



June 19, 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, JUNE 25, 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".

Allen Radner, MD
President/Chief Executive Officer

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

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

**THURSDAY, JUNE 25, 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> |
| A. Minutes of the Regular Meeting of the Board of Directors May 28, 2026 | |
| B. Minutes of the Special Meeting of the Board of Directors June 2, 2026 | |
| C. Policies/Plans Requiring Approval | |
| 1. Assignment of Patient Care Staff | |
| 2. Breast Massage, Hand Expression | |
| 3. Breast Milk Expression Via Electric Breast Pump Clinical | |
| 4. Capital Budget Planning Purchase | |
| 5. Community Funding | |
| 6. Disruptive Persons | |
| 7. Emergent Open Sternotomy (Assist) | |
| 8. Family Sick | |
| 9. Hospital Meditation Room Utilization | |
| 10. Oxygen Administration and Monitoring – NICU | |
| 11. Records Retention | |
| 12. Results of Tests and Diagnostic(s) | |
| 13. Visitors | |
| 14. Workplace Violence Prevention/Security | |
| D. Reporting and Settlement of Litigation and Claims | |

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

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

7. BOARD MEMBER COMMENTS AND REFERRALS

Joel Hernandez Laguna

8. REPORTS ON STANDING AND SPECIAL COMMITTEES

A. QUALITY AND EFFICIENT PRACTICES COMMITTEE

Catherine Carson

Minutes of the June 15, 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 June 15, 2026 Personnel, Pension and Investment Committee meeting have been provided to the Board for their review. The following recommendations have been made to the Board.

1. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF (i) FINDINGS SUPPORTING RECRUITMENT OF ROSHAN RAO, MD (ii) CONTRACT TERMS FOR DR. RAO'S RECRUITMENT AGREEMENT, AND (iii) CONTRACT TERMS FOR DR. RAO'S FAMILY MEDICINE PROFESSIONAL SERVICES AGREEMENT

- Staff Presentation
- 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 (i) FINDINGS SUPPORTING RECRUITMENT OF ITZEL VAZQUEZ, MD, (ii) CONTRACT TERMS FOR DR. VAZQUEZ'S RECRUITMENT AGREEMENT, AND (iii) CONTRACT TERMS FOR DR. VAZQUEZ'S SLEEP MEDICINE PROFESSIONAL SERVICES AGREEMENT

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

3. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF (i) FINDINGS SUPPORTING RECRUITMENT OF ANDREW LAUWAGIE, MD, (ii) CONTRACT TERMS FOR DR. LAUWAGIE'S RECRUITMENT AGREEMENT, AND (iii) CONTRACT TERMS FOR DR. LAUWAGIE'S UROLOGY PROFESSIONAL SERVICES AGREEMENT

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

4. CONSIDER RECOMMENDATION FOR BOARD APPROVAL TO NOT FUND THE SALINAS VALLEY MEMORIAL HEALTHCARE DISTRICT EMPLOYEES' PENSION PLAN FOR FISCAL YEAR 2027 BASED ON THE RESULTS OF THE 2026 PENSION VALUATION AND THE PLAN'S SURPLUS POSITION

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

C. CORPORATE COMPLIANCE AND AUDIT COMMITTEE

Joel Hernandez Laguna

Minutes of the June 17, 2026 Corporate Compliance and Audit Committee meeting have been provided to the Board for their review. Additional Report from Committee Chair, if any.

D. FINANCE COMMITTEE

Victor Rey, Jr.

Minutes of the June 22, 2026 Finance Committee meeting have been provided to the Board for their review. The following recommendations have been made to the Board.

1. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF CYBERSECURITY CONSOLIDATION THROUGH CDW GOVERNMENT, A SUPPLIER OF SALINAS VALLEY HEALTH'S GROUP PURCHASING ORGANIZATION AND CONTRACT AWARD

- Staff Presentation
- 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 MICROSOFT ENTERPRISE AGREEMENT RENEWAL AS SOLE SOURCE AND CONTRACT AWARD

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

3. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF THE CISCO WEBEX CLOUD MIGRATION AS SOLE SOURCE JUSTIFICATION AND CONTRACT AWARD

- Staff Presentation
- 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 CONTRACT AWARD TO RL DATIX FOR RL 360 MODULES

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

9. REVIEW AND CONSIDERATION FOR APPROVAL OF FISCAL YEAR 2027 (FY2027) OPERATING AND CAPITAL BUDGET *Iftikhar Hussain*

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

10. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING OF JUNE 11, 2026 AND RECOMMENDATIONS FOR THE FOLLOWING BOARD APPROVALS: *Alison Wilson, D.O.*

A. Reports

1. Credentials Committee Report (Including the following)
 - Family Medicine – Clinical Privilege Delineation
 - Ob Hospitalist – Clinical Privilege Delineation
 - Ob/Gyn – Clinical Privilege Delineation
2. Interdisciplinary Practice Committee Report

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

1. Laboratory Critical Call Values
2. Personal Protective Equipment (PPE)- All Staff

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

11. CONSIDERATION OF RESOLUTION NO. 2026-05: ORDERING 2026 GENERAL ELECTION FOR SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM; REQUESTING THE COUNTY ELECTIONS DEPARTMENT TO CONDUCT THE ELECTION; REQUESTING CONSOLIDATION OF THE ELECTION WITH STATEWIDE GENERAL ELECTION; AND AUTHORIZING PUBLICATION OF NOTICE OF ELECTION

*Matt Ottone
District Legal Counsel*

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

12. DISCUSSION REGARDING SUPPLY CHAIN CHALLENGES

Clement Miller

13. EXTENDED CLOSED SESSION *(if necessary)*

Joel Hernandez Laguna

14. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

Joel Hernandez Laguna

15. ADJOURNMENT

Joel Hernandez Laguna

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, July 23, 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, JUNE 25, 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 and Safety Board Dashboard Review

REPORT INVOLVING TRADE SECRET

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

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

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

CONFERENCE WITH LABOR NEGOTIATOR

(Government Code §54957.6)

Agency designated representative: (Specify name of designated representatives attending the closed session): Robert Andersen

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

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

PUBLIC EMPLOYEE PERFORMANCE EVALUATION

(Government Code §54957)

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

ADJOURN TO OPEN SESSION

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

(Meeting Chair)

AWARDS AND RECOGNITION

(Verbal)

(DR. RADNER)

PUBLIC COMMENT



DRAFT SALINAS VALLEY HEALTH¹
REGULAR MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
MAY 28, 2026

Board Members Present: President Joel Hernandez Laguna, Rolando Cabrera, M.D., and Isaura Arreguin.

Absent: Vice-President Catherine Carson, Victor Rey, Jr.

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.

1. CALL TO ORDER/ROLL CALL

A quorum was present and President Hernandez Laguna called the meeting to order at 4:06 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 *Hearings and Reports, Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and Services, and Conference with Legal Counsel-Existing Litigation*. The meeting recessed into Closed Session under the Closed Session Protocol at 4:07 p.m. The Board completed its business of the Closed Session at 4:42 p.m.

3. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 4:45 p.m. President Hernandez Laguna reported that in Closed Session, the Board discussed *Hearings and Reports, Report Involving Trade Secret – Trade Secret, Strategic Planning, Proposed New Programs and Services, and Conference with Legal Counsel-Existing Litigation*. The Board received and accepted the reports as presented. No action was taken.

4. AWARDS AND RECOGNITION

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

- **Hospital Week Celebration:** Michelle Barnhart Childs, CHRO, reported on the incredibly successful Hospital Week celebration which took place the week of May 11. Some of the events included a special celebration of Hometown Heroes, a poster expo, and a barbeque lunch and awards ceremony.
- **Good Install Award from Epic:** Alysha Hyland, CAO, and Josh Rivera, Director Enterprise Informatics, shared that Salinas Valley Health achieved the Good Install Award from Epic for surpassing program metrics and received \$413,000 in reimbursement.
- **Forty Under 40 Award for Dr. Rikin Kadakia:** Timothy Albert, CCO, was pleased to share that one of our outstanding Cardiologists, Dr. Rikin Kadakia, has received a prestigious recognition:

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

Cardiovascular Business has named him as one of the Forty Under 40 Class of 2026 honorees. Dr. Kadakia thanked his family and team.

- **STAR Award: Maria Dolores Gonzalez, Environmental Services:** Clement Miller, COO, introduced Dolores, who was honored with a STAR award due to her positive attitude and work ethic. Dolores has worked for SVH for 25 years and takes great pride in creating a safe, clean environment for patients.
- **STAR Award: Gabriel Munoz, CNA, Transport Aide:** Clement Miller, COO, introduced Gabriel, who was honored with a STAR award for his thoughtful and compassionate actions during a heartbreaking situation in the emergency department.
- **STAR Award: Claudia Mendez, Clinical Social Worker:** Clement Miller, COO, introduced Claudia, for the impact she has made in the year and a half that she has been with Salinas Valley Health in the ICU. Claudia shared that working in the ICU, caring for patients and families, and serving her community is very rewarding.

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 April 23, 2026
- B. Minutes of the Special Meeting of the Board of Directors February 28, 2026
- C. Minutes of the Special Meeting of the Board of Directors May 14, 2026
- D. Policies/Plans Requiring Approval
 - 1. Anesthesia Controlled Substance Record
 - 2. Exercise Stress Echo Protocol
 - 3. Informatics & IT Change Control
 - 4. Pharmacologic Stress Test with Modifications for Exercise
 - 5. Scope of Service: Health Promotion
 - 6. Scope of Service: Taylor Farms Family Health & Wellness Center
 - 7. Sheath Removal/Hemostasis/Manual Pressure - Cardiac Cath Lab

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

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

ROLL CALL VOTE:

Ayes: Arreguin, Hernandez Laguna, Dr. Cabrera;

Nays: None;

Abstentions: None;

Absent: Carson, Rey.

Motion Carried.

7. BOARD MEMBER COMMENTS AND REFERRALS

Director Rolando Cabrera, M.D.: Shared that he attended the Governance Institute conference in Scottsdale, Arizona.

Director Catherine Carson: Absent.

Director Victor Rey, Jr.: Absent.

Director Isaura Arreguin: Shared that she attended a Hospital Week celebration event, connected with SVH staff and has been consistently impressed with their passion for their work.

Director Hernandez Laguna: Shared that he attended the Hartnell College and SVH celebration to announce the \$1.5 million commitment to Hartnell College, aimed to increase the rate of graduations through the Hartnell nursing program. Also attended another event put on by Hartnell College relating to the summer health institute program. One referral to the President/CEO: a request for information on the Mobile Clinic, including details on the budget, how many people are served, and other metrics.

8. REPORTS ON STANDING AND SPECIAL COMMITTEES

A. QUALITY AND EFFICIENT PRACTICES COMMITTEE

A report was received from Director Dr. Cabrera regarding the Quality and Efficient Practices Committee. The minutes of the May 18, 2026 meeting were provided for Board review. Director Dr. Cabrera briefly reported highlights of the meeting as follows: the Poster Expo event was a successful, growing event; the Age Friendly Health System is making progress and meeting its goals; and an update that SVH is on track with completing the Leapfrog Annual Hospital Survey. There are no recommendations.

B. PERSONNEL, PENSION & INVESTMENT COMMITTEE

A report was received from Director Arreguin regarding the Personnel, Pension & Investment Committee. The minutes of the May 18, 2026 meeting were provided for Board review. The following recommendations were made.

1. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF (i) FINDINGS SUPPORTING RECRUITMENT OF MATTHEW YANUS, MD, (ii) CONTRACT TERMS FOR DR. YANUS' RECRUITMENT AGREEMENT, AND (iii) CONTRACT TERMS FOR DR. YANUS' NEUROLOGY PROFESSIONAL SERVICES AGREEMENT

STAFF REPORT: Dr. Albert reported that Dr. Yanus comes from a renowned training program in Houston and will add to the growing need for neurology services in the Salinas Valley. Neurology is a high demand area with over 400 new patient referrals a month and current average appointment wait times exceeding 100 days.

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: President Hernandez Laguna asked if Dr. Yanus will be assigned to a specific clinic. The current plan is for Dr. Yanus to split time between the Salinas clinic and Taylor Farms Health and Wellness clinic, as that is where the greatest need is now. Director Arreguin asked how many total neurologists are on staff? Dr. Yanus will be the fifth neurologist.

MOTION:

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

1. The Findings Supporting Recruitment of Matthew Yanus, MD:

- That the recruitment of physician specializing in neurology 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. Yanus; and
2. The Contract Terms of the Neurology Professional Services Agreement for Dr. Yanus.

ROLL CALL VOTE:

Ayes: Arreguin, Hernandez Laguna, Dr. Cabrera;

Nays: None;

Abstentions: None;

Absent: Carson, Rey.

Motion Carried.

2. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF CONTRACT TERMS FOR COLLEEN CAPRIO, MD’S HOSPITALIST MEDICINE PROFESSIONAL SERVICES AGREEMENT

STAFF REPORT: Dr. Caprio is currently a per diem medical staff member, and if approved by the Board, will be joining the hospitalist group full-time. This fills a need due to reductions in time and departures by other hospitalists.

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Arreguin, the Board of Directors approves the Contract Terms of the Hospitalist Medicine Professional Services Agreement for Dr. Caprio.

ROLL CALL VOTE:

Ayes: Arreguin, Hernandez Laguna, Dr. Cabrera;

Nays: None;

Abstentions: None;

Absent: Carson, Rey.

Motion Carried.

C. FINANCE COMMITTEE

A report was received from Director Hernandez Laguna regarding the Finance Committee. The minutes of the May 26, 2026 meeting were provided for Board review. The Financial Reports of the meeting were included in the packet for review (informational).

The following recommendations were made.

1. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF THE TOTAL ESTIMATED PROJECT COST AND AWARD OF THE CONSTRUCTION CONTRACT TO SSB CONTRACTING INC. FOR THE 355 ABBOTT STREET PROJECT

STAFF REPORT: None.

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Arreguin, the Board of Directors approves (i) the total estimated project cost of \$2,911,629.00 and (ii) award the construction contract to SSB Contracting Inc., including the deductive alternate to remove the phase in the area planned for a future pharmacy, in the amount of \$1,879,544.00 for the 355 Abbott Street Project.

ROLL CALL VOTE:

Ayes: Arreguin, Hernandez Laguna, Dr. Cabrera;

Nays: None;

Abstentions: None;

Absent: Carson, Rey.

Motion Carried.

2. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF BUDGET FUNDING INCREASE FOR THE ANGIO EQUIPMENT REPLACEMENT PROJECT

STAFF REPORT: None.

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: Director Dr. Cabrera shared with the rest of the Board a staff report explaining the budget increase (representing approximately 7% of the initial budget approved by the Board). Said budget increase is largely due to substantial electrical infrastructure upgrades, fire-rating remediation in certain areas, and necessary repairs only discovered after demolition. Director Dr. Cabrera asked when this project is expected to be completed. Staff estimated in approximately 60-90 days. President Hernandez Laguna thanked Clement Miller and Bradley McCoy for facilitating a site visit for the Board members on this project.

MOTION:

Upon motion by Director Dr. Cabrera and second by Director Arreguin, the Board of Directors approves the Budget Funding Increase for the Angio Equipment Replacement project in the amount of \$392,967.00, bringing the new cost the capital project

ROLL CALL VOTE:

Ayes: Arreguin, Hernandez Laguna, Dr. Cabrera;

Nays: None;

Abstentions: None;

Absent: Carson, Rey.

Motion Carried.

- 3. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF THE LEASE AGREEMENT BETWEEN SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM (SVMHS) AND LOS PALOS PARTNERS, LLC AT 505 E ROMIE, SUITE E.**

STAFF REPORT: None.

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: President Hernandez Laguna noted that the fixed monthly rent under this agreement shall be \$1,548.50.

MOTION:

Upon motion by Director Dr. Cabrera and second by Director Arreguin, the Board of Directors approves of the Lease Agreement for 505 E. Romie Lane, Suite E in Salinas for 4.5 years.

ROLL CALL VOTE:

Ayes: Arreguin, Hernandez Laguna, Dr. Cabrera;

Nays: None;

Abstentions: None;

Absent: Carson, Rey.

Motion Carried.

- 4. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF THE SYMPLR CLOUD MIGRATION AS SOLE SOURCE JUSTIFICATION AND CONTRACT AWARD**

STAFF REPORT: Alysha Hyland, CAO reported that Symplr solutions has the capability to connect with Epic, which improves staffing models and provides better access and visibility for staff scheduling purposes.

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: President Hernandez Laguna asked generally about the AI components and cybersecurity. Staff reported that AI is imbedded in the staff scheduling element. Some cybersecurity risks are shifted to the Symplr cloud as a result of this migration.

MOTION:

Upon motion by Director Dr. Cabrera and second by Director Arreguin, the Board of Directors approves the Symplr cloud migration as sole source justification and contract award in the amount of \$2,093,612

over the next five years through August 31, 2031 subject to final contract negotiation.

ROLL CALL VOTE:

Ayes: Arreguin, Hernandez Laguna, Dr. Cabrera;

Nays: None;

Abstentions: None;

Absent: Carson, Rey.

Motion Carried.

D. COMMUNITY ADVOCACY COMMITTEE

A report was received from Director Dr. Cabrera regarding the Community Advocacy Committee. The minutes of the May 20, 2026 meeting were provided for Board review. Director Dr. Cabrera briefly reported highlights of the meeting as follows: B. Gutierrez gave a presentation on the SVH Foundation and its fundraising plan for the Emergency Department capital campaign; Dr. Orlando Rodriguez’s report on the Mobile Clinic; and Tiffany DiTullio’s report on the Live Well project and farmer’s market pilot program. There are no recommendations.

9. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING ON MAY 14, 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 May 14, 2026. A full report was provided in the Board packet.

The MEC recommends for Board Approval of the following Reports and Policies/Procedures/Plans and Agreements as listed below.

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: None.

MOTION:

Upon motion by Director Dr. Cabrera, and second by Director Arreguin, the Board of Directors receives and accepts the Medical Executive Committee Credentials Committee Report, Interdisciplinary Practice Committee Report, and Policies/Procedures/Plans and Agreements as listed in (A) through (B) below:

- A. Reports
 - 1. Credentials Committee Report (Including the following)
 - Gastroenterology – Clinical Privileges Delineation
 - Infectious Disease Clinical Privileges Delineation
 - Wound Healing Center (WHC) Revision
 - 2. Interdisciplinary Practice Committee Report
- B. Policies/Procedures/Plans and Agreements
 - 1. Restraints

ROLL CALL VOTE:

Ayes: Arreguin, Hernandez Laguna, Dr. Cabrera;

Nays: None;
Abstentions: None;
Absent: Carson, Rey.

Motion Carried.

10. CONSIDERATION OF RESOLUTION 2026-03 APPROVING THE POLICY REGARDING DISRUPTION TO TELEPHONIC OR INTERNET SERVICES DURING MEETINGS OF THE BOARD OF DIRECTORS

STAFF REPORT: Matthew W. Ottone, Esq., District Legal Counsel gave an overview of the impetus behind this policy: updates in the Brown Act now require certain legislative bodies, including the Board of Directors of Salinas Valley Health, to have a two-way audiovisual platform at meetings and to pass a policy regarding procedures when Internet/telephonic service disrupts the public’s access to a meeting through the audiovisual platform. This policy complies with the Brown Act’s requirements for such a policy.

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: President Hernandez Laguna asked how a situation would be documented so it is clear the policy is followed. District Legal Counsel advised that the time of disruption to the services would be documented in the minutes, as well as the adjournment of open session for up to one hour and reconvening of open session as provided in the policy and the Brown Act.

MOTION:

Upon motion by Director Dr. Cabrera and second by Director Arreguin, the Board of Directors approves the attached resolution: Resolution No. 2026-03, creating a policy regarding disruption to telephonic or internet services during meetings of the Board of Directors.

ROLL CALL VOTE:

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

Motion Carried.

11. CONSIDERATION OF RESOLUTION 2026-04 DECLARING DISTRICT-OWNED PROPERTY IDENTIFIED AS ASSESSOR PARCEL NUMBER 031-251-004 AS “SURPLUS LAND” PURSUANT TO GOVERNMENT CODE SECTION 54211(B)(1), AND AUTHORIZING THE PRESIDENT/CEO TO COMPLY WITH ALL SURPLUS LAND ACT REQUIREMENTS, INCLUDING ISSUING A NOTICE OF AVAILABILITY, AND NEGOTIATING WITH INTERESTED PARTIES IN GOOD FAITH

STAFF REPORT: Matthew W. Ottone, Esq., District Legal Counsel briefly explained the requirements of the Surplus Lands Act as it relates to District-owned real property in the City of Marina, and the process of providing notice to low income housing providers, negotiation process if interest is expressed, and the approval rights by the City of Marina.

PUBLIC COMMENT: None.

BOARD MEMBER DISCUSSION: President Hernandez Laguna asked what the land is currently zoned for; it is currently zoned for commercial use. Even though the land is not zoned residential, the Surplus Lands Act nonetheless requires public entities to undergo the process of providing notice of availability and negotiating in good faith with housing providers as determined by state law. President Hernandez Laguna asked about the City of Marina’s approval rights; this stems from the District’s purchase of the land in 2010 from the Redevelopment Agency of the City of Marina, in which the City maintained the right to approve later transfer of the real property from the District. President Hernandez Laguna asked what the purchase price was in 2010. District Legal Counsel estimated about \$2.75 million, and the current appraisal is approximately \$7.5 million. Director Dr. Cabrera asked when the clock starts for housing providers to give notice of interest to negotiate; upon approval of this Resolution, the clock will start on Monday, June 1, 2026. Director Arreguin asked what the process is if no housing provider expresses interest in the given time period; if no one expresses interest, then SVH can negotiate with any buyer, subject to the City of Marina’s approval of the transfer.

MOTION:

Upon motion by Director Dr. Cabrera and second by Director Arreguin, the Board of Directors approves Resolution No. 2026-04:

1. Not in Current Use: The property consists of vacant land and is not utilized for any District operations, services, or facilities.
2. Not Necessary for District Use: The District has no current or planned future healthcare-related use for the property.
3. Suitable for Development: The property is zoned Commercial – Visitor Serving, is in the vicinity of areas to be developed as residential, and could accommodate residential development with an appropriate change to its land use designation.
4. Serves Public Interest: Declaring the property surplus will free up currently underutilized, District-owned land for other uses that will be beneficial to the Marina community; potentially generate revenue for the District for purposes of development of other healthcare-related facilities within the District’s primary services area (the Salinas Valley); and fulfill State policy priorities for affordable housing development on public land.

ROLL CALL VOTE:

Ayes: Arreguin, Hernandez Laguna, Dr. Cabrera;

Nays: None;

Abstentions: None;

Absent: Carson, Rey.

Motion Carried.

12. EXTENDED CLOSED SESSION

President Hernandez Laguna announced there was no need for Extended Closed Session.

13. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

There was no Extended Closed Session.

14. ADJOURNMENT

The next Regular Meeting of the Board of Directors is scheduled for Thursday, **June 25, 2026**, at 4:00 p.m. There being no further business, the meeting was adjourned at 5:45 p.m.

Rolando Cabrera, MD
Secretary, Board of Directors



DRAFT SALINAS VALLEY HEALTH¹
SPECIAL MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
JUNE 2, 2026

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

Absent: None.

Also Present:

Allen Radner, M.D., President/CEO;
Matthew W. Ottone, Esq., District Legal Counsel
Hanna Hitchcock, Esq.

Director Arreguin arrived at 4:42 pm.

1. READING OF THE NOTICE OF SPECIAL MEETING

President Joel Hernandez Laguna read the following: A Special Meeting of the Board of Directors of Salinas Valley Health¹ will be held Tuesday, June 2, 2026, at 4:30 p.m., at the Downing Resource Center, Conference Rooms A, B, & C, Salinas Valley Health Medical Center, 450 E. Romie Lane, Salinas, California 93901, to discuss annual budget fundamentals and preparation.

2. CALL TO ORDER/ROLL CALL

A quorum was present and President Hernandez Laguna called the meeting to order at 4:36 p.m. at the Downing Resource Center, Conference Rooms A, B, & C.

3. BUDGET WORKSHOP

PUBLIC COMMENT: None.

Iftikhar Hussain, CFO presented the draft budget for Fiscal Year (FY) 2027. The workshop was described as a high-level walkthrough of the draft budget. This draft budget is to be presented to the Medical Executive Committee on or around June 11. The final budget is to be presented to the Board at the Board's next regular meeting scheduled for June 25, 2026. The Board members asked general questions regarding estimated revenue and expense line items and where certain programs appeared in the budget. Mr. Hussain and Dr. Radner also explained how the FY 2027 budget differs from prior budgets in that it now incorporates health plan supplemental payments. It was also noted that the FY 2027 capital budget contemplates deferred maintenance projects and projects to comply with seismic requirements.

4. CLOSED SESSION

President Hernandez Laguna announced there was no need for Closed Session.

5. RECONVENE OPEN SESSION

There was no Closed Session.

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

6. ADJOURNMENT

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, June 25, 2026**, at 4:00 p.m. There being no further business, the meeting was adjourned at 5:21 p.m.

Rolando Cabrera, MD
Secretary, Board of Directors

Memorandum

To: Board of Directors
 From: Brenda Inman, VP Quality and Risk
 Date: June 25, 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.	Assignment of Patient Care Staff	Reference updated. Regularly scheduled review.	Carla Spencer, CNO
2.	Breast Massage, Hand Expression	Purpose statement updated. Breast pump statement removed. Approval needed for upcoming redesignation.	Carla Spencer, CNO
3.	Breast Milk Expression Via Electric Breast Pump Clinical	Pump parts location updated. Approval needed for upcoming redesignation.	Carla Spencer, CNO
4.	Capital Budget Planning Purchase	Updated to current process. Limits and procedure have changed.	Iftikhar Hussain, CFO
5.	Community Funding	No changes. Regularly scheduled review.	Tiffany DiTullio, VP Community Relations
6.	Disruptive Persons	Added recording of staff is not permitted. Revised procedure to documentation of behaviors and actions taken to address inappropriate behaviors, included Social Services and Case Management to Care Conference as they are integral to the discussion and planning.	Carla Spencer, CNO
7.	Emergent Open Sternotomy (Assist)	Updated references. Regularly scheduled review.	Carla Spencer, CNO
8.	Family Sick	Addition of “designated person”.	Michelle Barnhart Childs, CHRO
9.	Hospital Meditation Room Utilization	No changes. Regularly scheduled review.	Tiffany DiTullio, VP Community Relations
10.	Oxygen Administration and Monitoring - NICU	Typo fixed. Link added. References updated.	Clement Miller, COO
11.	Records Retention	SVHMC changed to Salinas Valley Health. Committee name corrected. Compliance Officer phone number updated.	Gary Ray, CLO
12.	Results of Tests and Diagnostic(s)	Aligned Procedure A. bullet 3 with the Lab Critical Results Policy. Updated Reference.	Clement Miller, COO

	Policy Title	Summary of Changes	Responsible Exec
13.	Visitors	Removed Quiet Time 2-4pm. Updated ICU section. Children must be 12 or older. Updated ER Fast Track section.	Carla Spencer, CNO
14.	Workplace Violence Prevention/Security	Policy reference moved to General Information. Regularly scheduled review.	Carla Spencer, CNO
Board Policies			
1.	Reporting and Settlement of Litigation and Claims	Updated Risk Management reporting frequency to annually. Content of attachment policy copied into body of Policy Stat policy for future change tracking.	Gary Ray, CLO
MEC			
Nursing Standardized Procedures			
1.	None		
MEC Policies/Plans			
1.	Laboratory Critical Call Values	Definitions added. Reference updated. Modifications to critical values established during Epic implementation. Reference lab coccidioiodes serology section removed. Minor edit to Microbiology reporting. Statement about repeating chemistry testing removed.	Clement Miller, COO
2.	Personal Protective Equipment (PPE)- All Staff	Changed from procedure to policy. Updated purpose and definitions. Updated procedure and references.	Brenda Inman, VP Quality and Risk



Origination 2/12/2016
Approved N/A
Expires 3 years after approval

Owner Carla Spencer:
Chief Nursing Officer
Area Patient Care

Assignment of Patient Care Staff

I. POLICY STATEMENT

- A. N/A

II. PURPOSE

- A. Establish guidelines to ensure staff with appropriate skills and qualifications are available to care for the needs of our patients.

III. DEFINITIONS

- A. PCS – Patient Classification system of projecting patient care needs of the patient population on a given unit.
- B. Licensed nurse-to-patient ratio means the maximum number of patients that shall be assigned to one licensed nurse at any one time.
- C. "Assigned" means the licensed nurse has responsibility for the provision of care to a particular patient within his/her scope of practice.

IV. GENERAL INFORMATION

- A. Assignment of personnel will be guided through several available tools.
- B. The Authority of the staffing assignment is under the Associate Chief Nursing Officer and delegated to the Administrative Supervisor.
- C. The administrative supervisors in collaboration with unit leadership allocates and assigns staff based on multiple tools. The Patient Classification System (PCS) and staffing guidelines will be used to determine the number of staff and skills needed on a particular unit.
 - 1. Variations in staffing levels may be evaluated and implemented when clinical situations arise.

- D. All internal policies and external regulations will be utilized in staffing and assignment of personnel.
- E. An adequate number of skilled and qualified nursing personnel will be provided to meet the needs of the patient. Staffing patterns may vary according to the patient care needs on a unit. Nursing Administration will assign staff according to licensure, competence, skill and qualifications to meet the needs of the patient.
- F. Hospitals shall provide staffing by licensed nurses, within the scope of their licensure in accordance with the California nurse-to-patient ratios.
- G. Nurse Administrators, Nurse Supervisors, Nurse Managers, and Charge Nurses, and other licensed nurses shall be included in the calculation of the licensed nurse-to-patient ratio only when those licensed nurses are engaged in providing direct patient care.

V. PROCEDURE

- A. Charge Nurses will ensure that patients are classified each shift according to PCS policy (see [PATIENT CLASSIFICATION SYSTEM \(PCS\)](#)).
- B. Nursing personnel may be floated on a shift-by-shift basis when changes occur in workload, staffing requirements and/or availability of assigned staff.
- C. New Registered Nurse graduates will float according to the CNA contract.
- D. Assignment/Re-assignment of nursing personnel on a pre-scheduled basis is made through consideration of all facts which include, but are not limited to the following:
 1. The diagnosis and acuity of illness of each patient (category of nursing care required). The educational and emotional needs of the patient and/or significant other.
 2. If a patient is in isolation, the type of isolation and acuity of illness is considered when assigning the number of patients to nursing personnel, as well as consideration of the types of illnesses of the other patients assigned this employee so to prevent the chance of cross-infection.
 3. The job classification, experience and level of competence of each employee so that patients requiring more acute assessment and deliberative nursing intervention are assigned to the more competent, experienced employee.
 4. All clinical area directors/managers will have access to the appropriate employee competency information (e.g., competency matrix) for assignment of patient care responsibilities.
 5. The availability of support services and the method of patient care delivery, (i.e., team or primary care) is taken into consideration when staffing the nursing unit.
- E. Nursing personnel are assigned routinely to areas in which they are qualified and oriented. When a temporary and/or immediate assignment must be made, every effort will be made to meet the needs of the patient and the employee. If an immediate assignment is necessary, the employee will be given a patient care assignment within their scope of qualifications and assigned a resource person.
- F. Employees are to discuss their assignments with their immediate supervisor in the event of a concern or problem.

G. Documentation:

1. Daily record of staffing assignments is kept on the unit.
2. Assignment record is available electronically.
3. [RECORDS RETENTION POLICY](#)

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. California Nurses Association & Salinas Valley Memorial Hospital (2024) *Agreement Between California Nurses Association and Salinas Valley Memorial Hospital District*. San Jose: Author.
- B. Labor Management Institute, INC (2021) *PSS Annual Survey of Hours Report*

Approval Signatures

Step Description	Approver	Date
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/11/2026
Policy Owner	Carla Spencer: Chief Nursing Officer	6/11/2026

Standards

No standards are associated with this document



Origination 3/25/2020
Approved N/A
Expires 3 years after approval

Owner Julie Johnson:
Clinical Manager
Area Women's and Children's Services

Breast Massage, Hand Expression

I. POLICY STATEMENT

- A. N/A

II. PURPOSE

- A. To ensure mothers receive instruction in breast massage and hand expression to support milk supply, effective milk removal and infant feeding, provide expressed colostrum when direct breastfeeding is limited or ineffective, manage breast fullness/engorgement, and maintain lactation during maternal-infant separation.

III. DEFINITIONS

- A. N/A

IV. GENERAL INFORMATION

- A. Mothers who plan to breastfeed will be educated in breast massage and hand expression to encourage infant to latch on to breast, relieve breast fullness/engorgement, or when the mother is separated from her infant due to infant admitted to the NICU or transferred to another facility.
- B. To remove milk when it is not possible to nurse the infant at a given feeding.
- C. Refer to policies [BREASTFEEDING THE NEWBORN BREAST MILK, DONOR HUMAN MILK, CONCENTRATED HUMAN MILK FORTIFIER STORAGE, FREEZING AND DEFROSTING](#)
- D. The RN may refer the patient to Lactation Services based in Perinatal Services unit as appropriate.

V. PROCEDURE

- A. Provide mother with colostrum storage bottles (plastic bag with 6 bottles of 10 ml capacity containers) in the Mother Baby unit clean utility room, hand expression handout, and encourage the mother to view the education videos, "Understanding Breastfeeding" and "Understanding Mother Baby Care."
- B. Provide preprinted labels from pharmacy (NICU/PEDS unit), or from infant chart (Mother Baby unit). Mother to use a pen and write date and time of expression on label and apply collection bottle. Refer to policy [BREAST MILK, DONOR HUMAN MILK, CONCENTRATED HUMAN MILK FORTIFIER STORAGE, FREEZING AND DEFROSTING](#)
- C. Standard Precautions
- D. Mother sitting comfortably in a chair or bed.
- E. Apply warm, moist compresses to enhance milk flow. Massage breasts and nipples to stimulate milk-ejection reflex.
 - Instruct mother to begin breast massage by starting at the top of the breast and move fingers in a circular pattern toward the areola. Rotate position to cover the entire breast.
 - Instruct the mother to support the breast in the "C hold", with her four fingers under the breast and thumb on the top. Support the breast behind the areola, not near the nipple.
 - Instruct the mother to gently press her breast straight back into the chest wall. While she supports the breast instruct her to bring her fingers and thumb together (compression). Perform this motion in a repeated rhythmical manner.
- F. Both sides may be expressed as often as the mother wishes in a given session. This can take as long as 15-20 minutes. It is expected that milk will flow slowly at first and increase as breasts are regularly stimulated.
- G. Lactation Service referral if appropriate.
- H. Documentation
 - Document education in Electronic Medical Record (EMR).
 - Document amount of milk expressed and fed to the infant in the EMR.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Hoyt-Austin, A.E., Kair, L.R., Larson, I.A., Stehel, E.K., Noble, L., et al. (2022). Academy of Breastfeeding Medicine clinical protocol #2: Guidelines for birth hospitalization discharge of breastfeeding dyads. *Breastfeeding Medicine*, 17(3), pgs. 197-206, doi: 10.1089/bfm.2022.29203.aeh
- B. InJoy Health Education. (2022). *Understanding Postpartum Health & Baby Care*. Patient

education booklet.

- C. Lawrence, R.A. and Lawrence, R.M. (2021). *Breastfeeding a Guide for the Medical Professional*. 8th ed. Pennsylvania: Elsevier Mosby.

Approval Signatures

Step Description	Approver	Date
Chair Dep OBGYN	Katherine DeSalvo: Director Medical Staff Services	Pending
CNO	Carla Spencer: Chief Nursing Officer	6/11/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/11/2026
Policy Owner	Julie Johnson: Clinical Manager	6/10/2026

Standards

No standards are associated with this document



Origination 3/25/2020
Approved N/A
Expires 3 years after approval

Owner Julie Johnson: Clinical Manager
Area Women's and Children's Services

Breast Milk Expression Via Electric Breast Pump Clinical

I. POLICY STATEMENT

- A. N/A

II. PURPOSE

- A. To guide staff in provision and use of the electric breast pump in the event the mother and infant are separated, or the infant is a poor feeder.

III. DEFINITIONS

- A. *Medela Symphony* electric breast pump. The pump has a pre-programmed chip for the *Initiate* and *Maintain* pump modes.

IV. GENERAL INFORMATION

- A. If mother and infant are separated, milk expression with a hospital grade electric breast pump should be implemented as soon as the mother has recovered sufficiently to begin pumping, preferably within 6 hours of birth.
- B. Encourage expression to relieve breast engorgement or assist in softening the areola before the infant latches on.

V. PROCEDURE

- A. Equipment
 - Obtain the Medela Symphony electric breast pump.

- Obtain Pump Log from Mother-Baby Nurse Station
- Dish soap. Obtain from 2nd floor or NICU PAR supply room.
- Breast pump parts (Breast Milk Initiation kit) from the PAR supply room or place Workday inventory requisition to Supply Chain.
- Obtain storage bottles. Select small, 30 ml bottles, during the first 24-48 after delivery. Provide 80 ml bottles once mature milk is in.
 1. Pre-packaged bottles or plastic bottles with an air tight seal. Do not use if seal is broken or package open.
 2. Designed for one-time use.
- The Mother Baby (baby transferred to another hospital) unit will use the preprinted labels from infant chart. Instruct the mother to write in the date and time milk was expressed in ink on the label.
- NICU and PEDS unit will use the preprinted breast milk labels obtained from pharmacy. Instruct the mother to write in the date and time milk was expressed in ink on the label.

B. Set-up

- Standard Precautions.
- Provide privacy.
- Plug in electric pump.
- Assemble breast pump parts according to manufacturer directions. Provide mother with a copy of the manufacturer's instructions and encourage her to read them and ask questions.
- Explain the pump settings (*Initiate* and *Maintain*) and suction pressure adjustment.
- Provide education to mother and family on electric breast pump use/care, length and time of *Initiate* setting and when to change to the *Maintain* setting.
 1. *Initiate* setting should be used until the mother is expressing >20 ml of colostrum for three consecutive pump sessions, but no later than five (5) days.
 2. *Maintain* setting should be used after the *Initiate* setting.
 3. Follow manufacture instructions attached to the pump.

C. Operation

- Position mother for comfort in a relaxed sitting position.
- Refer to [BREAST MASSAGE, HAND EXPRESSION CLINICAL PROCEDURE](#)
- Explain how to position breast pump parts for use with double or single pump set.
- The electric breast pump will automatically turn on with the lowest suction pressure setting. Educate mother how to turn on the *Initiate* mode and adjust the suction pressure per her comfort level. The suction setting of the pump will **not** increase the amount of milk obtained. The *Initiate setting* has a pre-set pump suction and cycle. Educate mother on adjusting suction pressure as needed.

- Frequency of pumping sessions should imitate what a healthy newborn would be doing at the breast. The interval between pumping sessions should not exceed three hours from the beginning of the expression session to the beginning of the next session, ideally eight or more times in a twenty-four (24) hour period. RN to assess the beginning of a pump session each shift for pump set-up, suction level and educational needs.
- Return any pumped milk to the NICU or Pediatric refrigerator as soon as possible, no later than four (4) hours with the label on bottle, date and time of expression to be written on the label with a ink pen. Refer to [BREAST MILK, DONOR HUMAN MILK, CONCENTRATED HUMAN MILK FORTIFIER STORAGE, FREEZING AND DEFROSTING](#).
- Milk that is not correctly labeled will not be accepted for storage or administered to infant.
- Breast pump parts that have come in to contact with breast milk must be washed with warm soapy water and air dried after each use.

D. Documentation

- Each shift document use of pump in mother's Electronic Medical Record (EMR).
- Education given to mother will be charted in the EMR; milk collection, storage and transport, how the mother makes breast milk, community resources for lactation support after discharge, handouts or booklets given to mother/family.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Academy of Breastfeeding Medicine. (2017) Protocol #8: *Human Milk Storage Information for home use for healthy full-term infants*. DOI: 10.1089/bfm.2017.29047.aje
- B. Human Milk Banking Association of North America. (2019). *Best practice for expressing, storing, and handling human milk in hospitals, homes, and child care settings*. 4th ed.
- C. Lawrence, R. A. and Lawrence, R.M. (2022). *Breastfeeding A guide for the medical profession*. Philadelphia: Elsevier Mosby.
- D. Medela Inc. (2016). *Symphony breast pump manufacture instruction*. McHenry IL.

Approval Signatures

Step Description	Approver	Date
Chair Dep OBGYN	Katherine DeSalvo: Director Medical Staff Services	Pending

CNO	Carla Spencer: Chief Nursing Officer	6/11/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/11/2026
Policy Owner	Julie Vasher: Director Women's & Children's Services	6/10/2026

Standards

No standards are associated with this document

COPY



Origination 8/23/2018
Approved N/A
Expires 3 years after approval

Owner Scott Cleveland: Controller
Area Administration

Capital Budget Planning Purchase

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To outline the steps to follow to submit capital items for consideration in the annual budget and for the purchase of approved capital items.

III. DEFINITIONS

- A. **Capital:** Equipment has a useful life in excess of one year as defined in the AHA Guideline for Useful life of Equipment.
Computer Systems and Copiers/Printers costing \$5,000 or greater (computer system, include monitor and computer, copiers/printers include any accessories).
- B. **Capital Equipment Budget Request:** Request submitted into Axiom for review and budget approval.
- C. **Capital Purchase Order Requisition:** Requisition entered in Workday.
- D. **EHR:** Electronic Healthcare Record software, EPIC
- E. **ERP:** Enterprise resource planning, Workday
- F. **Installation and Removal costs:** Must considered as part of the capital purchase and will be depreciated over the life of the equipment.
- G. **Freight and State taxes:** Must also be included as part of the cost and capitalized.
- H. **Maintenance or Warranty Costs:** May be purchased at the same time as the capital item, but will not be considered capital as they do not last the full length of the equipment's life. These items will be expensed.
- I. **Free Equipment:** Supply contracts that provide free equipment are still required to go through

the Capital Budget Planning Purchase process.

- J. **Multiple items less than \$5,000 individually but totaling more than \$25,000 when purchased as a set:** For items such as surgical trays where individual instruments do not meet the capital requirement of \$5,000 each, but together equal \$25,000 or greater, will be capitalized. Also similar items with an individual cost of less than \$5,000 but aggregate value of more than \$25,000 (10 tables at \$3,000 each = \$30,000) will be capitalized.
- K. **Non-budgeted capital item:** Non-budgeted capital items must be approved by your Executive and/or CEO.
- L. **Approved budgeted amount exceeds actual purchase price:** When the approved budgeted amount exceeds the actual purchase price, the excess remaining budget will be allocated to the Hospital Contingency Fund. The Executive Team will determine how these funds will be spent.

IV. GENERAL INFORMATION

- A. Directors are responsible for planning the capital needs of their department. This planning is evident in the submission of their capital budget requests on an annual basis through Axiom and includes input from leaders and other key stakeholders, such as Medical Staff.
- B. The President/Chief Executive Officer of Salinas Valley Health and the Board of Directors must approve all capital expenditures through the annual Budget Approval Process and plan to provide three year Capital Budget.
- C. Capital items that have been approved on the budget but not purchased in the approved year or will be ordered in June but not received, must be resubmitted in Axiom for consideration in the next fiscal year.
- D. Foundation Equipment Donations – Prior to requesting any donations from the hospital's Foundation for equipment, your request must be submitted to the Executive team for recommendation and approval.
- E. Leaders monitor the implementation of the long-term capital expenditure plan.
- F. The capital plan includes identifying in detail the objective of, and the anticipated sources of financing for, each anticipated capital expenditure regardless of amount that relates to any of the following: (i) acquisition of land (ii) improvement of land, buildings, and equipment or (iii) the replacement, modernization and expansion of buildings and equipment.
- G. An independent public accountant conducts an annual audit of the hospital's finances.

V. PROCEDURE

- A. **Submission of Capital Requests for consideration on the next year's capital budget:**
 - 1. Each year, the Chief Financial Officer and the Director of Financial Planning and Decision Support will set the calendar for budget submission. For capital items to be considered for the budget they must be submitted by the submission date.
 - 2. Capital Budget Request in Axiom will be utilized for each piece of equipment that is requested.
 - 3. EHR devices and new equipment that will interface to the EHR must be reviewed by the Information Technology (IT), and/or Biomed Department.

4. For capital budget requests require review by Engineering, Biomed and IT, even if it is not apparent that these departments will be necessary for the installation or maintenance of the equipment.
5. Budget prices may be obtained in two different ways:
 - a. Request a quote for the item from the vendor of choice.
 - b. Utilize ECRI for researching the price of item. If ECRI is utilized, please use the highest price listed for the item in question. An ECRI account is available from Supply Chain.
6. Executive must sign off on all budget requests.
7. Capital Budget requests should be submitted no later than the due date as defined in the Finance Calendar.
 - a. Capital budget is usually approved at the May or June Board Meeting for use in the fiscal year starting July 1.

B. Submission of Approved Capital for Purchase:

1. At the beginning of the fiscal year, the approved Capital Budget will be made available to the hospital leadership.
2. Capital request will be assigned a Capital project code (i.e. 2027-01).
3. Competitive Solicitation: As a District hospital, bid requirements are required on some items over \$25,000 (see - Competitive Solicitation policy). A CEO packet may be needed if total purchase is \$25,000 to \$400,000. A Board packet may be needed if total purchase is \$400,000 or greater.
4. Request a quote for equipment, software and service from the vendor of choice.
5. Biomedical, IT, Engineering, each department must sign off prior to a purchase requisition entered into Workday.
6. Obtain equipment cleaning procedure/process from Vendor, attach to request.
7. ECRI reports: Send quote(s) to ECRI for opportunity review. Attach ECRI report with Capital requisition in Workday.
8. Please generate the Capital Requisition in Workday, see Workday Requisition Training guide.

C. Negotiation factors

1. Deliver to: Please specify the person Supply Chain should notify in your department that can take receipt of the equipment. All equipment will need to be checked in through Biomed, IT or Engineering, do not specify one of these departments, as we will forward automatically as part of our intake process.
2. Freight/ Tax: Attempt to have vendor pay for freight(FOB Destination should be requested). Check GPO contract to see if GPO contract obligates vendor to pick up freight. Supply Chain can assist with researching the GPO Contract. Make sure that the quote reflects all negotiated terms.
3. Construction Costs: Biomed, IT or Engineering will assist you with this number if

applicable.

If needed, Facilities leadership can assist with Construction/Alteration and OSHPD questions.

4. Installation Cost: Attempt to have vendor pay installation costs or reduce installation costs. Make sure that the quote reflects all negotiated terms.
5. Operational and Service Manuals to be delivered at no charge: Directors need to ensure that Technical operations and service manuals are available to Engineering and Biomedical departments so that they can appropriately check in equipment prior to use.
6. School/training: Check with Engineering/Biomed to assess if equipment will be serviced by in-house staff. If "Yes", attempt to get Engineering and/or Biomed training included in quote for free or at a discount rate. Make sure that the quote reflects all negotiated terms.
7. Disposition of older equipment: Discuss with the appropriate Executive options for equipment disposition. If possible, negotiate with vendor as a trade in. Complete the Surplus Disposable form (see **Surplus Disposal** policy)
8. Negotiation for free software/upgrades. Make sure that the quote reflects all negotiated terms.
9. Need to cancel existing service or contract lease: If this is the case, notify Supply Chain.
10. Maintenance/Service Contract should be included at time of purchase: Attempt to negotiate future service contract rates at time of original purchase, in essence getting a price guarantee on service. Make sure that the quote reflects all negotiated terms.
11. Payment terms for our hospital are net 45 days. If your vendor wishes to negotiate this, please contact Supply Chain. Make sure that the quote reflects all negotiated terms.
12. Additional terms may need to be negotiated by Supply Chain.

D. Contract for Capital Purchase and Services:

1. Contracts needed for Capital Purchase and Service to be entered into WSS for contract review.
Follow **Workday Contract** training guide.
2. Contract terms may need to be negotiated by Supply Chain and/or Contract Administrator.
3. Completed contracts will be on file in Workday WSS.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. TJC Standards LD 01.07.01 and 04.01.03

- B. CMS Standard 482.12 (d)
- C. ECRI, email: select@ecri.org

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/9/2026
Contract Management	Natalie James: Director Contracting and Compliance	6/8/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/8/2026
Policy Owner	Scott Cleveland: Controller	6/8/2026

Standards

No standards are associated with this document



Origination N/A
Approved N/A
Expires 1 year after approval

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 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
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committees	Rebecca Alaga: Regulatory/ Accreditation Coordinator	5/22/2026
Policy Owner	Lynette Fitzgerald: Director Community Benefit	4/7/2026

Standards

No standards are associated with this document



Origination 7/26/2019
Approved N/A
Expires 3 years after approval

Owner Carla Spencer:
Chief Nursing Officer
Area Patient Care

Disruptive Persons

I. POLICY STATEMENT

- A. Behavior as outlined in this policy are considered unacceptable, will not be tolerated and decisive actions will be taken to protect staff, patients, family members and/or visitors.

II. PURPOSE

- A. To detail the type of behavior which is unacceptable and the sanctions available in the face of such behavior, including a mechanism whereby patients, family members and/or visitors who are extreme or persistent in their unacceptable behavior can, as a last resort, be discharged or excluded from the hospital.

III. DEFINITIONS

- A. Disruptive Behavior – behavior by patients, family members and/or visitors which is disruptive to the patient's own care, the care of other patients, the safety of staff, patients, family members and/or visitors and facility operations; Conduct or comments that are inappropriate, demeaning or otherwise offensive behaviors intended to create an uncomfortable, hostile, and/or intimidating environment. These behaviors include, but are not limited to:
 1. Pattern of noncompliance with care (refusal of medications, refusal of medically necessary procedures, refusal of monitoring necessary for patient safety, dictating care, firing staff, missing appointments, etc.)
 2. Demanding care that is not medically indicated
 3. Violation of hospital policies (use of drugs, alcohol, smoking, visitors, etc.)
 4. Violation of care contracts, e.g. pain, behavior.
 5. Obtaining prescriptions fraudulently
 6. Verbal and / or physical threat / abuse of staff, other patients / family and/or

visitors, including excessive loud comments, swearing or offensive remarks, derogatory racial or sexual remarks.

7. Threats of violence
 8. Willful property damage / theft
 9. Entering areas without permission
 10. Refusal to follow directions / instructions by staff or physicians.
 11. Refusal to be discharged when medically stable and or to participate in safe discharge planning (potentially impacting care / safety).
 12. Refusal to meet with care providers
 13. Repeated violations of Patient Responsibilities
 14. Elopements / AMAs with returns
 15. Excessive phone calls / emails to providers / practices
 16. Recording of staff without consent from all parties ([California Invasion of Privacy Act \(CIPA\) | Privacy Rights Clearinghouse](#))
- B. Care Conference – a meeting of care providers to address a patient's plan for care when disruptive behaviors are exhibited. This meeting can be requested by any member of the care team in situations where a patient's behavior, after a care conference has been completed and an initial plan developed, continues to disrupt the plan for care and escalates behaviors despite attempts at interventions. This team meeting includes the physician(s) involved in the care and others (i.e. Patient Safety, Patient Experience, Risk Management, Case Management, Social Worker, etc.) in order to strategize and develop a course of action to address the continued disruptive behaviors. This might include a patient agreement, contract for behavior and care including discharge.

IV. GENERAL INFORMATION

- A. Salinas Valley Health Medical Center (SVHMC) is committed to maintaining a safe workplace that is free from threats and acts of intimidation and violence from patients. Continued acts of verbal aggression, intimidation, care refusal or situations of the like may result in the patient being discharged from the facility.
- B. Salinas Valley Health Medical Center (SVHMC) understands that hospitalization is a stressful event for patients. SVHMC recognizes and respects patient's rights and is committed to responding appropriately to complaints about care. Actions and interactions related to disruptive behavior will include consideration of the patient's health care needs and psychosocial issues as well as SVHMC obligation to the safety of the employees, visitors and patients and the responsible use of institutional resources.
- C. SVHMC is committed to patient safety and as such has a goal to prevent or mitigate disruptive behaviors exhibited by patients that has the ability to impact their own or other patient's safety.
- D. SVHMC has adopted a zero tolerance standard for Workplace Violence and is committed to maintaining a safe workplace that is free from threats and acts of intimidation and violence from patients, families and/or visitors. [WORKPLACE VIOLENCE PREVENTION/SECURITY PLAN](#)

- E. This policy is a guideline and each situation will be evaluated on a case by case basis based on the severity of the involved behavior, risk to other Staff, patients, family and/or visitors and the patient themselves.
- F. All written complaints will be managed according to the Complaints and Grievance Policy. COMPLAINT AND GRIEVANCES: PATIENT
- G. Those patients who, in the expert judgement of the relevant clinician are not capable of making their own medical decisions are not subject to this policy. This includes:
 - 1. Individual who becomes abusive as a result of an illness or injury or other organic condition that places them unable to manage their behavior.
 - 2. Patients who are acutely mentally ill or under the influence of drugs or alcohol.

V. PROCEDURE

- A. The appropriate level response to disruptive behavior is based on the level of disruption / behavior exhibited and the patients evaluation and determination of ability to make own healthcare decisions. SPECIAL INDICATORS IN THE ELECTRONIC HEALTH RECORD
- B. Staff should always consider his/her safety when dealing with patients who exhibit unacceptable behaviors. Document behaviors and actions taken to address inappropriate behaviors.
- C. Inpatient Services – See attachment A
 - 1. Level 1 - consists of demanding care not required, dissatisfied and/or excessive questions about care.
 - a. A Care Conference is scheduled with members of the healthcare team, which include the Provider, Case Management, Social Services, Patient Experience and others as necessary. The patient should be included if possible. This meeting is intended to define ability to discharge patient if non-compliant behavior continues.
 - b. The plan of care is reviewed and actions defined. Social Services along with members of the care team may perform a verbal agreement with the patient to review the plan with the patient that outlines acceptable behaviors, following the plan of care, etc.
 - c. Provide the patient with a copy of the "Patient Responsibilities".
 - d. Unit leaders are to assure the behaviors and actions are clearly documented.
 - e. Consider Three Bears Process.
 - f. Add a Special Indicator by contacting the Nursing Supervisor.
 - 2. Level 2 - consists of continued non-compliance or refusal to follow the plan of care as defined by the Care Conference Team, refusal to follow hospital policies, including Patient Responsibilities, intentional verbal abuse by patient, family and /or visitors towards any member of the healthcare team or other patients.
 - a. Notify provider to define ability to discharge patient due to non-compliance.

- b. The unit leadership meets with the patient and defines appropriate behaviors.
 - c. Consult Case Management Supervisor/Social Services Lead for assistance with developing and reviewing a written Behavior Agreement with the patient.
 - d. Signed Behavior Agreement is placed in the patient's chart and a copy of the agreement is provided to Nursing Supervisor.
 - e. Contact the Patient Safety Office for direction, if needed.
 - f. Security may be contacted, if needed.
3. Level 3 – consists of continued noncompliance as in level 2, escalation of verbal threats, physical abuse, violence and aggression.
- a. Notify provider to define ability to discharge patient due to non-compliance.
 - b. Notify Nursing Supervisor.
 - c. Notify Security to assist as necessary.
 - d. Salinas Police Department may be requested, if necessary at the direction of the Patient Safety Office / Risk Management.

D. Outpatient Services – See attachment B

1. Phone

- a. Staff member on the phone with the caller should make attempts to calm the individual and determine the cause of the behavior.
- b. If unsuccessful, advise the caller that the call will be terminated or refer the caller to the clinic leader.
- c. Terminate the call if necessary. All further calls should be managed by the Clinic leader.
- d. If the leader is unsuccessful in calming the individual, refer the caller to the Patient Relations Department.

2. Clinic visit

- a. If the patient is being disruptive by raising voice or using profanity and disrupting the clinic setting, staff should contact the manager.
- b. Escort the individual to a quiet area to discuss the concern. If the individual does not become calm, the manager should ask the individual to leave the clinic for the day and politely suggest that they to resolve the concern.
- c. If the patient refuses to leave the clinic and behavior continues, contact the Salinas Police Department to assist with the removal of the individual.

3. In addition to the use of this policy, the patient's physician may, based on his/her judgement, at any time the disruptive behavior may be grounds to withdraw their medical care permanently. Any such decision will automatically result in the transfer

of the patient's care to another clinic within the SVHMC system. The patient may continue to use the Emergency and other walk in services such as Laboratory as long as the patient abides by the Patient Responsibilities and acceptable behaviors are exhibited.

E. Documentation

1. Documentation of incidences of disruptive behavior is documented in the EHR consistently by the individual(s) who was involved and / or witnessed the event. Documentation consists of the facts surrounding the situation and includes the date / time, what disruptive behaviors were exhibited and statements made by the patient and actions taken by staff.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. N/A

Attachments

 [A: Action Plan Inpatient Setting](#)

 [B: Clinic Setting](#)

Approval Signatures

Step Description	Approver	Date
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/11/2026
Policy Owner	Carla Spencer: Chief Nursing Officer	6/11/2026

Standards

No standards are associated with this document



Origination 7/1/2019
Approved N/A
Expires 3 years after approval

Owner Carla Spencer:
Chief Nursing Officer
Area Patient Care

Emergent Open Sternotomy (Assist)

I. POLICY STATEMENT

- A. N/A

II. PURPOSE

- A. To guide the roles and responsibilities of staff assisting the cardiac surgeon during an emergent open sternotomy.

III. DEFINITIONS

- A. VF - Ventricular Fibrillation
- B. VT - Ventricular Tachycardia

IV. GENERAL INFORMATION

- A. Emergent open sternotomy is a priority when resuscitating the post-mediastinal cardiac surgery patient since sternal edges are not healed and external chest compressions may lacerate the heart.
- B. Emergent open sternotomy is performed after cardiac surgery to identify and eliminate the following postoperative complications:
 1. cardiac tamponade with imminent arrest
 2. excessive bleeding
 3. refractory VF/VT without improvement after standard treatments (provides access for open cardiac massage and internal defibrillation)
 4. performed by the cardiac surgeon to identify and eliminate areas of persistent hemorrhage, relieve pericardial tamponade and provide access for open chest

massage and internal defibrillation.

- C. Potential signs and symptoms of a cardiac emergency necessitating an emergent open sternotomy include:
1. excessive chest drainage (> 400 ml for the first hour, 200 ml/hour continuous output)
 2. sudden decrease or cessation of chest tube drainage
 3. hypotension
 4. altered mental status
 5. narrowing pulse pressure
 6. distended neck veins
 7. distant heart sounds
 8. equilibrium of intracardiac pressures with right atrial, pulmonary capillary wedge (if measured) and left atrial pressures being equal
 9. decreased cardiac output and cardiac index
 10. Pulsus paradoxus - marked decrease in pulse amplitude during normal quiet inspiration or a decrease in the systolic pressure by > 10 mmHg

V. PROCEDURE

- A. The cardiac surgeon states the need for an emergent open sternotomy at the ICU bedside.
- B. Continue CPR (if needed) until the open chest supplies are ready, sterile field is prepared, and the surgeon is ready to perform the procedure.
- C. ICU Charge RN
1. Notifies the Nursing Supervisor
 2. Notifies the OR
 - a. Requests the cardiac surgical team to assist at the ICU bedside. Until this team arrives, the ICU staff will assist the cardiac surgeon.
 - b. Requests bottles of warmed saline and the electrocautery unit (Bovie). When no OR staff is available, assigns someone to retrieve these items from the OR.
- D. Equipment is brought to the bedside (see Attachment A)
1. Crash Cart
 2. Open Chest Cart
 3. Bedside Tables
 4. Rapid infuser (if needed)
- E. Assignment of Roles
1. **Respiratory Therapy**
 - a. Manages the ventilator/airway
 - b. Location: towards the head of the bed

2. Cardiac Surgeon

- a. Opens the chest and repairs the issue
- b. Location: at the patient's side

3. ICU Charge RN

- a. Phone calls
- b. Assists with retrieving supplies
- c. Assists with documentation
- d. Location: nearby

4. Nurse 1 (MEDICATION RN)

- a. Preferably the patient's assigned RN.
- b. Manages IV medications, fluids, & blood
- c. Location: towards the head of the bed

5. Nurse 2 (STERILE RN)

- a. Assists the surgeon (may be replaced by the OR nurse upon arrival)
- b. Responsible for opening up sterile field and instruments
- c. Assists with suction and retractors
- d. Location: opposite of the bed from the surgeon

6. Nurse 3 (NONSTERILE RN)

- a. Handles nonsterile supplies
- b. Opens packages and drops them onto the sterile field
- c. Sets up suction
- d. Operates the defibrillator
- e. Location: bedside the STERILE RN by the patient's feet

7. Nurse 4

- a. Documents
- b. Runner for extra supplies
- c. Location: by the patient's feet

F. STERILE PROCEDURE

- 1. Everyone in the room must be wearing a mask and cap.
- 2. The SURGEON and STERILE RN will require a sterile gown, sterile gloves, cap, goggles, and masks.

G. While the SURGEON and STERILE RN are getting gowned:

- 1. Old dressing is removed - by another member of the team, using clean technique
- 2. Skin is cleansed - by another member of the team, by painting the entire chest with

betadine.

- H. When the SURGEON and STERILE RN are ready/gowned:
 - 1. Sterile field is set up with included sterile drapes/towels
 - a. Drapes and towels are handed by NONSTERILE RN to the STERILE RN.
 - 2. Sterile suction is set up.
 - a. NONSTERILE RN drops sterile yaunker and sterile suction tubing onto the sterile field.
 - b. STERILE RN attaches the sterile yaunker to sterile tubing and runs the sterile tubing off the sterile field (usually at the patient's head or feet).
 - c. NONSTERILE RN connects the suction tubing to wall suction.
- I. The SURGEON may have already requested and begun used the scalpel and staple remover.
- J. A bedside table is prepared beside the STERILE RN.
 - 1. The open chest tray may be placed on this table, being careful to keep the contents sterile.
- K. If the electrocautery unit (bovie) will be used, the grounding pad will be connected to the patient's thigh (being careful not to contaminate the sterile field). Grounding and cautery cables will be attached to the device.
- L. The surgeon is assisted as needed.
- M. The patient is transported to the surgical suite, if necessary.
- N. **Documentation:**
 - 1. Patient and family education. Teaching may be necessary after the procedure. If the emergent sternotomy is performed in the face of hemodynamic collapse, the education of the patient and family may be impossible until after the procedure is performed.
 - 2. Informed consent obtained.
 - 3. Estimated blood loss.
 - 4. Patient therapies and response: including hemodynamics, inotropic or vasopressor agents, ventilation and neurological status.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Shakenbach, L. (2024) Emergent Open Sternotomy (Assist). In Wiegand, D., editor: *AACN Procedure Manual for Critical Care*, 8th edition.
- B. AORN. (2025). Guidelines for perioperative practice: energy-generating devices; sterile technique; and surgical attire.

Attachments

[Attachment A: Room Layout.docx](#)

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Chief Nursing Officer	Carla Spencer: Chief Nursing Officer	6/10/2026
Cardio Thoracic Medical Director	Katherine DeSalvo: Director Medical Staff Services	6/10/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/8/2026
Policy Owner	Carla Spencer: Chief Nursing Officer	6/8/2026

Standards



No standards are associated with this document



Origination 1/3/2017
Approved N/A
Expires 3 years after approval

Owner Michelle Barnhart
Childs: Chief Human Resources Officer
Area Administration

Family Sick

I. POLICY STATEMENT

- A. Eligible employees may use up to one half of their annual accrued Sick (for affiliated staff) or PTO (for non-affiliated staff) entitlement in any calendar year in connection with the diagnosis, care or treatment of an existing health condition, or the preventive care of an employee's eligible family member or designated person. These hours must be in the employee's Sick or PTO bank respectively in order to qualify. For example:
 - 1. If an employee accrues twelve (12) days per year of sick time, the employee may use six (6) accrued days for Family Sick.
 - 2. If an employee has greater than one year's accrual in her/his bank of sick hours, she/he may use only one-half of the hours that she/he would accrue in one calendar year.

II. PURPOSE

- A. To ensure that all Hospital employees understand their rights under California law, which allows employees to use a portion of their accrued sick bank for purposes other than their own illness.

III. DEFINITIONS

- A. "Family Member" is defined as a spouse, child, parent, grandparent, grandchild, sibling or registered domestic partner.
- B. "Spouse" is defined as a current husband or wife.
- C. "Child" (regardless of age), is defined as a biological child, adopted child, foster child, stepchild, grandchild, a legal ward, a child of a registered domestic partner, or a child or a

person standing in loco parentis.

- D. "Parent" is defined as biological parents as well as step-parents and parents-in-law.
- E. "Grandparent" is defined as the parent of one's father or mother.
- F. "Sibling" is defined as each of two or more children having one or both parents in common; a brother or sister.
- G. "Registered domestic partner" as established in California and validated with the Declaration of Domestic Partnership with the Secretary of State.
- H. "Designated person" is defined as any individual related by blood or whose association with the employee is equivalent of a family relationship. Limited to one designated person per rolling 12-month period

IV. GENERAL INFORMATION

- A. All restrictions and conditions placed on an employee for use of sick leave shall also apply to the use of Family Sick leave.
- B. This allowance does not extend the maximum period of leave to which an employee is entitled under the California Family Rights Act (Section 12945.2 of the Government Code) or under the Federal Family and Medical Leave Act of 1993 (29 U.S.C. §§ 2606 et seq.) (reference Human Resources/LEAVE OF ABSENCE).
- C. Use of Family Sick as described herein does not count as an occurrence under the Attendance Guidelines (Reference APM – Human Resources /ATTENDANCE GUIDELINES) until such time as the employee's Family Sick allotment is exhausted. Thereafter, any absence in connection with the diagnosis, care or treatment of an existing health condition, or the preventive care of an employee's eligible family member will be counted as an occurrence.
- D. The requested amount of Family Sick allotment must be available in the employee's sick or PTO bank for the absence not to be counted as an occurrence.
- E. Non-benefitted employees (i.e. per diem) are not covered under the Family Sick Policy.

V. PROCEDURE

- A. If the employee is, or will be, absent from work for three (3) days or greater, s/he must provide a physician's note to her/his Department Director/Designee documenting the absence was in connection with the diagnosis, care or treatment of an existing health condition, or the preventive care of an employee's eligible family member.
- B. Department Director/Designee will monitor the amount of time taken by each employee in connection with the diagnosis, care or treatment of an existing health condition, or the preventive care of an employee's eligible family member.

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	6/9/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	5/26/2026
Policy Owner	Michelle Barnhart Childs: Chief Human Resources Officer	5/26/2026

Standards

No standards are associated with this document

COPY



Origination 4/17/2020
Approved N/A
Expires 3 years after approval

Owner Shannon Graham: Director Volunteer & Health Career Services
Area Volunteer Services

Hospital Meditation Room Utilization

I. POLICY STATEMENT

- A. It is the policy of Salinas Valley Health Medical Center (SVHMC) to maintain the hospital meditation room for use by persons from all faith traditions.

II. PURPOSE

- A. The purpose of this policy is to provide guidelines for the use of the hospital meditation room.

III. DEFINITIONS

- A. Spiritual/Spirituality: The non-physical dimension of persons that develops concepts and beliefs about personal meaning, value, purpose, and transcendent connection with God, others and/or self.
- B. Religious/Religion: Of or relating to a ritual system of attitudes, beliefs and practices held in devotion to a supreme being, ultimate reality, transcendent power, divine figure or ideology.
- C. Meditation: To engage in mental exercise for purpose of reaching a higher level of spiritual awareness.

IV. GENERAL INFORMATION

- A. N/A

V. PROCEDURE

- A. Access to the Meditation Room is made available on request.

- B. The Meditation Room is locked for security reasons and to assist in prioritization/coordination of access as needed. If staff, patients, or their family members need access to the Meditation Room they can request assistance from the Concierge, Security, or Administrative Supervisor.
- C. Religious symbols, images, graphics and other aesthetic works of art displayed in the Meditation Room will be spiritually inclusive, preserving an inter-faith environment.
- D. Religious texts, spiritual writings, and educational materials placed in the Meditation Room will be spiritually inclusive.
- E. The Volunteer Services Department will facilitate approval of all materials used or displayed in the Meditation Room.
- F. The Volunteer Services Department, in collaboration with the appropriate departments, will provide for and monitor the general maintenance, cleaning, repair, renovation, and enhancement of the Meditation Room.
- G. The Meditation Room may be utilized for non-spiritual meetings such as individual patient education when available. It may not be used for staff department meetings or for eating and drinking, except as authorized by the Administrative Supervisor.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. N/A

COPY

Approval Signatures

Step Description	Approver	Date
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/8/2026
Policy Owner	Shannon Graham: Director Volunteer & Health Career Services	6/8/2026

Standards

No standards are associated with this document



Origination 7/21/2017
Approved N/A
Expires 3 years after approval

Owner Louis Villaneda Sr.: Respiratory Care Manager
Area Patient Care

Oxygen Administration and Monitoring - NICU

I. POLICY STATEMENT

- A. N/A

II. PURPOSE

- A. To guide staff on how to maintain the neonate's oxygen saturation levels within a therapeutic range.

III. DEFINITIONS

- A. N/A

IV. GENERAL INFORMATION

- A. Oxygen shall be administered to newborn infants only on the written order of physician, except during acute respiratory distress and/or sudden duskiness, in which case the registered nurse (RN) or respiratory care practitioner (RCP) may initiate emergency oxygen. The physician will be immediately notified of oxygen requirement and specific orders shall be obtained. Orders will be reviewed or modified at least every 24 hours.

The physician's order shall include:

1. Specific guidelines for adjusting FiO₂ using oxygen monitoring and blood gas analysis. (see Respiratory Care orders for parameters)
 2. Specific guidelines for adjusting FiO₂ using oxygen saturation monitoring and blood gas analysis.
- B. Any infant exhibiting respiratory distress, duskiness or cyanosis shall have continuous oxygen

saturation monitoring until stable.

C. Refer to NICU policy [NEWBORN RESUSCITATION](#) as needed.

D. Oxygen Monitoring Guidelines:

1. In neonates whose condition is unstable, based on oxygen saturation parameters below, non-invasive measurements of O₂ saturation should be correlated with arterial blood gas samples or arterialized capillary samples at least every 8-12 hours.
2. For the infant on a ventilator and depending on the infant's condition and disease process, correlations between O₂ saturations and arterial blood gas samples should be considered following changes in ventilator setting, as ordered by the physician.
3. Delay arterial blood gas sampling for at least 15 minutes after suctioning infant.
4. Guidelines for Oxygen Saturations:
 - a. Infants less than 35 weeks on oxygen: Target oxygen saturations at 90-95% and set pulse oximeter alarm limits at 88-95% on oxygen and 88-100% on room air
 - b. Infants greater than 35 weeks on oxygen: Target oxygen saturations at 92-97% and set pulse oximeter alarm limits at 88-97% on oxygen and 88-100% on room air.
 - c. Infants with cyanotic heart disease: Discuss each individual case with Pediatric Cardiology, however, in general, target oxygen saturations at 75-85%.
 - d. Infants with Pre-Threshold ROP (prior to transfer): The retinal specialist will consult with the Neonatologist and supplemental oxygen MAY be ordered to maintain pulse oximetry saturations at 98-100%.

V. PROCEDURE

- A. Standard Precautions
- B. Place infant on pulse oximeter.
- C. Infant may be given oxygen blowby until oxygen delivery system is in place (nasal cannula, ventilator).
- D. Notify Respiratory Care Department of oxygen order.
- E. Except in an emergency, O₂ is humidified.
- F. Set oxygen blender dial to ordered oxygen concentration.
- G. RCP & RN may adjust oxygen concentration (according to parameters ordered by physician) based on oxygen saturation using a pulse oximeter.
 1. When oxygen saturations are consistently lower than the parameters ordered, the RCP &/or RN should increase the O₂ concentration by at least 5%. Allow 5-10 minutes for oxygen concentration to stabilize and increase again if necessary.
 2. The RCP &/or RN will notify physician of an increase in the O₂ concentration > 10%.
 3. When oxygen saturations are higher than parameters ordered, the RCP &/or RN

should decrease the O₂ concentration by no more than 5% every 5-20 minutes until oxygen saturations stabilize within parameters ordered.

4. Obtain blood gases as ordered by physician.
5. Empty and discard water that accumulates in oxygen tubing.
6. Notify Respiratory Care Department of changes in FiO₂ or O₂ delivery system.

H. Documentation:

1. Document oxygen concentration, humidifier temperature, and oxygen saturation upon initial administration and at least every hour and prn changes.
2. Document any vital information leading to the event requiring oxygen administration and outcome.
3. Document initial therapy, subsequent or discontinued therapy.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Oxygen Administration: Manuel S. Weekley; Carolyn M. Lobo; Lauren E. Bland. January 22, 2025 <https://www.ncbi.nlm.nih.gov/books/NBK551617/>
- B. **Oxygen Therapy in Infants**, NIH National Library of Medicine, <https://medlineplus.gov/ency/article/007242> October 17, 2024
- C. **A Review of Oxygen Physiology and Appropriate Management of Oxygen Levels in Premature Infants**, National Library of Medicine: Advanced Neonatal Care. September 2017, <https://pmc.ncbi.nlm.nih.gov/articles/PMC5895170/>
- D. **Supplemental Oxygen in the Newborn: Historical Perspective and Current Trends**, NIH National Library of Medicine: Nov 25, 2021, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8698336/>

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Director of Women's and Children's Services	Julie Vasher: Director Women's & Children's Services	5/19/2026
NICU Medical Director	Robert Castro: PHYSICIAN	5/19/2026
Policy Committee	Rebecca Alaga: Regulatory/	5/7/2026

Policy Owner

Accreditation Coordinator

Louis Villaneda Sr.: Respiratory
Care Manager

3/19/2026

Standards

No standards are associated with this document

COPY



Origination 5/1/2020
Approved N/A
Expires 3 years after approval

Owner Gary Ray:
Chief Legal Officer
Area Health Information Management

Records Retention

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- A. To apply effective and cost efficient management techniques to maintain complete, accurate, and high quality records and to minimize the cost and burden of storage and retention by routinely disposing of records that do not serve an ongoing business purpose and is not otherwise required to be maintained.
- B. To establish procedures for the creation, use, maintenance, retention, preservation, and disposal of organizational records.

III. DEFINITIONS

- A. Records:
 - 1. A **record** is recorded information, regardless of physical form, medium or characteristic that can be retrieved at any time. Records include all **originals** that are generated and/or received in connection with transacting Salinas Valley Health business and are related to Salinas Valley Health legal obligations.
 - 2. Records include but are not limited to documents, papers, letters, x-rays, cards, books, maps, photographs, blueprints, sound or video recordings, microfilm, magnetic tape, electronic media, communications, and other information recording media, regardless of physical form or characteristic
 - 3. If not stipulated otherwise, this is the record to which retention schedules apply.
 - 4. Medical or patient records include clinical data as well as patient demographic, clinical research and financial data.

- B. Non-Records:
 - 1. Non-records include duplicate copies of correspondence, duplicate copies of documents used for short-term reference purposes, blank forms, stocks of publications, magazines, publications from professional organizations, newspapers, public telephone directories, and transitory messages used primarily for the informal communication of information. Transitory messages do not set policy, establish guidelines or procedures, certify a transaction, or become a receipt.
- C. Legal Hold: From time to time, hospital Counsel may issue a Legal Hold on certain records and electronic information, which must be preserved and not destroyed. When a Legal Hold is issued, the instructions in the Legal Hold take precedence. Records and electronic information subject to a Legal Hold must not be altered or destroyed without the prior consent of Counsel.
- D. Records Retention Schedule: A records retention schedule is a document that identifies specific record types and establishes the length of time those records will be maintained.

IV. GENERAL INFORMATION

- A. Records are retained in accordance with all applicable laws and regulations and this policy.
- B. Records that have satisfied their required period of retention, and that are not subject to a legal hold, will be destroyed in an appropriate manner.
- C. All employees and agents are responsible for ensuring that records they create, receive, or use, are created, used, maintained, preserved, and destroyed in accordance with this policy.
- D. Vital and official records will be retained and protected to ensure Salinas Valley Health's continued operations in the event of a natural or man-made disaster.
- E. Records containing confidential and proprietary information will be securely maintained, controlled, and protected to prevent unauthorized access. (LEGAL MEDICAL RECORD POLICY)
- F. Records generated and received by Salinas Valley Health are the property of Salinas Valley Health. No employee or agent, by virtue of his or her position, has any personal or property right to such records even though he or she may have developed or compiled them.
- G. The unauthorized destruction, removal, or use of such records is prohibited.
- H. No one may falsify or inappropriately alter information in any record.
 - I. Members of the Leadership Working Group (LWG) are responsible for records management by their areas in accordance with this policy and procedure.
- J. Information pertaining to falsification of records or to unauthorized destruction, removal, or use of reported to the Compliance Officer at 759-3054 or to the Ethics Point hotline at <http://www.ethicspoint.com>.

V. PROCEDURE

- A. Development of Record Retention Schedules:
 - 1. All records will be maintained and retained in accordance with Federal and state laws and regulations. The Record Retention Schedules are located on the STARnet, under "Forms." Proposed changes, additions, or revisions to the Record Retention Schedules will be submitted to the Director of Health Information Management for

initial review. Legal Counsel will research the legal, fiscal, administrative, and historical value of the records to determine the appropriate length of time the records will be maintained and provide an identifying code. The proposed revisions will be submitted to the Director of Health Information Management for review and approval. The approved changes will be incorporated into the retention schedule.

2. Record Retention Schedules. The Director of Health Information Management will develop a Records Retention Schedule. Each department shall designate an individual who will oversee the retention and disposal of record for their particular department.
3. Active/Inactive Records: Records are to be reviewed periodically to determine if they are active or inactive. Records that are no longer required as active will be reviewed and assessed for storage in the designated off-site storage facility. Duplicate, multiple and non-record materials are not to be sent to the designated off-site storage facility, but should be destroyed or placed in a shredding bin. Whenever possible, the official record is the one that will be retained according to the established retention.

B. Records Storage

1. Records will be stored in accordance with the "Records Storage Procedure." (Attachment A).

C. Record Management Forms

1. The Director of Health Information Management will develop control forms relating to facility business and medical documents to accomplish the following:
 - a. Transferring documents to storage;
 - b. Identifying, controlling, and maintaining documents in storage;
 - c. Retrieving and/or returning documents from/to storage;
 - d. Documenting the destruction of documents and the deletion of documents from the documents inventory; and
 - e. Monitoring the documents management process.

D. Records Destruction

1. Records can only be discarded when the specified retention period has expired and a Certificate of Destruction form is executed.
2. Documents that have satisfied their legal, fiscal, administrative, and archival requirements may be destroyed in accordance with the Document Retention Schedules.
3. Documents that cannot be destroyed include documents of matters in litigation or documents with a permanent retention. In the event of a lawsuit or government investigation, the applicable documents that are not permanent cannot be destroyed until the lawsuit or investigation has been finalized. Once the litigation/investigation has been finalized, the documents may be destroyed in accordance with the Document Retention Schedule.
4. Hospital documents must be destroyed in a manner that ensures the confidentiality of the documents and renders the information no longer recognizable. The approved

methods of destroying Hospital documents include, but are not limited to, recycling, shredding, pulping, pulverizing, and magnetizing. A Certificate of Documents Destruction must be approved and signed by the appropriate management staff prior to the destruction of documents. Confidential Hospital documents cannot be placed in trash receptacles unless the documents are rendered no longer recognizable.

5. Contact Health Information Management for appropriate use of the Certificate of Records Destruction.
6. Non-records are maintained as long as administratively needed, and the retention schedules do not apply. Non-records may be discarded when the business use has terminated.
7. Discretion should be used in determining whether to generate or retain transitory messages in the nature of notes of unofficial meetings, telephone conversations, or other personal notes. If generated, such documents should be routinely discarded in the shred bin when they are no longer useful. For example, when the informal document, such as an employee's personal notes, is transferred to a more formal document, such as an incident report, the notes are no longer useful and should be discarded in the shred bin. Preliminary working papers and superseded drafts, particularly after subsequent versions are finalized, should be discarded. E-mail that contains no substantive data, such as invitations to lunch and responses to such, should be routinely discarded.
8. E-mail communications, messages and documents transmitted by e-mail are similar to paper documents. They may be considered business records and are subject to this policy. To determine whether an e-mail message must be retained and for how long, think of it like a paper memo or document. If you would retain a memo due to its content, then you are required to retain an e-mail message of the same content for the same length of time.
9. Unless a Legal Hold is in place, the originator/sender of the e-mail message (or the recipient of a message if the sender is outside the Hospital) is the person responsible for retaining the message. E-mail messages may be retained in electronic form in the mailbox, or be printed and filed along with other documents related to the same topic or project. Users may delete e-mail messages that are not required by this policy to retain (such as non-record messages and transitory messages) and messages that are being retained in printed form. Other documents maintained on electronic media (except e-mail) may **not** be destroyed until further notice.

E. Divestiture or Closure of Facilities

1. **Divestiture of a Facility:** In the event a facility or a line of business is sold, the Hospital's Legal Counsel must ensure that sales documents will protect the Hospital's right to access business documents and medical documents and will stipulate the non-destruction of Hospital documents as appropriate. Additionally, before divestiture, all facility electronic documents must be backed up and transferred to Information Technology. Also, unless the sales documents specify otherwise, software documentation must be transferred to Information Technology. Patient medical documents should remain with the facility to ensure continuity of

patient care. Consistent with the overall retention policy, no documents will be disposed of until the period of retention has expired for such documents.

2. Closure of a Facility: In the event a facility is closed, all facility paper business documents must be transferred to the designated storage location. Contact the Director of HIM to coordinate transfer. All electronic documents must be backed up and transferred to Information Technology. Contact the Director of Information Technology to coordinate transfer. Additionally, software documentation must be transferred to Information Technology. Patient medical documents must be transferred to another facility or state archives in accordance with state requirements. Consistent with the overall retention policy, no documents will be disposed of until the period of retention has expired for such documents.

F. Responsibilities:

1. Corporate Compliance Committee

- a. Review and approval of retention schedule will be conducted according to the policy review cycle unless deemed an immediate need for revision. Any changes are to be approved by direction of HIM, Director of Internal Audit and Compliance and HIM will facilitate the review.

G. Legal Counsel

1. The Hospital Legal Counsel will provide counsel regarding vital documents designations and legal and statutory requirements for documents retention and other pending legal matters, and;
2. Ensure the Hospital's access to or ownership of documents is appropriately protected in all divestitures of property or lines of business or facility closures.

H. Exceptions Reporting Mechanism

1. In the event that an employee believes another employee, a contractor or other individual is impermissibly destroying documents or otherwise violating this policy, he/she should contact his/her supervisor or another member of management at the facility. If the employee is uncomfortable seeking resolution through his/her management he/she may contact the Privacy Officer at 831-759-1960.

I. Documentation:

1. Documents/Document Storage – Attachment A
2. [SVHMC Retention Schedules](#) – Located on STARnet

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. California Hospital Association, **Record Retention Guide**
- B. American Hospital Association
- C. The Joint Commission (TJC)

Attachments

[CHA Record & Data Retention Schedule.pdf](#)

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
CFO	Iftikhar Hussain: Chief Financial Officer	5/19/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	5/12/2026
Policy Owner	Gary Ray: Chief Legal Officer	4/3/2026

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **19498094**



Origination 2/15/2022
Approved N/A
Expires 2 years after approval

Owner Louis Villaneda Sr.: Respiratory Care Manager
Area Education

Results of Tests and Diagnostic(s)

I. POLICY STATEMENT

- A. N/A

II. PURPOSE

- A. To guide the staff in the identification and reporting of critical results of tests and diagnostic procedures.
- B. To clarify target time frames between availability of the result and communication with the appropriate responsible licensed caregiver.

III. DEFINITIONS

- A. Responsible licensed care giver: Person who will act on the reported critical results. This may be the attending physician or another licensed independent practitioner or, in certain situations, a licensed caregiver who is authorized to take action.
- B. Critical result of tests or diagnostic procedures: Results that fall significantly outside the normal range and may indicate a life-threatening situation.

IV. GENERAL INFORMATION

- A. Critical results of tests and diagnostic procedures will be communicated to the appropriate responsible licensed caregiver within defined timeframes. Results are read back and verified.
- B. Exemption: A physician may elect not to be called in the event a critical result is expected and/or has provided orders to address the result.

V. PROCEDURE

- A. Laboratory: When laboratory results are deemed critical (Refer to Laboratory Department Policies [LABORATORY CRITICAL RESULTS DOCUMENTATION](#) , [LABORATORY CRITICAL CALL VALUES](#))
1. Laboratory personnel initiates contact within 15 minutes to the physician/designee and for inpatients the nurse assigned to the patient.
 2. If the physician/designee does not respond within 60 minutes the results will be conveyed to the pathologist present or if after hours the pathologist on-call.
 3. Exception: Critical results sent to the Emergency Department through secure notification group who will notify the attending Emergency Department physician/designee.
- B. Radiology: When radiology results are deemed critical:
1. Radiologist initiates contact with the ordering physician/designee within 60 minutes after the Radiologist is made aware of the finding.
 2. The Radiologist will document in the report who was notified and when.
 3. If the physician/designee is not available the Radiologist will call the "on-call" physician/designee covering.
 4. During after hours and on weekends and holidays, the Teleradiology service communicates with the ordering physician or Charge Nurse (if physician unavailable) via telephone or secure messaging. The teleradiologist is available for consultation as needed.
- C. Cardiology: When cardiology results are deemed critical:
1. Cardiology personnel initiates contact within 15 minutes to the interpreting Cardiologist
 2. If the interpreting cardiologist is not available the next cardiologist is contacted.
 3. The interpreting cardiologist is responsible for documenting to whom and when (time) results were communicated.
- D. Respiratory Care: When Blood Gas results are deemed critical:
1. The Respiratory Care Practitioner (RCP) contacts the physician/designee providing care within 15 minutes and the nurse assigned to the patient.
 2. If the physician/designee does not respond within 15 minutes, a second call will be made.
 3. If the physician/designee has not responded within 30 minutes of the first call, the RCP will notify a pathologist.
 4. If there is no pathologist in house, notify the pathologist on call.
- E. Documentation:
1. Cardiology documents notification of a provider of a critical test result in the department log.

2. The Laboratory documents notification in the electronic medical record.
3. Respiratory Care documents critical results in the I-Stat binder and a copy of the results is placed in the Lab section of the electronic medical record.
4. Compliance with reporting times for critical results are measured and reported to the appropriate departments.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. TJC National Patient Safety Goal 02.03.01, Improve the effectiveness of communication among caregivers (2025).

Approval Signatures

Step Description	Approver	Date
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/9/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/5/2026
Director Laboratory	Lori Orosco: Director Laboratory Services	6/5/2026
Director Cardiovascular Services	Megan Giovanetti: Director Cardiovascular Services and Sleep	6/2/2026
Director Diagnostic Imaging	John Kazel: Director Imaging Services	6/1/2026
Policy Owner	Louis Villaneda Sr.: Respiratory Care Manager	2/12/2026

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20295770**



Origination 5/1/2020
Approved N/A
Expires 3 years after approval

Owner Cynthia Vargas:
Manager Patient Experience
Area Administration

Visitors

I. POLICY STATEMENT

- A. Salinas Valley Health Medical Center (SVHMC) will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability. Visitors shall enjoy full and equal visitation privileges consistent with patient preferences.
- B. The patient has the right to both a support person and visitors while under the care, treatment, and service of SVHMC. Refer to Section V F.
- C. The patient has the right to request anonymity (Confidential Status). If a patient requests to be designated as "Confidential" no visitors or support person is allowed. Refer to Section V E.
- D. Patients are responsible to manage visitors. SVHMC does not manage "Lists" of patient requested visitors.
- E. SVHMC has the right to restrict visitors for concerns such as, but not limited to, mental health crisis, infectious diseases, patient safety, etc.

II. PURPOSE

- A. To define the patient's right to visitation while receiving care, treatment, and service.
- B. To guide staff in the creation of a positive visiting experience for both patients and visitors at SVHMC.
- C. To support a patient and family centered care environment by incorporating a support person, family and visitors into the patient's plan of care.

III. DEFINITIONS

- A. Immediate family: Parents, parent's children, siblings, grandparents, grandchildren and spouse/domestic partner. In the absence of immediate family, individuals whom the patient

designates as "family" may visit at the attending nurse's discretion.

- B. Patient: Patient or their designated surrogate decision maker
- C. Significant other: spouse, domestic partner, girlfriend or boyfriend, caregiver or constant companion - not counted as a visitor.
- D. Support Person: family member, friend or other individual over 18 years of age who, at the request of the patient, can provide emotional support during the patient's stay. The support person is not authorized to make medical / care decisions nor receive patient information unless authorized by the patient.
- E. Authorized responsible party: Custodial parent(s), legal guardian/custodian, legal responsible party, designated surrogate decision maker.

IV. GENERAL INFORMATION

- A. The right of a patient to have visitors may be limited or restricted when visitation would interfere with the care of the patient and/or the care of other patients. Circumstances reasonably related to the care of the patient and/or the care of other patients that provide a basis to impose restrictions or limitations on visitors include (but are not limited to) when:
 - 1. There may be infection control issues.
 - 2. Visitation may interfere with the care of other patients.
 - 3. The hospital is aware that there is an existing court order restricting contact.
 - 4. Visitors engage in disruptive, threatening, violent or criminal type behavior of any kind.
 - 5. The patient or patient's roommate(s) need rest or privacy.
 - 6. The patient is undergoing care interventions.
 - 7. Visitation is otherwise clinically contraindicated.
- B. Visiting hours at SVHMC are generally from 9AM - 8 P.M, 7 days a week. (Exceptions are managed on a case by case basis with consideration of the patient's medical condition and in collaboration with the unit charge nurse and nursing supervisor.)
 - 1. In most areas, there are NO age restrictions for visitors unless indicated due to health considerations or special circumstances such as influenza season.
 - 2. Specific units may have different visiting hours and/or age limitations. Detailed information will be given to patients, families and visitors in those units.
- C. The organization may limit the number of visitors during a specific period of time, as well as establish minimum age requirements for child visitors when reasonably necessary to provide safe care.
- D. If there are multiple family members they should be encouraged to designate a spokesperson to **minimize interruptions** of patient care.
- E. SVHMC is committed to providing a quiet healing atmosphere. Some strategies include, but are not limited to:
 - 1. Offering a "Quiet pack"
 - 2. Lowering the volume of the TV or other electronic devices

3. Dimming the lights in the hallways or in rooms
 4. Putting all cell phones and pagers on vibrate
 5. Closing doors
 6. Offering aromatherapy or soft music
 7. Offering warm tea in accordance with the patient nutrition orders
- F. The patient shall be informed of the reason for any restriction or limitation of visitors and this restriction will be recorded in the electronic health record.
- G. END OF LIFE: Special visitation arrangements are made for patients who are receiving end of life care, including a declaration of brain death/organ donation. Flexibility for end-of-life allowed based on space constraints and maintaining privacy of other patients.
- H. Patients be informed, verbally or in writing of their visitation rights, including any clinical restriction or limitation on such rights.

V. PROCEDURE

A. VISITING GUIDELINES

1. Visitors will check in at the Information Desk in the Main Lobby with the Concierge, Volunteer or Security officer on duty to receive a pass.
 - a. After hours, security officer will request approval from the appropriate nursing unit prior to issuing a visitor pass.
2. Nursing staff should educate visitors to:
 - a. The unit specific visitation processes.
 - b. Limit the number to 2 (two) visitors at a time. Exceptions are made on a case by case basis.
 - c. Limit their visits to a reasonable duration based on patient's condition.
 - d. No consumption or under the influence of alcoholic beverages or illegal substances is allowed on hospital property.
 - e. SVHMC is a smoke free facility including all tobacco products and e-cigarettes / vaping products.
 - f. The hospital reserves the right to limit or disallow visitors at any time.

B. AFTER HOURS VISITATION

1. An announcement will be made prior to the end of visiting hours informing all visitors that regular visiting hours are over at 8:00PM. All visitors, except the patient's support person, will be asked to leave the hospital at the end of visitation hours. See **Section D** for unit specific exceptions.
2. Special after hours visits will be approved by the Administrative Supervisor or Unit Director/Designee on a case by case basis utilizing the following criteria:
 - a. Critical or terminally ill patient.
 - b. Extreme safety concern for the patient.

- c. Severe language barrier not accommodated by Hospital designated interpreter service.
 - d. Other situations as determined by the Administrative Supervisor or Unit Director/Designee.
3. Starting at 8:00 PM, a Security Officer will make rounds of nursing units to inform visitors that visiting hours are over.
- a. If any after-hours visitors are authorized, the Security Officer will issue a new visitor's identification badge.
 - b. If visitors are not authorized after hours, the visitors will be politely informed that visiting hours are over and requested to leave.
 - c. Should the visitor insist on visitation or special circumstances, the Security Officer or Concierge on duty will contact the charge nurse of the unit. If visitor(s) are authorized the charge nurse will inform the Administrative Supervisor for the final authorization.

C. LIMITING VISITATION IN SPECIFIC CARE SETTINGS

- 1. The number of visitors and length of visitation may be limited in specific care settings such as intensive care units and post-operative/invasive recovery areas due to the critical nature of a patient's illness and the level of required medical care.
- 2. General visitor access to areas where newborn infants and pediatric patients are housed may be limited due to security concerns and the need to protect these vulnerable populations from abduction.
- 3. Due to care and safety concerns, visitation is not permitted during the performance of operative, invasive, or other high-risk procedures. To protect patient privacy, visitation is generally not permitted when a patient is receiving personal care such as toileting, bathing, etc.

D. UNIT SPECIFIC VISITING POLICIES

1. INTENSIVE CARE / CORONARY CARE UNIT (ICU/CCU)

- a. Visiting hours in the ICU/CCU are 9 am - 7 pm and 8 pm - 11 pm.
- b. Limit the number to 2 (two) visitors at a time. Exceptions are made on a case by case basis.
- c. Phones with auto dial are located at both the ICU and CCU doors and shall be used by visitors to gain access to the unit.
- d. Visitors shall generally be limited to immediate family members, significant others or by patient request.
- e. Children 12 and older are welcomed as appropriate to the situation but limited due to the nature of care and the equipment used in ICU settings.

2. PEDIATRIC

- a. Authorized responsible parties are encouraged to visit and participate in the child's care anytime during the day and evening. Due to space restraints, only one authorized responsible party is encouraged to stay

overnight.

- b. Visitors under the age of 12 may visit in the pediatric unit if they are siblings of the patient.
- c. The Pediatric unit may limit sibling visitation at the discretion of the charge nurse.

3. PERINATAL SERVICES

a. Labor and Delivery Unit

- i. When a patient is in labor, they determine who may visit throughout the labor process.
- ii. Children under the age of 12, if child of the patient, may visit. Children under the age of 12 must be supervised by an adult (not the patient) at all times and not be disruptive to nursing staff or other patients.
 - 1. The name(s) of the patient's child(ren) will be obtained from the patient upon admission.
- iii. Visiting hours are open for laboring patients unless there is a medical or social reason to limit visitation at the discretion of the patient or staff.
- iv. Visitors are encouraged to limit the number of visitors to 4 at a time. Exceptions are made on a case by case basis.

b. Mother Baby Unit

- i. After a patient transfers to the Mother/Baby Unit, regular visiting hours will apply. Visitors should limit the time of their visits to allow the new mother and baby time to rest, bond, and allow for the necessary patient education.
- ii. A Parent/Guardian/Support Person of the baby is welcomed to spend the day/night and participate in the plan of care as directed by the patient.
- iii. Children under the age of 12, if child of the patient, may visit. Children under the age of 12 must be supervised by an adult (not the patient) at all times and not be disruptive to nursing staff or other patients.
- iv. Visitors are encouraged to limit the number of visitors to 2 at a time.
- v. A Parent/Guardian/Support Person of the baby is not counted as a visitor.

c. OBED

- i. Only one visitor per patient is allowed while patients are being checked for possible admission or antepartum testing

d. Neonatal Intensive Care Unit (NICU)

- i. The NICU fosters the Philosophy of Family Centered Care. Parents/guardians are encouraged to visit and participate in infant feeding and care in the NICU. The Charge RN has authority to restrict or allow visitors based on unit activity. The nurse or physician will assess each situation and provide support, instruction, and assistance to the parents/guardians.
- ii. It is important to note that parents/guardians are not considered visitors and are encouraged to be present at any time, especially during change of shift report, to actively participate in the plan for care.
- iii. In general, visitation in the NICU is limited to parents/guardians and grandparents for the first twenty-four (24) hours. Thereafter, other visitors may accompany the parent/guardians. Visitors who present without the presence of the parent/guardian will not be allowed visitation unless they have been included on the parent/guardian provided list and with a photo ID. Limit the number of 2 (two) visitors at a time. Exceptions are made on a case by case basis.
- iv. To encourage family-centered care, visiting hours are 24 hours a day, 7 days a week. However, in order to maintain patient confidentiality, visitors may not be allowed in the NICU during the following times: Change of shift report: 0700-0730 hours and 1900-1930 hours.
- v. Visitors under the age of 12 may visit in the NICU if they are siblings of the patient. During seasonal restrictions, visitation will be limited to siblings aged 12 years and older. In consideration of health and safety, if anyone at home or any visitor exhibits signs of illness, masks will be required to be worn. Children under the age of 12 must be supervised by an adult (not the parent) at all times and not be disruptive to nursing staff or other patients.
- vi. Information pertaining to the infant's condition will be released only to the parents/guardians, unless the parent/guardians has provided the PIN.

4. EMERGENCY DEPARTMENT

- a. All visitors must check in with the security officer at the Emergency Department entrance.
- b. One visitor is allowed in the waiting room unless the Emergency Department is over capacity at which time staff will ask visitors to vacate to make room for patients.
- c. One visitor is allowed with patients in patient's room unless otherwise authorized by the medical staff.
- d. Fast-Track Module:
 - i. Due to limited capacity, patients 20 years of age and younger are

allowed to have one parent or guardian. Patients 21 years of age or older are allowed one parent or guardian on a case-by-case basis, depending on patient need and unit capacity.

- ii. If the patient is a child, a parent of authorized responsible party must remain with the child the entire time.
- e. No visitors are allowed in the Result Waiting area due to limited capacity unless authorized by the medical staff.
- f. Pediatric patients are required to have one parental figure or authorized responsible party with them at all times but will not be allowed a visitor unless authorized by the hospital staff.

5. OUTPATIENT INFUSION

- a. Visitation will be limited to one visitor at a time due to space limitations and to optimize patient privacy. If the patient is a child, a parent/ authorized responsible party must remain with the child the whole time.
- b. Children under the age of 16 may be in the waiting area under supervision but are not allowed in the treatment area. No individual under the age of 18 will be allowed in the treatment area.

6. OUTPATIENT SURGERY/CATH HOLDING

- a. Visitation will be limited to one visitor at a time due to space limitations and to optimize patient privacy. If the patient is a child, a parent/ authorized responsible party must remain with the child the whole time.

7. MAIN OR POST-ANESTHESIA CARE UNIT (PACU)

- a. The authorized responsible party for a pediatric or special needs patient may stay.

8. MEDITATION ROOM

- a. The Meditation Room is an area providing privacy for families of patients in crisis and during consultation with health care providers. Guidelines have been established for use of the Meditation Room.
- b. The Meditation Room may be accessed by Security and/or Concierge and the Administrative Supervisor as deemed appropriate.

E. CONFIDENTIAL STATUS:

- 1. A patient may, at any time, request to be Confidential Status, which is entered by Patient Registration staff.
- 2. When a patient requests Confidential Status, No visitors are allowed, except as stated in 5. This includes, immediate and other family, friends and visitors that present.
- 3. When a patient status is updated during their stay, after they have been registered, Nursing staff will inform Registration staff to update their status in Electronic Health Record and the Patient Status Board and will notify the Main Lobby Concierge and Security of the change in status.

4. When visitors ask for the location of a patient flagged as confidential, they will be informed that a patient by that name is not in the hospital. PBX operators will not transfer calls to the patient's room and will inform the caller that there is no patient by that name. Mail and floral deliveries will not be accepted for confidential patients.
5. Exceptions to visitors for Confidential Status patients must be approved by the Administrative Supervisor, after determining, with input from the unit charge nurse/designee and the Patient Safety Officer/Patient Experience team, that the exception is in the best interest of the patient. Safety of the organization, patients and staff will take precedence over visitors.

F. DESIGNATING A SUPPORT PERSON:

1. A patient has the right to designate a support person to provide emotional support during their stay. A patient's "support person" does not have to be the same person as the patient's representative who is legally responsible for making medical/care decisions on the patient's behalf.
2. The organization shall accept a patient's support person designation, orally or in writing. The name of the support person should be recorded in the electronic health record and may, at the patient's request, be changed at any time.
3. In a shared room of same-gender (or gender stated) patient where the support person is the opposite gender, the patient will be asked if they oppose the support person staying the night. If the patient is opposed, the support person will be offered to stay in the waiting area.
4. When a patient is unable to make their own medical decisions processes will be followed as defined by California laws. The Patient Safety Officer may be contacted as necessary.

G. CONSTANT COMPANION:

1. Individuals (18 & older) who remain at the bedside 24 hours a day during the patient's hospitalization to provide assistance with emotional or other essential support needs. These companions play a vital role in the well-being and care of the patient. Constant companions are expected to adhere to the same behavioral standards as other visitors. Medical staff will be required to review the Constant Companion Agreement with the family member or friend who will serve as the constant companion. The Constant Companion will be required to sign the [Constant Companion](#) agreement form.
2. Considerations for allowing a constant companion are as follows:
 - a. Dementia Patients or Cognitively Impaired – more compliant with care when there is a familiar face/voice
 - b. Patients Older than 80+ - Are more likely to be forgetful
 - c. Language Barrier
 - d. Culturally Sensitive - May feel uncomfortable or embarrassed asking for help
 - e. Patients who are being considered for comfort care/palliative care

H. INFORMING THE PATIENT OF THEIR RIGHT TO VISITATION

1. The organization shall inform patients of their visitation rights. This information shall generally be provided during the admission process.
2. The written notice shall address any clinically necessary or reasonable limitations or restrictions imposed by hospital policy on visitation rights, providing the clinical reasons for such limitations/restrictions, including how they are aimed at protecting the health and safety of all patients.
3. The information shall be sufficiently detailed to allow a patient) to determine what the visitation hours are and what restrictions, if any, apply to that patient's visitation rights.
4. The notice must also inform the patient of the patient's right to:
 - a. Receive the visitors they have designated, including but not limited to, a spouse, a domestic partner, another family member, or a friend; and
 - b. Withdraw or deny his/her consent to receive specific visitors, either verbally or in writing.
5. The medical record must contain documentation that the written notice was provided to the patient.

I. RESOLVING DISPUTES REGARDING VISITATION

If there is a question or disagreement surrounding who may visit the patient, it shall be resolved as quickly as possible.

1. The patient shall decide who may visit as long as they have been deemed capable of decision making.
2. If the patient is unable, the patient's designated surrogate decision maker shall decide who may visit. In the event there is no designated surrogate, the support person may be consulted, but the organization will determine visitors based on the best interests of the patient and on a good faith understanding of the patient's likely wishes. The Patient Safety Officer may be consulted if necessary.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. The Joint Commission Hospital Accreditation Standards, Patient's Rights Chapter
- B. CMS Conditions of Participation 482.13

Approval Signatures

Step Description

Approver

Date

Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/9/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	5/21/2026
Policy Owner	Cynthia Vargas: Manager Patient Experience	4/3/2026

Standards

No standards are associated with this document

COPY



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

Owner Carla Spencer:
Chief Nursing Officer
Area Administration

Workplace Violence Prevention/Security

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- A. To ensure a safe environment for employees, patients, medical staff, visitors, volunteers, temporary personnel and students within Salinas Valley Health Medical Center (SVHMC) and all entities under the SVHMC licensure.
- B. To provide uniform guidelines for the prevention, intervention and/or reporting workplace violence as required by the Cal/OSHA regulation on workplace violence prevention in healthcare.

III. DEFINITIONS

- A. Workplace Violence:
 - 1. The threat or use of physical force against an employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury; and/or
 - 2. An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.
- B. Dangerous weapon: means an instrument capable of inflicting death or serious bodily injury.
- C. Reportable Injury: An injury which results in death, days away from work, restricted work or transfer to another job, medical treatment beyond first aide, loss of consciousness or significant injury or illness diagnosed by a physician or other licensed healthcare professional. Please note that you must report incidents as defined above as well as incidents in which

there was a high likelihood of injury regardless of whether the employee sustained injury.

- D. Threatening or violent behavior may include, but is not limited to:
 - 1. Throwing objects
 - 2. Making a verbal threat to harm another individual or destroy property
 - 3. Making menacing gestures
 - 4. Touching, shoving, hitting or poking another person with the intent to indicate anger, impatience or frustration
 - 5. Threatening an individual's family, friends or associates with harm
 - 6. Unauthorized possession or inappropriate use of firearms, weapons or other items at the facility that may cause bodily harm
- E. "Facility" means a covered SVHMC building or space to include the parking lot and the grounds.

IV. GENERAL INFORMATION

- A. It is the policy of SVHMC to make every effort to establish a safe work place environment as stated above for all employees, patients, medical staff, visitors, volunteers, contractors, temporary personnel, and students.
- B. Threats and acts of violence will not be tolerated. The safety of all is of paramount importance to SVHMC. Conduct and activities that could undermine safety objectives are strictly prohibited. Any violations of this policy by any individual(s) on any SVHMC campus will be considered misconduct and may result in disciplinary and/or legal action.
- C. Reference policy - [STANDARDS OF PROFESSIONAL BEHAVIOR](#)

V. PROCEDURE

- A. Training:
 - 1. Initial Training: Workplace Violence Prevention training is provided to all employees. All new employees will be provided training at the start of employment.
 - 2. Levels of Training: Different levels of training are provided based on associated risk of exposure to violent incidents for individual departments and position-specific job duties. Employees whose job responsibilities include violent incident response receive the highest level of training.
 - 3. Training Content: Training includes an overview of the policy/plan, recognizing potential for violence, strategies for avoiding harm, reporting incidents, resources, and an opportunity to ask questions. Higher level training includes restraining techniques (manual and mechanical) and opportunity to practice maneuvers and techniques.
 - 4. Refresher Training: Employees with patient contact activities and their managers are provided refresher training annually to review topics included in the initial training and results of the annual review.
- B. Reporting:

1. **Employee Reporting:** Employees must immediately report any acts or threats of violence on the part of fellow employees, visitors, patients, vendors, etc., that is consistent with workplace violence prevention as described in this policy. Reporting is made to their Department management and Security Department as appropriate. For reporting after regular business hours, employees are to contact the Nursing Supervisor. The Director/Designee is responsible for ensuring the reporting employee completes a report in the Hospital's electronic occurrence reporting system and, if appropriate, Security is notified so a security report is generated. A thorough investigation will be conducted and, if warranted, appropriate disciplinary action will be taken. Reporting may be done anonymously.
2. **Non-Employee Reporting:** Any non-employee (patient, visitor vendor, etc.) witnessing or experiencing any violation of this policy, may report the violation to any employee. The employee, in turn, must report the alleged violation as indicated above in B.1.
3. **Hospital reporting**
 - a. **Law Enforcement and Cal/OSHA:** The Hospital must report any incident involving physical assault, injury resulting in hospitalization or a weapon to local law enforcement and Cal/OSHA within 24 hours of knowledge of the incident. All other incidents must be reported within 72 hours. Other Cal/OSHA reporting must be followed.
 - b. **Workers' Compensation:** Employees who have suffered workplace violence may be entitled to Workers' Compensation benefits. Any employee injury including psychiatric injuries, resulting from workplace violence is to be reported via the employee injury form.

NOTE: Not all incidents reported in the Workplace Violence Prevention log maintained by SVHMC are required to be reported to Cal/OSHA, law enforcement agencies or CDPH. If the incident involves a threat of force rather than use of force, the incident must be recorded in the log but is not reportable to Cal/OSHA, law enforcement, or CDPH.

- C. **Filing Charges:** The District Attorney is responsible for determining whether or not charges are filed. An employee has the right to speak with local authorities regarding anyone whom the employee believes has committed an act of violence against or toward them. The Hospital does not interfere with any employee's choice or decision to do so. Upon request, Security will assist the employee in contacting the local agency. An individual does not need Hospital approval to speak with an outside agency about charges against another.
- D. **Emergency Situations:**
 1. **Requiring Police Intervention:** If the violence is of such a nature that serious bodily harm is imminent or likely, a call is to be placed directly to 911 (if internal phone line used, dial 9-911). These incidents include situations involving weapons or extreme force that, by their nature, would inflict serious bodily harm. As soon as possible after calling 911, Security shall be notified utilizing the appropriate emergency code.
 2. **Not Requiring Police Intervention:** In instances requiring Security response but where making a direct call to Security is dangerous or impractical, "Code Gray" should be called to the Hospital Operator. This will summon assistance without announcing

the nature of the crisis.

- E. Violent Incident Log: This log is maintained in the hospital electronic occurrence reporting system. The log is reviewed each quarter at the Environment of Care Committee (EOC) meeting. Statistical information is incorporated into staff training.
- F. No retaliation – No employee will be disciplined or retaliated against for reporting violence against themselves or others in the workplace.
- G. Temporary Restraining Order (TRO): The Hospital may apply to a local court to obtain a TRO to protect either the entire workplace or an individual employee if an employee has suffered unlawful violence in the workplace or another individual poses a credible threat of violence in the workplace. The TRO will seek to limit the individual's access to the Hospital or to a particular employee. The Hospital may also seek to obtain a permanent injunction. The granting of a TRO or permanent injunction can only be done through the court system. While a TRO does not guarantee that violence will not occur, it does allow for the restraint and/or arrest of the individual in question should they not comply with the terms and conditions of the TRO.
- H. The Environment of Care Committee (EOC) will be responsible for implementation, review, and maintenance of the Workplace Violence Prevention/Security Plan as follows:
 - 1. Conducting vulnerability assessment for violent acts from outside the facility.
 - 2. Reviewing incidents of violence in the surrounding neighborhood.
 - 3. Developing an interdisciplinary ad hoc committee to investigate suspected or alleged incidents involving threats, violent acts or acts with the potential of developing into threats or violent acts, hereinafter referred to as "suspected incidents". The ad hoc committee will consist of an appropriate representative from: Human Resources, Plant Maintenance/Security/Safety and Risk Management who will meet to assess the need for the input of others.
 - 4. Establishing liaison and maintaining a cooperative working relationship with local law enforcement agencies.
 - 5. Training staff in the recognition, investigation, documentation and reporting of "suspected incident."
- I. Physical Security: Physical security measures are implemented at SVHMC as part of the overall approach to provide a safe and secure environment for employees, patients, medical staff, visitors, volunteers, contractors, temporary personnel, and students. Physical security measures include, but are not limited to:
 - 1. A security department which provides the following services:
 - a. Security officers who patrol the Facility's premises.
 - b. An escort service for employees who wish to be escorted to certain locations on Facility premises (available by dialing extension #5301).
 - c. A visible and non-visible video surveillance system which is in place both inside and outside of the Facility which monitors areas to identify potentially unsafe, unlawful or violent conduct.
 - d. A restricted access system to minimize the number of non-personnel permitted to enter specific areas of the Hospital.

- e. Secure identification:
 - i. Identification badges which are required to be worn by all SVHMC personnel;
 - ii. Vendor ID badges for vendors
 - iii. Visitor badges for visitors and family members of patients
 - f. Alarm systems for emergency situations.
 - g. A procedure for restricting access to the Hospital after specific hours and weekends.
2. In order to ensure that the physical measures are adequate to provide additional protection to patients, staff, visitors, and guests, the EOC will periodically review the following: CCTVs/monitors, duress alarms, sufficiency of security staff, number of radios, card access system, locks/keys/access control.
 3. Vulnerability Assessment: The EOC will be responsible for reviewing vulnerabilities of areas that may be specifically susceptible to threats or violent acts. While not all-inclusive, some of these areas would include the Emergency Department, Pharmacy, Gift Shop, Coffee Shop, Cafeteria, Nursery, ATM machine and the Downing Resource Center (DRC).
 4. The results of this review, along with EOC recommendations, will be documented and forwarded to Administration for action.
- J. All investigations will be considered confidential and considered to be a Patient Safety Work Product.
 - K. All participants in the investigation will be instructed on the confidentiality of the information.
 - L. Following a threatening and/or violent incident, SVHMC provides impacted employees support and as needed, professional care through the hospitals Employee Assistant Program and/or other hospital resources.
 - M. All requests by the media for information regarding a threat or act of violence should be directed to the Public Relations department.

REFERENCES

- A. CALIFORNIA CODE OF REGULATIONS, TITLE 8, SECTION 3342
- B. CAL/OSHA SB 1299

Attachments

 [A: Cal/OSHA Workplace Violence Documentation and Reporting - Employee Workflow](#)



[B: Cal/OSHA Workplace Violence Documentation and Reporting Evaluation - Actual Physical Violence or Use of Firearm/Weapon](#)

[C: Cal/OSHA Workplace Violence Documentation and Reporting Evaluation - Threats](#)

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	6/9/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	5/26/2026
Policy Owner	Carla Spencer: Chief Nursing Officer	4/16/2026

Standards

No standards are associated with this document



Origination 11/6/2024
Approved N/A
Expires 1 year after approval

Owner Gary Ray:
Chief Legal
Officer
Area Board
Policies

Reporting and Settlement of Litigation and Claims

Policy on Reporting and Settlement of Litigation and Claims

- A. Salinas Valley Memorial Healthcare System is a California local health care district operating as Salinas Valley Health, governed by an elected Board of Directors and subject to requirements for the filing of claims against public entities as provided by Government Code Section 910.
- B. Salinas Valley Health participates as a member in the BETA Risk Management Authority, a California Joint Powers Authority that permits local health care districts to self-insure their liability claims and losses by pooling risk among similar healthcare facilities. As such, BETA acts as Salinas Valley Health's insurer.
- C. Salinas Valley Health has adopted the following Policy on Report and Settlement of Litigation and Claims for Salinas Valley Health Medical Center, establishing the authority of the Board of Directors, General Counsel and the Chief Executive Officer (CEO) and requirements with respect to reporting of settlements under healthcare liability claims by department of Risk Management.
 - 1. As used in this Policy, the following terms shall have the meaning specified:
 - a. "Claim" shall refer to any demand for payment from an entity or individual presented to the district under the California Tort Claims Act.
 - b. "Request for Write-Offs or Reimbursements" for such things as loss items or other items not presented as formal claim can be decided upon by the CEO.
 - c. "Litigation" shall refer to legal proceedings in the form of a lawsuit, arbitration proceeding, or internal or external administrative proceeding.
 - d. "Consideration" shall refer to a monetary commitment.
 - 2. Settlement Authority of the CEO.

The Board of Directors delegates to the CEO with authority to execute a "Consent to Settle" authorizing BETA Risk Management Authority on behalf of Salinas Valley Health to settle existing claims or litigation up to maximum amount of the policy

limits of the insurance provided by BETA Risk Management Authority. Settlement of claims or litigation that requires payment of consideration exceeding the BETA insurance policy limits shall require the concurrence of the CEO, General Counsel, and the approval of the Board of Directors.

3. Reporting on Pending Claims, Litigation and Settlements
 - a. Annually, the Risk Management Department shall provide the CEO, General Counsel and the Board of Directors a report of all pending claims, litigation and settlements which BETA Healthcare Group determines to have a value in excess of \$100,000 per claim. Said report shall be presented in the Closed Session portion of a Regular Meeting of the Board of Directors.
 - b. All settlement proposals which require approval by the Board of Directors as provided herein, shall be accompanied by a recommendation from BETA Healthcare Group and/or legal recommendation from legal counsel retained by the District, and a statement of the applicable fund source.

Approval Signatures

Step Description	Approver	Date
Policy Owner	Gary Ray: Chief Legal Officer	Pending

Standards

No standards are associated with this document

BOARD MEMBER COMMENTS

AND REFERRALS

(VERBAL)

*QUALITY AND EFFICIENT
PRACTICES COMMITTEE*

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

(CATHERINE CARSON)

*PERSONNEL, PENSION & INVESTMENT
COMMITTEE*

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

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

(CATHERINE CARSON)

Board Paper: Personnel, Pension and Investment Committee

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

Executive Sponsor: Orlando Rodriguez, MD, Chief Medical Officer
Molly Heacox, Director of Clinic Services

Date: June 15, 2026

Executive Summary

In consultation with members of the SVH Medical Center Medical Staff, Salinas Valley Health (SVH) executive management has identified the recruitment of physicians specializing in **family medicine** as a recruiting priority for SVH's service area. Based on the Medical Staff Development Plan, completed by ECG Management Group, the specialty of family medicine is recommended as a top priority for recruitment. Recruiting another family medicine physician is imperative to meet the growing demand and will improve primary care clinic access at SVH PrimeCare Salinas.

The recommended physician, **Roshan Rao, MD**, earned his Doctor of Medicine degree in 2023 from UT Health Science Center College of Medicine in Memphis, TN. He is currently completing his family medicine residency program at University of Tennessee Chattanooga and will join SVH PrimeCare Salinas in Fall 2026.

Terms and Conditions of Agreements

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

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

- **Professional Services Agreement (PSA)**. Physician will be contracted under a PSA with Salinas Valley Health and a member of Salinas Valley Health Clinics. Pursuant to California law, the physician will not be an employee of SVH or SVH Clinics but rather a contracted physician.
- **Term**: PSA is for a term of two years, with annual compensation reported on an IRS W-2 Form.
- **Full-Time Schedule**. Physician will be scheduled to provide physician services to clinic patients on a full-time basis, 46 weeks per year; one week of which can be allocated to continuing medical education (CME).
- **Base Compensation**. Physician shall receive base compensation in the amount of three-hundred thousand dollars (\$300,000) per year.
- **Productivity Compensation**. To the extent it exceeds the base salary, physician is eligible for work Relative Value Units (wRVU) productivity compensation at a fifty-one dollar and fifty cent (\$51.50) wRVU conversion factor.
- **Annual Incentive Plan**. Physician will be eligible to participate in an annual incentive plan if physician meets the eligibility requirements of at least 1000 hours worked during the measurement period and a current PSA at time of payment.
- **Professional Liability Insurance**. Professional liability is provided through BETA Healthcare Group.
- **Benefits**. Physician will be eligible for standard SVH Clinics physician benefits:
 - ❖ Access to SVH Health Plan for physician and qualified dependents. Premiums are projected based on 15% of SVH cost.
 - ❖ Access to SVH 403(b) and 457 retirement plans. Five percent base contribution to 403(b) plan that vests after three years. This contribution is capped at the limits set by Federal law.
 - ❖ Six work weeks (30 days) of time off per year, accruing equally throughout the year.

- ❖ CME annual stipend in the amount of two thousand four hundred dollars (\$2,400) paid directly to physician and reported as 1099 income. One work week (5 days) off annually for CME related activities.

2. **Recruitment Agreement** that provides a recruitment incentive in the amount of fifty thousand dollars (\$50,000), which is structured as forgivable loan over two years of service for SVH Clinics.

Meeting our Mission, Vision, Goals Strategic Plan Alignment:

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

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

Recommendation

Salinas Valley Health Administration requests that the Personnel, Pension, and Investment Committee recommend to the Salinas Valley Health Board of Directors approval of the following:

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

Attachments: Curriculum Vitae for Roshan Rao, MD

Roshan G. Rao

EDUCATION

UT Family Medicine Residency Program

Chattanooga, TN
Family medicine resident physician
Current (2023-present)
Expected graduation in June 2026
Board eligible

UT Health Science Center College of Medicine

Memphis, TN
Doctor of Medicine (M.D.)
Graduated on May 26, 2023

Rhodes College

Memphis, TN
Bachelor of Science (B.S.)
Graduated in May 2016
Cum laude
Major: Biochemistry and Molecular Biology
Concentration: Pre-medicine

LICENSURE/CERTIFICATIONS

- **Tennessee Medical License** – Application submitted, pending
- **American Board of Family Medicine** — Board Eligible (2026)
- **Certifications in BLS, ACLS, PALS, ALSO, NRP**
- **Certificate for outstanding achievement in the “Resident as Educator” Program**
 - Awarded by UTHSC Teaching and Learning Center
 - Frequent and consistent participation in working with and teaching 3rd and 4th year medical students, pharmacy students, PA students, and social work interns in the inpatient and outpatient settings.
- **IHI certified**

JOBS/INTERNSHIPS

Tutor

Location: Varied

– November 2014 - December 2025

Contact: Amy Pruitt, Mother of tutee; Jatoria F., Student; Jitu P., Father of tutee; Billy H., Father of tutee; Emily Sowell, mother of tutee; Nida A., mother of tutee; Taylor W., student; Alexa M., Mother of tutee; Shunise P., Mother of tutee; Geraldine, Mother of tutee; Juaquanna W., Nursing Student.

Experience Description: I worked independently and with a company and tutored students of all ages for the ACT, college-level chemistry, Advanced Placement chemistry, the Biology Praxis exam, etc. This was a paid position.

Research Assistant

– August 2016 - June 2017

Location: St Jude Children's Research Hospital, Department of Pharmaceutical Sciences

Mentor: Dr. John Schuetz, Division Chief

Experience Description: Biochemical, cell biology, and molecular research on dynamics of drug transport via Mrp4.

Peer Tutor for Foundations of Chemistry

– August 2013 - December 2013

Location: Rhodes College

Contact: Dr. Dhammika Muesse, PhD, Professor

Experience Description: I tutored Rhodes students in chemistry concepts, worked through homework problems, and helped them prepare for exams. This was a paid position.

CLINICAL EXPERIENCES

Emergency Medicine Scribe

– August 2016 - July 2017

Location: Methodist Healthcare

Experience Description: ER clinical activities, including direct patient care and side-by-side physician interaction, learning medical terminology, gaining insight into treatment modalities for various disease states seen in emergency and general medicine, learning short-hands and diagnoses, and becoming accustomed to staying active and focused for long hours.

Volunteering in Retirement Healthcare

– January 2015 - May 2015

Location: Methodist Healthcare, University Hospital

Mentor: Dr. Nidal Rahal, MD, Chief Geriatric Physician

Experience Description: I assisted Dr. Rahal while he attended patients in the clinic by performing minor tasks. As a result, I learned a great deal about family practice, geriatric medicine, and prescription drugs. In addition to observing Dr. Rahal's analysis of each patient, I accompanied the elderly patients as they waited to be seen by the doctor; this usually led to heart-warming conversations in which I gained hospitality and communicability. During rounds I fetched patient records, wrote prescriptions, and logged medical information.

Medical Internship

– September 2014 - December 2014

Location: Methodist University Hospital

Mentor: Dr. Alan Jaslow, PhD, Health Professions Advisor

Experience Description: This internship involved performing duties in various departments of the hospital, including Hospice, Administration, Pharmacy, Transport, ER, Internal Medicine, Clinic, and Communications. Aside from attending the hospital 8 hours a week, the internship involved professionalism, by dressing up in a coat and dress shirt, maintaining a journal of entries each day, obtaining HIPAA certification, writing summaries for 2 IHI modules, and composing a scientific research paper.

SERVICE/LEADERSHIP

Wellness and Stress Clinic Volunteer

– February 2022 - June 2023

Location: 3885 Tchulahoma Rd, Memphis, TN

Contact: Darrell Kiner, Organizer and Supervisor

Experience Description: This was a completely no-cost clinic for any and all individuals, in which we offer free primary care, social work/case management, emotional fitness, legal services, and health education and training. Our mission is to help provide and improve overall wellness in those who are uninsured, underinsured, underserved/-privileged, and without adequate healthcare literacy. I participated in various aspects of the organization, with a main focus in primary care and health education. I was able to independently interview patients, collect an H&P, formulate an assessment and plan, present to the attending physician, and help organize treatment and documentation.

Volunteer with UTHSC Campus Cupboard and Midsouth Food Bank

– April 2022 - June 2023

Location: 220 S. Dudley St, Memphis, TN

Contact: Jess Guthrie, Primary Administrator

Experience Description: This is a non-profit organization that provides food and toiletry items to underserved UT community members who cannot afford them. My involvement in this organization included pickup and unloading of food and toiletries, stacking, shelving, organizing the items, checking guests in, and directing community members how to navigate the facility and where to find what they needed.

Houston's Little Helpers

– August 2018 - July 2023

Location: 3805 Hadley Road, Memphis, TN

Mentor: Priscilla Houston, Founder and Organizer

Experience Description: I spent time with toddlers and children attending this daycare and enrichment establishment, engaging them in arts and crafts, playing sports, performing team-building activities, offering guidance/mentorship, assisting with childcare and cleanup, and shopping for food and supplies. This was another chance for me to give back to my community, in a particularly underserved, low SES, and crime-ridden area. I enjoy being able to provide leadership to youth who critically need guidance and a positive role model.

Oasis of Hope

– July 2021 - July 2023

Location: North Memphis

Contact: Charles Washington, Oasis of Hope Middle School Developer

Experience Description: I helped support students by assisting with homework, providing snacks, playing games in the gym, and most importantly spending time together developing relationships by creating a safe and consistent environment, in an otherwise underrepresented, underserved, crime and poverty-stricken area of Memphis full of youth. I mentored elementary, middle school, high school, and college level students and assisted with job and college applications and practical empowerment training. I taught basketball and coached/supervised basketball, football, frisbee, swimming, and table tennis games with the youth. I plan to participate in the Read2Succeed program for elementary students in the spring.

Bickford Community Center Outreach

– August 2017 - July 2023

Location: Frayser, Bickford, Memphis

Contact: Charles Washington, Oasis of Hope Middle School Developer

Experience Description: I supervised swimming, football, basketball, and afterschool activities with the children. Also, I engaged them in sports, homework, and empowerment activities. Some of these activities varied from team sports to entrepreneurship and financial literacy.

Pipkin COVID Vaccine Response

– October 2021 - February 2022

Location: Tiger Lane, 940 Early Maxwell Rd, Memphis

Contact: Tiffany Wright, Pipkin Administrator and Supervisor

Experience Description: During this time, there is a resurgence of COVID, particularly with the delta variant and cold seasonal changes, and I felt a strong urge to participate in the efforts to help people in my community and the healthcare force to which I belong. At these events, citizens in Memphis and surrounding areas come to receive free COVID vaccinations and boosters in a drive through process, so that potentially hundreds of vaccines can be administered daily. My roles included **processor**: assists with intake and the basic flow of the vaccination event, ranging from check in, processing of paperwork with patients, and traffic control; **observer**: monitoring patients for at least 15 minutes for an adverse effects following the administration of the vaccine; and **immunizer**: administering the vaccine to those who arrive. I was trained how to give the vaccine with proper technique and hygiene.

Free Clinic

– April - June 2021

Location: Magnolia Avenue United Methodist Church, Knoxville, TN

Mentor: Dr. Dale Betterton

Experience Description: Under the supervision of various physicians and nurses, I consulted patients for full history/physical exams, focused H&Ps, counseling, and minor procedures for any civilians who desired/needed clinical expertise or treatment for various conditions/illnesses. I gained practical clinical experience, including applying ointments and wraps for dermatological conditions like venous stasis dermatitis, administering COVID vaccines, prescribing antimicrobials such as for candidiasis, providing resources and referrals for mental health issues or conditions requiring subspecialist consultation, delivering urine, blood, and pap smear samples to the laboratory, managing diabetic, hypertensive, and hypercholesterolemic medications, etc. I also assisted with organizing, setting up, and cleaning the instruments, utilities, facilities, and medical records, as well as supervising and guiding pre-medicine students.

Meals on Wheels

– August 2016 - July 2018

Location: Varied

Mentor: Isaiah Swanson, MIFA Volunteer Specialist

Experience Description: Collected boxes of food (week's worth) from the MIFA headquarters, drove them to various homing units, carried the boxes upstairs to each recipient's doorstep.

Kinney Interfaith Society

– August 2014 - May 2016

Location: Rhodes College, Memphis, TN

Mentor: Noor Eltayech, Bonner Interfaith Coordinator

Experience Description: Attended and participated in Interfaith meetings amidst a wide range of committed individuals of varying ethnicities, sociological experiences, and cultural perspectives in which we discussed issues and potential solutions on campus, within Memphis urban areas, and throughout the midsouth. From this experience, I learned skills regarding bridging the gaps between different cultures and faiths.

Refugee Empowerment Program

– January 2015 - April 2015

Location: Refugee Empowerment Program, City of Memphis

Mentor: Grady Vaughan, Rhodes REP Facilitator

Experience Description: Spent time with refugee students of all ages from various countries. Helped elementary school children with reading and writing English, taught math and science, helped with applications to colleges or jobs.

EDUCATIONAL ACTIVITIES

Clinical skills teaching for M1 and M2 students during my M4 year:

- Ultrasound skills labs
- Objective Structured Clinical Examinations

Ultrasound skills teaching for M3 students during my residency

Trained in Suicide Prevention

PROFESSIONAL SOCIETIES: MEMBERSHIPS AND ACTIVITIES

Participation in UT Family Practice Chattanooga Professional Committee on Quality Improvement, July 2024 - Present:

- I participated as a member of this committee, designed to meet periodically to identify, propose, and collaborate on potential improvements for our program and practice.

Participation in AAFP Board Review Express, a live online review conference, February 18-21, 2026:

- I used CME funding through my residency program to attend and participate in a live online ABFM review course for the family medicine board certification exam with important clinical practice updates included.

Participation in AAFP National Conference in Kansas City, MO, July 28-30, 2022:

- TNAFP Grant Awardee: I was one of the five TNAFP student members of good standing with their college who received this award. All expenses covered by TNAFP.

Member of the National Honor Society

Member of the National Society of Collegiate Scholars

Member of American Academy of Family Physicians (AAFP)

Member of American Medical Association

Member of Tennessee Academy of Family Physicians (TNAFP)

Member of Family Medicine Interest Group at UTHSC

HONORS/AWARDS

AP Scholar

TN HOPE Scholar
National Merit Scholar
Rhodes Dean's Scholar
TNAFP Grant Award
Power of One Award, Le Bonheur Children's Research Hospital

- This award is given to people who demonstrate the core values (integrity, service, quality, teamwork, innovation) in a superb manner.

RESEARCH / PUBLICATIONS

Research Assistant

– August 2021 - July 2022

Location: University of Tennessee, Cancer Research Building

Mentor: Dr. Ramesh Narayanan, Principal Investigator

“Androgen receptor N-terminus-binding small molecule degraders for the treatment of Kennedy's disease”

I assisted with various projects during my Scholar's year at UTHSC in Dr. Narayanan's lab, but one project of note was related to Kennedy disease, a neuromuscular disorder characterized by a mutation in the androgen receptor leading to a hypertonic and spastic disease state. We tested various androgen receptor antagonists on affected mouse models to analyze the effects on various muscles, spinal cords, and seminal vesicles, compared to those of wildtype mice. I will be included as a coauthor for this paper when it is published.

Research Assistant –

Location: University of Tennessee Health Science Center, Memphis, TN

Mentor: Dr. Geetha Samak, PhD, Dr. Pradeep Shukla, PhD
2015-2016

1. “Calcium channels and oxidative stress mediate a synergistic disruption of tight junctions by ethanol and acetaldehyde in Caco-2 cell monolayers”

I performed experiments involving immunofluorescence staining for tight junction proteins in an intestinal epithelial cell line that was treated with or without ethanol and acetaldehyde and calcium channel blockers.

2017-2018

2. “Human defensin-5 blocks ethanol and colitis-induced dysbiosis, tight junction disruption and inflammation in mouse intestine”

I helped investigate the effect of alcohol on alpha-defensin expression in the small intestine and colitis-induced expression in colon in mice and evaluate the effect of human defensin-5 on alcohol and colitis-induced gut barrier dysfunction and mucosal damage, primarily by performing RT-PCR for cytokine expression in the intestinal mucosa.

2020-2021

3. “Role of dysbiosis in human defensin-5-mediated prevention and mitigation of radiation-induced gut barrier dysfunction and endotoxemia”

This study investigated the effect of gamma-radiation on gut barrier function, microbiota, and endotoxemia. I contributed by performing RT-PCR for cytokines in the intestinal mucosa and analysis of plasma lipopolysaccharide. The results of this study showed that radiation disrupts intestinal barrier function, alters microbiota composition, and causes endotoxemia and systemic inflammation. HD5 supplementation not only prevents but also mitigates radiation-induced gut barrier function, endotoxemia, and systemic inflammation.

Research Assistant

– August 2016 - June 2017

Location: St Jude Children's Research Hospital, Department of Pharmaceutical Sciences

Mentor: Dr. John Schuetz, Division Chief

“Resistance to chemotherapy of cancer by a gain-of-function mutation in MRP4”

Pediatric colon cancer patient with high resistance to chemotherapy showed the presence of a hyperactive mutant of a multidrug resistance protein, MRP4. Our goal was to determine the structure of mutant MRP4 and correlate it with increased function. This information will help to design drugs to inhibit its activity.

Clinical Research Investigator

– March 2015 to August 2016

Location: LeBonheur Children's Research Hospital, Memphis, TN

Mentor: Dr. Ranjit Philip, MD, Pediatric Cardiologist

“Arterial stiffness and endothelial functions in overweight non-diabetic adolescents”

This is a long-term project, involving measurement of arterial stiffness and endothelial function by using two non-invasive cardiologic instruments, CAVI and EndoPAT. The measurements are compared to normative values, and the long-term goal of the project is to improve their vascular elasticity by placing them under new diet plans and exercise routines.

Research Assistant

– August 2014 to May 2015

Location: Cancer Research Center, UTHSC, Memphis, TN

Mentor: Dr. Zhaohui Wu, MD, PhD, Associate Professor

“Promoting Apoptosis of Breast Cancer cells by Down Regulation of NFkB”

I gained exposure to research techniques, such as gel electrophoresis, PCR, fluorescence microscopy, immunoblot analysis, DNA purification, bacterial transformation and cell culture. Our work dealt with the down-regulation of NF-kB signaling to promote apoptosis in breast cancer cells.

Research Fellow

– January 2014 to May 2014

Location: Rhodes College, Memphis, TN

Mentor: Dr. Laura Luque de Johnson, PhD, Professor

“Protein-protein interactions between Plasmodium and RBC”

I worked in a malaria research team under Dr. Luque de Johnson, sharing my project with one other student. Here, I learned nearly all of the techniques that I know to this day, along with valuable character traits, such as avid note-taking in a journal, discipline and structure in the lab, and the ability to persevere and cooperate with other group members towards a common goal. Our research involved identifying mechanisms of parasitic invasion via the plasmodium protein interaction with human RBC membrane proteins.

Publications:

*Shukla P. K., ***Rao R. G.**, *Meena A. S., Rao R.K. Human defensin-5 prevents and mitigates radiation-induced gut barrier dysfunction, dysbiosis, and endotoxemia. *Front. Immunol.* 14, 2023. <https://www.frontiersin.org/articles/10.3389/fimmu.2023.1174140/full>

* = equal contributions by these authors.

Shukla P. K., Meena A. S., Rao V., Rao R. R., **Rao R. G.**, Balazs L., and Rao R. K. Human defensin-5 blocks ethanol-induced dysbiosis, gut barrier dysfunction and endotoxemia. *Scientific Reports*, 8: 1624, 2018. PMID: [PMC6214960](https://pubmed.ncbi.nlm.nih.gov/3006214960/), DOI: [10.1038/s41598-018-34263-4](https://doi.org/10.1038/s41598-018-34263-4)

Samak G, Meena A, **Rao R. G.**, Shukla P., Gangwar R., D. Narayanan, J. Jaggar, and Rao R. K. Ethanol synergizes acetaldehyde-induced tight junction disruption by a Src kinase and MLCK-dependent mechanism. *Scientific Reports*. 6:38899, 2016. PMID: [PMC5153649](https://pubmed.ncbi.nlm.nih.gov/3153649/), DOI: [10.1038/srep38899](https://doi.org/10.1038/srep38899)

Shukla PK, **Rao R. G.**, Meena A. S., Giorgianni F., Lee S. C., Beranova S., Balazs L., Tigyi G., Gosain A., and Rao R. K. *Akkermansia muciniphila* prevents and mitigates radiation-induced gut microbiota dysbiosis, mucosal barrier dysfunction, and systemic response. *In preparation 2025*.

Board Paper: Personnel, Pension and Investment Committee

Agenda Item: **Consider Recommendation for Board Approval of (i) Findings Supporting Recruitment of Itzel Vazquez, MD, (ii) Contract Terms for Dr. Vazquez’s Recruitment Agreement, and (iii) Contract Terms for Dr. Vazquez’s Sleep Medicine Professional Services Agreement**

Executive Sponsor: Orlando Rodriguez, MD, Chief Medical Officer
Molly Heacox, Director of Clinic Services

Date: June 15, 2026

Executive Summary

In consultation with members of the medical staff, Salinas Valley Health (SVH) executive management has identified the recruitment of a physician specializing in **sleep medicine** as a recruiting priority for SVH’s service area. Based on the ECG Medical Staff Development Plan, the specialty of sleep medicine was recommended as a high priority for recruitment. In addition, the sleep medicine clinic continually receives a high volume of monthly referrals which exceed current provider capacity. Recruiting another sleep medicine physician would help improve patient access, reduce wait times, accommodate referral growth, and support the delivery of high-quality, timely care.

The recommended physician, **Itzel Vazquez, MD**, received her Doctor of Medicine at University of Guadalajara in 2016 and completed her family medicine residency training at AltaMed in Los Angeles. Dr. Vazquez is a current sleep medicine Fellow at University California San Francisco – Fresno. She is certified by the American Board of Family Medicine, holds a California medical license, and is a certified medical Spanish translator. Dr. Vazquez plans to join SVH in November 2026.

Terms and Conditions of Agreements

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

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

- **Professional Services Agreement (PSA)**. Physician will be contracted as a physician under a PSA with Salinas Valley Health and 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**. Physician’s PSA will be for a term of two years, and annual compensation will be reported on an IRS W-2 Form as a contracted physician.
- **Full-Time Schedule**. Physician will be scheduled to provide physician services to clinic patients on a full-time basis, 48 weeks per year; one week of which can be allocated to continuing medical education (CME).
- **Base Compensation**: Physician’s base compensation will be in the amount of three hundred eighty thousand dollars (\$380,000) per year.
- **Productivity Compensation**: To the extent it exceeds the base salary, physician will be eligible for Work Relative Value Units (wRVU) productivity compensation at a sixty-two dollar (\$62.00) wRVU conversion factor.
- **Annual Incentive Plan**. Physician will be eligible to participate in an annual incentive plan if physician meets the eligibility requirements of at least 1000 hours worked during the measurement period and a current PSA at time of payment.
- **Professional Liability Insurance**. Professional liability is provided through BETA Healthcare Group.

- **Benefits.** Physician will be eligible for standard SVH Clinics physician benefits:
 - ❖ Access to SVH Health Plan for you and your qualified dependents. Premiums are projected based on 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. The contribution is capped at the limits set by Federal law.
 - ❖ Four work weeks (20 days) of time off per year, accruing equally throughout the year.
 - ❖ CME annual stipend in the amount of two thousand four hundred dollars (\$2,400) paid directly to physician and reported as 1099 income. One work week (5 days) off annually for CME related activities.

2. **Recruitment Agreement** that provides a recruitment incentive of fifty thousand dollars (\$50,000), which is structured as forgivable loan over two years of service with SVH Clinics.

Meeting our Mission, Vision, Goals

Strategic Plan Alignment

The recruitment of Dr. Vazquez 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 addition of Dr. Vazquez to Salinas Valley Health Clinics has been identified as a need for recruitment while also providing additional resources and coverage for sleep medicine service line.

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

Recommendation

Salinas Valley Health Administration requests that the Personnel, Pension, and Investment Committee recommend to the Salinas Valley Health Board of Directors approval of the following:

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

Attachments

Curriculum Vitae for Itzel Vazquez, MD

Itzel M. Vazquez, MD

Education

- Sleep Medicine Fellow, UCSF Fresno, Fresno, CA — July 2025 – June 2026 (expected)
- Family Medicine Resident, AltaMed, Los Angeles, CA — July 2022 – June 2025
- Family Medicine Resident, East Liverpool City Hospital, East Liverpool, OH — July 2021 – April 2022
- MD, University of Guadalajara, Centro Universitario De Ciencias De La Salud, Guadalajara, Mexico — Jan 2010 – May 2016

Professional Experience

- Program Evaluation Committee, AltaMed, Los Angeles, CA (July 2022 – July 2025)
 - Collaborated in quarterly program reviews to identify strengths and implement quality improvement initiatives.
- Peer Mentor, National Hispanic Health Association Mentorship Program, Los Angeles, CA (May 2020 – June 2021)
 - Mentored pre-medical students, supporting career development and reducing disparities in medicine.
- Certified Spanish Interpreter, Venice Family Clinic, Venice, CA (Aug 2013 – Aug 2020)
 - Facilitated bilingual communication between physicians and Spanish-speaking patients, improving access to care.
- Research Associate, Centro de Investigación Farmacéutica Especializada (CIFE), Guadalajara, México (Aug 2015 – Aug 2017)
 - Coordinated multiple clinical trials (PRINCEII, Topaz-1, ENDURANCE, MLN9708).
 - Assisted PI with physical exams, protocol compliance, and adverse event documentation.

Community Service

- Community Outreach Volunteer, Mobile Vaccine Clinic & COVID Testing, Columbiana, OH (Apr 2019)
 - Supported COVID-19 testing and vaccine administration.
- Community Outreach Volunteer, Center of Excellence for Chagas Disease, Los Angeles, CA (Apr 2019)
 - Provided education and screening in high-risk communities.
- Preceptor, Non-profit Project Abroad, Guadalajara, Mexico (Feb 2013 – Mar 2013). Supervised and instructed pre-medical students in rural medicine rotations.

Publications

- Vazquez I, Park M, Ferri R, Mogavero M, DelRosso L. Sleep and follow-up characteristics of Hispanic patients: Insights from a comparative analysis with White patients in polysomnographic split-night studies. *Sleep Med.* 2024;115:88-92.
- Vazquez I, Meghpara S, Modi H, Jain V, DelRosso L. Residual Periodic Limb Movements Index After CPAP Titration Is Correlated with Hypoxia. *Sleep.* 2024;47(Suppl 1):A298.

Presentations

- Vazquez I. Difference in Sleep Polysomnography Split and Auto CPAP Adherence Factors in Hispanic and Non-Hispanic White Patients. Oral & Poster Presentation at SLEEP 2024, Houston, TX, June 2024.

Certifications & Licenses

- Board Certified, American Board of Family Medicine
- ACGME Certificate (2019)
- BLS, ACLS, PALS (valid through 07/2024)
- EPIC, Cerner, and ACES trained
- NPI: 1215559083

- California Physician & Surgeon License: A191867
- Ohio Training Certificate: 57.251965
- Certified translator in medical Spanish by Clinical Cultural and Linguistic Assessment, Alta Language Service

Skills

- Clinical: Polysomnography interpretation, CPAP titration, clinical diagnosis and treatment of sleep disorders of breathing, sleep-related movement disorder, circadian sleep disorders, Central disorders of Hypersomnolence in Diverse populations.
- Full-spectrum family Medicine
- Technical: Epic, Cerner, Athena EMR proficiency
- Languages: Native Spanish, Advanced English

Professional Affiliations

- American Academy of Family Physicians (AAFP)
- American Academy of Sleep Medicine (AASM)

Hobbies

- Hiking, Cooking, Running, Reading (non-fiction), Meditation, Dancing

Board Paper: Personnel, Pension and Investment Committee

Agenda Item: **Consider Recommendation for Board Approval of (i) Findings Supporting Recruitment of Andrew Lauwagie, MD, (ii) Contract Terms for Dr. Lauwagie's Recruitment Agreement, and (iii) Contract Terms for Dr. Lauwagie's Urology Professional Services Agreement**

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

Date: June 15, 2026

Executive Summary

In consultation with members of the medical staff, Salinas Valley Health (SVH) executive management has identified the recruitment of a physician specializing in **urology** as a recruiting priority for SVH's service area. Based on the ECG Medical Staff Development Plan, the specialty of urology was recommended as a high priority for recruitment. The recruitment of an additional urologist is essential to meet the growing demand for urologic services within the community. Current referral volumes remain consistently high, resulting in extended appointment wait times for new and established patients. Expanding urology coverage would improve patient access, reduce scheduling backlogs, and enhance continuity of care for population served by SVH.

The recommended physician, **Andrew Lauwagie, MD**, is currently completing his urology residency training at Wayne State University in Detroit, with an anticipated completion date of June 2027. Dr. Lauwagie previously earned his Doctor of Medicine degree from the University of Minnesota Medical School in Minneapolis. Dr. Lauwagie is seeking an opportunity as a general urologist where he can apply his broad clinical, surgical, and robotic skillset. He plans to join SVH in September 2027.

Terms and Conditions of Agreements

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

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

- **Professional Services Agreement (PSA).** Physician will be contracted as a physician under a PSA with Salinas Valley Health and 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.** Physician's PSA will be for a term of two years, and annual compensation will be reported on an IRS W-2 Form as a contracted physician.
- **Full-Time Schedule.** Physician will be scheduled to provide physician services to clinic patients on a full-time basis, 48 weeks per year; one week of which can be allocated to continuing medical education (CME).
- **Base Compensation:** Physician's base compensation will be in the amount of six hundred thousand dollars (\$600,000) per year.
- **Productivity Compensation:** To the extent it exceeds the base salary, physician is eligible for Work Relative Value Units (wRVU) productivity compensation at a seventy-three dollar (\$73.00) wRVU conversion factor.
- **Call Coverage.** Physician shall provide hospital emergency department and unassigned patient call coverage for the urology call panel. Productivity compensation includes up to 5 days of hospital call coverage per month. Payment for call days in excess of 5 days per month, will be compensated at the presently established rate for the urology call panel.
- **Professional Liability Insurance.** Professional liability is provided through BETA Healthcare Group.

- **Benefits.** Physician will be eligible for standard SVH Clinics physician benefits:
 - ❖ Access to SVH Health Plan for you and your qualified dependents. Premiums are projected based on 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.
 - ❖ Four work weeks (20 days) of time off per year, accruing equally throughout the year.
 - ❖ CME annual stipend in the amount of two thousand four hundred dollars (\$2,400) paid directly to physician and reported as 1099 income. One work week (5 days) off annually for CME related activities.

2. **Recruitment Agreement** that provides a recruitment incentive of one hundred thousand dollars (\$100,000), which is structured as forgivable loan over two years of service and paid as follows:

- ❖ Residency Stipend. Commencing in August of 2026, physician will receive monthly medical residency stipend payments in the amount of two thousand five hundred dollars (\$2,500) paid over twelve months for a total of thirty thousand dollars (\$30,000).
- ❖ Commencement of Services. Physician will receive the remaining seventy thousand dollars (\$70,000) of the recruitment incentive on or about the established start date with SVH.

Meeting our Mission, Vision, Goals

Strategic Plan Alignment

The recruitment of Dr. Lauwagie 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 addition of Dr. Lauwagie to Salinas Valley Health Clinics has been identified as a need for recruitment while also providing additional resources and coverage for urology service line.

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

Recommendation

Salinas Valley Health Administration requests that the Personnel, Pension, and Investment Committee recommend to the Salinas Valley Health Board of Directors approval of the following:

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

Attachment: Curriculum Vitae for Andrew Lauwagie, MD

Andrew Lauwagie, MD

Professional Summary

Dedicated and detail-oriented urology resident with comprehensive training in both adult and pediatric urology, endourology, uro-oncology, reconstructive urology, and minimally invasive surgery. Adept in clinical diagnosis, patient care, surgical procedures, and research. Seeking a position as a general urologist to utilize my skills and continue providing excellent patient outcomes.

Education

Urologic Residency

Wayne State University Department of Urology, Detroit, MI
July 2022 – June 2027 (completion date)

Medical Doctorate

University of Minnesota – Twin Cities Medical School, Minneapolis, MN
August 2018 – May 2022

Bachelor of Science (Major: Biology)

University of Minnesota – Twin Cities, Minneapolis, MN
September 2011 – May 2015

Medical Licensure & Certifications

- Basic Life Support (BLS) – Red Cross
 - Advanced Cardiac Life Support (ACLS) – Red Cross
-

Clinical Experience

Urology Resident

Wayne State University Department of Urology, Detroit, MI

July 2022 – Present

Program Director: Dr. Steven Lucas

Responsibilities:

- Performed and assisted in over 500 urological surgeries including TURP, TURBT, PCNL, URS, cystoscopy, prostate biopsy, nephrectomy, pyeloplasty, circumcision, vasectomy, orchiopexy/orchiectomy, cystectomy, urethroplasty, uro-gynecologic cases (slings, sacrocolpopexies) and robotic-assisted laparoscopic procedures.
 - Managed inpatient and outpatient urology cases, pre-op and post-op care.
 - Proficient in interpreting urodynamics, TRUS, and imaging for urological conditions.
 - Participated in tumor board discussions and multidisciplinary rounds.
 - Conducted bedside procedures including complex catheterization, suprapubic cystostomy, etc.
-

Research & Publications

- Abdominal vs Sub-inguinal Placement of Pressure Regulating Balloon for Artificial Urinary Sphincter
 - First author publication in the Journal of Urology 2022
 - Wording of American Urological Association Guideline Recommendations Does Not Signal the Strength of Recommendation
 - Second author publication in the Journal of Urology 2022
 - Adherence of the European Association of Urology Guidelines to the Grading of Recommendations Assessment, Development and Evaluation (GRADE) Methodology
 - Third author publication in Journal of European Urology 2024
-

Conferences & Workshops

- Attended North Central Section (NCS) of Urology September 2024
 - Podium presentation on Academic vs Private Urology Residency Experiences. Manuscript submitted for publication and pending
 - Will be attending AUA 2026 in Washington, DC
-

Skills

- Comprehensive urological procedures training and experience
 - Laparoscopic, Robotic, and Endoscopic surgery
 - Ultrasound-guided procedures
 - Patient counseling and management
 - Academic writing and conference presentations
-

Languages

- English (Fluent/Native)
-

References

Available upon request



Memorandum

Date: June 15, 2026

To: Personnel, Pension & Investment Committee

From: Iftikhar Hussain, CFO / Scott Cleveland, Controller

Re: Fiscal Year Ending June 30, 2027 - Defined Benefit Pension Plan Funding

The Hospital's consulting actuaries, WTW, have determined that no employer contribution is required for the fiscal year July 1, 2026 through June 30, 2027 after reflecting the Plan's current surplus position. This is based on the January 1, 2026 actuarial valuation. This supersedes any prior approvals.

Thank you for your consideration.

*CORPORATE COMPLIANCE & AUDIT
COMMITTEE*

*Minutes of the
Corporate Compliance & Audit Committee
will be distributed at the Board Meeting*

(JOEL HERNANDEZ LAGUNA)

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.)

Finance Committee Board Paper

Agenda Item: **Consider Recommendation for Board Approval of Cybersecurity Consolidation Through CDW Government, a Supplier of Salinas Valley Health’s Group Purchasing Organization and Contract Award**

Executive Sponsor: Alysha Hyland, Chief Administrative Officer

Date: June 22, 2026

Executive Summary

Salinas Valley Health has a number of cybersecurity vendors and products that were purchased separately over the last six years to meet the growing requirement for cybersecurity protection. As our cybersecurity program and the tools in the market have matured, we have the opportunity to consolidate solutions.

The Information Technology & Cybersecurity teams are requesting approval of a cybersecurity vendor contract to consolidate four of our current products. There is significant security benefit from having a unified solution for detection and response to security threats and incidents. The proposed contract is an initial three years with a negotiated, but non-obligated option to renew with a 1% increase cap for another three years. The consolidation of our security products presents a significant net savings to the organization.

	New Contract	Displaced Cost of Current Solutions	Net Cost
Year 1	\$ 427,351.00	\$ 449,476.90	\$ (22,125.90)
Year 2	\$ 427,351.00	\$ 471,950.75	\$ (44,599.75)
Year 3	\$ 427,351.00	\$ 495,548.28	\$ (68,197.28)
Year 4	\$ 431,624.51	\$ 520,325.70	\$ (88,701.19)
Year 5	\$ 435,940.76	\$ 546,341.98	\$ (110,401.23)
Year 6	\$ 440,300.16	\$ 573,659.08	\$ (133,358.92)
3 Year Savings over Current Spend	\$ 134,922.93		
6 Year Savings over Current Spend	\$ 467,384.26		

Timeline

2025 - 2026: SVH evaluated five products with three finalists put through a competitive process. The team negotiated significantly better pricing through the competitive process. The vendor selected was evaluated to have the best security benefit and lowest net cost to Salinas Valley Health.

June 2026: Present to the SVH Finance Committee and Board for recommendation and approval.

Implementation: July 2026 – September 2026

Meeting our Mission, Vision, Goals

Pillar/Goal Alignment

Service People Quality & Safety Finance Growth Community

Financial/Quality/Safety/Regulatory Implications

The cost over the life of the three-year agreement is \$1,282,053 paid annually in the amount of \$427, 351. This item is budgeted.

Key Contract Terms	Vendor: CDW Government
1. Proposed contract signing date	July 1, 2026
2. Term of agreement	July 1, 2026 – June 30, 2029, 3 years, no automatic renewals
3. Renewal terms	Next 3-year renewal capped at 1%
4. Termination provision(s)	Order is non-cancellable during initial term
5. Payment Terms	Net 30 per GPO; paid annually
6. Annual cost(s)	\$427,351
7. Cost over life of agreement	\$1,282,053 (3-years)
8. Budgeted (yes or no)	Yes

Recommendation

SVMH Administration requests that the Finance Committee make a recommendation to the SVH Board of Directors for approval of the cybersecurity product consolidation through CDW, Salinas Valley Health’s group purchasing organization, in the amount of \$1,282,053 over the next three years through June 30, 2029.

Attachments

- CDW-G quote



Thank you for choosing CDW. We have received your quote.

QUOTE CONFIRMATION

Pricing and Availability Notice

Due to ongoing supply chain challenges, some hardware manufacturers cannot guarantee product availability or pricing until the product is shipped. While we make every effort to honor quoted pricing, if a hardware manufacturer increases its price to CDW after a quote is issued or order is accepted, we may need to update your quoted price to reflect that change irrespective of any timeframes or validity periods set forth in the quote, including up to the date of shipment. In the event of a price adjustment, we will notify you prior to shipment. Any price adjustment would only occur if the hardware manufacturer increases its pricing to CDW.

AARON BURNSIDES,

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

Convert Quote to Order

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PXCT783	6/8/2026	3YR ITP	720970	\$1,282,051.76

IMPORTANT - PLEASE READ

Special Instructions: Invoiced on June-18-2026: \$427,351 Invoiced on June-18-2027: \$427,351 Invoiced on June-18-2028: \$427,351 This Order is non-cancellable and extended payment terms do not provide for cancellation or refund. For One 36 months subscription renewal term, the parties agree that the fees in this Order will not increase by more than 1% upon renewal.

QUOTE DETAILS

ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Mfg. Part#: CS.EPPENT.SOLN.T9 UNSPSC: 43233205 Electronic distribution - NO MEDIA Contract: Vizient Tier 4 Software (IT0031)	4400	5656615	\$25.12	\$110,528.00
Mfg. Part#: CS.TG.STD UNSPSC: 43233205 Electronic distribution - NO MEDIA Contract: Vizient Tier 4 Software (IT0031)	4000	5388907	\$19.11	\$76,440.00
Mfg. Part#: CS.INSIGHT.SOLN.T9 Electronic distribution - NO MEDIA Contract: Vizient Tier 4 Software (IT0031)	4400	4509864	\$0.00	\$0.00
Mfg. Part#: CS.PREVENT.SOLN.T9	4400	4509902	\$0.00	\$0.00

QUOTE DETAILS (CONT.)

	5500	8018075	\$30.72	\$168,960.00
Mfg. Part#: CS.ITPCU.SOLN.T4.36M Electronic distribution - NO MEDIA Contract: Vizient Tier 4 Software (IT0031)				
	70	7881412	\$853.73	\$59,761.10
Mfg. Part#: CS.NGSIEMG.SOLN.T4.36M Electronic distribution - NO MEDIA Contract: Vizient Tier 4 Software (IT0031)				
	80	7835787	\$123.79	\$9,903.20
Mfg. Part#: CS.NGSIEM365D.SOLN.36M Electronic distribution - NO MEDIA Contract: Vizient Tier 4 Software (IT0031)				
	80	8126821	\$1,138.31	\$91,064.80
Mfg. Part#: CS.NGSIEMC.SOLN.T5.36M Electronic distribution - NO MEDIA Contract: Vizient Tier 4 Software (IT0031)				
	4400	7861721	\$16.84	\$74,096.00
Mfg. Part#: CS.FSR.365.SOLN.T9.36M Electronic distribution - NO MEDIA Contract: Vizient Tier 4 Software (IT0031)				
	80	8401915	\$170.75	\$13,660.00
Mfg. Part#: CS.AOWSIEM.SVC.T4.36M Electronic distribution - NO MEDIA Contract: Vizient Tier 4 Software (IT0031)				
	1	4808006	\$68,840.66	\$68,840.66
Mfg. Part#: RR.HOS.ENT.ESTL UNSPSC: 81112201 Electronic distribution - NO MEDIA Contract: Vizient Tier 4 Software (IT0031)				
	110	8241470	\$0.00	\$0.00
Mfg. Part#: NR.PSO.ENT.INVR.T2 Electronic distribution - NO MEDIA Contract: Vizient Tier 4 All other Products (IT0031)				
	1	7874909	\$0.00	\$0.00
Mfg. Part#: PSO.RTR.FEE Electronic distribution - NO MEDIA Contract: Vizient Tier 4 All other Products (IT0031)				
	1	8094350	\$0.00	\$0.00
Mfg. Part#: CS.FFLEXPOOL.SOLN Electronic distribution - NO MEDIA Contract: Vizient Tier 4 Software (IT0031)				

QUOTE DETAILS (CONT.)

	1	8446161	\$0.00	\$0.00
Mfg. Part#: CS.INCENT.SOLN				
Electronic distribution - NO MEDIA				
Contract: Vizient Tier 4 Software (IT0031)				

SUBTOTAL	\$1,282,051.76
SHIPPING	\$0.00
SALES TAX	\$0.00
GRAND TOTAL	\$1,282,051.76

PURCHASER BILLING INFO	DELIVER TO
Billing Address: SALINAS VALLEY MEMORIAL HEALTHCARE ACCOUNTS PAYABL PO BOX 3827 SALINAS, CA 93912-3827 Phone: (831) 757-4333 Payment Terms: Net 30 Days-Healthcare	Shipping Address: SALINAS VALLEY HEALTH 450 E ROMIE LN SALINAS, CA 93901-4098 Phone: (831) 757-3627 Shipping Method: ELECTRONIC DISTRIBUTION
	Please remit payments to: CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515



Sales Contact Info

Lianet Cabrera | (877) 650-8118 | liangar@cdwg.com

LEASE OPTIONS			
FMV TOTAL	FMV LEASE OPTION	BO TOTAL	BO LEASE OPTION
\$1,282,051.76	\$36,282.06/Month	\$1,282,051.76	\$41,717.96/Month

Monthly payment based on 36 month lease. Other terms and options are available. Contact your Account Manager for details. Payment quoted is subject to change.

Why finance?

- Lower Upfront Costs. Get the products you need without impacting cash flow. Preserve your working capital and existing credit line.
- Flexible Payment Terms. 100% financing with no money down, payment deferrals and payment schedules that match your company's business cycles.
- Predictable, Low Monthly Payments. Pay over time. Lease payments are fixed and can be tailored to your budget levels or revenue streams.
- Technology Refresh. Keep current technology with minimal financial impact or risk. Add-on or upgrade during the lease term and choose to return or purchase the equipment at end of lease.
- Bundle Costs. You can combine hardware, software, and services into a single transaction and pay for your software licenses over time! We know your challenges and understand the need for flexibility.

General Terms and Conditions:

This quote is not legally binding and is for discussion purposes only. The rates are estimate only and are based on a collection of industry data from numerous sources. All rates and financial quotes are subject to final review, approval, and documentation by our leasing partners. Payments above exclude all applicable taxes. Financing is subject to credit approval and review of final equipment and services configuration. Fair Market Value leases are structured with the assumption that the equipment has a residual value at the end of the lease term.

Need Help?



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Support



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This order is subject to CDW's Terms and Conditions of Sales and Service Projects at

<http://www.cdw.com/content/terms-conditions/product-sales.aspx>

For more information, contact a CDW account manager.

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Finance Committee Board Paper

Agenda Item: **Consider Recommendation for Board Approval of Microsoft Enterprise Agreement Renewal as Sole Source and Contract Award**

Executive Sponsor: Alysha Hyland, Chief Administrative Officer

Date: June 22, 2026

Executive Summary

Our three-year Enterprise Agreement (EA) with Microsoft is up for renewal. The renewal represents an average 12.8% price increase from our 2023 renewal (4.1% annualized). Additional products such as Exchange Online were purchased since the 2023 renewal and are also being renewed. We reviewed against current software utilization and removed certain line items that are no longer utilized and eligible for removal with the renewal.

Salinas Valley Health utilizes Microsoft products such as Windows and Office across our hospital and clinics. Microsoft platforms are also utilized to access and host our many information systems.

Timeline

Renewal review began in April 2026. Information Technology recently adjusted the licensing count up to match current utilization via a Microsoft “True Up”. This reconciliation was a prerequisite to our renewal.

Meeting our Mission, Vision, Goals

Pillar/Goal Alignment

Service
 People
 Quality & Safety
 Finance
 Growth
 Community

Key Contract Terms	Vendor: CDW Government
1. Proposed contract signing date	June 26, 2026
2. Term of agreement	July 1, 2026 – June 30, 2029, 3-years
3. Renewal terms	Not automatically renewed
4. Termination provision(s)	None
5. Payment Terms	Net 30 per GPO; paid annually
6. Annual cost(s)	\$1,130,445.18
7. Cost over life of agreement	\$3,391,335.54
8. Budgeted (yes or no)	Yes

Recommendation

SVH Administration requests that the Finance Committee make a recommendation to the SVH Board of Directors for approval of the Microsoft Enterprise Agreement Renewal as a sole source contract award in the amount of \$3,391,335.54 over the next three years through June 30, 2029.

Attachments

- CDW-G quote



**Enterprise Quote
for**

VSL Specialist Brent Cameron
Channel Price Sheet Month May

Salinas Valley Memorial Healthcare System

Unless otherwise noted, All Quotes expire upon current month's end

EA Quote
Customer to make three annual payments to CDW-G

Microsoft Part #	Description	Level	Quantity	Year 1		Year 2		Year 3		
				Price	Extended	Price	Extended	Price	Extended	
W06-01069	Core CAL ALng SA Platform DCAL	D	2470	\$40.21	\$ 99,318.70	\$ 40.21	\$ 99,318.70	\$ 40.21	\$ 99,318.70	
W06-00021	Core CAL ALng SA DCAL	D	801	\$42.21	\$ 33,810.21	\$ 42.21	\$ 33,810.21	\$ 42.21	\$ 33,810.21	
395-02504	Exchange Server Ent ALng SA	D	2	\$821.20	\$ 1,642.40	\$ 821.20	\$ 1,642.40	\$ 821.20	\$ 1,642.40	
312-02257	Exchange Server Standard ALng SA	D	7	\$142.18	\$ 995.26	\$ 142.18	\$ 995.26	\$ 142.18	\$ 995.26	
269-12442	Office Professional Plus ALng SA Platform	D	2470	\$117.15	\$ 289,360.50	\$ 117.15	\$ 289,360.50	\$ 117.15	\$ 289,360.50	
H30-00238	Project Professional ALng SA 1 Server CAL	D	21	\$215.76	\$ 4,530.96	\$ 215.76	\$ 4,530.96	\$ 215.76	\$ 4,530.96	
076-01912	Project Standard ALng SA	D	36	\$131.35	\$ 4,728.60	\$ 131.35	\$ 4,728.60	\$ 131.35	\$ 4,728.60	
H04-00268	SharePoint Server ALng SA	D	3	\$1,378.22	\$ 4,134.66	\$ 1,378.22	\$ 4,134.66	\$ 1,378.22	\$ 4,134.66	
359-00792	SQL CAL ALng SA Device CAL	D	2750	\$38.47	\$ 105,792.50	\$ 38.47	\$ 105,792.50	\$ 38.47	\$ 105,792.50	
810-04760	SQL Server Enterprise ALng SA	D	2	\$1,583.52	\$ 3,167.04	\$ 1,583.52	\$ 3,167.04	\$ 1,583.52	\$ 3,167.04	
7JQ-00343	SQL Server Enterprise Core ALng SA 2L	D	17	\$2,533.82	\$ 43,074.94	\$ 2,533.82	\$ 43,074.94	\$ 2,533.82	\$ 43,074.94	
228-04433	SQL Server Standard ALng SA	D	67	\$165.46	\$ 11,085.82	\$ 165.46	\$ 11,085.82	\$ 165.46	\$ 11,085.82	
D87-01159	Visio Professional ALng SA	D	62	\$112.67	\$ 6,985.54	\$ 112.67	\$ 6,985.54	\$ 112.67	\$ 6,985.54	
D86-01253	Visio Standard ALng SA	D	123	\$57.89	\$ 7,120.47	\$ 57.89	\$ 7,120.47	\$ 57.89	\$ 7,120.47	
MX3-00117	Visual Studio Ent MSDN ALng SA	D	5	\$1,098.59	\$ 5,492.95	\$ 1,098.59	\$ 5,492.95	\$ 1,098.59	\$ 5,492.95	
KV3-00368	Win Enterprise Device ALng SA	D	801	\$49.92	\$ 39,985.92	\$ 49.92	\$ 39,985.92	\$ 49.92	\$ 39,985.92	
KV3-00353	Win Enterprise Device ALng SA Platform	D	2470	\$47.43	\$ 117,152.10	\$ 47.43	\$ 117,152.10	\$ 47.43	\$ 117,152.10	
6VC-01254	Win Remote Desktop Services CAL ALng SA UCAL	D	735	\$26.64	\$ 19,580.40	\$ 26.64	\$ 19,580.40	\$ 26.64	\$ 19,580.40	
6XC-00299	Win Remote Desktop Services Ext Con ALng SA	D	6	\$2,265.65	\$ 13,593.90	\$ 2,265.65	\$ 13,593.90	\$ 2,265.65	\$ 13,593.90	
9EA-00278	Win Server DC Core ALng SA 2L	D	462	\$141.93	\$ 65,571.66	\$ 141.93	\$ 65,571.66	\$ 141.93	\$ 65,571.66	
R39-00396	Win Server External Connector ALng SA	D	6	\$372.13	\$ 2,232.78	\$ 372.13	\$ 2,232.78	\$ 372.13	\$ 2,232.78	
9EM-00270	Win Server Standard Core ALng SA 2L	D	888	\$21.79	\$ 19,349.52	\$ 21.79	\$ 19,349.52	\$ 21.79	\$ 19,349.52	
Online Services										
TQA-00001	Exchange Online P2 Sub Per User	D	3100	\$74.45	\$ 230,795.00	\$ 74.45	\$ 230,795.00	\$ 74.45	\$ 230,795.00	
AAA-10764	O365 E3 CAO Sub User CCAL w/OPP	D	10	\$81.30	\$ 813.00	\$ 81.30	\$ 813.00	\$ 81.30	\$ 813.00	
NK4-00002	Power BI Pro Sub Per User	D	1	\$130.35	\$ 130.35	\$ 130.35	\$ 130.35	\$ 130.35	\$ 130.35	

Year 1 Total \$ 1,130,445.18 Year 2 Total \$ 1,130,445.18 Year 3 Total \$ 1,130,445.18

Three Year Total \$ 3,391,335.54

Notes

No Tax Referenced
RIVERSIDE CONTRACT: ITARC-00933
Current Agreement # 46342231
Agreement End Date: June 30, 2026

We must process the renewal paperwork before June 30th or all highlighted products will be subject to the July 1st price increases.
Please see link for details on those price increases-
<https://www.microsoft.com/en-us/licensing/news/2026-m365-packaging-pricing-updates>

Terms & Conditions

Terms and Conditions of sales and services projects are governed by the terms at:

<http://www.cdwg.com/content/terms-conditions/product-sales.aspx>

Finance Committee Board Paper

Agenda Item: **Consider Recommendation for Board Approval of the Cisco Webex Cloud Migration as Sole Source Justification and Contract Award**

Executive Sponsor: Alysha Hyland, Chief Administrative Officer

Date: June 14, 2026

Executive Summary

Salinas Valley Health (SVH) currently uses the Cisco Unified Communications System (UCS) as its phone management system. The solution is currently hosted on-site by SVH. To continue supporting our enterprise telecommunications platform, SVH is committed to high availability, performance, and long-term supportability of our communications solutions. To achieve these objectives, we evaluated the migration of our on-premise Cisco Unified Communications System (UCS) to a cloud-hosted platform, Communications Platform as a Service (CPaaS). The proposed cloud transition offers several strategic benefits.

1. Mitigate operational and technology risks by enhancing **business continuity** capabilities
2. Improves end-to-end **security** across all communications devices and services.
3. The cloud-based architecture also **reduces reliance on aging, on-premise infrastructure** while improving system resiliency and disaster recovery preparedness.

From a financial perspective, Cisco Communications Platform as a Service (CPaaS) is expected to lower the total cost of ownership by eliminating the need for future upgrades of any on-premise equipment and lower maintenance costs. The managed service model allows the organization to shift resources away from infrastructure management and focus on delivering value-added services to patients and staff.

AI customer engagement and intelligent front door: The migration also supports Salinas Valley Health's digital front door strategy by enabling an omnichannel patient engagement platform that leverages technology to improve the patient experience across every touchpoint of their healthcare journey. Through integration with Epic and Cisco's Artificial Intelligence (AI) assistance, Cisco CPaaS can streamline call center operations by providing agents with direct access to Epic patient information within a unified workflow. This integration is expected to save approximately 60 to 90 seconds per call by eliminating the need to navigate between multiple applications, resulting in improved efficiency, reduced call handling times, and enhanced customer service.

Self-Service and Automation: CPaaS automates manual telecommunications processes, increasing operational efficiency while improving customer engagement. The platform is scalable and provides enhanced security, faster deployment of new services, greater organizational agility, improved accessibility, simplified administration, and reduced operational costs.

Moving to Cisco CPaaS will enable Salinas Valley Health to deliver a consistent and unified communications experience across all facilities and care locations. The platform provides advanced capabilities, including intelligent call routing, automated overflow management, and customizable communication workflows, ensuring that patients, providers, and staff receive reliable, efficient, and seamless service regardless of where they access care.

In addition, Cisco CPaaS enhances operational flexibility by allowing the organization to rapidly adapt communication services to evolving business and clinical needs without the constraints of traditional on-premise infrastructure. The cloud-based platform supports scalability, resiliency, and continuous innovation while simplifying administration and reducing operational complexity.

Collectively, these benefits position Cisco CPaaS as a strategic investment that strengthens business continuity, improves patient and staff experiences, supports digital transformation initiatives, and provides a modern communications foundation capable of meeting the long-term operational and healthcare delivery needs of Salinas Valley Health.

Timeline

- 2024: Evaluated move of our Cisco phone system to the cloud and determined it was cost-prohibitive
- 2025: Re-evaluated and conducted discovery and feasibility review with plans for further discussion and solution demonstration
- March 2026: Budgeted for FY2027
- May 2026: Product demonstration completed; follow-up discussion completed; total cost of ownership completed
- July 2026: Present to the SVH Finance Committee and Board for recommendation and approval.
- Implementation: September 2026 (target start period) – September 2027 (estimated duration is 12 months)

Meeting our Mission, Vision, Goals

Pillar/Goal Alignment

- Service
 People
 Quality
 Finance
 Growth
 Community

Financial/Quality/Safety/Regulatory Implications

The cost over the life of the agreement is \$3,559,535 in subscription fees over five (5) years plus one-time implementation fees in the amount of \$550,992 for a total cost of **\$4,110,527**. This item is budgeted.

Key Contract Terms	Vendor: NWN Carousel Industries
1. Proposed contract signing date	July 1, 2026
2. Term of agreement	September 1, 2026 – August 31, 2031 (based on a September 2026 project kick-off)
3. Renewal terms	Auto-renewing, renewable at 1 – 5-year terms at Salinas Valley Health’s option during initial term
4. Termination provision(s)	30 days’ written notice for cause
5. Payment Terms	Net 45
6. Annual cost(s)	See fee schedule below. Total over 5 years: \$ 4,110,527 5-years’ recurring fees: \$ 3,559,535 one-time implementation: \$ 550,992
7. Cost over life of agreement	\$4,110,527
8. Budgeted (yes or no)	Yes

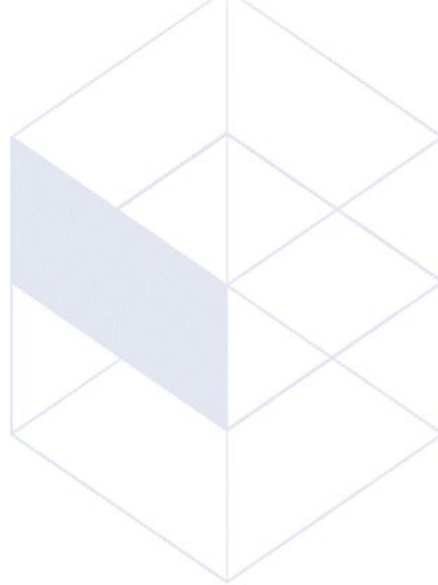
CLOUD (WxC + WxCC + Cloud Connection)						
Item	2026	2027	2028	2029	2030	
Webex Calling (WxC)	\$ 295,167	\$ 313,074	\$ 313,074	\$ 313,074	\$ 313,074	\$ 1,547,463
Contact Center (WxCC)	\$ 80,000	\$ 217,104	\$ 217,104	\$ 217,104	\$ 217,104	\$ 948,418
AI/Epic Add-on	\$ 184,119	\$ 184,119	\$ 184,119	\$ 184,119	\$ 184,119	\$ 920,593
WxC + CC Subtotal	\$ 559,286	\$ 714,297	\$ 714,297	\$ 714,297	\$ 714,297	\$ 3,416,474
Cisco Cloud Circuits (billed monthly)	\$ 28,612	\$ 28,612	\$ 28,612	\$ 28,612	\$ 28,612	\$ 143,062
License + Cisco Cloud	\$ 587,898	\$ 742,909	\$ 742,909	\$ 742,909	\$ 742,909	\$ 3,559,535
One-time Migration	\$ 164,529	\$ 329,058				\$ 493,587
One-time Hardware (plus Smartnet)	\$ 57,405					\$ 57,405
ANNUAL Total	\$ 809,832	\$1,071,967	\$ 742,909	\$ 742,909	\$ 742,909	\$ 4,110,527

Recommendation

SVH Administration requests that the Finance Committee make a recommendation to the SVH Board of Directors for approval of the Cisco Webex cloud migration as sole source justification and contract award in the amount of \$4,110,527 over the next five years through August 31, 2031 subject to final contract negotiation.

Attachments

- NWN Carousel: Statement of Work
- NWN Carousel: Quote



Salinas Valley Health

Webex Calling & Webex Contact Center Migration

Scope of Work



Quote Number: Q-276372

Opportunity Number: OP-86551

Date of Issue: 06/17/2026

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1. Introduction

1.1. Statement of Confidentiality

This Scope of Work, presented to you by NWN Corporation, Carousel Industries of North America, LLC, Leverage Information Systems, Inc. and InterVision Systems, LLC, collectively referred to as (“NWN”) contains confidential and proprietary information. Salinas Valley Health hereto referred to as “the customer” or “customer,” may not disclose the confidential information contained herein to any third party without the written consent of NWN. The customer may disclose the contents of this document to representatives, consultants, or employees who need to know its contents for the purpose of the customer’s evaluation of the document. The customer agrees to inform any person reviewing this document on their behalf that they are also bound by this requirement.

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1.2. Primary Contacts

The following are the primary contacts for both NWN and the Customer.

Organization	Name	Role	Primary E-Mail	Primary Phone
NWN	Paul Jenson	Account Executive	paul.jenson@nwncarousel.com	(951) 227-0586
Customer	Audrey Parks	VP IT	aparks@salinasvalleyhealth.com	(831)759-1947

1.3. Opportunity Team Members

Organization	Name	Role
NWN	Dave Tuell	Technical Architect
NWN	Hinesh Patel	Solution Architect
NWN	Eric Scrivano	Carrier Services Specialist (CI)
NWN	Sowmitra Kumar	Renewal Specialist
NWN	Sarah Richard	Collections Specialist

NWN	Michael Hargrove	Technical Offering Lead
NWN	Paul Jenson	Secondary Rep
NWN	Lisa Saurenmann	Sales Operations Specialist
NWN	Jeremy Counter	Business Architect

2. Executive Overview

2.1. NWN's Mantra

NWN Carousel uses a consultative approach to understanding our Client's ("subscriber", "you", "your") current environment and any challenges you may experience. We then work to help you define what your future state goals are, to design a solution that delivers the capabilities required to achieve to deliver positive business outcomes.

2.2. Executive Summary

Salinas Valley Health has engaged NWN to perform a migration from the existing premise calling and contact center platforms that currently support (1) hospital and (19) clinical locations to Cisco Webex Calling and Webex Contact Center cloud platforms. The costs outlined in this document cover the migration services, ongoing licensing, management, and support of the calling and contact center platforms.

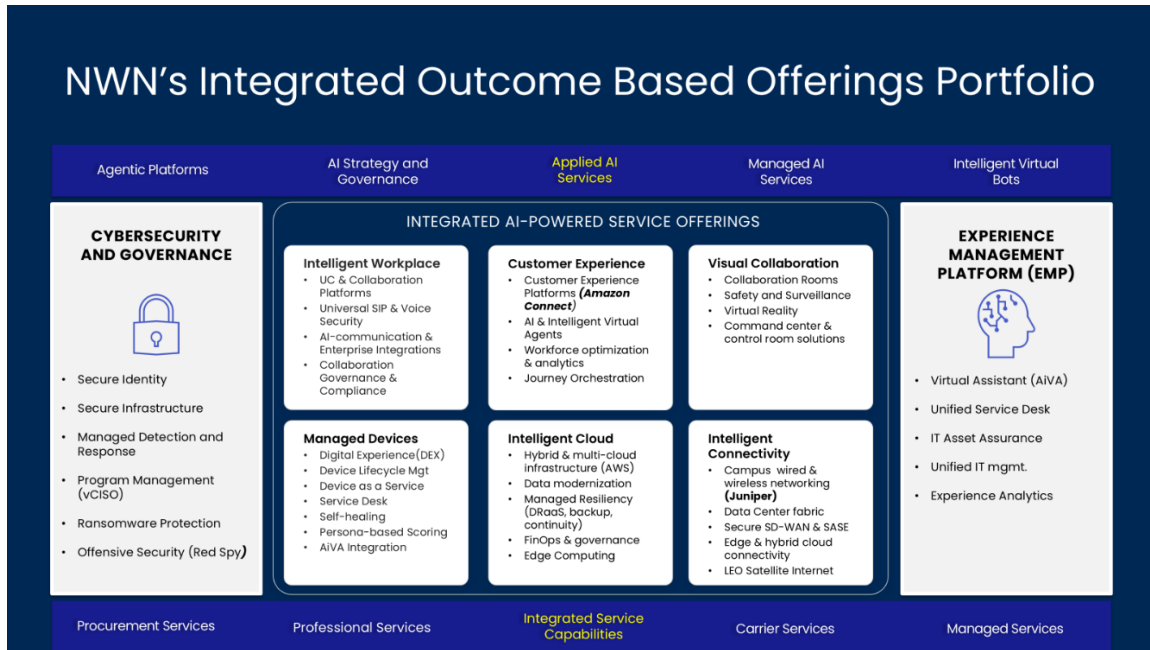
Cisco Webex Calling will support existing Cisco 7800/8800 model IP phones* with an upgrade to the Cisco MPP firmware. (Note: Cisco 7841 IP phones must be hardware version V04 or later). Any equipment that is not supported by the Webex Calling platform will need to be replaced at the expense of Salinas Valley Health. Unsupported devices could be replaced by the recommended model of Cisco IP MPP phone or by using the Cisco Webex App as a soft phone client.

*The full list of devices currently supported by Webex Calling can be viewed at <https://help.webex.com/en-us/article/qkwt4j/Supported-devices-for-Webex-Calling>

The Cisco Webex App is currently supported on Windows, Mac, iOS, and Android. Full system requirements can be viewed at <https://help.webex.com/en-us/article/fz1e4b/System-requirements-for-Webex-services>.

3. NWN’s Offerings

NWN’s offerings are divided into easy to understand and easy to consume bundles. These bundles include the required capabilities you need to get the most out of your technology investment. Each bundle builds upon the other, allowing you to do as much, or as little, or the work yourself, while leaving the rest to us.



The following offerings are covered in this statement of work:

3.1. Intelligent Connectivity Solutions

NWN’s Intelligent Connectivity offering provides customized business connectivity including Networking/Telecommunications, Wireless, Data and Microsoft Domain/Directory solutions to support the applications that facilitate the customer’s business. NWN’s Intelligent Connectivity offering provides differentiated value to customers through an assessment led approach that focuses on understanding your infrastructure’s current state to leverage our expertise to architect a modern intelligent infrastructure to support your cloud communications needs.

3.2. Customer Experience Solutions

NWN’s Contact Center offering is adaptable and collaborative, leveraging intelligent automation and knowledge to deliver business value and competitive advantage. NWN’s Contact Center experts architect solutions that enable a shift from reactive customer service to proactive customer engagement. Interact with customers on the channel of their choice while empowering agents with a comprehensive toolset to provide a unique experience that is easy to provision, use, and manage for organizations of all sizes.

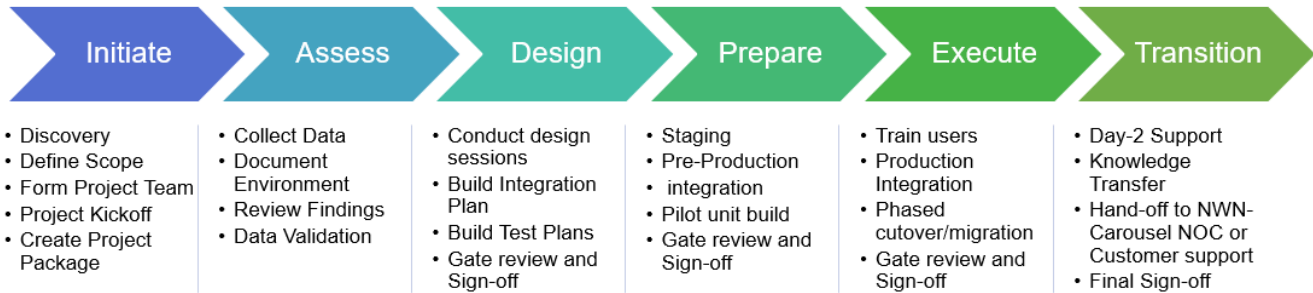
3.3. Intelligent Workplace Solutions

NWN's Unified Communication & Collaboration Service Bundles offer a suite of enterprise collaboration services and applications aimed to help customers enhance employee productivity and communication while improving the overall employee and customer experience. As part of the Unified Communications & Collaboration Solutions, NWN I also provides Lifecycle, Adoption, and Monitor & Operate Services with the unparalleled visibility and control delivered by our Experience Management Platform (EMP), making this a true solution-as-a-Service offering.

4. Project Governance

4.1. Overview

To deliver the highest quality project implementation, NWN brings a tightly controlled, comprehensive project management process that emphasizes detailed up-front discovery and design to help avoid costly, time-consuming missteps later in the deployment cycle. This approach has a proven track record of success.



4.2. Project Governance Scope of Services

ITEM	SCOPE
Governance Services	Governance Services, Top Level Bundle
UC Project Initiation	Initiation of the overall project. NWN will engage the project team and begin the process of scheduling the work contained in this SOW. Standard Project Management includes regular project meetings if required to provide status on the project and to review issues and actions related to the project.
UC Project Kickoff Meeting	The NWN Team and the Customer Team will participate in one or more meetings designed to establish the following: NWN expectations, client expectations, roles and responsibilities of project team members, draft schedule, task plan, logistics management plan and the communications plan.
UC Low-Level Design Workshop	NWN will conduct a Technical Design Workshop. This meeting, conducted by the lead technical resource on the NWN team, is intended to be use to finalize the low level design of the scoped solution. This may include reviewing IP Address and host naming, cable standards, username standards, passwords, or other technical information required to successfully complete the project. Customer is responsible for providing required documentation and personnel to facilitate this session.
UC Cutover Event, Full Day, After Hours	NWN will perform an extended cutover to deploy the solution into production during the pre-determined cutover window during regular NWN business hours. During this time system functionality will be verified. If issues are found during this window that require a rollback, this decision will be made jointly between the customer and NWN and rollback procedures will be executed to return the solution to the pre-cutover state. Includes 8 hours engineering time per instance.
UC Project Site Post Cutover Support, Half Day Remote	NWN will provide the client with up to 4 hours of remote post cutover support. NWN engineers will be available via phone to provide help or information as needed after the solution or site has been cutover. If onsite support is required, the client can engage the Project Manager to arrange additional help.
UC Project Site Post Cutover Support, Half Day Onsite	NWN will provide the client with up to 4 hours of Onsite post cutover support. NWN engineers will be available onsite to provide help or information as needed after the solution or site has been cutover.

ITEM	SCOPE
UC Project Completion and Knowledge Transfer	NWN technical team will provide a single two (2) hour knowledge transfer session intended to orientate or demonstrate the unique configuration of the installed solution/system to the customer designated technical staff. This does not replace manufacturer specific technical training on the specific equipment.
UC Cutover Event, Half Day, After Hours	NWN will perform a standard cutover to deploy the solution into production during the pre-determined cutover window after regular NWN business hours. During this time system functionality will be verified. If issues are found during this window that require a rollback, this decision will be made jointly between the customer and NWN and rollback procedures will be executed to return the solution to the pre-cutover state. Includes 4 hours engineering time per instance.

ITEM	SCOPE
Governance Services	Overall Governance Services, Top Level Bundle
Contact Center Project Initiation	Initiation of the overall project. NWN will engage the project team and begin the process of scheduling the work contained in this SOW. Standard Project Management includes regular project meetings if required to provide status on the project and to review issues and actions related to the project.
Contact Center Project Kickoff Meeting	The NWN Team and the Customers Team will participate in one or more meetings designed to establish the following: NWN expectations, client expectations, roles and responsibilities of project team members, draft schedule, task plan, logistics management plan and the communications plan.
Contact Center Low-Level Design Workshop	NWN will conduct a Technical Design Workshop. This meeting, conducted by the lead technical resource on the NWN team, is intended to be use to finalize the low level design of the scoped solution. This may include reviewing IP Address and host naming, cable standards, username standards, passwords, or other technical information required to successfully complete the project. Customer is responsible for providing required documentation and personnel to facilitate this session.
Contact Center Cutover Event, Half Day, After Hours	NWN will perform a standard cutover to deploy the solution into production during the pre-determined cutover window after regular NWN business hours. During this time system functionality will be verified. If issues are found during this window that require a rollback, this decision will be made jointly between the customer and NWN and rollback procedures will be executed to return the solution to the pre-cutover state. Includes 4 hours engineering time per instance.
Contact Center Project Site Post Cutover Support, Half Day Remote	NWN will provide the client with up to 4 hours of remote post cutover support. NWN engineers will be available via phone to provide help or information as needed after the solution or site has been cutover. If onsite support is required, the client can engage the Project Manager to arrange additional help.
Contact Center Project Site Post Cutover Support, Half Day Onsite	NWN will provide the client with up to 4 hours of Onsite post cutover support. NWN engineers will be available onsite to provide help or information as needed after the solution or site has been cutover.
Contact Center Project Completion and Knowledge Transfer	NWNs technical team will provide a single two (2) hour knowledge transfer session intended to orientate or demonstrate the unique configuration of the installed solution/system to the customers designated technical staff. This does not replace manufacturer specific technical training on the specific equipment.

5. Scope of Work

The following scope of services cover the one-time and ongoing services that are included in this proposal. Services are organized by technology area and by sub-grouping if included. We encourage you to review this scope of work with your NWN team to ensure we have captured your requirements correctly so that we may deliver the outcomes you expect. Items that are not mentioned in this scope are not included. For more details on the services offered, please refer to the section below titled “Incorporated by Reference.”

5.1. Scope of Services

Solution Overview

Cisco Flex Calling Licenses

The existing Flex subscription Sub213559 will be modified to provide the required licensing:

- (1,850) Professional licenses
 - Includes 20% user license growth (additional 370 Professional)
 - Includes 50% Common Area/Workspace licenses (925)
- (24) CUBE Standard licenses

Cisco Flex Contact Center Licenses

The existing Flex subscription Sub616694 will be modified to provide the required licensing:

- (200) Standard Concurrent Agents
- (57) Premium Concurrent Agents

Deliverables (Webex Calling)

- Provisioning of Partner Connect connectivity services for Webex Calling DI
 - (1) AT&T and (1) Comcast 500Mbps layer 2 circuit
 - Implementation and configuration of (2) Cisco C8300 routers for layer 2 connectivity to NWN datacenters
- Initial platform provisioning and configuration of Cisco Webex Calling
- E911 provisioning and configuration
- Provision (1) Enhanced Survivability for Webex Calling Dedicated Instance using customer provided virtual resources
 - Configuration of (1) Cisco C8300 router to provide SBC services for OTT backup SIP PSTN
- Migration of (1,850) users/phones from the current solution to Webex Calling
- Migration of (925) common area devices from the current solution to Webex Calling
- Testing
- Cutover
 - Up to (20) individual cutover events

- Day 2 Support
 - Up to (10) half day remote
 - Up to (10) half day on-site
- Transition to Support

Deliverables (Webex Contact Center)

- Initial platform provisioning and configuration of Cisco Webex Contact Center
- Migration of (200) Standard Agents from the current solution to Webex Contact Center
- Migration of (57) Premium Agents from the current solution to Webex Contact Center
- Migration of up to (30) call flows from the current solution to Webex Contact Center
- Configuration of Webex Contact Center to support Epic integration in accordance with Cisco-supported capabilities and the mutually approved solution design for up to (10) call flows.
- Testing
- Cutover
 - Up to (20) individual cutover events
- Day 2 Support
 - Up to(10) half day remote
 - Up to (10) half day on-site
- Transition to Support

Assumptions/Caveats

- All analog devices that currently reside on the premise Avaya system will not be included in the scope of this project.
- Any integration between the premise Avaya system and Webex Calling or Webex Contact Center will not be included in the scope of this project.
- The existing Cisco 7800/8800 series IP phones will be utilized for the migration to the Webex Calling platform. It will be the responsibility of Salinas Valley Health to procure and replace any devices that are unable to be migrated due to compatibility issues.
- The native Call Recording features for both Webex Calling and Webex Contact Center will be utilized.
- Administrative call flows to enable/disable emergency greetings and similar announcements will need to be recreated.
- Customer is responsible for obtaining and maintaining any required Epic licensing, third-party licensing, and vendor approvals needed for the integration with Webex Contact Center.
- Customer will be responsible for any services or additional costs required by Epic to perform the integration with Webex Contact Center.

- This engagement is limited to configuration and enablement of the Epic integration within the Cisco-supported solution scope and does not include custom software development.
- SVH is bringing in own PSTN provider. NWN is offering a full PSTN solution as an option but is not part of the total cost of the contract. There will be a deep dive into your current PSTN solution and this may require additional services/hardware for full integration.

6. Incorporated by Reference

6.1. Overview

This SOW represents the work being performed by NWN for the customer during the contracted engagement. Some services and products used in the delivery of this SOW are governed by additional documentation and service descriptions. This information is applicable by feature and does not include any feature not covered by the scope above. These can be found in the following locations:

1. NWN Master Service Agreements: <https://nwn.ai/master-agreement/>
2. Experience Management Services – If EMP Services are included in this scope of work, then the following service description is included by reference: <https://nwnit.box.com/s/1csb40l92zhkm6llcdv2ywg4u7hhao2s>
3. Third Party End User License Agreements, Terms of Service, and Warranty Information can be found here: <https://nwn.ai/third-party-eula-tos-warranty/>
4. The NWN Carousel Acceptable Use Policy and if applicable to the Services described in this SOW the Emergency Services Addendum and Data Processing Agreement located at: <https://nwn.ai/compliance/>

Service Guide Documents	
Service Guide Name	Service Guide URL
EMP Services Customer Service Description	https://nwnit.box.com/s/1csb40l92zhkm6llcdv2ywg4u7hhao2s

7. Assumptions and Responsibilities

7.1. Project Assumptions

The following list represents some of the items that, unless otherwise noted above, are excluded from the work being performed by NWN as part of the scope of this project. Anything not specified in the scope above, nor specifically excluded below, is assumed to be excluded. Items that the customer wishes NWN to provide may be contracted on a time and materials basis, or as part of a separate fixed price scope. Exclusions include:

- NWN will provide knowledge transfer to Customer staff throughout the engagement. Knowledge transfer is not intended to replace formal technical training and certification.
- Travel Costs are billed at actuals unless otherwise noted in your quote
- If this proposal does not include an on-going service contract to cover moves, adds, and changes, upgrades to software and hardware, troubleshooting of circuit outages, or other managed and operate services, these activities are the responsibility of the customer. Should customer require such services, NWN can provide a separate proposal to meet these needs.
- While under NWN supervision, all documents and scripts will be subject to NWN version control.
- Unless otherwise stated, all diagrams will be provided in Visio format and all documentation will be provided in Microsoft Word or Portable Document format. NWN will provide softcopies of all deliverable documentation created as part of this project

7.2. General Customer Responsibilities

To support this scope of work, The Customer agrees to the following responsibilities:

- Customer agrees to designate a single point of contact to work with NWN for the duration of this project. This contact shall be available during normal business hours (Monday through Friday 8:00am to 5:30pm local time, excluding NWN observed holidays).
- Customer agrees to provide reasonable access to Customer sites and facilities, including, where applicable: access to a loading dock/facility to receive equipment, access to a secure workspace to store, stage, and test the equipment
- Customer agrees to provide remote access to the network to facilitate remote configuration and troubleshooting as required
- Customer agrees to provide proper security clearances and/or escorts as required to access the site for equipment installation and maintenance.
- Customer agrees to provide access to appropriate systems to facilitate the completion of this SOW.
- Building, furniture, and/or fixture modification, including but not limited to; the drilling of holes, cutting of access panels, floor cores, or exterior penetrations are the responsibility of others and are considered out of scope
- Customer agrees to provide any special safety equipment if required for sites visited by NWN personnel or sub-contractors
- Customer will be responsible to have complete backups of any data prior to commencement of our services. NWN assumes no responsibility for lost data.
- Customer will provide for the disposal of any packing materials, inserts, and boxes in which the equipment is shipped once installation is complete.
- Customer must have ACTIVE manufacturer support contracts on any existing equipment that NWN will be performing work on during this work effort.
- Customer agrees to ensure the installation environment is safe and free of contaminants, dust, debris, or other hazardous materials. Inspection, testing, and certification of such materials is the responsibility of the customer.
- Customer agrees that any delays caused by the customer are not the responsibility of NWN. Further, any additional time or expense incurred because of said delays will be subject to a change order and additional charges.

- If the site is not ready when NWN arrives, customer may be responsible for additional travel and expenses
- Unless otherwise noted in this proposal, implementation will occur in a single contiguous effort and, if required, site visits will be limited to one visit per site. If the schedule, or number of visits, must change due to delays in equipment availability, customer readiness, site readiness, or any issue outside of NWN's control, the NWN Project Manager will document the change and submit a Project Change Order to revise the implementation timeline.
- In the event Customer is purchasing software licenses or other usage-based consumption products or services under this SOW and Customer's actual software license count or usage exceeds those initially purchased pursuant to this SOW, Customer will be invoiced during the next billing cycle based on the highest license count or usage consumed and not the amounts initially set forth in this SOW. Thereafter, Customer shall be billed based on highest license count or usage consumed under this SOW. For avoidance of doubt, overages will be billed in the month following when the overage occurred.

7.3. Installation Customer Responsibilities

To support this scope of work, The Customer agrees to the following responsibilities:

- Customer will provide network and system documentation and any network topology diagram for the existing network infrastructure if available.
- Customer agrees to furnish NWN with building layouts, floor plans, cable and power drops and other applicable information to facilitate the physical installation of equipment and software covered by this scope of work.
- Customer agrees to ensure that proper environmental conditions are met, including, but not limited to proper power equipment grounded to code, backup power source if required, cooling, rack/floor space, and any external monitoring equipment required.
- Customer agrees to connect PCs, printers, mobile devices, servers, or any other ancillary devices not covered by this scope of work.
- Customer shall be responsible for any changes, reconfiguration, or upgrades to existing servers, systems, printers, and workstations to support this scope of work.
- Customer agrees to install, test, and verify the operation of any equipment or software not covered by this scope of work.
- Customer agrees to ensure that all cabling and facilities are installed, and clearly marked. If items are not clearly marked the customer will aid in identifying all cable drops and the equipment it is used for.
- Customer agrees to provide all supporting technologies including DHCP, DNS, or other systems required for normal functioning of the solution.
- Customer agrees to provide personnel to participate in any testing of the solution required once Customer agrees to provide all the cabling required to complete the installation that is not included with this equipment. All cabling longer than 20 feet will be installed by CUSTOMER and will be labeled with an indication of what the cabling supports.
- Customer shall be responsible to specify, order and ensure the provisioning of an adequate amount of circuit bandwidth and/or SIP trunks to support the operation of the system under normal and peak usage periods.
- All conduit, raceway, cable tray, supporting equipment and structure, regardless of purpose, is to be supplied and installed by others.

8. Financials-See Quote-

9. Execution

9.1. Terms

Customer shall be billed in accordance with the terms outlined above in the Billing Terms table set forth in the Financials Section. The payment frequency set forth in the table above details the timing and amount of the charges due under this SOW. Applicable taxes and freight charges along with all tariffs, duties, or additional government-imposed costs that become applicable after the initial date of the SOW shall be the responsibility of the Customer and will be added to the final invoice. Where applicable, unless Customer notifies NWN, as applicable, in writing at least ninety (90) days prior to the subscription renewal date, Customer's subscription term will automatically renew on annual terms.

This SOW and any applicable Products or Services purchased hereunder are subject to either (i) the applicable mutually executed Master Products and Services Agreement that authorizes the purchase(s) herein between NWN and Customer; or (ii) where NWN and Customer have not executed such an agreement, the terms and conditions set forth at the Master Agreement located at <https://nwn.ai/master-agreement/> shall apply (the online terms and conditions and the applicable agreement shall each be deemed the "Agreement"). This SOW is additionally subject to the applicable: (i) the third-party terms set forth at <https://nwn.ai/third-party-eula-tos-warranty/>, and (ii) the compliance policies and terms set forth at <https://nwn.ai/compliance/> and such terms are incorporated herein by reference. For the avoidance of doubt, in the event of any conflict between the terms of this SOW, an Accepted Purchase Order (as defined herein) and the Agreement, the terms of the Agreement shall prevail. To the extent the name of the Agreement does not correspond with those referenced above but authorize Customer to purchase Products or Services from NWN, those agreements shall additionally be deemed Agreements for the purposes of this SOW. Any terms not defined in this SOW shall be set forth in the Agreement. The pricing contained in this SOW is valid for thirty (30) days from Date of Issue. Notwithstanding the foregoing, in the event Provider's manufacturer adjusts pricing after the Effective Date of the SOW, Provider reserves the right to adjust pricing until the date of shipment. Applicable shipping charges, taxes, and if applicable, telecommunications surcharges and fees (including Federal Universal Service Fees), will be billed by NWN and itemized on a separate line item(s) on NWN's invoice.

In the event Customer does not execute this SOW and only places a Purchase Order, such Purchase Order is deemed acceptance of the terms of this SOW and any additional or different terms in such Purchase Order will not bind NWN. NWN may reject a Purchase Order in its sole discretion within two (2) business days from its receipt and after which time such Purchase Order is deemed accepted (an "Accepted Purchase Order"). The Effective Date shall be defined as the earlier of the date of the SOW's last signature or in the event Customer chooses to place a Purchase Order rather than signing this SOW, the date of the Accepted Purchase Order. Placement of Purchase Order shall be deemed acceptance of the SOW and all the terms contained herein.

¹ *In the event your Master Agreement is with InterVision Systems, LLC, for the purposes of this SOW, all references to "Service Order" in your Master Agreement shall have the same meaning as "SOW".

9.2. Accepted and agreed by:

Salinas Valley Health

Carousel Industries of North America, LLC

Signature

Signature

Name

Name

Title

Title

Date

Date

Q-276372 - Webex Calling and Webex Contact Center

Generated Date: 06/17/2026
Expiration Date: 07/09/2026
Account Name: Salinas Valley Health
Opportunity Name: SVH.Move to Webex Cloud CC
Opportunity Number: OP-86551
Work Order #

Client Contact Information

Primary Contact: Audrey Parks
Contact Title: VP, IT
Contact Phone: 8317591947
Contact Email: aparks@salinasvalleyhealth.com

NWN Contact Information

Primary Contact: Paul Jenson
Contact Title: Account Executive
Contact Phone: (951) 227-0586
Contact Email: paul.jenson@nwncarousel.com

BILL TO

Salinas Valley Health
 450 E Romie Ln
 Salinas, CA 93901

SHIP TO

Salinas Valley Health
 450 E Romie Ln
 Salinas, CA 93901

Additional Information

This incorporates attached Quote References for quote Q-276372 and Scope of Work titled:
 Salinas Valley Health
 Webex Calling & Webex Contact Center Migration

Renewal Terms: 1-5 year renewal based on customer request

Product

Webex Calling - Cloud Flex License Subscription - Subscription Term: 60					
#	ITEM	DESCRIPTION	QTY	UNIT PRICE**	EXT. TOTAL
1.	A-AUD-AU-BCCB	Cisco Bridge Country Call Me / Call Back - license - 1 named user	325	\$6.79	\$132,405.00
2.	A-FLEX-3	Collaboration Flex Plan 3.0	1	\$0.00	\$0.00
3.	A-FLEX-PROPACK-ENT	Pro Pack for Cisco Control Hub Entitlement	4070	\$0.00	\$0.00
4.	SVS-FLEX-SUPT-BAS	Basic Support for Flex Plan	2199	\$0.00	\$0.00
5.	A-AUD-TOLLDIALIN	Meetings Toll Dial-In Audio	325	\$0.00	\$0.00
6.	A-FLEX-STD-CUBE	CUBE STD TRUNK SESSION LICS CLDS	24	\$1.68	\$2,419.20
7.	A-FLEX-NBR-STG	Webex Cloud Recording Storage Entitlement	1625	\$0.00	\$0.00
8.	A-AUD-VOIP	Included VoIP (1)	1	\$0.00	\$0.00
9.	A-FLEX-MSG-ENT	Messaging Entitlement	4070	\$0.00	\$0.00
10.	A-FLEX-FILESTG-ENT	File Storage Entitlement	88800	\$0.00	\$0.00

Webex Calling - Cloud Flex License Subscription - Subscription Term: 60					
11.	A-FLEX-AUM	Cisco AU Meetings	325	\$14.78	\$288,210.00
12.	A-FLEX-EXP-RMS-S	Expressway Rich Media Session included with Flex (1)	370	\$0.00	\$0.00
13.	A-AUD-EDGEAUD-USER	Webex Edge Audio	325	\$0.00	\$0.00
14.	A-FLEX-C-DEV-ENT	Cloud Device Registration Entitlement	4070	\$0.00	\$0.00
15.	A-FLEX-SRST-E	SRST Endpoints (1)	3700	\$0.00	\$0.00
16.	A-FLEX-SPCHCON	SpeechConnect Smart License (1)	750	\$0.00	\$0.00
17.	A-FLEX-SPEECHVIEW	Speechview Standard	70	\$0.66	\$2,772.00
18.	A-FLEX-MSUITE-ENT	Cloud Meetings Entitlement	1850	\$0.00	\$0.00
19.	A-FLEX-DI-ENT	Webex Calling dedicated instance entitlement	1	\$0.00	\$0.00
20.	A-FLEX-C-PRO	Webex Calling Entitlement	2220	\$0.00	\$0.00
21.	A-FLEX-P-CALL	Prem to Webex Calling - Premises Calling Ent	1850	\$0.00	\$0.00
22.	A-FLEX-DI-ESV-ENT	Enhanced Survivability for Webex Calling DI entitlement	1	\$0.00	\$0.00
23.	A-FLEX-DI-ESV	Enhanced Survivability for Webex Calling Dedicated Instance	1	\$1,250.00	\$75,000.00
24.	A-FLEX-EACL	EntW Webex Calling	1850	\$6.70	\$743,700.00
25.	A-FLEX-CL-CA	Webex Calling Common Area Entitlement	925	\$0.00	\$0.00
26.	A-FLEX-DI-BASE	Webex Calling Dedicated Instance -	1	\$5,049.28	\$302,956.80
27.	A-FLEX-DI-PC	Partner Connect for Dedicated Instance	1	\$0.00	\$0.00
				Total:	\$1,547,463.00

Webex Calling Usage					
These are usage based charges, will only be charged if used. - Subscription Term: 60					
#	ITEM	DESCRIPTION	QTY	UNIT PRICE**	EXT. TOTAL
28.	A-AUD-U-TA-BCTF	BRIDGE COUNTRY TOLL FREE DIAL IN (1) <i>Usage Charge per minute in US</i>	1	\$0.06	Extended Total Based on Actual Usage
29.	A-AUD-U-TA-ITF	Global Toll Free (1) <i>See rates on attached: Quote Reference 3</i>	1	\$0.06	Extended Total Based on Actual Usage
30.	A-AUD-U-PREMTOLL	Premium Toll Uncommitted Spend (1) <i>See rates on attached Quote Reference 4 - Premium Toll</i>	1		Extended Total Based on Actual Usage
31.	A-AUD-U-TA-ICB	Global Call Me / Call Back <i>Usage Charge per minute in US: \$ 0.0335; other rates/countries on Quote Reference 5</i>	1	\$0.03	Extended Total Based on Actual Usage
32.	A-FLEX-ERC	Emergency Response Center Call Fee per undefined call <i>Usage Charge per instance</i>	1	\$42.15	Extended Total Based on Actual Usage
				Total:	0

Webex Contact Center - Cloud Flex License Subscription - THIS INCLUDES BOTH CCX AND WxCC LICENSES! - Subscription Term: 60					
#	ITEM	DESCRIPTION	QTY	UNIT PRICE**	EXT. TOTAL

Webex Contact Center - Cloud Flex License Subscription - THIS INCLUDES BOTH CCX AND WxCC LICENSES! - Subscription Term: 60					
33.	A-FLEX-3-CC	Flex 3.0 for Contact Center	1	\$0.00	\$0.00
34.	SVS-FLEX-SUPT-BAS	Basic Support for Flex Plan	1	\$0.00	\$0.00
35.	A-FLEX-P-N-AGT-ENT	Webex Contact Center Named Premium Agent Entitlement	57	\$0.00	\$0.00
36.	A-FLEX-S-N-AGT-ENT	Webex Contact Center Named Standard Agent Entitlement	200	\$0.00	\$0.00
37.	A-FLEX-AI-ASST-ENT	Webex AI Assistant Entitlement	150	\$0.00	\$0.00
38.	A-FLEX-WCC-S-N	Webex Contact Center Standard Named Agent	200	\$42.44	\$509,280.00
39.	A-FLEX-P-CC	On Prem to Webex Contact Center - Premises Ent	1	\$0.00	\$0.00
40.	A-FLEX-AI-AGT	Webex AI Agent	106	\$54.96	\$349,545.60
41.	A-FLEX-AI-ASST	Webex AI Assistant Overage	150	\$16.53	\$148,770.00
42.	A-WXCN-ADD-EHR-EPC	Add-on EHR integration with Epic (includes 20k API calls) -	1	\$1,711.96	\$102,717.60
43.	A-FLEX-WCC-P-N	WEBEX CONTACT CENTER PREMIUM CLDS NAMED AGENT	57	\$64.91	\$221,992.20
44.	A-FLEX-DC-C-ENT	Digital Channels- Cloud Entitlement	1	\$0.00	\$0.00
45.	A-WXCN-TENANT-ACT	Webex Connect Tenant Configuration Activation	1	\$18.55	\$1,113.00
46.	A-WXCN-AUTOINT	Automated Interactions Entitlement of 100,000 -	100000	\$0.00	\$0.00
47.	A-DSKTP-EPIC-N-ENT	EPIC Desktop Connector Named Agent Entitlement -	200	\$0.00	\$0.00
48.	A-DSKTP-EPIC-N	EPIC Desktop Connector Named Agents -	200	\$26.63	\$319,560.00
49.	A-WXCN-CX	Webex Connect CX Edition -	1	\$3,600.54	\$216,032.40
50.	A-FLEX-CJIVR-ENT	WxCC Additional Cisco IVR Ports Entitlement	1	\$0.00	\$0.00
51.	A-FLEX-AI-AGT-ENT	Webex AI Agent Entitlement	106	\$0.00	\$0.00
52.	A-FLEX-WCALL-ENT	"Cisco Systems:Webex Calling Entitlement "	1	\$0.00	\$0.00
				Total:	\$1,869,010.80

Webex Contact Center Usage					
These are usage based charges, will only be charged if used. - Subscription Term: 60					
#	ITEM	DESCRIPTION	QTY	UNIT PRICE**	EXT. TOTAL
53.	A-CHAN-OPT-FEE	Optional Channel Fees <i>See Quote Reference 1 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
54.	A-WXCN-AUTOINT-O	Automated Interactions Uncommitted Overage - <i>0.0050 per each Usage Charge</i>	1	\$0.01	Extended Total Based on Actual Usage
55.	A-CHAN-U-SMS-10DLC	SMS Channel- US 10DLC MT Usage <i>See Quote Reference 6 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
56.	A-FLEX-C-IVR-O	WEBEX CONTACT CENTER ADDL IVR CLDS PORTS OVERAGE <i>Per port Overage - Usage Charge</i>	1	\$42.95	Extended Total Based on Actual Usage

Webex Contact Center Usage					
These are usage based charges, will only be charged if used. - Subscription Term: 60					
57.	A-RCS-CARRIER	RCS Carrier Fee <i>See Quote Reference 7 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
58.	A-CHAN-OPT-PROV	Optional Provision Usage <i>See Quote Reference 8 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
59.	A-CHAN-10DLC-CMPN	Cisco Systems:10DLC Campaign Fee - Charged by the Campaign Registry <i>Per each - Usage Charge</i>	1	\$11.58	Extended Total Based on Actual Usage
60.	A-FLEX-AI-AGT-O	Webex AI Agent Overage <i>Per each overage - Usage Charge</i>	1	\$70.54	Extended Total Based on Actual Usage
61.	A-CHAN-U-MMS-10DLC	Cisco Systems:MMS Channel - US 10DLC MT Usage <i>See Quore Reference 9 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
62.	A-MMS-CARRIER	MMS Channel- US Carrier Surcharge <i>See Quote Reference 2 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
63.	A-CHAN-U-MMS-SC	MMS Channel- US Short Code MT Usage <i>See Quote Reference 10 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
64.	A-CHAN-SMS-TF-NUM	United States/Canada Toll Free Number (SMS/VOICE) - <i>Per each - Usage Charge</i>	1	\$2.03	Extended Total Based on Actual Usage
65.	A-CHAN-U-MMS-TF	MMS Channel- US Toll Free Usage <i>See Quote Reference 11 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
66.	A-DSKTP-EPIC-N-O	EPIC Desktop Connector Named Agents Overage - <i>Per each overage - Usage Charge</i>	1	\$33.87	Extended Total Based on Actual Usage
67.	A-CHAN-WHATSAPP-IB	WhatsApp Channel- Inbound Messaging Usage <i>Usage Charge</i>	1	\$0.00	Extended Total Based on Actual Usage
68.	A-CHAN-SMS-10DLC-N	SMS Channel- United States 10 Digit Long Code Number <i>Per each - Usage Charge</i>	1	\$0.73	Extended Total Based on Actual Usage
69.	A-CHAN-U-SMS-TF-US	SMS Channel- US Toll-Free Number MT & MO Usage <i>See Quote Reference 12 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
70.	A-CHAN-U-RCS-USA	RCS Channel - USA Usage <i>See Quote Reference 13 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
71.	A-CHAN-U-LCHAT-WC	Live Chat / Web Chat Channel Usage <i>See Quote Reference 14 for Rates</i>	1	\$0.00	Extended Total Based on Actual Usage
72.	A-CHAN-U-SMS-SC-US	United States Short Code MT Usage (SMS) <i>See Quote Reference 15 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
73.	A-FLEX-WCC-P-N-O	WEBEX CONTACT CENTER PREMIUM CLDS NAMED AGENT OVERAGE <i>Per each overage - Usage Charge</i>	1	\$79.74	Extended Total Based on Actual Usage
74.	A-CHAN-U-EMAIL	Email Channel- Usage <i>See Quote Reference 16</i>	1	\$0.00	Extended Total Based on Actual Usage
75.	A-CHAN-WHATSAPP-OB	WhatsApp Channel- Outbound Messaging Usage <i>0.0060 per each - Usage Charge</i>	1	\$0.00	Extended Total Based on Actual Usage
76.	A-RCS-PROV-FEE	US RCS Bot Provisioning <i>Per each - Usage Charge</i>	1	\$2,296.88	Extended Total Based on Actual Usage

Webex Contact Center Usage					
These are usage based charges, will only be charged if used. - Subscription Term: 60					
77.	A-FLEX-RS-GB-O	Additional Recording Storage - Gb Overage <i>Per each GB overage - Usage Charge</i>	1	\$0.04	Extended Total Based on Actual Usage
78.	A-CHAN-OPT-USAGE	Optional Channel Usage <i>See Quore Reference 17 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
79.	A-CHAN-SMS-SCR- NUM	Channel- SMS United States Short Code Random Number <i>Per each - Usage Charge</i>	1	\$578.70	Extended Total Based on Actual Usage
80.	A-FLEX-WCC-S-N-O	WEBEX CONTACT CENTER STANDARD CLDS NAMED AGENT OVERAGE <i>Per each overage - Usage Charge</i>	1	\$52.14	Extended Total Based on Actual Usage
81.	A-SMS-SC-PROV	SMS United States Short Code Provisioning Fee <i>Per each - Usage Charge</i>	1	\$1,822.92	Extended Total Based on Actual Usage
82.	A-SMS-TF-PROV	United States/Canada Toll Free Provisioning Fee (SMS/VOICE) - <i>Per each - Usage Charge</i>	1	\$36.46	Extended Total Based on Actual Usage
83.	A-SMS-CARRIER	SMS Channel- US Carrier Surcharge <i>See Quote Reference 18</i>	1	\$0.00	Extended Total Based on Actual Usage
84.	A-CHAN-U-APPLE-BC	Apple Business Chat Channel Usage <i>See Quote Reference 19 for rates</i>	1	\$0.00	Extended Total Based on Actual Usage
85.	A-CHAN-SMS-SCV- NUM	SMS Channel- United States Short Code Vanity Number <i>Per each - Usage Charge</i>	1	\$1,157.41	Extended Total Based on Actual Usage
86.	A-FLEX-AI-ASST-O	Webex AI Assistant Overage <i>Per each overage - Usage Charge</i>	1	\$21.17	Extended Total Based on Actual Usage
87.	A-WHATSAPP-FEE	WhatsApp Message Fees <i>Per Each - Usage Charge</i>	1	\$0.00	Extended Total Based on Actual Usage
				Total:	0

Partner Connect Routers & LCs - Subscription Term: 60					
#	ITEM	DESCRIPTION	QTY	UNIT PRICE**	EXT. TOTAL
88.	C8300-1N1S-6T	Cisco Catalyst C8300-1N1S-6T Router	2	\$7,093.36	\$14,186.72
89.	CON-L14HR-C830IN6T	CX LEVEL 1 24X7X4 Cisco Catalyst C8300 <i>5 year term</i>	2	\$15,407.97	\$30,815.94
90.	TE-R-SW	TE agent for IOSXE on Enterprise Routing	2	\$0.00	\$0.00
91.	NETWORK-PNP-LIC	Network Plug-n-Play License for zero-touch device deployment	2	\$0.00	\$0.00
92.	C8000-HSEC	U.S. Export Restriction Compliance license for C8000 series	2	\$0.00	\$0.00
93.	IOSXE-AUTO-MODE	IOS XE Autonomous boot up mode for Unified image	2	\$0.00	\$0.00
94.	SC8KBEUK9-1715	Catalyst 8200/8200L/8300 Series Edge - UNIVERSAL	2	\$0.00	\$0.00
95.	MEM-C8300-8GB	Cisco Catalyst 8300 Edge 8GB memory	2	\$0.00	\$0.00
96.	C-RFID-1R	Cisco Catalyst 8000 Edge RFID - 1RU	2	\$0.00	\$0.00
97.	C8300-RM-19-1R	Cisco Catalyst 8300 Rack mount kit - 19 1R	2	\$0.00	\$0.00
98.	C8300-NIM-BLANK	Cisco Catalyst 8300 Edge NIM Blank	2	\$0.00	\$0.00

Partner Connect Routers & LCs - Subscription Term: 60					
99.	C8300-SM-BLANK	Cisco Catalyst 8300 Edge SM Blank	2	\$0.00	\$0.00
100.	C8300-PIM-BLANK	Cisco Catalyst 8300 Edge PIM Blank	2	\$0.00	\$0.00
101.	PWR-CC1-250WAC	Cisco C8300 1RU 250W AC Power supply	4	\$0.00	\$0.00
102.	CAB-AC	AC Power Cord (North America), C13, NEMA 5-15P, 2.1m	4	\$0.00	\$0.00
103.	M2USB-16G	Cisco Catalyst 8000 Edge M.2 USB 16GB	2	\$723.60	\$1,447.20
104.	DNA-C8300-SW	Cisco DNA subscription for C8300 series	2	\$0.00	\$0.00
105.	DSTACK-T0-A	Cisco DNA Advantage Stack - upto 15M (Aggr, 30M)	2	\$0.00	\$0.00
106.	NWSTACK-T0-A	Cisco Network Advantage Stack - upto 15M (Aggr, 30M)	2	\$0.00	\$0.00
107.	TE-EMBED-WANI	Cisco ThousandEyes WAN Insights Embedded	2	\$0.00	\$0.00
108.	SDWAN-UMB-ADV	Cisco Umbrella for DNA Advantage	2	\$0.00	\$0.00
109.	DNAC-ONPREM-PF	Cisco DNA Center On Prem Deployment Option for WAN	2	\$0.00	\$0.00
110.	C83-1N1S-6T-PF	C8300-1N1S-6T Platform Selection for DNA Subscription	2	\$0.00	\$0.00
111.	IOSXE-AUTO-MODE-PF	IOS XE Autonomous boot up mode for Unified image	2	\$0.00	\$0.00
112.	SVS-PSTL1-T0-ASY	Success Track L1 - DNA Advantage OnPrem Lic, T0, 5Y	2	\$655.20	\$1,310.40
113.	DNA-P-T0-A-5Y	Cisco DNA Advantage On-Prem Lic 5Y - upto 25M (Aggr, 50M)	2	\$2,329.52	\$4,659.04
114.	TRN-CLC-000	10 PREPAID TRAINING CREDITS REDEEM W/CISCO LEARNING PARTNERS	5	\$0.00	\$0.00
				Total:	\$52,419.30

Services

#	GROUP NAME	ITEM	QTY	UNIT PRICE**	SUB TERM	EXT. TOTAL
1.	Circuits for Partner Connect	Managed Services	1	\$116,661.60	60	\$116,661.60
2.	Circuits for Partner Connect	Services	1	\$5,657.24		\$5,657.24
3.	Implementation Services - Calling	Services	1	\$202,486.86		\$202,486.86
4.	Implementation Services - Contact Center	Services	1	\$287,720.49		\$287,720.49
5.	Services - Partner Connect Routers	Managed Services	1	\$26,400.00	60	\$26,400.00
6.	Services - Partner Connect Routers	Services	1	\$2,708.18		\$2,708.18
					Total:	\$641,634.37

***The Monthly/Unit Price shown above has been rounded to two decimal places for display purposes. As many as eight decimal places may be present in the actual price. The totals for this order were calculated using the actual price, rather than the Monthly/Unit Price displayed above, and are the true and binding totals for this order.*



Financial Summary	
ITEM	TOTAL
Quote Sub-Total:	\$4,110,527.47
One-Time Ext. Total:	\$550,992.07
Recurring Ext. Total:	\$3,559,535.40

Billing and Payment Terms	
ITEM	TERM
Billing Terms:	Recurring - Monthly
Custom Billing Terms:	Milestone 1 - Hardware and Software due upon signed contract at Net 45 terms Milestone 2 - 33% of labor upon project kickoff Milestone 3 - 33% of labor at 50% project completion Milestone 4 - Remaining balance upon project completion
Payment Terms:	Net 45
Payment Schedule:	Future Milestones

Service Guide Documents	
Service Guide Name	Service Guide URL
EMP Services Customer Service Description	https://nwnit.box.com/s/1csb40l92zhkm6llcdv2ywg4u7hhao2s

Flexible Finance Solutions Available. Speak to your Sales Team today.

Accepted and agreed by:

Salinas Valley Health

Carousel Industries of North America, LLC

Signature

Signature

Name

Name

Title

Title

Date

Date

Terms and Conditions

This Quote is presented to you by NWN Corporation, Carousel Industries of North America, LLC, Leverage Information Systems, Inc., and InterVision Systems LLC* (collectively, "NWN"). The NWN affiliate that your Master Agreement is with is the only party to this Quote and in no event shall all other NWN affiliates be held jointly and/or severally liable for the obligations and liabilities set forth in this Quote.

This Quote shall expire on the Expiration Date set forth above. In no event will the Quote be valid for longer than thirty (30) days from the Generated Date, also set forth above. Notwithstanding the foregoing, in the event Provider's manufacturer adjusts pricing after the Effective Date of the Quote, Provider reserves the right to adjust pricing until the date of shipment. Applicable taxes, freight charges, and if applicable, telecommunications surcharges



and fees (including but not limited to Federal Universal Service Fees), will be applied to the final invoice and Customer shall be billed in accordance with the terms outlined above. Any and all tariffs, duties, or additional government-imposed costs that become applicable after the Generated Date of the Quote shall be the responsibility of the Customer and will be added to the final invoice. For purposes of calculating Taxes, Customer's location will be set to Customer's service address or billing address (if the service address is unknown) unless Customer specifically notifies NWN in writing that it intends to use the services at another/additional valid physical location(s). NWN reserves the right to reject any request to treat an alternative physical location as Customer's service address if NWN discovers that the address is invalid or otherwise inaccurate. If NWN must pay for any additional Taxes, Imposition and associated interest and/or penalties arising from Customer's provision of erroneous location data, Customer shall promptly reimburse NWN for the same within fourteen (14) days of demand by NWN. Further, Customer shall be responsible for notifying NWN in the event of any change to service address(s). The payment frequency set forth above details the timing and amount of the charges due under this Quote. One-Time Product charges, including hardware and software, will be invoiced in full at time of shipment. Where applicable, unless Customer notifies NWN in writing at least ninety (90) days prior to the subscription renewal date, Customer's subscription term will automatically renew on annual terms. Notwithstanding anything to the contrary, in the event Customer is purchasing software licenses or other usage-based consumption products or services under this Quote, and Customer's actual software license count or usage exceeds those initially purchased pursuant to this Quote, Customer will be invoiced during the next billing cycle based on the highest licenses count or usage consumed and not the amounts initially set forth in this Quote. Whenever possible, overages will be billed in the month following when the overage occurred. This Quote and any applicable Products or Services purchased hereunder are subject to either (i) the applicable mutually executed Master Products and Services Agreement or Master Services Agreement that authorizes the purchase(s) herein between NWN and Customer; or (ii) where NWN and Customer have not executed such an agreement, the terms and conditions set forth at the Master Agreement located at <https://nwncarousel.com/master-agreement/> shall apply (the online terms and conditions and the applicable agreement shall each be deemed the "Agreement"). This Quote is additionally subject to the applicable (i) the third-party terms set forth at <https://nwn.ai/third-party-eula-tos-warranty/>, and (ii) the compliance policies and terms set forth at <https://nwn.ai/compliance/> and such terms are incorporated herein by reference. For the avoidance of doubt, in the event of any conflicts between the terms of this Quote, a Accepted Purchase Order (as defined herein) or the Agreement, the terms of the Agreement shall prevail. To the extent the name of the Agreement does not correspond with those referenced above but authorizes Customer to purchase Products or Services from NWN, those agreements shall additionally be deemed Agreements for the purposes of this Quote. Any terms not defined in this Quote shall be set forth in the Agreement. Unless otherwise prohibited, in the event a product return by Customer triggers NWN's vendors to impose restocking fee(s) to process such return, NWN may, in its sole discretion, impose equivalent restocking fee(s) on customer.

In the event Customer does not execute this Quote and only places a Purchase Order, such Purchase Order is deemed acceptance of the terms of this Quote and any additional or different terms in such Purchase Order will not bind NWN. NWN may reject a Purchase Order in its sole discretion within two (2) business days from its receipt and after which time such Purchase Order is deemed accepted (an "Accepted Purchase Order"). In the event Customer chooses to place a Purchase Order rather than signing this Quote, the date of the Accepted Purchase Order shall be considered the Effective Date and placement of Purchase Order shall be deemed acceptance of this Quote and all the terms and conditions contained herein. *In the event your Master Agreement is with InterVision Systems, LLC, for the purposes of this Quote, all references to "Service Order" in your Master Agreement shall have the same meaning as "Quote".

Statement of Confidentiality

This quote has been developed by NWN and is NWN's proprietary trade secret and business confidential information. This Quote may not be released to another vendor, business partner or contractor without prior written consent from NWN.

Finance Committee Board Paper

Agenda Item: **Consider Recommendation for Board Approval of Contract Award to RL Datix for RL 360 Modules**

Executive Sponsor: Timothy Albert, MD, Chief Clinical Officer

Date: June 15, 2026

Executive Summary

RL Datix is a leading healthcare governance, risk, and compliance software provider that helps organizations improve patient safety and manage risks effectively. RL Datix helps healthcare organizations proactively identify, assess, and mitigate risks. This platform is used to report, track, and analyze patient safety events, adverse events, and compliance issues.

Background/Situation

Salinas Valley Health has been offered a contract to upgrade our platform with RL Datix from RL6 to RL360. The proposed contract is priced significantly lower than what should have been offered. RL Datix has agreed to honor their proposed rate, but only if the contract is signed by July 15, 2026.

Timeline/Review Process to Date

- May 2026: Contract negotiations initiated
- May 2026: Contract finalization (6-8 weeks after contract signed, implementation initiated)
- Summer 2026: Implementation and education completed

Strategic Plan Alignment

This implementation will be in support of the quality metrics in the balanced scorecard.

Pillar/Goal Alignment

Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications

Key Contract Terms	Vendor:
1. Proposed effective date	July 15, 2026
2. Term of agreement	7-years
3. Renewal terms	No automatic renewal
4. Termination provision(s)	For cause termination only
5. Payment Terms	Annual Fee. Net 45 days, 5% annual escalation
6. Annual cost	See RL Datix RL 360 Annual Fee Schedule attached
7. Cost over life of agreement	\$2,230,255
8. Budgeted (indicate y/n)	Yes

Recommendation

Consider Recommendation for Board Approval of Contract Award to RL Datix for RL 360 Modules in the amount of \$2,230,255 over the life of the agreement.

Attachments

- Table of full expenses
- Competitive Solicitation Checklist
- Sole Source Justification
- RL Datix Order Form

RL Datix RL 360 Annual Fees:

Year	Total Due
2026-2027	\$273,919
2027-2028	\$287,615
2028-2029	\$301,996
2029-2030	\$317,096
2030-2031	\$332,951
2031-2032	\$349,599
2032-2033	\$367,079
Contract Total	\$2,230,255

BOARD or CEO Packet Submission Checklist
 Consider Recommendation for Board Approval of
Contract Award to RL Datix for RL 360 Modules

The original of this completed/fully signed checklist and all required supporting documents are to be hand-delivered to reviewer listed below:

- BOARD or CEO PAPER** – required for all submissions; see attached instructions/sample
- KEY CONTRACT TERMS** – required for all submissions – see table in Board/CEO Paper
- CONTRACT** – negotiated final contract with vendor signature
- PROCUREMENT PROCESS DOCUMENTATION** – required for all submissions requiring Board/CEO review/approval per Procurement Management Policy (see policy for details; indicate which sub-category is applicable):

- If for **data processing/telecommunications goods/services** of \$25,000 or more, check applicable option and include documentation: **VP IT must review.**
 - RFP documentation *unless sole source or GPO applies.*
 - If Sole source – provide detailed justification
 - If GPO, submit qualifying verification from Materials Management
- If for **professional/other services or medical/surgical equipment and supplies** \$400,000 or more, check applicable option and include documentation:
 - RFP documentation *unless sole source or GPO applies.*
 - If Sole source – provide detailed justification
 - If GPO, submit qualifying verification from Materials Management
- If for **non-medical materials/supplies/Public Works** \$25,000 or more, check applicable option and include documentation:
 - RFP/Invitation for bids documentation
 - If Sole source – provide detailed justification
 - If GPO, submit qualifying verification from Materials Management

Legal counsel/Contract Administrator/Specialist reviewed: No ___ or Yes X By Whom: Natalie James

SUBMITTED BY DEPARTMENT DIRECTOR OR DEPARTMENT ADMINISTRATOR:

<u>Brenda Anman</u>	<u>VP Quality/RM</u>	<u>06/16/2026</u>
Signature	Title/Dept.	Date

REVIEWED BY: (In the following order) – If Capital; Axiom approval in lieu of signature.

VP IT: (if applicable) <u>Audrey Parks</u>	Date: <u>06/16/2026</u>
Director Supply Chain: <u>Judi Melton</u>	Date: <u>06/16/2026</u>

Justification for Sole Source Form

To: Contract Review Committee

From: Brenda Inman, Quality and Risk Management

Type of Purchase:

- Data Processing/Telecommunication Goods/Service of \$25,000 or more
- Purchase Service, Medical/Surgical – Supplies/Equipment of \$400,000 or more
- Non-Medical materials/supplies/Public Works of \$25,000 or more

Total Cost \$:	\$2,230,255
Vendor Name:	RL Datix
Agenda Item:	Consider Recommendation for Board Approval of Contract Award to RL Datix for RL 360 Modules

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 SVHMC. 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 SVHMC. 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.**

RL Datix is the company used by the majority of hospitals in the country for healthcare governance, risk, and compliance software. This product helps hospitals improve patient safety and manage risks effectively. With this software, our hospital will be able to report, track, and analyze patient safety events, adverse events, and compliance issues.

- Uniqueness of the service. **Describe.**

The upgrade to the RL 360 module will allow RL Datix to function as our hospital’s Patient Safety Organization (PSO). This is a regulatory requirement. The pricing for this product that was offered to us is significantly reduced from what is offered to other hospitals. RL Datix has agreed to honor the pricing and terms in the contract (and for the life of the contract) if the contract is signed before July 15, 2026.

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

Submitter Signature Brenda Inman Date: 06/16/2026



ORDER FORM

Safer Patients. Safer Workforce. Safer Organization.

Heather Schuette
hschuette@rldatix.com



Quote Date	2026-07-31
Quote Number	Q-266399
Organization	Salinas Valley Health
Currency	USD
Expiry Date	2026-07-15
RLDatix	311 South Wacker Drive, Suite 4900, Chicago, Illinois, 60606

Licenses

Module or Add-ons	Product or Services	Quantity
		1
Risk & Safety - Foundations	Risk & Safety – Foundations	1
Risk & Safety - Risk	Risk & Safety - Risk RLDatix Safety Institute	1
Risk & Safety - Feedback	Risk & Safety – Feedback	1
Risk & Safety - Claims	Risk & Safety – Claims	1
Risk & Safety - RCA	Risk & Safety – RCA	1
Risk & Safety - Risk Register	Risk & Safety - Risk Register	1
Risk & Safety - Safety Huddles	Risk & Safety - Safety Huddles	1
Risk & Safety - Peer Review	Risk & Safety - Peer Review	1

Services

Module or Add-ons	Product or Services	Hours
Success Plans	Gold Success Plan	100 hours

Implementation Services

Implementation Services

See enclosed SOW

The Software ordered is licensed, not sold, and the license granted to Salinas Valley Health is limited in accordance with the Master Services Agreement established between the parties signed April 12, 2022.

The license granted to the Client listed on this Order Form is limited as follows:

	Subscription
FTE limit	2,173
The Licensed Material are restricted for use only at the following	Salinas Valley Hospital Unlisted Licensed Locations The Licensed Materials may also be used at affiliated locations (which are not specifically identified above) as long as none of the unlisted licensed locations exceeds 100 FTEs and the aggregate total of all unlisted licensed locations does not exceed 400 FTEs. "FTE" refers to full-time equivalent number of employees.

	List Price	Offered Incentives	Your Price
Setup Fee	\$69,300	\$13,860	\$55,440
Annual Fees			
† Annual Subscription Fee	\$257,479	\$39,000	\$218,479
First Year Fees:			\$273,919

Minimum Commitment - First Year plus 6 additional years

Payment Instructions:

BMO Harris Bank Incoming ACH and Incoming Domestic Wire (Within the US) Instructions:
 Bank Name: BMO Harris Bank NA
 Bank Routing Number: 071000288
 Beneficiary Name: Datix (USA) Inc.
 Beneficiary Account Number: 2383222

† The First Year, being the first year of Maintenance Services or Subscription Services, shall commence on Effective Date of this purchase.

For the duration of the Minimum Commitment, annual fee increases shall be 5%

† This new annual fee replaces your existing Annual Fee(s). This new fee is due on Effective Date of this purchase. To the extent that there is an overlap between when your new fee begins, and when your old annual fee term ends, you will receive a credit equivalent to the prorated unused portion of the old fee. *If there is no overlap, then the new fee is due when the previously paid old fee term ends. If you wish to change your Renewal Date or get clarification on the prorated amount, contact RLDatix accounting department at 1-888-404-0468.

In addition to the terms and conditions of the Master Services Agreement, the prices quoted above are subject to the following:

License and Services

Except as expressly provided in a written agreement signed by authorized representatives of RLDatix and Client identified above, the agreement for the software and services described above shall be comprised of and governed solely by this Order Form and the relevant Statement of Work, as well as the Master Services Agreement and the RLDatix Standard Support Plan which are both available at the RLDatix website at <https://www.rldatix.com/en-nam/msa>. RLDatix rejects the terms of any order document or acknowledgement purporting to alter or add to such terms .

Payment/Delivery

Taxes are not included in the prices quoted and will be added to invoiced amounts. Payment is due within 45 days from invoice date. Licensed Materials will be delivered electronically and/or shipped on memory device(s) or made available for downloading. Client must confirm that the above addresses are correct. Payment remit-to instructions are specified below. Client's purchase order must reference the quotation number.

Implementation and Integration Services

If listed, RLDatix is providing implementation and/or other services as part of the initial fee listed above. Refer to the relevant Statement of Work document for more details. Out of pocket expenses incurred by RLDatix for plans that include onsite services shall be reimbursed by Client.

Annual Fees

Annual fees are for software support and maintenance and subscription licensing in accordance with the RLDatix Standard Support Plan. A description of RLDatix' support and maintenance is located at the RLDatix web site at <https://www.rldatix.com/en-nam/msa>. Unless otherwise indicated on the Order Form, the First Year of annual fees commences on the purchase date. If a Minimum Commitment is applicable, the term of that commitment will be indicated on the Order Form: Client and RLDatix agree to continue annual support and maintenance for the specified period of time. Maintenance fees, Subscription fees, and Success Plans shall not auto-renew after the completion of the seven (7) year commitment within this Order Form. A lapse in payment of annual fees may result in a reactivation fee.

General

The contents of this order form are confidential and are intended only to transact business between RLDatix and Client, who may not disclose the contents to any third party.

Payments Instructions:

BMO Harris Bank Incoming ACH and Incoming Domestic Wire (Within the US) Instructions:

Bank Name: BMO Harris Bank NA

Bank Routing Number: 071000288

Beneficiary Name: Datix (USA) Inc.

Beneficiary Account Number: 2383222

Dear Valued Customer,

We look forward to working with you on the service project outlined in this order form. Each of our RLDatix team members are committed to providing excellent results, and I am thankful for your trust in us to deliver value.

We are pleased to accompany your purchase with a Statement of Work (SOW) that outlines the services RLDatix will deliver to achieve the desired results. The SOW details objectives, scope, and the responsibilities of each party to ensure a successful project.

We kindly request that your project leader(s) review this document for its informational value in preparing for your project. The SOW is not subject to alterations, as it reflects our standardized approach to ensuring quality and consistency across all customer engagements. Our goal is to foster a transparent and successful partnership. Therefore, we encourage open communication should you require further understanding of the SOW contents.

Thank you for your understanding and trust in our services. We look forward to achieving great results together.

Sincerely,



Jennifer Jacobucci,
Vice President of Support & Professional Services

Statement(s) of Work related to your purchase:

- [Key Field Data Conversion to RLDatix Risk & Safety](#)
- [Risk & Safety Implementation Services](#)
- [Gold Success Plan NAM](#)

Confidentiality Notice

All rights reserved. This material contains valuable properties and trade secrets of RLDatix embodying substantial creative efforts and confidential information, ideas and expressions (including, but not limited to, implementation approaches, personal identifiable information related to resourcing, project work plans and statement of work, client names and contact information, system configurations, forward-looking statements, pricing and key differentiators), no part of which may be reproduced or transmitted in any form without express written permission from RLDatix.

It is understood that this material will be disclosed on a confidential basis for use by select staff of your organization including key employees and your organization's advisers, with appropriate confidentiality agreements in place, and be retained by anyone who receives it for the sole purpose of evaluating or participating in the evaluation of the proposal on a need-to-know basis.

**RLDATIX SAFETY INSTITUTE
PARTICIPATION AND CONFIDENTIALITY AGREEMENT**

THIS PARTICIPATION AND CONFIDENTIALITY AGREEMENT ("Agreement") is by and between Salinas Valley Health ("**PROVIDER**") and **RLDATIX SAFETY INSTITUTE** ("**PSO**"). **PROVIDER** and **PSO** shall be individually referred to as a "Party" and, collectively, as the "Parties.").

WHEREAS, the Patient Safety and Quality Improvement Act of 2005 (42 U.S.C. § 299b-21 to b-26) and the regulations promulgated thereunder at 42 C.F.R. Part 3 (collectively referred to as the "Patient Safety Act and Rule"), establishes a framework by which health care providers may voluntarily report/disclose quality information/analysis in the form of PSWP to a "Patient Safety Organization" as defined by the Patient Safety Act and Rule on a privileged and confidential basis for, among other things, the aggregation, collection, storage, analysis and dissemination of best practices for quality improvement and best practice protocol development purposes;

WHEREAS, the **PSO** is a component Patient Safety Organization (PSO) listed by the Department of Health and Human Services certified under the provisions of the Patient Safety Act and Rule; and

WHEREAS, Salinas Valley Health is a **PROVIDER** who desires to participate in the **PSO** and by signing below agrees to comply with the terms of this Agreement.

NOW, THEREFORE, in consideration of the foregoing recitals, covenants, obligations, terms and conditions set forth in this Agreement and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the **PSO** and **PROVIDER** intending to be legally bound, hereby agree as follows:

1. DEFINITIONS. For purposes of this Agreement, the following terms shall be defined as set forth below:

1.1 "**Confidential Information**" shall include, without limitation, any information that is "Patient Safety Work Product", whether or not it is identified as such.

1.2 "**Rules**" shall mean the rules and regulations issued by the U.S. Secretary of the Department of Health and Human Services to implement certain aspects of the Patient Safety Act.

1.3 "**PSO Patient Safety Activities**" as described in the **PSO** Policies and Procedures and other programs conducted by the **PSO**.

1.4 Any other capitalized terms not defined herein shall have the meanings set forth in the Patient Safety Act and/or the Rules.

2. QUALITY IMPROVEMENT. Consistent with the Patient Safety Act, the **PSO** shall conduct Patient Safety Activities, which are intended to improve patient safety, the quality of patient care and patient outcomes by **PROVIDER**. **PSO** agrees that it will preserve in confidence and not disclose to others, and not use (except as permitted by the Patient Safety Act or as set forth herein) any and all Patient Safety Work Product ("PSWP") received from **PROVIDER**.

3. PROVIDER REQUIREMENTS. **PROVIDER** shall:

3.1 Ensure it actively participates in the **PSO**;

3.2 Develop and maintain a Patient Safety Evaluation System for collecting, maintaining, analyzing, and managing information that is transferred (i.e., reporting/disclosed) to **PSO** and received from **PSO**.

3.3 Grant **PSO** the royalty-free, perpetual, irrevocable, worldwide, non-exclusive right and license to use, reproduce, modify, adapt, publish, create derivative works from, distribute, and display all non-identifiable PSWP, received from the **PROVIDER**.

3.4 To the extent **PSO** develops aggregate, de-identified or similar data from the data submitted by the **PROVIDER**, **PSO** shall exclusively own such data and any derivative works from it, and may use such data and derivative works in publication and for the purpose of improving the safety and quality of patient care

4. PRIVILEGE, CONFIDENTIALITY AND DISCLOSURE. **PROVIDER** agrees to:

4.1 Observe the Privilege and Confidentiality Provisions of the Patient Safety Act and the Rule, and not to make unpermitted Disclosures of PSWP. **PROVIDER** may use its PSWP internally for any purpose.

4.2 Acknowledges that PSO may draw identifiable information from medical records, metadata or clinical data warehouses, which becomes PSWP as it identifies the analysis within the meaning of 42 U.S.C. 299b-21(7)(A)(ii). The act of the PSO drawing from the medical record, metadata or clinical data warehouses of PROVIDER constitutes the transfer and collection of PSWP within the meaning of 42 U.S.C. 299b-21(6) and 299b-21(5)(B), respectively. The PROVIDER acknowledges that by operation of this transfer to the PSO, the PSO may provide identifiable feedback to the transferring/reporting provider(s) under 42 U.S.C. 42 U.S.C. 299b-22(c)(2)(A).

4.3 Serve as temporary PSO Workforce during PSO Committee Meetings. The term of service as PSO Workforce will terminate after the completion of the committee meeting.

4.4 Educate its workforce regarding the privileged and confidential nature of PSWP and restrict access to PSWP to Responsible Persons and those members of its Workforce who have a need to use such information for purposes of Quality Improvement/Patient Safety.

4.5 To give immediate notice to **PSO** if **PROVIDER** receives a subpoena or any federal or state governmental inquiry requesting Disclosure of any data, information or report that is PSWP and is in **PSO's** Patient Safety Evaluation System.

5. **MANDATORY REPORTING TO STATE OR GOVERNMENT ENTITIES.** **PROVIDER** shall be responsible for satisfying all applicable federal and state mandatory-reporting requirements. Notwithstanding such mandatory reporting requirements, **PSO** shall hold all data and information reported by **PROVIDER** as confidential PSWP.

6. **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT COMPLIANCE.** **PROVIDER** and **PSO** each agree to comply with the applicable provisions of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 (“HIPAA”), and the requirements of any regulations promulgated thereunder, including, without limitation, the federal privacy regulations as contained in 45 CFR Parts 160 and 164 (the “Federal Privacy Regulations”) and the federal security standards as contained in 45 CFR Part 164 (the “Federal Security Regulations”). **PROVIDER** and **PSO** each agree not to use or further disclose any protected health information, as defined in 42 U.S.C. § 1320d and 45 CFR § 164.501 (collectively, the “Protected Health Information”), concerning a patient other than as permitted or required by this Agreement or otherwise authorized under HIPAA.

7. **TERM AND TERMINATION.** The term of this Agreement shall commence on the date of the last signature by the Parties (the “Effective Date”), and shall continue for a period of one (1) year from and after such date (the “Term”). This Agreement will automatically renew at the end of the Term for additional successive one-year period(s) unless terminated as provided herein.

7.1 **Termination without Cause.** Either party shall have the right to terminate this Agreement without cause upon not less than thirty (30) days prior written notice to the other party specifying the date of termination.

7.2 **Obligations upon Termination.** In the event that this Agreement expires or is terminated, the privilege and confidentiality provisions of the Patient Safety Act shall survive the expiration or termination of this Agreement and shall continue in effect.

8. **INDEPENDENT MEDICAL JUDGMENT.** **PROVIDER** acknowledges that **PSO** is not intended and shall not be assumed to indicate any particular course of action with regard to the diagnosis or treatment of a medical condition. Any PSWP available via **PSO** is not a substitute for the professional judgment of clinical professionals in diagnosing and treating patients. Clinical professionals are responsible for determining the permissible and advisable uses of the PSWP in accordance with applicable laws and institutional rules. **PSO** shall not be deemed under any circumstance to be giving medical advice or providing medical or diagnostic services through the **PSO** or the services provided hereunder. **PROVIDER's** clinical professionals are and remain solely responsible for making all medical, diagnostic or prescription decisions **PROVIDER** is solely responsible for complying with all laws, regulations, professional rules and licensing requirements applicable to its delivery of healthcare services.

9. **LIMITATION OF LIABILITY.** IN NO EVENT SHALL EITHER PARTY BE LIABLE FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL, PUNITIVE, OR SPECIAL LOSSES OR DAMAGES TO THE OTHER PARTY, EVEN IF THE OTHER PARTY IS ADVISED OF THE POSSIBILITY OF SUCH LOSSES OR DAMAGES.

10. **AMENDMENT.** The terms of this Agreement may be amended or modified only by a written agreement signed by the Parties.

11. **GOVERNING LAW.** This Agreement shall be governed by, construed, and enforced in accordance with the laws of the State of Illinois

12. **SURVIVABILITY.** The following clauses shall survive the termination or expiration of this Agreement for an indefinite period: Definitions, (1); Privilege, Confidentiality and Disclosure, (4); Governing Law, (11); Survivability, (12); Severability, (13); Entire Agreement, (14); and Notices, (15).

13. **SEVERABILITY.** Each paragraph and provision of this Agreement is severable from the entire Agreement, and if any provision is declared invalid, the remaining provisions shall nevertheless remain in effect.

14. **ENTIRE AGREEMENT.** This Agreement contains the entire agreement and understanding between the Parties and supersedes all prior and contemporaneous agreements, terms and conditions, whether written or oral, made by the Parties concerning the subject of this Agreement.

15. **NOTICES.** All notices given or required to be given hereunder shall be deemed duly given if in writing and forwarded to the Parties at their respective addresses noted below: (a) on the delivery date if delivered personally to the Party to whom the same is directed; (b) one (1) business day after deposit with a commercial overnight carrier, with written verification of receipt; or (c) five (5) business days after the mailing date, if sent by U.S. registered or certified mail, return receipt requested, postage and charges prepaid, or any other means of rapid mail delivery for which a receipt is available, to the address of the Party to whom the same is directed as set forth below (or to such other address as any Party may designate by notice duly given).

ATTN RLDatix Safety Institute: RLDatix Safety Institute
311 S Wacker Dr Suite 4900
Chicago, IL 60606

If to **PROVIDER:**

450 E Romie Ln
Salinas, CA, United States 93901

Email: binman@salinasvalleyhealth.com

A Party may change its address by a written notice given to the other Party in the manner set forth above.

16. **CHANGE IN LAW.** Notwithstanding other provisions of this Agreement, if any federal, state, or local government agency passes, issues, or promulgates any law, rule, regulation, standard, or interpretation, or if any court of competent jurisdiction renders any decision or issues any order, at any time during the term of this Agreement that renders any part of this Agreement illegal or that places the legality of this Agreement in question, a party may give the other party notice of intent to amend this Agreement, to comply with such law, rule, regulation, standard, interpretation, decision, or order. Upon the giving of such notice, the parties agree to negotiate in good faith concerning the proposed amendment. If the parties fail to reach an agreement concerning any proposed amendment within thirty (30) days after the notice of intent to amend, this Agreement shall immediately terminate.

17. **MANNER OF EXECUTION.** *This Agreement may be executed in counterparts and if so executed each counterpart shall be deemed an original and both together shall be deemed to constitute one and the same agreement. Execution and acknowledgment signatures transmitted by facsimile or other electronic means (or other evidence of intended assent transmitted electronically) shall be deemed to have the same force and effect as delivery of originals thereof*

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year first written above.

RLDATIX SAFETY INSTITUTE:

PROVIDER:

By: _____

Name: _____

Allen Radner, MD, President/CEO _____

Date: _____

Appendix

A primary benefit of being a member of RLDatix Safety Institute is to receive analysis of patient safety and quality related events, key insights and comparative analytics to use to drive improvement in the quality of patient care delivery. RL Datix Institute will use innovative analytics, including AI, to identify areas of improvement and create actionable dashboards. Presently, RLDatix Institute is recruiting Health systems and hospitals to obtain a critical mass of participants necessary to conduct comparative analytics and benchmarking. To participate:

- Provider must be live on R&S Platform to participate.
- Safety Institute staff will communicate when the required threshold has been met to begin the onboarding process of moving providers data into the Safety Institute environment.

Delivery of Data analytics and insights will be delivered across three phases:

- Phase 1 is the creation and use of standard reports
- Phase 2 is the creation and use of comparative analytics
- Phase 3 investigative insights.

Phases 1-3 have an estimated availability of December 2025. A threshold of 8-10 members is required to allow for comparative analytics and benchmarking. Details of the phases are described below:

- Phase one:
Delivering adverse events into a standardized format. Data insights will be presented in an understandable and engaging way through the use charts, graphs, and dashboards. These tools will accommodate clients by providing them with data they are familiar with, in a format that can be easily exported to help fulfil Domain 3 of the CMS Patient Safety Structural Measures. In addition to feeding analytics, standardized data will be available to health care organizations to perform their own analyses.
- Phase two:
Comparative analytics. Providing performance and quality indicators relative to different benchmarks and comparison groups. Patient safety personnel will be able to identify key areas for improvement by allowing comparisons between healthcare organizations. Data aggregation will enable the PSO to detect patterns and trends that may not be visible in smaller numbers of organizations or smaller health systems and uncover the serious and rare events earlier. This will also enable enhanced collaboration and learning of best practices from facilities and organizations who are performing at an exceptional level.
 - The timing of this phase is dependent on the number of similar (bed size, teaching status, trauma level, etc.) providers to benchmark against each other in a peer grouping. For example, if there are only 3 similar providers in a peer grouping, this phase will be delayed until a critical mass of 5 is established for that individual peer grouping.

- Phase three:

Institute investigative analysis. Discover innovative and impactful ideas from data exploration and ad hoc analysis to illuminate insights into larger industry trends and best practices. Use Generative AI to extract information from narrative unstructured text and reduce the number of “other” events. The Safety Institute will lead with a hypothesis driven approach to analyze data in support of uncovering actionable insights across the care continuum.

Financial Performance Review

April 2026

June 22, 2026 Finance Committee

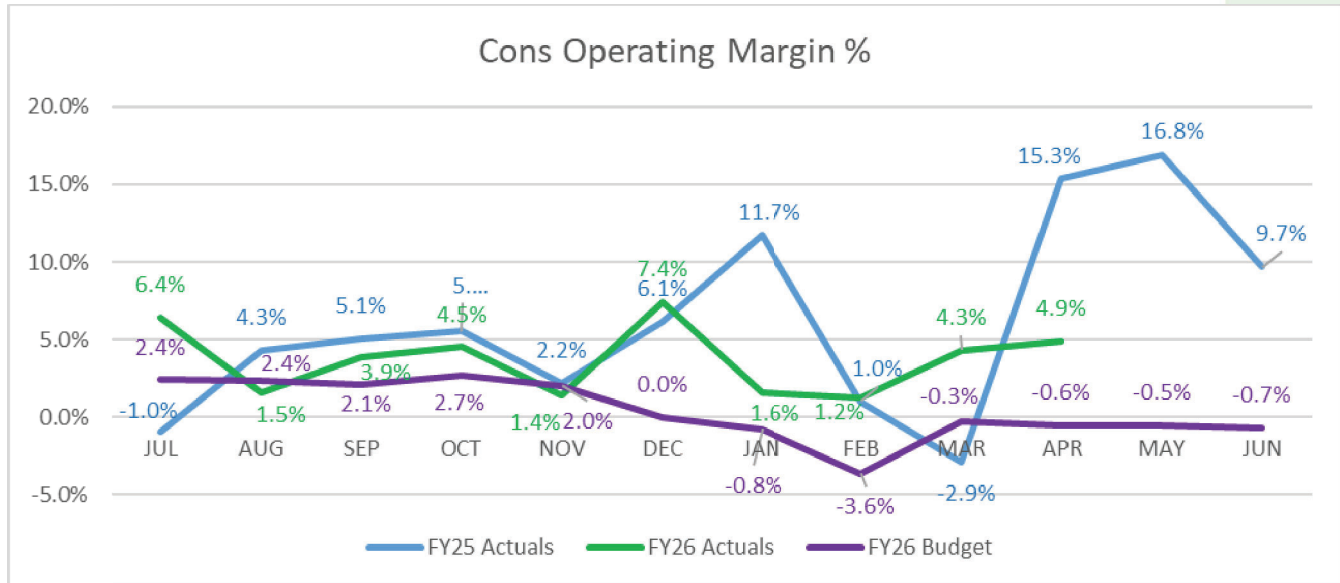
Iftikhar Hussain
Chief Financial Officer

Consolidated Financial Results April 2026

Month					\$ in Millions	YTD				
Apr			Bud Variance (unfav)			Apr			Bud Variance (unfav)	
Actual	Budget	Prior Year	\$	%		Actual	Budget	Prior Year	\$	%
\$ 72.4	\$ 70.7	\$ 68.1	\$ 1.7	2.4%	Operating Revenue	\$ 732.1	\$ 695.3	\$ 545.6	\$ 36.8	5.3%
68.9	71.1	67.4	2.2	3.1%	Operating Expense	704.3	690.9	520.8	(13.4)	-1.9%
3.5	(0.4)	0.7	3.9	975.0%	Income from Operations	27.8	4.4	24.8	23.4	531.8%
4.9%	-0.6%	1.0%	5.5%	916.67%	Operating Margin %	3.8%	0.6%	4.6%	3.2%	533.3%
					Op. margin % full year target		3.0%			
1.8	2.5	6.3	(0.7)	-28.0%	Non Operating Income	17.2	24.8	26.4	(7.6)	-30.6%
5.3	2.1	7.0	3.2	152.4%	Net Income	45.0	29.2	51.2	15.8	54.1%
7.4%	2.9%	10.2%	4.5%	155.17%	Net Income Margin %	6.1%	4.2%	9.4%	1.9%	45.2%

Supplemental Payments
\$6.8 million during April
\$32.2 million YTD

Consolidated Operating Margin



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Key Financial Indicators

Indicator Metric	YTD 4/30/2026	Budget	S&P A+ Rated	YTD Prior Year
Operating Margin*	3.8%	0.4%	4.0%	5.1%
Total Margin*	6.1%	4.0%	6.6%	10.1%
EBITDA Margin**	8.7%	5.4%	13.6%	9.5%
Days of Cash*	361	317	249	374
Days of Accounts Payable*	47	45	-	48
Days of Net Accounts Receivable***	79	60	49	61
Supply Expense as % NPR	15.0%	14.6%	-	14.8%
Labor Expense as % NPR	51.2%	55.7%	53.7%	51.8%
Operating Expense per APD*	7,458	7,205	-	6,725

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

*These metrics have not been adjusted for normalizing items

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

***Metric based on 365 days average net revenue (consistent with industry standard)

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Executive Summary: Volume Trends

- Admissions and Census
 - YTD Admissions and Observations are 1.2% higher than PY
 - YTD ADC is 7% lower than PY due to length of stay improvement
 - Monthly admissions trend is similar to PY for the month
 - YTD ER volumes are down 4% from PY
- Deliveries have decreased consistent with demographic trends
- Cath Lab – YTD cases are now down 1% from PY with April off 38 cases from PY
- Procedure Volumes for the year show growth.
 - Strong growth in Infusion services, up 22% from PY
 - Surgical volume was lower for the month of April down 22% from PY.

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Volume Summary – April 2026

Actual	Prior Year	Apr Bud	Bud Var	Key Statistics	YTD	YTD-PY	YTD Apr Bud	YTD Bud Var
Inpatient								
99	121	114	↓ -13%	ADC	108	116	114	↓ -5%
959	966	901	↑ 6%	Admissions	9,632	9,781	9,133	↑ 5%
86	116	126	↓ -32%	Deliveries	1,052	1,166	1,279	↓ -18%
2.0	2.2	2.3	↓ -13%	Medicare Traditional ALOS CMI Adjusted	2.1	2.2	2.3	↓ -10%
1.82	1.91	1.75	↑ 4%	Medicare Traditional Case Mix	1.73	1.75	1.75	↓ -1%
Emergency Room								
4,407	4,341	4,503	↓ -2%	ER OP Visits	44,028	45,164	45,634	↓ -4%
785	736	695	↑ 13%	ER IP Admissions	7,540	7,562	7,046	↑ 7%
Procedures								
130	184	141	↓ -8%	IP Surgeries	1,518	1,522	1,432	↑ 6%
290	357	283	↑ 2%	OP Surgeries	3,032	3,056	2,871	↑ 6%
302	340	323	↓ -7%	Cath Lab	3,250	3,130	3,270	↓ -1%
1,176	1,298	1,158	↑ 2%	OP Infusion Cases	12,511	11,604	10,236	↑ 22%
347	371	392	↓ -11%	MRI Procedures	3,309	2,802	3,969	↓ -17%
2,264	2,006	2,098	↑ 8%	CT Scans	20,231	19,821	21,261	↓ -5%
Observation Cases								
165	197	148	↑ 11%	Obs Cases	1,906	1,626	1,495	↑ 27%

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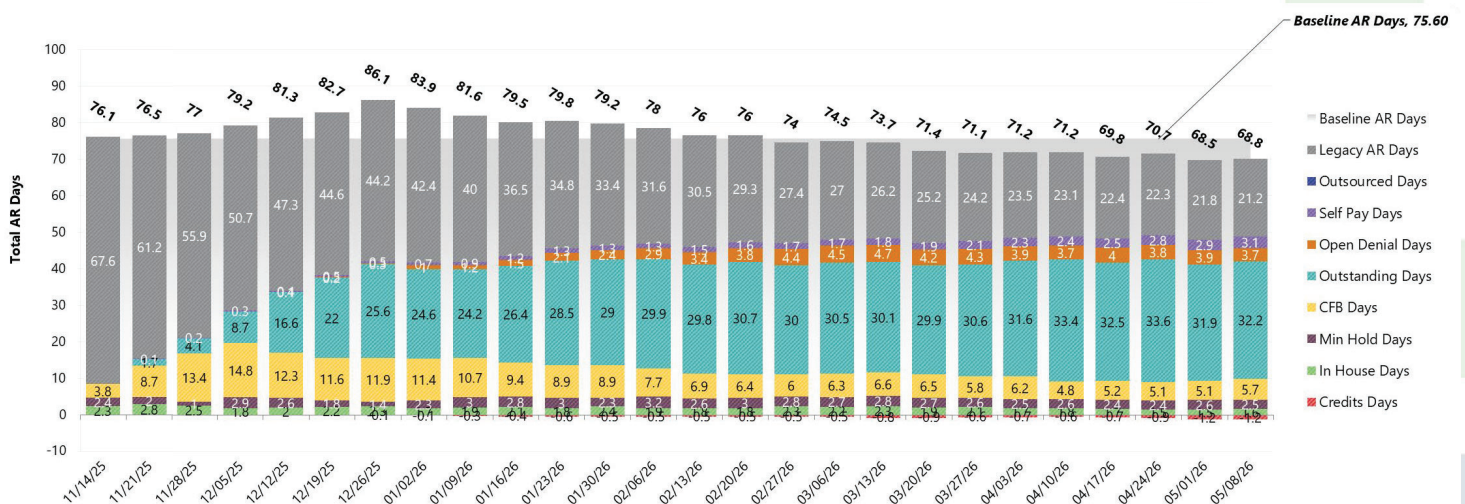
Executive Summary: April Financial Performance – Continued

Cost and Utilization:

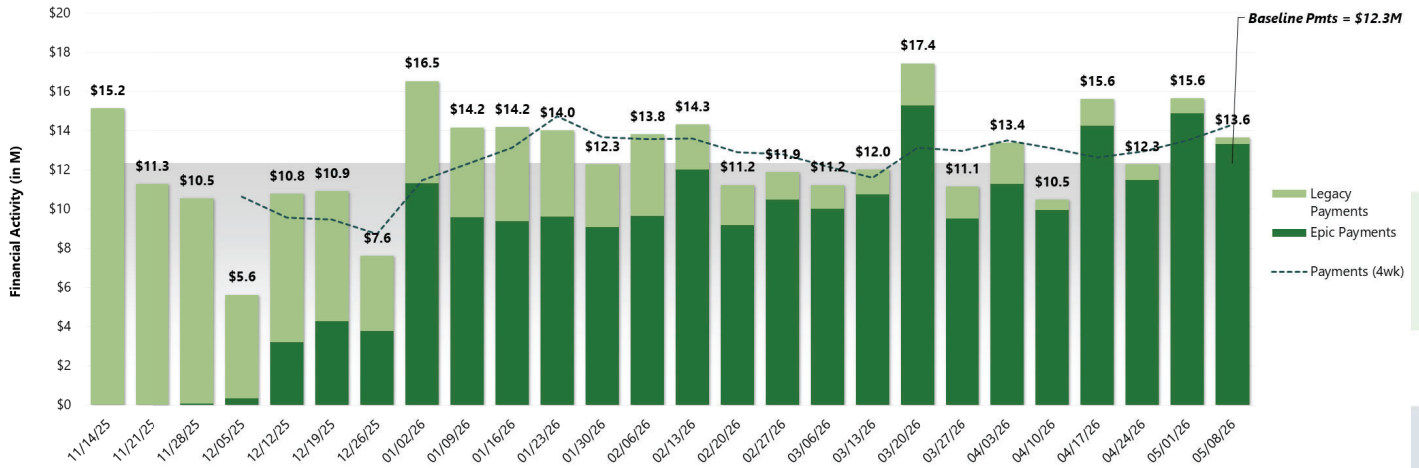
- **Worked FTEs** on a per Adjusted ADC basis were **6%** unfavorable at **7.2** - compared to a target of **6.8**
- **Payor Mix** was unfavorable with commercial revenue off 9% from budget
- **Non-Operating Income** was under budget by \$0.7 million due to timing of donations income. Investment income was down \$154K from budget in April
- **Days in AR** at 79 is trending over target. Meditech collections have slowed and are now being worked by staff dedicated exclusively to older accounts.
- **Days Cash on Hand** increased to 361 days assisted by \$11.3 million in IGT assistance from CCAH for the Direct Payment Program and QIP.

Key Metrics	Prior 3 Months			Current Month		Year-To-Date	
	Jan-26 Actual	Feb-26 Actual	Mar-26 Actual	Apr-26 Actuals	Apr-26 Budget	FY26 YTD Actuals	FY25 YTD Prior Year Actuals
Total Gross Revenue	\$ 299,889	\$ 286,944	\$ 313,675	\$ 298,735	\$ 295,783	\$ 2,914,576	\$ 2,810,788
Medicare %	49%	47%	49%	47%	46%	46%	46%
Medicaid %	27%	29%	29%	28%	29%	29%	29%
Commercial %	20%	21%	19%	19%	21%	21%	21%
All Other %	4%	4%	4%	5%	4%	4%	4%

Accounts Receivable – AR Days Trend



Accounts Receivable –Payment Trend



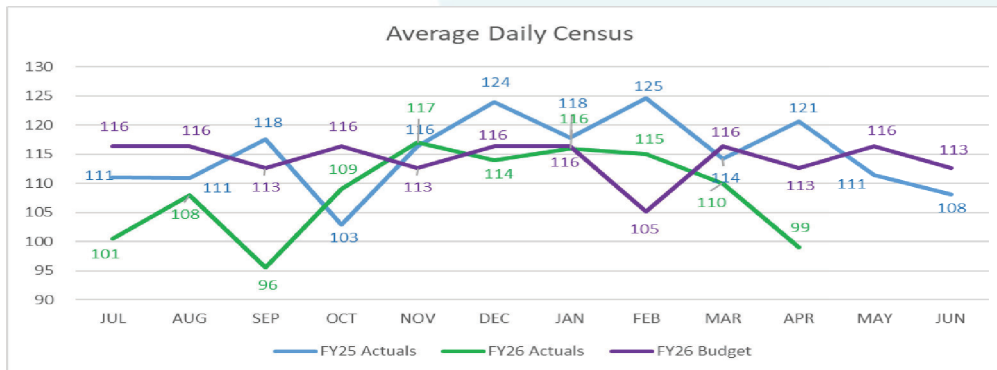
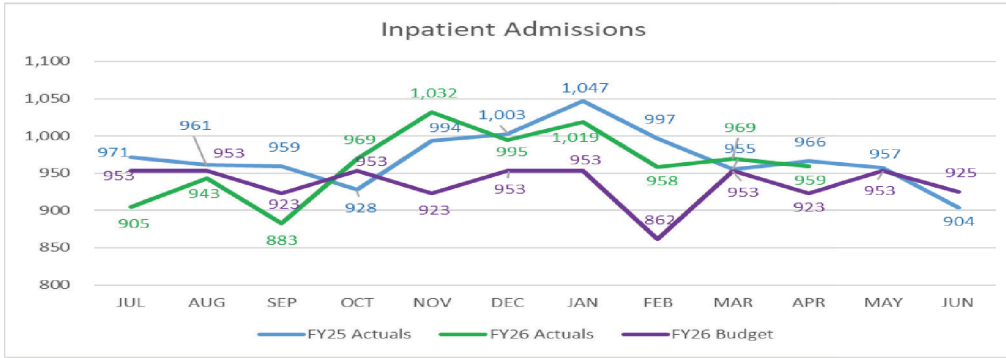
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Medi-Cal and Other Supplemental Payments

FY 2026					
Date	Payor	Description	Total Amount	Regular	One Time
Oct 2025	CAAH	Direct Payment Program (net) Phase 2- CY 2023	4,474,778	4,474,778	
Oct 2025	CAAH	DMPH-Quality Incentive Payment CY 2024 Interim	3,326,677	3,326,677	
Dec 2025	CAAH	CAAH-EPIC Training & Implementation	12,000,000		12,000,000
Jan 2026	CAAH	Voluntary Rate Range-CY 2024 (net)	5,579,554	5,579,554	
Apr 2026	CAAH	Medi-Cal Quality Incentive Program (net)	2,944,592	2,944,592	
Apr 2026	CAAH	Direct Payment Program (net) Phase 1- CY 2024	3,902,248	3,902,248	
Total FY 2026			32,227,849	20,227,849	12,000,000
FY 2025					
Date	Payor	Description	Amount	Regular	One Time
Jan 2025	CAAH	Voluntary Rate Range-CY 2023 (net)	4,639,758	4,639,758	
Apr 2025	CAAH	Medi-Cal Quality Incentive Program (net)	7,045,692	7,045,692	
Apr 2025	DHCS	Medi-Cal OP Supplemental (net) CY 2023-24	1,398,017	1,398,017	
Apr 2025	CAAH	Direct Payment Program (net) Phase 1- CY 2023	4,797,482	4,797,482	
May 2025	CAAH	NDPH HQAF (net) Program Year-2024	4,270,850	4,270,850	
Jun 2025	DHCS	Medi-Cal Rate Range (net) CY 2024-25	2,305,245	2,305,245	
Multiple Dates	FEMA	Grant Funds (net) FY2025	6,260,697		6,260,697
Total FY 2025			30,717,741	24,457,044	6,260,697

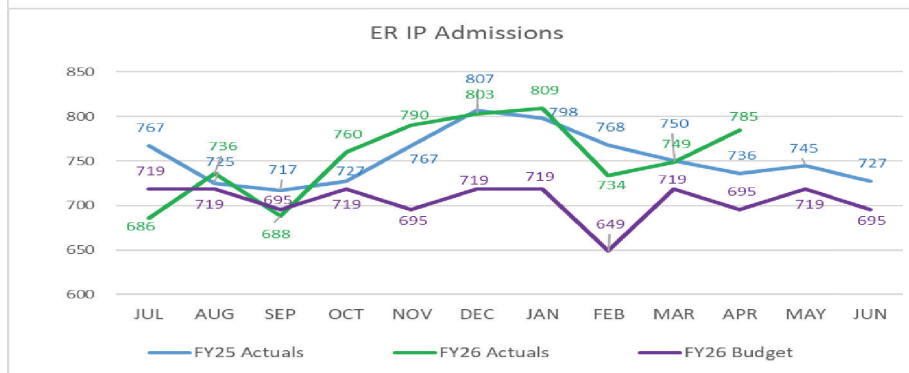
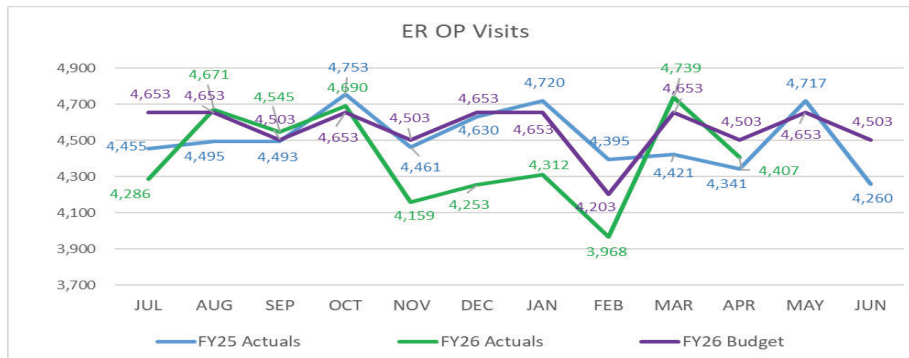
10

Volume Trends – Admissions & ADC



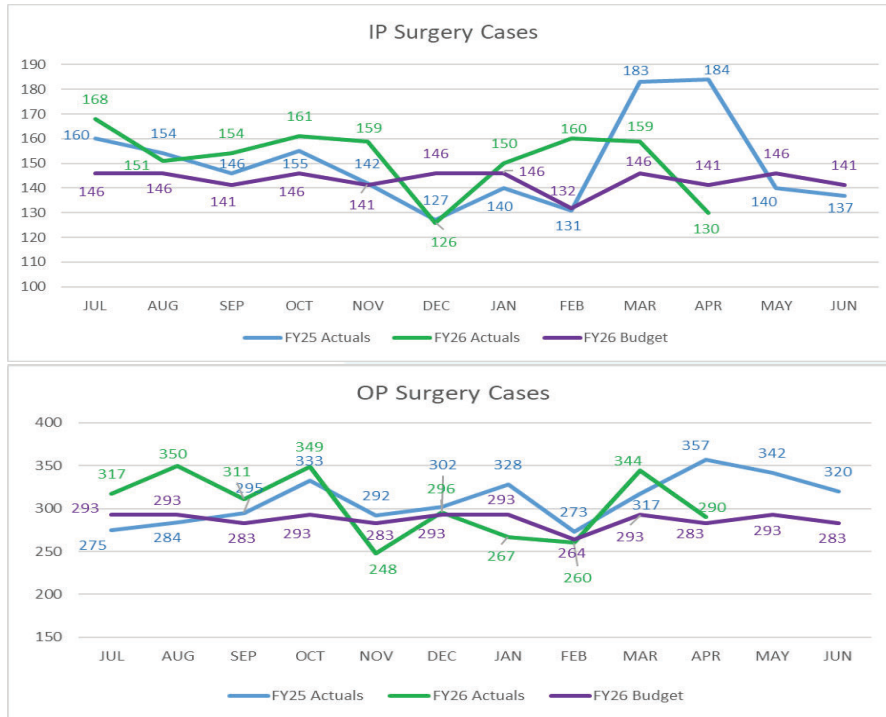
11

Volume Trends – ER



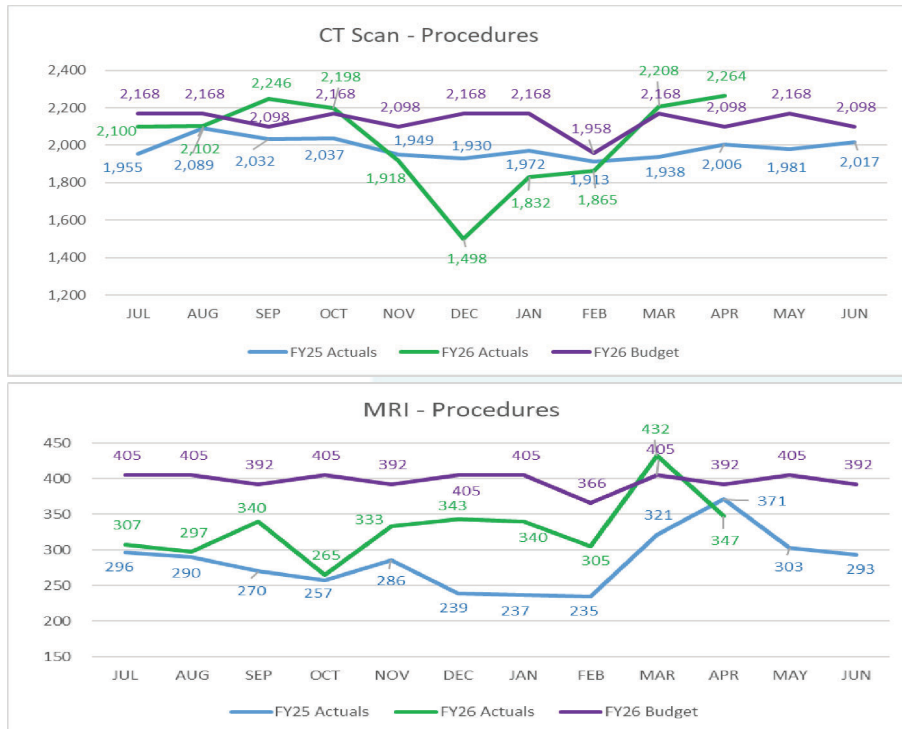
12

Volume Trends - Surgery Cases



13

Volume Trends - Imaging



14

Labor Productivity Key Indicators

Current Month					Year-to-Date			
Prior Year	Actual	Budget	Variance (in FTE)		Prior Year	Actual	Budget	Variance (in FTE)
1,722.2	1,752.4	1,664.8	(122.2 FTE)	Worked FTE	1,613.3	1,701.1	1,608.6	(92.5 FTE)
3.4%	2.6%	4.4%	26.7 FTE	Overtime as a % of Worked Hours	4.5%	4.4%	4.6%	3.6 FTE
3.4%	4.8%	2.9%	(40.7 FTE)	Contract Labor as a % of Worked Hours	4.1%	6.1%	3.1%	(50.6 FTE)

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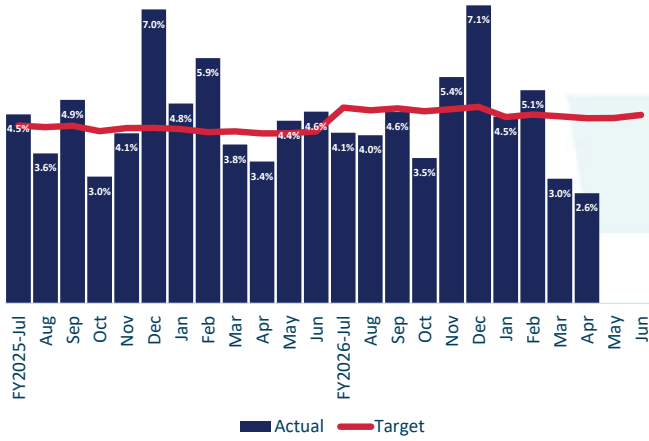
Labor Productivity As of April 2026 Year-to-Date

- **Worked FTE:** Worked FTE is unfavorable to budget by 122.2 in the month and 92.5 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 40.7 in April and 50.6 on a year-to-date basis.
 - **Imaging Services:** Expanded hours in mammography and internalizing MRI services have led to unbudgeted FTE growth.
 - **Approved but Unbudgeted FTE:** Approved cyber security, Workday and system analyst positions were inadvertently not added to the budget resulting in a negative variance of 10.9 FTE.
- **Contract Labor:** Contract labor usage is over budget at 4.8% of Worked FTE in the month and 6.1% on a year-to-date basis.
 - The increase was driven by the Epic implementation and filling roles that have been challenging to recruit. However, the usage has decreased over the last few months after the Epic implementation was completed.

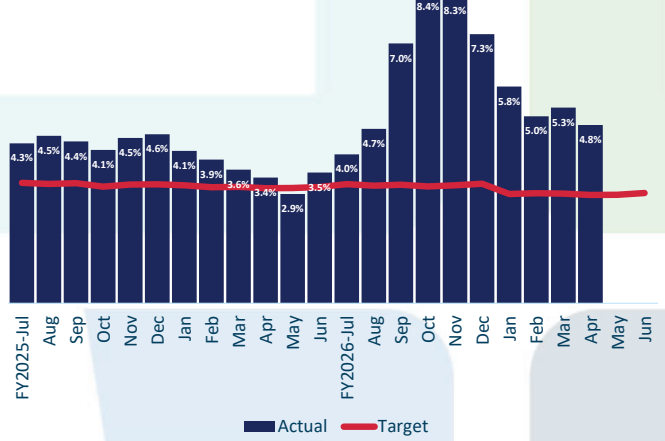
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Overtime & Contract Labor Trends

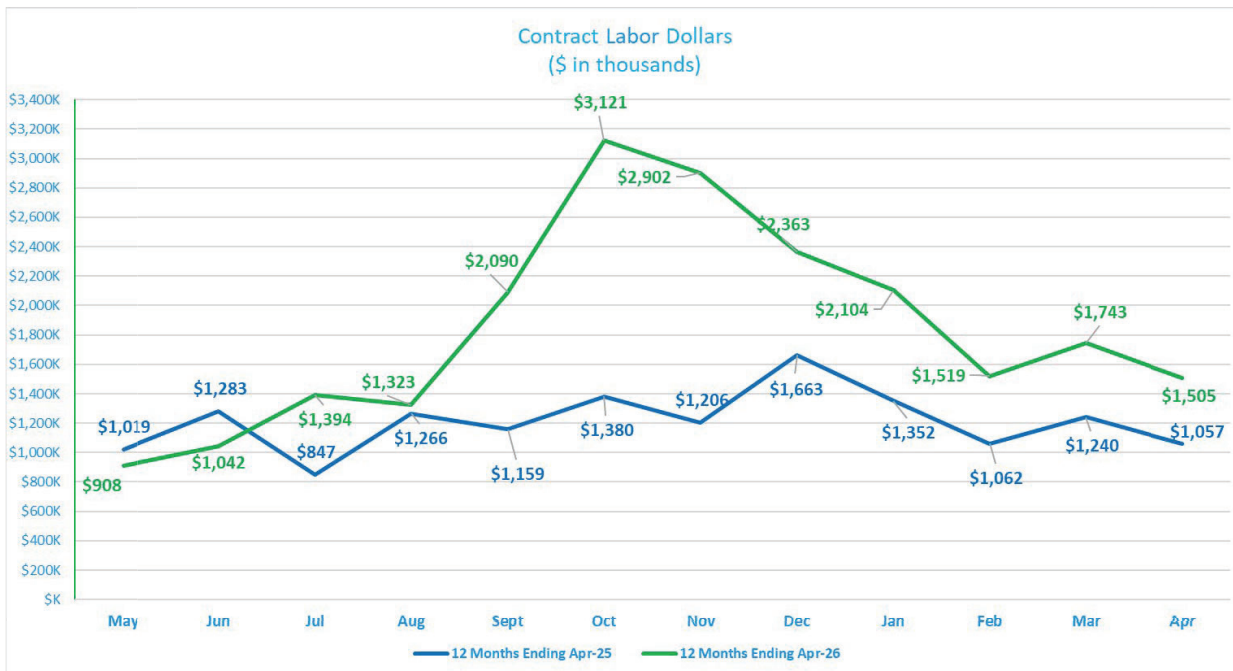
Overtime as a Percent of Worked FTE



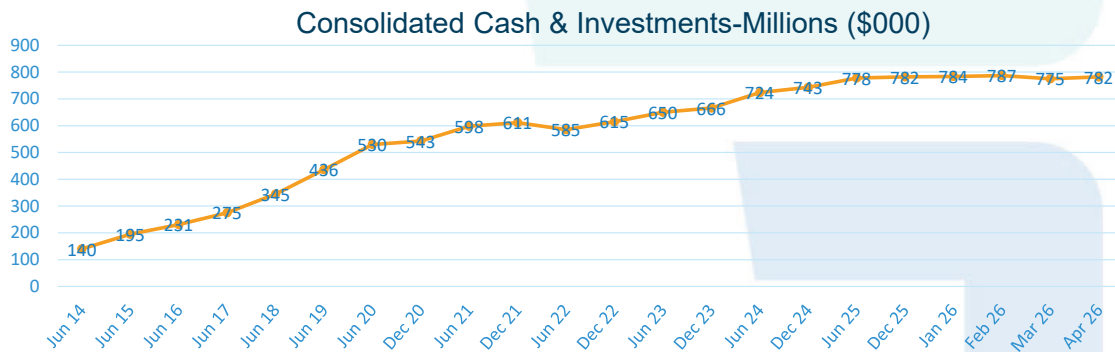
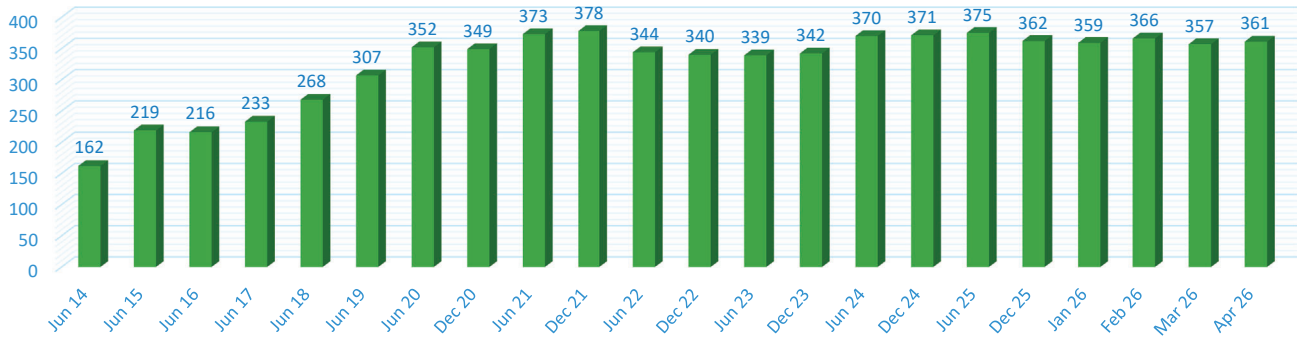
Contract Labor as a Percent of Worked FTE



Contract Labor Trends



Days Cash on Hand = 361 Days (\$782M) - April 2026



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Sources and Uses of Cash

	April		YTD	
	Days	Dollars	Days	Dollars
Sources of cash (inflow):				
Net income (loss) from operations	1.6	3,564,083	12.8	27,775,191
Add back depreciation/amortization	1.8	3,837,217	15.9	34,385,020
Non-operating income (loss)	0.8	1,788,654	7.9	17,166,831
Decrease (increase) in supplies inventory-SVHMC	(0.1)	(306,872)	1.0	2,157,342
Decrease (increase) in other current assets SVHMC	3.2	6,897,255	1.6	3,358,075
Decrease (increase) in right of use lease assets	1.9	4,088,082	1.5	3,225,895
Increase (decrease) in SVHMC SBITA/Lease Liability	0.3	605,209	6.0	12,975,158
Total sources of cash (inflow)	9.5	20,473,629	46.7	101,043,512
Uses of cash (outflow):				
Increase (decrease) in net patient accounts receivable SVHMC	(3.4)	(7,303,606)	7.0	15,240,651
Increase (decrease) in SBITA Renewals	0.5	997,915	9.3	20,149,687
Capital and strategic investments	1.7	3,763,500	19.7	42,696,242
Increase (decrease) Pension plan	1.4	3,007,922	4.2	9,164,636
Increase (decrease) Investment in Non-Consolidating Affiliate	0.1	111,381	1.9	4,077,381
Decrease (increase) in SVHMC accounts pay & accrued exp-SVHMC	5.5	11,945,618	3.3	7,124,369
Miscellaneous	0.2	407,138	0.3	628,713
Total uses of cash	6.0	12,929,868	45.8	99,081,679
Net cash flow	3.5	7,543,761	0.9	1,961,832
Beginning cash and investments	357.9	774,880,431	360.5	780,462,360
Ending cash and investments	361.4	782,424,192	361.4	782,424,192

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Questions/Comments

2027 Operating and Capital Budget

Finance Committee

June 22, 2026

Iftikhar Hussain
Chief Financial Officer

MISSION

It is the mission of Salinas Valley Health to provide quality healthcare to our patients and to improve the health and well-being of our community.

VISION

A community where good health grows through every action, in every place, for every person.

SALINAS VALLEY HEALTH BOARD OF DIRECTORS



JOEL HERNANDEZ LAGUNA
PRESIDENT



CATHERINE CARSON
VICE PRESIDENT



ROLANDO CABRERA, MD
SECRETARY



VICTOR REY JR.
TREASURER



ISAURA ARREGUIN
ASSISTANT TREASURER

FY2027 Budget: Calendar

February – March	Finance develops baseline operating budget
April 20	Finance Committee review of budget plan
April 24	Finalize capital plan
April 6 – 24	Directors and managers develop operating budget plans
April 6 – 24	Budget for SVHC, Doctors on Duty and the Foundation
April 27 – May 15	Leadership Working Group review – operating and capital
May 22	Capital plan presented at Physician Leaders Dinner
June 2	Operating budget and capital plan presented at Board Budget Workshop
June 11	Operating budget and capital plan presented to the Medical Executive Committee
June 22	Operating budget and capital plan presented to the Finance Committee
June 25	Operating budget and capital plan presented to the Board for approval

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Operating Budget

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FY 2027 Budget Operating Margin Key Assumptions

- Commercial revenue growing at 5% at the hospital and 3% at the Clinics
- Revenue almost flat due to impact of HR1 and 25% reserve for supplemental payments due to uncertainty about funding and timing
- High wage growth due to union wage increases

Total annual H.R.1 impact \$4.2 million
 5 % of CCAH Medi-Cal lose coverage beginning with FY 2027 - \$3.9 million impact
 15% of Medi-Cal convert from CCAH to State Medi-Cal effective 1/1/2027 at 9% lower rate - \$342K impact

Amounts in thousands Favorable/(Unfavorable)

Projected 2026		34,932
Net Revenue		
Rates and Growth	17,098	
Supplemental Funding		
Elimination of CCAH one time Epic Funding	(12,000)	
CCAHA Quality Incentives	9,150	
25% uncertainty reserve for all supplemental funding	(9,615)	
Other	839	
total supplemental funding change	(11,626)	
HR1	(4,227)	
total revenue change		1,245
Expenses		
Wages Benefits and contract labor	(18,861)	
Supplies and other inflation	(5,700)	
Pension expense reduction due to funding surplus	11,400	
Clinic growth	(10,800)	
Depreciation	(7,600)	
Other	(7,122)	
total expense change		(38,683)
Budget 2027		(2,506)

FY 2027 Budget Non Operating Income Key Assumptions

Higher Non Op income due investment income, Aspire JV terms and higher equity / volume at MPSC

Amounts in thousands

Projected 2026 Non Op Income		17,102
Higher Investment income due to 2026 unrealized losses	26,506	
Reduction in Aspire Loss	3,000	
Monterey Peninsula Surgery Center (MPSC) higher volume and equity	600	
Net Increase	30,106	
Budget 2027 Non Op Income		47,208

FY 2026 Budget to Actual Variance

2026 operating margin favorable variance (\$3.5M to \$34.9M) is due to supplemental payments (not accounted for in budget) and growth (slow)

Amounts in thousands Favorable/(Unfavorable)

2026 Budget Operating Margin		3,582
Supplemental Payments	40,472	
CCAH Epic go live expenses	(12,000)	
Unrealized volume loss	2,878	
Net Change		31,350
2026 Projected Operating Margin		34,932

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Opportunities not included the FY 2027 Budget

- Initiatives in process which are not in the budget due to early stage and uncertainties.
- 2027 operating margin will improve by \$29 million (3.1% margin) if we are successful.

Amounts in thousands

Consolidated Budget Revenue		852,470
Consolidated Budget Operating Margin		(2,506) -0.3%
Legacy AR collections over book value	10,000	
Remaining supplemental funding	9,615	
Pharmacy - specialty pharmacy to fill portion of 900K prescriptions from Clinics (5M-10M)	2,500	
Clinical Documentation Improvement (CDI)	2,500	
Clinic commercial rate increase - additional 3%	1,230	
Services contract review	1,500	
Cost flexing improvement	1,900	
Point of Care collections	500	
Total Initiatives		29,745
Margin Including Initiatives		27,239 3.2%

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FY 2027 Budget Consolidated Income Statement

(amounts in thousands)

	FY2024	FY2025	FY2026 Budget	FY2026 YTD Annualized	FY2027 Budget	Variance	Percent Variance
Gross Patient Revenue	\$3,198,322	\$3,588,877	\$3,749,945	\$3,734,784	\$3,985,637	\$250,853	6.7%
Net Patient Revenue	\$738,903	\$803,299	\$806,085	\$823,884	\$840,933	\$17,048	2.1%
<i>Yield</i>	23.1%	22.4%	21.5%	22.1%	21.1%		
Other Revenue	\$31,761	\$41,901	\$31,014	\$56,202	\$37,740	-\$18,462	-32.8%
Total Operating Revenue	\$770,664	\$845,200	\$837,099	\$880,086	\$878,673	-\$1,413	-0.2%
Salaries, Wages & Benefits (Including Contract Labor)	\$404,556	\$425,295	\$449,286	\$451,117	\$460,784	\$9,667	2.1%
All Other Operating Expenses	\$329,517	\$362,288	\$384,231	\$394,037	\$420,395	\$26,358	6.7%
Total Operating Expenses	\$734,073	\$787,583	\$833,517	\$845,154	\$881,179	\$36,025	4.3%
Operating Margin	\$36,591	\$57,616	\$3,582	\$34,932	-\$2,506	-\$37,438	-107.2%
<i>Operating Margin %</i>	4.7%	6.8%	0.4%	4.0%	-0.3%		
Non-Operating Revenue	\$39,757	\$42,266	\$29,759	\$17,102	\$47,208	\$30,106	176.0%
Total Margin	\$76,348	\$99,882	\$33,341	\$52,034	\$44,702	-\$7,333	-14.1%
<i>Total Margin %</i>	9.9%	11.8%	4.0%	5.9%	5.1%		

FY 2027 Budgeted Income Statement: Salinas Valley Health Medical Center

(amounts in thousands)

	FY2024	FY2025	FY2026 Budget	FY2026 YTD Annualized	FY2027 Budget	Variance	Percent Variance
Gross Patient Revenue	\$2,991,943	\$3,367,166	\$3,511,723	\$3,508,918	\$3,735,910	\$226,992	6.5%
Net Patient Revenue	\$640,781	\$692,596	\$686,507	\$709,627	\$715,226	\$5,599	0.8%
<i>Yield</i>	21.4%	20.6%	19.5%	20.2%	19.1%		
Other Revenue	\$20,132	\$27,195	\$20,660	\$40,069	\$24,350	-\$15,719	-39.2%
Total Operating Revenue	\$660,914	\$719,791	\$707,166	\$749,696	\$739,576	-\$10,119	-1.3%
Salaries, Wages & Benefits (Including Contract Labor)	\$352,479	\$364,264	\$384,671	\$387,417	\$383,865	-\$3,552	-0.9%
All Other Operating Expenses	\$217,211	\$238,507	\$260,910	\$281,112	\$294,191	\$13,079	4.7%
Total Operating Expenses	\$569,690	\$602,771	\$645,581	\$668,530	\$678,056	\$9,526	1.4%
Operating Margin	\$91,223	\$117,020	\$61,585	\$81,166	\$61,520	-\$19,646	-24.2%
<i>Operating Margin %</i>	13.8%	16.3%	8.7%	10.8%	8.3%		
Non-Operating Revenue	-\$16,901	-\$18,355	-\$32,003	-\$32,480	-\$27,087	\$5,393	-16.6%
Total Margin	\$74,323	\$98,666	\$29,583	\$48,686	\$34,433	-\$14,253	-29.3%
<i>Total Margin %</i>	11.2%	13.7%	4.2%	6.5%	4.7%		
Adjusted ADC	235	248	245	265	261	(4)	
<i>Change from Prior Year</i>	-4%	6%		7%	-1%		
Employed FTE	1,755.9	1,833.2	1,891.2	1,932.8	2,001.2	68.5	
Contract Labor FTE	68.1	64.4	49.6	98.0	67.0	(31.1)	
Total FTE (Hospital Only)	1,824.0	1,897.6	1,940.8	2,030.8	2,068.2	37.4	
<i>Change from Prior Year</i>	-1%	4%		7%	2%		
Paid FTE per AOB	7.8	7.6	7.9	7.7	7.9	0.3	
<i>Change from Prior Year</i>	3%	-2%		0%	3%		
Capital Spending (In 1000s)	\$ 28,497	\$ 42,999	\$ 71,700	\$ 58,399	\$ 88,440	\$ 30,041	
<i>Capital Spending as a % of Depreciation Benchmark</i>	79%	115%	181%	149%	189%		
	140%	140%	140%	140%	140%		

FY27 Revenue and Volume Projections

Revenue

Charge Increase

- 6% aggregate rate increase effective January 2027

Net Revenue

- Medicare: IP 4%, OP 2%
- Medi-Cal: no increase
- FY 2026 includes \$12 million one time supplemental payment for EPIC implementation
- Commercial: 5%

Volume

Growth

- Medicare based on history
 - IP 0
 - OP 9%
- Medi-Cal based on history
 - IP 0
 - OP 5%
- Commercial history plus targets
 - IP 2%
 - OP 3%
- Self-Pay based on history
 - 3%

FY27 Budgeted Inflation Assumptions

Salary Expense

- Increases driven by contract for affiliated team members
- Non-affiliated salary increases are budgeted at 3.0% effective July 2026
- Annual Incentive Plan (AIP) not budgeted

Non-Payroll Expenses

Inflation based on Vizient projection

- Supplies: Inflation ranges from 2.3% - 5.0% based on category
- Pharmacy: 3.8%
- Repairs & Maintenance: 3.7%
- Software Expenses: 4.5%
- Purchased Services: 3.5%
- Utilities: Inflation ranges from 1.3% - 5.0% based on category

Supplemental Payments

Program	2023	2024	2025	2026	2027
1. CCAH IGT - Rate Range Program	4,412,893	4,826,519	4,639,758	10,304,833	5,152,417
1A. CCAH IGT - Population Health Discontinued FY2025	1,153,767	4,183,283	Discontinued	-	
2. DHCS IGT - Medi-Cal: Rate Range Program	1,855,539	2,650,277	2,305,245	2,218,743	1,774,995
3. HQAF AB 239 Hospital Quality Assurance Fee (moved to DHDP line 6)	-	10,025,620	4,270,850	-	2,200,000
4. Medi-Cal Quality Incentive Program-QIP (formerly known as PRIME)	7,024,214	6,467,675	7,045,692	6,271,270	5,017,016
5. AB 915 Medi-Cal Supplemental Outpatient Reimbursement for Traditional Medi-Cal	1,787,625	1,374,127	1,398,017	1,300,000	1,118,413
6. District Hospital Directed Payment Program (delayed and no increase)			4,797,482	8,377,023	14,048,000
7. CCAH EPIC Implementation support				12,000,000	
8. CCAH Quality Incentive Program					3,450,000
9. CCAH Hospital Incentive Program					5,700,000
total revenue	16,234,038	29,527,501	24,457,043	40,471,869	38,460,840
2027 Budget					28,845,630

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FY27 Budget Income Statement – Clinics

(amounts in thousands)

	FY2024	FY2025	FY2026 Budget	FY2026 YTD Annualized	FY2027 Budget	Variance	Percent Variance
Gross Patient Revenue	\$169,472	\$182,395	\$198,927	\$193,624	\$208,250	\$14,626	7.6%
Net Patient Revenue	\$74,454	\$84,901	\$94,181	\$92,206	\$99,496	\$7,290	7.9%
<i>Yield</i>	43.9%	46.5%	47.3%	47.6%	47.8%		
Other Revenue	\$10,835	\$14,036	\$9,672	\$12,712	\$12,922	\$210	1.7%
Total Operating Revenue	\$85,289	\$98,937	\$103,853	\$104,918	\$112,418	\$7,500	7.1%
Salaries, Wages & Benefits (Including Contract Labor)	\$44,141	\$51,685	\$55,217	\$54,151	\$61,932	\$7,782	14.4%
All Other Operating Expenses	\$96,821	\$104,413	\$106,935	\$100,295	\$114,447	\$14,151	14.1%
Total Operating Expenses	\$140,962	\$156,098	\$162,153	\$154,446	\$176,379	\$21,933	14.2%
Operating Margin	-\$55,672	-\$57,160	-\$58,299	-\$49,528	-\$63,961	-\$14,433	29.1%
<i>Operating Margin %</i>	-65.3%	-57.8%	-56.1%	-47.2%	-56.9%		
Non-Operating Revenue	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	0.0%
Total Margin	-\$55,672	-\$57,160	-\$58,299	-\$49,528	-\$63,961	-\$14,433	29.1%
<i>Total Margin %</i>	-65.3%	-57.8%	-56.1%	-47.2%	-56.9%		

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Clinics - Total Margin

FY2026 YTD Annualized	-\$49.5M
Net Revenue Associated with Increase in Encounters	\$6.5M
Inflation (Estimated at 10% for Supplies & Drugs and 3.5% for Utilities)	-\$1.5M
Incremental Support Staff (Current Ratio of <2.5 per Provider)	-\$1.8M
Merit Increases (5% for Providers and Staff)	-\$5.8M
Adding Provider FTE (FY26 Full Year Impact of 11.8 FTE at \$5.2M and FY27 Addition of 11.2 FTE at \$5.6M)	-\$10.8M
Other	-\$1.0M
FY2027 Budget	-\$64.0M

FY 2027 Capital Budget (amounts in thousands)

High capital investment beginning with FY 2026 due deferred projects and seismic requirements

<i>Proposed Capital Budget</i>	FY 2024	FY 2025	FY 2026 YTD	FY 2027 Budget Requests
Strategic				\$ 5,000
Facility - Hospital				\$ 53,847
Facility - Clinics				\$ 11,436
Routine - Hospital				\$ 13,842
Routine - Clinics				\$ 2,187
Total Capital Spend	\$ 28,497	\$ 42,999	\$ 38,933	\$ 86,312
2027 Budget plus 4 year projection				
Depreciation Expense	\$ 29,728	\$ 31,134	\$ 29,360	\$ 46,753
Capital Spending Ratio - Total	96%	138%	133%	185%
Capital Spending Ratio - Routine	0%	0%	0%	24%

Notes:

- ** \$5 million strategic capital in fiscal years 2027 - 2031
- ** Routine - Hospital capital projection estimated at 10% of depreciation
- ** Routine - Clinic capital projection using the prior year + 10%
- ** The FY2027 budgeted depreciation is estimated by annualizing FY2026 YTD actual results.

Questions/Comments

Appendix

FY27 Budget Income Statement -Doctors on Duty

(amounts in thousands)

	FY2024	FY2025	FY2026 Budget	FY2026 YTD Annualized	FY2027 Budget	Variance	Percent Variance
Gross Patient Revenue	\$36,907	\$39,316	\$39,295	\$32,241	\$41,477	\$9,235	28.6%
Net Patient Revenue	\$23,668	\$25,801	\$25,397	\$22,051	\$26,210	\$4,159	18.9%
<i>Yield</i>	64.1%	65.6%	64.6%	68.4%	63.2%		
Other Revenue	\$793	\$670	\$682	\$3,422	\$468	-\$2,953	-86.3%
Total Operating Revenue	\$24,461	\$26,471	\$26,079	\$25,472	\$26,678	\$1,206	4.7%
Salaries, Wages & Benefits (Including Contract Labor)	\$7,936	\$9,347	\$9,399	\$9,548	\$14,986	\$5,438	57.0%
All Other Operating Expenses	\$15,485	\$16,475	\$16,385	\$14,611	\$11,758	-\$2,853	-19.5%
Total Operating Expenses	\$23,421	\$25,822	\$25,783	\$24,159	\$26,744	\$2,585	10.7%
Operating Margin	\$1,040	\$649	\$296	\$1,314	-\$66	-\$1,379	-105.0%
<i>Operating Margin %</i>	4.3%	2.5%	1.1%	5.2%	-0.2%		
Non-Operating Revenue	-\$156	-\$97	-\$44	-\$857	\$163	\$1,020	-119.0%
Total Margin	\$884	\$552	\$251	\$456	\$97	-\$359	-78.8%
<i>Total Margin %</i>	3.6%	2.1%	1.0%	1.8%	0.4%		

Doctors on Duty - Total Margin

FY2026 YTD Annualized	\$0.5M
Productivity Gains (Net Impact of 4,750 Visits Due to Productivity Improvements)	\$1.0M
Commercial Rate Increase (7.5% Increase on 35% of Business)	\$0.5M
Increased Minimum Wage Rate (Impact is an Incremental 2% Increase for 47 Employees)	-\$0.1M
Incentives (Increase in Spend Due to Timing; FY27 Includes Full Year While FY26 Includes a Partial Year)	-\$0.3M
Inflation (Staff and Provider Base Rates Include 3% & Other Expenses Assume 3.75% Inflation)	-\$0.4M
CCAH Enrollment Decline (7.5% Decline per California / Federal Medi-Cal Funding Redcuts)	-\$0.4M
Reduction in Grants (FY26 Grant Funding was Unusually High)	-\$0.6M
Other	\$0.0M
FY2027 Budget	\$0.1M

FY27 Budget Income Statement – Foundation

Grants to related entities are eliminated in consolidation
(amounts in thousands)

	FY2024	FY2025	FY2026 Budget	FY2026 YTD Annualized	FY2027 Budget	Variance	Percent Variance
Gross Patient Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Net Patient Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
<i>Yield</i>							
Other Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Total Operating Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Salaries, Wages & Benefits (Including Contract Labor)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
All Other Operating Expenses	\$3,653	\$4,573	\$4,469	\$2,876	\$6,569	\$3,693	128.4%
Total Operating Expenses	\$3,653	\$4,573	\$4,469	\$2,876	\$6,569	\$3,693	128.4%
Operating Margin	-\$3,653	-\$4,573	-\$4,469	-\$2,876	-\$6,569	-\$3,693	128.4%
<i>Operating Margin %</i>							
Non-Operating Revenue	\$5,916	\$5,789	\$5,758	\$5,330	\$10,116	\$4,786	89.8%
Total Margin	\$2,264	\$1,216	\$1,290	\$2,454	\$3,546	\$1,092	44.5%
<i>Total Margin %</i>							

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Foundation - Total Margin

Grants to related entities are eliminated in consolidation

FY2026 YTD Annualized	\$2.5M
Increased Funding Received from Capital Campaign	\$4.2M
Increased Expenses Associated with Capital Campaign	-\$0.2M
Increased Hospital Support (Included in Hospital Budget; Eliminated in Consolidated Financials)	-\$0.6M
Reduced Investment Income	-\$0.9M
Grants Given	-\$1.5M
Other	\$0.0M
FY2027 Budget	\$3.5M

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FY 2027 Capital Plan

Finance Committee

June 22, 2026

FY2026 Completed Projects

(amounts in thousands)

(1) Project Name	(2) Board Approved Month	(3) Board Approved Amount	(4) FY2026 Spend	(5) Total Project Spend Since Inception	(6) (Over) / Under Budget
Medical Center Campus Painting	September 2023	\$3,500	\$811	\$1,530	\$1,970
Workday Financial and Supply Chain Software (Capital Portion)	July 2024	\$3,075	\$873	\$2,987	\$88
Training Rooms Basement Annex	May 2025	\$2,890	\$1,883	\$2,123	\$767
Roofing Replacement (5 Lower Ragsdale)	September 2025	\$2,770	\$2,406	\$2,466	\$304
		\$12,234	\$5,974	\$9,106	\$3,129

Total FY 2026 completed projects are under budget

Facility Needs

- Emergency Department
- Parking (233 Stalls)
- Medical Office Space
- Pharmacy Expansion
- Seismic Upgrades
- Operating Room



FY2027 Capital: Facility Plan - Hospital

Facility - Hospital	
DRC Annex - relocation for parking	\$ 6,750.0
Emergency Department Replacement	\$ 6,500.0
Cath Lab 3 Replacement	\$ 5,264.4
Primary Transformer	\$ 5,000.0
200 Ton Chiller Replacement	\$ 4,400.0
Angio/Special Procedures Suite	\$ 3,542.0
Mammography Center X-Ray Systems Replacement	\$ 3,015.7
Retail Pharmacy Expansion / Gift Shop Replacement	\$ 3,000.0
Laboratory Air Handling Unit (AHU)	\$ 2,700.0
Thermal Fluid Plant Construction	\$ 2,700.0
1188 Padre - Purchase and Renovation	\$ 2,000.0
Employee Health, Case Management, Volunteers, IT & EHS	\$ 2,000.0
X-ray Room 1	\$ 1,300.0
Ambulatory Surgery Center	\$ 1,000.0
Endoscopy Renovation in Basement & CP	\$ 1,000.0
Master Plan - Retro Fit	\$ 1,000.0
355 Abbott St Pharmacy	\$ 800.0
Cath Lab 2 Remodel	\$ 750.0
MRI Replacement - OP Imaging	\$ 500.0
PET/CT Project	\$ 500.0
All Other Hospital Facility - Less than \$200,000	\$ 125.0
Facility - Hospital Total	\$ 53,847.1

FY2027 Capital: Facility Plan - Clinics

Facility - Clinics	
Abbott/Spicer MOB	\$ 6,950.0
626 Brunken MRI Replacement	\$ 3,000.0
355 Abbott Suite 100 Refresh	\$ 1,000.0
X-Ray Equipment Replacement at 559 Abbott	\$ 486.0
All Other Clinic Facility - Less than \$200,000	\$ 1,850.0
Facility - Clinics Total	\$ 13,286.0

FY2027 Capital: Routine - Hospital

Hospital - Routine	
EPIC 2027 license costs	\$ 1,854.0
Ryan Ranch Server Room Development	\$ 2,000.0
Chemistry Analyzer (Siemens FlexLab™ XLaboratory Full Automation)	\$ 1,379.0
Stryker Power System 9 Drill	\$ 1,048.9
Computers/Laptops/User Devices	\$ 604.3
DV5 Lease Agreement	\$ 540.1
General Renovation, Lab Automation Renovation Construction Scope	\$ 500.0
SYMPLR: Cloud Migration and Upgrade	\$ 405.6
Server Lifecycle	\$ 319.0
Cisco Unified Communication System (UCS - Telephone) Hardware Refresh	\$ 300.0
Hillrom Centrella Beds (5 Year Replacement Project)	\$ 260.0
CT Contrast Injector	\$ 243.5
General Renovation, HIM workstation replacement	\$ 200.0
All Other Projects - Less than \$200,000	\$ 4,187.3
Routine Hospital Total	\$ 13,841.7

FY2027 Capital: Routine - Clinics

Clinics - Routine

Canon CT Unit	\$	1,168.6
SVH Cardiology - 2 New Exam Rooms	\$	286.6
All Other Projects - Less than \$200,000	\$	732.1
Routine Clinics Total	\$	2,187.3

FY2027 Capital: Facility Plan – Hospital – All Other

Facility - Hospital - All Other

DRC Annex - Backfill HIMS	\$	125.0
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FY2027 Capital: Routine Hospital – All Other

Routine Hospital - All Other

WOW Carts	\$	197.0
Central Vacuum System, Pneumatic Tube Station Modernization	\$	191.8
Stryker Monitor(s) Replacement	\$	190.7
Building Automation Software Upgrade	\$	184.3
Steris Washer/Disinfector AMSCO 7052H	\$	178.8
Merrill Lobby Workstations Replacement	\$	150.0
Nutrition Services Ceiling Renovation	\$	150.0
Backup & Recovery Infrastructure	\$	134.0
GE Case Machine Replacement (ECG Monitor)	\$	127.7
Loading Dock Door Replacement	\$	125.7
Sleepworks/Neuroworks Upgrade	\$	116.7
Cisco Catalyst - Wi-Fi Network, Phase 2	\$	115.4
FY2027 Calcomm Capital	\$	115.0
Stryker Mako Set	\$	110.6
Virtuo Additional "B" Unit (Blood Culture Analyzer)	\$	103.7

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FY2027 Capital: Routine Hospital – All Other (continued)

Routine Hospital - All Other

METRX II Instruments/Retractors	\$	96.7
Inpatient Pharmacy Floor Plan Redesign	\$	95.0
Giraffe Omnibed Carestation	\$	94.7
Cisco Switches (9300)	\$	92.1
WORKDAY: Contract Lifecycle Management	\$	90.0
Misc Lifecycle	\$	89.0
Domestic Water Booster Pump Replacement	\$	88.1
Echo Machine Upgrade	\$	86.3
AV: Displays - Lifecycle	\$	81.2
Transit 250 Truck/Cargo Van for Warehouse	\$	77.4
Hologic Mini C-Arm	\$	77.3
Nursing Station Renovation for ICU	\$	75.0
Neptune Suction Devices - LD OR	\$	69.7
Cisco Catalyst 9300 Line Cards (Network)	\$	67.1
Laryngoscopy Sets	\$	62.8

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FY2027 Capital: Routine Hospital – All Other (continued)

Routine Hospital - All Other

Hot Dog Warming System - OR	\$	62.7
Fiber / Copper Testing Tools (Network)	\$	61.0
WORKDAY: Journeys and People Analytics	\$	60.0
NICU High Flow Nasal Cannula Units	\$	58.1
Equipment Room Renovation for 1 Main	\$	50.0
Ultrasound Probe Sterilizer Replacement (Trophon System)	\$	43.6
NICU Olympic Brainz Monitor	\$	41.4
GCX Fetal Monitoring Carts	\$	39.1
Case Machine Cardiology	\$	35.8
Camera, Xray TIMS System Replacement	\$	34.5
Mobile Device Lifecycle	\$	31.0
Wexler Instruments	\$	30.1
NICU Giraffe Shuttle	\$	28.3
Staff Breakroom Refresh for OCU	\$	25.0
Model 5392 Dual Chamber Temporary Pacemaker (EPG: External Pacemaker)	\$	24.6

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FY2027 Capital: Routine Hospital – All Other (continued)

Routine Hospital - All Other

HistoCore Arcadia Embedding System	\$	24.4
EEG Remote Reading Interface	\$	22.0
Mytonomy Patient Education Videos	\$	15.0
Replace Broken Nurses Station Cabinet	\$	14.0
Replace Broken Nurses Station Cabinet	\$	14.0
OPI Fast Track Chair	\$	10.3
Thermo 1500 Series A2 Class II Biological Safety Cabinet	\$	9.9
SciFit Recumbent Stepper	\$	6.9
ED Portable Slit Lamp	\$	6.8
Medication Station Mounted Cabinet	\$	5.0
Routine Hospital Total - All Other	\$	4,187.3

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FY2027 Capital: Routine Clinics – All Other

Routine Clinics - All Other

Canon CT Service Agreement	\$	164.7
Build 3 New Exam Rooms - Cardiology	\$	135.0
Power Exam Tables - Primecare Salinas	\$	100.0
Power Exam Tables - OB/GYN	\$	45.0
Replace 6 Exam Beds - Cardiac Surgery	\$	35.0
Floor Covering Replacement - Primecare North Salinas	\$	34.1
One Workplace: Replacement of Clinics Conference Room Furniture	\$	30.0
Urodynamics Machine - OB/GYN	\$	22.9
Floor Stripping Waxing - Diabetes & Endocrine	\$	22.5
Replace Waiting Room Furniture - Hematology & Oncology	\$	20.0
Replacement of Vinyl Flooring in 4 Exam Rooms - Primecare Monterey	\$	18.5
Replace 3 Exam Tables - Hematology & Oncology	\$	17.2
3 EKG Units - Primecare Salinas	\$	17.0
Kids Spot Vision Exam Screener (Handheld - 2) - Primecare Salinas	\$	16.5
Interior Office Paint Refresh - Diabetes & Endocrine	\$	14.5

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FY2027 Capital: Routine Clinics – All Other (continued)

Routine Clinics - All Other

Vaccine Fridges (3) - Primecare Salinas	\$	13.5
Adding/Replacing Privacy Curtains in All Exam Rooms (21 in Total) - OB/GYN	\$	9.5
EKG Machine - Primecare Monterey	\$	5.8
Vscan for RR - OB/GYN	\$	5.5
Audiometers (Replacement) - Primecare Salinas	\$	5.0
Routine Clinics Total - All Other	\$	732.1

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Medical Executive Committee Summary – June 11, 2026

Items for Board Approval

Credentials Committee

Initial Appointment:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Brahmbhatt, Hetal, MD	Psychiatry	Medicine	Tele-Psychiatry
Sahar, Mohammad Daoud, MD	Internal Medicine	Medicine	Adult Hospitalist

Reappointment:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Allen, Chad, DDS	Oral & Maxillofacial Surgery	Surgery	Oral & Maxillofacial
Arreola, Guadalupe, MD	Family Medicine	Family Medicine/ Pediatrics	Taylor Farms Family Health & Wellness Center – Active Community
Atcha, Muneera, MD	Rheumatology	Medicine	Rheumatology General Internal Medicine
Capron, Kelsey, MD	Family Medicine	Family Medicine/Pediatrics	Family Medicine Adult Family Medicine Pediatric and Well Newborn Family Medicine Category I & II Obstetrics
Chung, Natalie, MD	Ophthalmology	Surgery	Ophthalmology
Chowdhury, Nagib, MD	Psychiatry	Medicine	Tele-Psychiatry
Colorado, Rene, MD	Neurology	Medicine	Neurology
Gootnick, Susan, MD	Radiology	Surgery	Salinas Valley Health Remote Radiology Salinas Valley Health Advanced Imaging
Jackson, Amanda	Pediatrics	Family Medicine/ Pediatrics	Taylor Farms Family Health & Wellness Center-Active Community
Mukai, Kanae, MD	Cariology	Medicine	Cardiology Salinas Valley Health Advanced Imagin- Cardiac Imaging Salinas Valley Health Cardiovascular Diagnostics
Page, Jon, MD	Ophthalmology	Surgery	Ophthalmology
Parson, David, MD	Gastroenterology	Medicine	Gastroenterology
Rasi, Annette, MD	Radiology	Surgery	Salinas Valley Health Advanced Imaging – Non-Cardiac Diagnostic Radiology Salinas Valley Health Imaging Salinas Valley Health Nancy Ausonio Breast Health Center
Sangha, Maheep, MD	Gastroenterology	Medicine	Gastroenterology
Tammany, Alison, MD	Colon and Rectal Surgery	Surgery	General Surgery Colorectal Surgery Robotic Surgery – General & Colorectal Surgery
Windham, Charles, MD	Psychiatry	Medicine	Tele-Psychiatry

Modification of Privileges:

NAME	SPECIALTY	PRIVILEGE
Berry, Lauren, MD	Rheumatology	Additional Privilege Location Taylor Farms Family Health & Wellness Center

Staff Status Modifications:

APPLICANT	SPECIALTY	STATUS CHANGE
Cole, Tyler, MD	Neurosurgery	Advancement to Active status
Euter, Demetri, MD	Emergency Medicine	Advancement to Active status
Granthom, Maria, MD	Ob/Gyn	Advancement to Active status
Nordloff, Timothy, DMD, MD	Oral & Maxillofacial Surgery	Advancement to Active status
Rasi, Annette, MD	Radiology	Advancement to Active status
Toor, Jiwan, DO	Family Medicine	Continue Provisional status
Arnold, Cody, MD	Tele-Neonatology	Resignation effective 3/13/2026
Bain, Lisa, MD	Tele-Neonatology	Resignation effective 3/13/2026
Benjamin, John, MD	Tele-Neonatology	Resignation effective 3/13/2026
Bonifacio, Sonia, MD	Tele-Neonatology	Resignation effective 3/13/2026
Chitkara, Ritu, MD	Tele-Neonatology	Resignation effective 3/13/2026
Chock, Valerie, MD	Tele-Neonatology	Resignation effective 3/13/2026
Davis, Alexis, MD	Tele-Neonatology	Resignation effective 3/13/2026
Eskandar-Afshari, Fatima, DO	Tele-Neonatology	Resignation effective 3/13/2026
Fuerch, Janene, MD	Tele-Neonatology	Resignation effective 3/13/2026
Halamek, Lou, MD	Tele-Neonatology	Resignation effective 3/13/2026
Jensen, Erik, MD	Tele-Neonatology	Resignation effective 3/13/2026
Kramer, Erik, MD	Emergency Medicine	Resignation effective 6/30/2026
Kumbhat, Neha, MD	Tele-Neonatology	Resignation effective 3/13/2026
Le, Minh, MD	Critical Care Medicine	Resignation effective 6/30/2026
Litt, Jonathan, MD	Tele-Neonatology	Resignation effective 3/13/2026
Moreno II, Alvaro, MD	Tele-Psychiatry	Resignation effective 3/13/2026
Morvarid, Babak, MD	Tele-Neonatology	Resignation effective 3/13/2026
Prince, Lance, MD	Tele-Neonatology	Resignation effective 3/13/2026
Profit, Jochen, MD	Tele-Neonatology	Resignation effective 3/13/2026
Ragavan, Nilima, MD	Tele-Neonatology	Resignation effective 3/13/2026
Rao, Anoop, MD	Tele-Neonatology	Resignation effective 3/13/2026
Reiss, Jonathan, MD	Tele-Neonatology	Resignation effective 3/13/2026
Rhine, William, MD	Tele-Neonatology	Resignation effective 3/13/2026
Sachar, Pawani, MD	Tele-Neonatology	Resignation effective 3/13/2026
Sankar, Meera, MD	Tele-Neonatology	Resignation effective 3/13/2026
Scala, Melissa, MD	Tele-Neonatology	Resignation effective 3/13/2026
Yamada, Nicole, MD	Tele-Neonatology	Resignation effective 3/13/2026

Other Items: (Attached)

Family Medicine – Clinical Privilege Delineation	Revision updating D&C language Special Privileges to state <i>spontaneous</i> abortion.
Ob Hospitalist – Clinical Privilege Delineation	Revision removing D&C for termination of pregnancy (greater than 14 weeks) D&E from Core Procedures List
Ob/Gyn – Clinical Privilege Delineation	Revision removing D&C for termination of pregnancy (greater than 14 weeks) D&E from Core Procedures List

Interdisciplinary Practice Committee

Initial Appointment:

APPLICANT	PRIVILEGES	DEPT	COLLABORATING/SUPERVISING PHYSICIAN(S)
He, Junjie "Jace", PA-C	Surgery	Surgery	Lior Taich, MD Ryan Griggs, MD
Miller, Shari, PA_C	Surgery	Surgery	Vincent DeFilippi, MD; Andreas Sakopoulos, MD Jamil Matthews, MD

Reappointment:

APPLICANT	PRIVILEGES	DEPT	COLLABORATING/SUPERVISING PHYSICIAN(S)
Calero Bellorin, Eyda, NP	Family Medicine	Medicine	Miguel Dorantes, MD Guadalupe Arreola, MD Erika Garcia, MD
Campbell, Colleen, PA-C	Surgery	Surgery	Theodore Kaczmar, MD Gurvider Kaur, MD

Modification of Privileges:

APPLICANT	SPECIALTY	PRIVILEGE
Sanchez, Lauren, PA-C	Physician Assistant	Added - Ordering and Furnishing of Drugs and Devices

Policies/Procedures/Plans:

1. Laboratory Critical Call Values
2. Personal Protective Equipment (PPE)

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 May 2026
- c. Medical Staff Statistics Year to Date
- d. Financial Update April 2026
- e. Executive Updates
- f. HCAHPS Update June 4, 2026

III. Bylaws/General Rules and Regulations:

General Rules and Regulations Article 13.6 Amendment: The proposed amendment was approved at the MEC and will be forwarded through the amendment process described in the Medical Staff Bylaws. The amendment does not represent a substantive change in current practice.

13.6 Standardized Procedures

13.6-1 Standardized Procedures: Under pre-prescribed clinical situations Standardized Nursing Procedures may be implemented per hospital policy. ~~Treatment protocols and preprinted order sets~~ Standardized Procedures must be approved by the Interdisciplinary Practice Committee (IDPC), Medical Executive Committee and the Board of Directors. -Pharmacy & Therapeutics Committee approval should be obtained prior to IDPC review when appropriate.



**Salinas Valley
HEALTH**
Clinical Privileges Delineation Form
Family Medicine

Applicant Name: _____

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

Qualifications for Adult Family Medicine Privileges:

- A. Current certification or active participation in the examination process leading to certification in Family Medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Practice OR Successful completion of an accredited ACGME-or AOA-accredited post-graduate training program in family medicine.
AND
- B. Documentation of the provision of inpatient care for at least 24 adult patients as the attending physician or senior resident during the past 24 months or demonstration of successful participation in a hospital-affiliated formalized residency or special clinical fellowship.

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.

Adult Family Medicine Core Privileges

Requested

Admit, evaluate, diagnose and treat patients for common illnesses and injuries including disorders common to old age. **Note:** 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.

Qualifications for Pediatric and Well Newborn Family Medicine Privileges:

- A. Meet All qualifications for Adult Family Medicine privileges under A above
AND
Documentation of the provision of inpatient care for at least 20 hospitalized pediatric/newborn patients during the past 24 months. Competency criteria requires that 5 of these patients be pediatric patients or, at a minimum, the applicant must have provided inpatient care for at least 3 pediatric patients in conjunction with documentation 5 hours of Category 1 CME on acute care pediatric medicine during the past 24 months
OR
- B. Demonstration of successful participation in a hospital-affiliated formalized residency or special clinical fellowship in the past 24 months.

Family Medicine Pediatric and Well Newborn Core Privileges (check box if requesting)

Requested

Admit, evaluate, diagnose and treat pediatric and well newborn patients with conditions of mild to moderate degree without immediate threat to life. **Note:** 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.

Qualifications for Well Newborn Family Medicine Privileges:

- A. Meet All qualifications for Adult Family Medicine privileges under A above
AND
- B. Documentation of the provision of inpatient care for at least 20 hospitalized well newborn patients during the past 24 months or demonstration of successful participation in a hospital-affiliated formalized residency or special clinical fellowship in the past 24 months.

Family Medicine Well Newborn Core Privileges (check box if requesting)

Requested

Admit, evaluate, diagnose and treat well newborn patients.

Qualifications for Pediatric Family Medicine Privileges:

- A. Meet All qualifications for Adult Family Medicine privileges under A above
AND
- B. Documentation of the provision of inpatient care for at least 24 hospitalized pediatric patients during the past 24 months or demonstration of successful participation in a hospital-affiliated formalized residency or special clinical fellowship in the past 24 months.

Family Medicine Pediatric Core Privileges (check box if requesting)

Requested

Admit, evaluate, diagnose and treat pediatric patients (with exceptions of newborns), with conditions of mild to moderate degree without immediate threat to life. **Note:** 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.

Qualifications for Family Medicine Category I Obstetrical Privileges:

- A. All qualifications for Adult Family Medicine.
AND
- B. Documentation of successful completion of an obstetric rotation during training with at least 75 vaginal deliveries under supervision during training
OR
- C. Documentation of at least 25 vaginal deliveries (including vaginal deliveries performed or supervised by the applicant) in the past 24 months if out of training 2 years or more.
AND
- D. Completion of an American College of Obstetricians and Gynecologists (ACOG) endorsed fetal monitoring strip interpretation course that includes NICHD nomenclature within three months of appointment

Family Medicine Category I Obstetrical Privileges (check box if requesting)

Requested

Core Procedures/Diagnoses: Admit, evaluate, diagnose, treat and provide consultation to obstetrical patients, to include management of pregnancy, labor and delivery, as well as expected complications or obstetrical emergencies.

Note: 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.

Qualifications for Family Medicine Category II Obstetrical Privileges

- A. All qualifications for Adult Family Medicine
AND
- B. Documentation of successful completion of a full **1 year** exclusive experience on an obstetric unit with at least **75 vaginal** deliveries (including vaginal deliveries performed or supervised by the applicant), and **75 cesarean sections** as primary surgeon with supervision during training or in practice
OR
- C. Documentation of successful completion of a full **1 year** exclusive experience on an obstetric unit , documentation of at least 25 vaginal deliveries (including vaginal deliveries performed or supervised by the applicant) and 20 cesarean sections (as primary surgeon or as supervising physician) in the past 24 months if out of training 2 years or greater.
AND
- D. Completion of an American Completion of an American College of Obstetricians and Gynecologists (ACOG) endorsed fetal monitoring strip interpretation course that includes NICHD nomenclature within three months of appointment

Family Medicine Category II Obstetrical Privileges (check box if requesting)

Requested

Core Procedures/Diagnoses: All core privileges under Category I as well as the following: Admit, evaluate, diagnose, treat and provide consultation to obstetrical patients, to include management of normal and complex pregnancy, labor and delivery, as well as expected complications or obstetrical emergencies. Applicants for this category are required to qualify for and request special procedure privileges for C-Sections.

Note: 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.

New applicants will be required to provide documentation of the number and types of hospital 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. Terms are as defined by ACOG.

Core Proctoring Requirements:

Core proctoring requirements include direct observation or concurrent review of the first cases as follows:

- | | |
|----------------------------------|--|
| Adult Family Medicine Core: | 1 Adult Admission |
| Pediatric & Well Newborn Core: | 1 Pediatric Admission and 1 Well Newborn |
| Well Newborn Core: | 1 Well Newborn |
| Family Medicine Pediatrics Core: | 1 Pediatric Admission |
| Family Medicine Obstetrics: | 2 Deliveries – 1 of which must be C-section if C-Section privileges are requested. |

Reappointment Criteria for Core Privileges:

Applicant must provide documentation of the provision of the following within the past 24 months:

- Adult Family Medicine Core: 20 hospitalized patients

- Pediatric & Well Newborn Core: 20 hospitalized pediatric/newborn patients
5 of which must be pediatric or 3 and 5 hours Category 1 CME

- Well Newborn Core: 20 hospitalized well newborn patients

- Family Medicine Pediatrics Core: 24 hospitalized pediatric patients

- Family Medicine Obstetrics I: 25 vaginal deliveries
AND
Participation in the annual assessment of EFM (electronic fetal monitoring) principles (assessed at the time of reappointment)
AND
Document annual participation in at least one OB patient safety drill facilitated by SVH Perinatal Services. (Effective October 1, 2025) assessed at the time of reappointment.

- Family Medicine Obstetrics II: 25 vaginal deliveries w/10 C-sections
AND
Participation in the annual assessment of EFM (electronic fetal monitoring) principles (assessed at the time of reappointment)
AND
Document annual participation in at least one OB patient safety drill facilitated by SVH Perinatal Services. (Effective October 1, 2025) assessed at the time of reappointment.

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 SVMH Sedation Protocol and learning module, AND Completion of written conscious sedation exam with minimum of 75% correct.	1	Current ACLS Certification AND Completion of written conscious sedation exam with minimum 75% correct AND Performance of at least 2 Cases

Gynecologic Special Procedure Privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Dilation and Curettage of the Uterus (Diagnostic)	Performance of at least 10 procedures during the previous 24 month period	1	Performance of at least 2 procedures during the previous 24 month period
				Dilation and Curettage of the Uterus for <u>spontaneous</u> abortion <12 weeks (TAB & SAB)	Performance of at least 10 procedures during the previous 24 month period	1	Performance of at least 2 procedures during the previous 24 month period

Special Obstetrical Procedures

Qualifications:

Following completion of Family Practice residency and completion of a one year obstetric fellowship in an accredited Family Practice Obstetric Fellowship Training Program, and a letter of positive recommendation from the Chief of this program certifying training and competence to perform privileges requested

Other Requirements:

Deliveries with placenta previa require an assistant with unrestricted hysterectomy privileges

Applicant: Check box marked "R" to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Cesarean Section <i>Assistant Required</i>	Meet criteria for Category II Family Medicine Obstetrical Privileges AND Provide documentation of the successful completion of at least 30 C-sections within the past 24 months.	2	Performance of at least 10 procedures during the previous 24 month period
				Outlet and Low forceps delivery	Performance of at least 5 procedures during the previous 24 month period	1	Performance of at least 1 procedure during the previous 24 month period
				External Cephalic Version	Cesarean Section privileges are required	1	Maintenance of Cesarean Section privileges
				Amniocentesis-3 rd Trimester	Performance of at least 5 procedures during the previous 24 month period	1	Performance of at least 1 procedure during the previous 24 month period

Category 1 Pediatric Special Procedures – See Appendix for Description of Conditions in this Category

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Newborn Circumcision	Documentation of successful completion of at least 5 in the previous 24 months	1	Documentation of successful completion of at least 2 in the previous 2 years

Salinas Valley Health Medical Center

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

Family Medicine Adult

1. Assisting at Surgery
2. Arthrocentesis
3. I&D abscess
4. I&D hemorrhoids
5. Biopsy of superficial lymph nodes
6. Breast cyst aspiration
7. Burns, superficial and partial thickness
8. Excision of skin and subcutaneous lesions
9. Initial interpretation of electrocardiograms
10. Local anesthetic techniques
11. Lumbar puncture
12. Management of ICU and CCU patients with consultation
13. Manage uncomplicated minor closed fractures and uncomplicated dislocations
14. Paracentesis
15. Placement of anterior and posterior nasal hemostatic packing
16. Peripheral nerve blocks
17. Remove non-penetrating corneal foreign body, nasal foreign body
18. Repair of lacerations, including those requiring more than one layer of closure
19. Suprapubic bladder aspiration
20. Thoracentesis
21. Thrombolytic therapy for stroke
22. Vasectomy
23. Venous cut down

Family Medicine Pediatrics

1. Suture uncomplicated lacerations
2. I&D abscess
3. Perform simple skin biopsy or excision
4. Remove non-penetrating corneal foreign body
5. Manage uncomplicated minor closed fractures and uncomplicated dislocations
6. Lumbar puncture
7. Care of newborn infants above 2250 gm and >36 weeks
8. Ventilator management with consultation while awaiting transfer (not to exceed 12 hours after which care is automatically transferred to the Pulmonologist)

Family Medicine Obstetrics – Level I

1. Management of labor and cephalic delivery
2. Administration of fetal lung maturity inducers
3. Amnio infusion
4. Amniotomy
5. Application of internal fetal and uterine monitors
6. Management of pregnancy inclusive of but not limited to such conditions as preeclampsia/pregnancy-induced hypertension >32 weeks, third trimester bleeding, preterm premature rupture of membranes >32 weeks, premature labor >32 weeks, gestational and preexisting diabetes, polyhydramnios, oligohydramnios, and fetal demise at any gestational age.
7. Management of preterm premature rupture of membranes < 32 weeks, premature labor < 32 weeks, preeclampsia/pregnancy-induced hypertension < 32 weeks, and vaginal bleeding at any gestational age in consultation with a Maternal Fetal Medicine Specialist.

8. Manual removal of placenta
9. Vacuum Extraction
10. Hemorrhage ante/intra & postpartum
11. Induction and augmentation of labor
12. Repair of vaginal 1st/2nd/3rd degree perineal, and cervical lacerations
13. Ultrasound Exam for Placental location, presentation or Amniotic fluid ~~only~~
14. Local and pudendal anesthesia
15. Episiotomy and Repair
16. Treatment of hyperemesis gravidarum

Family Medicine Obstetrics – Level II

1. Postpartum surgical sterilization
2. Twins - Vaginal Vertex/Vertex
3. Twins - Other Presentation
4. Repair of 4th degree perineal lacerations
5. Cephalic forceps Outlet

Applicant: Complete this section only if you do not wish to apply for any of the specific core procedures listed above:

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

Signature: _____

Date _____

Salinas Valley Health Medical Center

Clinical Privileges Delineation Obstetrical Hospitalist

Applicant Name: _____

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

- Successful completion of an ACGME or AOA accredited post-graduate training program in obstetrics and gynecology;
AND
- Documentation of at least 100 deliveries, including at least 20 C-Sections or 25 C-Sections assists within the past 24 months **or** demonstration of successful participation in a hospital-affiliated formalized residency or special clinical fellowship within the past 24 months.
AND
- Current certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.
AND
- Completion of an American College of Obstetricians and Gynecologists (ACOG) endorsed fetal monitoring strip interpretation course that includes NICHD nomenclature within three months of appointment

New applicants will be required to provide documentation of the number and types of their hospital 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 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.

Obstetrical Core privileges for the Obstetrical Hospitalist

Privileges to admit, evaluate, diagnose, treat, and provide consultation to female patients presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system. Privileges include, but are not limited to, amniocentesis, amniotomy, incidental appendectomy, management of labor, obstetrical ultrasound, cerclage, vaginal deliveries and related procedures, trial of labor after cesarean section and related procedures, cesarean section and related procedures, all other procedures related to normal and complicated delivery, emergent Cesarean Hysterectomy, surgical treatment of post-partum complications, i.e. post-partum hemorrhage and management of high-risk pregnancies including major medical diseases that are complicating factors in pregnancy, perform and interpret nitrazine tests.

Gynecology Core privileges for the Obstetrical Hospitalist

Privileges include admission, evaluation, diagnosis, and consultation on female patients with illness, injuries, and disorders of the gynecological or genitourinary system and illness and injuries of the mammary glands.

Reappointment Criteria for Core Privileges:

- Applicant must provide evidence of current ability to perform requested privileges, at a minimum this shall include documentation of 25 deliveries; 10 of which must be C-Sections or 25 C-Section assists.
AND
- Participation in the annual assessment of EFM (electronic fetal monitoring) principles
AND
- Document annual participation in at least one OB patient safety drill facilitated by SVH Perinatal Services. (Effective October 1, 2025) assessed at the time of reappointment.
AND
- Current certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American College of Osteopathic Obstetrics and Gynecology.

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.

Special Proctoring Requirements for deliveries:

A minimum of 3 proctored deliveries.

In the event an unscheduled C-Section is performed, that case shall be retrospectively reviewed and a proctoring form completed.

Salinas Valley Memorial Healthcare System – OB HOSPITALIST

Core Procedure List: The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Department Chair, Chief Medical Officer and/or the Chief of Staff.

1. Amnio infusion
2. Amniotomy
3. Amniocentesis, 3rd trimester
4. Induction of labor
5. Application of internal fetal and uterine monitors
6. Augmentation and induction of labor by use of Oxytocin
7. Caesarean hysterectomy
8. Caesarean section
9. Cervical biopsy or conization of cervix in pregnancy
10. D&C for spontaneous abortion, less than 14 weeks
11. ~~D&C for termination of pregnancy (greater than 14 weeks) — D&E~~
12. External cephalic version
13. Hypogastric artery ligation
14. I&D of Bartholin cyst or perineal abscess
15. Manual removal of placenta
16. Obstetrical ultrasound (limited)
17. Operations for Sterilization (tubal ligation) – Postpartum Sterilization
18. Operative vaginal delivery
(including forceps, vacuum extraction, breech extraction)
19. Postpartum D&C
20. Pudendal and paracervical blocks
21. Repair of fourth-degree perineal lacerations
22. Repair of cervical, vaginal or vulvar lacerations

Applicant: Complete this section only if you do not wish to apply for any of the specific core procedures listed

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

Salinas Valley Health Medical Center

Clinical Privileges Delineation Obstetrics & Gynecology

Applicant Name: _____

Scope: Obstetrics & Gynecology, Female Pelvic Medicine and Reconstructive Surgery (Urogynecology), Gynecologic Oncology, and Maternal Fetal Medicine: New applicants for all privileges will be required to provide documentation of the number and types of hospital cases within 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.

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.

General Privileges 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.

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

Initial Appointment:

- Current certification or board eligibility in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

AND

- Documentation of 100 deliveries, including at least 20 C-Sections or 25 C-Section assists, within the past 24 months or demonstrate successful participation in a hospital-affiliated formalized residency or special clinical fellowship within the past 24 months.

AND

- Completion of an American College of Obstetricians and Gynecologists (ACOG) endorsed fetal monitoring strip interpretation course that includes NICHD nomenclature within three months of appointment

Reappointment Criteria for Core Obstetrical Privileges:

- Applicant must provide reasonable evidence of current ability to perform requested privileges, at a minimum this shall include documentation of 25 deliveries; 10 of which must be C-Sections or C-Section assists.

AND

- Current certification or board eligibility in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

AND

- Participation in the annual assessment of EFM (electronic fetal monitoring) principles

AND

- Document annual participation in at least one OB patient safety drill facilitated by SVH Perinatal Services. (Effective October 1, 2025) assessed at the time of reappointment.

Obstetrics Core Privileges *(check box if requested)*

Requested

Admit, evaluate, diagnose, treat and provide consultation to pregnant patients and/or provide medical and surgical care of the female reproductive system, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

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

Initial Appointment:

- Current certification or board eligibility in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

AND

- Documentation of 50 gynecological surgical procedures within the past 24 months

OR

- Demonstrate successful participation in a hospital-affiliated formalized residency or special clinical fellowship within the past 24 months.

Reappointment Criteria for Core Gynecologic Privileges:

- Applicant must provide reasonable evidence of current ability to perform requested privileges, at a minimum this shall include documentation of 25 gynecologic procedures; 10 of which must be major procedures.

AND

- Current certification or board eligibility in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

Gynecology Core privileges *(check box if requested)*

Requested

Admit, evaluate, diagnose, treat and provide consultation to pregnant patients; pre-, intra- and post-operative care necessary to correct or treat female patients presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

GYNECOLOGIC ONCOLOGY: To be eligible to apply for core privileges in gynecologic oncology, the applicant must meet the following qualifications:

Initial Appointment:

- As for gynecology plus, current certification or board eligibility in gynecologic oncology by the American Board of Obstetrics and Gynecology or Special Qualifications in gynecologic oncology by the American Osteopathic Board of Obstetrics and Gynecology or alternative specialty training. The alternative specialty training for physicians without completion of an accredited fellowship program in gynecologic oncology must be evaluated on a case-by-case basis, looking specifically at the physician's relevant postgraduate continuing medical education and recent gynecologic oncological surgery experience.

AND

- Documentation of the performance of 25 gynecologic oncology procedures within the past 24 months.

AND

- 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.

Reappointment Criteria for Core Gynecologic Oncology Privileges:

- Applicant must provide reasonable evidence of current ability to perform requested privileges, at a minimum this shall include documentation of 25 gynecologic oncology procedures.

AND

- Current certification or board eligibility in gynecologic oncology by the American Board of Obstetrics and Gynecology or Special Qualifications in gynecologic oncology by the American Osteopathic Board of Obstetrics and Gynecology or alternative specialty training. The alternative specialty training for physicians without completion of an accredited fellowship program in gynecologic oncology must be evaluated on a case-by-case basis, looking specifically at the physician’s relevant postgraduate continuing medical education and recent gynecologic oncological surgery experience.

AND

- 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.

Gynecologic Oncology Core privileges (*check box if requested*)

Requested

Includes all core privileges for Gynecology plus, admit, evaluate, diagnose, treat, provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, pelvis, and vagina. Also included within this core set of privileges are microsurgery, chemotherapy, radical hysterectomy, vulvectomy, pelvic exenteration and staging by lymphadenectomy, and the performance of procedures on the bowel, liver, ureters, omentum, bladder, and other abdominal structures as indicated. 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.

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

Initial Appointment:

- The same as for gynecology

AND

- Successful completion of an ABOG-approved fellowship in female pelvic medicine and reconstructive surgery/urogynecology or AOA–approved fellowship in female pelvic medicine and reconstructive surgery.

As for gynecology plus, current certification or board eligibility in FPMRS by the American Board of Obstetrics and Gynecology or Special Qualifications in gynecologic FPMRS by the American Osteopathic Board of Obstetrics and Gynecology or alternative specialty training. The alternative specialty training for physicians without completion of an accredited fellowship program in FPMRS must be evaluated on a case-by-case basis, looking specifically at the physician’s relevant postgraduate continuing medical education and urogynecologic surgery experience.

Required current experience: *Twenty-Five (25)* female pelvic medicine and reconstructive surgical procedures, reflective of the scope of privileges requested, within the past 24 months.

Reappointment Criteria for Core Urogynecology Privileges:

Applicant must provide reasonable evidence of current ability to perform requested privileges, at a minimum this shall include documentation of 25 successful Urogynecology procedures.

Female Pelvic Medicine and Reconstructive Surgery (Urogynecology) Core privileges: (check box if requested)

Requested

Includes all core privileges for Gynecology plus, admit, evaluate, diagnose, treat, and provide consultation and the pre-, intra-, and postoperative care necessary to correct or treat female patients presenting with injuries and disorders of the genitourinary system. Includes diagnosis and management of genitourinary and rectovaginal fistulae, urethral diverticula, injuries to the genitourinary tract, congenital anomalies (excluding the kidney and/or bladder), infectious and noninfectious irritative conditions of the lower urinary tract and pelvic floor, and the management of genitourinary complications of spinal cord injuries. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

MATERNAL FETAL MEDICINE: To be eligible to apply for core privileges in maternal and fetal medicine, the applicant must meet the following qualifications:

Initial Appointment:

- As for obstetrics plus, current certification or board eligibility in maternal-fetal medicine by the American Board of Obstetrics and gynecology or Special Qualifications in maternal-fetal medicine by the American Osteopathic Board of Obstetrics and Gynecology or alternative specialty pathway. The alternative specialty training for physicians without completion of an accredited fellowship program in maternal-fetal medicine must be evaluated on a case-by-case basis, looking specifically at the physician's relevant postgraduate continuing medical education and recent maternal-fetal medicine experience

And

Applicants must demonstrate that they provided MFM inpatient or consultative services for 50 patients within the past 12 months.

Reappointment Criteria for Core Maternal Privileges:

Applicant must provide reasonable evidence of current ability to perform requested privileges, at a minimum this shall include documentation of 25 maternal fetal medicine inpatient consultations.

Maternal-Fetal Medicine Core Privileges (check box if requested)

Requested

Admit, evaluate, diagnose, treat and provide consultation to female patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease. 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: 2nd trimester amniocentesis, level 2 & 3 obstetrical ultrasound, chorionic villus sampling, and transvaginal and intra-abdominal cerclage placement.

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. At least one (1) laparoscopic procedure must be proctored as part of core requirements.

OBSTETRICAL PROCTORING REQUIREMENTS FOR DELIVERIES

A minimum of 3 proctored deliveries - 2 of which must be C-Sections if C-Section privileges are requested (remaining delivery may be demonstrated by vaginal delivery or C-Section).

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
				Laparoscopic Burch (Laparoscopic Urethropexy)	Unrestricted "Operative laparoscopy" privileges AND Residency training in the advanced privilege requested <u>or</u> an approved, recognized hands-on course in the advanced procedure when such a course exists AND Privileges in the same procedure by laparotomy. Applicant must submit documentation of having assisted on or performed four (4) cases within the past 24 months for each procedure requested.	1 case proctored by a staff member with unrestricted laparoscopic burch privileges.	Documentation of successful performance of two (2) cases within the past 24 months

ADVANCED LAPAROSCOPY CRITERIA:

Applicant: Check box marked "R" to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Laparoscopic Lymph Node Biopsy or Excision	Unrestricted "Operative laparoscopy" privileges AND Residency training in the advanced privilege requested <u>or</u> an approved, recognized hands-on course in the advanced procedure when such a course exists AND Privileges in the same procedure by laparotomy. Applicant must submit documentation of having assisted on or performed four (4) cases within the past 24 months for each procedure requested.	1 case proctored by a staff member with unrestricted laparoscopic lymph node biopsy or excision privileges.	Documentation of successful performance of four (4) cases within the past 24 months
				Laparoscopic Uterosacral Nerve Excision or Ablation	Unrestricted "Operative laparoscopy" privileges AND Residency training in the advanced privilege requested <u>or</u> an approved, recognized hands-on course in the advanced procedure when such a course exists AND Privileges in the same procedure by laparotomy. Applicant must submit documentation of having assisted on or performed four (4) cases in the past 2 years for each procedure requested.	1 case proctored by a staff member with unrestricted laparoscopic uterosacral nerve excision or ablation privileges.	Documentation of successful performance of four (4) cases within the past 24 months

Applicant: Check box marked "R" to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Sacral Nerve Stimulation	The applicant must be able to demonstrate 1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) / AOA Accredited training program in FPMRS (Female Pelvic Medicine & Reconstructive Surgery) that included training in SNS OR 2. Completion of ACGME or AOA accredited residency in OB/GYN or urology and Completion of a training course in Sacral Nerve Stimulation AND Demonstrate that they have performed six (6) sacral nerve stimulation simulator tests and implant procedures within the past 12 months	1 case	Documentation of successful performance of six (6) cases within the past 24 months
				Use of Fluoroscopy	Current California State X-Ray S&O Fluoroscopy Certification	N/A	Current California State X-Ray S&O Fluoroscopy Certification

Salinas Valley Memorial Healthcare System

Core Procedure List: The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Department Chair, Vice President of Medical Affairs and/or the Chief of Staff.

Obstetrics

1. Amnio infusion
2. Amniotomy
3. Amniocentesis, 3rd trimester
4. Induction of labor
5. Application of internal fetal and uterine monitors
6. Augmentation and induction of labor by use of Oxytocin
7. Caesarean hysterectomy
8. Caesarean section
9. Cervical biopsy or conization of cervix in pregnancy
10. D&C for spontaneous abortion, less than 14 weeks
11. ~~D&C for termination of pregnancy (greater than 14 weeks) — D&E~~
12. External cephalic version
13. Hypogastric artery ligation
14. Manual removal of placenta
15. Obstetrical ultrasound (limited)
16. Operative vaginal delivery (including forceps, vacuum extraction, breech extraction)
17. Postpartum D&C
18. Pudendal and paracervical blocks
19. Repair of fourth-degree perineal lacerations
20. Repair of cervical, vaginal or vulvar lacerations

Gynecology (Procedures marked with an asterisk are considered “major” procedures)

1. *Adnexal surgery(including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy)
2. *Anterior and posterior colporrhaphy and perineorrhaphy
3. ***Basic Operative laparoscopy:**
 - a. Diagnostic Laparoscopy
 - b. Tubal Sterilization
 - c. Management of ectopic pregnancy
 - d. Simple ovarian cysts
 - e. Adhesiolysis
 - f. Excision of and/or fulguration of endometriosis
 - g. Oophorectomy and/or salpingectomy
4. Cervical biopsy
5. *Closure or repair of enterocele
6. *Colpoplasty
7. Colposcopy
8. Cystoscopy as part of gynecological procedure
9. D&C
10. Endometrial ablation
11. *Exploratory laparotomy for pelvic disorders
12. *Hysterectomy:
 - a. Abdominal
 - b. Vaginal

- c. Laparoscopic Assisted Vaginal (LAVH)
 - d. Total Laparoscopic
 - e. Laparoscopic Suprecervical
13. Hysteroscopy
 14. I&D of Bartholin cyst or perineal abscess
 15. *I&D of pelvic abscess
 16. Incidental appendectomy
 17. Marsupialization or excision of Bartholin cyst
 18. *Metroplasty
 19. *Myomectomy
 20. Operations for sterilization (tubal ligation)
 21. *Repair of rectocele, enterocele, cystocele, or pelvic prolapse (to include sphincteroplasty)
 22. Treatment/Management of ectopic pregnancy
 23. Umbilical hernia repair
 24. *Vaginal hysterectomy
 25. Vulvar biopsy
 26. Vulvectomy, simple

Gynecologic Oncology:

1. Chemotherapy for GYN malignancies; central venous vascular and intraperitoneal access port insertion
2. Cystoscopy with or without biopsy and/or ureteral stenting; sigmoidoscopy; hysteroscopy
3. Hysteroscopy
4. Gynecologic ultrasound
5. Myocutaneous flaps, skin grafting
6. Para aortic and pelvic lymph node dissection
7. Pelvic exenteration
8. Radical hysterectomy, vulvectomy and staging by lymphadenectomy
9. Radical surgery for treatment of gynecological malignancy (to include procedures on bowel, ureter, bladder, as indicated)
10. Treatment of invasive carcinoma of the vagina by radical vaginectomy (and other related surgery)
11. Treatment of invasive carcinoma of vulva by radical vulvectomy (with groin dissection)
12. Treatment of malignant disease with chemotherapy (to include gestational trophoblastic disease)

Urogynecology: Female pelvic medicine and reconstructive surgery:

Continence procedures for genuine stress incontinence

1. Long-needle procedures (e.g., Pereyra, Raz, Stamey, Gittes, Muzsnai)
2. Periurethral bulk injections
3. Sling procedures (e.g., fascia lata, rectus fascia, heterologous materials, vaginal wall)
4. Synthetic mid-urethral slings
5. Vaginal urethropexy (e.g., bladder neck plication, vaginal paravaginal defect repair)

Procedures for overflow incontinence due to anatomic obstruction following continence surgery

1. Cutting of one or more suspending sutures
2. Retropubic urethrolisis with or without repeat bladder neck suspension
3. Revision, removal, or release of a suburethral sling

Other surgical procedures for treating urinary incontinence

1. Sacral nerve stimulator implantation
2. Urethral closure and suprapubic cystotomy
3. Cystoscopic botox injection
4. Sacrospinous fixation

Genital prolapse procedures

1. Abdominal or Laparoscopic (closure or repair of enterocele, paravaginal repair, uterosacral ligament suspension)
2. Vaginal (transvaginal hysterectomy with or without colporrhaphy, anterior and posterior colporrhaphy and perineorrhaphy, paravaginal repair, Manchester operation, enterocele repair, vagina vault suspension, colpoceleisis, retrorectal levator plasty and postanal repair)
3. Placement of transvaginal mesh for prolapse
4. Sacrocolpopexy (laparoscopic or open)
5. Anal incontinence procedures:
 - a. Anal sphincteroplasty
 - b. Sacral nerve stimulator implantation
6. Colpoceleisis
7. Sacrosphous Ligament Fixation
8. Paravaginal Repair (vaginal, open or laparoscopic)
9. Revision or removal of vaginal mesh

Diagnostic Procedures and other

1. Ureteral stenting
2. Retrograde pyelogram
3. Closure of cystostomy (vaginal, laparoscopic or open), or urethrotomy
4. Urethral diverticulectomy
5. Surgical repair of rectovaginal and genitourinary fistulas

Treatment of pelvic and bladder pain

1. Cystoscopy with:
 - a. Biopsy
 - b. Intravesical botox injection
 - c. Hydrodistention
 - d. Fulguration or ijection of lesion
2. Vaginal mesh excision
3. Injection of botox into muscles of pelvic floor

Performance and interpretation of diagnostic tests for urinary incontinence and lower urinary tract dysfunction, fecal incontinence, and pelvic organ prolapse

Maternal Fetal Medicine

Management of high-risk pregnancy inclusive of such conditions as preeclampsia, post-datism, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation

Management of patients with/without medical surgical or obstetrical complications for normal labor, including mild toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, and fetal demise

Treatment of medical complications of pregnancy, including pregnancy-induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious diseases.

Procedures:

- Amniocentesis
 - Targeted obstetric ultrasound
-

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:



Origination 4/28/2021
Approved N/A
Expires 2 years after approval

Owner Lori Orosco:
Director
Laboratory
Services
Area Laboratory -
General

Laboratory Critical Call Values

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. The laboratory medical director, in consultation with medical staff, is responsible for defining critical laboratory values that may be indicative of conditions with significant risk or mortality or morbidity requiring rapid clinical intervention. Designation of critical values by clinical laboratories is required by the Clinical Laboratory Improvement Amendments and regulatory agencies.

III. DEFINITIONS

- A. Closed Loop Critical (CLC): Automated critical result delivery system implemented through the Electronic Health Record software.
- B. Critical Result: Test results requiring immediate notification of the responsible caregiver for timely intervention.
- C. Electronic Health Record (EHR): Comprehensive software used by healthcare organizations to manage patient data, clinical workflows, billing, regulatory compliance, and other patient-related functions.
- D. Electronic Communication: Secure, HIPAA-compliant software that can be utilized when delivering critical results. This includes the EHR "Secure Chat" messaging tool.
- E. ER / ED: The SVHMC Emergency Department.
- F. First positive - Encounter: For a particular patient visit or admission to SVHMC, the first critical positive test result value. Subsequent critical positive results are not required to be communicated to the responsible care provider.

- G. First positive - Patient History: The first critical high or critical low test result value spanning the entirety of the a patient's known medical history. Subsequent critical high or low values of the same classification are not required to be communicated to the responsible care provider.
- H. Initial-only: For a particular patient visit or admission to SVHMC, the first critical high or low test result value. Subsequent critical high or low values of the same classification are not required to be communicated to the responsible care provider. If the patient leaves SVHMC and returns for a different encounter, this category would start over for that different visit.

IV. GENERAL INFORMATION

- A. These Laboratory Urgent Notification / Critical Call Values have been identified and agreed upon by the medical staff. These are . Result notification requirements, including method of delivery, responsibilities, and documentation, can be found in [LABORATORY CRITICAL RESULTS DOCUMENTATION](#) .
- B. Critical results are relayed to responsible, licensed care providers with documented acknowledgement of receipt.
- C. A physician is generally the required care giver to acknowledge critical results, however some settings allow for agreed-upon physician designees to do so in their stead (see exceptions specified below).
- D. If results delivered verbally (in person or telephone), results will be read back to confirm accuracy of delivered results.

V. PROCEDURE

A. Notification exceptions are as follows:

1. Critical results for patients on pharmacy protocol are automatically sent to the pharmacy In Basket and communicated to the pharmacist on the patient care team.
2. ALL **outpatient** and **Emergency Department** critical results automatically trigger a "CLC" message to the relevant care team members for review and acknowledgement.
3. For any instance a critical value is not communicated due to policy (see "Comments" below), the reason is documented (ex. "previously critical").

B. Chemistry Values

TEST (Patient Age)	LOW VALUE	HIGH VALUE	COMMENTS
Ammonia (0-14 day)		>162 ug/dL	Initial-only
Ammonia (15 days - 6 years)		>116 ug/dL	Initial-only
Ammonia (>=7 years)		>123 ug/dL	Initial-only
Amylase		>250	Initial-only

TEST (Patient Age)	LOW VALUE	HIGH VALUE	COMMENTS
		IU/L	
Blood Gas: pH (venous)	<7.20	>7.60	Initial-only
Blood Gas: pH (capillary)	<7.20	>7.60	Initial-only
HCO ₃ (venous)	<15 mEq/L	>40 mEq/L	Initial-only
HCO ₃ (capillary)	<15 mEq/L	>40 mEq/L	Initial-only
Bilirubin, Total (<24 hours)		>9.9 mg/dL	
Bilirubin Total (2 days - 3 months)		>16.0 mg/dL	
BUN		>100 mg/dL	Initial-only; Exclude dialysis/known renal failure patients with CLS review
Calcium, Total	<6.5 mg/dL	>13.0 mg/dL	Initial-only
Calcium, Ionized	<3.2 mg/dL	>6.3 mg/dL	Initial-only
Calcium, Ionized (Post-Filter)	<0.7 mg/dL	>1.6 mg/dL	Initial-only
Carbon Monoxide		>10.0%	Initial-only
CO ₂ , Total Serum/Plasma (0-2 days)	<13 mmol/L	>50 mmol/L	Initial-only
CO ₂ , Total Serum/Plasma (>=3 days)	<15 mmol/L	>50 mmol/L	Initial-only
CKMB		>3.6 ng/ml	Initial-only
CK-IND		>2.0	Initial-only
Chloride	<80 mmol/L	>120 mmol/L	Initial-only
Cortisol, Post-Stimulation	<18 uG/dL		Initial-only
Creatinine (0-14 days)		>2.00 mg/dL	Initial-only
Creatinine (15 days - 15 years)		>3.00 mg/dL	Initial-only
Creatinine (>=16 years)		>4.00 mg/dL	Initial-only; Exclude dialysis/known renal failure patients with CLS review

TEST (Patient Age)	LOW VALUE	HIGH VALUE	COMMENTS
Ethanol		>400 mg/dL	
Glucose, Serum/ Plasma (0-1 day)	<20 mg/dL	>200 mg/dL	Initial-only
Glucose, Serum/ Plasma (2-6 days)	<30 mg/dL	>200 mg/dL	Initial-only
Glucose, Serum/ Plasma (>=7 days)	<50 mg/dL	>500 mg/dL	Initial-only
Glucose, CSF	<37 mg/dL	>440 mg/dL	
Lactic Acid		>2.0 mmol/L	Initial-only
Lipase		>159 U/L	Initial-only
Magnesium (0-14 days)	<1.5 mg/dL	>3.9 mg/dL	Initial-only
Magnesium (15 days - 11 months)	<1.5 mg/dL	>3.1 mg/dL	Initial-only
Magnesium (1 - 18 years)	<1.5 mg/dL	>2.8 mg/dL	Initial-only
Magnesium (>=18 years)	<1.0 mg/dL	>4.9 mg/dL	Initial-only
Magnesium, OB patient on magnesium protocol		>9.0 mg/dL	
Methemoglobin		>10.0%	Initial-only
Osmolality, Serum/ Plasma	<250 mOsm/kg	>326 mOsm/kg	Initial-only
Phosphorus (0-14 days)	<5.6 mg/dL	>10.5 mg/dL	Initial-only
Phosphorus (15 days - 11 months)	<4.8 mg/dL	>8.4 mg/dL	Initial-only
Phosphorus (1-4 years)	<4.3 mg/dL	>6.8 mg/dL	Initial-only
Phosphorus (5-12 years)	<4.1 mg/dL	>5.9 mg/dL	Initial-only
Phosphorus (>=13)	<1.0	>8.9	Initial-only

TEST (Patient Age)	LOW VALUE	HIGH VALUE	COMMENTS
years)	mg/dL	mg/dL	
Potassium (0-11 months)	<2.8	>6.2	Initial-only
Potassium (1-13 years)	<2.8 mmol/L	>6.0 mmol/L	Initial-only
Potassium (>=14 years)	<2.5 mmol/L	>6.0 mmol/L	Initial-only
Sodium (0-11 months)	<128 mmol/L	>155 mmol/L	Initial-only
Sodium (>=1 year)	<120 mmol/L	>165 mmol/L	Initial-only
Troponin I (high-sensitivity)		>180 ng/L	Initial-only
TSH (<24 hours)	<1.00 mIU/L	>39.00 mIU/L	Initial-only
TSH (24 hours - 2 days)	<3.20 mIU/L	>34.60 mIU/L	Initial-only
TSH (3-4 days)	<0.7 mIU/L	>15.40 mIU/L	Initial-only
TSH (5 days - <1 month)	<1.70 mIU/L	>9.10 mIU/L	Initial-only
FT4 (<1 month)	<1.60 ng/dL	>4.00 ng/dL	Initial-only
Uric Acid		>13.0 mg/dL	Initial-only
THERAPEUTIC DRUGS			
Acetaminophen		>120 ug/mL	
Carbamazepine		>15.0 ug/mL	
Digoxin		>3.0 ng/mL	
Gentamicin (Random/Peak)		>12.0 ug/mL	
Gentamicin (Trough)		>2.5 ug/mL	
Lidocaine		>7.0 ug/mL	

TEST (Patient Age)	LOW VALUE	HIGH VALUE	COMMENTS
Phenobarbital		>55.0 ug/mL	
Phenytoin		>30.0 ug/mL	
Salicylate		>30 mg/dL	
Theophylline		>25.0 ug/mL	
Tobramycin (Random/Peak)		>12.0 ug/mL	
Tobramycin (Trough)		>2.5 ug/mL	
Valproic Acid		>100.0 ug/mL	
Vancomycin (Random/Trough)		>30.0 ug/mL	

C. Reference Lab

TEST	LOW VALUE	HIGH VALUE	COMMENTS
Serotonin Release Assay		Positive	
Tacrolimus (Prograf)		>20.00 ug/L	

D. Hematology

TEST	LOW VALUE	HIGH VALUE	COMMENTS
WBC	<2.0 x10 ³ /uL	>37.0x10 ³ /uL	
Bands/Immature Neutrophils		>20%	Initial-only
Hemoglobin (<24 hours)	<10.0 g/dL	>25.0 g/dL	
Hemoglobin (1 day - <1 month)	<10.0 g/dL	>22.7 g/dL	
Hemoglobin (1 - <2 months)	<8.0 g/dL	>22.0 g/dL	
Hemoglobin (>=2 months)	<7 g/dL	>18.1 g/dL	
Heparin anti-Xa		>1.0 IU/mL	Inpatients on pharmacy protocol

TEST	LOW VALUE	HIGH VALUE	COMMENTS
Platelet Count	<20 x10 ³ /uL	>900 x10 ³ /uL	
Prothrombin Time (PT)		>6.00 INR	
Partial Thromboplastin Time (PTT)		>85.0 seconds	
		>100.0 seconds	Inpatients on pharmacy protocol
FIBRINOGEN	<100 mg/dL		
D-DIMER		>1.5 mg/L	
CSF FLUID MICROSCOPY			ER or myelogram patients in Radiology – unnecessary to call. ALL OTHER LOCATIONS – call any abnormal cell morphology findings

E. Microbiology

RESULT	ACTION
Positive blood culture gram stain	First positive - Encounter; per bacterial morphotype or yeast
Positive blood culture direct molecular pathogen/resistance gene detection result	All Positives
MDRO pathogen on blood	First positive - Encounter
Inappropriate antibiotic therapy for CSF or positive blood culture	
Positive blood or stool parasite	First positive - Encounter
Eye culture growing <i>Pseudomonas. aeruginosa</i> or potential pathogen from corneal or vitreous eye fluid sources	
Identified <i>Coccidioides immitis</i>	First positive - Patient History
Identified <i>Cryptococcus neoformans</i>	First positive - Encounter
Mold resembling <i>Coccidioides immitis</i>	First positive - Encounter
Mycobacterium species identification	First positive <i>Mycobacterium tuberculosis complex</i> identified
Positive AFB smears and culture	First positive - Encounter; per specimen source
Positive <i>Bordetella pertussis</i>	First positive - Encounter
Positive Botulism result	First positive - Encounter
Positive CSF smear and/or culture	First positive - Encounter
Positive culture for <i>E.coli</i> O157	First positive - Encounter
Positive Shiga Toxin	First positive - Encounter
Positive <i>Legionella</i> or <i>Strep. pneumoniae</i> urine antigen	First positive - Encounter

RESULT	ACTION
Potential agents of bio-terrorism detected	

F. Histology

RESULT	ACTION
Unexpected malignancies	Pathologist to Report to Clinician
Unsuspected infectious disease	Pathologist to Report to Clinician
Products of Conception (POC) – no POC identified	Pathologist to Report to Clinician
Products of Conception (POC) – unexpected findings	Pathologist to Report to Clinician
Significant discrepancy between frozen section diagnosis and final diagnosis	Pathologist to Report to Clinician
All new diagnoses of Lymphoma (except SLL), Leukemia (except CLL), Small Cell Carcinoma of Lung, High Grade Neuroendocrine Carcinoma	Pathologist to call Oncologist if associated with patient, otherwise call to Clinician

G. Special Instructions By Section

H. Chemistry

- Although most critical results are only called initially, clinical judgment must be used when serially monitored test results vacillate between normal and critical.
- Check previous results for the same test on the patient.
- Visually inspect the specimen for interferents, such as hemolysis, icterus, lipemia, or odd coloration. Ensure testing was performed on appropriate specimen type (e.g. plasma/serum as required, and not on un-spun specimen).
- Check to see if specimen was drawn from a line or port for possible contamination.
- Check instrument, method, and reagent by looking at other patients' results within the run to ensure they are not also abnormal or critical. This may indicate an instrument testing issue.
- Check with phlebotomist to ensure collection was appropriate/correct (not above I.V., specimen was not placed in incorrect anticoagulant first and then transferred to correct tube, etc.).
- Document notification as a specimen comment using appropriate critical result text defined in the Laboratory Critical Results Documentation protocol.
 - Answer all prompts that are appropriate.
- If result is questionable, communicate with the patient's nurse to determine if result corresponds with:
 - The patient condition
 - Administration of a recent medication
 - A recent procedure that could have created the result.

I. Hematology/Coagulation

- Results on oncology patients may be communicated to the ordering provider's assistant or nurse.
- Check with phlebotomist to ensure collection was appropriate (i.e., not above IV).

J. Microbiology

- Critical results on patients discharged from the Emergency Department can be communicated to the Emergency Department Charge Nurse or, for culture-related critical values, to the Emergency Department Pharmacist, if present.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. College of American Pathologists, "COM.30000" All Common Checklist, December 26, 2024 edition.



Approval Signatures

Step Description	Approver	Date
MEC	Katherine DeSalvo: Director Medical Staff Services	Pending
Laboratory Medical Director	Johnny Hu: PHYSICIAN	5/12/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	5/12/2026
Policy Owner	Chris Constance: Director Laboratory Services	3/31/2026

Standards

No standards are associated with this document



Origination 3/6/2020
Approved N/A
Expires 3 years after approval

Owner Brenda Inman: Vice President Quality and Risk Management
Area Infection Control

Personal Protective Equipment (PPE)- All Staff

I. POLICY STATEMENT

- A. Salinas Valley Health Medical Center (SVHMC) is committed to protecting the health and safety of all employees by providing appropriate personal protective equipment (PPE).
- B. All PPE used in SVHMC facilities and off-site locations must be issued by SVHMC.
 - 1. The use of personally owned PPE is strictly prohibited.

II. PURPOSE

- A. This policy establishes responsibility, procedures, and standards for the selection, use, care, and maintenance of PPE. It ensures consistency, safety, and regulatory compliance in accordance with Cal OSHA and California Title 22 requirements, and prohibits the use of non-hospital-issued PPE to safeguard staff and patients.

III. DEFINITIONS

- A. **Personal Protective Equipment (PPE):** Safety equipment supplied by SVHMC, including but not limited to gloves, face shields/masks, goggles, gowns, safety glasses, shoe covers, hoods, resuscitation bags, mouthpieces, and CPR masks, used to protect employees from hazards in the healthcare environment.
- B. **SVHMC:** Salinas Valley Health Medical Center, including the hospital and all off-site locations on the facility license.

IV. GENERAL INFORMATION

- A. SVHMC provides PPE to all employees who need protection against exposure, which includes:

1. Gloves (latex, vinyl, hypoallergenic options)
 2. Face shields/masks
 3. Goggles, safety glasses (including prescription goggles, when approved)
 4. Gowns
 5. Shoe covers, hoods, caps
 6. Resuscitation bags, mouthpieces, and Cardiopulmonary Resuscitation (CPR) masks
- B. Personally owned PPE is not permitted for use in any SVHMC facility or off-site locations. Personally owned PPE may not meet regulatory standards, has not undergone SVHMC's hazard assessment or fit testing, and poses safety risks.
- C. All provided PPE meets Cal OSHA specifications for the identified hazards. Proper training, fit testing, maintenance, and inspection programs are implemented to ensure ongoing compliance and protection.
- D. The use of non-approved or non-hospital-issued PPE circumvents SVHMC safety protocols, risks non-compliance with regulations, jeopardizes staff and patient safety, and may result in regulatory penalties and disciplinary action.
- E. Employees must utilize Standard Precautions and appropriate PPE when there is a risk of exposure to blood, bodily fluids (excluding sweat), infectious materials, or hazardous chemicals, and as indicated by isolation guidelines.
- F. Department leaders are responsible for ensuring that all PPE is hospital-issued and meets required standards.
1. Regular review and monitoring of PPE use and condition are required.

V. PROCEDURE

- A. PPE must be worn when:
1. Required when there is a risk of contamination from blood, bodily fluids, or infectious materials.
 2. As indicated by isolation guidelines.
 3. Needed to safely complete a task.
- B. All PPE must be removed prior to leaving the work area or patient environment.
- C. Disposable gloves must be replaced if torn, punctured, or compromised.
- D. Masks and eye protection are required when there is potential for splashes or sprays of infectious materials.
- E. Gowns, aprons, shoe covers, and hoods must be worn as required by isolation guidelines or policy, or in cases of "gross contamination."
- F. Prescription goggles may be requested through Human Resources (HR) and require department leader approval before being obtained from the hospital-designated optometrist.
- G. If additional or replacement PPE is needed, staff must request it through their department leadership or the designated supply chain process.

- H. Any observed non-compliance with this policy must be reported immediately through the department leadership, and/or Environmental Health & Safety (EH&S) Officer, Employee Health, or Infection Prevention for corrective action.
- I. Questions regarding PPE requirements should be directed to department leadership, the Environmental Health & Safety (EH&S) Officer, Employee Health, or Infection Prevention.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Cal OSHA Regulations: Title 8, California Code of Regulations, Section 3380 (Personal Protective Devices): <https://www.dir.ca.gov/title8/3380.html>
- B. California Code of Regulations, Title 22 (Healthcare Facilities Licensing and Safety)
- C. Competency-Based Training for All Personnel (IC.04.01.01, EP 2)

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Katherine DeSalvo: Director Medical Staff Services	Pending
LWG	Rebecca Alaga: Regulatory/ Accreditation Coordinator	5/13/2026
P&T or IPC	Kiri Golleher: Pharmacy Clinical Coordinator	4/28/2026
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	3/16/2026
Policy Owner	Melissa Deen: Manager Infection Prevention	2/19/2026

Standards

No standards are associated with this document

**RESOLUTION NO. 2026-05
OF THE BOARD OF DIRECTORS OF
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**ORDERING 2026 GENERAL ELECTION FOR
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM;
REQUESTING THE COUNTY ELECTIONS DEPARTMENT TO CONDUCT THE ELECTION;
REQUESTING CONSOLIDATION OF THE ELECTION WITH STATEWIDE GENERAL ELECTION;
AND AUTHORIZING PUBLICATION OF NOTICE OF ELECTION**

ADOPTED JUNE 25, 2026

WHEREAS, Salinas Valley Memorial Healthcare System (“SVMHS” or “District”) is a political subdivision of the State of California and a Local Health Care District organized and operating pursuant to Division 23 of the California Health and Safety Code (“Local Health Care District Law”) with a five (5) member Board of Directors with staggered terms representing five (5) zones of the District and elected by voters of the zones of the District;

WHEREAS, the terms of three (3) members of the Board of Directors of Salinas Valley Memorial Healthcare System who assumed office on the first Friday of December, 2022, Directors **ROLANDO CABRERA, MD** (Zone 1), **CATHERINE CARSON** (Zone 4) and **JOEL HERNANDEZ LAGUNA** (Zone 5), expire at 12:00 p.m. on December 4, 2026;

WHEREAS, the partial term of one (1) member of the Board of Directors of Salinas Valley Memorial Healthcare System who assumed office in March 2025 due to a vacancy, Director **ISAURA ARREGUIN** (Zone 3), also expires at 12:00pm on December 4, 2026 pursuant to Government Code Section 1780(d)(2);

WHEREAS, for the purpose of filling said offices, it is necessary that a Local Health Care District election be held pursuant to the Local Health Care District Law, and other pertinent laws of the State of California;

WHEREAS, SVMHS established five (5) Geographical Zones for Election of Members of the SVMHS Board of Directors and designated for election in 2012 (and every four years thereafter) Zones 2 and 3, and designated for election in 2014 (and every four years thereafter) Zones 1, 4, and 5;

WHEREAS, in compliance with California Elections Code Sections 22000, et. seq, the Board of Directors of Salinas Valley Memorial Healthcare System adjusted the boundaries of the electoral zones after the federal decennial census to reflect changes in population among the electoral zones, after taking into consideration the following factors: (1) topography, (2) geography, (3) cohesiveness, contiguity, integrity, and compactness of territory, and (4) community of interests;

WHEREAS, the boundaries of the adjusted five (5) electoral zones of Salinas Valley Memorial Healthcare System were adopted by Resolution 2022-06 on April 11, 2022;

WHEREAS, Elections Code Section 15651 requires the District to determine the means and manner in which a tie vote is to be resolved in the event that two or more persons receive an equal number of votes for an office to be voted upon;

WHEREAS, pursuant to California Elections Code Section 10002, the SVMHS Board of Directors may by resolution request the Board of Supervisors of Monterey County to permit the county elections official to render services to SVMHS relating to the conduct of the election;

WHEREAS, this Resolution 2026-05 of the SVMHS Board of Directors specifies the services requested of the county elections department by SVMHS;

WHEREAS, pursuant to California Elections Code Section 10002, SVMHS shall reimburse Monterey County in full for the services performed upon presentation of a bill for such services to SVMHS;

WHEREAS, pursuant to Elections Code Section 10400, whenever two or more elections of any legislative or

congressional district, public district, city, county, or other political subdivision are called to be held on the same day, in the same territory, or in territory that is in part the same, the elections may be consolidated upon the order of the governing body or bodies or officer or officers calling the elections;

WHEREAS, pursuant to Elections Code Section 10400, such election for cities and special districts may be either completely or partially consolidated;

WHEREAS, pursuant to Elections Code Section 10403, whenever an election called by a district for the submission of any office to be filled is to be consolidated with a statewide election, and the office to be filled is to appear upon the same ballot as that provided for that statewide election, the district shall at least eighty-eight (88) days prior to the date of the election, file with the board of supervisors, and a copy with the elections official, a resolution of its governing board requesting the consolidation, and setting forth the office to be voted upon at the election, as it is to appear on the ballot. Upon such request, the Board of Supervisors may order the consolidation;

WHEREAS, the resolution requesting the consolidation of the election shall be adopted and filed at the same time as the adoption of the resolution calling the election; and

WHEREAS, various district, county, state and other political subdivision elections have been called to be held on November 3, 2026;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED THAT:

1. An election of the Salinas Valley Memorial Healthcare System be called and consolidated with any and all elections also called to be held on November 3, 2026, pursuant to Section 32100.5 of the California Health and Safety Code, and SVMHS requests that the Board of Supervisors of the County of Monterey order such consolidation under California Elections Code Sections 10401 and 10403.
2. Pursuant to California Elections Code Section 10002, the SVMHS Board of Directors requests the Board of Supervisors to permit the Monterey County Elections Department to provide any and all services necessary for conducting an election for SVMHS and agrees to pay for such services in full.
3. Monterey County Elections Department conduct the election for the purpose of electing three (3) members to the SVMHS Board of Directors for the three (3) seats vacated by Directors ROLANDO CABRERA, MD (Zone 1), CATHERINE CARSON (Zone 4) and JOEL HERNANDEZ LAGUNA (Zone 5), whose terms expire on December 4, 2026, which will be filled by a qualified candidate elected by the voters in each of Zone 1, , Zone 4 and Zone 5 of the Salinas Valley Memorial Healthcare System each for a full four (4) year term, and conduct the election for the purposes of electing one (1) member to the SVMHS Board of Directors vacated by Director ISAURA ARREGUIN (Zone 3), whose term expires on December 4, 2026 pursuant to Elections Code Section 1780(d)(2) for the remaining two (2) years of the unexpired term for said Zone.
4. In accordance with California Elections Code Section 13307, (i) candidates are to pay for the publication of statements of qualifications; (i) candidates shall be allowed to submit a Candidate's Statement of Qualifications consisting of not more than two hundred (200) words; and (iii) no additional mailing of candidates' materials is authorized by this governing body pursuant to California Elections Code Section 13307. This determination by the SVMHS Board of Directors should not be interpreted to discourage any candidate from making any political mailings on his or her own.
5. The President of this Board be and is hereby authorized and directed, for and on behalf of SVMHS Board of Directors, pursuant to California Elections Code Section 10509, to notify by a Notice, attached as Exhibit 1, the Registrar of Voters of Monterey County on or before the 125th day prior to said election that there are four (4) elective offices to be filled at the District election for the Salinas Valley Memorial Healthcare System's Board of Directors, and that each candidate will pay for publication of his/her Statement of Qualifications.
6. Pursuant to California Elections Code Section 10407, the period for filing of nomination documents by candidates in this District election, which is consolidated with the general election, shall commence on the

113th day prior to the election. The nomination documents shall be filed not later than 5:00 p.m. on the 88th day prior to the election in the office of the appropriate officer during regular office hours.

7. The President of this Board of Directors be and is hereby authorized and directed, for and on behalf of the SVMHS Board of Directors, pursuant to Section 12112 of the California Elections Code, not less than ninety (90) days but not more than one hundred and twenty (120) days prior to the day fixed for said election, to publish at least once in THE SALINAS CALIFORNIAN, a newspaper of general circulation in the District, a Notice, attached as Exhibit 2, stating the date of the election and the number of offices to be filled at said election, namely, four (4) members of the Board of Directors of Salinas Valley Memorial Healthcare System—one (1) each from Zone 1, Zone 3, Zone 4, and Zone 5.
8. The President of this Board shall designate the Registrar of Voters or designee to act in the Board’s place and stead in issuing Official Filing Petitions and administering oaths or affirmations as required under Section 10512 of the California Elections Code and Article XX, Section 3 of the California Constitution.
9. The President or any officer of this Board of Directors be, and hereby is, authorized and directed to take the above action for and on behalf of the Board of Directors and any and all action that may be necessary or appropriate, including procurement of necessary supplies and services to prepare for and conduct said general election in accordance with the Local Health Care District Law.
10. Pursuant to California Elections Code Section 15651, the District shall resolve a tie vote by lot.

This Resolution No. 2026-05 was passed by the following vote of the Board of Directors of Salinas Valley Memorial Healthcare System, at a regular meeting of the Board held on June 25, 2026.

AYES:
NOES:
ABSTENTIONS:
ABSENT:

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

By: _____
Joel Hernandez Laguna, Board President

CERTIFICATION

The undersigned, being the President of the SVMHS Board of Directors, hereby certifies that the foregoing document is a true and correct copy of Resolution 2026-05 of the Board of Directors of Salinas Valley Memorial Healthcare System, duly adopted by the Board at a meeting held on June 25, 2026.

I have executed this Certification for Resolution 2026-05 of Salinas Valley Memorial Healthcare System on June 25, 2026.

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

By: _____
Joel Hernandez Laguna, Board President

EXHIBIT 1

**NOTICE TO REGISTRAR OF VOTERS OF GENERAL ELECTION OF
SALINAS VALLEY MEMORIAL HEALTHCARE DISTRICT**

(California Elections Code Section 10509)

NOTICE IS HEREBY GIVEN:

1. At the next general election of the Salinas Valley Memorial Healthcare System, four (4) elective offices of four (4) members of the Board of Directors of Salinas Valley Memorial Healthcare System will be filled—one each from Zone 1, Zone 4, and Zone 5 each for a four (4) year term, and from Zone 3 for the remaining two (2) year unexpired term. This election shall be held on November 3, 2026.
2. Each candidate is to pay for the publication of any statement of his or her qualifications pursuant to Section 13307 of the California Elections Code.
3. Each candidate shall be allowed to submit a Candidate’s Statement of Qualifications consisting of not more than two hundred (200) words.
4. No additional mailing of candidates’ materials will be authorized by this governing body pursuant to Section 13307 of the California Elections Code.

Executed at Salinas, California, on June 25, 2026.

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

By: _____
Joel Hernandez Laguna, Board President

EXHIBIT 2

**NOTICE OF GENERAL ELECTION OF
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

(California Elections Code Section 12112)

NOTICE IS HEREBY GIVEN that the General Election of the Salinas Valley Memorial Healthcare System will take place on Tuesday, November 3, 2026. The number of offices to be filled at this election is four (4), the same being the offices of four (4) members of the Board of Directors of Salinas Valley Memorial Healthcare System. Declarations of Candidacy for eligible candidates desiring to file for any of the elective offices may be obtained from the Office of the Registrar of Voters.

An eligible candidate for the Zone 1 seat must be a registered voter and reside within Zone 1 of the Salinas Valley Memorial Healthcare System.

An eligible candidate for the Zone 3 seat must be a registered voter and reside within Zone 3 of the Salinas Valley Memorial Healthcare System.

An eligible candidate for the Zone 4 seat must be a registered voter and reside within Zone 4 of the Salinas Valley Memorial Healthcare System.

An eligible candidate for the Zone 5 seat must be a registered voter and reside within Zone 5 of the Salinas Valley Memorial Healthcare System.

Nominations for these offices may be filed no earlier than July 13, 2026, and no later than 5:00 p.m., August 7, 2026, the same being 88 days prior to said election, with the Registrar of Voters or his/her designee, at Monterey County Elections, 1441 Schilling Place, North Building, Salinas, California 93901, on forms procurable in the Registrar of Voters' Office between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday, beginning on July 13, 2026.

In the event that there are no nominees or an insufficient number of nominees for the office and a petition for an election is not filed with the Registrar of Voters on or before August 12, 2026, that being the 83rd day before the election, appointment to each elective office will be made as prescribed by Section 10515 of the California Elections Code.

Dated: June 25, 2026

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

By: _____
Joel Hernandez Laguna, Board President

SUPPLY CHAIN CHALLENGES

(VERBAL REPORT)

(Clement Miller)

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