



September 19, 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, SEPTEMBER 25, 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, SEPTEMBER 25, 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 August 28, 2025

B. Policies/Plans Requiring Approval

1. Adult Sepsis Management
 2. Device and Media Control
 3. Echocardiography on Call and STAT
 4. Intra-Abdominal Pressure Monitoring
 5. Intracranial Bolt Monitoring, Care and Removal
 6. Lower Extremity Nerve Block
 7. Scope of Service: Biomedical Services
 8. Scope of Service: Clinical Research Program
 9. Scope of Service: Volunteer Services
 10. Sedation for the Mechanically Ventilated Adult
- Board President Report
 - Questions to Board President/Staff
 - Public Comment
 - Board Discussion/Deliberation
 - Motion/Second
 - Action by Board/Roll Call Vote

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

7. BOARD MEMBER COMMENTS AND REFERRALS

Joel Hernandez Laguna

8. REPORTS ON STANDING AND SPECIAL COMMITTEES

A. COMMITTEE APPOINTMENTS

Joel Hernandez Laguna

- Quality & Efficient Practices Committee: Richard Gerber, M.D., Vice Chief of Staff
- Finance Committee: Steven Regwan, D.O., Medical Staff Treasurer
- Corporate Compliance & Audit Committee: Alison Wilson, D.O., Chief of Staff

B. QUALITY AND EFFICIENT PRACTICES COMMITTEE

Catherine Carson

Minutes of the September 15, 2025 Quality and Efficient Practices Committee meeting have been provided to the Board for their review. Additional Report from Committee Chair, if any.

C. FINANCE COMMITTEE

Victor Rey, Jr.

Minutes of the September 22, 2025 Finance Committee meeting have been provided to the Board for their review. The Financial Reports of the Finance Committee have been provided for review (informational). The following recommendations have been made to the Board.

1. Consider Recommendation for Board Approval of DRC 80 Ton Chiller and Cooling Tower

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

2. Consider Recommendation for Board Approval of Project Funding and Award Construction Contract to Avila Construction for the Salinas Valley Health 5 Lower Ragsdale Roofing 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 Approval of Lease Amendment to Extend the Lease Agreement for 1756 North Main Street, Salinas for One Year

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

4. Consider recommendation to the SVH Board of Directors to approve (i) the purchase of additional units of Voting Membership Interest in Monterey Peninsula Surgery Center, and (ii) the execution of the MPSC Subscription Agreement by the SVH President/CEO, as approved by District Legal Counsel

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

9. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF (i) FINDINGS SUPPORTING RECRUITMENT OF ARTINEH HAYRAPETIAN, MD, (ii) CONTRACT TERMS FOR DR. HAYRAPETIAN'S RECUIRTMENT AGREEMENT, AND (iii) CONTRACT TERMS FOR DR. HAYRAPETIAN'S DIAGNOSTIC IMAGING PROFESSIONAL SERVICES AGREEMENT *Gary Ray, CLO*

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

10. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING OF SEPTEMBER 11, 2025, AND RECOMMENDATIONS FOR THE FOLLOWING BOARD APPROVALS: *Rakesh Singh, M.D.*

A. Reports

1. Credentials Committee Report (Including the following)

- Taylor Farms Family Health & Wellness Center (TFFHWC) Clinical Privilege Form

2. Interdisciplinary Practice Committee Report (Including the following)

- Revised Certified Registered Nurse Anesthetist (CRNA) Privilege Form

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

1. Dose Rounding for Biologic and Chemotherapeutic Agents

C. Other Items (Informational)

1. Medical Staff Excellence Committee (MSEC) Charter Update

- 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. CONSIDERATION OF PROPOSAL FOR MODIFICATION OF ANNUAL COMPENSATION TO PRESIDENT/CHIEF EXECUTIVE OFFICER

Joel Hernandez Laguna

*Matt Ottone, Esq.,
District Legal Counsel*

- Summary of Recommendation of Adjustment of Annual Compensation to President/Chief Executive Officer (Government Code Section 54953(c)(3))
- Questions to Legal Counsel
- Motion/Second
- Public Comment
- Board Discussion/Deliberation
- Action by Board/Roll Call Vote

14. ADJOURNMENT

Joel Hernandez Laguna

The next Regular Meeting of the Board of Directors is scheduled for
Thursday, October 23, 2025, at 4:00 p.m.

The Salinas Valley Health (SVH) Board packet is available at the Board Meeting, electronically at <https://www.salinavalleyhealth.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, SEPTEMBER 25, 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. Medical Staff Quality and Safety Committee
 - a. Report to Quality and Efficient Practices
 - Age-Friendly Initiative Task Force
 - Leapfrog Survey and CMS Hospital Star Rating
 - b. Consent Agenda
 - Accreditation and Regulatory Update
 - Environmental Services
 - Human Resources (HR Metrics)
 - Nursing Education
3. Quality and Safety Board Dashboard Review

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 LABOR NEGOTIATOR

(Government Code §54957.6)

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

Employee organization: (Specify name of organization representing employee or employees in question): National Union of Healthcare Workers, or

Unrepresented employee: (Specify position title of unrepresented employee who is the subject of the 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
AUGUST 28, 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.

Joel Hernandez Laguna arrived at 4:15 p.m.

Rolando Cabrera, M.D., left at 5:35 p.m.

1. CALL TO ORDER/ROLL CALL

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

2. CLOSED SESSION

Vice President Carson 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 – Existing Litigation – Erguiza, et. al. v. Salinas Valley Health, Monterey County Superior Court Case No. 25CV003324 and (4) Public Employee Performance Evaluation: President/CEO.*

The meeting recessed into Closed Session under the Closed Session Protocol at 4:04 p.m.

The Board completed its business of the Closed Session at 4:28 p.m.

3. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 4:33 p.m. President Hernandez Laguna reported that in Closed Session, the Board discussed *(1) Hearings and Reports and (2) Conference with Legal Counsel – Existing Litigation – Erguiza, et. al. v. Salinas Valley Health, Monterey County Superior Court Case No. 25CV003324.* 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.

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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:

- **DAISY Award: Aerin Rumrill, BSN, RN:** Clement Miller, COO, stated Aerin was not able to attend but his DAISY Award nomination was especially heartfelt and emotional. Clement introduced Pia Lindstrom and Phil Garcia, who expressed their gratitude to Aerin in appreciation for the compassionate and skillful care he provided to not only their sister, Audrey Garcia, but to them as a family. Ms. Lindstrom stated that throughout the care their sister received, Salinas Valley Health provided an experience “beyond any other hospital,” and that “Aerin showed up caring and provided special treatment.” She noticed that his care was exactly what he provided to all his patients. She stated that, “Aerin spoiled us” Ms. Lindstrom and Mr. Garcia were thanked for attending and speaking with the Board.
- **STAR Award: Emily Saldana, MSW, Patient Experience Coordinator:** Clement Miller, COO, introduced Emily stating that she demonstrates how combining knowledge with compassion is critical in a patient care environment through encounters with a variety of patients and families. In each unique and difficult situation, Emily's core response of respect and resourcefulness left lasting impacts on patients, loved ones, and colleagues alike. Emily stated she was honored to receive this award, that there is a misconception that the job of the patient experience team is to make everyone happy; it is instead to make the patients seen, heard and supported at their most vulnerable moment. Emily said she looks forward to continue growing at Salinas Valley Health.
- **Employee Appreciation Event:** Michelle Childs, CHRO, reported that in August, employees, SVH Clinics staff and Doctors on Duty staff received produce boxes benefitting Salinas Valley Health Staff and Rancho Cielo Youth. This employee appreciation event did three things, provided employee recognition, promoted the values of health and wellness and strengthened the already strong community partnership with Rancho Cielo.
- **Remembering Yuji Saito, M.D.:** Dr. Radner reported Dr. Saito recently died unexpectedly. He was a phenomenal physician, beloved by staff and it is a huge loss for SVH and his patients. There will be a memorial service in October to honor him.

5. PUBLIC COMMENT:

None.

6. CONSENT AGENDA – GENERAL BUSINESS

It was noted the following policies has been removed for consideration from the published Consent Agenda (1) *Adult Sepsis Manage* and (2) *Complete Decongestive Therapy for Management of Lymphedema*. These policies 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 July 24, 2025
- B. Minutes of the Special Meeting of the Board of Directors August 6, 2025
- C. Policies/Plans Requiring Approval
 - 1. Cervical Ripening Balloon
 - 2. Conflict of Interest

3. Fetal Demise/Stillborn/Neonatal Death
4. I.V. Pump Data Collection and Analysis
5. In-Kind Donations
6. Medical Device/Product and Biologics (HCT/P) Adverse Event Reporting
7. Medication Access for Licensed and Authorized Non-Licensed Personnel
8. Medication Process for TFFH&WC
9. Medication Security & Storage for TFFH&WC
10. Multiple Gestation Deliveries
11. Non-Obstetric Surgery in Pregnancy
12. Placental Examination & Neonatal Cord Blood Gas Analysis
13. Scope of Service: Center for Advanced Diagnostic Imaging
14. Scope of Service: Nutrition Services
15. Scope of Service: Perinatal
16. SVH Pharmacy Supply Chain Management

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None

MOTION:

Upon motion by Director Dr. Cabrera, second by Director Carson, the Board of Directors approves the Consent Agenda, Items (A) through (C) 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 the future of the Blue Zones project needs additional discussion and the Board needs more information. There was discussion with District Legal Counsel, Matt Ottone, Esq., on how to arrange a Special Board or Committee meeting.

Director Catherine Carson: None

Director Victor Rey, Jr. stated (1) it is nice to see the smooth flow of patients through the ED using the modular units, and (2) he welcomed Iftikhar Hussain as Chief Financial Officer.

Director Isaura Arreguin: None.

Director Joel Hernandez Laguna stated he appreciates that the Monterey County Blue Zones Project is the first to be certified in California.

8. EMPLOYEE ENGAGEMENT SURVEY RESULTS

Michelle Childs, CHRO, reported on the results from the PressGaney 2025 Employee Engagement Survey. Delivering the optimal care experience with safe, high quality, compassionate/connected care is directly related to engaged staff. The following was reviewed and discussed:

- Survey conducted mid-May to mid-June 2025.

- 79% staff responded which is above the national average.
- Results are above the national average with an engagement score of 4.19 out of 5, 80th percentile.
- Scores for culture prevention and reporting.
- Key drivers and impact on engagement include 5 of 8 questions on the culture of safety.

Next steps include review by leaders/teams, debriefing results, solutions discussions, building team improvement plans, report plans to leaders for support and guidance, meet to discuss progress, and choose new priorities for improvement and building new plans.

A full report was included in the packet.

BOARD MEMBER DISCUSSION: Reporting of safety issues has gone up since last year and very few are reported anonymously which indicates staff is more comfortable reporting in a safe environment but the scores indicate there needs to be a change in the perception of safe reporting. This year there will be focus on this gap between facts and perception.

9. REPORTS ON STANDING AND SPECIAL COMMITTEES

A. APPOINTMENT FOR CFO

President Hernandez Laguna reported that the new Chief Financial Officer, Iftikhar Hussain, began his employment at Salinas Valley Health on August 25, 2025. Matt Ottone, District Legal Counsel, advised that since all the committees are Board Committees that exist pursuant to the Board of Directors Bylaws, all committee seats are appointed by the Board President. As Board of Directors President, Joel Hernandez Laguna appointed Iftikhar Hussain to the Personnel, Pension and Investment Committee and Finance Committee effective August 28, 2025.

Dr. Radner introduced Mr. Hussain who stated that it is obvious that SVH leadership and staff are dedicated to the community and he looks forward to being part of that team.

Dr. Radner thanked Scott Cleveland, Controller, for doing a remarkable job as Interim CFO.

B. QUALITY AND EFFICIENT PRACTICES COMMITTEE

A report was received from Director Catherine Carson regarding the Quality and Efficient Practices Committee. The minutes of the August 25, 2025 meeting were provided for Board review. Director Carson stated the presentations were: (1) Patient Care Services update on the Collaborative Care Council, (2) US World News and additional awards, and (3) the AHA Age Friendly Initiative. The Consent agenda included reports as listed on the Board of Directors Hearings and Reports Consent Agenda. There are no recommendations.

C. PERSONNEL, PENSION & INVESTMENT COMMITTEE

A report was received from Director Carson regarding the Personnel, Pension and Investment Committee. The minutes of the August 18, 2025 meeting were provided for Board review. Director Carson commented the Committee received reports on (1) Investment performance for quarter ending June 30, 2025 of SVMHS' 403(b) Plan, 457 Plan and Employee Pension Plan, (2) Annual fee benchmarking review for SVMHS' 403(b) Plan, (3) Human Resources Metrics, and (4) Workplace violence CY2025. The following recommendations were made:

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

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: Recruitment agreement incentives are an industry standard and vary with the type of specialty and must remain within fair market value. Since Dr. Gomez was hired, the SVH incentive plan for OB/GYN physicians who are robotically trained has changed to \$100,000.00. In an effort to provide equal treatment, Administration is requesting approval of the supplemental contract terms for Dr. Gomez.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Arreguin, the Board of Directors approves an increase in the recruitment incentive amount to \$100,000.00.

ROLL CALL VOTE:

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

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

2. 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

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: It is good to know Dr. Umeh was a resident at Natividad Medical Center in 2006. He has been working at the Natividad Seaside Family Health Center. He will be working at the SVH Clinics.

MOTION:

Upon motion by Director Carson, and second by Director Arreguin, the Board of Directors to approves:

A. The Findings Supporting Recruitment of Ifeanyi Umeh, MD:

- That the recruitment of a Family Medicine physician 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;

B. The Contract Terms of the Recruitment Agreement for Dr. Umeh; and

C. The Contract Terms of the Family Medicine Professional Services Agreement for Dr. Umeh.

ROLL CALL VOTE:

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

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

A. FINANCE COMMITTEE

A report was received from Director Rey regarding the Finance Committee. The minutes of the August 25, 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 Alliance HealthCare Services (Alliance), Inc. MRI Service Contract Addendum E**

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Carson, the Board of Directors approves 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: Arreguin, Dr. Cabrera, Carson, Hernandez Laguna, and Rey;

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

- 2. Consider Recommendation for Board 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**

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: Steam production is a critical infrastructure.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Carson, the Board of Directors approves (i) the total estimated project cost for the Salinas Valley Health Phase One scope and design work for Phase 2 in the budgeted amount of \$1,900,000.00 and (ii) award a construction contract to Val’s Plumbing and Heating in the amount of \$563,520.00 under a sole source procurement process.

ROLL CALL VOTE:

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

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

- 3. Consider Recommendation for Board to Award Ultrasound Equipment Capital Purchase Contract to Canon Medical Systems and Award 4-Year Service Agreement to Canon Medical Systems**

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: SVH Medical Center currently has six ultrasound units with five different vendors that complicates efficiency and maintenance. Staff was thanked for expediting this request which will avoid a 15% increase in cost due to impending tariffs.

MOTION:

Upon motion by Director Carson, and second by Director Dr. Cabrera, the Board of Directors approves (i) awarding ultrasound equipment capital purchase contract to Canon Medical Systems in the amount of \$672,536.00, and (ii) awarding 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: Arreguin, Dr. Cabrera, Carson, Hernandez Laguna, and Rey;

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

4. Consider Recommendation for Board Approval of Outsourcing Outstanding Accounts Receivables Aged Greater Than 90 Days

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: Approval of this request will improve cash flow and A/R days while accessing specialized experts in the industry.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Arreguin, the Board of Directors approves (i) the total estimated project cost associated with outsourcing A/R aged greater than 90 days in the amount of \$3,250,555.00 and (ii) award the contracts for this work to Medical Data Exchange and FinThrive.

ROLL CALL VOTE:

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

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

B. COMMUNITY ADVOCACY COMMITTEE

A report was received from Director Dr. Cabrera regarding the Community Advocacy Committee. Director Dr. Cabrera stated there were reports on (1) Summer Health Institute & Medical Adventure Camp, (2) FY25 Community Funding and (3) the SVH Foundation. The minutes of the August 20, 2025 meeting were provided for Board review. There are no recommendations.

10. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING ON AUGUST 14, 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 August 14, 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 Carson, 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 adding Telehealth to core procedures
 - 2. Interdisciplinary Practice Committee Report
- 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

ROLL CALL VOTE:

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

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

11. EXTENDED CLOSED SESSION

President Hernandez Laguna announced items to be discussed in Extended Closed Session are (1) *Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and services*, (2) *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 6:43p.m.

12. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 6:44 p.m. President Hernandez Laguna reported that in Extended Closed Session, the Board discussed (1) *Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and services*, (2) *Public Employee Performance Evaluation: President/CEO*.

No action was taken.

13. ADJOURNMENT

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, September 25, 2025, at 4:00 p.m.** There being no further business, the meeting was adjourned at 6:45 p.m.

Rolando Cabrera, MD
Secretary, Board of Directors

Memorandum

To: Board of Directors
 From: Clement Miller, COO
 Date: September 25, 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	Wording changed slightly for how quickly IV abx should be administered and added updated references.	Carla Spencer, CNO
2.	Device and Media Control	Typos corrected, excluded all medical devices that lack an alternative, data required to be provided to outside legal counsel, data provided to a patient at their request.	Alysha Hyland, CAO
3.	Echocardiography on Call and STAT	Regularly scheduled review. No changes.	Clement Miller, COO
4.	Intra-Abdominal Pressure Monitoring	Updated policy to align with current research, references updated and removed old attachment.	Carla Spencer, CNO
5.	Intracranial Bolt Monitoring, Care and Removal	updated references and revised correct Camino monitor setup/monitoring info with current monitor in use	Carla Spencer, CNO
6.	Lower Extremity Nerve Block	Replaced EMR with EHR, otherwise no changes.	Timothy Albert, MD
7.	Scope of Service: Biomedical Services	Regularly scheduled review. No changes.	Clement Miller, COO
8.	Scope of Service: Clinical Research Program	Updated process flow chart.	Timothy Albert, CCO
9.	Scope of Service: Volunteer Services	Updated Chief Administrative Officer/Wellness to Vice President, Partner & Community Relations and updated address to 420, Suite C.	Allen Radner, CEO
10.	Sedation for the Mechanically Ventilated Adult	Updated sedation titration parameters to match Med Use policy. Updated references.	Carla Spencer, CNO
MEC Policies/Plans			
1.	Dose Rounding for Biologic and Chemotherapeutic Agents	No changes.	Clement Miller, COO



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. Administration of IV antimicrobials should be initiated as soon as possible after recognition and within 1 hour for both a) septic shock and b) sepsis without shock
 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. Guarino, M., Perna, B., Cesaro, A. E., Maritati, M., Spampinato, M. D., Contini, C., & De Giorgio, R. (2023). 2023 Update on Sepsis and Septic Shock in Adult Patients: Management in the Emergency Department. *Journal of clinical medicine*, 12(9), 3188. <https://doi.org/10.3390/jcm12093188>
- B. Evans, Laura¹; Rhodes, Andrew; Alhazzani, Waleed; Antonelli, Massimo; Coopersmith, Craig M.; French, Craig; Machado, Flávia R.; McIntyre, Lauralyn; Ostermann, Marlies; Prescott, Hallie C.; Schorr, Christa; Simpson, Steven; Wiersinga, W. Joost; Alshamsi, Fayez; Angus, Derek C.; Arabi, Yaseen; Azevedo, Luciano; Beale, Richard; Beilman, Gregory; Belley-Cote, Emilie; Burry, Lisa; Cecconi, Maurizio; Centofanti, John; Coz Yataco, Angel; De Waele, Jan; Dellinger, R. Phillip; Doi, Kent; Du, Bin; Estenssoro, Elisa; Ferrer, Ricard; Gomersall, Charles; Hodgson, Carol; Hylander Møller, Morten; Iwashyna, Theodore; Jacob, Shevin; Kleinpell, Ruth; Klompas, Michael; Koh,

Younsuck; Kumar, Anand; Kwizera, Arthur; Lobo, Suzana; Masur, Henry; McGloughlin, Steven; Mehta, Sangeeta; Mehta, Yatin; Mer, Mervyn; Nunnally, Mark; Oczkowski, Simon; Osborn, Tiffany; Papathanassoglou, Elizabeth; Perner, Anders; Puskarich, Michael; Roberts, Jason; Schweickert, William; Seckel, Maureen; Sevransky, Jonathan; Sprung, Charles L.; Welte, Tobias; Zimmerman, Janice; Levy, Mitchell. Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021. Critical Care Medicine 49(11):p e1063-e1143, November 2021. | DOI: 10.1097/CCM.0000000000005337

- C. 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.
- D. 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
- E. 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	09/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	09/2025
Policy Owner	David Thompson: Director Nursing	09/2025

Standards

No standards are associated with this document



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

Owner Audrey Parks:
Vice President
Information
Technology
Area Information
Technology

Device and Media Control

I. POLICY STATEMENT

- A. Any portable media device used for storing, transporting or transmitting data used in Salinas Valley Health operations shall be ordered through Information Technology. Unencrypted portable storage media is not appropriate for use with Salinas Valley Health data. This includes, but is not limited to thumb drives, SIM cards, compact disks and digital video disks.

II. PURPOSE

- A. The purpose of this policy is to ensure the privacy and security of electronic protected health information (ePHI) and other sensitive data stored on devices or media. This policy provides guidelines on receipt, removal, re-use and disposal of hardware and storage media containing sensitive data assets.
- B. This policy applies to all hardware and electronic media directly managed by Salinas Valley Health such as, but not limited to, desktop computers, mobile devices, removable storage media, medical devices and infrastructure components storing data.

III. DEFINITIONS

- A. N/A

IV. GENERAL INFORMATION

- A. Destruction or disposal of ePHI and other sensitive data shall be carried out in accordance with this policy. This policy applies to all staff using data stored by Salinas Valley Health.
- B. This policy applies to all employees, contractors, volunteers, students, medical staff, and other persons performing work on behalf of Salinas Valley Health.
- C. Excluded are medical devices that lack an alternative, data required to be provided to outside legal counsel, data provided to a patient at their request.

V. PROCEDURES

- A. For purposes of this policy and procedure, the scope of data includes electronically protected health information (ePHI) and other sensitive data including but not limited to intellectual property, financial and personnel records.
- B. Please refer to Salinas Valley Health's "[RECORDS RETENTION POLICY](#)" for Salinas Valley Health details on record retention.
- C. Prior to reuse of devices or storage media containing e-PHI or sensitive data, any such data on the device must be erased, removed, certified as destroyed and rendered inaccessible.
 - 1. Examples of storage media include, but is not limited to, USB drives, DVDs, disk drives, tapes, SIM or other memory cards and servers.
 - 2. Contact Salinas Valley Health Information Technology for help in destroying sensitive data from devices or other removable media that is inappropriate for use with our shredding vendor. Refer to the "[DISPOSING AND DESTRUCTION OF PROTECTED HEALTH INFORMATION](#)" policy for details on destruction of printed materials, devices and removable storage media.
 - 3. For personal devices containing confidential or sensitive Salinas Valley Health information, contact the Salinas Valley Health Help Desk for assistance to have the electronic media or computing device disposed of properly. Salinas Valley Health Help Desk may be reached at (831) 755-0738 or HelpDesk@svmh.com.
- D. Information Technology follows an internal "Destruction of Disk Drives" policy which governs how to render sensitive data, including ePHI, inaccessible when stored on disk drives.
 - 1. Certificate of destruction provided by the IT authorized destruction vendor for any hard disk drives provisioned by IT for destruction.
 - 2. Laptops are issued with encrypted drives. Staff have a responsibility to report incidents of lost or stolen laptops. Staff have a responsibility to report suspicious software on their hospital-issued devices such as workstations and laptops.
- E. Electronic Media or Computing Device Re-Use
 - 1. Any data stored on the electronic media or computing device which is still needed should be securely backed up and stored in compliance with our "[RECORDS RETENTION POLICY](#)" prior to over-writing the electronic media for re-use.
 - 2. Salinas Valley Health strongly discourages the use of personal electronic media or devices for use for Salinas Valley Health business. Salinas Valley Health cannot assure that the data is backed up or capable of being restored if the data or work product is only stored on personal devices or storage media.
 - 3. Salinas Valley Health Medical Center does not resell, recycle, re-use or otherwise return storage media that is at end of life, ready for e-waste or destruction. Salinas Valley Health IT will retain a copy of records of storage media destruction in accordance with the "[RECORDS RETENTION POLICY](#)" policy.
- F. Enforcement
 - 1. Users and staff are required to report any potential infractions of this policy to the

HIPAA Security hotline at (831) 759-1999 or extension 1999.

2. Anyone found to be in non-compliance with this policy may be subject to disciplinary action.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. 45 CFR §164.310(d)(2)(ii) Implement procedures for the removal of ePHI from electronic media before the media are available for re-use.

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	09/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025
Policy Owner	Audrey Parks: Vice President Information Technology	08/2025

Standards

No standards are associated with this document



Origination 05/2022
 Last Approved N/A
 Next Review 3 years after approval

Owner Megan Giovanetti:
 Director Cardiovascular Services and Sleep
 Area Cardiology Departments

Echocardiography on Call and STAT

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- A. To provide guidelines for the Cardiac Sonographer, Cardiologists and
- B. SVHMC House Staff when ordering echocardiography procedures after hours and/or STAT.

III. DEFINITIONS

A. N/A

IV. GENERAL INFORMATION

- A. One cardiac sonographer will be on-call during after-hours and Salinas Valley Health Medical Center (SVHMC) approved holidays. On call will be rotated between the cardiac sonographers on staff. Trading or giving away call will be communicated to the scheduler. The scheduler will modify the on-call schedule/rotation when there is approved PTO prior to posting the final schedule. Changes to the call rotation/schedule will be carried out by seniority.
- B. In the event the on-call sonographer experiences an illness, emergency, accident, bereavement, etc., they will immediately notify the cardiology manager on-call. The manager will call the sonographers on staff by seniority for coverage.
- C. All physicians requesting a STAT procedure, during routine or after-hours, will contact the cardiologist designated to read or the on-call cardiologist for appropriate criteria. Appropriate criteria in the acute setting include but are not limited to:

- hypotension, acute respiratory failure or hemodynamic instability of uncertain or suspected cardiac etiology
- evaluation of complication of myocardial ischemia/infarction, acute mitral regurgitation/papillary muscle rupture, ventricular septal rupture, cardiogenic shock
- suspected acute aortic dissection
- suspected pericardial effusion or bleeding after serious chest trauma
- suspected cardiac tamponade
- pulmonary embolus, acute right ventricular strain

D. On-Call Hours:

1. Monday through Thursday 500pm – 730am, Friday 500pm – 830am, Saturday 500pm - Sunday 8:30am, Sunday 5:00pm –Monday 7:30am and SVHMC approved holidays.

E. STAT:

1. A STAT order is required for immediate simultaneous assessment and treatment. Only STAT orders will be performed during on-call hours. All STAT orders, during routine or after-hours will be paged to the echocardiography department pager.

V. PROCEDURE

A. Once appropriate criteria is determined the order will be entered including:

- indication
- interpreting cardiologist
- cardiologist will interpret: bedside, PACS or remotely

B. The unit assistant, RN, physician or cardiologist will request the hospital operator to page the on-call cardiac sonographer. The cardiac sonographer will respond within 5 minutes. If there is no response the operator will re-page. If no response after 15 minutes the operator will contact the department manager on-call.

C. The cardiac sonographer will clock-in within 30 minutes of receiving information/request for STAT procedure.

D. Upon completion of the STAT procedure the sonographer will notify the reading cardiologist specified on the order. The reading cardiologist will interpret/read and finalize the procedure within 60 minutes. Results will be communicated to the ordering/attending physician immediately.

VI. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VII. REFERENCES

A. SCCM/SCCT/SCMR 2011 Appropriate Use Criteria for Echocardiography. Journal of the

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	09/2025
Cardiology Medical Director	Megan Giovanetti: Director Cardiovascular Services and Sleep	08/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	07/2025
Policy Owner	Megan Giovanetti: Director Cardiovascular Services and Sleep	07/2025

Standards

No standards are associated with this document



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

Owner Amy Grimsley:
Clinical Manager
Area Patient Care

Intra-Abdominal Pressure Monitoring

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- A. To provide a procedural guideline in monitoring intra-abdominal pressure (IAP) for patients who are at risk for the development of intra-abdominal hypertension (IAH) or abdominal compartment syndrome (ACS).

III. DEFINITIONS

A. IAP- Intraabdominal Pressure

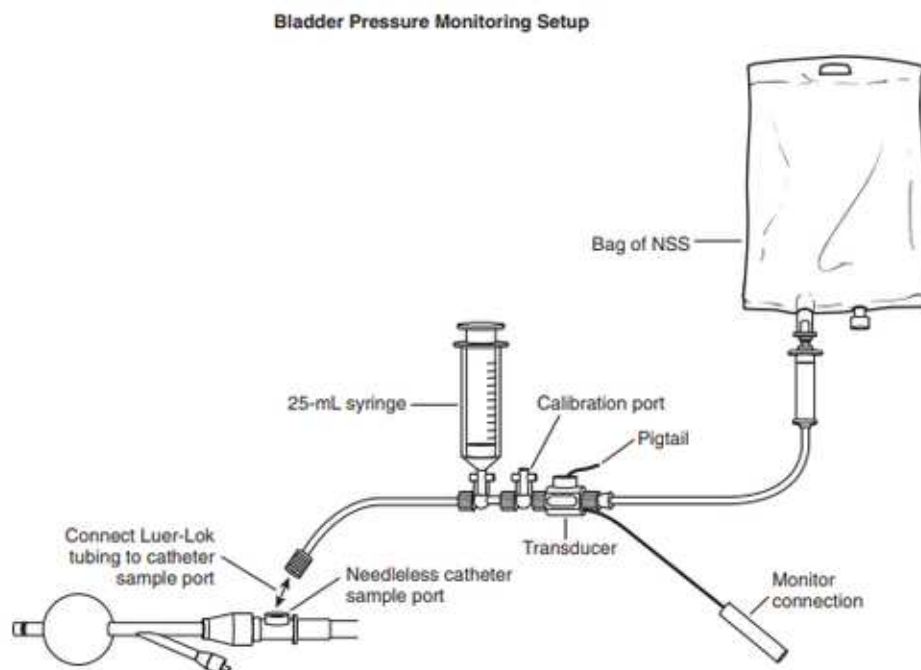
IV. GENERAL INFORMATION

- A. This procedure is done by an ICU nurse.
- B. Intraabdominal pressure measurements are most accurate in mechanically ventilated patients in the supine position
- C. Intra-abdominal bladder pressures are measured in millimeters of mercury (mmHg).
1. Intraabdominal pressure in a healthy adult is 0-5 mmHg and typically 5-7 in a critically ill patient
 2. Intraabdominal pressure of 12 mmHg or higher is considered intraabdominal hypertension.
 3. Intraabdominal pressure of 20 mmHg or higher is considered abdominal compartment syndrome
- D. Intra-abdominal hypertension and abdominal compartment syndrome result when the abdominal contents expand in excess of the capacity of the abdominal cavity.
- E. Elevated intra-abdominal compartment pressures may result in decreased blood flow to organs in the abdominal cavity and can adversely affect the functioning of multiple organ systems.

- F. An IAP of up to 20 mmHg can decrease mesenteric perfusion by 40%, and pressures up to 40 mmHg can decrease mesenteric perfusion by 70%

V. PROCEDURE

A. Equipment



1. Indwelling urinary catheter with a needleless specimen port and drainage bag
2. Pressure transducer system, including pressure tubing with flush device, transducer, and two stopcocks, Luer-lok syringe, clamp for urinary drainage bag
3. 500ml or 1000ml normal saline (NS)
4. Cardiac monitor and pressure cable
5. 2% chlorhexidine swabs

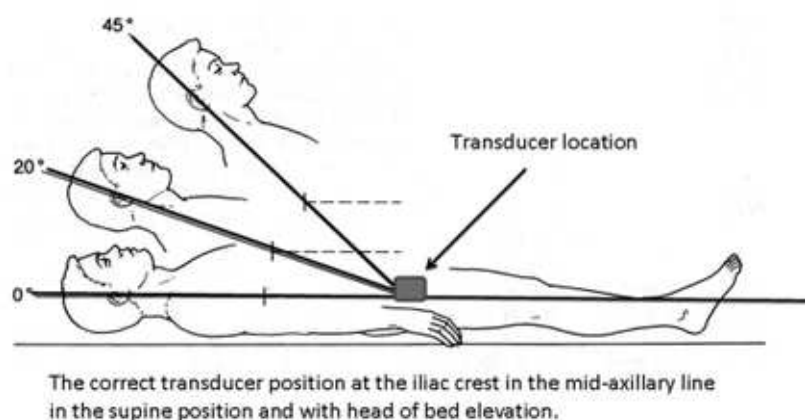
B. Set-up

1. Patient and Family Education
 - a. Explain the purpose for intra-abdominal pressure monitoring
2. Patient Assessment and Preparation
 - a. Ensure the presence of a conventional (single-lumen) urinary catheter connected to a closed drainage system

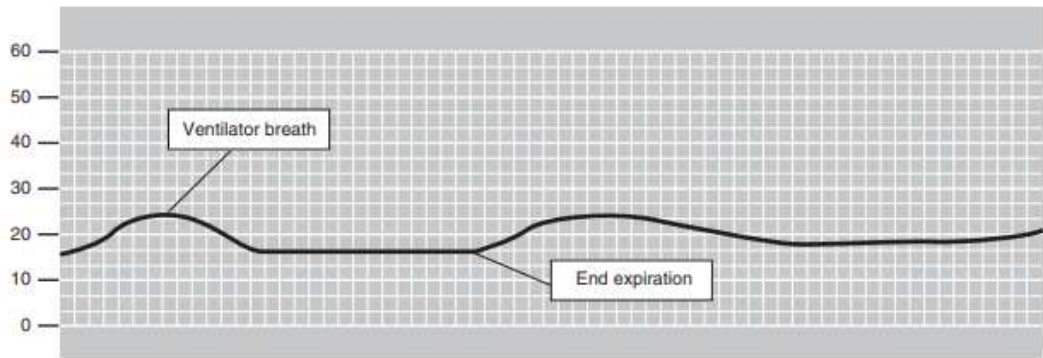
C. Procedure

1. Place the patient in the supine, flat position
2. Wash hands and don non-sterile gloves
3. Using aseptic technique, assemble the entire pressure transducer system and prime the system with normal saline (NS) solution.
4. Cleanse the needleless port on the urinary catheter with 2% chlorhexidine and allow to

- dry. Connect pressure tubing to the needleless port on the urinary catheter.
5. Connect the pressurized system to the pressure module of the monitor with the transducer cable. Select a 30 mmHg scale, or optimal scale for better waveform. Select IAP (intraabdominal pressure) label on the monitor.
6. Level the transducer at the patient's level of iliac crest at mid axillary line. . Place a mark on the patient for reference and consistency. If the patient cannot tolerate a supine position, the transducer must be placed at the level of the bladder.



7. Zero the system
8. Drain bladder to ensure it is empty
9. Clamp the bladder drainage system just distal to the catheter and drainage bag connection on the drainage bag tubing trapping fluid between the bladder and transducer
10. DO NOT deflate the foley balloon, only a closed system will give accurate readings.
11. Turn the stopcock attached to the syringe "off" to the patient and "open" between normal saline and syringe. Aspirate 25 ml of normal saline
12. Turn the stopcock "off" to the normal saline and "open" to the syringe and patient. Inject 25ml of saline into the bladder at a infusion flush rate of 2ml per second.
13. Clear air from tubing between catheter and clamp; if present. Release clamp slightly and allow small amount of NS to flow out of bladder to clear air from tubing as this could cause faulty readings. Reclamp.
14. Turn the stopcock "off" to the syringe so that the stopcock is open between transducer and patient to interpret the pressure.
15. Allow 30 to 60 seconds after saline solution instillation to allow for equilibration of the monitor to a steady state pressure reading.
16. Measure the intra-abdominal pressure at end expiration since the effects of pulmonary pressures are minimized.
17. Run a strip of the waveform



18. Once a reading has been obtained, unclamp the drainage system. Although the entire transducer system is left connected, pressures CANNOT be continuously monitored. The urinary drainage system should always remain unclamped between readings.
19. Record the bladder pressure on the patients flowsheet and subtract the 25ml of instilled saline from the hourly urine output
20. Note the grade of intraabdominal hypertension and report findings to treating clinician
 - a. Intraabdominal hypertension severity is graded as follows:
 - Grade I: intraabdominal pressure 12-15 mm Hg
 - Grade II: intraabdominal pressure 16-20 mm Hg
 - Grade III: intraabdominal pressure 21-25 mm Hg
 - Grade IV: intraabdominal pressure more than 25 mm Hg
21. Discard used supplies and wash hands

D. Monitor and Care

1. Leave system intact after measurement to reduce risk of UTI related to repeatedly accessing urinary catheter sampling port
2. Assess the patient for signs of increasing intra-abdominal pressure, including decrease in blood pressure and cardiac output, oliguria or anuria, increase in peak inspiratory pressures, hypoxia, elevated intracranial pressure, increased abdominal girth, increase in the tenseness of the abdominal wall
3. Monitor intra-abdominal pressures every 4 hours or as ordered by physician
4. Monitor for signs and symptoms of UTI

E. Complications

1. Inability to obtain an intra-abdominal pressure reading
2. Inaccurate pressure readings obtained
3. Development of nosocomial UTI secondary to urinary drainage system manipulation

F. Documentation:

1. Document IAP pressure readings in the patient's medical record

VI. EDUCATION/TRAINING

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

VII. REFERENCES

A. Crumley, C. (2022, May/June). Intra-abdominal pressure measurement devices: A technologic analysis. *Journal of Wound, Ostomy & Continence Nursing*, 49(3), 220-225.

B. Regan-Baggs J. Single-pressure and multiple-pressure transducer systems. In: Johnson KL, ed. *AACN Procedure Manual for Progressive and Critical Care*. 8th ed. Elsevier; 2024:571-583.

C. Popowicz P, Newman RK, Dominique E. Abdominal Compartment Syndrome. [Updated 2023 Sep 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK430932/>

D. Regli, A., Nancy, R., Braun, J., Girardis, M., Max, M., Malbrain, M.L., & DeKeulnaer, B. (2022). The effect of non-invasive ventilation on intra-abdominal pressure. *Anaesthesiology Intensive Therapy*, 54(1), 30-33.

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	09/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	09/2025
Policy Owner	Amy Grimsley: Clinical Manager	09/2025

Standards

No standards are associated with this document



Origination 07/2018
Last Approved N/A
Next Review 3 years after approval

Owner Carla Spencer:
Chief Nursing
Officer
Area Patient Care

Intracranial Bolt Monitoring, Care and Removal

I. POLICY STATEMENT

- A. Patient with intracranial bolt must be monitored and cared for in ICU/CCU.

II. PURPOSE

- A. To establish a criteria to measure and continuously monitor intracranial pressure (ICP), calculate perfusion pressure (CPP), and assess cerebral compliance and auto regulations.
- B. To guide nurses with patient care and interventions: i.e., positioning and suctioning; and its effect with intracranial pressure.

III. DEFINITIONS

- A. ICP - Intracranial Pressure. Pressure of CSF (cerebrospinal fluid) measured within the intraventricular or subarachnoid space.
- B. Intracranial bolt - Device used for monitoring intracranial pressure. It is not used to treat elevated intracranial pressure through cerebrospinal fluid removal.
- C. MAP - Mean Arterial Pressure
- D. CPP - Cerebral Perfusion Pressure
- E. Minimum acceptable perfusion - 70-90 mmHg.

IV. PROCEDURE

- A. Equipment
1. Intracranial bolt insertion tray.
 2. Intracranial bolt monitor.
 3. Interface cable that will connect to the bedside monitor- to set alarm limits and

record ICP waveform

B. Set-up

1. Set-up and insertion of intracranial bolts usually occurs in surgery or under sterile conditions. In emergency situations however, they can be placed in ICU or ED.
2. Intracranial bolt monitor may not be used in an MRI environment
3. Battery life is 1.5 hours and only intended for use in patient transport. Ensure monitor is plugged in at all times.
4. Monitor Setup
 - a. Connect the black fiber optic cable(CAMCABL) to the ports on the intracranial bolt monitor. attach the ICP connector into the port labeled ICP.
 - b. Using proper technique to maintain sterility at setup, connect the preamp connector at the end of the CAMCABL to the black transducer connector at the end of the catheter.
 - c. Check monitor display to determine an ICP reading.
 - i. If there is not a reading, press SCALE button on the MAIN tab to select a waveform range of -10 to 20 mmHg
 - d. Alarm Tab- set appropriate alarm parameter and press ACCEPT
 - e. Trend Tab- View history of ICP trend data in various ranges of 3, 12, 24, 48, and 120 hours.
5. Zeroing and calibration of intracranial bolt monitors
 - a. Attach interface cable from intracranial bolt monitor to patient's bedside monitor.
 - b. Press the "SYNCHRONIZE TO MONITOR" tab to start a 60 second clock allowing time to "zero ICP" on the bedside monitor. Press DONE when bedside monitor is zeroed.
 - c. Select appropriate scale on the bedside monitor and ICP monitor.
 - d. On bedside module, press PRESSURE button and select ICP as the label.
 - e. Set alarm parameter on the bedside monitor as appropriate to patient condition.
6. Maintenance/Care
 - a. Note ICP waveform trends and record strip Q 4 hours or any changes in patient condition.
 - b. Set alarm limits for ICP and CPP as determined to be acceptable by physician.
 - c. Assess ICP value and record hourly.
 - d. Calculate and record CPP hourly. If arterial line is in place, CPP is displayed on bedside monitor continuously.

- e. Assess integrity, stability, and sterility of intracranial bolt system at least hourly.
- f. Zero the ICP monitor and bedside monitoring system if connections between the transducer and the monitoring cable become dislodged and when the values do not fit the clinical picture.
- g. Provide a safe environment by preventing unintentional dislodgement of ICP monitoring device through repeated explanation, sedation, or by using mittens.
- h. Check integrity of occlusive insertion site dressing and optional full head dressing. Change dressing PRN.
- i. Notify physician of the following:
 - i. When elevation of ICP does not respond to therapy.
 - ii. Monitoring system is not functional.
 - iii. Deterioration of neurological status.
 - iv. CSF leakage from insertion site.
 - v. When ventriculostomy (intraventricular catheter) is used, refer to Clinical Policy # 116 [INTRAVENTRICULAR CATHETER MONITORING, CARE, TROUBLESHOOTING & REMOVAL](#)
 - vi. Always check ICP monitor for evidence of mechanical failure or need for re-zeroing. Loose cables and connecting devices may contribute to mechanical failure.
 - vii. When moving or transporting the patient, disconnect the transducer connector from the pre-amp connector if ICP readings are not required during transport.
 - viii. DO NOT kink, pull sharply, or pinch the catheter against a hard surface.
 - ix. Always secure the catheter to the patients head dressing to minimize pull from the patient's movements.

7. Removal of Intracranial Bolt (assist)

- a. Assist the physician with removal of the intracranial bolt as needed.
- b. Apply 2% Chlorhexidine and sterile occlusive dressing after device is removed.
- c. Dispose used supplies and wash hands.

8. Complications

- a. Infection
- b. CSF leakage
- c. Dislodgement or occlusion of intracranial bolt
- d. Pneumoencephalopathy

e. Cerebral hemorrhage

C. Documentation:

1. ICP reading and CPP calculations documented on EHR/Electronic Health Record
2. Insertion site assessment and integrity of dressing.
3. ICP waveform recorded every 4 hours.
4. Nursing interventions used to treat ICP deviations.
5. Any medical therapy used to control increased intracranial pressure, i.e. hyperventilation, sedation, osmotic diuretics, or barbiturate therapy.

V. EDUCATION/TRAINING

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

VI. REFERENCES

- A. Nag DS, Sahu S, Swain A, Kant S. Intracranial pressure monitoring: Gold standard and recent innovations. *World J Clin Cases* 2019; 7(13): 1535-1553 [PMID: 31367614 DOI: 10.12998/wjcc.v7.i13.1535]
- B. Shim Y, Kim J, Kim HS, Oh J, Lee S, Ha EJ. Intracranial pressure monitoring for acute brain injured patients: when, how, what should we monitor. *Korean J Neurotrauma*. 2023 Jun 28;19(2):149-161. doi:10.13004/kjnt.2023.19.e32.
- C. Camino® 2 Intracranial Pressure and Temperature Monitor. Retrived from <https://natus.com/neuro/camino2-intracranial-pressure-and-temperature-monitor/> on July 27, 2025

Attachments

 [A: Troubleshooting](#)

Approval Signatures

Step Description	Approver	Date
Board	Kathryn Haines: Administrative Assistant - PD	Pending
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Critical Care Director	Carla Spencer: Chief Nursing Officer	09/2025

Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	09/2025
Policy Owner	Carla Spencer: Chief Nursing Officer	09/2025

Standards

No standards are associated with this document



Origination 07/2021
Last Approved N/A
Next Review 3 years after approval

Owner Lilia Meraz
Gottfried:
Director Clinical
Development
Area Patient Care

Lower Extremity Nerve Block

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- A. To guide staff in the care of patients with regional nerve block or continuous nerve block infusion
- B. To guide staff in the procedure for removal of nerve block catheters

III. DEFINITIONS

- A. Regional Nerve Block – is achieved by injection or subcutaneous infusion of a local anesthetic onto or near a nerve for the purpose of pain relief.
- B. Femoral Nerve Block – is a procedure wherein a temporary wire-core catheter is placed near the femoral nerve by the anesthesiologist, which allows either single shot or continuous infusion of a small dose of local anesthetic. This procedure blocks the femoral nerve resulting in analgesia to the anterior and medial thigh, the medial calf, and the anterior portion of the knee.
- C. Adductor Canal Block – is a compartmental block procedure wherein a temporary wire-core catheter is placed within the adductor canal, which allows continuous infusion of a small dose of local anesthetic. The adductor canal contains two main nerves providing sensory innervation to the knee – the saphenous nerve (the nerve to the vastus medialis) and the posterior division of the obturator nerve. The nerve to the vastus medialis is the only motor nerve affected, therefore resulting in less muscle weakness.

IV. GENERAL INFORMATION

- A. Nerve block orders are managed by anesthesiologist.

- B. Patients with nerve block catheters **cannot** undergo MRI.
- C. Maintain IV access until the nerve block catheter is discontinued.
- D. Give narcotics only if respiratory rate (RR) >10 with corresponding pain rating based on 0-10 pain scale.

V. PROCEDURE

- A. To provide safe and effective pain relief to patients with a continuous nerve block infusion, nursing care includes the following:
 - 1. Infuse the local anesthetic via a CADD (Continuous Ambulatory Delivery Device) pump per dosing instructions from the physician. Change the local anesthetic infusion bag every 72 hours or earlier if needed.
- B. Initiate care plan for pain and Impaired Mobility. Protect extremity by proper positioning (pad at bony prominences). The patient will have decreased sensation, which could lead to heel breakdown.
- C. Initiate Nerve Block intervention onto worklist.
- D. Monitor the catheter site and dressing every four (4) hours (i.e., catheter intact, any signs or symptoms of infection at catheter site, any presence of hematoma, drainage, erythema, swelling, or discharge). Reinforce continuous infusion catheter site dressing as needed, do NOT change or remove dressing. Notify the treating surgeon or anesthesiologist if further assessment or a dressing change is necessary.
- E. Ensure catheter for continuous block is free of kinks, and that clamp is open unless otherwise ordered.
- F. Leaking of the medication around the site is common – if this occurs, you can place a sterile 4x4 over the damp area and place another large transparent dressing (opside) over the gauze. Again, DO NOT change or remove the original dressing.
- G. Monitor vital signs per unit standard and monitor side effects every four (4) hours until the infusion is discontinued. Pain assessment according to hospital policy.
- H. Assess and record peripheral pulses, motor, and sensory function in the affected extremity every four (4) hours.
- I. Maintain the limb in a neutral position with appropriate support and padding. Ensure affected leg does not externally rotate as this can cause pressure on popliteal nerve. Support the entire leg with pillows.
- J. Patients with continuous nerve block infusion need assistance with ambulation even after the catheter is removed. The nerve block usually wears off between 8-16 hours after catheter discontinuation, but could last 24 hours or more. Observe for quadriceps weakness. Use a knee immobilizer device with any out of bed activity, and implement high risk to fall (HRTF) precautions. Remove knee immobilizer when patient returns to bed.
- K. Femoral Nerve Block/Adductor Canal Block sign to be posted at bedside.
- L. Report the following to the anesthesiologist:
 - 1. Progressive leg muscle weakness or bilateral leg weakness.

2. Signs and symptoms of local anesthetic toxicity such as complaint of metallic taste, tingling in the mouth and tongue, ringing in the ears, muscle spasms/tremors, seizures, altered mental status or loss of consciousness, respiratory depression (RR<10), cardiac decompensation.
3. Blood pressure <90 systolic not explained by other factors.
4. Contamination of the catheter insertion or exit site (i.e., with stool or urine).
5. Hematoma near the catheter site/femoral area.
6. Poor pain control in the anterior thigh and knee (this may indicate catheter dislodgement).
7. Excessive leaking at the catheter site associated with inadequate pain relief.
8. Signs of catheter site infection such as redness, swelling, odor, drainage or warmth.
9. Change in motor/sensory function.

M. How to remove nerve block catheters:

1. Verify physician's order to discontinue nerve block infusion
2. Gather the following supplies: sterile gloves, Betadine swabs or alcohol swabs, band aids.
3. Wash hands.
4. Explain the procedure to the patient.
5. Clamp off continuous catheter tubing.
6. Remove dressing.
7. Don sterile gloves.
8. Swab insertion site and exit site (from site outward) with alcohol or Betadine.
9. While holding proximal end (where it leaves the skin), gently pull out distal end of the catheter (the tip) from the skin bridge (the insertion site). NOTE: If resistance noted upon removal, stop and notify the anesthesiologist.
10. Once the distal end of the catheter is pulled out, gently pull out complete catheter.
11. After removal, check catheter for intactness including metal tip. Never cut a catheter.
12. If drainage or slight bleeding noted, apply band aids to all puncture sites, entry site and exit site).
13. Report any problems to anesthesiologist such as more than slight resistance noted upon attempt to remove catheter or any neurovascular changes and/or continuing neuromuscular deficits.
14. Document procedure, condition of site, and catheter tip in the electronic health record. (using documentation screen "Nerve Block").

N. Documentation:

1. Document local anesthetic infusion on the eMAR (electronic medication administration record)

2. Use the Continuous Local Anesthetic Infusion Flowsheet/Administration Record to document dosing lockout, basal rate, and monitoring of pain, respiratory rate (RR), side effects, total drug infused, total demands, and total dose delivered on every shift.
3. Use the (Nerve Block) screen in the electronic health record to document the following:
 - a. Location and condition of catheter site
 - b. Any signs of systemic toxicity or adverse effects
 - c. Removal of nerve block catheter, as indicated
4. Document motor and sensory function in the affected extremity every four (4) hours (i.e. neurovascular checks include assessment of circulation, motion, and sensation of the affected extremity).
5. Document pain assessment per hospital policy.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. American Academy of Orthopedic Surgeons. (2016). surgical management of osteoarthritis of the knee: Evidence-based clinical practice guideline. www.aaos.org
- B. EBSCO Health. (2019). Nursing Skills Peripheral Nerve Block. Retrieved from: <https://www.dynahealth.com/skills/t916219-peripheral-nerve-block>
- C. Hunter, O.O, Kim, T.E., Mariano, E.R., Harrison, T.K. (2019) Care of the patient with a peripheral nerve block. Journal of PeriAnesthesia Nursing. 34(1), 16-26.
- D. Shah, N.A. et al. (2019) The Adductor Canal Blockage Following Total Knee Arthroplasty – Continuous or Single Shot Technique? Role in Postoperative Analgesia, Ambulation Ability and Early Functional Recovery: A Randomized Controlled Trial. Journal of Arthroplasty Vol 30 issue 8, pages 1476-1481

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	Lilia Meraz Gottfried: Director Clinical Development	08/2025

Standards

No standards are associated with this document



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

Owner Simplicio Tualla Jr.: Chief Biomed Engineer
Area Scopes Of Service

Scope of Service: Biomedical Services

I. SCOPE OF SERVICE

Bio-Medical 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 Bio-Medical Services is to enhance patient services and health programs that help SVHMC remain a leading provider of medical care. The objective of Bio-Medical 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 Bio-Medical Services department develops goals to direct short term projects and address opportunities evolving out of quality management activities. These goals will have input from other staff and leaders as appropriate and reflect commitment to annual hospital goals.

The goal of Bio-Medical Services is to:

- A. The Biomedical Services department provides technology management and equipment planning support, and medical equipment maintenance for SVHMC facilities and organizations.
- B. Biomedical Services efforts are directed to biomedical to provide a safe physical environment in which to facilitate the delivery of patient care and the overall maintenance/selection/ replacement of patient care equipment and facility equipment throughout the organization.

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 ensure all diagnostic and therapeutic devices are safe, accurate, and performs to acceptable standards set by the manufacturer.
- D. To plan for the allocation of human/material resources.
- E. 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.
- F. To support the provision of a therapeutic environment appropriate for the population in order to promote healing of the whole person.
- G. To evaluate staff performance on an ongoing basis.
- H. To provide appropriate staff orientation and development.
- I. To monitor Bio-Medical Services function, staff performance, and care / service for quality management and continuous quality improvement.

IV. POPULATION SERVED

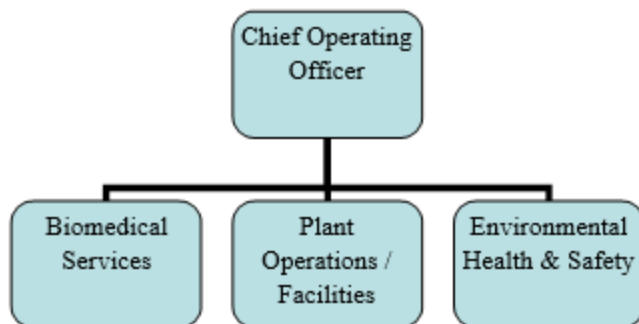
Clinical:

- A. All departments are serviced.

Non-Clinical:

- A. All departments are serviced.

V. ORGANIZATION OF THE DEPARTMENT



- A. Hours of Operation
Biomedical Services operates Mon-Fri between 6:00 AM to 5:00 PM. Emergency support needs are provided for after hours, weekends, and holidays by Biomed On-Call.
- B. Biomedical Services is located in the Downing Resource Center in Room 130.

VI. DEFINITION OF PRACTICE AND ROLE IN

MULTIDISCIPLINARY CARE /SERVICE

- A. Biomedical Services is responsible for the medical equipment management program which includes:
1. Working with outside organizations such as C.A.P., JCAHO and DHS to assure compliance with current standards and recommendations.
 2. Inspects all clinical equipment including: new, leased, rented, demonstration, and patient.
 3. Inventories all medical equipment, maintains a preventative maintenance schedule, and maintains all service histories.
 4. Assists administration and departmental heads with the selection of new clinical devices.
 5. Performs scheduled and unscheduled maintenance on medical equipment.
 6. Schedules/ organize all clinical service companies and reviews all related service documentation.
 7. Coordinates and implements the program which tracks equipment recalls, alerts and notifications.
 8. Organizes and supports Director to provide medical equipment training and in-services as needed.

VII. REQUIREMENTS FOR STAFF

All staff are required to complete competency based orientation and annual competencies.

A. Licensure / Certifications:

The basic requirements for include CBET Certification under AAMI (Association Advancement of Medical Instrumentation). Bachelor's degree in electrical, clinical or biomedical engineering. Possess the knowledge, skills, and competency listed and meets the amount of education, training, and/or work experience required.

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, videoconferences, 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.

IX. CONTRACTED SERVICES

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

X. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

Bio-Medical 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 Bio-Medical 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
COO	Clement Miller: Chief Operating Officer	09/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025

Policy Owner

Simplicio Tualla Jr.: Chief
Biomed Engineer

08/2025

Standards

No standards are associated with this document



Origination 08/2020
Last Approved N/A
Next Review 1 year after approval

Owner Terri Nielsen:
Manager Clinical Research
Area Scopes Of Service

Scope of Service: Clinical Research Program

I. SCOPE OF SERVICE

The Clinical Research Program supports the Mission, Vision, Values and Strategic Plan of Salinas Valley Health (SVH) and has designed services to meet the needs and expectations of patients, families and the community.

The purpose of the Clinical Research Program is to enhance patient services and health programs that help SVH remain a leading provider of medical care.

II. GOALS

The Clinical Research Program develops goals to to enhance patient services that help SVH remain a leading provider of medical care. We do so by maintaining a diverse portfolio of clinical research protocols that align with our patient population.

The Clinical Research Program provides support, leadership, and regulatory oversight of high quality, ethical human research conducted on SVH premises, inclusive of the SVH Clinics, to support outpatients who have consented or are considering consent to participate in IRB-approved clinical research protocols and the principal investigators who wish to conduct research involving human subjects.

III. DEPARTMENT OBJECTIVES

- A. Support the SVH research community in the conduct of ethical clinical research and human subject protection in compliance with the required federal, state, and local regulations.
- B. Meet or exceed the educational standards established by the leading professional associations such as the Society of Clinical Research Associates (SOCRA) and the Association of Clinical Research Professionals (ACRP), to support the provision of high quality service with a focus on a collaborative, multi-disciplinary approach to support clinical research protocol compliance.
- C. To provide research education and training, develop policy and processes, and lead quality improvement efforts in areas of clinical trial management.
- D. To create an interdisciplinary collaborative environment in our organization, fostering best

practices in the conduct of clinical research.

- E. To provide consultation on questions related to regulations and standards of practice governing human research.
- F. Community engagement: Educating the public about clinical research may help raise general awareness about the important role this research plays in safeguarding health and quality of life. Staff are available to volunteer for community education on clinical trials.
- G. ADDENDUM for compliance with the American College of Surgeons Commission on Cancer (ACS CoC) STANDARD 9.1: Clinical Research Accrual:⁸
 - 1. The National Comprehensive Cancer Network (NCCN) and the American College of Surgeons Commission on Cancer place a high value on cancer clinical trials. The NCCN Guidelines for all cancers are footnoted as follows: "NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged." To implement the NCCN best practice guideline, the research staff screen 100% of patients seen at the Salinas Valley Health Cancer Care Clinic for eligibility in our cancer clinical trials. Research staff notify the treating oncologist of potentially eligible patients. If the physician refers the patient to Research Team, a Clinical Research Coordinator will reach out to the patient to begin the informed consent process.
 - 2. Patients are provided with clinical research information in easily accessible formats. Brochures are available in the Cancer Resource Center and the Salinas Valley Health Cancer Care Clinic in print, and digitally on the Salinas Valley Health public website. The Cancer Clinical Trials Brochure is provided in English, and in Spanish using an ISO-certified translation service. Additional venues of community information on clinical trials, such as are Salinas Valley Health public events, may be utilized so long as any public-facing clinical research information is approved by the governing research oversight body (IRB or ROC). The clinical research coordinator(s) are available Monday through Friday during regular business hours to answer research-related questions from patients and their family members.

IV. POPULATION SERVED

- A. The patient population includes research participants currently consented on an IRB-approved research protocol at SVH, and prospective research participants who may be eligible to enroll in current IRB-approved research protocols at SVH. In addition to patients who are receiving care from SVH, research participants may include employees and / or members of the community.
- B. The Clinical Research Program provides support to physician investigators who conduct, or wish to conduct, investigational drug or device trials under U.S. FDA oversight. Areas of support include clinical trial contract administration, research budget development with insurance coverage analyses, IRB submissions and correspondence, research regulatory compliance, management of external research audits and CAPA plans if indicated.
- C. Research involving human subjects at Salinas Valley Health falls in one of two categories: (1) biomedical, evaluating under FDA oversight the efficacy and safety of investigational drugs or devices; or (2) social-behavioral-educational, which applies the behavioral and social sciences to the study of humans and is not under FDA oversight.
- D. Note: SVH provides medical care to the forensic population of a California state prison, and this vulnerable population is categorically excluded from research participation at SVH: "Inasmuch as

prisoners may be under constraints because of their incarceration which could affect their ability to make a truly voluntary and uncoerced decision whether or not to participate as subjects in research, it is the purpose of this subpart to provide additional safeguards for the protection of prisoners involved in activities to which this subpart is applicable." (46 CFR 46.302)

V. DEPARTMENT INFORMATION

- A. Hours of Operation:
The Clinical Research Program provides services Monday through Friday from 8:00 a.m. to 5:00 p.m. Flexible hours are occasionally required; staffing requirements will be met by authorizing overtime and/or utilizing temporary services.
- B. Location of department:
450 E. Romie Lane, Salinas, CA 93901.
- C. Admission, Discharge, Transfer Criteria (not applicable)
- D. Major Services - not a patient care department

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

- A. Salinas Valley Health, inclusive of the SVH Clinics, is an institution engaged in research involving human subjects. Salinas Valley Health, as a Research Institution, bears responsibility for compliance with federal and California laws and regulations governing the conduct of such research. The Department of Health and Human Services (DHHS) and the Food and Drug Administration (FDA) provide the regulations for the performance of biomedical research activities involving human subjects. The FDA monitors biomedical research through review of required reports from investigators, sponsors, institutions and IRBs, as well as through a program of on-site inspections and audits.
- B. Salinas Valley Memorial Healthcare System (dba Salinas Valley Health) is registered with the Office of Human Research Protections (OHRP) under a Federal wide Assurance of Compliance: FWA # 00007215. The Salinas Valley Health Clinics (SVHC) are listed as component institutions under SVMHS FWA#00007215.
- C. SVH follows clinical research Good Clinical Practices (GCPs). GCPs are the international ethical and scientific quality standard for designing, conducting, monitoring, recording, auditing, analyzing and reporting trials that involve the participation of human subjects.
- D. The Clinical Research Program reports to the Research Program Manager. The Research Program reports to the Chief Medical Officer service line. It is the Research Program Manager's duty to attend all administrative and technical functions within the Clinical Research Program. All personnel within the Clinical Research Program are under the guidance and direction of the Research Program Manager. In the Manager's absence, the Chief Medical Officer fills the position.
- E. COMPLEXITY OF CARE PROVIDED:

SVH is a public health care district organized and operating pursuant to Division 23 of the California Health and Safety Code. Its Research Program is a community-based research site, and as such does not conduct Phase I "first in humans" research protocols. Phase II, Phase III and Phase IV protocols are evaluated and considered based on complexity as part of the pre-IRB feasibility assessment conducted by the Research Oversight Committee (ROC). Prior to ROC

review, the Research Manager coordinates the feasibility assessment with relevant SVH stakeholders and ensures protocols are aligned with current patient population, organizational mission, and available resources.

F. SVH ROC:

The ROC is Salinas Valley Health's Human Research Protection Program (HRPP), and is a Sub-Committee of the Pharmacy & Therapeutics / Infection Control Committee (Medical Staff Bylaws section 10.14).

G. The ROC reviews and approves research proposals by:

1. Considering how the research benefits the patient population that our district serves (Local Context)
2. Evaluating if the proposed research is compatible with the mission and vision of SVH
3. Directing the Research Program Manager to gather multidisciplinary teams to coordinate the health care district resources needed to complete research.

H. INSTITUTIONAL REVIEW BOARD (IRB) STRUCTURE FOR SVH:

Research at SVH is governed by two bodies to provide research oversight and guidance: (1) the ROC and (2) an external Institutional Review Board of Record. SVH does not have an in-house IRB, but has adopted the model that relies on an external, centralized Institutional Review Board (IRB) review process. "An IRB that is at a different location from the research site can review the research, provided that the IRB is competent to understand the local context of the research. As stated in 21 CFR 56.107(a), this would require sensitivity to community attitudes and the ability to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice."¹

I.

The IRB of Record for a biomedical research protocol is required to (1) have an institutional Reliance Agreement (RA) with SVH, (2) be registered with OHRP, and (3) hold current accreditation with the Association for the Accreditation of Human Research Protection Programs (AAHRPP). The RA sets forth the IRB's responsibilities and SVH's responsibilities, with a shared responsibility for Local Context Review.¹ SVH can have as many IRBs of Record as needed to support its research objectives, but must list each central IRB (with whom it holds a valid RA) under its FWA with the Office of Human Research Protections.

J. Research that may be exempt from IRB oversight:

At SVH, an IRB (with or without a reliance agreement with SVH) must make the determination of exemption from IRB oversight, approval and continuing review.

Under 45 CFR 46.101 (b), there are 6 categories of non-FDA regulated research for which an IRB will grant an exemption. Typically, the types of research at SVH that qualify for exemption are in Category 2 and Category 4.

Refer to Attachment: "Categories of Research that May be Exempt Under 46 CFR 14.101(b)."

K. Under this IRB oversight model, the ROC provides the mechanism to:

1. Ensure meaningful consideration of relevant local factors in conjunction with any central IRB with whom Salinas Valley Health holds an active Institutional Reliance Agreement in

a shared responsibility for Local Context Review.

- a. Addendum to this Scope of Service policy upholding the "Authorization Agreement and Division of Responsibilities Between the NCI Central Institutional Review Board and Salinas Valley Memorial Healthcare System (the Signatory Institution)" is as follows:
- b. Excerpt from NCI CIRB Authorization Agreement: Salinas Valley Health ensures the safe and appropriate performance of the research at the Signatory Institution and at all Component Institutions (the Salinas Valley Health Clinics). This includes, but is not limited to:

Contractual Responsibility	Responsible party within our organization
Ensuring the initial and ongoing qualifications of investigators and research staff	Research Manager
Overseeing the conduct of the research	Principal Investigator in collaboration with the Research Manager
Monitoring protocol compliance	The ROC in collaboration with the Principal Investigator and the Research Manager
Maintaining compliance with state, local, or institutional requirements related to the protection of human subjects	Principal Investigator, Research Manager and Clinical Research Coordinators
Providing a mechanism to receive and address concerns from local study participants and others about the conduct of the research	The ROC, Salinas Valley Health's HRPP
Investigating, managing, and providing notification to the NCI CIRB of any study-specific incidence, experience, or outcome that seems to rise to the level of an unanticipated problem and/or serious or continuing noncompliance. When notifying the NCI CIRB of a potential unanticipated problem and/or serious or continuing noncompliance, the institution must provide a plan to manage the incident, experience, or outcome, including measures to prevent similar occurrence	Research Manager, Principal Investigators and Clinical Research Coordinators

NOTE: As part of ensuring safe and appropriate performance of research, the Signatory Institution has the authority to observe any aspect of the research process including observing the consent process. The NCI CIRB retains the

authority to direct this to be done when necessary.

2. Receive new research project proposals at SVH, to ensure alignment and harmony with the institution's mission and goals in advance of IRB submission, ensuring compliance with relevant local, state and federal laws and regulations.
3. Provide the SVH HRPP a venue to receive and review research-related reports. Some examples are: (a) adverse events, (b) research subject communications, and (c) current clinical trial accruals and closures.
4. The ROC also provides the venue for the SVH to uphold its institutional responsibility and authority to stop any current research conducted on SVH premises.

L. Composition

The ROC is composed of medical staff, clinical research, compliance, nursing, quality assurance, risk management, regulatory, and community members as required for submitted agenda item review. Ad hoc, non-voting representatives from applicable departments or services will be invited when research affecting the department or service will be discussed. The following roles are required to be identified by DHHS OHRP for the SVH ROC's HRPP:

1. Conflicts of Interests Officer: Corporate Compliance Director
2. HRPP Administrator: Executive Leader over Research Program
3. Organizational Signatory Official: Chief Medical Officer

M. Duties

1. To serve as the HRPP for Salinas Valley Health. The Committee meets regularly to review interim status reports submitted by the clinical research team on all active clinical trials under IRB oversight (with subjects in treatment or follow-up) pertaining to accrual, closure, research-related adverse events, protocol deviations, protocol violations, Good Clinical Practice noncompliance, and any change in the status of any principal investigator conducting research on Salinas Valley Health premises.
2. Review all proposed clinical/biomedical research protocols conducted on Salinas Valley Health premises prior to their submission for external Institutional Review Board approval. This review shall include hearing presentations by principal investigators seeking approval of studies. Evaluation of proposed studies shall consider matters of local context, such as applicable state and local laws/standards, consistency with institutional policy and capacity (i.e., staffing and resources), and consideration of local subjects.
3. Review all proposed Social Behavioral / Educational (SBE) Research conducted on Salinas Valley Health premises prior to being submitted for external Institutional Review Board approval. This review shall include hearing presentations by principal investigators seeking approval of studies. Evaluation of proposed studies shall consider matters of local context, such as applicable state and local laws/standards, consistency with institutional policy and capacity (i.e., staffing and resources), and consideration of local subjects. Proposed studies will be considered on a first-come, first-served basis.
4. Review all proposed Retrospective Records Review research prior to initiation. This may include hearing presentations by researchers seeking approval of studies.
5. Review all other research, evidence-based practice (EBP), quality improvement (QI)

- projects, and performance improvement (PI) projects and data management plans, which are all subject to HIPAA review.
6. Review all content that references SVH clinical research, clinical trials, or any specific clinical or social behavioral research under the oversight of the ROC, prior to its publication internally and externally.
 7. Facilitate referral to Research Manager any Research / Non-Research Determinations and Exempt Research Determinations in collaboration with external commercial IRB of record.
 8. Facilitate referral to Privacy Officer to Review / approve all projects with patient data collection, use and/or disclosure. Purpose: process for HIM to document HIPAA compliance for Salinas Valley Health, and identify/provide HIPAA compliance training needs as needed. Documentation is then available for external audit is needed.
 9. Review all proposed Humanitarian Use Device protocols prior to submission. This may include consideration of intended patient population at SVH, principal investigator credentialing, IRB submission, facilitating HUD PI and staff training with the device manufacturer, and coordination of cost analysis in collaboration with Materials Management.
 10. In its role as HRPP, the ROC follows AAHRPP Level 0 criteria.²
 11. Serves as the venue to receive and address concerns from study participants and/or family members, community members and others about the conduct of research at Salinas Valley Health. The Salinas Valley Health Ethics Hotline is made available to our research participants in English and Spanish for identified or anonymous reporting.
 - a. Addendum for **"Authorization Agreement and Division of Responsibilities Between the NCI Central Institutional Review Board and the Signatory Institution:"** The study participant is provided, on the research informed consent form, four (4) mechanisms to address concerns about the conduct of the research at Salinas Valley Health: 1) Phone number for the Salinas Valley Health Principal Investigator that is available 24 hours/day, 7 days/week; 2) Phone number for clinical research staff available Monday-Friday during business hours; 3) Phone number for the NCI CIRB; and 4) Phone number for the Salinas Valley Health **Ethics Line** accessible to research participants and family members 24/7. These 4 methods to address any questions are explained to research participants as part of the research informed consent process.
 12. Monitor protocol compliance of all research at SVH.
 - a. Addendum for the PURCHASE SERVICES AGREEMENT between Salinas Valley Health and ECOG-ACRIN Cancer Research Group, our Master Clinical Trials Agreement for NCI-sponsored protocols: the Committee receives the report of the ECOG-ACRIN site monitoring Audit, which is conducted by the NCI National Clinical Trials Network (NCTN) and its Clinical Trials Monitoring Branch (CTMB) a minimum of every 3 years, and can be done at the discretion of NCTN at any intervening time with proper notice. The research staff uphold the NCTN and ECOG-ACRIN regulations and guidelines for protocol compliance. Areas of audit are: Regulatory, Study Drug Accountability and Clinical Case review.⁵

13. The Committee receives reports regarding any:
 - a. research-related serious adverse events involving participants enrolled at Salinas Valley Health
 - b. research protocol violations
 - c. clinical research Good Clinical Practice noncompliance
 - d. change in approved status of any principal investigator conducting research on SVH premises
14. The Committee delegates to the Research Program Manager the responsibility for verifying and collecting documentation of investigator credentials, licenses, curriculum vitae, human subject protections training and financial conflicts of interest disclosure; these are presented by the Manager to the ROC for approval.
15. The Committee evaluates and recommends policy, procedure and other guidelines related to the research program.
16. The Committee has directed that prior to submitting a new clinical trial to the IRB of Record, departmental feasibility assessment is required by means of a signature approval from department heads. An exception: oncology clinical trial feasibility is conducted in collaboration with the current Oncology Research Medical Director.

N. Meetings

1. The Committee shall meet as often as necessary, but at least quarterly.
2. The Committee shall maintain a record of its proceedings and shall report its activities to the Chief Medical Officer at least semiannually and the SVH Board of Directors at least annually.
3. The ROC Coordinator, functioning similarly to a Institutional Review Board (IRB) coordinator, plays a crucial role in managing the administrative and operational aspects of research oversight. They report to the ROC Chair and function under the direction of the Research Program Manager.

VII. REQUIREMENTS FOR STAFF

All individuals who provide Clinical Research Program services have the appropriate training and competence.

- A. Investigators: Prior to conducting research at SVH, Investigators in good standing³ must:
 1. Complete all training required by SVH and the protocol sponsor, including current certification of training in Human Subjects Protection and Good Clinical Practice (ICH and/or U.S. FDA standards).
 2. Submit the proposed study through the ROC process and the IRB of Record
 3. Receive approval from both governing bodies; report quarterly to ROC until final closure of study with the IRB.
- B. The Research Program Manager assumes twenty-four (24) hour responsibility for the Clinical Research Program.
- C. Clinical Research Coordinators: Prior to coordinating human subjects research at SVH, Clinical Research Coordinators must:

1. Complete all training required by SVH and the protocol sponsor.
2. Document Investigator and sponsor approval by signing the Delegation of Authority Log.
3. Clinical Research Coordinators who are Registered Nurses are required to hold current California RN license.
4. Clinical Research Coordinators regardless of clinical experience are required to have:
 - a. Current Collaborative Institutional Training Initiative ("CITI") Program certificate of completion for 2 modules: (1) Protection of Human Subjects in Biomedical Research and (2) Good Clinical Practice (GCP) ICH E6
 - b. Current basic life support training certificate
 - c. Current International Air Transport Association (IATA) approved training in Shipping & Handling of Dangerous Goods
 - d. When qualified with 2 years' experience: certification in coordination of clinical research from accredited professional research organization: SOCRA or ACRP. (for example: CCRP, CCRA, and CCRC)

D. Administrative assistants are required to have:

1. Completion of competency-based department orientation
2. Completion of annual competency
3. Completion of computer competency and Microsoft Office Suite

E. Competency

Staff are required to have research competence in tasks necessary to serve our patient population. The required competency for staff depends primarily on their work areas and duties. Competency is assessed by the manager throughout the year on an as-needed basis, then summarized at the annual employee evaluation. Once a year staff are required to complete the on-line education modules that have been defined by the organization.

During the year, clinical research professional development activities and education are implemented for all department staff. This professional development is 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.

F. 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.

G. Continuing Education

Continuing education is required to maintain licenses / 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:

In the event of a severe emergency, the minimum amount of staff required to safely operate this unit is: **zero**

IX. EVIDENCED BASED STANDARDS

The SVH 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 SVH 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.

SVH 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 Salinas Valley Health's electronic contract management system.
- Research financial and accounting support, statistician support, and other operational support may be acquired from time to time via professional services agreements with external vendors.

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

The Clinical Research Program supports 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 Clinical Research Program will develop measures to direct short-term projects and deal with problem issues evolving out of quality management activities.

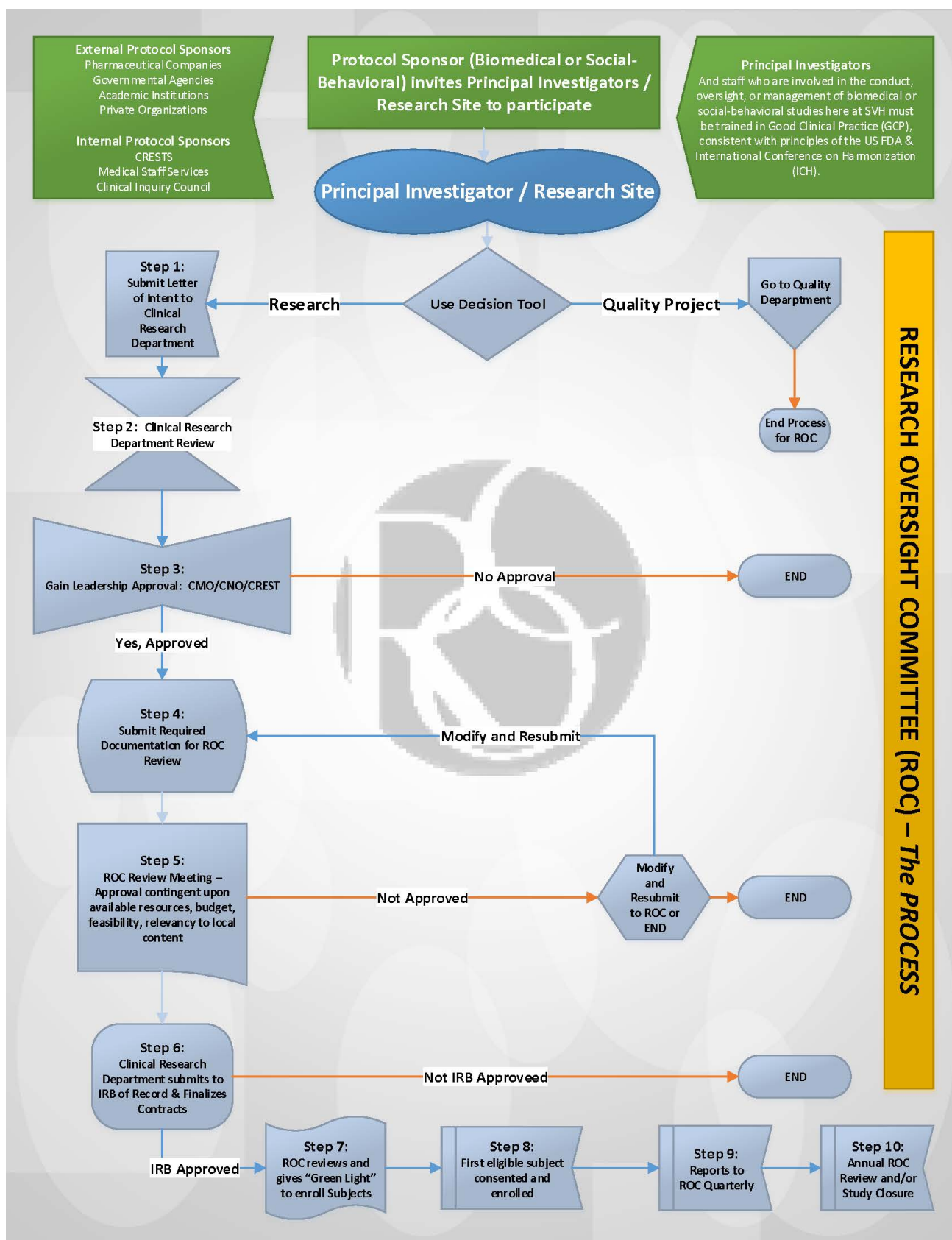
Unit based measurement indicators are found within the Quality dashboard folder.

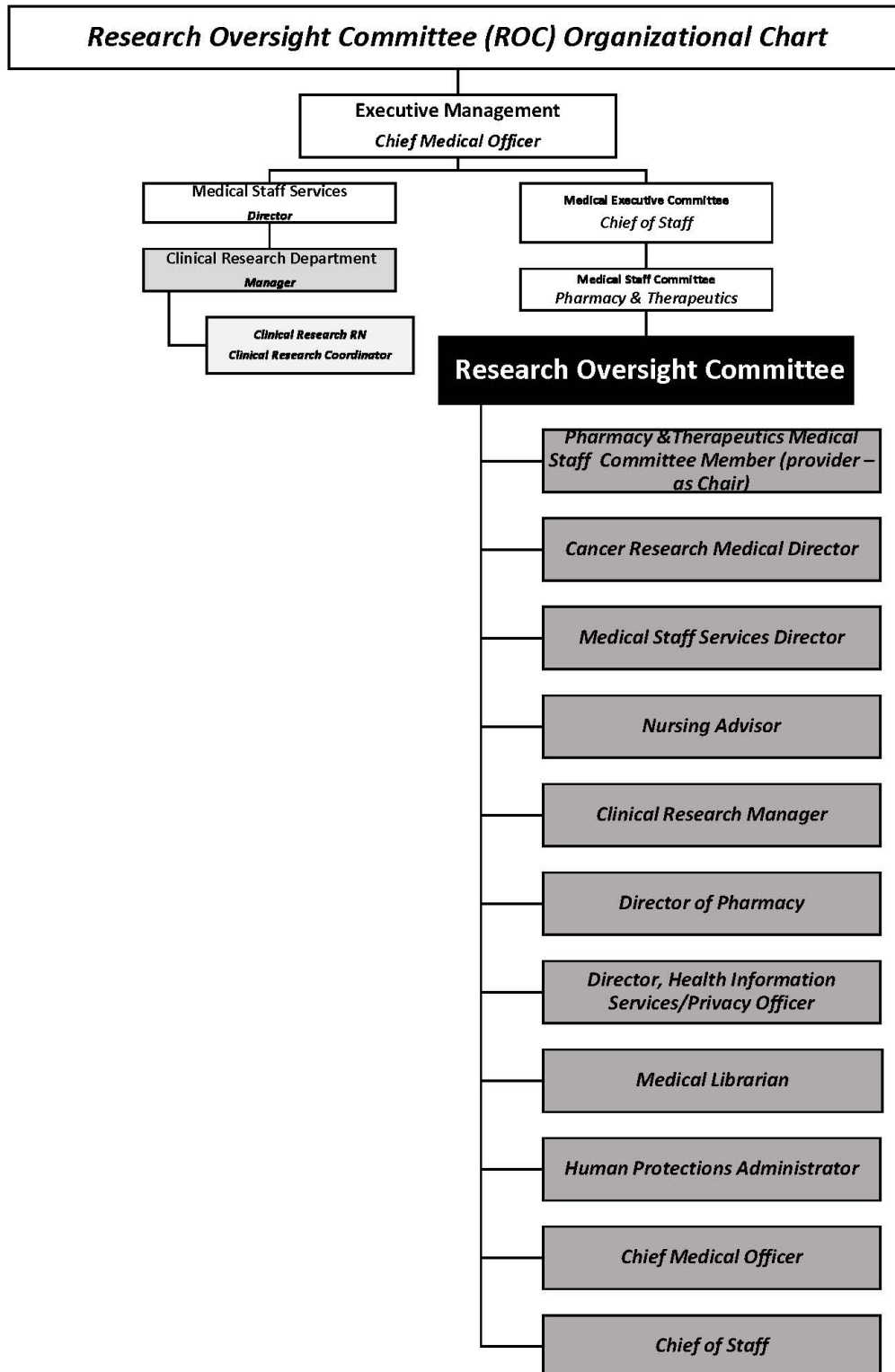
References:

- FDA Guidance document: "Using a Centralized IRB Review Process in Multicenter Clinical Trials," accessed on May 22, 2018: <http://www.fda.gov/RegulatoryInformation/Guidances/ucm127004.htm>
- AAHRPP Level 0 criteria.
 - Accessed at: <https://www.aahrpp.org/>
- U.S. Food and Drug Administration. 2017. Information Sheet Guidance for IRBs, Clinical Investigators, and Sponsors – FDA Inspections of Clinical Investigators. <https://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/GuidancesInformationSheetsandNotices/ucm113709.htm>
- ECOG-ACRIN Manual of Operations, v.6.2
 - The ECOG-ACRIN Cancer Research Group is a multidisciplinary, membership-based

scientific organization that designs and conducts biomarker-driven cancer research involving adults who have or are at risk of developing cancer. ECOG-ACRIN has been awarded a grant by the National Cancer Institute as a member of NCI Clinical Trials Network (NCTN).

- b. SVH has a master agreement with ECOG-ACRIN that allows our organization to open NCI-sponsored cancer protocols in Salinas, as an aligned affiliate of the Stanford Cancer Institute, an NCI Main Institution and grant awardee.
5. NCI Guidelines For Auditing Clinical Trials for the NCI National Clinical Trials Network (NCTN) Program, Community Clinical Oncology Program (CCOP) / NCI Community Oncology Research Program (NCORP) and Research Bases, v. 13
 - a. See link: <https://ctep.cancer.gov/branches/ctmb/>
6. Research advisory for California law: see Health & Safety Code Section 24172 (Calif. Experimental Subject's Bill of Rights), California Civil Code Section 56.11 (Font size requirement for HIPAA Authorization language must be 14 pt.). Accessed on May 24 2018 at: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=24172.&lawCode=HSC
7. Office for Human Research Protections. Frequently Asked Questions (FAQs). Accessed June 2018 from: <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/index.html>
8. American College of Surgeons Commission on Cancer (ACS CoC) 2020 Standards for Accreditation - Optimal Resources for Cancer Care. Accessed on March 18, 2024 at: <https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/standards-and-resources/>





Attachments

 [Categories of Research that may be Exempt under 45 CFR 46.101\(b\)](#)

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	09/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025
Policy Owner	Terri Nielsen: Manager Clinical Research	07/2025

Standards

No standards are associated with this document



Origination 06/2022
Last Approved N/A
Next Review 1 year after approval

Owner Shannon Graham: Director Volunteer & Health Career Services
Area Scopes Of Service

Scope of Service: Volunteer Services

I. SCOPE OF SERVICE

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

II. GOALS

In addition to the overall SVHMC goals and objectives, the Volunteer 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 Volunteer Services are to:

- Train and support volunteers who offer their time to assist in service activities throughout the hospital.
- Have sufficient service and supplies to adequately perform services offered to SVHMC.

III. DEPARTMENT OBJECTIVES

- To support SVHMC objectives.
- To support the delivery of safe, effective, and appropriate services in a cost effective manner.
- 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 hospitalization though patient/significant other support.
- 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 Volunteer Services function, staff performance, and services for quality management and continuous quality improvement.

IV. POPULATION SERVED

Clinical:

Volunteers do not provide any clinical patient care.

Non-Clinical:

Volunteer Services provides support services including but not limited to:

- Guest Services–Information Desk and Surgical Waiting Room
- Patient Ambassador
- Pet Therapy Ambassador
- Gift Shop
- Outpatient Infusion Center
- Emergency Department Ambassador
- Administrative/Clerical Services
- Community Outreach/Health Promotion
- No One Dies Alone
- Spiritual Care
- Cuddler
- Service League Leadership
- Health Exploring and Exploring Leadership
- Summer Health Institute
- Medical Adventure Camp
- Job Shadowing

V. ORGANIZATION OF THE DEPARTMENT



A. Hours of Operation:

The Volunteer Services Department is open Monday through Friday from 8:30 a.m. to 5:00 p.m., closed on major and extended holidays; services are provided during evenings and weekends as arranged for trainings, meetings, or special events. Concierge services are provided 7:30 a.m.-8 p.m. every day including holidays, with extended hours as needed.

B. Location of department:

Volunteer Services Department is located at 420 East Romie Lane, Suite C, Salinas, CA. Concierge Services are provided in the Merrill Lobby/Main Entrance and Whitney Lobby/Surgical Waiting Room.

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

A. The Director assumes twenty-four (24) hour responsibility for the Department.

B. The Director of the Department is directly responsible to the Vice President, Partner & Community Relations. It is the Director's responsibility to attend to all administrative and technical functions within the department. All personnel within the department are under the guidance and direction of the Director. In the Director's absence, the position is filled by their designee. It is his/her responsibility to carry out the duties of the Director in his/her absence.

VII. REQUIREMENTS FOR STAFF

All individuals who provide Department services have the appropriate training and competence.

Volunteers are placed in the service areas according to desire, experience, ability and capacity in the service area. All staff and volunteers are required to complete competency-based orientation, training to specific assignment and demonstrate ongoing competency.

A. Licensure / Certifications:

N/A

B. Competency

Staff are required to have annual performance appraisals and demonstrate ongoing competence to perform required tasks, related to their work areas and assigned duties. Staff

are required to complete all annual education modules and periodic updates that have been defined by the organization.

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

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
- 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, with a sufficient number of professional, technical and clerical personnel to provide coverage during established hours of service

General Staffing Plan:

Volunteers are placed in the service areas according to desire, experience, ability and capacity of service area.

A. DETERMINATION OF STAFFING NEEDS AND HOURS OF COVERAGE

Volunteer staffing is determined by the number of volunteers needed and available to service each area throughout the hospital. Volunteers typically are scheduled between the hours of 7:30am and 8pm. Spiritual Care, NICU Cuddlers, and No One Dies Alone volunteers come as requested, as needed to meet specific patient needs.

B. TEMPORARY ADJUSTMENT TO STAFFING NEEDS

Additional staffing is provided for special events. Limited staffing occasionally requires adjustment in coverage.

C. ASSIGNMENTS

Volunteer assignments are made prior to volunteer placement and coordinated through a scheduling process on a monthly basis. Volunteers are required to attend their scheduled shifts or notify Volunteer Services if unable to attend.

Flexible hours are occasionally required; staffing requirements will be met by authorizing overtime and/or utilizing temporary services as needed.

IX. EVIDENCED BASED STANDARDS

The SVHMC staff will design, implement and evaluate systems and services for 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 coordinated through Human Resources Department.

XI. PERFORMANCE IMPROVEMENT AND

PATIENT SAFETY

Volunteer 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 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, Volunteer Services Department will develop measures to direct short-term projects and address issues evolving out of quality management activities.

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	09/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	09/2025
Policy Owner	Shannon Graham: Director Volunteer & Health Career Services	08/2025

Standards

No standards are associated with this document



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

Owner Carla Spencer:
Chief Nursing
Officer
Area Patient Care

Sedation for the Mechanically Ventilated Adult

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To guide the staff in providing the appropriate level of sedation for patients requiring mechanical ventilation.

III. DEFINITIONS

- A. RASS: Richmond Agitation Sedation Scale. An evidence based scale to quantify the patient's level of sedation
- B. NIF: Negative Inspiratory Force
- C. Yang-Tobin Index: Weaning parameter calculating by dividing Respiratory Rate by Tidal Volume (in Liters)

IV. GENERAL INFORMATION

A. Daily sedation vacation will be performed as long as exclusion criteria are not met for the measurement of ventilator weaning parameters.

V. PROCEDURE

- A. Pain and sedation should be assessed together (refer to: [PAIN MANAGEMENT](#)), using appropriate pain scale. Treat patient's pain as prescribed.
- B. Use RASS scale to determine level of sedation. Determine if level of sedation is within the target range specified by physician (refer to physician order for target RASS goal).
 - 1. RASS Score is documented every four hours and with every sedation medication titration for patients receiving continuous sedation.
 - 2. First observe patient. If patient is alert, restless, or agitated, score is 0 to +4 (see

Attachment)

3. If not alert, state patient's name and instruct to open eyes and look at the speaker.
 - a. Patient awakens with sustained eye opening and eye contact (score -1)
 - b. Patient awakens with eye opening and eye contact, but not sustained (score -2)
 - c. Patient has any movement in response to voice but no eye contact (score -3)
 4. When no response to verbal stimulation, physically stimulate patient by shaking or sternal rub.
 - a. Patient has any movement to physical stimulation (score-4)
 - b. Patient has no response to any stimulation (score -5)
- C. Titration of sedation agents is done according to orders and titration guidelines. (Attachment A)
- D. Daily Sedation Vacation
1. The patient is evaluated daily for Inclusion Criteria and RASS score to determine if they are eligible for the Sedation Vacation.
 2. Inclusion criteria are:
 - a. MAP greater than 60 and/or SBP greater than 90, regardless of any vasopressor support
 - b. HR greater than 50 and less than 130
 - c. Temperature less than 38.3 C
 - d. FiO2 less than or equal to 50%
 - e. PEEP less than 8
 - f. Not on Pressure Control
 3. Establish baseline RASS:
 - a. If RASS less than or equal to (-1) Hold sedation for 30 minutes
 - b. If agitation results prior to 30 minutes off sedation, resume prior sedation rate
 - c. After 30 minutes off sedation, determine RASS score
 - d. If RASS is (+1) to (-1), perform NIF and Yang-Tobin Index
- E. Documentation: Findings are documented in Electronic Medical Record.
- F. **This table is to be used as a guide:**

Drug Name	Class	SVH Standard Concentration	SVH Dosing Units	Bolus	Usual Effective Dosing Range	Titration goal & frequency	Special considerations
Dexmedetomidine	Sedatives	400 mcg/100 mL NS (premix) = 4 mcg/mL	mcg/kg/hr	-	Cont infusion: 0.2-1.5 mcg/kg/hr Max= 1.5 mcg/kg/hr Titrate- 0.1-0.2 mcg/kg/hr Obesity dosing: BMI>=30 use adjusted or ideal body weight is preferred	RASS Q30min*	Monitor for bradycardia, sinus arrest and hypotension
Ketamine Infusion (ICU vented pts only)	analgesia/ sedation/ agitation	1,000 mg/500 mL DSW or NS = 2 mg/mL 2,000 mg/1000 mL DSW or NS = 2 mg/mL 500 mg/250 mL DSW or NS = 2 mg/mL	mg/kg/hr	Bolus: 0.1-0.5 mg/kg Max: 2.5mg/kg/Hr	Cont infusion: 0.2-0.5 mg/kg/hr For mechanically ventilated patients in the ICU Obesity dosing: BMI>=40 use adjusted or ideal body weight is preferred	Sedation (RASS and/or vent synchrony) Q5min*	Titration based on MD order ONLY

LORazepam	Sedative	25 mg/250 mL D5W = 0.1 mg/mL	mg/hr	+	Cont infusion: 0.5-10 mg/hr Titrate 0.5mg/min Max= 10 mg/hr	RASS Q10min*	-Use low absorption tubing and 0.2 micron filter - Use Non-PVC container
Midazolam	Sedative	100 mg/100 mL NS (premix) Conc: 1 mg/mL	mg/hr	+	Cont infusion: 1-8 mg/hr Titrate: 0.5mg/hr Max= 8 mg/hr For RASS that exceeds goals, hold until RASS reached then resume at 50% previous rate	RASS Q10min*	May be given in non- monitored unit for End of Life care
Propofol	Sedative	1,000 mg/100 mL (premix) = 10 mg/mL	mcg/kg/min	+	Cont infusion: 5-50 mcg/kg/min Titrate: 5-15 mcg/kg/min Max: 60 to 80 mcg/kg/min Obesity dosing: BMI>=30 use adjusted or ideal body weight is preferred	RASS Q5min*	Must be intubated Monitor for bradycardia and hypotension Hypertriglyceridemia onset 2-4 days, especially if >50 mcg/Kg/min for > 2 days -Propofol-related infusion syndrome (PRIS) - rare but high mortality rate

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- Caitlin Brown, Pasquale Joseph Marotta, Richard R. Riker, Ashley D. Eldridge, Gilles L. Fraser, Teresa L. May; Prospective Validation of Sedation Scale Scores That Identify Light Sedation: A Pilot Study. *Am J Crit Care* 1 May 2022; 31 (3): 202–208. doi: <https://doi.org/10.4037/ajcc2022437>
- Freeman CL, Evans CS, Barrett TW. Managing sedation in the mechanically ventilated emergency department patient: a clinical review. *J Am Coll Emerg Physicians Open*. 2020 Apr 10;1(3):263-269. doi: 10.1002/emp2.12045. PMID: 33000041; PMCID: PMC7493591.
- Jenna S. Carraway, Michael W. Carraway, Christopher A. Truelove, Nursing implementation of a validated agitation and sedation scale: An evaluation of its outcomes on ventilator days and ICU length of stay, *Applied Nursing Research*, Volume 57, 2021, 151372, ISSN 0897-1897, <https://doi.org/10.1016/j.apnr.2020.151372>.

Attachments

 [Image 1](#)

Approval Signatures

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

Critical Care Director	Carla Spencer: Chief Nursing Officer	09/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	09/2025
Policy Owner	Carla Spencer: Chief Nursing Officer	09/2025

Standards

No standards are associated with this document

BOARD MEMBER COMMENTS

AND REFERRALS

(VERBAL)

*STANDING COMMITTEE
APPOINTMENTS*

(JOEL HERNANDEZ LAGUNA)

*QUALITY AND EFFICIENT
PRACTICES COMMITTEE*

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

(CATHERINE CARSON)

FINANCE COMMITTEE

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

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

(VICTOR REY, JR.)

Board Paper: Finance Committee

Agenda Item: **Consider Recommendation for Board of Directors to Award Contract to Val's Plumbing for the Replacement of the DRC 80 Ton Chiller and Cooling Tower**

Executive Sponsor: Clement Miller, COO
Bradley McCoy, VP Facilities, Construction and Real Estate
Laura Zerbe, Manager Facilities Construction and Plant Operations

Date: September 22, 2025

Executive Summary

The Salinas Valley Health's Downing Resource Center (DRC) was built in 1993 to improve parking on and around the campus and was also developed to house a number of vital services that support the operations of the systems medical center. The cooling equipment that supports the structure is original to the building and 10 years past its useful life. This cooling system consists of two units that work in conjunction with each other to maintain the temperature for office spaces, sleep rooms, the warehouse and the electrical room as well as conference rooms and biomedical services.

The DRC's 80 Ton Chiller works with the Cooling Tower to provide all comfort cooling to the DRC's HVAC system. This equipment is in poor condition which is resulting in inadequate temperature control, throughout the structure. Due to these findings it is recommended that we replace the 80 Ton Chiller and its Cooling Tower to ensure adequate cooling to the building for the next 20+ years.

Background/Situation/Rationale

With the cooling system being original to the building we've known that the time would come to replace the equipment but have been able to delay its replacement through the meticulous efforts of the Salinas Valley Health Facilities team. Upon recent inspection it's been determined that the cooling tower condition is untenable, leaking water from rusted seams which are no longer repairable. Adding to the concern for the cooling capabilities the equipment is located indoors with other equipment and utilities for which water exposure may be compromising. If we were to experience a sudden failure of the DRC Cooling Tower, we run the risk of losing cooling capabilities to the vital departments located in the DRC.

In its current state the chiller produces half the cooling it is designed to provide, due to certain key components being beyond repair. This reduction in cooling capacity has led to reports of discomfort for staff in offices throughout the DRC, and for groups assembling in the DRC ABC Conference space, especially during the warmer months. The current lead-time for equipment availability is 26 weeks, purchasing now allows us to replace equipment during the cooler months, reducing our need for temporary cooling measures.

The requests for the 80 ton chiller and cooling tower were submitted for capital budget approval as two separate line items. Because both pieces of equipment were approved for budget, these will be treated as one project going forward. In addition it should be noted that we may be required to install a refrigerant leak alarm system, due to building code changes. For this reason we are requesting an additional \$75,000 contingency hold, above the previously approved amount of the combined capital projects.

Timeline

October 2025	Procure services
April 2026	Commence replacement
May 2026	Complete and secure agency approvals from authorities having jurisdiction (City of Salinas)

Strategic Plan Alignment

The purpose of this purchase is to ensure adequate cooling for DRC offices, meeting spaces, physician sleep rooms and supply storage for the next 20+ years.

Pillar/Goal Alignment

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

Financial Implications

Budget: The DRC 80 Ton Chiller and Cooling Tower cost is \$1,023,362 with funding allocated as follows:

\$398,269.00	Material (taxable)
\$36,839.88	Estimated tax on material
\$209,949.00	Labor (non-tax)
\$303,304.12	Subcontractors/other (non-tax)
\$75,000.00	Contingency hold for code change
<hr/>	
Total: \$1,023,362	

Key Contract Terms	Vendor: Val’s Plumbing
1. Proposed effective date	9/30/2025
2. Term of agreement	Net 30 after delivery and/or installation of equipment or services
3. Renewal terms	N/A
4. Termination provision(s)	Termination for convenience, with amounts due to supplier for work performed and materials procured.
5. Payment Terms	Net 30 after delivery and/or installation of equipment or services
6. Annual cost	N/A not a recurrent cost
7. Cost over life of agreement	\$ 1,023,362
8. Budgeted (indicate y/n)	Yes (2026-59, 2026-68)

Recommendation

Consider Recommendation for Board of Directors to award the contract to Val’s Plumbing for the replacement of the DRC 80 Ton Chiller and Cooling Tower in the amount of \$1,023,362.00 which includes the requested contingency of \$75,000.

Attachments

Attachment 1: Val’s Plumbing Contract

Val's PLUMBING & HEATING, INC.

CALIFORNIA STATE CONTRACTORS LICENSE NUMBER 236164

Telephone (831) 424-1633 • Fax (831) 754-5514

413 FRONT STREET

SALINAS, CALIFORNIA 93901-3609

REV5

PROPOSAL SUBMITTED TO:		PHONE	831-202-6817
ATTN	LAURA Z. & DONALD T.	DATE	7-31-2025
NAME	SALINAS VALLEY HEALTH	JOB NAME	REPLACEMENT TRANE CHILLER
STREET			& COOLING TOWER FOR DRC
CITY	SALINAS		
STATE	CA 93901		

WE PROPOSE TO FURNISH ALL MATERIALS AND PERFORM ALL LABOR NECESSARY TO COMPLETE THE FOLLOWING:

CHILLER REPLACEMENT:

- DISCONNECT AND SAFE-OFF EXISTING TRANE CHILLER.
- REMOVE EXSITING CHILLER AND DISPOSE OF PER INDUSTRY STANDARDS.
- **PROVIDE & INSTALL NEW TRANE RTWD 80 TON WATER COOLED CHILLER.**
 - HIGH EFFICIENCY, COMPLIANT WITH T24 PATH A EFF. REQUIREMENTS
 - 77.94 TONS TOTAL CAPACITY, IPLV.IP=0.5319. NPLV.IP = 0.5408 KW/ton
 - 460V, 3PH. MCA = 92.0a, MOCP = 125a
 - 2 COMPRESSOR, 2 CIRCUITS
- RECONNECT EXISTING CONDENSER AND CHW LINES TO NEW CHILLER.
- INSTALL NEW PIPE HANGERS FOR NEW PIPING ARRANGEMENT AT CHILLER.
- LAG DOWN NEW CHILLER TO EXSITING HOUSEKEEPING PAD.
- PROVIDE FOR SIEMENS BMS INTERFACE CONNECTION AND PROGRAMMING FOR NEW CHILLER TO BE ON EXISTING BMS SYSTEM. NO ADDITIONAL POINTS.
- INSULATE NEW PIPING RELATED TO CHILLER CONNECTIONS.
- REPLACE 2 - EXISTING TACO CHW PUMP WITH NEW PUMPS. NEW PUMPS TO BE TACO PUMPS WITH 5HP MOTOR, BUT IMPELLERS TRIMMED FOR 185 GPM @ 50 FT HEAD.
- START UP NEW CHILLER AND PROVIDE REPORT.
- LABOR FOR INSTLLATION AS DESCRIBED ABOVE, ALL DURING NORMAL WORKING HOURS M-F BETWEEN 7AM – 4PM.
- PERMIT READY SET OF DRAWINGS AND SUBMISSION FOR PERMIT APPROVAL ARE INLCLUDED FOR THIS SCOPE OF WORK. ACTUAL PERMIT FEES WILL BE INVOICED IN ADDITION TO THIS PROPOSAL COST. DESIGN TEAM OR THIS PROJECT WILL BE COLEBREIT, AURUM, AND WR&D, LEAD BY COLEBREIT.

COOLING TOWER REPLACEMENT:

- DISCONNECT AND SAFE OFF PIPING, PLUMBING, AND SHEET METAL FOR EXISITNG B.A.C. COOLING TOWER THAT SERVES 70 TON CHILLER.
- PROVIDE NEW REPLACEMENT S.S. COOLING TOWER WITH SPRAY PUMP TO MATCH EXISTING FOR 80 TON CHILLER. NEW CT TO BE S.S. CONSTRUCTION, 460V, 3PH, WITH SIMILAR SENSORS, CONTROLS, AND CONNECTIONS AS EXISTING COOLING TOWER.
- PROVIDE HARDWARE AND MATERIALS TO SECURE NEW COOLING TOWER TO EXISTING HOUSEKEEPING PAD.
- REPLACE TWO CONDENSER WATER PUMPS ASSOCIATED WITH COOLING TOWER, BUT WITH FLOW CAPACITY FOR 80 TONS OF CAPACITY. RE-USE EXISTING PIPING BETWEEN PUMPS AND CHILLER.
- MODIFY UNINSULATED PIPE & VICTAULIC FITTINGS FOR NEW CONDENSER PUMPS AND COOLING TOWER. RE-USE EXISITNG ISOLATION VALVES AND PIPE & FITTING THAT DO NOT REQUIRE ADJUSTMENT FOR NEW EQUIPMENT.

- RE-CONNECT WATER SUPPLY AND DRAINS FOR COOLING TOWER BEING REPLACED.
- START UP AND TEST NEW COOLING TOWER, PUMPS, AND LOCAL CONTROLS PROVIDED WITH THE COOLING TOWER.
- PROVIDE PLAN DEVELOPMENT FOR PERMIT SUBMISSION FOR THIS SCOPE; TO BE BY COLEBREIT ENGINEERING, AURUM CONSULTING, AND WR&D.
- LABOR FOR REPLACEMENT AS DESCRIBED DURING REGULAR HOURS.
- DISCONNECT AND RECONNECT SIEMENS BMS CONTROL OF COOLING TOWER & PUMPS AS NEEDED.
- DISPOSE OF OLD COOLING TOWER AND RELATED MATERIALS.

TOTAL ABOVE AS DESCRIBED: \$ 948,362.00

- **\$ 398,269.00 - Material (taxable)**
- **\$ 209,949.00 - Labor (non-tax)**
- **\$ 303,304.12 - Subcontractors/other (non-tax)**

CHILLER REPLACEMENT CLARIFICATIONS:

1. NO OVERTIME OR PREMIUM TIME LABOR IN PRICE. ALL WORK IS PRICED TO BE COMPLETED M-F DURING NORMAL WORKING HOURS.
2. NO PERMITS, FEES, CALCS, DRAWINGS, OR PERMIT SUBMISSION IN PRICE.
3. SCOPE OF WORK IS LIMITED TO THE DESCRIPTION ABOVE. ANY ADDITIONAL WORK WILL BE AT ADDITIONAL COST, AND PRE-APPROVED BY SVH ENGINEERING PRIOR TO START.
4. **ALL ELECTRICAL, WIRING, BREAKER AND WIRE SIZE CHANGE, CONDUIT, POWER DISCONNECT AND RE-CONNECT, SERVICE DISCONNECTS, ARE RESPONSIBILITY OF SVH. NOT INCLUDED IN THIS PRICE.**
5. **CHAINLINK FENCE AT GATE NEAR LOADING DOCK TO BE REMOVED AND REINSTALLED BY SVH TO ALLOW FOR CHILLER PATH OF TRAVEL IN AND OUT OF MECH ROOM.**
6. **DOUBLE DOOR FRAME REMOVAL AND REINSTALL BETWEEN DRC AND LOADING DOCK AREA AT HALLWAY TO BE THE RESPONSIBILITY OF SVH.**
7. **ANY TEMPORARY COOLING REQUIRED DURING THE COURSE OF CHILLER REPLACEMENT IS THE RESPONSIBILITY OF SVH.**
8. VAL'S WILL REMOVE OLD CHILLER THROUGH DRC LOADING DOCK, AND ALSO BRING NEW CHILLER THROUGH LOADING DOCK.
9. PRICING EXCLUDES ROOM REFRIGERANT ALARM SYSTEM OR ANY ADDITIONAL SAFETY OR VENTILATION OR BMS CONTROLS MEASURES.
10. VAL'S WILL BE AS CAREFUL AS POSSIBLE AND PROVIDE RAM BOARD FLOOR PROTECTION WHERE CHILLER IS ROLLED ACROSS CARPET FLOORING. VAL'S CANNOT BE HELD RESPONSIBLE BY SVH FOR ANY EXISTING CARPET OR FLOORING DAMAGES, SHOULD THEY OCCUR.
11. ALL INCIDENTAL DAMAGES IN RELATION TO THIS SCOPE OF WORK TO BE REPAIRED BY SVH AT NO COST TO VAL'S.
12. **THIS QUOTE EXCLUDES ANY REFRIGERANT MONITORING SYSTEM, ADDITIONAL FANS OR CONTROLS RELATED TO REFRIGERANT MONITORING WITHIN THE MECHANICAL ROOM.**
13. CHILLER LEAD-TIME IS CURRENTLY APPROX 26 WEEKS TO ARRIVE, FROM TIME OF ORDER.

COOLING TOWER REPLACEMENT CLARIFICATIONS:

1. ELECTRICAL WORK, INCLUDING SAFE-OFF, DISCONNECT AND RECONNECTS, AND ANY OTHER ELECTRICAL OR CIRCUIT BREAKER CHANGES TO BE BY SVH.
2. WATER TREATMENT, PASSIVATION, AND ANY CHEMICALS FOR WATER TREATMENT SYSTEMS ARE ALL EXCLUDED FROM THIS BUDGET.
3. ACTUAL COST OF PERMITS, FEES, OR OTHER CONSULTANTS NOT LISTED ARE EXCLUDED.
4. NO OTHER REPAIRS, MAINTENANCE, OR SCOPE IS INCLUDE IN THIS BUDGET UNLESS SPECIFICALLY LISTED ABOVE AS PROJECT SCOPE.
5. NO UPGRADES OR CHANGES TO ANYTHING ELSE WITHIN THE COOLING TOWER SPACE.
6. NO CURRENT CODE ENHANCEMENTS IN THIS PRICING.
7. NOTHING IS INCLUDED IN THE PRICING UNLESS SPECIFICALLY LISTED AS INCLUDED ABOVE.

Termination for Convenience by SVH:

The Hospital reserves the right to terminate this Agreement, in whole or in part, at any time and for any reason, by providing the Contractor with at least thirty (30) calendar days' written notice. In such event, the Contractor shall be entitled to payment for work satisfactorily performed and materials properly procured up to the effective date of termination. No further compensation shall be due for work not performed, lost profits, or other consequential damages. Notwithstanding the foregoing, SVH acknowledges that if the Contractor has placed orders for materials with long lead times that are non-returnable and/or special order, and such orders cannot be canceled at the time of termination, SVH shall remain responsible for the cost of those materials, including any applicable handling and delivery charges, even if delivery occurs after the termination date. These items shall be clearly documented by the Contractor and must have been ordered in good faith as part of the fulfillment of this Agreement.

Pricing valid for 30 days from this quote date.

We hereby propose to furnish labor and materials – complete in accordance with the above specifications, for the amount of ****SEE ABOVE**** Dollars \$ with payment to be made as follows: **PAYMENT UPON COMPLETION. SEE BELOW TERMS.**

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accident or delay beyond our control. This proposal subject to acceptance within 30 days and is void thereafter at the opinion of the undersigned.

TERMS AND CONDITIONS OF SALE

1. All accounts are due and payable **NET 45** after delivery and/or installation of equipment or services. Customers without an account, payment is due upon completion unless prior terms are mutually agreed upon by VAL'S PLUMBING & HEATING, INC. and Customer.
2. Unpaid balances may be charged interest at a rate of 1.5% per month (18% annually) after due date.
3. Customer shall be liable for any and all costs of collection incurred by VAL'S PLUMBING & HEATING, INC. (including court costs and attorney's fees) arising from the collection of unpaid invoices issued to customer.
4. In the event that VAL'S PLUMBING & HEATING, INC. must litigate in its efforts to collect unpaid invoices, customer agrees to have any resulting court case heard in The County of Monterey Judicial District.
5. The person executing this document warrants and represents that they have the authority to bind Customer to these Terms and Conditions of Sale by affixing their signature hereto.
6. By acceptance of this proposal, if progress and/or final payment is not received timely and Val's is forced to retain an attorney and/or file a lien/stop notice, all associated costs and attorney's fees are agreed to be paid for by the owner/general contractor in default.

ACCEPTANCE OF PROPOSAL

*PERMIT: ☒ A permit is required for this scope of work. (If checked, see below.)
☐ Owner to obtain permit. ☐ Val's is to obtain permit

ACTUAL COST OF PERMITS WILL BE INVOICED IN ADDITION TO THIS PROPOSAL. THE COST OF PERMITS ARE UNKNOWN AT THIS TIME.

*****CALLING FOR INSPECTION IS THE RESPONSIBILITY OF THE OWNER.**

The above prices, specifications and conditions are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

DATE 7-31-2025 SIGNATURE Claude Bastianelli
Val's Plumbing & Heating Inc.

ACCEPTED:

DATE _____ SIGNATURE _____
Must be signed by Owner or Officer

PRINT NAME _____

Agenda Item: Consider Recommendation for Board Approval of Project Funding and Award Construction Contract to Avila Construction for the Salinas Valley Health 5 Lower Ragsdale Roofing Replacement Project

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

Date: September 15, 2025

Executive Summary:

Facilities Management is pursuing activities to replace the existing roofing assemblies at the 5 Lower Ragsdale medical office building with a new, conventional thermoplastic polyolefin (TPO) single-ply roofing system. Approval for comprehensive project funding in the total estimated amount of \$2,769,745 and award of construction contract to Avila Construction in the amount of \$2,372,745 is being requested.

Background/Situation/Rationale:

The roof system installed at 5 Lower Ragsdale is end of its useful life. The existing 65,000 square foot roofing assembly has been experiencing multiple areas of water intrusion. The facility completed construction documents and specifications prepared by WRD. Permits have been secured through the City of Monterey Building department for the replacement of the existing roofing system with a new thermoplastic polyolefin (TPO) single ply roof system. Proposed upgrades to the roofing system will include; (A) new rigid insulation underlayment and densdeck, (B) new flashing and counter flashing at curbs, parapets, repairs at air handler unit platforms and penetrations, (C) new single ply 60 mil roofing membrane, (D) retrofitting of existing utility piping supports to comply with current code regulations, (E) replace of existing natural gas piping distribution currently installed on the roof, (F) new lath & plaster parapets at southeast and southwest building corners to match existing, and (G) various repairs to damaged electrical infrastructure and code required fall protection units.

Salinas Valley Memorial Healthcare System publicly solicited for construction services and acquired four (4) bids with Avila Construction submitting the lowest responsive and responsible bid.

Timeline/Review Process to Date:

September 2025: Anticipated Award of Construction and Project Funding

October 2025: Commence with construction activities.

December 2025: Project and administrative closeout.

Pillar/Goal Alignment:

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

Financial/Quality/Safety/Regulatory Implications

Key Contract Terms	Contractor: Avila Construction
1. Proposed effective date	Issuance of Notice to Proceed anticipated on October 1, 2025
2. Term of agreement	90 calendar days
3. Renewal terms	Not Applicable
4. Termination provision(s)	Provided in Bid Specifications-Part 12 of General Conditions- Section 007000
5. Payment Terms	Lump Sum
6. Compensation	\$2,372,745
7. Cost over life of agreement	Not Applicable
8. Budgeted (indicate y/n)	Yes. Fiscal Year 2026 Routine Capital Project included funding for this project.

Recommendation:

Consider recommendation to Board of Directors (i) to approve the total estimated project cost for the SVH 5 Lower Ragsdale Roofing Replacement Project in the amount of \$2,769,745 and (ii) award construction contract to Avila Construction for the SVH 5 Lower Ragsdale Roofing Replacement Project in the amount \$2,372,745.

Attachments:

- (1) Total project estimated costs prepared September 15, 2025 at procurement phase.
- (2) Bid Summary
- (3) Avila Construction Bid Forms

Salinas Valley Health

Project Cost Summary: 5 LOWER RAGSDALE DRIVE ROOF REPLACEMENT CIP 01.1250.3940

Architect/Engineering: WRD Architects

Budget Generated at Procurement Phase

Budget Date: 9/15/2025

Print Date: 9/15/2025



BUDGET SUMMARY				
Line Item		Description	Original Budget	Notes
	1	Construction		
0100		Construction Contract	\$2,372,745	Single Prime Delivery Method
0101		Owner Construction Contingency	\$75,000	Owner Held Contingency
	2	Design		
0200		Professional Fees - Fixed	\$75,000	Architectural & Consulting Engineers
	3	Inspections and Consultation		
0301		Special Inspections	\$15,000	Agency Required Inspection
0303		Testing and Monitoring(Hazardous Materials)	\$15,000	Hazardous Material Testing and Monitoring
	4	Agency Fees		
0400		City of Monterey + MBARD	\$27,000	Agency Fees
	5	Soft Costs		
0502		Construction Management - PM/CM	\$125,000	Program Management
	99	Contingency		
9900		Contingency	\$65,000	Owner Held Contingency
Totals			\$2,769,745	

****DRAFT** BID RESULT SUMMARY**
DATE: September 12, 2025
BID TIME: 2:00 PM
BID OPENING: 535 E Romie Lane, Suite 6, Salinas, CA 93901

	Contractor	Contact	Email Address	Phone Number	Base Bid + Allowances	Comments
1	SSB	Joseph Darpli	jdarpli@ssbconstruction.com	831-737-0638	\$ 2,855,000	
2	Avila Construction**	Justin Gin	jgin@avilaconstruction.com	831-884-4080	\$ 2,372,745	
3	Marvulli Inc.	Joe Rose	joe@marvulli.com	209-233-1336	\$ 2,569,000	
4	Best Contracting	Javier Solis	estimating@bestcontracting.com	510-953-0790	\$ 3,192,900	
	** Apparent Low Bidder					
	SVMHS reserves the right to reject any or all bids and to waive any informalities in the bidding, or in any bid received.					

	Documents Accompanying Bid	Contractor 1	Contractor 2**	Contractor 3	Contractor 4
A	Bid Letter	X	X	X	X
B	Addenda	X	X	X	X
C	List of Subcontractors	X	X	X	X
D	Disqualification Questionnaire	X	X	X	X
E	Insurance Requirements	X	X	X	X
F	Bid Bond	X	X	X	X
G	Non-Collusion Affidavit	X	X	X	X

SECTION 00 40 00

BID FORMS

PART 1 - GENERAL

1.01 INSTRUCTIONS TO BIDDERS

- A. Bid Forms shall be completed in accordance with the directions herein and the directions indicated in Section 00 10 00, "Notice Inviting Bids"; Section 00 20 00, "Instructions to Bidders"; and Section 00 41 00, "Schedule of Bid Prices," of the Contract Documents.

1.02 BID FORMS

- A. Due on or before the date of Bid Opening

Each of the following Bid Forms must be completed as part of each Bidder's bid and shall be submitted before the specified time and date of the Bid Opening as identified in Section 00 10 00, "Notice Inviting Bids", of the Contract Documents.

1. Bid Letter (including acknowledgement of receipt of Addenda)
2. List of Subcontractors
3. Disqualification Questionnaire
4. Acknowledgement of Insurance Requirements
5. Bidder's Guaranty: Bidder's Bond or Irrevocable Standby Letter of Credit
6. Non-Collusion Certification
7. Bidder's Request for Information

**BID LETTER
FOR SALINAS VALLEY HEALTH
SVH 5 LOWER RAGSDALE DRIVE ROOF REPLACEMENT**

Pursuant to the Notice Inviting Bids, the undersigned bidder herewith submits a bid on the Bid Forms attached hereto and made a part hereof, and binds itself on award by the Salinas Valley Memorial Healthcare System operating as Salinas Valley Health (hereinafter "SVH") under this bid to execute a Contract in accordance with its bid and the Contract Documents.

The Notice Inviting Bids, Instructions to Bidders, General Requirements, Supplementary Conditions, Technical Specifications, Appendices, Contract Drawings, and Addenda, if any, are made part of this bid and all provisions thereof are hereby accepted, and all representations and warranties required thereby are hereby affirmed.

This offer shall be irrevocable for a period of ninety (90) days after the date on which bids are opened.

The undersigned bidder understands that any clarification made to the above or any new and different conditions or information submitted on or with its Bid Forms, other than that requested, may render the bid non-responsive.

The undersigned, as bidder, declares that the only persons or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation and in submitting this bid, that it has carefully examined the location of the proposed work, the attached proposed form of contract, and the plans, specifications and the other Contract Documents; and agrees if this bid is accepted, that it will contract with SVH, on the form of contract included with these specifications, to provide all necessary labor, materials, equipment, machinery, apparatus and other means of construction, and to do all the work specified in the Contract Documents, in the manner and time therein prescribed, and according to the requirements of the Owner's Designated Representative as therein set forth, and that he will accept all full payment therefore based on the item prices set forth in its Schedule of Bid Prices.

The prices included within the Schedule of Bid Prices include all costs for labor, materials, tools, equipment, services, subcontractors, suppliers, taxes, insurance, shipment, delivery, overhead, profit and all other costs necessary to perform the work in accordance with the Contract Documents.

The undersigned bidder acknowledges receipt, understanding, and full consideration of the following addenda to the Contract Documents:

ADDENDA NOS. (if none, so state): 1

Name of Bidder: Avila Brothers Inc dba Avila Construction Company

Business Address: 12 Thomas Owens Way, Ste 200, Monterey, CA 93940

Phone: 831-372-5580 Fax: 831-372-5584

Contractor's License No. 550380

License Expiration Date 12/31/2026

Classification Type
If SOLE OWNER, sign here:

ISSUED FOR BID
08-26-2025
CIP 01.1250.3940

BID LETTER
Section 00 40 00
Page 2

SALINAS VALLEY HEALTH
5 LOWER RAGSDALE DR ROOF REPLACEMENT
1774147.6

I sign as sole owner of the business named above:

If PARTNERSHIP, one or more partners sign here:

The undersigned certify that we are partners in the business named above and that we sign this bid with the full authority to do so:

If CORPORATION, execute here:

Corporate Name: Avila Brothers Inc dba Avila Construction Company

Incorporated under the laws of the State of CA

The undersigned certify that they sign this bid with the full and proper authorization so to do:


By 
*Signature of Authorized Official**

President

Title

Steven M. Avila

Typewritten or Printed Name

By 
*Signature of Authorized Official**

CFO

Title

Michael J. Avila

Typewritten or Printed Name

If JOINT VENTURE, execute here:

Joint Venture name composed of: _____

The undersigned certify that they sign this bid with the full and proper authorization so to do:

*Signature of Authorized Official**

*Signature of Authorized Official**

Title

Title

Typewritten or Printed Name

Typewritten or Printed Name

*If bidder is a partnership or Joint Venture, give the full names of all partners and/or Joint Ventures in the space provided (use additional sheet if required). If bidder is a corporation, two signatures are required as follows: (1) the Chairman, President, or Vice-President and (2) the Secretary, Assistant Secretary, Chief Financial Officer or Assistant Treasurer. In the alternative, this Agreement may be executed by a single officer or a person other than an officer provided that evidence satisfactory to SVH is provided demonstrating that such individual is authorized to bind the corporation (example, a copy of a certified resolution from the corporation's board or a copy of the corporation's bylaws)

END OF BID LETTER

APPENDIX I
RESTATED ARTICLES OF INCORPORATION
OF
STEVE AVILA CONSTRUCTION, INC.

ARTICLE I

The name of this corporation is: Avila Brothers, Inc..

ARTICLE II

The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporation Code.

ARTICLE III

This corporation is authorized to issue one class of shares to be designated common stock. The total number of shares of common stock this corporation shall have authority to issue is 1,000,000, without par value.

ARTICLE IV

The liability of the directors of this corporation for monetary damages shall be eliminated to the fullest extent permissible under California law. Any repeal or modification of this Article IV, or the adoption of any provision of the articles of incorporation inconsistent with this Article IV, shall only be prospective and shall not adversely affect the rights under this Article IV in effect at the time of the alleged occurrence of any act or omission to act giving rise to liability.

ARTICLE V

This corporation is authorized to provide indemnification of agents (as defined in Section 317 of the California Corporation Code) through bylaw provisions, agreements with agents, vote of share holders or disinterested directors, or otherwise, in excess of the indemnification otherwise permitted by Section 317 of the California Corporations Code, subject only to the applicable limits on indemnification set forth in Section 204 of the California Corporations Code with respect to actions for breach of duty to the corporation or its shareholders. Any repeal or modification of this Article V, or the adoption of any provision of the Articles of Incorporation inconsistent with this Article V shall only be prospective and shall not adversely affect the rights under this Article V in effect at the time of the alleged occurrence of any action or omission to act giving rise to indemnification.

ACTION BY UNANIMOUS WRITTEN CONSENT
OF THE DIRECTORS OF
STEVE AVILA CONSTRUCTION, INC.

The undersigned, constituting all of the members of the board of directors of (the "Board") of Steve Avila Construction, Inc., a California corporation (the "Corporation"), by their signature below, hereby adopt the following resolutions on behalf of the Corporation, pursuant to Section 307(b) of the California Corporations Code:

ISSUANCE OF SHARES

WHEREAS, the Board desires to compensate Michael Avila for services rendered by him to the Corporation;

NOW THEREFORE, BE IT RESOLVED, for services rendered by Michael Avila to the Corporation valued at \$1000, the Board hereby sells and issues to Michael Avila 1,000 shares of common stock of the Corporation.

RESOLVED FURTHER, the officers of this Corporation are, and each acting alone is, hereby authorized and directed to issue to Michael Avila one or more share certificates of this Corporation representing the above described shares.

RESOLVED FURTHER, that the officers of this Corporation shall cause the Corporation to withhold from the compensation payable to Michael Avila all taxes required to be withheld by Federal, state or local laws as a result of the above issuance and sale of shares to him.

RESOLVED FURTHER, that it is contemplated that above issuance and sale of the Corporation's common stock shall be exempt from registration under the Securities Act of 1933, as amended, pursuant to Sections 4(2) and 3(a)(11) thereof, and from qualification under the California Corporate Securities Laws of 1968, as amended, pursuant to Section 25102(f) thereof, and each officer of this Corporation is hereby authorized and directed to take all steps necessary or desirable to comply with the applicable legal requirements of the above named exemptions, including the filing of a Notice of Transaction Pursuant to Section 25102(f) with the California Department of Corporations.

RESTATEMENT OF ARTICLES OF INCORPORATION

WHEREAS, the Board desires to change the name of the Corporation to reflect the change in ownership of the Corporation;

NOW, THEREFORE, BE IT RESOLVED, that the Restated Articles of Incorporation, attached hereto as Appendix I, are hereby approved and adopted, and the President and Secretary of the Corporation are authorized to certify the same and to file the same with the California Secretary of State.

ELECTION OF OFFICERS

WHEREAS, the Board believes it to be in the best interest of the Corporation to elect officers at this time in lieu of the holding of an annual meeting of the Board during the 1998 calendar year;

WHEREAS, Ursula V. Avila has tendered her resignation as Secretary of the Corporation effective as of June 1, 1998;

NOW, THEREFORE, BE IT RESOLVED, that the following persons are elected to the office(s) indicated next to their names to serve until their successor(s) shall be duly elected or appointed, unless they resign, are removed from office or are otherwise disqualified from serving as an officer of this Corporation, and to take their respective office(s) effective as of June 1, 1998:

<u>Office</u>	<u>Name</u>
President and Chief Executive Officer	Steve M. Avila
Chief Financial Officer and Secretary	Michael Avila

ACCEPTANCE OF RESIGNATION

WHEREAS, Ursula V. Avila desires to resign from the Board effective as of June 1, 1998;


RESOLVED, the resignation of Ursula V. Avila as a member of the Board is hereby accepted effective as of June 1, 1998.

OMNIBUS RESOLUTIONS.

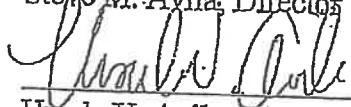
RESOLVED FURTHER, that the officers of this Corporation be, and each individually is, hereby authorized to do and perform any and all such acts, including execution of any and all documents and certificates, as said officers shall deem necessary or advisable, to carry out the purposes of the foregoing resolutions.

This Action by Unanimous Written Consent shall be filed in the minute book of this Corporation and become a part of the records of this Corporation.

Dated: May 30, 1998



Steve M. Avila, Director



Ursula V. Avila, Director

LIST OF SUBCONTRACTORS

The Bidder is required to furnish the following information in accordance with the provisions of Sections 4100 to 4114, inclusive, of the Public Contract Code of the State of California. This list and information shall include all subcontractors that will perform work, provide labor or render services to the Bidder in connection with the project in an amount in excess of one-half of one percent of the total amount of Bidder's Grand Total Bid Price.

Do not list alternative subcontractors for the same work. Use additional sheets if necessary.

NAME OF SUBCONTRACTOR	LICENSE NUMBER AND DIR REG NO.	LOCATION OF/ PLACE OF BUSINESS	PORTION OF WORK
1. PARC Environmental	501913/ 1000002856	Fresno, CA	Abatement
2. American Foam Experts	969486/ 1000026412	Herald, CA	Roofing
3. Brady West	1098648/ 1000989702	Castroville, CA	Metal Stud Framing/Stucco
4.			
5. ME & F Rios Painting, Inc.	1091307/ 1000913068	Seaside, CA	Painting
6. Quality Plumbing	927690/ 1000022160	Salinas, CA	Plumbing
7. Della Mora	696294/ 1000006741	Marina, CA	Mechanical/Sheet Metal
8. Corvid	1027855/ 1000060174	Pacific Grove, CA	Electrical
9. Coastwide	523560/ 1000001357	Watsonville, CA	Selective Demo
10.			

END LIST OF SUBCONTRACTORS

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

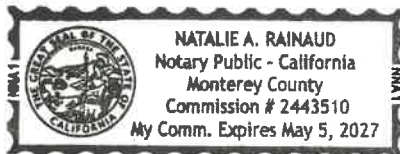
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Monterey }

On September 8, 2025 before me, Natalie A. Rainaud, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared ***Steven M Avila*****
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Natalie A Rainaud
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Bid Bond-SVMHS 5 Lower Ragsdale DR Roof Replacement

Document Date: September 5, 2025 Number of Pages: 1

Signer(s) Other Than Named Above: Natalie K Trofimoff, Attorney-in-Fact

Capacity(ies) Claimed by Signer(s)

Signer's Name: Steven M Avila

☒ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____



September 5, 2025

Sydnee Thomas
AVILA CONSTRUCTION CO.
12 Thomas Owens Way #200
Monterey, CA 93940

RE: Obligee: Salinas Valley Memorial Healthcare System
Project: 5 Lower Ragsdale DR Roof Replacement
Estimated Contract: \$5,000,000.00
Bid Date: 9/12/2025
Surety: Nationwide Mutual Insurance Company

Dear Sydnee

Enclosed please find the above captioned bid bond, executed per your request.

The bid bond must be signed by an authorized representative of your company, notarized and sealed with the corporate seal. It is your responsibility to ensure the bid bond conforms with your needs and instructions to us, including but not limited to the correct coverages and parties, and with any laws applicable to your operations and/or the contract requiring the bid bond, and to advise us immediately, in writing, if the bid bond form so executed does not contain the proper information. Accordingly, it is incumbent upon you to carefully review the bond, and we will expect that you will, double-check all information, including signatures, dates, amounts and job descriptions for accuracy, and to verify that the bid bond form we executed is the form required by the specification. This will avoid the possibility of having a low bid rejected because of a clerical error. We will also expect you to verify that anything unusual that has been requested by the obligee is attached.

If, following your review of the bond, you do not advise us in writing of any problem of deficiency in its terms and information but submit the bond as is, your submission will constitute your verification, and we will justifiably assume the bond form as issued is correct and appropriate for the purpose for which it is being submitted. You further understand that we will have no liability for any deficiencies or discrepancies not brought to our attention in accordance with this letter.

The bid bond authorization is based upon your original estimate. **If the actual bid price exceeds this estimate by 10% or more, you must contact us for additional authority!**

Please call our office if you should have any questions or need any further assistance.

Good Luck on your Bid.

Sincerely,

Natalie K. Trofimoff
Account Manager

Your bid results are very important, please mail or fax this information back to the address below within 5 days of the bid opening.

Contractors Name	Contract Price
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Where did you place _____ and your price \$ _____

If awarded contract, is final bond required? Yes [] No []

BIDDER'S BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Avila Brothers, Inc. dba Avila Construction Company, as Principal, and Nationwide Mutual Insurance Company, as Surety, are held and firmly bound unto the Salinas Valley Memorial Healthcare System operating as Salinas Valley Health (hereinafter "SVH"), in the sum of (\$)Ten Percent being at least ten percent (10%) of the total amount of the bid, for the payment of which sum in lawful money of the United States of America to SVH we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of the above obligation is such that, whereas the Principal has submitted said bid to SVH;

NOW, THEREFORE, if the principal is awarded a Contract by SVH and, within the time and in the manner required by the Specifications, enters into a written Contract with SVH and furnishes the requisite bond or bonds and insurance certificates, then this obligation shall become null and void, otherwise to remain in full force and effect.

In the event suit is brought upon this bond by SVH and judgment is recovered, the Surety shall pay all costs incurred by SVH in such suit, including a reasonable attorneys fee to be fixed by the Court.

Dated September 5, 2025.

TO BE CONSIDERED COMPLETE, BOTH THE PRINCIPAL AND SURETY MUST SIGN THIS BIDDER'S BOND. IN ADDITION, THE SURETY'S SIGNATURE MUST BE NOTARIZED AND A COPY OF THE SURETY'S POWER OF ATTORNEY MUST BE ATTACHED.

Avila Brothers, Inc. dba Avila Construction Company

By: [Signature] Principal

Nationwide Mutual Insurance Company
Surety

By: [Signature]

Natalie K. Trofimoff, Attorney-in-Fact
One West Nationwide Blvd., 1-14-301, Columbus, OH 43215
Address of Surety

END OF BIDDERS BOND

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

Civil Code § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California)
) ss
County of Los Angeles)

On SEP 05 2025, before me, Patricia Arana, Notary Public, personally appeared Natalie K. Trofimoff, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)



Signature: _____

Patricia Arana, Notary Public

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

**CHARLENE K NAKAMURA; EDGAR S ALBRECHT; LISA L THORNTON; TIMOTHY M TOMKO
MARIA PENA; NATALIE K TROFIMOFF; NOEMI QUIROZ; PATRICIA S ARANA;**

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

UNLIMITED

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 1st day of April, 2024.



Antonio C. Albanese, **Vice President** of Nationwide Mutual Insurance Company


ACKNOWLEDGMENT

STATE OF NEW YORK COUNTY OF KINGS: ss

On this 1st day of April, 2024, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.



Sharon Laburda
Notary Public, State of New York
No. 01LA6427697
Qualified in Kings County
Commission Expires January 3, 2026



Notary Public
My Commission Expires
January 3, 2026

CERTIFICATE

I, Lezlie F. Chimienti, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this ____ day of

SEP 05 2025



Assistant Secretary

SALINAS VALLEY HEALTH
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
Monterey, California

ADDENDUM A
TO THE
BID DOCUMENTS FOR SVH 5 LOWER RAGSDALE DR ROOF REPLACEMENT PROJECT

ISSUED: SEPTEMBER 9, 2025

This Addendum A must be signed by the bidder and included in the bid documents submitted for this Project. Salinas Valley Health reserves the right to disregard any bid, which does not include this Addendum A. Salinas Valley Health may waive this requirement at its sole discretion.

SEE ATTACHED ADDENDUM ITEM

Prepared By:

Brianna Jesse
SVH Designated Representative

BIDDER'S CERTIFICATION

I acknowledge receipt of this Addendum A and accept all conditions contained herein.

Bidder's Signature

Avila Brothers Inc DBA
Avila Construction Company

Name of Company

9/9/25

Date

Please return this signed page to Brianna Jesse at SVH as soon as possible and include with Bid Forms to confirm receipt of this addendum. Please email as a PDF to bjesse@bogardconstruction.com.

SECTION 00 41 00

SCHEDULE OF BID PRICES

1.01 GENERAL INSTRUCTIONS

- A. Bidders are directed to submit a lump sum price for all Work set forth in the Contract Documents in the space for the "Base Bid" amount in the Schedule of Bid Prices. This lump sum shall include all costs for labor, materials, tools, equipment, services, subcontractors, suppliers, taxes, insurance, shipment, delivery, overhead, profit and all other costs necessary to perform the Work in accordance with the Contract Documents.
- B. Unit prices and lump sum prices must be entered in the appropriate spaces provided in the Schedule. Unit prices shall be multiplied by the Quantities shown, and the total shall be inserted in the AMOUNT column. In the event of any error or discrepancy between the Unit Price and the calculated AMOUNT, the Unit Price shall govern. Owner may correct any mathematical errors apparent on the face of the bid.

**SALINAS VALLEY HEALTH
SVH 5 LOWER RAGSDALE DRIVE ROOFING REPLACEMENT
SCHEDULE OF BID PRICES**

BASE BID:

Contractor shall provide all materials, labor, tools, equipment and superintendence necessary to complete this project for the following amount. Contractor shall provide Contractor's profit and overhead for all allowance items identified below in the Base Bid item "A". If costs incurred exceed allowance item, Contractor shall be allowed to markup the difference between the allowance and actual by a maximum of 5%. If the actual cost is less than the allowance item, Contractor shall credit the Owner the difference, including profit and overhead added to item "A".

"A" \$ 2,186,225.00

ALLOWANCE ITEM B:

Contractor shall include an allowance of \$50,000 in their bid to provide all labor, equipment, transportation and superintendence necessary to replace damaged insulation inside the building where evident that plywood substrate has been permeated by water and repair areas where the insulation installation is failing. Contractor shall submit complete documentation of costs incurred for this work during the project and any remaining balance will be adjusted by deductive change order credited back to the Owner. All profit and overhead for this allowance item shall be provided for in item "A".

"B" \$ 50,000.00

ALLOWANCE ITEM C:

Contractor shall include an allowance of \$40,000 in their bid to provide all labor, equipment, transportation and superintendence necessary to repair or replace damaged existing rooftop mounted electrical conduits. Contractor shall submit complete documentation of costs incurred for this work during the project and any remaining balance will be adjusted by deductive change order credited back to the Owner. All profit and overhead for this allowance item shall be provided for in item "A".

"C" \$ 40,000.00

ALLOWANCE ITEM D:

Contractor shall include an allowance of \$15,000 to provide all labor, equipment, transportation and superintendence, including deferred submittals and fire watch, necessary to replace in kind the fire protection piping serving the building entrance canopy. Contractor shall submit complete documentation of costs incurred for this work during the project and any remaining balance will be adjusted by deductive change order credited back to the Owner. All profit and overhead for this allowance item shall be provided for in item "A".

"D" \$ 15,000.00

ALLOWANCE ITEM E:

Contractor shall include an allowance of \$55,000 to provide all labor, equipment, transportation and superintendence, necessary to install ten (10) fall protection devices. Basis of the design is the Weightanka wtab0010 or equal. The system does not require any anchorage to the roofing system. The design engineer will provide locations in the field. Contractor shall submit complete documentation of costs incurred for this work during the project and any remaining balance will be adjusted by deductive change order credited back to the Owner. All profit and overhead for this allowance item shall be provided for in item "A".

"E" \$ 55,000.00

ALLOWANCE ITEM F:

Contractor shall include an allowance of \$15,000 in their bid to provide all labor, equipment, transportation and superintendence necessary to replace existing wood deck as needed. Contractor shall submit complete documentation of costs incurred for this work during the project and any remaining balance will be adjusted by deductive change order credited back to the Owner. All profit and overhead for this allowance item shall be provided for in item "A".

"F" \$ 15,000.00

COMPENSABLE DELAY AMOUNT:

Contractor shall provide all materials, labor, tools, equipment and superintendence necessary to complete any additional work required as a result of non-Contractor caused delays for the following amount:

\$ 1,152.00 per day x 10 days delay (est.) =

"G" \$ 11,520.00

GRAND TOTAL BID PRICE:

Base bid plus total (A + B + C + D + E + F + G)

\$ 2,372,745.00

END OF SECTION 00 41 00

**NONCOLLUSION AFFIDAVIT TO BE EXECUTED
BY BIDDER AND SUBMITTED WITH BID**


The undersigned declares:

I am the CFO of Avila Brothers Inc dba Avila Construction Company, the party making the foregoing bid .

The bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The bid is genuine and not collusive or sham. The bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid. The bidder has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or to refrain from bidding. The bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder. All statements contained in the bid are true. The bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid, and has not paid, and will not pay, any person or entity for such purpose.

Any person executing this declaration on behalf of a bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the bidder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on 9-12-2025 [date], at Monterey [city], CA [state]."



Signature of Bidder

CFO

Title

9/12/2025

Date

END OF NON-COLLUSION AFFIDAVIT

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

Included in the Bid Price is full compensation for the requirements set forth in Section 00 86 00, INSURANCE REQUIREMENTS of the Contract Documents, including:

- a) Workers' Compensation (per statutory requirement).

Policy shall include a waiver of subrogation.

- b) Employer's Liability coverage.

Two Million Dollars (\$2,000,000) per accident; and

Two Million Dollars (\$2,000,000) each employee by disease.

- c) Commercial General Liability coverage (including but not limited to premises and operations; contractual liability; personal and advertising injury; explosion, collapse, and underground coverage; products and completed operations, and; broad form property damage) of not less than:

Two Million Dollars (\$2,000,000) combined single limit per occurrence or claim; and

Two Million Dollars (\$2,000,000) general aggregate.

Policy shall include a Waiver of Subrogation and Additional Insured endorsement. Policy will also contain either a Cross Liability endorsement or Severability of Interests Clause.

- d) Business Automobile Liability Insurance coverage of not less than:

Two Million Dollars (\$2,000,000) combined single limit occurrence.

Policy shall include a Waiver of Subrogation and Additional Insured endorsement.


Signature of Bidder/Title

9.12.25
Date

END OF ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS



Public Works Support

eCPR Search

Contractor Registration Search

Log
in

Project Registration Search

Register

[Home](#) > [Customer Account Lookup](#) > 1000000982 - AVILA BROS., INC. DBA AVILA CONSTRUCTION

1000000982 - AVILA BROS., INC. DBA AVILA CONSTRUCTION

Customer Account Lookup

PWCR

1000000982

Contractor Status

DIR Approved

CSLB

550380

Business Phone

(831) 372-5580

Ext

Registration Start Date

2025-07-01

Legal Entity Name

AVILA BROS., INC. DBA AVILA CONSTRUCTION

Doing Business As (DBA)

Avila Construction Company

Business Structure

-- None --

President

Steven M. Avila

Email

keith@avilaconst.com

Registration End Date

2028-06-30

Crafts

Carpenter

Laborer and Related Classifications

Cement Mason

Address

Mailing Address

12 THOMAS OWENS WAYSuite 200

Mailing Address - City

MONTEREY

Mailing Address - State

CA

Mailing Address - Zip

93940

Mailing Address - Country

USA

Physical Address

12 THOMAS OWENS WAY, STE. 200

Physical Address - City

MONTEREY

Physical Address - State

CA

Physical Address - Zip

93940

Physical Address - Country

Related Lists

Registration Dates (8)

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2024 State
of
California

DISQUALIFICATION QUESTIONNAIRE

The Bidder shall complete, under penalty of perjury, the following questionnaire:

Has the Bidder, any officer of the Bidder, or any employee of the Bidder who has proprietary interest in the Bidder, ever been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of a violation of law or a safety regulation?

Yes _____ No X _____

If the answer is yes, explain the circumstances in the following space.


NAME OF BIDDER: Avila Brothers Inc dba Avila Construction Company

NOTE: This questionnaire constitutes a part of the Bid, and signature on the portion of this Bid shall constitute signature on this questionnaire.

END OF DISQUALIFICATION QUESTIONNAIRE

Finance Committee Board Paper

Agenda Item: **Consider Recommendation for Board Approval of Lease Amendment to Extend the Lease Agreement for 1756 North Main Street, Salinas for One Year**

Executive Sponsors: Gary Ray, Chief Legal Officer

Date: September 16, 2025

Executive Summary

Salinas Valley Health is the tenant under the Harden Ranch Plaza Shopping Center Lease, dated August 3, 2012, and associated sublease and amendments, for certain retail space described as **1756 North Main Street, Salinas, California**, containing approximately 3,200 gross leasable square feet ("**Harden Clinic**"). The Harden Clinic is presently utilized by Doctors on Duty for an urgent care clinic. Because of DOD provider staffing challenges and scheduling issues, SVH Clinics is considering a strategic move to expand primary care services in the North Salinas community through this location. The current lease is now on a month-to-month holdover and this extension allows time for SVH to consider its options while maintaining the operation of the DOD clinic.

Timeline

September 22, 2025 – Request SVH Finance Committee Recommendation for Board Approval
 September 25, 2025 – SVH Board of Directors Meeting/Consider Recommendation for Approval
 October 1, 2025 – Effective Date for Amendment Extending the Lease Agreement

Meeting our Mission, Vision, Goals—Strategic Plan Alignment

This transaction is aligned with strategic initiatives to expand SVH Clinics primary care services and to improve provider access in the North Salinas area.

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

Financial/Quality/Safety/Regulatory Implications

The Amendment to extend Lease Agreement is for one (1) year for the Harden Clinic located at 1756 North Main Street, Salinas, California:

1. Lease Extension Dates	August 3, 2025 through August 2, 2026
2. Term of Lease	One (1) year
3. Option	Possible option for longer term lease based on SVHC strategic plan.
4. Payment Terms	Triple Net Lease
5. Rentable square feet	Approximately 3200 rentable square feet
6. Current Monthly Rent	\$12,678.71
7. Extension Monthly Rent	Current rent plus CPI adjustment (2% floor/4% ceiling)

Recommendation

Administration requests that the Finance Committee make a recommendation to the Board of Directors to approve the Lease Amendment to Extend the Lease Agreement for 1756 North Main Street, Salinas for One Year

FOURTH AMENDMENT TO LEASE

(1756 North Main Street, Salinas, CA)

THIS FOURTH AMENDMENT TO LEASE, (“Fourth Lease Amendment”) is made and entered into as of **October 1, 2025** by and between **SALINAS SHOPPING CENTER ASSOCIATES LIMITED PARTNERSHIP**, a California limited partnership, and **HARDEN RANCH PLAZA ASSOCIATES, LLC**, a Delaware limited liability company (collectively, “**Landlord**”), and **SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**, a California Local Health Care District operating as Salinas Valley Health (“**Tenant**”).

1. Pursuant to that certain Harden Ranch Plaza Shopping Center Lease, dated August 3, 2012, and that First Amendment to Lease dated February 2, 2015, and that Second Amendment to Lease dated October 1, 2015, and that Sublease Agreement dated July 1, 2019, and that Third Amendment to Lease dated October 29, 2019 (altogether, the “Lease”) Landlord leased to Tenant that certain retail space described as 1756 North Main Street, in Salinas, CA, containing approximately 3,200 gross leasable square feet (“Premises”).
2. the parties desire to amend the Lease to extend the Term of the Lease as hereinafter set forth.

For and in consideration of the Premises, and of the mutual covenants hereof, Landlord and Tenant stipulate, covenant and agree as follows:

1. **Capitalized Terms.** Capitalized terms not otherwise defined herein shall have the meanings ascribed in the Lease.
2. **Lease Term Extension and New Expiration Date:** The Lease Term Expiration Date shall be extended for **one (1) year from August 3, 2025 to August 2, 2026**.
3. **Fixed Minimum Rent:** Fixed Minimum Rent for the Extended Term of the Lease shall be as follows:

<u>Lease Term</u>	<u>Annual</u>	<u>Monthly</u>
Current - August 2, 2025	\$152,144.52	\$12,678.71
August 3, 2025 – August 2, 2026**	**	**

** Fixed Minimum Rent shall be increased on August 3, 2025 of the extended Lease Term by the CPI Index with a minimum of two percent (2%) and a maximum of four percent (4%) over the prior year’s Fixed Minimum Rent.

4. **Estoppel.** Tenant acknowledges and agrees that Landlord has performed all obligations to be performed by it under the Lease to the date hereof and that no event has occurred or is occurring which, with the passage of time or the giving of notice, or both, would constitute a default under the Lease.
5. **Integration.** The Lease, as amended hereby, constitutes the complete and entire agreement between the parties and supersedes all prior contemporaneous oral or written understandings or agreement.
6. **Ratification.** As amended hereby, the terms and conditions of the Lease are ratified and confirmed in all respects.

<Signatures on the following page.>

LANDLORD:

SALINAS SHOPPING CENTER ASSOCIATES LIMITED PARTNERSHIP,
a California limited partnership

By: SSCA, LLC, a Delaware limited liability company
Its: General Partner

By: _____ Date: _____
Michael Fogelman, Authorized Signer

HARDEN RANCH PLAZA ASSOCIATES, LLC
a Delaware limited liability company

By: JFG Realty Services, LLC
a California limited liability company
Its: Manager

By: _____ Date: _____
J. Fred Goldsmith, Managing Member

SUBLESSOR #1:

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM,
a California Local Health Care District operating as Salinas Valley Health

By: _____ Date: _____
Allen Radner, MD, President/CEO

SUBLESSOR #2:

CENTRAL COAST MSO, LLC, a California limited liability company
CYPRESS HEALTHCARE PARTNERS, LLC
Its: Member

By: _____ Date: _____

Name: _____

Title: _____

SUBLESSEE:

DOCTORS ON DUTY MEDICAL GROUP, INC., a California professional corporation

By: _____ Date: _____

Name: _____

Title: _____



Financial Performance Review

August 2025

Finance Committee

Scott Cleveland
Controller

Consolidated Financial Summary August 2025

Month				\$ in Millions	YTD			
		Variance fav (unfav)					Variance fav (unfav)	
Actual	Budget	\$	%		Actual	Budget	\$	%
\$ 69.3	\$ 70.0	\$ (0.7)	-1.0%	Operating Revenue	\$ 145.5	\$ 139.8	\$ 5.7	4.1%
68.2	68.3	0.1	0.1%	Operating Expense	139.4	136.5	(2.9)	-2.1%
1.1	1.7	(0.6)	-35.3%	Income from Operations	6.1	3.3	2.8	84.8%
1.5%	2.4%	-0.9%	-37.50%	Operating Margin %	4.2%	2.4%	1.8%	75.0%
5.2	2.5	2.7	108.0%	Non Operating Income	6.2	5.0	1.2	24.0%
6.3	4.2	2.1	50.0%	Net Income	12.3	8.3	4.0	48.2%
9.0%	5.9%	3.1%	52.5%	Net Income Margin %	8.5%	5.9%	2.6%	44.1%

No Normalizing Items

Key Financial Indicators

Indicator Metric		YTD 8/31/25	Budget	S&P A+ Rated	YTD 8/31/24
Operating Margin*		4.2%	0.4%	4.0%	1.8%
Total Margin*		8.5%	4.0%	6.6%	10.8%
EBITDA Margin**		8.1%	5.4%	13.6%	6.3%
Days of Cash*		362	317	249	368
Days of Accounts Payable*		37	45	-	52
Days of Net Accounts Receivable***		68	60	49	66
Supply Expense as % NPR		14.9%	14.6%	-	14.7%
SWB Expense as % NPR		52.9%	54.1%	53.7%	54.0%
Operating Expense per APD*		7,473	7,205	-	6,702

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)

3

Financial Summary – August 2025

Aug Act	Aug Bud	Variance	Key Statistics	YTD Aug	YTD Aug Bud	Variance
108	114	↓ -5%	ADC	104	114	↓ -9%
151	146	↑ 3%	IP Surgeries	319	292	↑ 9%
350	293	↑ 19%	OP Surgeries	667	586	↑ 14%
943	931	↑ 1%	Admissions	1,862	1,862	↑ 0%
1,370	1,158	↑ 18%	OP Infusion Cases	2,717	2,316	↑ 17%
105	130	↓ -19%	Deliveries	208	260	↓ -20%
4,671	4,653	↑ 0%	ER OP Visits	8,974	9,306	↓ -4%
263	333	↓ -21%	Cath Lab	655	666	↓ -2%
205	152	↓ 35%	Observation Cases	416	304	↓ 37%
736	719	↑ 2%	ER IP Admissions	1,437	1,438	↓ 0%
297	405	↓ -27%	MRI Procedures	603	810	↓ -26%
2,102	2,168	↓ -3%	CT Scans	4,231	4,336	↓ -2%
2.1	2.3	↑ -9%	Medicare Traditional ALOS CMI Adjusted	2.1	2.3	↑ -9%
1.79	1.75	↑ 2%	Medicare Traditional Case Mix	1.80	1.75	↑ 3%

4

Executive Summary: August Financial Performance

Salinas Valley Health's Income from Operations was \$1.1 million for the month which was unfavorable to budget by \$0.6M due to soft inpatient revenue and unfavorable payor mix

Volume and Acuity:

- **Total Admissions** were over budget by 1% (12 cases)
- **Inpatient Surgeries** were over budget by 3% (5 cases)
- **Deliveries** were under budget by 20% (25 cases)
- **Cath Lab** – cases were under budget by 21% (70 cases)
- **All Payor Case Mix** of 1.58 was 1% over budget
- **Strong Outpatient Revenues** - favorable to budget by \$5M (3%), Key services driving this variance were:
 - **OP Infusion Program** - cases were over budget by 18% (212 cases)
 - **OP Surgeries** – cases were over budget by 20% (57 cases)
 - **Observation cases** were over budget by 34% (53 cases)
- **MRI Procedures** were under budget by 27% (108 cases)

5

Executive Summary: August Financial Performance – Continued

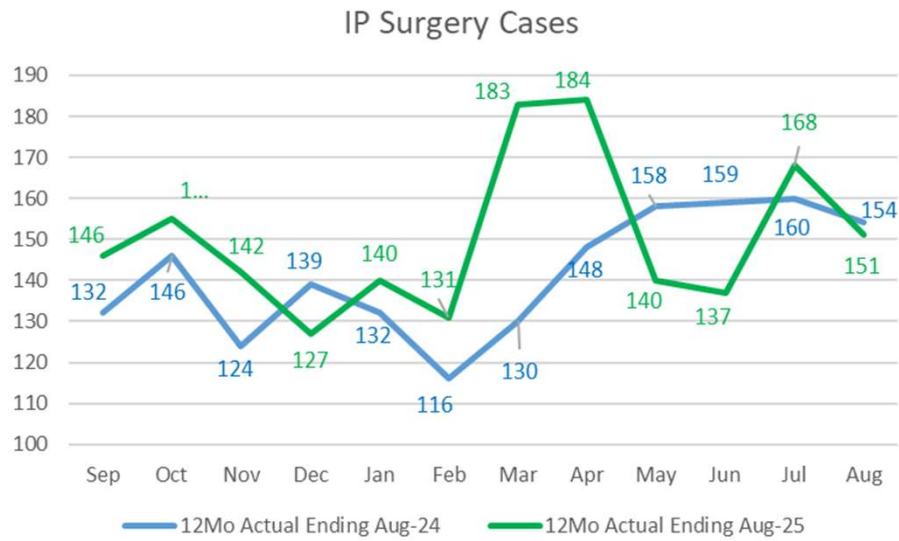
Cost and Utilization:

- **Paid FTEs per Adjusted ADC** were 5% unfavorable to budget at 8.1 actual vs. 7.7 budget
- **Average Length of Stay** was 7% favorable to budget at 3.6 days
- **Medicare Case Mix Adjusted Average Length of Stay** was favorable by 8% at 2.1 days
- **Payor Mix** was unfavorable with higher than expected Medi-Cal revenue, up 4%. Medicare was down 1%; While Commercial was under budget by 3%
- **Cash collections** at \$49.4 million were unfavorable by 8%
- **Days in AR at 68** is still trending over target due to slow paying insurance providers and lower cash collections this month
- **Days Cash on Hand** at 362 was down 2% from July due to a pay-down of Accounts Payable (part of the Workday implementation), lower cash collections and capital

Non-Operating Income was up \$2.7 Million to budget driven by unrealized investment gains

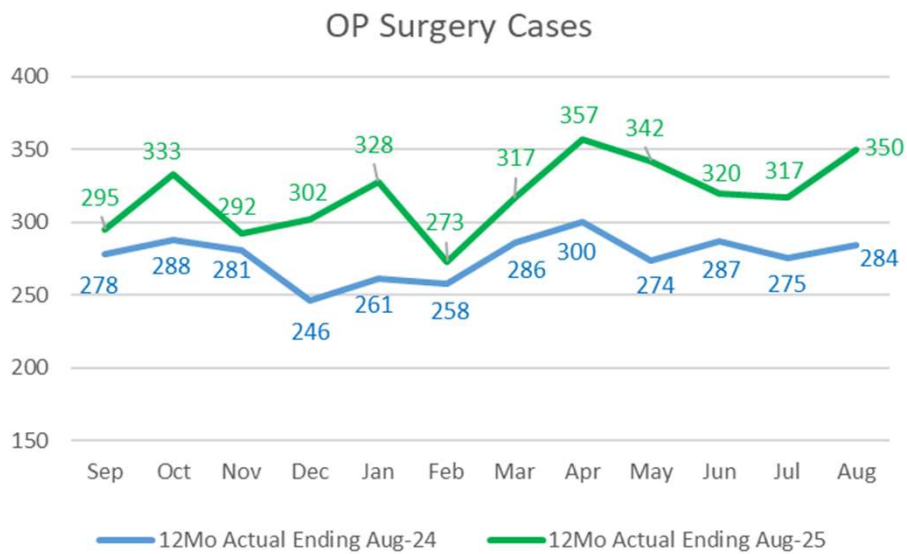
6

Volume Trends - IP Surgery Cases



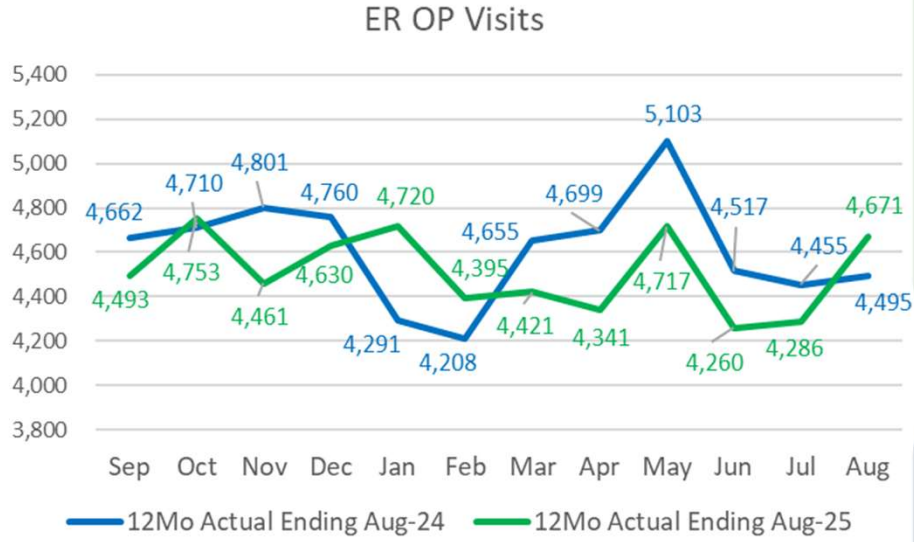
7

Volume Trends - OP Surgery Cases



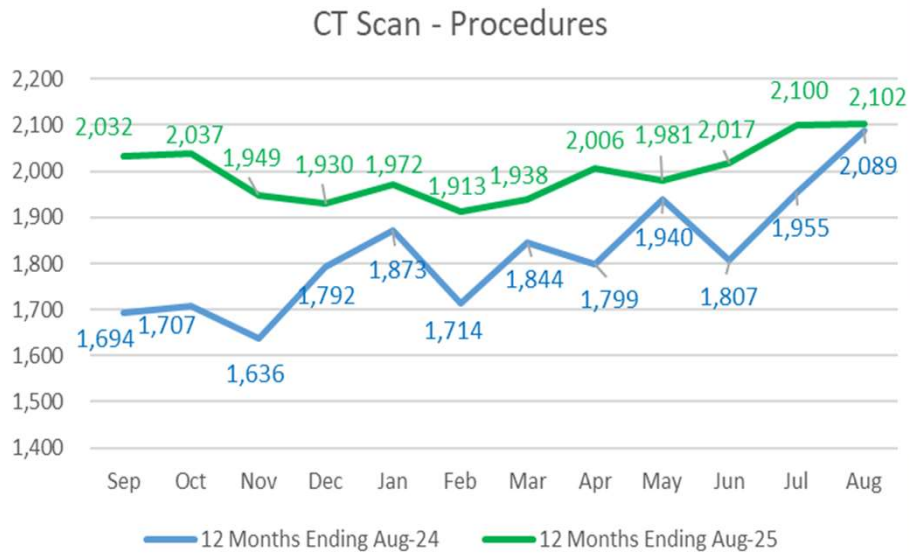
8

Volume Trends - ER OP Visits



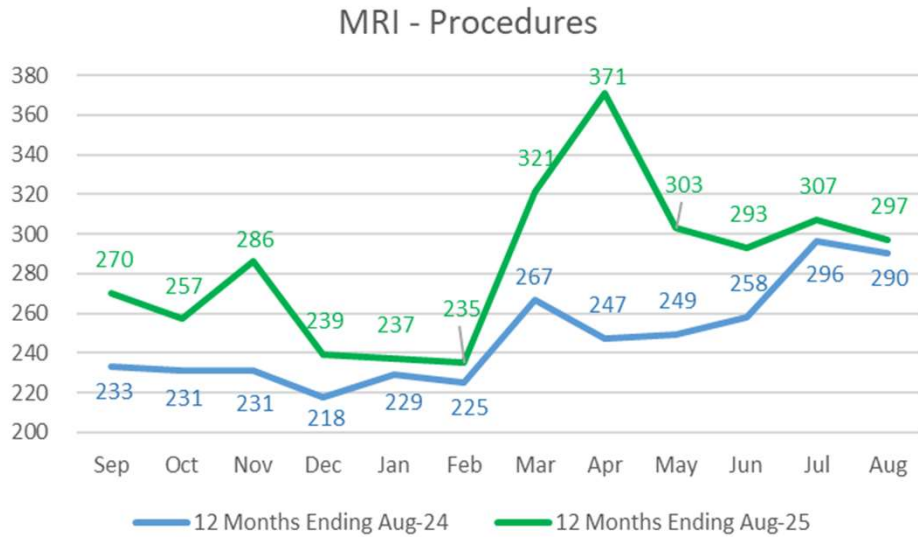
9

Volume Trends - CT Scans



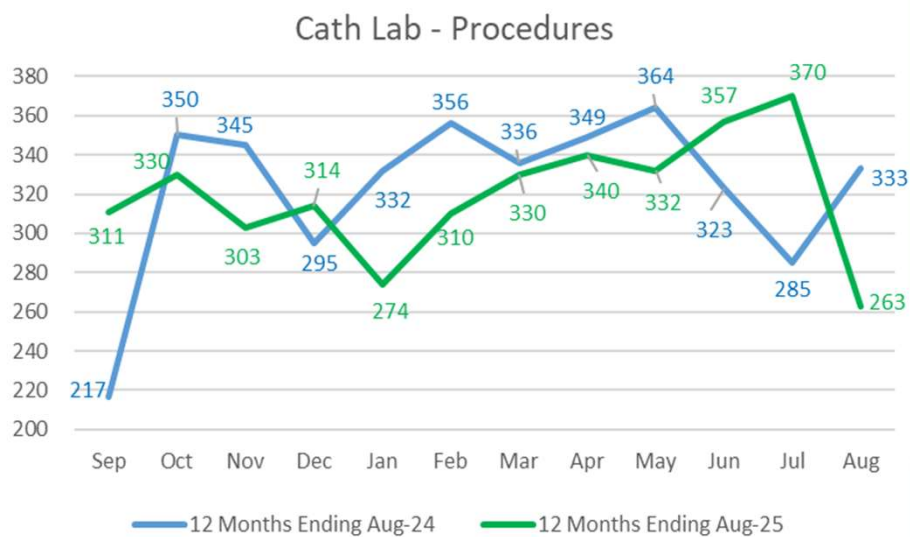
10

Volume Trends – MRI



11

Volume Trends - Cath Lab



12

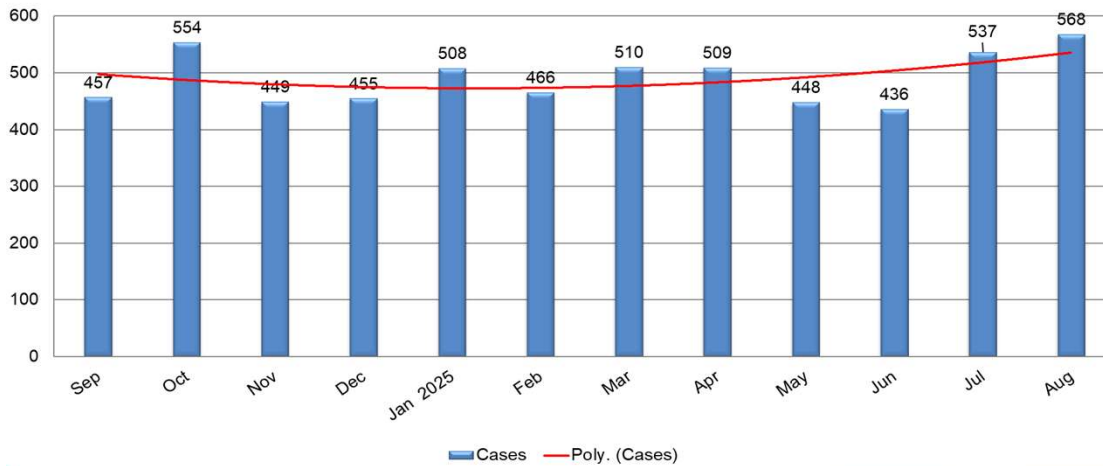
Volume Trends - Mammography

Mammography - Procedures

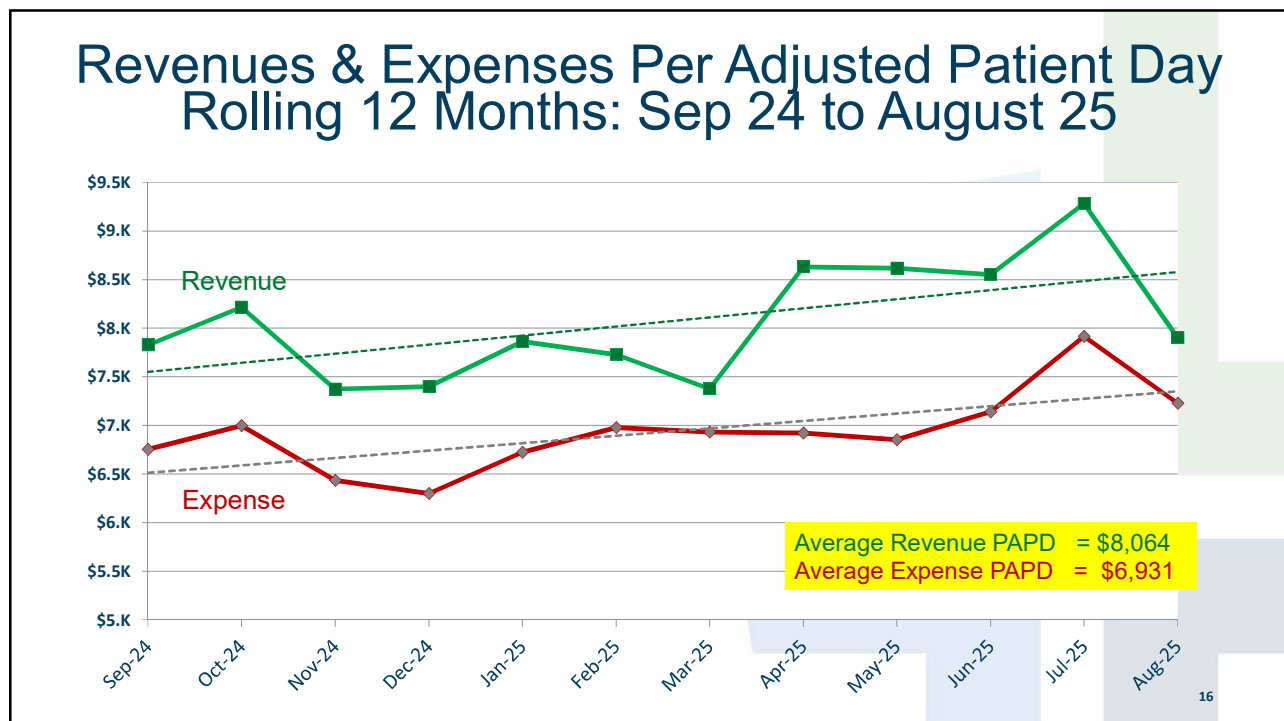
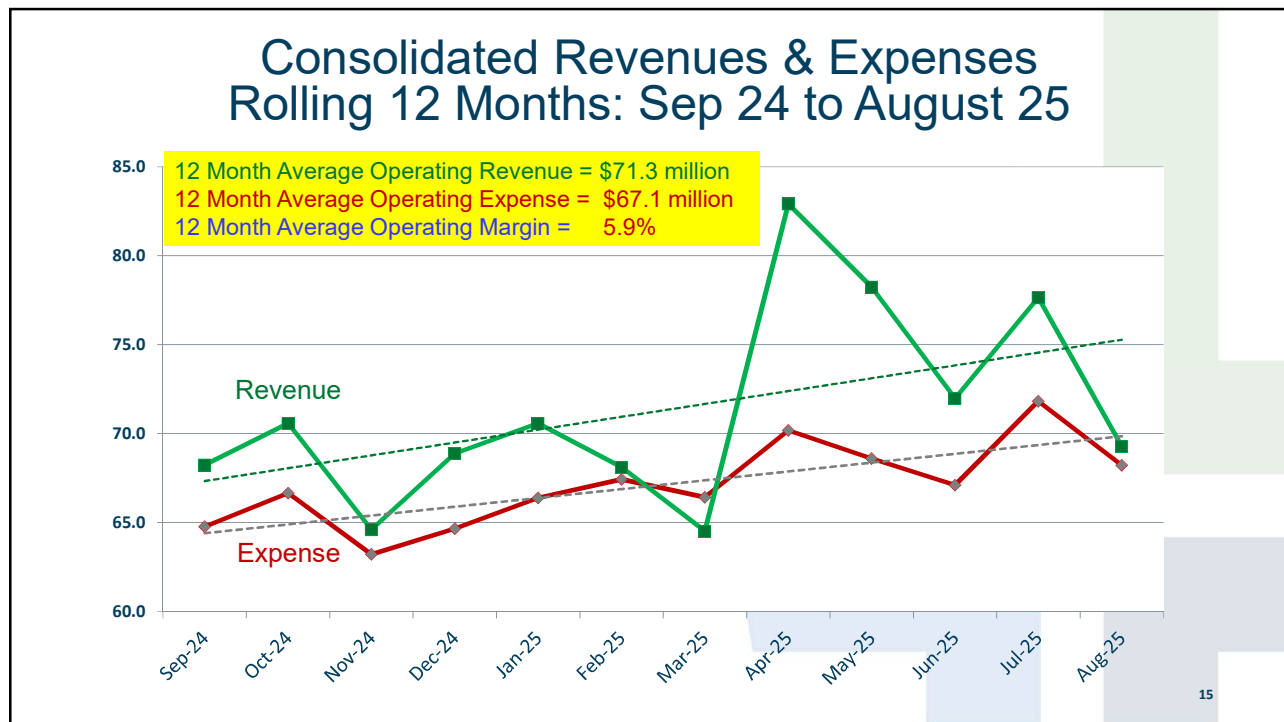


13

Volume Trends - CDOC Cases



14

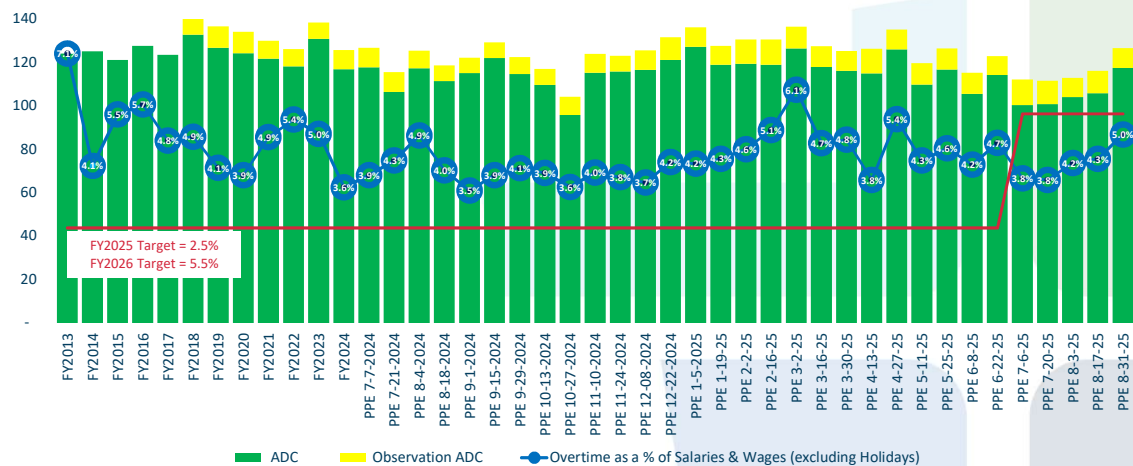


Labor Productivity – August 2025

- **Average Daily Census:** ADC was **108** – an increase of 7 when compared to the prior month (or 5% below budget).
- **Worked FTEs:** During the month of August, worked FTEs on a per Adjusted ADC basis were **9%** unfavorable at **7.0** - compared to a target of **6.5**.
 - Worked FTEs increased from 1,610 in July to 1,691 in August.
 - When reviewed on a unit-by-unit level, the variance was **9.4 FTEs** (or **\$139K**).
 - The lab was favorable 10.9 worked FTE in the month. If this department was removed from the total, the variance was **1.4 FTEs** unfavorable (**\$21K**).
- **Paid FTEs:** On a per Adjusted ADC basis, paid FTEs were **5%** unfavorable to budget at **8.1** – compared to the target of **7.7**. Paid FTEs increased from 1,898 in July to 1,941 in August.

17

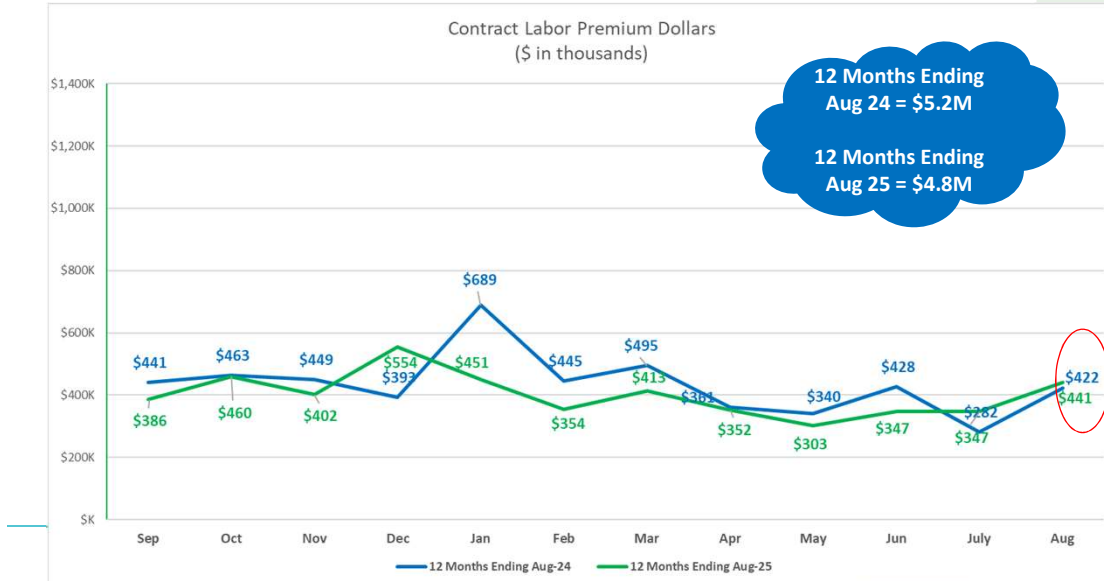
Overtime as a Percent of Total Salaries & Wages (excluding Holidays) Through the pay period ending August 31, 2025



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

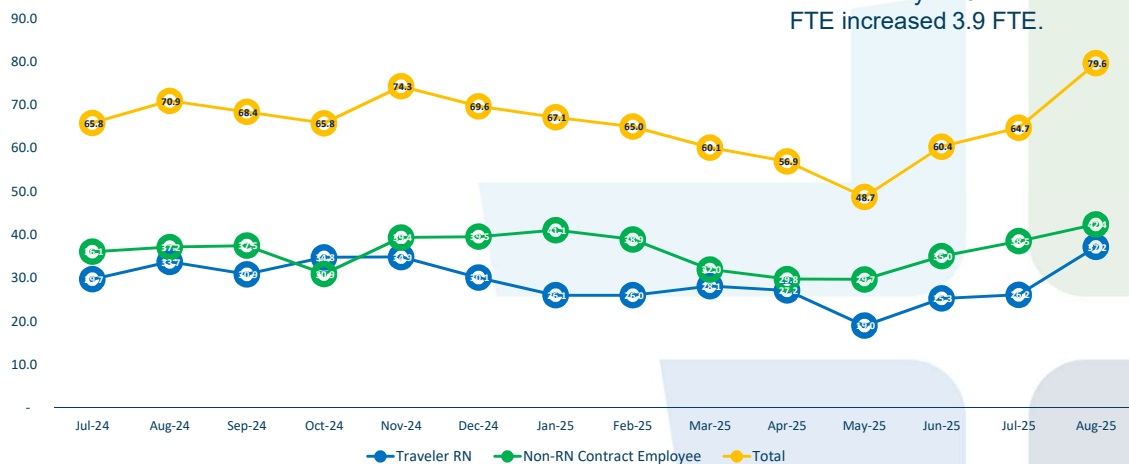
18

Contract Labor Premium Cost – 12 months ended 8/31/2025



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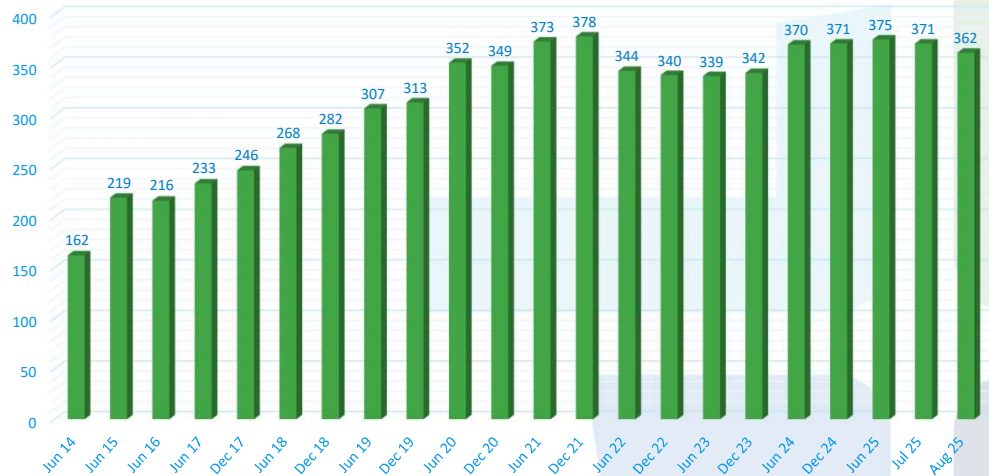
Contract Labor FTE by Month July 2024 – August 2025



** The increase in contract labor correlates with increased census.

20

Days Cash on Hand = 362 Days (\$763M) - August 2025



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Questions/Comments

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

Month of August		Two months ended August 31	
current year	prior year	current year	prior year
		Operating revenue:	
\$ 56,878,174	\$ 57,480,398	Net patient revenue \$ 120,847,157	\$ 107,929,588
1,929,166	1,679,857	Other operating revenue 3,817,861	2,867,038
<u>58,807,340</u>	<u>59,160,255</u>	Total operating revenue <u>124,665,018</u>	<u>110,796,626</u>
53,793,242	51,849,264	Total operating expenses 109,956,551	98,756,849
<u>1,091,170</u>	<u>213,871</u>	Total non-operating income <u>(2,576,886)</u>	<u>1,436,394</u>
		Operating and non-operating income	
<u>\$ 6,105,268</u>	<u>\$ 7,524,861</u>	<u>\$ 12,131,581</u>	<u>\$ 13,476,171</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
BALANCE SHEETS
August 31, 2025

	<u>Current year</u>	<u>Prior year</u>
ASSETS:		
Current assets	\$ 442,182,847	\$ 401,671,059
Assets whose use is limited or restricted by board	178,118,754	170,331,642
Capital assets	273,105,768	251,618,697
Other assets	340,726,007	303,656,028
Deferred pension outflows	<u>55,438,539</u>	<u>85,734,219</u>
	<u><u>1,289,571,915</u></u>	<u><u>1,213,011,645</u></u>
LIABILITIES AND EQUITY:		
Current liabilities	80,709,800	93,183,710
Long term liabilities	22,403,646	19,955,262
Lease deferred inflows	2,381,517	1,884,477
Pension liability	79,394,685	90,863,576
Net assets	<u>1,104,682,267</u>	<u>1,007,124,620</u>
	<u><u>\$ 1,289,571,915</u></u>	<u><u>\$ 1,213,011,645</u></u>

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

Month of August		Two months ended August 31	
current year	prior year	current year	prior year
Patient days:			
By payer:			
1,576	1,609	3,138	3,410
1,113	1,114	1,943	2,082
538	554	1,065	1,085
108	114	296	199
<u>3,335</u>	<u>3,391</u>	<u>6,442</u>	<u>6,776</u>
Gross revenue:			
\$ 131,891,248	\$ 126,686,437	\$ 270,253,251	\$ 252,272,980
88,559,764	81,285,090	166,724,586	160,390,659
59,735,014	58,213,383	124,109,868	112,844,953
11,501,777	12,173,269	26,613,723	21,661,552
<u>291,687,803</u>	<u>278,358,179</u>	<u>587,701,428</u>	<u>547,170,143</u>
Deductions from revenue:			
328,303	466,956	723,703	827,426
635,915	610,804	1,100,578	1,382,709
Contractual adjustments:			
49,248,129	43,796,737	101,425,846	84,743,471
48,042,735	45,761,067	96,745,533	96,391,594
1,118,465	1,255,808	2,393,037	2,779,006
5,651,525	9,163,821	8,625,342	13,717,056
44,492,929	37,779,140	87,061,982	77,531,932
29,045,236	23,771,032	52,750,399	50,558,630
27,827,158	26,459,727	54,765,914	52,123,229
20,625,304	23,880,190	42,471,410	45,612,564
6,017,726	5,407,546	12,227,993	10,499,375
1,776,204	2,524,953	6,562,534	3,073,564
<u>234,809,629</u>	<u>220,877,781</u>	<u>466,854,271</u>	<u>439,240,555</u>
\$ <u>56,878,174</u>	\$ <u>57,480,398</u>	\$ <u>120,847,157</u>	\$ <u>107,929,588</u>
Gross billed charges by patient type:			
\$ 131,113,408	\$ 131,021,847	\$ 261,158,087	\$ 260,491,311
125,588,171	115,608,221	256,058,738	222,594,969
34,986,224	31,728,110	70,484,603	64,083,863
<u>\$ 291,687,803</u>	<u>\$ 278,358,179</u>	<u>\$ 587,701,428</u>	<u>\$ 547,170,143</u>

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

Month of August			Two months ended August 31	
current year	prior year		current year	prior year
Operating revenue:				
\$ 56,878,174	\$ 57,480,398	Net patient revenue	\$ 120,847,157	\$ 107,929,588
1,929,166	1,679,857	Other operating revenue	3,817,861	2,867,038
<u>58,807,340</u>	<u>59,160,255</u>	Total operating revenue	<u>124,665,018</u>	<u>110,796,626</u>
Operating expenses:				
19,729,683	18,019,653	Salaries and wages	38,195,515	34,691,701
2,513,121	3,472,109	Compensated absences	6,361,240	7,049,128
9,093,388	8,719,522	Employee benefits	18,770,676	16,430,105
9,865,527	9,214,174	Supplies, food, and linen	18,851,847	16,986,386
3,895,890	4,148,562	Purchased department functions	8,353,111	7,414,924
2,242,866	2,177,224	Medical fees	5,385,285	4,392,031
1,998,299	1,677,496	Other fees	3,972,355	3,009,090
2,514,667	2,481,166	Depreciation	5,164,645	4,956,977
1,939,801	1,939,358	All other expense	4,901,877	3,826,507
<u>53,793,242</u>	<u>51,849,264</u>	Total operating expenses	<u>109,956,551</u>	<u>98,756,849</u>
<u>5,014,098</u>	<u>7,310,991</u>	Income from operations	<u>14,708,467</u>	<u>12,039,777</u>
Non-operating income:				
524,833	267,721	Donations	543,817	273,121
500,550	476,714	Property taxes	1,001,100	953,429
3,594,662	3,745,460	Investment income	3,963,865	9,595,914
0	0	Taxes and licenses	0	0
<u>(3,528,875)</u>	<u>(4,276,024)</u>	Income from subsidiaries	<u>(8,085,668)</u>	<u>(9,386,070)</u>
<u>1,091,170</u>	<u>213,871</u>	Total non-operating income	<u>(2,576,886)</u>	<u>1,436,394</u>
6,105,268	7,524,861	Operating and non-operating income	12,131,581	13,476,171
<u>1,098,576,999</u>	<u>999,599,759</u>	Net assets to begin	<u>1,092,550,686</u>	<u>993,648,449</u>
\$ <u>1,104,682,267</u>	\$ <u>1,007,124,620</u>	Net assets to end	\$ <u>1,104,682,267</u>	\$ <u>1,007,124,620</u>
Net income excluding non-recurring items				
\$ 6,105,268	\$ 7,524,861	Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	\$ 12,131,581	\$ 13,476,171
<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>
\$ <u>6,105,268</u>	\$ <u>7,524,861</u>	Operating and non-operating income	\$ <u>12,131,581</u>	\$ <u>13,476,171</u>

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

Month of August			Two months ended August 31		
current year		prior year	current year		prior year
Salinas Valley Health Clinics					
\$	(207,925)	\$ (198,137)	\$	(384,408)	\$ (411,660)
	(105,358)	(46,016)		(145,994)	(106,971)
	(75,065)	(110,223)		(163,093)	(243,307)
	(189,588)	(199,631)		(387,109)	(462,151)
	(41,428)	(30,030)		(72,508)	(61,184)
	(69,556)	(195,760)		(226,729)	(447,345)
	0	0		0	0
	(474,992)	(545,808)		(974,173)	(1,065,644)
	(406,263)	(388,366)		(838,574)	(760,585)
	(1,413,599)	(832,903)		(1,886,461)	(1,739,498)
	(290,966)	(341,428)		(647,211)	(823,982)
	(457,700)	(241,479)		(799,818)	(557,730)
	(43,150)	(65,743)		(100,312)	(157,241)
	(8,156)	(73,834)		(86,291)	(165,735)
	(322,084)	(434,814)		(656,962)	(825,768)
	508,373	0		0	0
	(40,861)	(70,962)		(98,345)	(168,079)
	0	0		0	0
	10,407	(47,670)		(16,051)	(95,910)
	0	0		0	0
	(21,335)	(37,802)		(48,669)	(92,033)
	(16,174)	(48,601)		(52,631)	(112,383)
	(86,176)	(95,834)		(192,565)	(224,144)
	21,317	3,159		45,589	11,079
	(45,056)	(293,088)		(553,429)	(823,783)
	(16,593)	(125,051)		(105,637)	(244,526)
	(146,207)	(155,816)		(342,236)	(368,100)
	(3,938,135)	(4,575,837)		(8,733,617)	(9,946,680)
	100,285	166,462		121,241	187,337
	0	0		0	0
	0	0		0	0
	161,137	188,142		296,201	339,682
	41,993	(132,121)		49,866	(98,740)
	0	0		0	0
	28,608	0		54,655	0
	77,237	77,330		125,987	132,329
\$	(3,528,875)	\$ (4,276,024)	\$	(8,085,668)	\$ (9,386,070)
		Total			

SALINAS VALLEY HEALTH MEDICAL CENTER
BALANCE SHEETS
August 31, 2025

	<u>Current year</u>	<u>Prior year</u>
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 275,564,472	\$ 264,234,048
Patient accounts receivable, net of estimated uncollectibles of \$69,699,689	135,632,509	114,926,129
Supplies inventory at cost	8,361,689	7,999,941
Current portion of lease receivable	353,569	1,510,630
Other current assets	<u>22,270,608</u>	<u>13,000,312</u>
Total current assets	<u>442,182,847</u>	<u>401,671,059</u>
Assets whose use is limited or restricted by board	<u>178,118,754</u>	<u>170,331,642</u>
Capital assets:		
Land and construction in process	67,714,221	46,476,448
Other capital assets, net of depreciation	<u>205,391,547</u>	<u>205,142,249</u>
Total capital assets	<u>273,105,768</u>	<u>251,618,697</u>
Other assets:		
Right of use assets, net of amortization	11,597,251	7,223,649
Long term lease receivable	2,007,967	404,025
Subscription assets, net of amortization	7,185,832	9,309,002
Investment in Securities	274,050,012	261,142,160
Investment in SVHC	5,774,504	2,011,694
Investment in Coastal	1,695,908	107,294
Investment in other affiliates	18,015,062	23,448,167
Net pension asset	<u>20,399,471</u>	<u>10,037</u>
Total other assets	<u>340,726,007</u>	<u>303,656,028</u>
Deferred pension outflows	<u>55,438,539</u>	<u>85,734,219</u>
	<u><u>\$ 1,289,571,915</u></u>	<u><u>\$ 1,213,011,645</u></u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued expenses	\$ 49,255,289	\$ 61,880,794
Due to third party payers	4,491,676	3,877,321
Current portion of self-insurance liability	21,593,042	21,015,594
Current subscription liability	1,568,594	3,816,833
Current portion of lease liability	<u>3,801,199</u>	<u>2,593,168</u>
Total current liabilities	80,709,800	93,183,710
Long term portion of workers comp liability	11,655,972	12,078,720
Long term portion of lease liability	8,231,940	4,708,365
Long term subscription liability	<u>2,515,734</u>	<u>3,168,177</u>
Total liabilities	<u>103,113,446</u>	<u>113,138,972</u>
Lease deferred inflows	2,381,517	1,884,477
Pension liability	<u>79,394,685</u>	<u>90,863,576</u>
Net assets:		
Invested in capital assets, net of related debt	273,105,768	251,618,697
Unrestricted	<u>831,576,499</u>	<u>755,505,923</u>
Total net assets	<u>1,104,682,267</u>	<u>1,007,124,620</u>
	<u><u>\$ 1,289,571,915</u></u>	<u><u>\$ 1,213,011,645</u></u>

SALINAS VALLEY HEALTH MEDICAL CENTER
STATEMENTS OF REVENUE AND EXPENSES - ('000)
August 31, 2025

Month of August					Two months ended August 31			
Actual	Budget	Variance	% Var		Actual	Budget	Variance	% Var
				Operating revenue:				
\$ 291,688	\$ 290,967	720	0.25%	Gross billed charges	\$ 587,701	\$ 581,935	5,766	0.99%
234,810	233,311	1,498	0.64%	Deductions from revenue	466,854	467,058	(204)	-0.04%
56,878	57,656	(778)	-1.35%	Net patient revenue	120,847	114,877	5,970	5.20%
1,929	1,722	208	12.05%	Other operating revenue	3,818	3,443	375	10.88%
58,807	59,378	(570)	-0.96%	Total operating revenue	124,665	118,320	6,345	5.36%
				Operating expenses:				
19,730	19,010	719	3.78%	Salaries and wages	38,196	37,238	958	2.57%
2,513	3,492	(979)	-28.03%	Compensated absences	6,361	7,588	(1,226)	-16.16%
9,093	8,173	920	11.26%	Employee benefits	18,771	16,080	2,690	16.73%
9,866	9,035	830	9.19%	Supplies, food, and linen	18,852	18,071	781	4.32%
3,896	4,190	(294)	-7.02%	Purchased department functions	8,353	8,380	(27)	-0.32%
2,243	2,615	(372)	-14.24%	Medical fees	5,385	5,230	155	2.96%
1,998	1,503	495	32.93%	Other fees	3,972	3,007	966	32.12%
2,515	2,551	(36)	-1.41%	Depreciation	5,165	5,112	53	1.03%
1,940	2,368	(429)	-18.09%	All other expense	4,902	4,737	165	3.48%
53,793	52,939	855	1.61%	Total operating expenses	109,957	105,442	4,514	4.28%
5,014	6,439	(1,425)	-22.13%	Income from operations	14,708	12,878	1,831	14.22%
				Non-operating income:				
525	217	308	142.23%	Donations	544	433	110	25.50%
501	501	(0)	0.00%	Property taxes	1,001	1,001	(0)	0.00%
3,595	1,243	2,352	189.27%	Investment income	3,964	2,485	1,478	59.48%
(3,529)	(4,570)	1,041	-22.78%	Income from subsidiaries	(8,086)	(9,134)	1,048	-11.47%
1,091	(2,610)	3,701	-141.80%	Total non-operating income	(2,577)	(5,214)	2,637	-50.57%
\$ 6,105	\$ 3,829	2,276	59.45%	Operating and non-operating income	\$ 12,132	\$ 7,664	4,467	58.29%

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of August and two months to date

Month of August		Two months to date		Variance	
2024	2025	2024-25	2025-26		
NEWBORN STATISTICS					
38	32	Medi-Cal Admissions	69	64	(5)
84	73	Other Admissions	160	157	(3)
122	105	Total Admissions	229	221	(8)
64	55	Medi-Cal Patient Days	184	103	(81)
132	111	Other Patient Days	186	238	52
196	166	Total Patient Days of Care	370	341	(29)
6.3	5.4	Average Daily Census	6.0	5.5	(0.5)
2.0	1.8	Medi-Cal Average Days	2.9	1.7	(1.2)
1.5	1.5	Other Average Days	1.2	1.5	0.3
1.8	1.6	Total Average Days Stay	1.7	1.6	(0.1)
ADULTS & PEDIATRICS					
361	357	Medicare Admissions	752	726	(26)
343	285	Medi-Cal Admissions	585	547	(38)
402	300	Other Admissions	621	604	(17)
1,106	942	Total Admissions	1,958	1,877	(81)
1,337	1,318	Medicare Patient Days	2,833	2,599	(234)
1,172	1,199	Medi-Cal Patient Days	2,153	2,141	(12)
931	645	Other Patient Days	1,884	1,377	(507)
3,440	3,162	Total Patient Days of Care	6,870	6,117	(753)
111.0	102.0	Average Daily Census	110.8	98.7	(12.1)
3.7	3.5	Medicare Average Length of Stay	3.7	3.5	(0.2)
3.4	3.4	Medi-Cal AverageLength of Stay	3.3	3.2	(0.1)
2.4	2.0	Other Average Length of Stay	2.4	2.0	(0.5)
3.2	3.0	Total Average Length of Stay	3.1	2.9	(0.2)
17	21	Deaths	54	38	(16)
3,636	3,328	Total Patient Days	7,240	6,458	(782)
0	0	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
0.00%	0.00%	Percent Non-Acute	0.00%	0.00%	0.00%

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

Month of August		Two months to date			
2024	2025		2024-25	2025-26	Variance
<u>PATIENT DAYS BY LOCATION</u>					
270	237	Level I	541	420	(121)
336	300	Heart Center	649	616	(33)
575	535	Monitored Beds	1,145	1,049	(96)
387	298	Single Room Maternity/Obstetrics	690	588	(102)
814	753	Med/Surg - Cardiovascular	1,634	1,528	(106)
266	254	Med/Surg - Oncology	537	420	(117)
482	463	Med/Surg - Rehab	951	931	(20)
104	126	Pediatrics	202	253	51
196	166	Nursery	370	341	(29)
131	196	Neonatal Intensive Care	207	312	105
<u>PERCENTAGE OF OCCUPANCY</u>					
67.00%	58.81%	Level I	67.12%	52.11%	
72.26%	64.52%	Heart Center	69.78%	66.24%	
68.70%	63.92%	Monitored Beds	68.40%	62.66%	
33.74%	25.98%	Single Room Maternity/Obstetrics	30.08%	25.63%	
58.35%	53.98%	Med/Surg - Cardiovascular	58.57%	54.77%	
66.00%	63.03%	Med/Surg - Oncology	66.63%	52.11%	
59.80%	57.44%	Med/Surg - Rehab	59.00%	57.75%	
0.00%	0.00%	Med/Surg - Observation Care Unit	0.00%	0.00%	
18.64%	22.58%	Pediatrics	18.10%	22.67%	
38.32%	32.45%	Nursery	18.08%	16.67%	
38.42%	57.48%	Neonatal Intensive Care	30.35%	45.75%	

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

Month of August			Two months to date		
2024	2025		2024-25	2025-26	Variance
<u>DELIVERY ROOM</u>					
108	91	Total deliveries	231	203	(28)
37	33	C-Section deliveries	68	62	(6)
34.26%	36.26%	Percent of C-section deliveries	29.44%	30.54%	1.10%
<u>OPERATING ROOM</u>					
19,545	19,469	In-Patient Operating Minutes	40,430	37,905	(2,525)
32,565	39,626	Out-Patient Operating Minutes	62,149	75,700	13,551
52,110	59,095	Total	102,579	113,605	11,026
12	10	Open Heart Surgeries	24	23	(1)
128	120	In-Patient Cases	262	252	(10)
310	381	Out-Patient Cases	611	734	123
<u>EMERGENCY ROOM</u>					
32	40	Immediate Life Saving	63	88	25
910	894	High Risk	1,748	1,757	9
2,671	2,897	More Than One Resource	5,407	5,717	310
1,686	1,807	One Resource	3,358	3,250	(108)
73	62	No Resources	135	137	2
5,372	5,700	Total	10,711	10,949	238

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

Month of August			Two months to date		
2024	2025		2024-25	2025-26	Variance
CENTRAL SUPPLY					
13,389	10,473	In-patient requisitions	26,261	21,475	-4,786
11,095	11,098	Out-patient requisitions	21,571	22,357	786
963	423	Emergency room requisitions	1,790	823	-967
6,641	6,828	Interdepartmental requisitions	13,138	12,972	-166
32,088	28,822	Total requisitions	62,760	57,627	-5,133
LABORATORY					
35,268	33,917	In-patient procedures	71,179	67,846	-3,333
45,294	47,910	Out-patient procedures	89,473	98,931	9,458
12,689	13,559	Emergency room procedures	25,041	26,797	1,756
93,251	95,386	Total patient procedures	185,693	193,574	7,881
BLOOD BANK					
234	295	Units processed	465	565	100
ELECTROCARDIOLOGY					
1,173	1,187	In-patient procedures	2,279	2,325	46
435	545	Out-patient procedures	782	1,138	356
1,300	1,403	Emergency room procedures	2,549	2,889	340
2,908	3,135	Total procedures	5,610	6,352	742
CATH LAB					
145	110	In-patient procedures	270	255	-15
130	119	Out-patient procedures	249	292	43
0	0	Emergency room procedures	0	0	0
275	229	Total procedures	519	547	28
ECHO-CARDIOLOGY					
396	416	In-patient studies	844	817	-27
362	491	Out-patient studies	719	938	219
1	1	Emergency room studies	3	3	0
759	908	Total studies	1,566	1,758	192
NEURODIAGNOSTIC					
140	121	In-patient procedures	264	258	-6
27	15	Out-patient procedures	41	52	11
0	0	Emergency room procedures	0	1	1
167	136	Total procedures	305	311	6

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of August and two months to date

Month of August		Two months to date		
2024	2025	2024-25	2025-26	Variance
SLEEP CENTER				
0	0	In-patient procedures	0	0
268	305	Out-patient procedures	538	630
0	0	Emergency room procedures	0	0
268	305	Total procedures	538	630
RADIOLOGY				
1,292	1,221	In-patient procedures	2,657	2,459
419	430	Out-patient procedures	863	897
1,625	1,562	Emergency room procedures	3,176	3,035
3,336	3,213	Total patient procedures	6,696	6,391
MAGNETIC RESONANCE IMAGING				
180	226	In-patient procedures	388	455
124	103	Out-patient procedures	235	213
6	7	Emergency room procedures	12	10
310	336	Total procedures	635	678
MAMMOGRAPHY CENTER				
3,085	3,769	In-patient procedures	6,333	7,947
3,077	3,747	Out-patient procedures	6,313	7,910
0	1	Emergency room procedures	1	4
6,162	7,517	Total procedures	12,647	15,861
NUCLEAR MEDICINE				
19	14	In-patient procedures	45	32
140	139	Out-patient procedures	256	294
0	0	Emergency room procedures	0	1
159	153	Total procedures	301	327
PHARMACY				
80,108	74,877	In-patient prescriptions	162,863	146,197
16,741	18,706	Out-patient prescriptions	32,729	37,183
9,824	10,805	Emergency room prescriptions	19,141	21,006
106,673	104,388	Total prescriptions	214,733	204,386
RESPIRATORY THERAPY				
14,284	12,219	In-patient treatments	29,531	24,427
1,109	480	Out-patient treatments	1,760	793
369	885	Emergency room treatments	729	1,822
15,762	13,584	Total patient treatments	32,020	27,042
PHYSICAL THERAPY				
2,485	2,090	In-patient treatments	4,683	4,475
259	428	Out-patient treatments	528	948
0	3	Emergency room treatments	0	3
2,744	2,521	Total treatments	5,211	5,426

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of August and two months to date

Month of August		Two months to date			
2024	2025		2024-25	2025-26	Variance
OCCUPATIONAL THERAPY					
1,475	1,300	In-patient procedures	3,072	2,715	-357
188	401	Out-patient procedures	421	777	356
0	0	Emergency room procedures	0	0	0
1,663	1,701	Total procedures	3,493	3,492	-1
SPEECH THERAPY					
535	573	In-patient treatments	1,010	1,177	167
40	84	Out-patient treatments	63	163	100
0	0	Emergency room treatments	0	0	0
575	657	Total treatments	1,073	1,340	267
CARDIAC REHABILITATION					
1	0	In-patient treatments	2	3	1
654	548	Out-patient treatments	1,326	1,275	-51
0	1	Emergency room treatments	0	1	1
655	549	Total treatments	1,328	1,279	-49
CRITICAL DECISION UNIT					
188	229	Observation hours	494	455	-39
ENDOSCOPY					
96	92	In-patient procedures	168	171	3
65	61	Out-patient procedures	109	123	14
0	0	Emergency room procedures	0	1	1
161	153	Total procedures	277	295	18
C.T. SCAN					
755	811	In-patient procedures	1,543	1,573	30
519	475	Out-patient procedures	935	975	40
812	805	Emergency room procedures	1,565	1,643	78
2,086	2,091	Total procedures	4,043	4,191	148
DIETARY					
14,890	16,010	Routine patient diets	29,832	32,321	2,489
32,665	30,908	Meals to personnel	68,141	67,641	-500
47,555	46,918	Total diets and meals	97,973	99,962	1,989
LAUNDRY AND LINEN					
96,048	106,762	Total pounds laundered	189,713	211,666	21,953

SVH Board Paper

Agenda Item: **Consider Approval of (i) Findings Supporting Recruitment of Artineh Hayrapetian, MD, (ii) Contract Terms for Dr. Hayrapetian's Recruitment Agreement, and (iii) Contract Terms for Dr. Hayrapetian's Diagnostic Imaging Professional Services Agreement**

Executive Sponsor: Tim Albert, MD, Chief Clinical Officer
Molly Heacox, Director Clinic Services

Date: September 8, 2025

Executive Summary

In consultation with members of the medical staff, Salinas Valley Health (SVH) executive administration has identified the recruitment of a radiologist specializing **Diagnostic Imaging (DI)** as a recruiting priority for SVH's service area. The current DI volumes require adding at least one additional radiologist to the service line. By increasing the internal radiology coverage at SVH, the volumes sent to after-hour reading service vendors will decrease.

The recruited physician, **Artineh Hayrapetian, MD**, received her Doctor of Medicine degree from Azad University of Najafabad in Iran in 2004. Dr. Hayrapetian worked as a general practitioner overseas until furthering her training in the United States in general surgery and radiology. Dr. Hayrapetian completed her DI residency in 2006 at Monmouth Medical Center in New Jersey. Her extensive training includes Nuclear Medicine at University of California Los Angeles; where she served as Chief Resident and became a clinical instructor. Dr. Hayrapetian recently completed her Fellowship in Neuroradiology at Yale University. Dr. Hayrapetian will provide remote DI services from Los Angeles when she joins SVH Clinics in November 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:

The proposed professional services agreement includes the following terms:

- **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.
- **Schedule**. Physician shall provide Diagnostic Imaging (DI) Radiologist Services to SVH patients for forty scheduled weeks per year, five days per week Monday through Friday via remote reading station during normal business hours and be available for DI Radiologist Services until after-hours teleradiology is available. Physician shall also provide DI coverage every 5th weekend and participate in evening reading panel as needed.
- **Compensation**.
 - ❖ Base compensation of \$625,000 per year
 - ❖ Extra shift compensation for shifts worked in excess of the schedule set forth above in the amount of \$3,125.00 per one day shift, prorated at the amount of \$390.00 per hour in the event you work less than a full shift.
- **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.
 - ❖ 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 \$60,000 which is structured as forgivable loan over two years of service.

Meeting our Mission, Vision, Goals

Strategic Plan Alignment:

The recruitment of Dr. Hayrapetian 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 opening up 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. Hayrapetian to SVH Clinics has been identified as a need for recruitment while also providing additional resources and coverage for the SVH radiology service line.

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 Artineh Hayrapetian, MD:**
 - That the recruitment of a diagnostic imaging radiologist 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 and relocate an appropriately qualified physician to practice in the communities served by the District;
2. **The Contract Terms of the Recruitment Agreement for Dr. Hayrapetian; and**
3. **The Contract Terms of the Diagnostic Imaging Professional Services Agreement for Dr. Hayrapetian.**

Attachments: Curriculum Vitae for Artineh Hayrapetian, MD

Artineh Hayrapetian, M.D.

EDUCATION AND PROFESSIONAL EXPERIENCE:

2024-2025 Yale University/Hospital Neuroradiology Fellowship, New Haven, CT

2021-2024 Diagnostic Radiology Residency, USA, Mobile, AL

2020-2021 Clinical Instructor, UCLA, Los Angeles, CA

2020-2021 PET Brain co-reader with Dr. Silverman, UCLA, Los Angeles, CA

2017-2020 Nuclear Medicine Residency, UCLA, Los Angeles, CA

2018-2020 Chief Resident – Nuclear Medicine Residency Program University of California Los Angeles / VA Greater Los Angeles Healthcare, Los Angeles, CA

2017-19 Nuclear Medicine Residency, Greater Los Angeles VA/UCLA Medical center, Los Angeles, CA

2016-17 Diagnostic Radiology Residency, Monmouth Medical Center, Long Branch, NJ

2015-16 General Surgery Residency, University of Colorado, Aurora, CO

2014-15 Observer, Interventional Radiology, Indiana University, Methodist, & Eskenazi Hospitals, Indianapolis, IN, supervised by David Agarwal, MD, FSIR

2013-14 Insured clinical experience, 8 weeks of patient care/hands on, in a sub-internship-like atmosphere supervised by licensed U.S. attending faculty physicians in both inpatient and outpatient settings.

Radiology, St. Catherine Hospital, East Chicago, IN. 4 weeks, July - August 2014, supervised by Thomas Hess, MD

OB/GYN, Mercy Hospital and Medical Center, Chicago, IL. 4 weeks, June - July 2014, supervised by Ramon Flores, MD

2012 Observer, Family Medicine, St. Ann Clinic, Terre Haute, IN. July 2011 - September 2012, supervised by R. Stevens, MD

2009-2011 Observer, Surgery, Regional Hospital, Terre Haute, IN. September 2011, supervised

2006-2008 Private General Physician, Artineh Hayrapetian Family Healthcare Clinic, Emergency Department and Primary Health Care Manager, in Aloony Healthcare Clinic, Lordegan, Aloony, Charmahal, and Valy Asr Hospital, Khorramshahr, Khoozestan, Iran.

Observer, Family Medicine, Lochgoilhead Medical Center, Scotland, UK, January 2006, supervised by Von Kaehne, MD

Observer, Pediatric Dermatology, Yorkhill Children's Hospital, Glasgow, UK, January- February 2006, supervised by Ray Mealyea, MD

2004-2005 Chief Physician and Primary Health Care Manager, Hendijan Healthcare clinic, Khoozestan.

1996-2004 Doctor of Medicine (M.D.) Azad University of Najafabad, Isfahan, Iran

LICENSURE:

Alabama Medical license, valid since 2021 through 2025

California Medical License 2018 valid through 2026

Connecticut Medical License valid through 2026

Mississippi Medical License valid through June 2025

Louisiana Medical License Valid through Jan 2026

CERTIFICATIONS AND PROFESSIONAL MEMBERSHIPS

2023- Radiology board eligible (passed Radiology core exam)

2020-current American Board of Nuclear Medicine (ABNM)

2017-current Society of Nuclear Medicine and Molecular Imaging (SNMMI)

2017-current American society of Nuclear Cardiology (ASNC)

2017-current American College of Nuclear Medicine (ACNM)

2016-current American College of Radiology (ACR)

2016-current American Board of Radiology (ABR)

2014-current Radiological Society of North America (RSNA)

2024-current ASNR

2014 ECFMG Certification

Basic Life Support (**BLS**) and Advanced life support (**ACLS**) valid till 2025

HONORS AND AWARDS:

2021-2022 JNC (Journal of Nuclear Cardiology) winner of Frabs J Th Wackers Best Clinical Paper award

2020 RSNA Research and Education Foundation. Roentgen Resident/Fellow Research Award

2007 Award for Best TB management in Khuzestan, Iran

2004 Graduate with Honors, Medical Student (top 10% of the Class)

QUALITY IMPROVEMENT PROJECTS AND PROTOCL REVIEWS

2025 How to increase sensitivity for diagnosing stroke on CT and reduce the chances of missing it?

2024 Enhancing Radiology Reporting Efficiency: A Quality Improvement Initiative for Residents

2023 The lack of utility of contrast in arthrograms

2021 PYP and diagnosis of cardiac amyloidosis

2020 Infection/Inflammation Scintigraphy

2019 Tumor Lysis Syndrome: Rare complication of radio-ligand therapy

2019 Lymphoscintigraphy and OBGYN cancers

2018 I-131 therapy of malignant thyroid disease

2017 DEXA scan

PRESENTATIONS

2025 Hayrapetian Artineh, et al, Cancer is not the answer; getting upset by PET false positives in the head, neck and skull base Yale Department of Radiology and Biomedical Imaging, presented in NASBS 2025

2025 Hayrapetian Artineh, et al, Orbital compartment syndrome: A true Emergency? Yale Department of Radiology and Biomedical Imaging, will be presented in ARRS 2025

2025 Hayrapetian Artineh, et al, Optimizing Imaging in the Diagnosis of Hearing Loss: The Role of Non-Contrast MRI in Initial Evaluation, will be presented in ASNR 2025

2025 Hayrapetian Artineh, et al, Don't Stick your Neck Out: Dissecting the Spectrum of Pediatric Neck Emergencies, Abstract accepted in ARRS 2025

2024 Hayrapetian Artineh, et al, Retroperitoneal cystic lesions (poster presentation) University of South Alabama

2020 Hayrapetian Artineh, et al, ¹⁷⁷Lu-DOTATATE radioligand therapy in mid-gut neuroendocrine tumors: a single center retrospective analysis. Presented (poster presentation) at SNMMI 2020

2019 Hayrapetian Artineh, et al, Coronary ¹⁸F Sodium Fluoride uptake is associated with increased stenosis in calcified coronary atherosclerosis. Presented (oral presentation) at SNMMI 2019

RESEARCH EXPERIENCE

2017-present Physician Research Scientist - West LA VA medical center

2013 Invited Researcher/Academic Scholar, Children's Hospital, University of Alabama, Birmingham, AL. August - September 2013, adviser Shane Tubbs, PhD, PA-C, MS

RESEARCH ACITIVITY and ONGING PROJECTS FOR PUBLICATION (current)

2025 Hayrapetian Artineh, et al, Cancer is not the answer; getting upset by PET false positives in the head, neck and skull base Yale Department of Radiology and Biomedical Imaging, presented in NASBS 2025

2025 Hayrapetian Artineh, et al, Optimizing Imaging in the Diagnosis of Hearing Loss: The Role of Non-Contrast MRI in Initial Evaluation, will be presented in ASNR 2025

2025 Hayrapetian Artineh, et al, How to increase sensitivity for diagnosing stroke on CT and reduce the chances of missing it?

PUBLICATIONS

- Hayrapetian Artineh, et al, Pediatric appendicitis ultrasound: Practical considerations. Applied Radiology, Nov 2024

-Masatoshi Hotta, Ida Sonni, Artineh Hayrapetian, et al, Visual and whole-body quantitative analyses of ⁶⁸Ga-DOTATATE PET/CT for prognosis of outcome after PRRT with ¹⁷⁷Lu-DOTATATE, Annals of Nuclear Medicine Dec 2023

-Hayrapetian Artineh, et al, Intracranial TB. RSNA case collection, Jan 2022

-Yuxin Li, Esther Choi, Artineh Hayrapetian, et al. Comparison of Low-Energy and Medium-Energy Collimators for Thyroid Scintigraphy with ¹²³I, J Nucl Med Technol. Sep 2021

-Hayrapetian Artineh, et al, A 3-Year-Old Girl with Recent Onset of Seizures and Asymmetric Hypermetabolic Activity on ¹⁸F-FDG PET/CT, Clin Nuc Med, Jun 2021

-Hayrapetian Artineh, et al, ¹⁸F-Sodium fluoride uptake is associated with severity of atherosclerotic stenosis in stable ischemic heart disease. J Nucl Cardiology. 2020 Jul 16

-Hayrapetian Artineh, et al Incidental Detection of Elastofibroma Dorsi with ⁶⁸Ga-FAPI-46 and ¹⁸F-FDG PET/CT in a Patient with Esophageal Cancer. Clin Nucl Med. 2020 Jul 17

-Hayrapetian Artineh, et al, Incidentally Detected Klestadt cyst. Ear Nose Throat J. 2019 Jan; 98(1):18-19.

-Hayrapetian Artineh, et al, Female Anatomists and their Biographical Sketches. International Journal of History and Philosophy of Medicine, July 2015: Volume 5-6:2015-2016

COMMUNITY VOLUNTEER INVOLVEMENT

2013-now Volunteer, Salvation Army. Participated in seasonal services and programs, including auxiliary member meetings.

2012-2013 Volunteer, Eagle Creek Animal Clinic, Indianapolis, IN. Taught homeschooled students about anatomy through dissection at veterinarian clinic.

2009 Volunteer, Immigration Office, Vienna, Austria, served as a translator in the immigration office.

2008 Volunteer, Primary Medical Care, Firozabad Village, Najafabad, Iran, 2006 - 2008. Care including vaccinations, control of water quality, and school health programs for indigent people.

2008 Volunteer, Christian Missionary, 1996-2008. Sunday School teacher and director, Youth Group committee member.

Medical Executive Committee Summary – September 11, 2025

Items for Board Approval

Credentials Committee

Initial Appointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Caprio, Colleen, MD	Internal Medicine	Medicine	Adult Hospitalist
Gali, Helena, MD	Ophthalmology	Surgery	Ophthalmology
Gampala, Preethi, MD	Anesthesiology	Anesthesiology	Anesthesiology
Kishore, Divya, MD	Radiology	Surgery	Salinas Valley Health Imaging Salinas Valley Health Nancy Ausonio Breast Health Center:
Rayner, Thomas, MD	Psychiatry	Medicine	Tele-Psychiatry
Romero, Melissa, MD	Anesthesiology	Anesthesiology	Anesthesiology
Umeh, Ifeanyi, MD	Family Medicine	Family Medicine/ Pediatrics	Family Medicine – Active Community

Reappointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Arrington, Cammon, MD	Pediatric Cardiology	Family Medicine/ Pediatrics	Pediatric Cardiology
Bernardino, Carlo, MD	Ophthalmology	Surgery	Ophthalmology
Chen, Patrick MD	Internal Medicine	Medicine	Medicine-Active Community
Dimitrov, Dragan, MD	Neurosurgery	Surgery	Neurosurgery
Dolin, Natalia, MD	Radiology	Surgery	Remote Radiology Salinas Valley Health Advanced Imaging Remote Radiology
Fajardo, Eric, MD	Emergency Medicine	Emergency Medicine	Emergency Medicine
Groggin, Harlan, MD	Cardiology	Medicine	Cardiac Electrophysiology
Harry, Wendell, MD	Palliative Medicine	Family Medicine/ Pediatrics	Family Medicine-Active Community
Le, Michael, MD	Gastroenterology	Medicine	Gastroenterology
Pondicherry, Arnav, MD	Psychiatry	Medicine	Tele-Psychiatry
Stemerman, Amy, MD	Radiology	Surgery	Salinas Valley Health Nancy Ausonio Breast Health Center Salinas Valley Health Imaging Salinas Valley Health Advanced Imaging
Yoneda, Glenn, MD	Internal Medicine	Medicine	Medicine-Active Community

Staff Status Modifications:

NAME	SPECIALTY	STATUS CHANGE
Bidar, Maziar, MD	Ophthalmology	Provisional Staff
Kaur, Amandeep, MD	Internal Medicine	Active Staff
Ramseur, James, MD	Ob/Gyn	Active Staff
Robledo, Aurora, MD	Family Medicine	Active Staff
Toyota, Brian, MD	Neurosurgery	Active Staff
Barghouthi, Tamara, MD	Tele-Neurology	Resignation effective 9/30/2025
Kim, Harold, MD	Anesthesiology	Resignation effective 9/12/2025
Kulik, Tobias, MD	Tele-Neurology	Resignation effective 8/30/2025

Nagar, Menachem, MD	Tele-Neurology	Resignation effective 8/7/2025
Prinzivall-Rolfe, Brigitte, MD	Tele-Neurology	Resignation effective 8/8/2025
Sahgal, Alok MD	Tele-Neurology	Resignation effective 9/30/2025

Other Items:

ITEM	RECOMMENDATION
Taylor Farms Family Health & Wellness Center (TFFHWC) Clinical Privilege Form	The Committee recommended approval of the modification of reappointment criteria for core privilege as follows: <i>Documentation of a minimum of 10 patient contacts per year at TFFHWC <u>or at Salinas Valley Health Medical Center.</u></i>

Interdisciplinary Practice Committee

Initial Appointment:

APPLICANT	PRIVILEGES	DEPT	COLLABORATING/SUPERVISING PHYSICIAN(S)
Deily, Joseph, PA-C	Cardiothoracic & Vascular Surgery	Surgery	Andreas Sakopoulos, MD Vincent DeFilippi, MD
Hill, Danielle, PA-C	Emergency Medicine	Emergency Medicine	Cristina Martinez, MD Kimberly Moulton, MD
Lathos, Alexandra, NP	Gastroenterology	Medicine	Jeffrey Fiorenza, MD Richard Hell, MD Michael Le, MD Michael Mendoza, MD David Parson, MD Anthony Razzak, MD Maheep Sangha, MD
Washington, Jason, PA-C	Cardiothoracic & Vascular Surgery	Surgery	Andreas Sakopoulos, MD Vincent DeFilippi, MD
Waweru, Jane, PMHNP	Tele-Psychiatry	Medicine	Nagib Chowdhury, MD

Other Items:

ITEM	RECOMMENDATION
Revised CRNA Privilege Form	Removal of the DEA certificate requirement to comply with regulations

Policies and Plans: Dose Rounding for Biologic and Chemotherapeutic Agents

Rules and Regulations: Medical Staff Excellence Committee (MSEC) Charter Update (*Attached*)
Presented for review by the Board of Directors prior to a vote of the General Medical Staff.

Informational Items:

I. Committee Reports:

- a. Credentials Committee
- b. Interdisciplinary Practice Committee
- c. Quality and Safety Committee Reports:
 - Service Excellence
 - HCAHPS
 - Complaints and Grievances
 - Lost Belongings
 - Accreditation and Regulatory Changes
 - Environmental Services
 - Human Resources Metrics
 - Education Department

II. Other Reports:

- a. Summary of Executive Operations Committee Meetings
- b. Summary of Medical Staff Department/Committee Meetings August 2025
- c. Medical Staff Treasury Report September 4, 2025
- d. Medical Staff Statistics Year to Date
- e. Financial Update July 2025
- f. Executive Updates
- g. HCAHPS Update September 5, 2025

Attachment B

Medical Staff Excellence Committee (MSEC) Charter

This Charter shall not apply to telemedicine practitioners whose OPPE/FPPE data will be provided by The Joint Commission accredited distant site.

The Medical Staff Excellence Committee (MSEC) is responsible for evaluating and improving Medical Staff and Advanced Practice Provider performance in the following areas:

- Technical Quality: Skill and judgment related to effectiveness and appropriateness in performing the clinical privileges granted
- Patient Safety/Patient Rights: Cooperation with patient safety and rights, rules and procedures
- Resource Use: Effective and efficient use of Hospital resources
- In defining Medical Staff / Advanced Practice Provider indicators the following processes will be evaluated:
 - Patient Care
 - Knowledge based practice
 - Systems based practice
 - Interpersonal
 - Practice based learning
 - Professionalism

The following areas are considered outside the Committee's scope:

- Individual Medical Staff / Advanced Practice Provider member behavior incidents
- Credentialing and privileging recommendations
- System issues or concerns related to Health Information Management, Utilization Management, Blood Management, Medication Formulary and other policies requiring Medical Staff approval.

Responsibilities

Evaluation of Individual Cases

- Perform initial review of all cases requiring Medical Staff / Advanced Practice Provider member peer review. Cases are identified based on review indicators, ongoing Departmental audits or through referrals to Medical Staff Services or directly to MSEC.
- Obtain reviews and recommendations from internal or external specialists when required.
- Communicate with the practitioner involved with the case to obtain input prior to making determinations.
- Make recommendations regarding facility performance improvement (PI) opportunities based on individual case review.

Evaluation of Rate and Rule Indicators

- Perform regular review of adverse patterns, trends and outlier status for rate indicators relevant to all dimensions of practitioner performance. The purpose of this review is to determine if additional analysis or focus reviews are needed. This function may be delegated to an individual member of the committee or to a subcommittee.
- Identify performance improvement opportunities if additional analysis or focus reviews are needed and refer to the appropriate Hospital committee.

External Peer Review

Either the MSEC or MEC will make determinations on the need for external peer review. No practitioner can require the Medical Staff to obtain external peer review if it is not deemed appropriate by the MEC or MSEC. Circumstances for external peer review may include:

- Litigation - when dealing with the potential for a lawsuit.
- Ambiguity - when dealing with vague or conflicting recommendations from internal reviewers or Medical Staff committees and conclusions from this review will directly impact a practitioner's membership or privileges.
- Lack of internal expertise – When no one on the Medical Staff has adequate expertise in the specialty under review;
- When the only practitioners on Medical Staff with that expertise are determined to have a conflict of interest regarding the practitioner under review as describe above. External peer review will take place if this potential for conflict of interest cannot be appropriately resolved by the MSEC, MEC or Board of Directors or adequately mitigated.

The role of the MSEC is to assure that when opportunities for improvement are identified, the appropriate individuals are notified of the issues and a reasonable improvement plan is developed. This will be accomplished through the following:

- Communicate individual improvement opportunities to the appropriate Department Chair, who with the assistance of the MSEC Chair or designee, develops an improvement plan.
- Communicate system improvement opportunities to the appropriate Hospital committee/personnel.
- Track responses and improvement plans as requested/required.
- Report to the MEC regularly regarding actions taken to improve care. If a practitioner does not respond to requests from the MSEC or the Department Chair for meeting or discussion regarding the need for performance improvement, this lack of response will be forwarded to the MEC for further actions. This lack of response will be incorporated in to the final case summary.

Measurement System Management

- Review department specific indicators with Department Chairs at least annually to determine if revisions are necessary. Medical Staff Services reviews and evaluates screening tools and referral systems ongoing for effectiveness in collaboration with the Department Chairs and recommends changes to the MSEC and MEC.
- In coordination with the Department Chairs and Credentials Committee, define the appropriate content and format for performance feedback reports.
- Requests for modification of indicators, criteria or focused studies for evaluating practitioner performance will be submitted to Medical Staff Services who will then submit for MSEC review and approval.

Membership

The Chair of the MSEC will be appointed by the Chief of Staff and approved by the MEC for a term of two years. The Chair may serve an unlimited number of consecutive terms. The Chair will be an ex-officio member of the MEC without vote.

The MSEC will be comprised of the Chair and representatives from each of the following Service Lines:

- 3 Representatives: Medicine and Primary Care Services (Medicine, Cardiology, Family Practice, Emergency Medicine). At least one representative will be from the Hospitalist Service.
- 3 Representatives: Operative and Procedural Services (Surgery, GYN, Gastroenterology, Interventional Cardiology, Anesthesiology, Radiology, Pathology).
- 2 Representatives: Women's and Children's Services (Obstetrics, Pediatrics, Family Medicine with OB and/or Pediatric privileges).
- Three additional at large representatives, one of which will be an Advanced Practice Provider practitioner, will be appointed to enhance the specialty balance and expertise available to the committee. Medical Staff members from other specialties may be requested to review cases and be invited to the meeting as needed when the committee does not have the Medical Staff expertise with current members.

Ex-officio members of the MSEC may include the Chief of Staff, Chief Clinical Officer, and Medical Staff Services support staff, without voting rights.

The MSEC members will be recommended by the Chief of Staff in consultation with the MSEC Chair and Department Chairs and approved by the MEC. Voting members are appointed from the active, provisional or consulting staff categories and will serve for a three-year term.

Committee members who wish to be removed will send a written request to their respective Department Chair or to the MSEC Chair. The Department Chair or MSEC Chair will notify the Chief of Staff with recommendations for replacement.

Committee members will be expected to attend at least two thirds of the committee meetings over a twelve-month period to maintain membership and to participate in educational programs to increase their knowledge and skills in performing the Committee's responsibilities.

Meetings

The committee will meet at least 10 times per year with a summary of the meeting reported to the MEC. A quorum for purposes of making case determinations will be based on the presence of 50% of the voting seated committee members for which there are filled seats.

Reporting

The MSEC will report to Medical Executive Committee.

Attachment C: Case Review Process

Action	Case Review Process	Timeline - Guidelines
Case Identification	<p>Screening Worklists: Patient case review worklists for appropriate review are obtained from a Hospital database system.</p> <p>Referrals: Referrals from occurrence reports, Case Management, patient relations, or other formal or informal requests for review are preliminarily screened to determine if they qualify for case review based on Medical Staff review indicators.</p>	<p>Worklists are run by the Medical Staff Services Department (MSS) for discharges occur within a given month within 3 weeks after the end of that month.</p> <p>Cases referred within 2 days of receipt of referral by the appropriate department and are preliminarily screened within 2 working days of receipt.</p>
Case Screening	<p>Cases are reviewed to determine if peer review is required. If peer review required, the MSS completes the initial section of the case review form, including providing the reviewer with a brief case summary of key clinical milestones and identification of key questions for the reviewer.</p> <p>If the MSS needs clarification of the Medical Staff review criteria, it will contact the MSEC Chair or designee. If the Chair feels a case does not meet current review indicator criteria but is of sufficient concern, the Chair will present the issue to the MSEC which will determine whether the case qualifies for review.</p>	<p>MSS will perform the initial screen and determine the need for peer review following identification of or receipt of a case referral.</p> <p>Potential cases for review not meeting current review indicators will be presented at the next MSEC meeting to determine if the issue qualifies for case review and whether a new or modified review indicator should be adopted to handle similar cases in the future.</p>
MSEC Reviewer Assignment	Cases will be assigned for initial review as appropriate by the MSS. Whenever possible, the number of cases to be reviewed will be equally distributed among all MSEC members.	MSS will assign the initial reviewer at the time of screening when case is determined to require MSEC review. Committee members are informed of their case reviews approximately two weeks prior to the scheduled committee meeting.
MSEC Review	The assigned MSEC reviewer will review the case and complete required sections of the peer review module for the individual whose care is being reviewed. If the review is not completed, the MSS will contact the reviewer to obtain the additional information.	MSEC review will be completed within 14 days of assigning case to the reviewer. If the assigned reviewer is unable to perform the review within 14 days, the reviewer will contact the MSS within 1 week of the assignment.
Additional Review Needed	If the initial reviewer determines the case is solely a technical issue outside of the reviewer's expertise, the reviewer will inform the MSS and request the MSEC Chair, or designee to assign an appropriate second reviewer. The second reviewer will be a member of the committee if the committee has a member with the specific expertise without significant conflict of interest.	Second review to be completed within 14 days of assigning chart unless difficulty is encountered obtaining 2 nd reviewer.

Action	Case Review Process	Timeline - Guidelines
Completed Case Review	Completed reviews will be submitted to the MSS by the MSEC reviewer immediately upon completion. Only completed peer review will be placed on the MSEC agenda. Late or incomplete reviews will be deferred to the next meeting.	Case reviews completed by MSEC reviewers submitted to the MSS department past the required 14 day completion timeframe (less than two business days/end of business on Friday before the Tuesday committee meeting prior to the MSEC will be reported to the MSEC Chair. Late completion will be tracked.
Initial Reviews Rated Quality of Care Appropriate	Reviews indicating appropriate provider care are reported to the MSEC for summary approval. The MSEC Chair will review the summary of these cases with the peer review support staff prior to the committee meeting. If there are any concerns with the scoring, the chair will discuss the case with the reviewer. If any concerns still exist, the case will be presented to the MSEC for discussion.	Reviews indicating appropriate physician care are approved at the meeting.
Initial Reviews Rated Opportunity for Improvement, Inappropriate Care or Reviewer Uncertain	Reviews indicating potential inappropriate care or reviewer uncertain and desires committee input are presented to the MSEC for discussion and confirmation or change in preliminary scoring. If the committee feels that care may be inappropriate or an opportunity for improvement exists, it will communicate with the involved practitioner(s) via secure email. The involved physician or advanced-practice provider is informed of the key questions regarding the case and asked to respond in writing only.	Individual under review will respond to committee within 2 weeks. If no response, the provider will be notified (rule violation for non-response to MSEC request) and the committee will finalize rating based on the available information. The MSS department will contact the provider by phone if failed to respond to determine if provider was unavailable due to special circumstances.
Additional Clarification from the Provider	If after the initial written response, the MSEC determines it needs further clarification, it may request the practitioner for a second written response.	Clarification responses will be provided by the next MSEC meeting or the MSEC may finalize rating based on the available information.
Committee Final Disposition for Cases with Inquiry Letters	Following receipt of the provider's response or, if the response timeframe has lapsed, the MSEC will make the final determination of the overall provider care and, if the care is rated outside of current practice standards, identify the provider care issues. The MSEC will also determine whether the communication back the individual provides sufficient education for improvement. If additional education is deemed necessary, MSEC will involve the Department Chair as described below.	Final case determinations will be made by collective agreement of the MSEC members.
Communicating Findings to Individuals	Reviewed physicians or Advanced Practice Providers are informed of the decision by send secure email.	Outcome letters are sent to physician or Advanced Practice Provider within 30 days of the MSEC meeting.

Action	Case Review Process	Timeline - Guidelines
Tracking Review Findings	The MSS Department will enter the results of all final review findings into the database for tracking.	Case outcomes are tracked in individual physician/Advanced Practice Provider report cards in the peer review database.
Improvement Plan Development	<p>If the results of either case reviews or analysis of rate or rule indicator trends indicate a need for individual provider performance improvement, the issue will be referred to the appropriate Department Chair.</p> <p>The MSEC Chair and the Department Chair, and if requested, the CMO, will work together to create and implement the improvement action plan.</p>	The Department Chair and the MSEC Chair will create and implement the improvement plan within 30 days of the MSEC decision, or as soon as reasonably possible. When requested by the committee, the MSS Department will track the improvement implementation and the date implemented and will report back to the MSEC. A 6-month follow up will be sent from MSEC to the Department Chair to determine if further action is needed or if the event that triggered the action plan has been resolved.
Medical Executive Committee involvement	If MSEC Chair or Department Chair need assistance with the improvement, they will discuss the issue with the MEC Chair for resolution. Recommendations that may result in “adverse action” (<i>e.g.</i> , restriction of privileges or membership) will be addressed in accordance with procedures in the Medical Staff Bylaws and Rules.	The MSEC Chair will discuss any need for assistance with the MEC Chair within 30 days of the MSEC decision.
Referrals to Quality and Safety Committee	For those cases determined to have potential opportunities for improving system performance or potential issues with nursing care, the MSEC Chair will communicate the issue to the appropriate Hospital committee or person.	The Hospital committee or person receiving the referral will discuss the issue and communicate action plan to the MSEC committee.
High-Risk Cases	<p>For cases meeting the organizations sentinel event criteria, timely processing of practitioner-specific information is necessary to ensure patient safety. Sentinel Events requiring peer review, will have immediate review by the MSEC Chair or designee.</p> <p>Additional information (such as a literature search, second opinion, or external peer review) may be necessary before making a decision on action.</p>	<p>Initial MSEC review will be performed within three (3) working days of case identification, with committee discussion at the next MSEC meeting or within 30 days of the event if there is not regularly scheduled meeting within 30 days.</p> <p>If additional information is needed, the timelines may be extended after approval from the Governing Body or its designee or the MEC.</p>



Origination 07/2025
Last Approved 09/2025
Next Review 09/2026

Owner Genevieve delos Santos: Director Pharmacy
Area Pharmacy Protocols

Dose Rounding for Biologic and Chemotherapeutic Agents

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- A. To establish a standardized framework for medication dose rounding that:
1. Promotes optimal, cost-effective patient care
 2. Minimizes pharmaceutical waste of high-cost medications

III. DEFINITIONS

- A. Dose rounding: A standardized calculation technique in waste reduction strategies, wherein a calculated dose is determined by rounding an ordered dose within a percentage range.
- B. Cytotoxic medication: A substance that kills cells, including cancer cells, through a variety of mechanisms of actions and related to disruption of growth or function of cells. Also known as antineoplastic or chemotherapeutic agents.
- C. Monoclonal antibodies: Proteins developed synthetically that can bind to a specific antigen.

IV. GENERAL INFORMATION

- A. Salinas Valley Health (SVH) authorizes the implementation of standardized dose rounding for designated medication categories to optimize therapeutic outcomes while promoting cost-effectiveness and waste reduction, in accordance with evidence-based practices and regulatory standards.
- B. Salinas Valley Health (SVH) pharmacists will implement dose rounding for selected drug classes and agents to align with available product sizes, which is consistent with safe administration and minimal risk, while maintaining optimal therapeutic response.

- C. This protocol authorizes SVH clinical pharmacists to provide standardized dose rounding for the following drug classes including, but not limited to:
 - 1. Antineoplastic/chemotherapeutic/cytotoxic agents
 - 2. Biologic agents, such as immunotherapy and monoclonal antibody therapy
 - 3. Clotting factors
 - 4. Intravenous Immunoglobulin (IVIG)
- D. Inclusion criteria:
 - 1. Patients greater than 18 years of age
 - 2. Active medication orders entered in the Electronic Health Record (EHR) by authorized medical staff
- E. Exclusion criteria:
 - 1. Medications administered within the context of a clinical trial or research protocol
 - 2. Orders containing specific documentation indicating "Dispense as Written," "Do not Dose Round," or equivalent instructions.
 - 3. Pediatric patients
- F. Clinical Considerations
 - 1. Dose rounding shall always prioritize patient safety and therapeutic efficacy
 - 2. Clinical pharmacists will exercise professional judgment regarding the appropriateness of dose rounding for individual patients
 - 3. Considerations for dose rounding include, but are not limited to:
 - a. Patient-specific factors (i.e., weight, renal function, hepatic function, etc.)
 - b. Disease state and severity
 - c. Prior treatment response

V. PROCEDURE

- A. Clinical pharmacists shall review all new ordered medications for appropriateness for dose rounding based on the criteria established in this protocol.
 - 1. The pharmacist shall calculate rounded doses utilizing the dosing guidance outlined below, from the originally ordered dose, and rounding to whole vials needed for medication compounding.
 - 2. The pharmacist shall:
 - a. Calculate the dose based on patient parameters
 - b. Calculate the rounded dose according to the specified Dose Rounding Guidelines (section C)
 - c. Verify that the rounded dose falls within the acceptable percentage variance

B. Documentation

1. The pharmacist will document as outlined in the above procedures and when relevant to communicate with the care team.
2. The pharmacist will document in the electronic health record (EHR):
 - a. The original calculated dose
 - b. The rounded dose
 - c. Justification for rounding, referencing this protocol
 - d. Any relevant clinical considerations

C. Dose Rounding Guidelines

1. Monoclonal antibodies and other biologic agents will be dose rounded to the nearest available vial size within 10% of the prescribed dose.
 - a. If the calculated rounded dose is > 10% and the nearest available vial size will result in medication waste, the pharmacist will:
 - i. Round the dose **up** to the next full vial size if the calculated dose exceeds above 50% of the next appropriate vial size.
 - ii. Round the dose **down** to the previous full vial size if the calculated dose did not exceed above 50% of the next appropriate vial size.
2. Cytotoxic agents will be dose rounded to within 10% of the prescribed dose.
3. Clotting factors will be dose rounded to the nearest number of units corresponding to the commercially available whole sizes.
4. IVIG will be dosed based on a patient's ideal body weight (IBW) and will be dose rounded to the nearest 5 gram vial.
 - a. If patient's actual body weight is 130% greater than their IBW, then the IVIG will be dosed based on adjusted body weight (adjBW).

VI. EDUCATION/TRAINING

- A. Education is provided during general or department-specific orientation and competency is tested periodically as practice or policy changes.

VII. REFERENCES

- A. Fahrenbruch R, Kinzel P, Bott AM, et al. Dose Rounding of Biologic and Cytotoxic Anticancer Agents: A Position Statement of the Hematology/Oncology Pharmacy Association. *Journal of Oncology Practice*. 2018 Mar; 14(3): 130-136.
- B. Dooley MJ, Singh S, Michael M. Implications of dose rounding of chemotherapy to the nearest vial size. *Support Care Cancer*. 2004 Sep;12(9):653-6.
- C. Park JJ, Boutillier L, Cruz JE, et al. Effect of Standardized Infliximab Dose Rounding in an Outpatient Infusion Center. *Journal of Managed Care & Specialty Pharmacy*. 2018 Sept; 24(10): 1028-1033.

- D. Acquisto NM, Uttaro E., Debona D, et al. Assessment of rabies immune globulin dose rounding at a university health system. *Am J Emerg Med*. 2022 Aug; 58: 141-147.
- E. Grindeland JW, Grindeland CJ, Moen C, Leedahl ND, Leedahl DD. Outcomes Associated With Standardized Ideal Body Weight Dosing of Intravenous Immune Globulin in Hospitalized Patients: A Multicenter Study. *Ann Pharmacother*. 2020 Mar; 54(3): 205-212.

Approval Signatures

Step Description	Approver	Date
MEC	Katherine DeSalvo: Director Medical Staff Services	09/2025
Pharmacy & Therapeutics	Genevieve delos Santos: Director Pharmacy	08/2025
Pharmacy & Therapeutics	Kiri Golleher: Pharmacy Clinical Coordinator	08/2025
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2025
Policy Owner	Genevieve delos Santos: Director Pharmacy	08/2025

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)

*CONSIDERATION OF PROPOSAL FOR
MODIFICATION OF
ANNUAL COMPENSATION TO
PRESIDENT/CEO*

(VERBAL)

ADJOURNMENT