

April 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 **TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE – COMMITTEE OF THE WHOLE** of the **SALINAS VALLEY HEALTH**<sup>1</sup> will be held **WEDNESDAY, APRIL 15, 2026, AT 4:00 P.M.**, in the **HEART CENTER TELECONFERENCE ROOM, 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

Committee Voting Members: **Victor Rey, Jr.**, Chair, **Rolando Cabrera, MD**, Vice Chair, **Allen Radner, MD**, 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

**TRANSFORMATION, STRATEGIC PLANNING & GOVERNANCE COMMITTEE  
COMMITTEE OF THE WHOLE  
SALINAS VALLEY HEALTH<sup>1</sup>**

**WEDNESDAY, APRIL 15, 2026, 4:00 P.M.  
HEART CENTER TELECONFERENCE ROOM**

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

**(Visit [SalinasValleyHealth.com/virtualboardmeeting](https://www.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 January 19, 2026. (REY)
  - Motion/Second
  - Public Comment
  - Action by Committee/Roll Call Vote
4. Radiology Utilization and Quality Improvement Report (SINGH)
5. Healing at Home Program Update (ORTA)
6. Adjournment

The Transformation, Strategic Planning and Governance Committee meets quarterly. The next meeting is scheduled for Wednesday, **July 15, 2026** at 4:00 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.

<sup>1</sup>Salinas 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 HEALTH<sup>1</sup>**  
**TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE**  
**COMMITTEE OF THE WHOLE**  
**MEETING MINUTES JANUARY 19, 2026**

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.

Voting Members 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; Clement Miller, COO; Carla Spencer, CNO  
Via Teleconference: Jib Martins, Subject Matter Expert

Other Board Members Present Constituting Committee of the Whole:

Via Teleconference: Catherine Carson and Joel Hernandez Laguna  
*Catherine Carson, joined at 12:04 p.m.*  
*Joel Hernandez Laguna, joined at 12:23 p.m.*

## **1. CALL TO ORDER/ROLL CALL**

A quorum was present and Chair Rey called the meeting to order at 12:00 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 OCTOBER 15, 2025.**

Approve the minutes of the October 15, 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 Rolando Cabrera, MD, second by Committee Member Allen Radner, MD, the Transformation, Strategic Planning, and Governance Committee approved the minutes of the October 15, 2025 meeting, as presented.

## **ROLL CALL VOTE**

Ayes: Chair Ray, Vice-Chair Dr. Cabrera, Dr. Radner, Ray and Dr. Greenson

Nays: None;

Abstentions: None;

<sup>1</sup>Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

Absent: None;

**Motion Carried.**

**4. FACILITIES & CONSTRUCTION 2025 YEAR IN REVIEW**

Bradley McCoy, Vice President of Facilities, provided an update on Facilities and Construction activities, highlighting recent project completions and ongoing initiatives. Accomplishments included modular and infrastructure upgrades, departmental renovations, major equipment replacements, and campus improvements. Additional updates covered water quality improvements, completion of a complex roofing project, and the addition of a generator expected to reduce long-term costs. Mr. McCoy recognized the Facilities team for managing a high volume of service calls and acknowledged their dedication. He also reviewed ongoing and future planning efforts related to parking, space utilization, real estate strategy, Emergency Department planning, seismic compliance, procedural capacity expansion, imaging projects, retail pharmacy visibility, and infrastructure enhancements.

A full report was included in the packet.

**COMMITTEE DISCUSSION:** Vice Chair Rolando Cabrera, MD, inquired whether the roofing project discussed was the one approved in September, and it was confirmed that it was and the project was nearing completion within 90 days. Chair Victor Rey praised the overall process and progress that has been captured, highlighting the user-centric approach. Vice Chair Rolando Cabrera, MD, concluded by thanking Brad for the thorough update and presentation.

**5. DIAGNOSTIC IMAGING: A SYSTEM WIDE ANALYSIS OF CURRENT AND FUTURE STATES**

Dr. Timothy Albert, Chief Clinical Officer, provided an overview of the current and future state of Diagnostic Imaging. He noted increasing demand for CT and MRI services driven by demographic trends, chronic disease prevalence, and growth in imaging-intensive services, with volumes increasingly shifting to outpatient settings. Current imaging equipment and facilities are aging, operating at or beyond optimal utilization, and insufficient to support future access, Emergency Department flow, and operational resilience. Without intervention, utilization thresholds are projected to be exceeded by 2030. Dr. Albert emphasized that equipment replacement alone is insufficient and outlined a multi-year strategy to modernize scanners and add capacity, including additional CT and MRI units, to support future growth. Ongoing efforts will focus on appropriate utilization, timely access, and optimization of site of service.

A full report was included in the packet.

**COMMITTEE DISCUSSION:** Vice Chair Rolando Cabrera, MD, noted that increased imaging demand is anticipated to drive increased physician demand. The Committee discussed varying growth projections, reimbursement considerations, and radiation exposure consideration. The committee thanked Dr. Timothy Albert for the informational presentation.

## 6. ADJOURNMENT

There being no other business, the meeting was adjourned at 12:58 p.m. The Transformation, Strategic Planning and Governance Committee meets quarterly. The next meeting is scheduled for **Wednesday, April 15, 2026** at 12:00 p.m.

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

# Radiology Utilization

**April 15, 2026**

Rakesh Singh, MD

VP of Medical Affairs

## Clinical Utilization Strategy

- We have established a disciplined approach to clinical utilization—improving efficiency, reducing unnecessary cost and maintaining quality.
- Our success in lab and pharmacy has reduced variation and strengthened evidence-based care.
- Radiology is the next critical step in this utilization strategy.



# Clinical Utilization Framework

- Evidence-based care
- Efficiency & throughput
- Standardization & variation reduction
- Physician engagement



## Historical Review

- Limited data available around utilization for inpatient studies.
- **National Trends in use of Computed Tomography in the Emergency Department**
  - 1996-2007 - Retrospective study describing a 20 fold increase in CT utilization due to increase use in diagnosis ; used extensively in the ER for disposition decisions.
- **Rising Use of Diagnostic Medical Imaging in a large Integrated Health System**
  - 1997-2007 data from UCSF data identified a dramatic increase in all imaging modalities.
- **2009 ACR and RSNA** (Radiological Society of North America) established task force on radiation protection
- Government and Payer Awareness –Start of **Image Wisely Campaign**

# Image Wisely

## Key Strategic Messages

- Ensures the right imaging, at the right time, with the lowest necessary radiation dose.
- Supports evidence-based decision-making at the point of care
- Aligns radiology utilization with broader value-based care principles.

**Table. Specific Imaging Tests in the Choosing Wisely Campaign That Are Believed to Be Overused**

Imaging Test	Sponsoring Organization
Imaging for headache in patients without risk factors for structural problems	ACR
Imaging for suspected pulmonary emboli in patients with low pretest probability; should perform D-dimer test first	ACR, ACP
Routine preoperative chest radiography in patients without cardiopulmonary symptoms	ACR, ACP
CT for suspected appendicitis in children; should perform ultrasonography first	ACR
Follow-up imaging of small, simple adnexal cysts <1 cm in diameter in postmenopausal women or <5 cm in diameter in younger women	ACR
CT of sinuses in uncomplicated acute rhinosinusitis	AAAAI
Imaging in patients with low back pain in the absence of red flags	AAFP, ACP
DEXA for suspected osteoporosis in women <65 y and men <70 y in the absence of risk factors	AAFP
Stress cardiac imaging in patients without symptoms or high-risk markers for diabetes	ACC, ASNC
Regular stress cardiac imaging in asymptomatic patients during routine follow-up after treatment	ACC, ASNC
Stress cardiac imaging during preoperative assessment for low-risk noncardiac surgery in patients with low to intermediate risk for CAD	ACC, ASNC
Echocardiography for routine follow-up in patients with low-risk native heart valve disease	ACC
Brain CT or MRI after simple syncope without neurologic abnormalities	ACP
Repeated CT in patients with abdominal pain who meet Rome III criteria for the functional abdominal pain syndrome and whose symptoms have not changed	AGA
PET, CT, or radionuclide bone scans in staging early prostate cancer unless the patient is at high risk for metastasis	ASCO
PET, CT, or radionuclide bone scans in staging early breast cancer unless the patient is at high risk for metastasis	ASCO

"The Overuse of Diagnostic Imaging and the Choosing Wisely Initiative." Annals of Internal Medicine. 2012;157(8).

Radiology Utilization

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# American College of Emergency Physicians (ACEP) Benchmark Comparison

2021 - Data from 1000 emergency departments covering over 50 million patients.

**Table 1: 2019 ECG and Imaging Procedure Utilization (per 100 patients)**

ED Type	ECGs per 100 Patients	MRI Procedures per 100 Patients	Ultrasound Procedures per 100 Patients	CT Procedures per 100 Patients	Simple Radiograph Procedures per 100 Patients
All EDs (n=1,400)	28	1.8	7	27	48
Under 20k Volume	22	0.6	4	18	37
20-40k	25	1.5	6	20	41
40-60k	28	1.5	9	25	45
60-80k	30	2.5	10	29	48
80-100k	37	2.5	9	30	53
Over 100k Volume	35	3.3	8	20	40
Pediatric EDs	3	1	5	5	26
Adult EDs	35	2.5	6	36	50
Freestanding EDs	16		4	12	36

2025 Annual ER Visits = 62,000

Avg Dec/Jan Monthly Visits = 5200 (Epic Data)

### SVH ER Benchmark Comparison

Modality	Expected Benchmark	Actual SVH Totals
CT	1,508	1330
MRI	130	32
US	520	572
x-Ray	2496	2232

<https://www.acepnow.com/article/statistical-trends-of-diagnostic-testing-in-the-emergency-department/>

Radiology Utilization

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# Real-time Radiologist Engagement

- Radiologists identify low value imaging orders and send via Epic chat.
- Cases are reviewed and categorized based on opportunities.
- Currently exploring decision support tools to assist clinicians with real-time evidence-based imaging decisions.

Opportunities – Imaging Study Orders										
Date	Study	Contrast	Reason	Result	Reading Rad	ER MD	Surgeon	Attending	PCP	Comment
2/12/2026	CT Abd Pelvis	Yes	LLQ Pain	Periappendiceal fat stranding. No CT evidence of perforation or abscess. Urgent	Bottari	█	█			CT was done yesterday and then again today
2/11/2026	CT Abd Pelvis	Yes	Abdominal pain, acute, nonlocalized.	Imaging findings suspicious for acute appendicitis, manifested by periappendiceal fat stranding. No CT evidence of perforation or abscess. Urgent surgical consultation is advised.	Wagner (e-Rad)					
2/13/2026	CXR	N/A	Pre-Op for CABG/Maze left atrial appendage	surgical consultation is advised.	Bottari		█	█		Routine pre op CXR but they had a CT scan chest just 2 days before.
2/16/2026	CT angio thoracic aorta	Yes	Suspect acute aortic syndrome	No filling defects within the pulmonary arteries to suggest pulmonary embolism. No aortic dissection or aneurysm.	Hayrapetian	█				
2/22/2026	CT Angio Abd Pelvis	Yes	LLQ found to have an omental infarct on dry CT	Normal-appearing abdominal aorta, mesenteric and renal vessels.	Basse	█				Received a F/U CTA the same day for epiploic appendagitis
2/22/2026	CT Abd pelvis	No	LLQ Pain	descending colon suspicious for omental infarct rather than diverticulitis or epiploic appendagitis.	Preusen (Vesta)	█				

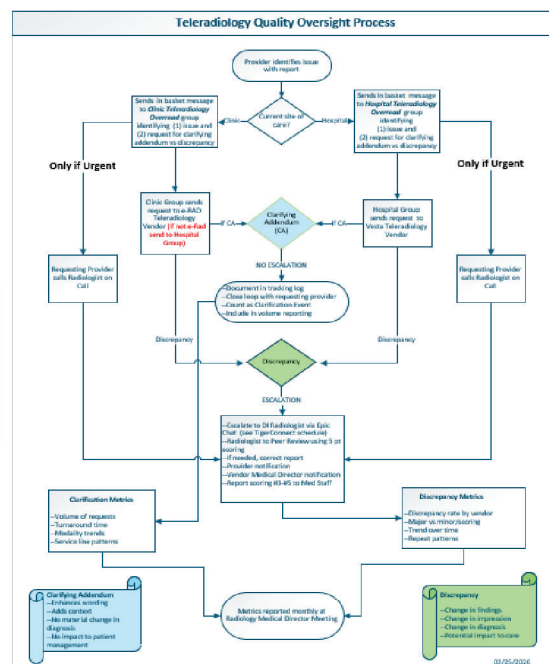
Radiology Utilization

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# Quality Oversight

- In parallel with our utilization work, the committee is actively finalizing quality-focused initiatives designed to strengthen clinical communication and patient safety.

- Teleradiology Addendum and Overread Requests
- Critical Results Notification



Radiology Utilization

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# Healing at Home

Rakesh Singh, MD  
Vice President, Medical Affairs

Michelle Orta, MSN, RN PHN, CCM  
Director, Continuum of Care



## Purpose:

The *Healing at Home* program was developed to reduce the cost and risks associated with unnecessary hospitalizations. The program was recently featured as a significant affordability initiative by the Office of Healthcare Affordability (OHCA).

The program provides clinically appropriate patients with a safe alternative to inpatient care through coordinated, home-based recovery supported by telephonic and virtual clinical oversight. With clear eligibility criteria, structured care pathways, and timely follow-up from the Salinas Valley Health team, patients are able to recover safely at home.



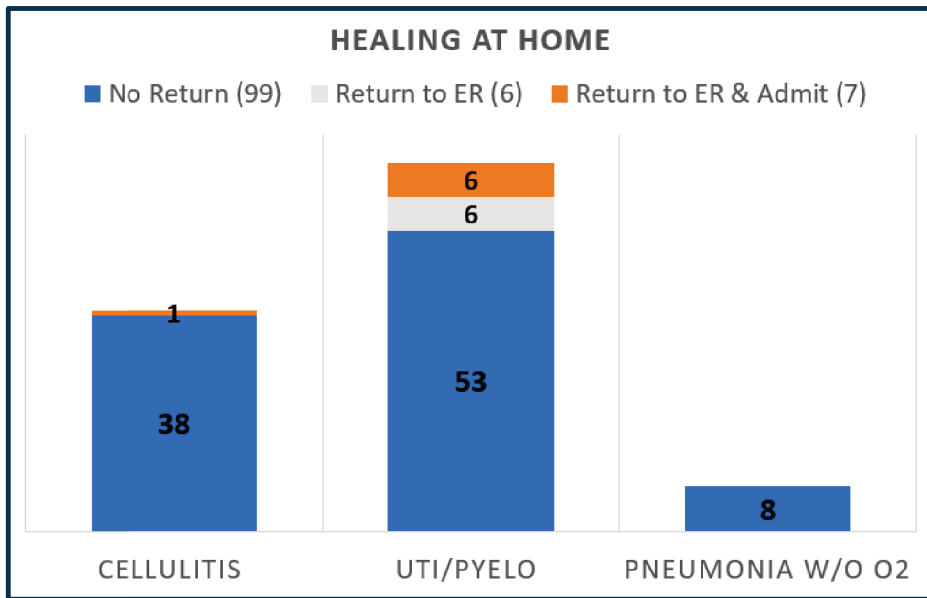


# Healing at Home Program Since Go-Live June 2025

## Leadership Takeaways

- 112 ED patients discharged home with program
  - 39 Cellulitis
  - 65 UTI/Pyelonephritis
  - 8 Pneumonia w/o O2
- 7 returns for admission
- 6 ED returns safely continued on program.

**Demonstrates successful program support avoiding inpatient admission and effective ED diversion with safe escalation pathways.**



Healing at Home 4.16.26

## Patient Survey

"Care was excellent and appreciate the program!"

"Program was explained very well in the ER and by the nurses following all the way through the program."

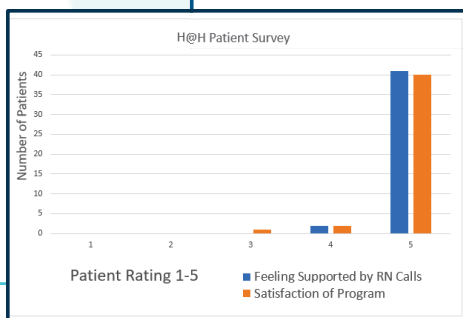
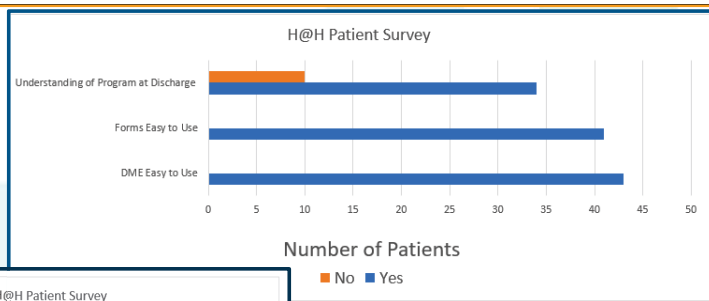
"I would give them a 10, I felt very supported, they were very kind."

"Great communication with the nurses!"

"Nurses were prompt, helpful and answered all questions."

"Left ED thinking a nurse would be coming to the house to address his wound. Very pleased with the program overall, though." Gave 7/5 score.

1. After leaving the ED, did you leave having a good understanding of the program and the process? Y/N
2. On a Scale 1-5 (5 feeling very supported and 1 not feeling supported at all) how supported did you feel with the daily calls provided by the nurse?
  - a. Can we ask why you rated it below 3?
3. Were the forms and tracking log easy to understand? Y/N
4. Were the supplies you were sent home with easy to use? Y/N
5. Overall on a scale 1-5 (5 being very pleased, 1 being not pleased) How pleased were you with your overall experience?



Healing at Home 4.16.26

# UP NEXT: Pneumonia with Oxygen

(Go-Live in May)

HEALING AT HOME PNEUMONIA GUIDELINES	
DME	O2 if appropriate, Healing at Home Kit
Additional Criteria	
O2	<p>No more than 2L continuous if new for patient</p> <ul style="list-style-type: none"> <li>• Baseline use only. Safe if patient remains on their usual flow rate.</li> <li>• Mild increase permitted: Up to 20% above baseline requirement may still be acceptable if stable. Ex: Baseline 2L/min NC- up to 2.5L/min (round to nearest 0.5L) or baseline 3L/min- up to 3.5-4L/min</li> <li>• Not Safe: Increase &gt;20% from baseline, or sustained desaturations &lt;90% despite adjustment</li> </ul>
LABS	Consider: Viral Panel, Urine Legionella and Strep Pneumo Antigens and Cocci Serology
CURB-65	Utilize CURB-65 Scoring Tool to determine appropriate candidates for Healing at Home Program
Treatment Plan	
	<p>If no comorbidity and under 65 without recent antibiotic exposure:</p> <ol style="list-style-type: none"> <li>1) amoxicillin 1 gram PO TID x 5 days OR</li> <li>2) doxycycline 100mg PO BID x 5 days OR</li> <li>3) Azithromycin 500mg PO daily x 3 days</li> </ol> <p>If comorbidity present (e.g. chronic heart, lung, liver or renal disease; diabetes; alcohol use disorder; neoplastic disease, smoker), antibiotic therapy within the prior three months:</p> <ol style="list-style-type: none"> <li>2) cefpodoxime 200 mg po BID OR</li> <li>3) cefuroxime 500 mg PO BID PLUS azithromycin 500 mg PO X 1 then 250 mg po daily days 2 to 5 OR</li> <li>4) doxycycline 100 mg PO BID x 5 days OR</li> <li>5) clarithromycin 500 mg PO BID x 5 days</li> </ol> <p>OR</p> <p>Levofloxacin 750mg PO daily x 5 days (especially if healthcare exposure or hx of pseudomonas infection)</p>

Healing at Home 4.16.26

- Pneumonia Guidelines for at home oxygen use on the program
- Physician Tools to support decision-making
- Consignment of portable oxygen concentrators for easy access and preventing care delays
- Direct Coordination with providers to ensure timely ED follow-up



## Community Acquired Pneumonia

### Clinical Prediction Rules for Prognostication and Triage

CURB-65		Pneumonia Severity Index (PSI) (a.k.a. "PORT score" for Patient Outcomes Research Team)	
Each criteria counts as 1 point		Age	1 points for each yr
C – Confusion		Sex	-10 points for female 0 points for male
U – Uremia (BUN ≥ 20 mg/dL)		SNF resident	+10
R – Respiratory rate (RR ≥ 30)		Active cancer	+30
B – Blood pressure (SBP < 90 or DBP < 60)		Liver disease	+20
65 – Age ≥ 65		Heart failure history	+10
0 -1 points: Outpatient treatment		History of stroke	+10
2 points: Inpatient vs. observation		CKD	+10
≥ 3 points: Inpatient treatment		Confusion	+20
		RR ≥ 30	+20
		SBP < 90	+20
		T < 35° or > 39.9°	+15
		Pulse ≥ 125	+10
		pH < 7.35	+30
		BUN ≥ 30 mg/dL	+20
		Sodium < 130 mmol/L	+20
		Glucose ≥ 250 mg/dL	+10
		Hematocrit < 30%	+10
		P <sub>o</sub> 2 < 60 mmHg	+10
		Pleural effusion	+10
		≤ 70 points: Outpatient treatment	
		71-90 points: Outpatient vs. observation	
		≥ 91 points: Inpatient treatment	

# CCAH Hospital Quality Incentive Program Metrics

## 1. Reducing Hospital Admissions through Healing at Home (2026-2028)

- Performance Target = No more than 95% of Healing at Home patients admit to SVH w/in 30 days
- Annual Payment = \$250,000

*Metric is being met with .06% admission rate currently*

## 2. Increasing Member Utilization of Healing at Home (2026-2028)

- Performance Target = 1.0% Increase over baseline, baseline established in 2026
- Annual Payment = \$250,000 (includes payment for implementing TeleHealth Visits in 2026)

*Metric will be met as TeleHealth Visits and discharge with Pneumonia on Oxygen Go-Live is May 4th*

Healing at Home 4.16.26

Feedback or questions?

*ADJOURNMENT*