July 9, 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 **QUALITY AND EFFICIENT PRACTICES COMMITTEE - COMMITTEE OF THE WHOLE** of **SALINAS VALLEY HEALTH**[1] will be held **MONDAY, JULY 13, 2026, AT 8:30 A.M., DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA**.

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

Allen Radner, MD
President/Chief Executive Officer

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

Committee Voting Members: **Catherine Carson**, Chair, **Rolando Cabrera, MD**, Vice Chair, **Clement Miller,** Chief Operating Officer, **Carla Spencer, RN**, Chief Nursing Officer and **Richard Gerber, MD**, Medical Staff Member

Advisory Non-Voting Members: Cheryl Pirozzoli, Community Member

QUALITY AND EFFICIENT PRACTICES COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH[1]

MONDAY, JULY 13, 2026, 8:30 A.M.
DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117

Salinas Valley Health Medical Center
450 E. Romie Lane, Salinas, California

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

AGENDA

1. Call to Order / Roll Call

2. 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.

3. Approve the Minutes of the Quality and Efficient Practices Committee Meeting of June 15, 2026. (CARSON)

   - Motion/Second
   - Public Comment
   - Action by Committee/Roll Call Vote

4. Patient Care Services Update (SPENCER)
   - Report from Critical Care Unit Practice Council (MARTIN)

5. Quality & Safety Updates (GROOTERS)
   - Contract Performance Evaluations (ALBERT)
   - Complaints and Grievances (VARGAS)
   - Emergency Department (THOMPSON)
   - Risk Management Plan (RODRIGUEZ)

6. Closed Session

7. Reconvene Open Session/Report on Closed Session

8. Adjournment

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

The next Quality and Efficient Practices Committee Meeting is scheduled for Monday, **August 17, 2026** at 8:30 a.m.

This Committee meeting may be attended by Board Members who do not sit on this Committee. In the event that a quorum of the entire Board is present, this Committee shall act as a Committee of the Whole. In either case, any item acted upon by the Committee or the Committee of the Whole will require consideration and action by the full Board of Directors as a prerequisite to its legal enactment.

The Salinas Valley Health (SVH) Committee 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.

QUALITY & EFFICIENT PRACTICES COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH

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, hospital internal audit report, or report of quality assurance committee): _____

1. Quality and Safety Board Dashboard Review (SYED)

ADJOURN TO OPEN SESSION

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

PUBLIC COMMENT

DRAFT SALINAS VALLEY HEALTH[1]
QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES JUNE 15, 2026

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair**, Carla Spencer,** CNO, **Richard Gerber, M.D.,** Medical Staff Member, and **Clement Miller**, COO

Voting Members Absent: **Rolando Cabrera, M.D.**, Vice Chair

Advisory Non-Voting Members Present:
In Person: Allen Radner, M.D., President/CEO, Tim Albert, M.D., CCO, Alysha Hyland, CAO, Rakesh Singh, M.D., VPMSA
Via Teleconference: Michelle Childs, CHRO

Other Board Members Present, Constituting Committee of the Whole:
Via Teleconference: Joel Hernandez Laguna and Victor Rey

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Carson called the meeting to order at 8:31 a.m. in the Downing Resource Center, CEO Conference Room 117.

2. PUBLIC COMMENT: None.

3. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF MAY 18, 2026

Approve the minutes of the May 18, 2026 Quality and Efficient Practices Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT: None.

COMMITTEE MEMBER DISCUSSION: None.

MOTION:
Upon motion by Committee Member Spencer, second by Committee Member Miller, the minutes of the May 18, 2026 Quality and Efficient Practices Committee Meeting are approved as presented.

ROLL CALL VOTE:
Ayes: Chair Carson, Spencer, Miller, Dr. Gerber;
Nays: None;
Abstentions: None;
Absent: Vice Chair Dr. Cabrera.

Motion Carried.

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

4. PATIENT CARE SERVICES UPDATE: REPORT FROM THE PERIOPERATIVE CLINICAL PRACTICE COUNCIL

Carla Spencer, CNO, introduced members of her team to present an update on the Perioperative Clinical Practice Council. Grant Stephens, BSN, RN, PCCN, gave an overview of the council's purpose. Three topics were presented: Updating Family for All Phases of Care, Care of Neuro Diverse Patient, Enhancing Safety for the Care of the Patients on Chemotherapeutics.

COMMITTEE MEMBER DISCUSSION: None.

5. QUALITY AND SAFETY:

Stacy Wilde, Director of Quality and Safety, introduced members of her team to report on the following items:

- **Sepsis**: David Thompson, RN, Director of Nursing, provided an overview of the data related to 3-hour bundle compliance, crystalloid fluid administration, and 6-hour bundle compliance. He then summarized compliance measures from April 2025 through March 2026. He also reviewed blood culture data for adults, pediatrics, and underfilled bottles. Lastly, he covered next steps, Qapp fallouts, and the Epic Sepsis Dashboard.
- **Enhanced Recovery After Surgery (ERAS) Updates**: Lilia Meraz Gottfried, Director of Clinical Development, Disease Specific Care, provided an update on the Total Joint Replacement Program. She explained the rationale for ERAS, implementation efforts, key performance measures, education class completion, A1C compliance, length of stay, 30-day readmission rate, and 30-day ED visit rate. Lastly, she reviewed next steps.
- **Readmissions**: Athar Syed, MBBS, MSHS, Quality Data Integrity Specialist, presented the Hospital Readmission Reduction Program. He gave an overview of the current diagnosis and procedures, patient cohorts, index admissions exclusions, and extra specifications. Lastly he presented a graph of the SVHMC HRRP Performance Track & Trend.
- **Transitional Care**: Michelle Orta, MSN, RN, PHN, CCM, Director, Continuum of Care gave an overview of the Transitional Care Program. The presentation included FY2026 graphs on Coronary Artery Bypass Graft Medicare Readmissions, Heart Failure Medicare Readmissions, Chronic Obstructive Pulmonary Disease Medicare Readmissions, Acute Myocardial Infarction Medicare Readmissions, Pneumonia Medicare Readmissions. Lastly, she reviewd next steps.

Full reports were included in the packet.

COMMITTEE MEMBER DISCUSSION: Chair Carson suggested utilizing charts to gain ERAS reports rather than waiting for Epic reporting. Regarding readmissions, Chair Carson asked whether transfers to another hospital are counted as readmissions against the organization.

6. CLOSED SESSION

Chair Carson announced that the items to be discussed in Closed Session are *Hearings/Reports* as listed on the closed session agenda. The meeting recessed into Closed Session under the Closed Session protocol at 9:27am.

7. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:30 a.m. Chair Carson reported that in Closed Session, the *Hearings/Reports* were accepted as follows:

1. Hearings/Reports: Quality and Safety Board Dashboard Review (SYED)

8. ADJOURNMENT

There being no other business, the meeting adjourned at 9:31 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for Monday, **July 13, 2026** at 8:30 a.m.

_____

Catherine Carson, Chair
Quality and Efficient Practices Committee

PATIENT CARE SERVICES UPDATE

Presented by:
Carla Spencer, MSN, RN, NEA-BC
Chief Nursing Officer

Featuring: Critical Care Unit Practice Council

Monday, July 13, 2026

CRITICAL CARE UNIT PRACTICE COUNCIL

COUNCIL MEMBERS:

- Chair: David Martin, *BSN, RN, PCCN*
- Co-Chair: Jannica Sebastian, *MSN, RN, PCCN*
- Assoc. Co-Chair: Kristine Lacanilao, *BSN,RN*

Advisor: Marie Marbach, MSN, RN, PCCN

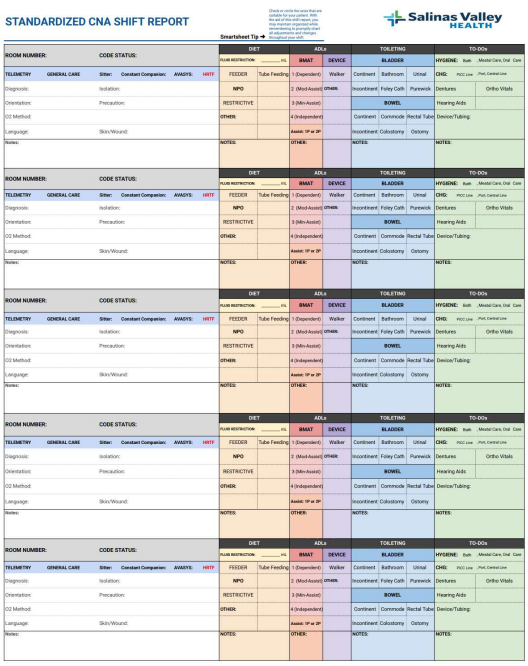
- Kaitlyn Blazek, *BSN,RN*
- Ashley Hussieni, *BSN, RN*
- Ianna Schlaefli, *BSN, RN*
- Francis Villanueva, *BSN, RN*
- Catherine "Nichole" Harris, *BSN, CCRN*
- Jose "Dante" Santoyo, *BSN, RN*
- Elyse Edgerle, *BSN, RN*
- Francesca Perry, *BSN, RN*
- Jocelyn Ahedo, *BSN, RN*
- Melanie Morales, *BSN, RN*

COUNCIL PURPOSE:

"To identify and implement standards of care and evidence-based practices specific to critical care, and identify and resolve clinical and systems issues impacting or affecting care coordination, a healthy work environment, the delivery of patient and family centered care, patient safety, and clinical outcomes."

TOPICS:

- CNA HANDOVER TOOL
- INCREASE CERTIFICATION RATE
- WHAT'S AHEAD



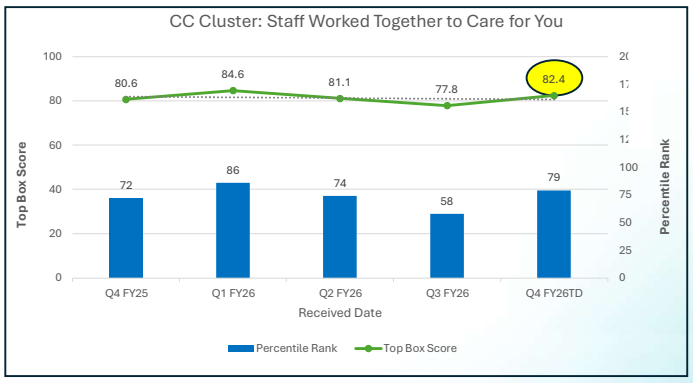
CNA HANDOVER TOOL:

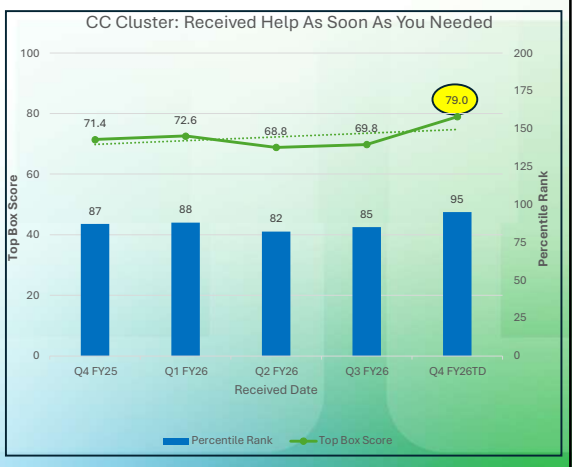
BACKGROUND:

- This is a process improvement opportunity during CNA handoff at shift change. We have recently identified gaps in communication that may impact patient care. Feedback from CNAs and nurses indicates inconsistencies in patient information and instances where patient-related concerns were not consistently communicated or documented

INTERVENTION:

- A standardized CNA handover tool was developed to guide shift-to-shift report and improve communication of priority patient care needs. The tool was designed to support a more consistent handoff process and strengthen coordination between outgoing and incoming staff.
- Post-implementation evaluation focused on patient experience measures related to teamwork and responsiveness, with early results showing overall improvement despite-to-quarter variation.





OUTCOME/DATA: POST-IMPLEMENTATION

Patient experience measures related to teamwork and responsiveness showed overall improvement following implementation.

- Key measures included patient perception that staff worked together to care for them and that help was received as soon as needed.
- Post-implementation data showed improvement in teamwork-related and responsiveness-related measures over time, with recovery after interim variation and stronger performance in the most recent period displayed.
- These findings suggest the standardized handoff process contributed to more reliable communication and better care experience.

CERTIFICATION RATE:

BACKGROUND:

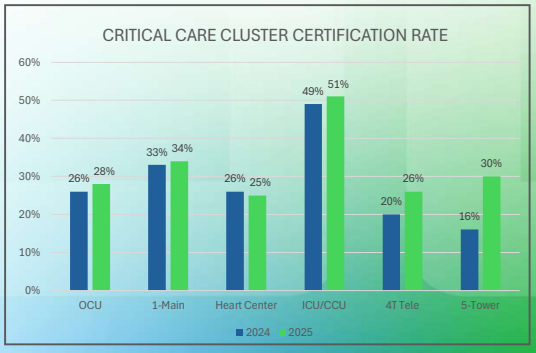
- The Magnet® Recognition Program emphasizes support for specialty certification and tracking certification rates, the Critical Care Cluster wanted to align with the SVH Nursing Strategic Goal to increase certification rate by 1%.

INTERVENTION:

- Professional development opportunities include:
  - In-person certification review courses offered twice a year for Critical Care Registered Nurse (CCRN) and Progressive Care Certified Nurse (PCCN).
  - Nurse Builders self-study courses are available through the Education Department.
  - Certification exam reimbursement is also available.

OUTCOME/DATA:

- The Critical Care Cluster grew their board certification rate in all units. **Heart Center (HC) variance reflects board certified staff transfers to other department/s.*



WHAT'S AHEAD: COUNCIL GOALS FOR 2026

Goal #1:

INCREASE the aggregate critical care cluster (ICU, 1M, HC, 4T, 5T, and OCU) Certification Rate from:

2025 baseline of 32.67% to 35.0% by December 2026, (+2.33%)

Goal #2:

INCREASE the percentage of months in which the critical care cluster units (ICU, 1M, HC, 4T, 5T, and OCU) outperform the national total patient falls benchmark from:

2025 baseline of 77.8% to ≥ 83.3% by December of 2026.

Goal #3:

INCREASE the **Press Ganey Response of Hospital Staff** aggregate domain **Top Box score** for the progressive care cluster (1M, HC, 4T, 5T, OCU) **by 5%** from:

FY2025 baseline of 71.98% to ≥ 75.58% for FY2026 (+3.6%)

*Aspire to obtain the **AACN Beacon Award** for the Telemetry Cluster through sustained improvements in patient care, staff engagement, and professional practice


Salinas Valley
HEALTH
Questions?

Contract Performance Evaluation

Quality and Efficient Practices Committee
July 13, 2026

Contract Performance Oversight

Purpose

To support management oversight of contracts and ensure contracted services continue to meet organizational expectations and. applicable CMS and Joint Commission requirements.

Required Standard

CMS Conditions of Participation Sections 482.12(e) 482.12(e1), and 482.12(e2) provide the requirements for the evaluation of contracted services.

Annual Evaluation Process

- Completed annually by the operational leader responsible for each contract.
- Evaluates customer service, contract compliance, quality, performance, competency, and regulatory compliance.
- Identifies opportunities for corrective action and ongoing performance monitoring.

Board Oversight

An annual summary of evaluation results is presented to the Board to support its oversight responsibilities.

Annual Contract Performance Evaluation

Completed annual performance evaluations for 102 active contracts:

- Overall performance remained strong, with satisfactory ratings ranging from 99% to 100% across all evaluation categories.
- All evaluated contracts met applicable accreditation, state, and federal requirements.
- One contract requires targeted follow-up and continues to be actively monitored by management.
- In the past, surveys were conducted on all contract types, including those without direct patient care relevance (ex: clinical software licenses). On a go-forward basis, survey activity will focus on contracts with direct patient care impact – consistent with the focus of the applicable CMS COPs.

Contract Performance Dashboard

Management Follow-Up

- One contract (**Vesta Solutions**) has been monitored for turnaround time performance and service quality issues continuously since 2023.
- Management conducts biweekly operational meetings, reviews turnaround time metrics, and performs peer review and quality oversight as needed.
- Concentrated recruitment efforts of additional radiologists have helped mitigate these issues. An evening radiologist has reduced reliance on outsourced teleradiology and decreased monthly teleradiology utilization by approximately 40%.
- An RFP process is planned for mid-July 2026 to evaluate long-term teleradiology partners following stabilization of the Epic implementation.

Recommendation: Receive and file the Annual Contract Performance Evaluation Report and acknowledge management's ongoing monitoring of identified performance issues.

	A	B	C	D	E	F	G	H	I	J	K	L
1	Supplier	Contract Title	Category	Contract ID	Director	Year	Is a satisfactory level of customer service provided by this vendor?	Does this vendor meet all contractual obligations?	Is the vendor's overall contract performance satisfactory?	Is the overall competency level of the vendor's staff satisfactory?	Is the quality of service provided by this vendor satisfactory?	Does the vendor meet all applicable accreditation standards and/or state & federal requirements?
2	AGILITI SURGICAL INC	Agiliti Surgical, Inc - ESWL Clinical Services Agreement	Direct	2,730	Huebner, Aisha	2026	Yes	Yes	Yes	Yes	Yes	Yes
3	Albert, Timothy MD	Timothy Albert, MD - CADI at Ryan Ranch Coverage	Direct-CMO	3,175	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
4	ALINA HEALTH LLC	Alina Health, LLC - Infectious Disease Weekend Coverage and PRN Coverage, Telehealth	Direct-CMO	2,969	Meraz-Gottfried, Lilia	2026	Yes	Yes	Yes	Yes	Yes	Yes
5	ALLIANCE HEALTHCARE SERVICES INC	Alliance Health - MRI and PET/CT Services	Direct	1,720	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
6	ARAMARK SERVICES INC	Aramark Services, Inc - Nutritional Services Management Services Agreement. Only automatically renews for ONE year, then pro-active renewal in writing is required.	Direct	2,955	Miller, Clement	2026	Yes	Yes	Yes	Yes	Yes	Yes
7	AZIZ, SHEHZAD MD	Shehzad Aziz, MD - Medical Director, Oncology Research and Services	Direct-CMO	7,462	Nielson, Terri	2026	Yes	Yes	Yes	Yes	Yes	Yes
8	BAJAJ, TARUN I MD	Tarun Bajaj, MD - General Surgery Services (Medical Directorship)	Direct-CMO	2,686	Meraz-Gottfried, Lilia	2026	Yes	Yes	Yes	Yes	Yes	Yes
9	BASSE, MICHAEL MD	Michael Basse, MD - Co-Medical Director, Radiology Service	Direct-CMO	2,816	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
10	BAY AREA GYNECOLOGY & ONCOLOGY	Bay Area Gyn Onc - Coverage, Gynecology Oncology	Direct-CMO	2,290	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
11	Blakemore, Tonya MD	Tonya Blakemore, MD - 1099 Coverag, Pediatrics	Direct-CMO	3,248	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
12	CAPSTONE ORTHOPEDICS INC	Capstone Orthopedics, Inc - Prosthetics/Orthotics & Related Services	Direct	1,927	Graziano, J	2026	Yes	Yes	Yes	Yes	Yes	Yes
13	CCSLI INC (formerly Central Coast Sign Language Interpreters, LLC)	CCSLI INC (formerly Central Coast Sign Language Interpreters, LLC) - Interpreting Services	Direct	1,919	Tienken, William	2026	Yes	Yes	Yes	Yes	Yes	Yes
14	Cefala, Edward MD	Edward Cefala, MD - 1099 Coverage, Mammography	Direct-CMO	3,134	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
15	CENTRAL COAST NEPHROLOGY	Central Coast Nephrology, Dialysis Program - Barbara Rever MD	Direct-CMO	1,749	Lalata, Agnes	2026	Yes	Yes	Yes	Yes	Yes	Yes
16	CENTRAL COAST VNA & HOSPICE INC	CCVNA & Hospice - Home Health & Hospice	Direct	1,918	Scott, Troy	2026	Yes	Yes	Yes	Yes	Yes	Yes
17	COASTAL AESTHETICS INC	Steven Regwan, DO (Coastal Aesthetics, Inc) - Medical Director, Congestive Heart Failure & Pulmonary Hypertension Program (CHF PH)	Direct-CMO	3,818	Orta, Michelle	2026	Yes	Yes	Yes	Yes	Yes	Yes
18	COASTAL AESTHETICS INC	Steven Regwan, DO (Coastal Aesthetics, Inc) - CADI at Ryan Ranch Coverage	Direct-CMO	2,142	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
19	COASTAL AESTHETICS INC	Steven Regwan, DO (Coastal Aesthetics, Inc) - Medical Director, Pre-Operative Program Regwan	Direct-CMO	2,159	Huebner, Aisha	2026	Yes	Yes	Yes	Yes	Yes	Yes
20	COASTAL KIDS HOME CARE	Coastal Kids Home Care - Pediatric Palliative Care Services - Home Health	Direct	1,973	Meraz-Gottfried, Lilia	2026	Yes	Yes	Yes	Yes	Yes	Yes
21	COASTAL RADIATION ONCOLOGY MEDICAL GROUP INC	Coastal Rad Onc - Oncology Services (Inpatient)	Direct-CMO	1,727	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
22	COLORADO, RENE MD	Rene Colorado, MD - Stroke Program Medical Director & Research Comm Chair	Direct-CMO	2,189	Meraz-Gottfried, Lilia	2026	Yes	Yes	Yes	Yes	Yes	Yes
23	COMPHEALTH ASSOCIATES INC	Comp Health - Locum Tenens Physician & Provider Staffing Services	Direct-CMO	1,827	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
24	CORINTHIAN INTERNATIONAL PARKING SV	Corinthian International Parking - Valet Services	Direct	3,016	Guiterrez, Elias	2026	Yes	Yes	Yes	Yes	Yes	Yes
25	CYPRESS COAST ANESTHESIOLOGY MEDICAL GROUP INC	CCAMG - Anesthesiology Services (ER call coverage and Medical Directorships)	Direct-CMO	1,750	Huebner, Aisha	2026	Yes	Yes	Yes	Yes	Yes	Yes
26	DE, AJANTA MD	Ajante De, MD - EKG Reading Panel	Direct-CMO	2,428	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
27	De, Ajanta, MD	Ajanta De, MD - Structural Heart Procedures Coverage	Direct-CMO	7,263	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
28	DEFILIPPI, VINCENT MD	Vincent Defilippi, MD - Blood Utilization Management Services (Medical Directorship)	Direct-CMO	2,558	Orozco, Lori	2026	Yes	Yes	Yes	Yes	Yes	Yes

	A	B	C	D	E	F	G	H	I	J	K	L
29	DICKEY, JAMES WILLIAM III MD	James Dickey, MD - 1099 Coverage, Wound Healing Clinic	Direct-CMO	3,058	Baker, Thelma	2026	Yes	Yes	Yes	Yes	Yes	Yes
30	Emerald Textile Services Northern California, LLC	Emerald Texttile - Linen Laundry Services (via Medline)	Direct	2,653	McDowell, Christa	2026	Yes	Yes	Yes	Yes	Yes	Yes
31	EPOCH SLEEP SPECIALTIES	Epoch Sleep Specialties - Sleep Study Scoring Services	Direct	1,855	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
32	GANZHORN,FRANK MD	Frank Ganzhorn, MD - 1099 Coverage, Pulmonology	Direct-CMO	2,981	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
33	GERBER, RICHARD MD	Richard Gerber, MD - Cardiac Cath Lab Coverage	Direct-CMO	2,060	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
34	GERBER, RICHARD MD	Richard Gerber, MD - Medical Director, Cardiology Services	Direct-CMO	2,446	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
35	GERBER, RICHARD MD	Richard Gerber, MD - CADI at Ryan Ranch Coverage	Direct-CMO	1,989	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
36	Giedt Jr, Wallace Reid	Reid Giedt, MD - 1099 Coverage, Pediatrics	Direct-CMO	3,252	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
37	Gonzalez, Evelin MD	Evelin Gonzalez, MD - 1099 Coverage, Family Medicine / Urgent Care	Direct-CMO	3,300	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
38	GROGIN, HARLAN MD	Harlan Grogin, MD - Electrophysiology Program	Direct-CMO	1,818	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
39	GROGIN, HARLAN MD	Harlan Grogin, MD - CADI at Ryan Ranch Coverage	Direct-CMO	1,990	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
40	HANGER CLINIC	Hangar Clinic - Orthotic and Prosthetic Equipment & Services	Direct	2,068	Graziano, J	2026	Yes	Yes	Yes	Yes	Yes	Yes
41	HBH Complete LLC	HBH Complete, LLC - Locum Tenens Coverage Services	Direct-CMO	2,838	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
42	HINZ, CHRISTINA MD INC	Christina Hinz, MD - Medical Director, Operative Services	Direct-CMO	2,019	Huebner, Aisha	2026	Yes	Yes	Yes	Yes	Yes	Yes
43	HSS SECURITY LLC	HSS Security, LLD - Master Service Agreement for HSS Security and Valet Services (valet portion endied 6/30/2024)	Direct	2,080	Wardwell, Jeff	2026	Yes	Yes	Yes	Yes	Yes	Yes
44	HU, JOHNNY MD	Johnny Hu, MD - Respiratory Care, Point of Care Testing Lab	Direct-CMO	2,130	Orozco, Lori	2026	Yes	Yes	Yes	Yes	Yes	Yes
45	IMAGE FIRST HEALTHCARE LAUNDRY SPECIALISTS	Image First Healthcare Laundry Specialists - Laundry Agreement for CADI, Sleep, Etc.	Direct	2,965	McDowell, Christa	2026	Yes	Yes	Yes	Yes	Yes	Yes
46	JACKSON, AMANDA MD	Amanda Jackson, MD - Medical Director, Taylor Farms Family Health & Wellness Center	Direct-CMO	3,270	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
47	JAMES DACUS MD INC	James Dacus, MD - Physician Advisor, Utilization Management Directorship	Direct-CMO	1,885	Scott, Troy	2026	Yes	Yes	Yes	Yes	Yes	Yes
48	JOYE, JAMES DO	James Joye, DO - EKG Reading Panel	Direct-CMO	2,427	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
49	KARAHALIOS, SOTERIA MD	Soteria Karahalios, MD - Cardiac CT Interpretation	Direct-CMO	1,865	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
50	KELLER III, DAVID W MD	David Keller, MD - Emergency On-Call Agreement, Infectious Disease	Direct-CMO	3,039	Meraz-Gottfried, Lilia	2026	Yes	Yes	Yes	Yes	Yes	Yes
51	KeyCare, Inc	KeyCare, Inc - Virtual Urgent Care Services & Telehealth Platform	Direct-CMO	3,225	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
52	KISSELL, NICOLAS MD	Nicholas Kissell, MD - Endocrine and Diabetes Service	Direct-CMO	2,069	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
53	KLICK MEDICAL P-CORP	Anastasia Klick, MD (Klick Medical P-Corp) - Medical Director, SVHC Practitioner Well Being Services	Direct-CMO	2,708	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
54	KLIMBERG, NICHOLAS MD	Nicholas Klimberg, MD - Medical Director,Respiratory Care and Critical Care Service	Direct-CMO	3,040	Villaneda, Louis	2026	Yes	Yes	Yes	Yes	Yes	Yes
55	LANGUAGE LINE SERVICES INC	Language Line Services, Inc - Language Interpretation & Translation Services (under GPO)	Direct	2,846	Tienken, William	2026	Yes	Yes	Yes	Yes	Yes	Yes
56	Lipstick Angels	Lipstick Angels - Beauty Services for Oncology Patients	Direct	7,392	Baker, Thelma	2026	Yes	Yes	Yes	Yes	Yes	Yes
57	LOCKE, ERICA A MD	Erica Locke, MD - Substance Use Disorder Program, Medical Director	Direct-CMO	2,806	Meraz-Gottfried, Lilia	2026	Yes	Yes	Yes	Yes	Yes	Yes
58	LUBA, DANIEL MD	Daniel Luba, MD - Medical Director, Comprehensive Cancer Program	Direct-CMO	3,108	Baker, Thelma	2026	Yes	Yes	Yes	Yes	Yes	Yes
59	LUBA, DANIEL MD	Daniel Luba, MD - Endoscopy Service, Medical Director	Direct-CMO	2,739	Huebner, Aisha	2026	Yes	Yes	Yes	Yes	Yes	Yes
60	LUCILE PACKARD CHILDRENS HOSPITAL	LPCH - Physician Services for Retinopathy of Prematurity (ROP)	Direct-CMO	1,888	Vasher, Julie	2026	Yes	Yes	Yes	Yes	Yes	Yes

	A	B	C	D	E	F	G	H	I	J	K	L
61	MEDAWAR, CHAD	Chad Medowar, MD - Critical Care/Pulmonary Coverage	Direct-CMO	2,395	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
62	MEYERHOFF, KAREN MD	Karen Meyerhoff, MD - Critical Care/Pulmonary Coverage	Direct-CMO	2,339	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
63	MONTEREY BAY GI CONSULTANTS MEDICAL GROUP INC	MBGI Consultants - GI Services at TFFH&WC	Direct-CMO	2,542	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
64	MUKAI, KANAE MD	Kanae Mukai, MD - Non-Invasive Cardiac Imaging Service	Direct-CMO	2,252	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
65	MUKAI, KANAE MD	Kanae Mukai, MD - CADI at Ryan Ranch Coverage	Direct-CMO	2,207	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
66	MUSTOE, THOMAS MD	Thomas Mustoe, MD - Cardiac Cath Lab Coverage	Direct-CMO	2,213	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
67	MUSTOE, THOMAS MD	Thomas Mustoe, MD - CADI at Ryan Ranch Coverage	Direct-CMO	1,991	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
68	OBSTETRIX MEDICAL GROUP OF CA	Obstetrix - OB Hospitalist Coverage	Direct-CMO	2,324	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
69	OH, CHRISTOPHER MD	Christopher Oh, MD - Cardiovascular Nuclear Medicine Services (Medical Directorship)	Direct-CMO	2,455	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
70	OH, CHRISTOPHER MD	Christopher Oh, MD - Medical Director, Cardiac Rehabilitation Services	Direct-CMO	3,790	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
71	OH, CHRISTOPHER MD	Christopher Oh, MD - CCADI at Ryan Ranch Coverage	Direct-CMO	1,992	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
72	Pacific Medical	Pacific Medical - Orthopedic Soft Goods, Durable Medical Equipment DME & Orthotics/Prosthetics Services	Direct	3,490	Graziano, J	2026	Yes	Yes	Yes	Yes	Yes	Yes
73	PACKARD CHILDRENS HEALTH ALLIANCE	LPCH - Pediatric Cardiology Patient Care Services	Direct-CMO	1,967	Lalata, Agnes	2026	Yes	Yes	Yes	Yes	Yes	Yes
74	POUDEL, MAHENDRA MD	Mahendra Poudel, MD - Infection Prevention/Antimicrobial Stewardship & P&T/ICC Comm Chair	Direct-CMO	2,072	Deen, Melissa (MGR)	2026	Yes	Yes	Yes	Yes	Yes	Yes
75	PRIME PERFUSION INC	Prime Perfusion, Inc - Cardiac Perfusion Services	Direct	3,004	Huebner, Aisha	2026	Yes	Yes	Yes	Yes	Yes	Yes
76	QUALITY ASSURANCE SERVICES INC	Quality Assurance Services, Inc - Physicist Consulting Services	Direct	2,652	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
77	QUEST DIAGNOSTICS INCORPORATED	Quest Diagnostics - Reference laboratory testing (Vizient GPO EULA LB0593)	Direct	2,095	Constance, JR	2026	Yes	Yes	Yes	Yes	Yes	Yes
78	REDDY, KARTHEEK MD	Kartheek Reddy, MD - Orthopedic Trauma Specialist Services	Direct-CMO	2,386	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
79	REGENTS OF UNIV OF CA - DEPT OF NEURO	Regents/UCLA - Laboratory Services	Direct	2,256	Orozco, Lori	2026	Yes	Yes	Yes	Yes	Yes	Yes
80	REGENTS OF UNIV OF CA - DEPT OF NEURO	Regents/UCSF - Pediatric Endocrinology Services to SVHC Diabetes & Endocrine Center	Direct-CMO	2,231	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
81	RODRIGUEZ, ORLANDO MD	Orlando Rodriguez, MD - Mobile Medical Clinic Directorship	Direct-CMO	2,462	Fitzgerald, Lynette	2026	Yes	Yes	Yes	Yes	Yes	Yes
82	ROMANS, MATTHEW MD	Matthew Romans, MD - Wound Care Center	Direct-CMO	1,945	Baker, Thelma	2026	Yes	Yes	Yes	Yes	Yes	Yes
83	SAKOPOULOS, ANDREAS MD	Andreas Sakopouls, MD (Opus Cardias) - Medical Director, Cardiothoracic Surgery Service	Direct-CMO	3,488	Huebner, Aisha	2026	Yes	Yes	Yes	Yes	Yes	Yes
84	Salinas Pathology Services Medical Group, Inc	Salinas Pathology Services Medical Group, Inc - Pathology Services, Coverage & Admin	Direct-CMO	3,467	Orozco, Lori	2026	Yes	Yes	Yes	Yes	Yes	Yes
85	SALINAS VALLEY EMERGENCY MEDICAL GROUP INC	SVEMG - Emergency Physician Services & Coverage	Direct-CMO	1,782	Thompson, David	2026	Yes	Yes	Yes	Yes	Yes	Yes
86	SATELLITE HEALTHCARE INC	Satellite Healthcare, Inc - Non-Physician Personnel/Inpatient Acute Dialysis Services	Direct	2,391	Lalata, Agnes	2026	Yes	Yes	Yes	Yes	Yes	Yes
87	SHAH, PIR MD	Pir Shah, MD - EKG Reading Panel	Direct-CMO	1,731	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
88	Sierra Medical LLC	Sierra Medical LLC - Cryosurgery System w/Ultrasound & Technicians	Direct	1,756	Huebner, Aisha	2026	Yes	Yes	Yes	Yes	Yes	Yes
89	Specialists on Call, Inc. & California Tele-Physicians	Specialists on Call & Ca Tele-Physicians - Psychiatric Telemedicine Services	Direct-CMO	1,921	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
90	SPECIALTYCARE IOM SERVICES LLC	Specialty Care IOM Services, LLC - Intraoperative Neuromonitoring Services & Associated Disposable Supply Purchase	Direct	3,044	Huebner, Aisha	2026	Yes	Yes	Yes	Yes	Yes	Yes

	A	B	C	D	E	F	G	H	I	J	K	L
91	STEMERMAN, AMY L	Amy Stermerman, MD - Medical Director, Diagnostic Radiology (Clinic) & Mammography Services	Direct-CMO	7,059	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
92	TARDIEU, BERT MD	Bert Tardieu, MD - Medical Director for Joint Replacement Program	Direct-CMO	1,753	Meraz-Gottfried, Lilia	2026	Yes	Yes	Yes	Yes	Yes	Yes
93	TIS LLC	TIS, LLC - Translation and Interpretation Services	Direct	3,128	Tienken, William	2026	Yes	Yes	Yes	Yes	Yes	Yes
94	Urology Locums, LLC	Urology Locums, LLC - Urology Locums	Direct-CMO	2,687	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
95	VARMA, GEETHA MD	Geetha Varma, MD - Medical Director: Comprehensive Cancer Program & Oncology Services	Direct-CMO	3,217	Meraz-Gottfried, Lilia	2026	Yes	Yes	Yes	Yes	Yes	Yes
96	VENTURA, FRANCIS RANGEL	Francis Rangel Ventura, MD - Family Medicine Coverage Agreement at TFFH&WC	Direct-CMO	2,988	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
97	Vesta Solutions Group, LLC dba Vesta Teleradiology	Vesta Solutions - Teleradiology Services (SVH)	Direct-CMO	2,811	Meraz-Gottfried, Lilia	2026	Yes	No - see below	No - see below	Yes	No - see below	Yes
98	VITALANT	Vitalant - Arrangement for Acquisition of Blood & Blood Products	Direct	1,788	Constance, JR	2026	Yes	Yes	Yes	Yes	Yes	Yes
99	Yu, Yvonne MD	Yvuonne Yu, MD - 1099 Coverage, Pediatrics (Expires 4/30/26)	Direct-CMO	3,407	Heacox, Molly	2026	Yes	Yes	Yes	Yes	Yes	Yes
100	ZETTERLUND, PATRIK MD	Patrik Zetterlund, MD - Medical Director, Cardiac Cath Lab Program	Direct-CMO	1,961	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
101	ZETTERLUND, PATRIK MD	Patrik Zetterlund, MD - Coverage Agreement, Cardiac Cath Lab Coverage	Direct-CMO	2,059	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes
102	ZETTERLUND, PATRIK MD	Patrick Zetterlund, MD - CADI at Ryan Ranch Coverage	Direct-CMO	1,988	Kazel, John	2026	Yes	Yes	Yes	Yes	Yes	Yes
103	ZUPANCIC, MICHAEL MD	Michael Zupancic, MD - Medical Director, Sleep Center	Direct-CMO	3,320	Giovanetti, Megan	2026	Yes	Yes	Yes	Yes	Yes	Yes

Contract Evaluation: Vesta Teleradiology Services

Lilia Meraz Gottfried
To Natalie A. James; Michelle Endris
Cc Timothy Albert
Retention Policy SVMH e-Mail Policy: 5 Years (Never) Expires Never

Reply | Reply All | Forward

Fri 6/19/2026 8:00 AM

Good morning Natalie and Michelle,

Here is the supportive documentation for the underperforming contract and plan to address the replacement. Please let me know if you need anything else from me.

Operational Context Regarding Teleradiology Services

While the primary performance concerns relate to failure to consistently meet contractual turnaround times (TATs) and occasional interpretation discrepancies, the relationship is being actively managed through established oversight processes.

To address performance concerns, biweekly operational meetings are held with the vendor, including Dr. Singh and myself, to review turnaround time metrics , discuss service issues, and identify opportunities for improvement. Peer review is requested as needed for cases involving potential interpretation concerns. In addition, the vendor maintains a formal quality assurance program and shares quality review findings with our organization.

It is also important to note that our radiology staffing strategy has evolved significantly over the past year. We have actively recruited additional radiologists and recently added a dedicated evening radiologist (addressed peak STAT ER imaging reads), which has reduced dependence on teleradiology coverage. As a result, monthly teleradiology expenditures have decreased by approximately 40%, while improving our ability to manage volume internally.

The organization had previously considered pursuing a competitive procurement process; however, those efforts were placed on hold during the Epic implementation to prioritize operational and technology transition activities. With the Epic implementation complete and stabilized, we are resuming those efforts and are currently developing a Request for Proposal (RFP) to evaluate alternative teleradiology vendors and identify a long-term partner that best aligns with our operational, quality, and turnaround time expectations.

Although opportunities remain for the current vendor to improve compliance with contractual turnaround time requirements, ongoing monitoring, regular performance discussions, quality oversight, and internal recruitment efforts have strengthened radiology service coverage and reduced organizational reliance on outsourced interpretations. The forthcoming RFP process will provide an opportunity to assess the current vendor alongside other potential partners to ensure the organization receives the highest value and service performance moving forward.

Thanks,

Lilia

Lilia Meraz-Gottfried, MSN, RN, CMNL
Director Clinical Development
Disease Specific Care
Address: 450 East Romie Lane, Salinas, CA 93901
Phone: 831-759-1870
Email: lmerazgo@SalinasValleyHealth.com

Complaints & Grievances

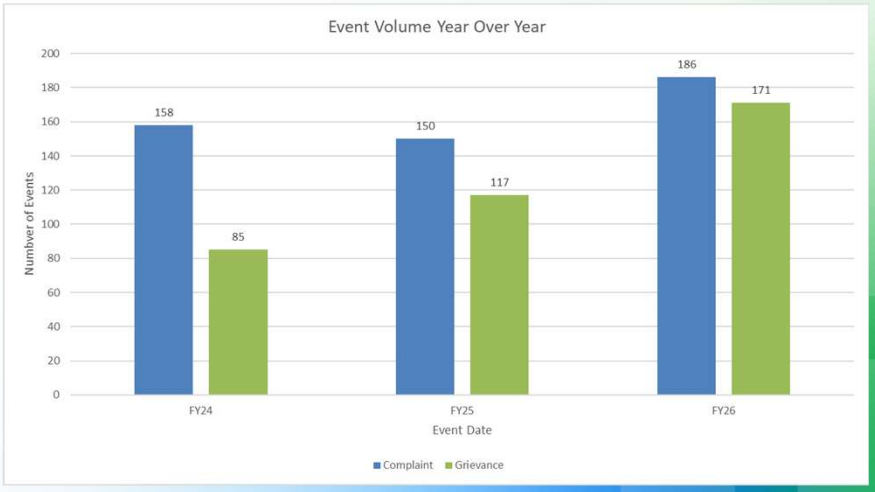
July 13, 2026

Cynthia Vargas, BS, CPXP
Patient Experience Manager

AGENDA

- **WeCare Data**
- **Lost Belongings**
  - Reimbursement Data
  - Missing Dentures by Year
- **Interventions**
  - Patient Belongings
  - 65+

WeCare Data - FY26



WeCare Data - FY26

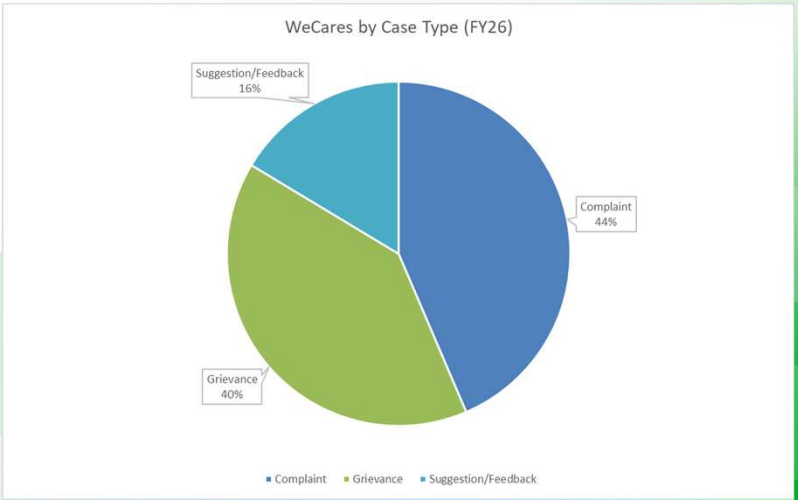
July 2025 – June 2026

Total of **427** events entered

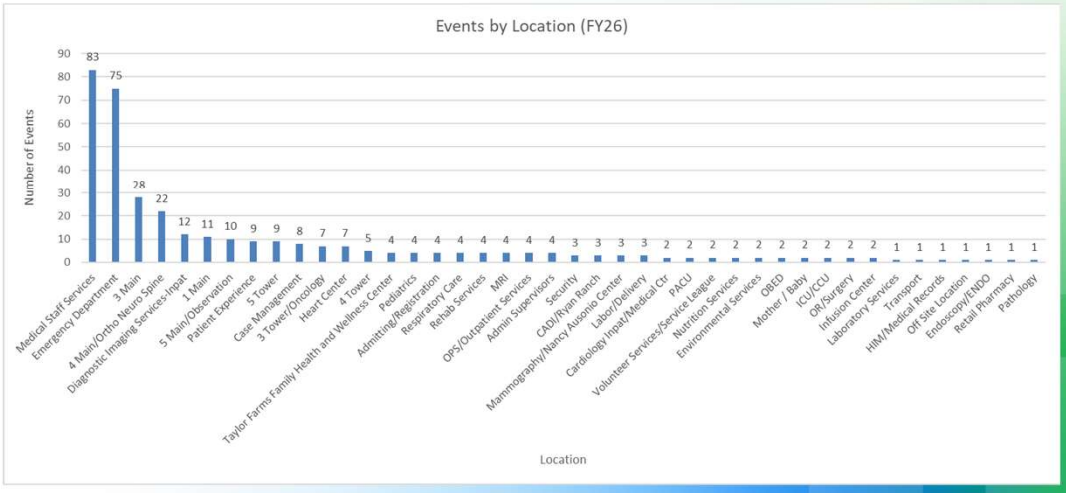
- Complaint : 186
- Grievance: 171
- Suggestion/Feedback: 70

Closing grievances on a 9.5 day average

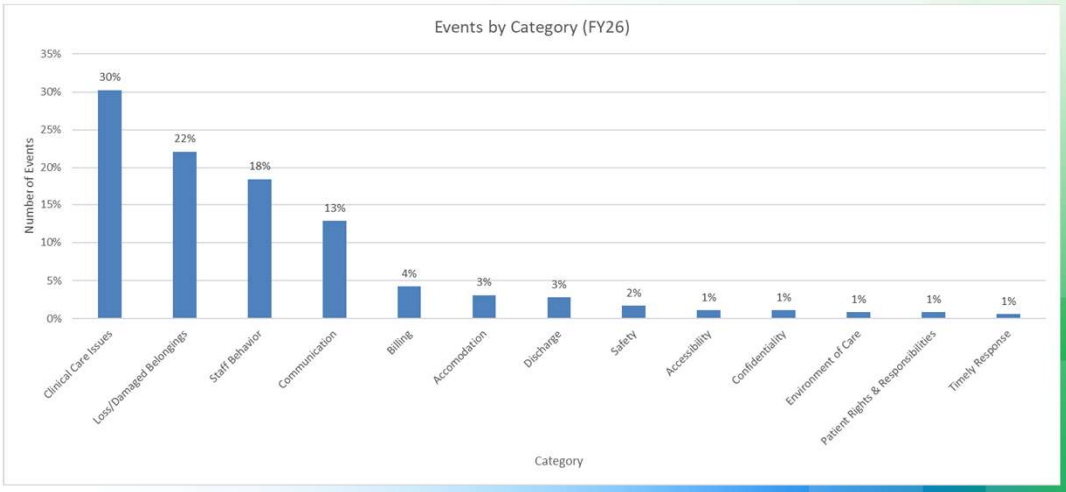
Grievance Compliance: 100% Compliance achieved for both 7-day acknowledgment and 45-day resolution timelines.



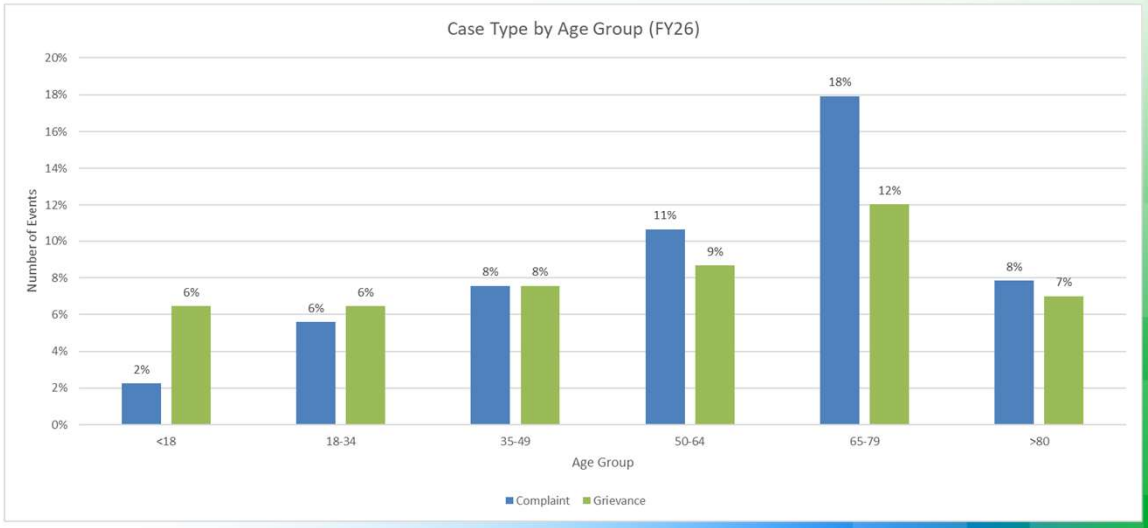
WeCare Data - FY26



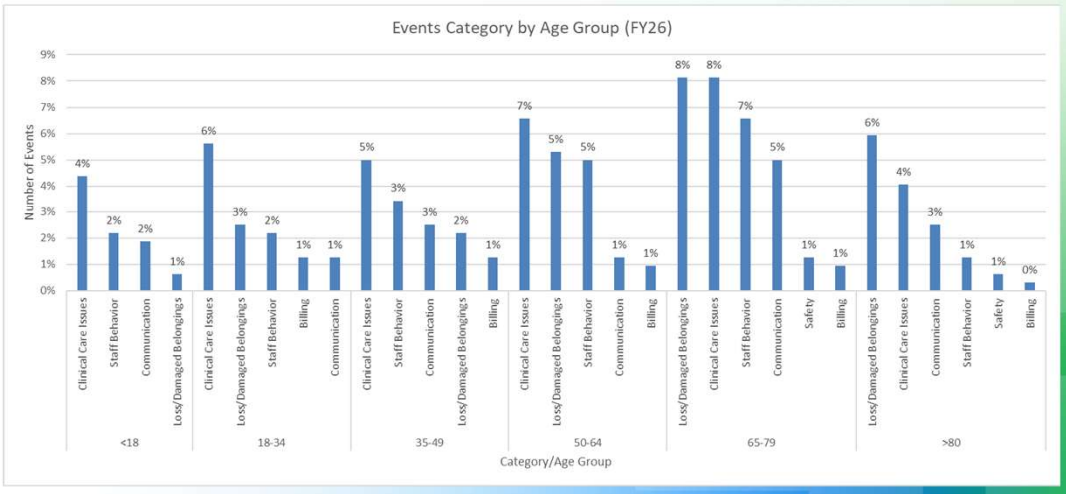
WeCare Data - FY26



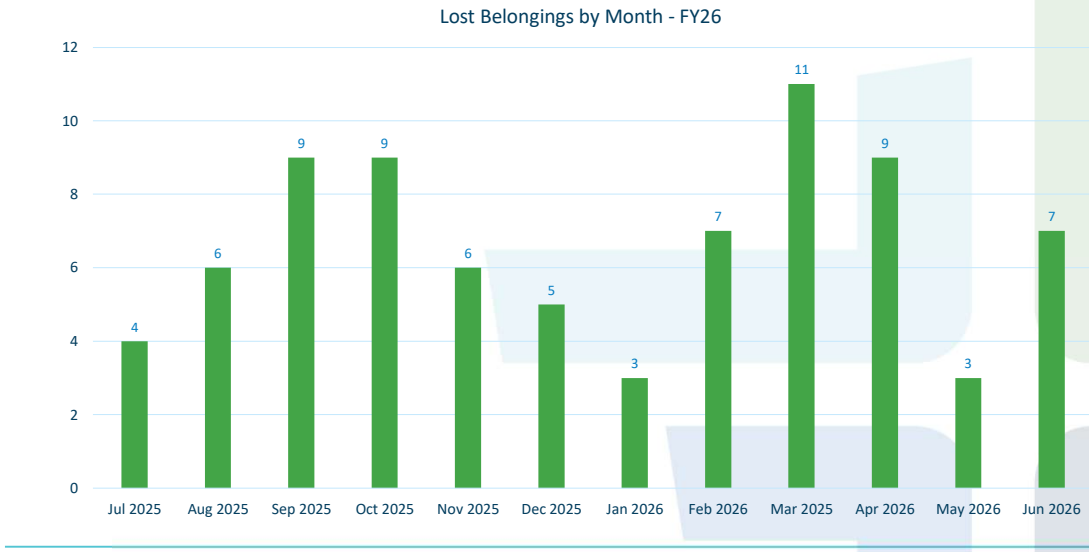
WeCare Data - FY26



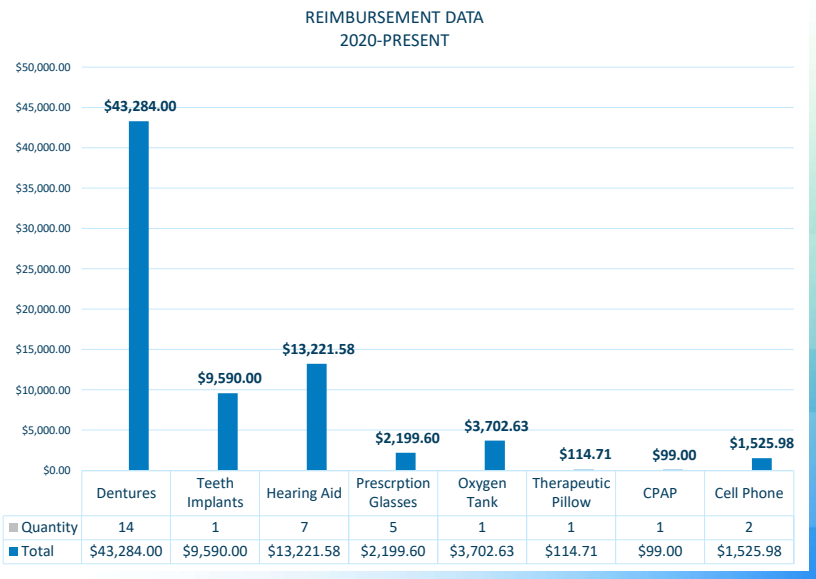
WeCare Data - FY26



LOSS/DAMAGED BELONGINGS DATA



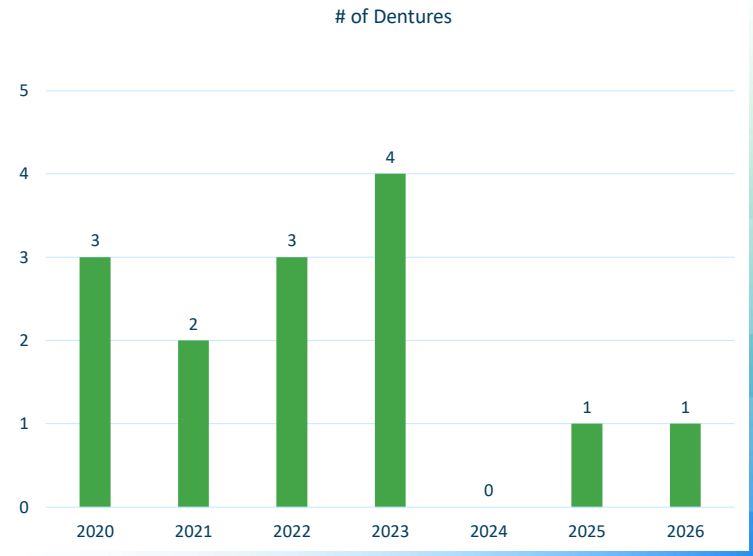
Strategies: Lost Belongings



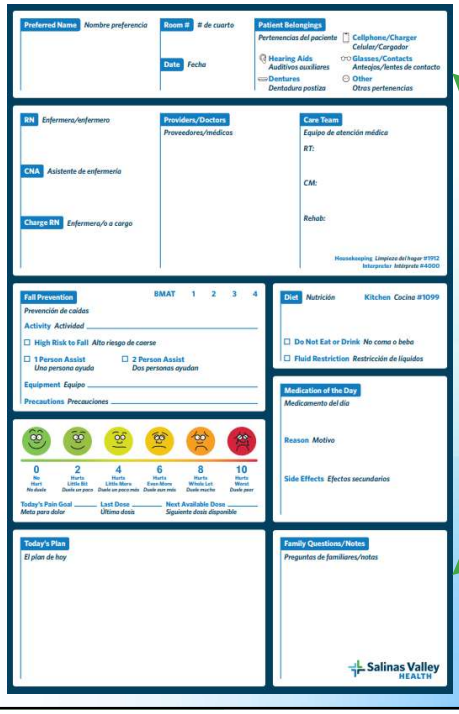
Salinas Valley HEALTH

2020: $14,553.59
2021: $15,911.63
2022: $7,579.71
2023: $13,093.99
2024: $482.61
2024: $1,004.42
2025: $16,011.55
2026: $5,100.00

Dentures Reimbursed by Year



INTERVENTIONS



Salinas Valley HEALTH

Patient Belongings:

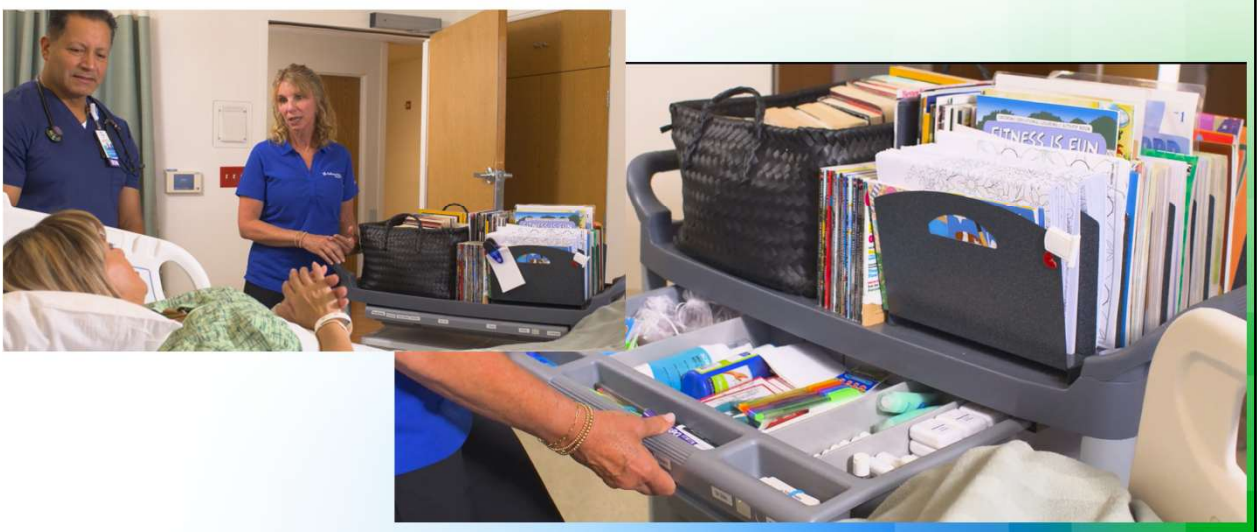
- ✓ Belongings are also tracked on the in-patient room using the communication board.
- ✓ Bringing awareness during Leader Safety huddle.

Updating Support Persons/Family:

- ✓ To ensure family receive timely care updates, with patient permission, the communication board is updated with a support person name and phone number.
- ✓ Facilitates communication with family.

Volunteer Ambassador Program

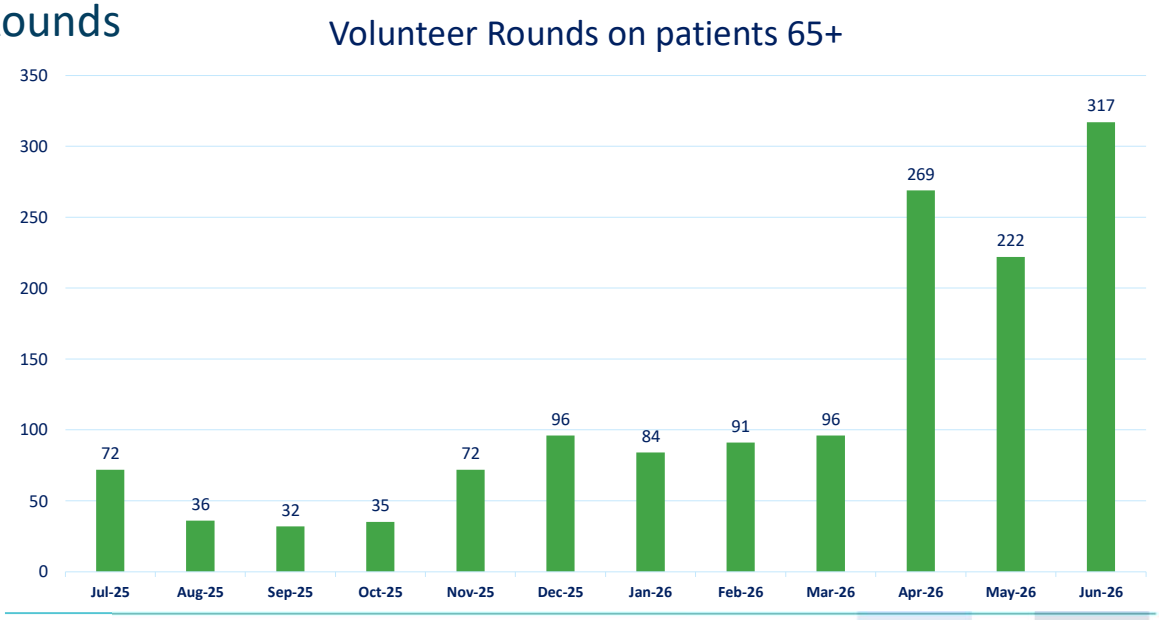
Salinas Valley HEALTH



Patient Ambassador

- Social visits/active listening
- Hand/foot massage (as approved by nursing staff)
- Aromatherapy (if approved by all patients in the room)
- Navigation of TV and room phone, including ordering room service or educational videos
- Comfort items such as a warm blanket, quiet pack, puzzle/coloring books, lip balm, magazines, readers, rosary, headset, playing cards, note pads, journals, dental floss, lotion, hair brush and review quiet menu
- Ensure patient belongings such as hearing aids, dentures and glasses are updated on the communication board
- Update board with support person name and phone number, if appropriate
- Refer urgent requests to nurse (i.e., pain meds, repositioning, restroom assistance)
- Refer non-medical concerns to appropriate staff, such as a Chaplain or Patient Experience team

Rounds



Emergency Department Report to QEPC

Salinas Valley HEALTH

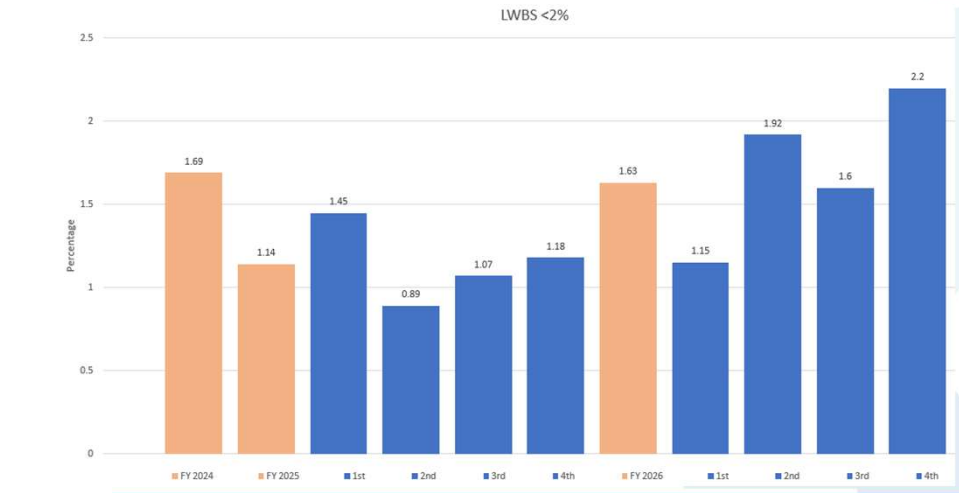
David Thompson BSN, RN
Director of Emergency Services

7.2026

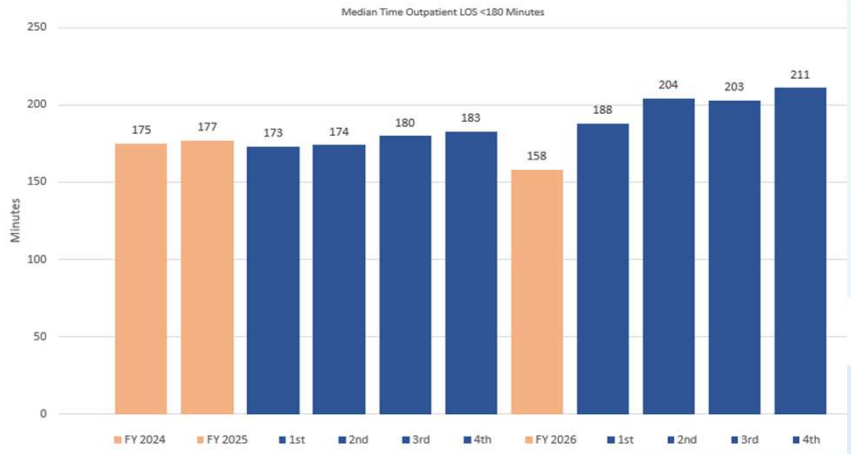
Quality / Safety Goals

- Left Without Being Seen= <2%
- Median Time Outpatient LOS= <180 minutes
- Median Time Admit Order to ED Department = <74 minutes
- Door to EKG= <10 minutes
- Blood Culture
  - Contamination=<3%
  - Underfill=<30%
- Patient Experience Likelihood of recommending= >65.8

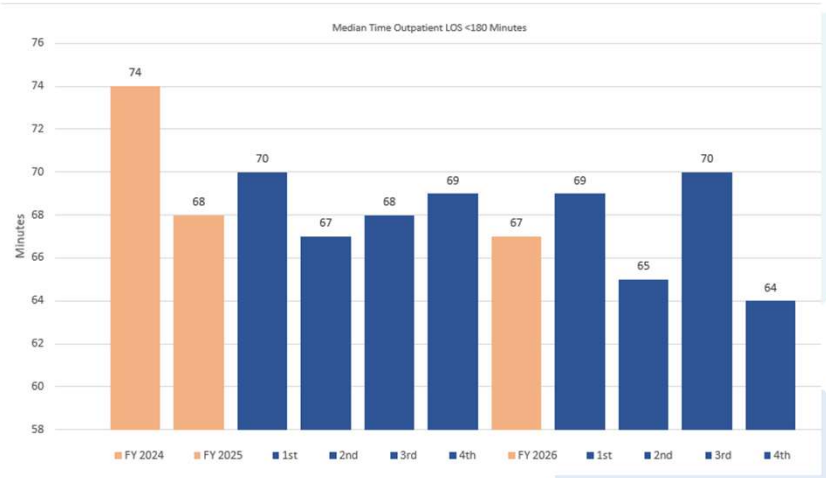
Left Without Being Seen <2%



Median Time Outpatient LOS <180 Minutes



Median Admit Order to Departure <74 Minutes

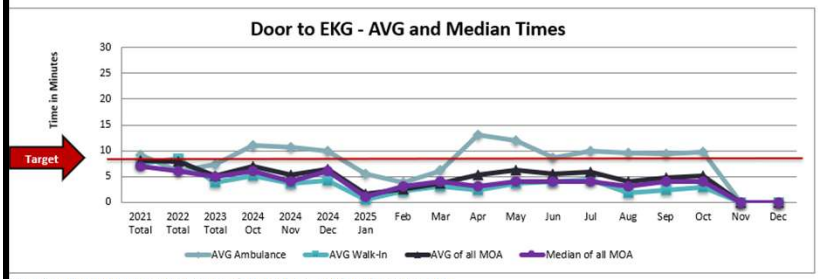


Door to EKG Times <10 Minutes

SVMH Door to EKG - Average and Median Times

2025

	2021 Total	2022 Total	2023 Total	2024 Oct	2024 Nov	2024 Dec	2025 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
AVG Ambulance	9.2	6.0	7.3	11.0	10.7	10.0	5.4	3.9	6.1	13.1	12.0	8.7	10.0	9.6	9.3	9.7			9.2
AVG Walk-In	7.6	8.4	3.8	5.1	3.6	4.2	0.4	2.1	3.1	2.3	3.7	4.1	4.4	1.9	2.4	3.0			2.7
AVG of all MOA	8.1	7.8	5.2	7.0	5.3	6.4	1.6	2.6	3.6	5.3	6.2	5.4	5.9	4.1	4.7	5.1			4.5
Median of all MOA	7.0	6.0	5.0	6.0	4.0	6.0	1.0	3.0	4.0	3.0	4.0	4.0	4.0	3.0	4.0	4.0			3.0

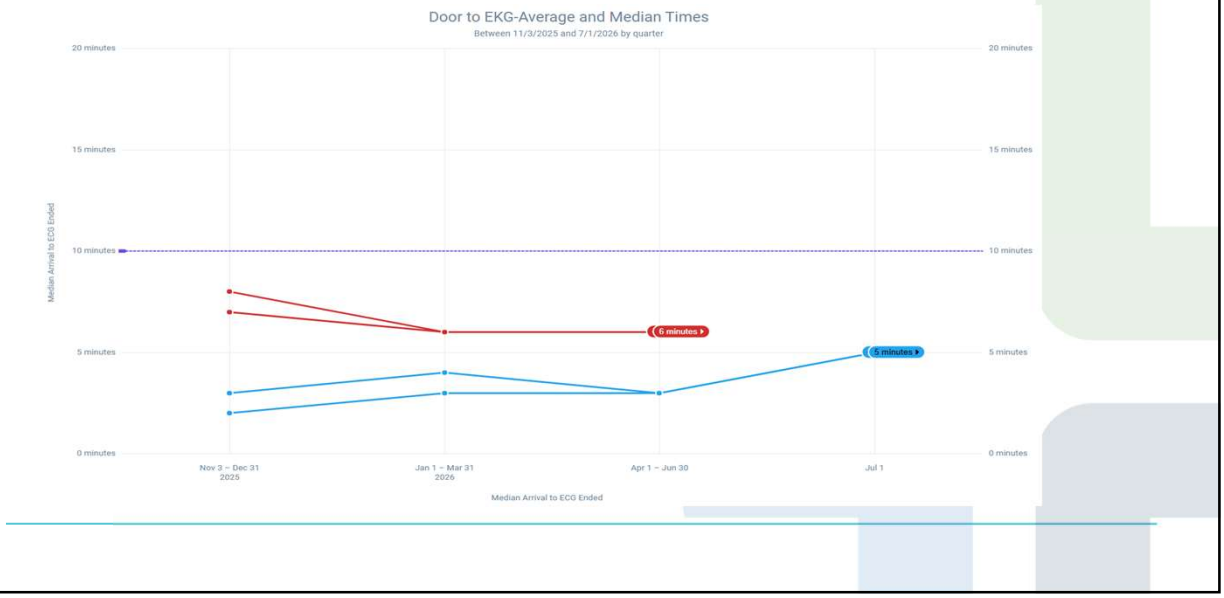


All modes of arrival - % less than 10 min - Goal is ≥ 90%		
2023	#### / ####	78%
2024	#### / ####	88%
Jan 2025	102 / 103	99%
Feb 2025	61 / 61	100%
Mar 2025	84 / 85	99%
Q1 2025	247 / 249	99%
Apr 2025	81 / 93	87%
May 2025	85 / 105	81%
Jun 2025	88 / 102	86%
Q2 2025	254 / 300	85%
Jul 2025	81 / 102	79%
Aug 2025	79 / 95	83%
Sep 2025	75 / 91	82%
Q3 2025	235 / 288	82%
Oct 2025	45 / 54	83%
Nov 2025	0 / 0	
Dec 2025	0 / 0	
Q4 2025	45 / 54	83%
2025	781 / 891	88%

Door to EKG in Minutes by Mode of Arrival (MOA) for Chest Pain Pts.

Note: Data is based on 100% of all STAT chest pain patients seen in ER (over 18 yo) who had an EKG done.

Door to EKG Times <10 Minutes



"RECOMMEND" SCORE FY25 and FY26TD

Salinas Valley HEALTH

FY25 LIKELIHOOD TO RECOMMEND TOP BOX SCORE

	FY25 THRESHOLD	FY25 TARGET	FY25 STRETCH	FY25 (UPDATED 7/8/25)	VARIANCE
ED					
ED	61.8	62.3	62.8	65.3	3.0

	FY26 TARGET *(FY25 + 0.5)*	FY26TD *(AS OF 7/2/26)*	VARIANCE
ED	65.8	62.0	-3.9

Blood Culture Contamination Rates

1. **Adult Contamination:** **Overall** **June** **1.21%**
   a. Each "set" represents a single draw and is counted once.
   b. Note: Unofficial goal is <=1.0% to align with publications indicating that is a possible future CMS target.
   c."Adult" age range is 18+ years of age.
   d. Transition to Epic includes changes to data collection; cultures are no longer assessed as "sets" but individual aerobic and anaerobic bottles
   e. Phlebotomy team utilized Steripath Micro diversion devices; ED Nursing team utilizes VI ByPass Syringe.
2. **Pediatric Contamination:** **Overall** **June** **1.67%**
   a. "Pediatric" age range is <=17 years of age.

ADULT

	Past 5 Months	Feb	Mar	Apr	May	Jun
OVERALL	1.2%	1.3%	1.6%	0.9%	1.2%	1.2%
ED RN	1.8%	2.3%	3.7%	0.7%	2.0%	0.4%
ED PHLEB	1.1%	0.8%	1.2%	1.1%	0.8%	1.5%
FLOOR RN/OPT	1.4%	2.6%	0.0%	0.0%	0.0%	1.9%
FLOOR PHLEB	1.2%	1.5%	1.6%	0.3%	1.7%	0.8%
Target	3%	3%	3%	3%	3%	3%

PEDIATRIC

	Past 5 Months	Feb	Mar	Apr	May	Jun
OVERALL	1.5%	0.0%	0.0%	1.7%	4.9%	1.1%
ED RN	2.4%	0.0%	0.0%	0.0%	11.1%	0.0%
ED PHLEB	1.0%	0.0%	0.0%	2.8%	3.2%	0.0%
FLOOR RN/OPT	2.3%	0.0%	0.0%	0.0%	0.0%	11.1%
FLOOR PHLEB	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Target	3%	3%	3%	3%	3%	3%

Blood Culture Contamination Rates

3. **Underfilled Bottles:** **Overall** **June** **32.1%**
   a. Derived from automated optical measuring by blood culture analyzer with target of >=8% blood.
   b. Target of <=30% implemented 11/2024 and retroactive data reviewed.
   c. Floor draws by RNs are almost always line draws, so a low underfill rate is expected.
   d. Historically only aerobic bottles were monitored; transition to Epic now includes anaerobic bottles.

	Past 5 Months	Feb	Mar	Apr	May	Jun
OVERALL	29.2%	27.9%	30.5%	29.8%	27.6%	32.1%
ED RN	21.6%				21.6%	
ED PHLEB	32.2%				32.2%	
FLOOR RN/OPT	18.4%				18.4%	
FLOOR PHLEB	32.5%				32.5%	
Target	30%	30%	30%	30%	30%	30%

Opportunities for Improvement

- ED physician group continuing to work on their staffing
- Continued work with Radiology on turnaround times
- Patient Experience Workplan
  - Refreshed the waiting room with new floor and repainting of walls in February.
  - Developed a 3 times a week waiting room deep cleaning schedule on top of the daily cleaning
  - Continued work with staff during huddles and staff meetings regarding the importance of appropriate communication with patients and visitors.
  - Continued work on improving staff understanding of the importance of active listening.
  - Pathways of Care in our Emergency Department patient communication.

Risk Management Plan

Don Rodriguez, MSN, RN, NPD-BC

Interim Risk Manager

Salinas Valley HEALTH

July 13, 2026

Risk Management

Risk management in health care promotes a comprehensive framework for making risk management decisions which maximize value protection and creation by managing risk and uncertainty and their connections to total value

(American Society for Health Care Risk Management)

Purpose of Risk Management Plan

- Definition of scope, priorities and structure
- Desired outcomes
  - Liability prevention/reduction
  - Value protection/creation
  - Support organizational goals

3

Associated Regulations

- Title 42 Conditions of Participation, 482.21 (f)
- Joint Commission National Performance Goals, 2, 11
- Centers for Medicare and Medicaid Services,
  Patient Safety Structural Measure, Domain 4

4

Plan Review and Approval

- Policy Owner
- Policy Committee
- VP Quality & Risk
- Chief Legal Officer
- Quality & Safety Committee of the Medical Staff
- Quality & Efficient Practices Committee
- Board of Directors

5

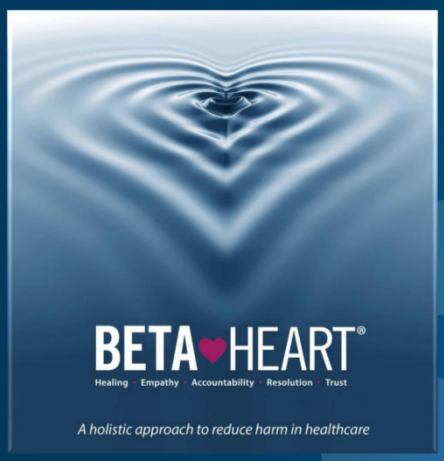
Key Areas

Legal/Regulatory Risk

Clinical/Patient Safety Risk

6

Key Areas



7

Opportunity Domains

Hazard Risk

Human Capital Risk

8

Questions & Feedback

Status **Pending** PolicyStat ID **15587212**

Origination	1/1/2022	Owner	Donathon Rodriguez: Manager Risk
Approved	N/A		
Expires	1 year after approval	Area	Plans and Program

Risk Management Plan

I. SCOPE

A. Risk Management in health care promotes a comprehensive framework for making risk management decisions which maximize value protection and creation by managing risk and uncertainty and their connections to total value.

B. The Risk Management Plan is enacted to protect Salinas Valley Health Medical Center and all entities under their purview against the adverse consequences of accidental losses, regardless of source, effectively managing losses that may occur, and to enhance the continuous improvement of patient care services in a safe health care environment. The plan applies to all departments, programs and services. The scope of the plan encompasses the patient population, employees, visitors, volunteers, students and other individuals providing services, including medical staff, and aligns with the mission, vision and values of the organization.

C. The CEO and Board of Directors have given the authority to the Risk Management Department to implement, monitor and track the elements of the Risk Management Plan.

D. The Risk Management Plan establishes an approach to monitoring, evaluating, and managing risks throughout the organization, and follows guiding principles included here:

1. Advance safe and trusted healthcare
2. Manage uncertainty
3. Maximize value protection and creation
4. Encourage multidisciplinary accountability
5. Optimize organizational readiness
6. Promote an organizational culture which will positively impact the reporting of adverse events and create an environment wherein employees feel safe to report all adverse events
7. Utilize data/metrics to prioritize risks

8. Align risk decisions with organizational strategy and goals

E. Salinas Valley Health supports a Just Culture philosophy and approach to adverse event investigation and response and has adopted the BETA Healthcare Group Just Culture Algorithm for responding to the behaviors of their employees in a fair and just manner. See "Attachment A".

II. OBJECTIVES/GOALS

A. In order to approach the process of Risk Management systematically and to achieve organizational goals, Salinas Valley Health utilizes the following four-step model for Risk Management

1. Identification of risk
2. Analysis of identified risk
3. Response strategy and actions taken
4. Evaluation and monitoring of responses and actions taken

B. This model assists in setting priorities for Risk Management activities and ensures a comprehensive Risk Management effort. Any single strategy or combination of the above Risk Management strategies may be employed to best manage a given situation.

C. **Risk Identification:**

1. Risk Identification is the process whereby awareness of risks in the health care environment that constitute potential loss exposures for the facility are identified.
2. The following information services may be utilized to identify potential risks:
    a. Identification of trends through the incident reporting system
    b. Patient, visitor, staff and physician reports and interviews
    c. Performance improvement functions and assessments
    d. Peer review activities

D. **Risk Analysis:**

1. Risk Analysis is the process of determining the potential severity of the loss associated with an identified risk and the probability that such a loss will occur. These factors establish the seriousness of a risk and will guide leadership in the selection of an appropriate risk treatment strategy. Risk scoring/ranking, harm scales, or other assessment methods may be utilized.

E. **Risk Response:**

1. Risk response refers to the range of choices available in handling a given risk. Risk response strategies include the following:
    a. Risk prevention techniques are used to reduce the probability that a risk will occur. Examples include facility inspections, educational initiatives, policy changes, and use of evidence-based clinical pathways and protocols.
    b. Risk reduction actions will reduce value loss once an event has occurred.

Some examples are rapid event response processes, using empathy and disclosure to manage adverse events, system redesign, and procedure revisions.

c. Risk avoidance are actions taken to remove the risk by not allowing a process or service to occur. This option may be used if unable to identify a response that would reduce risk to an acceptable level or severity.

d. Risk retaining/acceptance involves assuming the potential value loss associated with a given risk and making plans to accept the outcome.

e. Risk transfer/sharing includes techniques to reduce severity of risk by transferring or otherwise sharing a portion of the risk. This may be done through means such as insurance contracts, hold-harmless, or indemnification agreements.

F. **Risk Management Evaluation:**

1. An evaluation of the effectiveness of the techniques employed to identify, analyze and respond to risks are assessed and further action are taken when warranted. If improvement and/or resolution of the risk are evident, additional follow-up will be done at predetermined intervals to evaluate continued improvement. This evaluation is in concert with the Salinas Valley Health Patient Safety Plan and Quality Assessment and Performance Improvement Plan.

III. PLAN MANAGEMENT

A. **Risk Domains & Framework**

1. The Risk Management Plan is concerned with a variety of issues and situations that hold the potential for liability, or that may be related to value creation and protection for the hospital/organization. It addresses the following domains of risk as applicable:

a. **Operational:** The business of healthcare is the delivery of care that is safe, timely, effective, efficient, and patient-centered within diverse populations. Operational risks relate to those risks resulting from inadequate or failed internal processes, people, or systems that affect business operations. Included are risks related to: adverse event management, credentialing and staffing, documentation, chain of command, and deviation from accepted best practice.

b. **Clinical/Patient Safety:** Risks associated with the delivery of care to patients and other healthcare customers. Clinical risks include: failure to follow evidence based practice, medication errors, hospital acquired conditions (HAC), serious safety events (SSE), and others.

c. **Strategic:** Risks associated with the focus and direction of the organization. Because the rapid pace of change can create unpredictability, risks included within the strategic domain are associated with brand, reputation, competition, failure to adapt to changing times, health reform or customer priorities. Managed care relationships/ partnerships, conflict of interest, marketing and sales, media relations, mergers, acquisitions, divestitures, joint ventures, affiliations and other

business arrangements, and contract administration are other areas generally considered as potential strategic risks.

d. **Financial:** Decisions that affect the financial sustainability of the organization, access to capital or external financial ratings through business relationships or the timing and recognition of revenue and expenses make up this domain. Risks might include: costs associated with malpractice, litigation, insurance, capital structure, credit and interest rate fluctuations, foreign exchange, growth in programs and facilities, capital equipment, corporate compliance (fraud and abuse), accounts receivable, days of cash on hand, capitation contracts, and billing and collection.

e. **Human Capital:** This domain refers to the organization's workforce. This is an important issue in today's tight labor and economic markets. Focus is made on the need to maintain a safe work environment that is non-discriminatory and non-hostile, and to reduce the risk of injury and illness.

f. **Legal/Regulatory:** Risk within this domain incorporates the failure to identify, manage and monitor legal, regulatory, and statutory mandates on a local, state and federal level. Such risks are generally associated with fraud and abuse, licensure, accreditation, product liability, management liability, Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs) and Conditions for Coverage (CfC), as well as issues related to intellectual property.

g. **Technology:** This domain covers machines, hardware, equipment, devices and tools, but can also include techniques, systems and methods of organization. Healthcare has seen an explosion in the use of technology for clinical diagnosis and treatment, training and education, information storage and retrieval, and asset preservation. Examples also include Electronic Health Records (EHR) and Meaningful Use, social networking and cyber liability.

h. **Hazard:** This domain covers assets and their value. Traditionally, insurable hazard risk has related to natural exposure and business interruption. Specific risks can also include risk related to: facility management, facility age, parking (lighting, location, and security), valuables, construction/ renovation, earthquakes, windstorms, tornadoes, floods, fires.

B. **Plan Elements**

1. Plan elements, although not all may be under the direct accountability /responsibility of the Risk Management Department, include but are not limited to the following:

   a. Investigation of cause of adverse occurrences to assess and determine how similar occurrences might be averted, review patterns and trends, control loss related to the adverse occurrence, and identify areas for performance improvement.

   b. Reporting and response coordination of events that meet BETA Healthcare criteria of a "HEART Event" or "Claim".

   c. Assessment of premises/property for potentially hazardous conditions

which may present unnecessary risk to employees, patients, and visitors and make risk recommendations.

d. Participation in policy and procedure review to update, amend, edit, and revise to reflect appropriate care, legislative requirements, and minimize or prevent liability ramifications.

e. Participation in response during regulatory investigations.

f. Organization and/or facilitation of educational programs on risk management topics to promote awareness of risk management and safe practices.

g. Report Effectiveness - Periodic risk management and patient safety reports are provided by the various areas previously described in this Policy to assess the effectiveness of their monitoring. Outcome evaluations are conducted and reported annually as part of the Quality and Safety Committee of the Medical Staff. An ad hoc, multidisciplinary Patient Safety Advisory Committee is available to review, analyze, and monitor certain patient safety events.

h. Claims Management - Assists with the management of claims against Salinas Valley Health in a timely, organized, manner. The Risk Management Department participates and supports investigating complaints, grievances, safety related events, incidents and actual or potential claims by a process protected from discovery. Safety Events or Claims presenting serious exposure are reported immediately to the appropriate individuals. Concerns and events may be investigated and resolved with the assistance of Quality & Risk Management leaders, Chief Legal Officer, affected departments, staff, administration, physicians, and patient/family as needed. The results of the findings are provided to the appropriate individuals or committee. Matters involving care provided by the physician are forwarded to the Medical Staff Department for further review and response as indicated.

i. Annually, the Risk Management Department shall provide the CEO, General Counsel, and the Quality and Efficient Practices Committee of the Board of Directors a report of all pending claims, litigation and settlements.

C. **Plan Responsibility**

1. Everyone in the organization has a responsibility for risk management.
2. The Chief Executive Officer is ultimately responsible to assure the implementation of the Risk Management Plan.
3. The Risk Manager under the authority of the Vice President of Quality & Risk Management, and in coordination with the Chief Legal Officer, is responsible for the implementation of the Risk Management Plan. The Risk Manager and the Patient Safety Officer and Vice President of Medical Affairs may collaborate with other departments and leaders such as Human Resources, Employee Health, Infection Prevention, Quality Management, Patient Safety, Accreditation and Regulatory, Emergency Management, Safety, Security, Medical Staff Services and others to adhere to the goal of the Plan as needed.

4. All leadership supports the risk management philosophy, promotes compliance with our risk aversion, and manages risks within their areas of responsibility consistent with risk tolerances. These leaders are also responsible for executing risk management in accordance with established directives, policies, procedures and protocols as outlined by Salinas Valley Health.
5. The Board of Directors provides important oversight of risk management, and is aware of and concurs with key risk determinations.
6. A number of external parties, such as customers, vendors, business partners, external auditors, regulators, and financial analysts often provide information useful in supporting risk management, but they are not responsible for the effectiveness of, nor are they a part of, this plan.

D. **Confidentiality**

1. Confidentiality shall be in effect for all Risk Management activities.
2. All communication and documentation generated as part of the Risk Management Plan are to be confidential and subject to the state and federal laws protecting such documents from discovery, including Attorney: Client Privileges and Patient Safety Work Product as applicable. It is the intent of this Risk Management Plan to apply all existing legal standards and state or federal statutes to provide protection to the documents, proceedings, and individuals involved in the plan.
3. The Vice President of Quality & Risk Management, and the Quality and Safety Committee of the Medical Staff are responsible for the oversight of the Risk Management Plan. All information, data, reports, minutes, or memoranda relating to the implementation of this Risk Management Plan are solely for use in the course of internal quality control for the purpose of reducing morbidity and mortality and improving the environment of care.
4. Any and all documents and records that are part of the internal Risk Management Plan as well as the proceedings, reports and records from any of the involved committees, shall be maintained in a confidential manner. Disclosure to any judicial or administrative proceedings will occur only under court order or legal mandate and in accordance with the Patient Safety Work Product protections.

E. **Performance Measurement**

1. The performance measurement process is one part of the evaluation of the effectiveness of the Risk Management Plan. Performance measures may be established to measure at least one important aspect of the Risk Management Plan.
2. On an annual basis, the Risk Manager, Vice President of Quality & Risk Management and the Quality and Safety Committee evaluates the scope, objectives, performance, and effectiveness of the Plan to manage risks to the staff, visitors, and patients at Salinas Valley Health.

F. **Orientation and Education**

1. The Risk Management Plan includes events to promote and support Risk Management initiatives and principles. Related content is provided for new employees at initial hospital orientation, and annually thereafter. This Plan also includes ongoing evaluation and response to identified education and training needs

for this and other groups (staff, volunteers, physicians, students, other).

2. A key responsibility of the Risk Manager is to participate in and/or to facilitate events and education that promote the reporting of adverse events, and which support an environment wherein employees feel safe to report all adverse events.

IV. REFERENCES

A. American Society for Health Care Risk Management. (2020). Health care enterprise risk management playbook: An ERM guide for health care professionals (2nd ed.). American Hospital Association

B. California Evidence Code 1157

C. Patient Safety and Quality Improvement Act of 2005; 42 U.S.C. 299b-21

Attachments

Attachment A: Just Culture Algorithm.pdf

Approval Signatures

Step Description	Approver	Date
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Owner	Donathon Rodriguez: Manager Risk	7/7/2026

Standards

No standards are associated with this document

CLOSED SESSION

(Report on Items to be Discussed in Closed Session)

RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION

(Meeting Chair)

ADJOURNMENT