or Alternatives listed below will be included in the warranty or contract as indicated, only if initialed:

Alt/Opt	Description	Add to Warranty Price	Add to Contract Annual Price	Initial
Relevant	Consumable Coverage			
Alt	Consumable Coverage	$ 0	$ 2,599	

Due to the worldwide volatility of liquid Helium prices and supply constraints, Siemens Healthineers reserves the right to adjust the price of the liquid Helium Coverage on an annual basis and increase the Annual Agreement Price, on written notice to Customer, by an amount not to exceed $5,400 or Magnetom Trio, Magnetom Symphony Syngo/ATS, or Magnetom Prisma Fit systems and $1,800 for all other Magnet systems.

Notwithstanding the foregoing, if the price of liquid Helium from Siemens Healthineers' supplier increases by more than 15% percent over the prevailing price at any point during the term of the Agreement between Customer and Siemens Healthineers, then Siemens Healthineers shall have the right to provide written notice of an "Extraordinary Increase" and to increase the price of the liquid Helium coverage accordingly, and such costs shall be payable in addition to the existing Annual Agreement Price. In the event Customer does not accept the Extraordinary Increase, Customer shall have the right upon written notice to Siemens Healthineers, to request that Siemens Healthineers delete the liquid Helium supply SMN from Customer's agreement with a corresponding reduction to the Annual Agreement Price, while the rest of the Agreement shall remain in full force and effect. In such event, Customer shall be responsible for obtaining all Helium needs from whatever source it elects and Siemens Healthineers shall be relieved from supplying any liquid Helium to Customer.

This pricing is only valid for new service contracts that are signed with the equipment purchase or prior to warranty commencement.

Note: The proposal for this system has been developed based on the VIZIENT SUPPLY LLC national agreement.

No further Options or Alternatives are included in the above listed equipment.

Exhibit A - Item #2: Haskris Chiller

EQUIPMENT LOCATION	EQUIPMENT QUOTE #	SERVICE QUOTE #
SALINAS VALLEY MEMORIAL 450 E ROMIE LN, 3827, SALINAS, CA, 93901	CPQ-1303202	CPQ-1306736 Rev 0

SERVICE AGREEMENT	PAYMENT FREQUENCY	STANDARD WARRANTY
Chillers Full Service	Monthly	Chillers - Warranty

WARRANTY START	WARRANTY END	WARRANTY PRICE
Upon Warranty Commencement	1 year Duration	$ 0

CONTRACT START	CONTRACT END	ANNUAL PRICE
Upon Warranty Expiration	5 years Duration	$ 8,840

See Glossary pages for detailed descriptions of items listed below:

Coverage applies during the Contract Period as indicated:	Warranty Period	Contract Period
Standard PCP Weekdays	08:00-17:00	08:00-22:00
On-Site Response Time	Within 4 Hours	Within 4 Hours
Planned Maintenance	1 x per year	1 x per year
PMs Performed 8am to 5pm - OEM	9 Hours	9 Hours
Technical Phone Support(During PCP) - OEM	✓	✓
Labor & Travel - OEM	✓	✓
Site visits (during PCP) Unlimited	✓	✓
Ordering Requirement 3pm ET - OEM	✓	✓
Parts delivery Next Business Day - OEM	✓	✓
Chiller Coverage Exclusions	✓	✓

Coverage applies during the Contract Period as indicated:	Warranty Period	Contract Period
General Spare Parts Coverage - OEM	✓	✓

This pricing is only valid for new service contracts that are signed with the equipment purchase or prior to warranty commencement.

Note: The proposal for this system has been developed based on the VIZIENT SUPPLY LLC national agreement.

Exhibit A - Item #3: MRXperion

EQUIPMENT LOCATION	EQUIPMENT QUOTE #	SERVICE QUOTE #
SALINAS VALLEY MEMORIAL 450 E ROMIE LN, 3827, SALINAS, CA, 93901	CPQ-1303202	CPQ-1306736 Rev 0

SERVICE AGREEMENT	PAYMENT FREQUENCY	STANDARD WARRANTY
Bayer Full Service	Monthly	Bayer Warranty

WARRANTY START	WARRANTY END	WARRANTY PRICE
Upon Warranty Commencement	1 year Duration	$ 0

CONTRACT START	CONTRACT END	ANNUAL PRICE
Upon Warranty Expiration	5 years Duration	$ 6,440

See Glossary pages for detailed descriptions of items listed below:

Coverage applies during the Contract Period as indicated:	Warranty Period	Contract Period
Standard PCP Weekdays	08:00-17:00	08:00-17:00
Planned Maintenance	N/A	1 x per year
Technical Phone Support (7x24) - OEM	✓	✓
Labor & Travel - OEM	✓	✓
Site visits (during PCP) Unlimited	✓	✓
General Spare Parts Coverage - OEM	✓	✓
PMs performed during PCP - OEM	N/A	✓
CM Onsite Resp. Time 24 Hrs - OEM	Within 24 Hours	Within 24 Hours
Remote Support Service During PCP	✓	✓
Emergency Service 8am - 5pm M-F - OEM	Weekdays 8am-5pm	Weekdays 8am-5pm

Coverage applies during the Contract Period as indicated:	Warranty Period	Contract Period
Software Updates - OEM	✓	✓

This pricing is only valid for new service contracts that are signed with the equipment purchase or prior to warranty commencement.

Note: The proposal for this system has been developed based on the VIZIENT SUPPLY LLC national agreement.

Glossary

Deliverables	Description
Accredited Self Studies (MR)	This accredited self-study program provides the latest trends in imaging. These hot topic review articles will be mailed directly to your institution and will provide up to 24 Category A Continuing Education Credits fully recognized by ARRT and NMTCB. A comprehensive study guide accompanies each article to help ensure focus on technologist-relevant information.
ACR Support Package (MR)	Excludes the ACR support package
AdvanceNow	Customer receives all software upgrades to the main system as they become available, as well as any replacement computing hardware required to assure software performance and compatibility. Updates and upgrades are provided via remote connection if possible. Includes any required applications training for the associated update or upgrade. Exclusions: a) Syngo MultiModality Workplace. b) Scheduled software/hardware upgrades that were already due prior to the purchase of AdvanceNow. All pending hardware upgrades will need to be purchased separately c) Any software upgrade unable to be installed due to pending hardware upgrade under exclusion b) To purchase AdvanceNow Coverage, the Service Agreement must include Update Coverage as a prerequisite. In the event of repurchasing AdvanceNow after a lapse in coverage, a one-time fee (determined by the coverage gap) and a minimum contract duration may be applicable.
Annual Exam Allowance Unlimited	Coverage includes an unlimited number of Patient Exams per year.
Chiller Coverage Exclusions	1. Glycol is a consumable and the customer's responsibility to maintain glycol onsite after installation. If the service vendor is not able to identify the specific supplier of glycol in the system, it may become necessary to flush and refill the system to specifications. Flush and refills under these circumstances are not covered in the standard service agreement. 2. Rental of cranes 3. Scaffolding, along with other trades influencing the proper operation of the chiller. 4. Labor and Parts required due to "acts of God", abuse, misuse, neglect, thermal and shock 5. The Piping between IFP/SEP cabinet and the Chiller cabinet including the connections at both ends. Any Labor and Parts associated with fluid leaks from this section of piping. 6. Labor for return visit to perform or complete service if the technician, on a scheduled visit, is turned away by customer. 7. Labor and Parts required due to damage caused by Site Power Supply.
CM Onsite Resp. Time 24 Hrs - OEM	For non-Siemens OEM systems: Typical on-site CSE arrival within a specific time period (see Exhibit A) after a call for service has been placed with the Siemens Customer Care Center. This on-site response applies in system/room down situations only.

Deliverables	Description
Coil Coverage	Covers the factory repair and replacement of Local Surface coils, having Siemens part number and serial number, from normal wear and tear. Sentinelle Breast coils, if part of the Siemens factory configuration, requires supplement coverage. Additional onsite labor to be added for coil status verification if system has limited or no labor coverage. Exclusions: Built-in Gradient Coil and Body Coil; Third Party coils, which are not supplied by Siemens factory i.e. Invivo 4 Channel wrist array, lower extremity, knee array, 7-channel Breast, 4 ch. Small Extremity coil, 8-channel Shoulder, NeoCoil etc..; Coils damaged due to "acts of God", abuse, misuse, neglect, or thermal shock. If a coil needs to be repaired or replaced and is excluded under the Coil Coverage, or if Coil Coverage is not purchased (as designated in Exhibit A) under the Agreement, the cost to repair or replace the coil will be deducted from the parts allowance (if applicable) or billable.
Consumable Coverage	Upon selection to not have consumable coverage, customer agrees to supply at his/her own expense consumables, such as but not limited to, batteries, leads, padding, storage media, cassettes, etc. Full list of consumables covered can be found on teamplay Fleet customer portal: fleet.siemens-healthineers.com.
Corrective Maintenance Labor	Unlimited coverage of onsite labor during the Principal Coverage Period indicated.
Cryocare Coverage	Cover parts required for maintenance of the refrigeration system. Includes Helium Compressor, high pressure gas lines and Cold head. Additional Labor block required for service plan with limited or no system labor coverage. Excluded: Labor; Helium, chilled water circuit, Magnet replacement.
Delivery Time Next Business Day	Spare parts arrival for on-site repair is typically the Next Day following the time the parts order is submitted. Only applies to a down room/system or a partially down system, (urgent situations only, defined as those deemed by the customer, and agreed to by Siemens, as causing an interruption to critical patient care).
Emergency Service 8am - 5pm M-F - OEM Weekdays 8am-5pm	For Bayer injector systems: Guaranteed remote response time for room-down/system-down situation Monday – Friday from 8am – 5pm.

Deliverables	Description
Enhanced Virtual Learning Subscription	This 12 month multi-modality subscription provides access for imaging professionals to receive additional educational content. This high-value content includes step-by-step performance-enhancing videos, a minimum of 6 one-hour on-demand webinars covering current clinical and industry topics, and access for up to 24 CEUs via your PEPconnect Virtual Wallet. The on-demand webinars are recorded and posted on a regular basis over the term of the subscription and are available for unlimited viewing once posted. Imaging professionals must be logged into PEPconnect (Siemens' online learning platform) to be eligible to receive the CEUs. PEPconnect provides access to all online and virtual training with a wide variety of product-specific, clinical and job-relevant courses. This educational offering must be completed 12 months from purchase date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.
External Chiller	A separate service agreement is required for external chiller purchased through Siemens Healthineers. Without a separate agreement for chiller coverage for the associated MR equipment covered by this Agreement, all repair costs for service and maintenance of the chiller will be the Customer's responsibility, as well as any additional service, maintenance, or cost of cryogen caused by chiller performance issues.
General Spare Parts Coverage - OEM	Covers replacement of standard parts only (see General Spare Parts Coverage). Excludes certain wear parts: external batteries and full capacitor replacement, consumables.
Helium Refill Coverage	Covers supply of cryogens (liquid helium) to maintain magnet levels according to OEM guidelines. If the magnet refrigeration system shuts down due to issues with power quality, chilled water, or other external factors, then cryogen usage will increase and additional charges may apply for cryogen refills and any resulting damages caused to system components. Cryogen fills to recover from a customer caused quench will be chargeable. Customer initiated helium fills that exceed factory recommended target levels for operation are also excluded, as are any expedited fees for short notice fills if required by the customer. Requires 24x7 SRS connectivity for remote monitoring of magnet cooling performance and any helium loss due to lack of connectivity will be chargeable. Additional Labor block required for service plan with no system labor coverage Excluded: Labor; Any hardware components, Magnet replacement.
Labor & Travel - OEM	Labor and Travel is covered if service is performed during specified Principal Coverage Period (PCP)
MMA	Includes magnet ancillary components. Covers burst disc, vent kit, valves, MSUP, ERDU. labor for Performance of the Emergency Run Down Unit (ERDU) test in accordance with OEM specifications. Excluded: Labor, Refrigeration System, the supply of cryogens (liquid helium) and Magnet replacement.

Deliverables	Description
On-Site Response Time Within 4 Hours	If Siemens provides remote diagnostic support that either provides immediate resolution of the service event or renders it unnecessary to send a service engineer on-site, then communication of these steps within the 4 hours guarantee will be sufficient. If Customer refuses remote support or SRS connection is unavailable, the response time guarantee is voided. Siemens guarantees on-site service engineer arrival within 4 hours after an initial remote diagnostic evaluation, for a service event that requires on-site support to complete the evaluation. If remote support identifies required spare parts as a portion of the maintenance and repair, on-site response will be coordinated with the arrival of the required spare parts. On-site response applies in system/room down situations only, as defined in the General Terms and Conditions under Response Time Guarantee.
On-Site Response Time Within 8 hours	If Siemens provides remote diagnostic support that either provides immediate resolution of the service event or renders it unnecessary to send a service engineer on-site, then communication of these steps within the 8 hours guarantee will be sufficient. If Customer refuses remote support or SRS connection is unavailable, the response time guarantee is voided. Siemens guarantees on-site service engineer arrival within 8 hours after an initial remote diagnostic evaluation, for a service event that requires on-site support to complete the evaluation. If remote support identifies required spare parts as a portion of the maintenance and repair, on-site response will be coordinated with the arrival of the required spare parts. On-site response applies in system/room down situations only, as defined in the General Terms and Conditions under Response Time Guarantee.
Ordering Requirement 3pm ET - OEM	For non-Siemens OEM systems: Parts order must be placed by 3pm EST in order to receive Parts Delivery commitment as specified.
Parts delivery Next Business Day - OEM	Spare parts arrival for on-site repair of room-down/system-down is typically the next business day of the time the parts order is submitted.
Parts Order Requirement 6 PM	Parts order must be placed with Siemens by 6pm (Customer's local time) in order to receive Parts Delivery commitment as specified.
Parts Order Requirement Noon	Parts order must be placed with Siemens by noon (Customer's local time) in order to receive Parts Delivery commitment as specified.
PEPconnect	Access to PEPconnect, a personalized online education experience designed for healthcare professionals that's customized to their role and learning behavior – designed to increase their competency, efficiency, and productivity.
Phone Application Support	Siemens Customer Care Center Clinical Applications Phone Support is provided with this contract during modality specified hours, call 1-800-888-7436 with your questions and to receive direct access to a Clinical Education Specialist.
Planned Maintenance	Regular scheduled maintenance to optimize system reliability through standardized measures and procedures, in accordance with the manufacturer's recommendations during the PCP, or as specified on Exhibit A.
PMs Performed 8am to 5pm - OEM	For non-Siemens Chiller systems: PMs performed between 8am to 5pm M-F unless noted otherwise.
PMs performed during PCP - OEM	Planned Maintenance is delivered during PCP hours (usually 8 am-5 PM)

Deliverables	Description
Quality Assurance	Regular quality assurance tasks and image quality inspections to achieve consistent, high-quality images, are performed to keep the system within the quality specifications as issued by the factory.
Remote Assist - Application Support	Allows Siemens to connect to your Siemens Imaging Console and provides you with direct real time support.
Remote response Time	60-minute maximum phone response time by Siemens Customer Care Center personnel or service engineer to provide status of a service call.
Remote Support Service During PCP	For non-Siemens OEM systems: Remote analysis and diagnosis for the system's digital components. Customer must provide and accept requests for remote access.
Safety Checks	Safety Checks are performed to ensure compliance with all local and federal safety guidelines and regulations.
Service Parts Coverage	Includes replacement of standard spare parts. Excludes consumables (batteries, leads, padding, storage media, cassettes, radioactive sources, etc.), large screen displays (larger than 32 inches in size), glassware, MR Surface and specialty coils, MR Elastography hardware; MR MMA, CryoCare and liquid helium; shock wave components, transducers, TEE's and specialty probes, flat panel detectors, image intensifiers, grids, additional hardware required for installation in a mobile environment, CS related systems, complete CT Gantry, and non-Siemens parts or accessories (without Siemens part number) such as VCR, UPS, injector, laser printer, tables/table tops, slicker covers, chiller etc., unless specifically identified in Exhibit A. Excludes parts defective due to "acts of God", abuse, misuse, neglect, thermal and shock.
Site visits (during PCP) Unlimited	Site visits during the Principal Coverage Period indicated.
Smart Remote Services	Smart Remote Services – the efficient and comprehensive infrastructure for medical equipment-related remote services – combines high-tech medical engineering with state-of-the-art information technology. Services, which formerly required on-site visits, are now available via data transfer. SRS enables both Core Services (which are included as part of our standard service agreements), as well as optional services (called Enhanced Productivity Services - EPS). A VPN connection is required.
Software Updates - OEM	For non-Siemens OEM systems: Includes software security updates and performance upgrades as they become available. Such updates will be installed at the time of repair or during preventative maintenance occurring during the purchased plan.
Standard PCP Weekdays 08:00-17:00	Specific 9-hour period during which agreed-upon services are provided, as noted above.
Standard PCP Weekdays 08:00-22:00	Specific 14-hour period during which agreed-upon services are provided, as noted above.

Deliverables	Description
Technical Phone Support	Access to specialists at the Siemens Customer Care Center for fast diagnosis and technical support is available during Modality Staffed hours (MSH). Technical support resources will be available outside of Staffed Hours on an on-call basis during the On-Call Hours specified by modality for emergency calls only. Telephone response times for technical support cannot be guaranteed outside of Staffed Hours. All modality Staffed Hours are listed below (and can also be found on teamplay Fleet: fleet.siemens-healthineers.com) and are subject to change.
Technical Phone Support (7x24) - OEM	Direct access to specialists for fast diagnosis and technical support.
Technical Phone Support(During PCP) - OEM	For non-Siemens OEM systems: Direct access to technical specialists for fast diagnosis and technical support.

Modality	Staffed Hours (MSH)	On-Call Hours (EST)
AT AX	7:00a - 7:00p M-F	24x7 outside MSH
AT SU	8:00a - 6:00p M-F	NA
AT ECS	8:00a - 6:00p M-F	6:00p - 12:00a M-F
CT	7:00a - 12:00a M-F	24x7 outside MSH
	7:00a – 5:00p Sat-Sun	
MI PET	7:00a – 10:00p M-F	7:00a – 3:00p Sat-Sun
		6:30a – 10:00p Holidays
MI SPECT	7:00a - 10:00p M-F	8:00p - 12:00a M-F
		7:00a – 5:00p Sat-Sun
MI PCL	8:00a - 6:00p M-F	NA
MR	6:30a - 10:00p M-F	24x7 outside MSH
	7:00a – 5:00p Sat	
ULT	8:00a - 8:00p M-F	NA
XPRF	8:00a - 7:00p M-F	7:00p – 12:00a M-F
		8:00a – 8:00p Sat-Sun
XPWH, XPU, XPSU	8:00a – 5:30p M-F	5:30a – 12:00a M-F
		8:00a – 8:00p Sat-Sun

Deliverables	Description
Travel	Includes travel time for Customer Service Engineer to and from Customer's site. Subject to change to reflect currently prevailing rates, if occurring outside of the Principal Coverage Period indicated.
Updates	Modifications or reliability enhancements to equipment includes two types: Mandatory (safety and performance-related update instructions) and Non-mandatory (reliability-related service instructions). Siemens provided labor is included for mandatory updates within primary coverage period. For non-mandatory updates, the labor is billable or applied to the labor coverage under their Service Agreement. Does not include enhancements to the operating systems or additional functionality.
Uptime Guarantee 95%	Guarantees 95% minimum system availability over a 12-month period calculated over the PCP. (SRS) connection via VPN broadband is mandatory. (See Uptime Guarantee of General Terms and Conditions for further details.)
Uptime Guarantee 97%	Guarantees 97% minimum system availability over a 12-month period calculated over the PCP. (SRS) connection via VPN broadband is mandatory. (See Uptime Guarantee of General Terms and Conditions for further details.)

Siemens Medical Solutions USA, Inc. General Terms and Conditions

1. US_Service_SALINAS VALLEY MEMORIAL_0000009615

1. Scope

For the term set forth on the first page hereof under the heading "Contract Duration", Siemens Healthineers will provide (i) remedial maintenance service on the equipment described on the preceding pages hereof (the "Equipment") when requested by the Customer, as well as planned maintenance inspections, when scheduled, as further described in the Glossary section attached hereto, in order to keep the Equipment operating in accordance with the manufacturer's specifications, and (ii) any training courses and/or other educational offerings described in Exhibit A and the Glossary. Siemens Healthineers will make every effort to respond to service calls at a mutually agreed upon arrival time consistent with the provisions cited in Section 2. In connection with the provision of Equipment maintenance services, Siemens Healthineers may take photographs or other images of the Equipment or components thereof in order to expedite the completion of repairs, provided that any such photographs shall not include any patients, employees or agents of the Customer and further provided that such photographs and images will only be used in order for Siemens Healthineers to carry out its duties and responsibilities hereunder.

In the event that (i) the term of this Agreement does not include the Equipment warranty period (as indicated on the first page hereof under the heading "Contract Duration"), or (ii) the term of this Agreement does not commence immediately upon the expiration of the Siemens Healthineers warranty, or (iii) the Equipment was serviced prior to commencement of the term by anyone other than Siemens Healthineers or an authorized Siemens Healthineers dealer or service provider, or (iv) the Equipment was moved from its original location or is not connected to its original power supply (other than portable or mobile Equipment), then the Equipment is subject to inspection by Siemens Healthineers to determine if it is in good operating condition prior to the commencement of services under this Agreement. Any inspection as well as any repairs or adjustments deemed necessary by Siemens Healthineers during such inspection may be made at Siemens Healthineers' per-call rates and terms then in effect and may include charges for parts, with all such repairs or adjustments to be completed prior to the commencement of service under this Agreement.

If this Agreement includes any training courses or other educational offerings, such training courses or other offerings may consist of on-site training or consultation at the Customer site, a Siemens Healthineers training facility or via conference call or net meeting, self-study or computer based training, or other arrangements, as further described in Exhibit A and the Glossary. In some cases, tuition charges will cover travel and lodging for off-site training, and in other cases Customer will be responsible for all travel and lodging costs. Details of the training are provided on Exhibit A and the Glossary.

2. Principal Coverage Period (PCP)

Service and maintenance will be provided during the principal coverage period ("PCP") as defined on Exhibit A, excluding the following holidays: New Years Day, Memorial Day (observed), Independence Day, Labor Day, Thanksgiving Day, Christmas Day. If one of the foregoing holidays falls on a Saturday, then the holiday will be observed on the previous Friday, and if the holiday falls on a Sunday, the holiday will be observed on the following Monday. Unless an extended hours coverage option has been selected, labor and travel required outside the PCP will be charged at Siemens Healthineers' per-call rates and terms then in effect.

3. Replacement Parts and Labor

Siemens Healthineers will supply at its own expense, necessary parts and labor, except as indicated in the Glossary section, provided replacement of the parts and necessary labor is required because of normal wear and tear or otherwise deemed necessary by Siemens Healthineers and further provided that the Siemens Healthineers-manufactured parts are available from the factory. For all parts and labor excluded from coverage under this Agreement, Customer must purchase all

necessary replacement parts and labor from Siemens Healthineers under Siemens Healthineers' Standard Terms and Conditions of Sale for Spare Parts and promptly return to Siemens Healthineers all used, unused or defective parts. All Parts will be new, standard parts, or used, reworked or refurbished parts that comply with applicable performance and reliability specifications. Exchange parts removed from the Equipment shall become the property of Siemens Healthineers unless such exchange parts constitute "hazardous wastes", "hazardous substances", "special wastes" or other similar materials, as such terms are defined by any federal, state or local laws, rules or regulations, in which case, at the option of Siemens Healthineers, the exchange parts shall remain the property of the Customer and shall be disposed of by the Customer in strict compliance with all applicable laws, rules and regulations.

4. Planned Maintenance (PM)

Planned maintenance will be carried out according to the manufacturer's recommended schedule. Planned maintenance generally includes checking mechanical and electrical safety, lubrication, functional testing and adjusting for optimum performance as specified in the detailed planned maintenance work plan.

5. Software Maintenance

Whenever the Equipment covered by this Agreement utilizes Siemens Healthineers' operating system software, Siemens Healthineers will provide all maintenance and commercially available updates for such operating system software as part of this Agreement. Such updates will solely enhance previously purchased capacities of the Equipment. Operating system software upgrades that provide new features or capabilities or that require hardware changes will be offered to Customer when commercially available and at purchase prices established by Siemens Healthineers. In addition, some upgrades may require applications training performed by Siemens Healthineers' personnel that will be offered at Siemens Healthineers' rates and terms then in effect. Siemens Healthineers retains the sole right to determine whether an upgrade requires such training.

Nothing in this Agreement shall in any way grant to Customer any right to or license in any diagnostic service software utilized by Siemens Healthineers in servicing the Equipment. Such service software is and remains the property of Siemens Healthineers and is available to Customer pursuant to the terms and conditions of a separate diagnostic materials license agreement, which may require payment of a license fee. This service software shall be disabled by Siemens Healthineers upon cancellation or termination of this Agreement.

6. Equipment; Location; Remote Access

The Equipment covered under this Agreement is limited to the Siemens Healthineers furnished Equipment described on the face sheet(s). Customer is required to maintain the Equipment in accordance with the manufacturer's written specifications. The Equipment shall not be moved to another location unless Customer obtains the prior written consent of Siemens Healthineers, except that Customer shall be entitled to move: portable Equipment (e.g., Ultrasound equipment so long as it remains inside the Customer's same facility to which it was originally delivered). Siemens Healthineers Equipment that is housed in a mobile vehicle, van or trailer may be moved to other locations within the same facility, so long as the Customer informs Siemens Healthineers of the location of the Equipment when Siemens Healthineers is scheduled to provide on-site service. If Equipment is located in a trailer, van or other form of mobile vehicle, the Equipment may be moved from the Equipment Location identified on Exhibit A, provided, however, that Siemens Healthineers shall not be required to service such Equipment, and the Response Time and Uptime Performance Guarantees (if any) or Availability Commitment (if applicable) shall not apply, if either (a) the Customer does not notify Siemens Healthineers at least one (1) month in advance of the Equipment's mobile route, or (b) the Equipment is moved more than 25 miles from the original Equipment Location. If fixed Equipment is moved to any other location within the Customer's facility, then either (a) the Customer will engage Siemens Healthineers to relocate the Equipment, at Siemens Healthineers' then current rates and charges, or (b) if Siemens Healthineers does not perform the services necessary to relocate the Equipment, then Siemens Healthineers may suspend services with respect to such Equipment until Siemens Healthineers performs an inspection of the Equipment, at the Customer's cost, to determine if any repairs are necessitated as a result of any

such relocation (in which case the Customer shall be separately charged for such repairs, including parts and labor, at Siemens Healthineers' rates and charges then in effect). Customer shall, at its expense, provide all proper and necessary labor and materials for plumbing service, carpentry work, electrical and conduit wiring, water supply, ventilation and other preparations required for such relocation installation and connection services and all the permitting relating to the foregoing. All such labor and materials shall be completed by Customer and available prior to the time Siemens Healthineers is scheduled to perform the services. Siemens Healthineers service personnel will be given full and safe access to the Equipment to perform inspections and service/maintenance on the Customer's premises, and will make specific appointments for such maintenance. If the Equipment is not made available at the appointed time, waiting time beyond a reasonable allowance will be charged at Siemens Healthineers' per-call rates and terms then in effect. Customer shall arrange for the Equipment to be cleaned and decontaminated after contact with blood or other potentially infectious material. However, Customer shall have no obligation to open closed Equipment to clean or decontaminate internal components. Customer shall provide Siemens Healthineers with both on-site and remote access to the Equipment. Customer shall provide on-site access at premises free of hazardous, concealed or dangerous conditions, including safe and unobstructed means of ingress and egress. The remote access shall be provided through the Siemens Healthineers Smart Remote Services software ("SRS") in accordance with the Smart Remote Services Addendum attached hereto and incorporated herein.

7. Agreement Term; Price; Payment Terms

This Agreement shall be in effect for the period stated on the first page of this Agreement. For the basic services to be provided by Siemens Healthineers under the terms of this Agreement, Siemens Healthineers shall send invoices to the Customer and payments shall be made in advance based on the payment frequency shown in Exhibit A under "Payment Frequency". Invoices for all amounts due under this Agreement shall be sent to the Customer by regular U.S. mail, postage prepaid, at the address set forth on the first page hereof under "Bill To". After the first year of the term of the Equipment coverage period set forth in the Agreement, Siemens Healthineers may increase the Annual Agreement Price no more than once every twelve (12) months based upon the percentage increase in the Consumer Price Index for All Urban Consumers, U.S. City Average, All Items ("CPI"), as published by the United States Department of Labor, Bureau of Labor Statistics. The percentage increase in the CPI shall be measured over the period since the commencement of the Agreement (in the case of the first price increase) or since the effective date of the last price increase (in the case of any subsequent price increases). Siemens Healthineers shall provide the Customer with no less than thirty (30) days written notice of any price increase. All payments to be made by Customer under this Agreement are due net thirty (30) days from the invoice date. Past due payments shall bear interest at the rate of 1½% per month.

8. Causes for Exclusion/Separate Charges

This Agreement specifically excludes labor, parts and expenses necessary to repair Equipment:

- damaged by fire, accident, misuse, abuse, negligence, improper application or alteration or by a force majeure occurrence as described in Section 17 hereof, or by the Customer's failure to operate the Equipment in accordance with the manufacturer's instructions, including without limitation Customer's failure to maintain the recommended operating environment and line conditions or intentional delay in requesting service for Equipment;
- defective due to unauthorized attempts to repair, relocate, maintain, service, add to or modify the Equipment by the Customer or any third party or due to the attachment and/or use of non-Siemens Healthineers supplied parts, equipment or software without Siemens Healthineers' prior written approval (and if the Customer or a third party modifies the Equipment, then Siemens Healthineers may remove such Equipment from coverage under this Agreement unless the Customer restores the Equipment to the manufacturer's published specifications);
- defective due to any repair or service of the Equipment by the Customer or any third party

prior to the commencement of the term of this Agreement;
- due to Customer not providing full access to the Equipment, on a safe site free of hazardous, concealed or dangerous conditions
- which failed due to causes from within non-Siemens Healthineers supplied equipment, parts or software including, but not limited to, problems with the Customer's network;
- which is worn out and cannot be reasonably repaired due to the unavailability of spare parts from the original equipment manufacturer; or
- which is a transducer or probe and which is damaged or defective, or which failed, due to any of the foregoing causes or due to improper cleaning, disinfecting or TEE bite marks.

If Siemens Healthineers is called upon to service or repair Equipment which falls under this Section 8, a separate invoice will be issued for labor, parts and expenses at Siemens Healthineers' rates and terms then in effect.

This Agreement does not entitle the Customer to services related to information technology, patient and imaging workflow design and analysis, or problem diagnosis. Siemens Healthineers' responsibility under this Agreement does not extend beyond the outbound or inbound sockets of the Equipment. In addition, changes, adjustments, additions or repairs required to or with respect to the Equipment resulting from issues, matters, items or concerns that are the responsibility of the Customer, such as changes related to Customer's network infrastructure, are not covered by this Agreement. This may include, but is not limited to, network IP address changes. Although the Equipment may have limited short term storage capacity, the storage of images, both patient and QA images, is the responsibility of the Customer.

If Siemens Healthineers offers a Network Assistance option for the Equipment and the Customer purchases this option as indicated on Exhibit A, then Siemens Healthineers shall assist the Customer in its efforts to identify the cause of any network or connectivity problems which may affect the operation of the Equipment; provided, however, that the price for this option does not include the cost of any repairs (labor, parts, etc.) to remedy such problems, which shall be the sole responsibility of the Customer. If the Customer does not purchase this option, or if this option is not offered by Siemens Healthineers, then any assistance provided by Siemens Healthineers to the Customer with respect to any network or connectivity issues shall require a P.O. from the Customer and shall be separately billed to the Customer at Siemens Healthineers' then current rates and charges.

9. Default

Customer shall be in default under this Agreement upon: (i) a failure by Customer to make any payment due Siemens Healthineers within ten (10) days of receipt of notice from Siemens Healthineers that the payment was not made within the applicable payment period; (ii) a failure by Customer to perform any other obligation under this Agreement within thirty (30) days of receipt of notice from Siemens Healthineers; (iii) a failure by Customer to grant Siemens Healthineers access to the Equipment as set forth in Section 6 of this Agreement; (iv) a failure by Customer to notify Siemens Healthineers the Equipment is in need of remedial maintenance or to permit Siemens Healthineers to inspect, repair or adjust the Equipment as deemed necessary by Siemens Healthineers (a) as set forth in Section 1 of this Agreement; or (b) at any time during the term of this Agreement in order to keep the Equipment operating in material compliance with the written specifications; (v) a failure by Customer to maintain the Equipment in accordance with the manufacturer's written specifications; (vi) a failure by Customer to purchase from Siemens Healthineers all necessary replacement parts and labor that are excluded from coverage under this Agreement; (vii) a default by Customer or any affiliate of the Customer under any other obligation to or agreement with Siemens Healthineers or Siemens Healthineers Financial Services, Inc. or any assignee of the foregoing (including but not limited to, a promissory note, lease, rental agreement, license agreement or purchase contract); or (viii) the commencement of any insolvency, bankruptcy or similar proceedings by or against the Customer (including any assignment by Customer for the benefit of creditors). Upon the occurrence of any event of default hereunder, Siemens Healthineers may, in addition to any and all other remedies available under law, elect to: (i) immediately cease providing services under this Agreement and any and all other agreements between the

parties, or suspend any training courses or educational offerings provided under this Agreement, until the default is cured or corrected, (ii) terminate this Agreement, in which case Customer shall pay to Siemens Healthineers (a) all amounts due under this Agreement through the effective date of termination, (b) as liquidated damages and not as a penalty, an amount equal to 25% of the remaining payments due under this Agreement from the date of termination through the scheduled expiration of the term of this Agreement, and (c) all costs and expenses of collection, including without limitation reasonable attorneys' fees and court costs incurred by Siemens Healthineers as a result of the Customer's default, (iii) void any and all warranties for the Equipment that has been affected by the use of unauthorized replacement parts and/or Customer or third-party labor; and/or (iv) commence collection actions (including court actions) for all sums due under this Agreement. All rights and remedies available to Siemens Healthineers hereunder, by law or equity, shall be cumulative and there shall be no obligation for Siemens Healthineers to exercise a particular remedy.

In the event that Customer cures all defaults hereunder, then prior to resumption of the Equipment maintenance services under this Agreement, Siemens Healthineers may inspect the Equipment to determine if it is in good operating condition. Such inspection shall be charged to the Customer at Siemens Healthineers' per-call rates and terms then in effect. Any repairs or adjustments which Siemens Healthineers determines are required due to (i) the use of any non-Siemens Healthineers parts, (ii) the repair or service of the Equipment by the Customer or any third party during the suspension of services by Siemens Healthineers, or (iii) any of the exclusions from coverage set forth in Section 8 of this Agreement, shall be charged to the Customer at Siemens Healthineers' rates and terms then in effect and shall include charges for parts, with all such repairs or adjustments to be completed prior to the resumption of service under this Agreement.

10. Limitation of Liability

Siemens Healthineers' entire liability and Customer's exclusive remedy for any direct damages incurred by the Customer from any cause whatsoever, and regardless of the form of action, whether liability in contract or in tort, arising under this Agreement or related hereto, shall not exceed, as applicable: (i) an amount equal to the Annual Agreement Price (in effect when the cause of action arose) for the specific item of Equipment under this Agreement that caused the damage or is the subject matter of, or is directly related to, the cause of action, or (ii) the amount paid by Customer to Siemens Healthineers under this Agreement for the particular training course or educational offering that is the subject matter of the claim. The foregoing limitation of liability shall not apply to claims by Customer or third parties for bodily injury or damage to real property or tangible personal property (including damage to the Equipment covered by this Agreement) caused solely and directly by the gross negligence or willful misconduct of Siemens Healthineers. In addition, Siemens Healthineers shall have no liability hereunder to Customer to the extent that Customer's or any third party's acts or omissions contributed in any way to any loss it sustained or to the extent that the loss or damage is due to a force majeure occurrence as described in Section 17 hereof or any other cause beyond the reasonable control of Siemens Healthineers.

THIS IS A SERVICE AGREEMENT. WITHOUT LIMITING THE LIMITATION OF LIABILITY SET FORTH IN THE PRECEDING PARAGRAPH, SIEMENS HEALTHINEERS EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT WILL SIEMENS HEALTHINEERS BE LIABLE FOR ANY LOST PROFITS, LOST SAVINGS, LOST REVENUES, LOSS OF USE OR DOWNTIME (EXCEPT AS OTHERWISE PROVIDED HEREIN), LOST DATA, OR FOR ANY INDIRECT, INCIDENTAL, UNFORESEEN, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES WHETHER BASED ON CONTRACT, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY OR ANY OTHER THEORY OR FORM OF ACTION, EVEN IF SIEMENS HEALTHINEERS HAS BEEN ADVISED OF THE POSSIBILITY THEREOF, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE USE OR PERFORMANCE OF THE EQUIPMENT.

11. Notices

Except for the issuance of invoices as set forth in Section 7 hereof, all notices required to be provided hereunder shall be in writing and shall be sent by overnight delivery

via a nationally recognized delivery service or by certified or registered mail, postage prepaid, to Siemens Healthineers at the address set forth on the first page of this Agreement and to the Customer at the address set forth under "Bill To" on the first page of this Agreement. Notice given in compliance with this Section 11 shall be sufficient for all purposes under this Agreement, and such notice shall be effective when sent. Either party may change its notice address only if notification is sent in writing pursuant to this Section 11.

12. Governing Law; Waiver of Jury Trial

This Agreement shall be governed by the laws of the State of California. TO THE EXTENT NOT PROHIBITED BY LAW, THE PARTIES WAIVE ALL RIGHTS TO A JURY TRIAL IN ANY LITIGATION ARISING FROM OR RELATED IN ANY WAY TO THIS AGREEMENT OR THE TRANSACTION CONTEMPLATED HEREBY.

13. Government Access Clause

Until the expiration of four (4) years after the furnishing of any services under this Agreement, Siemens Healthineers shall make available upon written request of the Secretary of the Department of Health and Human Services, the Comptroller General, or any of their duly authorized representatives, this Agreement and the books, documents and records of Siemens Healthineers which are necessary to certify the nature and extent of costs incurred under this Agreement. If Siemens Healthineers carries out any of the duties of this Agreement through a subcontract with a value of $10,000 or more over a 12 month period with a related organization, such subcontract shall include a clause to the effect that until the expiration of four (4) years after the furnishing of any services under the subcontract, the related organization shall make available upon written request of the Secretary of the Department of Health and Human Services, the Comptroller General, or any of their duly authorized representatives, the subcontract and the books, documents and records of the related organization that are necessary to certify the nature and extent of costs incurred under that subcontract.

This provision shall apply if and solely to the extent that Section 1861 (v) (1) (I) of the Social Security Act applies to this Agreement.

14. Damages, Costs, And Fees

In the event that any dispute or difference is brought arising from or relating to this Agreement or the breach, termination, or validity thereof, the prevailing party shall not be entitled to recover from the other party punitive damages. The prevailing party shall be entitled to recover from the other party all reasonable attorneys' fees and collection agency fees incurred, together with such other expenses, costs and disbursements as may be allowed by law.

15. Severability; Headings

No provision of this Agreement which may be deemed invalid, illegal or unenforceable will in any way invalidate any other portion or provision of this Agreement. Paragraph headings are for convenience only and will have no substantive effect.

16. Waiver

No failure, and no delay in exercising, on the part of any party, any right under this Agreement will operate as a waiver thereof, nor will any single or partial exercise of any right preclude the further exercise of any other right.

17. Force Majeure

Siemens Healthineers will not be liable to Customer for any failure to fulfill its obligations under this Agreement due to causes beyond its reasonable control and without its fault or negligence including, but not limited to, governmental laws and regulations, acts of God or the public, war or other violence, civil commotion, blockades, embargoes, calamities, floods, fires, earthquakes, explosions, epidemics, pandemics, accidents, storms, strikes, lockouts, work stoppages, labor disputes, or unavailability of labor, raw materials, power or supplies. In addition, in the event of any determination pursuant to the provisions of a collective bargaining agreement between the Customer and any labor union representing any employees of the Customer preventing or hindering the performance of any of the obligations of Siemens Healthineers under this Agreement, or determining that the performance of any such obligations violates provisions of that collective bargaining agreement, or in the event a trade union, or unions, representing any of the

employees of the Customer otherwise prevents Siemens Healthineers from performing any such obligations, then Siemens Healthineers shall be excused from the performance of such obligations unless the Customer makes all required arrangements with the trade union, or unions, to permit Siemens Healthineers to perform the work. The Customer shall pay any additional costs incurred by Siemens Healthineers that are related to any labor dispute(s) that involve the Customer.

18. Confidentiality

Siemens Healthineers and the Customer shall maintain the confidentiality of any information provided or disclosed to the other party, its employees or agents (a "receiving party") relating to the business, customers and/or patients of the disclosing party, including but not limited to know-how, technical data, processes, software, techniques, developments, inventions, research products and plans for future developments, proprietary matters of a business or technical nature, as well as this Agreement and its terms (including the pricing and other financial terms under which the Customer will be obtaining the services hereunder). Confidential Information shall also include all written materials (including correspondence, memoranda, manuals, training materials, notes and notebooks) and all computer software, models, mechanisms, devices, drawings or plans which may be disclosed or made available embodying Confidential Information. All Confidential Information shall be and remain the sole and exclusive property of the disclosing party. Each party shall use reasonable care to protect the confidentiality of the information disclosed, but no less than the degree of care it would use to protect its own confidential information, and shall only disclose the other party's confidential information to its employees and agents having a need to know this information. Confidential Information shall not include any information or data which (i) is or becomes public knowledge (through no fault of the receiving party or any of its employees or agents), (ii) is made available to the receiving party by an independent third party without any obligation of confidentiality, (iii) is already in the receiving party's possession at the time of receipt from the disclosing party (as such prior possession can be properly demonstrated by it), or (iv) is required by law to be disclosed, provided that the receiving party gives the disclosing party advance notice of the requirement for disclosure so that the disclosing party can take whatever action it deems necessary to protect the disclosure of its Confidential Information. In addition, this confidentiality provision shall not apply to any action brought by either party to enforce the terms of this Agreement against the other party. Any unauthorized use, disclosure or misappropriation of any Confidential Information by the receiving party in violation the foregoing may result in irreparable and continuing damage to the disclosing party; in the event of such breach, the disclosing party shall be entitled to seek immediate injunctive relief and any other relief or remedies to which it may be entitled. The receiving party waives any requirement that the disclosing party post a bond or other security in connection with any petition filed by the disclosing party for injunctive relief. In the event that a court of competent jurisdiction determines that the receiving party has breached this provision, then the receiving party shall reimburse the disclosing party for the costs of any court proceedings and all reasonable attorneys' fees.

19. End of Support Announcement

Notwithstanding anything to the contrary contained herein, in the event that Siemens Healthineers makes a general announcement that it will no longer offer service agreements for an item of Equipment or components thereof, or provide a particular service agreement option or feature, whether due to the unavailability of spare parts or otherwise (an "EOS Announcement"), then upon no less than twelve (12) months prior written notice to the Customer, Siemens Healthineers may modify the end date of the current Agreement to match the published date on which Siemens Healthineers will cease offering service coverage ("EOS Date") or remove any affected Equipment, components, options or features from coverage under this Agreement, with a corresponding adjustment of the Annual Agreement Price. In addition, at the end of this twelve (12) month period, the Customer may either remove the affected Equipment, components, options or features from coverage under this Agreement on or after the EOS Date and with no less than thirty (30) days written notice; or request that Siemens Healthineers provide service or parts on a time and materials basis only, at Siemens Healthineers' rates and terms then in effect, for any Equipment, components, options or features subject to an EOS Announcement.

20. Removal of Equipment from Coverage

The Customer may remove Equipment from coverage under this Agreement at any time upon no less than thirty (30) days prior written notice to Siemens Healthineers if the use of the Equipment is permanently discontinued and the Equipment is removed from service. There is no fee for this cancellation. Prorated credit will be issued for any advance payments made by the Customer for the period after the effective date of removal (based on the notice requirement).

21. HIPAA

To the extent required by the provisions of the Health Insurance Portability and Accountability Act ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH"), and any regulations promulgated thereunder, Siemens Healthineers does hereby assure Customer that it will appropriately safeguard Protected Health Information (as defined under HIPAA) made available to or obtained by Siemens Healthineers pursuant to this Agreement or any Service Schedule ("PHI"). Without limiting the obligations of Siemens Healthineers otherwise set forth in this Agreement or imposed by applicable law, Siemens Healthineers agrees to comply with applicable requirements of law relating to PHI and with respect to any task or other activity Siemens Healthineers performs on behalf of Customer. Specifically, Siemens Healthineers shall:

(a) not use or disclose PHI other than as permitted or required by this Agreement or as required by law, and limit any use or disclosure of PHI to a limited data set or the minimum necessary to accomplish the intended purpose of such use or disclosure;

(b) implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of any electronic PHI that it creates, receives, maintains or transmits on behalf of the Customer, and comply, where applicable, with the HIPAA Security Rule with respect to such electronic PHI, and otherwise use appropriate safeguards to prevent use or disclosure of PHI, other than as provided for by this Agreement;

(c) report to Customer any use or disclosure of PHI not provided for by this Agreement, and report any security incident, of which Siemens Healthineers becomes aware;

(d) in accordance with applicable HIPAA and HITECH requirements, ensure that any subcontractors or agents to whom Siemens Healthineers provides PHI received from, or created or received by Siemens Healthineers on behalf of, Customer agree to essentially the same restrictions and conditions that apply to Siemens Healthineers with respect to PHI and implement reasonable and appropriate safeguards with respect to PHI;

(e) upon Customer's written request, make PHI available to the Customer as necessary for Customer to respond to individuals' requests for access to PHI about them, provided that the PHI in Siemens Healthineers' possession constitutes a Designated Record Set and Siemens Healthineers has been specifically engaged by Customer to so maintain and service such PHI on behalf of Customer;

(f) upon Customer's written request, make PHI available to Customer for amendment and incorporate any amendments to the PHI in accordance with applicable law, provided that the PHI in Siemens Healthineers' possession constitutes a Designated Record Set and Siemens Healthineers has been specifically engaged by Customer to so maintain and service such PHI on behalf of Customer;

(g) make available to Customer the information in its possession required to provide an accounting of disclosures of PHI as required by applicable law;

(h) mitigate, to the extent practicable, any harmful effect that is known to Siemens Healthineers of a use or disclosure of PHI by Siemens Healthineers in violation of the requirements of this Agreement or of law;

(i) provide notice of a breach of unsecured PHI to Customer without unreasonable delay, and in no case later than thirty (30) days after discovery of a breach. The notification shall include, to the extent possible, the identification of each individual whose unsecured PHI has been, or is reasonably believed by Siemens Healthineers to have been, accessed, acquired, used, or disclosed. Siemens Healthineers shall provide Customer with any other available information that Customer is required to include in notification to the Individual under applicable law;

(j) make Siemens Healthineers' internal practices, books, and records relating to the use and disclosure of PHI received from Customer available to the Secretary of the United States Health & Human Services for purposes of determining Customer's compliance with applicable law; and

(k) upon expiration or termination of this Agreement, return to Customer or destroy all PHI in its possession as a result of this Agreement and retain no copies of PHI, if it is feasible to do so. If return or destruction is not feasible, Siemens Healthineers agrees to extend all protections contained in this Agreement to Siemens Healthineers' use and/or disclosure of any retained PHI, and to limit further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible.

(l) Siemens Healthineers may use and disclose PHI as necessary for Siemens Healthineers to perform its obligations hereunder, and may (i) use the PHI for its proper management and administration and to carry out its legal responsibilities, (ii) disclose the PHI to a third party for Siemens Healthineers' proper management and administration or to carry out Siemens Healthineers' legal responsibilities, provided that the disclosures are required by law or Siemens Healthineers obtains reasonable assurances from the third party regarding the confidential handling of such PHI as required under HIPAA and/or HITECH, and the third party agrees to notify Siemens Healthineers of any instances in which the confidentiality of the information has been breached, (iii) provide data aggregation services related to the healthcare operations of Customer, and (iv) de-identify the PHI, and use such de-identified data, in accordance with the de-identification requirements under HIPAA.

Siemens Healthineers agrees that it will negotiate in good faith an amendment to this Agreement if, and to the extent required by, the provisions of HIPAA and regulations promulgated thereunder, in order to assure that this Agreement is consistent therewith.

22. Uptime Performance Guarantee [DOES NOT APPLY TO EVERY SERVICE AGREEMENT]

For any Equipment that includes an Uptime Guarantee as specified in Exhibit A, Siemens Healthineers guarantees that the Equipment will function at the minimum Uptime Performance (defined below) level set forth in Exhibit A (computed as described below). "Uptime Performance" is defined as the capability of the Equipment to be utilized to treat or diagnose patients. The Equipment will be considered to be operational (i.e., it will not be considered to be "down"): (a) unless it cannot be utilized to treat or diagnose patients (room down); (b) if Siemens Healthineers is prepared to perform maintenance services to make the Equipment operational but such service is refused by the Customer or is deferred by the Customer until a later time or date; (c) if the Equipment is not otherwise made available to Siemens Healthineers' service engineers; (d) if the Equipment is down is due to, associated with, or caused by (i) misuse, negligence, or operator error, (ii) inadequate environmental conditions (not conforming with the environmental specifications provided by Siemens Healthineers), including temperature and humidity, line power exceeding Siemens Healthineers' requirements of voltage, frequency, impulses or transients, (iii) any of the exclusions set forth in Section 8 hereof, or (iv) acts of God or other force majeure events described in Section 17 hereof; or (e) during periods in which Siemens Healthineers is performing scheduled or planned maintenance, changing high-vacuum components, and installing updates and/or upgrades. If the Equipment is not operational, then the Customer must immediately notify the Siemens Healthineers Customer Care Center (24-hour Service Call Dispatch Center). Downtime will not commence until such notification is given to Siemens Healthineers. For purposes of calculating the Uptime Performance level percentage, such computation shall be made over the PCP, to include any extended coverage hours as indicated on Exhibit A. The Equipment's Uptime Performance shall be calculated to comply with the above guidelines on an annual basis. If the Equipment's Uptime Performance level is found to be less than the guaranteed percentage, as computed in accordance with the above guidelines, Siemens Healthineers will extend the term of this Agreement by seven (7) calendar days (30 calendar days for Oncology Care Systems) for every percentage point (rounded to the nearest percent) below the guaranteed percentage. These days will be added at the end of the term of this Agreement. For example, if the guaranteed percentage is 97%, then 96% Uptime Performance would result in an extension of seven (7) calendar days and 95% Uptime Performance would result in an extension of fourteen (14) calendar days. The foregoing states Siemens Healthineers' entire obligation and liability, and the Customer's sole remedy, for Siemens Healthineers' failure to meet the Uptime Performance Guarantee. In order for the Uptime Performance Guarantee to be effective, the Customer must place all calls for service through the Siemens Healthineers Customer Care Center and must accept all Technical Assistance that is offered by Siemens Healthineers, including, but not limited to, telephone

support and remote diagnostics. For any period of time that the Customer does not seek and accept Technical Assistance from Siemens Healthineers, then the Equipment shall be considered to be operational. The Customer agrees to allow connection to Smart Remote Service diagnostic equipment, where available, for the Equipment covered by this Agreement. Smart Remote Service (SRS) is required for SRS-capable systems. The Uptime Performance Guarantee shall be void if the SRS connection is not provided and available 24 hours per day, 7 days a week.

23. Response Time Guarantee [DOES NOT APPLY TO EVERY SERVICE AGREEMENT]

Siemens Healthineers guarantees that it shall meet any on-site response time as specified in Exhibit A for system "down" situations. Response time is measured from the time that the Customer notifies the Siemens Healthineers Customer Care Center that a system is down. The response time only applies during the PCP, to include any extended coverage hours (if selected by the Customer), as indicated on Exhibit A. For example, a request for on-site service made at noon on a Monday (where the PCP is 8:00 a.m. through 5:00 p.m., Mondays through Fridays) will have a guaranteed arrival time of 4:00 p.m. on the same day for customers with a four (4) hour response time and a guaranteed arrival time of 11:00 a.m. on the next day for customers with an eight (8) hour response time guarantee. A request for on-site service made at 9:00 a.m. on a Saturday will have a guaranteed arrival time of noon on the next Monday for customers with a four (4) hour response time and 4:00 p.m. on that Monday for customers with an eight (8) hour response time guarantee. If a request for on-site service is made outside the PCP (to include extended coverage hours, if selected by the Customer), Siemens Healthineers will use its best efforts to have a CSE on-site as soon as possible.

If Siemens Healthineers responds to a request for on-site service during the PCP but its work to repair or service the Equipment continues after the expiration of the PCP (to include any extended coverage hours, if applicable), then any work outside the PCP will be billed to the Customer, unless any optional Continuous Effort coverage that is available for the Equipment has been purchased as part of this Agreement. Continuous Effort coverage ensures that in room/system down situations, work will continue past the contracted PCP (including any extended coverage hours, if applicable, and/or core modality specific hours, as defined in the Glossary, if applicable) at no additional charge until the system is repaired or 1:00 a.m., whichever comes first, as long as the CSE has been on-site for one hour or more before the end of the contracted PCP (including any extended coverage hours and/or core modality specific hours, if applicable).

The remedy provided by Siemens Healthineers for its failure to meet the on-site response time guarantee is as follows: for each one (1) hour or portion thereof that Siemens Healthineers fails to meet the on-site response time guarantee, the Customer will receive one (1) free hour of overtime after the PCP for that service event. The foregoing states Siemens Healthineers' entire obligation and liability, and the Customer's sole remedy, for Siemens Healthineers' failure to meet the Response Time Guarantee.

24. Tool and Test Access [DOES NOT APPLY TO EVERY SERVICE AGREEMENT]

Siemens Healthineers agrees to rent to the Customer, certain tools and test equipment as determined by Siemens Healthineers ("Tools") to enable Customer to service the Equipment during the Contract Duration on the terms set forth herein. Siemens Healthineers shall provide Tools after verifying to its sole satisfaction that Customer's In-House Biomedical Engineers are properly trained on the Equipment and Tools.

Siemens Healthineers shall notify Customer of the rental fee for the Tools at the time of the order. Customer will be charged the rental fee after shipment of the Tools to Customer. Customer agrees to pay full list price of Tools (less rental fees paid) if Customer fails to return the Tools as required herein.
Customer may use the Tools for up to two (2) weeks ("Rental Period") from the date of receipt of the Tools. Customer may, with Siemens Healthineers' consent, extend the Rental Period for an additional rental fee. Customer must return the Tools within five (5) business days of the conclusion of the Rental Period ("Return Period"). If the Tools are not received by Siemens Healthineers before the conclusion of the Return Period, Customer will be charged the then-current list price for the Tools. Customer may, at the conclusion of the Return

Period, purchase the Tools at the then-current list price, subject to the Terms and Conditions of Sale for Spare Parts and Service. The delivery of the Tools to the Customer and return of the Tools to Siemens Healthineers shall be completed by Siemens Healthineers at its own expense. Title to the Tools shall be and at all times remain with Siemens Healthineers and Customer shall keep the same free and clear of any and all liens and claims. Customer (i) authorizes Siemens Healthineers to execute in Customer's name and file (and Customer shall promptly execute, if requested by Siemens Healthineers) and (ii) irrevocably appoints Siemens Healthineers its agent and attorney-in-fact to execute in the name of Customer and file, with such authorities and at such locations as Siemens Healthineers may deem appropriate, any Uniform Commercial Code financing statements evidencing Siemens Healthineers' ownership of the Tools. Risk of loss shall pass to Customer upon delivery. Customer shall maintain at its expense adequate liability insurance with respect to its possession and use of the Tools and against all common risks (i.e., fire, flood, theft, Acts of God, etc.) for the full replacement value of the Tools. At the request of Siemens Healthineers, Customer shall provide Siemens Healthineers with an insurance certificate evidencing such insurance coverage. Customer shall only use the Tools for their intended purpose, in the proper manner and with appropriate care, pursuant to any instructions, training and manuals provided to Customer by Siemens Healthineers, Customer shall immediately report to Siemens Healthineers or its designee any malfunction or defect, whatever the nature or cause. Customer shall ensure that any necessary repair, modification or service to any Tool is carried out by Siemens Healthineers or Siemens Healthineers' designee. Siemens Healthineers agrees to use its best efforts to repair the Tools as needed in a prompt and timely fashion, following a reported malfunction or defect. Customer shall not move the Tools from the Customer's facilities identified on the front page of this Agreement.

Customer shall return the Tools to Siemens Healthineers in the same condition as when delivered to Customer (ordinary wear and tear excepted). Customer acknowledges the Tools constitute Confidential Information, and Customer will maintain the Tools in accordance with the Confidentiality provisions of this Agreement.

25. Centralized Depot Repair Procedures [DOES NOT APPLY TO EVERY SERVICE AGREEMENT]

For any Equipment that includes Centralized Depot Repair and Loaner Program as specified in Exhibit A, Siemens Healthineers may provide the Customer a comparable system ("Loaned System") while Siemens Healthineers attempts to repair the non-complying system. Customer's use of the Loaned System commences upon receipt of the Loaned System and continues until receipt of the repaired or replaced system (the "Loan Period"). The Loaned System must be returned to Siemens Healthineers within two (2) business days of receiving the repaired or replaced system, and in accordance with the Siemens Healthineers' written instructions. The Loaned System shall be returned in the same condition as when delivered, ordinary wear and tear excepted. Title to the Loaned System shall at all times remain with Siemens Healthineers, but Customer will be responsible for equipment that is lost, stolen, or damaged during the Loan Period. Customer is also responsible for any personal injuries or property damages caused by the negligent acts or omissions of Customer, its officers, directors, employees or agents. Customer agrees to use the Loaned System in accordance with all instructions and manuals, and to immediately report to Siemens Healthineers any malfunction or defect in the Loaned System. If the Loaned System is not returned to Siemens Healthineers per requirements herein then Purchaser will be charged, and agrees to pay Siemens Healthineers, a monthly rental fee of 3.5% of the fair market value of the Loaned System as determined by Siemens Healthineers for each full month (or any portion thereof) until Siemens Healthineers receives the Loaned System.

26. Non-Assignment

Customer may not assign this Agreement unless it obtains the prior written consent of Siemens Healthineers, which consent shall not be unreasonably withheld or delayed. Siemens Healthineers may not assign this Agreement unless it obtains the prior written consent of the Customer, which consent shall not be unreasonably withheld or delayed, except that Siemens Healthineers may assign without Customer approval to any subsidiary or affiliated company or any of its authorized dealers.

27. Reimbursement for Training Courses and

Educational Services Upon Early Termination; Cancellation Policy

If this Agreement includes any training courses or other educational offerings and this Agreement is terminated or Equipment is removed from coverage as provided hereunder prior to the expiration of the term, then Siemens Healthineers may bill the Customer for any balance due and owing with respect to those training courses or other educational offerings that have been completed by the Customer, and Customer agrees to pay the same.

Customer shall notify the Siemens Healthineers training and education coordinator, in advance, of the cancellation, in whole or in part, of any training or other educational offering, or any request to reschedule the same. The cancellation or rescheduling of any training courses and other educational offerings may be subject to the payment of a cancellation fee. A copy of Siemens Healthineers' cancellation policy is available upon request or can be found at:

https://usa.healthcare.siemens.com/education/personalized-education-by-solution/solution/imaging-and-therapy/cancellation-policy

28. Cost Reporting

Customer agrees that it must fully and accurately report prices paid under this Agreement, net of all discounts, as required by applicable law and contract, including without limitation 42 CFR §1001.952(h), in all applicable Medicare, Medicaid and state agency cost reports. Customer shall retain a copy of this Agreement and all other communications regarding this Agreement, together with the invoices for purchase and permit agents of the U.S. Department of Health and Human Services or any state agency access to such records upon request.

29. Execution; Counterparts

If the Customer is a corporation or partnership, the person signing this Agreement on its behalf certifies that such person is an officer or partner thereof, that his or her action was duly authorized by appropriate corporate or partnership action, that such action does not conflict with the corporate charter or bylaws or the partnership agreement, as the case may be, or any contractual provision binding on such corporation or partnership, and that no consent of any stockholders to his or her action is required.

This Agreement may be executed in two (2) or more counterparts, each of which shall constitute an original document but all of which together shall constitute one and the same agreement.

30. Entire Agreement

This Agreement, including all exhibits and addenda attached hereto, constitutes the entire agreement between the parties relating to the subject matter hereof, and supersedes all prior and contemporaneous oral or written representations or communications between the parties. This Agreement may not be modified or amended, except in writing executed by the appropriate designated officers of the parties hereto. Any variation in the terms and conditions contained in this Agreement (including, but not limited to, the inclusion of Customer's own terms and conditions in any purchase order or other document issued by Customer in response to and/or referencing Siemens Healthineers' quotation for service or this Agreement) shall not be deemed to be a part of this Agreement and shall not be binding upon Siemens Healthineers unless set forth in writing and executed by the appropriate designated officer of Siemens Healthineers. Subject to the limitations expressed herein, this Agreement will be binding upon and inure to the benefit of the parties hereto, their successors, legal representatives, and permitted assigns. Notwithstanding anything to the contrary contained herein, the provisions of Sections 9, 10, 12, 13, 14, 15, 16, 18, 21 and 27 shall survive the expiration or termination of this Agreement.

Smart Remote Services Addendum

Siemens Healthineers and Customer agree that the provision of remote service and support for the Equipment shall be provided in accordance with this Smart Remote Services Addendum. All capitalized terms not defined herein shall have the meanings given to them in the Agreement detailed above.

1. System Monitoring. Siemens Healthineers provides services for remote monitoring of certain Equipment used by Customer (hereafter, "Applicable Equipment"). In connection with such services, Siemens Healthineers uses SRS, a persistent online connection between Siemens Healthineers or its affiliates and the Applicable Equipment to monitor the performance of Applicable Equipment and deliver updates and patches to permit Siemens Healthineers monitoring of the performance of the Applicable Equipment anonymously ("SRS Connection"). SRS is installed on the analyzer computer or server, and works within a domain environment, workgroup, or on a standalone system. In the event that Customer fails to provide or maintain the SRS Connection for the Applicable Equipment, then Siemens Healthineers shall have the option to terminate this Agreement and any applicable Supplements or Schedules hereto. In addition, any Uptime Performance Guarantee or Availability Commitment of the Applicable Equipment (if applicable) shall be void if the SRS Connection is not provided and available 24 hours per day, 7 days a week. In the event the Customer fails to provide or maintain the SRS Connection for any Service Schedule with a volume-based deliverable (i.e. scan count or exam count) as defined in Exhibit A, then Siemens Healthineers shall have the option to terminate the affected Service Schedule(s).

   For the purposes of this Section, 'Security Concept' means Siemens Healthineers IT security concept, which can be found under the following link or which Siemens Healthineers will send to Customer upon request:

   https://marketing.webassets.siemens-healthineers.com/4275155d5aa2ce02/a0226f9a8dd8/Smart-Remote-Services-Security-Concept-V10.pdf

   'Technical Data' means information available through the SRS Connection and may include: (i) application logfiles, errors occurred, device properties, quality control (technical status information); (ii) configuration, software versions, patches, licenses, network settings, device service history (asset and configuration data); (iii) sequences of performance of various tasks, used applications/licenses and interactions with the application (utilization data); (iv) any reagents and consumables loaded onto the Applicable Equipment; (v) any other data explicitly agreed; and in each case not related to an identified or identifiable natural person. 'Smart Technical Data' means correlated Technical Data derived from the Applicable Equipment to support prediction of the Applicable Equipment service requirements. Cyberthreat" means any circumstance or event with the potential to adversely impact the Equipment via unauthorized or unlawful access, damage and/or destruction, disclosure of information, modification, corruption or alteration of information, and/or denial of service rendering the Equipment unavailable or inoperable. "Insignificant" means a categorization of a Vulnerability the exploitation of which, taking into account the individual Equipment attributes and/or the respective operating environment, is not reasonably expected and/or would not result in a foreseeable impairment of the Equipment's secure operation or provide access to personal information. "IT Security" means safeguarding the uninterrupted operation of the Equipment against interference caused by exploited Vulnerabilities, as well as the availability, confidentiality and integrity of data and information created, stored, and/or transmitted by the Equipment. "Patch(es)" means an Equipment and/or operating system (OS) update that addresses security vulnerabilities within the Equipment. "Vulnerability" means a weakness in the Equipment that could be exploited by a Cyberthreat and are assigned a significance level in accordance with FDA Post-Market Guidance for Cybersecurity of Medical Devices.

   Siemens Healthineers and its affiliates are authorized to access, maintain, repair, calibrate, update or patch the Applicable Equipment that is the object of the SRS Connection or provide remote training in every case through the SRS Connection and use any Technical Data collected via the SRS Connection for the aforementioned purposes. If the Applicable Equipment hereunder is covered by a warranty period or extended service plan, then Siemens Healthineers, its affiliates and other companies engaged by Siemens Healthineers are also authorized to carry out through the SRS Connection additional system monitoring services supported by the covered Applicable Equipment.

2. Access to Data and Use of Data. Customer hereby irrevocably permits Siemens Healthineers and its affiliates to use for their own business, product surveillance, research or development purposes (e.g. determine trends of usage products and services, improvement of products, services and software), for facilitating and advising on continued and sustained use of products and services, substantiation of aggregated product and services

marketing claims and for benchmarking purposes, without restrictions in terms of time, transferability, replication, location or content: (i) Technical Data that is collected via the SRS Connection; and (ii) Smart Technical Data that is collected via the SRS Connection from the Applicable Equipment.

3. Customer Obligations for SRS Connection. (i) Customer shall permit the SRS Connection to be established by connecting the Applicable Equipment either directly or through a gateway or networked computer at Customer's own expense to a secured telecommunications link via a broadband connection and Customer shall bear the cost of any technical requirements for any such connection that is not a part of the Applicable Equipment (e.g. establishing a broadband connection); (ii) Customer shall support Siemens Healthineers in protecting against Cyberthreats by implementing and continuously maintaining a holistic, state-of-the-art security concept protecting Customer's IT infrastructure; (iii) Customer shall not connect Applicable Equipment to the SRS Connection that does not comply with state-of-the-art security policies or is otherwise approved by Siemens Healthineers; (iv) Customer shall not use the SRS Connection in a way that impairs or disrupts the integrity of the SRS Connection or Siemens Healthineers IT infrastructure; and (v) Customer shall not transmit any data containing viruses, Trojan horses or other programs that may damage or impair the SRS Connection or Siemens Healthineers IT infrastructure.

4. Customer's Cybersecurity Obligations. In order to protect the Equipment against Cyberthreats, Customer shall implement and continuously maintain a holistic, state-of-the-art security program for its IT infrastructure, including regular network scanning, provided however, that:
(i) network scanning or penetration testing shall not be performed during clinical use of the Equipment and should optionally be scheduled, with Siemens Healthineers' assistance, during downtime;
(ii) the system configuration and/or IT Security controls of the Equipment as stated in the MDS2 and/or Security Whitepaper provided or made available by Siemens Healthineers at, or prior to, the time of purchase must not be modified;
(iii) if during the deployment of the Equipment, Vulnerabilities are identified by Customer, Customer shall align with Siemens Healthineers regarding the severity of the Vulnerabilities taking into account the individual Equipment attributes and intended operating environment and shall not refuse acceptance of the Equipment, if the Vulnerability is classified as 'low' by Siemens Healthineers using the Common Vulnerability Scoring System ("CVSS"); and
(iv) Siemens Healthineers' initial response to Customer's inquiry on a Vulnerability will be within fifteen (15) days. Siemens Healthineers will evaluate all Vulnerabilities using CVSS and FDA's definition of "controlled" and "uncontrolled" Vulnerabilities and will make such evaluations available to Customer. Siemens Healthineers will periodically release Patches depending on the age of the device and Equipment version. If Siemens Healthineers determines the Vulnerability to be critical and uncontrolled, Siemens Healthineers will communicate this determination to Customer within thirty (30) days and utilize commercially reasonable efforts to have a mitigation (workaround, patch, etc.) available within sixty (60) days of Siemens Healthineers' determination of an uncontrolled Vulnerability. Unless otherwise specified, no patches may be loaded by Customer onto the Equipment. In the event of a Vulnerability that is reasonably determined by Customer to constitute an emergency (meaning that the Equipment must be taken out of clinical use until the Vulnerability is remedied) needing an expedited response, Siemens Healthineers will collaborate with Customer to jointly determine the most prudent action necessary in light of the circumstances.
(v) Customer is responsible for preventing unauthorized access to the Equipment licensed to Customer, including but not limited to changing passwords and other protective settings from their default values to individual ones. The Equipment shall only be connected to an enterprise network or the internet if and to the extent such a connection is authorized by Siemens Healthineers in the instructions for use and only when appropriate security measures (e.g., firewalls, network Customer authentication and/or network segmentation) are in place.
(vi) USB-storage media and other removable storage devices shall only be connected to the Equipment if and to the extent such connection is authorized by Siemens Healthineers in the instructions for use and only when the risk of a malware infection of the Equipment is minimized through malware scanners or other appropriate means.
(vii) The Equipment undergoes regular development to further improve its IT Security. Siemens Healthineers strongly recommends that Equipment updates be applied as soon as they are available and that the latest Equipment versions are used by Customer. The latter might include the purchase of upgrades of hardware and equipment by Customer; provided however, updates to remedy uncontrolled Vulnerabilities and/or clinical performance based on the Equipment Specification will be provided without additional charge. Use of Equipment versions that are no longer supported, and failure to apply the latest

updates/upgrades may increase Customer's exposure to Cyberthreats.

(viii) Customer shall notify Siemens Healthineers without delay in case of suspected or actual Cyberthreats or Vulnerabilities of the Equipment. Disclosure by Customer of such information to third parties during the immediately following sixty (60) day period requires prior written consent by Siemens Healthineers.

(ix) In the event that Customer resells an item of Applicable Equipment, it shall inform Siemens Healthineers in writing of the name and address of the new owner and shall impose upon that new owner a corresponding obligation in case of further resale. Customer is not granted any right to sell or assign its right to use the Applicable Equipment without first obtaining Siemens Healthineers' express written consent.

(x) If Siemens Healthineers provides a Patch via SRS or for download, Customer shall promptly install the Patch in accordance with the respective installation instructions given by Siemens Healthineers.

5. Siemens Healthineers Cybersecurity Obligations. In order to protect the Equipment against Cyberthreats, Siemens Healthineers shall implement and continuously maintain a holistic, state-of-the-art security program for its IT infrastructure, including regular network scanning. In the event that Siemens Healthineers becomes aware of a Vulnerability that Siemens Healthineers does not classify as Insignificant, it shall make available Patches until the EOS Date, until the termination of this Agreement, or up to ten (10) years following the Equipment delivery, whichever occurs first, provided that Customer's Equipment version is the most recent or at least the penultimate version at the given time, except in the case of third-party Equipment where the respective Equipment provider does not have a Patch available, Siemens Healthineers will use commercially reasonable efforts to make a mitigation available for the Vulnerability within 120 days following Siemens Healthineers becoming aware of such Vulnerability.

   In the case of third-party Equipment, Siemens Healthineers will make the Patch available to Customer without undue delay after such Patches are made available by Siemens Healthineers' licensors and Siemens Healthineers performs the required testing and validating on the Equipment. Depending on the severity of the Vulnerability as determined by Siemens Healthineers (after consultation with Customer), Siemens Healthineers may elect to provide the Patch at the time and as part of upcoming routine updates. If the Applicable Equipment is connected to SRS and Customer enables remote distribution of the Patch via SRS, or if Patches are made available for download, the Patches shall be free of charge. However, if the Patch needs to be installed on site by Siemens Healthineers, Siemens Healthineers may charge Customer for the expenses (time and material) resulting from the installation. For the sake of clarity; (i) safety, uncontrolled Vulnerability and clinical performance Updates are mandatory and will be provided without additional charge to Customer regardless of contract status, and will be implemented by Siemens Healthineers regardless of who may otherwise be servicing the Equipment; and (ii) all other Updates are non-mandatory ("Refinement Updates") and are not performed unless requested by Customer and may be chargeable (e.g., travel, labor, and sometimes charges for parts) depending on Update.

   NOTWITHSTANDING THE FOREGOING, SIEMENS HEALTHINEERS ASSUMES NO LIABILITY WHATSOEVER FOR DAMAGE TO THE EXTENT SUCH DAMAGE IS CAUSED BY THE FOLLOWING:

   (i) Customer's intrusive IT Security testing;

   (ii) unauthorized modification of the system configuration or IT Security controls of the Equipment;

   (iii) the installation of Patches which are not authorized by Siemens Healthineers;

   (iv) Customer delaying the self-installation of Patches made available by Siemens Healthineers via SRS or for download;

   (v) Hacker attacks, Cyberthreats or related preventative measures; or

   (vi) Failure to perform and maintain adequate backups of Customer's data.

6. SRS Limited Warranty. Unless explicitly otherwise regulated the SRS Connection is provided "as is" and Siemens Healthineers does not provide Customer with any warranty or guarantee regarding the availability, performance, or quality of the SRS Connection. Siemens Healthineers will not provide an SRS Connection if: (i) the provision is prevented by any impediments arising out of national or international foreign trade or custom requirements or any embargoes or other sanctions; or (ii) there is a defect, malfunction, or other problem with the telecommunications network; or (iii) there is a defect, malfunction, insufficient configuration, or other problem with Customer`s infrastructure.

7. Update of Terms and Security Concept. Siemens Healthineers shall set up the technical and organizational process for the SRS Connection and IT infrastructure used by Siemens Healthineers for the establishment of the SRS Connection according to the Security Concept. Siemens Healthineers shall be entitled to modify and/or update the terms of this Addendum for the SRS Connection and/or the

Security Concept to reflect technical progress, changes in law and the further development of its offerings. Such modifications and/or updates shall not jeopardize the quality and execution of the SRS Connection. Siemens Healthineers shall inform Customer of changes by giving Customer at least thirty (30) days prior written notice. Siemens Healthineers will provide Customer with access to the updated terms and conditions.

8. Certification of SRS. Siemens Healthineers service organization shall maintain a certified information security management system for the purposes of the SRS Connection. In this regard, Siemens Healthineers shall be subject to regular external audits by independent third parties. The scope and details of the certification are determined in the current Security Concept.

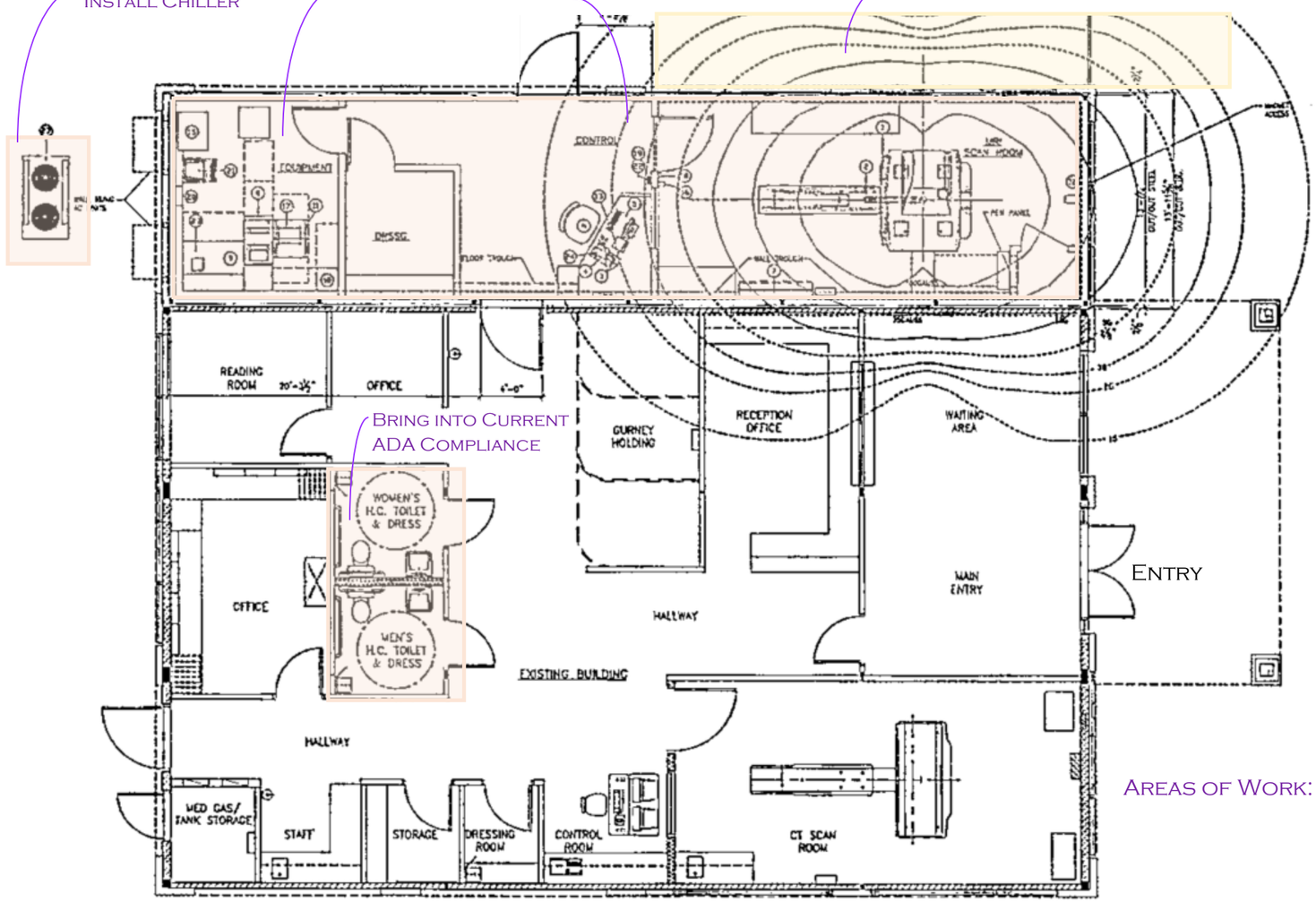
9. SRS Connection Termination. Siemens Healthineers shall be entitled to suspend the SRS Connection with immediate effect if Customer is in breach of the terms contained herein or if Siemens Healthineers, acting reasonably, is of the opinion that the SRS Connection to one or more of Customer's Applicable Equipment contains a risk for the security and performance of the IT infrastructure used by Siemens Healthineers.

10. SRS Intellectual Property. Siemens Healthineers (and its licensors, where applicable) will retain all intellectual property rights relating to the Equipment, including improvements thereto, including any improvements derived from Technical Data or Smart Technical Data, as well as any suggestions, ideas, enhancement requests, feedback, recommendations or other information provided by Customer which are hereby assigned to Siemens Healthineers.

Prep Area &
Install Chiller

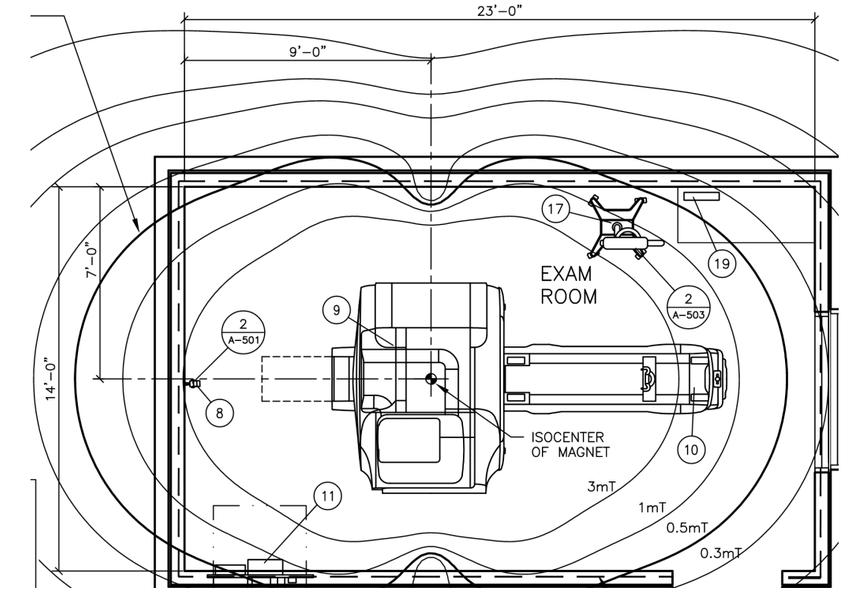
Re-work Suite with New Equipment
& Control Packages

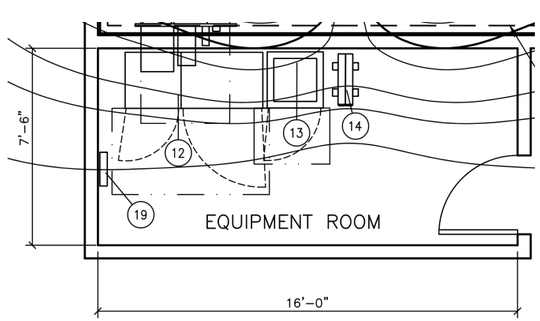
Refurbish Site after
Equipment Installation

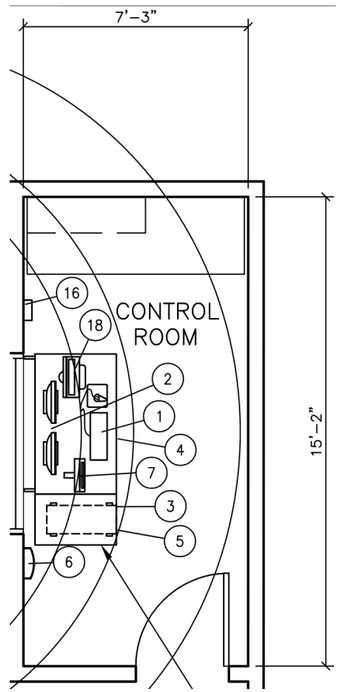


Bring into Current
ADA Compliance

Floor Plan Adjustments







Siemens 'Test-Fit' Packages

Areas of Work:

444 E. Romie Lane. - MRI Install & Refresh Plan - Feb 12, 2025

Salinas Valley Health

Project Name: 444 E. Romie Lane MRI Installation

Architect: TBD

Preliminary Budget for Board Approval: February 2025

CIP: 01.1250.3930 BCI: 250202

Budget Approval Date:

Issue: *2/18/2025*

TRADE	BL	Budget	NOTES
HARD COSTS			
Construction - Direct Costs		$855,400	
Construction - Contingency		$75,540	
Construction - Insurance		$16,279	
Sitework Refurbish		$20,000	
		$967,219	
			No Emergency Power Backup
EQUIPMENT COSTS			
Siemens MAGNETOM Sola 1.5T		$2,086,764	
Siemens 5-Yr Service Agreement		$712,185	
Fixtures		$15,000	
Furnishings		$25,000	
Low Voltage Coordination/Upgrade		$60,000	
		$2,898,949	
SOFT COSTS			
Design Documents		$110,000	
Const. Management/Supervision		$140,000	
Testing & Monitoring		$11,100	
Permit Review & Fees		$30,216	
		$291,316	
PROJECT CONTINGENCY		$200,000	
		$4,357,484	
PROJECT BUDGET		**$4,357,484**	

Board Paper: Finance Committee

Agenda Item: Consider Recommendation for Board Approval of Project Budget, associated taxes and construction for the Salinas Valley Health Clinic MRI Equipment Installation & building refresh at 626 Brunken Avenue Imaging Center

Executive Sponsor: Alysha Hyland – Chief Administrative Officer

Date: February 14, 2025

Executive Summary

Salinas Valley Health authorized the purchase of a new MRI equipment package for installation at 626 Brunken Ave at the January 2025 Board Meeting. This authorization request is to fund the work necessary to design & permit the installation, as well as to construct the necessary improvements in and around the project site. Work slated for this project includes equipment installation, minor refreshing of the building's finishes, and the creation of additional storage needed for operational efficiency as the MRI installation displaces existing space previously used for storage. The planned renovations include select architectural finish refreshments, creation of a new reading room, prep/recovery area to support the new MRI, and a storage solution of some kind as necessary to facilitate the installation of the Canon Orian SP system. Current and projected patient utilization appear to justify the expenditure, supporting additional growth and patient access to high quality imaging services in a cost-effective manner. Facilities Management is approaching the Board to request approval of capital funding to complete renovations and procure furnishings, furniture and equipment. The total requested budget allocation for the project is $**3,367,810**

Background/Situation/Rationale

At the January 2025 the Salinas Valley Health Board of Directors approved the equipment purchase for this project in the amount of $1,385,027.00 plus no more than $450,000.00 for a 72 month service agreement. This request is to finalize the project with the addition of the construction costs as well as the sales tax associated with the equipment purchase. With the organizations clinic MRI scanner reaching end of life and the current demand growing, it is imperative for Salinas Valley Health to replace the aging scanner with one that will meet the needs of the organization and the community going forward. Adding a 1.5 Tesla magnet to the 626 Brunken location will give SVHC the ability to do prostate and breast MRI's including biopsies which are vital to our Oncology program and Breast cancer patients. Currently, the only facility in Monterey and Santa Cruz County that can do MRI breast biopsy procedures is our 559 Abbott location. Placing an upgraded MRI scanner at our outpatient location will also allow our organization to expand cardiac services by developing a site with the most up to date equipment Cannon has to offer.

Timeline/Review Process to Date:

December 2024:	Equipment Selection
February-November 2025:	Contracting/Procurement/Permitting/Construction
December 2025:	Equipment Installation and Startup

Meeting our Mission, Vision, Goals

Pillar/Goal Alignment:

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

Fiscal Year Capital Budgeting:

Current capital budget forecast includes:

Tax (9.25%) on MRI Scanner Fiscal Year 2025: $128,115
Fiscal Year 2025: $600,000
Fiscal Year 2026: $2,279,695
Balance forward for Service Agreement Paydown: $360,000

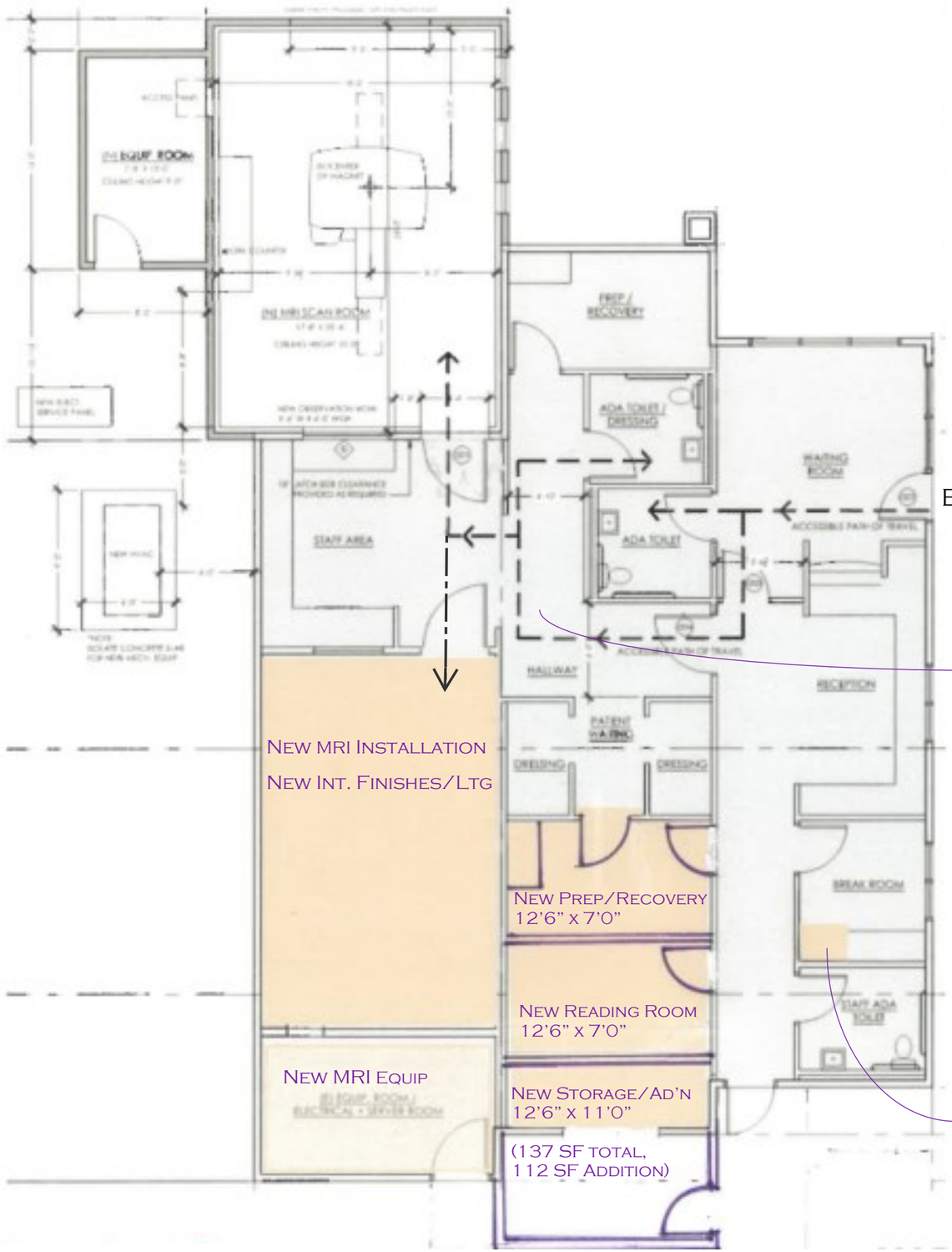
January Board Approved Total	**$1,835,027** (MRI Equipment + Service Agreement)
February Board Approval Request:	**$1,532,783** (Equipment Tax + Construction (Hard costs, soft costs and other)
Total Project Budget Cost:	**$3,367,810**

Recommendation

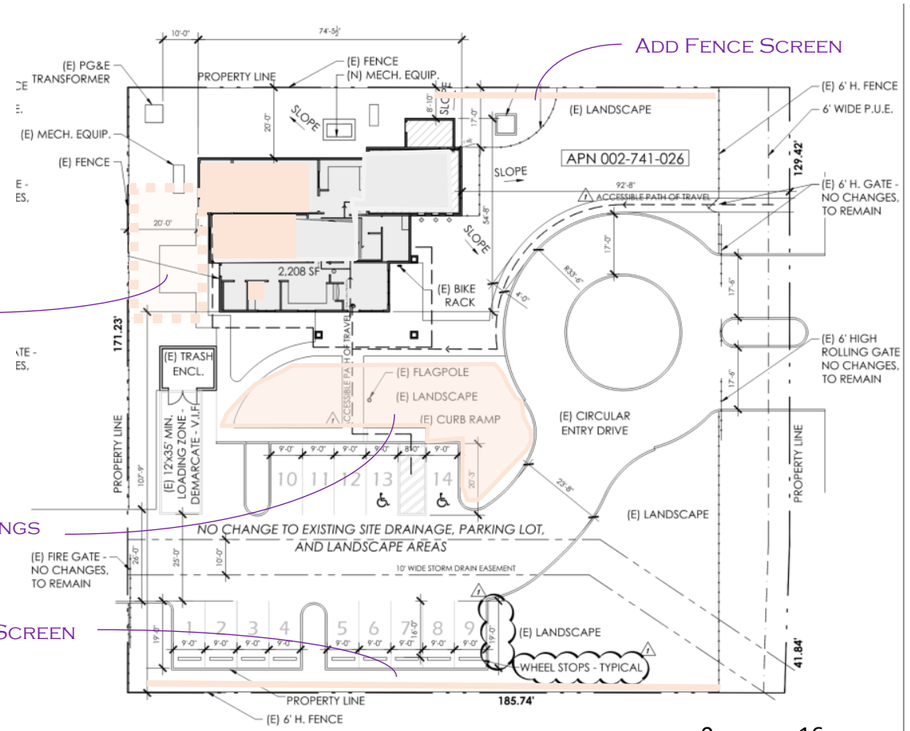
Consider recommendation for Board of Directors to approve the total estimated Project Budget, associated taxes and construction for the Salinas Valley Health Clinic MRI Equipment Installation at 626 Brunken Ave in the amount of $**1,532,783.**

Attachments

1) MRI Install & Refresh Plan 2/12/25
2) Project Cost Budget at time of equipment procurement
3) Reference – 1 Page Jan 22, 2025 Board Paper for Equipment Purchase Request

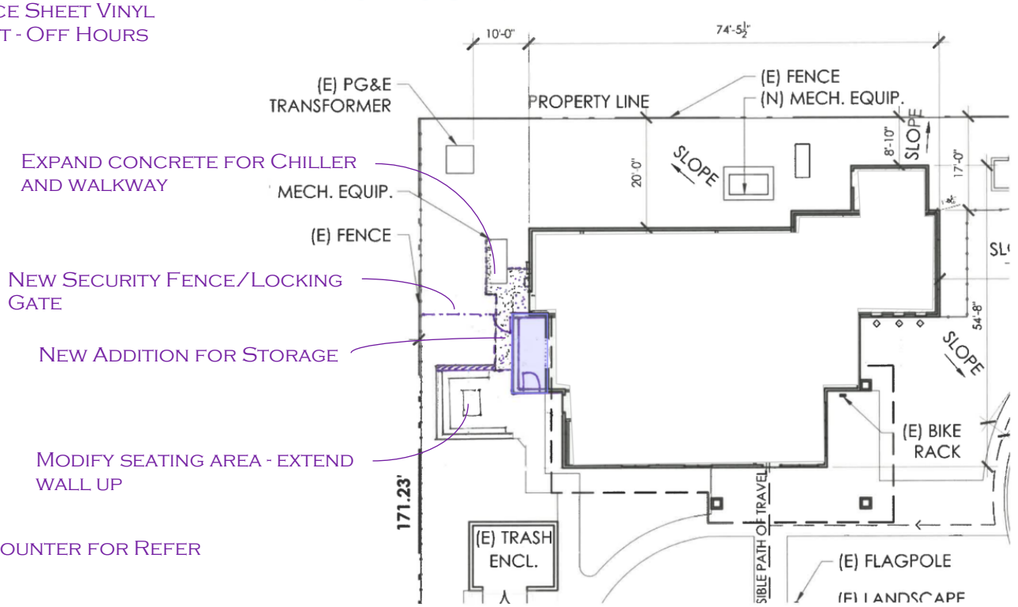


FLOOR PLAN ADJUSTMENTS



EXISTING SITE PLAN

0 16



PROPOSED SITE PLAN ADDITION AREA

626 BRUNKEN AVE. - MRI INSTALL & REFRESH PLAN - FEB 12, 2025

Salinas Valley Health

Project Name: 626 Brunken Avenue MRI Installation

Architect: TBD

Preliminary Budget for Board Approval: February 2025

CIP: 01.1250.3930 BCI: 250202

Budget Approval Date:

Issue: *2/14/2025*

TRADE	BL	Budget	NOTES
HARD COSTS			
Construction - Direct Costs		$657,900	
Construction - Contingency		$60,790	
Construction - Insurance		$13,100	
Const: Allowance at Fire Sprinkler		$140,000	
Sitework Refurbish		$45,000	
		$916,790	
			No Emergency Power Backup
EQUIPMENT COSTS			
Cannon Vantage Orian SP 1.5T		$1,513,142	
5-Yr Service Agreement		$450,000	
Fixtures		$15,000	
Furnishings		$0	
Low Voltage Coordination/Upgrade		$12,000	
		$1,990,142	
SOFT COSTS			
Design Documents		$100,000	
Const. Management/Supervision		$140,000	
Testing & Monitoring		$11,100	
Permit Review & Fees		$24,316	
		$275,416	
PROJECT CONTINGENCY		$185,462	
		$3,367,810	
PROJECT BUDGET		**$3,367,810**	

Attachment 2

Board Paper: Finance Committee

Agenda Item: **Consider Recommendation for Board Approval of Purchase of MRI Equipment and Service Agreement from Canon for SVH Clinics Imaging Services**

Executive Sponsor: Tim Albert, MD, MHCM, Chief Clinical Officer

Date: January 22, 2025

Executive Summary

In order to support the imaging infrastructure for Salinas Valley Health, capital updates are necessary to accommodate the growth in patient services. Salinas Valley Health Clinics operates imaging services from two locations which currently support two MRI scanners. The MRI machines are reaching end of life and the current demand for the service line is growing. The clinic equipment supports low complexity, high volume studies such as routine body, brain, musculoskeletal, and cardiovascular imaging.

After evaluating MRI vendors, it was determined that the following two vendors aligned most appropriately with our current needs. The two competitors were Siemens and Canon because of the integration with our established imaging systems. The two systems were evaluated and it was determined by the SVH team that a Canon MRI should be installed in the SVH clinic. A standard market rate service agreement will be combined with the purchase of the equipment.

Timeline/Review Process to Date:

May 2024:	Engaged vendors to review equipment and software
June/July 2024:	Received quotes from vendors for consideration
December 2024:	Final quotes selected, vendors presented contracts for legal review
Early 2026:	Anticipated Implementation

Strategic Plan Alignment:

In order to expand imaging services in our community, the new equipment will allow state of the art imaging at the outpatient clinic setting while supporting additional growth and patient access to high quality imaging services in a cost effective manner.

Pillar/Goal Alignment:

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

Financial/Quality/Safety/Regulatory Implications:

Key Contract Terms	Vendor: Canon Medical Systems USA, Inc.
1. Proposed effective date	February 1, 2025
2. Service Agreement Term	Seventy-two (72) month service agreement, not to exceed $450,000
3. Renewal terms	One-time purchase of Equipment; Renewable Service Agreement
4. Payment Terms	Cash – 0% down payment, 80% upon shipment net 45 days, 20% net 30 days upon completion of installation and / or availability for first use, whichever is earlier.
5. One time cost	Orian-SP – Vantage Orian SP 1.5 T MRI System **$1,385,027.00**
7. Budgeted	Not budgeted, but essential for upgrade of equipment.

Recommendation

Salinas Valley Health Administration requests the SVH Board of Directors to approve the terms presented for purchasing MRI equipment for Salinas Valley Health Imaging from **Canon** in the amount of **$1,385,027.00** and for a seventy-two month service agreement in an amount not to exceed **$450,000.**

(note: Excludes Tax)

Attachment 3

Financial Performance Review

January 2025

Finance Committee

Augustine Lopez

Chief Financial Officer

Consolidated Financial Summary
For the Month of January 2025

$ in Millions	For the Month of January 2025			
			Variance fav (unfav)	
	Actual	Budget	$VAR	%VAR
Operating Revenue	$ 75.2	$ 63.3	$ 11.9	18.8%
Operating Expense	$ 66.4	$ 64.4	$ (2.0)	-3.1%
Income from Operations	**$ 8.8**	**$ (1.1)**	**$ 9.9**	**900.0%**
Operating Margin %	*11.7%*	*-1.8%*	*13.5%*	*750.00%*
Non Operating Income	$ 0.6	$ 3.2	$ (2.6)	-81.3%
Net Income	**$ 9.4**	**$ 2.1**	**$ 7.3**	**347.6%**
Net Income Margin %	*12.5%*	*3.2%*	*9.3%*	*290.6%*

Operating Income includes the Normalizing Item of:

- CCAH Voluntary Rate Range Funds (net) Received in January for CY 2023 totaling $4.6 Million

Non Operating Income includes Normalizing Items of:

- FEMA Grant funds (net) received in January $114K

Non-Operating Revenues were below budget due to lower than expected investment earnings

Consolidated Financial Summary
For the Month of January 2025 - Normalized

$ in Millions	For the Month of January 2025			
			Variance fav (unfav)	
	Actual	Budget	$VAR	%VAR
Operating Revenue	$ 70.6	$ 63.3	$ 7.3	11.5%
Operating Expense	$ 66.4	$ 64.4	$ (2.0)	-3.1%
Income from Operations	**$ 4.2**	**$ (1.1)**	**$ 5.3**	**481.8%**
Operating Margin %	*5.9%*	*-1.8%*	*7.7%*	*427.78%*
Non Operating Income	$ 0.4	$ 3.2	$ (2.8)	-87.5%
Net Income	**$ 4.6**	**$ 2.1**	**$ 2.5**	**119.0%**
Net Income Margin %	*6.5%*	*3.2%*	*3.3%*	*103.1%*

Operating Income excludes the Normalizing Item of

- CCAH Voluntary Rate Range Funds (net) Received in January for CY 2023 totaling $4.6 Million

Non Operating Income includes Normalizing Items of:

- FEMA Grant funds (net) received in January $114K

Non-Operating Revenues were below budget due to lower than expected investment earnings

Executive Summary: Financial Performance

Salinas Valley Health Income from Operations was $8.8 million for the month which was favorable to budget by $9.9M. Normalized Income from operations was $4.2M (5.9%). The favorable financial performance for the month was driven by the following:

Key Favorable Performance Highlights:

- **Outpatient revenue** was favorable compared to budget by $23M (16%), due to higher than budgeted patient volumes in the following areas:
  - **OP Surgeries** were over budget by 21% (57 cases)
  - **OP Infusion cases** were over budget by 18% (182 cases)
  - **Mammography** cases were over budget by 8% (213 cases)
- **Total Inpatient Admissions** were 16% (143 admits) above budget
- **Commercial Insurance Revenue** was above budget by 12%
- **IP Surgeries** were over budget by 5% (7 cases)
- **Average Length of Stay** was 15% favorable to budget at 3.5 days
- **Deliveries** were up 23% (26 cases)

Executive Summary: Financial Performance – Cont'd

- **Key Unfavorable Performance Highlights:**

  - ✓ **Total Case Mix** was under budget by 3% at 1.57
  - ✓ **Cath Lab Procedures** were down 30 cases, or 10% below budget at 274
  - ✓ **OP Observation** cases were over budget by 31% (43 cases)
  - ✓ **Non-Operating Income** was under budget $2.6 million for the month on lower than budget investment income

Consolidated Financial Summary YTD January 2025

$ in Millions	FY 2025 January YTD			
			Variance fav (unfav)	
	Actual	Budget	$VAR	%VAR
Operating Revenue	$ 477.5	$ 435.6	$ 41.9	9.6%
Operating Expense	$ 453.4	$ 442.3	$ (11.1)	-2.5%
Income from Operations	**$ 24.1**	**$ (6.7)**	**$ 30.8**	**459.7%**
Operating Margin %	*5.1%*	*-1.6%*	*6.7%*	*418.8%*
Non Operating Income	$ 20.1	$ 20.7	$ (0.6)	-2.9%
Net Income	**$ 44.2**	**$ 14.0**	**$ 30.2**	**215.7%**
Net Income Margin %	*9.3%*	*3.2%*	*6.1%*	*190.6%*

Operating Income includes the Normalizing Item of:

- CCAH Voluntary Rate Range Funds (net) Received in January for CY 2023 totaling $4.6 Million

Non Operating Income includes Normalizing Items of:

- FEMA Grant funds (net) received YTD are $3.0 million including $114K in January
- FEMA Grant funds received inception to date totals $9.6 million

Consolidated Financial Summary YTD January 2025 - Normalized

$ in Millions	FY 2025 January YTD			
			Variance fav (unfav)	
	Actual	Budget	$VAR	%VAR
Operating Revenue	$ 472.9	$ 435.6	$ 37.3	8.6%
Operating Expense	$ 453.4	$ 442.3	$ (11.1)	-2.5%
Income from Operations	**$ 19.5**	**$ (6.7)**	**$ 26.2**	**391.0%**
Operating Margin %	*4.1%*	*-1.6%*	*5.7%*	*356.3%*
Non Operating Income **	$ 17.1	$ 20.7	$ (3.6)	-17.4%
Net Income	**$ 36.6**	**$ 14.0**	**$ 22.6**	**161.4%**
Net Income Margin %	*7.8%*	*3.2%*	*4.6%*	*143.8%*

Operating Income excludes the Normalizing Item of:

- CCAH Voluntary Rate Range Funds (net) Received in January for CY 2023 totaling $4.6 Million

Non Operating Income excludes Normalizing Items of:

- FEMA Grant funds (net) received YTD are $3.0 million including $ $114K in January
- FEMA Grant funds received inception to date totals $9.6 million

SVHMC Revenue Highlights January 2025

Gross Revenues were 10.7% *favorable* to budget

- **IP Gross Revenues** were 2.3% ***favorable*** to budget
- **ED Gross Revenues** were 6.8% ***favorable*** to budget
- **OP Gross Revenues** were 23.7% ***favorable*** to budget in the following areas:
  - OP Infusion
  - OP Surgery
  - Mammography

- **Commercial: 12%** *above* budget
- **Medicaid: 12%** *above* budget
- **Medicare: 7%** *above* budget

Payor Mix –Mixed

Total Net Patient Revenues were **$64.0M**, which was ***favorable*** to budget by **$11.5M** or 21.9%

Financial Summary – January 2025

ADC

Average daily census was 118, 1% above budget of 117

Admits

Total admissions were 16%, 143 admits, above budget

ER Visits

ER Outpatient visits were 1%, 58 cases, above budget

ER Admits

ER admissions were above budget 124 admits, 18%. ER admits as % of total admissions were 84.5% (Excluding OB ED)

IP Surgeries

Inpatient Surgeries were up 5%, 7 cases above budget at 140

OP Infusion

OP Infusion cases were up 18%, 182 cases above budget at 1,186

Cath Lab

Cath Lab procedures were down 30 cases, or 10% below budget at 274

CT/MRI Procedures

MRI procedures were below budget by 30 cases, 10%. CT procedures were above budget by 152 cases, 8%

OP Surgeries

Outpatient Surgeries were above budget 21%, 57 cases, at 328

Deliveries

Deliveries were up 23%, 26 cases, above budget at 141

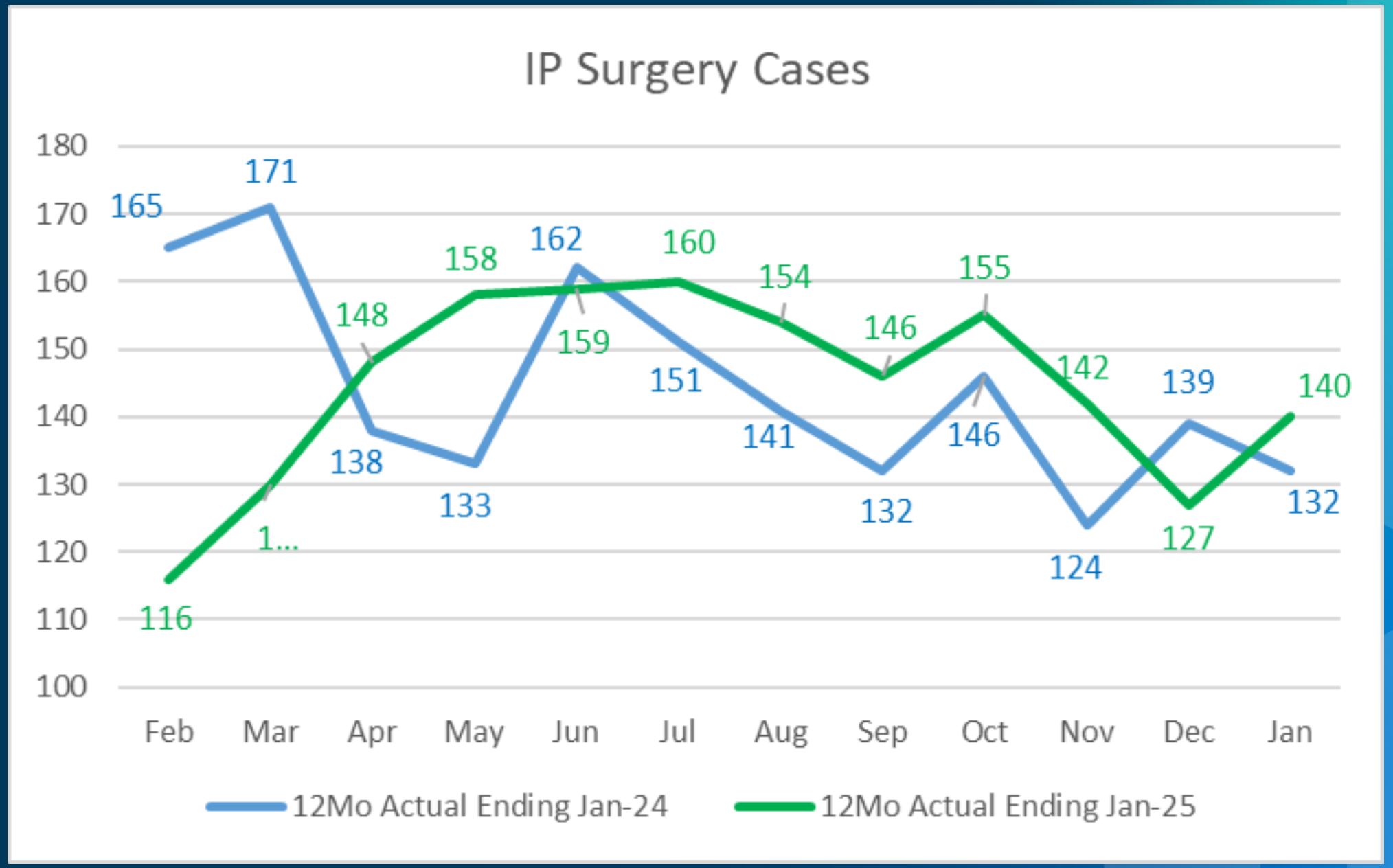
Observation Cases

OP Observations cases were over budget by 31%, or 43 cases at 181

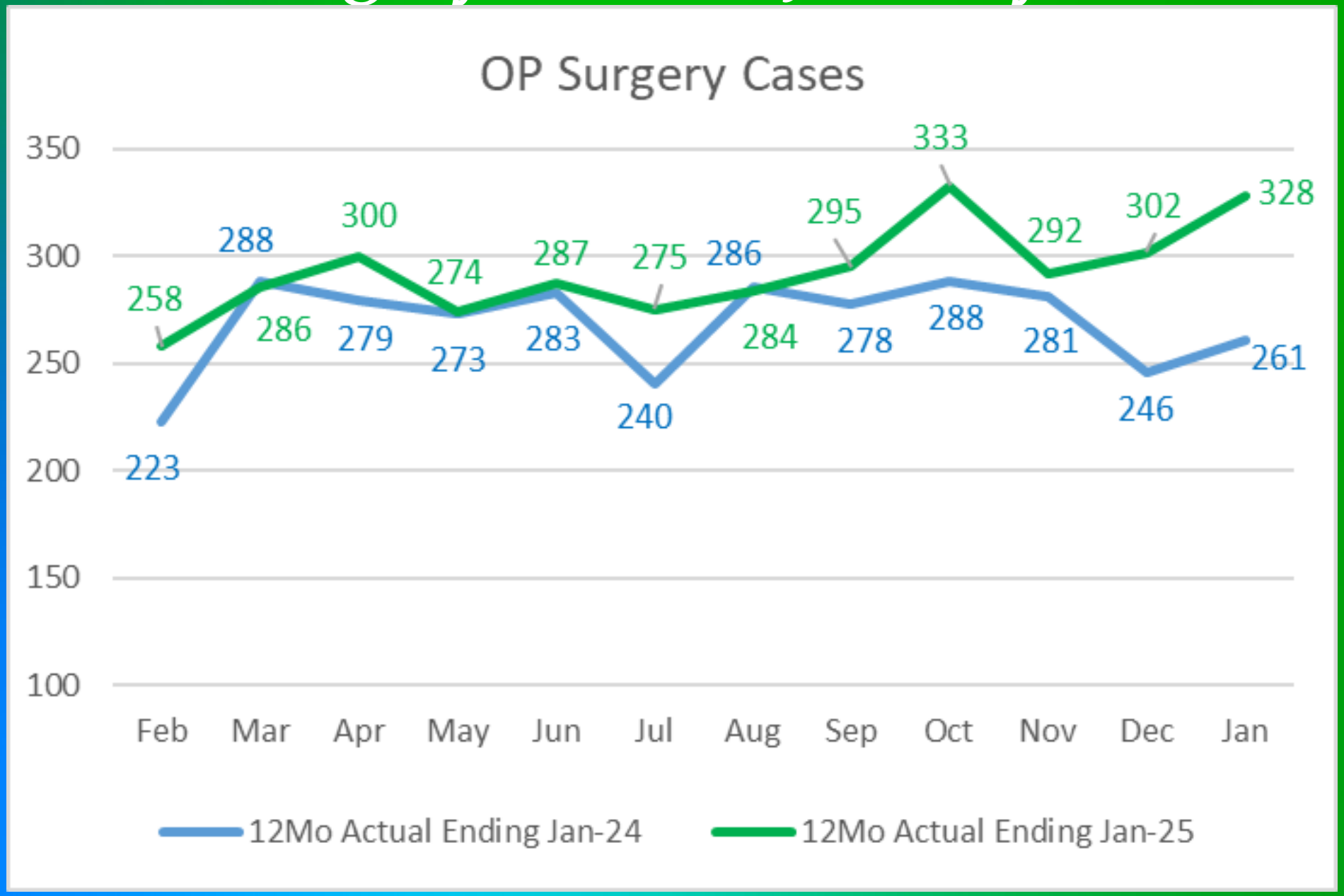
Medicare ALOS

Medicare Traditional ALOS CMI adjusted was favorable to budget at 2.2 days with a Case Mix Index of 1.67

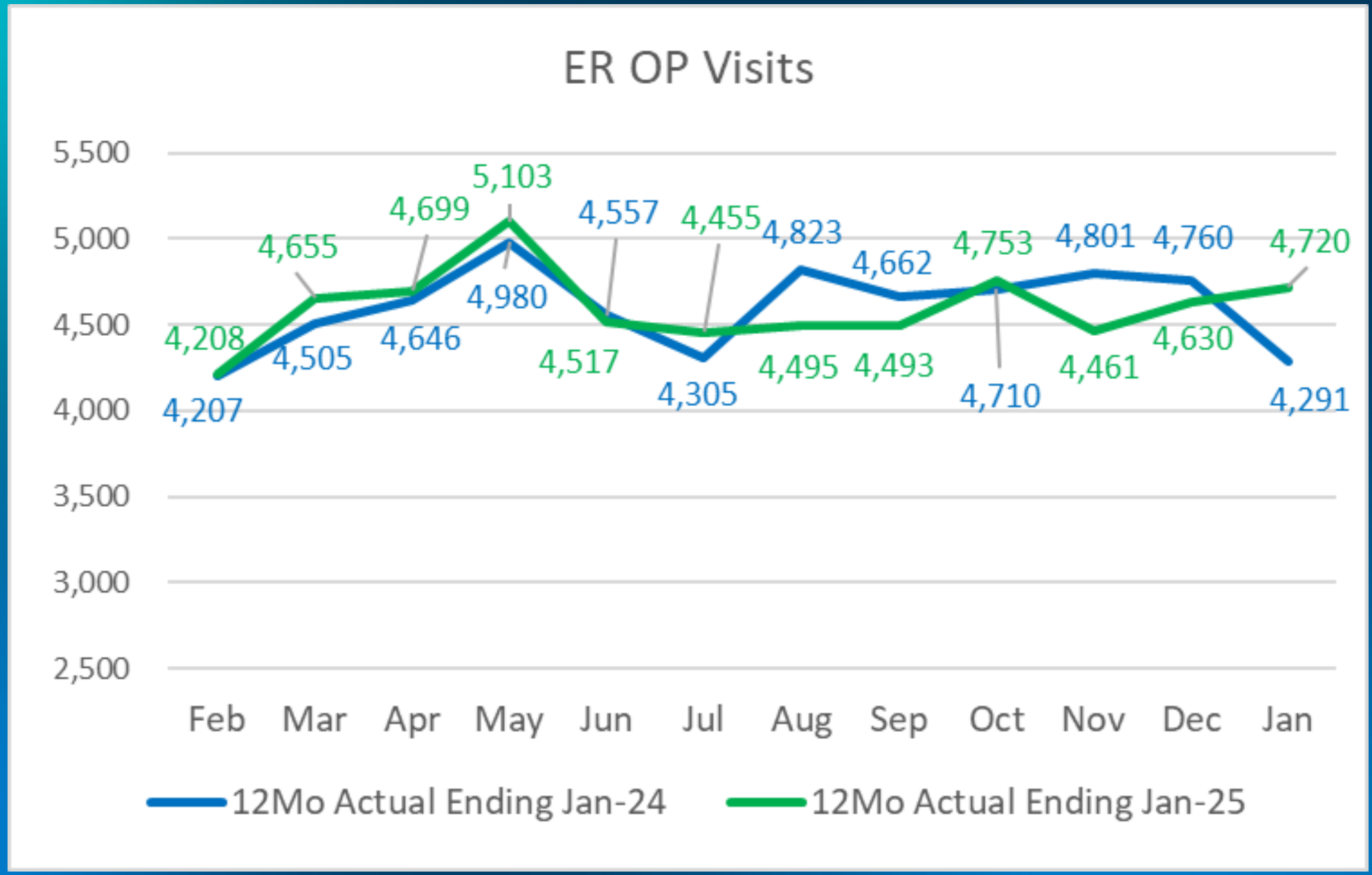
IP Surgery Cases – January 2025



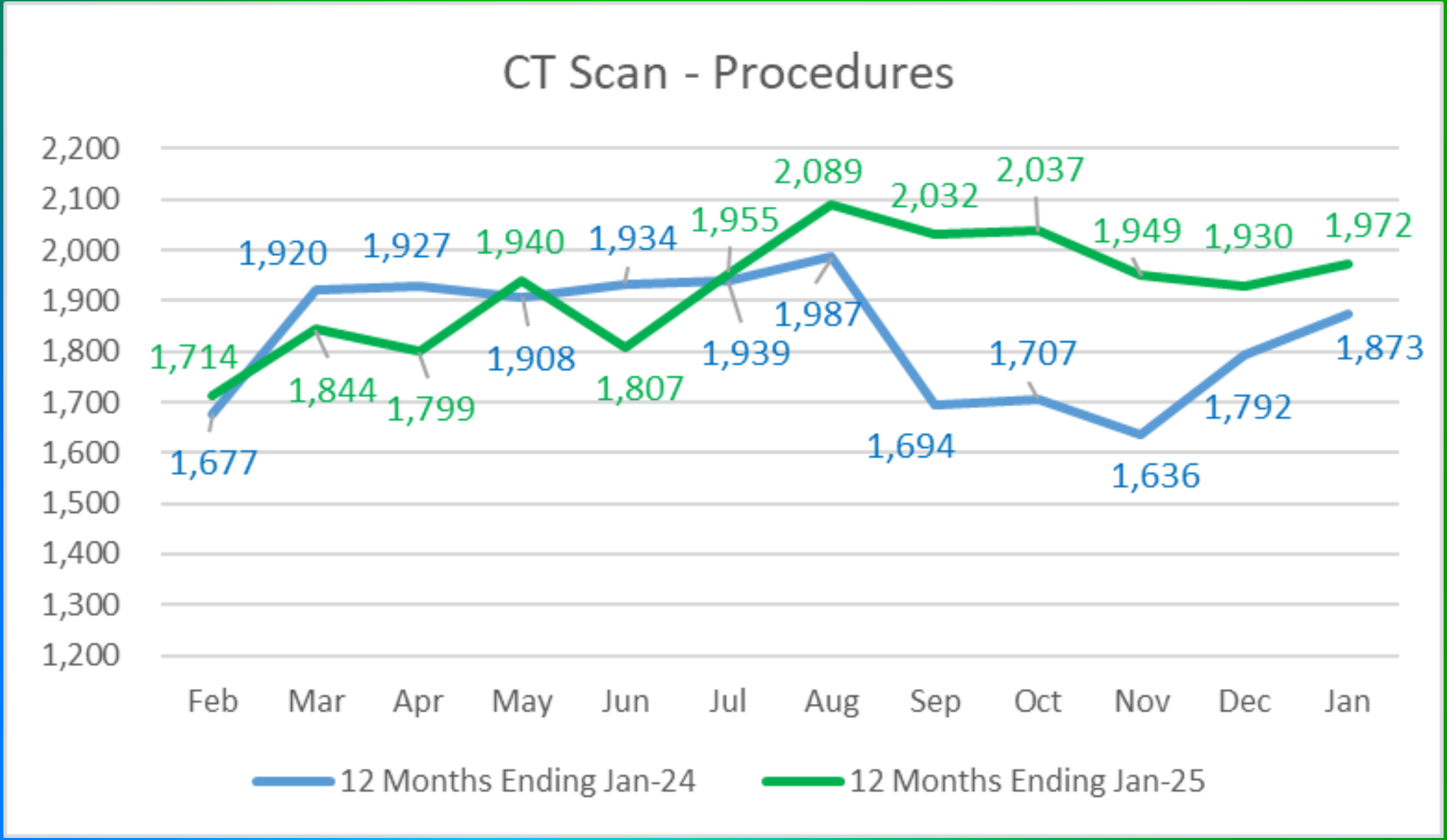
OP Surgery Cases – January 2025



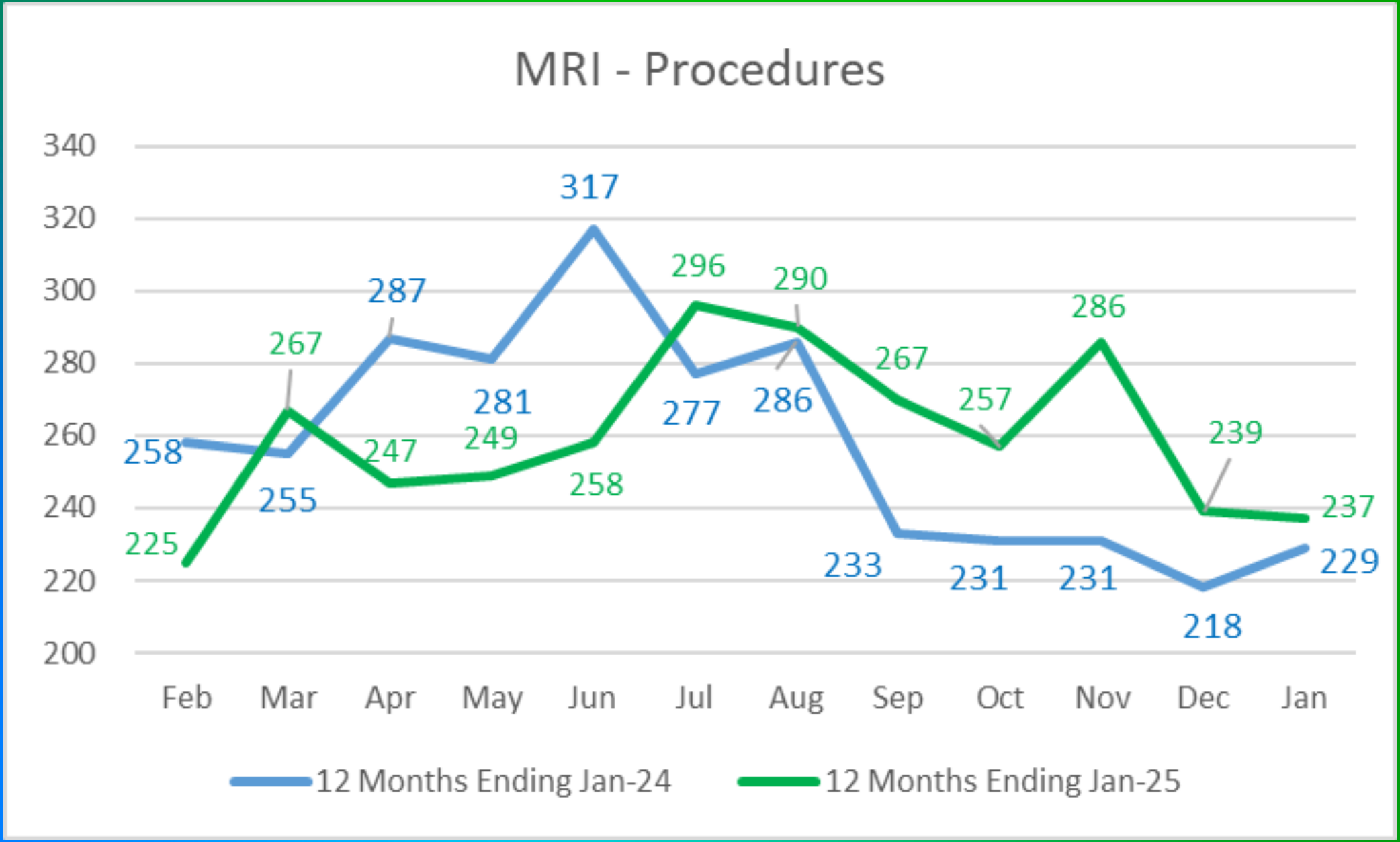
ER OP Visits – January 2025



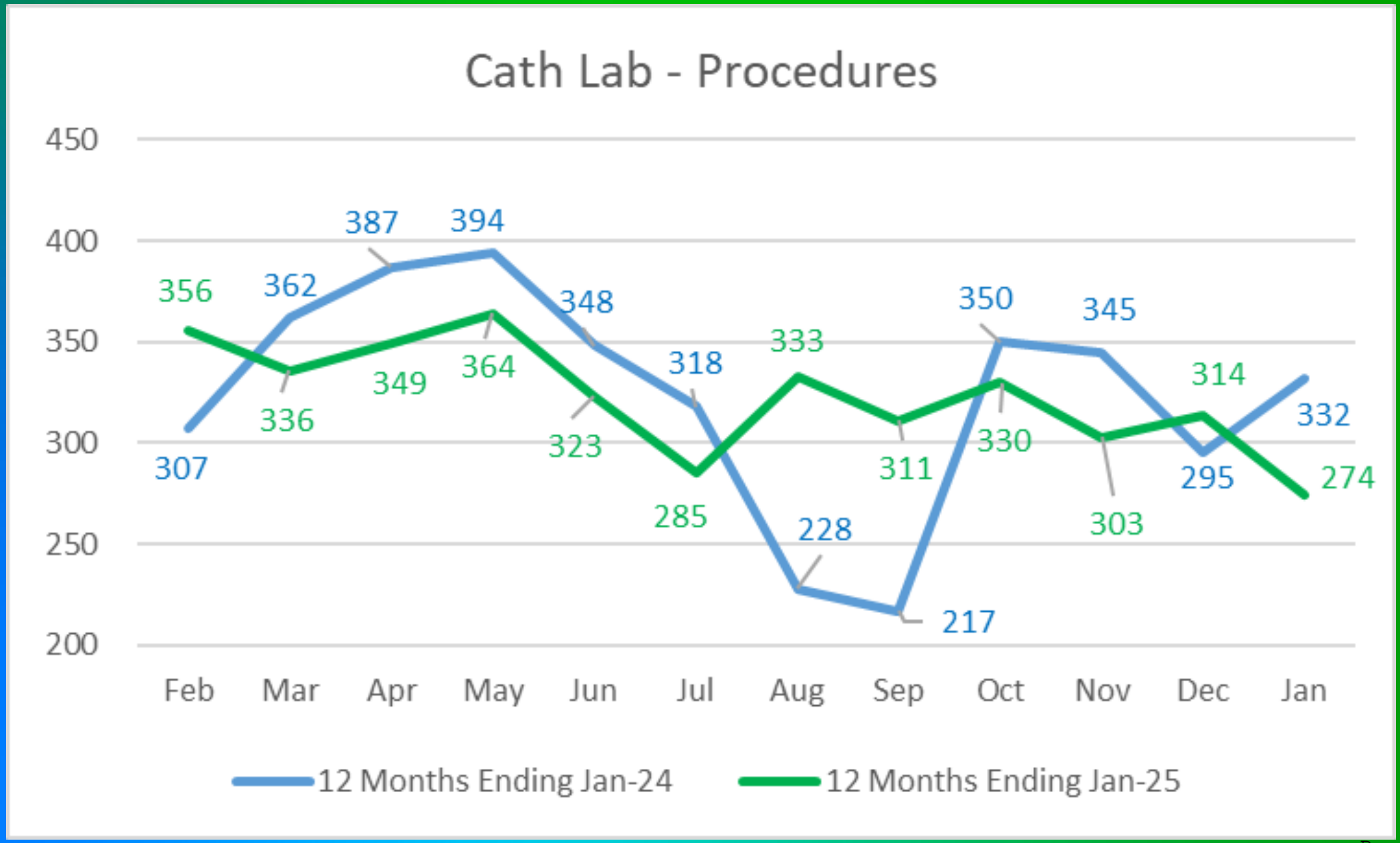
CT Scans – January 2025



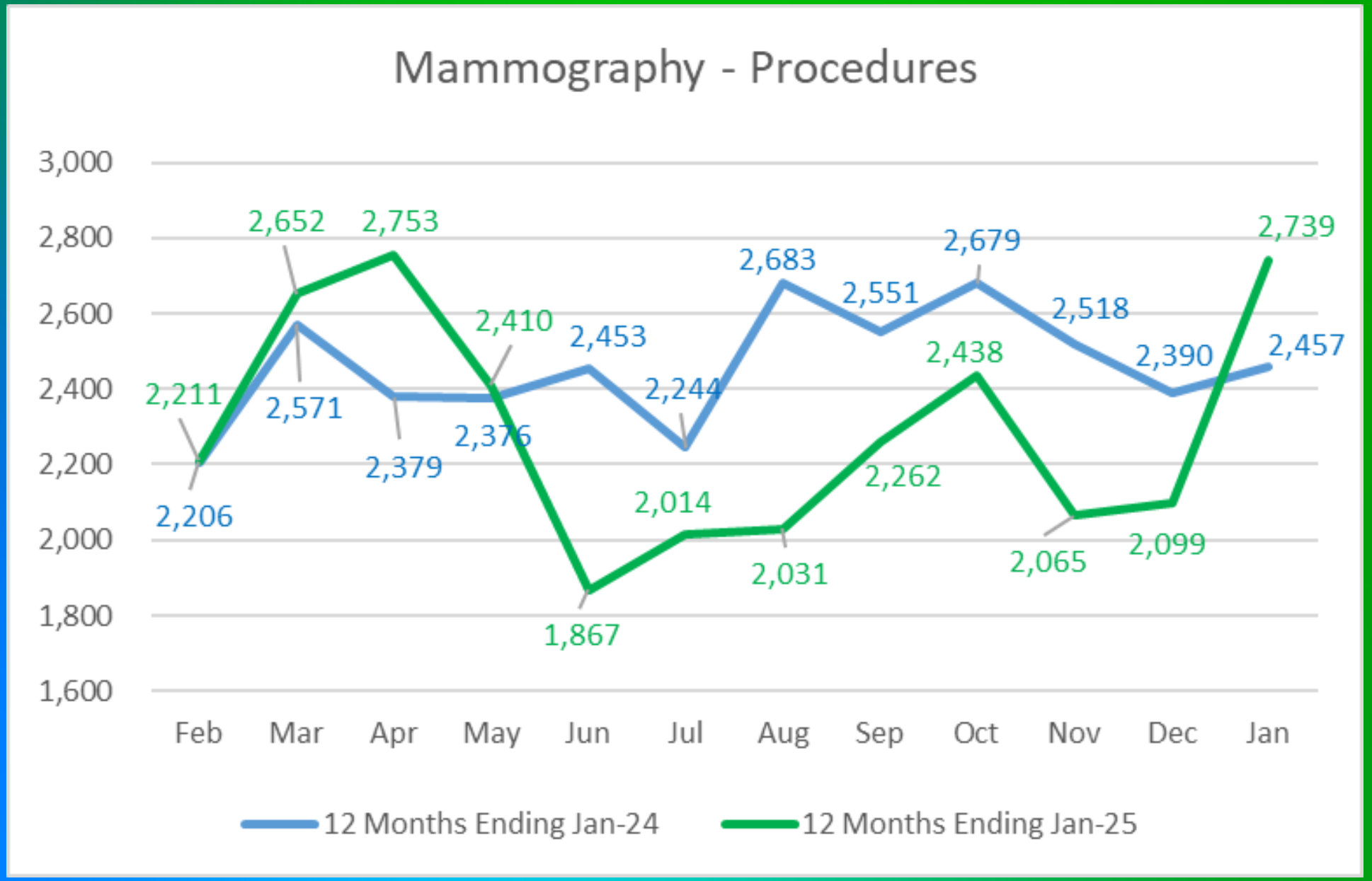
MRI – January 2025



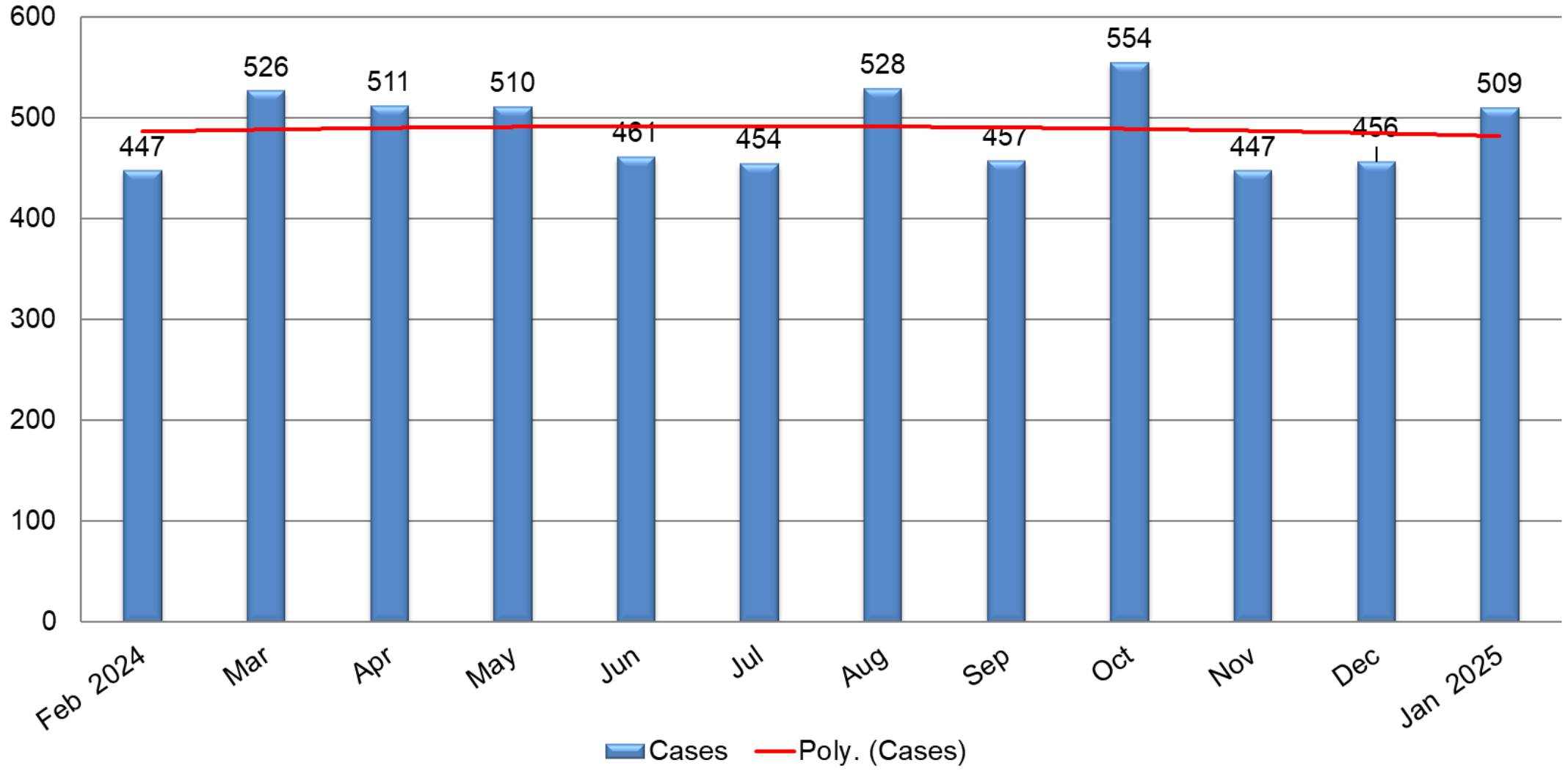
Cath Lab – January 2025



Mammography – January 2025



CDOC Cases - Rolling 12 Month Trend
Feb 2024 thru Jan 2025



Labor Productivity – January 2025

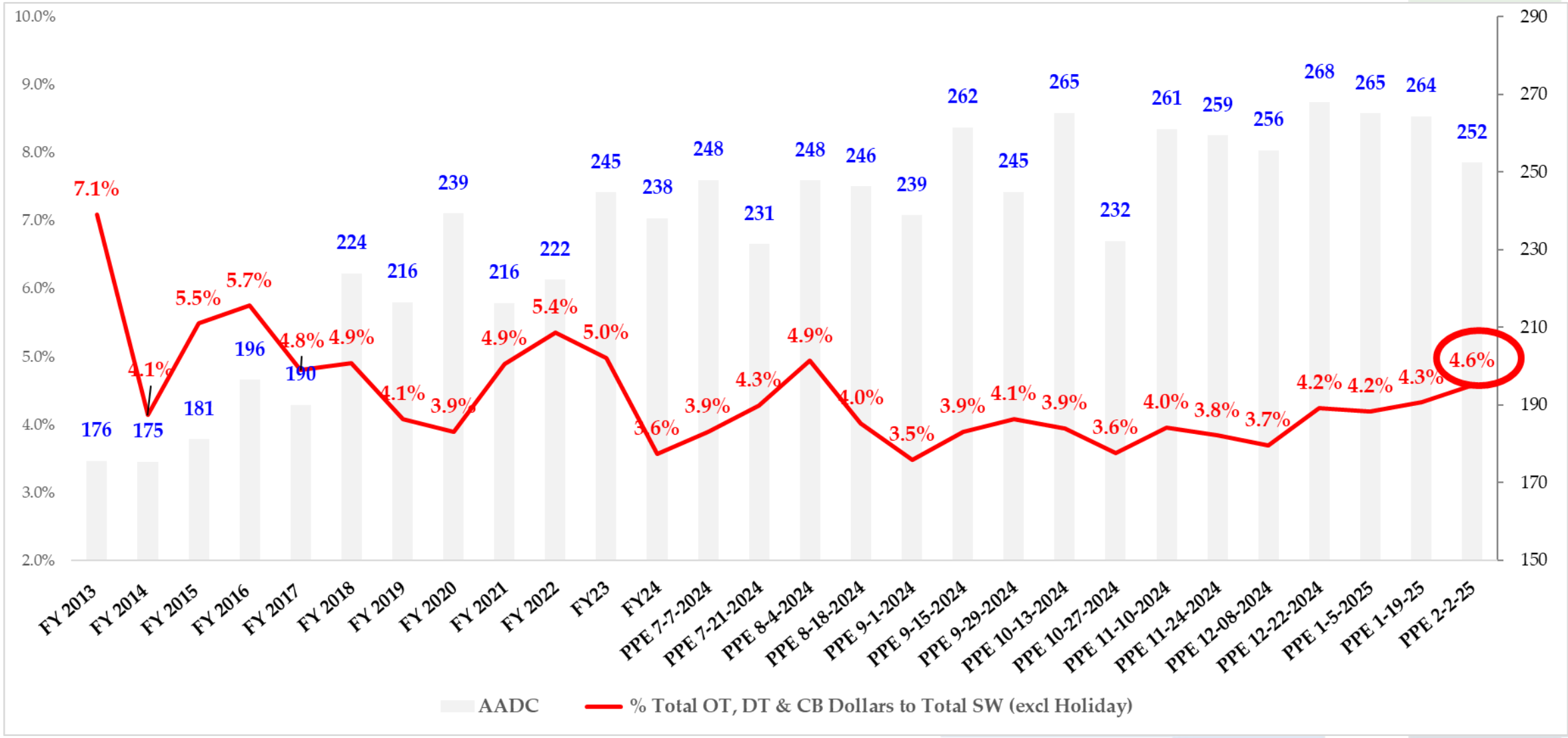
1. **Worked FTEs:** During the month of January, worked FTEs on a PAADC basis were 4.3% favorable at **6.3** with a target of **6.5**. *When reviewed on a unit-by-unit level, the variance was **51** FTEs positive (**$745k**).*

2. **Worked FTEs** increased from 1,473 in December to 1,566 in January. Average daily census decreased by 6 compared to prior month at 118 (1% above budget).

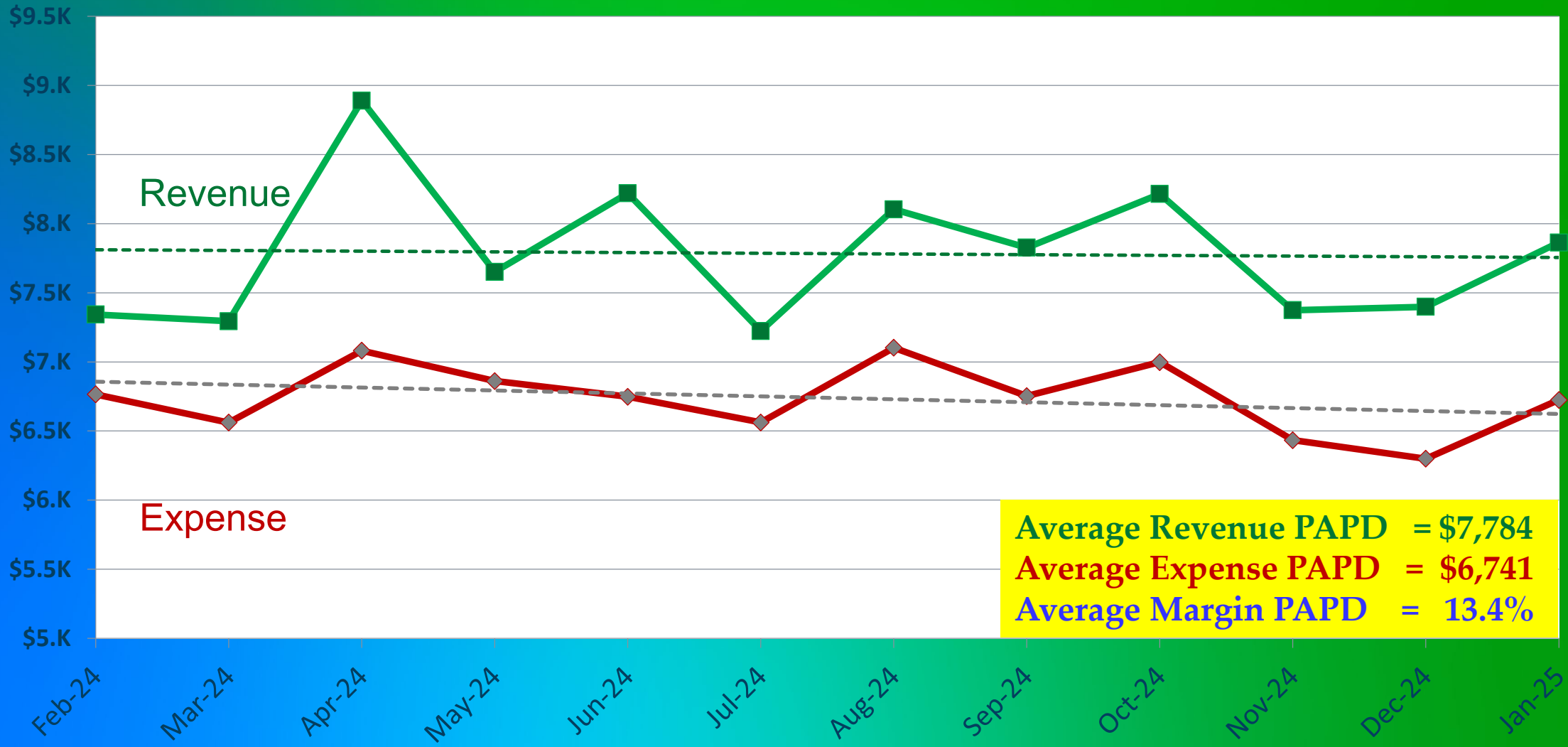
3. **Paid FTEs:** On a PAADC basis, paid FTEs were **6.9%** favorable to budget at **7.3 actual vs. 7.8 budget.** Paid FTEs increased from 1,799 in December to 1,824 in January.

% of Total OT, DT & CB Dollars to Total S&W

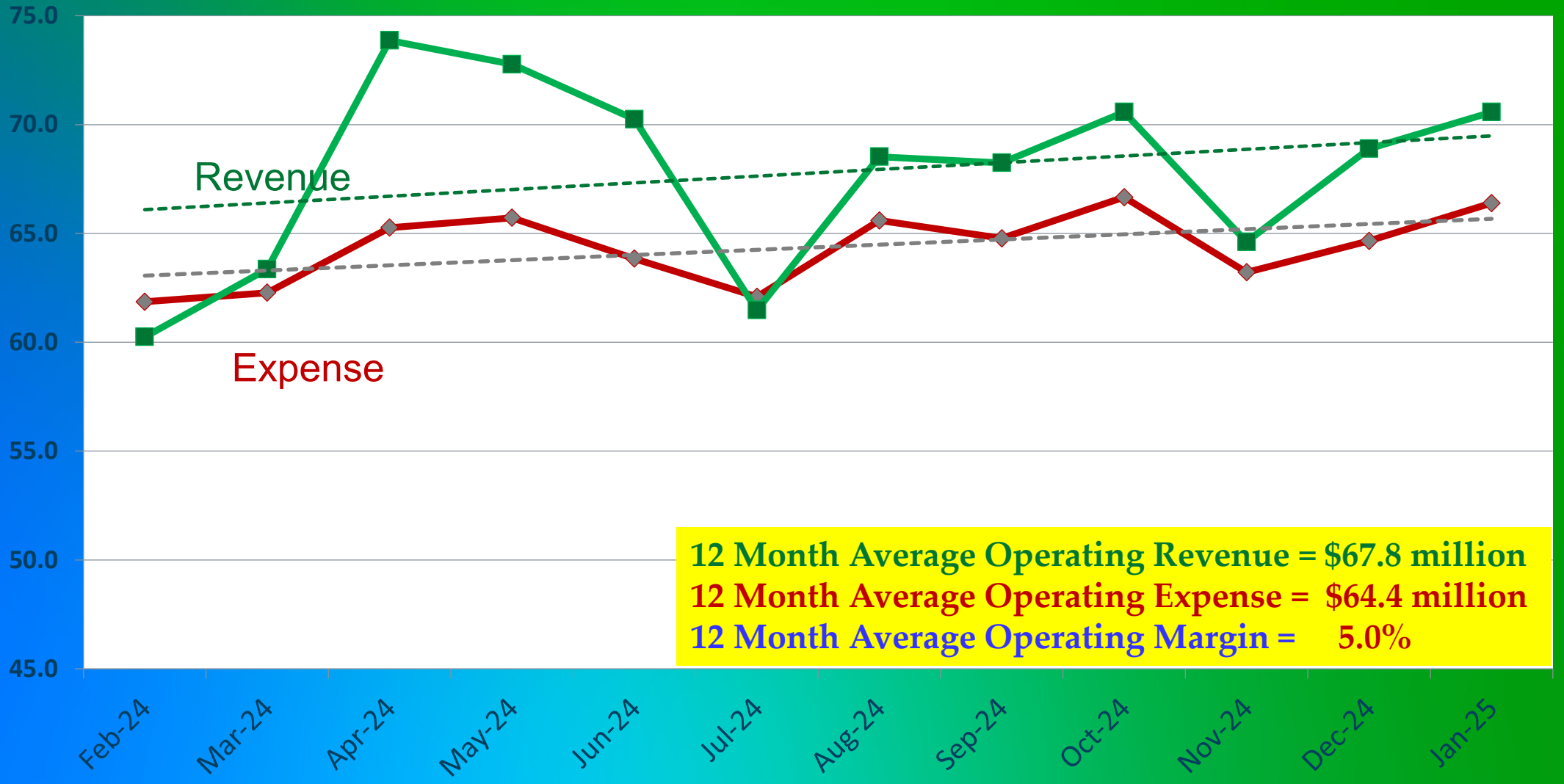
Updated Thru PPE 2-2-25



SVHMC Revenues & Expenses Per Adjusted Patient Day
Rolling 12 Months: Feb 24 to Jan 25



SVH Consolidated Revenues & Expenses
Rolling 12 Months: Feb 24 to Jan 25



12 Month Average Operating Revenue = $67.8 million
12 Month Average Operating Expense = $64.4 million
12 Month Average Operating Margin = 5.0%

Salinas Valley Health Key Financial Indicators

Statistic	YTD 1/31/25	SVH Target	+/-	S&P A+ Rated Hospitals	+/-	YTD 1/31/24	+/-
Operating Margin*	5.1%	5.0%		4.0%		-2.2%	
Total Margin*	9.3%	6.0%		6.6%		4.2%	
EBITDA Margin**	9.5%	7.4%		13.6%		2.6%	
Days of Cash*	373	305		249		338	
Days of Accounts Payable*	48	45		-		48	
Days of Net Accounts Receivable**	65	45		49		63	
Supply Expense as % NPR	14.6%	14.0%		-		13.9%	
SWB Expense as % NPR	51.9%	53.0%		53.7%		55.9%	
Operating Expense per APD*	6,637	6,739		-		6,732	

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

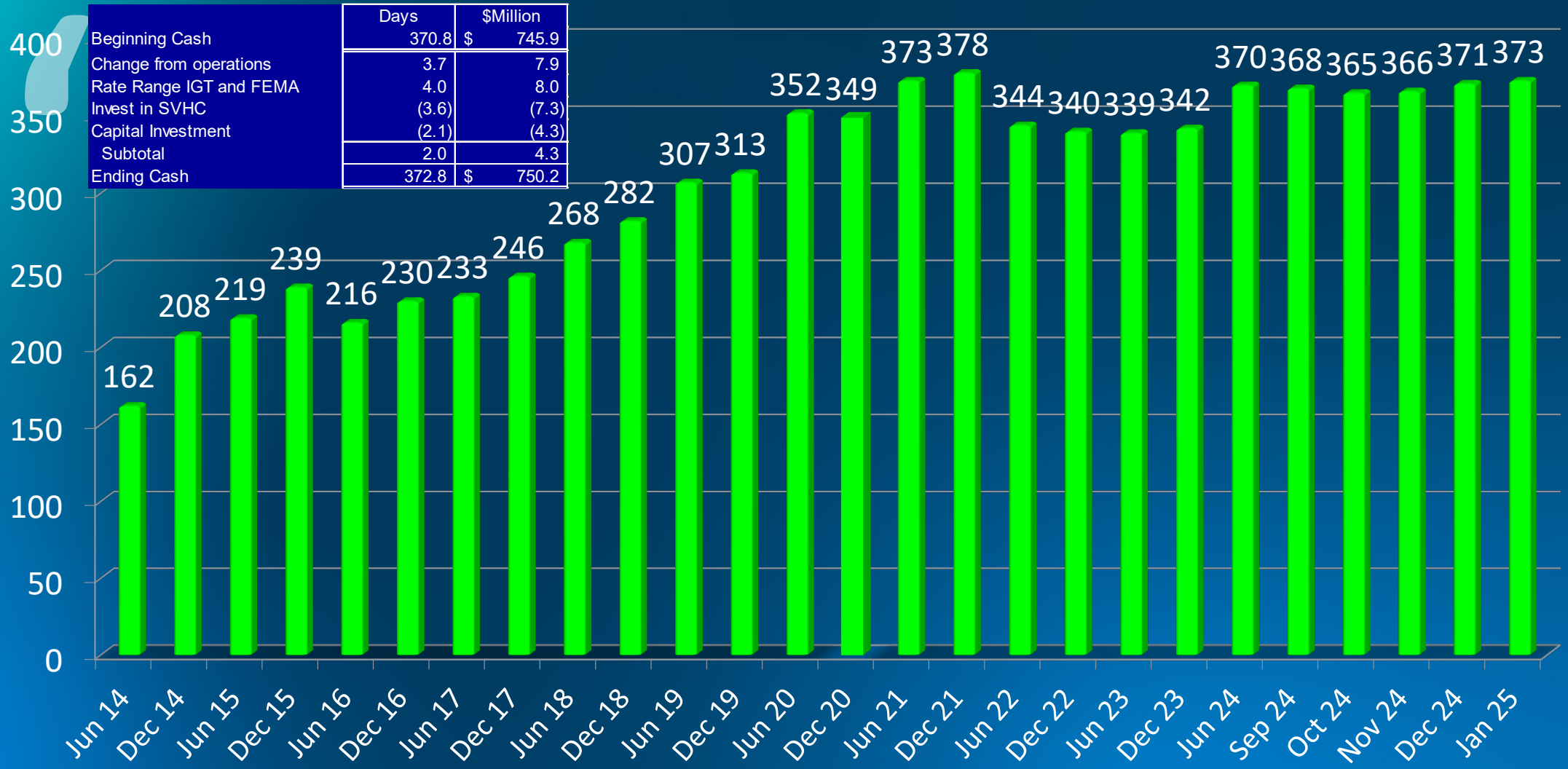
*These metrics have **not** been adjusted for normalizing items

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

***Metric based on 365 days average net revenue (consistent with industry standard)

Salinas Valley Health
Days Cash on Hand = 373 Days ($750M) - January 2025

	Days	$Million
Beginning Cash	370.8	$ 745.9
Change from operations	3.7	7.9
Rate Range IGT and FEMA	4.0	8.0
Invest in SVHC	(3.6)	(7.3)
Capital Investment	(2.1)	(4.3)
Subtotal	2.0	4.3
Ending Cash	372.8	$ 750.2



Routine Capital Expenditures
Through January 2025

Fiscal Month	FY 2025 Approved Budget *	Total Purchased Expenditures	Remaining	Project	Amount
July	1,916,667	712,780	1,203,887	Cath Lab Equipment Replacement	103,681
August	1,916,667	1,382,572	1,737,981	Angio Equipment Replacement	75,996
September	1,916,667	729,309	2,925,338	Nurse Call System	15,414
October	1,916,667	1,191,148	3,650,857	Nuclear Med D-Spect Camera	11,040
November	1,916,667	794,889	4,772,635	Miscellaneous	2,344
December	1,916,667	1,381,451	5,307,851	Total Improvements	208,475
January	1,916,667	1,565,871	5,658,646	Surgery Stryker Drill Set	554,586
February	1,916,667		7,575,313	Respiratory Ventilator Systems	327,681
March	1,916,667		9,491,980	Pharmacy Cabinets	129,533
April	1,916,667		11,408,646	Cath Lab Ultrasound	93,220
May	1,916,667		13,325,313	Miscellaneous	252,377
June	1,916,667		15,241,980	Total Equipment	1,357,396
YTD TOTAL	**23,000,000**	**7,758,020**	**15,241,980**	**Grand Total**	**1,565,871**

Questions/Comments

SALINAS VALLEY HEALTH MEDICAL CENTER
SUMMARY INCOME STATEMENT
January 31, 2025

	Month of January,		Seven months ended January 31,	
	current year	prior year	current year	prior year
Operating revenue:				
Net patient revenue	$ 64,024,725	$ 61,613,990	$ 398,737,744	$ 351,385,979
Other operating revenue	1,644,039	328,494	10,635,166	7,575,234
Total operating revenue	65,668,764	61,942,484	409,372,910	358,961,213
Total operating expenses	52,189,851	50,949,807	351,080,574	335,514,655
Total non-operating income	(3,487,895)	(997,809)	(14,947,158)	(6,817,582)
Operating and non-operating income	$ 9,991,018	$ 9,994,868	$ 43,345,178	$ 16,628,976

SALINAS VALLEY HEALTH MEDICAL CENTER
BALANCE SHEETS
January 31, 2025

	Current year	Prior year
ASSETS:		
Current assets	$ 431,470,049	$ 349,508,114
Assets whose use is limited or restricted by board	170,818,952	164,835,169
Capital assets	255,391,954	250,724,362
Other assets	304,325,620	290,451,252
Deferred pension outflows	85,734,219	116,911,125
	$ 1,247,740,794	$ 1,172,430,022
LIABILITIES AND EQUITY:		
Current liabilities	97,804,783	94,768,782
Long term liabilities	20,911,441	21,143,341
Lease deferred inflows	1,167,366	1,771,268
Pension liability	90,863,576	118,792,064
Net assets	1,036,993,628	935,954,566
	$ 1,247,740,794	$ 1,172,430,022

SALINAS VALLEY HEALTH MEDICAL CENTER
SCHEDULES OF NET PATIENT REVENUE
January 31, 2025

	Month of January,		Seven months ended January 31,	
	current year	prior year	current year	prior year
Patient days:				
By payer:				
Medicare	1,831	1,899	12,248	12,602
Medi-Cal	975	1,175	7,262	7,311
Commercial insurance	677	497	3,928	4,167
Other patient	153	140	822	783
Total patient days	3,636	3,711	24,260	24,863
Gross revenue:				
Medicare	$ 132,293,237	$ 128,500,304	$ 880,619,121	$ 786,050,025
Medi-Cal	84,681,116	76,095,203	562,480,004	483,005,817
Commercial insurance	63,332,434	52,992,852	407,886,997	369,393,576
Other patient	13,871,775	9,975,991	76,098,061	63,559,989
Gross revenue	294,178,562	267,564,349	1,927,084,183	1,702,009,407
Deductions from revenue:				
Administrative adjustment	282,707	604,055	2,363,252	2,229,964
Charity care	1,023,528	632,874	3,682,134	5,185,545
Contractual adjustments:				
Medicare outpatient	44,561,448	39,108,296	293,449,699	242,070,816
Medicare inpatient	51,414,963	48,186,591	335,666,644	327,361,010
Medi-Cal traditional outpatient	1,711,901	2,133,509	10,874,065	20,177,785
Medi-Cal traditional inpatient	2,019,001	5,015,765	34,810,341	33,132,174
Medi-Cal managed care outpatient	44,411,828	31,859,719	276,222,576	210,393,394
Medi-Cal managed care inpatient	24,103,199	30,651,688	179,840,538	174,533,845
Commercial insurance outpatient	27,257,532	21,567,547	186,423,928	153,003,181
Commercial insurance inpatient	24,657,651	19,760,753	155,121,747	143,564,296
Uncollectible accounts expense	5,976,284	4,246,345	38,366,424	29,558,634
Other payors	2,733,795	2,183,218	11,525,091	9,412,784
Deductions from revenue	230,153,837	205,950,359	1,528,346,439	1,350,623,428
Net patient revenue	$ 64,024,725	$ 61,613,990	$ 398,737,744	$ 351,385,979
Gross billed charges by patient type:				
Inpatient	$ 138,434,750	$ 141,826,613	$ 902,679,828	$ 871,913,731
Outpatient	121,139,628	96,790,497	800,334,925	624,917,743
Emergency room	34,604,184	28,947,238	224,069,429	205,177,933
Total	$ 294,178,562	$ 267,564,349	$ 1,927,084,182	$ 1,702,009,407

SALINAS VALLEY HEALTH MEDICAL CENTER
STATEMENTS OF REVENUE AND EXPENSES
January 31, 2025

	Month of January,		Seven months ended January 31,	
	current year	prior year	current year	prior year
Operating revenue:				
Net patient revenue	$ 64,024,725	$ 61,613,990	$ 398,737,744	$ 351,385,979
Other operating revenue	1,644,039	328,494	10,635,166	7,575,234
Total operating revenue	65,668,764	61,942,484	409,372,910	358,961,213
Operating expenses:				
Salaries and wages	17,711,591	17,798,503	123,165,030	117,136,222
Compensated absences	3,717,358	3,193,519	22,289,741	21,164,194
Employee benefits	8,925,390	9,012,836	56,169,573	58,759,047
Supplies, food, and linen	8,367,519	7,564,505	60,272,399	50,475,764
Purchased department functions	3,754,821	4,139,693	27,054,251	25,681,515
Medical fees	2,745,113	2,259,127	17,786,920	17,398,107
Other fees	1,955,129	2,981,889	13,496,786	16,222,380
Depreciation	2,706,543	2,390,598	17,894,958	16,775,845
All other expense	2,306,387	1,609,137	12,950,916	11,901,581
Total operating expenses	52,189,851	50,949,807	351,080,574	335,514,655
Income from operations	13,478,913	10,992,677	58,292,336	23,446,558
Non-operating income:				
Donations	237,282	1,000,015	4,245,242	2,333,567
Property taxes	476,714	333,333	3,337,000	2,333,333
Investment income	179,786	2,687,322	9,942,500	19,973,644
Taxes and licenses	0	0	0	0
Income from subsidiaries	(4,381,677)	(5,018,479)	(32,471,900)	(31,458,126)
Total non-operating income	(3,487,895)	(997,809)	(14,947,158)	(6,817,582)
Operating and non-operating income	9,991,018	9,994,868	43,345,178	16,628,976
Net assets to begin	1,027,002,610	925,959,698	993,648,450	919,325,590
Net assets to end	$ 1,036,993,628	$ 935,954,566	$ 1,036,993,628	$ 935,954,566
Net income excluding non-recurring items	$ 9,991,018	$ 9,994,868	$ 43,345,178	$ 16,628,976
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	0	0	0	0
Operating and non-operating income	$ 9,991,018	$ 9,994,868	$ 43,345,178	$ 16,628,976

SALINAS VALLEY HEALTH MEDICAL CENTER
SCHEDULES OF INVESTMENT INCOME
January 31, 2025

	Month of January,		Seven months ended January 31,	
	current year	prior year	current year	prior year
Detail of income from subsidiaries:				
Salinas Valley Health Clinics				
Pulmonary Medicine Center	$ (237,909)	$ (223,555)	$ (1,450,445)	$ (1,423,234)
Neurological Clinic	(58,648)	(80,430)	(466,193)	(518,658)
Palliative Care Clinic	29,441	(96,907)	(632,309)	(615,459)
Surgery Clinic	(82,651)	(206,760)	(1,125,991)	(1,297,721)
Infectious Disease Clinic	(50,964)	(40,476)	(318,309)	(253,012)
Endocrinology Clinic	(235,538)	(249,892)	(1,595,505)	(1,604,863)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(577,992)	(658,904)	(4,029,118)	(4,056,325)
OB/GYN Clinic	(584,087)	(379,663)	(2,954,846)	(2,747,900)
PrimeCare Medical Group	(497,193)	(1,003,003)	(5,581,085)	(6,060,927)
Oncology Clinic	(389,087)	(363,583)	(2,742,026)	(2,298,809)
Cardiac Surgery	(303,848)	(185,270)	(2,366,480)	(2,094,519)
Sleep Center	(96,624)	(54,630)	(612,884)	(343,644)
Rheumatology	(75,096)	(77,219)	(527,644)	(492,547)
Precision Ortho MDs	(465,356)	(530,693)	(3,108,991)	(3,351,265)
Precision Ortho-MRI	0	0	0	0
Precision Ortho-PT	(59,452)	(59,246)	(516,213)	(313,642)
Vaccine Clinic	0	0	0	16
Dermatology	(39,488)	(50,380)	(297,434)	(286,885)
Hospitalists	0	0	0	0
Behavioral Health	(34,571)	(60,198)	(279,460)	(314,499)
Pediatric Diabetes	(28,865)	(40,284)	(282,244)	(321,548)
Neurosurgery	(132,651)	(32,703)	(825,632)	(241,364)
Multi-Specialty-RR	3,277	1,303	74,094	19,866
Radiology	(335,606)	(360,050)	(2,307,253)	(2,243,847)
Salinas Family Practice	(87,835)	(133,209)	(773,048)	(966,162)
Urology	(196,692)	(199,553)	(1,351,345)	(1,206,127)
Total SVHC	(4,537,435)	(5,085,305)	(34,070,361)	(33,033,075)
Doctors on Duty	(104,183)	77,862	(60,674)	371,821
LPCH NICU JV	0	0	0	0
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	186,973	207,358	1,142,100	949,261
Coastal	(82,833)	(217,350)	(78,187)	18,336
Apex	0	0	0	0
21st Century Oncology	96,935	(35,715)	181,124	(47,108)
Monterey Bay Endoscopy Center	58,865	34,672	414,098	282,638
Total	$ (4,381,677)	$ (5,018,479)	$ (32,471,900)	$ (31,458,126)

SALINAS VALLEY HEALTH MEDICAL CENTER
BALANCE SHEETS
January 31, 2025

	Current year	Prior year
A S S E T S		
Current assets:		
Cash and cash equivalents	$ 288,649,815	$ 219,093,803
Patient accounts receivable, net of estimated uncollectibles of $60,646,814	122,201,698	107,899,596
Supplies inventory at cost	9,121,260	8,246,117
Current portion of lease receivable	956,741	1,239,543
Other current assets	10,540,535	13,029,056
Total current assets	431,470,049	349,508,114
Assets whose use is limited or restricted by board	170,818,952	164,835,169
Capital assets:		
Land and construction in process	44,567,392	75,034,848
Other capital assets, net of depreciation	210,824,562	175,689,514
Total capital assets	255,391,954	250,724,362
Other assets:		
Right of use assets, net of amortization	8,434,565	6,932,254
Long term lease receivable	245,848	666,332
Subscription assets, net of amortization	8,843,195	8,126,644
Investment in Securities	264,948,778	253,785,075
Investment in SVMC	(733,492)	14,520,242
Investment in Coastal	1,674,184	1,699,977
Investment in other affiliates	22,207,845	13,431,703
Net pension asset	(1,295,303)	(8,710,975)
Total other assets	304,325,620	290,451,252
Deferred pension outflows	85,734,219	116,911,125
	$ 1,247,740,794	$ 1,172,430,022
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	$ 64,968,185	$ 63,482,139
Due to third party payers	4,014,940	5,517,961
Current portion of self-insurance liability	22,825,371	18,883,412
Current subscription liability	3,159,894	4,375,801
Current portion of lease liability	2,836,393	2,509,470
Total current liabilities	97,804,783	94,768,782
Long term portion of workers comp liability	12,078,720	13,027,333
Long term portion of lease liability	5,581,127	4,643,054
Long term subscription liability	3,251,594	3,472,954
Total liabilities	118,716,224	115,912,124
Lease deferred inflows	1,167,366	1,771,268
Pension liability	90,863,576	118,792,064
Net assets:		
Invested in capital assets, net of related debt	255,391,954	250,724,362
Unrestricted	781,601,674	685,230,204
Total net assets	1,036,993,628	935,954,566
	$ 1,247,740,794	$ 1,172,430,022

SALINAS VALLEY HEALTH MEDICAL CENTER
STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL
January 31, 2025

	Month of January,			Seven months ended January 31,			
	Actual	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:							
Gross billed charges	$ 294,178,562	$ 28,528,597	10.74%	$ 1,927,084,183	$ 1,796,533,093	130,551,090	7.27%
Dedutions from revenue	230,153,837	16,285,402	7.61%	1,528,346,439	1,439,724,919	88,621,520	6.16%
Net patient revenue	64,024,725	12,243,194	23.64%	398,737,744	356,808,174	41,929,570	11.75%
Other operating revenue	1,644,039	191,370	13.17%	10,635,166	10,168,683	466,483	4.59%
Total operating revenue	**65,668,764**	**12,434,564**	**23.36%**	**409,372,910**	**366,976,857**	**42,396,053**	**11.55%**
Operating expenses:							
Salaries and wages	17,711,591	269,492	1.55%	123,165,030	120,057,583	3,107,447	2.59%
Compensated absences	3,717,358	416,075	12.60%	22,289,741	23,843,214	(1,553,473)	-6.52%
Employee benefits	8,925,390	658,805	7.97%	56,169,573	55,552,119	617,454	1.11%
Supplies, food, and linen	8,367,519	1,065,243	14.59%	60,272,399	50,643,748	9,628,651	19.01%
Purchased department functions	3,754,821	(70,463)	-1.84%	27,054,251	26,776,982	277,269	1.04%
Medical fees	2,745,113	259,476	10.44%	17,786,920	17,399,461	387,459	2.23%
Other fees	1,955,129	198,701	11.31%	13,496,786	12,226,875	1,269,911	10.39%
Depreciation	2,706,543	157,367	6.17%	17,894,958	16,649,957	1,245,001	7.48%
All other expense	2,306,387	315,760	15.86%	12,950,916	13,901,667	(950,751)	-6.84%
Total operating expenses	**52,189,851**	**3,270,455**	**6.69%**	**351,080,574**	**337,051,605**	**14,028,969**	**4.16%**
Income from operations	**13,478,913**	**9,164,109**	**212.39%**	**58,292,336**	**29,925,252**	**28,367,084**	**94.79%**
Non-operating income:							
Donations	237,282	28,949	13.90%	4,245,242	1,458,333	2,786,909	191.10%
Property taxes	476,714	(0)	0.00%	3,337,000	3,337,000	(0)	0.00%
Investment income	179,786	(1,711,387)	-90.49%	9,942,500	13,238,212	(3,295,712)	-24.90%
Income from subsidiaries	(4,381,677)	741,545	-14.47%	(32,471,900)	(35,862,555)	3,390,655	-9.45%
Total non-operating income	**(3,487,895)**	**(940,894)**	**36.94%**	**(14,947,158)**	**(17,829,009)**	**2,881,851**	**-16.16%**
Operating and non-operating income	**$ 9,991,018**	**$ 8,223,215**	**465.17%**	**$ 43,345,178**	**$ 12,096,243**	**31,248,935**	**258.34%**

SALINAS VALLEY HEALTH MEDICAL CENTER
PATIENT STATISTICAL REPORT
For the month of January and seven months to date

	Month of January		Seven months to date		
	2024	2025	2023-24	2024-25	Variance
NEWBORN STATISTICS					
Medi-Cal Admissions	30	40	245	249	4
Other Admissions	73	106	572	584	12
Total Admissions	103	146	817	833	16
Medi-Cal Patient Days	47	64	393	476	83
Other Patient Days	107	169	954	857	(97)
Total Patient Days of Care	154	233	1,347	1,333	(14)
Average Daily Census	5.0	7.5	6.3	6.2	(0.1)
Medi-Cal Average Days	1.8	2.0	1.7	2.1	0.4
Other Average Days	0.8	1.7	1.7	1.5	(0.2)
Total Average Days Stay	1.6	1.8	1.7	1.7	(0.0)
ADULTS & PEDIATRICS					
Medicare Admissions	400	430	2,647	2,682	35
Medi-Cal Admissions	308	285	1,851	2,005	154
Other Admissions	357	341	2,075	2,225	150
Total Admissions	1,065	1,056	6,573	6,912	339
Medicare Patient Days	1,654	1,480	10,733	10,138	(595)
Medi-Cal Patient Days	1,193	1,044	7,520	7,698	178
Other Patient Days	1,002	942	6,633	5,374	(1,259)
Total Patient Days of Care	3,849	3,466	24,886	23,210	(1,676)
Average Daily Census	124.2	111.8	115.7	108.0	(7.8)
Medicare Average Length of Stay	4.1	3.3	4.1	3.8	(0.3)
Medi-Cal AverageLength of Stay	4.0	3.3	3.5	3.4	(0.2)
Other Average Length of Stay	2.8	2.2	2.5	1.9	(0.6)
Total Average Length of Stay	3.6	2.9	3.4	3.0	(0.4)
Deaths	29	22	185	187	2
Total Patient Days	4,003	3,699	26,233	24,543	(1,690)
Medi-Cal Administrative Days	0	0	5	0	(5)
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	0	0	5	0	(5)
Percent Non-Acute	0.00%	0.00%	0.02%	0.00%	-0.02%

SALINAS VALLEY HEALTH MEDICAL CENTER
PATIENT STATISTICAL REPORT
For the month of January and seven months to date

	Month of January		Seven months to date		
	2024	2025	2023-24	2024-25	Variance
PATIENT DAYS BY LOCATION					
Level I	307	258	1,736	1,698	(38)
Heart Center	342	340	2,304	2,293	(11)
Monitored Beds	659	596	4,353	3,966	(387)
Single Room Maternity/Obstetrics	267	417	2,190	2,455	265
Med/Surg - Cardiovascular	850	891	5,826	6,110	284
Med/Surg - Oncology	307	265	1,965	1,883	(82)
Med/Surg - Rehab	531	448	3,251	3,245	(6)
Pediatrics	136	128	944	840	(104)
Nursery	154	233	1,347	1,333	(14)
Neonatal Intensive Care	79	123	874	720	(154)
PERCENTAGE OF OCCUPANCY					
Level I	76.18%	64.02%	62.11%	60.75%	
Heart Center	73.55%	73.12%	71.44%	71.10%	
Monitored Beds	78.73%	71.21%	74.99%	68.32%	
Single Room Maternity/Obstetrics	23.28%	36.36%	27.53%	30.86%	
Med/Surg - Cardiovascular	60.93%	63.87%	60.22%	63.15%	
Med/Surg - Oncology	76.18%	65.76%	70.30%	67.37%	
Med/Surg - Rehab	65.88%	55.58%	58.16%	58.05%	
Med/Surg - Observation Care Unit	0.00%	0.00%	0.00%	0.00%	
Pediatrics	24.37%	22.94%	24.39%	21.71%	
Nursery	30.11%	45.55%	18.99%	18.79%	
Neonatal Intensive Care	23.17%	36.07%	36.96%	30.44%	

SALINAS VALLEY HEALTH MEDICAL CENTER
PATIENT STATISTICAL REPORT
For the month of January and seven months to date

	Month of January		Seven months to date		
	2024	2025	2023-24	2024-25	Variance
DELIVERY ROOM					
Total deliveries	102	139	753	822	69
C-Section deliveries	21	51	249	259	10
Percent of C-section deliveries	20.59%	36.69%	33.07%	31.51%	-1.56%
OPERATING ROOM					
In-Patient Operating Minutes	16,222	18,783	112,915	127,446	14,531
Out-Patient Operating Minutes	26,930	36,017	204,723	243,536	38,813
Total	43,152	54,800	317,638	370,982	53,344
Open Heart Surgeries	12	13	80	82	2
In-Patient Cases	115	125	809	833	24
Out-Patient Cases	278	343	2,036	2,300	264
EMERGENCY ROOM					
Immediate Life Saving	24	33	244	226	(18)
High Risk	869	835	5,204	6,014	810
More Than One Resource	2,655	3,003	19,808	19,736	(72)
One Resource	1,691	1,934	13,534	12,516	(1,018)
No Resources	54	68	648	532	(116)
Total	5,293	5,873	39,438	39,024	(414)

SALINAS VALLEY HEALTH MEDICAL CENTER
PATIENT STATISTICAL REPORT
For the month of January and seven months to date

	Month of January		Seven months to date		
	2024	2025	2023-24	2024-25	Variance
CENTRAL SUPPLY					
In-patient requisitions	13,675	12,261	92,017	87,284	-4,733
Out-patient requisitions	10,221	10,913	72,031	76,426	4,395
Emergency room requisitions	677	403	5,132	4,205	-927
Interdepartmental requisitions	6,876	7,244	46,479	47,769	1,290
Total requisitions	31,449	30,821	215,659	215,684	25
LABORATORY					
In-patient procedures	40,812	37,881	258,702	248,990	-9,712
Out-patient procedures	41,103	49,217	167,740	307,184	139,444
Emergency room procedures	12,631	13,310	90,813	88,021	-2,792
Total patient procedures	94,546	100,408	517,255	644,195	126,940
BLOOD BANK					
Units processed	241	234	2,103	2,000	-103
ELECTROCARDIOLOGY					
In-patient procedures	1,224	1,150	7,685	7,822	137
Out-patient procedures	366	464	2,760	2,901	141
Emergency room procedures	1,250	1,375	8,443	8,987	544
Total procedures	2,840	2,989	18,888	19,710	822
CATH LAB					
In-patient procedures	110	143	841	931	90
Out-patient procedures	134	91	806	851	45
Emergency room procedures	0	0	0	1	1
Total procedures	244	234	1,647	1,783	136
ECHO-CARDIOLOGY					
In-patient studies	429	386	2,666	2,771	105
Out-patient studies	312	370	1,937	2,342	405
Emergency room studies	0	2	7	12	5
Total studies	741	758	4,610	5,125	515
NEURODIAGNOSTIC					
In-patient procedures	116	158	910	953	43
Out-patient procedures	13	36	128	178	50
Emergency room procedures	0	0	0	1	1
Total procedures	129	194	1,038	1,132	94

SALINAS VALLEY HEALTH MEDICAL CENTER
PATIENT STATISTICAL REPORT
For the month of January and seven months to date

	Month of January		Seven months to date		
	2024	2025	2023-24	2024-25	Variance
SLEEP CENTER					
In-patient procedures	0	0	0	0	0
Out-patient procedures	274	299	1,638	1,945	307
Emergency room procedures	0	0	0	0	0
Total procedures	274	299	1,638	1,945	307
RADIOLOGY					
In-patient procedures	1,440	1,331	9,268	9,090	-178
Out-patient procedures	396	516	2,781	3,048	267
Emergency room procedures	1,438	1,670	10,400	11,042	642
Total patient procedures	3,274	3,517	22,449	23,180	731
MAGNETIC RESONANCE IMAGING					
In-patient procedures	141	172	982	1,275	293
Out-patient procedures	98	88	796	736	-60
Emergency room procedures	6	6	49	45	-4
Total procedures	245	266	1,827	2,056	229
MAMMOGRAPHY CENTER					
In-patient procedures	4,057	4,493	28,996	25,294	-3,702
Out-patient procedures	4,026	4,476	28,651	25,217	-3,434
Emergency room procedures	0	0	9	9	0
Total procedures	8,083	8,969	57,656	50,520	-7,136
NUCLEAR MEDICINE					
In-patient procedures	26	19	139	116	-23
Out-patient procedures	97	151	744	908	164
Emergency room procedures	0	0	2	2	0
Total procedures	123	170	885	1,026	141
PHARMACY					
In-patient prescriptions	98,461	80,937	595,876	558,723	-37,153
Out-patient prescriptions	16,025	17,401	110,049	117,119	7,070
Emergency room prescriptions	8,968	10,635	64,845	69,581	4,736
Total prescriptions	123,454	108,973	770,770	745,423	-25,347
RESPIRATORY THERAPY					
In-patient treatments	19,701	15,809	116,513	104,681	-11,832
Out-patient treatments	1,145	906	7,592	6,072	-1,520
Emergency room treatments	363	718	3,587	3,762	175
Total patient treatments	21,209	17,433	127,692	114,515	-13,177
PHYSICAL THERAPY					
In-patient treatments	2,521	2,332	17,682	16,215	-1,467
Out-patient treatments	265	286	1,842	1,742	-100
Emergency room treatments	0	0	0	0	0
Total treatments	2,786	2,618	19,524	17,957	-1,567

SALINAS VALLEY HEALTH MEDICAL CENTER
PATIENT STATISTICAL REPORT
For the month of January and seven months to date

	Month of January		Seven months to date		
	2024	2025	2023-24	2024-25	Variance
OCCUPATIONAL THERAPY					
In-patient procedures	1,541	1,540	9,983	10,041	58
Out-patient procedures	276	263	1,687	1,445	-242
Emergency room procedures	0	0	0	0	0
Total procedures	1,817	1,803	11,670	11,486	-184
SPEECH THERAPY					
In-patient treatments	526	630	3,582	3,741	159
Out-patient treatments	40	41	272	245	-27
Emergency room treatments	0	0	0	0	0
Total treatments	566	671	3,854	3,986	132
CARDIAC REHABILITATION					
In-patient treatments	1	0	10	4	-6
Out-patient treatments	592	552	3,537	4,267	730
Emergency room treatments	0	0	0	1	1
Total treatments	593	552	3,547	4,272	725
CRITICAL DECISION UNIT					
Observation hours	423	288	2,221	1,786	-435
ENDOSCOPY					
In-patient procedures	80	71	522	569	47
Out-patient procedures	39	63	397	405	8
Emergency room procedures	0	1	0	2	2
Total procedures	119	135	919	976	57
C.T. SCAN					
In-patient procedures	781	760	5,037	5,304	267
Out-patient procedures	359	539	2,486	3,483	997
Emergency room procedures	732	672	5,113	5,183	70
Total procedures	1,872	1,971	12,636	13,970	1,334
DIETARY					
Routine patient diets	13,125	17,075	118,097	111,267	-6,830
Meals to personnel	28,709	38,471	199,414	250,027	50,613
Total diets and meals	41,834	55,546	317,511	361,294	43,783
LAUNDRY AND LINEN					
Total pounds laundered	99,024	103,102	683,051	687,136	4,085

COMMUNITY ADVOCACY COMMITTEE

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

(Rolando Cabrera, M.D.)

Salinas Valley HEALTH

Medical Executive Committee Summary – February 13, 2025

Items for Board Approval

Credentials Committee

Initial Appointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Arnold, Cody, MD	Neonatology	Pediatrics	Tele-Neonatology.
Baho, Sammy, MD	Anesthesiology	Anesthesiology	Anesthesiology
Nagar, Menachem, MD	Neurology	Medicine	Tele-Neurology
Waingold, Andrea, MD	Anesthesiology	Anesthesiology	Anesthesiology

Reappointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Bashtar, Reza MD	Internal Medicine	Medicine	Hospitalist- Adult
Block, Robert, MD	Otolaryngology	Surgery	Otolaryngology
Cefala, Edward, MD	Radiology	Surgery	Mammography
Griffin, Matthew , MD	Orthopedic Surgery	Surgery	Orthopedic Surgery Salinas Valley Health Wound Healing Center
Horwath, Ewald, MD	Psychiatry	Medicine	Telemedicine Psychiatry
Karakash, Scarlett, MD	Maternal Fetal Medicine	Ob/Gyn	Maternal Fetal Medicine
Martinez, Albert, MD	Family Medicine	Family Medicine	Family Medicine – Active Community Salinas Valley Health Wound Healing Center
Medawar, Chad, DO	Critical Care Pulmonology Medicine	Medicine	Critical Care/Pulmonary Medicine General Internal Medicine
Mustoe, Thomas, MD	Interventional Cardiology	Medicine	Cardiology Interventional Cardiology Cardiac Diagnostic Outpatient Center (CDOC) Cardiovascular Advanced Diagnostic Imaging (CADI)
Naidoo, Elton, MD	Psychiatry	Medicine	Telemedicine Psychiatry
Prager, Steven, MD	Allergy & Immunology	Pediatrics	Pediatric Allergy
Ramirez, Edward MD	Ob/Gyn	Ob/Gyn	Obstetrics & Gynecology-Active Community
Richardson, Zachary, MD	Ophthalmology	Surgery	Ophthalmology
Solomon, Tabitha, MD	Neonatology	Pediatrics	Neonatology:
Varma, Ross, MD	Radiology	Surgery	Remote Radiology Salinas Valley Heath Advanced Imaging – Non-Cardiac Diagnostic Radiology Salinas Valley Health Nancy Ausonio Brest Health Center Mammography Reading

Staff Status Modifications:

NAME	SPECIALTY	STATUS
Jones, Matthew, MD	Ophthalmology	Emeritus status effective 2/28/2025
Bahia, Surinder, MD	Internal Medicine	Resignation effective 2/9/2025
Gopal, Arun, MD	Psychiatry	Resignation effective 1/9/2025

Privilege Modifications:

NAME	SPECIALTY	PRIVILEGE
Colorado, Rene, MD	Neurology	Requesting Outpatient Infusion Center privileges.
Mohammad, Shuaib, MD	Radiology	Voluntarily relinquished Coronary CT Angiography Cardiac MRI Myocardial Perfusion Imaging

Other Items: ***(Attached)***

ITEM	RECOMMENDATION
Taylor Farms Family Health & Wellness Center – Clinical Privilege Delineation	Recommended approval of the revision t to remove Newborn Circumcision from special procedures. The clinic does not have the equipment to perform this procedure.

Interdisciplinary Practice Committee

Initial Appointments:

APPLICANT	PRIVILEGES	DEPT	COLLABORATING/SUPERVISING PHYSICIAN(S)
Duran, Jacob PA-C	Physician Assistant – Cardiology	Medicine	Ajanta De, MD; James Joye, DO
Gamble, Lisa, PA-C	Physician Assistant – Cancer Care	Medicine	Shehzad Aziz, MD; Yang Liu, MD; Geetha Varma, MD; & Hong Zhao, MD
Mander, Tracy PA-C	Physician Assistant – Emergency Medicine	Emergency Medicine	Cristina Martinez, MD

Reappointments:

APPLICANT	PRIVILEGES	DEPT	COLLABORATING/SUPERVISING PHYSICIAN(S)
DeMara, David PA-C	Physician Assistant – Cardiothoracic & Vascular Surgery	Surgery	Vincent DeFilippi, MD and Andreas Sakopoulos, MD
Rafizadeh, Ardavan, PA-C	Physician Assistant – Cardiothoracic & Vascular Surgery	Surgery	Vincent DeFilippi, MD and Andreas Sakopoulos, MD

Modification/Addition of Privileges:

NAME	SPECIALTY	PRIVILEGE
Finkel, Teale PA-C	Physician Assistant – General Surgery	Act as first or second assistant in Robotic surgery under the supervision of an approved supervising physician.

Other Items: ***(Attached)***

Electrocardiogram Nursing Standardized Procedure	Review and approval of revisions.

Policies and Plans:

1. Information Management Program Plan
2. Laboratory Critical Values
3. Temporary Involuntary Hold - 5150

Informational Items:

I. Committee Reports:

a. Credentials Committee
b. Interdisciplinary Practice Committee
c. Medical Staff Excellence Committee
d. Quality and Safety Committee

II. Other Reports:

a. Annual Report – Anesthesiology Services
b. Epic Implementation Update
c. Summary of Executive Operations Committee Meetings
d. Summary of Medical Staff Department/Committee Meetings January 2025
e. Medical Staff Treasury Report February 5, 2025
f. Medical Staff Statistics Year to Date
g. Financial Update December 2024
h. HCAHPS Update February 5, 2025
i. HCAHPS Survey Questions Update
j. 2025 TJC National Patient Safety Goals

Salinas Valley Health Medical Center
Taylor Farms Family Health & Wellness Center (TFFHWC)
Active Community Delineation of Privileges

Applicant Name: _____

CORE PRIVILEGES

Criteria:

- Board Certification or qualified for certification by the American Board of Family Medicine, Pediatrics or Internal Medicine; **OR**
- Successful completion of an ACGME or AOA approved Internal Medicine, Pediatrics or Family Medicine training program; **AND**
- Evidence of current BLS certification (at minimum); **AND**
- Evidence of current competency in the management of 100 patients in an outpatient setting over the previous two years.

Proctoring Requirements: In accordance with the Medical Staff Bylaws/General Rules & Regulations.

General Privilege Statement

Clinically privileged individuals who have been determined to meet criteria within their practice specialty are permitted to evaluate, diagnose, treat and provide consultation independent of patient age, and where applicable, provide surgical and therapeutic treatment within the scope of those clinical privileges and to perform other procedures that are extensions of those same techniques and skills. In the event of an emergency, any credentialed individual is permitted to do everything reasonably possible regardless of department, staff status or clinical privileges, to save the life of a patient or to save a patient from serious harm as is outlined in the Medical Staff Bylaws.

Appropriate consultation will be obtained when the patient's condition exceeds the scope of training of the treatment practitioner.

Requested	Approved	Denied	Core Procedure
			Includes the outpatient management and coordination of care, treatment and services, including prescribing medication and outpatient medical history and physical examinations. See Core Procedure list for Taylor Farms Family Health & Wellness Center below.

MOONLIGHTING PRIVILEGES

Requested

To be eligible to apply for moonlighting privileges at TFFHWC, the applicant must meet the following qualifications:

Current PGY3 or PGY4 Resident in good standing at a hospital affiliated formalized Family Medicine or Internal Medicine Residency program

AND

• Documentation from the Residency Program Director of current competence to perform requested privileges as well as approval to moonlight

Moonlighting does not replace any part of the clinical experience that is integral to the Resident's training program. Residents with a J-1 Visa are excluded from moonlighting in accordance with Federal regulations.

TFFHWC Moonlighting Privileges

Under the supervision of a fully credentialed physician member of the Medical Staff, assess, work up, and provide outpatient treatment to patients who present at TFFHWC with any illness or injury, condition, or symptom.

Special Procedures/Privileges

Qualifications: To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth below.

Proctoring of Special Procedure Privileges: These special procedure-proctoring requirements must be met in addition to the core proctoring requirements described on page one of this privilege form.

Renewal of Privileges at Reappointment: In the event a physician has not performed a requested special procedure privilege during the reappointment period, the physician will be required to have that procedure observed and approved prior to granting without restriction. If a physician has not performed a procedure during two appointment periods (4 years), that privilege will not be granted.

Applicant: Place a check mark in the (R) column for each privilege requested. New applicants must provide documentation of the number and types of hospital cases during the past 24 months.

(R)=Requested **(A)**=Recommended as Requested **(C)**=Recommended w/Conditions **(N)**=Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated on the last page of this form.

Applicant: Check box marked "R" to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				~~Newborn Circumcision~~	~~Documentation of successful completion of at least five (5) within the past 24 months~~	~~1~~	~~Documentation of successful completion of at least two (2) procedures within the past 24 months~~
				Obstetrical Care: Evaluate, diagnose, treat and provide consultation to obstetrical patients	Documentation of successful completion of a 6-month rotation on an obstetric unit during training **OR** Documentation of the care of 20 outpatient obstetrical patients within the past 24 months	**1**	Documentation of appropriate outpatient care of at least ten (10) obstetrical patients within the past 24 months.

Salinas Valley Health Medical Center

Core Procedure List: The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Department Chair, Chief Medical Officer and/or the Chief of Staff

Taylor Farms Family Health and Wellness Center

1. Pap smear and endocervical culture
2. Incision/drainage of abscesses
3. Local anesthetic techniques
4. EKG interpretation
5. Destruction/removal of benign skin lesions
6. Colposcopy and biopsy
7. Cervix cryosurgery
8. IUD insertion & removal
9. Biopsy skin and subcutaneous
10. Sebaceous cyst treatment or excision
11. Venereal warts treatment
12. Foreign body removal
13. Nasal laryngoscopy
14. Bladder catheterization
15. Infusion therapy
16. Contraceptive insertion & removal
17. Fracture care: non-operative/non- displaced
18. Joint aspiration
19, Injection of joint/tendon/bursa
20. Nail matrix destruction.

Note: The core privileges in this specialty include the procedures on this list and such other procedures that are extensions of the same techniques and skills.

Applicant: Complete this section only if you do not wish to apply for any of the specific core procedures listed above:

Please indicate any privilege on this list you would like to ***delete or change*** by writing them in the space provided below. Requests for deletions or changes will be reviewed and considered by the Department Chair, Credentials Committee and Medical Executive Committee. Deletion of any specific core procedure does not preclude mandatory requirement for Emergency Room call.

_____	_____
_____	_____
_____	_____

_____
Signature:

_____
Date

ACKNOWLEDGEMENT OF THE PRACTITIONER:
I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Salinas Valley Health Medical Center, and I understand that in exercising clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ **Date:** _____

Applicant: Complete this section only if you do not wish to apply for any of the specific core procedures listed above:

*****Department Chair's Recommendation*****

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

Recommend all requested privileges
Recommend all requested privileges with the following conditions/modifications:
Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1.	
2.	
3.	
4.	
Notes:	

_____ _____

Department Chair Signature Date

Status **Pending** PolicyStat ID **17182402**

Last Approved	N/A	Owner	David Thompson: Director Nursing
Next Review	3 years after approval	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
    k. Abnormal vital signs

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

E. Medical Board of California. Title 16, Code of Regulations Section 1379

Approval Signatures

Step Description	Approver	Date
Board Approval	Kathryn Haines: Administrative Assistant - PD	Pending
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Medical Executive Committee	Katherine DeSalvo: Director Medical Staff Services	02/2025
IDPC	Katherine DeSalvo: Director Medical Staff Services	02/2025
EM Dept.	Cristina Martinez: PHYSICIAN	01/2025
EM Dept.	David Thompson: Director Nursing	01/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	David Thompson: Director Nursing	12/2024

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **16470349**

Last Approved	N/A	Owner	Audrey Parks: Chief Information Officer
Next Review	1 year after approval	Area	Plans and Program

Information Management Program Plan

I. SCOPE

A. The primary purpose of the Information Management Plan is to provide a framework for the planning and designing of information management processes to meet Salinas Valley Health's internal and external information needs is critical to the efficiency of our organization and meeting facility goals. An assessment of needs and planning for how to address these needs and improving the management and use of information is the thrust of what is contained within this policy.

II. OBJECTIVES/GOALS

A. The following comprehensive needs assessment factors are considered, as appropriate, in the development of an Information Management Plan in order to improve the flow of information and implement solutions at Salinas Valley Health (SVH):

1. The healthcare system's size, structure, and complexity; the needs of information users, including and amongst governance, administration, leaders, and employees, departments, services, and programs, patients and patients' families, outside services and contractors, payers, purchasers and employers, regulatory, licensing and accrediting bodies while taking into consideration timely and easy access to complete information throughout SVH as allowed by law and our internal policies and procedures;
2. The needs of information to support new construction and remodeling efforts as well as decision making processes;
3. The systems and processes needed to ensure patient safety;
4. The systems and processes needed to maintain compliance, privacy, security and integrity of health information that protects against loss, inappropriate access, damage, unauthorized alteration, unintentional change and accidental destruction;
5. The data and information that the healthcare system's needs to support planning;

6. The data and information that is needed within and among departments, services and programs;
7. The data and information that is needed for participation in national research or their databases and education;
8. The relevant national and state guidelines for data set parity and data connectivity in interfacing information systems in order to use comparative data to collaborate and pursue improvement opportunities;
9. The healthcare system's internal and external transmission requirements needed to provide safe, quality care;
10. The healthcare system's reporting needs over time;
11. The data and information needed for effective continuous performance improvement;
12. The data and information the hospital needs to compare current performance with past performance;
13. The technology that is appropriate (good technical fit, sustainable, reliable);
14. The technology that is affordable;
15. The needs to support customers and suppliers relationships;
16. The data and information the hospital needs to enhance cost-effectiveness;
17. The data and information that are needed to enhance work flow and how data enters, flows within, and leaves the organization;
18. The information that is required to support clinical and administrative decision making;
19. The planning of expansion or redesign of any services;
20. The planning of staffing and material resource allocation needed to maintain effectiveness;
21. Long-range plans that are likely to affect the hospital's information needs; and
22. The technology needed for information storage and feedback.
23. In order to guide this organization in the development of processes for managing information, SVH assesses its information management needs based on the following considerations:
24. Goals which include Performance Indicators within our Pillars as follows: People, Quality, Service, Finance, Growth, Community
25. Patient Safety Considerations;
26. Scope, Quality and Complexity of Care, Treatments and Services;
27. Identification of barriers to effective communication among caregivers

III. DEFINITIONS

N/A

IV. PLAN MANAGEMENT

Information system planning is performed at two levels: Strategic and implementation. Strategic planning, which includes but is not limited to, assessment, selection, integration of use and use of information management systems for delivery of care, treatment and services, is under the overview of the Chief Executive Officer, Executive Management and receives input from the Information Technology, Nursing Administration and Medical Staff.

Implementation level planning involves project steering committees and task forces who assess the needs for information and recommend potential solutions. Project steering committees consist of managers, supervisors, other staff and consultants, as appropriate, representing the users and other stakeholders of the solutions under consideration. Needs assessments are conducted in accordance with Information Technology procedures. Recommendations are evaluated and pursued according to SVH practice and policy with the approval of Administration and the Board of Directors, as appropriate.

A. CONTINUITY OF INFORMATION MANAGEMENT PROCESSES

1. Information Technology policies and procedures include the plan for managing interruptions to its information processes. Plans for managing interruptions includes the following:
    a. Scheduled and unscheduled interruptions of electronic information systems
    b. Training for staff and medical staff on alternative procedures to follow when electronic information systems are unavailable
    c. Back-up of electronic information systems
    d. Systems security incident reporting and management
2. The plan for managing of interruptions is tested for effectiveness periodically as needed in order to maintain access to information needed for patient care, treatment and services. Also, through this process strengths and weaknesses are assessed of existing manual and automated systems

B. INFORMATION TECHNOLOGY

1. SVHMC Information Technology (IT) coordinates the collection, processing, and reporting of data in support of reliable, efficient flow of information.
2. IT staff oversees the daily operation of core hospital information management systems, systems security, technical services, computer operations, decision and application support, network engineering and network operations.
3. IT also assists other departments and affiliate organizational with planning and implementation of new information systems and information technologies.

C. CURRENT INFORMATION ENVIRONMENT

1. Data Center
    a. Controls for the Data Center include temperature, fire suppression and physical security.

b. Temperature controls follow best practices, http://www.cisco.com/c/en/us/solutions/collateral/data-center-virtualization/unified-computing/white paper c11-680202.pdf, with temperature alerts programmed to trigger at temperatures above 85°F. The best practices references 80.6°F, however, as part of our energy conservation initiative, we have allowed for alerts to be sent at 85°F. http://www.pge.com/includes/docs/pdfs/mybusiness/energysavingsrebates/incentivesbyindustry/DataCenters_BestPractices.pdf

c. Per Hospital's Master Plan document, we use National Fire Protection Association (NFPA) standards for fire suppression. http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=75

d. Badge access is enabled for the Data Center. Requests for access are reviewed and approved by the Sr. Administrative Director of IT. Access is revoked upon termination or disabling of user account.

2. Hardware Technology:

   a. SVH IT maintains hardware standards in the daily operations of the information and network environment. Current standards include Cisco servers, Cisco networking equipment, Lenovo desktops, laptops, Howard Medical workstations on wheels, and Code bar code scanners.

   b. We have implemented Pure Storage SANs (storage area networks), in our Data Center to optimize for high availability, operational continuance and disaster recovery.

3. Software Technology (sample list, not a comprehensive listing):

APPLICATION NAME ACQUISITION	DATE	VENDOR SOURCE
3M Encoder Interface	1994	Meditech
Accounts Payable	1992	Meditech
Ambulatory Practice Management	2010	e-MDs
Ambulatory Electronic Medical Record	2019	Epic
Bed Management	2015	McKesson
Billing/Accounts Receivable	1992	Meditech
Capital Budgeting	2018	Kaufman Hall
Cost Accounting	2016	StrataJazz
Data Repository	2001	Meditech
Offline EMR Solution	2016	iPeople Offline
Electronic Medical Record	1998	Meditech
Employee Health EMR	2019	Axion Health

Executive Support System	1993	Meditech
Fixed Assets	1992	Meditech
General Ledger	1992	Meditech
HR Applicant Manager	2015	HealthcareSource
HR Document Management	2018	GRM
HR Performance Manager	2016	HealthcareSource
Health Information Exchange	2014	Syntellis
Human Resources	2013	Premier (formerly API)
Materials Management	1998	Meditech
Medication Dispensing	2022	Omnicell
Mobile Specimen Collection	2016	Stryker (formerly Vocera)
Nutrition Services and Food Services	2009	CBORD
Patient Portal - Ambulatory	2019	Epic MyChart
Patient Portal - Acute	2015	Syntellis (formerly Change Healthcare)
Patient Rounding	2017	Huron MyRounding
Payroll	2013	Premier (formerly API)
Perioperative Suite	2008	Optum Clinical Solutions
Physician Credentialing	2017	MDStaff
Picture Archiving & Communications	2007	Change Healthcare
Quality Reporting	2016	Acmeware
Secure Mobile Texting	2018	TigerConnect
Time and Attendance	1995	Symplr (formerly API)
Wound Care EMR	2012	Net Health Systems

D. TECHNICAL SERVICES

1. Salinas Valley Health staff, contractors, physicians and other information systems' clients utilize a variety of computer systems (e.g. workstations, laptops, tablets, workstations on wheels) to manage information.
2. Information Technology assists departments in the needs and systems security assessment, selection, acquisition and implementation of these technologies. Information systems related purchases are budgeted by and processed through IT.

E. SYSTEMS AND INFORMATION SECURITY

1. Information Technology policies and procedures include protection of data from intentional or unintentional destruction, modification or disclosure.

2. The Health Information Management (HIM) department's policies and procedures address confidentiality and privacy of patient information.
3. HIPAA privacy and security education is part of the Hospital's training, education and orientation programs.
4. Information Technology policies require users to have individual User ID and security code to access SVHMC information systems.
5. Some of the user's responsibilities include the following. Please refer to the System and Application Security Access Procedure, https://svmh.policytech.com/dotNet/documents/?docid=12529.
    a. The user will use their assigned unique network credentials to access the network to perform their job functions. System and application accounts are requested per Hospital policy and are generally processed through application leaders and system owners. These application owners or system leaders are not necessarily in Information Technology.
    b. The user must keep their credentials confidential and secure. Users accept responsibility for access to the system by anyone else if the electronic device is logged on with uniquely assigned credentials.
    c. Individuals with system access are required to adhere to the Acceptable Use of Information Systems policy. https://svmh.policytech.com/dotNet/documents/?docid=9171
    d. The user must log off the electronic device when work is completed or when the device is unattended.
6. Examples of Information Technology responsibilities include account administration for the domain, Meditech systems, and remote access.
    a. Access will be assigned for the standard set of functions required for the user's job description or per role-based access.
    b. If additional access is required, the need will be requested by the employee's manager consistent with the established Hospital policies.
    c. Meditech access codes or passwords are required to change on a pre-determined basis for all system users. The departments maintaining Accounting, Payroll, and other sensitive applications are required to change passwords at least once every 90 days.

V. REFERENCES

N/A

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	02/2025
QIC	Aniko Kukla: Director Quality & Patient Safety	02/2025
CAO	Alysha Hyland: Chief Administrative Officer	02/2025
Policy Committees	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	Audrey Parks: Chief Information Officer	12/2024

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **17205521**

Last Approved	N/A	Owner	Lori Orosco: Director Laboratory Services
Next Review	2 years after approval	Area	Laboratory - General

Laboratory Critical Call Values

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. The laboratory medical director in consultation with medical staff is responsible for defining critical laboratory values that may be indicative of life-threatening conditions requiring rapid clinical intervention. Designation of critical values by clinical laboratories is required by the Clinical Laboratory Improvement Amendments and regulatory agencies.

III. DEFINITIONS

A. N/A

IV. GENERAL INFORMATION

These Laboratory Urgent Notification / Critical Call Values have been identified and agreed upon by the medical staff. These are values that require immediate notification of the responsible caregiver for timely intervention. Most results must be called directly to the physician and/or the nurse and documented per policy LABORATORY CRITICAL RESULTS DOCUMENTATION .

V. PROCEDURE

A. Notification exceptions are as follows:

1. ER notifications can be done via TigerText to the ordering ER physician and to the designated Charge Nurse.
2. Pathology/Histology results are reported to the physician.

3. Critical results for patients on pharmacy protocol are called to the pharmacist

B. Chemistry Values

TEST	LOW VALUE	HIGH VALUE	COMMENTS
Ammonia 0-2 day		>169 ug/dL	Initial
Ammonia 3days to 31 days		>129 ug/dL	Initial
Ammonia 1 month and older		>100 ug/dL	Initial
Amylase		>250 IU/L	initial Do not call on ER patients
Blood Gas: pH (venous)	<7.20	>7.60	Initial
HCO3 / TCO2	<15 mEq/L	>50 mEq/L	Initial
Bilirubin Total		>9.9 mg/dL	Newborn less than 24hrs
Bilirubin Total		>16.0 mg/dL	2-6 days old, not for adults
BUN		>100 mg/dL	Do not call on ER patients
Calcium, Total	<6.5 mG/dL	>13.0 mg/dL	Initial
Calcium, ionized	<3.2 nG/dL	>6.3 ng/dL	Initial
CO2, Total (Serum/Plasma) 0-2 days old	<13 mmol/L	>50 mmol/L	Initial
CO2, Total (S/P) 3days old and above	<15 mmol/L	>50 mmol/L	Initial
CKMB		>3.6 ng/ml	Initial only. Do not call on ER patients. Do not call if troponin was called.
CK-IND		>1.8	Initial only. Do not call on ER patients. No need to call if troponin was called.
Chloride	<80 mmol/L	>120 mmol/L	Initial
Cortisol	<18 uG/dL		Call only if <18 uG/ml following a stimulation dose.

TEST	LOW VALUE	HIGH VALUE	COMMENTS
Creatinine ages ages 0-11		>2.0 mg/dL	Initial only
Creatinine ages 12-15		>3.0 mg/dL	Initial only
Creatinine ages 16 and over		>4.0 mg/dL	Initial only. No call on dialysis patients.
Ethanol		>400 mg/dL	
Employee Exposure Panel/ Source Patient			Call to Employee Health (call Nursing Supervisor after hours)
Fetal Fibronectin			Call ALL results
Glucose serum/plasma 0-1 day old	<20 mg/dL	>200 mg/dL	initial
Glucose serum/plasma 2-6 days old	<30 mg/dL	>200 mg/dL	initial
Glucose serum/plasma >6 days old	<50 mg/dL	>500 mg/dL	Initial
Glucose CSF	<37 mg/dL	>440 mg/dL	
Lactic Acid		>2.0 mMol/L	Initial
Lipase		>159 U/L	Initial
Magnesium 0-6 days old	<0.8 mg/dL	>5.0 mg/dL	Initial
Magnesium 7 days and up	<1.0 mG/dL	>4.9 mg/dL	Initial
Magnesium OB patient on MG		>9.0 mg/dL	
NEO-TSH and NEO-FT4			Call all results outside of reference range for < 1mo. olds
Osmolality,Serum/Plasma	<250 mOsm/kg	>326 mOsm/kg	Initial
Phosphorus 0- 11 years old	<2.0 mg/dL	>10.0 mg/dL	Initial
Phosphorus >11 Years old	<1.0 mg/dL	>8.9 mg/dL	Initial
Potassium 0- 13 Years Old	<2.8 mmol/L	>6.2 mmol/L	

TEST	LOW VALUE	HIGH VALUE	COMMENTS
Potassium 14 Years and Older	<2.5 mmol/L	>6.0 mmol/L	Initial
Sodium 0-2 Days	<111 mmol/L	>160 mmol/L	Initial
Sodium 2 Days and older	<120 mmol/L	>165 mmol/L	Initial
Troponin I		>180 ng/L	Initial
Uric Acid		>13.0 mg/dL	Initial
THERAPEUTIC DRUGS			
Acetaminophen		>120 ug/ml	
Carbamazepine		>15.0 ug/ml	
Digoxin		>3.0 ug/ml	
Gentamicin (Random/Peak)		>12.0 ug/ml	
Gentamicin (Trough)		>2.5 ug/ml	
Lidocaine		>7.0 ug/ml	
Phenobarbital		>55.0 ug/ml	
Phenytoin		>30.0 ug/ml	
Salicylate		>30 mg/dL	
Theophylline		>25.0 ug/ml	
Tobramycin (Random/Peak)		>12.0 ug/ml	
Tobramycin (Trough)		>2.5 ug/ml	
Troponin I		>500 ng/L	Initial
Valproic Acid		>100 ug/ml	
Vancomycin (Random/		>30 ug/ml	

TEST	LOW VALUE	HIGH VALUE	COMMENTS
Trough)			

C. Immunochemistry

TEST	LOW VALUE	HIGH VALUE	COMMENTS
HIV Antibody/Antigen		Preliminary Reactive	• Call ALL reactives to MD. • If OB inpatient, call nonreactives to RN and reactives to MD
Hepatitis C-Employee Health only		Positive	Report to Employee Health

D. Reference Lab

TEST	LOW VALUE	HIGH VALUE	COMMENTS
Seratonin Release Assay			Positives only
Tacrolimus (Prograf)		>20 mcg/L	
Cocci Serology			First positive

E. Hematology

TEST	LOW VALUE	HIGH VALUE	COMMENTS
WBC	<2,000 cu/mm	>37,000 cu/mm	
HGB	<7 g/dl	>18 g/dL	
HEPARIN ANTI-XA		>1.0 IU/mL	Inpatients on pharmacy protocol
PLT	<10,000	>900,000	
PT		> 6 INR	
PTT		> 85 seconds	Patients on heparin
		>100 seconds	Inpatients on pharmacy protocol
FIBRINOGEN	<50 mG/dL		
D-DIMER		>1.5 mg/L	

TEST	LOW VALUE	HIGH VALUE	COMMENTS
CSF FLUID CELL COUNTS			ER or myelogram patients in Radiology – unnecessary to call. ALL OTHER LOCATIONS – call any abnormal cell counts, cells, findings to M.D

F. Immunology

TEST/ EVENT	RESULT	ACTION	COMMENTS
RPR	Preliminary Reactive	• Call all preliminary reactive results to ordering MD • Document actions taken	MCPH: Fax: 831-775-8076 (preferred) Phone: 831-755-4521
		• Send-out for confirmation (RPRQ)	If RPR screen is (+) Titer and FTA Confirmatory testing is performed

G. Microbiology

RESULT	ACTION
Positive blood culture gram stain	First positive per bacterial morphotype or yeast
Blood culture Verigene result	All – (exception below): "No Target Detected" values not called to Pulmonologists 1700-0600
ESBL on blood	First positive
Inappropriate antibiotic therapy for CSF or positive blood culture	First positive
Positive blood or stool parasite	First positive
Eye culture growing *Ps. aeruginosa* or potential pathogen from corneal or vitreous eye fluid sources	First positive
Identified *Coccidioides immitis*	No previous history
Identified *Cryptococcus neoformans*	First positive
Mold resembling *Coccidioides immitis*	First positive
Mycobacterium species identification	First positive
Positive AFB smears and culture	First positive per source
Positive Bordetella pertussis	First positive
Positive Botulism result	First positive
Positive CSF smear and/or culture	First positive

RESULT	ACTION
Positive culture for E.coli O157	First positive
Positive Shiga Toxin	First positive
Positive *Legionella* or *Strep. pneumoniae* urine antigen	First positive
Potential agents of bioterrorism detected	All

H. Histology

RESULT	ACTION
Unexpected malignancies	Pathologist to Report to Clinician
Unsuspected infectious disease	Pathologist to Report to Clinician
Herpes smear-Positive or negative	Pathologist to Report to Clinician
Products of Conception – no POC identified	Pathologist to Report to Clinician
Products of Conception – unexpected findings	Pathologist to Report to Clinician
Significant discrepancy between frozen section diagnosis and final diagnosis	Pathologist to Report to Clinician
All new diagnoses of Lymphoma(except SLL), Leukemia(except CLL), Small Cell Carcinoma of Lung, High Grade Neuroendocrine Carcinoma	Pathologist to call Oncologist if associated with patient, otherwise call to Clinician

I. Special Instructions By Section

J. Chemistry

- Although most critical results are only called initially, clinical judgment must be used when serially monitored test results vacillate between normal and critical.
- Assure the test was repeated and results were still critical.
- Check previous results for the same test on the patient
- Visually inspect the specimen for interferants such as hemolysis, icterus, lipemia or odd coloration. Assure that testing was performed on appropriate specimen type (e.g. plasma/ serum as required and not on an unspun specimen).
- Check to see if specimen was drawn from a line or port.
- Check instrument, method, and reagent by looking at other patients' results within the run, to assure they are not abnormal or critical also. This may indicate an instrument testing problem.
- Check with phlebotomist to assure collection was appropriate/correct (not above I.V., specimen was not placed in incorrect anticoagulant first and then transferred to correct tube, etc.).
- Document notification as a specimen comment using critical call canned text.
    - Answer all prompts that are appropriate.

- If result is questionable, call the patient's RN to determine if result corresponds with:
    - The patient condition
    - Administration of a recent medication
    - A recent procedure that could have created the result.

K. Hematology/Coagulation

- Documentation will occur via an automatically reflexed test in the computer. Complete all applicable prompts.
- Results on oncology patients may be called to the ordering provider's assistant or nurse.
- Check with phlebotomist to assure collection was appropriate (i.e., not above IV).

L. Microbiology

- Critical results for the Microbiology department will be documented with the test result using canned text "MCALL" and the applicable prompts completed.
- Critical results on patients discharged from the Emergency Department can be called to the Emergency Department Charge Nurse.

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
MEC	Katherine DeSalvo: Director Medical Staff Services	02/2025
Laboratory Medical Director	Johnny Hu: PHYSICIAN	01/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025

Policy Owner	Lori Orosco: Director Laboratory Services	12/2024

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **15404689**

Last Approved	N/A	Owner	David Thompson: Director Nursing
Next Review	3 years after approval	Area	Patient Care

Temporary Involuntary Hold (5150)

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. Welfare and Institutions Code 5150 (W&I 5150) provides for the involuntary detention for evaluation and treatment of a patient, who, as the result of a mental disorder, is either a danger to others or to self, or who is gravely disabled as to be unable to provide for his or her basic personal needs for food, clothing, and shelter.

III. DEFINITIONS

A. AMA: Against Medical Advice

B. C-SSRS: Columbia-Suicide Severity Rating Scale. This is an evidence based scale and is a standardized tool for trained staff.

C. Constant Observation: Continuous visual observation or 1:1 observation in which a staff member is assigned to observe only one patient at all times, to prevent harm directed toward self or others. Family members MAY NOT be the observer.

D. EMR: Electronic Medical Record

E. EMTALA: Emergency Medical Transfer and Active Labor Act

F. Environmental Risk Assessment: an assessment of patient care areas for safety and security risks, particularly ligature risks. Consider all treatment devices as potentially dangerous and only retain medical devices/equipment that is absolutely necessary for level of care.

G. Gravely Disabled: being unable to take care of your own food, clothing, and housing needs.

H. Ligature Risk: Anything which could be used to attach a cord, rope, or other material for the purpose of hanging/strangulation. Ligature points and risks include, but are not limited to: shower rails, coat hooks, pipes, radiators, bedsteads, hand rails, window and door frames,

ceiling fittings, light fixtures or projections from ceilings, handles, hinges, closures, hand sanitizer/soap and paper towel dispensers on walls, power cords on medical equipment or call bell cords, shower curtains, etc.

I. Involuntary Hold: 72-Hour Involuntary Hold (5150 hold). Contact Administrative Supervisor with 5150 related questions and/or issues.

J. Patient Safety Attendant (PSA): Roles and responsibilities include, but are not limited to, continuously observe patient, ensure patient safety, and assist with activities of daily living as needed. PATIENT SAFETY ATTENDANT GUIDELINES

IV. GENERAL INFORMATION

A. Patients with a primary diagnosis or primary complaint of a mental health or behavioral disorder are not admitted and will be transferred to the appropriate facility in compliance with EMTALA regulations. EMTALA

B. Patients who require admission due to a medical condition not yet stabilized and deemed a danger to him/herself, and there is not an appropriate medical facility to accept the patient, will be admitted to the appropriate level of care and treated until determined to be medically cleared for transport to a designated 5150 facility.

C. During the course of a patient's admission suicidal ideation, an actual suicide attempt, homicidal ideation are demonstrated, or the patient is deemed gravely disabled the registered nurse (RN) and/or physician will initiate suicide precautions.

D. The EMR has built-in triggers for activating the C-SSRS

1. The C-SSRS **responses will generate a risk stratification and associated interventions**. This is an evidence based scale, questions **must** be asked as they are written.

E. Document in EMR

1. Emergency Department RN: Document Risk Assessment and Focused Psychosocial Exam per ED routine.
2. Inpatient RN: Document Suicide Assessment Initial Intervention. Then document Suicide Assessment (Ongoing) and Suicide Self Harm Care Plan each shift.
3. Outpatient Areas RN: Document Suicide Assessment Initial Intervention; Initiate Suicide Self Harm Care Plan; Provide a detailed handoff report to receiving RN.
4. Patient Safety Attendant (PSA): Document Suicide Watch Procedure Intervention at beginning and end of shift. PSA must also document all routine care provided throughout shift.
5. Off-site/Outpatient Areas (i.e. Mammography, Outpatient Infusion Center, etc.): Document Suicide Assessment via paper C-SSRS form, this form will be scanned into EMR.

F. Routine documentation as required by RN & CNA (per patient care area)

V. PROCEDURE

A. Patients who, as the result of a mental disorder, is either a danger to others or to self, or who is gravely disable will be assessed using the Columbia-Suicide Severity Rating Scale (C-SSRS).

B. Patient identified as at risk for suicide is immediately assessed by the provider and placed on Suicide Precautions.

C. The following should occur promptly and simultaneously:

1. Suicide Precaution Order is placed by/obtained from physician
2. Notify Administrative Supervisor and request PSA for constant observation
3. Place patient in a hospital provided gown.
4. Perform Environmental Risk Assessment (see definition). **Note: The Environmental Risk Assessment is the responsibility of the assigned RN.** Assess for items such as, but not limited to:
    a. Ligature risks, including but not limited to: shower rails, coat hooks, pipes, radiators, bedsteads, hand rails, window and door frames, ceiling fittings, light fixtures or projections from ceilings, handles, hinges, closures, hand sanitizer/soap and paper towel dispensers on walls, power cords on medical equipment or call bell cords, shower curtains, etc.
    b. Unattended items such as utility or housekeeping carts that contain hazardous items (mops, brooms, cleaning agents, hand sanitizer, etc.)
    c. Unsafe items brought to patients by visitors
    d. Windows that can be opened or broken
    e. Access to plastic bags (for suffocation); oxygen tubing; equipment used for vital signs or IV Fluid administration; access to medications; non-tamper proof screws; etc.
5. All private belongings will be searched and screened for safety. Belongings that pose a threat to the patient/staff must be removed; however, reasonable precautions should be taken to allow patient to preserve and maintain their belongings.
    a. Have a responsible individual take any unsafe personal belongings home. If there is no responsible relative have security store belongings until patient is cleared, transferred, or discharged.
    b. Exceptions: Eye-wear, dentures, hearing aid(s) - Assure appropriate containers with the patients label are immediately available.
    c. Visitors are allowed at the discretion of the medical team and may not bring in unapproved items/belongings while patient is on suicide watch. Any belongings brought in by visitors must be searched and screened by the RN.
6. Notify Nutrition Services that patient is at risk/suicidal

D. **Physician Responsibilities**:

1. Only a physician is able to place a patient on a 5150 hold and must complete advisement or good cause for incomplete advisement on the approved 5150 application form.
2. Only a physician may discontinue suicide precautions
3. When indicated, a Telepsychiatry Consult will be ordered by the physician and completed as soon as possible

E. **Charge RN Responsibilities**:
   1. Report on patient status/plan of care a minimum of every shift (at huddles, to Administrative Supervisor, et al)
   2. Communicate/discuss potential risks with assigned RN, CNA, and PSA
   3. Coordinate meals and other breaks to ensure constant observation
   4. Monitor implementation of this procedure
   5. Overall responsibility for ensuring safe care and environment

F. **Assigned RN Responsibilities**:
   1. Assess the physical environment, perform Environmental Risk Assessment a minimum of every shift. Remove objects that pose a risk for self-harm that are not medically necessary.
   2. Communicate/Discuss potential risks with charge RN, CNA, and PSA
   3. Document every shift and whenever there is a notable change/event
   4. All patients discharged home or transferred to a mental health facility/unit must be provided community resources for suicide prevention including the National Suicide Prevention Lifeline 1-800-273-TALK (1-800-273-8255)

G. **Patient Safety Attendant Responsibilities**:
   1. Keep the patient under constant observation *(see definition)*
      a. **Never** leave the patient alone; do not leave the room even if family/friends are present
      b. Accompany patient to the restroom (visual contact at all times) and all procedures and anytime patient is required to leave the room
      c. Use call bell or phone to request supplies as needed
      d. Communicate/discuss potential risks or concerns with RNs and CNA
   2. Document per patient care area requirements; remember to document all routine care provided throughout shift.
   3. In case of an emergency, call 2222 or use the emergency button/cord
   4. Maintain awareness of safety or security risks in patient room and surrounding patient care areas including, but not limited to:
      a. Ligature risks (see definition)
      b. Unsafe items brought to patient by visitors.

c. No outside food or drinks permitted.

d. Patient care items (plastic bags, sharp items, tubes, cords, etc.)

5. Immediately notify RN regarding concerning behavior or suicidal ideation/attempt

H. **Refusal of Care/Attempt to Leave/Elopement:**

1. If a patient refuses to cooperate with the plan of care

a. No involuntary hold and the patient has decision making capacity they are free to leave

i. Do not **restrain the patient or force them to stay**. Alternative actions should be attempted to encourage patient to cooperate in plan of care.

2. involuntary hold (5150):

a. RN should assess the patient to determine if the situation can be deescalated and appropriate treatment initiated, example - medications etc. Alternative actions should be attempted to encourage patient to cooperate in plan of care.

i. Security may attempt to not allow the patient to leave while on 5150 hold.

ii. If all attempts at de-escalation have failed contact Security to assist in **restraining the patient if able**.

b.

3. If the patient is on a 5150 and elopes :

a. Immediately Notify:

- Security
- Administrative Supervisor
- Attending Physician
- Risk Management

b. Security will facilitate notification of police services. Provide a description of the patient and circumstances and/or concern surrounding their mental health.

I. **Offsite/Outpatient Services**

1. If suicidal ideation is identified in a patient in an offsite department

a. DO NOT LEAVE THE PATIENT ALONE, call for assistance

b. Immediately notify area supervisor/manager

2. Screen the patient using the paper version of C-SSRS

a. Determine risk based on patient's responses to C-SSRS

b. Interventions are determined per the risk stratification

c. Complete the disposition plan, document a narrative of events as they occurred, sign as indicate

d. Note: This form is part of the permanent MR and should be scanned in to eMR.)

J. At SVHMC off site clinic locations if a patient express suicidal ideations during the clinic visit, the provider will be notified and will assess the patient. If the determination is made that the patient is suicidal, the police will be immediately contacted and the patient transported to an appropriate psychiatric facility. If the physician determines there are no suicidal ideations, prior to leaving the clinic a list of available resources will be provided to the patient including the National Suicide Prevention Lifeline 1-800-273-TALK (1-800-273-8255).

K. Clinical Social Worker Responsibilities

1. The Clinical Social Worker has responsibility to assess a patient and/or family with complaint of grave disability or with suicidal or homicidal ideation.

a. The social worker performs a psychosocial assessment and with the medical team plans for safety for patient. This may include mandated reporting, referrals to county behavioral health, substance use disorder navigation or other needed resources.

b. The social worker will scan in the Telepsych consult report to Medical records as soon as they can.

c. The social worker develops a safe plan of care for patients and families.

d. The social worker will screen insurance, and contact in house eligibility First Source as needed.

e. After a 5150 is placed, the social worker will initiate transfer to inpatient psychiatric facilities.

f. After the first 24 hour period, the Monterey County Patient Rights Advocate shall be notified of potential 5150 extension needed in accordance with AB2275.

i. Notice of Certification for Extension of the 72-Hour Involuntary hold shall be completed and securely emailed to patientrightsadvocate@co.monterey.ca.us

ii. Social Worker will continue to coordinate transfer to psychiatric facilities daily.

iii. Social Worker will coordinate with Patient Rights Advocate if a 2275 hearing is necessary, in the event no psychiatric bed can be located.

iv. 2275 Hearing will be set with hearing officer, office of patient rights and hospital social worker no less than 7 days from date of 5150.

v. Hearing officer makes a determination if 5150 extension is granted and this decision securely emailed to social worker. This certification review form is added to the transfer packet.

vi. This determination will be faxed to county counsel, public defender and the superior court.

vii. If granted, patient will continue to be held involuntarily while bed search is continued.

viii. Tele Psychiatric consultation should be completed daily to assess patient's continued need for a hold.

ix. If patient is cleared from suicidal ideation or no longer meets grave disability criteria they should be discharged from the hospital.

x. Social Worker will make necessary referrals.

xi. Social Worker will provide counseling support to patient and family as needed.

L. Documentation:

1. Document all care and processes in the EMR

M. Provide a detailed hand off report to receiving RN.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

A. CA Welf & Inst Code Section 5150

B. The Joint Commission (TJC) National Patient Safety Goals

C. TJC Environment of Care Standards

D. CMS §482.13(c)(2

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	02/2025

CNO	Carla Spencer: Chief Nursing Officer	02/2025
EM Dept.	David Thompson: Director Nursing	01/2025
EM Dept.	Cristina Martinez: PHYSICIAN	01/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2025
Policy Owner	David Thompson: Director Nursing	12/2024

Standards

No standards are associated with this document

EXTENDED CLOSED SESSION

(if necessary)

(Report on Items to be

Discussed in Closed Session)

(Meeting Chair)

RECONVENE OPEN SESSION/
CLOSED SESSION REPORT

(Meeting Chair)

ADJOURNMENT