



February 20, 2026

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, FEBRUARY 26, 2026, AT 4:00 P.M., DOWNING RESOURCE CENTER, CONFERENCE 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
[SalinasValleyHealth.com](https://www.SalinasValleyHealth.com) | 450 E. Romie Lane | Salinas, CA 93901 | T 831-757-4333

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

**THURSDAY, FEBRUARY 26, 2026, 4:00 P.M.
 DOWNING RESOURCE CENTER, ROOMS A, B & C,
 Salinas Valley Health Medical Center
 450 E. Romie Lane, Salinas, California**

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

AGENDA

Presented By

- | | |
|--|------------------------------|
| 1. CALL TO ORDER / ROLL CALL | <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
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. | <i>Joel Hernandez Laguna</i> |
| 6. CONSENT AGENDA - GENERAL BUSINESS <i>(Board Member may pull an item from the Consent Agenda for discussion.)</i> | <i>Joel Hernandez Laguna</i> |
| <ul style="list-style-type: none"> A. Minutes of Regular Meeting of the Board of Directors January 22, 2026 B. Policies/Plans Requiring Approval <ul style="list-style-type: none"> 1. After Hours Patient Food 2. Competence Assessment/Validation Process and Documentation Management 3. Exit Interviews 4. Grant Solicitation 5. Intra-Aortic Balloon Pump (IABP) Management 6. Scope of Service: Medical Library 7. Scope of Service: Mammography Center 8. Scope of Service: Supply Chain 9. Telecommuting 10. Tuition Assistance | |
| <ul style="list-style-type: none"> • 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. QUALITY AND EFFICIENT PRACTICES COMMITTEE

Catherine Carson

Minutes of the February 9, 2026 Quality and Efficient Practices Committee meeting have been provided to the Board for their review. Additional Report from Committee Chair, if any.

B. PERSONNEL, PENSION & INVESTMENT COMMITTEE

Catherine Carson

Minutes of the February 18, 2026 Personnel, Pension and Investment 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 February 23, 2026 Finance Committee meeting have been provided to the Board for their review. The following recommendations has been made to the Board.

1. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF PRELIMINARY PROJECT BUDGET AND AWARD CONTRACT TO TRENOR FOR DESIGN AND ENGINEERING SERVICES FOR THE ENDOSCOPY SUITE PROJECT

- 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 OF CONSTRUCTION CONTRACT TO TOMBLESON, INC. FOR THE SALINAS VALLEY HEALTH 559 ABBOTT STREET X-RAY ROOMS 1 & 2 EQUIPMENT 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 FOR THE PURCHASE OF EIGHT (8) EDWARDS LIFESCIENCES HEMOSPHERE ALTA HEMODYNAMIC MONITORING EQUIPMENT

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

4. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF THE LEASE AGREEMENT TERMS BETWEEN SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM AND JS & MR PROPERTIES, LLC FOR 1260 SOUTH MAIN STREET, SUITE 201, SALINAS, CALIFORNIA

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

5. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF CONTRACT TERMS FOR A PLASTIC SURGERY PROFESSIONAL SERVICES AGREEMENT FOR MATTHEW ROMANS, MD

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

6. 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

D. COMMUNITY ADVOCACY COMMITTEE

Rolando Cabrera, M.D.

Minutes of the February 18, 2026 Finance Committee meeting have been provided to the Board for their review. The following recommendations has been made to the Board.

1. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF COMMUNITY FUNDING PLANS & PROGRAMS – ANNUAL REVIEW/APPROVAL

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

9. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING OF FEBRUARY 12, 2026 AND RECOMMENDATIONS FOR THE FOLLOWING BOARD APPROVALS: *Alison Wilson, D.O.*

A. Reports

1. Credentials Committee Report (Including the following)
 - Clinical Privilege Delineation Revision: General Surgery, Oncology General Surgery and Colorectal Surgery
2. Interdisciplinary Practice Committee Report

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

10. EXTENDED CLOSED SESSION *(if necessary)*

Joel Hernandez Laguna

11. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

Joel Hernandez Laguna

12. ADJOURNMENT

Joel Hernandez Laguna

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, March 26, 2026, at 4:00 p.m.**

The Salinas Valley Health (SVH) Board packet is available at the Board Meeting, electronically at <https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2026/>, 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 831-759-3208 at least forty-eight (48) hours prior to the posted time for the meeting in order to enable the District to make reasonable accommodations.

**SALINAS VALLEY HEALTH BOARD OF DIRECTORS
THURSDAY, FEBRUARY 26, 2026, 4:00 P.M.
AGENDA FOR CLOSED SESSION**

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

CLOSED SESSION AGENDA ITEMS

HEARINGS/REPORTS

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

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

1. Medical Executive Committee
 - Report of the Medical Staff Executive Committee (With Comments)
2. Report of Medical Staff Quality and Safety Committee
 - Quality & Safety Board Dashboard Review
3. Report of Internal Cybersecurity Audit
4. Report of Compliance Audit of Administrative Expenses

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): Michelle Childs / Robert Andersen

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

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

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
JANUARY 22, 2026

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

Absent: None.

Also Present:

Allen Radner, M.D., President/Chief Executive Officer
Alison Wilson, D.O., Chief of Staff
Matthew Ottone, Esq., District Legal Counsel
Hanna Hitchcock, Esq.

Director Rey left the meeting at 5:40 p.m.

1. CALL TO ORDER/ROLL CALL

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

2. CLOSED SESSION

President Hernandez Laguna announced items to be discussed in Closed Session as listed on the posted Agenda are *Conference with Real Property Negotiators, Hearings and Reports, and Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and Services*. The meeting recessed into Closed Session under the Closed Session Protocol at 4:04 p.m. The Board completed its business of the Closed Session at 4:24 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 *Conference with Real Property Negotiators, Hearings and Reports*. The Board received and accepted the reports listed on the Closed Session agenda. No action was taken.

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

4. AWARDS AND RECOGNITION

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

- **Children’s Miracle Network, Credit Unions for Kids Check Presentation:** Leonela Gonzales, Children’s Miracle Network Hospitals Program Coordinator, along with guests from local credit unions, spoke to the success of the Credit Unions for Kids Wine Auction and presented a check to SVH with funds raised at the auction.
- **American Cancer Society Honors Relay for Life Hope Warriors:** Nancy Valdez from the American Cancer Society and Ashley McDonnell from Relay for Life presented the Board Chair with an award for SVH’s longstanding support of the American Cancer Society and Relay for Life. The Salinas Valley Health Hope Warriors were specially recognized with an

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

award for their participation and support of Relay for Life in the Salinas Valley. Jessica Vega was also specially honored with a leadership award.

- **42 Year Retirement Recognition: Karen Haruta, Payroll Administrator:** Iftikhar Hussain, CFO, and Scott Cleveland honored Karen for her dedication to Salinas Valley Health for a total of 42 years of service. Beginning in the accounting department in 1984, Karen became an integral part of the team and was instrumental in implementing many different software systems over the years. Iftikhar expressed his gratitude to Karen for her many years of service.
- **Successful Magnet Site Visit:** Carla Spencer, CNO, presented on the Magnet site visit to Salinas Valley Health. Carla reported on a successful site visit with great participation from SVH, and that we are awaiting Magnet’s decision on recognition.

5. PUBLIC COMMENT: None.

6. CONSENT AGENDA – GENERAL BUSINESS

Recommend Board Approval of the Following:

A. Minutes of the Regular Meeting of the Board of Directors December 18, 2025

B. Policies/Plans Requiring Approval

1. Diagnostic Imaging Technologist Protocol–Based Modification of Imaging Orders (Epic Radiant)
2. Isolette Cleaning
3. Non Affiliated Employee Grievance
4. Scope of Service: Human Resources
5. Scope of Service: Medical Surgical Nursing Services
6. Supervision of Stress Testing by Non-Physician Staff

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

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

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.: None.

Director Catherine Carson: Director Carson commented that she was grateful for the opportunity to participate in the Magnet site visit.

Director Victor Rey, Jr.: None.

Director Isaura Arreguin: Director Arreguin commented positively on the Magnet site visit, expressing her gratitude to share her experiences and hear from community partners at this event.

Director Hernandez Laguna: Director Hernandez Laguna commented positively on the results and expansion of the Hartnell College nursing program. He also commented positively on the Magnet site visit. He spotlighted Josh Rivera for his work in the Epic launch. Finally, Director Hernandez Laguna commented on the importance of SVH as an economic force in the region, specifically in job creation.

8. REPORTS ON STANDING AND SPECIAL COMMITTEES

A. QUALITY AND EFFICIENT PRACTICES COMMITTEE

A report was received from Director Carson regarding the Quality and Efficient Practices Committee. The minutes of the January 12, 2026 meeting were provided for Board review. Director Carson stated the presentations were: Patient Care Services Update, Report from the Quality Council, and Quality and Safety Overview. There are no recommendations.

B. PERSONNEL, PENSION & INVESTMENT COMMITTEE

A report was received from Director Carson regarding the Personnel, Pension & Investment Committee. The minutes of the January 12, 2026 meeting were provided for Board review.

The following recommendations were made.

- 1. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF (i) FINDINGS SUPPORTING RECRUITMENT OF INGRID HSIUNG, MD, (ii) CONTRACT TERMS FOR DR. HSIUNG'S RECRUITMENT AGREEMENT, AND (iii) CONTRACT TERMS FOR DR. HSIUNG'S CARDIAC ELECTROPHYSIOLOGY & CARDIOLOGY PROFESSIONAL SERVICES AGREEMENT**

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Carson, the Board of Directors makes the following findings:

1. The Findings Supporting Recruitment of Ingrid Hsiung, MD:
 - That the recruitment of cardiac electrophysiology 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 and relocate an appropriately qualified physician to practice in the communities served by the District;

Based on the findings as outlined above, the Board approves the following:

1. The Contract Terms of the Recruitment Agreement for Dr. Hsiung; and
2. The Contract Terms of the Cardiac Electrophysiology Professional Services Agreement for Dr. Hsiung.

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 (i) FINDINGS SUPPORTING RECRUITMENT OF LAUREN BERRY, MD, (ii) CONTRACT TERMS FOR DR. BERRY’S RECRUITMENT AGREEMENT, AND (iii) CONTRACT TERMS FOR DR. BERRY’S RHEUMATOLOGY PROFESSIONAL SERVICES AGREEMENT

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Rey, the Board of Directors makes the following findings:

1. The Findings Supporting Recruitment of Lauren Berry, MD:
 - That the recruitment of rheumatology 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 and relocate an appropriately qualified physician to practice in the communities served by the District;

Based on the findings as outlined above, the Board approves the following:

1. The Contract Terms of the Recruitment Agreement for Dr. Berry; and
2. The Contract Terms of the Rheumatology Professional Services Agreement for Dr. Berry.

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 APPROVAL OF SECOND AMENDMENT TO THE SALINAS VALLEY MEMORIAL HEALTHCARE DISTRICT EMPLOYEE PENSION PLAN

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: Director Hernandez Laguna asked what percentage of staff is affected by the contents of this amendment. Staff responded that it is a very small percentage. Director Hernandez Laguna also asked about procedure for notifying rehired staff of this opportunity. Staff provided a summary of the notice procedure.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Carson, the Board of Directors approves of the Second Amendment to the Salinas Valley Memorial Healthcare District Employees' Pension Plan authorizing the plan to permit catch up contributions to a rehired employee's pension.

- This change applies to all New Participants covered by the PEPRA provisions, including those who left employment before January 1, 2026.
- All other provisions of the pension plan remain unchanged.

ROLL CALL VOTE:

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

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried.

C. FINANCE COMMITTEE

A report was received from Director Rey regarding the Finance Committee. The minutes of the January 19, 2026 meeting were provided for Board review. The Financial Reports of the meeting were included in the packet for review (informational). There are no recommendations.

D. TRANSFORMATION, STRATEGIC PLANNING & GOVERNANCE COMMITTEE

A report was received from Director Rey regarding the Transformation, Strategic Planning & Governance Committee. The minutes of the January 19, 2026 meeting were provided for Board review. There are no recommendations.

9. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING ON JANUARY 8, 2026, AND RECOMMENDATION FOR BOARD APPROVAL OF THE FOLLOWING:

Alison Wilson, D.O., Chief of Staff, reviewed the reports of the Medical Executive Committee (MEC) meeting of January 8, 2026. A full report was provided in the Board packet. The MEC recommends for Board Approval the following Reports and Policy as listed on the Agenda.

PUBLIC COMMENT: None.

BOARD DISCUSSION: Director Carson encouraged the Board to read the full Infection Prevention Program Plan and supplemental article on the costs of infection.

MOTION:

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

- A. Reports
 - 1. Credentials Committee Report (Including the following)
 - Vascular Surgery – Clinical Privileges Delineation
 - 2. Interdisciplinary Practice Committee Report
- B. Policies/Procedures/Plans and Agreements Recommended for Approval:
 - 1. Aerosol Transmitted Diseases Exposure Control Plan
 - 2. Infection Prevention Pandemic Plan Emerging Infectious Diseases
 - 3. Infection Prevention Program Plan

ROLL CALL VOTE:

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

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried

10. CONSIDERATION OF RESOLUTION 2026-01 AUTHORIZING ELIGIBLE SUBSIDIARY BODIES OF THE BOARD OF DIRECTORS TO CONDUCT MEETINGS VIA TELECONFERENCE IN ACCORDANCE WITH CALIFORNIA GOVERNMENT CODE SECTION 54953.8.6.

The Board affirms its commitment to public access under the Brown Act and authorizes certain Board committees to conduct teleconference meetings pursuant to Government Code Section 54953.8.6, finding that remote participation enhances public access, supports member participation, and complies with statutory requirements.

PUBLIC COMMENT: None.

BOARD DISCUSSION: Director Carson commented that this may present challenges for smaller committee meetings. Director Rey commented that this creates flexibility for volunteer subject matter experts. Director Dr. Cabrera and Director Carson both commented that they are willing to approve this for the initial six month term and will review this closely when it comes for consideration again in July 2026.

MOTION:

Upon motion by Director Dr. Cabrera and second by Director Rey, the Board of Directors approves the attached resolution:

Remote Teleconference Meetings of Eligible Subsidiary Bodies. Authorize Board Committees to meet via teleconference in accordance with Government Code Section 54953.8.6 for the period of January 22, 2026

to July 22, 2026, and authorize the President/CEO and District staff to take all necessary actions to carry out the intent and purpose of this Resolution:

- Pension, Personnel and Investment Committee
- Quality & Efficient Practices Committee
- Transformation, Strategic Planning and Governance Committee
- Community Advocacy Committee
- Corporate Compliance and Audit Committee

ROLL CALL VOTE:

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

Nays: Hernandez Laguna.

Abstentions: None;

Absent: None.

Motion Carried

11. EXTENDED CLOSED SESSION

President Hernandez Laguna announced items to be discussed in Extended Closed Session are *Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and Services*. The meeting recessed into Closed Session under the Closed Session Protocol at 5:21 p.m. The Board completed its business of the Closed Session at 6:08 p.m.

12. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 6:09 p.m. President Hernandez Laguna reported that in Extended Closed Session, the Board discussed *Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and Services*. No action was taken.

13. ADJOURNMENT

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, February 26, 2026**, at 4:00 p.m. There being no further business, the meeting was adjourned at 6:09 p.m.

Rolando Cabrera, MD
Secretary, Board of Directors

Memorandum

To: Board of Directors
 From: Brenda Inman, VP Quality and Risk
 Date: February 26, 2026
 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.	After Hours Patient Food	No changes. Regularly scheduled review.	Clement Miller, COO
2.	Competence Assessment/Validation Process and Documentation Management	Clarified reporting structure. Updated references. Corrected electronic filing location.	Carla Spencer, CNO
3.	Exit Interviews	Process changed from HR to Press Ganey noted. Workday resource added. Department Director changed to Leadership.	Michelle Barnhart Childs, CHRO
4.	Grant Solicitation	Rebranding corrections. Request forms linked. Regularly scheduled review.	Allen Radner, CEO
5.	Intra-Aortic Balloon Pump (IABP) Management	Added q96h for arterial pressure line changes, in addition to linked arterial policy. Added maintenance of 300mmHg for pressure in tubing.	Carla Spencer, CNO
6.	Scope of Service: Medical Library	Typos corrected. Regularly scheduled review.	Timothy Albert, CCO
7.	Scope of Service: Mammography Center	Rebranding corrections. Hours adjusted. Formatting changes. Regularly scheduled review.	Clement Miller, COO
8.	Scope of Service: Supply Chain	Update to Supply Chain, added Value Analysis, minor edits.	Clement Miller, COO
9.	Telecommuting	Addition of the attached telecommute agreement and safety checklist, and addition of the manager and employee responsibilities sections under education/training section.	Michelle Barnhart Childs, CHRO
10.	Tuition Assistance	Regularly scheduled review.	Michelle Barnhart Childs, CHRO



Origination 1/9/2019
Approved N/A
Expires 3 years after approval

Owner Jennifer Nader:
Manager Clinical
Nutrition
Area Patient Care

After Hours Patient Food

I. POLICY STATEMENT

- A. N/A

II. PURPOSE

- A. To guide staff in the process of providing patient meal service after the closing hours of the Nutrition Service Department.

III. DEFINITIONS

- A. N/A

IV. GENERAL INFORMATION

- A. From 2000 hours to 0700 hours, all patient meals or snacks are provided via floor stock that is housed in the pantry areas of select inpatient and outpatient units.
- B. If enteral feeding products are needed between 2000 and 0700, the Nursing Supervisor can be contacted in order to obtain enteral feeding from Nutrition Services. Enteral products are routinely delivered at 1000 daily or as needed up until 2000. When possible, the order should be placed during Nutrition Service business hours so that a computer generated label can be placed on the tube feeding bottle.

V. PROCEDURE

- A. Nutrition Service Staff
 1. Prepares and delivers various floor stock items to select inpatient and outpatient units.
- B. Unit Assistant or Nurse

1. Enters diet order in the EHR utilizing current ordering guidelines. If the diet order is received after 2000, the patient can call for room service starting at 0700 the next day. If food is needed before between 2000 and 0700, floor stock can be provided by nursing. During room service hours (0700-2000), the diet office staff will assist patients with menu selections who are unable to call room service line directly.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Title 22: 70273.a

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	2/10/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	2/10/2026
Policy Owner	Jennifer Nader: Manager Clinical Nutrition	2/10/2026

Standards

No standards are associated with this document



Origination 12/27/2013
Approved N/A
Expires 3 years after approval

Owner Stephanie Frizzell: Director Education
Area Administration

Competence Assessment/Validation Process and Documentation Management

I. POLICY STATEMENT

- A. The Educators, serving as the Competency Committee, in collaboration with the Education Department has oversight of and responsibility for the development, revision and implementation of the Salinas Valley Health Medical Center (SVHMC) Competence Assessment and Validation process.

II. PURPOSE

- A. To establish processes for competence assessment and validation.
- B. To establish processes for competency document management.

III. DEFINITIONS

- A. **Competence** – The integration of role-based knowledge, skills, and behaviors employees are expected to perform based on their specific role.
- B. **Orientation Competence Assessment and Validation** – Initial competencies as identified by the Department Director/designee, which are completed by all new hires or transfers within the identified time frame.
- C. **Competence Assessment and Validation Process** – A process that encompasses the employee's ability to meet identified Required Elements for Validation essential for performance of a role or job. Competence is assessed and measured by successful completion of tests, with a minimum passing score of 80%; simulations; return demonstration, or actual job performance (observation, review of documentation, and/or verbal). Assessment/Validation is completed at the individual unit/department level or in a group setting when multiple departments identify the same competency for validation.
- D. **Required Elements for Validation (REV)** – Performance criteria based on, but not limited to,

- best practice/evidence, applicable regulatory guidelines, or user instructions.
- E. **Regulatory Competencies**- Validated based on regulatory requirements (e.g. Point of Care Testing, restraints, population /age specific).
 - F. **Incidental Competencies** – Separate competencies or learning identified based on things such as occurrence reports, patient events, or introduction of new process, procedure or equipment.
 - G. **E-Learning** - Completion of computerized knowledge-based self-study learning modules.
 - H. **Contract Services** – Non-hospital employees having direct patient care responsibilities.
 - I. **Validator** – Employees identified who possess knowledge, skills, and experience related to the specific Required Elements for Validation.
 - J. **Educational Programs** – Those programs that include but are not limited to Orientation, Simulations, Competencies, e-Learning and Continuing Education classes.

IV. GENERAL INFORMATION

- A. The Department Director/Designee is responsible for ensuring employees complete required competencies.
- B. Competence is assessed and validated in clinical departments providing both direct and indirect patient care.
- C. Employee competence is assessed and validated upon hire and at ongoing.
- D. Time intervals for completion of competence assessment and validation are guided by, but not limited to, organizational policy and regulatory agencies.
- E. Competencies are reviewed and/or revised on an ongoing basis but no less than every three (3) years.
- F. The competence assessment, validation and documentation process is completed by established deadlines.
- G. Assessment and validation of competence is achieved using, but not limited to, knowledge and performance based criteria.
- H. Competencies are identified using a standardized process.
 - I. Work is assigned based on documented employee competence.
- J. Competence is assessed and validated using Required Elements for Validation.
- K. Employees participate in ongoing education and training to maintain or increase their level of competence.
- L. Employee participation in ongoing education and training is documented.
- M. A standardized process is used for competency document management.
- N. Completed competency documentation is kept for the duration of the employee's employment.
- O. The Education Department maintains a master file of current and archived competencies according to Information Management policy [RECORDS RETENTION POLICY](#)

V. PROCEDURE

- A. Identification of New Competencies:
 - 1. Refer to **Attachment A**: Competency Proposal Algorithm.
 - 2. Refer to **Attachment B**: Identification of New Competencies
- B. Selection of Competencies
 - 1. Requests for competency inclusion in annual Competence Assessment and Validation requirements are submitted to the Competency Committee.
 - 2. The Competency Committee partners with the Department of Education and Department Director/designee to review and share the final list of competencies.
- C. Assessment and Validation of Competence
 - 1. Knowledge-Based Passive recall of facts or principles such as indications, needed supplies or resources and identification of items. (E.G. e-Learning module with post-test)
 - 2. Performance-Based Active demonstration of process or skill such as the safe use of equipment, or administration of medications.
 - 3. Identified validators use Required Elements for Validation to measure and assess employee performance.
 - 4. Employees achieve the stated competency objective when all the Required Elements for Validation are met.
 - 5. Employees unable to achieve the Required Elements for Validation (do not meet standard) are referred to their Department Director/Designee. (Refer to HR Policy [DISCIPLINE ADMINISTRATION](#))
- D. Competency Document Management
 - 1. Refer to **Attachment C**: Management of Competency Documents
- E. Documentation:
 - 1. Competence Assessment/Validation Facesheets
 - 2. Department Matrices
 - 3. Original completed competency forms are:
 - a. kept in employee education files in the department.
 - b. scanned for placement in the employee's electronic education file. (E.G. facesheets)

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Joint Commission. (Current Year Version). Human Resources. In Joint Commission, (Ed), *Hospital Accreditation Standards*. Oakbrook Terrace, IL: Joint Commission Resources.
- B. Wright, D (2022). *The Ultimate Guide to Competency Assessment in HealthCare*. (4th ed.). Minneapolis, Minnesota: Creative Healthcare Management.

Attachments

-  [A: Competency Proposal Algorithm](#)
-  [B: Identification of New Competencies](#)
-  [C: Management of Competency Documents](#)

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/19/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/16/2026
Policy Owner	Stephanie Frizzell: Director Education	12/29/2025

Standards

No standards are associated with this document



Origination 8/28/2020
Approved N/A
Expires 3 years after approval

Owner Robert Andersen:
Director Human Resources
Area Human Resources

Exit Interviews

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. The purpose of this procedure is to provide employees who are separating from the Hospital an opportunity to discuss their experience at Salinas Valley Health Medical Center (SVHMC) with Human Resources.

III. DEFINITIONS

A. N/A

IV. GENERAL INFORMATION

A. N/A

V. PROCEDURE

- A. Separating employees are encouraged to participate in the exit interview process. It gives the Hospital an opportunity to learn about the employee's experience at the Hospital and to obtain suggestions for improvement.
- B. Salinas Valley Health partners with Press Ganey to conduct exit interviews. Alternatively, employees may request an exit interview directly through the Human Resources department.
- C. Human Resources/Designee will share the feedback/information with the separating employee's department leadership and others as appropriate for consideration of possible changes.
- D. Any information that relates to harassment, discrimination, policy violation or illegal activity

will be acted upon immediately.

- E. Should Human Resources/Designee determine that any information elicited in the exit interview falls within the subject matter of the Hospitals Compliance Program, such information, shall be reported to the Compliance Officer.
- F. Human Resources will review and analyze the content of exit interviews periodically for trending purposes.
- G. Employees are advised to visit Workday or contact the Human Resources Total Rewards Specialist with any questions related to benefits.
- H. All separating employees must return all Hospital property **to their supervisor or Human Resources.**
- I. The questions included in the exit interview are in no way meant to be exhaustive.
- J. Confidentiality: SVHMC will make a great effort to keep all information confidential wherever possible. All attempts will be made to provide information to departments, leaders and others in aggregate form, although in small offices or where specific situations exist, it may not always be possible to keep the information anonymous. Information that relates to harassment, discrimination, or illegal activity will be acted upon immediately and it may not be possible to keep the source of this information confidential.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. N/A

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/19/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/7/2026
Policy Owner	Robert Andersen: Director Human Resources	1/6/2026

Standards

No standards are associated with this document

COPY

Status **Pending** PolicyStat ID **19138881**



Origination 12/6/2022
Approved N/A
Expires 3 years after approval

Owner Melissa Gross:
Director Strategic
Development
Area Administration

Grant Solicitation

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To clearly define the Salinas Valley Health Medical Center (SVHMC) policy and procedure for non-research-based grant funding solicitation, management, and stewardship, to define the roles and responsibilities necessary to administer this process, and to standardize communication channels between departments, administrators, and clinical staff. Grant funding will be sought and obtained solely for advancement of SVHMC's capabilities to better serve our patients and community.

III. DEFINITIONS

- A. Grant - a sum of money given by governmental, or nongovernmental public or private organizations for a particular purpose.
- B. Proposal - a plan or suggestion, especially a formal or written one, put forward for consideration or discussion by others; an act of stating or putting forward something for consideration.
- C. Submitter – Employee, either a department director or leader designee, who is submitting a funding request following the procedure outlined in this policy.
- D. Department Director – Leader responsible for overall management of a department or program. Reports to an administrator.
- E. Administrator – SVHMC core management team member, i.e., Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Medical Officer, etc.

IV. GENERAL INFORMATION

- A. Noncompliance of this policy can result in fines from government agencies and could impact the 501c3 nonprofit status of the organizations.
- B. Department Heads will monitor their staff and ensure that policy is followed.
- C. For Salinas Valley Health Medical Center (SVHMC), ensuring that there is a standardized and consistent process for requesting and managing grant funding is critical to the advancement of efficiency, reduction of regulatory and capital risk, as well as a strong pillar for growth of grant revenue.
- D. Whether the request is for funding directly from the Salinas Valley Health Foundation (SVHF), or from external entities like nonprofits, corporations, or governmental institutions, it shall be the policy of SVHMC to ensure that all requests be administered through SVHF to ensure the formal review/approval process identified below is followed.

V. PROCEDURE

- A. SVHMC requires all employees, medical staff, and volunteers to adhere to the following procedures when requesting funding support. The Foundation Department shall serve as the primary facilitator of grant proposal development and submission, working in collaboration with the Administrative, Finance, and Compliance teams of SVHMC to ensure institutional necessity, strategic alignment, and regulatory qualifications for the funding are present for those that need a proposal submission.
- B. All funding requests shall follow one of the three flowcharts identified below. Additionally, for requests > \$100k, or in the event that there are ongoing expenses tied to a request, review by both SVHMC CEO and CFO, or their approved leader designee shall be required. All departments and leaders that would need to be consulted must be contacted prior to submitting a funding request. Examples of this would be Materials Management for funds that would be initiating the purchase of equipment or care items on campus, equipment or services under the scope of Information Technology, devices that would need to be reviewed, and or approved by medical leadership, etc.
- C. Any department director who has an interest in making a funding request must first contact their appropriate administrator for approval prior to submitting a request form to the Foundation department.
- D. Each funding request shall be evaluated by the responsible administrator to determine if it is consistent with SVHMC objectives and operational plans. Electronic request forms are to be used to request funding from SVHF, as well as from external funding organizations.
 - 1. [Foundation Funding Request](#)
 - 2. [External Funding Request](#)
- E. Once approved by the department's administrator to move forward in the process, each request must be submitted to SVHMC on either the "Foundation Funding Request" or "External Funding Request" electronic forms to initiate the review process.
- F. In the event of an external funding request, the submitter must include any associated terms and conditions of the grant to move forward in the process.

- G. If the funding request is approved, the Director of Strategic Development in the Foundation Department will contact the submitter in order to gain necessary information in preparation of the grant proposal.
- H. All funding requests are to be reviewed by the Chief Philanthropy Officer prior to submission to ensure all processes identified above have been met.
- I. The Director of Strategic Development in the Foundation Department shall enter the project in the Foundation's database, maintain a file of all development materials, monitor the progress of awarded projects, and act as institutional liaison with external funding agencies.
- J. All approved funding requests will be processed through the Foundation Department to ensure all procedures of this policy are followed.
- K. Upon notification of the release of funds, the Director of Strategic Development of the Foundation Department, in collaboration with the Finance/General Accounting team, the Compliance Officer of SVHMC, and when necessary the Contract Administrator will contact the assigned submitter to schedule a grant management orientation. This training session will include a review of roles and responsibilities, the expectations of compliance and reporting for the funding agency, as well as recordkeeping requirements for audit.
- L. Submitter and Director of Strategic Development will work together to create after-action and follow-up reports as needed per grantors requirements.
- M. The Director of Strategic Development, SVHMC Compliance Officer, SVHMC Contract Administrator, and others as necessary will monitor the progress of the project to ensure compliance and effectiveness, including developing and filing required reports and other appropriate stewardship activities throughout the project period to grant close-out.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. N/A

Attachments

- [External Funding Diagram SVH.pdf](#)
- [External Funding Diagram through 501c3.pdf](#)
- [Funding Diagram Directly From Foundation.pdf](#)

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	2/10/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/20/2026
Policy Owner	Melissa Gross: Director Strategic Development	1/20/2026

Standards

No standards are associated with this document

COPY



Origination 5/28/2021
Approved N/A
Expires 3 years after approval

Owner Carla Spencer:
Chief Nursing
Officer
Area Patient Care

Intra-Aortic Balloon Pump (IABP) Management

I. POLICY STATEMENT

- A. N/A

II. PURPOSE

- A. To guide the staff where IABP procedures may be performed and the department's responsibilities and roles of each unit for the utilization, maintenance, supply inventory, and expertise for operating the IABP and transporting of patients while having IABP therapy
- B. To provide a systematic guide for the ICU/CCU RN in monitoring and care of the patient with intra-aortic balloon pump.

III. DEFINITIONS

- A. Intra-aortic Balloon Pump therapy is designed to increase coronary artery perfusion, increase systemic perfusion, decrease myocardial workload, and decrease afterload.
- B. Intra-aortic Balloon Pump (IABP) is an acute, short-term therapy for patients with reversible left ventricular failure.

IV. GENERAL INFORMATION

- A. Intra-Aortic Balloon Pump placement can be performed in the Operating room, Cath Lab, and ICU
- B. An ICU/CCU RN who completed and demonstrated competency in Intra-aortic Balloon Pump management, can care for patients with IABP support in the ICU.

V. PROCEDURE

- A. In the OR:

- **Maintenance:** The OR's IABP remains plugged in at all times and fully charged. If the IABP is removed from the ICU storage location, the House Supervisor should be notified. Before each heart case, the IABP Helium and CO2 source is checked along with the electrical function safety checks of the unit. Specialty Care Group makes these checks on any IABP unit immediately prior to use in the OR.
 - ICU and Cath Lab staff are responsible for checking and maintaining their own IABP units.

B. Equipment

- Intra-aortic Balloon Pump (CS100)
- Helium tank (gas supply)
- ECG and arterial monitoring supplies See [ARTERIAL CATHETER INSERTION \(ASSIST\) CARE AND REMOVAL](#)
- Intra-aortic Balloon Pump Catheters
 1. 7.5fr and 8fr with 34ml balloon for 5'4"
 2. 7.5fr and 8fr with 40ml balloon for 5'4" – 6'
 - a. Balloon Catheters are not stocked in the O.R. Materials Management staff are responsible for maintaining a par level in the Cardiac Cath Lab and ICU.
- IABP catheter insertion kit
- Cardiac procedure cart (yellow)
- Analgesics and/or sedatives as prescribed
- Crash cart for emergency medications and resuscitation equipment
- Additional equipment to have available depending on patient status includes the following:
 1. Vasopressors, antibiotics, and/or Heparin infusion as prescribed.

C. Indications

- Cardiogenic shock or left ventricular failure – decreases left ventricular function by 40%.
- Unstable angina refractory to medical therapy.
- Acute myocardial infarction (MI) complicated by ventricular failure
- Management of recurrent ventricular dysrhythmias as a result of ischemia.
- Failure to wean successfully from cardiopulmonary bypass.
- Bridge to cardiac transplantation, ventricular assist devices or total artificial hearts..
- Support before, during and/or after coronary artery angioplasty or additional interventional cardiology procedures for high risk patients
- Mechanical complications of acute MI including aortic stenosis, mitral stenosis, mitral valvuloplasty, mitral insufficiency, ventricular septal defect and left ventricular aneurysm.

D. Contraindications

- Irreversible brain damage.
- Moderate to severe aortic insufficiency.
- Thoracic and abdominal aneurysms.
- Value of IABP therapy in the presence of severe aorto-iliac disease, major coagulopathies, and terminal diseases should be evaluated individually.

E. Set-up (Insertion/Assist)

- Prepare patient for insertion by verifying understanding of procedure and obtain consent. Most IABP insertions are done in Cath lab or in Surgery.
- Sedate patient as needed. Immobilize the affected extremity to prevent further movement during insertion of the catheter.
- Establish ECG input to IABP console and obtain optimal R wave amplitude and absence of any artifact. The R wave, QRS complex, or arterial pressure waveform may be the trigger for balloon pump inflation and deflation.
- Assist with placement of hemodynamic monitoring lines if they are not already present.
- Complete IABP console preparation to ensure adequate functioning of device.
- Make available the most appropriate size of balloon catheter. An adequate volume is necessary to achieve optimal hemodynamic effects from IABP therapy.
- Avoid fast flush and blood sampling from the central aortic lumen. When "fast flush" or manual flushing is required, ensure that IABP is on "stand-by" and not pumping. The risk of air embolus entry or dislodging a thrombus at the lumen tip is a major concern.
- Upon insertion use **AUTO MODE**. Start at FULL AUGMENTATION and 1:1 ratio. If timing needs adjustment, it must be done on **SEMI_AUTO or Manual Mode**.
- Zero and calibrate the pressure transducer to ensure accurate measurement, timing, maintenance, and functioning of the IABP.
- Obtain a portable chest x-ray to confirm position. Know the correct position of the IABP marker on CXR. (i.e.: between 2nd and 3rd intercostal space; 2cm below the top of the aortic knob; or 2cm above the carina). Be sure to inform MD if the position is low.
- Apply sterile dressing to catheter insertion site.

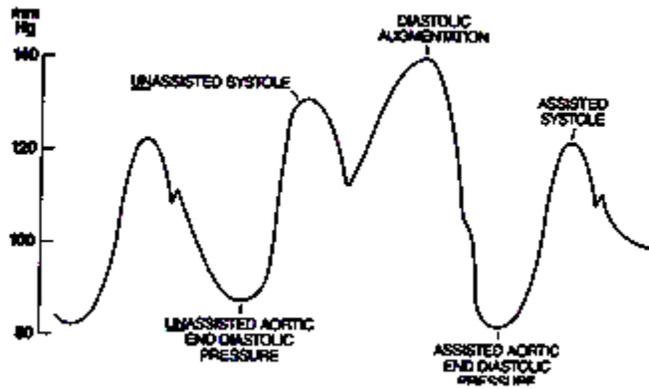
F. Operation

- **Auto** operation mode provides simplicity and minimizing operator interventions. All aspects of IABP operation are automated. Most appropriate trigger source is automatically selected.
 1. Automatically selects the best available trigger source and automatically sets timing.
 2. In the event of a loss trigger source (e.g. a lost ECG lead) the pump will

sequentially search for the next best available trigger source and then reset timing accordingly.

3. Timing adjusts automatically if trigger source, heart rate, or rhythm changes.
 4. With sustained unpredictable rhythms, R-wave deflation is automatically selected. The message *Auto R-Wave Deflate* will be displayed. The deflation indicator will automatically be repositioned to the far right, "R-Trac" will be displayed in the IABP deflation indicator. The system will return to predictive timing once the rhythm becomes predictable.
- **Semi-Auto** operation mode is partially automated.
 1. Operator is responsible for both selection of the trigger source and for initial timing of the IABP. Thereafter, the IABP's timing algorithms will adjust timing in response to changes in heart rate or rhythm.
 2. When trigger source is lost the IABP will alarm and stop pumping.
 3. This operation mode provides the most flexibility for difficult clinical cases.
 - **Manual** operation mode, the operator is responsible for selection of trigger source and setting IAB timing.
 1. This mode is used only in exceptional cases such as pediatrics, where a large range of timing settings must be accommodated.
 - Setting Inflation timing is not applicable in **Auto** operation mode.
 - In the standby mode an inflation marker appears as a highlighted interval on the arterial pressure waveform. Appropriate movement of the inflate and deflate timing control will shift the duration and position of the marker.
 - Deflation timing is an option in **Auto** mode. On the standby mode, use the IAB deflation arrows to adjust the end of the highlighted segment prior to ventricular ejection.
 - In Manual mode, assess the timing every four hours or whenever heart rate changes by more than 10 beats per minutes or for any rhythm changes.

Figure 1:



G. Maintenance/Care

- Perform systematic cardiovascular, peripheral vascular and hemodynamic assessment every 15-60 minutes, as patient status requires.
 1. Level of consciousness. Assess for adequate cerebral perfusion. Thrombi may develop and dislodge during IABP therapy or IAB may migrate, decreasing blood flow to the carotid arteries.
 2. Vital signs and pulmonary pressures. Demonstrates the effectiveness of IABP therapy. Vital signs are documented every 30 minutes or every 15 minutes when patient is unstable
 3. Arterial line and IABP waveforms.
 4. Hemodynamic parameters – cardiac output, cardiac index, and systematic vascular resistance.
 5. Circulation to extremities validates adequate peripheral perfusion. If reportable conditions are found, they may indicate catheter or embolus obstruction of perfusion to extremity. Specifically, decreased perfusion to the left arm may indicate misplacement of the IAB catheter.
 - a. Capillary refill greater than 2 seconds.
 - b. Diminished or absent pulses.
 - c. Color pale, mottled, or cyanotic.
 - d. Diminished or absent sensation.
 - e. Pain.
 - f. Diminished or absent movement.
 - g. Cool or cold to the touch.
 6. Urine output – validates adequate perfusion to kidneys. Reportable conditions:
 - a. Urine output less than 0.5 ml/kg per hour.
- Assess heart and lung sounds every four hours and as needed. When patient condition permits, place the IABP on standby to accurately auscultate.

- Maintain the head of the bed at less than 45 degrees. Prevents kinking or migration of the catheter.
- Monitor for signs of inappropriate IAB placement. The IAB may be placed too high or too low, thus occluding at the left subclavian, celiac, inferior or superior mesenteric, or renal arteries.
 1. Compromised CNS to extremities.
 2. Dampened radial arterial pressure waveform.
 3. Diminished or absent bowel sounds.
 4. Increased abdominal girth, abdominal pain, tympanic, abdomen firm to touch.
 5. Decreased urine output.
 6. Increased urine osmolality.
 7. Increased BUN or creatine.
 8. Reduced IABP augmentation.
- Monitor for signs of balloon perforation. In the event of balloon perforation, a very small amount of helium will be released into the aorta, potentially causing an embolic event.
 1. Blood or brown flecks in tubing.
 2. Loss of IABP augmentation
 3. Control console alarm activation
- Maintain accurate IABP timing.
 1. If timing is not accurate, cardiac output may decrease rather than increase.
- Log roll patient every two hours and reposition for comfort. Instruct patient to keep extremity straight. Immobilize the extremity if necessary.
- Assess the area around the site every 2 hours and as needed for evidence of bleeding or hematoma.
- Monitor patient for systemic evidence of bleeding or coagulation disorders.
- Change IAB site dressings every 48 hours. Cleanse site with chlorhexadine, then apply sterile dressing. Label with date, time, and nurses initial.
- Change arterial pressure tubing and fluid every 96 hours, per hospital policy <https://svmh.policystat.com/policy/12528532/latest>
- Maintain pressure in arterial pressure line at 300 mmHg
- Monitor for signs and symptoms of aortic dissection. Aortic dissection may occur as a result of IAB placement into a false lumen in the aorta.
 1. Acute back, flank, testicular, or chest pain.
 2. Decreased pulses.

3. Variation in blood pressure between left and right arm.
 4. Decreased cardiac output
 5. Increased heart rate
 6. Decreased hemoglobin and hematocrit
 7. Decreased filling pressures
- Assess and manage patient's pain.
 - Identify parameters that demonstrate clinical readiness to wean from IABP therapy. The presence of these reportable conditions indicates that special consideration should be given to weaning the patient from IABP:
 1. No angina
 2. Heart rate less than 110
 3. Absence of lethal or unstable dysrhythmias
 4. MAP greater than 70 mmHg with little or no vasopressor support
 5. PCWP less than 18 mmHg
 6. Cardiac Index greater than 2.4
 7. Capillary refill less than 3 seconds
 8. Urine output greater than 0.5 ml/kg/hr

H. Catheter Removal, (Assist)

- Assess clinical readiness for weaning. Optimal clinical and hemodynamic parameters validate readiness for weaning.
- Decrease assist ratio per physician orders and patient response.
- Change assist ratio to 1:2, then 1:3. May or may not decrease augmentation by 50% maximum. Evaluate patient response after each change. The length of time required to wean from IABP therapy depends on hemodynamic response of patients.
- Discontinue anticoagulation 4-6 hours prior to catheter removal.
- Assist with catheter removal.
 1. Equipment
 - a. C-clamp or FemoStop per physician's preference
 - b. Pain medication
 2. Turn IABP console "off."
 3. Assist physician with removal of percutaneous balloon.
 4. Ensure that pressure is held on the insertion site for 30-45 minutes after the IAB catheter is withdrawn. Ensure that hemostasis is obtained.
 5. Assess insertion site for signs of bleeding or hematoma formation before application of sterile pressure dressing.
 6. Monitor vital signs and hemodynamic parameters every 15 minutes x 4,

every 30 minutes x 2, then every hour as patient condition warrants.

7. Assess the quality of perfusion to the decannulated extremity immediately, during C-clamp or FemoStop application, after removal, and every 1 hour x 2, then every 2 hours.
8. Maintain immobility of decannulated extremity and bed rest with HOB elevated no greater than 30 degrees for 6-8 hours.

I. Documentation:

1. In the OR documentation will be done on the Perfusion record
2. Insertion of IAB catheter (including the size of catheter used and balloon volume).
3. Peripheral pulses and neurovascular assessment of affected extremity. Record hourly distal pulse checks and IABP ratio. Left brachial pulses should be checked every four hours.
4. Hourly UOP. Patient's response to procedure and IABP therapy.
5. Confirmation of IABP placement (e.g., chest x-ray).
6. Insertion site assessment.
7. Hemodynamic status.
8. IABP pressures (balloon augmented pressure, assisted systolic pressure, assisted end-diastolic pressure, and mean arterial pressure) are documented with vital signs every 30minutes, or every 15minutes when patient is unstable
9. Strips are posted every 4 hours and done on 1:2 or 1:3, so as to document correct timing
10. Occurrence of unexpected outcomes.
11. Additional nursing interventions taken.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Khan TM, Siddiqui AH. Intra-Aortic Balloon Pump. [Updated 2023 Apr 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK542233/>
- B. Policies and Procedures Related to IABP Therapy. Courtesy of Datascope Corp. Clinical Education Services Department
- C. Zhang Y, Chen H, Li L, Zheng Z, Peng J, Zhou J, Qiu X, Li F. Evidence-Based Analysis on Observation for Nursing Care of Patients with Intra-Aortic Balloon Pumping. *Evid Based Complement Alternat Med.* 2021 Aug 26;2021:5954343. doi: 10.1155/2021/5954343. Retraction in: *Evid Based Complement Alternat Med.* 2023 Jul 12;2023:9764847. PMID: 34484397; PMCID: PMC8416337.
- D. Laham, R., Aroesty, J., & Pinto, D (2019). Intraaortic balloon pump counterpulsation. *UpToDate.*

Attachments

- [A: Theory of IABP](#)
- [B: Arterial Waveform Variation During IABP Therapy](#)
- [C: Timing Errors](#)
- [D: Balloon Pressure Waveform](#)
- [E: Troubleshooting](#)
- [F: Complications-Side Effects](#)

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Critical Care Committee	Katherine DeSalvo: Director Medical Staff Services	2/3/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/16/2026
Policy Owner	Carla Spencer: Chief Nursing Officer	1/5/2026

Standards

No standards are associated with this document



Origination 8/26/2022
Approved N/A
Expires 1 year after approval

Owner Katherine DeSalvo: Director Medical Staff Services
Area Scopes Of Service

Scope of Service: Medical Library

I. SCOPE OF SERVICE

The Medical Library supports the Mission, Vision, Values and Strategic Plan of Salinas Valley Health Medical Center (SVHMC) and has designed its services and resources to provide the evidence-based information needed to support the patient care, management decision-making, and educational functions of the hospital.

II. GOALS

In addition to the overall goals and objectives, the goals of the Medical Library are to:

- A. Provide access to current and authoritative electronic materials.
- B. Provide research and document delivery services to support hospital functions.
- C. Offer instruction in use of the Medical Library's resources.
- D. Maintain communication with other hospital departments to ensure that knowledge-based information resources and services are coordinated and cost-effective.
- E. Participate in cooperative programs with other libraries to broaden the range of resources available to hospital personnel.
- F. Regularly review the hospital's needs for information resources and services while continually assessing the effectiveness of the Medical Library in meeting these needs.

III. DEPARTMENT OBJECTIVES (UNDER THE MEDICAL STAFF SERVICES DEPARTMENT)

- A. To support the Salina Valley Health mission.
- B. To support safe, effective, and appropriate care in a cost effective manner.
- C. To plan for the allocation of human/material resources.
- D. To support high level medical management with a focus on a collaborative, multi- disciplinary approach.

- E. To support necessary expertise, technology, instrumentation and equipment for the management of patients.
- F. To develop/implement/evaluate standards utilized in the Medical Library.
- G. To provide appropriate staff orientation and development.

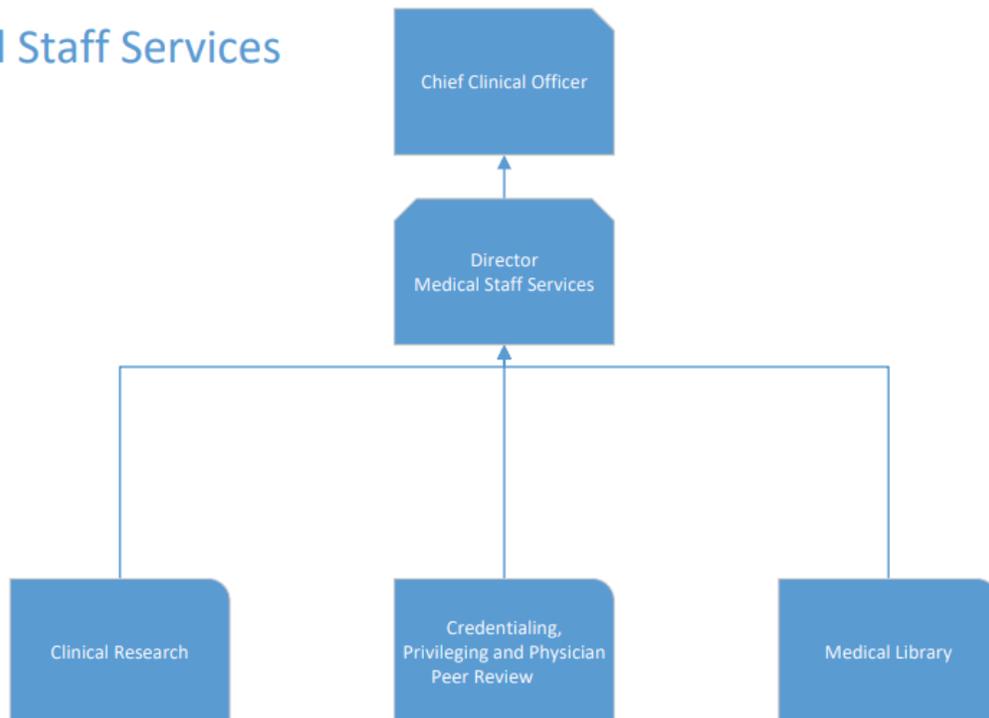
IV. POPULATION SERVED

- A. The Medical Library serves the research resource needs of SVHMC medical, clinical and management staff, and other SVHMC personnel. Selected Medical Library services may be made available, with certain restrictions and as resources permit, to users who are not employees of SVHMC. These users may include: community-based physicians with active or provisional SVHMC privileges, affiliated agency physicians and healthcare providers, and medical and nursing students enrolled in SVHMC programs. Patients and other non-SVHMC staff may receive services only by special arrangement and at the discretion of the director of Medical Staff Services.
- B. External regulatory agencies

V. ORGANIZATION OF THE DEPARTMENT



Medical Staff Services



- A. Staff includes: Medical Librarian (remote)

B. Hours of Operation: Virtually, 24/7

C. Location of department:

1. The Medical Library houses its resource collection online and makes it available through the SVHMC Intranet (STARnet), and the SVHMC Physician Portal.
2. Remotely, limited resources are available via the Internet with SVHMC authorized logins/ passwords.

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

A. The Medical Library (Medical Librarian) assesses, supports, coordinates and educates the SVHMC Staff to assure the standard of care provided by staff within the health care system through:

- ACCESS: The Medical Library is virtual, therefore only accessible to hospital staff with network credentials.
- RESEARCH ASSISTANCE: Virtual assistance is available to all users, including orientation and guidance in the use of the electronic resources of the Medical Library. SVHMC personnel, community-based physicians with SVHMC, and networked agency physicians may request assistance in locating resources on healthcare.
- INTERLIBRARY SERVICES: Materials needed to support the mission of the hospital but not available in the Medical Library may be obtained from other libraries. "Rush" requests may be made only for urgent and immediate patient care. As some journal articles may have associated fees attached to Interlibrary Services or are unavailable, some requests may not be able to be filled.
 - The Medical Library will meet all requirements to participate as a "Primary Access Library" in the National Network of Libraries of Medicine (NN/LM).
 - As a NN/LM Primary Access Library, the Medical Library has access to interlibrary borrowing, photocopying and reference assistance from other participating hospital, academic, as well as designated "resource libraries" and the National Library of Medicine (Bethesda, Maryland). To meet our responsibilities to NN/LM, SVHMC's journal holdings are maintained in the SERHOLD data files which are accessed by medical libraries nationwide and made available for DOCLINE interlibrary services. And, in accordance with DOCLINE Library Responsibilities, the Medical Library will lend to other DOCLINE libraries.
- SELECTION AND RETENTION: The knowledge-based information resources of the Medical Library must be authoritative and up-to-date, in accordance with Joint Commission standards. Online resources are selected and retained to provide support for the patient care, organizational management, educational and research functions of the hospital.

Resources under consideration for acquisition or retention are evaluated for accuracy, currency, relevancy of subject matter, and appropriateness of format. Consideration is given to recommendations from recognized medical library authorities, internal needs assessment evaluations, and user requests.

The Medical Library's collections and resources will be regularly reviewed to identify materials that are no longer useful and should therefore be replaced or removed.

B. The Medical Librarian is directly responsible to the Director of the Medical Staff Services.

VII. REQUIREMENTS FOR STAFF

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

A. Certifications:

The basic requirements for the **Medical Librarian** includes a Master's degree in Library and Information Science or related field; three (3) years of health sciences library experience

B. Competency

Staff are required to have routine competence assessments in concert with annual performance appraisals. Once a year, staff are required to complete the online education modules that have been defined by the organization.

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 STAR Values

The educational needs of the department are assessed through a variety of means, including:

- 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

The Medical Library staff will maintain professional competencies through such activities as: attending relevant conferences, meetings, programs, or workshops; visits to other medical libraries; membership in the Medical Library Association or other professional organizations.

The Medical Library staff will attend training and education programs required by the hospital, in accordance with applicable SVHMC policies.

VIII. STAFFING PLAN

Staffing is adequate to service the customer population. The Department 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. EVIDENCED BASED STANDARDS

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

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

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

X. CONTRACTED SERVICES

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

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

The Medical Library supports the SVHMC 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.

The Medical Library will monitor factors affecting knowledge-based information needs such as changes in the hospital's mission, goals, or long range plan; changes in the hospital's programs or services; changes in external factors (e.g., new technology or changes in regulations).

The Medical Library staff is responsible for the interpretation and prioritization of identified needs for knowledge-based information resources or services offered by the Medical Library. The Medical Library staff establishes performance improvement goals for the Medical Library's services and provides periodic reports to the appropriate hospital administrator.

Determining which Medical Library services are essential to the support of the hospital's mission, deciding how existing Medical Library services may be improved or modified or new Medical Library services implemented within any fiscal or other constraints, may include the following activities:

1. Identify users' expectations for Library services through surveys, interviews, or other means.
2. Measure and monitor performance, applying standards defined by users' expectations, professional and/or institutional standards.
3. Identify necessary modifications and improve processes by analysis of current methods and options for more efficient, effective implementation.
4. Reallocate resources from low priority services and materials to those which can more effectively meet the Library users' information needs.
5. Institute new resources or services.

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 Medical Library will develop measures to direct short-term projects and deal with problem issues evolving out of quality management activities.

Attachments

 [Image 1](#)

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/19/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/16/2026
Policy Owner	Katherine DeSalvo: Director Medical Staff Services	1/16/2026

Standards

No standards are associated with this document

COPY



Origination 12/23/2019
Approved N/A
Expires 1 year after approval

Owner Kimberly Bonza:
Manager
Mammography
Area Scopes Of
Service

Scope of Service: Mammography Center

I. SCOPE OF SERVICE

The Salinas Valley Health Nancy Ausonio Breast Health Center supports the Mission, Vision, Values and Strategic Plan of Salinas Valley Health and has designed services to meet the needs and expectations of patients, families and the community.

The purpose of the Salinas Valley Health Nancy Ausonio Breast Health Center is to enhance patient services and health programs that help Salinas Valley Health remain a leading provider of medical care. The goal of the Salinas Valley Health Nancy Ausonio Breast Health Center 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 Salinas Valley Health goals and objectives, the Salinas Valley Health Nancy Ausonio Breast Health Center 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 the Salinas Valley Health Nancy Ausonio Breast Health Center are:

- A. To provide Diagnostic Breast Cancer detection imaging services for outpatients.
- B. To provide Diagnostic and Screening Bone Density screening imaging services for outpatients.
- C. To ensure that all customers will receive high quality care in the most expedient and professional manner possible.
- D. To ensure there is sufficient equipment and supplies are available and adequately maintained to perform the imaging services that are offered.

III. DEPARTMENT OBJECTIVES

- A. To support Salinas Valley Health objectives.

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

IV. POPULATION SERVED

The Salinas Valley Health Nancy Ausonio Breast Health Center provides care for, adolescent, adult and geriatric patients. The department will provide care for all patients requiring breast and bone density imaging.

V. DEPARTMENT OPERATIONS

- A. Hours of Operation
The Unit/Department provides services Monday through Friday from 7:00 a.m. to 5:30 p.m., Saturdays from 7:00 a.m. to 3:30 p.m.
- B. Location of department:
240 San Jose Street, Salinas CA 93901
- C. Major Services / Modalities of care may include:
 1. Screening Breast mammography
 2. Diagnostic Breast Mammography
 3. Bone Density Screening
 4. Stereotactic Core Breast Biopsy
 5. Ductograms
 6. Mammographic Needle Localization
 7. Ultrasound Breast Screening
 8. Ultrasound Diagnostic Imaging
 9. Ultrasound Core Biopsy
 10. Ultrasound Needle and/or Wire or Wireless Localization

11. Ultrasound guided aspirations, drainages, and drain placements
12. Genetic Testing

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

- A. The Department is licensed by the California Department of Public Health – Radiologic Health Branch for its X-ray tubes. It is accredited by the American College of Radiology and is certified by the Food and Drug Administration. The Department has an OSHPD-approved floor plan; the plan is housed in Engineering and meets Title 24 requirements.
- B. The primary diagnostic groups serviced are outpatients.
- C. Imaging must be ordered by a LIP and are made by a registered and certified Mammography Technologist or Sonographer. Following processing of the images, the Radiologist dictates their interpretation. The report is signed electronically by the Radiologist and faxed to the referring physician per MQSA guidelines.
- D. A lay letter of results is mailed to the patient within 30 days of date of service.
- E. Radiologists are consultants responsible for advising referring physicians on which imaging procedures are recommended and in what sequence.
- F. The department contains the following equipment:
 1. (4) Digital Tomographic Mammography Units
 2. (4) Ultrasound Units
 3. (1) bone density unit
 4. (1) stereotactic biopsy table
 5. (1) mobile stereotactic biopsy unit that attaches to the mammography unit.
 6. (1) biopsy specimen imaging unit
- G. The Director assumes twenty-four (24) hour responsibility for the Department.
- H. The Director of the Department is directly responsible to the COO. The Manager of the department is directly responsible to the Director of the department. It is the Manager's duty to attend to all administrative and technical functions within the department. All personnel within the department are under the guidance and direction of the Manager. In the Manager's absence, the position is filled by their designee. It is the Manager's responsibility to carry out the duties of the Director in his/her absence.
- I. The Mammography Imaging Services department is under the control and supervision of the Lead Interpreting Radiologist, certified by the American Board of Radiology and has a current license in the state of California to practice medicine, who is directly responsible to the Chief of the Medical Staff and the Board of Directors. In addition, a radiologist is available by phone or in person when required.

VII. REQUIREMENTS FOR STAFF

All individuals who provide imaging services are licensed or registered (according to applicable state law

and regulation) and have the appropriate training and competence.

The unit follows guidelines of National, State, and Local Regulatory Bodies. Standards of practice are consistent with National and State Radiological and Nursing organizations..

A. Licensure / Certifications:

The basic requirements for **Mammography Technologists** include:

1. Current BCLS
2. Current state licensure CRT (M)
3. National Registry ARRT (R) (M)
4. Completion of competency based orientation
5. Completion of annual competencies
6. Completion of 24 CEU's every two years
7. Completion of a minimum of 200 mammograms every two years to maintain competency.

The basic requirements for **Breast Sonographers** include:

1. Current BCLS
2. Registered Diagnostic Medical Sonographer (RDMS) (BR)
3. Completion of competency based orientation
4. Completion of annual competencies
5. Completion of 30 CEU's every three years

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

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

B. Competency

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

During the year, in-services are conducted routinely. The in-services are part of the

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

C. Identification of Educational Needs

Staff educational needs are identified utilizing a variety of input:

1. Employee educational needs assessment at the time of hire and annually as part of developmental planning
2. Performance improvement planning, data collections and activities
3. Staff input
4. Evaluation of patient population needs
5. New services/programs/technology implemented
6. Change in the standard of practice/care
7. Change in regulations and licensing requirements

The educational needs of the department are assessed through a variety of means, including:

1. STAR Values
2. Quality Assessment and Improvement Initiatives
3. Strategic Planning (Goals & Objectives)
4. New / emerging products and/or technologies
5. Changes in Practice
6. Regulatory Compliance

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

D. Continuing Education

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

VIII. STAFFING PLAN

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

determined each shift to plan for staffing needs for the following shift. Patient assignments are made based upon staff skill level and total patient acuity.

General Staffing Plan:

Staffing is based on patient volume, procedure count and activity. Flexible hours are occasionally required; staffing requirements will be met by authorizing overtime and/or utilizing temporary services. In the event staffing requirements cannot be met, the Salinas Valley Health Nancy Ausonio Breast Health Center will utilize per diem staff to cover missing technologists days and hours.

Staff includes:

1. Licensed Mammography Technologists
2. Registered Diagnostic Medical Sonographers
3. Technologist Assistants

A technologist registered by the American Registry of Radiologic Technologists and certified by the State of California is available during business hours and will assist the radiologist(s) in acquiring needed images on a referred patient. They are directly responsible to the Diagnostic Imaging Services Director at all times.

POSITION	M	T	W	TH	F	SA
Mammo Technologist	7	7	7	7	7	2
Breast sonographers	4	4	4	4	4	0
Tech Assistant I	7	7	7	7	7	2
Tech Assistant II	5	5	5	5	5	0

IX. EVIDENCED BASED STANDARDS

The Salinas Valley Health 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 Salinas Valley Health 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:

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

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

X. CONTRACTED SERVICES

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

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

The Salinas Valley Health Nancy Ausonio Breast Health Center supports the Salinas Valley Health 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 Salinas Valley Health Strategic initiatives and in concert with the Quality Improvement Plan and the Quality Oversight Structure, the Salinas Valley Health Nancy Ausonio Breast Health Center 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

 [Image 1](#)

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending

COO	Clement Miller: Chief Operating Officer	2/3/2026
Medical Director	Jorge Sanchez: Supervisor Imaging Operations	1/13/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/2/2026
Policy Owner	Kimberly Bonza: Manager Mammography	12/15/2025

Standards

No standards are associated with this document

COPY



Origination 10/23/2020
Approved N/A
Expires 1 year after approval

Owner Judi Melton:
Director
Materials
Management
Area Scopes Of
Service

Scope of Service: Supply Chain

I. SCOPE OF SERVICE

Supply Chain Department 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 Management of the Procurement, Value Analysis, Purchasing, Contracts, Supply and Equipment Distribution, Mailroom and Courier Logistics.

The responsibility for the purchase of all products, supplies, furniture, equipment, vehicles and services at SVHMC.

Our mission is to cooperatively develop and execute sourcing strategies with SVHMC departments for products, equipment and services that meet or exceed the healthcare systems requirements, and to perform these services to the highest ethical and professional standards.

- Provides leadership through contract negotiations, supplier management and conversion to modern e-commerce purchasing technologies.
- Assists departments in maintaining compliance to all healthcare system policies regarding contracting and purchasing.
- Assists departments in contracting to maintain compliance to all applicable regulations

II. GOALS

In addition to the overall SVHMC goals and objectives, The Supply Chain Department oversees the relationships between SVHMC and its suppliers and insuring that all aspects of our relationships are held to the highest ethical and professional standards. Our suppliers contribute significantly to the ongoing success of SVHMC and Supply Chain in turn actively supports our suppliers and helps them achieve their objectives. The Supplier Diversity program, which promotes commerce with small,

disadvantaged and diversity owned businesses, is one example of this support.

The goals of Supply Chain Management are:

- A. To develop, maintain, purchase and coordinate supplies and equipment organization-wide to ensure adequate and timely delivery to support patient and hospital needs.

III. DEPARTMENT OBJECTIVES

The following products and services are managed by Procurement Services:

- Capital Equipment purchases/lease/rental
- Consultants, Contractors and Professional Services (non-construction related)
- Forms and Printing services
- Furniture and interior design services
- Laboratory equipment and services
- Freight/Logistics services
- Maintenance / Repair / Operations (MRO) supplies and services
- Maintenance Service contracts
- Office supplies
- Vehicles and transportation services
- Mailroom and Courier services
- Supply and Equipment Distribution
- Clinical gases
- Clinical Patient supplies
- GPO and Local contract management
 1. Review, process and issue Purchase Orders (PO)
 2. Prepare and issue PO change orders
 3. Reconcile PO invoice discrepancies
 4. Prepare and issue Requests For Proposals (RFP)
 5. Determine optimal ordering method to meet requirements at lowest possible cost
 6. Analyze quotations and proposals
- Evaluate and select suppliers
- Evaluate performance of suppliers and related competencies / training requirements
- Negotiate and review contracts
- Terminate contracts
- Participate in development of customer project specifications and standards
- Negotiate and execute equipment leases and rentals
- Conduct training sessions for Procurement programs and systems

- Identify cost reduction opportunities including:
 1. off-contract spending
 2. tier maximization
 3. product and process standardization
- Conduct price/cost analyses
- Participate in shared/group purchasing and manage GPO relationships
- Schedule purchases and deliveries
- Determine modes of transportation and carriers
- Negotiate adjustments with suppliers
- Administer Workday SCM module
- Administer Symplr Value Analysis - GreenLight Product Request workflow

IV. POPULATION SERVED

All populations served.

V. ORGANIZATION OF THE DEPARTMENT

See attachment A for Department Org Chart

- A. Hours of Operation

The Procurement Office provides services Monday through Friday 8 a.m. to 4 p.m.
The Supply and Equipment staff provide services 24/7, Monday through Sunday, including holidays
- B. Location of department

The basement of the Downing Resource Center.

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

- A. The personnel assignment classifications:
 - **Director** - The Chief Operating Officer (COO) of the healthcare system has delegated specific responsibilities for the administration of procurement policies and procedures to the Director of Supply Chain:
 1. The authority to make purchases from allocated departmental budgets for services or materials is delegated by the signature of the departmental leader in Workday on each Purchase Requisition. Approval to spend budgeted per the Expense Approval Matrix policy
 2. Director has primary responsibility for leading, controlling, planning, organizing and evaluating the timely, effective and efficient delivery of the department's operations on a 24-hour basis. Through the incorporation of the Hospital's goals and objectives, this position is responsible for

ensuring that the department performs to the highest possible standard within the resources made available, thus ensuring the delivery of quality care and service to patients, staff and visitors. The Director acts as a role model, has accountability for the departmental/organizational budgets and Position Control for the department, ensures the consistent application of the Hospital's policies and procedures and fosters teamwork within and between areas of responsibility. The Director is also responsible for promoting specialized knowledge and skills through the support of staff education and professional development.

3. 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.

- **Managers/Supervisor** – Oversees Supply Chain staff to ensure smooth and efficient warehouse/equipment distribution, ERP (Workday SCM system, Procurement and Contracts operation on a 24-hour basis. This is to include, warehouse staff, equipment staff, mailroom, courier, inventory and buyers. As directed, purchases materials, supplies and equipment. Researches and selects products according to quality, price and service ability. Negotiates contracts and price agreements. Maintains files regarding price lists, catalogs and other pertinent information. Works with the Hospitals Group Purchasing Organization. Functions as a person who will analyze, assess and streamline operations processes including planning, leading and driving projects Informs user departments of substitute products, back orders, delays in shipments and out of stock items. Value Analysis Program - Coordination of new product/change product requests.
- **Contract Specialists** – develop, review, and process – from initial request to contract execution –Supply, (Consignment, Lease, Pricing) Capital, purchase services, equipment service, and IT (Software, Support and service) contracts. Handles administrative tasks, as well as respond to internal and external correspondence following established company policies. Maintains contract files and other pertinent information. Attends in-services and meetings as required. Works closely with department leadership in completing project. They comply with SVHMC policies, procedures and regulatory requirements.
- **Buyers** – are assigned by commodity or to specific groups of departments. Process all order requisitions, confirmations, and manage all delivery, quality and price issues with suppliers. Buyers also negotiate prices, terms and conditions with non-contract suppliers for spot purchases and assist departments in finding suppliers for non-contract purchases.
- **Inventory Specialists** – Contributes to the efficient operation of the department by ordering, PAR replenishment and monitoring distribution of supplies and equipment for Preoperative (Surgery, Outpatient services, PACU, Sterile Processing), Interventional Radiology and Cardiology-Structural Heart.
- **Supply and Equipment Technicians** –
Supply
Receives, delivers, checks and stocks equipment and supplies, conducts inventories and fills internal supply requisitions to assist in the reception and distribution of equipment and supplies in the warehouse and par level areas

Equipment

Cleans, process supplies, instruments, carts and equipment for all departments of the hospital.

- **Mailroom/Couriers** - Provides mail and courier service to SVHMC.

VII. REQUIREMENTS FOR STAFF

All individuals who provide Department services have the appropriate training and competence. The Supply Chain Department is comprised of director, managers, supervisor, buyers, supply and equipment technicians, inventory specialist, contract specialists and mail couriers.

There is no certification process required for these roles, with the exception of forklift driving, which is required for individuals utilizing a forklift.

A. 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 on line education modules that have been defined by the organization.

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

B. 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.

C. Continuing Education

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

VIII. STAFFING PLAN

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

General Staffing Plan:

Supply Chain shifts schedules and workload to accommodate outside vendor delivery schedules and to ensure a minimum staffing. We achieve our required staffing by appropriate scheduling, altering schedules as needed when possible, utilization of per diem staff and when necessary authorization of overtime.

- Supply Chain Supply Technicians may work as Mailroom/Courier and Equipment Technicians may work as Supply Technicians to achieve optimal staffing.

In the event of a severe emergency, the minimum amount of staff required to safely operate this unit is:
20

IX. EVIDENCE BASED STANDARDS

Supply Chain department will deliver the **right** product, in the **right** quantity and the **right** condition, to the **right** place at the **right** time for the **right** customer at the **right** price.

X. CONTRACTED SERVICES

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

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

Supply Chain 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 Supply Chain 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

[A: SC Scope of Service Org chart.docx](#)

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
COO	Clement Miller: Chief Operating Officer	2/3/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/14/2026
Policy Owner	Judi Melton: Director Materials Management	1/14/2026

Standards

No standards are associated with this document

COPY



Origination 1/23/2023
Approved N/A
Expires 2 years after approval

Owner Michelle Barnhart
Childs: Chief Human Resources Officer
Area Administration

Telecommuting

I. POLICY STATEMENT

- A. This policy has been developed to guide leaders and employees of the Telecommuting standards in order to provide consistent and clear criteria for review, approval and operationalizing telecommuting arrangements for employees of Salinas Valley Health Medical Center (SVHMC).

II. PURPOSE

- A. It is the policy of SVHMC that eligible employees may be permitted to telecommute within the framework of this policy.
- B. Department leaders at the direction of their Executive Leader and the Chief Human Resources Officer will define which positions and functions qualify for a telecommuting agreement.
- C. A telecommuting agreement does not create an employment contract between the Hospital and the employee. This policy and employee privileges under this policy can be modified or terminated for any reason and at any time without notice.
- D. Telecommuting is not remote work, and under a telecommuting arrangement the expectation is that the Hospital is the regular site of work, with specific authorization from the manager regarding the days and times an employee may work off-site, and the terms and conditions of that arrangement. Some items for consideration may include: patient care, operational need, supervision and oversight responsibilities, performance of the employee, and the intended function and requirements of the position. There will be no changes in work responsibilities or restructuring of positions in order to support a telecommuting arrangement.

III. DEFINITION

- A. A telecommuter is defined as an employee in a defined department who has requested and been specifically authorized to work at an established alternate telecommuting location, under

specific conditions, for a finite period of time.

- B. Telecommuting Location: A specific location off Hospital property which has been authorized by management for the employee's work, after having been determined as meeting standards for the off-site work. As noted above, the Hospital will remain the employee's regular work reporting location.

IV. GENERAL INFORMATION

- A. Approval and Revocation of Agreement: A written and executed agreement between the telecommuting employee and the employee's home department is required, and is subject to approval by the Executive Leader and the Chief Human Resources Officer or designee. Once approved, the agreement will be placed in the employee's Human Resources file. The telecommuting agreement may be modified or terminated any time, with or without notice. Employees agree that they are aware that telecommuting is not a condition of employment, but a privilege, and they are available to locate back to any Hospital location(s) as directed when the agreement is terminated.
- B. Hours of Work and Location: Employees who telecommute will maintain regularly assigned scheduled hours, be fully accessible during work hours, and attend meetings/functions as required in person. Telecommuting does not include "flex-time" or modification of scheduled work hours. Employees participating in telecommuting are also aware they may be requested to report to the Hospital on short notice for meetings or other unanticipated needs, and will be available and able to do so. Further, Telecommuters will be as accessible as their on-site counterparts during their agreed-upon regular business hours, regardless of work location. The telecommuter is responsible for knowing when she/he should be available on-site at Hospital, and if unsure has the responsibility to consult with their leader to confirm whether in-person participation is required. Telecommuters must be available via telephone and email, and accessible to their clients, co-workers, and leadership.
- C. Travel or other Expense Reimbursements: Telecommuters are not eligible to claim any travel reimbursement as a result of travel between their approved telecommuting work location and the regular work location for all SVHMC employees: the Hospital. Any modification of this requires the advance approval of the Chief Human Resources Officer or designee. The Hospital will not reimburse any expenses related to telecommuting; including, but not limited to, any cost related to remodeling and furnishing the remote workspace and household expenses (e.g. heating, Internet, phone and electricity). Basic supplies (i.e. paper and pens) will be requested and provided by the Hospital, if warranted.
- D. Changes in Conditions: As circumstances, business needs, and job requirements change over time, adjustments and amendments may become necessary. As a courtesy, at least two weeks' notice should be provided whenever possible in advance of ending or changing the agreement. In all cases, telecommuting agreements must be reviewed and renewed at least annually.
- E. Absences and Leaves: Telecommuting employees are subject to the Hospital Attendance policy, and will use the Hospital time keeping system as required of all staff. If an employee is ill on a scheduled telecommuting day, the employee must report the absence, and appropriately code the day as Paid Time Off (PTO) or request other applicable pay code such as Sick. Telecommuters who are at home on a leave of absence may not telecommute or

perform any Hospital work while on leave. An employee cannot be classified as being on leave during any time period when she/he is telecommuting/performing work.

F. Director/Manager Responsibilities:

1. Review and notice of telecommuting requirements: Before telecommuting begins, to explain the requirements of the telecommuting arrangement; provide necessary documentation; and determine if remote work is appropriate. If an employee is not permitted to telecommute, to provide the employee with an explanation and describe the requirements for future consideration, if any.
2. Information Technology (IT) set-up: Ensure the employee devices are equipped with all necessary software to access work e-mail, documents, shared drives and other online resources in a secure manner from an off-site location.
3. Health and Safety/ Ergonomic requirements: To confirm and document the employee has completed a workplace health and safety inspection of their regular designated remote workspace using the SVHMC Telecommute Safety Checklist, including an ergonomic self-assessment of their workstation(s).
4. Confidentiality, HIPAA, and Information Security requirements will be reviewed with the employee. Attain their acknowledgement and agreement to comply with these requirements and confirm that no PHI will be visible nor accessible to any other person and that the remote workspace complies with these standards. Manager must ensure that employee understands and confirms no physical documents containing PHI may be taken to the off-site work location and must be accessed through a secure VPN connection. Director/manager approval is required if employee needs to print PHI at the off-site work location. If printing is allowed, there is to be a shredding process readily available at the off-site work location to avoid transportation of PHI. Other physical documents that are approved to be used off-site temporarily for telecommuting purpose must be returned back to SVHMC in a timely manner as determined by the department director/manager.
5. Supervision: Attest the manager is able to provide appropriate oversight and supervision given the telecommute work arrangement, and define specific goals, completion dates, and measurements for success on a documented work plan for the telecommuter. The Agreement as well as the completed and updated work plan must be executed and fully approved before any telecommuting arrangement begins. The manager and telecommuter will review the Telecommuting Agreement, policy and the work plan regularly and update as necessary.

G. Employee Responsibilities:

1. Confirm understanding and acceptance of Telecommuting Policy and Agreement. Read and assure understanding of all requirements regarding telecommuting, and to ensure compliance is met at all times. In accepting the telecommuting agreement, the employee is agreeing to all terms and conditions of this policy.
2. IT set-up: Employee initiates an IT Access/Help Desk ticket to request the computer and software that will be used for telecommuting purposes. Ensure devices are equipped with all necessary software to access work e-mail, documents, shared drives and other online resources in a secure manner from an off-site location. Submit a ticket with IT Access/Helpdesk.

3. Health and Safety/ Ergonomic requirements: Before telecommuting begins and periodically as assigned, perform workplace health and safety inspections using the SVHMC Telecommute Safety Checklist. Provide completed inspection documents to supervisor; have corrected any identified deficiencies in a timely manner, and provided documentation of these remediations to the manager. Further, to maintain the telecommuting workspace free from workplace health and safety hazards, to inform the manager of any health and safety hazards needing correction, and to immediately report to the manager any work-related illness or injury incurred while telecommuting and complete required injury notification forms.
4. Confidentiality and Information Security: Maintain the workspace in a manner that is HIPAA compliant, meets all Hospital standards for Information Security and to protect sensitive business information, and safeguards all information, equipment, and materials/supplies which may have been provided for the performance of Hospital work. PHI is not to be visible nor accessible to any other person. Employee understands and agrees that physical documents containing PHI are not to be taken to the off-site work location and must be accessed through a secure VPN connection. Employee must obtain director/manager approval if employee needs to print PHI at the off-site work location. If printing is allowed, employee must have a shredding process readily available at the off-site work location. PHI is not to be transported to any other location. Other physical documents that are approved to be taken to off-site temporarily for telecommuting purpose must be returned back to SVHMC in a timely manner as determined by the department director/manager. Telecommuters may not permit any third parties to conduct business at their telecommuting location.
5. Will not perform any other paid work, dependent care activities, or other non-Hospital related business during scheduled work hours. Must have a dual employment form on file with Human Resources. Must confirm that they have made arrangements for any caregiving responsibilities, and that telecommuting is not a substitute for having dependent care arrangements in place. Failure to perform normal work requirements, both qualitative and quantitative, on account of other activities or employment, may be cause for disciplinary action, up to and including termination of employment.
6. Are subject to all policies and regulatory requirements of their position, including, but not limited to, maintaining any required licensure and/or certifications, annual e-learning, and all annual health screenings.

H. Referenced policies

1. [Dual Employment Policy](#) and Agreement

V. PROCEDURE

- A. SVHMC allows for eligible employees to telecommute at the discretion of department leadership. The determination that a position may or not be appropriate for a telecommuting arrangement is made on a case-by-case basis by department leadership at the direction of their executive leader and the Chief Human Resources Officer.
- B. Telecommuting may be considered when the nature of the work is appropriate for an alternate

location and would meet quality and productivity standards. Departments evaluate and have the discretion to determine whether a position is suitable for telecommuting based on the nature of the work that is being performed, including patient care, employee performance, supervision and oversight responsibilities, or other operational requirements.

- C. To be considered for telecommuting, the employee must have demonstrated sustained high performance, productivity, and reliability, and based on past performance the manager has reason to believe the employee can maintain quantity and quality of work while telecommuting.
- D. Requests to telecommute shall not be granted when a consideration of all relevant circumstances reveals that:
 - 1. The job requires the employee's physical presence or lack of presence in the workplace could impact the department's efficiency.
 - 2. The current assignment requires frequent and direct supervision, direction or input from or to others who are on-site.
 - 3. Telecommuting would result in a change of duties or additional responsibilities for other staff as a result of the proposed remote work.
 - 4. The employee has demonstrated performance deficits, disciplinary action(s) on file, and/or attendance problems.
- E. Any requests to telecommute from a distance of more than fifty (50) miles or outside the guidelines set forth above will be subject to review and approval of the Executive Leader, and Chief Human Resources Officer (CHRO) or designee.
- F. Leaders are not currently eligible for this program. Requests by a Leader to telecommute under this policy will require review and approval by their Executive Leader, the Chief Human Resources Officer and President/CEO.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Telecommuting Agreement (attachment B)
- B. SVHMC Telecommute Safety Checklist (attachment A)
- C. Telecommuting Supervisory Guidelines

Attachments

 [A: SVH Telecommute Safety Checklist.docx](#)

 [B: SVH Telecommuting Agreement.docx](#)

Approval Signatures

Step Description	Approver	Date
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
ELG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/5/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	12/22/2025
Policy Owner	Michelle Barnhart Childs: Chief Human Resources Officer	11/25/2025

Standards

No standards are associated with this document

COPY



Origination 1/28/2019
Approved N/A
Expires 3 years after approval

Owner Michelle Barnhart
Childs: Chief Human Resources Officer
Area Human Resources

Tuition Assistance

I. POLICY STATEMENT

- A. Salinas Valley Health Medical Center (SVHMC) provides a tuition assistance for approved educational programs to facilitate regular full-time and part-time employees to participate in advancement opportunities within SVHMC.

II. PURPOSE

- A. The purpose of this policy is to set forth the process for requesting and receiving tuition assistance related to pursuit of an Associate's, Bachelor's, or Master's. degree.

III. DEFINITIONS

- A. N/A

IV. GENERAL INFORMATION

- A. The monies will be used exclusively for tuition.
- B. Tuition will be reimbursed at the completion of each course/semester subject to the agreement and reimbursement processes.

V. PROCEDURE

- A. Eligibility
 1. Regular full-time and regular part-time employees are eligible for consideration.
 2. Approval of request will be based on the following:
 - a. Performance at satisfactory level as documented in the performance

evaluation.

- b. No active disciplinary action
 - i. To be eligible for tuition reimbursement, an employee must remain in good standing and not have an active disciplinary action on file at any point during the academic term for which reimbursement is requested.
 - c. Degree for which employee is seeking pertains to the role they currently hold, or an SVHMC role the employee is seeking to obtain upon graduation.
 - d. Employee has done due diligence to ensure institution they are attending is accredited and will result in an Associates, Bachelors or Masters.
3. If an employee terminates employment either voluntarily or involuntarily prior to completion of an approved course of study, the employee's eligibility for tuition reimbursement will terminate with the termination of his or her employment.

B. Application

1. Eligible employee must submit a completed Tuition Assistance Application to the Department Director and ensure it is fully executed prior to course start date. Incomplete applications will not be accepted.

C. Process to Request Tuition Reimbursement

1. The tuition reimbursement limit is subject to the IRS limit per calendar year. There is a lifetime reimbursement maximum of \$10,000 per employee. Eligible expenses: tuition expenses not covered by scholarships, military coverage or non-repayable grants. An itemized receipt for tuition expenses and payments must be submitted to Human Resources.
2. An official school transcript verifying course completion with a grade of "B" or higher must be submitted to Human Resources.
3. Tuition reimbursements generally meet the requirements for exclusion from income as a Working Condition Fringe Benefit under IRC §132(d). As of January 2018, reimbursements under the policy will not be subject to payroll tax withholding, with some exceptions.

D. Documentation:

1. Appendix A: Tuition Assistance Application
2. Appendix B: Tuition Reimbursement Request Form

VI. EDUCATION AND TRAINING

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

VII. REFERENCES

- A. N/A

Attachments

 [Tuition Assistance Application.docx](#)

 [Tuition Reimbursement Request Form.docx](#)

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/19/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	1/16/2026
Policy Owner	Michelle Barnhart Childs: Chief Human Resources Officer	1/7/2026

Standards

No standards are associated with this document

BOARD MEMBER COMMENTS

AND REFERRALS

(VERBAL)

*QUALITY AND EFFICIENT
PRACTICES COMMITTEE*

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

(CATHERINE CARSON)

*PERSONNEL, PENSION & INVESTMENT
COMMITTEE*

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

(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 Approval of Preliminary Project Budget and Award Contract to Treanor for Design and Engineering Services for the Endoscopy Suite Project**

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

Date: February 12, 2026

Executive Summary

SVH Administration is Seeking approval to move forward with design and project development activities to renovate and expand the existing Endoscopy Suite into the adjacent Cislina Plaza Conference Room space adjacent to the Cardiac Center North building of the facility. The current Endo Suite is undersized and unable to accommodate the hospital's current and projected caseload. This expansion will leverage space previously slated for an approved MRI Installation project, which is being replanned into the new ER Expansion building offering better adjacency to the existing lobby level imaging department for that project. Approval of this request will allow design development and contractor bidding of an approved design. The total projected cost, including construction and equipment, is expected to come in at the \$8M to \$9M range. This current request seeks authorization of \$1,000,000, where a portion, in the amount of \$640,375, funds the design team contract, and the balance of funding supports ancillary consulting and permitting expenses.

Background/Situation/Rationale

The project site in the basement of Cardiac Center North was originally slated for an MRI Installation project. Development of new conference facilities in the Downing Resource Center basement, completed in July 2025, created an opportunity to re-purpose Cislina Plaza conference areas for clinical utilization deemed more necessary to meet patient care needs. An MRI Installation project was pursued, intended to utilize both the first-level Imaging department and Cislina Plaza Conference Room space for inpatient and outpatient services. During design development of the MRI project, urgent clinical needs were re-evaluated and a feasibility study validated that repurposing this space is an effective solution to remediate the functional inadequacies and capacity constraints currently facing the Endoscopy Department.

The design team is tasked with identifying and integrating all code-required program elements necessary modern Endoscopy Suite. The core of the project includes two procedure rooms and essential support spaces such as anesthesia work areas, clean/soiled processing, patient-centric facilities. The design team services include the development of a shared use Waiting Room serving Endoscopy, Cardiology, and Imaging/Nuclear Medicine. The design scope also addresses critical adjacent departmental needs including the addition of two Echo Rooms, the relocation of a Treadmill Room and staff areas for Cardiology, and the reconfiguration of the Imaging/Nuc Med Injection Room to accommodate the new Endoscopy Suite's footprint.

The MRI project initiated a standard RFP process, and three (3) complete proposals were received by Salinas Valley Health. A core evaluation committee comprised of Salinas Valley Health clinical leadership and Facilities Management conducted a tiered scoring system and evaluated each proposal, focusing on firm experience, personnel qualifications, and management methodology.

After evaluating all proposals in accordance with the RFP criteria, the evaluation committee identified Treanor as the highest-ranked firm. The selection was made based on expertise, with fees negotiated through a sealed-bid process. Leveraging this previously vetted team ensures procurement continuity and provides the expertise necessary for the efficient transition of services to the Endoscopy Suite project.

Facilities Management will amend the current Professional Services Agreement (PSA) originally established with Treanor for the MRI Installation project. This amendment will reallocate the design and engineering scope to the Endoscopy Suite project.

Timeline/Review Process

- April 2026 – Schematic Design
- July 2026 – Design Development
- October 2026 – Construction Documents
- October 2026 – March 2027 – Design and Agency Permitting Process
- March 2027 – May 2027 – Solicitation of Construction Bids

Pillar/Goal Alignment

- Service
- People
- Quality
- Finance
- Growth
- Community

Financial/Quality/Safety/Regulatory Implications

In 2024, the Board reviewed an \$8,000,000 budget for the MRI Installation project. A complete project budget is contingent upon further design development to establish a more accurate budget for the Endoscopy Suite. Facilities Management will realign the project budget to match the new design requirements and will return to the Board with a refined project budget after contractor bidding. The following summarizes the design and engineering fees for schematic design, design development, construction documents, bid support, agency review, construction administration services:

Design Phase--Endoscopy Suite

Design Service Fee	\$632,375
<u>Reimbursable Allowance</u>	<u>\$8,000</u>
Total Design Services Fee	\$640,375

Recommendation

Consider recommendation to Board of Directors to approve a project design development budget of \$1,000,000.00 and award contract for professional services to Treanor for the design and engineering of the Endoscopy Suite, in the amount of \$640,375.00, as presented.

Attachments:

- Attachment 1: Treanor Proposal January 12, 2026 – Revision 1
- Attachment 2: Endoscopy Study – preliminary suite layout – Dated November 4, 2025

2. Project Team

Basic Services

Discipline	Name
Architecture	Treanor
Structural	Buehler
MEP/T, Equipment	Mazzetti

Treanor Key Personnel

Principal-in Charge	Tansy Bowermaster
Project Manager	Sharmeen Pourmoghadas
Project Architect	Craig Friedman
Interior Designer	Emily Gegg

Buehler Key Personnel

Principal-in Charge	Warren Pottebaum
Senior Associate Engineer	Anthony Jacuzzi
Engineer	Rana Kashani

Mazzetti Key Personnel

Principal-in Charge	Stacey Lin
Mechanical	Thomas Yu
Electrical	Jesse Avery
Plumbing	Brian Hageman
Technology	Scott Bowman
Medical Equipment Planning	Alexis Terry

3. Work Plan

A. Schematic Design (10 weeks):

- Request preliminary information and coordinate with equipment vendors.
- Prepare SD design and documents based on approved test-fit for Stakeholder review, comment, and approval: 100% SD. **(1 submittal)**
- Prepare annotated design diagrams as needed.
- Select initial interior finish options based on campus standards for Stakeholder feedback.
- Conduct SD review meetings and collaborate design with Stakeholders. **(2 virtual meetings)**
- Revise selected SD design based on Stakeholder feedback for Stakeholder approval to proceed.

B. Design Development (12 weeks):

- Prepare DD drawings based on approved Schematic Design.
- Conduct User review meetings for User approval on design. **(5 meetings at 1 hour each)**
- Request final drawing and coordinate with equipment vendors.
- Coordinate with nurse call and pneumatic tube vendors, hired directly by the Owner.
- Prepare and submit design documents for Bogard review and comment: 50% DD and 100% DD. **(2 submittals)**
- Coordinate with Bogard for construction cost estimate at 100% DD. **(1 round)**
- Prepare interior finish material board for Stakeholder approval.
- Conduct final user-group DD sign-off meeting: 100% DD. **(2 virtual meetings)**
- Revise selected DD design based on Stakeholder feedback for Stakeholder approval to proceed.

C. Construction Documents (12 weeks):

- Prepare construction drawings based on approved design development documents.
- Prepare project manual and technical specifications.
- Prepare functional program.
- Conduct 100% CD review meeting (Page-Turn) with Stakeholders. **(1 meeting)**
- Prepare and submit CD for Bogard review and comment: 100% CD. **(1 submittal)**
- Revise construction documents based on review comments.
- Prepare plan review submittal drawings and HCAI documents.

D. Agency Review (6 months):

- Prepare submittal package seeking agency approval.
- Respond to plan review comments. **(2 backchecks)**
- Prepare required post-approval paperwork (Building Permit, TIO, Notice of Start).

E. Bidding and Negotiation (2 months, concurrent with HCAI review):

- Prepare bid documents and coordinate with Owner on bidding requirements.
- Attend bid walk-through. **(1 meeting)**
- Answer bidder questions (RFI) and prepare addendums as required. **(1 addendum)**
- Assist the Owner to evaluate bids and contractor selection. **(1 round)**

F. Contract Administration (12 months):

The approximate construction start date is 03/01/2027 and the construction time is anticipated to be approximately 12 months. Total number of CA hours, meetings, site visits, and milestone sign-off coordination are included and listed below as allowances during the construction. When the total number of CA hours, meetings, site visits, or milestone sign-off coordination are reached, Treanor will notify the Owner. Additional services may be submitted for review and approval if the listed services below extend beyond general project expectation.

- Provide CA services: review submittals, respond to contractor RFIs, and other services as denoted in AIA Document B201, 2017 edition, unless excluded herein.
- Attend HCAI on site construction kick-off meeting. **(1 meeting)**
- Attend Owner-Architect-Contractor construction kick-off meeting. **(1 virtual meeting)**
- Visit construction as required for major milestones during the construction period. **(4 visits)**
- Attend Owner-Architect-Contractor virtual meetings once per week during the construction period. **(52 virtual meetings)**
- Prepare NMA and ACD for HCAI review as required. Changes due to unforeseen conditions or initiated by the Owner shall be considered additional services.
- Conduct punch-list walk-through and prepare punch-list. **(1 punch-list walk-through)**

G. Project Close-out:

- Prepare project close-out documents as required by AHJ.
- Coordinate efforts with Bogard, IOR, and contractor for HCAI sign-off of project.
- Conduct post-occupancy evaluation with Users 6 months after project completion.

4. **Compensation**

A. Fee Schedule:

This project will be billed on a Time & Material basis with a maximum fee of **\$632,375** broken down as follows. When the total number of hours is reached, Treanor will notify the Owner. Additional services may be submitted for review and approval if the listed services below extend beyond general project expectation.

Architectural Fees:

Schematic Design (10 Weeks)	\$ 45,925
Design Development (12 Weeks)	\$ 74,580
Construction Document (12 Weeks)	\$ 72,090
Bidding / Negotiation (8 Weeks)	\$ 19,450
Agency Review (3 Weeks)	\$ 19,540
Contract Administration (52 Weeks)	\$ 99,470
Project Close-out (1 Weeks)	\$ 7,600
Subtotal TreanorHL	\$ 338,655

Consultants Fees:

Structural	Buehler	\$ 68,500
MEP/Equip.	Mazzetti	\$ 225,220
Subtotal Consultant		\$ 293,720

Total Fees **\$ 632,375**

B. Reimbursable not to exceed \$8,000.

These expenses are not included in the total fee above. The reimbursable expenses for Treanor and our consultants will cover the costs associated with shipping, printing/plotting (including construction related printing) and other miscellaneous costs incurred by Treanor. Expenses will be invoiced at a multiple of 1.1 times the actual cost of expenses incurred and will not exceed the total estimated amount without prior authorization.

C. Exclusions

The following scope and services are currently excluded from this proposal, but could subsequently be added as Add Services:

- Signage/Way Finding
- Building accessibility upgrade work beyond the area of work
- Furniture layout, selection and specifications
- Cost estimating services
- Value engineering
- 3-D rendering for public or Stakeholder presentation purposes
- Specialized lighting and A/V design
- Detailed analysis of existing Structural or MEP systems not associated with the project as defined
- Documentation of existing building systems or characteristics requiring destructive removal
- Development of as-built or record drawings after construction

We greatly appreciate the opportunity to provide these services to Bogard and Salinas Valley Health. If you have any questions, comments, or concerns about this fee estimate, please do not hesitate to contact me.

Sincerely,



Tansy Bowermaster, AIA, ACHA, NCARB
HEALTHCARE ARCHITECT, PRINCIPAL
 Treanor
 tbowermaster@treanor.design
 c 415.238.0514

Enclosures: Consultants' Proposals

To our valued clients: The standard hourly rates quoted below are effective from February 1, 2025 and will increase on February 1, 2026. These rates apply only to projects and efforts billed on an hourly basis.

Standard Billing Rates

Effective February 1, 2025 – January 31, 2026

Category	Hourly Rate
Senior Principal	\$370
Principal II	\$350
Principal I	\$290
Project Lead IV	\$260
Project Lead III	\$235
Project Lead II	\$215
Project Lead I	\$200
Designer IV	\$170
Designer III	\$155
Designer II	\$135
Designer I	\$125
Landscape Architect	\$205
Civil Engineer II	\$163
Civil Engineer I	\$125
Intern I	\$75
Admin III	\$195
Admin II	\$150
Admin I	\$115



180 Montgomery Street, Suite 1500, San Francisco, CA 94104

415.495.1635

BuehlerEngineering.com

December 5, 2025

Tansy Bowermaster
Treanor
351 California Street, Suite 800
San Francisco, CA 94104
TBowermaster@Treanor.design

Subject: Salinas Valley Health Medical Center Endoscopy Suite
Buehler Proposal No. 25-1699

Dear Tansy,

Thank you for requesting a proposal to provide structural engineering services for the subject project. The Project consists of renovations to create a new Endoscopy Suite in existing basement level space within the Cardiac Center North Building (BLD-01641) at Salinas Valley Health Medical Center in Salinas, California.

The Project scope will include the following spaces identified in the latest approved design option:

Endoscopy Suite

Two Procedure Rooms, Clean and Dirty Processing, Clean Utility, Soiled Hold, Anesthesia Work Room, Patient Holding/Recovery, Dress Room, Patient Toilet, Staff Locker, Equipment Storage, and Waiting Room.

Cardiology

Two Echo Rooms, Treadmill, Breakroom, and Office.

Nuclear Medicine

Injection Room.

Additionally, the Project will include the following MEP upgrades:

Mechanical

Assessment and design to mitigate existing air balance issues in the area, including the potential design and specifications for a new air handling unit to replace the current unit serving this section of the facility.

Electrical

Electrical panel relocations and any necessary electrical infrastructure improvements required for the suite.

Pneumatic Tube System

Relocation of existing pneumatic tube system.

Medical Gas

Design to extend medical gas systems.

Temporary relocation of services and equipment will be necessary for the phased implementation of the Project. This will likely include the following temporary work:

- Use of an Operating Room for endoscopy procedures during construction, and scope processing in the Sterile Processing Department. This will involve installation of scope processing equipment in a yet to be determined location on a temporary basis.
- Cardiology, Nuclear Medicine, and other support spaces will need to temporarily relocate. New or temporary handwashing sinks will be needed to support this.

The existing building is currently rated SPC 4 and NPC 2. It is assumed that NPC upgrade work is not within the scope of the current Project. Renovation of the building is not anticipated to require any changes to the building's primary lateral system. The existing gravity system in the building is anticipated to be sufficient to support the proposed program, needing only minor, localized strengthen for the support of medical or MEP equipment. No modifications to the building exterior, including rooftop mechanical screens, are anticipated to be required.

Treanor (Client) and Buehler Engineering, Inc. (Buehler) agree as set forth below:

SECTION 1: BUEHLER'S SCOPE OF SERVICES

Buehler shall provide for the Client, in accordance with this Agreement, structural engineering services for the Project described above. Buehler anticipates orderly and continuous progress of the Project and shall provide these services in accordance with generally accepted professional practices for the intended use of the Project.

1.1 Buehler's Scope of Work consists of providing construction drawings and supporting calculations for the following:

- Minor alterations or strengthening of the gravity system at floors or roof.
- Anchorage of medical equipment.
- Providing phased deliverables as described in Section 2.
- BIM structural modeling in accordance with Exhibit B.

1.2 Buehler's Scope of Work includes providing structural calculations only for the following:

- Support, anchorage, and bracing for architectural components including, but not limited to partition walls and ceilings. HCAI pre-approved OPD details will be used where feasible.
- Support, anchorage, and bracing for MEPF equipment where required by code (i.e. floor-mounted or roof-mounted equipment greater than 400 pounds and ceiling or wall-mounted equipment greater than 20 pounds).

Construction documents (drawings) for the items above are to be provided by the associated design professional (Architect, Landscape Architect, Mechanical, Electrical, Plumbing, Fire Protection (MEPF) Engineers , etc.).

1.3 The following exhibits are included with this proposal:

- Exhibit A: Terms and Conditions
- Exhibit B: BIM Services

SECTION 2: BUEHLER’S SERVICES AND DELIVERABLES BY PHASE

2.1 Buehler shall provide structural engineering services as described in each of the phases below.

Schematic Design Phase (estimated 10-week duration)

Buehler shall:

- Make recommendations regarding basic structural systems.
- Review issues of concern and begin coordination with architectural, mechanical, and electrical systems.
- Identify pre-engineered and delegated structural systems.
- Attend weekly design meetings, to be held virtually and anticipated to be 30 minutes in duration.
- Visit the site, if necessary, to observe existing conditions in the Project area. Observations will be limited to areas that are readily accessible without the removal of permanent finishes. Access, including ladders, will be provided by the Owner.
- Provide the following deliverables for this phase:
 - Structural drawings in PDF format showing preliminary framing plans, if necessary, for modifications to the primary structure

Design Development Phase (estimated 12-week duration)

Buehler shall:

- Incorporate Schematic Design Phase review comments made by the Owner, Contractor, or Architect.
- Review issues of concern and coordinate with architectural, mechanical, and electrical systems.
- Attend weekly design meetings, to be held virtually and anticipated to be 30 minutes in duration.
- Provide the following deliverables at this phase:
 - Structural drawings in PDF format.
 - Progress framing plans.
 - General notes and typical details

Construction Document Phase (estimated 12-week duration)

Buehler shall:

- Commence the Construction Document Phase once the architectural model/design is frozen and primary structural elements have been located such no that further movement will occur.
- Incorporate Design Development Phase review comments made by the Owner, Contractor, or Architect.
- Finalize the preparation of the structural drawings.
- Finalize the preparation of the structural specifications.
- Finalize the preparation of the structural calculations.

- Attend weekly design meetings, to be held virtually and anticipated to be 30 minutes in duration.
- Provide the following deliverables for this phase:
 - Structural drawings and calculations.
 - Drawings and calculations will be submitted to the Client in PDF format for their use in the reproduction and assembling of documents necessary for building permit submittal and the construction of the Project.

Agency Review Phase (estimated 6-month duration)

Buehler shall:

- Assist the Client in obtaining approval from the governmental agency having jurisdiction (AHJ) over the Project.
- Respond to plan review comments on the structural drawings.
- Revise the structural drawings and specifications, as required, in response to plan review comments.
- Assist other disciplines with responses to structural comments on their documents for elements listed in Section 1.2. Provide PDF markups of revisions to other consultants' drawings as required in response to those comments.
- Prepare Test and Inspection Form for AHJ review and approval.
- Provide the following deliverables for this phase:
 - Structural drawings and calculations.
 - Analytical models (if requested by AHJ).
 - Plan review comment response matrix.

Bidding Phase (estimated 2-month duration concurrent with Agency Review Phase)

Buehler shall:

- Issue Addenda as appropriate to clarify or correct the contract documents.
- Provide responses to Bidder submitted Requests-for-Information (RFIs) related to structural components of the Project.

Construction Administration Phase (estimated 12-month duration)

Buehler shall with reasonable promptness:

- Prepare supplemental drawings and interpretations in response to Requests-for-Clarification by the Architect, Contractor, or the Owner.
- Review structural items within Contractor submittals for general conformance with the information given in the contract documents.
- Visit the site (up to two site visits total) periodically to observe work and to determine, in general, if the structural portions of the constructed work are in accordance with the contract documents. On the basis of this on-site observation, Buehler shall endeavor to guard the Owner against apparent defects and deficiencies in the permanent work constructed by the Contractor but shall not guarantee the performance of the Contractor. Buehler shall not be required to make exhaustive or continuous on-site observations to check the quality or quantity of the construction work and shall not be responsible for construction means, methods, techniques, sequences, procedures, or for any safety precautions in connection with the construction work. Buehler shall not be responsible for the Contractor's failure to execute the work in accordance with the construction contract.

- Assist with the preparation of closeout documents required by the authority having jurisdiction (AHJ) for the Project.
- Prepare structural Record Drawings incorporating ACDs and NMAs issued during the Construction Administration phase.

SECTION 3: EXCLUSIONS AND CONTINGENT ADDITIONAL SERVICES

3.1 Exclusions and Contingent Additional Services are not included in Buehler's Services. Contingent Additional Services may be delegated to other design professionals or added to Buehler's Services under mutually agreed terms and when authorized by the Client.

3.2 Services specifically excluded are:

- The design of construction shoring and erection bracing.
- The design of shoring and/or bracing for excavations.
- The design of temporary conditions, except as noted above.
- The design of structural support for and bracing of MEP and Fire Protection distribution systems (ductwork, piping, conduit, cable trays, etc.).
- The preparation of construction cost estimates.
- Fees associated with permitting or use of any proprietary elements.
- Inspections of any type including continuous, periodic, or detailed.

3.3 Contingent Additional Services may include, but not be limited to, the following:

- Services required due to significant changes in the Project including changes in size, use, quality, complexity, schedule, budget, or methods of bidding.
- Revisions required after the Design Development Phase to reduce construction cost due to reasons beyond the control of Buehler.
- Services resulting from damage as the result of fire, man-made disasters, or acts of God.
- The design of egress stairs, stair landings, and handrails unless specifically included in Section 1.
- Anchorage design for nonstructural elements unless noted in Section 1.
- Attendance at meetings in excess of one hour per week.
- Publishing progress documents at milestones other than those identified in Section 2.
- Preparing and/or publishing construction documents for the purposes of early procurement or permitting unless noted in Section 2.
- Review of Requests-for-Information (RFIs) or submittals beyond the second review.
- Services related to the review and design of alternate or substitute systems submitted by the Contractor.
- Services resulting from errors or omissions in construction, including but not limited to redesign or additional site observations.
- Review and analysis of Contractor's construction equipment loads and support.
- Preparation of record structural drawings or BIM models unless specifically included in Section 2.

SECTION 4: BUEHLER’S COMPENSATION

4.1 Our compensation for these services will be on an hourly basis at our hourly rates to the maximum amount indicated below:

Schematic Design Phase.....	\$12,000.00
Design Development Phase	\$11,000.00
Construction Document Phase	\$19,000.00
Agency Review Phase.....	\$6,000.00
Bidding Phase	\$1,500.00
Construction Administration Phase.....	\$19,000.00
Maximum Hourly Fee	\$68,500.00

4.2 Buehler’s hourly rates are as follows:

Senior Principal	\$325.00
Principal	\$295.00
Senior Professional	\$265.00
Professional.....	\$230.00
Designer	\$180.00
Senior Technician.....	\$185.00
Technician	\$160.00
Clerical	\$140.00

If you have any questions, please do not hesitate to contact me. Otherwise, please sign and return a copy of this proposal as your authorization to proceed with the services and your acceptance of this proposal. If you do not sign the proposal but provide verbal authorization to proceed with the services, it is our understanding that you have accepted this proposal as written.

This Agreement is entered into as of the date first written above.

BUEHLER

CLIENT

Warren R. Pottebaum, SE
For Buehler Engineering, Inc.
wpottebaum@buehlerengineering.com

Tansy Bowermaster
For Treanor

Title

Date

MAZZETTI

Creating healthier, enduring environments.

Mazzetti MEPT Engineering

December 18, 2025

Tansy Bowermaster, AIA
Principal
TREANOR
o 503.512.5809
c 415.238.0514

Re: Salinas Valley Health Endoscopy Suite
Mazzetti No: 025-010108

Dear Tansy,

Thank you for the opportunity to propose on this project. This letter and all documents it references are our integrated proposal for this project.

We have based this Proposal on your email RFP of December 1, 2025, including the program test-fit document (25-1201 SVH Endo approved test-fit).

Sincerely,

Mazzetti,



Stacey Lin, PE
Principal

Enclosures:
Fee Proposal
Professional Services Rates
Reimbursable Expenses
Work Subject to Additional Fees
Terms and Conditions
Document Reuse Agreement

FEE PROPOSAL

A. Project Details

Project Name: Salinas Valley Health (SVH) Endoscopy Suite

Project Address: 450E. Romie Lane, Salinas, CA

Proposal Date: 12/5/2025

B. Project Description

This Project is to create a new endoscopy suite inside an existing hospital area of 4,400 sf to include all spaces identified in the latest approved design option:

- **Endoscopy Suite:** (2) Procedure Rooms, Clean & Dirty Processing, Clean Utility, Soiled Hold, Anesthesia Work Room, Patient Holding/Recovery, Dress Room, Patient Toilet, Staff Locker, Equipment Storage, and Waiting Room
- **Cardiology:** (2) echo Rooms, Treadmill, Breakroom, and Office
- **Nuc Med:** Injection Room

The Project also needs to address specific MEP design requirements including:

- **HVAC:** Assessment and design to mitigate existing air balance issues in the area, including the potential design and specifications for a new air handling unit to replace the current unit serving this section of the facility.
- **Electrical:** Electrical panel relocations and any necessary electrical infrastructure improvements required for the suite.
- **Pneumatic Tube System:** Relocation of existing pneumatic tube system.
- **Medical Gas:** Design to extend medical gas systems.

C. Scope of Work

Our scope of work covers the following tasks:

- Provide Mechanical, Electrical and Plumbing (MEP) design Schematic Design and Design Development including (12) hours of online meetings.
- Provide MEP Construction Documents including (4) hours of online meetings.
- Provide IT/LV design.
- Provide MEQ planning.
- Provide Performance Specs only for Fire Protection and Fire Alarm systems; detailed design is excluded.
- Response to HCAI review comments.
- Provide design clarification during Bidding & Negotiation.
- Provide Construction Administration:
 - a. Respond to RFI's.
 - b. Review requested submittals.
 - c. Attend up to (1) site meeting.
 - d. Provide (1) punch list per discipline.
 - e. Provide (1) final walk-through per discipline.
 - f. Attend monthly on-line OAC meetings as required.

D. Fees

In consideration for this scope of services, we are proposing Not-to-Exceed fees of \$179,560 for MEPT and \$45,660 for MEQ, on hourly basis. Reimbursable expenses are estimated to be \$3,000, in addition to the fees. See attached fee estimate document for details (SVH Endoscopy Suite Fee_12.18.25).

In order to protect the Owner's interests as well as yours, we will not proceed with any services we consider to be in addition to the contract without first notifying you of our intent to do so, and without obtaining your authorization for such work as an amendment to our contract.

F. Approvals

This proposal may be accepted as outlined in the attached Terms and Conditions. Once authorized we will proceed in accordance with the scope and terms outlined herein.

Thank you again for the opportunity to present you with this Proposal. Please feel free to call me with any questions.

Sincerely,

Mazzetti



Stacey Lin, PE
Principal

to be signed and returned by:
Tansy Bowermaster, AIA
Principal at TRENOR

Date signed:

PROFESSIONAL SERVICES RATES

Principal	\$375 / hr
Associate Principal	\$295 / hr
Senior Associate	\$270 / hr
Project Manager (IT/LV)	\$270 / hr
Associate / Sr Engineer	\$234 / hr
Engineer / Sr Designer	\$195 / hr
BIM/CAD Manager	\$195 / hr
Designer / Project Coordinator (IT/LV)	\$170 / hr
BIM Specialist	\$150 / hr
Admin Support	\$150 / hr

Suspense/Review Date: December 31, 2026

Escalation Rate per Annum – 4%

REIMBURSABLE EXPANSES

The following costs are considered in addition to the fees presented in this Proposal and shall be paid at costs. This list is not intended to be all inclusive, but rather to be representative of the types of costs typically expected to be reimbursed on similar projects.

1.	Mileage: Standard mileage rate (as issued by the Internal Revenue Service) from office to and from jobsite, contactor, Authority Having Jurisdiction, airport, factory test procedure, your offices or other travel required to perform the Work.
2.	Printing and Reproduction:
	External printing and reproduction (excluding plotting below).
	Plotting: \$.80/square foot.
3.	Delivery & transport: cost times multiplier
4.	Parking & Taxis: As deemed appropriate for the Work
5.	Air Travel: Mazzetti choice of carriers appropriate for the Work.
6.	Rental Vehicles: Mazzetti choice of rental car companies, deemed appropriate for the Work.
7.	Hotel: Business-class hotel, single-occupancy.
8.	Meals: Meals only on overnight trips and extended stays.

(*) all costs billed at Cost times multiplier as referenced in Fees and Expenses section

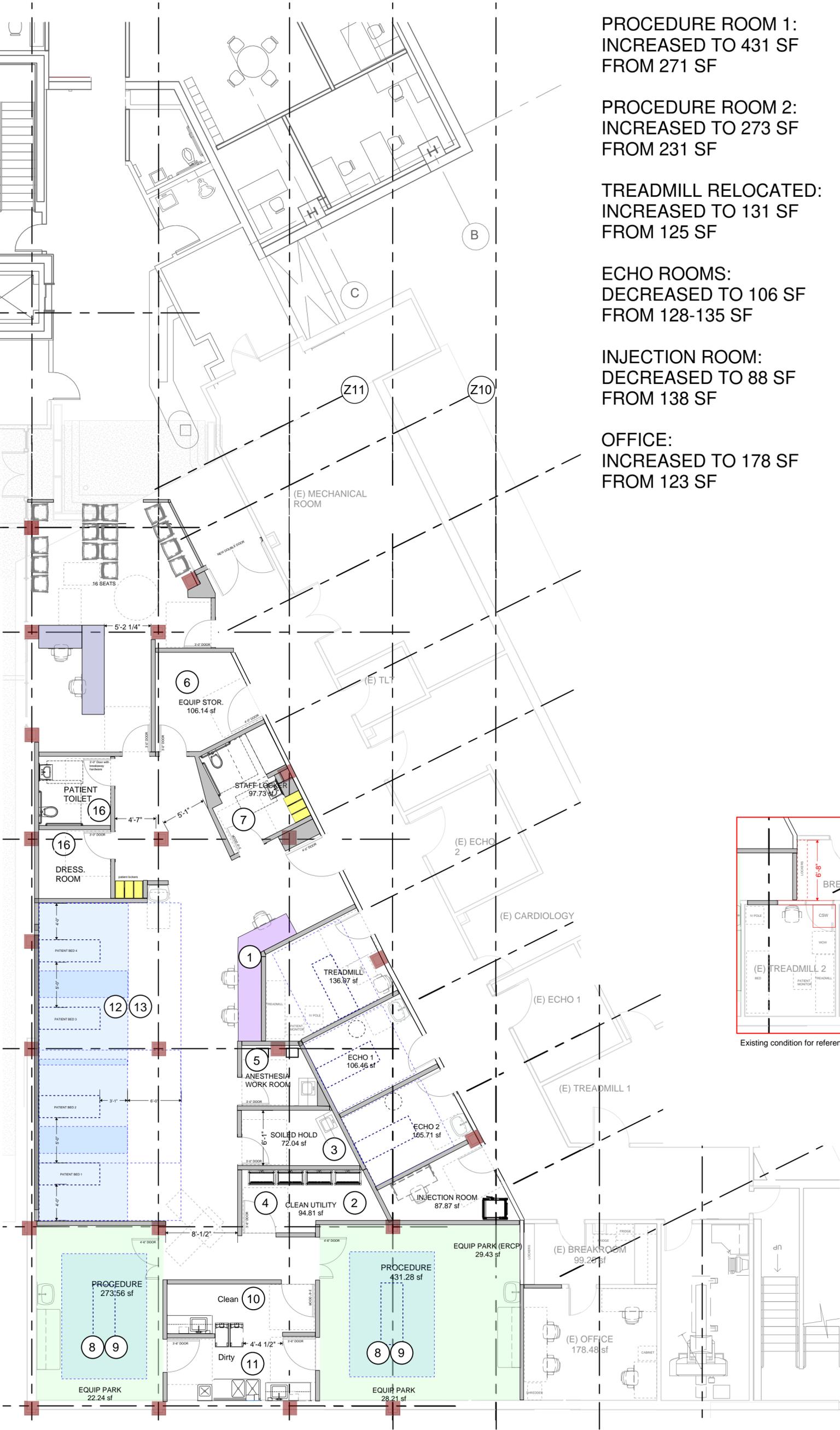
WORK SUBJECT TO ADDITIONAL FEES

This proposal is based upon the scope, schedule terms and conditions contained herein (“Basis of Fee”). Modifications to the Basis of Fee may result in additional time and fees. Such modifications may include, but are limited to the following:

1. Delays, interruptions, or modifications to the Work by others.
2. Changes to the work once work has commenced, and/or after any portion of work has been submitted and reviewed by Architect or Owner.
3. Work required to seek program flexibility, code variances, code changes that occur after commencement of the Work or efforts to appeal decisions made by the Authorities Having Jurisdiction.
4. Acoustic calculations or provisions for sound abatement for selected equipment.
5. Cost estimating.
6. Additional construction administration services beyond that specified in the Proposal. Extension of the project duration beyond what is indicated in the Proposal.
7. More than two reviews of any submittal including test and balance reports.
8. Review of substitution proposals from the contractor and any redesign work resulting from such substitutions.
9. System studies, LEED or similar certifications, energy modeling, life cycle analysis, or similar services.
10. FFE or other non-MEP equipment connection in excess of line power inputs, provided that such information is provided to allow Mazzetti to progress in the normal sequence of the Work.
11. Responsibility for coordinating, supervision or otherwise responsible for the work of various utilities related to the Project.
12. Building system commissioning.
13. Design, maintenance or support for construction activities, such as temporary power, water, technology, etc.
14. Interim life-safety measures or temporary facilities related thereto.
15. Additional work required for the assembly of or design rework resulting from separate bidding packages or the preliminary/early release of documents for purpose of budgeting, bidding or development of Guaranteed Maximum Prices (GMPs), unless specifically included in the scope of Work and schedule, above.
16. Any value engineering, redesign, or consideration of alternates necessitated by budget over-runs, not specifically resulting from the design of systems included in the scope of Work included in this proposal.
17. All Warranty Phase work. All Construction Phases services required more than 60 days after the date of substantial completion of the Work
18. Review of layouts or designs of any contractor, its subcontractors or consultants generated work, including but not limited to fire protection, life safety, low voltage, civil or utility work, temporary facilities, etc.
19. Generation of project as-builts or as-constructed documentation.
20. Negotiation with any Utility providers for service rates, the packaging and delivery or the strategic use of electricity, gas or other utilities serving or related to the project.
21. Changes to equipment provided by other Divisions of work or the Owner, its consultants or contractor including substitutions.

Firm Name: **MAZZETTI**
 Project Title: **SVH Endoscopy Suite**
 Date: **12/5/2025**

DISCIPLINE	SD (10 wks)			DD (12 wks)			CD (12 wks)			BID & OSHPD (6 mos)			CA (12 mos)			TOTAL			
	RATE	S	FEE	RATE	S	FEE	RATE	S	FEE	RATE	S	FEE	RATE	S	FEE	RATE	S	FEE	
MEPT BASIC SERVICES:																			
ME Principal	\$ 375	4	\$ 1,500	\$ 360	4	\$ 1,440	\$ 375	4	\$ 1,500	\$ 375	2	\$ 750	\$ 375	4	\$ 1,500	\$ 375	18	\$ 6,750	
Lead Mechanical Designer	\$ 270	16	\$ 4,320	\$ 260	16	\$ 4,160	\$ 270	32	\$ 8,640	\$ 270	16	\$ 4,320	\$ 270	40	\$ 10,800	\$ 270	120	\$ 32,400	
Mechanical Designer	\$ 170	8	\$ 1,360	\$ 160	8	\$ 1,280	\$ 170	32	\$ 5,440	\$ 170	8	\$ 1,360	\$ 170	16	\$ 2,720	\$ 170	72	\$ 12,240	
Lead Plumbing Designer	\$ 295	16	\$ 4,720	\$ 290	16	\$ 4,640	\$ 295	32	\$ 9,440	\$ 295	12	\$ 3,540	\$ 295	40	\$ 11,800	\$ 295	116	\$ 34,220	
Plumbing Designer	\$ 170	8	\$ 1,360	\$ 160	8	\$ 1,280	\$ 170	32	\$ 5,440	\$ 170	8	\$ 1,360	\$ 170	16	\$ 2,720	\$ 170	72	\$ 12,240	
EE Principal	\$ 375	8	\$ 3,000	\$ 360	8	\$ 2,880	\$ 375	8	\$ 3,000	\$ 375	4	\$ 1,500	\$ 375	4	\$ 1,500	\$ 375	32	\$ 12,000	
Electrical Designer	\$ 195	16	\$ 3,120	\$ 190	16	\$ 3,040	\$ 195	32	\$ 6,240	\$ 195	16	\$ 3,120	\$ 195	40	\$ 7,800	\$ 195	120	\$ 23,400	
Lighting Designer	\$ 195	8	\$ 1,560	\$ 190	8	\$ 1,520	\$ 195	16	\$ 3,120	\$ 195	4	\$ 780	\$ 195	8	\$ 1,560	\$ 195	44	\$ 8,580	
BIM Manager	\$ 195	8	\$ 1,560	\$ 190	8	\$ 1,520	\$ 195	16	\$ 3,120	\$ 195	2	\$ 390	\$ 195	8	\$ 1,560	\$ 195	42	\$ 8,190	
Admin Support	\$ 150	4	\$ 600	\$ 140	4	\$ 560	\$ 150	12	\$ 1,800	\$ 150	2	\$ 300	\$ 150	6	\$ 900	\$ 150	28	\$ 4,200	
IT/LV Associate Principal	\$ 295	4	\$ 1,180	\$ 290	4	\$ 1,160	\$ 295	8	\$ 2,360	\$ 295	2	\$ 590	\$ 295	2	\$ 590	\$ 295	20	\$ 5,900	
IT/LV Project Manager	\$ 270	16	\$ 4,320	\$ 260	8	\$ 2,080	\$ 270	24	\$ 6,480	\$ 270	8	\$ 2,160	\$ 270	16	\$ 4,320	\$ 270	72	\$ 19,440	
MEQ Project Manager	\$ 270	8	\$ 2,160	\$ 270	36	\$ 9,720	\$ 270	24	\$ 6,480	\$ 270	18	\$ 4,860	\$ 270	12	\$ 3,240	\$ 270	98	\$ 26,460	
MEQ Project Coordinator	\$ 180	8	\$ 1,440	\$ 180	20	\$ 3,600	\$ 180	16	\$ 2,880	\$ 180	8	\$ 1,440	\$ 180	8	\$ 1,440	\$ 180	60	\$ 10,800	
MEQ Bim Specialist	\$ 150	4	\$ 600	\$ 150	20	\$ 3,000	\$ 150	16	\$ 2,400	\$ 150	8	\$ 1,200	\$ 150	8	\$ 1,200	\$ 150	56	\$ 8,400	
Reimbursable Expenses																			
SUB-TOTAL		136	\$ 32,800	184	\$ 41,880	304	\$ 68,340	118	\$ 27,670	228	\$ 53,650						970	\$ 228,220	



PROCEDURE ROOM 1:
INCREASED TO 431 SF
FROM 271 SF

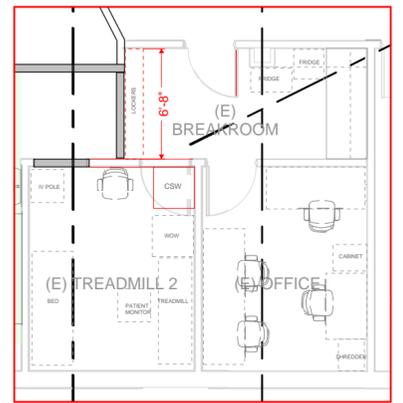
PROCEDURE ROOM 2:
INCREASED TO 273 SF
FROM 231 SF

TREADMILL RELOCATED:
INCREASED TO 131 SF
FROM 125 SF

ECHO ROOMS:
DECREASED TO 106 SF
FROM 128-135 SF

INJECTION ROOM:
DECREASED TO 88 SF
FROM 138 SF

OFFICE:
INCREASED TO 178 SF
FROM 123 SF



Existing condition for reference

Proposed Floor Plan - Scale 1/8 (SHEET SIZE: 11"x25")
PROPOSED PREVIOUSLY ALTERNATE 1 INCLUDING WORK AT
BREAK ROOM, TREADMILL AND OFFICE.

NOVEMBER 4, 2025

Board Paper: Finance Committee

Agenda Item: **Consider Recommendation for Board Approval of Project Funding and Award of Construction Contract to Tombleson, Inc. for the Salinas Valley Health 559 Abbott Street X-Ray Rooms 1 & 2 Equipment Replacement Project**

Executive Sponsor: Timothy Albert, MD, MHCM, Chief Clinical Officer
Brad McCoy, Vice President of Facilities, Construction and Real Estate

Date: February 23, 2026

Executive Summary

In April 2025, the SVH Board approved the purchase of two new Canon X-Ray equipment packages to replace GE imaging equipment that is 15 years old and at end of life. We are now seeking approval of related costs for project design, permitting, and construction, including necessary modifications to the spaces to accommodate the equipment installation.

Background/Situation

One room will be renovated at a time in a phased approach to limit operational imaging capacity restriction. Structural work is required to adequately support the new equipment. As a result, a building permit has been applied for, will be secured, and minor disruption of adjacent areas will be required to install structural beams and posts, working closely with staff to minimize disruption. Work is limited to areas around X-Ray Room 1 (plan rm A110) and X-Ray Room 2 (plan rm A115).

In compliance with Local Healthcare District Law, bidding documents and specifications were prepared by WRD architects, an advertisement for bids was published in the Salinas Californian, plans and specs were made available to the Central Coast Builder's exchange, four prospective bidders have expressed interest and made site visits. The construction bid period closed January 13, 2026. We are seeking approval of the total project value of \$1,186,000.00, which includes the previously approved \$506,046 for the 2 equipment packages, plus \$679,954 for construction costs necessary to complete the project.

Timeline/Review Process to Date

April 2025: Board Approval of Purchase of Two (2) Canon X-ray Units.
 November 2025: Design Documents finalized for permit and bidding.
 January 2026: Contractor bidding completed.
 February 2026: Contractor recommended for Approval
 March 2026: On-site Construction Commences

Pillar/Goal Alignment

X Service People X Quality Finance Growth X Community

Financial/Quality/Safety/Regulatory Implications/Construction Contract Terms

Key Contract Terms	Contractor: Tombleson Inc.
1. Proposed effective date	Issuance of Notice to Proceed anticipated on 3/2/2026
2. Term of agreement	120 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	Monthly billing based upon percentage complete
6. Compensation	\$439,105.00
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. (Validate)

Recommendation

Consider recommendation to Board of Directors (i) to approve the total estimated project cost to furnish and install new X-Ray equipment in 559 Abbott Street Imaging Center Rooms 1 & 2 in the amount of \$1,186,000.00, and (ii) to award construction contract to Contractor Tombleson, Inc. for Salinas Valley Health 559 Abbott Street X-Ray Rooms 1 & 2 Equipment Replacement Project in the amount of \$439,105.00.

Attachments

- Project budget prepared 1/13/2026
- Bid Result Summary

Salinas Valley Health Clinics

559 Abbott Imaging Center X-Ray Equipment Installation

Architect: WRD

Subject: X-Ray 1&2 Initial Budget

Date Printed: 1/13/2026

Budget Amount: \$1,186,000

Budget Approved:

Version 2

Completion:

Prepared by: DLW, Checked by DLW & SL

Budget Summary		Project Breakdown	
Line Item	Description		
	1 Construction		
100	On-Site Construction		\$460,508
101	Estimating Contingency		
	2 Design		
200	Professional Fees		\$50,000
	5 Soft Costs		
	Permits		\$6,000
502	Construction Management		\$115,000
	7 FF&E		
702	Imaging Equipment		\$506,046
704	Hazmat Surveying		\$7,000
	9		
9900	Project Contingency		\$41,446
Totals			\$1,186,000

BID RESULT SUMMARY

DATE: January 13, 2026

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	Tombleson, Inc	Steve Locke	stevel@tomblesoninc.com	831-422-9696	\$439,105	Apparent Low
2	SSB Construction	Joseph Darpli	jdarpli@ssbconstruction.com	831-737-0638	\$563,800	
3						
4						
5						
6						
	SVMHS reserves the right to reject any or all bids and to waive any informalities in the bidding, or in any bid received.					

	Documents Acoompanying Bid	Contractor 1	Contractor 2	Contractor 3	Contractor 4	Contractor 5
1	Bid Letter	X	X			
2	List of Subcontractors	X	X			
3	Disqualification Questionnaire	X	X			
4	Acknowledgment of Insurance Requirements	X	X			
5	Bidders Guarantee: Bond or Irrevocable Standby Letter of Credit	X	X			
6	Non-Collusion Certification	X	X			
6	Non-Collusion Certification	X	X			

Board Paper: Finance Committee

Agenda Item: **Consider Recommendation for Board Approval for the purchase of eight (8) Edwards Lifesciences HemoSphere Alta hemodynamic monitoring equipment.**

Executive Sponsor: Clement Miller, Chief Operating Officer
Simplicio Tualla Jr, Chief Biomedical Engineer

Date: February 23, 2026

Executive Summary

Salinas Valley Health Medical Center desires to replace the **hemodynamic monitoring equipment** utilized in the cardiac Operating Rooms, Cath Lab and the Intensive Care Unit. The equipment requested is the HemoSphere Alta manufactured by Edwards Lifesciences. Upgrading to the HemoSphere Alta will ensure that these critical areas utilize the same equipment and allows the organization to utilize equipment that interfaces with our electronic medical record system.

Background/Situation/Rationale

The current HemoSphere monitors are end-of-sale and nearing end-of-life. As a result, vendor support, serviceability, and parts availability will continue to decline increasing the risk of service interruptions and extended repair times in critical care areas. These legacy monitors are no longer under service contracts and, due to age are no longer eligible for coverage. Beyond cost, equipment failures reduce monitor availability and disrupt clinical workflows when devices are removed from rotation.

Upgrading to the HemoSphere Alta platform mitigates these risks and ensures continuity of care. Alta is the foundation for all future HemoSphere enhancements and provides a fully integrated, future-ready hemodynamic monitoring solution. It consolidates monitoring of Swan-Ganz pulmonary artery catheters, arterial line-derived parameters, and cerebral and somatic oximetry onto a single, intuitive platform. Enhanced clinical analytics support more accurate assessment of fluid responsiveness, cardiac performance, and cerebral autoregulation.

Finally, our team of anesthesiologist have been proponents of this request. The items being requested meet the ongoing patient needs within the cardiac service line ensuring that patients receiving cardiac care are being monitored with consistency throughout their stay.

Timeline/Review Process to Date

October, 2025:	Vendor Demo
January, 2026:	Vendor Quote
February, 2026:	Capital Project request

Meeting our Mission, Vision, Goals Strategic Plan Alignment

The replacement of our hemodynamic monitoring equipment will allow the Salinas Valley Health Medical Center to provide the standard of care our cardiac community expects while giving our organization the opportunity have the equipment interface with Epic, in real time, reducing the documentation burden for our staff and physicians during this highly critical setting of care.

Pillar/Goal Alignment
 Service
 People
 Quality
 Finance
 Growth
 Community

Financial/Quality/Safety/Regulatory Implications

Key Contract Terms	Vendor: Edwards Lifesciences
1. Proposed effective date	March 15, 2026
2. Term of agreement	Capital purchase with 1-year extended warranty
3. Renewal terms	N/A
4. Termination provision(s)	N/A
5. Payment Terms	N/A
6. Annual cost	N/A
7. Cost over life of agreement	\$685,172.30 (\$627,160.00 plus tax of \$58,012.30)
8. Budgeted (indicate y/n)	No, reprioritizing capital funds

Recommendation

Consider Recommendation for Board Approval for the purchase of eight (8) Edwards Lifesciences HemoSphere Alta hemodynamic monitoring equipment at the cost of \$685,172.30 subject to final negotiation and legal review.

Attachments

- Equipment quote
- Sole Source Justification



Edwards

Edwards Lifesciences, LLC
Helping Patients is Our Life's Work and Life is Now

One Edwards Way
Irvine, CA 92614
P 800.822.9837 | F 949.809.5648
Email all POs to: Capital_Care@Edwards.com

Quote Number: 00070178
Quote Date: 2-12-2026
Quote Expiration: 3-13-2026
Quote Type: Purchase

Edwards Contact Information

Sales Rep Name JOHN COSTA Prepared By Michelle Huynh
Email michelle.huynh@bd.com

Customer Contact Information

Name Simplicio Tualla Jr. CBET Ship To Name SALINAS VLY MEM HTHCARE SYST - CID000167
Title Chief of Biomedical Services
Department OR Ship Address 450 E ROMIE LN SALINAS, CA 93901-4098
Email stualla@salinasvalleyhealth.com

QTY	Item UoM	Item Number	Item Details	Unit Price	Adjusted Price	UoM Qty	Line Total
8	EA	ALTAALL1SV2	HEMOSPHERE ALTA ALL ON ONE BUNDLE WITH SWAN CCO CABLE, OXIMETRY CABLE, ACUMEN IQ/CLEARLIGHT, FORESIGHT, PRESSURE CABLE FOR ACUMEN IQ/FLOTRAC, HPI, and ALTA360. Kit contains: ALTAALL1, HEMA70CC2, HEMOXSC100, HEMPC2K, EVHRS, HEMFSM10, HEMAPSC200, 50038354001. ALTA 360 PROGRAM 24MO PLAN Covers Model(s) listed under "Program Highlights."	\$99,878.00	\$77,000.00	1	\$616,000.00
8	EA	HEMOXCR1000	HEMOSPHERE OXIMETRY SMART HemoSphere accessories	\$875.50	INCLUDED	1	INCLUDED
8	EA	PCCVR	PRESSURE CONTROLLER COVER - PCCVR Included with HemoSphere, HemoSphere Alta, and HemoSphere Vita bundles, as well as Acumen IQ cuff, ClearSight cuff, and VitaWave cuff module upgrade kits	\$1.20	INCLUDED	1	INCLUDED
8	EA	HEMAPSC200	PRESSURE CABLE - HEMOSPHERE	\$6,945.00	INCLUDED	1	INCLUDED
8	EA	HEMRLSTD1000	HEMOSPHERE ROLL STAND Accessory	\$1,854.00	\$1,395.00	1	\$11,160.00

Balance Due: \$627,160.00

Payment Terms : Net 30
Shipping Method: Ground/Prepaid & Added to Invoice

Line Item Comments

- Quoted pricing of equipment is contingent on the purchase of all quoted line items at point of sale, including the purchase of Total Protection Service.
- Adjusted price is based on New Technology purchase.
- Adjusted price is based on the exchange ratio of 1 classic HemoSphere (Model: HEM1) for the purchase of 1 HemoSphere Alta monitor. Classic HemoSphere (Model: HEM1) must be returned to Edwards after Delivery and in-servicing has been completed. Customer equipment serial numbers to be determined. Equipment not returned within 30 days of delivery and in-servicing of new equipment, Edwards Lifesciences reserves the right to invoice discounted amount (Unit Price - Adjusted Price).

Service 360 Program Highlights

ALTA360 Program Highlights

- Failure of associated models listed in the ALTA bundles below will be replaced at no charge *
- Includes software updates and technology expansion upgrades to the equipment's software
- Covers physical and liquid damage to the equipment (limited)
- Guaranteed next day replacement of covered equipment
- All parts, labor and shipping costs covered
- 24/7/365 technical and product support
- Preventative Maintenance service as specified in the Operations Manual for each ClearSight subsystem pump that has reached its lifetime expiration under Covered Equipment
- Base warranty upgraded to Total Protection at no additional cost (renewals excluded)

*ALTA Smart Recovery Bundle

ALTA360 Protection Service includes model numbers ALTAALL1B, HEMPSC100, EVHRS, HEMAPSC200, and HEMPC2K.

*ALTA Cardiac Bundle

ALTA360 Protection Service includes model numbers ALTACR1, HEMPSC100, HEMFSM10, HEMA70CC2, HEMOXSC100, and HEMAPSC200.

*ALTA All-in-One Bundle

ALTA360 Protection Service includes model numbers ALTAALL1B, HEMPSC100, EVHRS, HEMPC2K, HEMFSM10, HEMA70CC2, HEMOXSC100, and HEMAPSC200.

By issuing a Purchase Order paying for the equipment, software, or service by this Quote, or using such equipment or service, Customer acknowledges and agrees to the terms and conditions at <https://www.edwards.com/about-us/commercial-terms-conditions> for the applicable equipment or service program.

Relevant only for Viewfinder connectivity suite, customer's use of any software included in the equipment or service, including any hosted services, is subject to the applicable license terms set forth at http://www.edwards.com/ViewfinderRemote_EULA, including the End User License Agreement terms that are incorporated. All of these terms are incorporated by this reference and made part of the agreement between the parties.

Please scan and email all purchase orders directly to: Capital_Care@Edwards.com

EDWARDS WARRANTY INFORMATION.

• Edwards Lifesciences ("Edwards") warrants that the equipment set forth in this quote ("Equipment") is fit for the purposes and indications described in the labeling for a period of one (1) year from the date of purchase when used in accordance with the directions for use. Unless equipment is used in accordance with such instructions, this warranty is void and of no effect. No other express or implied warranty exists, including any warranty of merchantability or fitness for a particular purpose. This warranty does not include cables, probes, or optical modules used with the Equipment. Edwards' sole obligation and purchaser's exclusive remedy for breach of any warranty shall be limited to repair or replacement of the Equipment at Edwards' option. Edwards shall not be liable for proximate, incidental, or consequential damages. Edwards shall not be obligated under this warranty to repair or replace a damaged or malfunctioning Equipment if such damage or malfunction is caused by the customer's use of catheters other than those manufactured by Edwards.

- Any warranty or liability is excluded where the warranty claim, in Edwards' reasonable opinion, arises out of (1) accident,

theft, misuse, or neglect; (2) use of the products outside of normal operating conditions, specifications, or environment or in a manner not authorized by Edwards; (3) lack of routine care or maintenance as indicated in any Edwards' operating or maintenance instructions; (4) failure to use or take any proper precautions under the circumstances; (5) user modification of any product; (6) computer viruses and other changes to the operating system or environment which adversely affect the applicable product; (7) defects, problems, or failures created by third party products (except those comprising parts or components of Edwards' products) or their interface with Edwards' products; (8) force majeure, and (9) latent defects discovered after the expiration of the applicable warranty period.

DISPOSABLE PRODUCTS

- Purchaser agrees to use only Edwards disposable products with Equipment. Edwards can make no guarantee to the accuracy and validity of the parameters displayed by any monitor contained in our Equipment when used with the sensors, finger cuffs or catheters other than Edwards disposable products. Use of non-approved sensors, finger cuffs or catheters will void the Edwards product warranty and shall have the effect of immediately terminating this Agreement. If Purchaser uses any sensors, finger cuffs or catheters that are not genuine Edwards products in connection with Edwards HemoSphere Platform, Edwards EV1000 clinical platform, Edwards Vigileo monitor, Edwards NI ClearSight platform, Edwards ForeSight Monitor, or Edwards Vigilance II monitor then Purchaser will indemnify, defend and hold harmless Edwards, its affiliates, shareholders, directors, officers, employees, successors, and assigns from and against all claims, liabilities, losses, damages, liabilities costs and expenses (including reasonable attorney fees and expenses and court costs) arising from or related to any actual or alleged death or bodily injury to any individual arising from or related to the use of such third party product

SOFTWARE UPDATES.

- During the term, updates to the Equipment's software may become available from time to time. Purchaser agrees that Edwards shall have the right to access the Equipment upon reasonable prior notice to install any and all such updates. If Purchaser does not permit Edwards to update the software in a timely fashion, Edwards may void the Equipment's warranty and/or terminate this agreement.

Confidentiality and Non-Disclosure

The pricing and terms detailed in this quote are proprietary and confidential. By accepting this quote, SALINAS VLY MEM HTHCARE SYST agrees not to disclose, submit, or share any portion of this pricing, terms, or related purchasing information with third-party benchmarking companies, consulting firms, group purchasing organization, or any similar external organizations without the prior written consent of BD/Edwards.

Justification for Sole Source Form

To: Contract Review Committee

From: Clement Miller
Simplicio Tualla Jr

Type of Purchase: (Check One)

- Non-Medical, Non-Surgical Equipment/Supplies >= \$25,000
- Data Processing/Telecommunication Goods >= \$25,000
- Medical/Surgical – Supplies/Equipment >= \$25,000
- Purchased Services >= \$350,000

<i>Total Cost \$:</i>	\$685,172.30
<i>Vendor Name:</i>	Edwards Lifesciences
<i>Agenda Item:</i>	

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

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

Licensed or patented product or service. No other vendor provides this. Warranty or defect correction service obligations of the consultant. **Describe.**

Existing SVMHS equipment, inventory, custom-built information system, custom built data inventory system, or similar products or programs. **Describe.** *We are seeking to upgrade our equipment to the HemoSphere Alta to ensure that there is consistency in equipment at all sites (ICU, OR, Cath Lab). Moving forward with the Edwards Equipment allows us to obtain equipment that is in line with our current system while ensuring that there is connectivity between the equipment and our electronic medical record, minimizing documentation time for staff and physicians*

Uniqueness of the service. **Describe.**

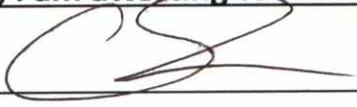
SVMHS has established a standard for this manufacturer, supplier or provider and there is only one vendor. **Describe.**

Factory-authorized warranty service available from only this single dealer. Sole availability at the location required. **Describe.**

Used item with bargain price (describe what a new item would cost). **Describe.**

Other -The above reasons are the most common and established causes for an eligible sole source. If you have a different reason, please **describe:**

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

Submitter Signature  Date: 2/12/26

Finance Committee Board Paper

Agenda Item: **Consider Recommendation for Board Approval of the Lease Agreement terms between Salinas Valley Memorial Healthcare System and JS & MR Properties, LLC for 1260 South Main Street, Suite 201, Salinas, California**

Executive Sponsors: Clement Miller, Chief Operating Officer
Brad McCoy, Vice President Construction, Facilities Management & Real-Estate

Date: February 23, 2026

Executive Summary

As part of the SVH Clinics strategy to increase primary and specialty care clinic space, and to leverage the existing plastic surgery practice, SVH Administration recommends enter into a commercial lease for approximately **6,767 sq. ft.** of space located at 1260 South Main Street, Suite 201, Salinas, California to ensure that SVH maintains adequate space to meet the needs of the healthcare district. This location will also serve as a strategy to create available space at 355 Abbott Street for that location to undergo a phased cosmetic renovation.

Timeline

- February 23, 2026 – Request SVH Finance Committee Recommendation for Board Approval
- February 26, 2026 – SVH Board of Directors Meeting/Consider Recommendation for Approval
- April 1, 2026 – Effective Commencement Date for 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 Salinas area.

Pillar/Goal Alignment: Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications

The Lease Agreement is for three (3) years with two (2) one-year options for the clinic space located at **1260 South Main Street, Suite 201, Salinas, CA.**

1. Lease Extension Dates	April 1, 2026 through March 31, 2029
2. Term of Lease	Three (3) years
3. Options	Two (2) one-year options for longer term lease based on SVHC strategic plan.
4. Payment Terms	Full-Service Lease
5. Rentable square feet	Approximately 6,767 rentable square feet
6. Monthly Rent	\$20,301.00
7. Increases	3% escalator at each year anniversary date

Recommendation

SVH Administration requests that the Finance Committee make a recommendation to the SVH Board of Directors to approve the terms of a Lease Agreement for 1260 South Main Street, Suite 201, Salinas, California for Three Years, as presented.

Board Paper: Finance Committee

Agenda Item: **Consider Recommendation for Board Approval of Contract Terms for a Plastic Surgery Professional Services Agreement for Matthew Romans, MD**

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

Date: February 23, 2026

Executive Summary

As part of the expansion of Salinas Valley Health Clinics (SVHC) to include **plastic surgery** services, Salinas Valley Health (SVH) executive leadership has engaged with **Matthew Romans, MD** to transition Salinas Valley Plastic Surgery Associates into SVHC. The transition of Dr. Romans from his private practice to SVHC will provide a platform to stabilize the service line and to expand access to our patients.

Dr. Romans is a respected member of Salinas Valley Health Medical Staff providing plastic surgery services in his private practice since 1996. He is Board Certified by and is a Diplomat of the American Board of Plastic Surgery. Dr. Romans plans to transition his private practice into SVHC in Spring 2026.

Terms and Conditions of Agreement

Professional Services Agreement. Essential Terms and Conditions:

- **Professional Services Agreement (PSA).** Dr. Romans will be contracted under a PSA with Salinas Valley Health (SVH) as a member of Salinas Valley Health Clinics. Pursuant to California law, Physician will not be an employee of SVH or SVH Clinics but rather a contracted physician.
- **Term.** PSA will be for a term of two (2) years, with annual compensation reported on an IRS W-2 Form.
- **Productivity Compensation.**
 - ❖ **Non-Cosmetic:** Physician's work relative value units (wRVU) productivity compensation will be based on a wRVU conversion factor of Ninety Dollars (\$90.00) per wRVU.
 - ❖ **Cosmetic:** Physician will be compensated based on a collections methodology for cosmetic procedures under a predetermined fee schedule and wRVU productivity.
 - ❖ **Hospital Call:** Call days in excess of five (5) per month will be paid at the established rate.
- **Benefits.** Physician will be eligible for standard SVH Clinics physician benefits:
 - ❖ Access to SVH Health Plan for you and your qualified dependents. Premiums are projected based on fifteen percent (15%) of SVH cost.
 - ❖ Access to SVH 403(b) and 457 retirement plans. Five percent (5%) base contribution to 403b plan that vests after three years. This contribution is capped at the limits set by Federal law.
 - ❖ Six weeks (30 days) of time off each calendar year.
 - ❖ Continuing Medical Education (CME) annual stipend in the amount of two thousand four hundred dollars (\$2,400) paid directly to physician and reported as 1099 income. One week (5 days) off for CME related activities.
- **Professional Liability Insurance.** Professional liability will be provided through BETA Healthcare Group.

Meeting our Mission, Vision, Goals

Strategic Plan Alignment

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

Pillar/Goal Alignment:

Quality & Safety People Operations Finance Growth Community

Financial/Quality/Safety/Regulatory Implications

The terms proposed in Dr. Roman's PSA 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 Finance Committee recommend to the Salinas Valley Health Board of Directors approval of the following:

- **The Contract Terms for a Plastic Surgery Professional Services Agreement for Dr. Romans.**

Attachments

None

Board Paper—Finance Committee

Agenda Item: **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 for the amount of \$3,966,000.00, and (ii) the execution of the MPSC Subscription Agreement by the SVH President/CEO, as approved by District Legal Counsel**

Executive: Allen Radner, MD, President/CEO
 Sponsors: Alysha Hyland, Chief Administrative Officer
 Gary Ray, Chief Legal Officer

Date: February 23, 2026

Executive Summary

A key strategic objective for Salinas Valley Health is to develop and expand partnerships that drive value for our patients. Recognizing the importance of providing a low cost, high quality option for surgical services needed by our residents, Salinas Valley Health has been offered an opportunity to increase its investment in our partnership with Monterey Peninsula Surgery Center (MPSC), which operates surgery centers in Salinas, Monterey, and Santa Cruz.

MPSC has notified SVH that there is an additional number of units of voting membership interest available for purchase, and MPSC’s board has approved the sale of these units to SVH. The proposed transaction is the acquisition of additional voting membership interest units at a purchase price of **Three Million Nine Hundred Sixty-Six Thousand Dollars (\$3,966,000.00)**. This additional investment will increase SVH’s total ownership interest in MPSC to approximately twenty percent (20%).

Meeting our Mission, Vision, Goals

Strategic Plan Alignment

The increase in our investment in MPSC is aligned with the further develop of population health management capabilities and the development of a sustainable cost structure. Population health management requires expansion of services beyond the walls of SVH. As a high quality, lower cost option for some surgical services, MPSC represents a significant value to our patients. Additionally, MPSC is a well-managed business that has generated a historically stable return on investment for SVH.

Pillar/Goal Alignment: Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications

This investment represents an expansion of our current ownership interest in MPSC at fair market value as determined by the most recent independent appraisal of MPSC and as such, there is no quality, safety or regulatory implications related to this transaction. MPSC Subscription Agreement attached.

1. MPSC Valuation of Additional Interest	Three Million Nine Hundred Sixty-Six Thousand Dollars (\$3,966,000.00)
2. Additional MPSC Interest Offered	Additional units of voting membership interest
3. Additional SVH Investment Amount	Three Million Nine Hundred Sixty-Six Thousand Dollars (\$3,966,000.00)
4. Documentation	Subscription Agreement for Purchase of Voting Membership Interests

Recommendation

Administration requests that the Finance Committee recommend to the SVH Board of Directors to approve (i) the purchase of additional units of Voting Membership Interests in Monterey Peninsula Surgery Center for the amount of \$3,966,000.00, and (ii) the execution of the MPSC Subscription Agreement by the SVH President/CEO, as approved by District Legal Counsel

Financial Performance Review

December 2025

Finance Committee

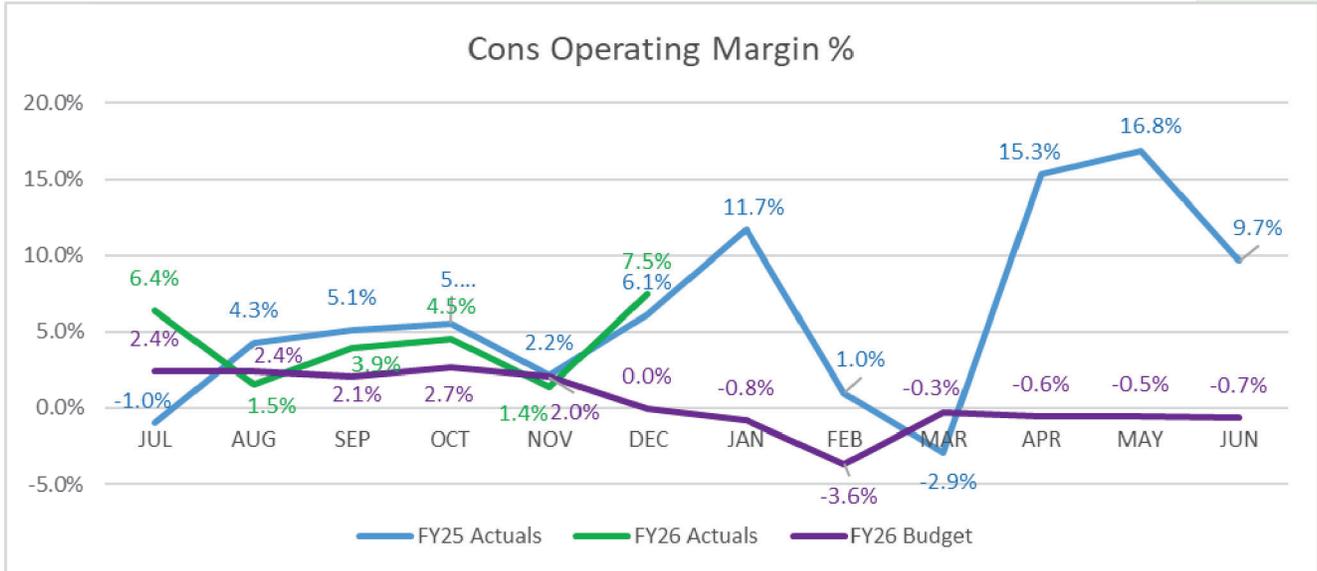
Iftikhar Hussain
Chief Financial Officer

Consolidated Financial Results December 2025

		Month		\$ in Millions	YTD			
Actual	Budget	Variance fav (unfav)			Actual	Budget	Variance fav (unfav)	
		\$	%			\$	%	
\$ 77.0	\$ 69.8	\$ 7.2	10.3%	Operating Revenue	\$ 439.5	\$ 415.8	\$ 23.7	5.7%
71.2	69.8	(1.4)	-2.0%	Operating Expense	420.6	407.8	(12.8)	-3.1%
5.8	-	5.8	0.0%	Income from Operations	18.9	8.0	10.9	136.3%
7.5%	0.0%	7.5%	0.00%	Operating Margin %	4.3%	1.9%	2.4%	126.3%
				Op. margin % full year target		3.0%		
0.5	2.5	(2.0)	-80.0%	Non Operating Income	13.4	14.9	(1.5)	-10.1%
6.3	2.5	3.8	152.0%	Net Income	32.3	22.9	9.4	41.0%
8.2%	3.5%	4.7%	134.3%	Net Income Margin %	7.3%	5.5%	1.8%	32.7%

Results for the year include \$19.8 million in supplemental payments
December Includes \$12 million CCAH EPIC incentive payment

Consolidated Operating Margin



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Key Financial Indicators

Indicator Metric		YTD 12/31/2025	Budget	S&P A+ Rated	YTD Prior Year
Operating Margin*		4.3%	0.4%	4.0%	3.8%
Total Margin*		7.3%	4.0%	6.6%	8.7%
EBITDA Margin**		8.8%	5.4%	13.6%	8.3%
Days of Cash*		362	317	249	370
Days of Accounts Payable*		43	45	-	50
Days of Net Accounts Receivable***		74	60	49	62
Supply Expense as % NPR		15.2%	14.6%	-	14.8%
Labor Expense as % NPR		56.5%	55.7%	53.7%	53.7%
Operating Expense per APD*		7,431	7,205	-	7,529

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

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Volume Summary – December 2025

Actual	Prior Year	Dec Bud	Bud Var	Key Statistics	YTD	YTD-PY	YTD Dec Bud	YTD Bud Var
Inpatient								
119	124	114	↑	4% ADC	108	114	114	↓ -5%
1,094	1,003	931	↑	18% Admissions	5,826	5,816	5,528	↑ 5%
98	101	130	↓	-25% Deliveries	651	673	774	↓ -16%
TBD	2.5	2.3	↑	Medicare Traditional ALOS CMI Adjusted	TBD	2.3	2.3	↑
TBD	1.68	1.75	↓	Medicare Traditional Case Mix	TBD	1.75	1.75	↑
Emergency Room								
4,253	4,630	4,653	↓	-9% ER OP Visits	26,604	27,287	27,621	↓ -4%
803	807	719	↑	12% ER IP Admissions	4,463	4,510	4,265	↑ 5%
Procedures								
126	127	146	↓	-14% IP Surgeries	919	884	867	↑ 6%
296	302	293	↑	1% OP Surgeries	1,871	1,781	1,738	↑ 8%
240	314	333	↓	-28% Cath Lab	1,823	1,876	1,979	↓ -8%
TBD	1,132	1,158	↓	OP Infusion Cases	TBD	6,874	6,874	↑
407	239	405	↑	0% MRI Procedures	1,949	1,638	2,402	↓ -19%
1,722	1,930	2,168	↓	-21% CT Scans	12,286	11,992	12,868	↓ -5%
Observation Cases								
162	135	148	↑	9% Obs Cases	991	720	905	↑ 10%

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Executive Summary: December Financial Performance

Salinas Valley Health's Income from Operations was \$5.8 million for the month which was favorable to budget by \$5.8M assisted by support from CCAH to cover Epic program costs

Volume and Acuity:

- **Admissions and Census**
 - **Admissions** over budget by 18% (163 cases)
 - **ADC** was 4% above budget at 119
 - **Average Length of Stay** was 5% favorable to budget at 3.6 days
- **IP Surgeries** were under budget by 14% (20 cases)
- **Deliveries** were under budget by 2% (2 cases)
- **Cath Lab** – cases were under budget by 28% (93 cases)
- **Outpatient Revenues** - unfavorable to budget by \$5M (3%), Key services driving this variance were:
 - **Observation cases** were over budget by 6% (10 cases)
 - **Outpatient surgeries** were over budget 1% (3 cases)

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Executive Summary: December Financial Performance – Continued

Cost and Utilization:

- **Worked FTEs** on a per Adjusted ADC basis were **3%** unfavorable at **6.6** - compared to a target of **6.4**
- **Payor Mix** stable compared to prior year with commercial mix at 22% and govt payors at 74%
- **Non-Operating Income** was under budget by \$2 Million on lower investment income
- **Days in AR** at **73** is over target. EPIC Days stable at a favorable 47 days at end of January.
- **Days Cash on Hand** at 362 was unchanged from November

7

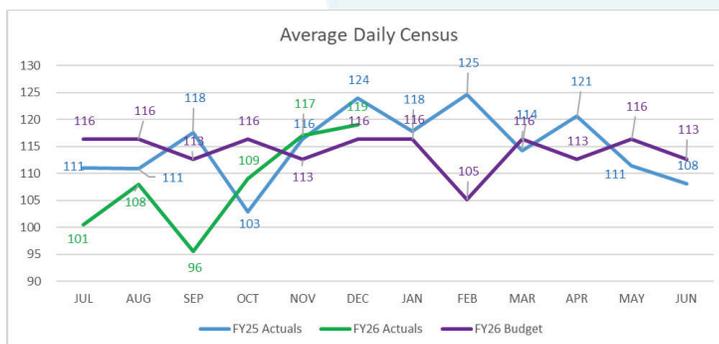
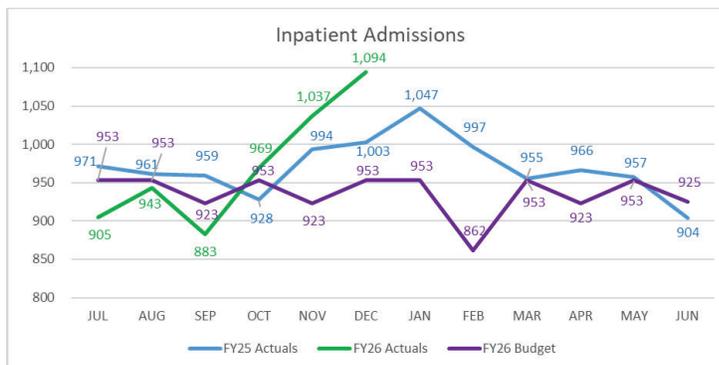
Medi-Cal and Other Supplemental Payments

IGTs & Other Significant YTD Items

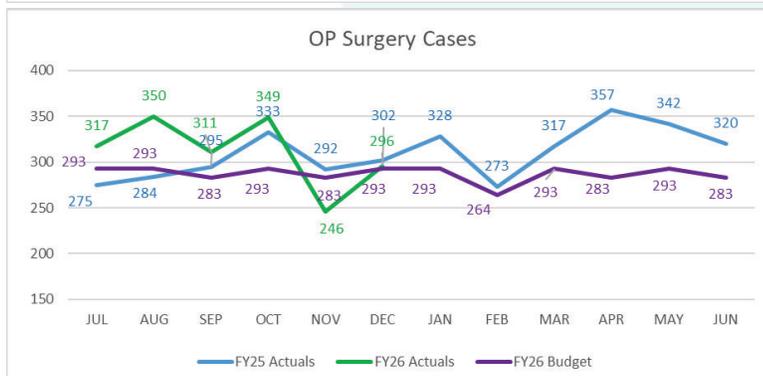
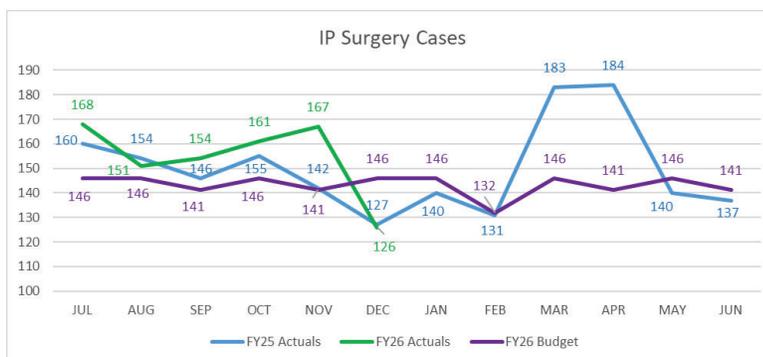
FY 2026				
Date	Payor	Description	Amount	
Oct 2025	CAAH	Direct Payment Program (net) Phase 2- CY 2023	\$4,474,778	
Oct 2025	CAAH	DMPH-Quality Incentive Payment CY 2024 Interim	\$3,326,677	
Dec 2025	CAAH	CAAH-EPIC Training and Implementation Grant	\$12,000,000	
Total FY 2026			\$19,801,455	
FY 2025				
Date	Payor	Description	Amount	
Jan 2025	CAAH	Voluntary Rate Range-CY 2023 (net)	\$4,639,758	
Apr 2025	CAAH	Medi-Cal Quality Incentive Program (net)	\$7,045,692	
Apr 2025	DHCS	Medi-Cal OP Supplemental (net) CY 2023-24	\$1,398,017	
Apr 2025	CAAH	Direct Payment Program (net) Phase 1- CY 2023	\$4,797,482	
May 2025	CAAH	NDPH HQAF (net) Program Year-2024	\$4,270,850	
Jun 2025	DHCS	Medi-Cal Rate Range (net) CY 2024-25	\$2,305,245	
Multiple Dates	FEMA	Grant Funds (net) FY2025	\$6,260,697	
Total FY 2025			\$30,717,741	

8

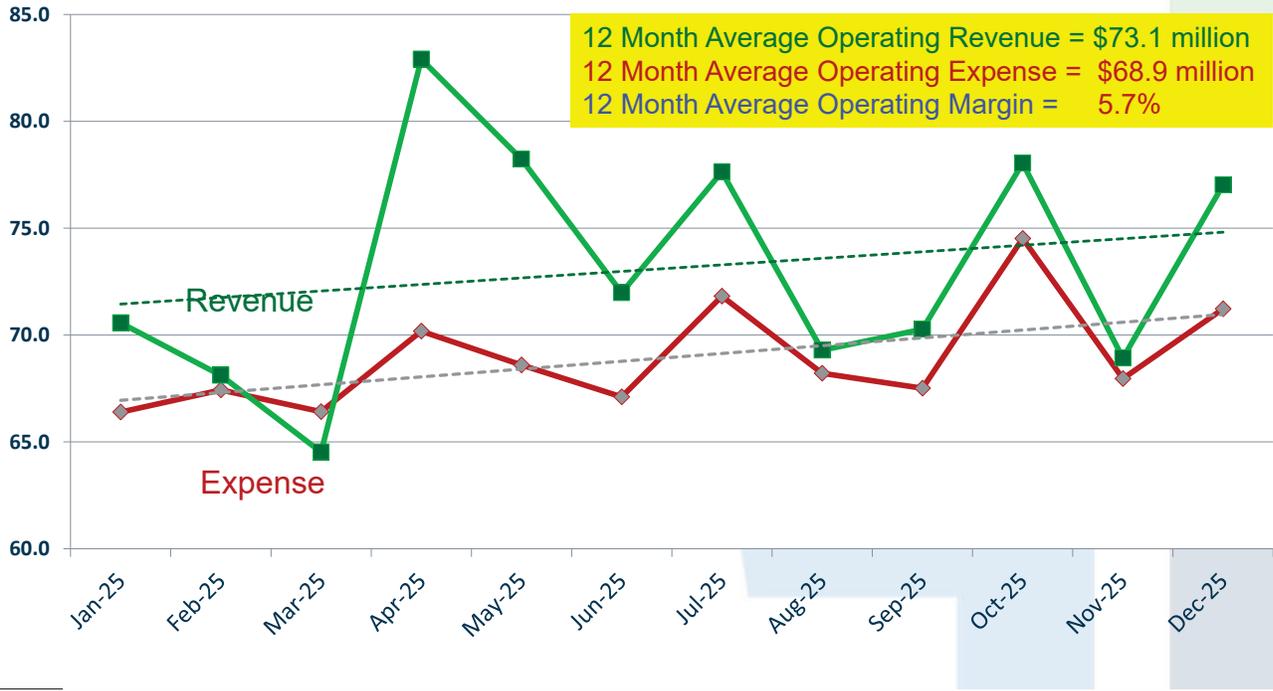
Volume Trends – Admissions & ADC



Volume Trends - Surgery Cases



Consolidated Revenues & Expenses Rolling 12 Months: Jan 25 to December 25



11

Labor Productivity Key Indicators

Current Month				Year-to-Date				
Prior Year	Actual	Budget	Variance (in FTE)		Prior Year	Actual	Budget	Variance (in FTE)
1,526.4	1,640.1	1,564.6	(75.5 FTE)	Worked FTE	1,566.6	1,673.5	1,582.0	(91.5 FTE)
6.7%	6.6%	4.7%	(30.2 FTE)	Overtime as a % of Worked Hours	4.3%	4.5%	4.7%	2.7 FTE
4.6%	7.3%	3.2%	(63.0 FTE)	Contract Labor as a % of Worked Hours	4.4%	6.6%	3.2%	(53.7 FTE)

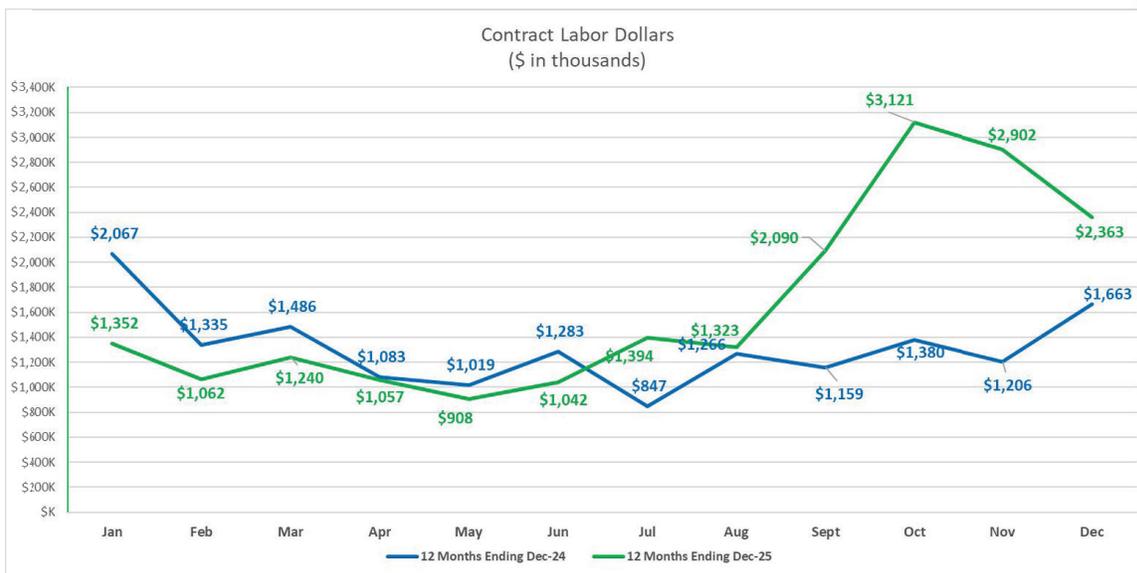
12

Labor Productivity

As of December 2025 Year-to-Date

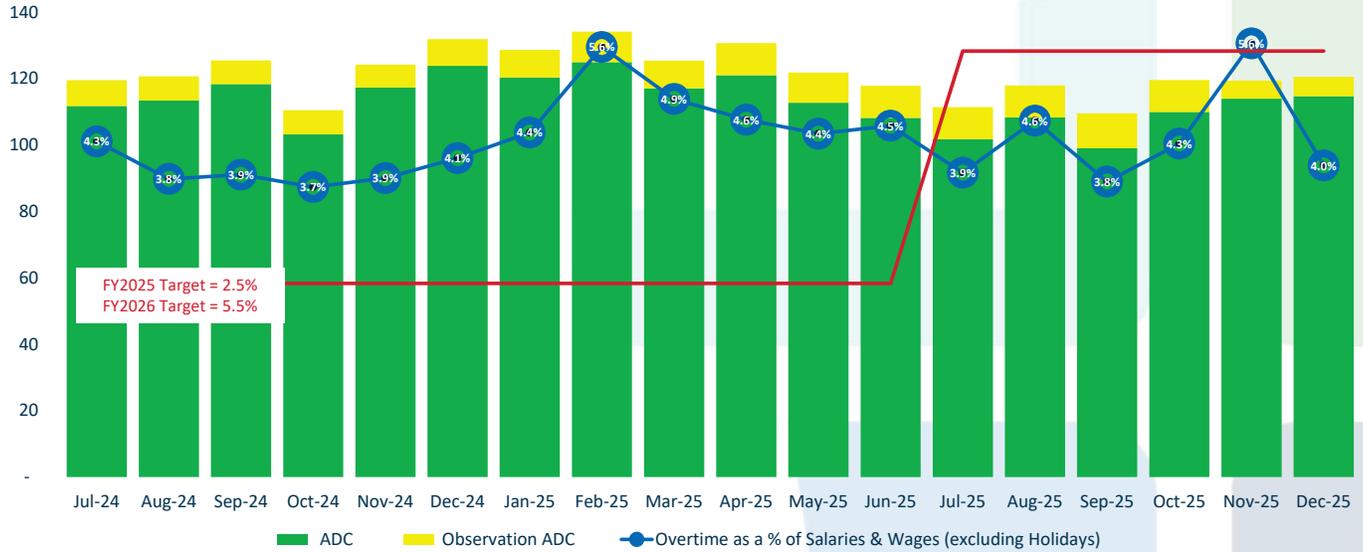
- Worked FTE:** Worked FTE is unfavorable to budget by 75.5 in the month and 91.5 on a year-to-date basis. The variance is primarily driven by:
 - Contract Labor: Both the current month and year-to-date contract labor utilization is higher than budget. The impact is a negative FTE variance of 63.0 in December and 53.7 on a year-to-date basis.
 - Approved but Unbudgeted FTE: Cyber security, Workday and system analyst positions were not added to the budget resulting in a negative variance of 9 FTE.
- Overtime:** Overtime as a percent of Worked FTE is 6.6% in the month and 4.5% on a year-to-date basis; while the year-to-date overtime usage is on target, the current month is over.
- Contract Labor:** Contract labor usage is over budget and has increased to 7.3% of Worked FTE in the month and 6.6% on a year-to-date basis.
 - The increase is driven by the Epic implementation and filling roles that have been challenging to recruit.

Labor - Contract Labor Trends



Overtime as a Percent of Total Salaries & Wages

(excluding Holidays)
FY2025 & FY2026



Days Cash on Hand = 362 Days (\$783M) - December 2025



Consolidated Cash & Investments-Millions (\$000)



Questions/Comments

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

	Month of December		Six months ended December 31	
	Current Year	Prior Year	Current Period YTD	Prior Year YTD
Operating revenue:				
Net patient revenue	\$ 52,696,536	\$ 57,682,787	\$ 349,348,943	\$ 334,713,019
Other operating revenue	13,720,242	1,477,702	25,625,795	8,991,127
Total operating revenue	<u>66,416,778</u>	<u>59,160,488</u>	<u>374,974,737</u>	<u>343,704,146</u>
Total operating expenses	55,925,790	50,368,420	333,146,775	298,890,724
Total non-operating income	<u>(4,257,045)</u>	<u>(3,725,185)</u>	<u>(10,892,745)</u>	<u>(11,459,262)</u>
Operating and non-operating income	<u>\$ 6,233,943</u>	<u>\$ 5,066,884</u>	<u>\$ 30,935,218</u>	<u>\$ 33,354,160</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
 BALANCE SHEETS
 December 31 ,2025

	Current year	Prior year
Current assets	\$ 460,718,926	\$ 423,338,861
Assets whose use is limited or restricted by board	180,493,896	169,842,945
Capital assets	246,777,748	253,203,611
Other assets	388,328,474	298,329,470
Deferred pension outflows	<u>55,438,539</u>	<u>85,734,219</u>
	<u>\$ 1,331,757,582</u>	<u>\$ 1,230,449,105</u>
 LIABILITIES AND EQUITY:		
Current liabilities	\$ 100,483,424	\$ 92,679,223
Long term liabilities	42,817,410	18,592,908
Lease deferred inflows	2,707,179	1,310,788
Pension liability	79,394,685	90,863,576
Net assets	<u>1,106,354,884</u>	<u>1,027,002,610</u>
	<u>\$ 1,331,757,582</u>	<u>\$ 1,230,449,105</u>

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

Current Year	Prior Year		Current YTD	Prior YTD
		Patients days:		
		By payer:		
1,729	1,970	Medicare	9,261	10,408
1,046	1,111	Medi-Cal	6,032	6,290
654	606	Commercial insurance	3,708	3,590
128	123	Other patient	766	633
3,557	3,810	Total patient days	12,840	20,921
		Gross revenue:		
126,374,708	130,456,522	Medicare	776,444,528	748,325,884
80,717,292	80,210,590	Medi-Cal	506,897,570	477,798,888
60,327,001	59,124,897	Commercial Insurance	373,924,521	344,554,562
12,033,721	10,076,287	Other patient	70,957,226	62,226,286
279,452,722	279,868,296	Gross revenue	1,728,223,845	1,632,905,620
		Deductions from revenue:		
1,596,107	332,777	Administrative adjustments	3,307,896	1,108,927
294,515	573,124	Charity care	4,714,579	2,658,605
		Contractual adjustments:		
47,225,152	40,549,993	Medicare outpatient	288,871,141	249,752,023
49,092,763	53,104,830	Medicare inpatient	283,343,515	284,359,529
1,262,503	1,692,571	Medi-Cal traditional outpatient	7,653,545	9,162,164
2,165,999	2,792,094	Medi-Cal traditional inpatient	19,575,705	32,791,339
40,612,334	39,422,204	Medi-Cal managed care outpatient	254,276,931	231,810,747
30,459,032	28,560,165	Medi-Cal managed care inpatient	169,917,410	155,737,339
23,444,512	26,285,753	Commercial insurance outpatient	159,010,447	159,166,396
16,188,658	22,464,170	Commercial insurance inpatient	114,768,106	130,464,096
3,476,436	5,547,100	Uncollectible accounts expense	34,046,665	32,390,140
9,654,746	860,728	Other payors	38,098,033	8,791,296
225,472,759	222,185,509	Deductions from revenue	1,377,583,973	1,298,192,601
53,979,963	57,682,787	Net patient revenue	350,639,872	334,713,019
		Gross billed charges patient type:		
127,050,526	134,547,601	Inpatient	774,288,721	764,245,079
119,375,766	113,903,303	Outpatient	745,420,155	679,195,297
33,026,430	31,417,392	Emergency room	208,514,969	189,465,245
279,452,722	279,868,296	Total	1,728,223,845	1,632,905,620

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

Month of December		Three months ended December 31			
Current Year	Prior Year	Current Year	Prior Year		
Operating revenue:					
\$ 279,452,722	\$ 279,868,296	\$ 1,728,223,845	\$ 1,632,905,620	Gross billed charges	
226,756,187	222,185,509	1,378,874,902	1,298,192,601	Deductions from revenue	
52,696,536	57,682,787	349,348,943	334,713,019	Net patient revenue	
13,720,242	1,477,702	25,625,795	8,991,127	Other operating revenue	
66,416,778	59,160,488	374,974,737	343,704,146	Total operating revenue	
Operating expenses:					
20,887,174	17,974,205	118,756,345	105,453,439	Salaries and wages	
2,997,338	3,078,644	20,400,949	18,572,384	Compensated absences	
5,918,489	6,626,759	46,229,103	47,244,184	Employee benefits	
9,725,930	9,349,330	56,166,246	51,904,880	Supplies, food, and linen	
5,323,008	3,514,572	27,490,906	23,299,429	Purchased department functions	
2,184,047	2,705,916	16,110,068	15,041,807	Medical Fees	
3,144,592	2,609,166	17,834,025	11,541,657	Other Fees	
4,235,832	2,705,538	18,292,488	15,188,415	Depreciation	
1,509,380	1,804,289	11,866,645	10,644,529	All other expense	
55,925,790	50,368,420	333,146,775	298,890,724	Total Operating expenses	
10,490,988	8,792,068	41,827,962	44,813,422	Income from operations	
Non-operating Income:					
50,045	230,929	647,705	4,007,960	Donations	
500,550	476,714	3,003,300	2,860,286	Property taxes	
(266,393)	(120,673)	7,136,594	9,762,714	Investment Income	
(4,541,246)	(4,312,155)	(21,680,344)	(28,090,222)	Income from subsidiaries	
(4,257,045)	(3,725,185)	(10,892,745)	(11,459,262)	Total non-operating income	
\$ 6,233,943	\$ 5,066,884	\$ 30,935,218	\$ 33,354,160	Operating and non-operating income	

SALINAS VALLEY HEALTH MEDICAL CENTER
BALANCE SHEETS
December 31, 2025

	Current Year	Prior Year
ASSETS		
Current assets:		
Cash and Cash Equivalents	\$ 291,418,284	\$ 283,531,552
Patient accounts receivable, net of estimated uncollectibles	148,883,615	115,978,756
Supplies inventory at cost	5,581,166	9,241,513
Current portion of lease receivable	550,301	1,067,519
Other current assets	14,285,560	13,519,522
	<hr/>	<hr/>
Total current assets	460,718,926	423,338,861
	<hr/>	<hr/>
Assets whose use is limited or restricted by board	180,493,896	169,842,945
	<hr/>	<hr/>
Capital assets:		
Land and construction in process	43,025,374	42,424,154
Other capital assets, net of depreciation	203,752,374	210,779,457
	<hr/>	<hr/>
Total capital assets	246,777,748	253,203,611
	<hr/>	<hr/>
Other assets:		
Right of use assets, net of amortization	10,104,908	6,333,251
Long term lease receivable	2,222,038	277,483
Subscription assets, net of amortization	54,930,998	7,891,305
Investment in securities	277,928,833	263,993,737
Investment in SVMC	3,070,323	(2,331,384)
Investment in Aspire/CHI/Coastal	1,676,779	1,757,016
Investment in other affiliates	17,808,049	21,442,296
Net Pension Asset	20,054,372	(1,566,407)
Goodwill	532,173	532,173
	<hr/>	<hr/>
Total other assets	388,328,474	298,329,470
	<hr/>	<hr/>
Deferred Pension Outflows	55,438,539	85,734,219
	<hr/>	<hr/>
Total assets	\$ 1,331,757,582	\$ 1,230,449,105
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LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued expenses	60,021,228	60,921,254
Due to third party payors	4,757,683	3,635,397
Current portion of self-insurance liability	21,589,875	22,648,944
Current subscription liability	5,385,125	2,984,587
Current portion of lease liability	3,650,644	2,489,041
Current portion of compensated absences	5,078,868	-
	<hr/>	<hr/>
Total current liabilities	100,483,424	92,679,223
	<hr/>	<hr/>
Long term portion of workers comp liability	11,655,972	12,078,720
Long term portion of lease liability	6,955,108	3,933,983
Long term subscription liability	12,154,176	2,580,205
Long term portion of compensated absences	12,052,154	-
	<hr/>	<hr/>
Total Liabilities	143,300,834	111,272,131
	<hr/>	<hr/>
Lease deferred inflows	2,707,179	1,310,788
Pension Liability	79,394,685	90,863,576
	<hr/>	<hr/>
Net Assets:		
Invested in capital assets, net of related debt	246,777,748	253,203,611
Unrestricted	859,577,137	773,799,000
	<hr/>	<hr/>
Total Net Assets	1,106,354,884	1,027,002,610
	<hr/>	<hr/>
Total liabilities and net assets	\$ 1,331,757,582	\$ 1,230,449,105
	<hr/>	<hr/>

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

Actuals	Budget	\$ Variance	% Variance		Actuals YTD	Budget YTD	\$ Variance YTD	% Variance YTD
				Operating revenue:				
279,452,722	290,967,486	(11,514,764)	4.0%	Gross billed charges	1,728,223,845	1,727,266,182	957,663	-0.1%
226,756,187	234,347,634	(7,591,447)	-3.2%	Deductions from revenue	1,378,874,902	1,386,358,020	(7,483,118)	0.5%
52,696,536	56,619,853	(3,923,317)	6.9%	Net patient revenue	349,348,943	340,908,162	8,440,780	-2.5%
13,720,242	1,721,629	11,998,613	-696.9%	Other operating revenue	25,625,795	10,329,773	15,296,022	-148.1%
66,416,778	58,341,481	(8,075,296)	13.8%	Total operating revenue	374,974,737	351,237,935	(23,736,802)	6.8%
				Operating expenses:				
20,887,174	18,196,011	2,691,163	14.8%	Salaries and wages	118,756,345	111,450,596	7,305,750	-6.6%
2,997,338	4,915,313	(1,917,975)	-39.0%	Compensated absences	20,400,949	22,813,549	(2,412,600)	10.6%
5,918,489	7,294,098	(1,375,609)	-18.9%	Employee benefits	46,229,103	46,744,962	(515,859)	1.1%
9,725,930	9,051,530	674,400	7.5%	Supplies, food, and linen	56,166,246	53,650,296	2,515,950	-4.7%
5,323,008	4,698,013	624,995	13.3%	Purchased department functions	27,490,906	27,205,035	285,871	1.1%
2,184,047	2,615,198	(431,151)	-16.5%	Medical Fees	16,110,068	15,683,688	426,380	-2.7%
3,144,592	1,495,564	1,649,028	110.3%	Other Fees	17,834,025	8,933,474	8,900,551	-99.6%
4,235,832	3,664,124	571,708	15.6%	Depreciation	18,292,488	16,482,162	1,810,326	-11.0%
1,509,380	1,998,756	(489,376)	-24.5%	All other expense	11,866,645	12,091,572	(224,928)	-1.9%
55,925,790	53,928,606	1,997,184	3.7%	Total Operating expenses	333,146,775	315,055,334	18,091,441	-5.7%
10,490,988	4,412,876	(6,078,112)	137.7%	Income from operations	41,827,962	36,182,601	(5,645,361)	15.6%
				Non-operating Income:				
50,045	216,667	(166,622)	76.9%	Donations	647,705	1,300,000	(652,295)	50.2%
500,550	500,550	0	0.0%	Property taxes	3,003,300	3,003,300	0	0.0%
(266,393)	1,242,700	(1,509,093)	121.4%	Investment Income	7,136,594	7,454,873	(318,279)	4.3%
(4,541,246)	(4,216,518)	(324,729)	-7.7%	Income from subsidiaries	(21,680,344)	(26,922,177)	5,241,832	19.5%
(4,257,045)	(2,256,601)	(2,000,443)	-88.6%	Total non-operating income	(10,892,745)	(15,164,003)	4,271,258	28.2%
6,233,943	2,156,274	(4,077,669)	189.1%	Operating and non-operating income	30,935,218	21,018,598	(9,916,620)	47.2%

COMMUNITY ADVOCACY COMMITTEE

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

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

(Rolando Cabrera, M.D.)



Origination N/A
Approved N/A
Expires N/A

Owner Lynette Fitzgerald:
Director
Community Benefit
Area Plans and Program

Community Funding

I. SCOPE

- A. It is the policy of Salinas Valley Health (“SVH” or “District”) to expend District resources only in furtherance of the District’s statutory purposes and in the exercise of powers set forth or implied in the District’s enabling legislation (California Health and Safety Code Sections 32000, et seq.).

II. OBJECTIVES/GOALS

- A. To ensure compliance with California State law prohibitions on unlawful expenditures or gifts of public funds, including as specifically addressed in Sections 5 and 6 of Article XVI of the California Constitution, Government Code Section 8314, Code of Civil Procedure Section 526a, Penal Code Sections 424, and Health & Safety Code Section 32139(c), et seq.
- B. The purpose of this Community Funding Policy (“Policy”) is to ensure that all funds and other resources of Salinas Valley Health are expended in furtherance of valid public purposes in full accordance with applicable laws and the rules in this Policy.
- C. This document shall serve to satisfy the requirement of an annual adoption by the Board of Directors of a policy for providing assistance or grant funding pursuant to Health & Safety Code Section 32139(c).

III. DEFINITIONS

- A. “Community Funding” means SVH resources – including tax revenue or other funds, materials or in-kind support – given to or spent to support any individual, organization, or entity for the purpose of benefitting the healthcare of the region served by SVH, including the areas within and surrounding the SVH jurisdictional boundaries. Community Funding can include money or Materials/ In-kind Benefits. Materials/In-kind Support are resources other than money, including time and materials. There are three types of Community Funding:
 - 1. Community Benefit Support;
 - 2. Marketing Support; and
 - 3. Sponsorship of Charitable Events.

- B. **“Community Benefit Support”** is resources donated for the purpose of health improvement services, economic development and/or community coalition building within the SVH healthcare district which are aligned with issues identified in the Community Health Needs Assessment. Examples include contributions to community events at which individuals can benefit from health screenings or wellness screenings, community health education, and contributions to community health clinics.
- C. **“Marketing Support”** means resources given or spent to promote the business, and goals of SVH and the services SVH provides.
- D. **“Sponsorships of Charitable Events”** means resources given or spent to sponsor qualified charitable organizations located within the District Boundaries, including sponsorship of events conducted by charitable organizations that support the MISSION/VISION of the District.

IV. PLAN MANAGEMENT

A. Plan Elements

1. This Policy sets forth procedures and standards for consideration, approval and administration of potential expenditures of SVH resources in the areas of community benefit support and marketing.
2. SVH distributes all tickets/passes according to the FairPolitical Practices Commission §18944.1. Gifts: Agency Provided Tickets or Passes.
3. SVH will expend District resources only in the furtherance of its MISSION/VISION, and prioritize requests that align with issues identified in the Community Health Needs Assessment.
4. SVH makes expenditures related to community funding and marketing only after consideration pursuant to this Policy and an evaluation of the financial capacity of the proposed recipient, and SVH to make such expenditures.
5. SVH will not provide Community Funding to support or oppose campaigns for or against political candidates or ballot measures.
6. SVH will not provide Community Funding to or in aid of any religious sect, church, creed, or sectarian purpose, or to help to support or sustain any school, college, university, hospital, or other institution controlled by any religious creed, church, or sectarian denomination.

B. Plan Management

1. The Chief Executive Officer may create a Community Funding Committee (“Committee”) to maintain the integrity of the procedures set forth in this Policy. In the absence of such a Committee, the duties and responsibilities assigned to the Committee in this Policy shall be carried out by the Leadership Working Group (“LWG”).
 - a. The Community Funding Committee will conduct the following activities: review requests for Community Funding monthly or as pending either in person, online, or via telephone conference call and present recommendations on funding decisions to LWG for final review.
 - b. Final award decisions, will be communicated by the Director of Community Benefit to the applicant along with the restricted dollar amount (amount deemed community benefit).
 - c. Invoices will be verified by the Director of Community Benefit and approved by the

Chief Executive Officer before being forwarded to Accounting.

- d. Restricted letters will be prepared by the Director of Community Benefit and forwarded to Accounting to accompany the payment.
- e. By April of each year, evaluate the prior year's Community Funding activities for alignment with the SVH strategic plan and provide recommendations for the next year's Community Funding budget to the LWG. These recommendations will include planned community events, tentative line-item expenses and a total budget projection for the upcoming fiscal year.
- f. Recipients of grant funding or assistance will be disclosed on the SVH website per the legal requirement (Health & Safety Code 32139(b)(5)).
- g. On occasion, the LWG may choose to approve a community funding request without prior input from the committee.

2. Community Funding Requests and Decisions

- a. All decisions related to Community Funding will be made pursuant to the procedures set forth in this Policy.
- b. All applicants for Community Funding, including SVH officers or employees, shall submit a Community Funding Request Form (see Attachment A as an example) to Salinas Valley Health. The Request Form can be accessed on the SVH website or by mail.
- c. Applicants will have an opportunity each fiscal year (July 1–June 30) to submit one comprehensive funding request for that fiscal year.
- d. The Committee will review each Community Funding Request in accordance with the guidelines contained within the Policy. In reviewing each request, the following factors should be considered in determining grant recipients:
 - i. Addresses an identified health need in the current Community Health Needs Assessment.
 - ii. Supports the community within the Salinas Valley Health District and surrounding the SVH jurisdictional boundaries.
 - iii. Operates as a non-profit 501(c)(3) or organization with a non-profit fiscal agent.
 - iv. Maintains documented nondiscrimination policies with regard to target populations, employee, and volunteers.
 - v. Focused evaluation of grant requests from underserved individuals and communities.
 - vi. Evaluation of the financial need of grant applicants.
 - vii. Consideration of the circumstances under which grants may be provided to prior grant recipients and exceptions to those circumstances.
 - viii. Awarding grants to, and possibly limiting funds for, foundations that are sponsored or controlled by, or association with, another grant recipient.
- e. The Director of Community Benefit will communicate in writing whether requests were accepted or denied.

3. Policy Review

- a. Decisions made and actions taken pursuant to this Policy shall be reviewed at least annually to ensure compliance the Board's Policy on Community Giving, and alignment of Community Funding decisions with SVH's strategic plan and vision, mission and goals.

4. Tickets and Related Benefits

- a. If SVH receives event tickets or other benefits in response to the provision of Community Funding, such as in exchange for sponsorship of a community event, such benefits shall be managed according to the SVH [GIFT, TICKET AND HONORARIA POLICY](#).

5. Documentation

- a. All applicants for Community Funding must complete and submit a Community Funding Request Form (Attachment A).
- b. The Community Funding Committee will utilize the Community Funding Request Form (Attachment A) to consider and support recommendations to the LWG.
- c. Applicants for Community Funding will be notified of the disposition of their request in writing.
- d. The Committee shall maintain all documentation related to Community Funding requests, including completed Community Funding Request forms; records of Committee Community Funding Request evaluations and recommendations; notice s of Community Funding awards or denials, and a copy of Restricted Letters, in compliance with the SVH record retention policy. ([RECORDS RETENTION POLICY](#))
- e. [SVH Grants & Sponsorship Application](#) (For consideration this form must be received at least 4 weeks prior to the event/activity.)

C. **Plan Responsibility** (Who is responsible for the plan and its components?)

1. Allen Radner, MD, President/CEO

D. **Performance Measurement**

1. Budgeting and Tracking of Community Funding Expenditures.
 - a. For budgeting and resource tracking purposes, Community Funding expenditures will be designated as follows: Community Benefit Support and Sponsorship of Charitable Events identified as restricted Community Benefit will be assigned to 8645 (Community Funding), spend category: community funding. If there is a portion of Charitable Events that supports event costs, assignment will be to 8645 (Community Funding), spend category: other expense. Marketing Support is assigned to 8630 (Marketing), spend category: other expenses.

E. **Orientation and Education**

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

V. REFERENCES

- A. Article XVI, Sections 5 and 6, California Constitution
- B. California Government Code Section 8314

- C. California Code of Civil Procedure Section 526a
- D. California Penal Code Sections 424, et seq.
- E. Fair Political Practices Commission §18944.1. Gifts: Agency Provided Tickets or Passes

Attachments

[Attachment A 2026.pdf](#)

Approval Signatures

Step Description	Approver	Date
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Standards

No standards are associated with this document

DRAFT

Medical Executive Committee Summary – February 12, 2026

Items for Board Approval

Credentials Committee

Initial Appointment:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Cervantes, Armando, MD	Family Medicine	Family Medicine/ Pediatrics	Family Medicine – Active Community
Hendershot, Wade, DPM	Podiatric Surgery	Surgery	Podiatry Salinas Valley Health Wound Healing Clinic
Nguyen, Michael, DO	Pediatric Cardiology	Family Medicine/ Pediatrics	Pediatric Cardiology Remote Pediatric Cardiology

Reappointment:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Acton, Danielle, MD	Family Medicine	Family Medicine/ Pediatrics	Family Medicine – Active Community
Andrade, Jacob, MD	Radiation Oncology	Medicine	Radiation Oncology
De Leo, Andrea, DO	Neurology	Medicine	TeleNeurology
Floyd, Amanda, MD	Neurology	Medicine	TeleNeurology
Holcombe, Travis, MD	Plastic Surgery	Surgery	Plastic & Reconstructive Surgery Plastic & Reconstructive Surgery within the Head & Neck
Joye, James, DO	Interventional Cardiology	Medicine	Cardiology Interventional Cardiology Peripheral Endovascular Cardiology
Korya, Dani, MD	Neurology	Medicine	TeleNeurology
Labroo, Eshan, MD	Family Medicine	Medicine	Adult Hospitalist
Lim, Kelvin, MD	Orthopedics	Surgery	Orthopedic Surgery Hand Surgery
Meyerhoff, Karen, MD	Anesthesiology	Anesthesiology	Anesthesiology: Critical Care/Pulmonary Medicine
Ordookhani, Arash, MD	Internal Medicine	Medicine	Adult Hospitalist
Prochazka, Simona, MD	Anesthesiology	Anesthesiology	Anesthesiology
Rudrapatna, Vivek, MD	Internal Medicine	Medicine	Medicine – Active Community
Tan, Joshua, DO	Internal Medicine	Medicine	Adult Hospitalist

Modification of Privileges:

APPLICANT	SPECIALTY	PRIVILEGE MODIFICATION
Matthews, Jamil, MD	Vascular Surgery	Add Use of Fluoroscopy
Kadokia, Rikin, MD	Interventional Cardiology	Add Tri-Clip Procedure

Staff Status Modifications:

APPLICANT	SPECIALTY	STATUS CHANGE
Kogan, Rosalie, MD	Internal Medicine	Recommend advancement to Active Staff
Singh, Gurbir, MD	Nephrology	Recommend advancement to Active Staff
Bashtar, Reza, MD	Internal Medicine	Resignation effective 1/21/2026
Feng, Chengyuan, MD	Tele-Neurology	Resignation effective 1/15/2026

Tafreshi, Gilda MD	Tele-Neurology	Resignation effective 1/26/2026
Yu, Yvonne, MD	Pediatrics	Resignation effective 2/12/2026

Other Items: (Attached)

Clinical Privilege Delineation Revision: General Surgery, Oncology General Surgery and Colorectal Surgery	Revision updates the core procedures list to include anal fistula and fissure procedures (includes use of radiofrequency) and basic laparoscopic surgery
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Interdisciplinary Practice Committee

Initial Appointment:

APPLICANT	PRIVILEGES	DEPT	COLLABORATING/SUPERVISING PHYSICIAN(S)
Quach, Brittini, NP	Nurse Practitioner – Cardiology	Medicine	Richard Gerber, MD Rikin Kadakia, MD Steven Regwan, DO

Reappointment:

APPLICANT	PRIVILEGES	DEPT	COLLABORATING/SUPERVISING PHYSICIAN(S)
Frieben, Cody, NP	Nurse Practitioner Cardiovascular	Medicine	Vincent DeFilippi, MD Andreas Sakopoulos, MD
Shimizu, Ellen, PA	Physician Assistant Orthopedic Surgery	Medicine	Bert Tardieu, MD John Bonano, MD Matthew Griffin, MD

Staff Status Modifications:

APPLICANT	SPECIALTY	STATUS CHANGE
Bojka, Rachel, PA-C	Physician Assistant General Surgery	Resignation effective 1/7/2026
Cash, Taaka, PMHNP	Nurse Practitioner -Psychiatric Mental Health Telemedicine	Resignation effective 1/23/2026
Shamaa, Aman, PA-C	Physician Assistant Cancer Care	Resignation effective 2/28/2026

Informational Items:

I. Committee Reports:

- a. Credentials Committee
- b. Interdisciplinary Practice Committee
- c. Medical Staff Excellence Committee
- d. Quality and Safety Committee

II. Other Reports:

- a. Summary of Executive Operations Committee Meetings
- b. Summary of Medical Staff Department/Committee Meetings January 2026
- c. Medical Staff Treasury Report February 2, 2026
- d. Medical Staff Statistics Year to Date
- e. Financial Update December 2025
- f. Executive Updates
- g. HCAHPS Update February 9, 2026

**Clinical Privileges Delineation
General Surgery, Oncology General Surgery
And
Colorectal Surgery**

Robotic Assisted Surgery Privileges must be requested separately.

Applicant Name: _____

GENERAL SURGERY:

Qualifications:

To be eligible to apply for core privileges in general surgery, the applicant must meet the following qualifications:

Board Certification:

Current Board certification or Board Eligible status (as defined by the corresponding specialty Board) in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery. For Board Eligible applicants, Board Certification as defined above must occur within 5 years of completion of residency/fellowship or within the eligibility specified by the corresponding specialty Board.

Ongoing Board Certification:

Once certified by a recognized Board, the Medical Staff Member must remain certified as a condition for Medical Staff privileges. If the Medical Staff member's board certification lapses for any reason, they shall have a grace period of two (2) years from the expiration date to regain board certification. Failure to regain board certification within the specified time period shall result in automatic suspension of Medical Staff privileges.

Applicants more than two years out of Residency training must provide documentation of the performance of at least 100 general surgical procedures during the past 12 months.

COLORECTAL SURGERY:

Qualifications:

To be eligible to apply for core privileges in colorectal surgery, the applicant must meet the following qualifications:

Board Certification:

Current Board certification or Board Eligible status (as defined by the corresponding specialty Board) in colorectal surgery by the American Board of Surgery or the American Osteopathic Board of Surgery. For Board Eligible applicants, Board Certification as defined above must occur within 5 years of completion of residency/fellowship or within the eligibility specified by the corresponding specialty Board.

Ongoing Board Certification:

Once certified by a recognized Board, the Medical Staff Member must remain certified as a condition for Medical Staff privileges. If the Medical Staff member's board certification lapses for any reason, they shall have a grace period of two (2) years from the expiration date to regain board certification. Failure to regain board certification within the specified time period shall result in automatic suspension of Medical Staff privileges.

Applicants more than two years out of Fellowship training must provide documentation of the performance of at least 50 colorectal surgical procedures during the past 24 months.

ONCOLOGIC GENERAL SURGERY:

Qualifications:

To be eligible to apply for core privileges in oncologic general surgery, the applicant must meet the following qualifications:

Board Certification:

Current Board certification or Board Eligible status (as defined by the corresponding specialty Board) in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery. For Board Eligible applicants, Board Certification as defined above must occur within 5 years of completion of residency/fellowship or within the eligibility specified by the corresponding specialty Board AND Successful completion of an AMBS Complex General Surgical Oncology Fellowship.

Ongoing Board Certification:

Once certified by a recognized Board, the Medical Staff Member must remain certified as a condition for Medical Staff privileges. If the Medical Staff member's board certification lapses for any reason, they shall have a grace period of two (2) years from the expiration date to regain board certification. Failure to regain board certification within the specified time period shall result in automatic suspension of Medical Staff privileges.

Applicants more than two years out of Residency training must provide documentation of the performance of at least 100 general surgical procedures (50 of which must be oncologic general surgery procedures) during the past 12 months.

General Privilege Statement

Clinically privileged individuals who have been determined to meet criteria within their practice specialty are permitted to admit, evaluate, diagnose, treat and provide consultation independent of patient age, and where applicable, provide surgical and therapeutic treatment within the scope of those clinical privileges and to perform other procedures that are extensions of those same techniques and skills. In the event of an emergency, any credentialed individual is permitted to do everything reasonably possible regardless of department, staff status or clinical privileges, to save the life of a patient or to save a patient from serious harm as is outlined in the Medical Staff Bylaws.

SPECIAL REQUIREMENT:

Physicians involved in the evaluation and management of cancer patients must be either Board Certified, in the process of becoming board certified; or demonstrate ongoing cancer-related education by documenting 12 CME hours annually

New applicants will be required to provide documentation of the number and types of surgical cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

General Surgery Core privileges

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and post-operative care, and perform surgical procedures, to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, vascular and endocrine systems. Management of trauma and complete care of critically ill patients with underlying surgical conditions. The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

Colorectal Surgery Core privileges

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and post-operative care, and perform surgical procedures, to patients of all ages admission, workup, diagnosis and performance of surgical procedures on patients presenting with illnesses related to the colon, rectum & anus; to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, vascular and endocrine systems. Management of trauma and complete care of critically ill patients. The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

Oncologic General Surgery Core privileges

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and post-operative care, and perform surgical procedures, to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, vascular and endocrine systems. Management of trauma and complete care of critically ill patients with underlying surgical conditions. The core privileges in this specialty include General Surgery core procedures, Colorectal Surgery core procedures as well as the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

Core Proctoring Requirements:

Core proctoring requirements include direct observation or concurrent and/or retrospective review as per proctoring policy contained in the Medical Staff General Rules and Regulations.

Reappointment Criteria for Core Privileges:

Applicant must provide reasonable evidence of current ability to perform requested privileges; those physicians who have fewer than 5 cases per year in the hospital, and cannot provide documentation of current competence from another facility, will not qualify for reappointment.

AND

Be Board Certified. If the Medical Staff member's board certification lapses for any reason, they shall have a grace period of two (2) years from the expiration date to regain board certification. Failure to regain board certification within the specified time period shall result in automatic suspension of Medical Staff privileges.

Board certification/eligibility requirements are applicable to new privilege requests after the Board of Directors approval of these revisions on September 28, 2017.

Special Procedures/Privileges

Qualifications: To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth below.

Proctoring of Special Procedure Privileges: These special procedure-proctoring requirements must be met in addition to the core proctoring requirements described on page one of this privilege form.

Applicant: Place a check mark in the (R) column for each privilege requested. New applicants must provide documentation of the number and types of hospital cases during the past 24 months.

(R)=Requested (A)=Recommended as Requested (C)=Recommended w/Conditions (N)=Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated on the last page of this form.

Applicant: Check box marked "R" to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Moderate Sedation	Current ACLS Certification AND Signed attestation of reading SVH Sedation Protocol and learning module, AND Completion of written moderate sedation exam with minimum of 75% correct.	1	Current ACLS Certification AND Completion of written moderate sedation exam with minimum 75% correct AND Performance of at least two (2) Cases
				Insertion and management of pulmonary artery catheters	Successful completion of an accredited residency or fellowship in internal medicine, general surgery, cardiology, anesthesiology, pulmonary medicine, critical care, or family medicine; and performance of at least 10 PACs during this formal training, as primary operator Required Previous Experience: Active hospital practice in the chosen respective field; and performance (as the primary operator) of at least 10 PACs within the past 24 months.	1	Performance of at least four (4) PACs within the past 24 months.

Applicant: Check box marked "R" to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Percutaneous Endoscopic Gastrostomy (PEG).	Formal fellowship training in gastroenterology or a residency in general surgery AND Performance of at least five (5) cases within the past 24 months	1 Observation and 3 chart reviews	Performance of at least five (5) cases during the past 24 months
				Laparoscopic Sleeve Gastrectomy	Unrestricted privileges to perform advanced laparoscopic surgery <i>(restrictions do not include initial appointment proctoring)</i>	5 cases observed by a surgeon with unrestricted privileges for the procedure	Performance of at least 20 cases within the past 24 months.
				Esophagogastroduodenoscopy EGD	Documentation of successful completion of 50 cases within the past 24 months	1	Performance of at least 25 cases within the past 24 months
				Esophageal resection and reconstruction, or esophagogastrectomy, or Transhiatal Esophagectomy	Documentation of successful completion of four (4) cases within the past 24 months	1	Performance of at least two (2) cases within the past 24 months
				Colonoscopy	Documentation of successful completion of 50 cases within the past 24 months	1	Performance of at least 25 cases within the past 24 months
				Hysterectomy as part of general surgical procedures	Documentation of successful completion of eight (8) cases within the past 24 months	1	Performance of at least four (4) cases within the past 24 months
				Salinas Valley Health Wound Healing Clinic (SVHWHC)	Applicants must meet initial appointment or reappointment criteria for General and Colorectal Surgery Privileges AND Be approved by the Medical Director of the SVHWHC or their designee	N/A	Applicants must meet initial appointment or reappointment criteria for General and Colorectal Surgery privileges.

Applicant: Check box marked "R" to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Percutaneous/Open Radiofrequency Ablation of Tumors	Successful completion of an ACGME/AOA accredited residency in general surgery, urology or otolaryngology OR Fellowship training in oncologic general surgery, vascular surgery or interventional radiology AND Documentation of successful completion of two (2) procedures within the past 24 months	1	Performance of at least two (2) cases within the past 24 months AND Documentation of CME directly related to radiofrequency ablation within the past 24 months
				Use of radiofrequency for interruption of veins	Successful completion of the equipment manufacturer's training course AND Current unrestricted privileges in non-radiofrequency assisted deep vein interruption procedures	1	Performance of at least two (2) cases within the past 24 months
				Radical regional lymph node dissections, including retroperitoneal, pelvic and inguinal	Documentation of successful completion of four (4) cases within the past 24 months	1	Performance of at least two (2) cases within the past 24 months
				Salpingoophorectomy	Documentation of successful completion of eight (8) cases within the past 24 months	1	Performance of at least four (4) cases within the past 24 months
				Use of Fluoroscopy	Current California State X-Ray S&O Fluoroscopy Certification.	None	Current California Stat X-Ray S&O Fluoroscopy Certification

Core Procedure List: The following procedures are considered to be included in the core privileges for the specialty. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Department Chair, VP Medical Affairs and/or the Chief of Staff

General Surgery

1. Amputations, above the knee, below knee, toe, transmetatarsal
2. Appendectomy
3. Biliary enteric anastomosis
4. Biliary tract resection/reconstruction
5. Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess. modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy including diagnosis and management of breast disorders
6. Colectomy, colotomy, colostomy
7. Proctectomy, including abdominoperineal approach
8. Correction of intestinal obstruction
9. Emergency thoracostomy
10. Enteric fistulae, management
11. Enterostomy (feeding or decompression)
12. Anal fistula and fissure procedures [\(includes use of radiofrequency\)](#)
13. Hemorrhoidectomy
14. Excision of thyroglossal duct cyst
15. Gastric operations for cancer (partial. or total gastrectomy)
16. Gastroduodenal surgery
17. Gastrostomy (feeding or decompression)
18. Hepatic lobectomy and insertion of infusion catheters, pumps
19. Incision and drainage of abscesses and cysts of the soft tissue
20. Biopsy of superficial lymph nodes, cutaneous and soft tissue lesions
21. Incision, excision, resection, and enterostomy of small intestine
22. Incision/drainage of perirectal abscess
23. Incision/excision of pilonidal cyst
24. Intraoral surgery, local excision
25. Laparoscopic General and Colorectal Surgery
26. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis
27. Liver biopsy (intra-operative)
28. Management of burns
29. Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
30. Management of multiple trauma
31. Management of soft tissue tumors, inflammations, and infections and necrosis
32. Open operations on gallbladder, biliary tract, bile ducts, hepatic ducts, excluding biliary tract reconstruction
33. Pancreatic pseudocyst drainage
34. Debridement of infected pancreatic tissue
35. Nephrectomy with Urology present
36. Debridement of decubitus and stasis ulcers of the skin
37. Removal of ganglion (palm or wrist; flexor sheath)

38. Removal of Peritoneal Dialysis Catheter
39. Repair of perforated viscus (gastric, small intestine, large intestine)
40. Sentinel lymph node biopsy
41. Vagotomy
42. Skin grafts (partial thickness, full thickness, split thickness)
43. Splenectomy (trauma, staging, therapeutic)
44. Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
45. Thoracentesis
46. Thyroid and parathyroid surgery
47. Tracheostomy
48. Varicose vein injection, sclerotherapy, excision & ligation, interruption of deep perforator veins of the lower extremities
49. Insertion of central venous catheters: non-tunneled, tunneled, with or without subcutaneous ports
50. Arterial line placement and monitoring
51. Basic Laparoscopic **Surgery** – diagnostic, appendectomy, cholecystectomy, lysis of adhesions, Peritoneal Dialysis , feeding tubes and catheter positioning and Liver Biopsy
52. Intermediate Laparoscopic Surgery – Jejunostomy, Gastrostomy, Vagotomy, Lymph node biopsy, Closure perforated ulcer, Oophorectomy and/or drainage of ovarian cyst in consultation with OB/GYN, Hernia repair to include hiatal, umbilical, incisional and inguinal with or without graft
53. Advanced Laparoscopic Surgery – Bowel surgery to include resection, anastomosis, stoma, colectomy, hemicolectomy, and sigmoidectomy, Common bile duct exploration, Splenectomy, Lymph node dissection, Nephrectomy with Urologist present, Adrenalectomy and Gastrectomy

Core Procedure List: The following procedures are considered to be included in the core privileges for the specialty. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Department Chair, VP Medical Affairs and/or the Chief of Staff

Colorectal Surgery

1. All core procedures for General Surgery
2. Abdominal procedures related to diseases of the colon, rectum and anus
3. Anorectal procedures
4. Endoscopic procedures including anoscopy, rigid sigmoidoscopy, flexible sigmoidoscopy, & total colonoscopy
5. Endoscopic rectal ultrasound
6. History & Physical
7. Operative management and post-operative care of patients with pathologic conditions involving the intestinal tract, colon, rectum, anal canal and perianal area
8. Urogynecologic procedures related to diseases of the colon, rectum and anus
9. Use of Laser
10. Vascular access procedures
11. Laparoscopic Colon Surgery
12. Laparoscopic Hernia Repair

Core Procedure List: The following procedures are considered to be included in the core privileges for the specialty. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Department Chair, VP Medical Affairs and/or the Chief of Staff

Oncologic General Surgery

1. All core procedures for General Surgery and Colorectal Surgery
2. Hysterectomy and BSO as part of cytoreductive surgery
3. Intraoperative EGD
4. Intraoperative sigmoidoscopy

Applicant: Complete this section only if you do not wish to apply for any of the specific core procedures listed above:
Please indicate any privilege on this list you would like to ***delete or change*** by writing them in the space provided below. Requests for deletions or changes will be reviewed and considered by the Department Chair, Credentials Committee and Medical Executive Committee. Deletion of any specific core procedure does not preclude mandatory requirement for Emergency Room call.

Applicant Signature:

Date:

Acknowledgment of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Salinas Valley Health Medical Center. I further submit that I have no health problems that could affect my ability to perform the privileges I am request. I also understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff Bylaws, Rules and Regulations, and policies applicable generally and any applicable to the particular situation,
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Applicant Signature

Date

*****Department Chair’s Recommendation*****

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

<input type="checkbox"/> Recommend all requested privileges
<input type="checkbox"/> Recommend all requested privileges with the following conditions/modifications:
<input type="checkbox"/> Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1.	
2.	
3.	
4.	
Notes:	

Department Chair Signature

Date

EXTENDED CLOSED SESSION

(if necessary)

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

(Meeting Chair)

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

(Meeting Chair)

ADJOURNMENT