



January 15, 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 **TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE – COMMITTEE OF THE WHOLE** of the **SALINAS VALLEY HEALTH**¹ will be held **MONDAY, JANUARY 19, 2026, AT 12:00 P.M., in the HEART CENTER TELECONFERENCE ROOM, 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/](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

Committee Voting Members: **Victor Rey, Jr.**, Chair, **Rolando Cabrera, MD**, Vice-Chair, **Allen Radner**, Interim President/CEO, **Gary Ray**, Chief Legal Officer; **Nikolas Greenson, MD**, Medical Staff Member.

Advisory Non-Voting Members: Jim Gattis, Jib Martins, and Anne McCune, Community Members, Administrative Executive Team.

**TRANSFORMATION, STRATEGIC PLANNING & GOVERNANCE COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH¹**

**MONDAY, JANUARY 19, 2026, 12:00 P.M.
HEART CENTER TELECONFERENCE ROOM**

**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 Minutes of the Transformation, Strategic Planning and Governance Committee Meeting of October 15, 2025. (REY)

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

4. Diagnostic Imaging: A System Wide Analysis of Current and Future States (ALBERT)

5. 2025 Construction Facilities Recap (MCCOY)

6. Adjournment

The Transformation, Strategic Planning and Governance Committee meets quarterly. The next meeting is scheduled for **Wednesday, April 15, 2026 at 12:00 p.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.

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

The Salinas Valley Health (SVH) Committee packet is available at the Committee 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.

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

PUBLIC COMMENT

DRAFT SALINAS VALLEY HEALTH¹
TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE
COMMITTEE OF THE WHOLE
MEETING MINUTES OCTOBER 15, 2025

Committee Member Attendance:

Voting Members Present: **Victor Rey, Jr.**, Chair, **Rolando Cabrera, MD**, Vice-Chair; **Allen Radner, M.D.**, President/CEO, **Gary Ray**, CLO, and **Nikolas Greenson, M.D.**, Medical Staff Member.

Absent: None.

Advisory Non-Voting Attendees Present:

In Person: Timothy Albert, M.D., CCO, Jim Gattis, Subject Matter Expert, Iftikhar Hussain, CFO, Alysha Hyland, CAO;

Via Teleconference: Michelle Childs, CHRO, Jib Martins, Subject Matter Expert, Clement Miller, COO, Carla Spencer, CNO;

Dr. Albert arrived at 12:15 p.m.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Rey called the meeting to order at 12:01 p.m. in the Heart Center Teleconference Room.

2. PUBLIC COMMENT: None

3. APPROVAL OF MINUTES FROM THE TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE MEETING OF JULY 16, 2025.

Approve the minutes of the July 16, 2025 Transformation, Strategic Planning and Governance Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT: None

MOTION:

Upon motion by Vice Chair Dr. Cabrera, second by Committee Member Ray, the Transformation, Strategic Planning, and Governance Committee approved the minutes of the July 16, 2025 meeting, as presented.

Roll Call Vote:

Ayes: Rey, Dr. Cabrera, Dr. Radner, Ray and Dr. Greenson;

Nays: None;

Abstentions: None;

Absent: None.

Motion Carried.

¹ Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. SALINAS VALLEY HEALTH CLINICS EXPANDING ACCESS TO CARE

Dr. Orlando Rodriguez, CMO, reported on expanding access to care which included physician recruitment data and recruitment process, demographics, review of current services, SVH Clinics service line expansion, and utilization of the SVH Mobile Clinic and SVH Retail Pharmacy.

A full report was included in the packet.

COMMITTEE DISCUSSION: The service area population growth from 2022 to 2027 is small (1.6%). County-wide there is a need for approximately 100 care providers. Dr. Radner reported the Gonzales City Council has praised the increased access to local healthcare and are appreciative. Physicians can access telehealth reports from MyChart and the reports will be integrated with Epic. The clinic goals are right place/right time/right care for patients. The Mobile Clinic is providing preventative healthcare, annual wellness visits, vaccinations, etc. and the van has become recognized by the community. 49 children have been vaccinated since August. Chair Rey mentioned he attended the same presentation at the Chamber Lunch and Learn which had good attendance and it educated the audience on access to healthcare. SVH has transitioned from the Blue Zones contract and is aligning directly to best educate our community. Dr. Radner explained upcoming challenges: (1) It is predicted over the next three years that 20-25% of MediCal patients will be uninsured; (2) of the remaining insured, we need to manage their care efficiently.

5. VASCULAR ACCESS PROGRAM

Dr. Timothy Albert, Chief Clinical Officer, and Lilia Meraz-Gottfried, MSN, RN, Director Clinical Development reported on the Vascular Access Program for patients with end-stage renal disease which included background information, best practice, a transformative multidisciplinary approach to specialty care, standardizing follow-up care, and communication.

A full report was included in the packet.

COMMITTEE DISCUSSION: Management of these very vulnerable patients is very complex. Coordination will reduce length of stay. Physician involvement has been key. Recommendations: (1) Coordinate this information with ED physicians; (2) Coordinate with dialysis clinics to link medical records, if possible.

6. ADJOURNMENT

There being no other business, the meeting was adjourned at 1:01 p.m. The Transformation, Strategic Planning and Governance Committee meets quarterly. The next meeting is scheduled for **Monday, January 19, 2026 at 12:00 p.m.**

Victor Rey, Jr., Chair
Transformation, Strategic Planning and Governance Committee

Diagnostic Imaging: A System Wide Analysis of Current and Future States

Timothy Albert, MD, MHCM
Chief Clinical Officer



Situation

- Demand for advanced imaging (CT and MRI) is increasing year over year and is projected to continue to grow
- Our current MRI and CT footprint is aging and not adequate to maintain future needs and support growth
- An analysis of imaging volumes, sites of service, and 'age of plant' was completed to help inform future growth and investments

Drivers of MRI & CT Utilization Growth

Imaging volume growth is driven by a mix of structural demand, clinical practice changes, and service line growth

Major Drivers:

- **Demographics & Disease Burden**
 - Aging population increases cancer, neurologic, cardiovascular, and MSK imaging demand
 - Higher prevalence of chronic disease (obesity, diabetes, vascular disease)
- **Clinical Practice & Standard of Care Shifts**
 - Expanded guideline-driven imaging (stroke, CV, cancer staging)
 - Greater reliance on imaging for ED triage and rapid rule-out
 - New clinical indications (prostate MRI, breast MRI, cardiac CT)
- **Service Line & Program Growth**
 - Orthopedics and spine programs → MRI growth
 - Oncology expansion → CT and MRI staging and surveillance
 - ED and neurosciences growth → CT and MRI demand
 - Cardiovascular → MRI and CT growth

Site-of-Service & Access Shifts

Increasing demand, specialized procedures, and cost of care should be considered with site-of-service considerations and access

Key Considerations:

- **Site of Care:** trend is for movement of imaging from inpatient to outpatient settings
- **Timeliness of care:** patients increasingly expect rapid diagnosis and rapid imaging, this is important to support retention of patients within the health system (reduced leakage),
- **Cost of Care:** Value-based care incentives favor faster diagnosis and lower-cost outpatient imaging
- **Resource demand:** More resource intensive procedures (e.g. breast/prostate biopsy) need to be considered separately from routine imaging (e.g. breast and butler MSK, brain, abdominal imaging)
- **Appropriateness of Care:** there is an increasing focus on when imaging should be done and what types of imaging is most appropriate (may help blunt some demand)

CT and MRI Volumes 2022-2025

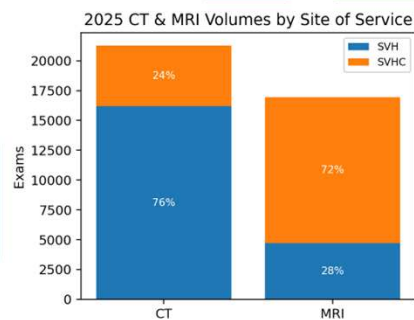
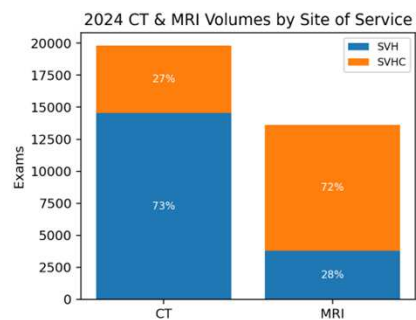
CT Volumes

Year	SVHC	SVH	Total
2022	3,762	12,621	16,383
2023	4,197	14,698	18,895
2024	5,277	14,539	19,816
2025	5,101	16,178	21,279
CAGR 2022–2025			9.1%

MRI Volumes

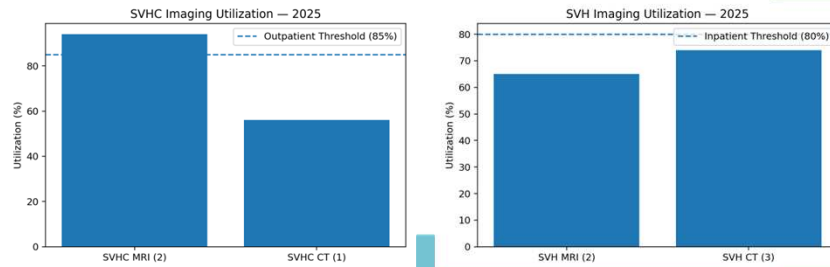
Year	SVHC	SVH	Total
2022	8,767	3,383	12,150
2023	9,331	3,676	13,007
2024	9,842	3,790	13,632
2025	12,230	4,709	16,939
CAGR 2022–2025			11.7%

CT & MRI Site-of-Service Mix (2024 and 2025)



Note: 2025 volumes are annualized based on year-to-date activity. Bars show SVH + SVHC totals by modality.

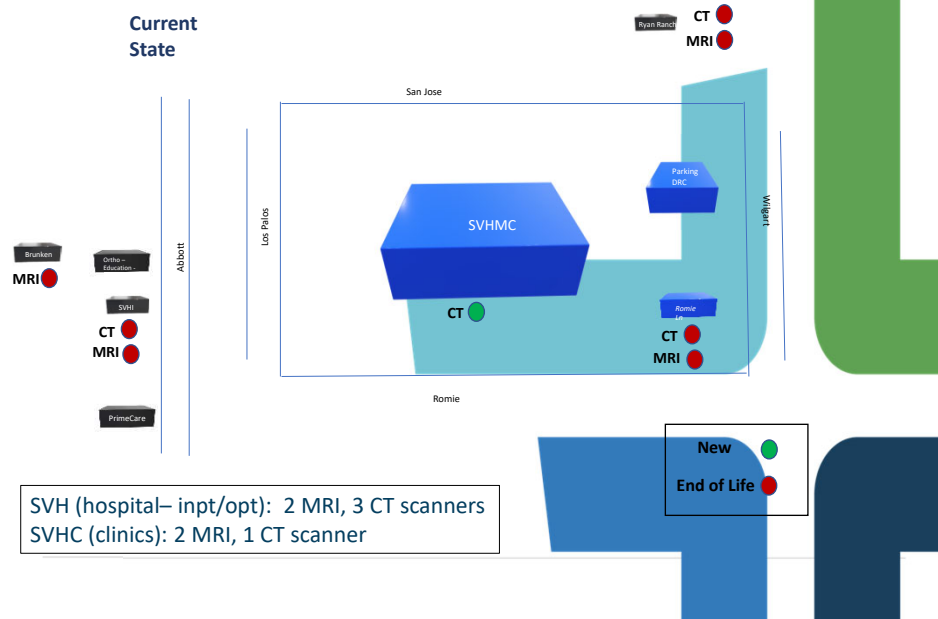
2025 Imaging Utilization by Site (SVHC vs SVH)– Current State



Notes: Utilization based on 2025 annualized volumes. SVHC thresholds reflect outpatient targets (85%); SVH thresholds reflect inpatient targets (80%).

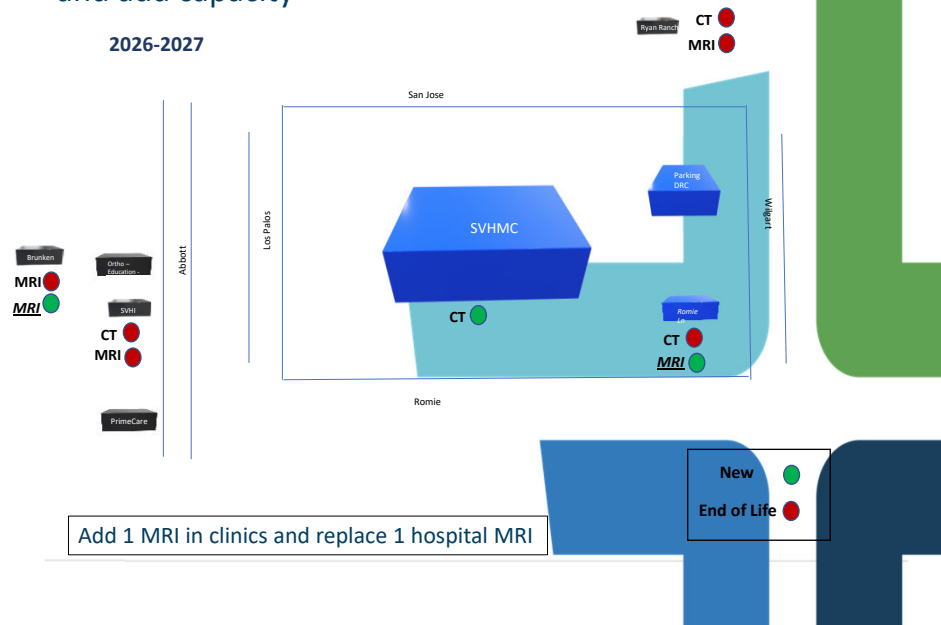
SVHC (clinic) MRI utilization is above best practice threshold, while SVH (hospital) CT is approaching threshold utilization

All except one scanner are at end-of-life

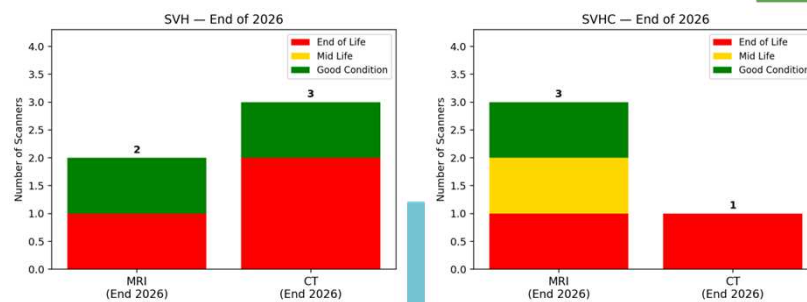


We have purchase agreements in place to start replacements and add capacity

2026-2027

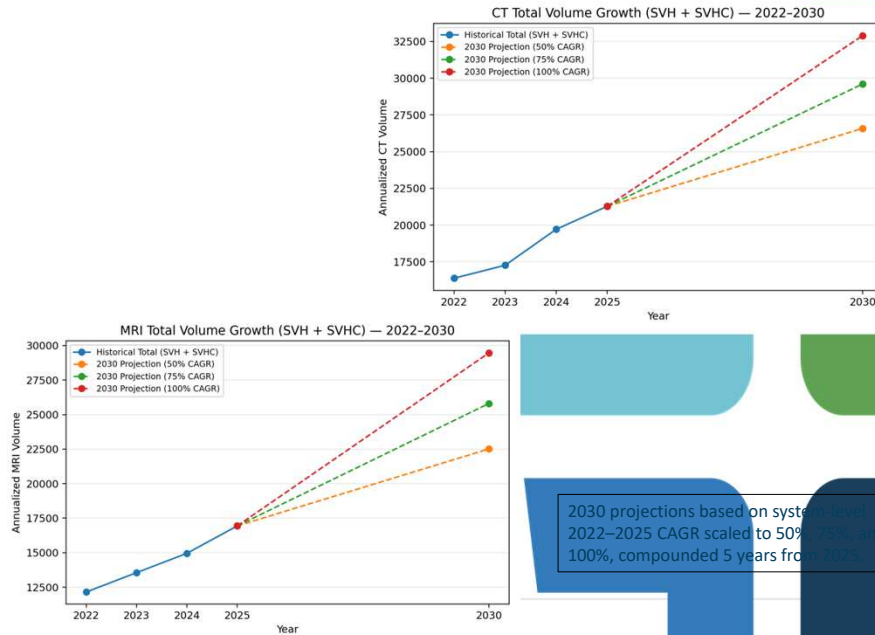


However, by 2026-2027 we will still have a significant amount of end of life equipment

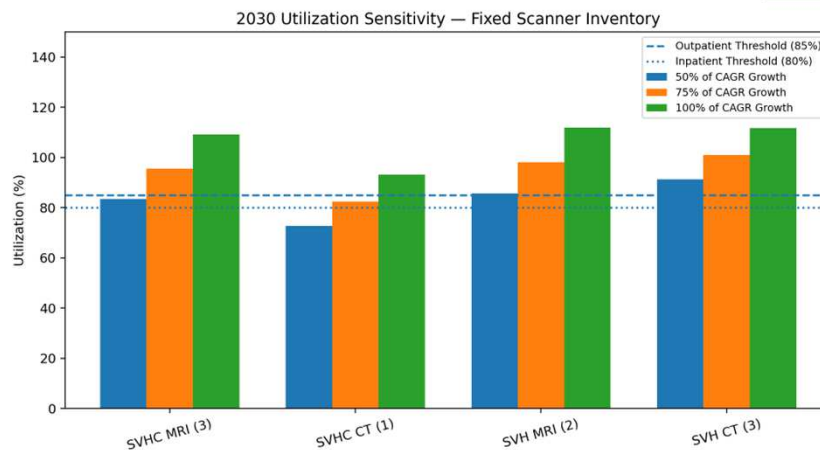


- Even without factoring in growth in demand we will still need a total of 2 additional MRI scanners and 3 additional CT scanners to replace end of life equipment
- Lifecycle categories: End of Life (red), Mid Life (yellow), Good Condition (green). Totals shown above each bar.

A Variety of Different Growth Projects were modeled

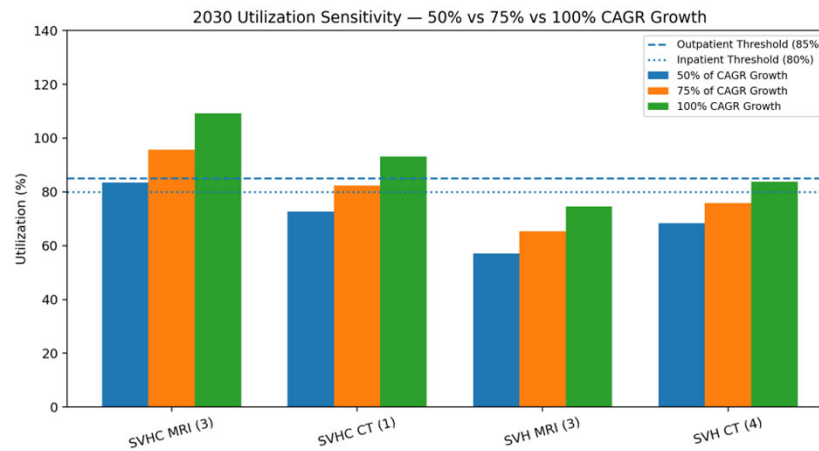


Scenario #1: No net new scanners as of 2026-2027



Assuming no change in scanner number from 2026-2027 we would be exceeding utilization standards in 2030 in 4 out of 4 need areas at 100% and 75% of projected growth rates and 3 of out 4 even with only a 50% growth rate

Scenario #2: Two net new scanners (1 MRI, 1 CT)



Adding 1 MRI scanner (SVH) and 1 CT (SVH) in addition to needed replacements would provide adequate coverage for system level needs

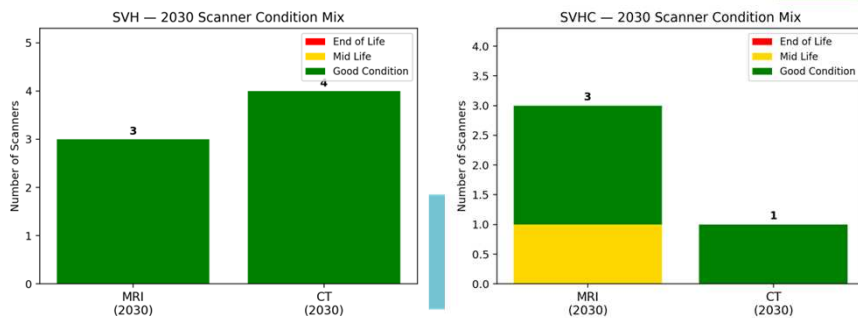
Proposed Scanner Purchase Schedule (2027–2030) to Support Needed Replacements and Increasing Demand

Year	Site	Modality	Qty
2027	SVH	CT (Romie)	1
2027	SVHC	CT (Abbott)	1
2028	SVHC	MRI (Abbott)	1
2028	SVH	CT + MRI (RR)	2
2030	SVH	CT	1
2030	SVH	MRI	1

* 4 CT scanners and 3 MRI scanners

Notes: Schedule reflects planned purchases aligned to utilization and lifecycle assumptions; 2027 SVH CT anticipate adding a PET-CT (oncology/ID/cardiology); RR acquisitions dependent on RR strategy; 2030 additions would occur as part of hospital expansion (ER plus basement space)

Age of Equipment in 2030 Assuming Purchasing Plan



Notes: 2030 condition mix assumes planned replacements/capital purchases have been completed.

Conclusions & Next Steps (MRI & CT)

1. System wide CT and MRI image utilization is growing at a compounded rate of 9-12%/year
2. Continued growth in imaging is anticipated based on increasing disease burden of an aging population, changes in practice standards, and growth in high-image utilizing service lines (CV, oncology, MSK)
3. Our current imaging footprint in the outpatient clinic and hospital (both inpatient/outpatient) is aging and inadequate to service projected demands
4. A proposal is put forth to replace aged equipment as well as increase capacity with net new equipment
5. The replacement and growth strategy will occur over the next 5-years with some additions contingent on ER expansion
6. Ongoing work will continue to be done to direct patients to the correct site-of-service with a consideration for time of access and resource utilization as well as appropriate utilization

Appendix

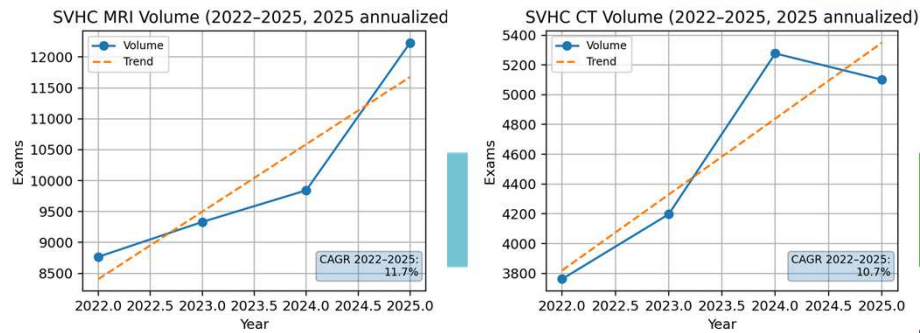
How MRI & CT Scanner Needs Are Determined

Scanner counts are determined using utilization-based capacity planning, not raw volume alone.

1. Establish standard annual capacity per scanner:
 - Outpatient (SVHC): MRI $\approx 25/\text{day}$, CT $\approx 35/\text{day} \times 260$ days
 - Inpatient (SVH): MRI $\approx 10\text{--}12/\text{day}$, CT $\approx 20\text{--}25/\text{day} \times 365$ days
2. Apply target utilization ranges to preserve access:
 - Outpatient target: 80–85% utilization (same-day / urgent access)
 - Inpatient target: 75–80% utilization (ED & discharge flow protection)
3. Calculate scanners required:
 - Required scanners = Annual volume \div (Annual capacity \times Target utilization)
4. Identify capital triggers using sustained utilization thresholds:
 - Outpatient: $>85\%$ sustained utilization \rightarrow access delays
 - Inpatient: $>80\%$ sustained utilization \rightarrow ED flow & LOS risk

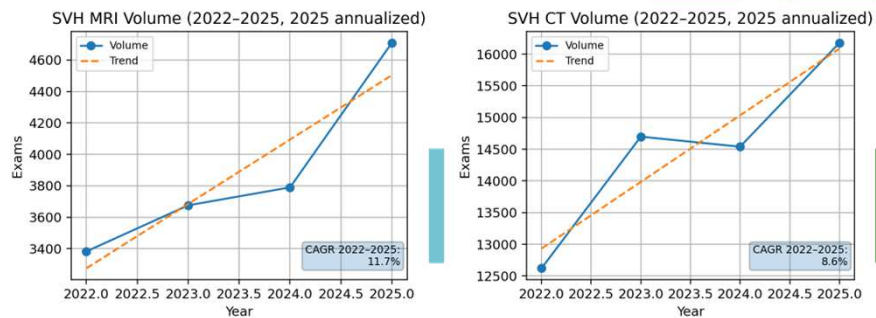
This framework ensures capital decisions are driven by access risk and operational resiliency, not short-term spikes.

SVHC (clinic) Imaging Growth — MRI & CT (2022–2025)



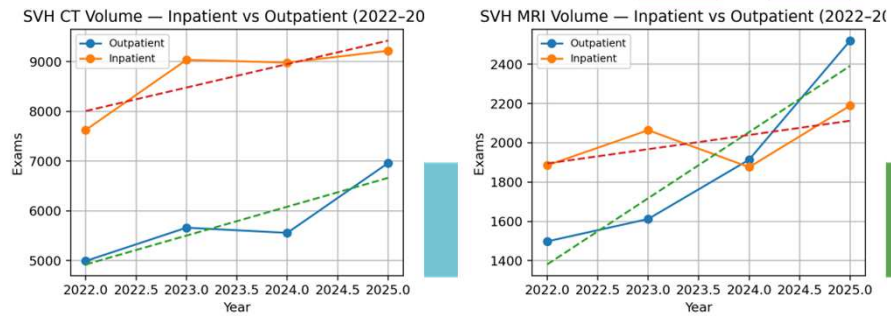
Note: 2025 volumes are annualized based on year-to-date activity. CAGR calculated using 2022–2025.

SVH Imaging Growth (inpt and opt) — MRI & CT (2022–2025)



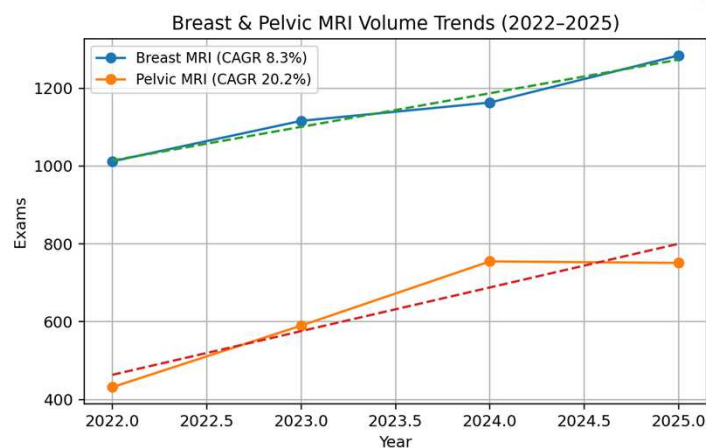
Note: SVH volumes reflect updated totals. 2025 volumes are annualized based on year-to-date activity.

SVH Imaging Growth — Inpatient vs Outpatient (2022–2025)



Note: Curves reflect SVH hospital-based inpatient vs outpatient volumes only. Years shown are 2022–2025; 2025 volumes are annualized.

Breast & Pelvic MRI Growth (2022–2025)



Note: CAGR calculated for 2022–2025. 2025 volumes shown as reported.

2025 CONSTRUCTION FACILITIES RECAP

VERBAL REPORT

(MCCOY)

ADJOURNMENT