



August 22, 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 HEALTH¹** will be held **THURSDAY, AUGUST 28, 2025, AT 4:00 P.M., DOWNING RESOURCE CENTER, ROOMS A, B, & C, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.**

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

A handwritten signature in black ink, appearing to read "Allen Radner", is positioned above the printed name.

Allen Radner, MD
President/Chief Executive Officer

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

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

**THURSDAY, AUGUST 28, 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

- | | |
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| 1. CALL TO ORDER / ROLL CALL | <i>Joel Hernandez Laguna</i> |
| 2. CLOSED SESSION <i>(See Attached Closed Session Sheet Information)</i> | <i>Joel Hernandez Laguna</i> |
| 3. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION
<i>(Estimated time 4:30 pm)</i> | <i>Joel Hernandez Laguna</i> |
| 4. AWARDS & RECOGNITION | <i>Allen Radner, M.D.</i> |
| 5. PUBLIC COMMENT | <i>Joel Hernandez Laguna</i> |

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.

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|--|------------------------------|
| 6. CONSENT AGENDA - GENERAL BUSINESS <i>(Board Member may pull an item from the Consent Agenda for discussion.)</i> | <i>Joel Hernandez Laguna</i> |
|--|------------------------------|

- A. Minutes of the Regular Meeting of the Board of Directors July 24, 2025
- B. Minutes of the Special Meeting of the Board of Directors August 6, 2025
- C. Policies/Plans Requiring Approval

- 1. Adult Sepsis Management
- 2. Cervical Ripening Balloon
- 3. Complete Decongestive Therapy for Management of Lymphedema
- 4. Conflict of Interest
- 5. Fetal Demise/Stillborn/Neonatal Death
- 6. I.V. Pump Data Collection and Analysis
- 7. In-Kind Donations
- 8. Medical Device/Product and Biologics (HCT/P) Adverse Event Reporting
- 9. Medication Access for Licensed and Authorized Non-Licensed Personnel
- 10. Medication Process for TFFH&WC
- 11. Medication Security & Storage for TFFH&WC
- 12. Multiple Gestation Deliveries
- 13. Non-Obstetric Surgery in Pregnancy

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

14. Placental Examination & Neonatal Cord Blood Gas Analysis
15. Scope of Service: Center for Advanced Diagnostic Imaging
16. Scope of Service: Nutrition Services
17. Scope of Service: Perinatal
18. SVH Pharmacy Supply Chain Management

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

7. BOARD MEMBER COMMENTS AND REFERRALS

Joel Hernandez Laguna

8. EMPLOYEE ENGAGEMENT SURVEY RESULTS

Michelle Childs

9. REPORTS ON STANDING AND SPECIAL COMMITTEES

A. COMMITTEE APPOINTMENTS FOR CHIEF FINANCIAL OFFICER

Joel Hernandez Laguna

- Personnel, Pension & Investment Committee
- Finance Committee

B. QUALITY AND EFFICIENT PRACTICES COMMITTEE

Catherine Carson

Minutes of the August 25, 2025 Quality and Efficient Practices Committee meeting have been provided to the Board for their review. Additional Report from Committee Chair, if any.

C. PERSONNEL, PENSION & INVESTMENT COMMITTEE

Catherine Carson

Minutes of the August 18, 2025 Personnel, Pension & Investment Committee meeting have been provided to the Board for their review. The following recommendation has been made to the Board.

1. Consider Recommendation for Board Approval of Supplemental Contract Terms to Recruitment Agreement for Briana Gomez, M.D.

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

2. Consider Approval of (i) Findings Supporting Recruitment of Ifeanyi Umeh, M.D. (ii) Contract Terms for Dr. Umeh's Recruitment Agreement, and (iii) Contract Terms for Dr. Umeh's Family Medicine Professional Services Agreement

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

D. FINANCE COMMITTEE

Victor Rey, Jr.

Minutes of the August 25, 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 recommendation has been made to the Board.

1. Consider Recommendation for Board Approval of the Alliance HealthCare Services (Alliance), Inc. MRI Service Contract Addendum E

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

2. Consider Recommendation for Board of Directors Approval of Project Budget and Construction Contract Award for Phase One and Partial Phase Two of the Salinas Valley Health Thermal Fluid Heating Replacement Project

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

3. Consider Recommendation for Board of Directors to Award Ultrasound Equipment Capital Purchase contract to Canon Medical Systems and Award 4-year Service Agreement to Canon Medical Systems

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

4. Consider Recommendation for Board Approval of Outsourcing Outstanding Accounts Receivables Aged Greater than 90 days

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

E. COMMUNITY ADVOCACY COMMITTEE

Rolando Cabrera, M.D.

Minutes of the August 20, 2025 Community Advocacy Committee meeting have been provided to the Board for their review. Additional Report from Committee Chair, if any.

10. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING OF AUGUST 14, 2025, AND RECOMMENDATIONS FOR THE FOLLOWING BOARD APPROVALS:

Rakesh Singh, M.D.

A. Reports

1. Credentials Committee Report (Including the following)
 - Family Medicine Active Community – Clinical Privileges Delineation – Revision adding Telehealth to core procedures
2. Interdisciplinary Practice Committee Report (Including the following)

B. Policies/Procedures/Plans and Agreements Recommended for Approval:

1. Antimicrobial Stewardship

C. Other Items (Informational)

1. Bylaws Article 5.12 Telemedicine Privileges – Technical Corrections
2. General Rules and Regulations Telemedicine Credentialing Policy – Technical Corrections
 - Chief of Staff Report
 - 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, September 25, 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, AUGUST 28, 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 & Safety Committee to Quality & Efficient Practices Committee
 - Commission on Cancer
 - Transition of Care
 - Pt Safety Events- Summary Report
3. Consent Agenda:
 - Accreditation and Regulatory
 - Pt Safety Events/RCA's/RL6 Events
 - Environment of Care Reports
 - BETA Quest for Zero (OB)
 - Stroke Program
 - Chest Pain Program
 - Joint Program
 - Pharmacy & Therapeutics (Includes presentation on ER Pharmacist Role)
 - Infection Prevention

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):
Erguiza, et. al. v. Salinas Valley Health, Monterey County Superior Court Case No. 25CV003324, or

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

PUBLIC EMPLOYEE PERFORMANCE EVALUATION

(Government Code §54957)

Title: (Specify position title of employee being reviewed): President/CEO

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/
REPORT ON CLOSED SESSION*

(Meeting Chair)

AWARDS AND RECOGNITION

(Verbal)

(DR. RADNER)

PUBLIC COMMENT



DRAFT SALINAS VALLEY HEALTH¹
REGULAR MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
JULY 24, 2025

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

Absent: None;

Also Present:

Allen Radner, M.D., President/Chief Executive Officer

Rakesh Singh, M.D., Chief of Staff

Matthew Ottone, Esq., District Legal Counsel

Kathie Haines, Executive Support.

1. CALL TO ORDER/ROLL CALL

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

1.1 PROPOSED ADDITION TO THE AGENDA

A request was made pursuant to Government Code Section 54954.2(b)(2) to add the following to the Closed Session Agenda under the category *Hearings and Reports*:

Medical Executive Committee: Report of the Medical Staff Executive Committee (With Comments)

The matter came to the attention of the Board subsequent to the posting of the Agenda. The addition to the Closed Session Agenda requires a 2/3rds vote of the members present at the meeting.

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, second by Director Arreguin, the Board of Directors, citing the need to add one (1) agenda item which came to the attention of the Board subsequent to publishing of the Board agenda, the Board of Directors approves adding to the Closed Session Agenda under the category *Hearings and Reports: Medical Executive Committee: Report of the Medical Staff Executive Committee (With Comments)*.

ROLL CALL VOTE:

Ayes: Arreguin, Dr. Cabrera, Carson, Hernandez Laguna and Rey;

Noes: None;

Abstentions: None;

Absent: None.

Motion Carried

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

2. CLOSED SESSION

President Hernandez Laguna announced items to be discussed in Closed Session as listed on the posted and revised Agenda are (1) *Hearings and Reports* and (2) *Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and Services*, (3) *Conference with Legal Counsel – Anticipated Litigation* and (4) *Public Employee Performance Evaluation: President/CEO*.

The meeting recessed into Closed Session under the Closed Session Protocol at 4:06 p.m.

The Board completed its business of the Closed Session at 4:41 p.m.

3. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 4:44 p.m. President Hernandez Laguna reported that in Closed Session, the Board discussed (1) *Hearings and Reports*, (2) *Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and services*, and (3) *Conference with Legal Counsel – Anticipated Litigation*. The Board received and accepted the reports listed on the Closed Session agenda. No other action was taken.

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

4. AWARDS AND RECOGNITION

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

Health Explorer Kayla Romero Gonzales Student Achievement Award: Shannon Graham, Director Volunteer & Health Career Services, stated that our first meeting with Kayla was when she signed up for Medical Adventure Camp in 2018 as a 10-year-old 5th grader. She told us she was going to be a doctor and her enthusiasm was palpable so we believed she could and would follow her dreams. We stayed in touch during the years; she wasn't quite old enough to volunteer. We were pleased that she joined our Health Explorers in 2022. From June 2023 to May 2024 she served as Program VP, helping us select presenter topics. From June 2024-May 2025 she served as President of our Post 450. During that time, she was also active in Salinas High Pre-Med Club, Red Cross Club, Be the Change Club, and she completed ROP Health Occupations and dual enrollment Hartnell courses so she could complete her AA at the same time as her High School graduation.

During her time as an Explorer, Kayla was selected to participate in Summer Health Institute last summer, again enthusiastically taking advantage of every opportunity to learn more about her future medical career. Her goal was to transfer to Stanford as pre-med so she could pursue her goal of Reconstructive Plastic Surgeon. I'd say Johns Hopkins is a pretty good second choice! I have no doubt she will continue to do great things and look forward to her coming back to practice medicine in Salinas!

Kayla thanked the Board for a warm welcome. She stated she is grateful for the programs at SVH. She said that starting in Medical Adventure Camp "helped me decide to become a surgeon." President Hernandez Laguna thanked Dr. Radner for being a champion of our programs and told Kayla he hopes she will come back to Salinas to practice and that she is a role model for the community and an inspiration. Director Rey stated he knew she was also an intern with the city this summer and that she is doing amazing things outside of the hospital as well.

- **STAR Award: Courtney Burnett, Starbucks Barista:** Michelle Childs, CHRO, stated that Courtney Burnett may not work in a clinical care setting but our Salinas Valley Health Starbucks Barista is the latest recipient of the STAR Award. Courtney's act of kindness was inspired by her own emotional journey as her mother battled cancer. She knew what it was like to spend too many days at the bedside, tired, sad and sensing the worst was yet to come. On the evening of December 20 last year, the order for coffee and food came from the Patient Experience Team working with the family of a declining patient. Lauren Stroud, Lead Clinical Social Worker, wrote in the nomination, *"Courtney's kindness and thoughtfulness in that moment was just indescribable. This family was about to go through something so tragic before the holidays (patient unfortunately passed away the next morning) and she instantly just wanted to help lift their spirits. We brought the food and drinks (which Courtney paid for) to the family in the ICU waiting room and even though there was a tense feeling in the room, you could see their smiles after receiving treats."*

Courtney thanked the Board for the award and said that it "means so much because the Family was going through a difficult time," that since she lost her mother through cancer, she "just wanted to help." Courtney stated that she really loves being a part of the Salinas Valley Health team because it feels like family.

- **DAISY Award: Tyler Hays, RN, Surgery:** Carla Spenser, CNO, stated that Tyler's co-workers say his skill and dedication are matched by his compassionate and caring approach to patient interactions. The patient who nominated Tyler describes him as "professional, yet still funny and compassionate," saying he eased the last-minute anxiety she was feeling about her surgery with his friendliness and competent nature, stating, "As we rolled into the surgical suite, he exclaimed, 'Oh, we're so lucky - we have the very best crew for you here today!'" The patient went on to say: "Yes, I realize that was just to further reassure me, but I appreciated it. I don't remember anything after that due to the anesthesia, but I do remember the kindness extended to me."

Tyler stated he started working at SVH 21 years ago and works summers and holidays. He appreciates being recognized and feels blessed to be able to work here. "It's a beautiful, special place which is why I'm still here."

- **Vaccines for Children (VFC) Approved for SVH Mobile Clinic:** Orlando Rodriguez, M.D., Chief Medical Officer, and Lynette Fitzgerald, Director Community Benefit, reported that the Mobile Clinic has passed another major milestone. On Wednesday, July 9, the Mobile Clinic was approved as a "Vaccines for Children" (VFC) provider. This means the Mobile Clinic will be able to administer vaccines for youngsters, helping keep them healthy and in school. Achieving this approval has been a long-time goal. Lynette stated, "I've received calls from schools desperately asking if the Mobile Clinic could provide vaccines, because students were not able to attend class due to lack of their Tdap booster and couldn't get an appointment with their primary care provider for weeks. It was heartbreaking to hear. Now, the Mobile Clinic will finally be able to step in, keep these children in school, and support families when they need it most."

Challenges of maintaining the vaccine cold chain makes it difficult for mobile units to receive VFC approval. Lynette credits success in receiving VFC approval to the Mobile Clinic Team's hard work, innovation and unwavering commitment to serve our most vulnerable populations. She also notes that the VFC Bay Area Field Representatives who visited were highly impressed with the team's processes and dedication to ensuring the highest standards of safety and care. The VFC program, which is administered by the CDC and the National Center for Immunization and Respiratory Disease, helps families by supplying vaccines at no cost to providers who serve eligible children 18 years old and younger, Medicaid-eligible, uninsured and American Indian or Alaska native.

Dr. Radner stated it is critical in our community to have vaccines, and was one of the 1st goals of the Mobile Clinic. The approval process has been very challenging and the SVH Mobile Clinic is the only one approved in California. He thanked Lynette for her dedication. Lynette thanked the team, that handling of vaccines was a critical issue due to overnight storage at SVH which involves a lot of paperwork going back and forth every day. The actual vaccines are due next week. Reps from VSC were really impressed and want to visit to see the Mobile Clinic in action. She thanked the Board “for supporting us and allowing us to go out into the community.”

- **Commission on Cancer® Accreditation:** Thelma Baker, Director Comprehensive Cancer Program and Wound Healing Services, reported that our program has been accredited by the Commission on Cancer (CoC) since 1985 and due to this most recent accreditation will continue for another 3 years. With accreditation, the program focuses on prevention, education and cancer care. Our program helps us extend out to our community and soon we will be adding navigators. The SVH Cancer Program is “all about the quality of care we provide.” Thelma thanked the Board for their support.

5. PUBLIC COMMENT:

Jose Castillo, who has been an employee for over 30 years, commented that the SVH infusion center currently serves patients 18-years-old and over. He is a Board member of Jacob’s Heart due to his own child’s battle with cancer. Currently children have to leave our community for care. He asked if, in the future, will there be local cancer treatment for patients under 18?

6. CONSENT AGENDA – GENERAL BUSINESS

It was noted the following policy has been removed for consideration from the published Consent Agenda *Complete Decongestive Therapy for Management of Lymphedema*. This policy will return for consideration at a later date.

Recommend Board Approval of the Following:

A. Minutes of the Regular Meeting of the Board of Directors June 26, 2025

B. Policies/Plans Requiring Approval

1. Breastfeeding the Late Preterm Infant
2. Breastfeeding the Newborn
3. Contraction Stress Test
4. Cord Blood Specimen Collection for pH Analysis
5. Fetal Heart Rate Monitoring
6. NICU: Consultation & Transfer of Patient
7. Obtaining Daily Weights for Heart Failure Patients
8. Oral Care
9. Peer Feedback
10. Placenta Release
11. Scope of Service: Medical Staff Services

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: Director Carson stated the policy removed from consideration needs editing and that edits to the Oral Care policy are complete.

MOTION:

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

ROLL CALL VOTE:

Ayes: Arreguin, Dr. Cabrera, Carson, Hernandez Laguna, and Rey;

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

7. BOARD MEMBER COMMENTS AND REFERRALS

Director Rolando Cabrera, M.D. stated he visited the Mobile Clinic when it was in Castroville. He thanked Lynette and said she “is a powerhouse,” thanking her for her strong work and that “You get it done.”

Director Catherine Carson stated that Dora Ratcliff, Director Accreditation and Regulatory Compliance, provided a tour of the ER modules, which are lovely and were approved last week and are being used today. She thanked Clement for his foresight to start this process a year ago.

Director Victor Rey, Jr. stated he works for a large agriculture company and the Mobile Clinic participated in their annual safety week fair. There was a great turn out and hopes the Mobile Clinic will visit more than once a year.

Director Isaura Arreguin: None.

Director Joel Hernandez Laguna stated (1) that the VR goggles popular with pediatric patients in ER changes their experience. Kudos and he appreciates that we are always thinking about the patients. (2) The valet parking staff does a great job, they are helpful, and work hard. He offered “huge kudos” as they are our front face to many people coming to the hospital. (3) The Summer Health Institute students are super engaged and want to learn. He attended their graduation last week at Hartnell; the Students have so much potential and we are developing a pathway of leaders. He appreciates what we are doing outside of the 4 walls of the hospital. (4) Ensen Park is opening soon. (5) As a referral, he would like the Board to consider having a retreat to assess our own work as a Board and to set goals.

8. STATUS UPDATE ON EPIC IMPLEMENTATION

Alysha Hyland, CAO, and Josh Rivera, Director Enterprise Informatics, reported that the principle challenge is to build out EPIC while keeping the lights on at the hospital and meeting current regulatory, quality, population health, safety and day-to-day needs. Governance was created including an executive Steering Committee, Advisory Councils (nursing, physician, clinical, revenue cycle, analytics, IT, etc.), 30 workgroups, 55 readiness service line leads and go-live readiness assessments. The training plan and go live steps were reviewed. The project overview included the general building, system testing, operational readiness, training/classes, and conversion. The project timeline and budget were reviewed.

BOARD MEMBER DISCUSSION: Director Carson stated that AI & Epic were discussed throughout a conference she just attended. The costs include build and operations. The budget includes time allocated to build by the clinical team and time for training. Time is challenge. Engagement has been such a benefit. The goal is to improve workflow, processes, and benefit for patients. Go-live will include points of contact on the floors. Floor support will be well informed and can provide education in the units. What about the

40+ applications we are sunsetting? First we evaluate if Epic has the capability. A few non-Epic programs will be needed to augment Epic. The Governance includes the Executive team, directors, councils (clinical and IT), physicians, and service line workgroups. Dr. Radner emphasized the pressure the Epic team is under while keeping the hospital running in a safe environment; he is appreciative of Josh, Alysha and team who have been phenomenal. Dr. Albert stated this is his 3rd Epic implementation and the SVH implementation has included the highest level of physician engagement he's seen. He extended kudos to the team for openness and collaboration. This is a big change and the physicians see value and trust administration. This has been the smoothest Epic journey in Dr. Albert's experience. Dr. Singh asked about the scheduling plan for the November go-live. Josh reported staffing for the go-live is part of the plan.

9. 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 July 14, 2025 meeting were provided for Board review. Director Carson stated the presentations were: (1) Patient Care Services update on the Critical Care Unit Practice Council, (2) Emergency Department Report, and (3) Laboratory Services Report. The Consent agenda included reports as listed on the Board of Directors Hearings and Reports Consent Agenda. There are no recommendations.

B. PERSONNEL, PENSION & INVESTMENT COMMITTEE

A report was received from Director Carson regarding the Personnel, Pension and Investment Committee. The minutes of the July 14, 2025 meeting were provided for Board review. Director Carson commented the Committee received reports on Employee Engagement results and from Morgan Stanley on the investment performance of the SVH General, Board Designated and Cash Reserve Funds. There are no recommendations.

C. FINANCE COMMITTEE

A report was received from Director Rey regarding the Finance Committee. The minutes of the July 21, 2025 meeting were provided for Board review. The Financial Reports of the meeting were included in the packet for review (informational). The following recommendation was made.

- 1. Consider Recommendation for Board Approval of the Short Term Lease Agreement for Epic Inpatient Training Space at 928 East Blanco Road, Suite 121, Salinas Between Salinas Valley Health and Rancho Llano Development, LLC**

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 Short Term Lease Agreement for Epic Inpatient Training Space at 928 East Blanco Road, Suite 121 Salinas Between Salinas Valley Health and Rancho Llano Development, LLC.

ROLL CALL VOTE:

Ayes: Arreguin, Dr. Cabrera, Carson, Hernandez Laguna, and Rey;

Nays: None;
Abstentions: None;
Absent: None.

Motion Carried

D. TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE

A report was received from Director Dr. Cabrera regarding the Transformation, Strategic Planning and Governance Committee. Director Dr. Cabrera stated there was a presentation on artificial intelligence in healthcare. The minutes of the July 16, 2025 meeting were provided for Board review. There are no recommendations.

10. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING ON JULY 10, 2025, AND RECOMMENDATION FOR BOARD APPROVAL OF THE FOLLOWING:

Rakesh Singh, M.D., Chief of Staff, reviewed the reports of the Medical Executive Committee (MEC) meeting of July 10, 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 Arreguin, 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)

- Family Medicine Active Community – Clinical Privileges Delineation – Revision
- General Surgery, Oncology General Surgery and Colorectal Surgery – Clinical Privileges Delineation – Revision
- Urology – Clinical Privileges Delineation – Revision

2. Interdisciplinary Practice Committee Report (Including the following)

- Amniotomy Nursing Standardize Procedure

B. Policies/Procedures/Plans and Agreements Recommended for Approval:

1. Care of the CRRT Patient

ROLL CALL VOTE:

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

Motion Carried

2. EXTENDED CLOSED SESSION

President Hernandez Laguna announced items to be discussed in Extended Closed Session are *(1) Hearings and Reports and (2) Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and services, (3) Conference with Legal Counsel – Anticipated Litigation and (4) Public Employee Performance Evaluation: President/CEO*. The meeting recessed into Closed Session under the Closed Session Protocol at 5:46 p.m. The Board completed its business of the Closed Session at 7:06 p.m.

Director Dr. Rolando Cabrera, M.D. left the meeting at 6:55 p.m.

3. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 7:06 p.m. Vice-President Carson reported that in Extended Closed Session, the Board discussed *(1) Hearings and Reports and (2) Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and services, (3) Conference with Legal Counsel – Anticipated Litigation and (4) Public Employee Performance Evaluation: President/CEO*.

No action was taken.

4. ADJOURNMENT

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, August 28, 2025, at 4:00 p.m.** There being no further business, the meeting was adjourned at 7:07 p.m.

Rolando Cabrera, MD
Secretary, Board of Directors

DRAFT SALINAS VALLEY HEALTH¹
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
AUGUST 6, 2025

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

Absent: Isaura Arreguin

Also Present:

Matthew Ottone, Esq., District Legal Counsel

Hanna Hitchcock, Esq., Associate Ottone & Leach, LLP

1. READING OF THE NOTICE OF SPECIAL MEETING

President Joel Hernandez Laguna read the following: A Special meeting of the Board of Directors of Salinas Valley Health¹ will be held Wednesday, August 6, 2025, at 12:00 P.M., at 1418 S. Main Street, Suite 203, Salinas, California, 93908, to discuss in Closed Session Public Employee Performance Evaluation – President/Chief Executive Officer.

2. CALL TO ORDER/ROLL CALL

A quorum was present and President Hernandez Laguna called the meeting to order at 12:00 P.M. in the offices of Ottone & Leach LLP.

3. CLOSED SESSION

President Hernandez Laguna announced the item to be discussed in Closed Session as listed on the posted Agenda is *Public Employee Performance Evaluation – President/Chief Executive Officer*.

The meeting recessed into Closed Session under the Closed Session Protocol at 12:01 P.M.

Director Arreguin arrived at 12:06 P.M.

Director Cabrera left at 12:57 P.M.

The Board completed its business of the Closed Session at 1:06 P.M.

4. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 1:06 P. M. President Hernandez Laguna reported that in Closed Session, the Board discussed *Public Employee Performance Evaluation – President/Chief Executive Officer*. No other action was taken.

5. ADJOURNMENT

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, August 28, 2025, at 4:00 P.M.** There being no further business, the meeting was adjourned at 1:06 P.M.

Rolando Cabrera, MD
Secretary, Board of Directors

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

Memorandum

To: Board of Directors
 From: Clement Miller, COO
 Date: August 28, 2025
 Re: Policies Requiring Approval

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

	Policy Title	Summary of Changes	Responsible Exec
Consent Agenda Policies			
1.	Adult Sepsis Management	Regularly scheduled review. EMR changed to EHR.	Carla Spencer, CNO
2.	Cervical Ripening Balloon	Addition of medication that can be used concurrently. Updated references.	Carla Spencer, CNO
3.	Complete Decongestive Therapy for Management of Lymphedema	Contraindications updated.	Clement Miller, COO
4.	Conflict of Interest	Updated references.	Gary Ray, CLO
5.	Fetal Demise/Stillborn/Neonatal Death	Addition of attachment: Autopsy Process in the Case of IUFD flowchart.	Carla Spencer, CNO
6.	I.V. Pump Data Collection and Analysis	Formatting changes.	Clement Miller, COO
7.	In-Kind Donations	Foundation Department Name changed and corrected. References updated.	Allen Radner, CEO
8.	Medical Device/Product and Biologics (HCT/P) Adverse Event Reporting	Regularly scheduled review. No changes.	Gary Ray, CLO
9.	Medication Access for Licensed and Authorized Non-Licensed Personnel	Changed from procedure to policy. Typos corrected. Added list of authorized personnel that can administer medications. Changed policy title to include licensed and non-licensed personnel.	Clement Miller, COO
10.	Medication Process for TFFHWC	Addition of policy statement. Formatting changes.	Clement Miller, COO
11.	Medication Security & Storage for TFFHWC	Formatting, title and work flow changes.	Clement Miller, COO
12.	Multiple Gestation Deliveries	No changes.	Carla Spencer, CNO
13.	Non-Obstetric Surgery in Pregnancy	References updated.	Carla Spencer, CNO
14.	Placental Examination & Neonatal Cord Blood Gas Analysis	Minor typos fixed.	Carla Spencer, CNO
15.	Scope of Service: Center for Advanced Diagnostic Imaging	No changes.	Clement Miller, COO
16.	Scope of Service: Nutrition Services	Minor typos fixed.	Clement Miller, COO

	Policy Title	Summary of Changes	Responsible Exec
17.	Scope of Service: Perinatal	Included the addition of OBED services for appropriate postpartum patients; included standards of care for NICU.	Carla Spencer, CNO
18.	SVH Pharmacy Supply Chain Management	Combined multiple policies, removed specific nomenclature, streamlined processes. References updated.	Clement Miller, COO
MEC Policies/Plans			
1.	Antimicrobial Stewardship	Changed from procedure to policy. Minor typo corrected.	Timothy Albert, M.D., CMO



Origination 07/2022
Last N/A
Approved
Next Review 3 years after approval

Owner David Thompson:
Director Nursing
Area Patient Care

Adult Sepsis Management

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To guide the staff in caring for the patient with sepsis or suspected sepsis.

III. DEFINITIONS

A. Systemic Inflammatory Response Syndrome (SIRS): clinical response to an insult either infectious or noninfectious in origin. Defined as having two or more of the following:

- Temp > 38.3 or < 36
- HR > 90
- RR > 20
- Pulse Oximetry <90%
- WBC > 12,000, < 4,000 or > 10% bands

B. Sepsis: SIRS + suspected or documented infection

- Source of suspected clinical infection should be identified and documented

C. Severe Sepsis: Sepsis + acute organ dysfunction

- Meets SIRS criteria plus sign of organ dysfunction:
 1. SBP less than 90, or MAP less than 65, or SBP decrease more than 40 mm Hg from the last previously recorded SBP considered normal for the patient
 2. Creatinine greater than 1.0 or urine output less than 0.5 ml/kg/hr for 2 hours

3. Bilirubin greater than 2 mg/dL
 4. Platelet count less than 100,000
 5. INR greater than 1.5 or aPTT greater than 60 seconds
 6. Lactate greater than 2 mmol/L
- D. Septic Shock: Severe Sepsis + persistent hypotension despite fluid resuscitation
- Documentation of severe sepsis plus
 - Tissue hypoperfusion persists in the hour after crystalloid evidenced by either:
 1. SBP less than 90
 2. MAP less than 65
 3. Decrease in SBP decrease more than 40 mm Hg from the last previously recorded SBP considered normal for the patient
 4. lactate level greater than or equal to 4 mmol/L

IV. GENERAL INFORMATION

- A. If a patient has been identified as meeting the sepsis criteria, the sepsis protocol should be initiated. RN's will screen patients approximately every twelve hours using standardized criteria. If the patient meets SIRS criteria, the physician will be notified.

V. PROCEDURE

- A. Early identification of the patient with sepsis and implementation of the sepsis protocol in a timely manner is the goal of treatment. (see attachment A).
- B. Patients are screened for SIRS/Sepsis criteria by the RN:
- In ED: on admission per [SEPSIS MANAGEMENT STANDARDIZED PROCEDURE](#)
 - Inpatient units: every 12 hours with vital sign assessment and as necessary.
 1. The RN will monitor vital signs, alerts and labs for trends for the past 24 hour period
 - a. If alerted by a device such as a SMART bed, the RN will go to the room and physically assess the patient for SIRS/Sepsis criteria.
 2. If the patient meets criteria, the RN notify the physician of the findings
 - Perinatal patient population (antepartum, intrapartum and postpartum): on admission, shift assessment and as needed for suspected sepsis (see attachment B)
- C. Once the patient meets sepsis criteria the following should take place within designated time frames:
- Within three hours of screening:
 1. Ordered labs should be drawn STAT, and reported to physician. Serum lactate level is reported for decision tree

2. Ordered cultures should be obtained STAT
 3. Antibiotics should be administered within 1 hour after cultures obtained. It is important to obtain cultures as quickly as possible so antibiotic therapy can be initiated.
 4. Initial fluid bolus of approximately 30ml/kg of NS or LR is given rapidly, using non-IV pump tubing, over 30 min.
- Within six hours of screening:
 1. Either repeat focused exam by licensed independent practitioner should be performed, including vital signs, cardiopulmonary, capillary refill, pulse, and skin findings
 2. OR: Two of the following:
 - a. Measure CVP
 - b. Measure ScvO₂
 - c. Bedside cardiovascular ultrasound
 - d. Dynamic assessment of fluid responsiveness (such as passive leg raise)
 3. Apply vasopressors as ordered
 4. If MAP continues to be less than 65 mm Hg or if initial lactate was greater than or equal to 4 mmol/L, clinician should re-assess volume status and perfusion
 5. Re-measure lactate if elevated

D. Documentation:

1. Nurses will document sepsis screening in the electronic health record (EHR).

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Gibbs R, Bauer M, Olvera L, Sakowski C, Cape V, Main E. (2019). Improving Diagnosis and Treatment of Maternal Sepsis: A Quality Improvement Toolkit. Stanford, CA: California Maternal Quality Care Collaborative.
- B. Schorr, C. (2018). Surviving Sepsis Campaign hour-1 bundle: This 2018 update to the sepsis bundle focuses on beginning treatment immediately. American Nurse Today, 13(9), 16–19. Retrieved from
- C. Gilbert, B. W., Reichert, M., Fletcher, S., Alexander, E., & Allen, J. (2019). Strategies for the Management of Sepsis. AACN Advanced Critical Care, 30(1), 5–11.

Attachments

- [A: Sepsis Guidelines: Timeframe Goals for Resuscitation Bundle](#)
- [B: Maternal Sepsis Evaluation Algorithm](#)

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	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	David Thompson: Director Nursing	07/2025

Standards

No standards are associated with this document



Origination 05/2020
Last Approved N/A
Next Review 3 years after approval

Owner Daniela Jago:
Clinical Manager
Area Women's and
Children's
Services

Cervical Ripening Balloon

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To guide the nurse in the care provided to the patient who is undergoing cervical ripening with a cervical ripening balloon.

III. DEFINITIONS

- A. **MFTI** - Maternal fetal triage index
- B. **EFM** - External fetal monitor

IV. GENERAL INFORMATION

- A. The cervical ripening balloon will be placed using sterile technique by the MD with RN assistance.
- B. The placement of the balloon should be timed so that it is in place no longer than 12 hours before active labor is induced.
- C. Placental location should be documented prior to cervical ripening balloon placement.

V. PROCEDURE

- A. Indications for the initiation of cervical ripening balloon include, but are not limited to:
 - 1. Term pregnancy
 - 2. Singleton pregnancy
 - 3. Vertex presentation

4. Intact membranes
 5. Lack of persistent uterine contractions
 6. Evaluate fetal and uterine status prior to insertion for a minimum of 20 minutes.
 7. Normal fetal heart rate (Category I), or Category II with OB consideration
- B. Informed consent
- C. Contraindications to the initiation of a cervical ripening balloon include, but are not limited to:
1. Ruptured membranes
 2. Labor, defined as regular contractions of 3 or more in 10 minutes
 3. Prior classic uterine incision or myomectomy
 4. Prolapsed umbilical cord
 5. Pelvic structural abnormality
 6. Active genital herpes infection
 7. Invasive cervical cancer
 8. Abnormal fetal heart rate pattern
 9. Multiple gestational pregnancy
 10. Low lying placenta
 11. Maternal heart disease
 12. Multiple gestational pregnancy
 13. Polyhydramnios
 14. Presenting part above the pelvic inlet
 15. Severe maternal hypertension
 16. Any contraindication to labor induction
- D. May be used concurrently with an oxytocin infusion per order/policy
- E. May be used concurrently with Misoprostol 25 mcg per vagina Q4h or Misoprostol 50mcg oral Q4h
- F. Provide 16 Fr Foley catheter to physician or double balloon per physician preference
1. Explain procedure to patient
 2. Position patient in the lithotomy position
 3. Monitor patient for 30 minutes following balloon insertion; if Category I status, patient may ambulate and assessment will follow for latent labor until active labor begins
 4. Catheter should be removed when: (may be removed by RN)
 - a. No spontaneous extrusion occurs after 12 hours
 - b. Excessive or unexplained bleeding occurs
 - c. Abnormal fetal heart rate tracing

- d. Spontaneous rupture of membranes
- e. Maternal temp > 100.5 F.

G. Outpatient Cervical Ripening

1. Perform MFTI upon patient arrival for scheduled procedure
2. Verify physician order for "Outpatient Testing/Treatment Order"
3. Place patient on EFM, monitor for 30 minutes prior to balloon placement
4. Explain procedure to patient
5. Position patient in the lithotomy position
6. Physician inserts balloon (can be Foley catheter or double balloon per physician preference)
7. Monitor maternal and fetal response for one hour minimum post insertion
8. Confirm patient is scheduled for induction of labor 12 hours from appointment for cervical ripening balloon placement
9. Discharge patient with preprinted "Outpatient Cervical Ripening: Patient education and instructions" handout

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. American College of Obstetricians and Gynecologists. (2025). Cervical ripening in pregnancy. (Clinical Practice Guideline No. 9).
- B. American College of Obstetricians and Gynecologists. (2019). Vaginal birth after cesarean section. (Practice Bulletin No. 205).
- C. Cook Medical Incorporated. (2021). *Cervical ripening balloon with stylet: A nonpharmaceutical option for preinduction dilation*. Retrieved from https://cdnamsseuspwsprod.azureedge.net/data/resources/RH-D63251-EN-F_M3_1645193893859.pdf

Attachments

 [A: Guidelines for Use of Cervical Ripening Balloon](#)

 [B: Guidelines for Use with Urinary Catheter Balloon for Cervical Ripening](#)

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Women & Children's Service	Katherine DeSalvo: Director Medical Staff Services	07/2025
CNO	Carla Spencer: Chief Nursing Officer	07/2025
Director of WCS	Julie Vasher: Director Women's & Children's Services	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Daniela Jago: Clinical Manager	06/2025

Standards

No standards are associated with this document



Origination	N/A
Last Approved	N/A
Next Review	3 years after approval

Owner	Jessica Graziano: Manager Rehab Services
Area	Rehabilitation

Complete Decongestive Therapy for Management of Lymphedema

I. POLICY STATEMENT

- A. N/A

II. PURPOSE

- A. To guide the staff in providing Complete Decongestive Therapy for the management of Lymphedema.

III. DEFINITIONS

- A. PT: Physical Therapist
- B. OT: Occupational Therapist
- C. MLD: Manual Lymphatic Drainage
- D. RN: Nurse
- E. CDT: Complete Decongestive Therapy

IV. GENERAL INFORMATION

- A. Lymphedema bandaging is a multilayer system of short stretch, non-elastic pure cotton bandages, which are applied over padding to create compression and comfort around the circumference of the involved area.
- B. The therapeutic effects of bandaging in the treatment of Lymphedema are;
 - 1. A reduction in the return of lymph to the involved area once mobilized by MLD
 - 2. A reduction in the production of new lymph via ultra-filtration by increasing tissue pressure

3. An increase in re-absorption of other lymphatic loads by increasing tissue pressure
 4. An improvement in the efficiency of the muscle and joint pumps as a lymph propellant
 5. A mechanical manipulation and improvement in lymphatic fibrosis as movement is performed.
- C. PTs and OTs performing CDT and/ or applying multilayer bandaging for lymphedema management as long as the following criteria are met;
1. An order from the patient's physician is in the medical records
 2. The patient meets the "indications" criteria and clinical assessment does not show evidence of contraindications.
- D. The PT and/or OT has received training and education in this process and their certification/ training has been documented.

V. PROCEDURE

- A. Clinicians providing CDT therapy for patients will follow Evidence based practice
- B. Patients being managed and monitored for any evidence of excessive compression (e.g. pallor or cyanosis of toes, complaints of pain, diminished sensation). Patients and/or family members will be educated on these signs/ symptoms as well. If sign/symptoms present, the bandages will be removed promptly
- C. The bandaging will be changed as needed per therapists' protocol.
- D. Patients will be assessed by the therapists as to whether they benefit from application.
1. Precautions
 - a. Hypertension
 - b. Mild Arterial Disease
 - c. Limb paralysis
 - d. Diabetes
 - e. History of Congestive Heart Failure (Seek physician approval)
 2. Contraindications
 - a. Acute Infections
 - b. Cardiac Edema
 - c. Acute Deep Venous Thrombosis
 - d. Uncontrolled Hypertension
 - e. Advanced arterial disease
 - f. Malignancy
 - g. Renal Disease
- E. Documentation (This will be at the end of the procedure and if there is no specific

documentation then type N/A)

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Tzani I, Tsihlaki M, Zerva E, Papathanasiou G, Dimakakos E. Physiotherapeutic rehabilitation of lymphedema: State-of-the-art. Lymphology. 2018 Jul 2;51(1):1-2.
- B. Executive Committee. The diagnosis and treatment of peripheral lymphedema: 2016 consensus document of the International Society of Lymphology. Lymphology. 2016 Mar 21;49(4):170-84.
- C. Michopoulos E, Papathanasiou G, Vasilopoulos G, Polikandrioti M, Dimakakos E. Effectiveness and Safety of Complete Decongestive Therapy of Phase I: A Lymphedema Treatment Study in the Greek Population. Cureus. 2020 Jul 19;12(7).
- D. Cohen SR, Payne DK, Tunkel RS. Lymphedema: strategies for management. Cancer: Interdisciplinary International Journal of the American Cancer Society. 2001 Aug 15;92(S4):980-7.
- E. Norton School of Lymphedema Course Manual for Manual Lymph Drainage/ CDT certification Training 2004-2013

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
ELG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Rehab Medical Director	Katherine DeSalvo: Director Medical Staff Services	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	05/2025
Policy Owner	Jessica Graziano: Manager Rehab Services	05/2025

Standards

No standards are associated with this document



Origination 09/2020
Last N/A
Approved
Next Review 3 years after approval

Owner Gary Ray: Chief Legal Officer
Area Administration

Conflict of Interest

I. POLICY STATEMENT

- A. It is the policy of Salinas Valley Health Medical Center (SVHMC) to follow all applicable federal, state, and local laws concerning conflicts of interest, including California Government Code Section 1090, et seq. (regarding government contracts) and the Political Reform Act codified at Government Code Section 81000, et seq., as well as implementing applicable regulations adopted by the Fair Political Practices Commission (FPPC), as each may be amended or supplemented from time to time ("COI Code Requirements").
- B. It is the policy of SVHMC to ensure that all designated employees, members of the Board of Directors and its committees, other designated individuals, medical staff, volunteers and consultants act in the best interests of SVHMC at all times and do not engage in any activity in which private or personal interests conflict with SVHMC interests. Note that specific rules applicable to members of the Board of Directors, policy-making management employees and medical staff officers are set forth in Health & Safety Code Sections 32110 and 32111.
- C. Pursuant to State law and in furtherance of the purposes of this Code, it is the policy of SVHMC to regularly review and update this Code and to enforce its compliance.

II. PURPOSE

- A. This Conflict of Interest Code Policy ("Code") supports the organization's overall Conflict of Interest Policy, which establishes general principles for the management of conflicts of interest that affect or could affect decisions of individuals associated with Salinas Valley Health Medical Center (SVHMC).

III. DEFINITIONS

- A. The SVHMC "Conflict of Interest Code Policy" is the document adopted by the SVHMC Board of Directors and approved by the Monterey County Board of Supervisors, which identifies officials and employees of, and consultants to SVHMC who make or participate in making decisions that could give rise to actual or apparent financial conflicts of interest. These

individuals are required to file a Statement of Economic Interests (SEI) to disclose financial interests within the categories set forth in the Conflict of Interest Code in accordance with the individuals' positions.

- B. A "conflict of interest" exists when an individual's financial interests may influence, or be perceived as influencing, the individual's judgment in the performance of duties, or the making of contracts, for SVHMC. For purposes of this Policy, "financial interests" includes, but may not be limited to, a business, commercial or other financial interest, either of the individual, a spouse or (in some cases) a child or other financial dependent of the individual, or from former, existing or prospective business associations. "Conflict of interest," "financial interests" and associated terms are defined and applied in more detail in the State laws and regulations referenced in this Policy.

IV. GENERAL INFORMATION

- A. California's conflict of interest laws are based on the notion that government officials owe paramount loyalty to the public, and that personal or private financial considerations of government officials should not be allowed to enter into governmental decision-making.
- B. This Code specifically relates to the Statements of Economic Interest that must be filed annually.
- C. This Code targets both impropriety and the appearance of impropriety involving conflicts of interest in SVHMC decision-making. This Code further aims to eliminate the potential for actual, potential or apparent uses of officials' positions at SVHMC to influence government decisions in which they know or have reason to know they have a financial interest.

V. PROCEDURE

- A. Conflict of Interest Code Updates
 - 1. Proposed updates to the SVHMC Conflict of Interest Code will be submitted to the Monterey County Board of Supervisors at least biennially, pursuant to California State law.
 - 2. SVHMC must receive confirmed approval from the Board of Supervisors or proposed changes from the Board of Supervisors within 6 (six) months of submission. If such confirmation or changes are not received, it is the policy of SVHMC to seek legal counsel to consider potential superior court action to ensure action by the County.
 - 3. The Director of Internal Audit and Compliance (Compliance Officer) is responsible for (a) tracking changes in positions and titles, and additions/deletions of positions designated in the Conflict of Interest Code, and (b) ensuring that the Conflict of Interest Code is updated and submitted to the SVHMC Board of Directors for adoption, to the Monterey County Board of Supervisors for review and approval, and to the FPPC whenever appropriate.
- B. Disclosure of Financial Interests: Statements of Economic Interests
 - 1. General Requirements
 - a. All individuals designated in the SVHMC Conflict of Interest Code, designated consultants, members of the Board and anyone else who

manages SVHMC investments (together "Required Filers") must file a Statement of Economic Interests ("Form 700" or "SEI"). Designated individuals will be contacted by the Compliance Officer. The Form 700 and user instructions for the Form may be accessed on the FPPC website <http://www.fppc.ca.gov>

2. Time of Filing; Late Filing/Non-Compliance

- a. **Initial Statements (For Newly Designated Positions and New Consultants).** If a new position is created, the individual assuming such position shall file an initial statement within thirty (30) days after the effective date of the new designation. When a consultant is engaged to perform a role that triggers reporting requirements in accordance with COI Code Requirements, such consultants shall file an initial statement with thirty (30) days of assuming such roles.
- b. **Assuming Office/Position Statements.** Any persons assuming a designated position in the SVHMC Conflict of Interest Code, or assuming a position as a member of the Board of Directors or otherwise responsible for managing SVHMC investments, shall file an initial statement within thirty (30) days after assuming such positions.
- c. **Annual Statements.** All Required Filers shall file annual statements covering interests held in the prior calendar year no later than April 1 of each year, unless that date falls on a Saturday or Sunday, in which case the Statement will be due the next business day.
- d. **Leaving Office/Position Statements.** All Required Filers who leave SVHMC service shall file a statement within thirty (30) days after leaving the positions.
- e. **Late Filing.** Late statements are subject to SVHMC progressive discipline for failure to follow policy. In addition, Required Filers whose SEIs are not received within 30 (thirty) days of their due dates will be receive written notification that the Statement has not been received and may be referred to the Fair Political Practices Commission for non-compliance enforcement proceedings.

3. Filing Officer Collection, Management and Monitoring of Statements of Economic Interests. The Compliance Officer serves as SVHMC's filing officer for all positions designated in the SVHMC Conflict of Interest Code. The Monterey County Board of Supervisors serves as filing officer for members of the SVHMC Board of Directors and all individuals who are deemed to manage investments of SVHMC. The Compliance Officer will:

- a. Initiate reminders to all required filers, track compliance with filing deadlines and other requirements, facilitate follow-up in case of non-compliance, and report non-compliance to and work with the executive leadership and the Board of Directors to resolve non-compliance.
- b. Review all SEIs for overall completeness and general accuracy as provided for in guidance from the FPPC for review.

- c. Handle the filing and forwarding of SEIs in accordance with COI Code Requirements and this Code.
 - d. Review completed SEIs at least annually and as needed for compliance with COI Code Requirements including this Code.
 - e. Advise that individuals with identified financial interests meet with their direct supervisors or the Compliance Officer to review and discuss any steps needed to prevent perceived, potential or actual conflicts of interest.
4. Place of Filing; Disclosure of SEIs. Each SEI shall be filed with SVHMCS for handling as follows:
- a. **Statements of Board of Directors and any other Individuals who Manage SVHMC Investments.** The Compliance Officer shall (i) ensure timely filing of SEIs for members of the Board, the President/Chief Executive Officer and any other individuals who are deemed by SVHMC or the FPPC to manage SVHMC investments, (ii) retain or have access to a copy of each such SEI, and (iii) except for those filed electronically, forward the original of each such SEI to the Monterey County Board of Supervisors.
 - b. **Statements of Other Designated Employees and Consultants.** The Compliance Officer shall retain the original or have access to SEIs of all other filers. Except for those forms filed electronically, original SEIs, along with copies of those submitted to the County Board of Supervisors, will be kept in the Compliance Office.
 - c. **Disclosure of SEIs.** Statements of Economic Interest are public documents and are to be made available to any requesting individual, without redaction, in accordance with the Public Records Request Procedure.

C. Reporting of Potential Conflicts as they Arise and Violations of this Policy

- 1. Upon the first indication of a potential conflict of interest, each individual covered by this Policy must disclose his or her potential conflicts to his or her supervisor and to the Compliance Officer, whether or not the potentially conflicting interest has been reported on an SEI. The supervisor and Compliance Officer shall review the situation and, in consultation with legal counsel, make a determination on the appropriate resolution thereof.
- 2. Suspected violations of this Policy should be reported to the Compliance Officer for review.

D. Management of Actual, Potential or Apparent Conflicts

- 1. An actual, potential or apparent conflict of interest may require actions and precautions including but not limited to: (a) disclosure of the conflict of interest; (b) recusal from the decision-making process, including any participation in the matter to which the conflict relates; (c) abstention from voting on the matter to which the conflict relates; (d) walling off a conflicted individual from access to information or discussions relative to the matter to which the conflict relates; and (e) in the case of a Board member having an actual, potential or apparent conflict of interest in a

potential contract, abandonment of the contract.

2. A medical staff representative attending a governing body meeting shall recuse himself or herself from participating in the meeting when the governing body is making a decision on a matter where the medical representative has a conflict of interest.

E. Documentation:

1. Statements of Economic Interests are maintained by SVHMC as required by COI Code Requirements.
2. Corporate compliance training records are maintained in the Department of Education and Training and by the Compliance Officer.
3. Department head training records are maintained in the department head's department
4. Staff's training records are maintained in the employee's department.
5. Documentation of conversations with Required Filers, if necessary, will be maintained in the Compliance Office

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. California Government Code Sections 1090 et seq., and 81000 et. seq.
- B. Title 2 of the California Code of Regulations, Division 6, Sections 18109 et seq. (FPPC Regulations)
- C. California Health and Safety Code Sections 32110 and 32111

Approval Signatures

Step Description	Approver	Date
Board Approval	Kathryn Haines: Administrative Assistant - PD	Pending
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
ELG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025

Standards

No standards are associated with this document



Origination 08/2021
 Last Approved N/A
 Next Review 3 years after approval

Owner Daniela Jago:
 Clinical Manager
 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 in the mother's electronic health record
4. Release of remains
5. Authorization for autopsy as indicated (see attachment B)

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](#)

 [B: Autopsy Process in the Case of IUFD](#)

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	07/2025
Director Women's & Children's Services	Julie Vasher: Director Women's & Children's Services	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Daniela Jago: Clinical Manager	07/2025

Standards

No standards are associated with this document



Origination	01/2020
Last Approved	N/A
Next Review	3 years after approval

Owner	Genevieve delos Santos: Director Pharmacy
Area	Pharmacy

I.V. Pump Data Collection and Analysis

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To analyze data from the IV pumps on a regular basis to track incidences where guardrails prevent medication errors and to look for trends identifying opportunities for improvement.

III. DEFINITIONS

A. N/A

IV. GENERAL INFORMATION

- A. Periodic analysis of the data from the IV pumps will be performed in order to update drug libraries, Guardrails® parameters, doses, profiles, and bolus dose parameters.
- B. Medication Safety Committee will have oversight of the data collection and analysis process.

V. PROCEDURE

- A. Pharmacy and Therapeutics/Infection Prevention (PT/IP) Committee will be the oversight committee of this process. Medication Safety, a subcommittee of the PT/IP Committee, will review and analyze the data.
 - 1. Responsibilities include (but are not limited to):
 - a. Review overrides of guardrail minimum and maximum parameters
 - b. Current practice issues, problems etc.
 - c. Examine evidence based nursing or pharmacy recommendations for drug doses, concentrations etc.

- d. Review the effects of current practice on patient safety
- e. Review the effects of overrides on patient safety
- f. Track when guardrails prevented a medication error
- g. Address the process of documentation of overrides in the patient's chart

B. Data Collection:

- 1. Medication Safety Committee will collect data routinely and analyze for trends. Conclusions will be presented to PT/IP Committee.

C. Data analysis process:

- 1. Reports can be obtained through the "Performance Analytics Solution" or "Knowledge Portal" service provided by Carefusion. Reports will be presented at Medication Safety Committee for review.

D. Testing data set changes:

- 1. A Pharmacy representative will make necessary changes to the Alaris software.
 - a. Changes may include, but are not limited to:
 - i. New drugs
 - ii. Changes in the concentrations
 - iii. Min and Max guardrail changes
 - iv. Bolus dose changes
 - v. New Clinical Alerts
- 2. A Pharmacy representative will load data set onto a single infusion pump for testing.
 - a. Clinical Nurse Educator, Clinical Nurse Specialist, or Registered Nurse (for areas affected) will test data upgrade.

E. Uploading data set changes will be coordinated with the Department of Pharmacy and Nursing.

- 1. Pharmacist will transfer data set to server for upload via wireless network
- 2. Completion of transferred data will be monitored

F. Documentation: Copies of each data set with date changes that were made will be maintained by the Department of Pharmacy.

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
COO	Clement Miller: Chief Operating Officer	07/2025
P&T	Genevieve delos Santos: Director Pharmacy	07/2025
P&T	Kiri Golleher: Pharmacy Clinical Coordinator	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Genevieve delos Santos: Director Pharmacy	06/2025

Standards

No standards are associated with this document



Origination 02/2022
Last Approved N/A
Next Review 3 years after approval

Owner Sheri Massolo:
Development
Services
Manager
Area Administration

In-Kind Donations

I. POLICY STATEMENT

- A. Salinas Valley Health Medical Center (SVHMC) recognizes that there are times when employees will be offered gifts from patients, families or business associates.
- B. 501c3 public charities have information reporting obligations in order to continue to be recognized as tax-exempt. In order to facilitate the reporting process nonprofits must maintain financial records detailing their financial activities.
- C. All in-kind gifts received by any employee of SVHMC, or Salinas Valley Health Clinics (SVHC) need to be documented. This ensures stronger risk reduction for the District, and proper donor stewardship and tax deductibility, thereby increasing the propensity for further support.

II. PURPOSE

- A. The purpose of this policy is to ensure SVHMC Board Members, staff, providers, and volunteers comply with external regulations and internally established standards regarding the receipt and provision of gifts.
- B. This policy will ensure that all in-kind donations received by SVHMC will be documented, that the donor will receive proper stewardship as well as ensure that IRS tax regulations regarding donation documentation are satisfied. The Salinas Valley Health Foundation will record all gifts in their donor database system, and administer the acknowledgement process required by the IRS and California State Nonprofit laws.

III. DEFINITIONS

- A. Donation/Gift: For purposes of this Policy, "Gifts" and "Donations" are defined as any payment or other benefit/resource received (e.g., stuffed animals, perishable gifts such as floral arrangements, cookies, candy or similar food items, goods or services) that confers a benefit other than money.
- B. Donor: Person or company who donates items.

- C. In-Kind Donation - In-kind gifts are contributions of goods or services, other than cash. For example, in-kind donations include products such as food, home-made items, event tickets, travel accommodations, vendor products, computers, furniture, and clothing, other office equipment, etc.

IV. GENERAL INFORMATION

- A. The Philanthropic Services Department will maintain documentation of all donations.
- B. Non-compliance of this policy can result in fines from government agencies and could impact 501c3 nonprofit status of the organization.
- C. Department Heads will monitor their staff to ensure that this policy is followed.
- D. Reference [Gift Ticket and Honoraria](#) policy for more information.

V. PROCEDURE:

- A. The processing of all in-kind donations to SVHMC shall be administered through the Philanthropic Services Department. In the event of advanced notice of a donor's intent to make a gift, the leader of the receiving department shall reach out to the Foundation office to ensure that the gift conforms to current laws, and system policy, and if needed coordination of gift delivery and distribution.
- B. All donors shall be given the In-kind Donation Form (*attached*) at the time of gift receipt. The form needs to be completed by the donor and must include the donor's name, address, donation description, and donation value. Every donor should assign a donation value to a gift in order for it to be received by SVHMC staff.
- C. All In-Kind Donation Forms shall be to be sent to the Philanthropic Services office at the time of gift receipt by the receiving Department Head. This can be emailed, faxed, or hand delivered to the Philanthropic Services Department. The Philanthropic Services Department will then record the in-kind donations in their donor database system and account for the donation per IRS regulations.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. IRS: <https://www.irs.gov/charities-non-profits/charitable-organizations/charitable-contributions-written-acknowledgments>
- B. IRS: <https://www.irs.gov/pub/irs-pdf/p1771.pdf>
- C. <https://oag.ca.gov/sites/all/files/agweb/pdfs/charities/publications/CharitiesSolicitation.pdf>

Attachments

Approval Signatures

Step Description	Approver	Date
Board Approval	Kathryn Haines: Administrative Assistant - PD	Pending
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
ELG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025
Policy Owner	Sheri Massolo: Development Services Manager	07/2025

Standards

No standards are associated with this document



Origination 08/2022
Last N/A
Approved
Next Review 3 years after approval

Owner Gary Ray: Chief Legal Officer
Area Administration

Medical Device/Product and Biologics (HCT/P) Adverse Event Reporting

I. POLICY STATEMENT

- A. Salinas Valley Health Medical Center (SVHMC) will report deaths and serious injuries when become aware of information that "**reasonably suggests** a medical device **has or may have caused or contributed** to the adverse event."

II. PURPOSE

- A. To ensure appropriate follow-up, investigation and/or mandated reporting of any medical device/product or Biologics (HCT/P) in which an adverse event "**reasonably suggests** a medical device **has or may have caused or contributed** to the event."

III. DEFINITIONS

- A. **Caused or contributed** means that a death or serious injury was or may have been attributed to a medical device/product, or that a medical device/product was or may have been a factor in a death or serious injury, including events occurring as a result of:
1. Failure,
 2. Malfunction,
 3. Improper or inadequate design,
 4. Manufacture,
 5. Labeling, or
 6. User error.
- B. **Serious Injury** means an injury or illness that:
1. Is life-threatening,

2. Results in permanent impairment of a body function or permanent damage to a body structure or,
3. Necessitates medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure. Permanent means irreversible impairment or damage to a body structure or function, excluding trivial impairment or damage.

C. Biologics (HCT/P)

1. Included but limited to Human Tissues

D. Deviation means an event:

1. Represents a deviation from applicable regulations, that relate to the prevention of **communicable disease transmission** or HCT/P **contamination**; or
2. Is an unexpected or unforeseeable event that may relate to the transmission or potential transmission of a communicable disease or may lead to HCT/P contamination.

IV. GENERAL INFORMATION

- A. The Food and Drug Administration (FDA), under the Safe Medical Devices Act (SMDA) strongly encourages healthcare providers, patients, and manufacturers to report medical-device-related incidents and deficiencies. A suspected serious injury that involves a medical device/product and biologics-human cell, tissue, cellular tissue-based product (Biologic-HCT/P) must be fully investigated for determination in reporting. External reporting may include the California Department of Public Health (CDPH), Food and Drug Administration (FDA), Manufacturer, or Supplier when appropriate.

B. REPORTING REQUIREMENTS

Safe Medical Devices Act (SMDA) requires user facilities to **report within 10 workdays** after the day that you become aware of a reportable event.

Risk Management will complete the appropriate User Facility Reports as required (FDA Form 3500A for reporting and FDA Form 3419 for annual submission):

1. Device-related deaths to the FDA and the device manufacturer
2. Device-related serious injuries to the manufacturer, or to FDA if the manufacturer is not known; and
3. Submit to FDA on an annual basis a summary of all reports submitted during that period by January 1, of each year.
4. Biologics (HCT/P) adverse reactions will be managed by the Director of Surgery and/or designee under guidance by Infection Control and/or Risk Management as necessary.

- C. Requirements for establishing and maintaining MDR Records will be maintained by the Risk Management Department. The MDR event file relating to an adverse event must be retained for a period of two (2) years from the date of the event.

- D. The MDR Records for mandated reportable event(s) will include information that was evaluated to determine if an event was reportable and information used for the purpose of preparing the report.
- E. If it is believed that a public health emergency may exist; the Risk Management Department will immediately contact the FDA Emergency Operations Branch at (301) 443-1240.
- F. The Accreditation and Regulatory Department will report to the California Department of Public Health if meets reportable requirements.
- G. Summary and findings of the SVHMC medical device/product and biologics events reporting program will be reported to the Environment of Care Committee on a quarterly basis.
- H. The FDA has the authority to inspect user reporting records that are maintained in accordance with the Safe Medical Device Act. The Accreditation and Regulatory Department will coordinate all FDA inspections involving SMDA.

V. PROCEDURE

A. MEDICAL DEVICE/PRODUCT PROCEDURE

Medical Device/Product Internal Reporting and Handling Requirements:

1. Preservation

- **Do not discard** any devices or supplies involved in the incident, such as disposable instruments, tubings, connectors, medications, etc. Retain all packaging and product information-if at all possible/feasible.
- Devices/supplies **should not be cleaned, examined, nor have settings modified** unless directed by Risk Management and/or BIOMED.
- Do **not power off** or **change settings** until directions from BIOMED.
- **Under no circumstances** should any equipment, accessories, fluids/medications, or disposables involved in an incident **be released to non-SVHMC employees** (i.e., manufacturers, sales reps, vendors, etc.) without specific authorization from Risk Management.

- 2. **Verbally** report the incident to the Risk Management at x3075/3274. If immediate assistance is required off hours, please page the Risk Management.
- 3. **Complete** an Occurrence (safety report) within twenty-four (24) hours of the suspected adverse event.
- 4. **Label and tag** all equipment, devices, containers, and/or supplies with the **patient name/labels, medical record number, and date of occurrence** in appropriate biohazard sealed bag(s).
- 5. **Contact** BIOMED Department at extension x1816 or Material Management at extension x3032 to **sequester/remove** the device/product and/or supplies involved. *The Manager of Biomed or designee may take immediate action to remove from service any device or related devices based upon the results of equipment testing and incident investigation.*
- 6. **Documentation of any disclosure and/or communication** with the patient and/or

family will occur as required per Disclosure of Unanticipated Outcomes Policy 1115 and if need in consultation with Risk Management.

B. BIOLOGICS-HUMAN CELL, CELLULAR TISSUE-BASED PRODUCT-(HCT/P) PROCEDURE

Biologics-HCT/P Reporting and Handling:

1. **Verbally** report the incident immediately to the **Director of Surgery and/or designee**. Director of Surgery and/or designee is responsible for notifying Risk Management and the Infection Control Department.
2. **Explanted** tissues or biological products are to be **examined and preserved** as pathology specimens.
3. Medical Director of the Operating Rooms or designee **may take immediate action** to remove from use, sequester any HCT/Ps or biological products based upon the results of suspected adverse event investigation. **Sequestered** biologics-HCT/P must be appropriately stored at recommended temperature and environmental controls.
4. **Complete** an Occurrence (safety report) within twenty-four (24) hours of the suspected adverse event.
5. **Documentation of any disclosure and/or communication** with the patient and/or family will occur as required per Disclosure of Unanticipated Outcomes Policy 1115 and if need in consultation with Risk Management.

C. INTERNAL INVESTIGATION OF DEVICE/PRODUCT OR BIOLOGICS EVENTS

1. The Risk Management Department will coordinate as necessary a multidisciplinary investigation for determination of:
 - Impact to the patient and/or staff involved, as well as other past or present patients;
 - Notification of Attending Physician. Based on the actual, perceived or suspected risk to the patient, other providers may be notified to participate in the risk assessment or treatment planning. For instance, in an event that may involve exposure to infectious disease, an Infectious Disease provider and the patient's Primary Care provider may be involved to recommend monitoring and/or treatment.
 - Notification to patient and/or family, if appropriate as outlined in the [DISCLOSURE OF UNANTICIPATED OUTCOMES POLICY](#)
 - Remedial action of any medical device/product or biologic involved in the event and impact on the same or similar devices/ products in use within SVHMC entities, if any.
 - Determination of voluntary or mandatory reporting to FDA, Manufacturer, Supplier or CDPH, if indicated under federal and/or state regulations. [ADVERSE EVENTS - REPORTABLE](#)
 - Recommended actions for prevention of similar occurrences in the future.

VI. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VII. REFERENCES

- A. 21 C.F.R. § 803 Medical Device Reporting (2022)
- B. 21 C.F.R. § 1271 HCT/P Regulated as a Device (2022)

Approval Signatures

Step Description	Approver	Date
Board Approval	Kathryn Haines: Administrative Assistant - PD	Pending
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
ELG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Gary Ray: Chief Legal Officer	07/2025

Standards

No standards are associated with this document



Origination	08/2015
Last Approved	N/A
Next Review	3 years after approval

Owner	Genevieve delos Santos: Director Pharmacy
Area	Patient Care

Medication Access for Licensed and Authorized Non-Licensed Personnel

I. POLICY STATEMENT

- A. To identify those non-licensed job classifications that are authorized to transport stock, inventory medication/IV solutions, or have proximal access to medications within the scope of their job descriptions.

II. PURPOSE

- A. N/A

III. DEFINITIONS

- A. **Proximal Access:** Access to an area where medications are stored while performing essential job functions such as cleaning without permitting handling or transport of the medications.

IV. GENERAL INFORMATION

- A. The Pharmacy and Therapeutics/Infection Prevention Committee will review and authorize classifications having limited access and responsibility to transport , restock, or have proximal access to medications within the scope of their duties.
- B. Patient-specific medication/supplies will be transported ensuring patient confidentiality.

V. PROCEDURE

- A. Employees who stock and maintain inventory control with required competencies are:
(Complete Drug Identification Competency)
 - 1. OB Technicians
 - 2. Surgery/Cath Lab/Endo Technicians

3. Surgical Sterile Processing Tech III
 4. Certified Nurse Assistant – (if applicable-unit specific)
 5. Cardiac Sonographer
 6. Non-Invasive Cardiovascular Technician
 7. Nursery Technician (NICU Tech)
- B. Employees who have authorization to deliver medications and IV solutions after proper orientation are: (Complete Med Delivery Orientation) ATTACHMENT A
1. Senior Healthcare Allocation Specialist
 2. Healthcare Allocation Specialist
 3. Mail Carrier
 4. Senior Mail Courier
 5. Surgical Sterile Processing Tech I, II, & III
 6. Transport and prep aide
 7. Employee Health Clerical Staff
 8. Unit assistants
- C. Environmental Service staff are allowed to have proximal access to medications while performing normal job functions. They are not allowed to handle medications other than transporting sealed containers of pharmaceutical or hazardous waste.
- D. Medications are administered by authorized licensed independent practitioners and clinical staff that are authorized to do so by State and Federal law and hospital policy. This includes:
1. Registered Nurses (RNs)
 2. Licensed Vocational Nurses (LVNs)
 3. Clinical Nurse Specialists (CNS)
 4. Speech Therapists (within scope of practice)
 5. Physicians
 6. Physician Assistants (PAs)
 7. Respiratory Care Practitioners (RCPs) (drugs related specifically to respiratory therapy)
 8. Physical Therapists (PTs) (certain topical medications)
 9. Certified Radiologic Technologists (CRTs) (radiologic contrast media)
 10. Pharmacists
 11. Perfusionists
 12. Nuclear Medicine Technicians
 13. Students under direct supervision of instructor or preceptor
 14. Medical assistants (within scope of practice)

- E. Documentation:
1. Each department will keep on file employee competencies and orientation checklists to verify competence and authorization.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Title 22, 70263 q(8), Pharmaceutical Service General Requirements
- B. TJC MM.03.01.01

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	07/2025
P&T	Genevieve delos Santos: Director Pharmacy	07/2025
P&T	Kiri Golleher: Pharmacy Clinical Coordinator	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Genevieve delos Santos: Director Pharmacy	07/2025

Standards

No standards are associated with this document



Origination	03/2020
Last Approved	N/A
Next Review	3 years after approval

Owner	Genevieve delos Santos: Director Pharmacy
Area	TFFHWC

Medication Process for Taylor Farms Family Health and Wellness

I. POLICY STATEMENT

- A. To describe the Pharmacy Services for Taylor Farms Family Health and Wellness Center.

II. PURPOSE

- A. N/A

III. DEFINITIONS

- A. N/A

IV. GENERAL INFORMATION

- A. Taylor Farms Family Health and Wellness Center is an offsite physician-run clinic.
- B. Pharmaceutical support will be provided by Salinas Valley Health Medical Center's (SVHMC) Pharmacy Service.
- C. The clinic will contain a designated medication room. This room will consist of:
 - 1. One locked and monitored medication refrigerator
 - 2. One locked and monitored medication freezer
 - 3. One locked and monitored vaccine refrigerator
- D. The medication room will be locked and access will be given to designated personnel only.
- E. A separated locked medication cabinet or cabinets will be maintained within the locked medication room.
- F. Access to the medication closet will be given to designated personnel only.

- G. The Clinic will use an EMR for documentation of prescriptions prescribed. Dispensing records will be maintained for a minimum of 3 years.

V. PROCEDURE

- A. Licensed designated personnel will be able to prescribe and dispense prescription medication for clinic patients only.
- B. No sample medication will be allowed in the facility.
- C. No scheduled medications will be dispensed or stocked in the facility.
- D. Prescribing prescriptions medications will be done through the Pedigree Easy Scripts System or through the EMD electronic medical record system.
 - 1. It will be the physician's or licensed personnel's responsibility to prescribe medications appropriately.
 - 2. Process for prescribing medications is through the Pedigree Easy Script System.
 - 3. The physician or licensed personnel will create a prescription via the Pedigree Easy Scripts program.
 - 4. The physician or licensed personnel will remove the prescription label from the printer in the medication room and affix it on the appropriate prefilled medication vial found in the locked medication closet. A duplicate label will be affixed to the appropriate dispensing record.
 - 5. The physician or licensed personnel will then dispense the medication to the patient.
 - 6. The physician or designated licensed personnel will counsel the patient on their proper use and possible side effects of each medication prescribed.
- E. Medications will be stored to maintain stability and potency under the appropriate storage conditions.
- F. A medication room inspection will be completed by a SVHMC Pharmacy-designated personnel per established process.

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
COO	Clement Miller: Chief Operating Officer	07/2025
P&T	Genevieve delos Santos: Director Pharmacy	07/2025
P&T	Kiri Golleher: Pharmacy Clinical Coordinator	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Genevieve delos Santos: Director Pharmacy	07/2025

Standards

No standards are associated with this document



Origination 01/2021
Last Approved N/A
Next Review 3 years after approval

Owner Genevieve delos Santos: Director Pharmacy
Area TFFHWC

Medication Security & Storage for Taylor Farms Family Health & Wellness Center

I. POLICY STATEMENT

- A. The Department of Pharmacy will maintain the integrity of medication storage in the clinic. Security of medications will be maintained in accordance with federal, state, and local laws.

II. PURPOSE

- A. To guide the staff in the process of medication storage and security measures in all patient areas of the Taylor Farms Family Health & Wellness Center.

III. DEFINITIONS

- A. N/A

IV. GENERAL INFORMATION

- A. All medications will be stored according to manufacturers' recommendations or according to pharmacy instructions.
- B. All vaccines will be monitored by clinic staff and stored according to the Vaccines for Children (VFC) program or manufacturers recommendations.
- C. All efforts will be made to obtain single unit dose medications from the wholesaler.
- D. Drug samples will not be allowed or utilized in the facility.
- E. All multi dose vials will expire 28 days from the day the vial was opened or used.
- F. Licensed personnel which will have access to the med room are:
1. Medical Assistants
 2. Nurse Practitioners

3. Registered Nurses
 4. Physician Assistants
 5. Physicians
 6. Pharmacists
 7. Pharmacy Technicians
- G. Non licensed personnel will only be allowed access to the medication storage area with supervision.
- H. Controlled substances will not be stored in the clinic.
- I. Clinic personnel on duty will protect the pharmacy assets and records, and guard against theft or diversion of medications.

V. PROCEDURE

- A. Storage of medications in the Clinic
1. A secured medication room will be utilized for the receipt, storage, and distribution of all medications on the clinic formulary.
 2. Lockable cabinets will be utilized for the storage of topical, oral, and injectable products.
 3. A lockable refrigerator will be utilized for the storage of refrigerated medications.
 4. A lockable freezer will be utilized for the storage of medications that require refrigeration.
 5. There will be one designated location for medication storage. Medications will not be stored outside in any area of the clinic.
- B. When preparing/administering medications from multi dose vials the following applies:
1. All multi dose vials expire 28 days from the day the vial is opened.
 2. The licensed personnel will apply a blank expiration date label at the time of dispensing and calculate from opening 28 days to expiration.
 3. Exceptions:
 - a. The expiration dates for multi dose ointments, inhalers, and liquids are assigned by the manufacturer; therefore the 28 day expiration date does not apply.
 - b. Insulin vials to be used will be labeled with a 28 day expiration label when first opened from the medication room. The nurse will calculate and document the expiration date for each vial of insulin opened.

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
COO	Clement Miller: Chief Operating Officer	07/2025
P&T	Genevieve delos Santos: Director Pharmacy	07/2025
P&T	Kiri Golleher: Pharmacy Clinical Coordinator	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Genevieve delos Santos: Director Pharmacy	07/2025

Standards

No standards are associated with this document



Origination 08/2022
Last Approved N/A
Next Review 3 years after approval

Owner Daniela Jago:
Clinical Manager
Area Women's and
Children's
Services

Multiple Gestation Deliveries

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To outline the nursing management for the delivery of patients with multiple gestation to ensure optimal outcome for both the mother and fetuses.

III. DEFINITIONS

A. FSE – Fetal scalp electrode.

IV. GENERAL INFORMATION

- A. The vaginal delivery of multiple gestation deliveries should occur in the operating room.
- B. IV access should be obtained on all patients delivering multiple fetuses.
- C. Multiple gestation deliveries require additional staffing and equipment availability to minimize risk to mother and fetuses.

V. PROCEDURE

- A. Electronic fetal monitoring should be continuous throughout labor
- B. Each of the newborn infants should be identified according to designations assigned to each fetus by the obstetric provider, or according to birth order. In the latter case, birth order may or may not correlate with the identification assigned in utero. In either case, fetal and neonatal identifiers must be explicitly correlated.
- C. The corresponding umbilical cords should be identified by designated letter i.e. baby "a", baby "b".

- D. When possible, an FSE should be placed on the presenting fetus.
- E. An obstetrical assistant and anesthesiologist should be immediately available
 - 1. The delivering physician is responsible for notification or delegation of notification of the anesthesiologist and obstetrical assistant.
- F. A neonatal team comprised of a nurse, respiratory therapist, and pediatrician/neonatologist (if indicated) should be available for each infant.
- G. Sterile instruments will be available in the operating room and the OB technician/scrub nurse will be available in the event a cesarean section becomes necessary.
- H. Portable ultrasound should be available for use after delivery of the first fetus to evaluate the heart rate and position of the second fetus.
- I. Documentation:
 - 1. Documentation will occur in accordance with the [LABOR AND DELIVERY OBSTETRICAL STANDARDS: ASSESSMENT AND DOCUMENTATION](#) and [FETAL HEART RATE MONITORING](#)

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). Washington, D.C: Authors.
- B. Bowers, N.A. (2021). Multiple gestation. In K.R. Simpson , P.A. Creehan, O'Brien-Abel, N., Roth, C., & Rohan, A.(Eds.), Perinatal Nursing (5th ed, pp. 249-295). Philadelphia: Wolters Kluwer/ Lippincott Williams & Wilkins.

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Women & Children's Service	Katherine DeSalvo: Director Medical Staff Services	07/2025
CNO	Carla Spencer: Chief Nursing Officer	07/2025

Director of WCS	Julie Vasher: Director Women's & Children's Services	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Daniela Jago: Clinical Manager	07/2025

Standards

No standards are associated with this document



Origination 09/2018
Last Approved N/A
Next Review 3 years after approval

Owner Daniela Jago:
Clinical Manager
Area Perioperative
Services

Non-Obstetric Surgery in Pregnancy

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To provide guidance in the coordination of care for the pregnant patient undergoing non-obstetric surgery.

III. DEFINITIONS

- A. Age of viability defined as 24 weeks gestation.
- B. EFM – electronic fetal monitoring

IV. GENERAL INFORMATION

- A. The obstetric care provider should be informed as soon as possible regarding any planned non-obstetric surgery in all pregnant women.
- B. Decisions regarding fetal monitoring (electronic or via Doppler) should be individualized based on gestational age, surgery type, setting, and facilities available.
- C. For a viable fetus (generally defined at ≥ 24 weeks), EFM is recommended before and after the procedure to assess fetal well-being and detect the presence of contractions.
- D. Prior to 24 weeks gestation, assessment of fetal heart tones via Doppler, and evaluation of uterine activity via patient report and/or manual palpation should occur prior to and immediately after the procedure.
- E. Intraoperative EFM may be appropriate when all of the following conditions are met:
 - 1. The fetus is viable
 - 2. It is physically possible to perform and evaluate EFM, and the surgery allows for safe

interruption to perform an emergency cesarean if indicated

3. A provider with obstetric surgery privileges is available and willing to intervene during the procedure if warranted
 4. The woman has given informed consent for an emergency cesarean birth
- F. An appropriately trained OR team, including an obstetric care provider who can perform a cesarean birth, should be available for pregnant women undergoing non-obstetric surgery who have reached the aged of viability.

V. PROCEDURE

- A. The operating surgeon is to notify the obstetric provider of upcoming surgery to ensure obstetric coverage is identified and available.
- B. The operating surgeon informs the scheduling staff that the patient is pregnant, so monitoring arrangements can be made with qualified labor and delivery staff.
 1. Staff responsible for scheduling and/or preadmission testing should notify the labor and delivery charge nurse of a scheduled case so that appropriate nursing personnel can be assigned. Labor and delivery unit will provide qualified personnel and monitoring equipment.
- C. The obstetric care provider should notify the neonatologist/NICU of pending surgery on obstetric patient less than 36 weeks gestation.
- D. At ≥ 24 weeks gestation, an EFM tracing of at least 20 minutes should be obtained prior to the procedure unless the procedure is an emergency.
- E. At < 24 weeks, Doppler FHTs should be obtained.
- F. Assess for uterine contractions prior to and after surgery. Prophylaxis for preterm labor may be needed if uterine contractions are present.
- G. Sequential compression devices should be placed on the lower extremities prior to surgery.
- H. Uterine displacement should be used in women who are at ≥ 18 weeks gestation during the operative procedure and postoperatively whenever possible.

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). Elk Grove, IL; Washington, D.C.: Authors.
- B. American College of Obstetricians and Gynecologists. (2019). *Nonobstetric surgery during pregnancy* (ACOG Committee Opinion No. 775).
- C. Association of Women's Health, Obstetric and Neonatal Nurses. (2019). *Perioperative care of the pregnant woman* (2nd Ed.). Washington D.C.: Author.

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Women's & Children's Service Line	Katherine DeSalvo: Director Medical Staff Services	07/2025
CNO	Carla Spencer: Chief Nursing Officer	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Daniela Jago: Clinical Manager	07/2025

Standards

No standards are associated with this document



Origination 06/2022
Last Approved N/A
Next Review 3 years after approval

Owner Daniela Jago:
Clinical Manager
Area Women's and
Children's
Services

Placental Examination and Neonatal Cord Blood Gas Analysis

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To guide the staff in determining appropriate disposition for placenta as well as appropriate collection of neonatal cord blood for gas analysis.

III. DEFINITIONS

A. N/A

IV. GENERAL INFORMATION

- A. A gross examination of all placentas by the obstetrical physician for every delivery. Pathological consideration should occur with the indications listed in the body of the procedure statement as identified or when the obstetrical provider or newborn provider feels it is necessary.
- B. Determination of newborn oxygenation and acid-base status should be assessed with selected fetal indications.

V. PROCEDURE

- A. The following are indications for placental examination:
 - Maternal
 - a. Premature delivery

b. Pregnancy or delivery associated with substantial difficulties, such as:

i. Systemic diseases

1. Diabetes
2. Preeclampsia
3. Hypertension
4. Collagen vascular disease

ii. Fever > 100.4 F, infection

iii. Recurrent pregnancy complications, recurrent fetal loss

iv. Unexplained vaginal bleeding

v. Oligohydramnios or polyhydramnios

vi. Trauma

vii. Substance abuse

• Fetal/Newborn

1. Stillbirth or perinatal death
2. Prematurity
3. Major congenital anomalies and/or growth restriction
4. Fetal anemia or hydrops fetalis
5. Infection, fever, seizures, or sepsis
6. Birth weight less than 10th percentile or greater than the 95th percentile
7. Multiple gestation

• Placental

1. Unusual size or shape
2. Cords under 30 cm or over 100 cm length at term
3. Cords with increased or decreased vascular spirals (normal 1 coil/5cm)
4. Superficial venous thrombi over chorionic plate
5. Abruptio, maternal floor infarction, pale or edematous placenta
6. Confirmation of imaging/ultrasound abnormalities made during gestation

B. The following are indications for collection of newborn cord blood gases:

- Apgar score < 7 at five minutes
- Cesarean delivery for fetal compromise or intolerance to labor
- Severe growth restriction
- Abnormal fetal heart tracing
- Maternal thyroid disease
- Intrapartum fever

- Multi-fetal gestation

C. Cord Blood Gas Collection Procedure:

- The physician will obtain a cord segment for cord blood analysis.
- An RN or qualified person will obtain arterial and venous sample(s) from the cord segment:
 1. Equipment:
 - a. Two (2) 1 mL heparinized arterial blood sample syringes
 - b. Two (2) 1.5 inch, 22 gauge needles
 - c. Labels with patient's appropriate identification information (TBB newborn label). See [LABELING OF SPECIMENS](#) and [PATIENT IDENTIFICATION POLICY](#).
 - i. One (1) marked with "venous sample" and one (1) marked "arterial sample."
 - ii. Misabeled specimens cannot be resulted. A new specimen must be collected.
 - d. Bag of crushed ice for transport of specimen(s)
 2. Obtaining Specimen:
 - a. Identify the 2 umbilical arteries and single arterial vein. The vein is the larger of the 3 vessels.
 - b. Draw from the umbilical artery first, then obtain a sample in a separate syringe from the umbilical vein.
 - i. Use heparinized syringes to prevent blood clotting.
 - c. Once the specimen is collected, disconnect the needle and remove any air bubbles from syringe as air may interfere with accuracy of results.
 - d. Cap the syringe with cap provided in syringe kit.
 - e. Gently roll specimen(s) between palms of hands for 5-10 seconds to mix heparin with sample.
 - f. Label specimens per policy, [LABELING OF SPECIMENS](#).
 - g. Place specimens in a biohazard bag, and then in a separate biohazard bag with crushed ice for transport to the Lab.
- Notify the NICU RCP for cord blood gas analysis.
- A physician order must be entered in the electronic health record (EHR) prior to analysis.

D. Documentation:

- Document cord blood gas collection and results in the EHR.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. American Academy of Pediatrics and The American College of Obstetricians and Gynecologists. (2017). Guidelines for Perinatal Care, (8th Ed). Elk Grove, IL: Authors

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Women's & Children's Service Line	Katherine DeSalvo: Director Medical Staff Services	07/2025
CNO	Carla Spencer: Chief Nursing Officer	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Daniela Jago: Clinical Manager	07/2025

Standards

No standards are associated with this document



Origination	02/2020	Owner	John Kazel: Director Imaging Services
Last Approved	N/A	Area	Scopes Of Service
Next Review	1 year after approval		

Scope of Service: Center for Advanced Diagnostic Imaging

I. SCOPE OF SERVICE

The Center for Advanced Diagnostic Imaging supports the Mission, Vision, Values and Strategic Plan of Salinas Valley Health Medical Center (SVHMC) and has designed services to meet the needs and expectations of patients, families and the community.

The purpose of the Center for Advanced Diagnostic Imaging is to enhance patient services and health programs that help SVHMC remain a leading provider of medical care. The goal of the Center for Advanced Diagnostic Imaging is to ensure that all customers will receive high quality care / service in the most expedient and professional manner possible.

II. GOALS

In addition to the overall SVHMC goals and objectives, the Center for Advanced Diagnostic Imaging 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 goals of Advanced Diagnostic Imaging is to:

To provide diagnostic imaging services for outpatients.

1. There is sufficient equipment and supplies maintained to adequately perform the diagnostic imaging services that are offered. Proper resuscitative and monitoring equipment is immediately available.

III. DEPARTMENT OBJECTIVES

- A. To support SVHMC objectives.
- B. To support the delivery of safe, effective, and appropriate care / service in a cost effective manner.

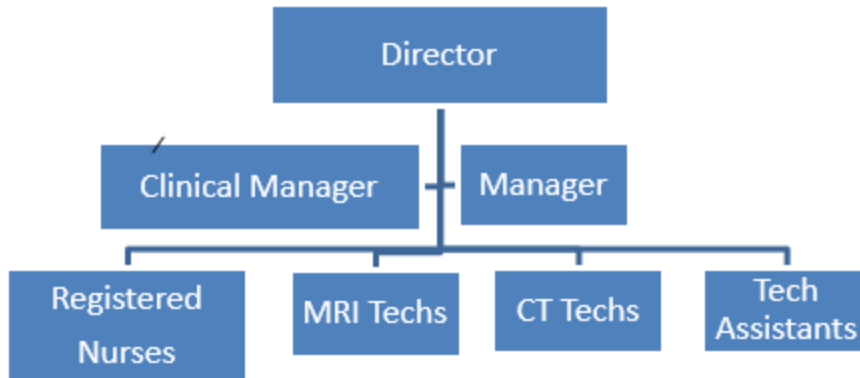
- C. To plan for the allocation of human/material resources.
- D. To support the provision of high quality service with a focus on a collaborative, multi-disciplinary approach to minimize the negative physical and psychological effects of disease processes and surgical interventions through patient/significant other education and to restore the patient to the highest level of wellness as possible.
- E. To support the provision of a therapeutic environment appropriate for the population in order to promote healing of the whole person.
- F. To evaluate staff performance on an ongoing basis.
- G. To provide appropriate staff orientation and development.
- H. To monitor the Center for Advanced Diagnostic Imaging function, staff performance, and care / service for quality management and continuous quality improvement.

IV. POPULATION SERVED

Clinical:

The Center for Advanced Diagnostic Imaging provides care for adult and geriatric patients.

V. ORGANIZATION OF THE DEPARTMENT (include organizational chart)



- A. Hours of Operation:

The Unit/Department provides services by appointment only Monday through Friday 8:30 am to 5:00 pm.

- B. Location of department: 5 Lower Ragsdale, Monterey, CA Suite 103
- C. Major Services / Modalities of care:

CT and MRI Services include:

1. Cardiac imaging
2. Vascular imaging

3. Neuro imaging
4. Muscle-skeletal imaging

The Department contains the following equipment:

1. One CT scanner
2. One MRI Scanner

The Center for Advanced Diagnostic Imaging provides care / services to patients with primary diagnoses, including but not limited to: cardiovascular, muscle-skeletal and neuro-diagnostic patients.

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

- A. The Advanced Diagnostic Imaging Center consists of two (2) areas: Computerized Tomography (CT), Magnetic Resonance Imaging (MRI).
- B. Services include CT scanning and MRI scanning. Services related or concomitant to imaging include quality assurance monitoring and evaluation, quality control (including protecting patients and staff from harmful radiation), image interpretation, dictation, transcription, record filing/management, patient billing, marketing, equipment purchasing, and continuing education.
- C. A physician whom has ordering privileges must order all imaging studies. Following image processing, the Radiologists/Cardiologist dictates their interpretation. The Radiologist/Cardiologist signs the report electronically. A copy of the report is provided to the ordering physician.
- D. Radiograph images are permanently stored for a period of ten (10) years of continuous inactivity, unless the patient is a minor and then the images and reports are kept on file until the patient reaches the legal age of eighteen (18) plus three (3) years.
- E. Radiologists and Cardiologists are consultants, responsible for advising referring physicians on which imaging procedures to do and in which sequence. The Director of Imaging Services department is directly responsible to the Chief Operating Officer. It is the Diagnostic Imaging Services Director's duty to attend all administrative and technical functions within the department.
- F. The Diagnostic Imaging Services department is under the control and direct supervision of the Radiology Medical Director, certified by the American Board of Radiology and has a current license from the State of California to practice medicine, who is directly responsible to the Chief of the Medical Staff and the Board of Directors. In addition, a radiologist is available by phone or in person when required.
- G. All CT and MRI, Service coordinator staff within the department is under the guidance and control of the Diagnostic Imaging Director. In the Director's absence, the position is filled by the Radiology Manager or Operations Supervisor. It is his/her responsibility to carry out the duties of the Director in his/her absence.

- H. The Critical Care Director, and the Procedural Nurse Manager assume responsibility for nursing care provided on the unit during business hours.

VII. REQUIREMENTS FOR STAFF (applicable to department)

The Unit follows guidelines of National, State and Local Regulatory Bodies. Standards of Practice are consistent with the Intersocietal Accreditation Commission (IAC), American College of Radiology (ACR), National Nursing, and Radiological Organizations.

A. Licensure / Certifications:

The basic requirements for **Registered Nurses** include:

1. Current state licensure
2. Current ACLS
3. Current BCLS
4. Completion of competency based orientation
5. Completion of annual competencies

The basic requirements for **Magnetic Resonance Imaging** include:

1. Current state licensure (CRT)
2. National Registry (ARRT)
3. Current BCLS
4. Completion of competency based orientation
5. Completion of annual education

The basic requirements for **Computer Tomography** include:

1. Current state licensure (CRT)
2. National Registry (ARRT)
3. Current BCLS
4. Completion of competency based orientation
5. Completion of annual education.

The basic requirements for **Technology Assistants** include:

1. Current BCLS
2. No special license required
3. Completion of competency based orientation
4. Completion of annual education

B. Competency

Staff are required to have routine competence assessments in concert with the unit's ages of the population and annual performance appraisals. The assessment could be in a written, demonstrated, observed or verbal form. The required competency for staff depends primarily on their work areas and duties. Once a year staff are required to complete the online education modules that have been defined by the organization.

During the year, in-services are conducted routinely. The in-services are part of the department's on-going efforts to educate staff and further enhance performance and improve staff competencies. These in-services are in addition to the annual competency assessments. Department personnel who attend educational conferences are strongly encouraged to share pertinent information from the conferences with other staff members at in-services. Additional teleconferences, video conferences, and speakers are scheduled for staff on occasion. Other internal and external continuing education opportunities are communicated to staff members.

C. Identification of Educational Needs

Staff educational needs are identified utilizing a variety of input:

- Employee educational needs assessment at the time of hire and annually as part of developmental planning
- Performance improvement planning, data collections and activities
- Staff input
- Evaluation of patient population needs
- New services/programs/technology implemented
- Change in the standard of practice/care
- Change in regulations and licensing requirements
- Needs assessment completed by Nursing Education

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 / 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.

D. Continuing Education

Continuing education is required to maintain licensure / certifications. Additional in-services and continuing education programs are provided to staff in cooperation with the Department of Education.

VIII. STAFFING PLAN

Staffing is adequate to service the customer population. Staff include Radiologist, Cardiologist, Registered Nurses, CT Technologists, MRI Technologists, Technology Assistants, and RICS/PACS Administrator.

The unit is staffed with a sufficient number of professional, technical and clerical personnel to permit coverage of established hours of care / service, to provide a safe standard of practice and meet regulatory requirements. Staffing is based on patient volume procedure count and activity. Patient assignments are made based upon staff skill level and total patient acuity. In the event staffing requirements cannot be met, Diagnostic Imaging will meet staffing requirements by utilizing per diem staff to cover missing technologists days and hours.

General Staffing Plan:

Position	Monday	Tuesday	Wednesday	Thursday	Friday
CT Tech	1	1	1	1	1
MRI Tech	1	1	1	1	
RN	1	1	1	1	
Tech Assistant	2	2	2	2	2

IX. EVIDENCED BASED STANDARDS

The SVHMC staff will correctly and competently provide the right service, do the right procedures, treatments, interventions, and provide care by following evidenced based policies and practice standards that have been established to ensure patient safety. Efficacy and appropriateness of procedures, treatments, interventions, and care provided will be demonstrated based on patient assessments/ reassessments, state of the art practice, desired outcomes and with respect to patient rights and confidentiality.

The SVHMC staff will design, implement and evaluate systems and services for care / service delivery which are consistent with a "Patient First" philosophy and which will be delivered:

- 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.

SVHMC has developed administrative and clinical standards for staff practice and these are available on the internal intranet site.

X. CONTRACTED SERVICES

Contracted services under this hospital service are maintained in the electronic contract monitoring software program.

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

The Center for Advanced Diagnostic Imaging supports the SVHMC's commitment to continuously improving the quality of patient care to the patients we serve and to an environment which encourages performance improvement within all levels of the organization. Performance improvement activities are planned in a collaborative and interdisciplinary manner, involving teams/committees that include representatives from other hospital departments as necessary. Participation in activities that support ongoing improvement and quality care is the responsibility of all staff members. Improvement activities involve department specific quality improvement activities, interdisciplinary performance improvement activities and quality control activities.

Systems and services are evaluated to determine their timeliness, appropriateness, necessity and the extent to which the care / service(s) provided meet the customers' needs through any one or all of the quality improvement practices / processes determined by this organizational unit.

In addition to the overall SVHMC Strategic initiatives and in concert with the Quality Improvement Plan and the Quality Oversight Structure, the Center for Advanced Diagnostic Imaging Department will develop measures to direct short-term projects and deal with problem issues evolving out of quality management activities.

Unit based measurement indicators are found within the Quality dashboard folder.

Attachments

 [Organization of the Department](#)

Approval Signatures

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

ELG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025
Policy Owner	John Kazel: Director Imaging Services	07/2025

Standards

No standards are associated with this document



Origination 05/2020
 Last Approved N/A
 Next Review 1 year after approval

Owner Eric Fierro:
 Director Food Services
 Area Scopes Of Service

Scope of Service: Nutrition Services

I. SCOPE OF SERVICE

Nutrition Services supports the Mission, Vision, Values and Strategic Plan of Salinas Valley Health Medical Center (SVHMC) and has designed services to meet the needs and expectations of patients, families and the community.

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

II. GOALS

In addition to the overall SVHMC goals and objectives, the Nutrition Services unit 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 goals of Nutrition Services are to:

- A. Provide for the nutritional needs of the patients, employees and visitors.
- B. Maintain sufficient equipment and supplies to provide nutrition and food services to SVHMC patients, staff and visitors.

III. DEPARTMENT OBJECTIVES

- A. To support SVHMC Mission.
- B. To deliver safe, effective, and appropriate food and care in a cost effective manner.
- C. To plan for the allocation of labor and material resources.
- D. To provide nutritional services to patients, families and visitors with a focus on using the multidisciplinary approach between nutrition services staff, clinical nutrition staff and other

ancillary departments throughout the facility.

- E. To collect data about the department function, staff performance, and patient care for quality management purposes and continuous quality improvement.
- F. To provide a therapeutic environment appropriate for the patient population which promotes healing of the whole person.
- G. To evaluate staff performance.
- H. To provide appropriate staff orientation and development.

IV. POPULATION SERVED

Nutrition Services provides care for all patient age groups (neonate through geriatric). Nutrition Services also serves all staff and visitors/families of patients.

V. ORGANIZATION OF THE DEPARTMENT

- A. Hours of Operation:
 - Staff Cafeteria: 7 days/week 0630-1000 & 1100-1500 & 1630-1930.
 - Catering Service: per scheduled need.
 - Patient Meal Services: 7 days/365 days/year from 0630-2000.
 - After Hours Par Stock for food service during hours of 2000-0630.
- B. Location of department:

In the basement of the hospital.

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

- A. Nutrition Services is comprised of two (2) service divisions:
 - 1. Clinical Nutrition Care
 - 2. Food Service and Catering.
- B. The department provides catering and cafeteria service for hospital employees, medical staff, visitors and special events.
- C. Clinical Nutrition Services provides medical nutrition therapy care to include the following:
 - Provision of meals in accordance with written physician order and patient preferences as well as RD evaluation.
 - Oral Supplements as needed within diet order restrictions as part of overall nutritional plan of care.
 - Development and implementation of patient nutrition care plans
 - Screening and assessment of patient's nutritional status.
 - Nutrition consults.
 - Enteral nutrition formulary as approved by the PT/IC committee.
 - Nutrient intake and analysis.
 - Between meal snacks and nourishments.
 - Patient/Family Education
 - Monitoring modalities to include nutritional status assessment, adequacy/tolerance of diet, patient menu selection process and tray delivery.
 - Nutrition Support - Protocol and Non-Protocol based on MD order.
- D. Food Service/Catering division provides quality food service for employees and visitors to include the following:
 - Provides meal service for employees, medical staff and visitors.
 - Provide catering services for meetings and special events.
 - Adequate food stores and appropriate menus for both patients and non-patients are maintained in the event of a disaster. The Clinical Nutrition Manager and the Nutrition Services Managers oversee the menu. Food stores are maintained in a temperature appropriate/safe environment overseen by Nutrition Services Director or his designee.
- E. Inpatient and Outpatient Food Services:
 - Food service meals and snacks are provided via the Room Service Choice program upon request and based on MD diet order. Assistance is available for patients and/or families who are unable to order via the standard Room Service Choice program.

- The Nursing Supervisor and Security have access to the kitchen for additional items such as tube feedings that may be needed after hours.
- There is some daily floor stock sent to some patient locations to be used for after-hours food service needs.
- Medical Nutrition Therapy (MNT) service is provided for patients and in support of practitioners and nursing staff to ensure nutritional needs of patients are met. MNT includes assessment of patients and providing recommendations for nutrition intervention to the practitioners responsible for patient care.
- A Clinical Dietitian is available from 8:00 a.m. – 5:00 p.m. seven days per week. After hours, a dietitian may be available by phone for questions. Please route calls to 1760 so that diet clerks may contact the Clinical Nutrition Manager. The main contact number for the Clinical Dietitians is 1565 or Tiger Connect Dietitian Role.
- Clinical Dietitians also provide nutrition education for patients based on MD order, or if a knowledge deficit identified.
- The Nutritional Service computer database interfaces with the hospital Electronic Health Record (EHR) and used to track diet orders, add and delete items based on allergies, likes and dislikes, print room service tray tickets with two Patient identifiers. This system can also provide nutrient analysis of patient menus for review.

F. Non-Patient Services:

- Cafeteria meal service provided daily for staff and visitors 7 days a week.
- The cafeteria hours are from 0630 – 19:30.
- Physician meal service is available Monday through Friday for breakfast and lunch. On weekends and holidays, snacks and beverages are available. When the lounge is closed, MD's may receive meals in the cafeteria during business hours and must have badge for identification.

G. Catering / Special Functions

- Catered meals are available upon request.

H. Vending

- Vending machines are located in the cafeteria and basement of the Downing Resource Center for employees and visitors.

- The Nutritional Services department is under the direction of the Director of Nutrition Services. The Director of Nutrition Service is directly responsible to the Chief Operating Officer. It is the Director of Nutrition Service's duty to attend all administrative and technical functions within the department.
- Clinical Nutrition Services are under the direction of the Clinical Nutrition Manager.
- Operational Nutrition Services is under the direction of the Nutrition Services Managers as well the Nutrition Services Supervisors.
- All personnel within the department are under the guidance and direction of the Director of Nutrition Service. In the Director's absence, the Nutrition Services Managers and/or the Clinical Nutrition Manager fill the position. It is his/her responsibility to carry out the duties of the

- Director of Nutrition Service in his/her absence in collaboration with the Chief Operating Officer.
- M. Pursuant to California Health & Safety Code 1265.4, a Registered Dietitian supervises dietetic service operations full-time, with the required educational requirements defined by this Code.

VII. REQUIREMENTS FOR STAFF

All individuals who provide clinical nutrition services and/or provide direct oversight of daily food operations are in compliance according to state law and regulation. All staff have the appropriate training and competencies.

- Upon hire completion of competency based orientation in Healthstream.
- Completion of annual competencies in Healthstream.
- ServSafe certification and/or Food Handler's Card depending on Job Class.
- Registered Dietitians (RDs) maintain all of the above as well as maintaining registration status via the Commission on Dietetic Registration. RDs also are members of the Academy of Nutrition and Dietetics. Membership in ASPEN is also encouraged.

A. Licensure / Certifications:

The basic requirements for the Registered Dietitians include RD License from the Commission on Dietetic Registration.

B. Competency

Staff are required to have routine competence assessments and annual performance appraisals. The assessment could be in a written, demonstrated, observed or verbal form. The required competency for staff depends primarily on their work areas and duties. Once a year staff are required to complete the online education modules that have been defined by the organization.

During the year, in-services are routinely conducted. The in-services are part of the department's on-going efforts to educate staff and further enhance performance and improve staff competencies. These in-services are in addition to the annual competency assessments. Department personnel who attend educational conferences are strongly encouraged to share pertinent information from the conferences with other staff members at in-services. Additional teleconferences, video conferences, and speakers are scheduled for staff on occasion. Other internal and external continuing education opportunities are communicated to staff members.

C. Identification of Educational Needs

Staff educational needs are identified utilizing a variety of input:

- Employee educational needs assessment at the time of hire and annually as part of developmental planning
- Performance improvement planning, data collections and activities
- Staff input
- Evaluation of patient population needs
- New services/programs/technology implemented

- Change in the standard of practice/care
- Change in regulations and licensing requirements

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 / emerging products and/or technologies
- Changes in Practice
- Regulatory Compliance

Feedback and requests for future topics from staff are communicated via e-mail, surveys, in-service evaluation forms, and in person.

D. Continuing Education

Continuing education is required to maintain licensure / certifications. Additional in-services and continuing education programs are provided to staff in cooperation with the Department of Education.

VIII. STAFFING PLAN

Staffing is adequate to service the customer population. The unit is staffed with a sufficient number of professional, technical and clerical personnel to permit coverage of established hours of care / service, to provide a safe standard of practice and meet regulatory requirements.

General Staffing Plan:

The Supervisor and/or manager creates work assignments based on acuity and needs of the patients. As well as any technology involved, competencies of the staff, the degree of supervision required, and the level of supervision available. Staffing levels can be adjusted for census and acuity.

Staff includes:

- Director of Nutrition Services
- Production Manager
- Clinical Nutrition Manager (RD)
- Registered Dietitians
- Nutrition Service Supervisors
- Diet Office Clerks
- Cooks
- Head Nutrition Services Aides
- Nutrition Services Aide

In the event that staffing requirements cannot be met, the Nutritional Services Department will meet staffing requirements by contracting with outside temp agencies as referred by Human Resources. The Nutritional Services department staffing plan is based on patient volume and meal equivalents from delivery of meals, supplies and cafeteria sales.

In the event of a severe emergency, the minimum amount of staff required to operate safely the NS department is 90% of scheduled staff. Staff may be reduced safely by 10%.

IX. EVIDENCED BASED STANDARDS

The SVHMC staff will correctly and competently provide the right service, do the right procedures, treatments, interventions, and care by following evidenced based policies and practice standards established to ensure patient safety. Efficacy and appropriateness of procedures, treatments, interventions, and care provided will be demonstrated based on patient assessments/reassessments, state of the art practice, desired outcomes and with respect to patient rights and confidentiality.

The SVHMC staff will design, implement and evaluate systems and services for delivery of service consistent with a "Patient First" philosophy and with the following:

- 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.

SVHMC has developed administrative and clinical standards for staff practice and these are available on the internal intranet site.

X. CONTRACTED SERVICES

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

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

Nutrition Services supports the SVHMC's commitment to continuously improving the quality of patient care to the patients we serve and to an environment which encourages performance improvement within all levels of the organization. Performance improvement activities are conducted in a collaborative and interdisciplinary manner. This may involve teams or committees that include representatives from other hospital departments as necessary. Participation in activities that support ongoing improvement and quality care is the responsibility of all staff members. Improvement activities involve department specific quality improvement activities, interdisciplinary performance improvement activities and quality control activities.

Systems and services are evaluated on their timeliness, appropriateness, and necessity. The extent to which care and service(s) provided meet the customers' needs through any one or all of the quality improvement practices or processes determined by this organizational unit.

In addition to the overall SVHMC Strategic initiatives and with the Quality Improvement Plan as well as the Quality Oversight Structure, the Nutrition Services Department will develop measures to direct short-term projects and deal with problem issues evolving out of quality management activities.

Unit based measurement indicators can be located in the Quality dashboard folder.

The Nutrition Services 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.

Attachments

 [Image 1](#)

 [Organization of the Department](#)

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	08/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025
Policy Owner	Eric Fierro: Director Food Services	08/2025

Standards

No standards are associated with this document



Origination 09/2020
Last N/A
Approved
Next Review 1 year after approval

Owner Julie Vasher:
Director Women's
& Children's
Services
Area Scopes Of
Service

Scope of Service: Perinatal

I. SCOPE OF SERVICE

Perinatal Services supports the Mission, Vision, Values and Strategic Plan of Salinas Valley Health Medical Center (SVHMC) and has designed services to meet the needs and expectations of patients, families and the community.

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

II. GOALS

In addition to the overall SVHMC goals and objectives, the Perinatal Services unit 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.

- A. The goal of *Perinatal Services* (Units) is to provide family-centered care of maternal/child patients, gynecological/medical-surgical overflow patients; and newborns. The perinatal services include: antepartum testing, obstetrical emergency services, labor and delivery, operating rooms, post-partum, well newborn, neonatal intensive care and lactation services.

III. DEPARTMENT OBJECTIVES

- A. To support SVHMC objectives.
- B. To support the delivery of safe, effective, and appropriate care / service in a cost effective manner.
- C. To plan for the allocation of human/material resources.
- D. To support the provision of high quality service 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 the highest level of wellness as possible.

- E. To support the provision of a therapeutic environment appropriate for the population in order to promote healing of the whole person.
- F. To evaluate staff performance on an ongoing basis.
- G. To provide appropriate staff orientation and development.
- H. To monitor Perinatal Services function, staff performance, and care / service for quality management and continuous quality improvement.

IV. POPULATION SERVED

Women of child bearing ages to geriatric as well as newborn and pre-term infants.

V. ORGANIZATION OF THE DEPARTMENT

- A. Hours of Operation:
Perinatal Services provides services seven (7) days a week, 24 hours a day. Lactation Specialist scheduled five (5) days per week on the day shift and as available.
- B. Location of departments: 2nd floor of SVHMC.
- C. Admission, Discharge, Transfer Criteria
 - The Perinatal services has policies and procedures located within Policy tech to identify admission, discharge and transfer criteria.
- D. Major Services / Modalities of care may include:
Overall, Perinatal care includes:
 - Antepartum Testing for fetal well-being.
 - Obstetrical Emergency Department utilizing Maternal Fetal Triage Index (MFTI) for evaluation and triage. In addition, the Obstetrical Emergency Department evaluates and treats appropriate postpartum patients utilizing Emergency Severity Index (ESI) for evaluation and triage.
 - Labor, Delivery & Recovery, management of labor, delivery and immediate postpartum recovery care. Cesarean sections, with other incidental appropriate GYN / obstetrical procedures as necessary (appropriateness defined as no additional personnel or equipment is needed); as well as the ability to provide a trial of labor after a cesarean section.
 - Mother/Baby provides maternal childcare with rooming in.
 - Neonatal Intensive Care Nursery cares for premature infants as well as newborns with a co-morbidity requiring interventions.
 - Lactation consultation supports both in and out patients in breastfeeding in accordance with Baby Friendly designation.

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

- A. The inpatient care is delivered by a multidisciplinary team comprised of medical staff, registered nurses and ancillary support according to the needs of the patients. ADMISSION ASSESSMENT & RE-ASSESSMENT A registered nurse (RN) performs an immediate, brief, focused assessment for the obstetrical patients. The RN selects and initiates the nursing care plans on admission and updates as indicated. Services are provided based upon patient assessments, patient and/or family preferences, plans of care and medical staff orders. Other services are provided through appropriate referrals.

VII. REQUIREMENTS FOR STAFF (applicable to department)

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.

Standards of practices are consistent with Basic Life Support (BLS), (Neonatal Resuscitation Provider (NRP), Association of Operating Room Nurses (AORN), NANN (National Association of Neonatal Nurses) and AWHONN (Association of Women's Health, Obstetric, and Neonatal Nurses) standards of practice.

A. Licensure / Certifications:

The basic requirements for **Registered Nurses** include:

1. Current state licensure
2. Current BLS
3. Current ACLS Labor & Delivery RNs (within six (6) months of hire)
4. Current Neonatal Resuscitation Program (within six (6) months of hire)
5. Completion of competency-based orientation
6. Completion of annual competencies
7. Labor & Delivery RNs only: Fetal monitoring education within three (3) months of hire and as directed

The basic requirements for **Obstetrical Technicians** include:

1. Successful completion of a Surgical Scrub Technician program or prior experience as a Surgical Scrub Technician
2. Certified Nursing Assistant Current BLS
3. Completion of competency-based orientation
4. Completion of annual education

The basic requirements for **Unit Assistants** include:

1. Completion of competency-based orientation
2. Completion of annual education

B. Competency

Staff are required to have routine competence assessments in concert with the unit's ages of the population and annual performance appraisals. The assessment could be in a written, demonstrated, observed or verbal form. The required competency for staff depends primarily on their work areas and duties. Once a year staff are required to complete the online education modules that have been defined by the organization.

During the year in-services are conducted routinely. The in-services are part of the department's on-going efforts to educate staff and further enhance performance and improve staff competencies. These in-services are in addition to the annual competency assessments. Department personnel who attend educational conferences are strongly encouraged to share pertinent information from the conferences with other staff members at in-services. Additional teleconferences, video conferences, and speakers are scheduled for staff on occasion. Other internal and external continuing education opportunities are communicated to staff members.

C. Identification of Educational Needs

Staff educational needs are identified utilizing a variety of input:

- Employee educational needs assessment at the time of hire and annually as part of developmental planning
- Performance improvement planning, data collections and activities
- Staff input
- Evaluation of patient population needs
- New services/programs/technology implemented
- Change in the standard of practice/care
- Change in regulations and licensing requirements
- Needs assessment completed by Nursing Education

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 / 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.

D. Continuing Education

Continuing education is required to maintain licensure / certifications. Additional in-services and continuing education programs are provided to staff in cooperation with the Department of Education.

VIII. STAFFING PLAN

Staffing is adequate to service the customer population. The unit is staffed with a sufficient number of professional, technical and clerical personnel to permit coverage of established hours of care / service, to provide a safe standard of practice and meet regulatory requirements. Patient acuity level is determined each shift to plan for staffing needs for the following shift. Patient assignments are made based upon staff skill level and total patient acuity.

General Staffing Plan:

Perinatal Care Units are staffed primarily with Registered Nurses, supported by unit assistants, obstetrical technicians and Charge nurses. Assignments are made by the charge nurse based on acuity and needs of the patients, technology involved, competencies of the staff, the degree of supervision required, the level of supervision available.

IX. EVIDENCED BASED STANDARDS

The SVHMC staff will correctly and competently provide the right service, do the right procedures, treatments, interventions, and care by following evidenced based policies and practice standards that have been established to ensure patient safety. Efficacy and appropriateness of procedures, treatments, interventions, and care provided will be demonstrated based on patient assessments/reassessments, state of the art practice, desired outcomes and with respect to patient rights and confidentiality.

The SVHMC staff will design, implement and evaluate systems and services for care / service delivery which are consistent with a "Patient First" philosophy and which will be delivered:

- 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.

SVHMC has developed administrative and clinical standards for staff practice and these are available on the internal intranet site.

X. CONTRACTED SERVICES

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

system.

- OB Hospitalist
- Neonatologists
- Perinatologists
- Anestheologist

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

Perinatal Services supports the SVHMC's commitment to continuously improving the quality of patient care to the patients we serve and to an environment which encourages performance improvement within all levels of the organization. Performance improvement activities are planned in a collaborative and interdisciplinary manner, involving teams/committees that include representatives from other hospital departments as necessary. Participation in activities that support ongoing improvement and quality care is the responsibility of all staff members. Improvement activities involve department specific quality improvement activities, interdisciplinary performance improvement activities and quality control activities.

Systems and services are evaluated to determine their timeliness, appropriateness, necessity and the extent to which the care / service(s) provided meet the customers' needs through any one or all of the quality improvement practices / processes determined by this organizational unit.

In addition to the overall SVHMC Strategic initiatives and in concert with the Quality Improvement Plan and the Quality Oversight Structure Perinatal Services Department will develop measures to direct short-term projects and deal with problem issues evolving out of quality management activities.

Unit based measurement indicators are found within the Quality dashboard folder.

Attachments

 [Organization of the Department](#)

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	08/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025
Policy Owner	Julie Vasher: Director Women's & Children's Services	08/2025

Standards

No standards are associated with this document



Origination	N/A
Last Approved	N/A
Next Review	2 years after approval

Owner	Genevieve delos Santos: Director Pharmacy
Area	Pharmacy

SVH Pharmacy Supply Chain Management

I. POLICY STATEMENT

- A. The Pharmacy Department maintains primary responsibility for the procurement, control, storage, distribution, and security of all medications within Salinas Valley Health Medical Center (SVHMC). All pharmaceutical supply chain processes shall be conducted in accordance with federal, state, and local regulations, including Drug Enforcement Administration (DEA) requirements, while maintaining the highest standards of patient safety and medication integrity. The Department of Pharmacy shall implement and maintain comprehensive systems for medication tracking, security, and quality assurance throughout the supply chain process.

II. PURPOSE

- A. To establish standardized guidelines for the procurement, receipt, storage, and distribution of all medications within SVHMC.
- B. To ensure medication integrity and security through documented processes that:
 - 1. Maintain proper storage conditions and handling procedures
 - 2. Prevent medication diversion
 - 3. Ensure accurate inventory control
 - 4. Support safe and efficient medication distribution
 - 5. Comply with all applicable regulatory requirements
- C. To define roles, responsibilities, and procedures for pharmacy supply chain operations, including management of controlled substances and sterile compounds.

III. DEFINITIONS

- A. Automated Dispensing Cabinet (ADC): Computerized medication storage device used for automated distribution and tracking of medications, including controlled substances, in patient care areas.

- B. **Controlled Substance Manager (CSM):** Computerized storage device used within the Central Inpatient Pharmacy to maintain inventory ordering, inventory control, and strict accounting of controlled substances.
- C. **Formulary:** List of medications approved by the Pharmacy and Therapeutics Committee for routine use within SVHMC.
- D. **Non-Formulary Medication:** Medications not routinely stocked but may be obtained for specific patient needs with appropriate authorization.
- E. **High Alert Medications:** Medicines identified to be prone to problems requiring additional safety measures and storage controls.
- F. **Look Alike, Sound Alike (LASA) Medications:** Medicines which are similar in appearance or have similar sounding names requiring special storage and handling precautions to prevent errors.
- G. **Patient's Own Medication (POM):** Medications brought from home by patients that require proper verification, documentation, and storage during hospitalization.
- H. **Primary Wholesaler:** Principal supplier of medications maintaining contract pricing and regular delivery schedules to meet organizational needs.
- I. **Secondary Wholesaler:** Alternative supplier used when medications are unavailable through the primary wholesaler.
External Pharmacy: Pharmacies that are not owned or operated by SVHMC.
- J. **White Bagging:** Process where an External Pharmacy ships patient-specific labeled medication directly to SVHMC for administration, permitted only in specific circumstances as defined in policy.
- K. **Brown Bagging:** Process where patients bring medications from an External Pharmacy for administration at SVHMC, generally prohibited except in specific emergency situations.
- L. **Transaction History (TH):** Documentation of each prior transaction back to the manufacturer, including all Transaction Information for each transfer of ownership.
- M. **Transaction Information (TI):** Required product details including name, strength, NDC, quantity, lot number, transaction dates, and business information for product tracing.
- N. **Transaction Statement (TS):** Formal attestation that the entity transferring ownership is authorized and compliant with DSCSA requirements.
- O. **National Drug Code (NDC):** Unique product identifier required for medication tracking and verification.
- P. **United States Pharmacopeia (USP):** Official standards-setting authority for medications, establishing criteria for quality, purity, storage, and handling.
- Q. **Sterile Compounding:** Preparation of medications under sterile conditions according to USP standards, requiring specialized facilities and procedures.
- R. **Emergency Procurement:** Process for obtaining critically needed medications through alternative sources when standard supply channels cannot meet immediate needs.
- S. **Alternative Supplier:** Approved vendor for obtaining medications when primary and secondary wholesalers cannot fulfill requirements.

- T. Transfer of Medication Form: Required documentation for tracking emergency medication loans or transfers between facilities.

IV. GENERAL INFORMATION

A. Medication Supply Chain Oversight

1. Security and oversight of medications will be managed by the Department of Pharmacy
2. Security of the Pharmacy will be maintained in accordance with federal, state and local laws.
3. All medications shall be stored according to manufacturers' recommendations or according to Pharmacy instructions.
4. Non-pharmacy personnel will only be allowed access to the Pharmacy with supervision.
5. Pharmacy personnel on duty will protect the Pharmacy assets and records and guard against theft or diversion of medications.

B. Procurement Standards and Criteria

1. Members of the medical staff, licensed independent practitioners, pharmacists, and staff involved in ordering, dispensing, administering, and/or monitoring the effects of medications shall develop written criteria for determining which medications are available.
2. This process shall be overseen and approved by the Pharmacy and Therapeutics Committee and hospital administration.
3. Before using a medication new to the hospital, the Pharmacy and Therapeutics Committee will determine the most appropriate method to monitor patient response.
4. The drug supply shall contain the type and quantity of drugs necessary to meet the needs of the categories of patients serviced as determined by the Pharmacy and Therapeutics Committee.
5. Factors considered in purchasing decisions include:
 - a. Indications for use
 - b. Effectiveness
 - c. Drug interactions
 - d. Potential for errors and abuse
 - e. Adverse drug reactions
 - f. Sentinel event advisories
 - g. Population(s) served
 - h. Costs
 - i. Bioavailability of drug

- j. Contract or non-contract price
- k. Availability (local or distant)
- l. Pharmacy and Therapeutics Committee recommendations based on evidence-based literature and other risks

C. Quality and Storage Requirements

1. All drugs, biologicals, and chemicals procured by the Department of Pharmacy shall meet:
 - a. United States Pharmacopoeia criteria
 - b. Federal Drug Administration standards
2. All medications will have a bar code and be scanned into the electronic health record formulary.
3. Medications without proper identification or scanning capability will be quarantined until properly verified and entered into inventory systems.
4. Temperature-sensitive medications shall be continuously monitored with documented temperature logs.

D. External Medication Management

1. Patient's own medications shall be:
 - a. Properly labeled and verified
 - b. Entered into the electronic health record
 - c. Stored under appropriate conditions
2. External pharmacy-supplied medications shall be restricted to:
 - a. Life-threatening conditions
 - b. Limited distribution drugs
 - c. Products unavailable through standard procurement
3. Patient-supplied medications shall be prohibited except in specifically approved situations.
4. White Bagging is not permitted in SVHMC outpatient settings, including:
 - a. Emergency department
 - b. Infusion treatment center
 - c. ASC or clinics
5. Exceptions for White Bagging may be made for:
 - a. Treatment of life-threatening diseases
 - b. Limited distribution drugs not available for purchase by SVHMC
 - c. Approval required from Director of Pharmacy or designees
6. Brown Bagging is prohibited except in life-threatening situations where:

- a. A drug cannot be obtained from SVHMC's pharmacy in a timely manner
 - b. Specific documentation and approval required
- E. Emergency and Disaster Preparedness
 - 1. Alternative procurement procedures shall be established for emergency situations.
 - 2. The Pharmacy Department shall maintain relationships with neighboring facilities for emergency medication access.
 - 3. When disasters or emergencies are identified and the hospital EMERGENCY OPERATIONS PLAN is activated:
 - a. Pharmacy will follow the existing hospital plan
 - b. Use established policies and procedures to guide needed actions
 - c. Obtain required medications through approved channels
- F. Product Tracking and Documentation
 - 1. The pharmacy service will maintain an electronic product tracking system for:
 - a. Lot-level tracking of pharmaceuticals
 - b. Compliance with U.S. Title II of the Drug Quality and Security Act (DQSA)
 - 2. The pharmacy buyer will be responsible for monitoring the electronic product tracking system to ensure proper documentation of all pharmaceuticals purchased for the pharmacy.

V. PROCEDURE

- A. Procurement of Medications
 - 1. Standard Ordering Process
 - a. Authorization and Responsibility
 - i. Orders shall be made by the Director of Pharmacy or their designee:
 - a. Pharmacy Buyer
 - b. Clinical pharmacists
 - c. Pharmacy technicians
 - b. The Department of Pharmacy shall be responsible for:
 - i. Maintenance of medication supply
 - ii. Assuring proper labeling and storage
 - iii. Specification of quality, quantity, and source of supply for all drugs used in the hospital
 - c. Order Preparation and Submission
 - i. Orders are prepared daily and submitted using the wholesaler computerized ordering system

- ii. Certain medications may be ordered directly from the manufacturer
 - iii. Purchase order numbers must be utilized with all purchases for tracking purposes
 - d. Inventory Management Parameters
 - i. Formulary Medications
 - a. PAR levels shall be established for all formulary items
 - b. Stock shall be reordered when below or at minimum PAR level
 - c. Weekend and holiday delivery schedules must be considered when determining reorder timing
 - ii. Non-Formulary Medications
 - a. Buyer must review purchase with Director or designee prior to purchase
 - b. Non-formulary items shall be stored separately from routine formulary inventory
- 2. Controlled Substance Ordering
 - a. Schedule II Medications
 - b. Shall be ordered utilizing:
 - c. DEA CSOS application where applicable
 - d. Form 222 signed by an authorized pharmacist
 - e. Must be signed for by the pharmacy buyer, except CII's which are checked and signed by the lead pharmacist
 - f. Immediately transferred to the Controlled Substance Safe for storage until dispensed
 - g. Schedule III-V Medications
 - h. Standard ordering procedures apply with additional documentation requirements
 - i. Must maintain "readily retrievable invoices" per DEA requirements
- 3. Emergency Procurement Procedures
 - a. For immediate medication needs that cannot be fulfilled through standard channels, medications may be obtained from:
 - i. CHOMP (Community Hospital Monterey) - Phone # 1-831-625-4905
 - ii. Natividad Medical Center - Phone # 1-831-755-4111
 - iii. Dominican Hospital - Phone # 1-831-465-7928
 - iv. Watsonville Hospital - Phone # 1-831-724-4741

- b. Documentation Requirements
 - i. Person picking up medication must sign receipt
 - ii. Copy of receipt maintained by SVHMC Pharmacy Buyer
 - iii. Monthly reconciliation between receipt and providing pharmacy statement
 - c. Alternative Suppliers
 - i. A&O Supply - Phone # 1-831-758-0976 (for PO or OTC items)
 - ii. Secondary wholesaler as designated
4. Product Selection Criteria
- a. Factors for Consideration
 - i. Indications for use
 - ii. Effectiveness
 - iii. Drug interactions
 - iv. Potential for errors and abuse
 - v. Adverse drug reactions
 - vi. Sentinel event advisories
 - vii. Population(s) served
 - viii. Costs
 - ix. Bioavailability
 - x. Manufacturer reputation
 - xi. Contract or non-contract price
 - xii. Availability (local or distant)
5. Quality Assurance Measures
- a. Product Verification
 - i. All received medications must be verified against:
 - a. Purchase order
 - b. Packing slip
 - c. Invoice
 - ii. Any discrepancies must be documented and reported immediately
 - b. Storage Requirements
 - i. All medications stored according to:
 - a. Manufacturer recommendations
 - b. USP standards

6. Special Handling Procedures

a. Temperature-Sensitive Items

- i. Must be immediately moved to appropriate temperature-controlled storage
- ii. Temperature monitoring documentation required

b. Hazardous Medications

- i. Received in separate bins from wholesaler
- ii. Immediately moved to neutral or negative pressure environment
- iii. Follow HAZARDOUS DRUG HANDLING Policy

7. Returns and Credits

a. Damaged Goods and Shortages

- i. Report immediately to vendor
- ii. Document all discrepancies
- iii. Segregate items pending resolution

b. Credit Processing

- i. Original copy marked "OK to Credit"
- ii. Signed and dated
- iii. Forwarded to Accounts Payable with appropriate documentation

8. Documentation Requirements

a. Record Retention

- i. Maintain records for minimum of 7 years:
 - a. Purchase orders
 - b. Invoices
 - c. DEA forms
 - d. Emergency procurement documentation
 - e. Product tracking records
 - f. Temperature logs
 - g. Quality assurance documentation

B. Medication Security and Storage

1. Central Pharmacy Security

- a. The Pharmacy Department shall be locked at all times
- b. Access shall be limited to:
 - i. Pharmacists
 - ii. Pharmacy technicians

- iii. Other pharmacy personnel
- iv. Non-pharmacy personnel may only access the pharmacy under supervision of pharmacy staff
- v. Pharmacy personnel on duty shall protect pharmacy assets and records against theft or diversion

c. Controlled Substance Storage

- i. An automated dispensing machine/controlled substance safe shall be utilized for:
 - a. Receipt of controlled substances
 - b. Storage of controlled substances
 - c. Dispensing of all controlled substances listed in Schedules II-V
- ii. Documentation of removal shall be maintained through the automated system
- iii. Regular inventory verification shall be conducted by pharmacy staff

2. Storage of Medication Outside the Pharmacy

a. Emergency Medication Storage

- i. Emergency crash cart medications shall be locked within the crash cart
- ii. Regular inventory and security checks shall be performed and documented

b. Controlled Medication Storage

- i. On the hospital campus:
 - a. Controlled medications shall be stocked in automated dispensing machines
 - b. Access limited to authorized personnel only
- ii. For offsite campuses:
 - a. Controlled substances shall be stored in double-locked cabinets
 - b. Documentation of access required

c. General Medication Storage Requirements

- i. All medications in patient care areas shall be secured using automated dispensing cabinets

3. Quality Assurance Measures

a. Regular Inspections

- i. All drug storage areas within the hospital shall be inspected monthly by the Pharmacy Department
- ii. Inspection reports shall be maintained by the Pharmacy Department

C. Materials Management – Pharmacy Receiving

1. Delivery Verification and Receipt

a. Initial Receipt Protocol

- i. Upon delivery of pharmaceutical materials, receiving personnel shall:
 - a. Compare quantities listed on deliverer's manifest and/or packing slip against physical count
 - b. Sign and date manifest after verification
 - c. Document all discrepancies or damage on packing list and manifest prior to signing
- ii. For Schedule medications discrepancies:
 - a. Contact vendor immediately while driver is present
 - b. Document communication and resolution
 - c. Notify Pharmacy leadership of identified issues

b. Order Processing Requirements

- i. For direct distributor orders:
 - a. Compare the three-part invoice/packing slip against received items
 - b. Segregate any discrepant items for resolution
 - c. Stock matching items in established locations
 - d. Place Schedule II items in designated secure storage immediately
- ii. Invoice verification shall include:
 - a. Confirmation of correct pricing
 - b. Verification of contract item utilization
 - c. Appropriate documentation for payment processing

2. Documentation and Payment Processing

a. Invoice Management

- i. a. Original invoice processing:
 - a. Mark as "OK To Pay"
 - b. Sign and date
 - c. Forward to Director of Pharmacy for review and

payment authorization

ii. Distribution of documentation:

- a. Original copy to Accounts Payable
- b. Second copy for pharmacy records
- c. Special handling for Schedule II documentation

b. Drop-Shipment Processing

i. Required verification steps:

- a. Compare purchase order and packing list against received items
- b. Segregate discrepant items for resolution
- c. Stock accepted items in designated locations

ii. Documentation requirements:

- a. File packing slip and purchase order in designated folder
- b. Maintain records until invoice arrival
- c. Process complete documentation upon invoice receipt

3. Quality Assurance Measures

a. Nonconformance Management

i. Document discrepancies including:

- a. Count or description variances
- b. Damaged items
- c. Out-of-date items
- d. Items within one year of expiration

b. Required actions:

- i. Note issues on invoice and packing list
- ii. Segregate nonconforming items
- iii. Contact distributor same day for resolution

4. Return Processing

a. Primary Distributor Returns

i. Return authorization process:

- a. Log into distributor system
- b. Access Credit Worksheet
- c. Enter items, quantities, and return reasons

ii. Documentation requirements:

- a. Maintain copy of Return Authorization
- b. Attach documentation to returned items
- c. Process credit memo upon receipt

b. Alternative Vendor Returns

- i. Process according to vendor-specific procedures
- ii. Maintain complete documentation of:
 - a. Return authorization
 - b. Shipped items
 - c. Credit reconciliation

5. Credit Processing

a. Credit Documentation Requirements

- i. Original credit invoice shall be:
 - a. Marked "OK to Credit"
 - b. Signed and dated
 - c. Forwarded with routing documentation to Pharmacy Manager
- ii. Distribution requirements:
 - a. Secondary copy to Accounts Payable
 - b. File copy maintained with supporting documentation
 - c. Credit reconciliation records maintained

D. Medication Loaning and Borrowing

1. Assessment and Authorization Protocol

a. Initial Need Evaluation

- i. The responsible Pharmacy personnel shall:
 - a. Assess the need for obtaining a particular medication in conjunction with:
 - i. Nursing staff
 - ii. Medical staff
 - iii. Other appropriate hospital staff as needed
 - b. Consider availability of therapeutic equivalents currently in stock
 - c. Document the assessment process and determination

b. Authorization Requirements

- i. The following personnel may obtain medications through alternate sources:

- a. Director of Pharmacy
- b. Pharmacy Manager
- c. Lead Pharmacist
- d. Pharmacy Buyer
- e. Their designated representatives

2. Medication Acquisition Process

a. Primary Contact Protocol

- i. a. When medication needs cannot be fulfilled through standard channels, contact:
 - a. Community Hospital of Monterey Peninsula
 - b. Natividad Medical Center
 - c. Dominican Hospital
 - d. Watsonville Hospital

b. Secondary Source Protocol

- i. a. If primary sources cannot provide needed items, the Pharmacist shall:
 - a. Utilize all available resources to obtain needed items
 - b. Document attempts to secure medication
 - c. Maintain records of alternative source utilization

c. Alternative Supplier Options

- i. a. For prescription or over-the-counter medications:
 - a. Approved local suppliers as designated
 - b. Secondary wholesalers when applicable

3. Clinical Management Protocol

a. Therapeutic Alternative Management

- i. a. When medications are discontinued or unavailable:
 - a. Identify suitable therapeutic substitution through collaboration of:
 - i. Director of Pharmacy or designees
 - ii. Pharmacy Buyer
 - iii. Medical staff
 - iv. Nursing staff as needed
 - b. Present alternative recommendations to Pharmacy and Therapeutics/Infection Control Committee for review

- c. Document approved substitutions
 - b. Prescriber Notification Requirements
 - i. The Lead Pharmacist shall:
 - a. Contact the prescriber when:
 - i. Items are unavailable
 - ii. Undue time would elapse before medication availability
 - b. Inform prescriber of:
 - i. Status of drug therapy
 - ii. Available alternatives
 - c. Document all communications and decisions
- 4. Transportation and Delivery Protocol
 - a. Standard Operating Hours
 - i. a. During normal pharmacy hours:
 - a. Contact materials management for medication acquisition
 - b. Document transportation method and chain of custody
 - b. After-Hours Protocol
 - i. When standard delivery is not practical or during off hours:
 - a. Utilize approved transportation services
 - b. Maintain proper documentation of delivery method
- 5. Documentation Requirements
 - a. Transaction Records
 - i. The Pharmacy Buyer shall:
 - a. Document all medications loaned or borrowed
 - b. Maintain records in designated area
 - c. Ensure completion of Transfer of Medication Form
 - b. Medication Documentation Standards
 - i. All medications received must include:
 - a. Pharmacy's label on container if repackaged
 - b. Medication name
 - c. Strength
 - d. Amount

- e. Lot number
 - f. Expiration date
 - ii. b. Any medication not meeting these standards shall be:
 - a. Placed in expired medication container
 - b. Disposed of via current pharmacy vendor
- 6. Emergency Operations Protocol
 - a. Disaster or Emergency Response
 - i. When the Emergency Operations Plan is activated:
 - a. Follow existing hospital emergency procedures
 - b. Utilize this policy to guide medication acquisition
 - c. Document all emergency-related transactions
 - b. Emergency Documentation
 - i. Maintain records of:
 - a. Emergency procurement activities
 - b. Chain of custody documentation
 - c. Resolution of emergency needs

E. Drug Supply Chain Security Act

1. Product Tracing

- a. Acceptance of Ownership
 - i. SVHMC shall not accept ownership of any pharmaceutical product unless the previous owner provides the necessary documentation as required by the DSCSA.
 - ii. The necessary documentation includes the transaction history (TH), transaction information (TI), and a transaction statement (TS) for the product.
- b. Direct Purchase Transactions
 - i. If SVHMC has purchased a product directly from the manufacturer, exclusive distributor of the manufacturer, or a repackager that purchased directly from the manufacturer, SVHMC shall provide the subsequent recipient with:
 - a. A transaction statement (TS) stating the product was purchased directly from the manufacturer or exclusive distributor.
 - b. The transaction history (TH) and transaction information (TI), except for specific details (i.e., lot number).
- c. Transactions with Products Not Purchased Directly

- i. If SVHMC did not purchase a product directly from the manufacturer or exclusive distributor, it shall provide the subsequent recipient with a transaction statement, transaction history, and transaction information.
- d. DSCSA Electronic Compliance
 - i. SVHMC shall ensure that TI and TS are exchanged in a secure, interoperable, electronic manner in accordance with GS1's EPCIS standards.
- e. Record Keeping
 - i. SVHMC shall maintain records of all transaction history, transaction information, transaction statements, and related communication for at least 6 years from the date of the transaction.

2. Handling Saleable and Nonsaleable Product Returns

- a. Saleable Returns
 - i. For all transactions involving returned saleable products, the transaction history, as applicable, for such products shall begin with SVHMC as the originating distributor.
 - ii. SVHMC shall perform the verification of products at the package level, including the standardized numerical identifier using an internal EPCIS data repository containing manufacturer's TI data.
- b. Nonsaleable Returns
 - i. SVHMC may return or destroy, if instructed by the manufacturer, repackager, or wholesale distributor, nonsaleable products without providing the transaction information required under DSCSA.

3. Requests for Information

- a. Receiving Requests
 - i. SVHMC must direct all requests for information related to pharmaceutical products to the designated SVHMC compliance officer or team.
 - ii. The details of the request must be recorded, including the date and time received, the requester's contact information, and the specific information being requested.
- b. Verification of Requests
 - i. SVHMC must verify the identity and authority of the requester to ensure they are authorized to receive the requested information.
- c. Gathering and Providing DSCSA Requests

- i. The relevant and up-to date transaction information (TI), transaction history (TH), and transaction statement (TS) must be retrieved from SVHMC's secure electronic systems by the Director of Pharmacy or their designee and delivered in a timely manner

4. Trading Partner Agreements and Product Identifier

a. Trading Partner Agreements

- i. SVHMC may disclose transaction information, including lot-level information, transaction history, or transaction statements of a product to subsequent recipients pursuant to a written agreement between SVHMC and the subsequent recipient.
- ii. Trading partner agreements shall be developed in compliance with DSCSA requirements

b. Product Identifier Requirements

- i. SVHMC shall ensure that all products involved in transactions are encoded with the required product identifier in compliance with DSCSA standards, except for Grandfathered Products as provided pursuant to Section 582 subsection (a)(5) of the DSCSA.

c. Authorized Trading Partner

- i. The trading partners of SVHMC may only be authorized trading partners as defined by the DSCSA.

5. Verification of Suspect and Illegitimate Products

a. Suspect Product Handling

- i. Receiving personnel must inspect all boxes, cases, and pallets for obvious signs of tampering. Signs of tampering may include:
 - a. Removed security tape
 - b. Excessive adhesive
 - c. Removed plastic wrap
 - d. Repackaging or re-taping
 - e. Missing NDC number
 - f. Labels in languages other than English
- ii. Upon determining that a product in the possession or control of SVHMC is a suspect product, or upon receiving a request for verification from the Secretary indicating a product within SVHMC's possession or control is a suspect product, SVHMC shall:
 - a. Quarantine the suspect product from products intended for distribution until the product is cleared or

disposed.

- b. Promptly conduct an investigation in coordination with trading partners as applicable to determine whether the product is an illegitimate product. This includes validating any applicable transaction history and transaction information, otherwise investigating to determine whether the product is illegitimate, and verifying the product at the package level, including the standardized numerical identifier (except as provided pursuant to DSCSA Section 582 subsection (a)(5)) for grandfathered product.

b. Determination of Illegitimate Product

- i. Upon determining in coordination with the manufacturer that a product in the possession or control of SVHMC is an illegitimate product, SVHMC shall:
 - a. Quarantine the illegitimate product from products intended for distribution until the product is disposed.
 - b. Dispose the illegitimate product within the possession or control of SVHMC.
 - c. Take reasonable and appropriate steps to assist a trading partner in disposing an illegitimate product not in the possession or control of SVHMC.
 - d. Retain a sample of the product for further physical examination or laboratory analysis by the manufacturer or the FDA (or other appropriate Federal or State official) upon request by the manufacturer or the FDA (or other appropriate Federal or State official) as necessary and appropriate.

c. Notification

- i. SVHMC shall notify the FDA by filing an FDA Form 3911 and inform all immediate trading partners of a determination that a product is illegitimate not later than 24 hours after making such a determination.
- ii. Upon receipt of a notification from the FDA or a trading partner regarding an illegitimate product determination, SVHMC shall identify all illegitimate products subject to such notification that are in the possession or control of SVHMC, including any product subsequently received, and shall perform the activities described above in Section 2(i) of this SOP (Determination of Illegitimate Product).
- iii. SVHMC shall keep records of the disposition of an illegitimate product for not less than 6 years after the conclusion of the

disposition.

d. **Cleared Suspect Product**

- i. If, upon further investigation, a suspect product that has previously been reported to the FDA as illegitimate is determined to be a legitimate product, SVHMC shall promptly notify the FDA of such determination, and the product may be further distributed.

6. **Confidentiality**

- a. SVHMC shall maintain the confidentiality of all information related to transaction history, transaction information, transaction statements, trading partner agreements, suspect and illegitimate products, and requests for information. Disclosure of such information to any unauthorized person is strictly prohibited.

7. **Record Keeping**

- a. SVHMC shall maintain comprehensive records of all activities related to DSCSA compliance, including but not limited to transaction history, transaction information, transaction statements, trading partner agreements, suspect and illegitimate product investigations, product returns, and requests for information.
- b. All records must be retained for a minimum of 6 years from the date of each transaction, investigation, or request, as mandated by DSCSA regulations.

8. **Review and Compliance**

- a. SVHMC shall conduct biennial reviews of all DSCSA-related policies, procedures, and activities to ensure continued compliance with current DSCSA regulations. Any updates or changes to DSCSA requirements shall be promptly incorporated into SVHMC's policies. Additionally, all affected personnel shall be trained on updated procedures. Internal audits and compliance checks shall be conducted regularly to identify and rectify any deviations from established protocols.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. United States. Public Law 113-54. Drug Quality and Security Act. Nov. 27, 2013.
- B. Drug Enforcement Administration (DEA). (2023). Practitioner's Manual: An Informational Outline of the Controlled Substances Act. U.S. Department of Justice, Diversion Control Division. <https://www.DEAdiversion.usdoj.gov>
- C. California State Board of Pharmacy. (2024). Lawbook for Pharmacy: The Pharmacy Law

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	07/2025
P&T	Genevieve delos Santos: Director Pharmacy	07/2025
P&T	Kiri Golleher: Pharmacy Clinical Coordinator	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Genevieve delos Santos: Director Pharmacy	06/2025

Standards

No standards are associated with this document

BOARD MEMBER COMMENTS

AND REFERRALS

(VERBAL)



Salinas Valley Health

2025 | Employee Engagement Survey Results

Prepared by:

Murat Philippe, Workforce Advisor

Sara Sluder, Client Success Manager

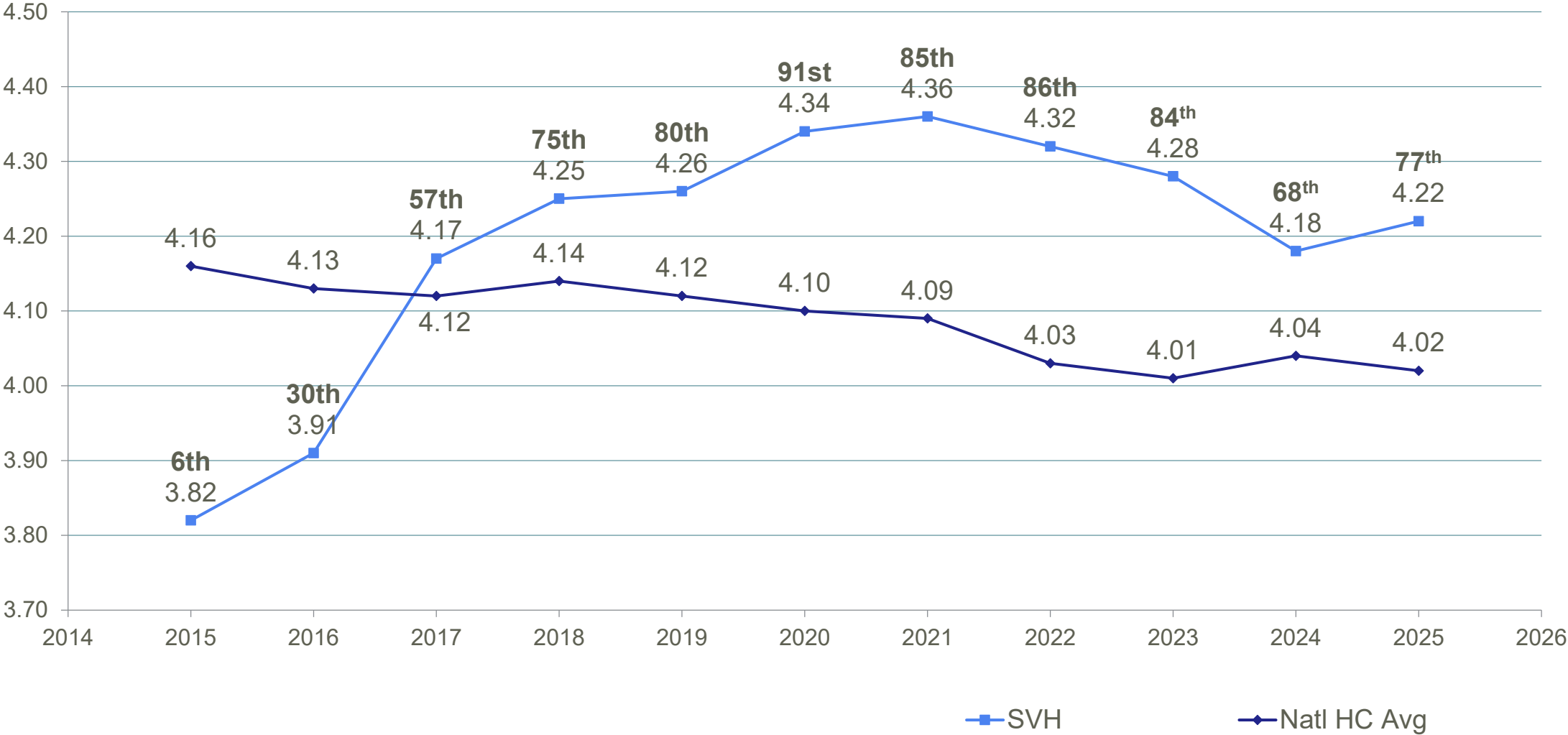
Delivered by:

Michelle Childs, Chief Human Resources Officer



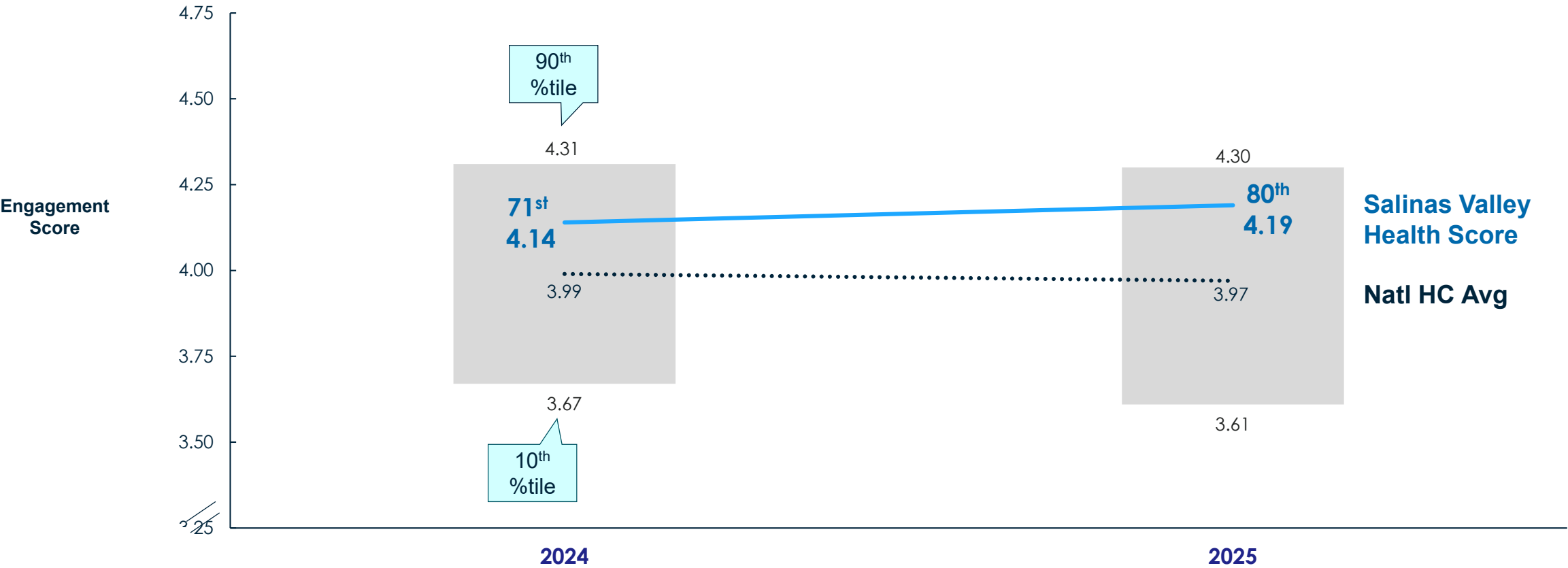
Engagement Trending

2025 Natl Healthcare Avg
Facilities: 4,605
Respondents: 1,442,826



Your Refreshed 5-item Engagement Relative to Historical and Peer Performance

Data based on 1-year lookback benchmarks



Your Performance on Legacy Engagement

Item Text	Respondent Distribution			Overall Score & Trend	Rank vs. Nat'l HC [Empl]	Rank vs. AHA-9 Empl
	Unfav	Neut	Fav			
I would recommend this organization as a good place to work.	3%	13%	84%	4.27  +0.08	80th	72nd
I would like to be working at this organization three years from now.	3%	14%	83%	4.25  -0.01	80th	75th
I would stay with this organization if offered a similar position elsewhere.	6%	18%	76%	4.07  +0.05	79th	72nd
Overall, I am a satisfied employee.	5%	13%	83%	4.14  +0.04	76th	74th
I am proud to tell people I work for this organization.	1%	10%	89%	4.34  +0.05	71st	69th
I would recommend this organization to family and friends who need care.	3%	11%	87%	4.26  +0.02	63rd	70th
Legacy Engagement	3%	13%	84%	4.22  +0.04	77th	71st

Note: Neutral labels are hidden when percentage is less than 5%.

Items Included in Your Refresh Engagement Score

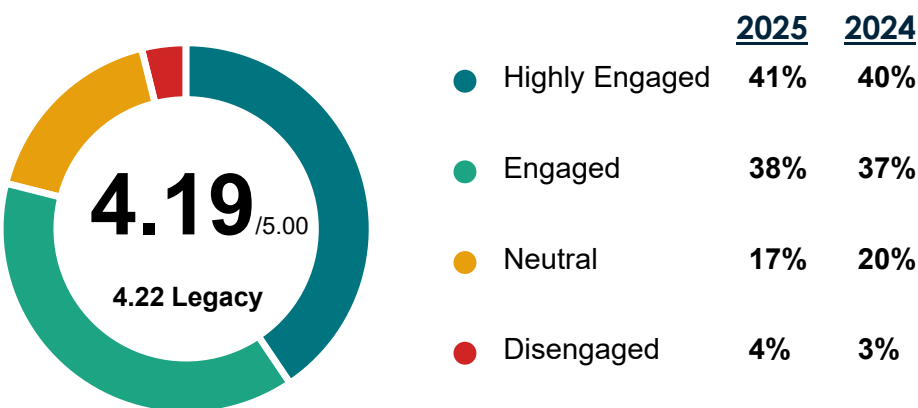
Item Text	Respondent Distribution Unfav Neut Fav			Overall Score & Trend	Rank vs. Nat'l HC [Empl]	Rank vs. AHA-9 Empl
I would recommend this organization as a good place to work.	3%	13%	84%	4.27  +0.08	80th	72nd
I would like to be working at this organization three years from now.	3%	14%	83%	4.25  -0.01	80th	75th
I would stay with this organization if offered a similar position elsewhere.	6%	18%	76%	4.07  +0.05	79th	72nd
Overall, I am a satisfied employee.	5%	13%	83%	4.14  +0.04	76th	74th
I feel like I belong in this organization.	4%	13%	83%	4.21  +0.05	72nd	63rd

Note: Neutral labels are hidden when percentage is less than 5%.

Engagement Survey Results Snapshot

Survey Admin: May-June 2025
Respondents: 1,659 / 79%

Your Organization's Engagement Score and Respondent Distribution



↑ **+0.05** vs. 2024 survey ('24: 4.14/4.18 Legacy)

80th Rank vs. Nat'l HC ('24*: NA/ 68th Legacy)

77th Rank vs. AHA-9 ('24: 66th)

79% Response Rate ('24: 83%)

Strengths

- Top quartile Engagement
 - I would recommend workplace **(+.08 vs '24)**
 - Resilience Activation **(+.06)**
 - Meaningful work **(+.05)** / Making a difference **(+.06)**
- Demographic Improvement
 - RN Position Engagement **(+.09)**
 - Night Shift Engagement **(+.24)**

Opportunities

- Org demonstrates commitment to workforce diversity **(-.06)**
- Key Drivers of Engagement: Safety Culture (r=+.87)
 - Psychological Safety: Comfort raising concerns, reporting without fear of punishment **(+.07)**, Discussing error prevention in unit, trust in leader
 - Employee/Management collaboration to create safest possible working conditions
 - Patient Safety Improvement Awareness

Your Performance on Safety Culture Prevention & Reporting

Item Text	Respondent Distribution			Overall Score & Trend	Rank vs. Nat'l HC [Empl]	Rank vs. AHA-9 Empl
	Unfav	Neut	Fav			
Mistakes have led to positive changes here.	6%	17%	77%	4.00  -0.02	51st	61st
We are actively doing things to improve patient safety.	3%	12%	86%	4.22  +0.01	46th	53rd
I feel free to raise workplace safety concerns.	5%	11%	83%	4.16  +0.03	41st	54th
Where I work, employees and management work together to ensure the safest possible working conditions.	7%	14%	78%	4.04  +0.02	40th	53rd
When a mistake is reported, it feels like the focus is on solving the problem, not writing up the person.	10%	19%	71%	3.89  +0.01	39th	55th
Employees will freely speak up if they see something that may negatively affect patient care.	7%	11%	82%	4.10  0.00	31st	41st
In my work unit, we discuss ways to prevent errors from happening again.	6%	12%	83%	4.16  0.00	30th	36th
I can report patient safety mistakes without fear of punishment.	6%	11%	83%	4.15  +0.07	29th	36th
Safety Culture Prevention & Reporting	6%	13%	80%	4.09  +0.02	38th	49th

Your Performance on Safety Culture Resources & Teamwork

Item Text	Respondent Distribution			Overall Score & Trend	Rank vs. Nat'l HC [Empl]	Rank vs. AHA-9 Empl
	Unfav	Neut	Fav			
My work unit is adequately staffed.	22%	19%	58%	3.51 ↑ +0.05	65th	76th
Communication between work units is effective in this organization.	11%	23%	66%	3.74 ↑ +0.01	64th	73rd
The amount of job stress I feel is reasonable.	16%	21%	63%	3.59 ↑ +0.03	64th	75th
Communication between physicians, nurses, and other medical personnel is good in this organization.	8%	22%	70%	3.81 ↓ -0.02	56th	69th
Different work units work well together in this organization.	10%	22%	68%	3.79 ↑ +0.03	53rd	61st
There is effective teamwork between physicians and nurses at this hospital.	5%	20%	75%	3.92 — 0.00	43rd	60th
My work unit works well together.	8%	12%	80%	4.13 ↑ +0.02	30th	39th
Safety Culture Resources & Teamwork	12%	20%	68%	3.78 ↑ +0.02	54th	66th

Note: Neutral labels are hidden when percentage is less than 5%.

Focusing on your Key Drivers

Item Text	Respondent Distribution			Overall Score & Trend	Rank vs. Nat'l HC [Empl]	Rank vs. AHA-9 Empl
	Unfav	Neut	Fav			
I feel free to raise workplace safety concerns.	5%	11%	83%	4.16  +0.03	41st	54th
In my work unit, we discuss ways to prevent errors from happening again.	6%	12%	83%	4.16  0.00	30th	36th
Where I work, employees and management work together to ensure the safest possible working conditions.	7%	14%	78%	4.04  +0.02	40th	53rd
I can report patient safety mistakes without fear of punishment.	6%	11%	83%	4.15  +0.07	29th	36th
I trust the person I report to.	9%	15%	76%	4.05  +0.01	31st	38th
We are actively doing things to improve patient safety.	3%	12%	86%	4.22  +0.01	46th	53rd

Note: Neutral labels are hidden when percentage is less than 5%.

Next Steps

Step
☐ Review team results
☐ Meet with team to debrief results
☐ Meet to discuss solutions
☐ Build your team improvement plan(s)
☐ Report plans to your leader for support and guidance
☐ Meet with your team to discuss progress
☐ Choose new priorities for improvement and build new plans

*COMMITTEE APPOINTMENTS
FOR CHIEF FINANCIAL OFFICER*

(VERBAL)

(HERNANDEZ LAGUNA)

*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)

Board Paper: Personnel, Pension and Investment Committee

Agenda Item: **Consider Recommendation for Board Approval of Supplemental Contract Terms to Recruitment Agreement for Briana Gomez, MD**

Executive Sponsor: Orlando Rodriguez, MD, Chief Medical Officer
Gary Ray, Chief Legal Officer

Date: August 11, 2025

Executive Summary

In December, 2024, The SVH Board approved proposed terms of the Recruitment Agreement for **Briana Gomez, MD**, a physician specializing in **Obstetrics and Gynecology**. This specialty is an important recruiting priority for SVH's service area. Challenges and staffing circumstances have only increased the need to recruit and retain additional obstetrics and gynecology physicians for the SVH Clinics. Dr. Gomez is robotically trained and speaks Spanish. She is scheduled to relocate to the community and will join SVH Clinics this December.

SVH Administration is requesting an increase in the recruitment incentive for Dr. Gomez in the amount of \$50,000 to match the recent recruitment incentives offered to other new physicians recruited into this specialty.

Terms and Conditions of Recruit Agreement

The new **Recruitment Agreement** will provides a total recruitment incentive in the amount of \$100,000, which is structured as forgivable loan over two years of service provided to SVH Clinics in the specialty of Obstetrics and Gynecology.

Meeting our Mission, Vision, Goals Strategic Plan Alignment

The recruitment of Dr. Gomez is aligned with our strategic priorities the service, quality, and growth pillars. This investment provides a platform for growth that can be developed to better meet the needs of the residents of our District.

Pillar/Goal Alignment

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

Financial/Quality/Safety/Regulatory Implications

The increased recruitment incentive has been reviewed against published industry benchmarks to confirm that the proposed recruitment incentive amount meets fair market value and commercially reasonable standards.

Recommendation

The Salinas Valley Health Board of Directors has previously made the findings supporting the recruitment of Briana Gomez, MD.

Salinas Valley Health Administration requests that the Board now approve an increase in the recruitment incentive amount to \$100,000.00.

Board Paper: Personnel, Pension and Investment Committee

Agenda Item: **Consider Approval of (i) Findings Supporting Recruitment of Ifeanyi Umeh, (ii) Contract Terms for Dr. Umeh's Recruitment Agreement, and (iii) Contract Terms for Dr. Umeh's Family Medicine Professional Services Agreement**

Executive Sponsor: Orlando Rodriguez, MD, Chief Medical Officer
Gary Ray, Chief Legal Officer

Date: August 11, 2025

Executive Summary

In consultation with members of the medical staff, Salinas Valley Health (SVH) executive management has identified the recruitment of physicians specializing in **Family Medicine** as a recruiting priority for SVH's service area. Based on the Medical Staff Development Plan, completed by ECG Management Group, Family Medicine is recommended as a top priority for recruitment. Recruiting another family medicine physician will increase primary care clinic access at SVH PrimeCare Monterey. The new physician will focus on expanding timely access to high-quality care for Salinas Valley Health employees and their dependents, as well as members of Municipalities, Colleges, Schools Insurance Group (MCSIG).

The recommended physician, **Ifeanyi Umeh, MD**, received his Doctor of Medicine degree in 2003 from George Washington School of Medicine and Health Sciences in Washington D.C. Dr. Umeh completed his Family Medicine residency training at Natividad Medical Center in Salinas, CA. Dr. Umeh will join SVH PrimeCare Monterey in October 2025.

Terms and Conditions of Agreements

The proposed physician recruitment requires the execution of two types of agreements:

1. **Professional Services Agreement**. Essential Terms and Conditions:

- **Professional Services Agreement (PSA)**. Physician will be contracted under a PSA with Salinas Valley Health and a member of Salinas Valley Health Clinics. Pursuant to California law, the physician will not be an employee of SVH or SVH Clinics but rather a contracted physician.
- **Term**: PSA is for a term of two years, with annual compensation reported on an IRS W-2 Form.
- **Full-Time Schedule**. Physician will be scheduled to provide physician services to clinic patients on a full-time basis, 46 weeks per year; one week of which can be allocated to continuing medical education (CME).
- **Base Compensation**: \$300,000 per year.
- **Productivity Compensation**: To the extent it exceeds the base salary, physician is eligible for work Relative Value Units (wRVU) productivity compensation at a \$51.50 wRVU conversion factor.
- **Professional Liability Insurance**. Professional liability is provided through BETA Healthcare Group.
- **Benefits**. Physician will be eligible for standard SVH Clinics physician benefits:
 - ❖ Access to SVH Health Plan for physician and qualified dependents. Premiums are projected based on 15% of SVH cost.
 - ❖ Access to SVH 403(b) and 457 retirement plans. Five percent base contribution to 403(b) plan that vests after three years. This contribution is capped at the limits set by Federal law.
 - ❖ Six work weeks (30 days) of time off per year, accruing equally throughout the year.
 - ❖ Continuing Medical Education (CME) annual stipend in the amount of \$2,400 paid directly to physician and reported as 1099 income.

2. **Recruitment Agreement** that provides a recruitment incentive of \$50,000, which is structured as forgivable loan over three years of service.

Meeting our Mission, Vision, Goals Strategic Plan Alignment:

The recruitment of Dr. Umeh is aligned with our strategic priorities for the service, quality, and growth pillars. We continue to develop Salinas Valley Health Clinics infrastructure that engages our physicians in a meaningful way, promotes efficiencies in care delivery and creates opportunities for expansion of services. This investment provides a platform for growth that can be developed to better meet the needs of the residents of our District by improving access to care regardless of insurance coverage or ability to pay for services.

Pillar/Goal Alignment:

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

Financial/Quality/Safety/Regulatory Implications

The addition of Dr. Umeh to Salinas Valley Health Clinics has been identified as a need for recruitment while also providing additional resources and coverage for SVH PrimeCare.

The compensation proposed in these agreements have been reviewed against published industry benchmarks to confirm that the terms contemplated are fair market value and commercially reasonable.

Recommendation

Salinas Valley Health Administration requests that the Salinas Valley Health Board of Directors approve of the following:

1. **The Findings Supporting Recruitment of Ifeanyi Umeh, MD:**
 - That the recruitment of Family Medicine to Salinas Valley Health Clinics is in the best interest of the public health of the communities served by the District; and
 - That the recruitment benefits and incentives the hospital proposes for this recruitment are necessary in order to attract an appropriately qualified physician to practice in the communities served by the District;
2. **The Contract Terms of the Recruitment Agreement for Dr. Umeh; and**
3. **The Contract Terms of the Family Medicine Professional Services Agreement for Dr. Umeh.**

Attachments: Curriculum Vitae for Ifeanyi Umeh, MD

INTERESTS

Full spectrum Family Medicine including prenatal care.

EDUCATION

RESIDENCY

Natividad Family Medicine Residency, Natividad Medical Center, Salinas, CA - 2006

MEDICAL SCHOOL

George Washington School of Medicine and Health Sciences, Washington. D.C - Doctor of Medicine - 2003

UNDERGRADUATE

Michigan State University, East Lansing, MI - B.S in Microbiology - 1997

HONORS AND AWARDS

2006 - Hanson-Lauderdale Memorial Award for Outstanding Performance during residency at The Natividad Medical Center, Salinas, CA

2006 - Golden Fetal Scalp Electrode Award in Obstetrics - The Natividad Medical Center

2004 - Teaching Award from the University of California School of Medicine, San Francisco

1997 - Mortar Board National College Senior Honor Society

1996-1997 - Alpha Epsilon Delta Premedical Honor Society

1995-1997 - Golden Key National Honor Society

1995 - Phi Kappa Phi Award for Academic Excellence

1994 - National Dean's List

1993 - 1996 - Dean's Honor List

LICENSES AND CERTIFICATIONS

State of California Medical License - 8/31/2026

American Board of Family Medicine Certification - Current

DEA Registration - 5/31/2026

BLS - 5/2026

PROFESSIONAL AND RESEARCH EXPERIENCE

2020 - Present: Family Medicine Physician with Supervision of multiple Physician's Assistants, Nurse Practitioners - Seaside Family Health Center, Monterey County Health Department, Seaside, CA

2010 - 2020: Family Medicine Physician with Supervision of Physician Assistant, Nurse Practitioner - Marina Health Clinic, Monterey County Health Department, Marina, CA

2007 - 2010: Family Medicine Physician and co-founding physician, Natividad Medical Group, Salinas, CA

2007-2015: Teaching Physician in Family Medicine and Surgical Obstetrics, for Medical Students and Residents, at The Natividad Medical Center, Salinas, CA

2006 - 2007: Family Medicine Physician, with Surgical Obstetrics privileges, Mee Memorial Hospital, King City, CA

2006: Part time Physician, Emergency Department, Natividad Medical Center, Salinas, CA

2003-2006: Family Medicine Resident, Natividad Medical Center, Salinas, CA

2003 - 2006: Mentor and clinical instructor to 3rd and 4th year Medical Students, Laurel Family Practice Clinic and Natividad Medical Center, Salinas, CA

1997: Research Assistant, Department of Pediatrics and Human Development, Michigan State University, E. Lansing, MI

1996: Research Assistant, Carcinogenesis Laboratory, Michigan State University, E. Lansing, MI

PUBLICATIONS

Melinda, Wilson, PhD, Ifeanyi Umeh. A role of Mitogen Activated Protein Kinase During RAS-induced Down Regulation of Gap Junctional Intercellular Communication - Gap Junctions. R. Werner (Ed.) IOS Press: Washington, DC 1998. PP 239 - 243

Chief Editor of, and contributor to, The First Edition of The Natividad Family Practice Residency Handbook - 2005.

Contributor to The Second Edition of The Natividad Family Residency Handbook - 2006

HOBBIES AND INTERESTS

Spending time with my Family

Watching and playing a variety of sports - Basketball, Volleyball, Tennis, Soccer, Ping pong, snowboarding, surfing

Teaching

Learning languages, history

Learning Contemporary Guitar

LANGUAGES

English, Spanish, French

PROFESSIONAL AFFILIATIONS

American Academy of Family Medicine

California Academy of Family Physicians

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.)



Financial Performance Review

July 2025

Finance Committee

Scott Cleveland

Interim Chief Financial Officer

Consolidated Financial Summary For the Month of July 2025

\$ in Millions	For the Month of July 2025			
			Variance fav (unfav)	
	Actual	Budget	\$VAR	%VAR
Operating Revenue	\$ 76.7	\$ 69.8	\$ 6.9	9.9%
Operating Expense	\$ 71.8	\$ 68.2	\$ (3.6)	-5.3%
Income from Operations	\$ 4.9	\$ 1.6	\$ 3.3	206.3%
Operating Margin %	6.4%	2.4%	4.0%	166.67%
Non Operating Income	\$ 1.1	\$ 2.5	\$ (1.4)	-56.0%
Net Income	\$ 6.0	\$ 4.1	\$ 1.9	46.3%
Net Income Margin %	7.9%	5.9%	2.0%	33.9%

No Normalizing Items

Executive Summary: Financial Performance

Salinas Valley Health's Income from Operations was \$4.9 million for the month which was favorable to budget by \$3.3M. The favorable financial performance for the month was driven by the following:

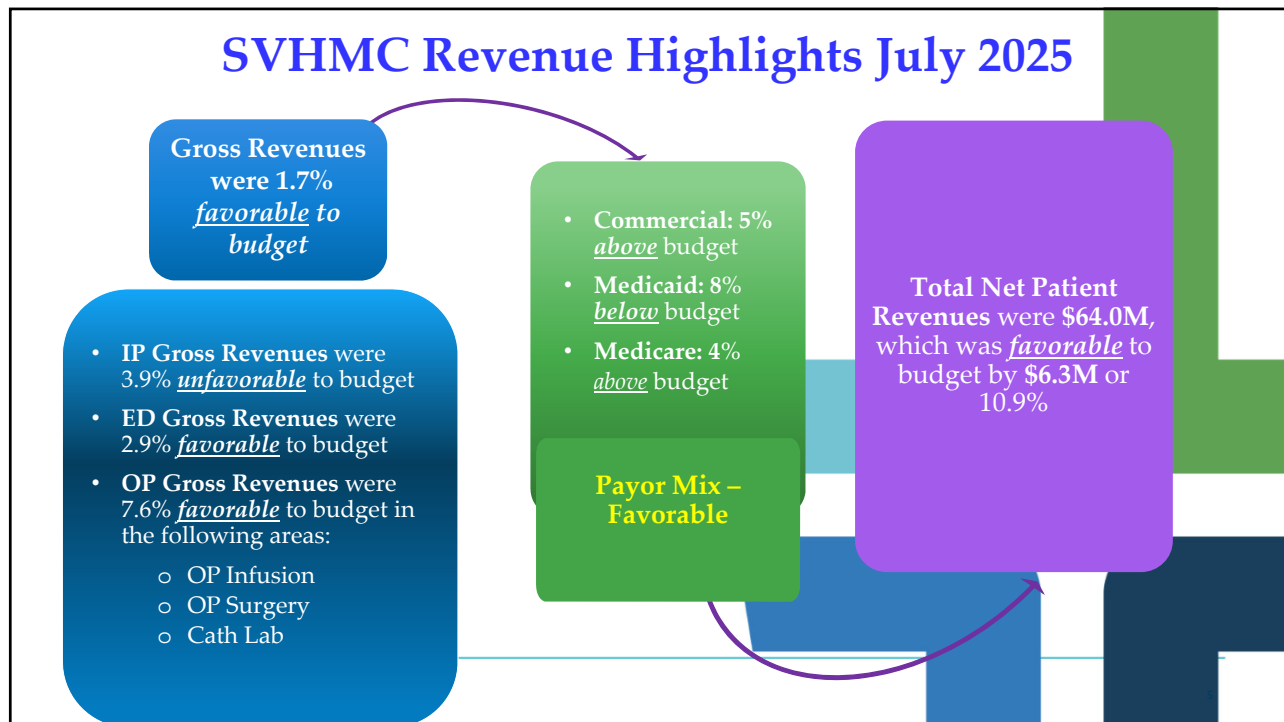
- ✓ **Strong Outpatient Revenues** - favorable to budget by \$10M (6%), Key services driving this variance were:
 - **OP Infusion Program** - cases were over budget by 13% (146 cases)
 - **OP Surgeries** – cases were over budget by 8% (24 cases)
 - **Cath Lab** – cases were over budget by 11% (37 cases)
- ✓ **Inpatient Surgeries** were over budget by 15% (22 cases)
- ✓ **Average Length of Stay** was 10% favorable to budget at 3.4 days
- ✓ **Payor Mix** was favorable with higher than expected Commercial revenue, up 5%. Medicare was also up 4%; While Medi-Cal was under budget by 8%
- ✓ **All Payor Case Mix** of 1.60 was 3% over budget
- ✓ **Medicare Case Mix Adjusted Average Length of Stay** was favorable by 14% at 2.0 days
- ✓ **Cash collections** at \$60.3 million were favorable by 13%

Executive Summary: Financial Performance – Cont'd

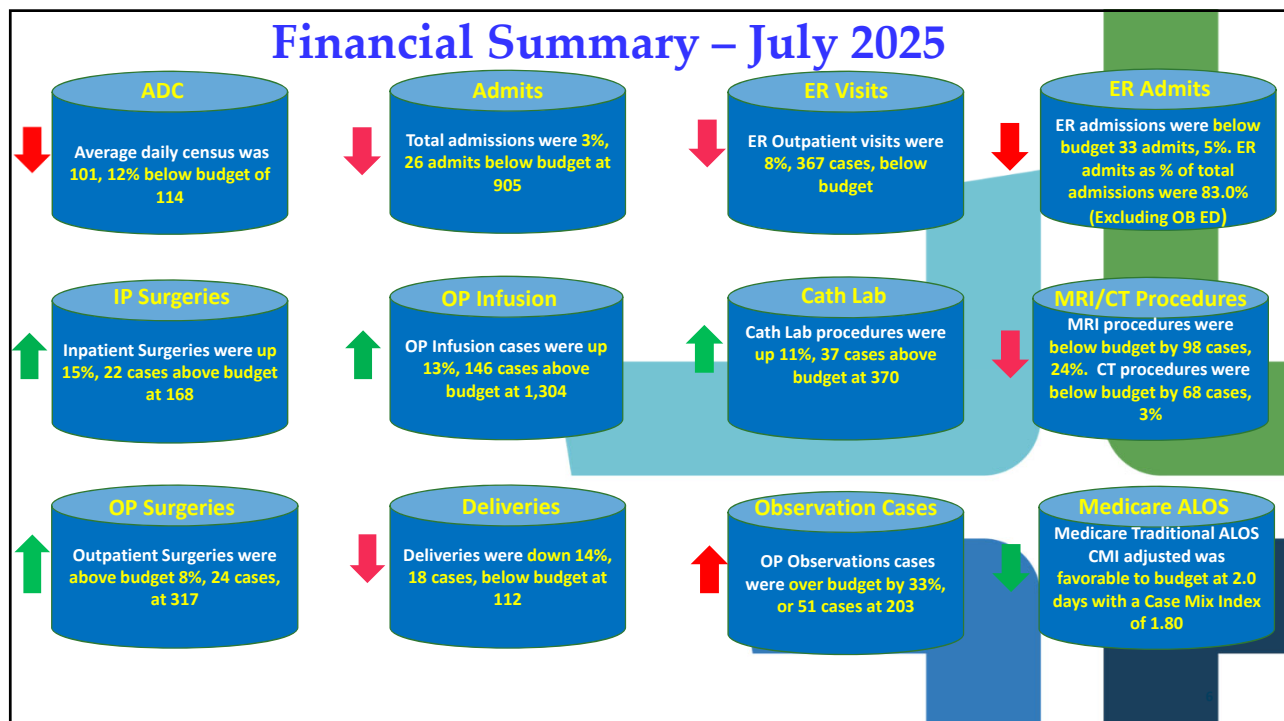
▪ **Key Unfavorable Performance Highlights:**

- ✓ **Total Admissions** were under budget by 3% (26 cases)
- ✓ **Observation cases** were over budget by 33% (51 cases)
- ✓ **ER Outpatient Visits** were under budget by 8% (367 cases)
- ✓ **MRI Procedures** were under budget by 24% (98 cases)
- ✓ **Deliveries** were under budget by 14% (18 cases)
- ✓ **Paid FTEs per Adjusted ADC** were -6% unfavorable to budget at 8.3 actual vs. 7.9 budget
- ✓ **Days in AR** at 68 is still trending over target due to slow paying insurance providers

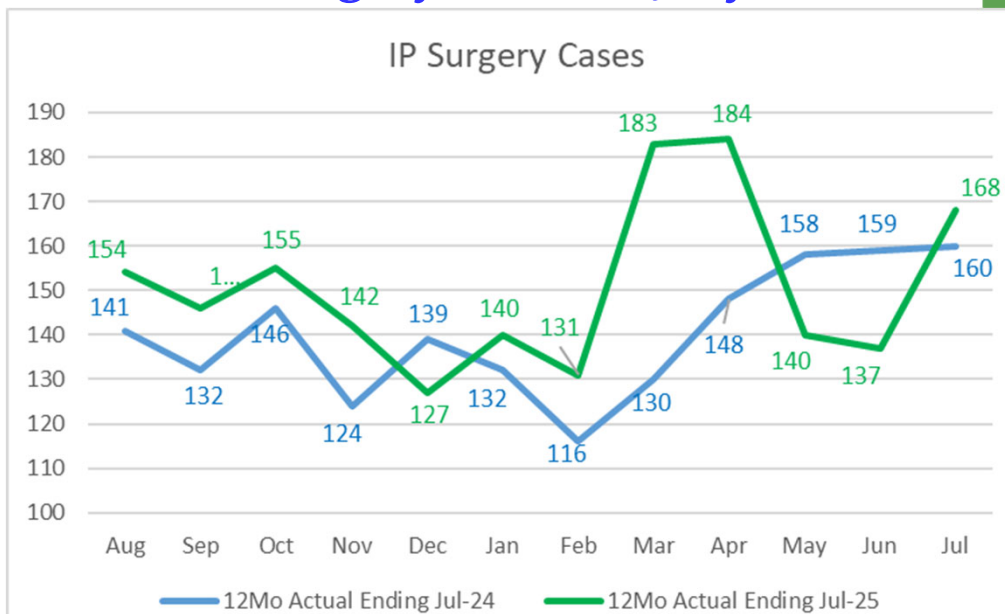
SVHMC Revenue Highlights July 2025



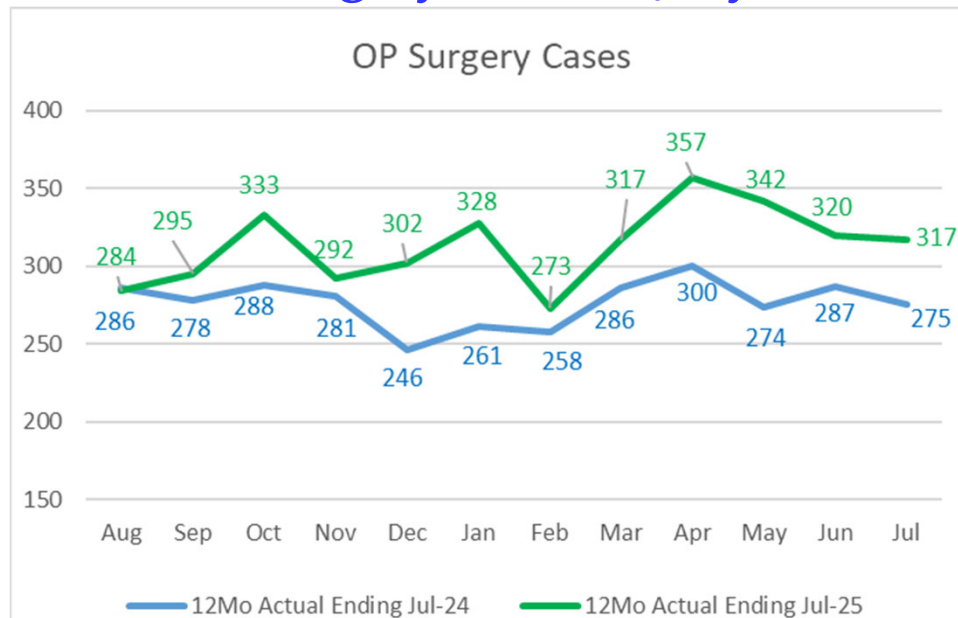
Financial Summary – July 2025



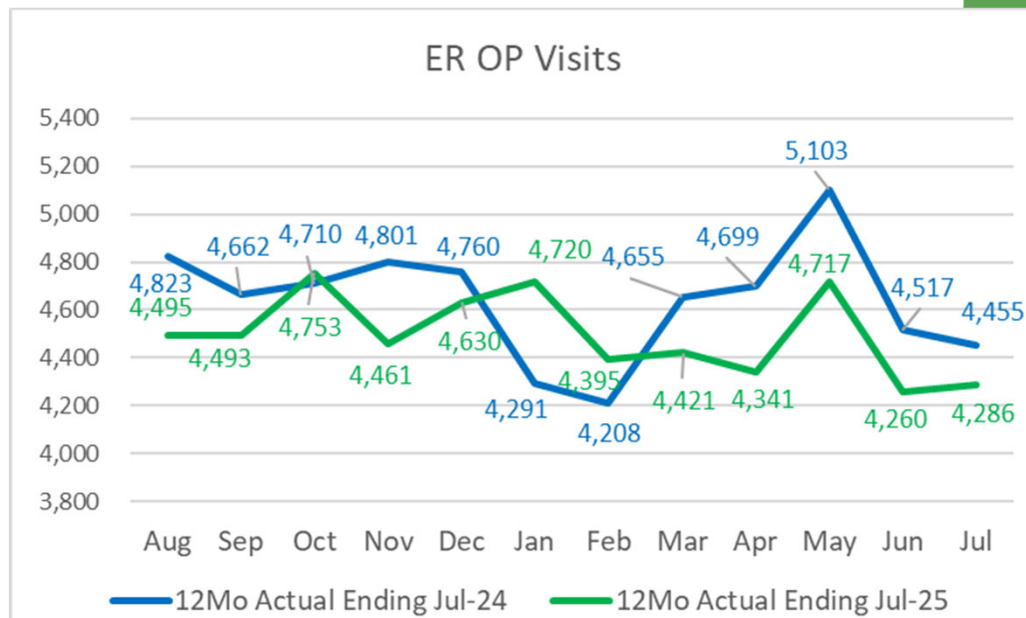
IP Surgery Cases - July 2025



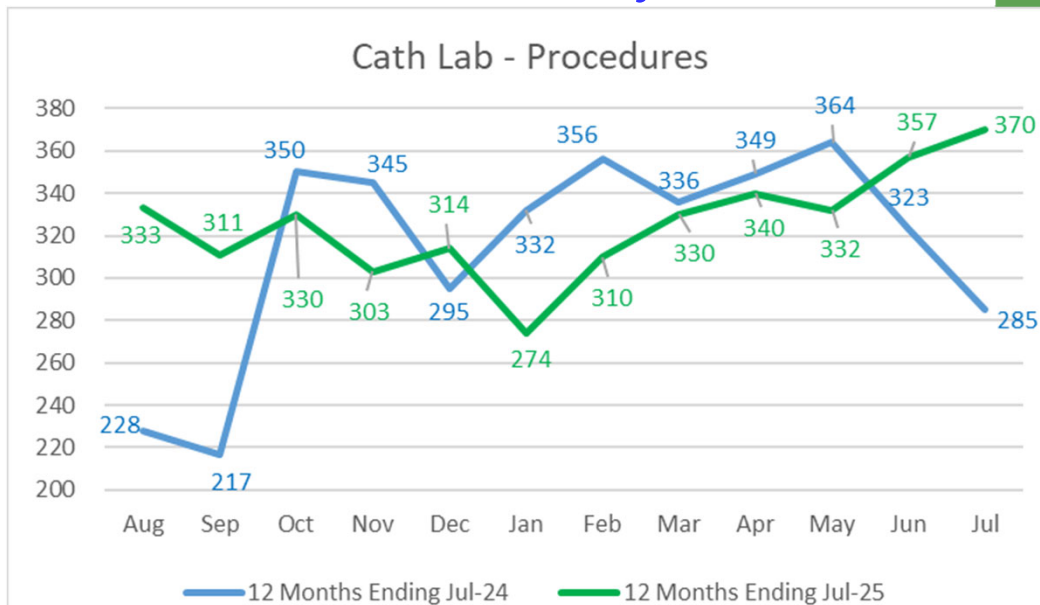
OP Surgery Cases - July 2025



ER OP Visits- July 2025



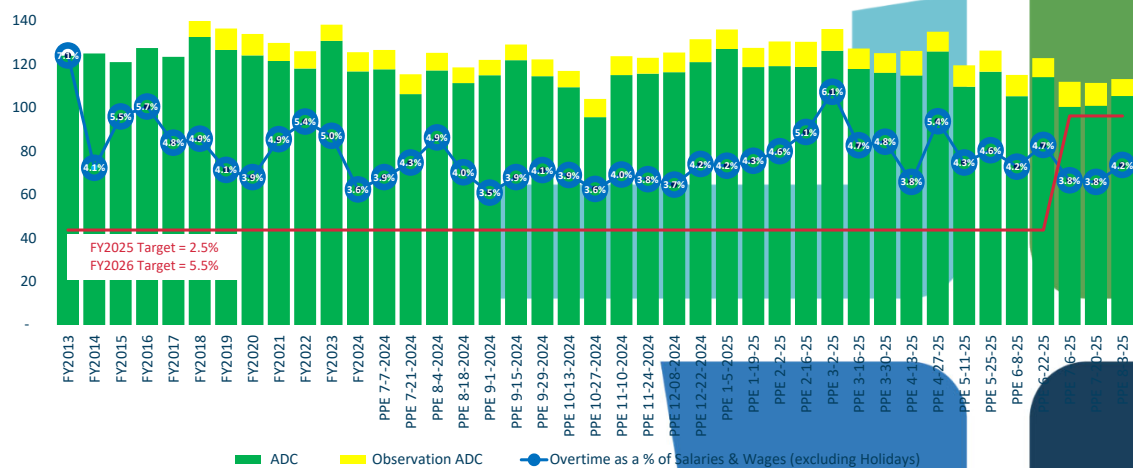
Cath Lab -July 2025



Labor Productivity – July 2025

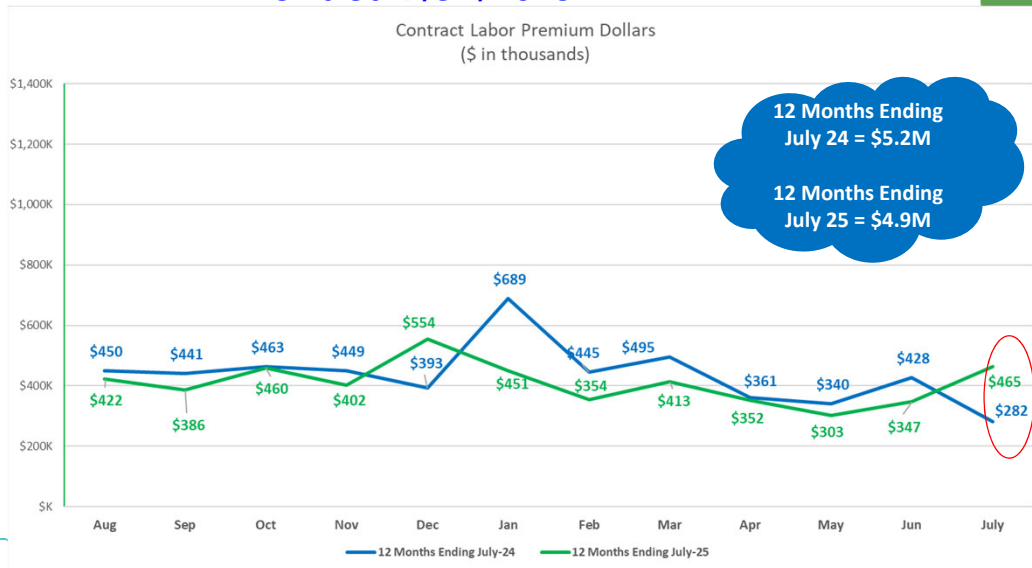
- 1. Worked FTEs:** During the month of July, worked FTEs on a Adjusted ADC basis were 10% unfavorable at **7.0** with a target of **6.4**. *When reviewed on a unit-by-unit level, the variance was 5 FTEs (\$0.1M).*
- 2. Worked FTEs decreased** from 1,634 in June to 1,610 in July. Average daily census decreased by 7 compared to prior month at 101 (12% below budget).
- 3. Paid FTEs:** On a per Adjusted ADC basis, paid FTEs were **6%** unfavorable to budget at **8.3 actual vs. 7.9 budget**. Paid FTEs decreased from 1,913 in June to 1,898 in July.

Overtime as a Percent of Total Salaries & Wages (excluding Holidays) Through the pay period ending August 3, 2025

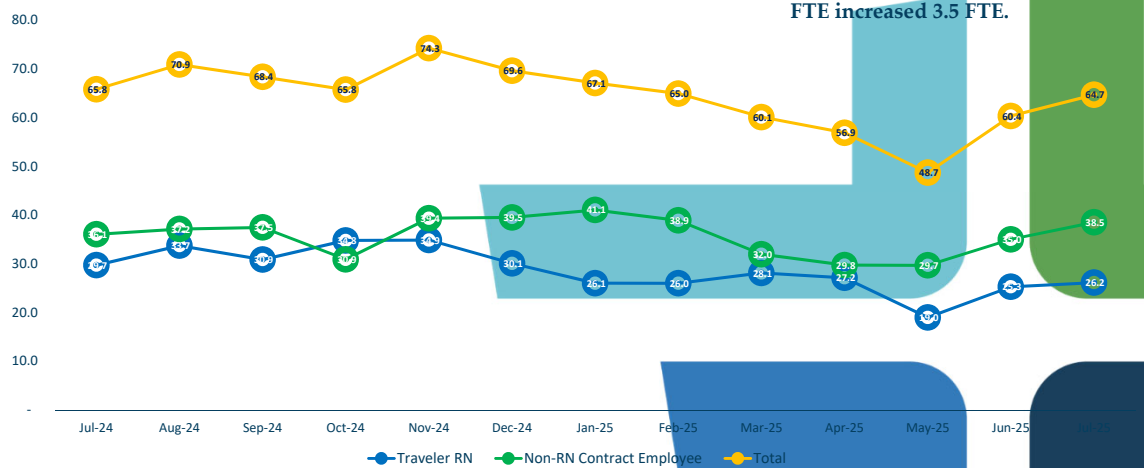


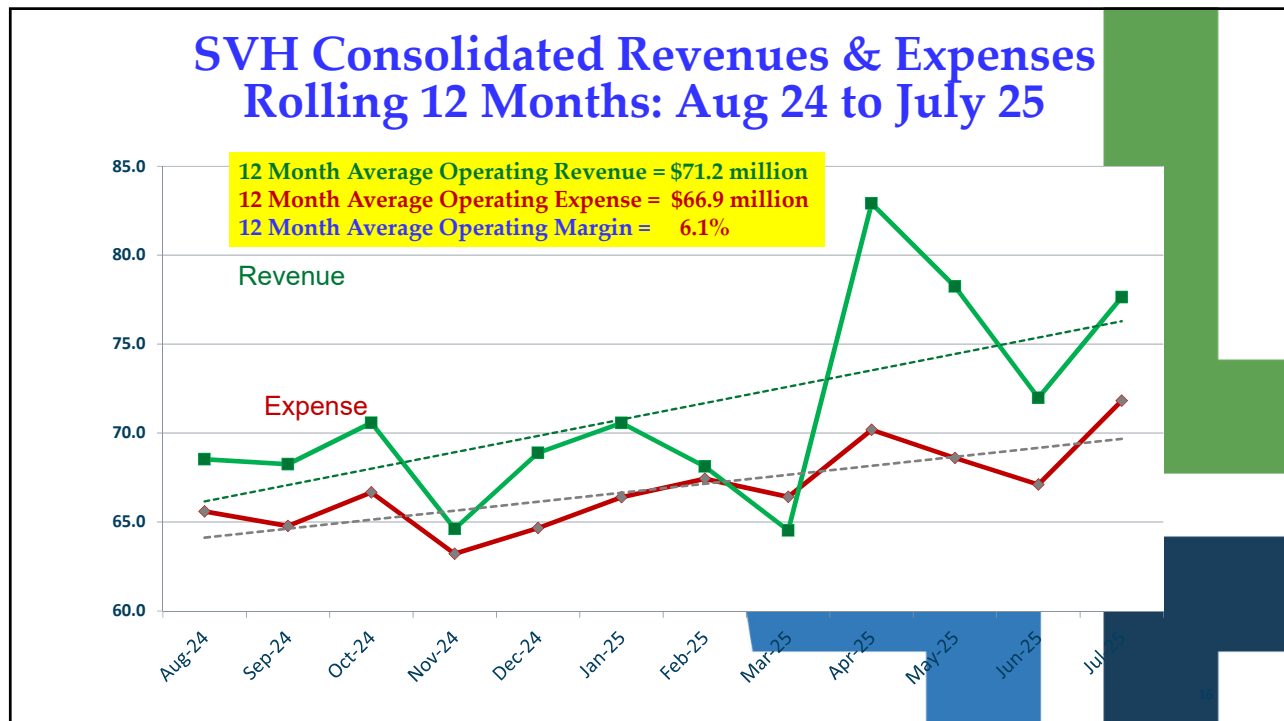
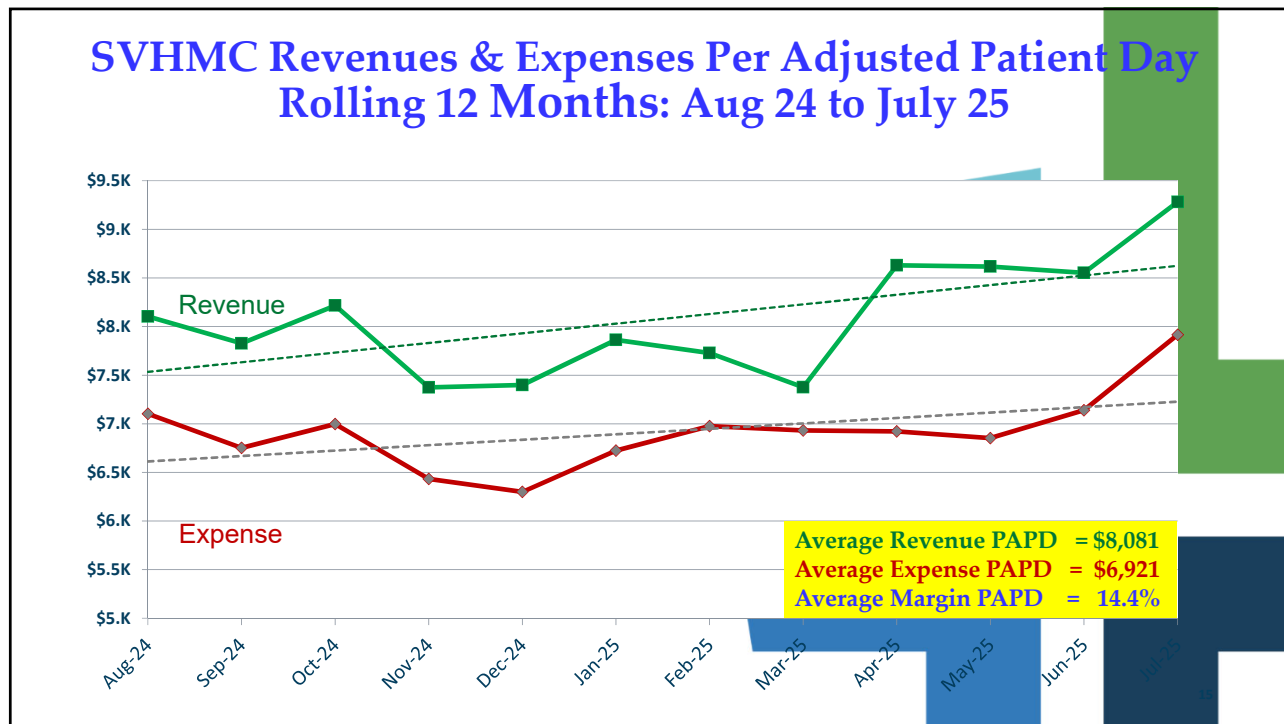
** Observation days are not available prior to FY2018 due to a server migration.

Contract Labor (Premium Cost Only) – 12 months ended 7/31/2025



Contract Labor FTE by Month July 2024 – July 2025





Salinas Valley Health Key Financial Indicators

	YTD	SVH		S&P A+ Rated		YTD	
Statistic	7/31/25	Target	+/-	Hospitals	+/-	7/31/24	+/-
Operating Margin*	6.4%	5.0%		4.0%		-1.0%	
Total Margin*	7.9%	6.0%		6.6%		9.7%	
EBITDA Margin**	10.2%	7.4%		13.6%		3.8%	
Days of Cash*	371	305		249		370	
Days of Accounts Payable*	44	45		-		49	
Days of Net Accounts Receivable**	68	60		49		64	
Supply Expense as % NPR	13.4%	14.0%		-		14.6%	
SWB Expense as % NPR	50.7%	53.0%		53.7%		55.2%	
Operating Expense per APD*	7,863	6,739		-		6,508	

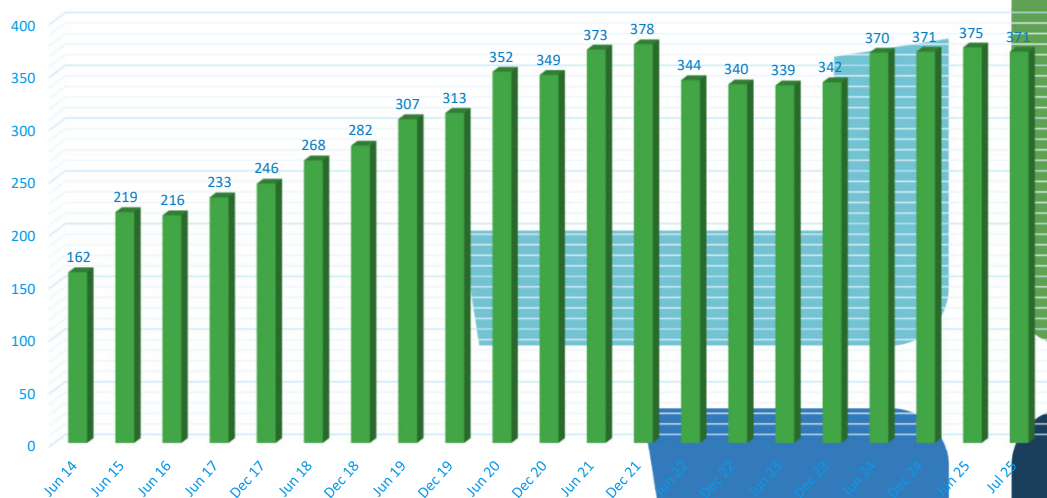
All metrics above are consolidated for SVH except Operating Expense per APD

*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 = 371 Days (\$778M) - July 2025



Questions/Comments

SALINAS VALLEY HEALTH MEDICAL CENTER
SUMMARY INCOME STATEMENT
July 31, 2025

	Month of July,		One months ended July 31,	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 63,968,983	\$ 50,449,190	\$ 63,968,983	\$ 50,449,190
Other operating revenue	<u>1,888,695</u>	<u>1,187,180</u>	<u>1,888,695</u>	<u>1,187,180</u>
Total operating revenue	<u>65,857,678</u>	<u>51,636,370</u>	<u>65,857,678</u>	<u>51,636,370</u>
Total operating expenses	56,163,307	46,907,586	56,163,307	46,907,586
Total non-operating income	<u>(3,668,056)</u>	<u>1,222,522</u>	<u>(3,668,056)</u>	<u>1,222,522</u>
Operating and non-operating income	<u>\$ 6,026,315</u>	<u>\$ 5,951,307</u>	<u>\$ 6,026,315</u>	<u>\$ 5,951,307</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
BALANCE SHEETS
July 31, 2025

	<u>Current year</u>	<u>Prior year</u>
ASSETS:		
Current assets	\$ 450,013,598	\$ 400,667,083
Assets whose use is limited or restricted by board	176,024,941	168,797,833
Capital assets	268,471,155	248,796,850
Other assets	343,800,457	303,209,529
Deferred pension outflows	<u>57,904,325</u>	<u>85,734,219</u>
	<u>\$ 1,296,214,476</u>	<u>\$ 1,207,205,514</u>
LIABILITIES AND EQUITY:		
Current liabilities	90,902,290	94,416,315
Long term liabilities	22,367,225	20,297,965
Lease deferred inflows	2,411,431	2,027,900
Pension liability	81,860,471	90,863,576
Net assets	<u>1,098,673,059</u>	<u>999,599,758</u>
	<u>\$ 1,296,214,476</u>	<u>\$ 1,207,205,514</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
SCHEDULES OF NET PATIENT REVENUE
July 31, 2025

	<u>Month of July,</u>		<u>One months ended July 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Patient days:				
By payer:				
Medicare	1,562	1,801	1,562	1,801
Medi-Cal	830	968	830	968
Commercial insurance	527	531	527	531
Other patient	188	85	188	85
Total patient days	<u>3,107</u>	<u>3,385</u>	<u>3,107</u>	<u>3,385</u>
Gross revenue:				
Medicare	\$ 138,362,005	\$ 125,586,542	\$ 138,362,005	\$ 125,586,542
Medi-Cal	78,164,821	79,105,569	78,164,821	79,105,569
Commercial insurance	64,374,854	54,631,570	64,374,854	54,631,570
Other patient	15,111,945	9,488,283	15,111,945	9,488,283
Gross revenue	<u>296,013,625</u>	<u>268,811,964</u>	<u>296,013,625</u>	<u>268,811,964</u>
Deductions from revenue:				
Administrative adjustment	395,400	360,469	395,400	360,469
Charity care	464,663	771,905	464,663	771,905
Contractual adjustments:				
Medicare outpatient	52,177,717	40,946,735	52,177,717	40,946,735
Medicare inpatient	48,702,798	50,630,527	48,702,798	50,630,527
Medi-Cal traditional outpatient	1,274,572	1,523,198	1,274,572	1,523,198
Medi-Cal traditional inpatient	2,973,817	4,553,235	2,973,817	4,553,235
Medi-Cal managed care outpatient	42,569,052	39,752,792	42,569,052	39,752,792
Medi-Cal managed care inpatient	23,705,164	26,787,598	23,705,164	26,787,598
Commercial insurance outpatient	26,938,756	25,663,502	26,938,756	25,663,502
Commercial insurance inpatient	21,846,106	21,732,373	21,846,106	21,732,373
Uncollectible accounts expense	6,210,267	5,091,829	6,210,267	5,091,829
Other payors	4,786,330	548,610	4,786,330	548,610
Deductions from revenue	<u>232,044,642</u>	<u>218,362,774</u>	<u>232,044,642</u>	<u>218,362,774</u>
Net patient revenue	<u>\$ 63,968,983</u>	<u>\$ 50,449,190</u>	<u>\$ 63,968,983</u>	<u>\$ 50,449,190</u>
Gross billed charges by patient type				
Inpatient	\$ 130,044,679	\$ 129,469,464	\$ 130,044,678	\$ 129,469,464
Outpatient	130,470,567	106,986,747	130,470,567	106,986,747
Emergency room	35,498,379	32,355,753	35,498,379	32,355,753
Total	<u>\$ 296,013,625</u>	<u>\$ 268,811,964</u>	<u>\$ 296,013,624</u>	<u>\$ 268,811,964</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
STATEMENTS OF REVENUE AND EXPENSES
July 31, 2025

	Month of July,		One months ended July 31,	
	current year	prior year	current year	prior year
Operating revenue:				
Net patient revenue	\$ 63,968,983	\$ 50,449,190	\$ 63,968,983	\$ 50,449,190
Other operating revenue	1,888,695	1,187,180	1,888,695	1,187,180
Total operating revenue	<u>65,857,678</u>	<u>51,636,370</u>	<u>65,857,678</u>	<u>51,636,370</u>
Operating expenses:				
Salaries and wages	18,465,832	16,672,047	18,465,832	16,672,047
Compensated absences	3,848,119	3,577,020	3,848,119	3,577,020
Employee benefits	9,677,288	7,710,583	9,677,288	7,710,583
Supplies, food, and linen	8,986,320	7,772,212	8,986,320	7,772,212
Purchased department functions	4,457,221	3,266,362	4,457,221	3,266,362
Medical fees	3,142,419	2,214,807	3,142,419	2,214,807
Other fees	1,974,055	1,331,595	1,974,055	1,331,595
Depreciation	2,649,978	2,475,811	2,649,978	2,475,811
All other expense	2,962,075	1,887,149	2,962,075	1,887,149
Total operating expenses	<u>56,163,307</u>	<u>46,907,586</u>	<u>56,163,307</u>	<u>46,907,586</u>
Income from operations	<u>9,694,371</u>	<u>4,728,784</u>	<u>9,694,371</u>	<u>4,728,784</u>
Non-operating income:				
Donations	18,984	5,400	18,984	5,400
Property taxes	500,550	476,714	500,550	476,714
Investment income	369,203	5,850,454	369,203	5,850,454
Taxes and licenses	0	0	0	0
Income from subsidiaries	(4,556,793)	(5,110,046)	(4,556,793)	(5,110,046)
Total non-operating income	<u>(3,668,056)</u>	<u>1,222,522</u>	<u>(3,668,056)</u>	<u>1,222,522</u>
Operating and non-operating income	6,026,315	5,951,307	6,026,315	5,951,307
Net assets to begin	<u>1,092,646,744</u>	<u>993,648,451</u>	<u>1,092,646,744</u>	<u>993,648,451</u>
Net assets to end	<u>\$ 1,098,673,059</u>	<u>\$ 999,599,758</u>	<u>\$ 1,098,673,059</u>	<u>\$ 999,599,758</u>
Net income excluding non-recurring items	\$ 6,026,315	\$ 5,951,307	\$ 6,026,315	\$ 5,951,307
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Operating and non-operating income	<u>\$ 6,026,315</u>	<u>\$ 5,951,307</u>	<u>\$ 6,026,315</u>	<u>\$ 5,951,307</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
SCHEDULES OF INVESTMENT INCOME
July 31, 2025

	<u>Month of July,</u>		<u>One months ended July 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Detail of income from subsidiaries:				
Salinas Valley Health Clinics				
Pulmonary Medicine Center	\$ (176,483)	\$ (213,523)	\$ (176,483)	\$ (213,523)
Neurological Clinic	(40,636)	(60,955)	(40,636)	(60,955)
Palliative Care Clinic	(88,028)	(133,084)	(88,028)	(133,084)
Surgery Clinic	(197,521)	(262,520)	(197,521)	(262,520)
Infectious Disease Clinic	(31,080)	(31,154)	(31,080)	(31,154)
Endocrinology Clinic	(157,173)	(251,585)	(157,173)	(251,585)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(499,181)	(519,836)	(499,181)	(519,836)
OB/GYN Clinic	(432,311)	(372,219)	(432,311)	(372,219)
PrimeCare Medical Group	(472,862)	(906,595)	(472,862)	(906,595)
Oncology Clinic	(356,245)	(482,554)	(356,245)	(482,554)
Cardiac Surgery	(342,118)	(316,251)	(342,118)	(316,251)
Sleep Center	(57,162)	(91,498)	(57,162)	(91,498)
Rheumatology	(78,135)	(91,901)	(78,135)	(91,901)
Precision Ortho MDs	(334,878)	(390,954)	(334,878)	(390,954)
Precision Ortho-MRI	(508,373)	0	(508,373)	0
Precision Ortho-PT	(57,484)	(97,117)	(57,484)	(97,117)
Vaccine Clinic	0	0	0	0
Dermatology	(26,458)	(48,240)	(26,458)	(48,240)
Hospitalists	0	0	0	0
Behavioral Health	(27,334)	(54,231)	(27,334)	(54,231)
Pediatric Diabetes	(36,457)	(63,782)	(36,457)	(63,782)
Neurosurgery	(106,389)	(128,310)	(106,389)	(128,310)
Multi-Specialty-RR	24,272	7,920	24,272	7,920
Radiology	(508,373)	(530,695)	(508,373)	(530,695)
Salinas Family Practice	(89,044)	(119,475)	(89,044)	(119,475)
Urology	(196,029)	(212,284)	(196,029)	(212,284)
Total SVHC	(4,795,482)	(5,370,843)	(4,795,482)	(5,370,843)
Doctors on Duty	20,956	20,875	20,956	20,875
LPCH NICU JV	0	0	0	0
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	135,064	151,541	135,064	151,541
Coastal	7,872	33,381	7,872	33,381
Apex	0	0	0	0
21st Century Oncology	26,047	0	26,047	0
Monterey Bay Endoscopy Center	48,750	54,999	48,750	54,999
Total	<u>\$ (4,556,793)</u>	<u>\$ (5,110,046)</u>	<u>\$ (4,556,793)</u>	<u>\$ (5,110,046)</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
BALANCE SHEETS
July 31, 2025

	<u>Current year</u>	<u>Prior year</u>
A S S E T S		
Current assets:		
Cash and cash equivalents	\$ 296,972,289	\$ 266,936,928
Patient accounts receivable, net of estimated uncollectibles of \$69,407,344	132,110,986	112,945,542
Supplies inventory at cost	8,242,911	7,972,706
Current portion of lease receivable	394,782	1,621,407
Other current assets	<u>12,292,630</u>	<u>11,190,500</u>
Total current assets	<u>450,013,598</u>	<u>400,667,083</u>
Assets whose use is limited or restricted by board	<u>176,024,941</u>	<u>168,797,833</u>
Capital assets:		
Land and construction in process	62,661,219	43,163,809
Other capital assets, net of depreciation	<u>205,809,936</u>	<u>205,633,041</u>
Total capital assets	<u>268,471,155</u>	<u>248,796,850</u>
Other assets:		
Right of use assets, net of amortization	12,120,965	7,066,009
Long term lease receivable	2,024,215	435,661
Subscription assets, net of amortization	7,411,439	9,736,690
Investment in Securities	273,011,098	260,112,491
Investment in SVHC	5,757,304	13,244,566
Investment in Coastal	1,695,908	1,910,752
Investment in other affiliates	21,426,826	10,432,255
Net pension asset	<u>20,352,702</u>	<u>271,105</u>
Total other assets	<u>343,800,457</u>	<u>303,209,529</u>
Deferred pension outflows	<u>57,904,325</u>	<u>85,734,219</u>
	<u>\$ 1,296,214,476</u>	<u>\$ 1,207,205,514</u>
L I A B I L I T I E S A N D N E T A S S E T S		
Current liabilities:		
Accounts payable and accrued expenses	\$ 60,673,887	\$ 61,775,251
Due to third party payers	4,491,685	3,710,977
Current portion of self-insurance liability	20,421,147	22,303,328
Current subscription liability	1,451,133	4,005,767
Current portion of lease liability	<u>3,864,438</u>	<u>2,620,993</u>
Total current liabilities	90,902,290	94,416,315
Long term portion of workers comp liability	11,003,713	12,078,720
Long term portion of lease liability	8,622,269	4,904,742
Long term subscription liability	<u>2,741,243</u>	<u>3,314,503</u>
Total liabilities	<u>113,269,515</u>	<u>114,714,280</u>
Lease deferred inflows	2,411,431	2,027,900
Pension liability	<u>81,860,471</u>	<u>90,863,576</u>
Net assets:		
Invested in capital assets, net of related debt	268,471,155	248,796,850
Unrestricted	<u>830,201,904</u>	<u>750,802,908</u>
Total net assets	<u>1,098,673,059</u>	<u>999,599,758</u>
	<u>\$ 1,296,214,476</u>	<u>\$ 1,207,205,514</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL
July 31, 2025

	Month of July,			One months ended July 31,			
	Actual	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:							
Gross billed charges	\$ 296,013,625	\$ 5,046,139	1.73%	\$ 296,013,625	\$ 290,967,486	5,046,139	1.73%
Deductions from revenue	232,044,642	(1,702,223)	-0.73%	232,044,642	233,746,865	(1,702,223)	-0.73%
Net patient revenue	63,968,983	6,748,362	11.79%	63,968,983	57,220,621	6,748,362	11.79%
Other operating revenue	1,888,695	167,066	9.70%	1,888,695	1,721,629	167,066	9.70%
Total operating revenue	65,857,678	6,915,428	11.73%	65,857,678	58,942,250	6,915,428	11.73%
Operating expenses:							
Salaries and wages	18,465,832	238,480	1.31%	18,465,832	18,227,352	238,480	1.31%
Compensated absences	3,848,119	(247,523)	-6.04%	3,848,119	4,095,642	(247,523)	-6.04%
Employee benefits	9,677,288	1,770,310	22.39%	9,677,288	7,906,978	1,770,310	22.39%
Supplies, food, and linen	8,986,320	(49,141)	-0.54%	8,986,320	9,035,461	(49,141)	-0.54%
Purchased department functions	4,457,221	267,311	6.38%	4,457,221	4,189,910	267,311	6.38%
Medical fees	3,142,419	527,221	20.16%	3,142,419	2,615,198	527,221	20.16%
Other fees	1,974,055	470,731	31.31%	1,974,055	1,503,324	470,731	31.31%
Depreciation	2,649,978	88,942	3.47%	2,649,978	2,561,036	88,942	3.47%
All other expense	2,962,075	593,391	25.05%	2,962,075	2,368,684	593,391	25.05%
Total operating expenses	56,163,307	3,659,722	6.97%	56,163,307	52,503,585	3,659,722	6.97%
Income from operations	9,694,371	3,255,706	50.56%	9,694,371	6,438,665	3,255,706	50.56%
Non-operating income:							
Donations	18,984	(197,683)	-91.24%	18,984	216,667	(197,683)	-91.24%
Property taxes	500,550	(0)	0.00%	500,550	500,550	(0)	0.00%
Investment income	369,203	(873,643)	-70.29%	369,203	1,242,846	(873,643)	-70.29%
Income from subsidiaries	(4,556,793)	6,643	-0.15%	(4,556,793)	(4,563,436)	6,643	-0.15%
Total non-operating income	(3,668,056)	(1,064,683)	40.90%	(3,668,056)	(2,603,374)	(1,064,683)	40.90%
Operating and non-operating income	\$ 6,026,315	\$ 2,191,024	57.13%	\$ 6,026,315	\$ 3,835,291	\$ 2,191,024	57.13%

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of July and one months to date

	Month of July		One months to date		Variance
	2024	2025	2024-25	2025-26	
NEWBORN STATISTICS					
Medi-Cal Admissions	31	32	31	32	1
Other Admissions	76	84	76	84	8
Total Admissions	107	116	107	116	9
Medi-Cal Patient Days	120	48	120	48	(72)
Other Patient Days	54	127	54	127	73
Total Patient Days of Care	174	175	174	175	1
Average Daily Census	5.6	5.6	5.6	5.6	0.0
Medi-Cal Average Days	3.9	1.6	3.9	1.6	(2.3)
Other Average Days	0.7	1.5	0.7	1.5	0.8
Total Average Days Stay	1.6	1.6	1.6	1.6	(0.1)
ADULTS & PEDIATRICS					
Medicare Admissions	391	369	391	369	(22)
Medi-Cal Admissions	311	262	280	262	(18)
Other Admissions	379	304	303	304	1
Total Admissions	1,081	935	974	935	(39)
Medicare Patient Days	1,496	1,281	1,496	1,281	(215)
Medi-Cal Patient Days	981	942	981	942	(39)
Other Patient Days	953	732	953	732	(221)
Total Patient Days of Care	3,430	2,955	3,430	2,955	(475)
Average Daily Census	110.6	95.3	110.6	95.3	(15.3)
Medicare Average Length of Stay	3.8	3.5	3.8	3.5	(0.2)
Medi-Cal AverageLength of Stay	3.2	2.9	3.2	2.9	(0.2)
Other Average Length of Stay	2.5	2.0	2.5	2.0	(0.5)
Total Average Length of Stay	3.1	2.8	3.1	2.8	(0.3)
Deaths	37	17	37	17	(20)
Total Patient Days	3,604	3,130	3,604	3,130	(474)
Medi-Cal Administrative Days	0	0	0	0	0
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	0	0	0	0	0
Percent Non-Acute	0.00%	0.00%	0.00%	0.00%	0.00%

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of July and one months to date

	Month of July		One months to date		Variance
	2024	2025	2024-25	2025-26	
<u>PATIENT DAYS BY LOCATION</u>					
Level I	271	183	271	183	(88)
Heart Center	313	316	313	316	3
Monitored Beds	570	514	570	514	(56)
Single Room Maternity/Obstetrics	303	290	303	290	(13)
Med/Surg - Cardiovascular	820	775	820	775	(45)
Med/Surg - Oncology	271	166	271	166	(105)
Med/Surg - Rehab	469	468	469	468	(1)
Pediatrics	98	127	98	127	29
Nursery	174	175	174	175	1
Neonatal Intensive Care	76	116	76	116	40
<u>PERCENTAGE OF OCCUPANCY</u>					
Level I	67.25%	45.41%	67.25%	45.41%	
Heart Center	67.31%	67.96%	67.31%	67.96%	
Monitored Beds	68.10%	61.41%	68.10%	61.41%	
Single Room Maternity/Obstetrics	26.42%	25.28%	26.42%	25.28%	
Med/Surg - Cardiovascular	58.78%	55.56%	58.78%	55.56%	
Med/Surg - Oncology	67.25%	41.19%	67.25%	41.19%	
Med/Surg - Rehab	58.19%	58.06%	58.19%	58.06%	
Med/Surg - Observation Care Unit	0.00%	0.00%	0.00%	0.00%	
Pediatrics	17.56%	22.76%	17.56%	22.76%	
Nursery	34.02%	34.21%	17.01%	17.11%	
Neonatal Intensive Care	22.29%	34.02%	22.29%	34.02%	

SALINAS VALLEY HEALTH MEDICAL CENTER
PATIENT STATISTICAL REPORT
For the month of July and one months to date

	<u>Month of July</u>		<u>One months to date</u>		
	<u>2024</u>	<u>2025</u>	<u>2024-25</u>	<u>2025-26</u>	<u>Variance</u>
<u>DELIVERY ROOM</u>					
Total deliveries	123	112	123	112	(11)
C-Section deliveries	31	29	31	29	(2)
Percent of C-section deliveries	25.20%	25.89%	25.20%	25.89%	0.69%
<u>OPERATING ROOM</u>					
In-Patient Operating Minutes	20,885	18,436	20,885	18,436	(2,449)
Out-Patient Operating Minutes	29,584	36,074	29,584	36,074	6,490
Total	50,469	54,510	50,469	54,510	4,041
Open Heart Surgeries	12	13	12	13	1
In-Patient Cases	134	132	134	132	(2)
Out-Patient Cases	301	353	301	353	52
<u>EMERGENCY ROOM</u>					
Immediate Life Saving	31	48	31	48	17
High Risk	838	863	838	863	25
More Than One Resource	2,736	2,820	2,736	2,820	84
One Resource	1,672	1,443	1,672	1,443	(229)
No Resources	62	75	62	75	13
Total	<u>5,339</u>	<u>5,249</u>	<u>5,339</u>	<u>5,249</u>	<u>(90)</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
PATIENT STATISTICAL REPORT
For the month of July and one months to date

	<u>Month of July</u>		<u>One months to date</u>		
	<u>2024</u>	<u>2025</u>	<u>2024-25</u>	<u>2025-26</u>	<u>Variance</u>
CENTRAL SUPPLY					
In-patient requisitions	12,872	11,002	12,872	11,002	-1,870
Out-patient requisitions	10,476	11,259	10,476	11,259	783
Emergency room requisitions	827	400	827	400	-427
Interdepartmental requisitions	6,497	6,144	6,497	6,144	-353
Total requisitions	<u>30,672</u>	<u>28,805</u>	<u>30,672</u>	<u>28,805</u>	<u>-1,867</u>
LABORATORY					
In-patient procedures	35,911	33,929	35,911	33,929	-1,982
Out-patient procedures	44,179	51,021	44,179	51,021	6,842
Emergency room procedures	12,352	13,238	12,352	13,238	886
Total patient procedures	<u>92,442</u>	<u>98,188</u>	<u>92,442</u>	<u>98,188</u>	<u>5,746</u>
BLOOD BANK					
Units processed	<u>231</u>	<u>270</u>	<u>231</u>	<u>270</u>	<u>39</u>
ELECTROCARDIOLOGY					
In-patient procedures	1,106	1,138	1,106	1,138	32
Out-patient procedures	347	593	347	593	246
Emergency room procedures	1,249	1,486	1,249	1,486	237
Total procedures	<u>2,702</u>	<u>3,217</u>	<u>2,702</u>	<u>3,217</u>	<u>515</u>
CATH LAB					
In-patient procedures	125	145	125	145	20
Out-patient procedures	119	173	119	173	54
Emergency room procedures	0	0	0	0	0
Total procedures	<u>244</u>	<u>318</u>	<u>244</u>	<u>318</u>	<u>74</u>
ECHO-CARDIOLOGY					
In-patient studies	448	401	448	401	-47
Out-patient studies	357	447	357	447	90
Emergency room studies	2	2	2	2	0
Total studies	<u>807</u>	<u>850</u>	<u>807</u>	<u>850</u>	<u>43</u>
NEURODIAGNOSTIC					
In-patient procedures	124	137	124	137	13
Out-patient procedures	14	37	14	37	23
Emergency room procedures	0	1	0	1	1
Total procedures	<u>138</u>	<u>175</u>	<u>138</u>	<u>175</u>	<u>37</u>

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of July and one months to date

	Month of July		One months to date		
	2024	2025	2024-25	2025-26	Variance
SLEEP CENTER					
In-patient procedures	0	0	0	0	0
Out-patient procedures	270	325	270	325	55
Emergency room procedures	0	0	0	0	0
Total procedures	270	325	270	325	55
RADIOLOGY					
In-patient procedures	1,365	1,238	1,365	1,238	-127
Out-patient procedures	444	467	444	467	23
Emergency room procedures	1,551	1,473	1,551	1,473	-78
Total patient procedures	3,360	3,178	3,360	3,178	-182
MAGNETIC RESONANCE IMAGING					
In-patient procedures	208	229	208	229	21
Out-patient procedures	111	110	111	110	-1
Emergency room procedures	6	3	6	3	-3
Total procedures	325	342	325	342	17
MAMMOGRAPHY CENTER					
In-patient procedures	3,248	4,178	3,248	4,178	930
Out-patient procedures	3,236	4,163	3,236	4,163	927
Emergency room procedures	1	3	1	3	2
Total procedures	6,485	8,344	6,485	8,344	1,859
NUCLEAR MEDICINE					
In-patient procedures	26	18	26	18	-8
Out-patient procedures	116	155	116	155	39
Emergency room procedures	0	1	0	1	1
Total procedures	142	174	142	174	32
PHARMACY					
In-patient prescriptions	82,755	71,320	82,755	71,320	-11,435
Out-patient prescriptions	15,988	18,477	15,988	18,477	2,489
Emergency room prescriptions	9,317	10,201	9,317	10,201	884
Total prescriptions	108,060	99,998	108,060	99,998	-8,062
RESPIRATORY THERAPY					
In-patient treatments	15,247	12,208	15,247	12,208	-3,039
Out-patient treatments	651	313	651	313	-338
Emergency room treatments	360	937	360	937	577
Total patient treatments	16,258	13,458	16,258	13,458	-2,800
PHYSICAL THERAPY					
In-patient treatments	2,198	2,385	2,198	2,385	187
Out-patient treatments	269	520	269	520	251
Emergency room treatments	0	0	0	0	0
Total treatments	2,467	2,905	2,467	2,905	438

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of July and one months to date

	Month of July		One months to date		Variance
	2024	2025	2024-25	2025-26	
OCCUPATIONAL THERAPY					
In-patient procedures	1,597	1,415	1,597	1,415	-182
Out-patient procedures	233	376	233	376	143
Emergency room procedures	0	0	0	0	0
Total procedures	1,830	1,791	1,830	1,791	-39
SPEECH THERAPY					
In-patient treatments	475	604	475	604	129
Out-patient treatments	23	79	23	79	56
Emergency room treatments	0	0	0	0	0
Total treatments	498	683	498	683	185
CARDIAC REHABILITATION					
In-patient treatments	1	3	1	3	2
Out-patient treatments	672	727	672	727	55
Emergency room treatments	0	0	0	0	0
Total treatments	673	730	673	730	57
CRITICAL DECISION UNIT					
Observation hours	306	226	306	226	-80
ENDOSCOPY					
In-patient procedures	72	79	72	79	7
Out-patient procedures	44	62	44	62	18
Emergency room procedures	0	1	0	1	1
Total procedures	116	142	116	142	26
C.T. SCAN					
In-patient procedures	788	762	788	762	-26
Out-patient procedures	416	500	416	500	84
Emergency room procedures	753	838	753	838	85
Total procedures	1,957	2,100	1,957	2,100	143
DIETARY					
Routine patient diets	14,942	16,311	14,942	16,311	1,369
Meals to personnel	35,476	36,733	35,476	36,733	1,257
Total diets and meals	50,418	53,044	50,418	53,044	2,626
LAUNDRY AND LINEN					
Total pounds laundered	93,665	104,904	93,665	104,904	11,239

Board Paper: Finance Committee

Agenda Item: Consider Recommendation for Board Approval of the Alliance HealthCare Services (Alliance), Inc. MRI Service Contract Addendum E

Executive Sponsor: Clement Miller, Chief Operating Officer

Date: August 12, 2025

Executive Summary

Salinas Valley Health (SVH) has successfully renegotiated its current agreement with Alliance Imaging through Master Agreement Addendum “E”. As part of this renegotiation, ownership of the MRI scanner and the imaging building located at 444 E. Romie Lane will transfer to SVH, effective September 2025. At the time of transfer, the existing MRI system—manufactured by GE Healthcare—will have surpassed its OEM-supported service life. To ensure uninterrupted imaging services and operational continuity, Addendum “E” also secures a 24/7 on-site mobile MRI unit for a period of 24 months. This strategic addition provides a critical operational bridge while SVH advances two capital projects aimed at installing and commissioning two permanent, SVH-owned MRI systems on the medical campus.

Background/Situation/Rationale

In February 2024, Salinas Valley Health (SVH) entered into a renegotiated service agreement with Alliance Imaging for the provision of MRI services, outlining a phased exit over a three-year period concluding in December 2026. The proposed Addendum “E” accelerates this timeline, advancing the contract termination date to September 2025. This amendment aligns with SVH’s strategic initiative to internalize MRI services by replacing aging equipment and onboarding SVH-employed imaging staff. This transition will bring to a close SVH’s long-standing outsourced MRI service model. Under the revised agreement, SVH will assume operational and staffing responsibilities beginning January 2026, while benefiting from a significantly reduced monthly service rate during the interim period. This approach provides a cost-effective and operationally sound path toward full integration of MRI services within the organization.

Timeline/Review Process to Date:

1/2025 – Contract renegotiation requested

5/2025 – Contract renegotiation commenced

7/2025 – Contract finalized and assessed by contracting department and legal counsel

7/2025 – Cost of potential MRI rental assessed to ensure proposed rate is at or less than FMV

Meeting our Mission, Vision, Goals

Strategic Plan Alignment:

MRI services are necessary tools to help our physicians diagnose and treat illness in our patient population.

Pillar/Goal Alignment:

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

Financial/Quality/Safety/Regulatory Implications:

Key Contract Terms	Vendor: Alliance Healthcare Services, Inc.
1. Proposed effective date	September 1, 2025
2. Term of agreement	Through December 1, 2027
3. Renewal terms	N/A
4. Termination provision(s)	As stated in the Master Agreement under Section 8.1 Termination (a) Material Breach or (b) Bankruptcy.
5. Payment Terms	\$73,000 monthly with reduced rate of \$32,000 monthly effective January 1, 2026 when SVH takes over MRI staffing.
6. Annual cost	September 1, 2025 through December 2025 (abbreviated period) - \$292,000 Beginning January 2026, the annual cost - \$384,000
7. Cost over life of agreement	Maximum of \$1,060,000.00
8. Budgeted (indicate y/n)	Yes

Recommendation

Consider Recommendations for Board approval of the Alliance Healthcare Services, Inc. MRI contract Addendum "E" for the maximum amount of \$1,060,000.00 over the course of the contract.

Attachments

(1) Alliance Addendum "E"

**ADDENDUM "E" TO
THE
MASTER SERVICES AGREEMENT**

This Addendum modifies the Master Services Agreement (the "Agreement"), fully executed on March 25, 2022, as amended, between Alliance HealthCare Services, Inc., d/b/a Alliance HealthCare Radiology, a Delaware corporation, located at 18201 Von Karman, Suite 600, Irvine, California 92612 ("Alliance") and Salinas Valley Memorial Healthcare System, located at 450 East Romie Lane, Salinas, California 93901-4098 (the "Client").

The provisions of this Addendum shall become effective on or about September 1, 2025. When properly executed below this Addendum shall be added to the above named Agreement.

This Addendum pertains to the MRI service portion of the Agreement, as previously modified in Addendum "C"

Effective on or about September 1, 2025, Client will take ownership of both the modular and fixed GE 23X MRI Unit under this Agreement and the modular building in which it is housed. This older modular and fixed MRI Unit will be replaced with a Siemens Espree mobile MRI Unit. On or about September 1, 2025, Client fees for the Siemens Espree mobile MRI Unit shall be \$73,000 per month upon delivery of such Unit which shall be staffed by Alliance. Effective January 1, 2026, Client shall staff the Siemens Espree mobile MRI Unit, Alliance shall no longer staff the Siemens Espree mobile MRI Unit, at which time Client fees shall be changed to \$32,000 per month for continued rental of the Siemens Espree mobile MRI Unit without staffing services from Alliance.

Section 5(a)(i) is hereby added to the Agreement Cover Page as follows:

5(a)(i) **MRI Term Extension.** The term of this Agreement as it pertains to MRI service is extended through December 1, 2027. This Agreement as it pertains to MRI service shall not automatically renew.

Except as herein above provided, no other change, amendment or modification of the Agreement is hereby intended or implied, including but not limited to any prior drafts of this Addendum that have not been fully executed. Capitalized terms used in this Addendum shall have the same meanings as are set forth in the Agreement, except as otherwise indicated in this Addendum.

Alliance and Client acknowledge that they and their respective legal counsel have had the opportunity to participate equally in the drafting of this Addendum and that in the event of a dispute, no party shall be treated, for any purpose, as the author of this Addendum nor have any ambiguity resolved against it on account thereof.

By their signatures to this Addendum, each of the signatories to this Addendum represent that they have the authority to execute this Addendum and to bind the party on whose behalf their execution is made. This Addendum constitutes the legal, valid and binding obligation of the parties enforceable in accordance with its terms.

This Addendum may be executed in counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument. Delivery of an executed counterpart of this Addendum may be made by facsimile or other electronic transmission. Any such counterpart or signature pages sent by facsimile or other electronic transmission shall be deemed to be written and signed originals for all purposes, and copies of this Addendum containing one or more signature pages that have been delivered by facsimile or other electronic transmission shall constitute enforceable original documents. As used in this Addendum, the term "electronic transmission" means and refers to any form of communication not directly involving the physical transmission of paper that creates a record that may be retained, retrieved and reviewed by a recipient of the communication, and that may be directly reproduced in paper form by such a recipient through an automated process.

Alliance and Client have duly executed this Addendum as of the last date written below.

**Alliance HealthCare Services, Inc.
d/b/a Alliance HealthCare Radiology**

Salinas Valley Memorial Healthcare System

Authorized Signature
Printed Name: Tom Gaston
Title: EVP, Mobile Division
Date: _____

Authorized Signature
Printed Name: _____
Title: _____
Date: _____

FOR CONTRACTS USE ONLY:

Contract #: 009423
DO: DRocovich

Customer #: 11268 (MRI)/12648 (PET/CT) Client Type: Hospital
Requestor: NAMann

A fully executed document must be received prior to service commencement.

To Email a Signed Document: Contracts@nha.Akumin.com / To Fax a Signed Document: 602-345-7637

Board Paper: Finance Committee

Agenda Item: Consider Recommendation for Board of Directors Approval of Project Budget and Construction Contract Award for Phase One and Partial Phase Two of the Salinas Valley Health Thermal Fluid Heating Replacement Project

Executive Sponsor: Clement Miller, Chief Operating Officer
Brad McCoy, Vice President of Facilities, Construction and Real Estate

Date: August 15, 2025

Executive Summary

The Medical Center's Central Utility Plant (CUP) is experiencing critical infrastructure failures due to aging systems installed in 1998. Key issues include a failed underground condensate pipe and a failing three-unit thermal fluid heater (TFH) system— both of which compromise steam supply, system reliability, and regulatory compliance. One of the three thermal fluid heaters has permanently failed and cannot be refurbished. To facilitate the full replacement of the system and eliminate potential source equipment failure, the design and construction team developed a two phased plan. The first phase includes installation of two interim boiler units on the exterior of the building to provide source heating systems immediately to the medical center's distribution system. The work in phase one includes scope that will be leveraged short term to facilitate the replacement of the plant equipment during phase two and provides future resiliency for temporary redundant boiler connections.

Background/Situation/Rationale

This project will upgrade and modernize Salinas Valley Health's CUP infrastructure, increase infrastructure resiliency during maintenance or system downtime, and comply with current rules and regulations enforced by all agencies having jurisdiction including HCAI and MBARD (Air Pollution Control District) to have N+1 redundancy (N+1 is a system has "N" components to handle is normal workload, plus one additional component as a backup or redundant component). Ancillary improvements necessary to implement the project include repairs and upgrades to fire life safety, architectural, structural, electrical, mechanical, and plumbing building elements, and enhancements to building management systems, while also bringing the suites into compliance with current building codes. Salinas Valley Health will be responsible for securing the HCAI approvals necessary to execute the work.

The first phase of the project has secured HCAI permits to execute the work while phase 2 is awaiting approvals from Salinas Valley Health to commence design and permitting activities. To expedite on-site installations and facilitate operations of critical onsite infrastructure, it is necessary to engage a uniquely experienced plumbing contractor without a traditional bidding process to commence procurement efforts as agency approval efforts were on-going (precluding an ability to issue a formal request for proposal) and complete the project faster than would have been possible with a traditional design-bid-build process. Upon completion of phase one of the project, facilities management will conduct a formal request for phase two construction bids complying with the health and safety code requirements.

Pillar/Goal Alignment

✓ Service People ✓ Quality ✓ Finance Growth Community

Financial Implications

Budget Projections

Schedule: August 2025 – Construction Commences on Interim Phase 1 (Emergent Condition)
September 2025 – Commence Phase 2 of design for permanent replacement of infrastructure
November 2025 – Complete Phase 1 construction and commission interim boilers
August 2026 – Commence Phase 2 construction
May 2027 – Complete Phase 2 construction and commission of permanent infrastructure

Budget: As currently programmed, the phase 1 project budget is \$1,900,000. The project cost includes design and engineering fees, permitting, project contingency, program management, rental boilers and construction services required to complete phase 1 of the project and design of Phase 2.

Procurement: Salinas Valley Health solicited for uniquely qualified trade contractors to perform the Phase 1 scope of work necessary to replace critical hospital infrastructure. Upon securing permits from HCAI for Phase 2, facilities management plans to request approvals from the Board following receipt of formal bids for Phase 2 of the project scope.

Recommendation

Consider recommendation for Board of Directors to approve (i) the total estimated project cost for the Salinas Valley Health Phase One scope and design work for Phase 2 in the budgeted amount of \$1,900,000 and (ii) award a construction contract to Val's Plumbing and Heating in the amount of \$563,520 under a sole source procurement process.

Attachments

(A) Predesign Budget prepared 8/19/2025

Salinas Valley Health Medical Center

Project Cost Model: Thermal Fluid Heating Replacement Project

Architect/Engineer: Treanor

Subject: Budget prepared during predesign

Date Printed:

8/19/2025

Budget Amount:

\$0

Budget Approved Date:

FY 2026

Version 1

Anticipated Completion (Phase 1):

12/1/2025

Prepared by: DS

Budget Summary			
		A	B
Line Item		Description	Comments
	1	Construction	
100		Construction	Phase 1 Only
	2	Design	
200		Design Professionals	Phase 1 and Phase 2 Design Phases
	3	Inspections & Consultations	
300		Inspector of Record	
301		Geotech	
303		Hazmat Survey	
	4	Permits & Fees	
400		HCAI + MBARD + City	Limited to Phase 1 Only
	5	Soft Costs	
502		Program Management	Limited to Phase 1 and Phase 2 Design Only
	7	FF&E	
702		Rental Equipment (2) Boilers	Allowance
	9		
9900		Project Contingency	
Totals		\$1,900,000	

(B) Val's Plumbing and Heating Construction Contract prepared 8/6/2025

BRIEF-FORM CONTRACT
for
Construction Services
At
[THERMAL FLUID PLANT - 01.1250.3925](#)



SVH
450 E Romie Lane
Salinas, California 93901



Table of Contents

Applicable Specifications

List of Subcontractors

Agreement

General Conditions

Supplemental Conditions

Contractor Name: Vals Plumbing and Heating

YES X NO

Subcontractor

[illegible]

Brief Form Contract for
Construction Services
Version: 1, 5/6/15

AGREEMENT

THIS AGREEMENT IS made as of the 6th of August, 2025 between the District,

District: Salinas Valley Health

whose facility is: 450 E Romie Lane

Salinas, California 93901

and Contractor: Val's Plumbing and Heating, Inc

whose address is: 413 Front Street, Salinas CA 93901

for the Project: THERMAL FLUID PLANT - 01.1250.3925

District and Contractor hereby agree as follows:

ARTICLE 1 - THE WORK. Contractor shall provide labor required to perform and complete all work in accordance with the Contract Package as follows:

Scope of Work

Plumbing, Sheet Metal, Seismic Anchorage and Structural Steel per HCAI Permitted Set of Documents (S250061-27) "Temporary Boiler Trailer Install and Tie-in" prepared 6/27/2025 (Version 6/27/2025).

1. Includes but not limited to:

- i. Furnish and install distribution piping and components
- ii. All structural steel and miscellaneous metals to seismically support distribution piping and source equipment
- iii. All insulation on distribution piping
- iv. Exhaust flues for interim boilers
- v. All wastewater distribution piping for two new floor drains
- vi. Engineering and shop drawings for seismic calculations on distribution piping for approval by HCAI plan review staff

2. Include all travel labor time, lodging, meals, tolls, parking and transportation fees, and material handling/surcharge/shipping (ground) fees.

3. Includes Performance and Payment Bond.

ARTICLE 2 - CONTRACT DOCUMENTS. "Contract Documents" consist of this Agreement, General Conditions, Supplementary Conditions, Exhibits, General Requirements, Specifications, Drawings, Certificates of Insurance, Notice to Proceed, Change Orders, Field Orders, and Notice of Completion, if applicable. By executing this Contract, the Contractor acknowledges its receipt and review of the Contract Documents; based upon this review, the Contractor confirms that the Work can be completed for the Contract Sum and within the Contract Time.

ARTICLE 3 - CONTRACT SUM.

Five Hundred Sixty Three Thousand Five Hundred Twenty Dollars (\$563,520.00)

(Contract sum shall include all applicable sales taxes)

ARTICLE 4 - CONTRACT TIME. 90 calendar days.

ARTICLE 5 – THE DISTRICT’S REPRESENTATIVE. The District’s Representative is:

**Bogard Construction
Owner’s Representative
Salinas Valley Health
450 East Romie Lane
Salinas, CA 93901**

IN WITNESS WHEREOF, this Agreement has been duly executed by the District and the Contractor as of the date set forth above.

"DISTRICT"
Salinas Valley Health

"CONTRACTOR"
Vals Plumbing and Heating

Salinas Valley Health

By: _____
President

By: Claude Bastianelli
(Name) President
(Title)

APPROVED AS TO FORM

Clement Miller, COO
Salinas Valley Health

GENERAL CONDITIONS

ARTICLE 1 - SUBCONTRACTORS. Contractor shall provide to the District, prior to commencement of the Work, a list of all Subcontractors to be used to perform the Work. No substitution of Subcontractors shall be made without the District's written consent.

ARTICLE 2 - CHANGES IN THE WORK. The District may order changes in the Work. Contractor shall not make any change in the Work or be entitled to any adjustment of the Contract Sum or Contract Time, except as provided in a written Field Order or Change Order signed by the District. The District may issue a Field Order without Contractor's signature to order a change in the Work before all of the terms of the change are fully agreed upon by the District and Contractor.

ARTICLE 3 - PAYMENT. The District will pay to Contractor the amount of the application for payment approved by The District within forty-five (45) days after receipt of Contractor's Application for Payment and supporting data required by the District. The District reserves the right to withhold payments for Defective Work, stop notices, third party claims, failure to pay Subcontractors or suppliers, amounts owing by Contractor to the District, or as otherwise provided by the Contract Documents. If prior written approval is obtained from the District, an invoice may be submitted in lieu of application for payment.

The District will make payment of the Contract Price upon completion of the Work, the Contractor's full performance of all other obligations under this Contract and the Contractor's submission of a properly itemized invoice. Upon receipt of the Contractor's invoice, the District Representative will promptly verify that the Work has been completed and that the Contractor has performed all other obligations hereunder. Within forty-five (45) days of the District Representative confirmation of the completion of Work and the Contractor's performance of other obligations hereunder, the District will make payment of the Contract Price. The District may withhold payment of the Contract Price if: (a) there are claims or the probability of claims being submitted by Subcontractor, Material Suppliers or others in connection with the Work; (b) defective or non-conforming Work which is not remedied; or (c) there are any uncured Contractor defaults.

ARTICLE 4 - RESOLUTION OF CLAIMS. Unresolved claims between the District and Contractor, for which prompt written notice has been given followed by adequate supporting data within a reasonable time, shall be settled by mediation, if agreed to by both parties, or by arbitration conducted in accordance with the Construction Industry Arbitration Rules of the American Arbitration Association. Unless otherwise directed by District, Contractor shall proceed with the Work regardless of any dispute or claim.

ARTICLE 5 - PROTECTION OF PERSONS AND PROPERTY. Contractor shall take adequate precautions for the safety and protection of persons and property in the areas of the Work.

ARTICLE 6 - USE OF SITE AND CLEAN UP. Contractor shall confine its operations to areas permitted by the Contract Documents and keep the Project site clean and free from unreasonable accumulation of excess dirt, materials, or waste caused by Contractor.

ARTICLE 7 - INDEMNIFICATION BY CONTRACTOR. Contractor shall indemnify, defend, and hold District harmless from and against all losses resulting from liability for damages due to bodily injury, personal injury, and property damage caused by a negligent act, omission, or willful misconduct of Contractor or any of its Subcontractors, agents, or employees.

ARTICLE 8 - INSURANCE. Contractor shall furnish and maintain insurance in the coverage and amounts specified in the Supplementary Conditions. Contractor shall require all Subcontractors to maintain Worker's Compensation and Employer's Liability Insurance. Certificates for all required insurance shall be completed and submitted to District prior to District signing the Agreement.

ARTICLE 9 - CORRECTION OF DEFECTIVE WORK AND GUARANTEE TO REPAIR PERIOD.

"Defective Work" means any Work or portion thereof which is defective or otherwise does not conform to the requirements of the Contract Documents. "Guarantee to Repair Period" means a period of 1 year after the date of final completion of the Work or any longer period specified in the Contract Documents. Contractor shall, within (10) days after receipt of notice from District, (1) correct any Defective Work to District's satisfaction and (2) replace any other property which is damaged by the correction of Defective Work.

ARTICLE 10 - TERMINATION. District reserves the right to terminate this Contract for violation of any provisions herein or for performance of Work that remains uncorrected or unacceptable to District.

ARTICLE 11 - CONSTRUCTION BY DISTRICT OR SEPARATE CONTRACTORS. District may perform work on the Project site with District's own forces or with separate contractors.

ARTICLE 12 - STATUTORY REQUIREMENTS. Contractor shall perform the Work in accordance with laws, statutes, the most recent building codes, ordinances, rules, regulations, and lawful orders of all public authorities having jurisdiction over Contractor, District, or the Project, including, without limitation, the following:

1. Nondiscrimination. Contractor shall not willfully discriminate against any employee or applicant for employment because of race, color, religion, sex, age, ancestry, national origin, local custom, habit, sexual orientation, handicap, veteran's status, medical condition (as defined in Section 12926 of the State of California Government Code), marital status, or citizenship (within the limits imposed by law or District's policy). Contractor and all Subcontractors shall give written notice of their nondiscrimination obligations under the Contract Documents to all labor organizations with which they have a collective bargaining or other agreement.
2. Prevailing Wages. Contractor and all Subcontractors shall pay prevailing per diem wages and comply with all requirements of State of California Labor Code Section 1770, and the applicable sections that follow, including Section 1775.
3. Payroll Records. Contractor shall, and cause all Subcontractors to, keep accurate payroll records, and comply with all requirements of State of California Labor Code Section 1776. Payroll records must accompany each request for payment. If requested by the District, provide Certified Payroll Records.
4. Apprentices. Contractor shall, and cause all Subcontractors to, comply with all requirements of State of California Labor Code Sections 1777.5, 1777.6, and 1777.7 and State of California Code of Regulations, Title 8, Section 200, and the applicable sections that follow, regarding apprentices.
5. Work Day. Contractor shall not permit any worker to labor more than eight (8) hours during any one (1) day or more than 40 hours during any one (1) calendar week, except as permitted by law and in accordance with conditions provided by law. Contractor shall forfeit to District, as a penalty, twenty-five dollars (\$25.00) for each worker employed in the execution of the Work by Contractor or any Subcontractor, for each day during which each worker is required or permitted to work more than eight (8) hours in any one (1) day and 40 hours in any one (1) calendar week in violation of the provisions of any law of the State of California. Contractor and each Subcontractor shall keep, or cause to be kept, an accurate record showing the actual hours worked each day and each calendar week by each worker employed on the Project, which record shall be kept open at all reasonable hours to the inspection of District, its officers, and agents, and to the inspection of the appropriate enforcement agency of the State of California.

ARTICLE 13 - RIGHT TO AUDIT. District and entities designated by District shall have the right to inspect, copy, and audit all books and records of Contractor relating to the Work. Contractor shall preserve all such books and records for a period of at least seven (7) years after the date of final payment to Contractor.

ARTICLE 14 - MISCELLANEOUS

- 14.1 Disputes. Each dispute or claim of \$375,000 or less arising out of this Contract shall be resolved in accordance with Public Contract Code §20104 et seq. A dispute or claim exceeding \$375,000 shall be resolved by binding arbitration conducted under the auspices of the American Arbitration Association and its Construction Industry Arbitration Rules in effect at the time that a Demand for Arbitration is filed. Notwithstanding any claim or dispute arising out of this Contract or the Work, the Contractor shall continue to diligently perform the Work and prosecute the same to completion. The confirmation, enforcement, vacation or correction of an arbitration award rendered hereunder shall be the Superior Court of the State of California for the county in which the Site is situated (Monterey County).
- 14.2 Governing Law; Interpretation. This Contract shall be governed by the laws of the State of California. This Contract shall be interpreted as a whole and not in favor of the District or the Contractor.
- 14.3 Successor. This Contract shall be binding upon and inure to the benefit of the respective successors-in-interest of the District and the Contractor. The foregoing notwithstanding, the Contractor shall not assign this Contract, any right or obligation hereunder or any portion thereof.
- 14.4 Permits; Approvals. Unless otherwise expressly provided in the Contract Documents, the Contractor shall obtain and pay for all fees, permits or approvals necessary to complete the Work.
- 14.5 Days. Unless otherwise stated in the Contract Documents, all references to "days" shall be deemed references to calendar days.
- 14.6 Severability. If any term, condition, or provision of this Contract is deemed invalid, illegal or unenforceable by a Court of competent jurisdiction, such term, condition or provision shall be deemed severed here from, but all other terms, conditions and provisions hereof shall remain unaffected and in full force and effect.

ARTICLE 15 – ENTIRE AGREEMENT. This Contract and the Contract Documents constitute the entire agreement and understanding of the District and the Contractor concerning the subject matter hereof.

END OF SECTION

SUPPLEMENTAL CONDITIONS

1. 1. Application of Supplemental Conditions. These Supplemental Conditions apply to the Work commonly described as **THERMAL FLUID PLANT - 01.1250.3925**.
2. District Provided Drawings and Specifications. The District will provide the Contractor with one (1) set of the Drawings and Specifications without charge. The Contractor can obtain additional sets from the District at the cost of reproduction.
3. Penalties.

No Liquidated Damages will be assessed for this contract.
4. Contractor Insurance.

Minimum Requirements
 - A. Builders Risk Insurance: Owner will provide full coverage.
 - B. Seismic Coverage under Builders Risk Insurance: Owner will provide full coverage.
 - C. COMPREHENSIVE OR COMMERCIAL FORM GENERAL LIABILITY – covering bodily injury, personal injury, property damage, and contractual liability (if on “claims made” basis, coverage shall survive not less than 3 years after termination of contract).

Each Occurrence – combined single	\$1,000,000.00
Limit for bodily injury and property damage	
Products – Completed Operations Aggregate	\$1,000,000.00
Personal and Advertising Injury	\$1,000,000.00
General Aggregate – not applicable to Comprehensive Form	\$2,000,000.00
 - D. Business Automobile Liability \$1,000,000.00
Covering owned, hired, leased, and non-owned automobiles, and providing bodily injury and property damage coverage. Limits of liability shall be per occurrence, combined single limit.
 - E. Worker’s Compensation and Employer’s Liability – (as required by Federal and State of California law).
 - F. Subcontractor Insurance. Each Subcontractor shall obtain and maintain the insurance coverage specified in Paragraph 4, C above.
5. Mark-Up on Changes to the Work.
The mark-up for all overhead (home office and field office) general conditions costs and profit, shall not exceed the percentage of allowable direct actual costs for performance of the Change as set forth below. For the portion of any Change performed by a Subcontractor, the percentage mark-up shall be Ten percent (10%) of the allowable actual direct costs of the Change. In addition, for the portion of the Change performed by a Subcontractor, the Contractor may add a mark-up equal to Five percent (5%) of the allowable actual direct costs of the Change. For the portion of the Change performed by the Contractor’s own forces, the mark-up shall be Fifteen percent (15%) of the allowable actual direct costs of the Change. The mark-up for all overhead (home office and field office) general conditions costs and profit shall not exceed Fifteen percent (15%) of allowable direct actual costs for performance of the Change, regardless of the number of Subcontractors performing the Change.

6. Tests/Inspections. The Work shall be subject to tests/inspections as required by the Contract Documents. The Contractor shall be liable for excessive costs of tests/inspections the result from the Work not being ready for tests/inspections when requested, or failure to comply with the applicable test/inspection standards. The Work is subject to the jurisdiction of local and state jurisdictions and all Work shall be subject to inspection/observation by the District's Inspector retained under local and state regulations. The District's Inspector shall have access at all times to the Work, whether in place or in progress.
7. Rain Days. Not Applicable.
8. Permits, Fees and Approvals. Except as noted below, permits, fees and approvals necessary to complete the Work will be obtained and paid for by the District.
9. Contract Time: The Contract Time for achieving Substantial Completion of the Work is the number of days after the date for commencement of construction as set forth in the written Notice to Proceed issued by the District to the Contractor, as stated in the Agreement. If Substantial Completion of the Work is delayed by Excusable Delays, the Contract Time shall be subject to adjustment for such reasonable period of time as determined by the Owner's Agent; Excusable Delays shall not result in any increase in the Contract Price. Excusable Delays refer to unforeseeable and unavoidable casualties or other unforeseen causes beyond the control, and without fault or neglect, of the Contractor, any Subcontractor, Material Supplier or other person directly or indirectly engaged by the Contractor in performance of any portion of the Work. Excusable Delays include unanticipated and unavoidable labor disputes, unusual and unanticipated delays in transportation of equipment, materials or Construction Equipment reasonably necessary for completion and proper execution of the Work, unanticipated unusually severe weather conditions or IOR directive to stop the Work. Neither the financial resources of the Contractor or any person or entity directly or indirectly engaged by the Contractor in performance of any portion of the Work shall be deemed conditions beyond the control of the Contractor.
10. Payment: District will pay to Contractor in Full, Net-45 days for submission of invoice.

District will record a Notice of Completion after all of the following:
 - a. District's Representative has made a final inspection and determined that the work is complete and in accordance with the contract documents.
 - b. Contractor has delivered to District all warranties and guarantees required by the contract documents or otherwise obtained by Contractor in connection with the work, all operating manuals for installed equipment, complete record documents, and all other submittals required under the contract documents.
 - c. Contractor has performed all other requirements of the contract documents.
11. Beneficial Occupancy: The District reserves the right, at its option and convenience, to occupy or otherwise make use of all or any part of the Work ("Beneficial Occupancy") prior to completion of the work and upon 10 days written notice to Contractor. Beneficial Occupancy shall be on the following conditions:
 - a. District will use its best efforts to prevent its Beneficial Occupancy from interfering with Contractor's completion of work.
 - b. Contractor shall not be required to repair damage caused by District in its Beneficial Occupancy.
 - c. District will pay utility costs for that part of the work it occupies, but there shall be no other added cost to District due to Beneficial Occupancy.
 - d. The Guarantee to Repair Periods, as defined in Article 9 of the General Conditions, will commence upon the first dates of actual occupancy or use of portions of the work actually occupied and equipment or systems fully utilized.
 - e. Contractor shall continue to maintain all insurance required under this Contract.

12. Infection Control Risk Assessment (ICRA). Before beginning the Work, Contractor shall perform an Infection Control Risk Assessment (ICRA) in conjunction with appropriate Owner personnel, which shall define the precautions that must be implemented by Contractor to protect patients, staff, physicians and visitors from infection. A copy of the ICRA shall be maintained as part of the Contract Documents and Contractor and its employees and subcontractors must comply with the infection control requirements laid out in the ICRA at all times during the Work. At all times during the Work, Contractor shall also comply with the District Rules for Contractors included in the Contract Documents.
13. Vendormate Compliance. Salinas Valley Health has implemented a vendor program that includes a series of strict policies aimed at better managing the rising complexity of regulatory compliance issues. The policies were developed with patient safety in mind and will enforce protocols for a more professional and consistent relationship with vendors. The Salinas Valley Health Vendor Program allows the District to maintain a repository of contact, financial, legal, and product information from our vendors, in addition to a platform for policy and documentation exchange. There is a nominal fee for vendor registration which is per company registration, not per representative. The fee ranges from \$25 to \$250 per year and the actual fee is determined by the District based on the vendor's risk profile. The annual fee is paid to SVH partner, Vendormate, Inc. and is used to purchase 3rd party data perform screening and credentialing, store compliance information and documentation, notify vendors of training, policy changes, and compliance regulations, and monitor and alert company status throughout the year. The District expects each of the construction personnel representatives who interact with the District to register and provide his/her representatives details. Only the first representative to register will be charged the fee. Vendor Registration: svmh.vendormate.com Vendormate question? Email svmh@vendormate.com for answers or issues.
14. Contractor acknowledgement of Asbestos Notification. Prior to mobilizing onsite, the Contractor shall meet with Owner's Designated Representative to review the hospital's protocol for safely working in the hospital buildings which have asbestos containing materials. All protocols regarding working in or around the said asbestos containing materials shall follow EPA, OSHA, MBUAPCD, and OSHPD policies and procedures. Policies and procedures are located at the construction office or facility engineering offices at 450 E Romie Lane, Salinas, CA 93901.

END OF SECTION

Board Paper: Finance Committee

Agenda Item: Consider Recommendation for Board of Directors to Award Ultrasound Equipment Capital Purchase contract to Canon Medical Systems and Award 4-year Service Agreement to Canon Medical Systems

Executive Sponsor: Clement Miller, Chief Operating Officer
John Kazel, Director Imaging Services

Date: August 15, 2025

Executive Summary

Salinas Valley Health's (SVH) Ultrasound Department currently operates six (6) ultrasound units sourced from five different vendors, each with varying platforms and functionality. This fragmented equipment base has resulted in inconsistent image quality, operational inefficiencies, and variation in clinical performance.

All six units have exceeded their original equipment manufacturers' (OEM) recommended service life, limiting reliability, service support, and the ability to provide patients with the highest standard of diagnostic imaging. To address these challenges, SVH Diagnostic Imaging is seeking approval to replace the existing ultrasound fleet with a standardized, state-of-the-art platform.

This strategic replacement will align SVH with industry best practices, support clinical excellence, and sustain high-quality, cost-effective care delivery for our patients and community.

Background/Situation/Rationale

The Salinas Valley Health (SVH) Ultrasound Department performs over 16,000 general, vascular, and interventional imaging exams annually across inpatient, outpatient, and emergency settings. The current fleet of six (6) ultrasound units averages more than eight years in age and spans five vendors, resulting in inconsistent image quality, variable system functionality across systems, and increased training and maintenance burdens.

In 2025, Diagnostic Imaging conducted a comprehensive vendor evaluation of Canon, GE, Philips, and Samsung. Based on performance, image quality, and clinical functionality, Canon was selected as the vendor of choice. SVH Diagnostic Imaging requests capital funding of \$672,536 (including tax) to replace all six units with standardized Canon ultrasound systems.

Meeting our Mission, Vision, Goals

Strategic Plan Alignment:

Ultrasound services in SVH Diagnostic Imaging are necessary tools to support our physicians diagnose and treat inpatient, emergency patient, and our ambulatory patient populations.

Pillar/Goal Alignment:

Service ☒ People ☐ Quality ☒ Finance ☐ Growth ☐ Community

Key Contract Terms	Vendor: Canon
1. Proposed effective date	September 1, 2025
2. Term of agreement	Capital Purchase with 4-year extended warranty
3. Renewal terms	N/A
4. Termination provision(s)	N/A
5. Payment Terms	Ultrasound Unit(s) (6) cost including tax – \$672,536.00 4-year Service Agreement - \$194,400.00
6. Annual cost	Service Agreement - \$48,600.00
7. Cost over life of agreement	Maximum of \$866,936.00
8. Budgeted (indicate y/n)	Yes

Recommendation

Consider recommendation for Board of Directors to (i) award ultrasound equipment capital purchase contract to Canon Medical Systems in the amount of \$672,536.00, and (ii) award 4-year service agreement to Canon Medical Systems in the amount of \$194,400.00 for a total amount of \$866,936.00.

Attachments

- (1) Canon Medical Systems Ultrasound Equipment Quote
- (2) Canon Medical Systems Ultrasound Equipment Service Agreement Quote



CANON MEDICAL SYSTEMS USA, INC.

Made For life

PROPOSAL

DATE: 5/16/2025
PROPOSAL #: 25-05-005574

PRESENTED TO:

SALINAS VALLEY HEALTH MEDICAL CENTER
450 E ROMIE LN
SALINAS, CA. 93901

SPECIAL INFORMATION & TERMS

- If this proposal is not accepted by August 29, 2025, Canon Medical Systems USA, Inc. reserves the right to cancel this proposal.

This proposal shall remain valid until August 29, 2025.

All prices are F.O.B. destination.
Payment terms are: 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.

This proposal will be subject to and governed by the Agreement for Ultrasound equipment products between Vizient Supply, LLC and Canon Medical Systems USA, Inc., reference contract no. XR0913, effective October 1, 2022.

Please send signed proposal to Canon Medical Systems USA, Inc. by email OrderAdmin@us.medical.canon or fax 714-441-9320.

ACCEPTED AGREED AND ORDERED:

_____ PURCHASER'S SIGNATURE/TITLE	_____ DATE	_____ CANON MEDICAL SYSTEMS REP	_____ DATE
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All information contained in this proposal is confidential and may not be disclosed to any third party without Canon Medical Systems' prior written consent.



CANON MEDICAL SYSTEMS USA, INC.

Made For life

PROPOSAL SUMMARY:

SID #	REF #	PRODUCT	QTY	AMOUNT
30113691	188728-5	APLIO-ISERIES-I700.000 APLIO I700 ULTRASOUND SYSTEM	1	
		TOTAL SYSTEM PRICE		\$107,100.00
30113692	188729-5	APLIO-ISERIES-I700.000 APLIO I700 ULTRASOUND SYSTEM	1	
		TOTAL SYSTEM PRICE		\$107,100.00
30113693	188730-5	APLIO-ISERIES-I700.000 APLIO I700 ULTRASOUND SYSTEM	1	
		TOTAL SYSTEM PRICE		\$101,844.00
30113694	188731-5	APLIO-ISERIES-I700.000 APLIO I700 ULTRASOUND SYSTEM	1	
		TOTAL SYSTEM PRICE		\$101,844.00
30113695	188732-5	APLIO-ISERIES-I700.000 APLIO I700 ULTRASOUND SYSTEM	1	
		TOTAL SYSTEM PRICE		\$101,844.00
30113696	188733-5	APLIO-ISERIES-I700.000 APLIO I700 ULTRASOUND SYSTEM	1	
		TOTAL SYSTEM PRICE		\$95,580.00
TOTAL PROPOSAL PRICE				\$615,312.00
Applicable Sales Tax Additional				



CANON MEDICAL SYSTEMS USA, INC.

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EQUIPMENT SUMMARY FOR APLIO-ISERIES-I700.000

APLIO-ISERIES-I700.000	1	APLIO I700 ULTRASOUND SYSTEM
<u>PART NUMBER</u>	<u>QTY</u>	<u>DESCRIPTION</u>
APLIO-I700-V7.100	1	APLIO I700 PRISM ULTRASOUND SYSTEM
	1	APLIO I700 ULTRASOUND IMAGING SYSTEM
	1	PROTOCOL ASSISTANT
	1	GEL WARMER
UL-INTERNALWIFI	1	INTERNAL WIRELESS LAN (FIPS 140-2 COMPLIANT)
	1	STANDARD APPLICATIONS TRAINING
PLI-1205BX/FS	1	LINEAR ARRAY TRANSDUCER (I18LX5)
PLI-705BX/FS	1	MULTI FREQUENCY LINEAR ARRAY TRANSDUCER (I11LX3)
PVI-475BX/FS	1	CONVEX ARRAY TRANSDUCER (I8CX1)
PVI-574BX/FS	1	CONVEX ARRAY TRANSDUCER (I10CX1) (SP)
ENDO-AI700/4.100	1	EV/ER TRANSDUCER HOLDER KIT
	1	EV/ER TRANSDUCER HOLDER
PVT-781VTE/FS	1	MULTI-FREQUENCY ENDOCAVITARY TRANSDUCER (I1C3)
USPV-AI900A/EL	1	PANORAMIC VIEW
UA-LIVERPACKAGE/I700.100	1	LIVER PACKAGE
	1	SHEAR WAVE ELASTOGRAPHY (SWE)
	1	ATTENUATION IMAGING



CANON MEDICAL SYSTEMS USA, INC.

Made For life

EQUIPMENT SUMMARY FOR APLIO-ISERIES-I700.000

APLIO-ISERIES-I700.000	1	APLIO I700 ULTRASOUND SYSTEM
<u>PART NUMBER</u>	<u>QTY</u>	<u>DESCRIPTION</u>
APLIO-I700-V7.100	1	APLIO I700 PRISM ULTRASOUND SYSTEM
	1	APLIO I700 ULTRASOUND IMAGING SYSTEM
	1	PROTOCOL ASSISTANT
	1	GEL WARMER
UL-INTERNALWIFI	1	INTERNAL WIRELESS LAN (FIPS 140-2 COMPLIANT)
	1	STANDARD APPLICATIONS TRAINING
PLI-1205BX/FS	1	LINEAR ARRAY TRANSDUCER (I18LX5)
PLI-705BX/FS	1	MULTI FREQUENCY LINEAR ARRAY TRANSDUCER (I11LX3)
PVI-475BX/FS	1	CONVEX ARRAY TRANSDUCER (I8CX1)
PVI-574BX/FS	1	CONVEX ARRAY TRANSDUCER (I10CX1) (SP)
ENDO-AI700/4.100	1	EV/ER TRANSDUCER HOLDER KIT
	1	EV/ER TRANSDUCER HOLDER
PVT-781VTE/FS	1	MULTI-FREQUENCY ENDOCAVITARY TRANSDUCER (I1C3)
USPV-AI900A/EL	1	PANORAMIC VIEW
UA-LIVERPACKAGE/I700.100	1	LIVER PACKAGE
	1	SHEAR WAVE ELASTOGRAPHY (SWE)
	1	ATTENUATION IMAGING

EQUIPMENT SUMMARY FOR APLIO-ISERIES-I700.000

APLIO-ISERIES-I700.000	1	APLIO I700 ULTRASOUND SYSTEM
<u>PART NUMBER</u>	<u>QTY</u>	<u>DESCRIPTION</u>
APLIO-I700-V7.100	1	APLIO I700 PRISM ULTRASOUND SYSTEM
	1	APLIO I700 ULTRASOUND IMAGING SYSTEM
	1	PROTOCOL ASSISTANT
	1	GEL WARMER
UL-INTERNALWIFI	1	INTERNAL WIRELESS LAN (FIPS 140-2 COMPLIANT)
	1	STANDARD APPLICATIONS TRAINING
PVT-712BT	1	MULTI-FREQUENCY MICRO CONVEX TRANSDUCER NEONATAL HEAD (11MC4)
PLT-1202BT/FS	1	MULTI-FREQUENCY LINEAR TRANSDUCER HOCKEY STICK (17LH7)
PLI-1205BX/FS	1	LINEAR ARRAY TRANSDUCER (I18LX5)
PLI-705BX/FS	1	MULTI FREQUENCY LINEAR ARRAY TRANSDUCER (I11LX3)
PVI-475BX/FS	1	CONVEX ARRAY TRANSDUCER (I8CX1)
PVI-574BX/FS	1	CONVEX ARRAY TRANSDUCER (I10CX1) (SP)
ENDO-AI700/4.100	1	EV/ER TRANSDUCER HOLDER KIT
	1	EV/ER TRANSDUCER HOLDER
PVT-781VTE/FS	1	MULTI-FREQUENCY ENDOCAVITARY TRANSDUCER (11C3)
USPV-AI900A/EL	1	PANORAMIC VIEW



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EQUIPMENT SUMMARY FOR APLIO-ISERIES-I700.000

APLIO-ISERIES-I700.000	1	APLIO I700 ULTRASOUND SYSTEM
<u>PART NUMBER</u>	<u>QTY</u>	<u>DESCRIPTION</u>
APLIO-I700-V7.100	1	APLIO I700 PRISM ULTRASOUND SYSTEM
	1	APLIO I700 ULTRASOUND IMAGING SYSTEM
	1	PROTOCOL ASSISTANT
	1	GEL WARMER
UL-INTERNALWIFI	1	INTERNAL WIRELESS LAN (FIPS 140-2 COMPLIANT)
	1	STANDARD APPLICATIONS TRAINING
PVT-712BT	1	MULTI-FREQUENCY MICRO CONVEX TRANSDUCER NEONATAL HEAD (11MC4)
PLT-1202BT/FS	1	MULTI-FREQUENCY LINEAR TRANSDUCER HOCKEY STICK (17LH7)
PLI-1205BX/FS	1	LINEAR ARRAY TRANSDUCER (I18LX5)
PLI-705BX/FS	1	MULTI FREQUENCY LINEAR ARRAY TRANSDUCER (I11LX3)
PVI-475BX/FS	1	CONVEX ARRAY TRANSDUCER (I8CX1)
PVI-574BX/FS	1	CONVEX ARRAY TRANSDUCER (I10CX1) (SP)
ENDO-AI700/4.100	1	EV/ER TRANSDUCER HOLDER KIT
	1	EV/ER TRANSDUCER HOLDER
PVT-781VTE/FS	1	MULTI-FREQUENCY ENDOCAVITARY TRANSDUCER (11C3)
USPV-AI900A/EL	1	PANORAMIC VIEW



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EQUIPMENT SUMMARY FOR APLIO-ISERIES-I700.000

APLIO-ISERIES-I700.000	1	APLIO I700 ULTRASOUND SYSTEM
<u>PART NUMBER</u>	<u>QTY</u>	<u>DESCRIPTION</u>
APLIO-I700-V7.100	1	APLIO I700 PRISM ULTRASOUND SYSTEM
	1	APLIO I700 ULTRASOUND IMAGING SYSTEM
	1	PROTOCOL ASSISTANT
	1	GEL WARMER
UL-INTERNALWIFI	1	INTERNAL WIRELESS LAN (FIPS 140-2 COMPLIANT)
	1	STANDARD APPLICATIONS TRAINING
PVT-712BT	1	MULTI-FREQUENCY MICRO CONVEX TRANSDUCER NEONATAL HEAD (11MC4)
PLT-1202BT/FS	1	MULTI-FREQUENCY LINEAR TRANSDUCER HOCKEY STICK (17LH7)
PLI-1205BX/FS	1	LINEAR ARRAY TRANSDUCER (I18LX5)
PLI-705BX/FS	1	MULTI FREQUENCY LINEAR ARRAY TRANSDUCER (I11LX3)
PVI-475BX/FS	1	CONVEX ARRAY TRANSDUCER (I8CX1)
PVI-574BX/FS	1	CONVEX ARRAY TRANSDUCER (I10CX1) (SP)
ENDO-AI700/4.100	1	EV/ER TRANSDUCER HOLDER KIT
	1	EV/ER TRANSDUCER HOLDER
PVT-781VTE/FS	1	MULTI-FREQUENCY ENDOCAVITARY TRANSDUCER (11C3)
USPV-AI900A/EL	1	PANORAMIC VIEW



CANON MEDICAL SYSTEMS USA, INC.

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EQUIPMENT SUMMARY FOR APLIO-ISERIES-I700.000

APLIO-ISERIES-I700.000	1	APLIO I700 ULTRASOUND SYSTEM
<u>PART NUMBER</u>	<u>QTY</u>	<u>DESCRIPTION</u>
APLIO-I700-V7.100	1	APLIO I700 PRISM ULTRASOUND SYSTEM
	1	APLIO I700 ULTRASOUND IMAGING SYSTEM
	1	PROTOCOL ASSISTANT
	1	GEL WARMER
UL-INTERNALWIFI	1	INTERNAL WIRELESS LAN (FIPS 140-2 COMPLIANT)
	1	STANDARD APPLICATIONS TRAINING
PLI-1205BX/FS	1	LINEAR ARRAY TRANSDUCER (I18LX5)
PLI-705BX/FS	1	MULTI FREQUENCY LINEAR ARRAY TRANSDUCER (I11LX3)
PVI-475BX/FS	1	CONVEX ARRAY TRANSDUCER (I8CX1)
PVI-574BX/FS	1	CONVEX ARRAY TRANSDUCER (I10CX1) (SP)
ENDO-AI700/4.100	1	EV/ER TRANSDUCER HOLDER KIT
	1	EV/ER TRANSDUCER HOLDER
PVT-781VTE/FS	1	MULTI-FREQUENCY ENDOCAVITARY TRANSDUCER (I1C3)
USPV-AI900A/EL	1	PANORAMIC VIEW



CANON MEDICAL SYSTEMS USA, INC.

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FINANCE OPTIONS:

Finance options are available through Canon Medical Finance USA, a program of Canon Medical Systems USA, Inc.

CANON MEDICAL FINANCE USA OFFERINGS:

- Fair Market Value, \$1.00 Buy Out (Lease to Own), and Loan structures
- Finance terms ranging from 12 months to 84 months
- Financing for 3rd party assets (including, but not limited to leasehold improvements & I.T.)

CANON MEDICAL FINANCE USA BENEFITS:

- No progress payments. Payments begin after delivery and installation
- Upgrades to the current technology platform can be financed.
- Flexible finance structures, such as deferred payments, tiered repayments, and bridge financing, to meet cash flow needs

Finance options are subject to credit underwriting, approval, and a fully executed contract.

For more information, please contact Trish Malone, Sr. Dir. Financial Programs at:

tmalone@us.medical.canon or visit us at <https://us.medical.canon/service-and-support/financial-programs/>

COMPONENT SUMMARY FOR APLIO-ISERIES-I700.000:

<u>PART NUMBER</u>	<u>QTY</u>	<u>DESCRIPTION</u>
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APLIO-I700-V7.100	6	APLIO I700 PRISM ULTRASOUND SYSTEM
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Part of Canon Medical Systems' ultra-premium i-Series, the Aplio™ i700 PRISM Edition ultrasound system provides a wide range of clinical capabilities, making it a comprehensive solution for a wide range of clinical targets with consistent, robust performance. Powerful iBeam+ imaging technology and intelligent AI-enabled applications and workflows allow the user to gain even more confident clinical insights through consistent and efficient performance. The improved bandwidth and processing power of the iBeam+ beamformer results in images with better penetration and detail resolution, so you can see more.

Aplio i-series Prism Edition's design can help Sonographers scan more comfortably and boost productivity in daily routine as well as more complex cases. Aplio's system console is fully adjustable for seated or standing use and easily accommodates a variety of users. The rotating user interface allows alignment of elbow, wrist & trackball in an ergonomically sound and patient-engaging position. The system continues and extends Canon Medical Systems' industry-first imaging and visualization capabilities and delivers exceptional image quality with sophisticated ergonomics that elevate efficiency to higher levels.

STANDARD COMPONENTS

- Aplio i700 Ultrasound Imaging System with iBeam+ beamformer technology, is up to 4 times faster than non Prism version's hardware to provide sharper images with better penetration and thus optimal, more robust results for higher clinical confidence.
- High definition 23" LCD monitor with articulated arm and handle
- 12.1" Programmable, touch-command screen with 3-section design allowing easy and intuitive access to all controls via a simple swipe
- Electric Lift for easy up/down of the control panel
- Protocol Assistant for an automatic execution of user-programmable imaging sequences, including measurements and labelling
- 4D hardware. Permits select standard transducers to be used for freehand 3D, giving access to volume imaging without the need to purchase further software or hardware, and allowing visualization of areas of interest without the need for mechanical 4D transducers.
- Four active transducer ports for convenient transducer access
- Six transducer holders
- Windows 10, maintaining up-to-date cyber security
- DICOM
- OBR (On-Board Reporting) for OB
- Built-in DVD/CD drive with writer
- Up to 5 USB Ports (including USB 3.0)

- Raw data capabilities. Multiple parameters can be adjusted (including common modes like 2D and Color) as well as annotations and measurements. This may be done at any time, both during the exam for immediate correction, as well as in the days after the patient has left.
- Large capacity Cine Memory
- Scan depth of up to 50 cm (transducer dependent). The depth of 50 cm is industry-leading and allows penetration for large patients
- Dynamic Micro Slice – enables optional iDMS transducers to be used. These are often '2-in-1' transducers, covering the frequency bandwidth of 2 standard transducers which can help reduce examination time, as well as reduce costs
- Multiplexing kit – enables optional Quad View for CHI, Quad View for SWE, Shadow Glass, Smart Sensor 3D, Multi-reflection Canceller and iDMS. The sophisticated architecture in the Multiplexing kit helps drive the high speed processing of the very large data volumes provided using the i700. It also allows for multiple display options, such as providing 4-in-1 screens for viewing several imaging views at a single glance
- Software STC for depth as well as lateral gain adjustment. The ability to have lateral gain as well as the more common depth gain allows individual adjustment in areas that may be difficult to assess due to variations in attenuation across the image.
- Security Management Kit. In this age of ever increasing security risks, this may be used to provide various options for authentication of users, auditing, and allowing automatic de-identification of images. The antivirus software permits only registered executable files to be executed, preventing execution of malware. No Canon Ultrasound systems have been hacked in any of the recent cybersecurity breaches while protected under Canon's cybersecurity practices.
- Internal wireless communication, which is FIPS 140-2 certified ensuring the highest level of encryption using WPA2 Enterprise
- Gel Warmer

STANDARD IMAGING FEATURES

- ApliPure+™ - enhances the display of boundaries between tissues and reduces speckle noise and acoustic shadows, when used in conjunction with iBeam+, ApliPure+ improves B-mode imaging frame rates by up to 187% (>2.5X).
- Advanced Dynamic Flow™ (ADF) - enables blood flow imaging with detailed visualization and high frame rate
- Full Focus with iBeam+ function enables clear, uniform images from near and to far field without the need for focus adjustments. With fewer application steps and greater uniformity, this can be particularly useful to help shorten exam times.
- Auto-Intima Media Thickness (A-IMT)
- Biopsy Enhance Auto Mode (BEAM) – enhances visualization of the needle during linear transducer biopsies

- Differential Tissue Harmonic Imaging (D-THI) – simultaneously transmits two frequencies for better spatial resolution and penetration
- Precision Imaging - assists in reducing noise and speckle in the image and increases the visibility of tissue
- Tissue Doppler Imaging (TDI)
- Trapezoid Imaging
- Ultra Wide View - Canon's unique technology of Ultra Wide View enables the user to image more anatomy in one view, providing more information and perspective in a single image, while still maintaining high image quality.
- Tissue Specific Optimization (TSO) – adjusts for differing speeds of sound from tissue of various acoustic characteristics especially in breast imaging
- Quick Scan – automatic, real-time, adjustment of gain and TGC in 2D and spectral Doppler
- Smart 3D – Internal hardware to enable Smart 3D external hardware and additional software
- Vascularity Index – Displays multiple parameters for a Power/SMI image such as number of pixels, and the ratio in the Power/ SMI image and within the ROI
- Superb Micro-vascular Imaging (SMI) –Enhances the visualization of slow and microvascular flow (at high resolution and in both monochrome 'subtraction' and various color map displays) for assessment of all vascularity, but especially very fine vessels or in cases with very slow flow, that are not usually seen with color Doppler
- SMI G4 - expands the range of visible blood flow to visualize ultra-low to high speed blood flow with reduced clutter, reduced flash artifact, less noise and high sensitivity.
- Tissue Harmonic Imaging (THI)

Connectivity

Extensive communication and data management capabilities enable seamless integration into hospital and research environments including the following DICOM functions:

- DICOM data type
 - US Image (still image)
 - US Multi Frame (dynamic image)
 - SC Image (storage in a separate file)
 - Enhanced US Volume (Volume data image)
 - Structured Report (measurement result information)
- Server connection
 - Storage (Server/Media)
 - MWM (Modality Worklist Management)
 - MPPS (Modality Performed Procedure Step)
- Storage function
 - Storage Commitment
 - Query/retrieve

- Standard conformity check function
 - Verification (export/import)
- Print function
 - DICOM Print

Cybersecurity

- Windows 10 OS with Microsoft support for patches/updates
- Windows firewall configuration
- Password authentication for users, auditors, administrators and service access
- McAfee® Solidifier, a whitelist antivirus software for endpoint protection
- Follows NIST 800:37 Risk Management Framework (RMF)

Optional features at additional cost:

- ApliGate kit – collaboration tool that allows users to share images from the ultrasound system to a connected personal computer. Images transmitted using ApliGate can be de-identified according to HIPAA guidelines to remove protected health information (PHI).

APPLICATIONS SUPPORT

Developed with customer input, Canon Medical Systems' innovative support programs have resulted in increased customer satisfaction. These include the following:

Technical Assistance

Customer support specialists are available 24/7 to help resolve technical issues in real time. Application support specialists are also available to assist staff with protocol and image-quality issues.

Local Customer Teams

A single call mobilizes a local team of Canon Medical Systems customer engineers. With an average of 10 years of Canon Medical Systems experience and 105 hours of specialized training per team member, they can resolve almost any performance issue.

Parts Support

A complete inventory of product parts is ready for shipment when and where they are needed, any time of day or night.

6 APLIO I700 ULTRASOUND IMAGING SYSTEM

6 PROTOCOL ASSISTANT

A sequence of operations is registered, and each operation is executed by single switch operation. Enables automated workflow when performing complex ultrasound exams. Featuring one-click operation, Protocol Assistant helps increase consistency and maintain standards from start-to-finish and patient-to-patient.

6 GEL WARMER

UL-INTERNALWIFI 6 INTERNAL WIRELESS LAN (FIPS 140-2 COMPLIANT)

Internal Wireless Lan (FIPS 140-2 Compliant)

Intel chipset with Wi-Fi 6 certification

Dual band 2.4Ghz/5Ghz

FIPS 140-2 & FISMA security compliance

2x2 MU-MIMO technology

WPA, WPA2 & WPA3 - Wi-Fi Protected Access Standard security protocol

6 STANDARD APPLICATIONS TRAINING

Training

Included with the purchase of Aplio is training conducted by Canon Medical Systems applications specialists registered with the American Registry of Diagnostic Medical Sonographers (ARDMS).

Training includes:

- Two days of on-site applications training
- One day of on-site follow-up applications training
- Free access to www.healthysonographer.com website for the latest information on how to optimize your scanning environment and minimize your risk of WRMSDs, particularly using Canon systems (the Healthy Sonographer Platform™).
- Optional on-site HealthySonographer Certification program (additional cost)

The training is offered to the Customer at no charge, providing that it is completed no later than one (1) year after the warranty start date.

Additional On-Site Training

Available for purchase.

PLI-1205BX/FS

6 LINEAR ARRAY TRANSDUCER (I18LX5)

Model: PLI-1205BX

Imaging Frequencies: 4.0 – 18.0MHz

Footprint/Curvature: Approx. 46mm

Use: Small parts, MSK, peripheral vascular

Biopsy kit/adapter: 680-139, 680-138, 610-608, 680-149, 680-148, 610-1500, 680-132, 680-133, 610-1017, 610-1018, 610-1019

Reusable biopsy adapter: N/A

Fusion adapter: UAFS-008A

Prerequisite: Aplio i-series V1.0 or later (i700, i800, i900)

PLI-705BX/FS

6 MULTI FREQUENCY LINEAR ARRAY TRANSDUCER (I11LX3)

Model: PLI-705BX

Imaging Frequencies: 3.5 – 8.5MHz

Footprint/Curvature: Approx. 46mm

Use: Peripheral vascular, Small parts, MSK

Biopsy kit/adapter: 680-150, 680-151, 610-1500

Reusable biopsy adapter: N/A

Fusion adapter: UAFS-008A

Prerequisite: Aplio i-series V2.0 or later (i700, i800, i900)

PVI-475BX/FS

6 CONVEX ARRAY TRANSDUCER (I8CX1)

Model: PVI-475BX

Imaging Frequencies: 1.8 – 6.2MHz

Footprint/Curvature: Approx. 50mm

Field of View: Approx. 70 degrees

Use: Abdominal, fetal, pediatric

Biopsy kit/adapter: 680-143, 680-142, 610-608, 680-153, 680-152, 610-1500

Reusable biopsy adapter: N/A

Fusion adapter: UAFS-007A (included with UIFR-AI900A)

Prerequisite: Aplio i-series V1.0 or later (i700, i800, i900)

PVI-574BX/FS

6 CONVEX ARRAY TRANSDUCER (I10CX1) (SP)

Model: PVI-574BX

Imaging Frequencies: 2.0 – 7.6 MHz

Footprint/Curvature: Approx. 40mm

Field of View: Approx. 70 degrees

Use: Abdominal, fetal, pediatric

Biopsy kit/adapter: 680-166, 680-167, 610-1500

Reusable biopsy adapter: N/A

Fusion adapter: N/A

Prerequisite:

Aplio i-series V3.1 or later (i700, i800, i900)

ENDO-AI700/4.100 6 EV/ER TRANSDUCER HOLDER KIT

6 EV/ER TRANSDUCER HOLDER

EV/ER Transducer Holder for Aplio iSeries. Adds a dedicated holder for endocavitary transducers.

PVT-781VTE/FS 6 MULTI-FREQUENCY ENDOCAVITARY TRANSDUCER (11C3)

Model: PVT-781VTE

Imaging Frequencies:

- i-series: 3.6 – 10.5 MHz
- Aplio 300/500: 3.0 – 11.0 MHz

Footprint/Curvature: Approx. 10mm

Field of View: Approx. 180 degrees

Use: Transvaginal uterus, ovary

Biopsy kit/adapter: 680-121

Reusable biopsy adapter: UAGV-035A

Fusion adapter: UAFS-006A

Prerequisite:

Aplio i-series V1.0 or later (i700, i800, i900), i600 V2.0 or later

Aplio 300/500 V6.0 or later

USPV-AI900A/EL 6 PANORAMIC VIEW

B/W images can be obtained with a wider field of view by moving the transducer in the lateral direction.

UA-
LIVERPACKAGE/I7
00.100 2 LIVER PACKAGE

2 SHEAR WAVE ELASTOGRAPHY (SWE)

This kit allows tissue stiffness to be visualized by generating images that show shear wave propagation.

2 ATTENUATION IMAGING

This kit enables visualization of ultrasound frequency-dependent attenuation coefficient within tissue.

Prerequisite: Aplio iSeries i800, i900 V3.1 or later is required.

Prerequisite: Aplio iSeries i600, i700 V4 or later is required.

Prerequisite: Aplio aSeries a550 V2.0 or later is required.

PVT-712BT 3 MULTI-FREQUENCY MICRO CONVEX TRANSDUCER NEONATAL HEAD (11MC4)

Model: PVT-712BT

Imaging Frequencies:

- i-series: 4.3 – 11.0 MHz
- Aplio 300/500: 3.3 – 11.0 MHz

Footprint/Curvature: Approx. 15mm

Field of View: Approx. 100 degrees

Use: Neonatal head, abdominal, pediatric

Biopsy kit/adaptor: 680-127, 680-126, 610-608

Reusable biopsy adapter: N/A

Fusion adapter: N/A

Prerequisite:

Aplio i-series V1.0 or later (i700, i800, i900), i600

Aplio 300/500 V2.02 or later

PLT-1202BT/FS 3 MULTI-FREQUENCY LINEAR TRANSDUCER HOCKEY STICK (17LH7)

Model: PLT-1202BT

Imaging Frequencies:

- Aplio i-series: 4.5 – 17.0 MHz
- Aplio 300/500: 6.1 – 17.0 MHz

Footprint/Curvature: Approx. 25.6mm

Use: Small parts (superficial), MSK, intraoperative

Biopsy kit/adaptor: N/A

Reusable biopsy adapter: N/A

Fusion adapter: UAFS-010A

Prerequisite:

Aplio i-series V2.0 or later (i700, i800, i900), i600 V2.0 or later

Aplio 300/500 V7.0 or later

PRODUCT WARRANTY AND SERVICE COVERAGE

SYSTEM WARRANTY TERMS

Canon Medical Systems warrants that the Equipment will be free from defects in material and workmanship, for the duration and subject to the terms and conditions stated below. Any part furnished to Customer during the warranty period (stated in the table below) to correct a warranty failure will be warranted to the extent of the unexpired term of the warranty applicable to the Equipment.

The warranty period will commence on the date the installation of the product is complete. Notwithstanding the foregoing, in the event that the installation of the product is delayed for a total of thirty (30) days or more from the date of delivery for any reason or reasons for which Canon Medical Systems is not responsible, the warranty period for such product may, at Canon Medical Systems' option, commence on the thirtieth (30th) day from the date such product is delivered to Customer.

WARRANTY EXCLUSIONS

Warranty coverage does not include any defect which results, in whole or in part, from (1) negligent storage or handling of the product by Customer, its employees, agents, or contractors, (2) failure of Customer to prepare the site or provide power requirements or operating environmental conditions in compliance with any applicable instructions or recommendations of Canon Medical Systems, (3) absence of any product, component, or accessory recommended by Canon Medical Systems but omitted at Customer's direction, (4) any design, specification or instruction furnished by Customer, its employees, agents, or contractors, (5) any alteration of the product by persons other than Canon Medical Systems, (6) combining Canon Medical Systems' product with any product furnished by others that is not approved by Canon Medical Systems, (7) combining incompatible products of Canon Medical Systems, without Canon Medical Systems' prior approval, (8) improper use of the product, improper maintenance of the product by a party other than Canon Medical Systems, or failure to comply with any applicable instructions or recommendations of Canon Medical Systems, or (9) acts of God, fires, floods, strikes or other labor disturbances, or other causes beyond the reasonable control of Canon Medical Systems.

Canon Medical Systems does not warrant any products not manufactured by Canon Medical Systems such as, without limitation, monitors, and computer equipment. Such items will be furnished subject only to the manufacturer's warranty, if any, and without any warranty whatsoever by Canon Medical Systems.

Warranty coverage also excludes consumables, including but not limited to accessories, batteries, storage media, power units, and printer consumables.

REMEDIES

If Canon Medical Systems determines that any product fails to meet the above-mentioned warranty during the applicable warranty period, Canon Medical Systems will correct any such failure by either, at its option, repairing, adjusting, or replacing without charge to Customer any defective or nonconforming parts of the product. Canon Medical Systems will have the option to furnish either new or remanufactured replacement parts or assemblies. However, remanufactured parts will meet the manufacturer's specifications for new components as of the date of completion of installation. All defective parts replaced by Canon Medical Systems will become the property of Canon Medical Systems.

SOFTWARE UPDATES

Canon Medical Systems will furnish to Customer, free of charge for the life of the Equipment, all Canon Medical Systems software or hardware upgrades to the Equipment purchased by Customer, which are intended to correct a safety risk. Software updates offering enhancements to previously purchased software features will be provided during the term of the warranty, if they do not require hardware modifications or additions. Software upgrades providing new features or capabilities not originally purchased, will be made available for purchase by Customer upon request when compatible with the originally purchased hardware. Canon Medical Systems retains the sole right to determine whether a software release is considered an update or an upgrade for which Customer will be charged. The above items will be performed only during the Covered Hours stated in the warranty. Service required outside these hours will be billed at Canon Medical Systems' differential rates in effect at the time such items are provided to Customer.

WARRANTY SERVICE

Warranty service during the applicable warranty period will be performed without charge to Customer during Canon Medical Systems' normal business hours, Monday through Friday, excluding Canon Medical Systems holidays. Subject to the availability of personnel, after-hours service is available upon request at an additional charge.

Customer must promptly notify Canon Medical Systems within the applicable warranty period of any defect that is covered by the warranty, and make the Equipment promptly available for repair and maintenance.

DISCLAIMERS AND LIMITATIONS ON LIABILITY

Canon Medical Systems' obligations stated above will be Customer's sole and exclusive remedy for a breach of the warranty set forth above. SUCH WARRANTY WILL BE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

Canon Medical Systems does not warrant that the operation of the Equipment will be uninterrupted.

WARRANTIES BY PRODUCT LINE

ITEM TYPE	ULTRASOUND
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EQUIPMENT	12 Months
ACCESSORY OPTIONS	6 Months
REPLACEMENT & OPTIONAL PARTS*	90 Days
UPGRADE COMPONENTS	12 Months
TRANSDUCERS	12 Months

* The above 90-day period applies only to parts that are not furnished pursuant to a warranty repair for the Equipment. Any part furnished to Customer during the warranty period to correct a warranty failure will be warranted to the extent of the unexpired term of the warranty applicable to the System.

TERMS AND CONDITIONS OF SALE

1. **TITLE AND RISK OF LOSS.** Title and risk of loss to the Equipment purchased under this Agreement will pass to Customer: (a) if Canon Medical Systems is to provide installation, upon Canon Medical Systems' completion of installation, or (b) if Canon Medical Systems will not provide installation, upon delivery by Canon Medical Systems to Customer.

2. **TERMS OF PAYMENT.** Prices stated are F.O.B. Customer's facility. All taxes which are payable by Canon Medical Systems in connection with the sale, use, or possession of the Equipment (excluding income taxes), will be paid by Customer in addition to the proposal price. Terms of payment will be as stated in the first page of this Proposal. All invoices paid after due date will be assessed a late payment charge of the lesser of 1 1/2% per month or the maximum rate permitted by law.

3. **DELAYS.** If Customer changes the scheduled delivery date during the period of 120 days preceding the delivery date, Customer will nevertheless pay the installment of the purchase price which would have been payable upon delivery, on the Scheduled Delivery Date as if delivery had been made on such date. In addition, Customer will pay all extra costs incurred by Canon Medical Systems as a result of such delay, including, without limitation, storage and transportation. Storage fees will be charged at commercially comparable rates for storage on Canon Medical Systems' site. If delivery is delayed by 12 months or more from the Scheduled Delivery Date, except through the fault of Canon Medical Systems, the price set forth in this Agreement may be increased by Canon Medical Systems to a level equal to the prevailing price in effect at the time of the revised delivery date.

4. **EQUIPMENT INSTALLATION.** Canon Medical Systems will provide, at no additional cost, standard labor and rigging services to unload the Product from the transport vehicle and move to the final position. The shoring of floors, the widening of doorways, and other nonstandard rigging requirements will be negotiated between the Canon Medical Systems and Customer separately if it is determined they are required. Canon Medical Systems will install all Equipment purchased under this Agreement and connect them to existing power and/or plumbing lines at no additional charge to Customer. Customer will be responsible for electrical wiring, plumbing, carpentry, plastering, painting, or all other site preparation required prior to installation and connection of the Equipment by Canon Medical Systems. Customer will provide space at the installation site for the safe storage of Canon Medical Systems' tools, test equipment and other materials used for installation at no charge to Canon Medical Systems. Customer shall, at its cost, obtain all permits and licenses required by governmental authorities in connection with the installation and operation of the Equipment. Customer acknowledges that the System and Software are designed to operate within certain power, temperature, airborne contamination, and humidity ranges. Customer will be responsible for, without limitation: (i) preparing and maintaining the Customer facility in conformance with the Site Preparation Guide; (ii) maintaining its network infrastructure; (iii) providing Canon Medical Systems, access to a network connection in or near the area of the System being serviced by the equipment service staff; and (iv) supplying computer grade AC power. The Equipment relies upon a stable grounded connection to the main power grid in order to function effectively. Customer acknowledges that AC power supply quality may be a problem in old facilities or in those facilities receiving poor quality utility service and that power conditioning may be necessary in such cases.

5. **EQUIPMENT OPERATION.** Customer agrees that all Equipment purchased under this Agreement will be operated exclusively by duly qualified technicians and/or medical doctors in a safe and reasonable manner in accordance with Canon Medical Systems' written instructions, applicable laws and regulations, and for the purposes for which such Equipment was intended.

6. **LIMITED WARRANTY AND REMEDY.** A. For the warranty period described below by product, Canon Medical Systems, as its only obligation, will replace or repair, without charge to Customer during Canon Medical Systems' normal working hours (if Customer requests warranty service outside such hours, Customer will pay overtime premium for labor), any component of the Equipment that is defective in materials or workmanship, provided such defect is reported to Canon Medical Systems within the warranty period. Canon Medical Systems' warranty period is as follows: (a) Systems and Major Components - one year from date of completion of installation; (b) Accessories/Options (except glassware) - six months from date of completion of installation. Components not manufactured by Canon Medical Systems will be furnished subject only to the manufacturer's warranty, if any, and without any warranty whatsoever by Canon Medical Systems. During the warranty period, Canon Medical Systems will furnish free of charge any parts, including software required to correct any defect in the Equipment or as required under applicable laws.

B. Canon Medical Systems does not warrant that the operation of the Equipment of the System will be uninterrupted. All defective parts replaced by Canon Medical Systems will become the property of Canon Medical Systems. Replacement parts may be re-manufactured. However, such parts will meet the manufacturer's specifications for new components as of the date of completion of installation. CANON MEDICAL SYSTEMS' OBLIGATION TO REPAIR OR REPLACE DEFECTIVE PARTS OR SOFTWARE WILL BE CUSTOMER'S SOLE AND EXCLUSIVE REMEDY FOR A BREACH OF THE WARRANTY SET IN THIS AGREEMENT. SUCH WARRANTY WILL BE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. The warranty set forth in this Agreement will not apply to, and Canon Medical Systems will not be liable for any defects resulting from misuse, repairs performed by unauthorized third parties, accidents, acts of God, or neglect of anyone other than Canon Medical Systems.

7. LATEST HARDWARE AND SOFTWARE AT TIME OF DELIVERY. Canon Medical Systems agrees that the Equipment ordered by Customer will, at the time of delivery to Customer, contain, at no additional charge to Customer, the latest hardware and software manufactured by Canon Medical Systems for such Equipment that are commercially available in the United States and which are provided as part of Canon Medical Systems' standard configuration for such Equipment at the time of delivery. This commitment applies only to components and not an upgrade to the entire system. Furthermore, it is limited to hardware and software that (a) have been ordered by Customer, and not any optional or other items that were not ordered by Customer, and (b) are cleared by the FDA as of the date of delivery of the Equipment. This clause does not apply to Assure, Demonstration or Used Equipment.

8. LIMITATION OF LIABILITY. A. NEITHER CANON MEDICAL SYSTEMS NOR CUSTOMER WILL UNDER ANY CIRCUMSTANCES BE LIABLE FOR CONSEQUENTIAL, SPECIAL, INCIDENTAL, OR EXEMPLARY DAMAGES OR ECONOMIC LOSS ARISING OUT OF OR RELATED TO THE TRANSACTIONS CONTEMPLATED IN THIS AGREEMENT, EVEN IF EITHER PARTY IS APPRISED OF THE LIKELIHOOD OF SUCH DAMAGES OCCURRING.

B. IN NO EVENT WILL CANON MEDICAL SYSTEMS' LIABILITY TO THE CUSTOMER (WHETHER BASED ON AN ACTION OR CLAIM IN CONTRACT, TORT, INCLUDING NEGLIGENCE, STRICT LIABILITY, OR OTHERWISE) ARISING OUT OF OR RELATING TO THE TRANSACTIONS CONTEMPLATED IN THIS AGREEMENT EXCEED THE AGGREGATE AMOUNT ACTUALLY PAID BY CUSTOMER TO CANON MEDICAL SYSTEMS UNDER THIS AGREEMENT. THE LIMITATION OF LIABILITY SET FORTH ABOVE WILL NOT APPLY TO CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE CAUSED BY EQUIPMENT DEFECTS.

9. SECURITY INTEREST. Canon Medical Systems hereby reserves and Customer grants to Canon Medical Systems a security interest pursuant to the Uniform Commercial Code, in and to the Equipment (and all products and proceeds of it) until full payment of the purchase price is received. In the event that Customer finances its acquisition of the Equipment through a lease, conditional sale contract, secured loan agreement or other financing agreement (collectively, "Lease") with Canon Medical Systems, then the security interest in the Equipment (and all products and proceeds thereof) shall secure all obligations of Customer due and to become due under the Lease.

10. REMOVAL OF EQUIPMENT. Until Canon Medical Systems has received full payment of the purchase price, Customer will not remove all or any part of the Equipment from Customer's premises, nor will Customer sell, lease, transfer or otherwise part with the possession of, or permit any lien or encumbrance to be placed on all or any part of the Equipment.

11. TRADE-IN. If this proposal includes the trade-in of Customer's existing equipment and the removal date of the trade-in equipment is delayed due to no fault of Canon Medical Systems or if the trade-in equipment is damaged or its condition deteriorates from the date of this proposal through the date of removal, Canon Medical Systems reserves the right to increase the pricing of the new equipment in an amount equal to the reduction in the resale price of the trade-in equipment. Customer must convey free and clear title to the trade-in equipment. If there are any liens or encumbrances on the trade-in equipment, Canon Medical Systems cannot accept the trade-in. Canon reserves the right to adjust trade-in values for equipment not removed by the agreed upon date. The trade-in equipment shall include any associated parts or accessories, included but not be limited to: backup software, manuals, service dongles, positioning pads, straps, CD's, chillers, coils, transducers, UPS systems, and other ancillary items. The trade-in equipment needs to be maintained to OEM specifications up until the time of removal and is subject to inspection by Canon or a Canon designated third party. Equipment must be available for inspection at least 30 days prior to removal. Customer is responsible for a clear removal path to include removal of any walls or doorways, if necessary, as well as responsible for removal of all patient information from the system prior to the removal date. HARD DRIVES MUST BE INCLUDED, INTACT, FUNCTIONAL, AND IRREVERSABLY WIPE OF ALL DATA. For CT system trade-ins: if the CT tube is replaced prior to removal of the CT system, the tube must either be documented as a new tube or documented used tube and less than 100k scan seconds, 40 million mAs, or 100k slices each. For MR system trade-ins: MRI cryogen level must be at a minimum of 70% at the time of removal. Equipment found to be performing below OEM specifications will be subject to a reduced trade-in amount.

12. REMEDIES OF CANON MEDICAL SYSTEMS. If Customer fails to make any payment when due under this Agreement, or becomes insolvent or makes an assignment for the benefit of creditors, or if a petition in Bankruptcy is filed by or against Customer, or if the financial responsibility of Customer becomes impaired, or if Customer otherwise breaches any of the terms and conditions of this Agreement, then Canon Medical Systems may, without prior notice or demand, defer shipments, cancel the balance of the order, suspend performance of any obligation (including without limitation, all obligations set forth under Limited Warranty And Remedy above), and/or take immediate possession of the Equipment delivered, until the full purchase price of the Equipment is paid by Customer or, at Canon Medical Systems' discretion, until security satisfactory to Canon Medical Systems is given by Customer. Any costs incurred by Canon Medical Systems as a result of suspending performance or repossession or collection will be payable by Customer. Canon Medical Systems may sell repossessed Equipment with proceeds to be applied to unpaid balance and expenses incurred in sale, repossession and collection. Customer will pay any remaining deficiency. Canon Medical Systems may exercise any other rights available to it by law.

13. EXCUSED PERFORMANCES. Except for Customer's payment obligations hereunder, neither party will be liable to the other for non-performance or delay in performance resulting directly or indirectly from any occurrences beyond such party's control, including without limitation, strikes or other labor troubles, acts of God, war, accidents, fires, floods, other catastrophes, inclement weather, transportation, delays caused by suppliers, or laws, regulations, or acts of any governmental agency.

14. SOFTWARE. All rights and interest in any software that may be furnished under this Agreement, and any updates and enhancements to it, will remain the property of Canon Medical Systems. Such software is being furnished to Customer under a non-exclusive license. Customer will not, or allow others to decompile, modify, copy, reproduce, or transcribe the software nor allow third parties to use the same without Canon Medical Systems' prior written consent. In the event a third party's software is furnished to Customer, Customer may be required to execute a software license agreement as requested by such third party as a condition to delivery and/or purchase of the third party's product. Canon Medical Systems will furnish Customer with a copy of such license agreement for its review and execution. In the event Customer sells the Equipment to a third party, the purchaser thereof will have the same rights and obligations with respect to any Canon Medical Systems software as Customer. Customer will need to make its own determination whether it needs to obtain any consent from a third party for non-Canon Medical Systems software. Any Canon Medical Informatics, Inc. products proposal herein are conditioned on and subject to the Software License located: <https://us.medical.canon/download/CMJ-Capital-License-Agreement>. Any Dell, Inc. software, which may be imbedded in Canon products are conditioned and subject to the Software License located: https://i.dell.com/sites/csdocuments/Legal_Docs/en/us/reseller-terms-of-sale.pdf. Both the CMI and Dell licenses are incorporated herein by reference.

15. CANCELLATION. Customer may not cancel the order subject to this Agreement except with Canon Medical Systems' prior written consent. Canon Medical Systems will allow Customer to modify the product one time, as long as such request is approved by Canon Medical Systems in accordance with timeline below:

- a. CT: No later than 120 days before scheduled delivery date:
- b. MR: No later than 150 days before scheduled delivery date:
- c. VL: No later than 150 days before scheduled delivery date:
- d. XR (excluding Mobile XR): No later than 120 days before scheduled delivery date:

In the event of cancellation without Canon Medical Systems' written consent, Canon Medical Systems will be entitled to recover liquidated damages in an amount equal to twenty percent (20%) of the purchase price of the Equipment

16. ASSIGNMENT. Neither party may assign any of its obligations under this Agreement without the prior written consent of the other party. However, some of the obligations stated in this Agreement, such as the ones relating to installation of items not manufactured by Canon Medical Systems and the warranty thereof may be performed by Canon Medical Systems' contractors or suppliers.

17. EXPORT REGULATIONS. This Agreement involves products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by Customer, directly or indirectly, in contravention of such Regulations is prohibited.

18. ATTORNEY'S FEES . COSTS. In the event of any legal proceeding involving any party to this Agreement against the other relating to the subject matter of this Agreement, the prevailing party in such proceeding will be entitled to recover reasonable attorney's fees, expert fees, and court costs against the non-prevailing party

19. ACCEPTANCE BY CANON MEDICAL SYSTEMS. This Proposal will not be binding on Canon Medical Systems even if signed by a Canon Medical Systems' employee, until Customer's order for the Equipment is booked by Canon Medical Systems' Headquarter office.

20. END USER CERTIFICATION. Purchaser represents, warrants and covenants that it is acquiring the Products for its own end use and not for reselling, leasing or transferring to a third party (except for leaseback financing).

21. CONFIDENTIALITY. The parties agree that the use of the Equipment purchased and any associated output (including but not limited to binary data files) shall remain confidential between the parties and shall not be shared externally with any third party without the express written permission of Canon Medical Systems.

22. ENTIRE AGREEMENT. This proposal contains the entire agreement between the parties and supersedes all prior and contemporaneous agreements between the parties, whether oral or written, relating to its subject matter, including, without limitation, all different or additional terms and conditions which may be contained in Customer's bid documents, purchase order or any other documents furnished by Customer. The provisions of this Agreement may not be modified unless in writing and executed by both parties.



CANON MEDICAL SYSTEMS USA, INC.

Made For life

SERVICE AGREEMENT

DATE: 5/16/2025 SVC QT#:/SLS QT#: SEE PAGE TWO
SYSTEM: APLIO-ISERIES-I700.000-
UL

CUSTOMER LOCATION: (COMPLETE LEGAL NAME)

BILLING ADDRESS:

SALINAS VALLEY HEALTH MEDICAL CENTER
450 E ROMIE LN
SALINAS, CA 93901

Type: INTOUCH IN-HOUSE - XR0913 UL 2022 - VIZIENT

Length Of Contract: 48 Months, 0 Days

Start Date: TBD

End Date: TBD

Payments are made 30 days in advance as follows (Please choose one):

☐ **Monthly \$675.00**

☐ **Annually \$8,100.00**

Total Service Agreement Price: \$194,400.00

Canon Medical Systems will provide the following services for the equipment listed in Attachment "A", for the duration of this Agreement. All services will be provided in accordance with the attached Terms and Conditions of Service. Any changes to system configuration or services coverage noted in this agreement will require a revised quotation.

Coverage Hours: MONDAY THROUGH FRIDAY, 8:00 AM - 5:00 PM, EXCLUDING FEDERAL HOLIDAYS

Preventive Maintenance: BIOMED TO PERFORM ALL PMS

Response Time: BIOMED TO PERFORM 1ST CALL

Uptime Guarantee: N/A

Labor and Travel Charges: PREFERRED RATES FOR LABOR AND TRAVEL OUTSIDE OF COVERAGE HOURS.

Parts Replacement: PARTS WILL BE REPLACED WHEN DEEMED NECESSARY BY CANON MEDICAL SYSTEMS, EXCLUDING DISPOSABLES, ACCESSORIES, OPTIONS OR UPGRADES NOT LISTED IN THE TERMS AND CONDITIONS OF THIS AGREEMENT.

****Probe Pooling:** SEE PAGE TWO

InTouch Center: TECHNICAL AND APPLICATIONS SUPPORT ACCESSIBLE WITH ONE PHONE CALL TO OUR U.S. BASED 24/7 ASSIST CENTER (800) 421-1968.

Software Updates: FMI AND PERFORMANCE RELATED SOFTWARE UPDATES INCLUDED

This Service Agreement quotation is valid so long as it is signed by authorized representatives of Canon Medical Systems USA, Inc. and Customer prior to the Start Date noted above. If no Start Date is identified, then this Service Agreement quotation must be signed by authorized representatives of Canon Medical Systems USA, Inc. and Customer within sixty (60) days of the date of this quotation. Additional terms and conditions appear at the end of this quotation.

Please return signed quotation to: Erik Bennett /Contracts Admin c/o Canon Medical Systems USA, Inc.
Email: ServiceWestPacific@us.medical.canon

CUSTOMER ACCEPTANCE:

CANON MEDICAL SYSTEMS ACCEPTANCE:

PRINT NAME / TITLE

PRINT NAME / TITLE

PURCHASER'S SIGNATURE

DATE

SERVICE MANAGER

DATE



CANON MEDICAL SYSTEMS USA, INC.

Made For life

SERVICE AGREEMENT

DATE: 5/16/2025 SVC QT#:/SLS QT#: SEE PAGE TWO
SYSTEM: APLIO-ISERIES-I700.000-
UL

CUSTOMER LOCATION: (COMPLETE LEGAL NAME)

BILLING ADDRESS:

SALINAS VALLEY HEALTH MEDICAL CENTER
450 E ROMIE LN
SALINAS, CA 93901

Attachment A, Equipment List

This agreement includes coverage for the following items. All other options, including but not limited to lasers, injectors, sources, power conditioners (PCDUs, VRDUs, UPSs, etc.) and other non-Canon Medical Systems options, are not covered by this agreement. For additional options not listed, please contact your local Service Manager.

SYSTEM

APLIO-ISERIES-I700.000 (APLIO I700 ULTRASOUND SYSTEM) - QTY 6

SID	SALES QUOTE	SERVICE QUOTE
30113691	188728-5	631281-1
30113692	188729-5	631283-1
30113693	188730-5	631284-1
30113694	188731-5	631285-1
30113695	188732-5	631286-1
30113696	188733-5	631287-1

**PROBE POOLING

UP TO SIX (6) STANDARD OR SIX (6) SPECIALTY PROBES MAY BE REPLACED ANNUALLY BETWEEN THE ABOVE MENTIONED SIDS, AT NO CHARGE TO THE CUSTOMER PROVIDED REPLACEMENT IS NOT DUE TO CUSTOMER NEGLIGENCE. ADDITIONAL PROBES, INCLUDING SPECIALTY, PLATINUM, & PLATINUM PLUS PROBES WILL BE REPLACED AT A 40% DISCOUNT OFF LIST PRICE. UNUSED PROBE REPLACEMENTS ARE NOT CARRIED OVER TO THE FOLLOWING YEAR.

SHOULD THE CUSTOMER PURCHASE ADDITIONAL ELITE CONTRACTS FOR ADDITIONAL ULTRASOUND SYSTEMS, ONE (1) ANNUAL STANDARD OR SPECIALTY PROBE REPLACEMENT, PER SID ADDED, WILL BE ADDED TO THIS PROBE POOL.

SHOULD THE CUSTOMER CHOOSE TO REMOVE A SYSTEM FROM THIS PROBE POOL, ONE (1) ANNUAL STANDARD OR SPECIALTY PROBE REPLACEMENT, PER SID REMOVED, WILL BE DEDUCTED FROM THIS PROBE POOL.

ADDITIONAL COMMENTS

- 1) Bio-Med Engineer to perform 1st call
- 2) Customer must maintain a trained Engineer to service the covered equipment
- 3) Essentials Training requirement must be completed prior to activation
- 4) Tuition for one service engineer will be provided at NO CHARGE with the purchase of this Agreement. Tuition for Essentials retraining or for a 2nd or 3rd service engineer will be provided at \$9,000 per class. Tuition does not include airfare, lodging, meal expenses, etc.



CANON MEDICAL SYSTEMS USA, INC.

Made For life

SERVICE AGREEMENT

DATE: 5/16/2025 SVC QT#:/SLS QT#: SEE PAGE TWO
SYSTEM: APLIO-ISERIES-I700.000-
UL

CUSTOMER LOCATION: (COMPLETE LEGAL NAME)

BILLING ADDRESS:

SALINAS VALLEY HEALTH MEDICAL CENTER
450 E ROMIE LN
SALINAS, CA 93901

ADDITIONAL COMMENTS (cont.)

On the anniversary of the Effective Date of this Service Agreement the Customer may change to any of the current Service Agreement options offered by Canon at the time. To make this change, Canon requires the Customer to provide a written request ninety (90) days prior to the end of either a) the twelve (12) month system warranty; b) the anniversary of the Effective Date of the existing Service Agreement; or c) as a result of a change in Customer manpower for Inhouse or Partnership agreements.

A new, mutually agreed upon, Service Agreement will be provided and must have a term equal to, or greater than, the remaining term of the current signed Service Agreement and must be executed by both the customer and Canon Medical Systems to be in force and effect. Any subsequent system upgrades may result in an increase in contract pricing.

In cases where a customer is converting from a non-Full Service Agreement, an inspection must be completed by Canon and the system must be brought up to manufacturer's specification, at the prevailing time and material rates, at customer expense, prior to accepting the system back under a Full Service or In House Agreement. Please submit this request to the address listed below.

Upon acceptance, please forward the signed Agreement to:

CANON MEDICAL SYSTEMS USA, INC.

SERVICE CONTRACTS ADMINISTRATION

Attn: Erik Bennett

E-mail: ServiceWestPacific@us.medical.canon

Voice: 714-669-3015 Fax: 714-242-7483

A countersigned copy will be returned to you for your reference.

**IN-TOUCH ELITE SERVICES AGREEMENT
TERMS AND CONDITIONS**

1. COVERAGE. The following items are included in this Agreement.

- a. Planned Maintenance Service,** as specified by Canon. Customer will provide Canon service personnel with full access at the agreed upon time. Otherwise, any makeup service will be separately billed by Canon to Customer at Canon's applicable hourly rate then in effect, including round trip travel.
- b. Routine System Calibration Tests,** as specified by Canon. Customer will perform normal operator adjustments specified in the Equipment Operation Manual.
- c. Remedial Maintenance Labor** required to maintain the system at manufacturer's specifications during Covered Hours specified on the face of this document. Labor requested outside of the Covered Hours will be billed at Canon's applicable hourly rate then in effect.
- d. Quality Assurance Evaluations,** as specified by Canon. Canon will routinely perform quality assurance evaluations in order to assure optimum performance. Customer will provide Canon service personnel full access for such purposes at times mutually agreed to in advance. If applicable, Customer will run simplified Quality Assurance tests utilizing the Canon Cybersecurity Program remote diagnostics.
- e. Replacement of Parts,** at Canon's cost, which fail during the term of this Agreement with the exception of the parts specified on the face of this document. Parts that are cosmetic in nature or expendable will be replaced at Customer's cost, including items such as patient pads, head cushions, and acrylic parts. Replaced parts will become the property of Canon. Parts replaced may be refurbished.
- f. Travel and Living Expenses Incurred by Canon's Customer Engineers** during Covered Hours.
- g. Uptime Guarantee** as specified on the face of this document. Uptime guarantees are measured based on covered hours, excluding Federal recognized holidays. Uptime will be calculated using the following formula: Uptime = (Base Time – Downtime) / Base Time

Definitions. Base Time: Total covered hours. **Downtime:** Time when the specified imaging equipment is unavailable for scanning or diagnosing images due to Equipment malfunction, and is immediately available for service repairs. Downtime will be calculated during the Covered Hours and commence when the Customer's call is logged into the InTouch Center. Downtime concludes once repairs are completed and the imaging system is available for clinical use. Downtime does not include time spent for preventive maintenance, routine part replacements or repair of any malfunction caused by operator error, accidents or other elements outside the control of Canon, such as accidents, fires, floods, and Acts of God. The Uptime Guarantee will be voided if Canon is not given access to the Equipment for preventive maintenance or other types of service required during the term of this Agreement.

Uptime statistics will be measured over a 12-month period. If the Equipment fails to achieve the specified uptime percentage, the following year's services contract will be reduced by the uptime discount specified under the specific Services Agreement plan, up to a maximum of 15%.

Software Updates / Upgrades. Canon will furnish to Customer, free of charge for the life of the Equipment, all Canon software or hardware updates to the Equipment purchased by Customer, which are intended to correct a safety risk. Software updates offering enhancements to previously purchased software features are covered under this service agreement, if they do not require hardware modifications or additions. Software upgrades providing new features or capabilities not originally purchased, will be made available for purchase, by Customer, upon request when compatible with the originally purchased hardware. Canon retains the sole right to determine whether a software release is considered an update or an upgrade for which the Customer will be charged.

The above items will be performed only during the Covered Hours stated on the face of this document. Service required outside these hours will be billed at Canon's differential rates in effect at the time such items are provided to Customer.

2. ITEMS EXCLUDED. The following items are excluded from this Agreement unless otherwise indicated on the face of this document.

- a. Customer operation instructions.
- b. Adding or removing accessories, attachments, or other devices, and remedial services necessary to repair accessories.
- c. Services connected with Equipment movement or relocation.
- d. Problems caused by external sources, including the incoming power supply.
- e. Increase in service time resulting from operator neglect or failure to follow operation instructions.
- f. Repair or damage from accident or any cause other than ordinary use.
- g. Rigging and handling, removal, modification or reconstruction of a wall, partition, ceiling or any other portion of the facility arising from repair, replacement or substitution of Equipment or parts of it.
- h. Chiller maintenance or repair.
- i. Expendable materials or accessories (for example, straps, foam cushions, and other similar items).
- j. Problems caused by modifications, maintenance or repairs of the equipment or software not performed by Canon.
- k. Storage facilities for spare parts, tools and supplies.

Performance of services not included in this Agreement will be charged in accordance with Canon's prices in effect at the time such services are provided to Customer.

3. CUSTOMER RESPONSIBILITIES. During the term of this Agreement, Customer agrees to maintain the site and environment (including temperature and humidity control, incoming power quality, and fire protection system) in a condition suitable for operation of the Equipment; ensure the Equipment is used at all times in accordance with the requirements of the Equipment Operation Manual by properly qualified and appropriately licensed personnel; and make normal operator adjustments to the Equipment as specified in the Equipment Operation Manual. In addition and where applicable, Customer agrees to allow and maintain a Canon Medical Systems USA, Inc. supported connection and allow access for Canon's use of the Canon Cybersecurity Program. Failure to provide a Canon Medical connection may result in a reduction in the uptime guarantee commitment and may incur a disposition charge for the Equipment. Where applicable, Customer agrees to allow customer data to be sent to a 3rd party for service and utilization analytics.

4. REMOTE DIAGNOSTICS/ CYBERSECURITY (CYBERSECURITY PROGRAM). During the term of this Agreement, Customer will support the Canon Cybersecurity Program connectivity, including InnerVision® Plus and will allow Canon to install and maintain Canon 360° Connect™ (collectively "Cybersecurity Program", i.e.: Cybersecurity Standard or Cybersecurity Premium), to facilitate the performance of remote diagnostics on the Equipment. The Cybersecurity Program also allows Canon to pull utilization data for the Equipment (number of scans, time of scan, etc.) to provide reporting to the customer. Canon retains rights and title to Cybersecurity Program. Customer will not remove, modify, or use or allow third parties to use the Cybersecurity Program without Canon's prior written consent. Customer will be responsible and will promptly pay for any loss or damage to the Cybersecurity Program unless caused by Canon's sole negligence. Canon will remove the Cybersecurity Program connectivity at the point it is no longer providing service on the Equipment or Customer is no longer a party to a Canon Medical subscription agreement. Canon agrees that customer data that is provided to a 3rd party will never contain Protected Health Information (PHI). Canon also agrees that customer data will never be shared with other customers.

5. GEOGRAPHICAL EQUIPMENT OR COVERAGE. Canon must be notified in writing at least ninety (90) days prior to relocation of Equipment to a site that is fifty (50) miles or greater from the unit's base site specified on the face of this document so that Canon may adequately address manpower needs to maintain the site.

6. ACCEPTANCE BY CANON. This Agreement will not be binding on Canon unless and until it is accepted by Canon as evidenced by the signature of an authorized representative of Canon on the face of this document. Canon's acceptance is expressly made conditional upon Customer's assent to the terms and conditions in this document. All different or additional terms and conditions which may be contained in the Customer's bid documents,

purchase order or any other documents furnished by Customer are hereby objected to and deemed material unless accepted in writing by an authorized representative of Canon. Canon will give Customer a fully executed copy of this Agreement upon acceptance by Canon. Canon's service of Equipment under this Agreement is available only if the effective date of this Agreement follows within 15 calendar days of (a) the expiration of an applicable warranty period covering such Equipment, or (b) the expiration of an applicable Canon Services Maintenance Agreement. If the effective date is outside such 15-day period, Canon must be given the right to inspect the Equipment and repair and restore the Equipment to proper working order in accordance with Canon's specifications before this Agreement may become effective. All service labor and parts furnished for such repair and restoration will be charged to Customer at Canon's prevailing rates.

7. TERMINATION. This Agreement will terminate upon the expiration date specified on the face of this document. Customer may not terminate this Agreement before its expiration unless (a) Customer sells, discards or otherwise completely discontinues using the Equipment, or (b) Customer exchanges the Equipment for another new Canon Equipment, or (c) Canon substantially fails to perform any of its material obligations specified in this Agreement. In the case of termination for the reasons stated in (a) or (b) above, the termination will be effective 90 days from the date of Customer's written notice to Canon of termination. If Customer elects to terminate for the reasons stated in (c) above, before such termination, customer must notify Canon in writing of the breach and of its intent to terminate this Agreement if such breach is not corrected within thirty (30) days from Canon's receipt of the notice of breach. If Customer elects to terminate this Agreement before its expiration for any reason other than the reasons set forth in (a) through (c) above, or if Canon terminates this Agreement due to Customer's default pursuant to Section 15, Customer must pay Canon, as liquidated damages, an amount equal to 25% of the total service amounts payable under this Agreement for the term remaining as of the date of termination.

8. ACCESS TO EQUIPMENT. Customer will afford unrestricted and safe access to the Equipment for Canon's representatives and will cooperate with Canon's representatives in their performance of the services under this Agreement. If Customer fails to provide such access and cooperation, Canon will be relieved of its obligations under this Agreement, including, without limitation, the Uptime Guarantee.

9. CONSUMABLE ITEMS. Customer will provide necessary consumable items and processing facilities required by Canon in performance of the services under this Agreement at no charge to Canon.

10. END OF MAINTENANCE SUPPORT ANNOUNCEMENT. In the event that Canon makes a future general commercial announcement that services contracts will no longer be offered for an item of Equipment or Equipment component covered by this Agreement, then upon no less than 12 months prior written notice to the Customer, Canon may, at their option, remove any such item(s) of Equipment or Equipment component(s) from service coverage under this Agreement, with an appropriate adjustment of charges hereunder, without otherwise affecting this Agreement.

11. COMPENSATION AND TAXES. For the services and materials provided under the Agreement, Customer will pay Canon the total amounts specified on the face of this document for each system covered. For fixed contracts, this sum will be paid in advance, based on the chosen installments specified on the face of this document. For variable contracts, Canon representatives will be given access to usage information and the Equipment for the purpose of measuring variable use. Each month Canon will invoice Customer and Customer will pay the higher of the minimal or actual usage for the preceding period based upon the data from the site. The amounts specified on the face of this document do not include sales, use or other similar taxes. Customer will pay any such taxes, unless a tax exemption certificate acceptable to the applicable taxing authorities is provided to Canon. All invoices paid after due date will be assessed a late payment charge of the lesser of 1 ½% per month or the maximum rate permitted by law.

12. CPI ADJUSTMENT. The service fees payable under this Agreement may be increased up to three percent annually, at Canon's sole discretion. The increase is effective on the anniversary date of the Agreement starting with the first anniversary. The customer will be notified by Canon at least 60 days prior to any adjustment. The increase will then be automatically added to the first payment following the anniversary date.

13. ASSIGNMENT. Neither Customer nor Canon may assign this Agreement without the prior written consent of the other.

14. SOFTWARE. All rights and interest in any software that may be furnished under this Agreement, and any updates and enhancements to it, will remain the property of Canon. Such software is being furnished to Customer under a non-exclusive license. Customer will not decompile, modify, copy, reproduce, or transcribe the software, nor allow third parties to use the same without Canon's prior written consent. Upon Canon's request, Customer will execute a software license contract, in a form designated by Canon.

15. DEFAULT. Upon default by Customer, any affiliate or parent of Customer, any partner of Customer, or any principal of Customer in payment or performance of any obligation under this Agreement or any other agreement with Canon, whether entered into before or after the date of this Agreement (including, without limitation, any agreement for sale of equipment to Customer) will, at the sole option of Canon, if default is not cured within ten (10) days after written notice of the default, constitute a default of this Agreement. In such event, Canon may at its option (a) suspend performance under this Agreement until all such defaults have been cured, (b) terminate this Agreement in which case Customer shall pay Canon all amounts that are due for the period prior to the termination date (or the suspension date if the Agreement was suspended prior to termination), as well as liquidated damages equal to 25% of the total service amounts payable under this Agreement for the term remaining as of the termination date (or suspension date if the Agreement was suspended prior to termination), and/or (c) exercise any other remedies allowed by law. If this Agreement is suspended, Customer will be required to pay the following as a condition to Canon resuming service: (i) all past due amounts for the period prior to the suspension, and (ii) the liquidated damages amount set forth in Section 7 above for the period of the suspension.

16. ATTORNEY'S FEES AND COSTS. In the event of any legal proceeding involving any party to this Agreement against the other relating to the subject matter of this Agreement, the prevailing party in such proceeding will be entitled to recover attorney's fees, expert fees, collection agency fees and court costs against the non-prevailing party.

17. CIRCUMSTANCES BEYOND CONTROL. Canon will not be liable for non-performance or delay in performance resulting directly or indirectly from any occurrences beyond Canon's control, including without limitation, strikes or other labor actions, Acts of God, war, accidents, fires, floods, other catastrophes, inclement weather, transportation, delays caused by Canon's suppliers, inability to obtain replacement parts, or laws, regulations, or acts of any governmental agency. The foregoing provision will apply even though such cause may occur after performance of the obligations of Canon under this Agreement has been delayed for other causes.

18. DISCLAIMER OF WARRANTIES. CANON MAKES NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, ANY WARRANTY OF MERCHANTABILITY, OR WARRANTY OF FITNESS FOR PARTICULAR PURPOSE WITH RESPECT TO ANY OF THE SERVICES AND PARTS FURNISHED UNDER THIS AGREEMENT.

19. LIMITATION OF LIABILITY AND OF REMEDY. CANON WILL NOT UNDER ANY CIRCUMSTANCES BE LIABLE FOR CONSEQUENTIAL, SPECIAL, INCIDENTAL, OR EXEMPLARY DAMAGES OR ECONOMIC LOSS ARISING OUT OF OR RELATED TO THIS AGREEMENT, EVEN IF CANON IS APPRISED OF THE LIKELIHOOD OF SUCH DAMAGES OCCURRING. THIS LIMITATION WILL NOT APPLY TO CLAIMS FOR PERSONAL INJURY OR DEATH CAUSED BY CANON.

20. EXPORT RESTRICTIONS. This Agreement involves products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by Customer, directly or indirectly, in contravention of such Regulations is prohibited.

21. FACSIMILE SIGNATURES. This agreement may be executed in one or more counterparts, each of which shall constitute an original and all of which taken together shall constitute one and the same Agreement. Facsimile signatures (signed copies transmitted via fax or electronic file) shall be of equal effect and validity as signatures on original copies, so long as the electronically transmitted copy includes the printed name, date, and title of the signatory of the Agreement.

22. ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and supersedes all prior or concurrent agreements between the parties, whether oral or written, relating to its subject matter. The provisions of this Agreement may not be modified unless in writing and executed by both parties.

23. NON-SOLICITATION OF EMPLOYEES. Customer acknowledges that Canon Medical Systems USA, Inc. commits considerable time, money and effort to train its Service personnel to perform their jobs. As such, Customer agrees that during the term Canon Medical Systems USA, Inc. provides services to Customer and for one additional year, Customer will not influence any Service personnel to leave Canon Medical Systems USA, Inc., solicit or hire any Service personnel (other than through general advertisement not targeting Canon Medical Systems USA, Inc. Service personnel).

Board Paper: Finance Committee

Agenda Item: Consider Recommendation for Board Approval of Outsourcing outstanding Accounts Receivables aged greater than 90 days
Executive Sponsor: Scott Cleveland, Interim Chief Financial Officer
Date: August 21, 2025

Executive Summary

Background/Situation

In order to properly prepare for the EPIC go live set for November 8, 2025, Patient Financial Services (PFS) is looking to outsource accounts receivables (A/R) greater than 90 days from date of service.

Timeline/Review Process to Date:

March – June 2025: PFS attempted to bargain with National Union of Healthcare Workers (NUHW) for current staff to continue working the inventory, however, was unable to successfully bargain. Also during this time, PFS Management was exploring outsourcing opportunities, until NUHW requested we pause while bargaining.
07.14.25: Notice of implementation sent to NUHW and PFS again pursued exploring outsourcing opportunities
08.2025: PFS Management received proposals from existing vendors who already do business with the Hospital

Strategic Plan Alignment:

The purposes of this request is be prepared for the EPIC go live, support staff with legacy inventory in order for there to be a healthy balance between working down the legacy system and learning a new system. This will also improve cash flow, A/R days while accessing specialized experts in the industry. We will be using Medical Data Exchange, our existing Billing Clearinghouse, to assist with our Medi-Cal data. We will be using FinThrive, our existing vendor who handles contract management, charge master and patient estimates. Both vendors have healthy experience in claims reviews and A/R clean-up projects.

Pillar/Goal Alignment: [mark as many as are appropriate]
☐ Service ☐ People ☐ Quality ☒ Finance ☒ Growth ☐ Community

Financial/Quality/Safety/Regulatory Implications: [fill in table, add any additional pertinent information]

Key Contract Terms	Vendor: FinThrive
1. Proposed effective date	09/02/2025
2. Term of agreement	One year from effective date
3. Renewal terms	N/A
4. Termination provision(s)	N/A
5. Payment Terms	30% of collected A/R; \$5 per account reviewed
6. Annual cost	N/A – this is a one-time data dump
7. Cost over life of agreement	\$2,829,595
8. Budgeted (indicate y/n)	N

Key Contract Terms	Vendor: Medical Data Exchange
1. Proposed effective date	09/02/2025
2. Term of agreement	One year from effective date
3. Renewal terms	N/A
4. Termination provision(s)	N/A
5. Payment Terms	15% of collected A/R; \$5 per account reviewed
6. Annual cost	N/A – this is a one-time data dump
7. Cost over life of agreement	\$420,960
8. Budgeted (indicate y/n)	N

FinThrive		Total Cost			
	Accounts	Net AR	Analysis Fee (\$5 per Claim)	Profit Share (28% per Paid Claim)	Total Cost
Medicare & Commercial	5,919	\$39,627,428	\$29,595	\$2,800,000	\$2,829,595

Medical Data Exchange		Total Cost			
	Accounts	Net AR	Analysis Fee (\$5 per Claim)	Profit Share (15% per Paid Claim)	Total Cost
CCAH & Medi-Cal	6,608	\$2,586,133	\$33,040	\$387,920	\$420,960

Both Vendors		Grand Totals for both vendors			
	Accounts	Net AR	Analysis Fee (\$5 per Claim)	Profit Share	Total Cost
All Data (as above)	12,527	\$42,213,561	\$62,635	\$3,187,920	\$3,250,555

Note:

Medical Data Exchange: Cost estimate assumes 100% of claims are paid. In reality, a portion of the aged A/R will be denied for a variety of reasons and it is likely that the cost (and cash collections) will be lower.

FinThrive: Cost estimate assumes \$10m of the net A/R is collectible

Recommendation

Consider recommendation to Board of Directors to (i) approve the total estimated project cost associated with outsourcing A/R aged greater than 90 days in the amount of \$3,250,555 and (ii) award the contracts for this work to Medical Data Exchange and FinThrive.

Attachments

- (1) FinThrive amendment for project
- (2) Medical Data Exchange amendment for project



Excellence in Healthcare Information Technology

801 NORTH BRAND BOULEVARD, SUITE 650
GLENDALE, CALIFORNIA 91203
(855) MDX-NET1
(562) 534-2601

AMENDMENT #1 TO STANDARD AGREEMENT

Reference is made to that certain Agreement ("Agreement"), effective April 6, 2001, made and entered into by and between **SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM** hereinafter referred to as "**SALINAS VALLEY HEALTH MEDICAL CENTER**" and **MEDICAL DATA EXCHANGE** ("Contractor") a California corporation hereinafter referred to as "**MDX**". Said Amendment is hereby effective on September 1, 2025("Effective Date"):

The Custom System Agreement Dated April 6, 2001, States on Page 2, Section 1. **DUTIES, REPRESENTATIONS AND WARRANTIES OF MDX** – Subsection 1.4 - MDX will provide claims.

Whereas, **Salinas Valley Health Medical Center** and **MDX** have mutually decided to add to their original contract, **follow-up billing**:

Vendor Scope of Work Procedures

1. Claim Review and Follow up:

MDX will receive and analyze claim(s) in the MDX/MAX II system based on an Aged Trial Balance (ATB) provided by the Client. The ATB will include claims older than 90 days. MDX will compare the ATB against its system to determine the status of the claims (e.g., Error, Transmission, History, or Deleted).

If MDX determines that a claim is not eligible for follow-up, it will return the claim(s) to the Client with an explanation for non-processing.

If the claim is eligible for follow-up based on the available information in the MDX/MAX II system, MDX will proceed as follows:

- a) Work accounts listed on the ATB that are older than 90 days.
- b) Review claims in both MediTech and the MDX/MAX II system. MDX will electronically update MediTech with bill notes as needed.
- c) Review denied claims:
 - 1c) If the denial is within Medi-Cal or CCAH timely filing guidelines, MDX will follow up accordingly.
 - 2c) If the denial is outside of Medi-Cal or CCAH timely filing limits, the claim will be returned to the Client for write-off.

2. System Access and Training

Salinas Valley Health Medical Center will provide MDX with access to the MediTech system and will train MDX staff on how to:

- 2a) Request supporting documentation (e.g. medical records)
- 2b) Look up payer Remittance Advices.

3. Claim Resubmission

If a claim has not been adjudicated paid or denied, MDX will resubmit the claim(s) provided they fall within the payer's timely filing guidelines.

FINANCIAL AGREEMENT

MDX will charge a one-time analysis fee of Five (\$5) dollars for each claim.

MDX will report back to Client all findings (i.e. write-offs, Charity etc.)

Those claims that can be submitted to the respective payers and adjudicated for payment will then be charged an additional Fifteen percent (15%) per paid claim.

EXECUTION

Except as added herein this amendment, the Agreement shall remain in full force and in effect for one year from the Effective Date of this Amendment.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as indicated below, to be effective on the Effective Date.

MEDICAL DATA EXCHANGE

SALINAS VALLEY HEALTH MEDICAL CENTER

By: _____

Nabil (Bill) Haddad
President & CEO

By: _____

Scott Cleveland

Scott Cleveland
Interim Chief Financial Officer

Date: _____

3/12/2025

Date: _____

08/12/2025

**EIGHTH AMENDMENT TO THE MASTER AGREEMENT
BETWEEN SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
AND FINTHRIVE REVENUE SYSTEMS, LLC**

Salinas Valley Memorial Healthcare System, a local health care district organized and operating pursuant to Division 23 of the California Health and Safety Code, operating as Salinas Valley Health, on behalf of its Hospital, Salinas Valley Health Medical Center ("SVMHS") and FinThrive Revenue Systems, LLC ("Vendor") entered into an agreement to facilitate the use of the Vendor Services (originally the Master Agreement dated December 23, 2019 (the "Original Agreement"), as mirrored and duplicated in relevant part by the Mirroring Agreement dated October 8, 2020). The Original Agreement with the subsequent amendments entered into by the Parties hereto shall collectively be referred to hereafter as the "Agreement".

SVMHS and Vendor agree to modify the Agreement with this additional amendment (the "Eighth Amendment") effective on the last date signed below (the "Eighth Amendment Effective Date") as follows:

1. Section 4.4, Data Purge shall be added to the Agreement as follows:

4.4 Data Purge. Vendor reserves the right to purge any data older than two years.

2. The Agreement is modified to include the attached SOW for A/R Optimizer Modules. The pricing set forth in the SOW is only valid until September 30, 2025. If the parties do not fully execute this Eighth Amendment by September 30, 2025, then the pricing will be adjusted, and the SOW will be updated to reflect new pricing.

3. All defined terms used in this Eighth Amendment shall have the meaning ascribed to them in the Agreement unless otherwise defined herein. Except as expressly modified by this Eighth Amendment, the terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have caused this Eighth Amendment to be duly executed by their authorized representatives as of the Eighth Amendment Effective Date.

FINTHRIVE REVENUE SYSTEMS, LLC

**SALINAS VALLEY MEMORIAL HEALTHCARE
SYSTEM, A LOCAL HEALTH CARE DISTRICT
ORGANIZED AND OPERATING PURSUANT TO
DIVISION 23 OF THE CALIFORNIA HEALTH AND
SAFETY CODE, OPERATING AS SALINAS
VALLEY HEALTH, ON BEHALF OF ITS
HOSPITAL, SALINAS VALLEY HEALTH
MEDICAL CENTER**

Signature

Signature

Printed Name

Printed Name

Title

Date

Title

Date

SOW FOR A/R OPTIMIZER MODULES

1. Term. The Module(s) provided under this SOW ("A/R Optimizer") will commence on the Eighth Amendment Effective Date (the "A/R Optimizer Effective Date") and continue for 12 months (the "A/R Optimizer Initial Term").

A/R Optimizer will not automatically renew, but may be renewed by dually executed extension of this SOW. Collectively, the A/R Optimizer Initial Term and any renewals thereafter will be called the "A/R Optimizer Term".

In the event Vendor permits continued access to the Modules provided hereunder past the then-current term and SVMHS continues to access such services ("Out of Term Utilization"), then the terms of the Agreement, any applicable BAA and this SOW (excluding pricing) will remain in full force and effect until such time as SVMHS either provides 30 days written notice of its' intent to cease utilization of the services or a mutually agreed upon extension, in writing, is signed by the Parties. As to pricing, during any such Out of Term Utilization SVMHS's cost will equal any and all fees due and owing pursuant to the terms in effect on the last day prior to expiration plus 10%.

2. Client List. SVMHS has such Clients, as listed on the Client list below, which Clients are authorized by SVMHS to access Vendor Data, Technology or Services pursuant to the terms and conditions of the Agreement. SVMHS will notify Vendor in writing of any additions to or deletions from the Client List. SVMHS represents and warrants that it has the authority to enter into the Agreement and this SOW on behalf of its Clients. Moreover, SVMHS represents and warrants that it will ensure that it has appropriate legal authority from each such Client that binds each such Client to the provisions of the Agreement and this SOW, including, without limitation, all attachments hereto, as if each such Client were a signatory to this Agreement. SVMHS certifies that all Clients participating under the Agreement and this SOW will be instructed as to their obligations under the Agreement and this SOW, including but not limited to the certification of permissible purpose contained therein, if applicable. Therefore, SVMHS and each Client will be jointly and severally liable under the terms of the Agreement and this SOW.

In the event SVMHS, or subsequently any Client, assigns the Agreement or this SOW to a Client, then upon any and each such assignment, such assignee Client hereby represents and warrants that it has the authority to assume all rights and obligations under the Agreement and this SOW on behalf of itself and all other Clients listed below and that such assignee Client further represents and warrants that it will ensure that it has appropriate legal authority from each of its Clients listed below that binds each such Client to the provisions of the Agreement and this SOW, including, without limitation, all attachments hereto, as if each such Client were a signatory to the Agreement and this SOW. SVMHS (or any such Client, as applicable) will promptly notify Vendor in writing of any and each such assignment. For purposes of this SOW SVMHS will refer as SVMHS and each Client listed in the table below.

User Management. Client will designate an individual within Client's organization to administer and manage Client's access to the Modules (the "Company Administrator"). The Company Administrator may designate an administrator for each Client authorized to access the Modules ("Location Administrator(s)"), and Client employees authorized to use Modules ("User(s)").

CLIENT LIST				
Client ID	Client Name	Client City, State	Staffed Beds	Patient Accounting System
90068	Salinas Valley Health Medical Center	Salinas, CA	251	Meditech Client Server

3. Definitions. The following definitions are in addition to those contained in the Agreement and will pertain only to the A/R Optimizer (as defined in this Section 3):

A/R means account receivables.

Live Date means completion of the setup deliverables of the respective Module and the delivery date of live status notification e-mail unless Client has submitted to Vendor a written list of issues within 10 days following receipt of the live status notification in which case the Live Date will commence upon the receipt of a signed document stating the issues have been resolved or the Parties have mutually agreed to a resolution and estimated date of completion. Client will not be put into production until they deliver sign off on live status. Each Client's or Central Business Office's ("CBO") Live Date for each Module will be identified separately.

Module Start Date means the date or event listed in the table(s) in Section 4.1 below

Module(s) means, for the purposes of this SOW, those products or services set forth within this SOW.

Services means the consumer reporting and other data services as further described herein.

Underpayments means payments where providers receive less reimbursement from payers than the contracted or eligible amount for medical services rendered.

4. Fees and Payment Terms.

4.1 Fees. The fees for the A/R Optimizer Module(s) will be set forth below.

4.1.1 A/R Optimizer – Outsourcing – Workdown. A/R Optimizer – Outsourcing – Workdown fee details:

Contingency Fee*
28% contingency fee for amounts recovered due to Vendors' Service; Day 91

*Excludes Blue Cross Blue Shield, Workers compensation, Self-Pay and MVA.

Additional Fee Terms. In the event Client fails to send accounts to Vendor in accordance with the criteria set forth below, the Parties agree to mutually renegotiate the fees for the services to reflect the scope and nature of the accounts sent to Vendor.

4.2 Cleanup Fee. The cleanup fee equals \$5.00 per account and is only charged for accounts assigned where no residual payment is due from insurance and Vendor assists Client in properly posting transactions to account and/or flipping the remaining insurance to patient responsibility such that accounts are successfully closed out of insurance financial class. This will help Client keep their AR clean, reduce insurance and self-pay AR days, and get payments faster from patients. This flat fee will never be charged for an account where Vendor has charged a contingency fee.

4.3 Payment Terms.

4.3.1 Contingency Fee Payment Terms. Vendor will invoice Client for its Fees monthly. Client agrees to remit Fees as indicated on the invoice in accordance with the provisions of the Agreement.

4.3.2 Timing of Billing. Should the Fees for any of the A/R Optimizer Modules not be calculable within six months of the A/R Optimizer Effective Date, Vendor may begin invoicing Client a fixed monthly fee of \$10,000.

4.4 Conversion Time and Material Billing. In the event any work related to the conversion from an Client Patient Accounting System ("PAS") to another PAS, or to another version of the same PAS which requires additional work of a material nature, as reasonably determined by Vendor, then terms of such conversion or modification will be set forth in a separate SOW entered into by the Parties hereto and is not covered by this SOW or the fees set forth hereunder.

4.5 Custom Requests. Any custom requests or non-standard work requests outside the scope of deliverables outlined in Section 5 of the SOW will require Vendor to approve the request via a functional specification request form or an additional SOW before such work will be completed. Vendor will invoice Client a fee of \$250 per hour based upon the agreed upon scope for approved projects.

5. Description, Deliverables and Obligations by Module.

5.1 A/R Optimizer – Outsourcing – Workdown.

5.1.1 A/R Optimizer – Outsourcing – Workdown Description. Vendor will provide insurance A/R Optimizer services for Client solely for the types of accounts set forth below.

"Legacy Accounts" will consist of all accounts in Client's legacy patient accounting system as defined and assigned as mutually agreed upon by the Parties.

5.1.2 A/R Optimizer – Outsourcing - Workdown Vendor Deliverables. Vendor deliverables include:

(i) Vendor will identify payments due to Client from third party payers and communicate with

- such payers regarding payment of amounts that may be due to Client. Client acknowledges that performance of Vendor Services is not a guarantee of payment or reimbursement for healthcare services provided by Client to its patients;
- (ii) Vendor will provide appropriate staffing and project management resources to provide the Vendor Services; and
- (iii) Vendor will provide reports to Client as mutually agreed upon by the Parties.

5.1.3 A/R Optimizer – Outsourcing - Workdown Assumptions. Assumptions include:

- (i) One-Time volume 5,919 accounts with a net due of \$39,627,428; and
- (ii) Vendor will be staffing project with Vendor's domestic and global resources.

The assumptions outlined in this Section are integral to the fees provided under this SOW. Should there be any material changes to these assumptions during the A/R Optimizer Term, the Parties agree to promptly meet and negotiate in good faith to discuss and implement equitable adjustments to the fee structure and the staffing of resources as necessary to reflect such changes.

5.2 Ongoing Client Project Responsibilities. In addition to any Client obligations detailed in this SOW, Client acknowledges responsibility for the following in accordance with the agreed upon project timeline:

- (i) Client will provide names and contact information for the project roles in SOW, Exhibit A within 14 days of the A/R Optimizer Effective Date;
- (ii) Client will provide Vendor with access to interfaces as requested by Vendor to complete its responsibilities set forth herein;
- (iii) Client shall commit to providing the following data sets for each facility and each PAS in the project scope:
 - a) Patient Encounter Data – Historical (12 months) and daily incremental;
 - b) Claims Data (837 Files) – Historical (12 months) and daily incremental;
 - c) Remits Data (835 Files) - Historical and daily incremental;
 - d) Transactions Data - Historical and daily incremental;
 - e) Notes file from PAS – Historical;
 - f) Payer Contracts, Fee Schedules, and IPlan mapping table – Base contracts and subsequent amendments; and
 - g) Access to client billing and PAS systems and payer portals.
- (iv) Client will train personnel who will use the Services, and designate one individual as its “End-User Support Coordinator” who will be the liaison between Client and Vendor for support purposes;
- (v) If applicable, Client is responsible for installing the Service on Client's network and writing any programs required to allow an interface between the Service and Client's information systems;
- (vi) To the extent Vendor may need to send one or more of its staff on-site to Client's facilities for activities that can only be performed on-site (including but not limited to document requests, billing and re-billing, correspondence processing and scanning), Client agrees to accommodate and provide appropriate access to Vendor on-site staff, as necessary. Any required Services on-site will be subject to the travel and expenses fees set forth in Section 4 above. Client will defend, indemnify and hold harmless Vendor from and against any and all claims, demands, costs, expenses, liabilities, penalties, damages, and losses, including attorneys' fees and punitive damages, arising out of or in connection with Vendor' employees' or contractors' provision of services at Client's facilities;
- (vii) Client will provide reasonable support on matters such as medical records, coding and clinical issues, contract interpretation, etc., where Client's assistance is required for the resolution of accounts;
- (viii) Client agrees that it will not share any reports provided by or made using the Services to any third party;
- (ix) Client will send Vendor the data and permit Vendor access to the systems specified in Vendors' data specifications file, as may be amended from time to time;
- (x) Client will send the data files daily, or as otherwise mutually agreed upon by the parties in writing;
- (xi) Client shall owe the above fee for all accounts for which Client and the applicable payor engage in a legal settlement or other arrangement for payment for accounts where Vendor performed Services; and
- (xii) Client shall owe fee for accounts recalled by Client if payment is made by the applicable payer

within 60 days of recall, provided that vendor performed its Services for such accounts.

5.3 Client Deliverables. Client is committed to ensuring that Vendor has access to appropriate resources, data, and information in order to ensure a successful implementation. This includes commitment to the following:

- (i) Project Resources. Name(s) and Contact Information provided within one week of the A/R Optimizer Effective Date;
- (ii) Project Kick-off. Kick-off date set within two weeks of the A/R Optimizer Effective Date;
- (iii) Client Deliverables. All required Client deliverables are provided within two weeks of project kick-off;
- (iv) Data Delivery. Data delivered in accordance with provided data specifications within four weeks of the A/R Optimizer Effective Date;
- (v) Testing and Validation. Testing, validation, and audits must be completed within two weeks of documented module readiness; and
- (vi) Training. Training scheduled within one week of testing/validation.

Product	Project Team Hours	Training Hours	Transition Hours (Post Live Status)
A/R Optimizer	350	5	30

*Based on the Modules included, Vendor estimates hours associated with the implementation project. Vendor reserves the right to charge additional fees if the project extends past the estimated hours.

**If the scope is greater than five facilities, Vendor will review and document the estimated project hours at the onset of the implementation.

6. Additional Terms and Conditions.

6.1 Primary Vendor. Client will use Vendor as the primary vendor for the performance of Vendor Services and will not send any accounts, as described above, to any other vendor which performs services similar to Vendor until after Vendor has completed providing the Vendor Services. For the avoidance of doubt, Client will neither send accounts included within the scope of this Addendum to multiple vendors nor will Client recall accounts from Vendor without Vendors' prior written consent.

6.2 Client Warranty. Client warrants that accounts processed through the Vendor Services meet the compliance or other applicable requirements of each individual payer(s) and are supported by adequate and appropriate clinical documentation as to the provision and medical necessity of services rendered.

6.3 Effect of Termination. In the event of termination, the parties will continue to act in accordance with this SOW as to any account referred to Vendor prior to termination, including but not limited to the following terms: (i) Client will allow Vendor to complete processing on any and all accounts Client referred as of the termination date, and for those purposes the provisions of this SOW will survive termination; and (ii) Client will give Vendor access to all records on accounts that Vendor is working such that Vendor can verify a payment or process an active account. Client agrees to continue paying Vendor within the time period set forth in the Agreement.

6.4 Third-Party Software and Data Transmission. Client agrees to use third party software reasonably necessary for accessing the Module's, including, but not limited to, "browser" software that supports a data security protocol compatible with the protocol used by Vendor. Until notified otherwise by Vendor, Client agrees to use software that supports the Secure Socket Layer ("SSL") protocol or other protocols accepted by Vendor and to follow logon procedures for services that support such protocols. Client agrees that Vendor is not responsible for notifying Client of any updates, fixes or enhancements to any such third party software; or for any compromise of data transmitted across computer networks or telecommunications facilities, including, but not limited to, the Internet, which are not owned or operated [or controlled] by Vendor.

6.5 Warranty. For purposes of this SOW, Vendor's requirements to re-perform the services in the event of a defect will be limited to re-running the job(s) and/or recreating the data or program files which are not in compliance with the terms of this SOW.

6.6 Confidentiality. Client acknowledges that that the Vendor Modules and pricing information, including without limitation the object code and source code form and supporting documentation, is proprietary to Vendor and as such, Client agrees to hold all information it receives from Vendor pertaining to the Module's in confidence. Client further agrees to abide by the provision of state and federal statutes and Medicaid and Medicare regulations regarding confidentiality.

6.7 Security. Client represents and warrants that it will use its best reasonable efforts to ensure that: (i) all Vendor-supplied identification codes (each a "User ID") and associated passwords (each a "Password") are kept confidential and secure (e.g., Client will ensure that Passwords are not stored on any desktop and/or portable workstation/terminal nor other storage and retrieval system and/or media, that Internet browser caching functionality is not used to store Passwords and that appropriate firewalls or other electronic barriers are in place); and, (ii) each User ID and Password is used solely by individuals Client has authorized to use such User IDs and Passwords. In the event of any unauthorized use, misappropriation or other compromise of User IDs and/or Passwords, Client will promptly (but in no event later than 48 hours after the occurrence of any of the foregoing) notify Vendor by phone and in writing.

Client will fully cooperate with Vendor in mitigating any damages due to any misappropriation or unauthorized use or disclosure of any non-public personal information (including, but not limited to, any required security code, access code, or password that would permit access to an individual's financial account and other consumer credit information). Such cooperation will include, but not necessarily be limited to, allowing Vendor to participate in the investigation of the cause and extent of such misappropriation and/or unauthorized disclosure. Such cooperation will not relieve Client of any liability it may have as a result of such a misappropriation and/or unauthorized disclosure. Client agrees, that to the extent any such unauthorized use, unauthorized disclosure, misappropriation, or other event is due to Client's negligence, intentional wrongful conduct or breach of this SOW, Client will be responsible for any required consumer, public and/or other notifications, and all costs associated therewith; provided however, that other than except to the extent required to comply with applicable law, Client will make no public notification, including but not limited to press releases or consumer notifications, of the potential or actual occurrence of such misappropriation and/or unauthorized disclosure without Vendor's prior written consent, and, with respect to any such notifications required by law, Client will not use any Vendor trade name, trademark, service mark, logo, in any such notifications without the prior written approval of Vendor.

6.8 Authorized Request. Client will use the Services and Services Information: (i) solely for the Client's certified use(s); (ii) solely for Client's exclusive one-time use; and, (iii) subject to the terms and conditions of this Agreement. Client will not request, obtain or use Vendor Services and/or Vendor Technology for any other purpose including, but not limited to, for the purpose of selling, leasing, renting or otherwise providing information obtained under this Agreement to any other party, whether alone, in conjunction with Client's own data, or otherwise in any service which is derived from Vendor Services. Vendor Services will be requested by, and Vendor Services will only disclosed by Client to, Client's designated and authorized employees and agents having a need to know and only to the extent necessary to enable Client to use the Vendor Services and Vendor Technology in accordance with this Agreement, and, with respect to agents, only those who are bound by written obligations sufficient to limit use of such Vendor Services and Vendor Technology strictly for Client's benefit in accordance with the use and other restrictions contained in this Agreement. Client will ensure that such Client designated and authorized employees and agents will not attempt to obtain any Vendor Services on themselves, associates, or any other person except in the exercise of their official duties.

7. **Exhibit**. The following exhibit is attached thereto and is to be considered an integral part hereof and is incorporated into this SOW by reference:

SOW, Exhibit A: Project Roles

**SOW, EXHIBIT A
PROJECT ROLES**

Vendor Resources	
Title	Definition
Executive Project Sponsor(s)	The project sponsor(s) is responsible for the overall success of the project in alignment with Client.
Program Manager	The program manager owns multi-product, cross-functional planning and reporting to ensure consistent value realization.
Project Manager	The project manager is the primary contact who leads all project activities, communications, and deliverables.
Technical Team	The technical team includes product, data, and technical experts responsible for completing onboarding activities throughout the project.
Product Trainer	The product trainer designs and deploys the education strategy for the product(s) in scope for the implementation.
Solution Manager	The solution manager provides Client support once the project is complete, and the solution is live.
Client Relationship Director	The Client relationship director owns identifying existing and future business needs to support the Client's operational goals.
Client Success Manager	The CSM is the Client advocate and relationship manager.
Program Manager	The program manager owns multi-product, cross-functional planning and reporting to ensure consistent value realization.

CLIENT RESOURCES	
Title	Definition
Executive Project Sponsor(s)	The project sponsor(s) is the primary advocate for the project on the Client side and serves as a vital escalation point.
Project Manager	The project manager is the primary contact on the Client side who will partner with Vendor's project manager to ensure a successful project.
Technical Resource(s)	Each project will require IT resources to partner with Vendor's technical team on connectivity, data, and/or configuration.

Justification for Sole Source Form

To: Contract Review Committee

From: Charlotte Wayman, Director, Patient Financial Services & Registration
Tiffany Rodriguez, Asst. Director, Patient Financial Services & Registration

Type of Purchase: (Check One)

- ☒ Non-Medical, Non-Surgical Equipment/Supplies >= \$25,000
- ☐ Data Processing/Telecommunication Goods >= \$25,000
- ☐ Medical/Surgical – Supplies/Equipment >= \$25,000
- ☐ Purchased Services >= \$400,000

<i>Total Cost \$:</i>	\$3,250,555
<i>Vendor Name:</i>	Medical Data Exchange & FinThrive
<i>Agenda Item:</i>	Outsourcing outstanding Accounts Receivables aged greater than 90 days

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 SVMHS. The procurements proposed for acquisition through sole source are the only ones that can meet the district's need. 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.**

☒ Existing SVMHS equipment, inventory, custom-built information system, custom built data inventory system, or similar products or programs. **Describe.**

SVH is already contracted with both vendors mentioned above. Each vendor already receives/houses our claims data and remittance advice data. There are also standing BAA's on file for each of the vendors, which will allow them proper access to Meditech. Each vendor has the experience and expertise in handling revenue capture. With the hospital needing to move swiftly and quickly in capturing as much revenue as possible, it makes sense to move forward with existing vendors.

☐ Uniqueness of the service. **Describe.**

☐ SVMHS has established a standard for this manufacturer, supplier or provider and there is only one vendor. **Describe.**

☐ 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, please **describe**:

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

Submitter Signature_____Date:_____

BOARD or CEO Packet Submission Checklist
Outsourcing outstanding Accounts Receivables aged greater than 90 days

The original of this completed/fully signed checklist and all required supporting documents are to be hand-delivered to reviewer listed below:

- ☒ **BOARD or 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 contract with vendor signature
- ☒ **PROCUREMENT PROCESS DOCUMENTATION** – required for all submissions requiring Board/CEO review/approval per Procurement Management Policy (see policy for details; indicate which sub-category is applicable):

- ☐ If for **data processing/telecommunications goods/services** of \$25,000 or more, check applicable option and include documentation: VP IT **must review**.
 - ☐ RFP documentation *unless sole source or GPO applies*.
 - ☐ If Sole source – provide detailed justification
 - ☐ If GPO, submit qualifying verification from Materials Management
- ☐ If for **professional/other services or medical/surgical equipment and supplies** \$350,000 or more, check applicable option and include documentation:
 - ☐ RFP documentation *unless sole source or GPO applies*.
 - ☐ If Sole source – provide detailed justification
 - ☐ If GPO, submit qualifying verification from Materials Management
- ☒ If for **non-medical materials/supplies/Public Works** \$25,000 or more, check applicable option and include documentation:
 - ☐ RFP/Invitation for bids documentation
 - ☒ If Sole source – provide detailed justification
 - ☐ If GPO, submit qualifying verification from Materials Management

Legal counsel/Contract Administrator reviewed: No ☐ or Yes ☒ **By Whom:** Natalie James

SUBMITTED BY DEPARTMENT DIRECTOR OR DEPARTMENT ADMINISTRATOR:

Signature	Title/Dept.	Date
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REVIEWED BY: (In the following order) – If Capital; Axiom approval in lieu of signature.

VP IT: (if applicable) _____ Date: _____

Director of Audit/Compliance: _____ Date: _____

COMMUNITY ADVOCACY COMMITTEE

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

(Rolando Cabrera, M.D.)

Medical Executive Committee Summary – August 14, 2025

Items for Board Approval

Credentials Committee

Initial Appointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Ajam, Firas, MD	Cardiac Electrophysiology	Medicine	Cardiology Cardiac Electrophysiology
Awerbuck, Matthew, MD	Internal Medicine	Medicine	Medicine – Active Community
Azad, Farsam, MD	Ob/Gyn	Ob/Gyn	Obstetrics and Gynecology
Beeravolu, Lakshmi, MD	Neurology	Medicine	Tele-Neurology
Colon Vilar, Giancarlo, MD	Psychiatry	Medicine	Tele-Psychiatry
Dejanovic, Ilja, MD	Interventional Cardiology	Medicine	Cardiology Interventional Cardiology
Helmer, James, MD	Family Medicine	Family Medicine	Family Medicine – Active Community
Sanchez, Henry, MD	Family Medicine	Medicine	Adult Hospitalist
Stevens, Megan, MD	Internal Medicine	Medicine	Adult Hospitalist
Suhaib, Omer, MD	Neurology	Medicine	Tele-Neurology

Reappointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Bonano, John, MD	Orthopedic Surgery	Surgery	Orthopedic Surgery Orthopedic Robotic Surgery
Davis, Alesis, MD	Neonatology	Family Medicine/ Pediatrics	Tele-Neonatology
Dickey, James W., MD	General Surgery	Surgery	Salinas Valley Health Wound Healing Clinic
Dorantes, Miguel, MD	Family Medicine	Family Medicine/ Pediatrics	Taylor Farms Family Health & Wellness Center
Erlichman, Oren, MD	Anesthesiology	Anesthesiology	Anesthesiology
Fuerch, Janene, MD	Neonatology	Family Medicine/ Pediatrics	Tele-Neonatology
Ganzhorn, Frank, MD	Critical Care/ Pulmonology	Medicine	Critical Care/Pulmonary Medicine General Internal Medicine
Greenison, Nikolas, MD	Emergency Medicine	Emergency Medicine	Emergency Medicine
Logono, Alex, MD	Family Medicine	Medicine	Adult Hospitalist
Luba, Daniel, MD	Gastroenterology	Medicine	Gastroenterology Taylor Farms Family Health & Wellness Center
Pohl, John, MD	Radiology	Surgery	Salinas Valley Health Advanced Imaging –Teleradiology
Reddy, Kartheek, MD	Orthopedic Surgery	Surgery	Orthopedic Surgery Hand Surgery
Renfer, Leonard, MD	Urology	Surgery	Urology
Romero, Pablo, MD	Family Medicine	Family Medicine/Pediatrics	Family Medicine – Active Community
Seid, Terrence, DO	Anesthesiology	Anesthesiology	Anesthesiology
Wang, Aileen, MD	Endocrinology	Medicine	Endocrinology General Internal Medicine
Yamada, Nicole, MD	Neonatology	Family Medicine/ Pediatrics	Tele-Neonatology
Zupancic, Michael, MD	Neurology	Medicine	Neurology

Temporary Privileges:

NAME	SPECIALTY	DATES
Regwan, Steven, DO	Cardiology	7/14/2025

Staff Status Modifications:

NAME	SPECIALTY	STATUS CHANGE
Amarasekera, Sohani, MD	Ophthalmology	Recommend advancement to Active Staff
Beheshti, Nima, DO	Neurology	Recommend advancement to Active Staff
Graham, Kyle, MD	Ob/Gyn	Recommend advancement to Active Staff
Grandison, Amber, MD	Family Medicine	Recommend advancement to Active Staff
Guez, Ghislaine, MD	Internal Medicine	Recommend advancement to Active Staff
Hunt, Madison, MD	Emergency Medicine	Requesting a Leave of Absence effective 9/1/2025
Nakao, Zachary, DO	Emergency Medicine	Resignation effective 9/1/2025
Shu, Fred, MD	Radiology	Resignation effective 7/1/2025
Zolyan, Anna, MD	Neurology	Resignation effective 7/31/2025

Other Items: (Attached)

ITEM	RECOMMENDATION
Taylor Farms Family Health & Wellness Center (TFFHWC) Active Community – Clinical Privileges Delineation	The Committee recommended approval of the revision adding Telehealth to core procedures.

Interdisciplinary Practice Committee**Initial Appointment:**

APPLICANT	PRIVILEGES	DEPT	COLLABORATING/SUPERVISING PHYSICIAN(S)
Villagomez Zavala, Noel, PA-C	Physician Assistant - TFFHWC	Family Medicine/ Pediatrics	Guadalupe Arreola, MD Miguel Dorantes, MD

Reappointment:

APPLICANT	PRIVILEGES	DEPT	COLLABORATING/SUPERVISING PHYSICIAN(S)
Romans, Helena, NP	Nurse Practitioner	Surgery	Bernadette Guiroy, MD Jeremy Silk, MD
Serrano Perez, Karen, PA-C	Physician Assistant- Emergency Medicine	Emergency Medicine	Christina Martinez, MD Kimberly Moulton, MD

Staff Status Modifications:

NAME	SPECIALTY	STATUS CHANGE
Magana, Isabelle, PA-C	Physician Assistant – Cardiology	Resignation effective 7/31/25
Zuniga, Elizabeth, PA-C	Physician Assistant – Surgery	Resignation effective 8/29/2025

Policies and Plans: Antimicrobial Stewardship

Informational Items:

I. Committee Reports:

- a. Credentials Committee
- b. Interdisciplinary Practice Committee
- c. Medical Staff Excellence Committee
- d. Quality and Safety Committee
 - Quality Reports:

II. Other Reports:

- a. Epic Implementation Update
- b. Summary of Executive Operations Committee Meetings
- c. Summary of Medical Staff Department/Committee Meetings July 2025
- d. Medical Staff Treasury Report August 5, 2025
- e. Medical Staff Statistics Year to Date
- f. Financial Update June 2025
- g. HCAHPS Update August 6, 2025
- h. Medical Staff Review of Qualifications (TJC Standard MS.03.01 EP 16 and 17)
 - Radiology Staff
 - Nuclear Services Director

III. Other Items:

- a. Bylaws Article 5.12 Telemedicine Privileges – Technical Corrections
- b. General Rules and Regulations Telemedicine Credentialing Policy – Technical Corrections



**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 and telehealth 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.



Origination 04/2021
Last Approved N/A
Next Review 3 years after approval

Owner Genevieve delos Santos: Director Pharmacy
Area Pharmacy

Antimicrobial Stewardship

I. POLICY STATEMENT

- A. To achieve optimal clinical outcomes related to antimicrobial use while minimizing toxicity and other adverse events and the emergence of antimicrobial-resistant organisms.

II. PURPOSE

- A. N/A

III. DEFINITIONS

- A. Antimicrobial Stewardship -- Coordinated interventions designed to improve and measure the appropriate use of antimicrobial agents by promoting the selection of the optimal antimicrobial regime including dosing, duration of therapy, and route of administration. When used in conjunction with infection prevention and control, antimicrobial stewardship also prevents the transmission of antimicrobial-resistant pathogens.
- B. MDRO - Multidrug-Resistant Organisms.

IV. GENERAL INFORMATION

- A. A multidisciplinary Antimicrobial Stewardship Committee oversees the Antimicrobial Stewardship Program (ASP) and works collaboratively with the Infection Control Committee, the Pharmacy and Therapeutics Committee, hospital administration, and medical staff leadership.
- B. The Antimicrobial Stewardship Program (ASP) initiatives are consistent with evidence-based practices and regulatory requirements.
- C. The ASP initiatives, in conjunction with infection prevention, are designed to reduce or prevent healthcare-associated infections due to multidrug-resistant organisms (MDROs).
- D. Healthcare information technology (i.e., electronic medical records, computerized physician

order entry, antibiogram/microbiology lab data and clinical decision support) is used to support and optimize ASP initiatives.

- E. Metric, process and outcome measures are used to assess the effectiveness of the Antimicrobial Stewardship Program initiatives and the overall impact on antimicrobial use and resistance patterns.
- F. All oral and intravenous antimicrobial agents require provider specific indication for treatment: bloodstream, bone/joint, C. difficile, CNS/meningitis, Genitourinary tract, Endocarditis, Intra-abdominal, Sepsis, Pulmonary, Skin/soft tissue, surgical prophylaxis.

V. PROCEDURE

- A. The Antimicrobial Stewardship Committee is responsible for oversight of the Antimicrobial Stewardship Program initiatives and reporting findings and recommendation to the Pharmacy and Therapeutics and Infection Prevention Committee.
- B. The core members of a multidisciplinary Antimicrobial Stewardship Committee may include an infectious disease physician, a pharmacist with infectious disease training, a microbiologist or lab representative, an information system specialist, an infection prevention professional, a representative from nursing, and a hospital epidemiologist.
- C. Interventions and Strategies

The Antimicrobial Stewardship Program, as developed by the Antimicrobial Stewardship Committee, may utilizes the following interventions and strategies, as appropriate.

- 1. Prospective Audits and Intervention
 - a. Conduct prospective audits of antimicrobial use based on established criteria with direct feedback to the prescriber to include:
 - i. Review of antimicrobials for appropriateness
 - ii. Active auditing of prescribing practices
 - iii. Patient-specific feedback
- 2. Approved mechanism and process of communication
- 3. Formulary restriction and preauthorization requirements. Antibiotic use may be limited by the following criteria:
 - a. Formulary-based restriction
 - b. Criteria-based restriction
 - c. Preauthorization-based restriction
- 4. Education
 - a. Educate and promote ASP strategies and prescribing criteria.
- 5. Guidelines, Clinical Pathways, and Antimicrobial Order Sets
 - a. Develop evidence-based practice guidelines incorporating local microbiology and resistance patterns to improve antimicrobial utilization.
 - b. Develop and implement the use of antimicrobial order forms or order sets

to facilitate implementation of practice guidelines.

6. Streamlining or De-escalation

- a. Streamline or de-escalate empirical antimicrobial therapy on the basis of culture results to eliminate redundant combination therapy and more effectively target the causative pathogen, resulting in decreased antimicrobial exposure and potential cost savings.

7. Dose Optimization (Pharmacokinetics (PK), Renal Dosing, etc.)

- a. Optimize antimicrobial dosing based on individual patient characteristics, causative organism, site of infection, and pharmacokinetic and the pharmacodynamic characteristics of the medication.

8. IV to PO Conversion

- a. Develop and implement the use of clinical criteria and guidelines for the systematic conversion from parenteral to oral antimicrobials when the patient's condition allows.

9. Combination Therapy

- a. Utilize combination therapy where appropriate to minimize the emergence of resistance.

10. Suppression Cascade Reporting

- a. Implement cascade reporting of antibiotic susceptibilities for common pathogens (i.e., suppression of unnecessarily broad spectrum agents for bacteria that are susceptible to less broad spectrum agents).

D. Computer Surveillance and Decision Support

Information technology (i.e., electronic medical records, computerized physician order entry, antibiogram/microbiology lab data and clinical decision support) is utilized and optimized to support the ASP initiatives including, but not limited to:

1. Improving access to patient-specific information such as microbiology cultures and susceptibilities, hepatic/renal function, drug interactions, and allergies
2. Ensuring the effectiveness of drug regimens
3. Tracking resistance patterns
4. Identifying nosocomial infections
5. Facilitating and tracking interventions
6. Surveillance of adverse drug events (ADE)

E. Microbiology Laboratory

The microbiology laboratory plays a critical role in antimicrobial stewardship by providing:

1. Patient-specific cultures and susceptibility data using suppression cascade reporting

2. Surveillance of resistant organisms
3. Molecular epidemiologic investigation of outbreaks
4. Antibigram data development and maintenance

F. Pharmacy

Pharmacy's role in the ASP includes active participation includes rounding twice weekly with Infectious Disease Specialist in the following:

1. Vancomycin and aminoglycoside pharmacokinetic (PK) dosing
2. Medication utilization evaluation (MUE) of antimicrobial medications
3. Antibiotic streamlining and de-escalation
4. Drug use criteria (DUE) development and implementation
5. IV to PO conversion
6. Documentation of clinical interventions in EMR Notes and Interventions sections and MedMined tracking tool
7. Infectious Disease use only restrictions are on specific antimicrobial agents such as but not limited to the following. Specific communication to the ordering physicians is as necessary.
 - Amikacin
 - Daptomycin
 - Linezolid
 - Colistimethate
 - Flucytosine
 - Aztreonam
 - Ertapenem
 - Meropenem
 - Imipenem/cilastin
 - Tigecycline
 - Minocycline (IV route)
 - Ceftaroline
 - Cefepime
 - Fosfomycin

G. Surveillance and Prevention of Multidrug-Resistant Organisms

1. Initiatives are developed to prevent infections due to multiple drug-resistant organisms including, but not limited to, methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* (CDI), Vancomycin-resistant Enterococci (VRE), and gram-negative bacteria.
2. Practices consistent with evidence-based standards of practice and regulatory

requirements are developed and implemented to reduce the risk of transmitting multidrug-resistant organisms.

3. Key opportunities to improve antibiotic use per Core Elements of ASP include:
 - a. Community acquired pneumonia- avoid empiric use of antipseudomonal beta-lactams and/or MRSA agents unless clinically indicated. Guidelines suggest that in adults, most cases of uncomplicated pneumonia can be treated for 5 days when a patient has a timely clinical response.
 - b. UTI - Avoid antibiotic therapy for asymptomatic bacteriuria except in certain clinical situations where treatment is indicated, such as pregnancy and those undergoing invasive genitourinary procedures. Use shortest duration of antibiotic therapy.
 - c. Skin and soft tissue infection – avoid empiric use of antipseudomonal beta-lactams and/or anti-anaerobic agents. Limit use of treatment to 5 days.
4. MedMined surveillance platform for intervention tracking of ASP related activities and opportunities for pharmacist interventions

H. Metrics, Quality Assurance, and Performance Improvement

1. Metrics are developed and used to measure the prevalence of hospital-acquired infections caused by resistant organisms, antimicrobial susceptibilities of common pathogens obtained from antibiograms, antimicrobial use patterns, health care costs, and other variables related to hospital-acquired antibiotic-resistant infections.
2. Metrics and process and outcome measures are used to assess the effectiveness of the Antimicrobial Stewardship Program initiatives and the overall impact on antimicrobial use and resistance patterns.
3. Processes and outcomes are measures may include:
 - a. Multidrug-resistant organism infection rates using evidence-based metrics
 - b. Compliance with evidence-based guidelines or best practices
 - c. Evaluation of the education programs for staff and licensed independent practitioners
 - d. Process and outcome data related to multidrug-resistant organisms are provided to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.

I. Documentation:

1. Clinical interventions and monitoring activities will be documented in the electronic medical record.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. [Stanford Antimicrobial Safety and Sustainability Program. \(2025, January 23\). SHC surgical antimicrobial prophylaxis guidelines \[PDF\]. Stanford Medicine.](#)
- B. [American Society of Health-System Pharmacists. \(n.d.\). Clinical practice guidelines for antimicrobial prophylaxis in surgery. Retrieved July 7, 2025.](#)
- C. Doernberg SB, Abbo LM, Burdette SD, Fishman NO, Goodman EL, Kravitz GR, Leggett JE, Moehring RW, Newland JG, Robinson PA, Spivak ES, Tamma PD, Chambers HF. Essential Resources and Strategies for Antibiotic Stewardship Programs in the Acute Care Setting. Clin Infect Dis. 2018 Sep 28;67(8):1168-1174. doi: 10.1093/cid/ciy255. PMID: 29590355.
- D. [CDC: Core elements of hospital antibiotic stewardship programs.](#) Retrieved July 7, 2025; site updated December 5, 2024
- E. [Infectious Diseases Society of America & Society for Healthcare Epidemiology of America. \(n.d.\). Implementing an antibiotic stewardship program. Retrieved July 7, 2025](#)

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Katherine DeSalvo: Director Medical Staff Services	Pending
P&T/IPC	Genevieve delos Santos: Director Pharmacy	07/2025
P&T/IPC	Kiri Golleher: Pharmacy Clinical Coordinator	07/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Genevieve delos Santos: Director Pharmacy	07/2025

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/
REPORT ON CLOSED SESSION*

(Meeting Chair)

ADJOURNMENT



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Gonzales, CA 93926





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 **Salinas Valley**
HEALTH



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FRIDAYS

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VIERNES

Fridays, 11:30am–4:30pm
May 9 through November 7

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Viernes, 11:30am–4:30pm
9 de mayo hasta el 7 de noviembre

Esquina de East Romie Lane y Wilgart Way

Farmers' Market



Mercado de
agricultores

Pathways to Wellness



Caminos hacia
el bienestar



Take a Step Toward Better Health

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Arvind Bhat, MD
Internal Medicine

Topic:
Tips for
Healthy Aging

When:
Saturday, September 13
9:00-10:00am

Where:
Fort Ord National Monument
Badger Hills Trailhead
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For more information and to reserve your spot,
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Arvind Bhat, MD
Medicina interna

Tema:
Consejos para un
envejecimiento
saludable

Fecha:
Sábado 13 de
septiembre
9:00-10:00am

Lugar:
Fort Ord National Monument
Badger Hills Trailhead
(Cruzando la Carretera 68 desde Toro Café)

Para más información y reservar su lugar, llame a nuestro Departamento de Promoción de la Salud al **831-759-1890** o visite **SalinasValleyHealth.com/walkwithadoc**

WE'VE PUT WELL-BEING ON THE MAP

The first Blue Zones
Certified county in
California! We invite
you to celebrate
this incredible
accomplishment!

BLUE ZONES CELEBRATION WEEK!

SEPT 8-16, 2025

FREE events
throughout
Monterey County

- Family-Friendly Fun
- Activities
- Giveaways & More!



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code
for bzp
events

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BLUE ZONES PROJECT

BROUGHT TO
MONTEREY
COUNTY BY:



Salinas Valley
HEALTH



MONTAGE
Health

BLUE ZONES CELEBRATION WEEK

@bzpmontereyco

All events are scheduled for 1HR
unless stated otherwise



scan
code
for BZP
events

ON THE MAP

	09/08	5:30PM MONDAY	LET'S ZUMBA SALINAS REGIONAL SOCCER COMPLEX
	09/08	5PM MONDAY	BEACH CLEAN-UP DEL MONTE BEACH MONTEREY
	09/09	9AM TUESDAY	WALKING MOAI VILLAGE GREEN PARK GREENFIELD
	09/09	10AM TUESDAY	WALKING MOAI FORT ORD DUNES STATE PARK MARINA - SEASIDE
	09/10	11AM WEDNESDAY	SENIOR COMMUNITY WALK CENTRAL PARK GONZALES
	09/11	6PM THURSDAY	KC COMMUNITY WALK DOWNTOWN PLAZA KING CITY
	09/12	5PM-7PM FRIDAY	LA COCINA CELEBRATES 815 BROADWAY ST. KING CITY
	09/14	10AM-12PM SUNDAY	HIKE & WINE CRU WINERY SOLEDAD
	09/16	4PM TUESDAY	COOKING DEMO EL GABILAN LIBRARY SALINAS

HEMOS PUESTO BIENESTAR EN EL MAPA

¡El primer condado
certificado como
Blue Zones en
California! ¡Te
invitamos a celebrar
este logro increíble!

¡SEMANA DE CELEBRACIÓN!
8 AL 16 DE SEPT 2025
Eventos GRATUITOS
por todo el Condado
de Monterey



- Diversión para toda la familia
- Actividades
- Regalos y ¡mucho más!



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SEMANA DE CELEBRACIÓN BLUE ZONES

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EN EL MAPA



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eventos
BZP

Todos los eventos están programados
para 1 HORA, excepto donde se indique

	09/08	5:30PM LUNES	A BAILAR ZUMBA SALINAS REGIONAL SOCCER COMPLEX
	09/08	5PM LUNES	LIMPIEZA DE PLAYA DEL MONTE BEACH MONTEREY
	09/09	9AM MARTES	CAMINATA COMUNITARIA VILLAGE GREEN PARK GREENFIELD
	09/09	10AM MARTES	CAMINATA COMUNITARIA FORT ORD DUNES STATE PARK MARINA - SEASIDE
	09/10	11AM MIÉRCOLES	CAMINATA PARA MAYORES CENTRAL PARK GONZALES
	09/11	6PM JUEVES	CAMINATA COMUNITARIA DOWNTOWN PLAZA KING CITY
	09/12	5PM-7PM VIERNES	CELEBRA CON LA COCINA 815 BROADWAY ST. KING CITY
	09/14	10AM-12PM DOMINGO	CAMINATA Y VINO CRU WINERY SOLEDAD
	09/16	4PM MARTES	DEMO DE COCINA EL GABILAN LIBRARY SALINAS

Free Zumba Classes

Class Led by:

Martha Grimes

Certified Zumba Instructor

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Health Promotion Department at
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Open to ages 16 and above.



**Scan the QR Code
for more information
and to register**

Mondays, 6:00-7:00pm
July 7 and 14
August 4 and 11
September 8 and 15

**Taylor Farms Family Health
& Wellness Center
Community Room**
850 5th Street
Gonzales, CA 93926

Fridays, 6:15-7:15pm
July 11 and 18
August 1 and 8
September 5 and 12

Boys & Girls Club Salinas
85 Maryal Drive
Salinas, CA 93906

Clases de Zumba Gratuitas

Clase dirigida por:

Martha Grimes

Instructora Certificada de Zumba

¡Acompáñenos en nuestras clases comunitarias GRATUITAS de Zumba!

Recomendamos que se registre - personas sin cita también son bienvenidas. Para más información, envíe un correo electrónico a nuestro departamento de Health Promotion **HealthPromotion@SalinasValleyHealth.com** o llámé al **831-759-1890**.

Abierto a mayores de 16 años.



**Escanea el código QR
para más información
y para registrarte**

Lunes, 6:00-7:00pm
7 y 14 de julio
4 y 11 de agosto
8 y 15 de septiembre

**Taylor Farms Family Health
& Wellness Center**
Salón Comunitario
850 5th Street
Gonzales, CA 93926

Viernes, 6:15-7:15pm
11 y 18 de julio
1 y 8 de agosto
5 y 12 de septiembre

Boys & Girls Club Salinas
85 Maryal Drive
Salinas, CA 93906

DRAFT SALINAS VALLEY HEALTH¹
QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES AUGUST 25, 2025

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair, **Rolando Cabrera, M.D.**, Vice Chair, **Clement Miller**, COO, **Carla Spencer**, CNO; and **Alison Wilson, D.O.**;

Voting Members Absent: None;

Advisory Non-Voting Members Present:

In Person: Allen Radner, M.D., President/CEO;

Other Board Members Present, Constituting Committee of the Whole:

Via teleconference: Victor Rey, Jr., and Joel Hernandez Laguna

Victor Rey, Jr., arrived at 8:32 a.m., left at 9:38 a.m.

Joel Hernandez Laguna arrived at 8:32 a.m., left at 9:30 a.m.

Dr. Wilson arrived at 8:51 a.m.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Carson called the meeting to order at 8:30 a.m. in the Downing Resource Center CEO Conference Room 117.

2. PUBLIC COMMENT

None.

3. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF JULY 14, 2025.

Approve the minutes of the July 14, 2025 Quality and Efficient Practices Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT:

None

MOTION:

Upon motion by Vice-Chair Dr. Cabrera, second by Committee Member Spencer, the minutes of the July 14, 2025 Quality and Efficient Practices Committee Meeting are approved as presented.

ROLL CALL VOTE:

Ayes: Carson, Dr. Cabrera, Miller, and Spencer;

Nays: None;

Abstentions: None;

Absent: Dr. Wilson.

Motion Carried

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. PATIENT CARE SERVICES UPDATE: COLLABORATIVE CARE PRACTICE COUNCIL

Carla Spencer, CNO, introduced Pam Yates, RN, CPN, Co-chair, who reported on the following:

- **Council's Purpose:** The Collaborative Care Council has executive oversight for the professional governance structure at Salinas Valley Health. Its purpose is to promote professional nursing practice and excellent patient outcomes through the coordination, integration, and monitoring of the professional governance councils.
- **Areas of Responsibility/Executive Oversight:**
 - Drive strategic alignment with organizational goals and the nursing strategic plan
 - Provide direction in setting council priorities
 - Ensure action plans are in place for underperforming measures
 - Review, update and revise the Professional Governance bylaws
 - Maintain and revise the council structure
 - Train, support, and recognize clinical nurse leaders
 - Generate an annual report of Professional Governance work
- **Current Initiatives:**
 - **Professional Governance Leadership Training:** Includes new chair, co-chair and advisor training, computer essentials training, leader lunch & learn training.
 - **Council Day:** *Goal:* To improve efficiency, increase return on investment, expedite project completion, and improve nurse and leader satisfaction. *Why:* Staff and leaders across multiple councils faced challenges including scheduling conflicts, overburdened leadership, difficulty recruiting new chairs, a shared need for more training and support, and to afford opportunity for education and collaboration. *How:* An audit of professional governance members' schedules was conducted, leaders collaborated to resolve conflicts, and extensive communication was held with councils and leaders before launch to identify any barriers. First Council Day was held on July 16, 2025. *Examples of upcoming Education:* Tim Porter O'Grady, Review Nurse and Organizational Goals.
 - **Annual Summary/Professional Governance Work:** Assist Chairs and Co-Chairs in completing their project and highlight their goals. Use the Project Trackers to write a yearly summary. Disseminate the summary. The Collaborative Care Council has a page on STARnet.

COMMITTEE DISCUSSION: Chair Carson acknowledged the great work and collaboration, education time and nursing strategic planning. A full report was included in the packet.

5. US WORLD NEWS/AWARDS ANNOUNCEMENT

Aniko Kukla, RN, DNP, Director Quality Management & Patient Safety Officer reported Salinas Valley Health Medical Center has received the following awards:

- US World News: High performing in eight procedures/disease care as follows: Leukemia, Lymphoma & Myeloma, Pacemaker Implantation, Pneumonia, Heart Attack, Diabetes, Maternity Care (Uncomplicated Pregnancy), Heart Arrhythmia and Kidney Failure. Chest pain is the highest award.
- American College of Cardiology National Cardiovascular Data Registry (NCDR): 2025 Platinum Performance Achievement Award

- American Heart Association Get with the Guidelines (GWTG) Stroke Award: 2025 Gold Plus
- Blue Cross Blue Shield Blue Distinction Specialty Care Award: Knee and Hip Replacement

A full report was included in the packet.

COMMITTEE DISCUSSION: No discussion.

6. AGE FRIENDLY INITIATIVE

Aniko Kukla, RN, DNP, Director Quality Management & Patient Safety Officer reported on the CMS measure which included the following:

- The aim of the project is to create an inclusive and supportive environment for older adults by aligning healthcare delivery with their unique needs and goals.
- 4Ms (What Matters, Medication, Mentation and Mobility): Goals, framework, alignment of 4M and CMS measure, and implementation plan
- Results: Developing a delirium clinical care pathway and improving patient outcomes and safety, implemented Meds That Ring a Bell (BEERS drug list), FDB AlertSpace education software implementation, and Falls Committee expanded to Mobility Committee.
- Next steps include Epic go-live, achieving Level 2 Age Friendly Designation, and continue the age friendly implementation

A full report was included in the packet.

COMMITTEE DISCUSSION: Chair Carson stated this initiative is critical and required by February in preparation for CMS requirements. Chair Carson recommended a multidisciplinary committee including a geriatrician or hospitalist, a nurse certified in geriatrics, quality, patient experience, pharmacy, PT and psychiatry (with expertise in dementia). The “What Matters” element must be documented in Epic for each admission. Director Carson would like to see an update at the next committee meeting. Dr. Albert stated the essential components are in place. The main challenge will be collecting and integrating the necessary data into Epic. Chair Carson distributed a handout from the American Heart Association on Age-Friendly Care.

7. CLOSED SESSION

Chair Carson announced that the items to be discussed in Closed Session are *Hearings/Reports* as listed on the closed session agenda. The meeting recessed into Closed Session under the Closed Session protocol at 9:04 a.m.

8. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:51 a.m. Chair Carson reported that in Closed Session, the *Hearings/Reports* were accepted as follows:

1. Report of the Medical Staff Quality and Safety Committee
 - Commission on Cancer – C. Renn/T. Baker- 10 min
 - Transition of Care- Michelle Orta- 10 min
 - Patient Safety Events- Summary Report- 5 min

2. Quality and Safety Board Dashboard Review (KUKLA)- 5 min

3. Consent Agenda:

- Accreditation and Regulatory
- Pt Safety Events/RCA's/RL6 Events – A. Kukla
- Environment of Care Reports
- BETA Quest for Zero (OB)
- Stroke Program
- Chest Pain Program
- Joint Program
- Pharmacy & Therapeutics (Includes presentation on ER Pharmacist Role)
- Infection Prevention

9. ADJOURNMENT

There being no other business, the meeting adjourned at 9:51 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, September 15, 2025** at 8:30 a.m.

Catherine Carson, Chair
Quality and Efficient Practices Committee

DRAFT SALINAS VALLEY HEALTH¹
PERSONNEL, PENSION AND INVESTMENT COMMITTEE
COMMITTEE OF THE WHOLE
MEETING MINUTES AUGUST 18, 2025

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair, **Glenn Berry, M.D.**, Medical Staff Member, **Michelle Childs**, CHRO and **Scott Cleveland**, Interim CFO;

Voting Members Absent: Isaura Arreguin;

Advisory Non-Voting Members Present:

In person: Allen Radner, M.D., President/CEO, and Gary Ray, CLO;

Other Board Members Present, Constituting Committee of the Whole:

Via Teleconference: Rolando Cabrera, M.D., Joel Hernandez Laguna and Victor Rey, Jr.

Victor Rey, Jr., left at 4:11 p.m.

Dr. Berry left at 4:53 p.m.

Joel Hernandez Laguna left at 5:10 p.m.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Catherine Carson called the meeting to order at 4:01 p.m. in the Downing Resource Center CEO Conference Room 117.

2. PUBLIC COMMENT: None

3. APPROVAL OF MINUTES FROM THE PERSONNEL, PENSION AND INVESTMENT COMMITTEE MEETING OF JULY 14, 2025

Approve the minutes of the July 14, 2025 Personnel, Pension, and Investment Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT: None

MOTION:

Upon motion by Committee Member Cleveland, and second by Committee Member Childs, the minutes of the July 14, 2025 Personnel, Pension and Investment Committee are approved as presented.

Ayes: Chair Carson, Dr. Berry, Childs and Cleveland;

Nays: None;

Abstentions: None;

Absent: Arreguin.

Motion Carried

¹ Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF SUPPLEMENTAL CONTRACT TERMS TO RECRUITMENT AGREEMENT FOR BRIANA GOMEZ, MD

Orlando Rodriguez, M.D., CMO, reported that in December, 2024, the SVH Board approved proposed terms of the Recruitment Agreement for Briana Gomez, MD, a physician specializing in Obstetrics and Gynecology. This specialty is an important recruiting priority for SVH's service area. Challenges and staffing circumstances have only increased the need to recruit and retain additional obstetrics and gynecology physicians for the SVH Clinics. Dr. Gomez is robotically trained and speaks Spanish. She is scheduled to relocate to the community and will join SVH Clinics this December. SVH Administration is requesting an increase in the recruitment incentive for Dr. Gomez in the amount of \$50,000 to match the recent recruitment incentives offered to other new physicians recruited into this specialty.

A full report was included in the packet.

PUBLIC COMMENT: None

COMMITTEE COMMENTS: Obstetric Robotic Procedures were clarified.

MOTION:

Upon motion by Committee Member Childs, and second by Committee Member Dr. Berry, the Personnel, Pension, and Investment Committee recommends Board of Directors' approval of an increase in the recruitment incentive amount to \$100,000.00.

ROLL CALL VOTE:

Ayes: Chair Carson, Dr. Berry, Childs and Cleveland;

Nays: None;

Abstentions: None;

Absent: Arreguin.

Motion Carried

5. CONSIDER APPROVAL OF (i) FINDINGS SUPPORTING RECRUITMENT OF IFEANYI UMEH, M.D., (ii) CONTRACT TERMS FOR DR. UMEH'S RECRUITMENT AGREEMENT, AND (iii) CONTRACT TERMS FOR DR. UMEH'S FAMILY MEDICINE PROFESSIONAL SERVICES AGREEMENT

Orlando Rodriguez, M.D., CMO, reported that in consultation with members of the medical staff, Salinas Valley Health (SVH) executive management has identified the recruitment of physicians specializing in Family Medicine as a recruiting priority for SVH's service area. Based on the Medical Staff Development Plan, completed by ECG Management Group, Family Medicine is recommended as a top priority for recruitment. Recruiting another family medicine physician will increase primary care clinic access at SVH PrimeCare Monterey. The new physician will focus on expanding timely access to high-quality care for Salinas Valley Health employees and their dependents, as well as members of Municipalities, Colleges, Schools Insurance Group (MCSIG). The recommended physician, Ifeanyi Umeh, MD, received his Doctor of Medicine degree in 2003 from George Washington School of Medicine and Health Sciences in Washington D.C. Dr. Umeh completed his Family Medicine residency training at Natividad Medical Center in Salinas, CA. Dr. Umeh will join SVH PrimeCare Monterey in October 2025.

A full report was included in the packet.

PUBLIC COMMENT: None

COMMITTEE COMMENTS: None

MOTION:

Upon motion by Committee Member Childs, and second by Committee Member Dr. Berry, the Personnel, Pension, and Investment Committee recommends Board of Directors' approval of:

1. The Findings Supporting Recruitment of Ifeanyi Umeh, M.D.:
 - That the recruitment of Family Medicine to Salinas Valley Health Clinics is in the best interest of the public health of the communities served by the District; and
 - That the recruitment benefits and incentives the hospital proposes for this recruitment are necessary in order to attract an appropriately qualified physician to practice in the communities served by the District;
2. The Contract Terms of the Recruitment Agreement for Dr. Umeh; and
3. The Contract Terms of the Family Medicine Professional Services Agreement for Dr. Umeh.

ROLL CALL VOTE:

Ayes: Chair Carson, Dr. Berry, Childs and Cleveland;

Nays: None;

Abstentions: None;

Absent: Arreguin.

Motion Carried

6. REVIEW INVESTMENT PERFORMANCE FOR QUARTER ENDING JUNE 30, 2025 OF SVMHS'S 403 (b) PLAN, 457 PLAN AND EMPLOYEE PENSION PLAN

Scott Cleveland, Interim CFO, and Andy Scalia, and Sean Grzyb of Creative Planning Retirement Services presented a report on the Investment Performance for Quarter Ending June 30, 2025 of SVMHS's 403(b) Plan, 457 Plan and Employee Pension Plan.

Economic Review: Growth: Continues to be within norms. **Employment:** Unemployment is at record lows. **Inflation:** CPI climbed to 2.7%, the highest since February. **Interest Rates:** The Federal Reserve held rates steady and reaffirmed its projection for two cuts by year-end. **Markets:** The international markets continue to show relative strength in 2025.

- Assets by Plan Review
 - Pension Plan: \$536 million
 - 403(b): \$166 million
 - 457(b): \$30 million

A full report was included in the packet.

COMMITTEE COMMENTS: There was discussion of (1) projections for 3rd quarter (Projected 2-3% gain), (2) projection of the securities market over next 6 months, and (3) funds not meeting expectations on the watch list.

7. ANNUAL FEE BENCHMARKING REVIEW FOR SVMHS' 403(B) PLAN

Andy Scalia of Creative Planning Retirement Services presented a report on the annual fee analysis for the 403(b) Plan which included purpose/process/documentation, services provided, plan fee structure and strategies, current fees including employee/employer costs, and an annual fee benchmarking summary.

A full report was included in the packet.

COMMITTEE COMMENTS: The report was informative and appreciated.

8. SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM 403b DEFINED CONTRIBUTION PLAN: SELF-CORRECTION REPORT

Michelle Childs, Chief Human Resources Officer, reported on the following Self-correction Reports:

- *Salinas Valley Memorial Healthcare System used the Self-Correction Program under the Employee Plans Compliance Resolution System (EPCRS) to correct the following plan operational error related to deferrals from ineligible participants:* Between 2020 and 2024, salary deferrals were made to the 403(b) Retirement Plan by two ineligible participants. The error was due to manual processes at the time. The Plan Administrator has determined that this error is an “Eligible Inadvertent failure” that a plan sponsor may self-correct (as defined in Section 305 of the SECURE 2.0 Act, pursuant to the interim guidance set forth in Section III of IRS Notice 2023-43.) The total amounts were refunded. Prevention of this issue in the future includes the implementation of Workday (the new HRIS and Payroll system).
- *Salinas Valley Memorial Healthcare System used the Self-Correction Program under the Employee Plans Compliance Resolution System (EPCRS) to correct the following plan operational error related missed matching contributions for staff represented by ESC-Local 20:* On February 28, 2024, only partial employer contributions (nonelective and matching) were submitted for the 2023 plan year for the employee group represented by Engineers and Scientists of California, Local 20 (“ESC”). The error was discovered in February 2025 during the 2024 plan year employer contributions calculation process. This operational error occurred shortly after Salinas Valley Health entered into a new collective bargaining agreement (CBA) with ESC effective September 2023, which covered a group of employees who were previously unrepresented employees (i.e. “nonaffiliated”). The error in calculating the 2023 employer nonelective and matching contributions for the ESC group occurred when the district stopped making employer contributions for them after the new CBA became effective in September 2023 because the staff responsible for the calculation didn’t understand that the CBA provided that they continued to be eligible even as affiliated employees. The Plan Administrator has determined that this error is an “Eligible Inadvertent Failure” that a plan sponsor may self-correct (as defined in Section 305 of the SECURE 2.0 Act, pursuant to the interim guidance set forth in Section III of IRS Notice 2023-43). Missed contributions for each of the participants were funded on 6/30/25 and the applicable earnings which were funded on 7/8/2025. Prevention of this issue in the future includes revision of the report definition to provide that the employee group represented by ESC is not within an excluded classification of employees under the above referenced Retirement Plan. Missed contributions per participant and totals were provided.

A full report was included in the packet.

COMMITTEE COMMENTS: Workday is helping to manage these highly complex plans.

9. HUMAN RESOURCE STATISTICS AND METRICS

Robert Anderson, Human Resources Manager reported FY25 metrics for headcount and FTE trend, overall turnover (benefited), RN turnover (benefited), first-year turnover (benefited) including term type and top term reasons, new grad retention, traveler count, leaves and absence management, and evaluation timeliness.

A full report was included in the packet.

COMMITTEE COMMENTS: Ratio of full time to part time? Approximately 75%/25%. SVH does a lot of work surrounding recruitment and retention. Recruitment focuses on people with local ties which helps retention. SVH turnover is very low. Dr. Berry commented that physician leadership also uses local ties as a recruitment indicator. Is there leader training? New leader orientation is in place and further development is being researched. Exit interviews are performed but not everyone participates. SVH has partnered with PressGaney to collect additional data on exiting employees. Administration is committed to timely evaluations.

10. WORKPLACE VIOLENCE – CY 2025 STATISTICS AND METRICS

Jill Peralta-Cuellar, BSN, PHN, COEE, Director Employee Health, reported on Workers' Compensation and Injury Prevention including definitions, rates over time, Days Away Restricted or Transferred (DART) ratings 2020-2024, 2025 Workers' Compensation Dashboard, and 2025 program focus. Elements of the SVH program include in-house medical attention in Employee Health Services (EHS), a managed care program, regular and quarterly claims review to monitor trends, a formal safety program, an active safety committee, and data review with leaders of high-incident reports of injury/claims.

In addition, Ms. Peralta-Cuellar reported on Workplace Violence (WPV) for Calendar Year 2025 including the focus for 2024-2025 and the Workplace Violence Dashboard CY 2025 (available on STARnet) with data on incidents, injuries, reportable incidents, incidents by unit/staff classification/contributing factor.

A full report was included in the packet.

COMMITTEE COMMENTS: Workgroups have been formed to analyze NDNQI data.

11. ADJOURNMENT

There being no other business, the meeting adjourned at 5:15 p.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, September 15, 2025** at 4:00 p.m.

Catherine Carson, Chair
Personnel Pension and Investment Committee

DRAFT SALINAS VALLEY HEALTH¹
FINANCE COMMITTEE
COMMITTEE OF THE WHOLE
MEETING MINUTES AUGUST 25, 2025

Committee Member Attendance:

Voting Members Present: **Victor Rey, Jr.**, Chair, **Joel Hernandez Laguna**, Vice-Chair, **Allen Radner, M.D.**, President/CEO, **Tarun Bajaj, M.D.**, Medical Staff Member; and **Scott Cleveland**, Interim CFO;

Voting Members Absent: None;

Advisory Non-Voting Members Present:

In person: Clement Miller, COO, Gary Ray, CLO; Carla Spencer, CNO, Alysha Hyland, CAO, and Timothy Albert, M.D., CCO.

Via WebEx: Michelle Childs, CHRO, and Sanjeev Tandon, Subject Matter Expert;

Other Board Members Present, Constituting Committee of the Whole:

In Person: Catherine Carson

Via teleconference: Rolando Cabrera, M.D.

Carla Spencer arrived at 4:09 p.m.

Tarun Bajaj, M.D. arrived at 4:20 p.m.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Victor Rey, Jr., called the meeting to order at 4:01 p.m. in the Downing Resource Center, Rooms A, B, and C.

2. PUBLIC COMMENT: None.

3. MINUTES OF THE FINANCE COMMITTEE JULY 21, 2025

Approve the minutes of the July 21, 2025 Finance Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT: None.

COMMITTEE MEMBER DISCUSSION: None.

MOTION:

Upon motion by Committee Member Dr. Radner, and second by Vice President Hernandez Laguna, the minutes of the July 21, 2025 Finance Committee are approved as presented.

ROLL CALL VOTE:

Ayes: Chair Rey, Vice Chair Hernandez Laguna, Dr. Radner, and Cleveland;

Nays: None;

Abstentions: None;

Absent: Dr. Bajaj.

Motion Carried

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF THE ALLIANCE HEALTHCARE SERVICES (ALLIANCE), INC. MRI SERVICE CONTRACT ADDENDUM E

Clement Miller, COO, and John Kazel, Director Imaging Services, reported that Salinas Valley Health (SVH) has successfully renegotiated its current agreement with Alliance Imaging through Master Agreement Addendum E. As part of this renegotiation, ownership of the MRI scanner and the imaging building located at 444 E. Romie Lane will transfer to SVH, effective September 2025. At the time of transfer, the existing MRI system, manufactured by GE Healthcare, will have surpassed its OEM-supported service life. To ensure uninterrupted imaging services and operational continuity, Addendum “E” also secures a 24/7 on-site mobile MRI unit for a period of 24 months. This strategic addition provides a critical operational bridge while SVH advances two capital projects aimed at installing and commissioning two permanent, SVH-owned MRI systems on the medical campus.

A full report was included in the packet.

PUBLIC COMMENT: None.

COMMITTEE MEMBER DISCUSSION: The transition plan was discussed. Additional staff will be needed during the transition. The current scanner is outdated which is creating a backlog of procedures. The full transition will be complete in January 2026. The new scanner will have improved image quality. SVH will staff the trailer and we will no longer have to depend on Alliance to staff the MRI procedures.

MOTION:

Upon motion by Committee Member Dr. Radner, and second by Vice Chair Hernandez Laguna, the Finance Committee recommends the Board of Directors approval of the Alliance Healthcare Services, Inc. MRI contract Addendum E for the maximum amount of \$1,060,000.00 over the course of the contract.

ROLL CALL VOTE:

Ayes: Chair Rey, Vice Chair Hernandez Laguna, Dr. Radner, and Cleveland;

Nays: None;

Abstentions: None;

Absent: Dr. Bajaj.

Motion Carried

5. CONSIDER RECOMMENDATION FOR BOARD OF DIRECTORS APPROVAL OF PROJECT BUDGET AND CONSTRUCTION CONTRACT AWARD FOR PHASE ONE AND PARTIAL PHASE TWO OF THE SALINAS VALLEY HEALTH THERMAL FLUID HEATING REPLACEMENT PROJECT

Clement Miller, COO, and Brad McCoy, Vice President of Facilities, Construction & Real Estate, reported that the Medical Center’s Central Utility Plant (CUP) is experiencing critical infrastructure failures due to aging systems installed in 1998. Key issues include a failed underground condensate pipe and a failing three-unit thermal fluid heater (TFH) system; both of which compromise steam supply, system reliability, and regulatory compliance. One of the three thermal fluid heaters has

permanently failed and cannot be refurbished. To facilitate the full replacement of the system and eliminate potential source equipment failure, the design and construction team developed a two phased plan. The first phase includes installation of two interim boiler units on the exterior of the building to provide source heating systems immediately to the medical center's distribution system. The work in phase one includes scope that will be leveraged short term to facilitate the replacement of the plant equipment during phase two and provides future resiliency for temporary redundant boiler connections.

A full report was included in the packet.

PUBLIC COMMENT: None.

COMMITTEE MEMBER DISCUSSION: Phase one will include two temporary boilers connected to our system which will provide all the steam while the replacement is under construction to be completed by May of 2027. Is there an audit of our critical systems? Under Dr. Radner's guidance the current focus is on critical systems which will include an audit.

MOTION:

Upon motion by Vice Chair Hernandez Laguna, and second by Committee Member Dr. Radner, the Finance Committee recommends the Board of Directors to approve (i) the total estimated project cost for the Salinas Valley Health Phase One scope and design work for Phase 2 in the budgeted amount of \$1,900,000 and (ii) award a construction contract to Val's Plumbing and Heating in the amount of \$563,520 under a sole source procurement process.

ROLL CALL VOTE:

Ayes: Chair Rey, Vice Chair Hernandez Laguna, Dr. Radner, Dr. Bajaj and Cleveland;

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

6. CONSIDER RECOMMENDATION FOR BOARD OF DIRECTORS TO AWARD ULTRASOUND EQUIPMENT CAPITAL PURCHASE CONTRACT TO CANON MEDICAL SYSTEMS AND AWARD 4-YEAR SERVICE AGREEMENT TO CANON MEDICAL SYSTEMS

Clement Miller, COO, and John Kazel, Director Imaging Services, reported that Salinas Valley Health's (SVH) Ultrasound Department currently operates six (6) ultrasound units sourced from five different vendors, each with varying platforms and functionality. This fragmented equipment base has resulted in inconsistent image quality, operational inefficiencies, and variation in clinical performance. All six units have exceeded their original equipment manufacturers' (OEM) recommended service life, limiting reliability, service support, and the ability to provide patients with the highest standard of diagnostic imaging. To address these challenges, SVH Diagnostic Imaging is seeking approval to replace the existing ultrasound fleet with a standardized, state-of-the-art platform. This strategic replacement will align SVH with industry best practices, support clinical excellence, and sustain high-quality, cost-effective care delivery for our patients and community.

A full report was included in the packet.

PUBLIC COMMENT: None.

COMMITTEE MEMBER DISCUSSION: SVH has been advised that approval of this project in August will avoid significant tariffs. This equipment is essential to patient diagnosis. Cameras can be installed within six weeks. Can the outgoing equipment be used for humanitarian purposes? That can be investigated. Director Hernandez Laguna stated he has some ideas and would like to be included in the process.

MOTION:

Upon motion by Committee Member Dr. Bajaj, and second by Vice Chair Hernandez Laguna, the Finance Committee recommends the Board of Directors (i) award ultrasound equipment capital purchase contract to Canon Medical Systems in the amount of \$672,536.00, and (ii) award 4-year service agreement to Canon Medical Systems in the amount of \$194,400.00 for a total amount of \$866,936.00.

ROLL CALL VOTE:

Ayes: Chair Rey, Vice Chair Hernandez Laguna, Dr. Radner, Dr. Bajaj and Cleveland;

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

7. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF EXPANDED USE OF VENDORS TO COLLECT OUTSTANDING ACCOUNTS RECEIVABLES AGED GREATER THAN 90 DAYS

Scott Cleveland, Interim CFO, and Tiffany Rodriguez, Assistant Director PFS/Registration, reported that the purposes of this request are to be prepared for the EPIC go live, support staff with legacy inventory in order for there to be a healthy balance between working down the legacy system and learning a new system. This will also improve cash flow and A/R days while accessing specialized experts in the industry. The recommendation is to use Medical Data Exchange, our existing Billing Clearinghouse, to assist with our Medi-Cal data and to use FinThrive, our existing vendor who handles contract management, charge master and patient estimates. Both vendors have healthy experience in claims reviews and A/R clean-up projects.

A full report was included in the packet including sole-source justification.

PUBLIC COMMENT: None.

COMMITTEE MEMBER DISCUSSION: This is critical to financial wellbeing. Timely efforts must be made to collect on the accounts or the Hospital could be forced to write off the accounts, totaling \$42 million in net revenue. Fees paid to the vendors will be a percentage of the amount recovered; FinThrive is 28% and Medical Data Exchange 15%. Each vendor may take up to one year to manage the accounts. Anticipated revenue collected is \$10M with FinThrive and \$600-700K for Medical Data Exchange. Leadership negotiated to have staff perform the work; however, agreement was not reached. Aging accounts is a national issue due to insurance companies paying slow, denial tactics; each denial has to be rebuilt.

MOTION:

Upon motion by Committee Member Cleveland, and second by Committee Member Dr. Radner, the Finance Committee recommends the Board of Directors (i) approve the total estimated project cost associated with outsourcing A/R aged greater than 90 days in the amount of \$3,250,555 and (ii) award the contracts for this work to Medical Data Exchange and FinThrive.

ROLL CALL VOTE:

Ayes: Chair Rey, Vice Chair Hernandez Laguna, Dr. Radner, Dr. Bajaj and Cleveland;

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

8. FINANCIAL PERFORMANCE REVIEW

An update was received from Scott Cleveland, Interim CFO, on the Financial Performance Review for the month of July 2025. Highlights included Income from Operations \$6.4M, Net Income \$6.0M, and Days Cash on Hand of 371.

A full report including the July Summary Financials, Financial Statements, Budget Comparison, and Statistics was included in the packet for review.

COMMITTEE MEMBER DISCUSSION: None

9. FY ENDED JUNE 30, 2025 BALANCED SCORECARD

Scott Cleveland, Interim CFO, reported on the Balanced Scorecard Summary for FY Ended June 30, 2025.

- Service Pillar: Performance to Targets ranged from 98.2% to 104.7%. Annual Incentive Program (AIP) payout is 11.3%.
- People Pillar: Performance to Targets ranged from 98.8% to 99.3%. AIP payout is 10.2%.
- Quality and Safety: Performance to Targets ranged from 84.7% to 108.8%. AIP payout is 14%.
- Finance: Performance to Target was 190.7%. AIP payout is 30.0%.
- Growth: Performance to Targets ranged from 100% to 200%. AIP payout is 13.1%.
- Community: Performance to Targets ranged from 120% to 150%. AIP payout is 7.5%.
- Total AIP Funding is projected as 86.1% payout percentage.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: The executive team is working on FY26 goals. Once goals are set, the Board will be involved. Director Carson gave kudos to the Emergency Department because even with the tents, the ED exceeded their goal for *Likelihood of Recommending*; this is a team effort of nursing, physicians and staff.

10. CLOSED SESSION

Chair Rey announced that the item to be discussed in Closed Session as listed on the posted Agenda is *Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and Services*.

The meeting recessed into Closed Session under the Closed Session Protocol at 5:04p.m.

11. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 5:35 p.m. Chair Rey announced that in Closed Session, the Board received *Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and Services*. No action was taken.

12. ADJOURNMENT

There being no other business, the meeting was adjourned at 5:35 p.m. The next Finance Committee Meeting is scheduled for **Monday, September 22, 2025**.

Victor Rey, Jr., Chair

DRAFT SALINAS VALLEY HEALTH¹
COMMUNITY ADVOCACY COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES AUGUST 18, 2025

Committee Attendance:

Voting Members Present: **Rolando Cabrera, MD**, Chair, **Joel Hernandez Laguna**, Vice-Chair, appearing via teleconference pursuant to Government Code Section 54953(f)(2)(A)(i), and **Allen Radner, M.D.** President/CEO;

Voting Members Absent: Jaime Gonzalez, M.D., Clement Miller, COO;

Advisory Non-Voting Members Present:

Via Teleconference: Alysha Hyland, CAO, Michelle Childs, CHRO, Scott Cleveland, Interim CFO, and Gary Ray, CLO;

Other Board Members Present, Constituting Committee of the Whole:

Via Teleconference: Victor Rey, Jr.

Dr. Gonzalez arrived at 12:06 p.m. via WebEx as a non-voting member.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Rolando Cabrera, MD, called the meeting to order at 12:01 p.m. at the Downing Resource Center CEO Conference Room 117.

2. PUBLIC COMMENT

None

3. APPROVE MINUTES OF THE COMMUNITY ADVOCACY COMMITTEE FEBRUARY 12, 2025

Approve the minutes of the February 12, 2025 Community Advocacy Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT:

None

MOTION:

Upon motion by Vice-Chair Hernandez Laguna and second by Committee Member Dr. Radner, the minutes of February 12, 2025 Community Advocacy Committee were approved as presented.

ROLL CALL VOTE:

Ayes: Chair Dr. Cabrera, Vice-Chair Hernandez Laguna, and Dr. Radner

Nays: None;

Abstentions: None;

Absent: Miller and Dr. Gonzalez.

Motion Carried

4. SUMMER HEALTH INSTITUTE & MEDICAL ADVENTURE CAMP UPDATE

Shannon Graham, Director Volunteer & Health Career Services, reported:

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

- **Summer Health Institute (June 15-July 18, 2025):** Celebrated the SVH 21st Summer Health Institute in partnership with Hartnell College and Mission Trails R.O.P., graduating 30 students representing 15 area high schools. More than 85 individuals presented to the students. Each student shadowed several hospital departments and worked in teams to present clinical case study and community health advocacy projects. This year included a visit to the Stanford Clinical Anatomy Lab. Eight program alumni shared how they were impacted by SHI. A total of 458 have participated in SHI, many of whom are now healthcare providers, several in our own hospital.
- **Medical Adventure Camp (July 21-August 1, 2025):** Celebrated the 23rd Medical Adventure Camp. Twenty-four 4th-6th graders attended to learn about healthcare, their own health as well as how to pursue a health career. The goals are similar to SHI to show a breadth of career options and to inspire students to pursue education in the sciences and healthcare with a format to keep the younger students engaged. A total of 490 students have participated.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: Director Hernandez Laguna reported that he participated as a speaker and he believes the programs help the students to understand what it is like to be in the healthcare profession. Watching the learning process was phenomenal. Dr. Gonzalez reported he has had three students shadowed him and they continue to be in touch all interested in healthcare as a profession. These programs are a pipeline and he would like to see the programs expanded. It was noted that the SHI students attend 8:30-3:30 p.m. daily plus homework and group projects; the MAC students attend 9:00-3:00 daily.

5. FY25 COMMUNITY FUNDING REPORT

Lynette Fitzgerald, reported on the Community Funding process including the approval process, what qualifies as Community Benefit: (1) Financial Assistance, (2) Medicaid, (3) Other means-tested government programs, Other Community Benefits (Categories A-G):

- A. Community health improvement
- B. Health professions education
- C. Subsidized health services
- D. Research
- E. Financial and in-kind contributions
- F. Community building activities
- G. Community benefit operations

A FY25 Community Funding Dashboard was presented including the budget, total requested amount, total granted, number of recipients, measurable community benefit (funding amount & number of recipients), previous support, submissions by month, funding focus and agency/impact area. A report on community funding was reviewed by organization name, total amount awarded, and restricted community benefit donation.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: The approval process was discussed; Dr. Cabrera expressed interest in being involved in reviewing the final funding decisions. There was discussion regarding the option of multiple grant cycles during the year. It was explained that the current process works better for both the community and the Committee. There was discussion regarding the size of some grants. Most of the smaller grants matched the amount requested; there are no criteria limiting minimum or maximum amounts and most requests are below \$10,000. The *Restricted Community Benefit* donations were explained as those funds strictly designated for use under the community benefit

objectives. For example, sponsoring a table at an event honoring the hospital or a Board member doesn't qualify as a community benefit, but it is important for the hospital to be represented. Dr. Radner emphasized that the current healthcare economics make community funding a complicated process.

6. SALINAS VALLEY HEALTH FOUNDATION REPORT

Melissa Gross, Director Strategic Development reported on the following for Year-End FY25 data:

- Patient Assistance and Pediatric Medical Needs Grants
 - Funds granted over the last five years
 - FY25: 610 unique lives, 825 encounters, \$86,260 in support
 - Totals by type of assistance, access point, zip code, unique patients by age, and payor source.
 - CMN Pediatric Medical Needs Assistance for FY25: 42 unique lives, 74 encounters, \$29,418 in support. Data provided included type of assistance, unique patients/payor source, unique patients by referral source, recipient counties, and recipient ages.
- Recent grants and partnerships.
- Concours d'Elegance fundraiser raised \$93,200 for the Foundation Health Kids Fund
- Foundation Board held a retreat 2025
- Core Strategies: (1) Strengthen organizational alignment and the community, (2) articulate transformational impact in the community and (3) drive a catalytic culture of engagement to enhance SVH culture of community engagement.
- Pillars and Goals: (1) Expand community impact, (2) Optimize resource development, and (3) Fortify operational excellence.
- Upcoming events: (1) Donor Board and Physician Board updates, (2) NICU Reunion September 6, 2025, (3) Fall Foundation Mixer November 4, 2025, (4) The Gratitude Effect and (5) Monterey County Gives.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: Labor/Delivery staff have been helpful in pairing patients in need of burial services with the Foundation. Dr. Radner noted that the Foundation will soon have a new Executive Director. Dr. Radner thanked Melissa for all she has accomplished in the last few months since Jeff Wardwell transitioned to a new position.

7. ADJOURNMENT

There being no other business, the meeting adjourned at 12:56 p.m. The Community Advocacy Committee Meeting meets quarterly and the next meeting is scheduled for **November 12, 2025**.

Rolando Cabrera, MD, Chair
Community Advocacy Committee