

October 22, 2021

TO: Members of the Board of Directors

Victor Rey, Jr. – President
Regina M. Gage – Vice President
Juan Cabrera – Secretary
Richard Turner – Treasurer
Joel Hernandez Laguna – Assistant Treasurer

Legal Counsel

Ottone Leach & Ray LLP

News Media

Salinas Californian
Monterey County Herald
El Sol
Monterey County Weekly
KION-TV
KSBW-TV/ABC Central Coast
KSMS/Entravision-TV

The Regular Meeting of the Board of Directors of the Salinas Valley Memorial Healthcare System will be held **THURSDAY, OCTOBER 28, 2021, AT 4:00 P.M., IN THE DOWNING RESOURCE CENTER, ROOMS A, B & C AT SALINAS VALLEY MEMORIAL HOSPITAL, 450 E. ROMIE LANE, SALINAS, CALIFORNIA, OR BY PHONE OR VIDEO (Visit svmh.com/virtualboardmeeting for Access Information).**

Please note: Pursuant to Executive Order N-25-20 issued by the Governor of the State of California in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.



Pete Delgado
President/Chief Executive Officer

**REGULAR MEETING OF THE BOARD OF DIRECTORS
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**THURSDAY, OCTOBER 28, 2021
4:00 P.M. – DOWNING RESOURCE CENTER, ROOMS A, B & C
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA
OR BY PHONE OR VIDEO
(Visit symh.com/virtualboardmeeting for Access Information)**

Please note: Pursuant to Executive Order N-25-20 issued by the Governor of the State of California in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

AGENDA

	<u>Presented By</u>
I. <u>Call to Order/Roll Call</u>	Victor Rey, Jr.
II. <u>Closed Session</u> (See Attached Closed Session Sheet Information)	Victor Rey, Jr.
III. <u>Reconvene Open Session/Closed Session Report</u> (Estimated time 5:00 pm)	Victor Rey, Jr.
IV. <u>Education Program</u> ➤ Respiratory Care Presentation	Clement Miller Corina Clark
V. <u>Report from the President/Chief Executive Officer</u>	Pete Delgado
VI. <u>Public Input</u> 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.	Victor Rey, Jr.
VII. <u>Board Member Comments</u>	Board Members
VIII. <u>Consent Agenda—General Business</u> (A Board Member may pull an item from the Consent Agenda for discussion.)	Victor Rey, Jr.
A. Minutes of the Regular Meeting of the Board of Directors, September 30, 2021	
B. Financial Report	
C. Statistical Report	
D. Policies Requiring Board Approval:	
1. Care of the Total Hip and Knee Replacement Surgery Patient	
➤ Board President Report	
➤ Board Questions to Board President/Staff	
➤ Motion/Second	
➤ Public Comment	
➤ Board Discussion/Deliberation	
➤ Action by Board/Roll Call Vote	

IX. **Reports on Standing and Special Committees**

- A. **Quality and Efficient Practices Committee** Juan Cabrera
Minutes from the October 25, 2021 Quality and Efficient Practices Committee meeting have been provided to the Board. Additional Report from Committee Chair, if any.
- B. **Finance Committee** Richard Turner
Minutes from the October 25, 2021 Finance Committee meeting have been provided to the Board. One proposed recommendation has been made to the Board.
1. **Recommend Board approval for Limited Partnership Interest Sale and Purchase Agreement of Vantage Surgery Center, L.P. by and between STM, LLC. and Salinas Valley Memorial Healthcare System**
- Committee Chair Report
 - Board Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote
- C. **Personnel, Pension and Investment Committee** Regina M. Gage
Minutes from the October 26, 2021 Personnel, Pension and Investment Committee meeting have been provided to the Board. One proposed recommendation has been made to the Board.
1. **Recommend Board Approval of (i) the Findings Supporting Recruitment of Miguel Dorantes, MD (ii) the Contract Terms for Dr. Dorantes' Recruitment Agreement, and (iii) the Contract Terms for Dr. Dorantes' Family Medicine Professional Services Agreement**
- Committee Chair Report
 - Board Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote
- D. **Transformation, Strategic Planning and Governance Committee** Joel Hernandez
Laguna
Minutes from the October 27, 2021 Transformation, Strategic Planning and Governance Committee meeting have been provided to the Board. One proposed recommendation has been made to the Board.

1. **Recommend Board Approval of Appointment of Subject Matter Expert to Personnel, Pension and Investment Committee**

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

X. **Consider Resolution No. 2021-04 In Support of California Governor’s Office of Emergency Services Subrecipient Grant Award to Salinas Valley Memorial Healthcare System and Authorizing SVMHS Executives to Execute Grant Award Documents**

District Legal Counsel

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

XI. **Consider Resolution No. 2021-05 Proclaiming a Local Emergency, Ratifying the Proclamation of a State of Emergency by Governor’s State of Emergency Declaration on March 4, 2020, and Authorizing Remote Teleconference Meetings for the Period October 28 through November 26, 2021**

District Legal Counsel

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

XII. **Report on Behalf of the Medical Executive Committee (MEC) Meeting of October 14, 2021, and Recommendations for Board Approval of the following:**

Theodore Kaczmar, Jr., M.D.

- A. From the Credentials Committee:
 - 1. Credentials Committee Report
- B. From the Interdisciplinary Practice Committee:
 - 1. Interdisciplinary Practice Committee Report

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

XIII. **Extended Closed Session** (if necessary)
(See Attached Closed Session Sheet Information)

Victor Rey, Jr.

XIV. **Adjournment** – The next Regular Meeting of the Board of Directors is scheduled for
Thursday, November 18, 2021, at 4:00 p.m.

The complete Board packet including subsequently distributed materials and presentations is available at the Board Meeting and in the Human Resources Department of the District. All items appearing on the agenda are subject to action by the Board. Staff and Committee recommendations are subject to change by the Board.

Notes: Requests for a disability related modification or accommodation, including auxiliary aids or services, in order to attend or participate in a meeting should be made to the Executive Assistant during regular business hours at 831-755-0741. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

**SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM BOARD OF DIRECTORS
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

[] **LICENSE/PERMIT DETERMINATION**

(Government Code §54956.7)

Applicant(s): (Specify number of applicants) _____

[] **CONFERENCE WITH REAL PROPERTY NEGOTIATORS**

(Government Code §54956.8)

Property: (Specify street address, or if no street address, the parcel number or other unique reference, of the real property under negotiation): _____

Agency negotiator: (Specify names of negotiators attending the closed session): _____

Negotiating parties: (Specify name of party (not agent): _____

Under negotiation: (Specify whether instruction to negotiator will concern price, terms of payment, or both): _____

[] **CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION**

(Government Code §54956.9(d)(1))

Name of case: (Specify by reference to claimant's name, names of parties, case or claim numbers): _____, or

Case name unspecified: (Specify whether disclosure would jeopardize service of process or existing settlement negotiations): _____

[] **CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION**

(Government Code §54956.9)

Significant exposure to litigation pursuant to Section 54956.9(d)(2) or (3) (Number of potential cases): _____

Additional information required pursuant to Section 54956.9(e): _____

Initiation of litigation pursuant to Section 54956.9(d)(4) (Number of potential cases): _____

[] **LIABILITY CLAIMS**

(Government Code §54956.95)

Claimant: (Specify name unless unspecified pursuant to Section 54961): _____

Agency claimed against: (Specify name): _____

THREAT TO PUBLIC SERVICES OR FACILITIES
(Government Code §54957)

Consultation with: (Specify name of law enforcement agency and title of officer): _____

PUBLIC EMPLOYEE APPOINTMENT
(Government Code §54957)

Title: (Specify description of position to be filled): _____

PUBLIC EMPLOYMENT
(Government Code §54957)

Title: (Specify description of position to be filled): _____

PUBLIC EMPLOYEE PERFORMANCE EVALUATION
(Government Code §54957)

Title: (Specify position title of employee being reviewed): _____

PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE
(Government Code §54957)

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

CONFERENCE WITH LABOR NEGOTIATOR
(Government Code §54957.6)

Agency designated representative: (Specify name of designated representatives attending the closed session):
Pete Delgado

Employee organization: (Specify name of organization representing employee or employees in question):
National Union of Healthcare Workers, California Nurses Association, Local 39, ESC Local 20, or

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

CASE REVIEW/PLANNING
(Government Code §54957.8)

(No additional information is required to consider case review or planning.)

REPORT INVOLVING TRADE SECRET
(Government Code §37606 & Health and Safety Code § 32106)

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility):

Trade Secrets, Strategic Planning, Proposed New Programs and Services

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

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

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

1. Report of the Medical Staff Quality and Safety Committee
2. Report of the Medical Staff Credentials Committee
3. Report of the Interdisciplinary Practice Committee

CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW (Government Code §54956.86)

(No additional information is required to discuss a charge or complaint pursuant to Section 54956.86.)

ADJOURN TO OPEN SESSION

CALL TO ORDER/ROLL CALL

(VICTOR REY, JR.)

CLOSED SESSION

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

(VICTOR REY, JR.)

*RECONVENE OPEN SESSION/
CLOSED SESSION REPORT
(ESTIMATED TIME: 5:00 P.M.)*

(VICTOR REY, JR.)

*EDUCATION PROGRAM -
RESPIRATORY CARE
PRESENTATION*

(VERBAL)

(MILLER/CLARK)

*REPORT FROM THE PRESIDENT/
CHIEF EXECUTIVE OFFICER*

(VERBAL)

(PETE DELGADO)

PUBLIC INPUT

BOARD MEMBER COMMENTS

(VERBAL)

**REGULAR MEETING OF THE BOARD OF DIRECTORS
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**THURSDAY, SEPTEMBER 30, 2021 – 3:30 P.M.
DOWNING RESOURCE CENTER, ROOMS A, B & C
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA AND BY PHONE
OR VIDEO (VISIT svmh.com/virtualboardmeeting FOR ACCESS INFORMATION)**

Pursuant to Executive Order N-25-20 issued by the Governor of the State of California in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

Present: President Victor Rey, Jr., Directors Regina M. Gage, Juan Cabrera, Joel Hernandez Laguna in person; Richard Turner by teleconference.

Also Present: Pete Delgado, President/Chief Executive Officer; Rachel McCarthy Beck, M.D., Chief of Staff, and Gary Ray, Esq., District Legal Counsel, in person.

A quorum was present and the meeting was called to order by President Victor Rey, Jr at 3:33 p.m.

Closed Session

President Victor Rey, Jr., announced that the closed session items to be discussed in Closed Session as listed on the posted Agenda are: (1) Conference with Labor Negotiator concerning the National Union of Healthcare Workers, California Nurses Association, Local 39 and ESC Local 20; (2) Report Involving Trade Secret – strategic planning, proposed new programs and services; (3) Hearings/Reports – Report of the Medical Staff Quality and Safety Committee, Report of the Medical Staff Credentials Committee and Interdisciplinary Practice Committee.

The meeting was recessed into Closed Session under the Closed Session Protocol at 3:35 p.m.

The Board completed its business of the Closed Session at 5:15 p.m.

Reconvene Open Session/Report on Closed Session

The Board reconvened Open Session at 5:20 p.m. President Rey announced that in Closed Session the Board discussed: (1) Conference with Labor Negotiator concerning the National Union of Healthcare Workers, California Nurses Association, Local 39 and ESC Local 20; (2) Report Involving Trade Secret – strategic planning, proposed new programs and services; (3) Hearings/Reports – Report of the Medical Staff Quality and Safety Committee and Report of the Interdisciplinary Practice Committee.

In Closed Session, the Board received and accepted the Medical Staff Quality and Safety Committee Report. No other action was taken by the Board.

Mr. Rey stated that Agenda Item: VI. Public Input will be moved up before Item: IV. Education Program - Respiratory Care Presentation and Item: V. Report from the President/Chief Executive Officer will follow.

Public Input

An opportunity was provided for persons in the audience to make a brief statement, not to exceed three (3) minutes, on issues or concerns not covered by the agenda.

Public Input comments have been attached to the minutes of the Regular Meeting of the Board of Directors of September 30, 2021.

Education Program – Respiratory Care Presentation

Mr. Delgado stated that this item has been postponed to the October Board of Directors Meeting.

Report from the President/Chief Executive Officer

Mr. Delgado stated that his report has been postponed to the October Board of Directors Meeting.

Recognition

Mr. Delgado recognized Rachel McCarthy Beck, MD, for her outstanding commitment, passion and leadership as Chief of Staff. He stated that she demonstrates the STAR values (Support, Teamwork, Accountability and Respect). He thanked her for her leadership and compassion to the organization. As a token of appreciation he presented her with an engraved vase with flowers and a serving platter.

Dr. Beck thanked Mr. Delgado and shared that Ted Kaczmar, MD is the new Chief of Staff.

Board Member Comments

Director Gage thanked everyone who spoke today regarding these contract negotiations and the vaccine mandate. She thanked Director Rey for his patience and for giving everyone a chance to speak. She also thanked everyone who attended in-person and via Webex.

Director Rey commented that public input is an opportunity for the public to speak before the Board of Directors. The Board of Directors does not answer any questions that come up or engage in the discussion because it is reserved for the public to have an opportunity to speak. On behalf of the Board of Directors he stated that they value all of their employees regardless of their role and their tenure.

Consent Agenda – General Business

- A. Minutes of the Regular Meeting of the Board of Directors, August 26, 2021
- B. Financial Report
- C. Statistical Report
- D. Policies Requiring Board Approval
 - 1. Obtaining and Documenting Informed Consent in Clinical Research Studies at SVMHS
 - 2. Iodinated Contrast Administration for Radiologic Procedures
 - 3. Radiation Safety
 - 4. Intravenous Lidocaine for Pain
 - 5. Compliance Sanctions Review Policy and Procedure
 - 6. Shipping of Hazardous Materials for Clinical Research Studies at SVMHS
 - 7. Care for the Caregiver
 - 8. Nebulized Tranexamic Acid Procedure

Mr. Rey presented the consent agenda items before the Board for action. This information was included in the Board packet.

MOTION: The Board of Directors approves Consent Agenda – General Business, Items (A) through (D), as presented. Moved/Seconded/Roll Call Vote: Ayes: Rey, Gage, Cabrera, Turner; Hernandez Laguna; Noes: None; Abstentions: None; Absent: None; Motion Carried.

Reports on Standing and Special Committees

Quality and Efficient Practices Committee

Juan Cabrera, Committee Chair, reported the minutes from the Quality and Efficient Practices Committee Meeting of September 27, 2021, were provided to the Board. No action was taken by the Committee.

Finance Committee

Richard Turner, Committee Chair, reported the minutes from the Finance Committee Meeting of September 27, 2021, were provided to the Board. The Committee received a Financial Statistical Review Update. No action was taken by the Committee.

Personnel, Pension and Investment Committee

Regina M. Gage, Committee Chair, reported the minutes from the Personnel, Pension and Investment Committee Meeting of September 28, 2021, were provided to the Board. The Committee received an overview of what is happening in the market. The following recommendation was made by the Committee:

1. **Recommend Board Approval of Asset Allocation for Defined Benefit Pension Plan Change to 65% Equities / 35% Fixed Income, Effective Immediately**

No Public Comment.

MOTION: The Board of Directors approves the change in the asset allocation for Defined Benefit Pension Plan to 65% equities (including real estate), and 35% fixed income, as presented. Moved/Seconded/Roll Call Vote: Ayes: Rey, Gage, Turner, Hernandez Laguna, Cabrera; Noes: None; Abstentions: None; Absent: None; Motion Carried.

Corporate Compliance and Audit Committee

Juan Cabrera, Committee Chair, reported the minutes from the Corporate Compliance and Audit Committee Meeting of September 28, 2021, were provided to the Board. The Committee received a Corporate Compliance Update.

Report on Behalf of the Medical Executive Committee (MEC) Meeting of September 9, 2021, and Recommendations for Board Approval of the following:

The following recommendations from the Medical Executive Committee (MEC) Meeting of September 9, 2021, were reviewed by Rachel McCarthy Beck, M.D., Chief of Staff, and recommended for Board approval.

Recommend Board Approval of the Following:

- A. From the Credentials Committee:
 1. Credentials Committee Report
- B. From the Interdisciplinary Practice Committee:
 1. Interdisciplinary Practice Committee Report

Dr. Beck shared that at the Bi-Annual Medical Staff Meeting last week, Alison Wilson, MD, and Jaime Gonzalez, MD, presented the Lifetime Achievement Award to June Dunbar, MD. Dr. Dunbar was selected by the hospitalists who learned that Dr. Dunbar was the first female Chief of Staff in the 1980's and later developed the SVMHS Medical History Museum.

Dr. Beck stated that this is her last meeting as Chief of Staff and shared that Ted Kaczmar, MD, is the new Chief of Staff, Rakesh Singh, MD, Vice Chief of Staff, and she will assume the role of Associate Chief of Staff.

No Public Comment.

MOTION: The Board of Directors approves Recommendation (A) through (B) of the September 9, 2021, Medical Executive Committee Meeting, as presented. Moved/Seconded/Roll Call Vote: Ayes: Rey, Gage, Cabrera, Turner, Hernandez Laguna; Noes: None; Abstentions: None; Absent: None; Motion Carried.

Extended Closed Session

Board President Rey announced that the item to be discussed in the Closed Session is: (1) Conference with Labor Negotiator concerning the National Union of Healthcare Workers, California Nurses Association, Local 39 and ESC Local 20; (2) Report Involving Trade Secret – strategic planning, proposed new programs and services. The meeting was recessed into Closed Session at 7:23 p.m. The Board reconvened Open Session at 8:18 p.m. Mr. Rey announced that in Closed Session, the Board discussed (1) Conference with Labor Negotiator concerning the National Union of Healthcare Workers, California Nurses Association, Local 39 and ESC Local 20; (2) Report Involving Trade Secret – strategic planning, proposed new programs and services. No action was taken by the Board.

Adjournment – The next Regular Meeting of the Board of Directors is scheduled for Thursday, October 28, 2021 at 4:00 p.m. There being no further business, the meeting was adjourned at 8:19 p.m.

Juan Cabrera
Secretary, Board of Directors

VI. Public Input

Jennifer Lukasik: Supports colleagues for a fair contract. Commented on proposal regarding wages, increased medical and dental contributions, and changes to PTO and sick leave accrual.

Patty Torres, Nutrition Services Aide. Ms. Torres read a statement on behalf of her colleague Megan who could not be present, commenting on the proposal of unpaid leave of absence for unvaccinated employees.

Michelle Shaw, Physical Therapist. Ms. Shaw commented on the sick leave and PTO proposal in the NUHW contract. Ms. Shaw shared a message from another co-worker requesting the Board's support for a fair contract.

Rita Nunez, Endoscopy Tech, stressed the importance of protecting wages and benefits.

Patty Rivera, Occupational Therapist. Commented on the bargaining negotiations, social justice, and staff mental health.

Elizabeth Duran, Nutrition Services Aide. Ms. Duran asked the Board to review wages and healthcare benefits.

Kenny Hamlin, Rehab Services Aide, asked the board to protect wages and healthcare benefits.

Monica Baudour, Coder/Abstractor Clerk, asking the Board to protect wages and healthcare benefits.

Francisca Sanchez, Registration Float Clerk. Commented on bargaining proposal regarding PTO and sick leave accrual.

Keane Chukwuneta, NUHW Organizer: Commented on bargaining proposal regarding wages, increased medical and dental contributions, and changes to PTO and sick leave accrual.

Esther Fierros-Nunez, Cashier, expressing support for a fair contract, wages and healthcare insurance.

Mary Narayan, RN (via Webex). Commented on transparency, and asked for daily stats of how many fully vaccinated patients are in our ICU. She commented on the state mandate option to wear masks and be tested twice weekly.

Christina Juarez, RN (via Webex): Requested reevaluation of the vaccine mandate for unvaccinated employees.

Iracema Regalado, Nurse Aide (via Webex): Requested reevaluation of the vaccine mandate for unvaccinated employees.

Alicia Poznanovich, LIS Lab Coordinator (via Webex): Commented on vaccine exemptions and unpaid leaves of absence.

Rachael White, RN (via Webex): Commented religious exemptions. Requested reconsideration of the options under the state mandate.

Wesley Hayward, Member of the Public (via Webex): Commented on hiring travelers to replace unvaccinated nurses.

Vanessa Lockard, RN: Commented that she is unvaccinated and her request for exemption was approved without accommodation.

Cordelia Sidijaya, RN: Commented that her exemptions were approved without accommodation. Requested clarification regarding the state mandate.

Patrick Burns, RN: Commented on the medical and religious exemptions that were approved without accommodations.

Julie Plemmons, RN: Commented that her request for medical and religious exemption were approved without accommodations.

Kiana Cox, Environmental Services Aide: Commented that her request for religious exemption was approved without accommodation.

Jose Guzman, MD: Commented on his request for religious exemption was approved without accommodation.

Karen Ludow, MD: Commented on her request for medical and religious exemptions were approved without accommodation.

Rachel Velasco, RN: Commented that her request for religious exemption was approved without accommodation.

Carmen Montenegro, RN: Commented that her request for religious exemption was approved without accommodation.

Vanity Horton, Case Manager: Read a statement on behalf of a colleague who works in the ER regarding requests for religious exemptions that were approved without accommodation.

Kristina Economou, ER Nurse: Commented on the state mandate regarding unvaccinated employees.

Lynette Fred: Commented on the vaccine mandate for hospital employees.

Anne, ICU Nurse: Commented on her request for religious exemption that was approved without accommodation.

Anonymous comment: Commented that the entire meeting was about the union, exemptions and unvaccinated employees.

SALINAS VALLEY MEMORIAL HOSPITAL
SUMMARY INCOME STATEMENT
September 30, 2021

	<u>Month of September,</u>		<u>Three months ended September 30,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 46,436,862	\$ 46,378,344	\$ 144,483,708	\$ 143,341,703
Other operating revenue	1,205,071	1,656,129	3,363,575	3,293,585
Total operating revenue	<u>47,641,933</u>	<u>48,034,473</u>	<u>147,847,283</u>	<u>146,635,288</u>
Total operating expenses	41,378,395	40,286,080	124,347,136	123,093,356
Total non-operating income	<u>(2,461,912)</u>	<u>(2,596,661)</u>	<u>(6,174,739)</u>	<u>(5,411,815)</u>
Operating and non-operating income	<u>\$ 3,801,626</u>	<u>\$ 5,151,733</u>	<u>\$ 17,325,408</u>	<u>\$ 18,130,117</u>

SALINAS VALLEY MEMORIAL HOSPITAL
BALANCE SHEETS
September 30, 2021

	<u>Current year</u>	<u>Prior year</u>
ASSETS:		
Current assets	\$ 424,014,663	\$ 392,241,426
Assets whose use is limited or restricted by board	146,325,055	133,860,457
Capital assets	242,425,825	260,050,464
Other assets	191,823,760	194,473,865
Deferred pension outflows	<u>50,119,236</u>	<u>83,379,890</u>
	<u>\$ 1,054,708,539</u>	<u>\$ 1,064,006,102</u>
LIABILITIES AND EQUITY:		
Current liabilities	128,886,938	158,947,921
Long term liabilities	14,556,513	14,780,831
	83,585,120	126,340,336
Net assets	<u>827,679,968</u>	<u>763,937,014</u>
	<u>\$ 1,054,708,539</u>	<u>\$ 1,064,006,102</u>

**SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF NET PATIENT REVENUE
September 30, 2021**

	<u>Month of September,</u>		<u>Three months ended September 30,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Patient days:				
By payer:				
Medicare	1,553	1,557	4,695	4,610
Medi-Cal	964	1,040	2,928	3,252
Commercial insurance	749	659	2,191	2,387
Other patient	71	125	344	397
Total patient days	<u>3,337</u>	<u>3,381</u>	<u>10,158</u>	<u>10,646</u>
Gross revenue:				
Medicare	\$ 86,871,070	\$ 77,942,165	\$ 268,703,634	\$ 231,199,550
Medi-Cal	57,526,189	55,195,715	171,807,998	159,997,561
Commercial insurance	50,189,204	46,571,611	149,083,669	147,725,624
Other patient	<u>7,129,690</u>	<u>8,620,170</u>	<u>25,025,799</u>	<u>26,283,794</u>
Gross revenue	<u>201,716,153</u>	<u>188,329,661</u>	<u>614,621,100</u>	<u>565,206,529</u>
Deductions from revenue:				
Administrative adjustment	483,877	363,742	978,289	1,023,789
Charity care	1,012,772	481,549	3,690,676	3,222,169
Contractual adjustments:				
Medicare outpatient	28,727,528	25,451,667	85,379,289	76,170,558
Medicare inpatient	37,096,830	32,666,647	110,214,968	99,213,567
Medi-Cal traditional outpatient	2,559,562	2,363,435	7,468,468	5,720,459
Medi-Cal traditional inpatient	5,239,091	8,649,553	17,042,211	24,116,960
Medi-Cal managed care outpatient	21,787,415	18,414,464	67,909,539	55,194,675
Medi-Cal managed care inpatient	20,196,240	17,779,825	62,124,937	53,363,171
Commercial insurance outpatient	18,125,359	15,996,665	50,910,833	47,339,295
Commercial insurance inpatient	16,266,947	14,563,240	50,902,363	42,856,038
Uncollectible accounts expense	3,745,228	3,566,969	11,514,735	10,846,901
Other payors	<u>38,442</u>	<u>1,653,559</u>	<u>2,001,084</u>	<u>2,797,244</u>
Deductions from revenue	<u>155,279,291</u>	<u>141,951,316</u>	<u>470,137,392</u>	<u>421,864,826</u>
Net patient revenue	<u>\$ 46,436,862</u>	<u>\$ 46,378,344</u>	<u>\$ 144,483,708</u>	<u>\$ 143,341,703</u>
Gross billed charges by patient type:				
Inpatient	\$ 103,333,462	\$ 98,901,983	\$ 319,805,534	\$ 299,175,329
Outpatient	69,968,237	68,930,077	211,266,196	202,355,311
Emergency room	<u>28,414,454</u>	<u>20,497,601</u>	<u>83,549,370</u>	<u>63,675,889</u>
Total	<u>\$ 201,716,153</u>	<u>\$ 188,329,661</u>	<u>\$ 614,621,100</u>	<u>\$ 565,206,529</u>

SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES
September 30, 2021

	<u>Month of September,</u>		<u>Three months ended September 30,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 46,436,862	\$ 46,378,344	\$ 144,483,708	\$ 143,341,703
Other operating revenue	<u>1,205,071</u>	<u>1,656,129</u>	<u>3,363,575</u>	<u>3,293,585</u>
Total operating revenue	<u>47,641,933</u>	<u>48,034,473</u>	<u>147,847,283</u>	<u>146,635,288</u>
Operating expenses:				
Salaries and wages	15,631,010	15,142,093	46,891,772	47,061,421
Compensated absences	2,539,271	2,392,993	7,626,195	7,547,911
Employee benefits	7,225,821	8,020,587	22,522,425	23,523,354
Supplies, food, and linen	6,428,334	5,913,898	18,432,733	18,658,679
Purchased department functions	3,343,930	2,743,503	9,605,691	9,186,562
Medical fees	1,752,026	1,558,982	5,806,657	4,562,404
Other fees	1,157,831	1,341,157	3,506,671	3,636,462
Depreciation	1,771,773	1,789,195	5,339,875	5,321,660
All other expense	<u>1,528,399</u>	<u>1,383,672</u>	<u>4,615,117</u>	<u>3,594,903</u>
Total operating expenses	<u>41,378,395</u>	<u>40,286,080</u>	<u>124,347,136</u>	<u>123,093,356</u>
Income from operations	<u>6,263,538</u>	<u>7,748,393</u>	<u>23,500,147</u>	<u>23,541,932</u>
Non-operating income:				
Donations	166,667	166,667	500,000	500,000
Property taxes	333,333	333,333	1,000,000	1,000,000
Investment income	(1,113,460)	(75,294)	(761,168)	723,684
Taxes and licenses	0	0	0	0
Income from subsidiaries	<u>(1,848,452)</u>	<u>(3,021,367)</u>	<u>(6,913,571)</u>	<u>(7,635,499)</u>
Total non-operating income	<u>(2,461,912)</u>	<u>(2,596,661)</u>	<u>(6,174,739)</u>	<u>(5,411,815)</u>
Operating and non-operating income	3,801,626	5,151,733	17,325,408	18,130,117
Net assets to begin	<u>823,878,342</u>	<u>758,785,281</u>	<u>810,354,560</u>	<u>745,806,898</u>
Net assets to end	<u>\$ 827,679,968</u>	<u>\$ 763,937,014</u>	<u>\$ 827,679,968</u>	<u>\$ 763,937,015</u>
Net income excluding non-recurring items	\$ 3,319,848	\$ 4,731,259	\$ 16,843,630	\$ 17,709,643
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	<u>481,778</u>	<u>420,474</u>	<u>481,778</u>	<u>420,474</u>
Operating and non-operating income	<u>\$ 3,801,626</u>	<u>\$ 5,151,733</u>	<u>\$ 17,325,408</u>	<u>\$ 18,130,117</u>

**SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF INVESTMENT INCOME
September 30, 2021**

	Month of September,		Three months ended September 30,	
	current year	prior year	current year	prior year
Detail of other operating income:				
Dietary revenue	\$ 131,930	\$ 127,560	\$ 400,005	\$ 389,717
Discounts and scrap sale	9,926	5,715	282,403	31,310
Sale of products and services	301,593	9,931	367,279	126,387
Clinical trial fees	13,902	2,574	20,878	41,978
Stimulus Funds	0	0	0	0
Rental income	162,287	157,031	482,900	471,094
Other	585,433	1,353,318	1,810,110	2,233,099
	<u>\$ 1,205,071</u>	<u>\$ 1,656,129</u>	<u>\$ 3,363,575</u>	<u>\$ 3,293,585</u>
Detail of investment income:				
Bank and payor interest	\$ 83,555	\$ 142,996	\$ 288,497	\$ 494,242
Income from investments	(1,157,911)	(218,290)	(1,075,291)	229,442
Gain or loss on property and equipment	(39,103)	0	25,625	0
	<u>\$ (1,113,460)</u>	<u>\$ (75,294)</u>	<u>\$ (761,168)</u>	<u>\$ 723,684</u>
Detail of income from subsidiaries:				
Salinas Valley Medical Center:				
Pulmonary Medicine Center	\$ (236,294)	\$ (115,710)	\$ (634,102)	\$ (552,154)
Neurological Clinic	(60,225)	(41,706)	(153,947)	(138,270)
Palliative Care Clinic	(115,080)	(89,640)	(261,612)	(225,408)
Surgery Clinic	(126,421)	(159,809)	(323,871)	(392,307)
Infectious Disease Clinic	(35,349)	(41,813)	(77,275)	(83,459)
Endocrinology Clinic	(162,124)	(165,585)	(376,988)	(471,107)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(436,319)	(289,875)	(1,212,929)	(1,227,553)
OB/GYN Clinic	(280,964)	(451,699)	(985,532)	(757,653)
PrimeCare Medical Group	(589,867)	(855,611)	(1,289,277)	(1,768,174)
Oncology Clinic	18,195	(55,601)	(749,999)	(680,971)
Cardiac Surgery	(154,577)	(177,065)	(490,435)	(494,347)
Sleep Center	(21,034)	(55,667)	(77,558)	(132,625)
Rheumatology	(63,727)	(67,262)	(151,517)	(120,914)
Precision Ortho MDs	(329,004)	(267,752)	(858,020)	(864,216)
Precision Ortho-MRI	0	2,518	0	(25,322)
Precision Ortho-PT	(91,765)	7,856	(162,887)	35,116
Dermatology	(25,859)	(18,055)	(72,361)	(56,569)
Hospitalists	0	0	0	0
Behavioral Health	(93,405)	(65,625)	(219,127)	(204,587)
Pediatric Diabetes	(57,500)	(35,143)	(140,260)	(125,789)
Neurosurgery	(22,080)	(24,912)	(52,548)	(70,372)
Multi-Specialty-RR	14,090	(12,241)	17,710	(45,603)
Radiology	(354,198)	155,824	(904,826)	(160,192)
Salinas Family Practice	(56,680)	0	(268,912)	0
Total SVMC	(3,280,187)	(2,824,573)	(9,446,273)	(8,562,476)
Doctors on Duty	1,501,560	(246,912)	1,305,473	409,714
Assisted Living	0	(18,143)	0	(28,299)
Salinas Valley Imaging	0	0	0	(19,974)
Vantage Surgery Center	24,430	6,102	69,882	56,813
LPCH NICU JV	0	0	0	0
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	(267,495)	29,110	861,709	258,491
Aspire/CHI/Coastal	(13,536)	1,818	(59,966)	(214,776)
Apex	84,917	30,846	116,858	37,895
21st Century Oncology	48,852	(26,963)	120,468	(94,989)
Monterey Bay Endoscopy Center	53,008	27,349	118,277	522,102
	<u>\$ (1,848,452)</u>	<u>\$ (3,021,367)</u>	<u>\$ (6,913,571)</u>	<u>\$ (7,635,499)</u>

**SALINAS VALLEY MEMORIAL HOSPITAL
BALANCE SHEETS
September 30, 2021**

	Current year	Prior year
A S S E T S		
Current assets:		
Cash and cash equivalents	\$ 328,765,711	\$ 298,103,836
Patient accounts receivable, net of estimated uncollectibles of \$20,170,208	77,199,158	76,708,161
Supplies inventory at cost	8,063,643	8,508,199
Other current assets	9,986,151	8,921,231
Total current assets	424,014,663	392,241,426
Assets whose use is limited or restricted by board	146,325,055	133,860,457
Capital assets:		
Land and construction in process	35,488,799	45,320,316
Other capital assets, net of depreciation	206,937,026	214,730,148
Total capital assets	242,425,825	260,050,464
Other assets:		
Investment in Securities	148,482,228	148,527,822
Investment in SVMC	14,345,201	18,332,243
Investment in Aspire/CHI/Coastal	3,641,741	3,840,412
Investment in other affiliates	22,910,262	21,965,640
Net pension asset	2,444,328	1,807,748
Total other assets	191,823,760	194,473,865
Deferred pension outflows	50,119,236	83,379,890
	\$ 1,054,708,539	\$ 1,064,006,102
 LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued expenses	\$ 54,879,986	\$ 55,103,771
Due to third party payers	56,596,240	86,331,288
Current portion of self-insurance liability	17,410,712	17,512,862
Total current liabilities	128,886,938	158,947,921
Long term portion of workers comp liability	14,556,513	14,780,831
Total liabilities	143,443,451	173,728,752
Pension liability	83,585,120	126,340,336
Net assets:		
Invested in capital assets, net of related debt	242,425,825	260,050,464
Unrestricted	585,254,143	503,886,550
Total net assets	827,679,968	763,937,014
	\$ 1,054,708,539	\$ 1,064,006,102

SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL
September 30, 2021

	Month of September,				Three months ended September 30,			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:								
Gross billed charges	\$ 201,716,153	\$ 190,270,606	11,445,547	6.02%	\$ 614,621,100	\$ 583,527,257	31,093,843	5.33%
Deductions from revenue	155,279,291	145,677,751	9,601,540	6.59%	470,137,392	447,620,058	22,517,334	5.03%
Net patient revenue	46,436,862	44,592,855	1,844,007	4.14%	144,483,708	135,907,199	8,576,509	6.31%
Other operating revenue	1,205,071	783,804	421,267	53.75%	3,363,575	2,341,919	1,021,656	43.62%
Total operating revenue	47,641,933	45,376,659	2,265,274	4.99%	147,847,283	138,249,119	9,598,164	6.94%
Operating expenses:								
Salaries and wages	15,631,010	15,253,945	377,065	2.47%	46,891,772	46,747,684	144,088	0.31%
Compensated absences	2,539,271	2,663,215	(123,944)	-4.65%	7,626,195	7,954,326	(328,131)	-4.13%
Employee benefits	7,225,821	7,015,025	210,796	3.00%	22,522,425	21,684,004	838,421	3.87%
Supplies, food, and linen	6,428,334	5,749,083	679,251	11.81%	18,432,733	17,626,082	806,651	4.58%
Purchased department functions	3,343,930	3,091,764	252,166	8.16%	9,605,691	9,043,941	561,750	6.21%
Medical fees	1,752,026	1,823,779	(71,753)	-3.93%	5,806,657	5,483,919	322,738	5.89%
Other fees	1,157,831	927,598	230,233	24.82%	3,506,671	2,783,979	722,692	25.96%
Depreciation	1,771,773	1,774,937	(3,164)	-0.18%	5,339,875	5,340,313	(438)	-0.01%
All other expense	1,528,399	1,417,419	110,980	7.83%	4,615,117	4,329,155	285,962	6.61%
Total operating expenses	41,378,395	39,716,765	1,661,630	4.18%	124,347,136	120,993,403	3,353,733	2.77%
Income from operations	6,263,538	5,659,893	603,645	10.67%	23,500,147	17,255,715	6,244,432	36.19%
Non-operating income:								
Donations	166,667	166,667	0	0.00%	500,000	500,000	(0)	0.00%
Property taxes	333,333	333,333	(0)	0.00%	1,000,000	1,000,000	0	0.00%
Investment income	(1,113,460)	(63,302)	(1,050,158)	1658.98%	(761,168)	(189,905)	(571,264)	300.82%
Income from subsidiaries	(1,848,452)	(3,825,656)	1,977,204	-51.68%	(6,913,571)	(12,209,494)	5,295,923	-43.38%
Total non-operating income	(2,461,912)	(3,388,958)	927,046	-27.35%	(6,174,739)	(10,899,398)	4,724,659	-43.35%
Operating and non-operating income	\$ 3,801,626	\$ 2,270,935	1,530,691	67.40%	\$ 17,325,408	\$ 6,356,317	10,969,091	172.57%

SALINAS VALLEY MEMORIAL HOSPITAL

PATIENT STATISTICAL REPORT

For the month of Sep and three months to date

	<u>Month of Sep</u>		<u>Three months to date</u>		<u>Variance</u>
	<u>2020</u>	<u>2021</u>	<u>2020-21</u>	<u>2021-22</u>	
<u>PATIENT DAYS BY LOCATION</u>					
Level I	240	275	707	753	46
Heart Center	349	323	1,016	961	(55)
Monitored Beds	898	755	2,636	2,387	(249)
Single Room Maternity/Obstetrics	383	407	1,171	1,109	(62)
Med/Surg - Cardiovascular	658	462	1,997	1,777	(220)
Med/Surg - Oncology	73	259	431	816	385
Med/Surg - Rehab	356	388	1,167	1,223	56
Pediatrics	55	69	191	276	85
Nursery	261	233	745	692	(53)
Neonatal Intensive Care	58	94	395	253	(142)
<u>PERCENTAGE OF OCCUPANCY</u>					
Level I	61.54%	70.51%	59.11%	62.96%	
Heart Center	77.56%	71.78%	73.62%	69.64%	
Monitored Beds	110.86%	93.21%	106.12%	96.10%	
Single Room Maternity/Obstetrics	34.50%	36.67%	34.40%	32.58%	
Med/Surg - Cardiovascular	48.74%	34.22%	48.24%	42.92%	
Med/Surg - Oncology	18.72%	66.41%	36.04%	68.23%	
Med/Surg - Rehab	45.64%	49.74%	48.79%	51.13%	
Med/Surg - Observation Care Unit	0.00%	60.00%	0.00%	38.24%	
Pediatrics	10.19%	12.78%	11.53%	16.67%	
Nursery	52.73%	47.07%	24.54%	22.79%	
Neonatal Intensive Care	17.58%	28.48%	39.03%	25.00%	

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Sep and three months to date

	<u>Month of Sep</u>		<u>Three months to date</u>		<u>Variance</u>
	<u>2020</u>	<u>2021</u>	<u>2020-21</u>	<u>2021-22</u>	
<u>DELIVERY ROOM</u>					
Total deliveries	151	152	471	426	(45)
C-Section deliveries	50	49	146	134	(12)
Percent of C-section deliveries	33.11%	32.24%	31.00%	31.46%	0.46%
<u>OPERATING ROOM</u>					
In-Patient Operating Minutes	19,233	16,545	73,944	60,973	(12,971)
Out-Patient Operating Minutes	29,081	24,649	64,536	74,597	10,061
Total	48,314	41,194	138,480	135,570	(2,910)
Open Heart Surgeries	14	10	41	37	(4)
In-Patient Cases	148	121	480	419	(61)
Out-Patient Cases	293	243	766	742	(24)
<u>EMERGENCY ROOM</u>					
Immediate Life Saving	14	36	61	126	65
High Risk	508	411	1,492	1,293	(199)
More Than One Resource	2,103	2,602	6,475	7,874	1,399
One Resource	1,112	1,897	5,483	5,262	(221)
No Resources	30	97	144	325	181
Total	<u>3,767</u>	<u>5,043</u>	<u>13,655</u>	<u>14,880</u>	<u>1,225</u>

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Sep and three months to date

	<u>Month of Sep</u>		<u>Three months to date</u>		<u>Variance</u>
	<u>2020</u>	<u>2021</u>	<u>2020-21</u>	<u>2021-22</u>	
CENTRAL SUPPLY					
In-patient requisitions	12,939	15,171	38,684	47,054	8,370
Out-patient requisitions	10,937	9,449	31,262	28,266	-2,996
Emergency room requisitions	1,586	1,512	4,857	4,822	-35
Interdepartmental requisitions	<u>6,318</u>	<u>6,044</u>	<u>20,183</u>	<u>17,871</u>	<u>-2,312</u>
Total requisitions	<u>31,780</u>	<u>32,176</u>	<u>94,986</u>	<u>98,013</u>	<u>3,027</u>
LABORATORY					
In-patient procedures	32,889	31,975	101,039	99,103	-1,936
Out-patient procedures	10,565	11,282	31,267	34,030	2,763
Emergency room procedures	8,440	11,352	25,146	33,757	8,611
Total patient procedures	<u>51,894</u>	<u>54,609</u>	<u>157,452</u>	<u>166,890</u>	<u>9,438</u>
BLOOD BANK					
Units processed	<u>304</u>	<u>237</u>	<u>812</u>	<u>876</u>	<u>64</u>
ELECTROCARDIOLOGY					
In-patient procedures	928	841	2,740	2,806	66
Out-patient procedures	397	379	1,219	1,206	-13
Emergency room procedures	<u>819</u>	<u>981</u>	<u>2,457</u>	<u>3,035</u>	<u>578</u>
Total procedures	<u>2,144</u>	<u>2,201</u>	<u>6,416</u>	<u>7,047</u>	<u>631</u>
CATH LAB					
In-patient procedures	97	75	228	271	43
Out-patient procedures	98	93	256	292	36
Emergency room procedures	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>-1</u>
Total procedures	<u>196</u>	<u>168</u>	<u>485</u>	<u>563</u>	<u>78</u>
ECHO-CARDIOLOGY					
In-patient studies	305	282	863	967	104
Out-patient studies	176	215	537	695	158
Emergency room studies	<u>4</u>	<u>2</u>	<u>8</u>	<u>4</u>	<u>-4</u>
Total studies	<u>485</u>	<u>499</u>	<u>1,408</u>	<u>1,666</u>	<u>258</u>
NEURODIAGNOSTIC					
In-patient procedures	169	167	528	471	-57
Out-patient procedures	19	29	84	69	-15
Emergency room procedures	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total procedures	<u>188</u>	<u>196</u>	<u>612</u>	<u>540</u>	<u>-72</u>

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Sep and three months to date

	Month of Sep		Three months to date		Variance
	2020	2021	2020-21	2021-22	
SLEEP CENTER					
In-patient procedures	0	0	0	0	0
Out-patient procedures	209	163	539	537	-2
Emergency room procedures	0	0	0	0	0
Total procedures	209	163	539	537	-2
RADIOLOGY					
In-patient procedures	1,187	1,205	3,783	3,665	-118
Out-patient procedures	673	422	2,107	1,307	-800
Emergency room procedures	1,043	1,217	3,279	3,755	476
Total patient procedures	2,903	2,844	9,169	8,727	-442
MAGNETIC RESONANCE IMAGING					
In-patient procedures	138	94	368	366	-2
Out-patient procedures	131	123	420	365	-55
Emergency room procedures	15	10	36	21	-15
Total procedures	284	227	824	752	-72
MAMMOGRAPHY CENTER					
In-patient procedures	2,969	3,383	8,841	10,563	1,722
Out-patient procedures	2,961	3,360	8,806	10,479	1,673
Emergency room procedures	0	1	0	7	7
Total procedures	5,930	6,744	17,647	21,049	3,402
NUCLEAR MEDICINE					
In-patient procedures	11	12	38	39	1
Out-patient procedures	82	68	220	237	17
Emergency room procedures	1	1	2	3	1
Total procedures	94	81	260	279	19
PHARMACY					
In-patient prescriptions	80,143	82,183	244,967	250,963	5,996
Out-patient prescriptions	15,339	16,428	46,500	47,144	644
Emergency room prescriptions	5,185	7,342	15,360	21,146	5,786
Total prescriptions	100,667	105,953	306,827	319,253	12,426
RESPIRATORY THERAPY					
In-patient treatments	16,762	21,494	53,538	57,853	4,315
Out-patient treatments	466	1,135	1,370	3,247	1,877
Emergency room treatments	103	292	287	726	439
Total patient treatments	17,331	22,921	55,195	61,826	6,631
PHYSICAL THERAPY					
In-patient treatments	2,278	2,328	6,918	6,836	-82
Out-patient treatments	367	298	873	972	99
Emergency room treatments	0	0	0	0	0
Total treatments	2,645	2,626	7,791	7,808	17

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Sep and three months to date

	<u>Month of Sep</u>		<u>Three months to date</u>		<u>Variance</u>
	<u>2020</u>	<u>2021</u>	<u>2020-21</u>	<u>2021-22</u>	
OCCUPATIONAL THERAPY					
In-patient procedures	1,299	1,453	3,706	4,753	1,047
Out-patient procedures	123	134	350	458	108
Emergency room procedures	0	0	0	0	0
Total procedures	<u>1,422</u>	<u>1,587</u>	<u>4,056</u>	<u>5,211</u>	<u>1,155</u>
SPEECH THERAPY					
In-patient treatments	371	383	1,155	1,288	133
Out-patient treatments	23	24	69	91	22
Emergency room treatments	0	0	0	0	0
Total treatments	<u>394</u>	<u>407</u>	<u>1,224</u>	<u>1,379</u>	<u>155</u>
CARDIAC REHABILITATION					
In-patient treatments	0	0	0	0	0
Out-patient treatments	322	714	1,138	1,977	839
Emergency room treatments	0	0	0	0	0
Total treatments	<u>322</u>	<u>714</u>	<u>1,138</u>	<u>1,977</u>	<u>839</u>
CRITICAL DECISION UNIT					
Observation hours	<u>300</u>	<u>307</u>	<u>746</u>	<u>806</u>	<u>60</u>
ENDOSCOPY					
In-patient procedures	89	108	287	304	17
Out-patient procedures	26	31	91	104	13
Emergency room procedures	0	0	0	0	0
Total procedures	<u>115</u>	<u>139</u>	<u>378</u>	<u>408</u>	<u>30</u>
C.T. SCAN					
In-patient procedures	520	472	1,588	1,673	85
Out-patient procedures	511	365	1,609	1,207	-402
Emergency room procedures	484	623	1,371	1,805	434
Total procedures	<u>1,515</u>	<u>1,460</u>	<u>4,568</u>	<u>4,685</u>	<u>117</u>
DIETARY					
Routine patient diets	16,047	16,883	48,611	51,828	3,217
Meals to personnel	21,105	21,687	63,671	65,444	1,773
Total diets and meals	<u>37,152</u>	<u>38,570</u>	<u>112,282</u>	<u>117,272</u>	<u>4,990</u>
LAUNDRY AND LINEN					
Total pounds laundered	<u>94,239</u>	<u>97,891</u>	<u>309,667</u>	<u>293,124</u>	<u>-16,543</u>

Memorandum

To: Board of Directors
 From: Clement Miller
 Date: October 28, 2021
 Re: Policies Requiring Approval

As required under Title 22, CMS, and The Joint Commission (TJC), please find below a list of regulatory required policies with summary of changes that require your approval.

	Policy Title	Summary of Changes	Responsible VP
1.	Care of the Total Hip and Knee Replacement Surgery Patient	Updated hip and knee protocols. Cleaned up formatting on Attachment D. Removed verbiage from Policy Statement and moved to General Information section.	Lisa Paulo
2.			
3.			

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

Reference Number	5791
Effective Date	Not Approved Yet
Applies To	Inpatient Nursing Units, Rehab Services
Attachments/Forms	Attachment A Attachment C Attachment B Attachment D

~~II. POLICY STATEMENT:~~

~~I. A. Patients admitted for elective joint replacement surgery are treated according to evidence-based clinical practice guidelines (See Attachment B).~~

~~B. Care of the joint replacement surgery patient involves an interdisciplinary approach utilizing nursing, medicine, rehabilitation services, pharmacy and case management.~~

~~C. Whenever possible joint replacement surgery patients are placed in the in the following areas:~~

~~H. Joint Replacement Center of the Ortho/Neuro/Spine (ONS) unit when general surgical care is needed.~~

~~III. I. POLICY STATEMENT:~~

~~A. N/A~~

~~IV. II. PURPOSE:~~

~~A. To guide staff in the management and care of the joint replacement surgery patients according to the program's mission and goals (Attachment A)~~

~~V. III. DEFINITIONS:~~

- ~~A. Clinical Practice Guidelines – refers to standard interventions for a specific patient population to direct care toward evidence-based practice and improve collaboration and efficiency between all other healthcare team members.~~
- ~~B. Joint Replacement Surgery – this includes total knee replacement/arthroplasty and/or total hip replacement/arthroplasty~~
- ~~C. AAOS – American Academy of Orthopaedic Surgeons~~
- ~~D. NAON – National Association of Orthopaedic Nurses~~
- ~~E. ASA – American Society of Anesthesiologists~~

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

- F. ASPAN – American Society of PeriAnesthesia Nurses
- G. AORN – Association of PeriOperative Nurses
- H. NICE – National Institute for Health and Care Excellence
- I. OOB – out of bed
- J. OPS - ~~S~~ Out Patient Surgery
- K. ADL – activities of daily living

VI.IV. GENERAL INFORMATION:

- A. Patients admitted for elective joint replacement surgery are treated according to evidence-based clinical practice guidelines (See Attachment B).
- B. Care of the joint replacement surgery patient involves an interdisciplinary approach utilizing nursing, medicine, rehabilitation services, pharmacy and case management.
~~utilizing nursing, medicine, rehabilitation services, pharmacy, and case management.~~
Whenever possible, joint replacement surgery patients are placed in the following areas: the Joint Replacement Center of the Ortho/Neuro/Spine (ONS) – when general medical-surgical care is needed.
~~Joint Replacement Center of the Ortho/Neuro/Spine (ONS) unit when general medical-surgical bed is needed~~

VII.V. PROCEDURE:

- A. Candidates for joint replacement surgery are highly encouraged to attend a Pre-operative orientation class at Salinas Valley Memorial Healthcare System. The goals of this orientation class are: (1) provide information to help patients prepare for joint replacement surgery; (2) facilitate smooth transition from the Joint Replacement Center to home or other discharge disposition as needed; (3) provide guidance to optimize health preoperatively with information on exercises and nutrition, and answer questions as needed.

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

- B. Prior to scheduling surgery the informed consent process is initiated in the Surgeon's office.
- C. Once patients decide to proceed with joint replacement surgery, an appointment for pre-surgery visit and pre-admission testing (PAT) is scheduled.
- D. Pre-operative care is provided at the Outpatient Services (OPS) department.
- E. Standardized order sets for post-operative knee replacement surgery and post-operative hip replacement surgery are available for physician use.
- F. Clinical pathway for total knee and/or total hip replacement surgery is initiated. (See Attachment C)
- G. Joint replacement patients and their caregivers are educated pre-operatively; education is reinforced, during their hospital stay to address the following: inpatient care clinical pathway, pain management, medications, related orthopedic equipment, treatments, pertinent exercises, incision/wound care, prevention of complications, and follow-up care after discharge.
- H. Nursing assessments and interventions include, but not limited to, the following:
 - 1. Vital signs and neurovascular assessment
 - 2. Positioning/activity/mobility
 - 3. Knee precautions and/or hip precautions as applicable
 - 4. Hydration and nutrition
 - 5. Pain management
 - 6. Medication management
 - 7. Safety assessment
 - 8. Incision/wound care
 - 9. Bowel/bladder/skin assessment
 - 10. Psychosocial support
 - 11. Implementation of Clinical Practice Guidelines for mobility activities, pain management, venous thromboembolism (VTE) prophylaxis, prevention of surgical site infection (SSI) and management of post-operative nausea/vomiting (PONV).
 - 12. Patient/family education
 - a. Written educational materials are provided and reviewed
 - b. Document patient/family education provided
- I. Rehabilitation Services (Physical and Occupational Therapy)

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

1. Perform evaluations and treatments upon admission or per physician orders
 2. Implement the Total Joint Protocol for rehabilitation of knee and/or hip replacement surgery patients (See Attachment D)
 3. Encourage mobilization and ambulation as soon as possible following surgery.
- J. Psychosocial Support
1. Provide emotional and psychosocial support to patient/families
- K. Case Management
1. Facilitate transition from acute care to discharge disposition to home with home healthcare assistance, ~~or to skilled nursing facility as needed~~, or to skilled nursing facility/acute rehab as needed -with input from the interdisciplinary team (physician, physical therapist, occupational therapist, nursing as needed)
- L. Documentation:
1. Patient care and assessments are documented in the electronic health record.

VIII.VI. EDUCATION/TRAINING:

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

IX.VII. REFERENCES:

- A. Wainwright,T, et al (2020) Consensus statement for perioperative care in total hip replacement and total knee replacement surgery: Enhanced Recovery After Surgery(ERAS) Society Recommendations, Acta Orthopaedica (91)1, 3-19.
- B. Martin. G. & Harris, I. (2020). Total Knee Arthroplasty Up to Date Wolters Kluwer.
- C. Hehl, J. Jones, D. Stohler, S. (2021). NAON Clinical practice guideline surgical site infection prevention.

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

ATTACHMENT A

JOINT REPLACEMENT PROGRAM MISSION AND GOALS

MISSION

To enhance the quality of life of patients undergoing joint replacement surgery by providing comprehensive care through the use of evidence-based clinical practice guidelines and interdisciplinary approach to patient care.

VISION

To be a center of excellence in joint replacement surgery by continually improving the patient experience and providing high quality care and optimum patient outcomes.

TARGET POPULATION

This program applies to all patients undergoing elective hip and knee replacement surgery.

GOALS

Through implementation of a comprehensive state of the art joint replacement program, SVMHS aims to achieve target goals for specified performance measures related to the following standardized and widely accepted/evidence based indicators:

- Reduce surgical site infection rate to maintain national standards by implementing surgical site infection prevention strategies as set forth by evidence-based clinical practice guidelines.
- Provide 100% of joint replacement surgery patients with venous thromboembolism (VTE) prophylaxis.
- Achieve 90 % or higher compliance with out of bed activity on day of surgery.
- Achieve 90 % or higher attendance rate for pre-operative orientation class.
- Improve patient satisfaction with pain management to meet HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) national standards.

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

- Improve patient satisfaction with “willingness to recommend” to meet HCAHPS national standards.
- Maintain length of stay (LOS) average for hip and knee replacement surgery per national standards.
- Monitor and analyze the following clinical outcomes: post-operative nausea and vomiting (PONV), post-operative urinary retention (POUR), venous thromboembolism (VTE), surgical site infection (SSI), pain management, mobility.

in approval

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

ATTACHMENT B

CLINICAL PRACTICE GUIDELINES

FOR CARE OF THE JOINT REPLACEMENT SURGERY PATIENTS

3M. (2016). Facts about iodine and iosophors. St. Paul, MN , USA.

Bodden, J., & Coppola, C. (2017). NAON Best Practice Guideline Total Hip Arthroplasty. Chicafo, IL, USA.

Chou, R., Gordon, D. B., de Leon-Casasola, O. A., Rodenberg, J. M., Bickler, S., Brennan, T., . . . Wu, C. L. (2016, February). Guidelines on the Mangement of Postoperative Pain. *The Journal of Pain*, 17(2), 131-157.

~~Feinleib, J, Kwan, L. & Yamani, A. (2020) Poatoperative Nausea and Vomiting Gunta, K., & Huff, A. (2009). NAON Practice Points: Postoperative Nausea and Vomiting. Chicago, IL, USA.~~

Mori, C., & Ribsam, V. (2017). NAON Best Practice Guideline Total Knee Arthroplasty. Chicago, IL, USA.

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

ATTACHMENT C

**INTERDISCIPLINARY CLINICAL CARE PATHWAY
FOR THE JOINT REPLACEMENT SURGERY PATIENT**

**Joint Replacement Surgery Patient Clinical Care Pathway
Pre-Surgery**

Focus Area	Activities	Collaborate
Treatments	Admission History obtained over the phone or in person at pre-surgery visit if required. Patients are instructed to shower with chlorhexidine gluconate (CHG) three times prior to surgery (two days before and the morning of surgery)	OPS RN
Nutrition	Patients are instructed to be NPO after midnight	OPS RN
Tests	Blood work and X-rays if ordered are completed at the pre-admission testing. Additional tests may be completed depending on patient's history and needs. Cardiac clearance may be required and will be ordered by the surgeon.	OPS RN, Radiology, Laboratory
Medications	An up-to-date medication list is completed during Admission History interview. Patients are instructed which medications to take before surgery and which medications to hold.	OPS RN
Activity	Patients are taught pre-surgery exercises at the pre-operative class	Nurse Navigator
Education	Patients are encouraged to attend the pre-operative orientation class offered weekly in English and Spanish ^[SLM1] . Instruction with demonstration is provided on the pre-surgery process, hospital stay, rehabilitation process and discharge planning. Safety precautions for safe hospital to home transition and Lifestyle Goal changes are discussed, identified and designated by patients. ^[SLM2] Pre-operative education addressed by OPS includes surgical site infection, prevention of VTE and pain management , -as well as general orientation to hospital services.	Nurse Navigator/ CNS , PT/OT OPS RN
Discharge Planning	Patients are encouraged to attend the pre-operative orientation	Nurse

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

	<p>class with their primary caregiver in attendance. Discharge planning begins pre-operatively as average LOS and discharge disposition options are discussed with participants. Emphasis is placed on preparedness for same day discharge <u>at all touchpoints involving patient care.-</u></p>	<p><u>Navigator/CNS Case Manager</u></p>
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in approval

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

Joint Replacement Surgery Patient Clinical Care Pathway Day of Surgery

Focus Area	Activities	Collaborate
Treatments	<p>IV access is obtained. Intranasal antiseptic is applied. Oxygen administered per protocol to keep O2 sats > 92%. Vital signs are monitored Q 15 minutes and pain is assessed with vital signs while in PACU. Upon arrival to post-operative unit or ONS, vital signs are monitored to the standard post-operative routine. Vital signs will resume where the PACU unit left off. Pain is assessed, once a shift and PRN. Patient will be instructed on the use of incentive spirometry (IS) for 10 times/hour while awake. Physical Assessment and neurovascular checks completed per post-operative routine. Sequential Compression Devices (SCD) are applied <u>and</u> used.</p> <ul style="list-style-type: none"> For Knee Replacement Only: Cooling Device is applied For Hip Replacement: Cooling measures per MD order. <p>Set mutually agreed upon goals with patient.</p>	RN RT as needed
Nutrition	Prescribed diet as tolerated. Dietary restrictions are maintained as appropriate for patient needs.	RN, Nutrition Services
Tests	X-ray of affected extremity to be determined by MD	Radiology
Medications	<p>IV antibiotics are initiated within 60 minutes before skin is incised for surgery. IV fluids given for hydration. Pain medications given as needed, per MD order.</p>	RN Pharmacy
Activity	<p>PT/OT OT may initiate evaluation/treatment upon arrival postoperatively utilizing the Total Joint Protocol <u>as ordered</u>. OT to follow if ordered. If PT /OT unavailable on day of surgery, nursing will initiate out of bed activity. Goal is for patients to dangle, then stand and take side steps, if medically stable ambulate at least 30 feet.</p> <ul style="list-style-type: none"> For Knee Replacements: Knee Immobilizer if ordered as needed only. <p>Instruct patient on plantar/dorsi flexion of both ankles 10-15 times/hour while awake. Up to chair for all meals.</p>	RN PT
Education	<p>Patient teaching reviewed on pain management, Self-Management Joint Replacement Plan, Lifestyle Change Goals revisited, informed of follow up plan from Nurse Navigator, discharge teaching provided, as appropriate. Safety measures reviewed, DME secured as needed and follow up appointment verified. <u>Educational handouts provided.</u></p>	RN, Nurse Navigator

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

Discharge Planning	Case Manager to interview patient upon arrival to the unit, and confirm address, phone number and living arrangements. Check anticipated discharge readiness and disposition. Evaluate durable medical equipment (DME) needs: front wheeled walker.(FWW), confirm home health agency orders and send all documents required.	RN Case Manager
Discharge	Patients may be discharged pending surgeon determination with coordination from the rehabilitation and nursing teams when discharge criteria has been met, is achieved.	Care Team

in approval

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

Joint Replacement Surgery Patient Clinical Care Pathway

Post-Operative Day 1

Focus Area	Activities	Collaborate
Treatments	Vital signs per physician order or unit standard if not specified. Assessment and neurovascular checks per routine. Continue SCDs while in bed. Maintain Cold Therapy Modality [SLM3] Reinforce patient education regarding use after discharge.[SLM4]	RN
Nutrition	Regular texture, or per appropriate dietary restrictions. Encourage PO fluids	RN/Nutrition services
Tests	Lab work obtained If appropriate	RN
Medications	May saline lock IV when tolerating PO and urine output is at least 30 ml/h:hr. for 4 hours. Initiate anticoagulation therapy and bowel regime as ordered. Pain medications given as needed, per MD orders.	RN
Activity	Continue with dorsi/plantar flexion 10-15 times/hour and use of IS 10 times/hour while awake. Up to chair for all meals. Physical Therapy treatment per Total Joint Protocol. Occupational Therapy evaluation and evaluation - treatment and treatment per order only, to include patient education related to activities of daily living. Ambulate in hall with PT/OT and nursing staff.	RN/PT/OT
Education	Continue to reinforce pain management teaching, and previous education, allow time for questions. Focus on pain management, energy conservation, prevention of SSI, thrombus, safety and ADLs. Reinforce teaching regarding activity after joint replacement. Reinforce anticoagulation therapy education, provide handouts.	RN
Discharge Planning	Arrangements to be made as needed for home health, Skilled Nursing Facility or Acute Rehabilitation Unit.	RN Case Manager
Discharge	Patients may be discharged pending surgeon determination with coordination from the rehabilitation and nursing teams, and the achievement of discharge criteria.	Care Team

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

**Joint Replacement Surgery Patient Clinical Care Pathway
Post-Operative Day 2 (if applicable)**

Focus Area	Activities	Collaborate
Treatments	Vital signs per physician order or unit standard if not specified. Assessment and neurovascular checks per routine. Continue SCDs. Maintain Continuous Cooling Device.	RN
Nutrition	Regular texture diet, or per appropriate dietary restrictions. Encourage PO fluids.	RN/Nutrition services
Tests	Blood work may be indicated. Refer to blood transfusion criteria orders per policy.	RN
Medications	Saline lock IV if not done already. Continue anticoagulation therapy and -bowel regimen as ordered Pain medications given as needed, per orders	RN
Activity	Continue with dorsi/plantar flexion 10-15 times/hour. IS use 10 times/hour while awake. Up to chair for all meals. Therapy treatment per Total Joint Protocol.	RN/PT/OT
Education	Reinforce anticoagulant therapy, ankle pumps and IS use teaching and continue with return demo as appropriate. Continue discharge teaching regarding joint replacement surgery care at home: diet, activity, signs and symptoms to report, treatment instructions regarding surgical site, equipment.	RN OT
Discharge Planning	Case Manager to continue to assess for needs and follow discharge plan.	RN Case Manager

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

ATTACHMENT D

Total Joint Protocol

Rehabilitation Services Department

TOTAL HIP PROTOCOL

To be followed by patients post surgically with total hip replacement.

Pre-Operative Instruction

Upon physician referral, patients may attend pre-operative class. ~~at Salinas Valley Memorial Healthcare System.~~ Topics include overview of Physical Therapy (PT) and Occupational Therapy (OT) services, and mobility goals. ~~specific exercise instruction, and use of assistive devices, post-operative precautions, and PT/OT treatment goals.~~

Day of Surgery

Daily surgery schedule is reviewed, and double-checked with orders received from ~~post-anesthesia care unit~~ (PACU) or ~~via computerized physician order entry~~ (CPOE). Patients will be screened for appropriateness to start therapy on the day of surgery. All patients that are appropriate to initiate therapies by 17:15 on the day of surgery will be seen by Physical and/or Occupational therapy on POD#0. ~~upon arrival from PACU. Once evaluations are completed, Physical Therapy treatments will be twice daily,~~

Activity:

- ~~•~~ Initiate PT evaluation and verify surgical approach.
- Initiate OT evaluation if ordered by MD. OT evaluation to address standing ADL training lower extremity dressing, toileting, bathing, and /or shower/tub transfer if indicated at safe level of assistance appropriate to discharge destination.

Supine exercises

- ankle dorsi/plantar flexion
- quad sets or short arc quads
- gluteal sets

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

- hip and knee flexion (heel slides)
- hip abduction and adduction (based on surgical approach)
- Upper extremity exercises if indicated upon initial assessment
- Bed mobility and transfer training. Maintain hip precautions (if necessary) with dynamic activity.
- Gait training ~~as tolerated~~ with assistive device, address gait deviations, maintaining weight bearing precautions. Proper adjustment and use of assistive device.
 - Stair training or curb training if needed for discharge home.
 - Instruct nursing staff on activity guidelines for patient.
 - Instruct on appropriate use of mobility devices and adaptive equipment.

Education:

- Instruction in hip precautions if indicated
 - avoid hip flexion greater than 90 degrees
 - avoid internal rotation at hip past neutral
 - avoid hip adduction past midline of body
- Instruction in proper weight bearing status
- Instruction on fall reduction strategies.
 - ~~Proper adjustment and use of assistive device~~

Goals:

- Perform basic ADLs to a functional level appropriate to discharge destination.
- Safe bathroom mobility using assistance-, adaptive equipment and /or strategies, and mobility devices appropriate to discharge destination.
- Perform supine exercises w/ assistance

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

- Transfer in/out of bed (OOB) maintaining hip precautions if indicated
- Short distance /household distance ambulation with assistive device, maintaining weight bearing status and hip precautions (if necessary)
- Acceptable level of pain during and after treatment per patient report

Post-Operative Day 1

Activity:

- Initial PT evaluation in morning if not performed on day of surgery
- -Initiate OT evaluation if ordered by MD and not performed on the day of surgery. OT evaluation to address standing ADL training lower extremity dressing toileting, bathing and/or shower/tub transfer if indicated at safe level of assistance appropriate to d/c destination.
- Exercises as indicated above
- Bed mobility and transfer training
- Progress gait training with assistive device, address gait deviations
- Instruct nursing staff on activity guidelines for patient
- Screening for initial OT evaluation and patient education related to activities of daily living. Once evaluation is completed Occupational therapy maybe daily

Education:~~Review total joint replacement binder with patient~~

- Instruct/rReinforce hip precautions if necessary
- Instruction in proper weight bearing status
- Establish d/c plans, family support- coordinate with case manager as needed
- Caregiver instruction in transfer assistance or proper guarding w/gait.
- Caregiver instruction in ADL assistance and fall reduction

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

- Review progression of exercised to home program.

Goals: ~~Perform supine exercises w/ assistance~~

- Maintain hip precautions with all activity if necessary.
- All transfers and ambulation at safe level of assistance for discharge destination.
- Patient and /or caregivers independent with exercise program.
- Safe ambulation up/down stair with assistance (if attempted). ——— Transfer in/OOB maintaining hip precautions if necessary
~~Ambulate 100 feet or minimum household distance with assistive device, maintaining hip precautions if necessary~~
- Acceptable level of pain during with activity ~~and after treatment per patient report~~
- ~~Bed exercises and transfers as previously~~
- ~~Progress ambulation distance, address gait deviation~~ • ~~Initiate stair training if required for discharge home~~
- ~~Education~~
- ~~Maintain hip precautions (if necessary) with dynamic activity~~
- ~~Family instruction in transfer assistance or proper guarding with gait~~ Review progression of exercises to home program.

Goals

- Perform bed exercises without assistance.
- Maintain proper weight bearing status and hip precautions (if necessary) with all activity.
- Safe discharge plan in place.
- Family or caregiver able to assist transfers as needed.
- Community distance ambulation with assistive device.

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

- Safe ambulation up/down stair with assistance (if attempted).
- Acceptable level of pain with activity.

~~Post-Operative Day 3~~

~~Activity~~ — ~~Exercises, transfers, gait training as previously~~

- Stair training if needed for discharge home, or curb training.
- Ensure safety of family or caregivers in assisting OOB mobility.

Education

- Review progression of exercises to home program.

Goals

- Maintain hip precautions with all activity if necessary.
- All transfers and ambulation at safe level of assistance for discharge destination.
- Patient and/or family independent with exercise program.
- Patient and/or family able to perform ADL at safe level for discharge destination.

TOTAL KNEE PROTOCOL

To be followed by patients post surgically with total knee replacement

Pre-Operative Instruction

Upon physician referral, patients may attend pre-operative class ~~at Salinas Valley Memorial Healthcare System.~~ Topics include overview of PT and OT services, ~~specific exercise instruction, and continuous cooling device, assistive devices for gait, and PT/OT treatment~~ and mobility goals.

Day of Surgery

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

Daily surgery schedule is reviewed, and double-checked with orders received from PACU or via CPOE. Patients will be screened for appropriateness to start therapy on the day of surgery. Once evaluations are completed Physical Therapy and or Occupational Therapy will be initiated. All patients that are appropriate to initiate therapies by 17:15 on day of surgery will be seen by Physical and/or Occupational therapy POD #0 ~~on POD#~~ upon arrival from PACU. Once evaluations are completed, Physical Therapy treatments will be twice daily

Activity:

- Initiate PPT evaluation and verify weight bearing status as set by physician. Measure active and active-assisted range of motion of involved knee, record in documentation at least once daily.
- Initiate OT evaluation if ordered by MD. OT evaluation to address standing ADL training lower extremity dressing, ~~toileting, bathing~~toileting, bathing and/or shower-/tub transfer if indicated at safe level of distance appropriate to d/c destination.
 - Supine exercises
 - ankle dorsi/plantar flexion
 - quad sets or short arc quads
 - gluteal sets
 - hip and knee flexion (heel slides)
 - hip abduction and adduction
- Upper extremity exercises if indicated upon initial assessment.
- Bed mobility and transfer training, maintain weight bearing precautions with dynamic activity.
- Gait training ~~as tolerated~~ with assistive device, address gait deviations, maintaining weight bearing precautions. Proper adjustment and use of assistive device.
- Stair training or curb training if needed for discharge home.

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

- Instruct nursing staff on activity guidelines for patient.
- Instruct on appropriate use of mobility devices and adaptive equipment.

Education:

- — Instruction in proper weight bearing status. ~~Proper adjustment and use of assistive device~~
- Instruction in fall reduction strategies.
- Establish discharge plans, caregiver training coordinate with case manager as needed.
- Instruct patient in self AAROM (-active assist range of motion) exercises, and review progression of exercises to home program.

Goals:

- Perform basic ADLs to a functional level appropriate to discharge destination.
- Safe bathroom mobility using assistance and assistive devices appropriate to discharge destination.
- Perform supine exercises with assistance.
- Transfer in and out of bed /OOB with assistance at safe level of assistance for discharge destination.
- Short distance /household distance ambulation with assistive device, (knee immobilizer as needed.) maintaining weight bearing status.
- — Safe ambulation up/down stairs with assistance.
- Acceptable level of pain during and after treatment per patient report.
- ~~Patients may be discharged pending surgeon determination, with coordination from the rehabilitation and nursing teams.~~

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

Post-Operative Day 1

Activity:

- Initial PT evaluation in morning if not performed on day of surgery.
- Initiate OT evaluation if ordered by MD and not performed on the day of surgery. OT evaluation to address standing ADL training, lower extremity dressing, toileting, bathing and/or shower/tub transfer if indicated at safe level of assistance appropriate to d/c destination.
- ~~Bed~~ Eercises as indicated above, include short arc quad exercise in supine if tolerated. Progress exercises to include straight leg raises, sitting AROM and AAROM, grade I-II joint mobilization for increased range of motion.
- Bed mobility and transfer training at safe level of assistance for discharge destination.
- Progress ambulation distance with assistive device, address gait deviations.
- Instruct nursing staff on activity guidelines for patient.
- ~~Screening for initial OT evaluation and patient education regarding activities of daily living. Once evaluation is completed Occupational therapy maybe daily~~

Education: ~~Review total joint replacement binder with patient~~

- Instruct patient in self-AAROM (active assistive range-of-motion) exercises.
- Reinforce proper weight bearing status.
- Establish discharge plans, family caregiver support- coordinate with case manager as needed.
 - Instruction in transfer assistance or proper guarding with gait.
 - Instruction in ADL assistance and fall reduction.
 - Review progression of exercises to home program.

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

Goals:

- Perform bed exercises with minimal assistance and increased range of motion.
- All transfers and ambulation at safe level of assistance with assistive device (knee immobilizer as needed) -maintaining weight bearing status for discharge destination. in/OOB with decreased assistance. • Ambulate 100 feet or minimum household distance with assistive device (knee immobilizer prn), maintaining weight bearing status
- Patient and /or caregiver independent with exercise program.
- Patient and or/caregiver able to perform ADL at safe level for discharge destination.
- Safe ambulation up/down stairs with assistance (if attempted).
- Acceptable level of pain with activity.
- Patients may be discharged pending surgeon determination, with coordination from the rehabilitation and nursing teams.

- Post Operative Day 2

Activity

- Bed exercises and transfers as previously
- Progress exercises to include straight leg raises, sitting AROM and AAROM, grade I-II joint mobilization for increased range of motion
- Transfers and gait training as previously
- Train family or caregivers in assisting OOB mobility
- Initiate stair training if required for discharge home

Education

- Family instruction in transfer assistance or proper guarding with gait

CARE OF THE TOTAL HIP AND KNEE REPLACEMENT SURGERY PATIENT

- ~~Review progression of exercises to home program~~

~~Goals~~

- ~~Increasing AAROM knee flexion on involved side~~
 - ~~Safe ambulation in hallway, limited community distance, using knee flexion within functional limits during gait~~
 - ~~Family or caregiver able to assist transfers as needed~~
 - ~~Safe d/c plan in place~~
 - ~~Safe ambulation up/down stairs with assistance (if attempted)~~
 - ~~Acceptable level of pain with activity~~
 - ~~Patients may be discharged pending surgeon determination, with coordination from the rehabilitation and nursing teams.~~

~~Post-Operative Day 3~~

~~Activity~~

- ~~Exercises, transfers, gait training as previously~~
- ~~Stair training if needed for d/c home, or curb training~~
- ~~Ensure safety of family or caregivers in assisting OOB mobility~~

- ~~Educational~~ • ~~Review progression of exercises to home program~~

~~Goals~~

- ~~AAROM 0-90 degrees on involved knee~~
- ~~All transfers and ambulation at safe level of assistance for discharge destination~~
- ~~Patient and/or family independent with exercise program.~~
- ~~Patient and/or family able to perform ADL at safe level for discharge destination.~~

*QUALITY AND EFFICIENT
PRACTICES COMMITTEE*

*Minutes from the October 25, 2021 meeting of
the Quality and Efficient Practices Committee
will be distributed at the Board Meeting*

(JUAN CABRERA)

FINANCE COMMITTEE

*Minutes from the October 25, 2021 meeting
of the Finance Committee will be
distributed at the Board Meeting*

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

(RICHARD TURNER)

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

Board Paper: Finance Committee

Agenda Item: Consider recommendation for Board approval for Limited Partnership Interest Sale and Purchase Agreement of Vantage Surgery Center, L.P. by and between STM, LLC. and Salinas Valley Memorial Healthcare System

Executive Sponsors: Allen Radner, MD, Chief Medical Officer, **SVMHS**, Chief Executive Officer, **SVMC**
Clint Hoffman, Chief Administrative Officer, Physician Integration & Business Development, **SVMHS**, Chief Operating Officer, **SVMC**

Date: **October 8, 2021**

Executive Summary

Vantage Surgery Center, L.P. (Vantage) is a state of the art, Medicare approved, surgical eye care center in Salinas that offers a wide range of services including cataract surgery, corneal transplantation, glaucoma filtration procedures, diabetic ocular surgery, retinal detachment repair, cosmetic and reconstructive eyelid surgery and surgical procedures for the care of all other ocular conditions. All of the surgery performed in the center are same day outpatient surgery, with patients returning to their homes for recovery shortly after their procedure.

SVMHS has been an owner of an interest in Vantage since July of 2002. When the partnership was established between STM, LLC (STM) and SVMHS, SVMHS negotiated a term that did not allow dilution of the initial twenty percent (20%) interest in the center. In 2017 SVMHS sold STM, LLC half of its interest in Vantage in order to support STM in pursuing physician recruitment and retention and currently holds a ten percent (10%) interest. STM owns the remaining ninety percent (90%) interest in the center.

STM and the physician owners have been in discussions regarding a sale of their interest in Vantage and their medical practice to a national firm that specializes in ophthalmology practice administration. Their desire in pursuing this transaction is to stabilize the medical group and leverage additional resources available through the scale of a national partner. In order for them to proceed with their transaction, STM is required to purchase the remaining interest in Vantage from SVMHS.

Timeline/Review Process to Date

Closing, sale, and transfer of the Vantage limited partnership interest shall take place on October 31, 2021.

Meeting our Mission, Vision, Goals

Strategic Plan Alignment:

This transaction is aligned with our most recent strategic plan, specifically with the Finance Pillar initiative for financial stewardship.

Pillar/Goal Alignment:

Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications

- (1) The purchase price for the Vantage limited partnership interest paid by STM to SVMHS will be Two Million Four Hundred Eighty-One Thousand Five Hundred Eighty Dollars (\$2,481,580.00).
- (2) Payment of purchase price shall be made within thirty (30) days of closing and shall be secured through a promissory note as reflected in the attached Purchase Agreement.
- (3) There are no other quality, safety or regulatory implications anticipated.

Recommendation

SVMHS Administration requests that the Board Finance Committee consider a recommendation to the Board for approval of the Limited Partnership Interest Sale and Purchase Agreement of Vantage Surgery Center, L.P. by and between STM, LLC. and Salinas Valley Memorial Healthcare System

Attachments

Vantage Surgery Center, L.P. Limited Partnership Interest Sale and Purchase Agreement

**LIMITED PARTNERSHIP INTEREST
SALE AND PURCHASE AGREEMENT**

VANTAGE SURGERY CENTER, L.P.

This Limited Partnership Interest Sale and Purchase Agreement (“Agreement”) is effective **October 1, 2021** (“Effective Date”), by and between **STM, LLC**, a California limited liability company (“STM”), and **Salinas Valley Memorial Healthcare System**, a California local health care district (“SVMHS”), for the sale and purchase of a Limited Partnership Interest in **Vantage Surgery Center, L.P.**, a California limited partnership (“Vantage”).

Recitals

- A. As of the Effective Date of this Agreement, STM owns an eighty percent (80%) Limited Partnership Interest in Vantage, and SVMHS owns a ten percent (10%) Limited Partnership Interest in Vantage. STM also owns a ten percent (10%) interest in Vantage as the general partner of Vantage.
- B. SVMHS desires to sell to STM, and STM desires to purchase from SVMHS, upon and subject to the terms and conditions contained in this Agreement, SVMHS’s remaining ten percent (10%) Limited Partnership Interest in Vantage, resulting in SVMHS no longer owning any Limited Partnership Interest in Vantage, and STM owning one hundred percent (100%) of the Limited Partnership Interest in Vantage.

The parties agree as follows:

1. PURCHASE AND SALE OF VANTAGE LIMITED PARTNERSHIP INTEREST

- 1.1 Purchase and Sale of Vantage Limited Partnership Interest. Subject to the terms and conditions of this Agreement, at the Closing, SVMHS shall sell and convey to STM and STM shall purchase and acquire from SVMHS, SVMHS’s remaining ten percent (10%) Limited Partnership Interest in Vantage (“Vantage Limited Partnership Interest”). The Vantage Limited Partnership Interest shall be transferred to STM free and clear of any and all liens, security interests, claims, encumbrances, and/or any other rights of third parties, except for restrictions on transfer under federal and state securities laws, and as otherwise set forth in the Vantage Limited Partnership Agreement, as amended.
- 1.2 Closing. The closing of the purchase, sale, and transfer of the Vantage Limited Partnership Interest (“Closing”) shall take place on **October 31, 2021**, or a date that is as soon as practicable after the conditions set forth in Section 4 have been satisfied or waived (“Closing Date”). The Closing shall be effective at 12:00 p.m. Pacific Time on the Closing Date (“Effective Time”).
- 1.3 Purchase Price. In consideration for the Vantage Limited Partnership Interest, STM shall pay to SVMHS the purchase price for the Vantage Limited Partnership Interest in the amount of **Two Million Four Hundred Eighty-One Thousand Five Hundred Eighty Dollars (\$2,481,580.00)** (“Purchase Price”), payable in full within thirty (30) days from the Closing Date pursuant to a promissory note from STM to SVMHS.
- 1.4 Final Partnership Distribution from Vantage. Based on the final financial statements for Vantage at the close of the month of October, STM and SVMHS agree that any amount of cash greater than the amount of one hundred fifty thousand dollars (\$150,000.00), shall be distributed to STM and SVMHS in proportion to each party’s limited partnership interest in Vantage prior to the Closing within thirty (30) days after the Closing Date.

2. REPRESENTATIONS AND WARRANTIES BY SELLER

- 2.1 SVMHS. SVMHS represents and warrants to STM that SVMHS is a California local health care district duly organized, validly existing and in good standing under the laws of the State of California. SVMHS has all requisite power and authority to: (i) execute and deliver this Agreement, (ii) sell and transfer the Vantage Limited Partnership Interest to STM, and (iii) consummate the transactions contemplated by this Agreement.
- 2.2 No Claims. SVMHS represents and warrants to STM that there is no claim or litigation against SVMHS’s Limited Partnership Interest in Vantage, filed or initiated or, to the best of SVMHS’s knowledge, threatened at law or in equity. SVMHS has good and valid rights, title, and interests to the Vantage Limited Partnership Interest being sold and transferred by it to STM under this Agreement.

- 2.3 Authorization. SVMHS has full power and authority to enter into this Agreement and perform its obligations under this Agreement and carry out the transactions contemplated by this Agreement. The performance by SVMHS of this Agreement and the consummation of the transactions contemplated hereby are contingent upon authorization and approval by the Board of Directors of SVMHS, which is a condition of closing.

3. REPRESENTATIONS AND WARRANTIES OF PURCHASER.

- 3.1 STM. STM represents and warrants to SVMHS that STM is a California limited liability company duly formed and validly existing and in good standing under the laws of the State of California. STM has full power and authority to conduct its business as now conducted. STM has all requisite power and authority to: (i) execute and deliver this Agreement; (ii) purchase the Vantage Limited Partnership Interest from SVMHS; and (iii) consummate the transaction contemplated by this Agreement.
- 3.2 Authorization. STM has full power and authority to enter into this Agreement and perform its obligations under this Agreement and carry out the transactions contemplated by this Agreement. The execution, delivery and performance by SVMHS of this Agreement and the consummation of the transactions contemplated hereby have been approved by STM.

4. CONDITIONS

- 4.1 Mutual Conditions. The obligations of each party to consummate the transactions contemplated by this Agreement are subject to the satisfaction of the following conditions (unless waived in writing).
- 4.1.1 Litigation. No temporary restraining order, preliminary or permanent injunction or other order issued by any court or other government agency of competent jurisdiction preventing, making illegal, or imposing material limitations or conditions on the completion of the transactions described in this Agreement shall be threatened or in effect.
- 4.1.2 Consents. All consents, approvals, and/or authorizations required for consummation of the transaction described in this Agreement shall have been obtained by the parties.
- 4.2 Conditions to Closing. In order to complete this transaction, the following shall occur prior to or at Closing (unless waived in writing): (i) the SVMHS Board of Directors shall have approved this transaction and this Agreement; (ii) SVMHS shall have received from STM a Promissory Note for the full amount of the Purchase Price payable in full within thirty (30) days following the Closing Date, substantially in the form attached to this Agreement as Exhibit A; and (iii) such other documents shall have been executed as SVMHS and STM, or their respective legal counsel may reasonably request.
- 4.3 Restrictions Extinguished. Upon the closing, restrictions on SVMHS regarding construction, operation, and/or ownership of a facility or business in direct or indirect competition with Vantage, if any, are fully extinguished and of no force or effect as of the Closing Date.

5. TERMINATION

- 5.1 Termination of Agreement. This Agreement may be terminated prior to or at the Closing as follows:
- 5.1.1 By mutual written consent of Seller and SVMHS;
- 5.1.2 By SVMHS if there shall have been a material breach of any provision of this Agreement has been committed by STM and such material breach is incapable of being cured or, if capable of being cured, shall not have been cured within five (5) days following receipt of notice of such breach; or
- 5.1.3 By STM if there shall have been a material breach of any provision of this Agreement has been committed by SVMHS and is incapable of being cured or, if capable of being cured, shall not have been cured within five (5) days following receipt by SVMHS of notice of such breach.
- 5.2 Effect of Termination. In the event that this Agreement is validly terminated, this Agreement shall become void and of no effect and each of the parties shall be relieved of their duties and obligations arising under this Agreement after the date of such termination and such termination shall be without liability to the parties.

6. GENERAL PROVISIONS

- 6.1 **Responsibility for Own Acts.** Each party shall be responsible for its own acts and omissions and not for any acts or omissions of the other party.
- 6.2 **Expenses.** All fees and expenses incurred by STM related to this Agreement, including legal fees and expenses, shall be the responsibility of STM, and all fees and expenses incurred by SVMHS related to this Agreement, including legal fees and expenses, shall be the responsibility of SVMHS.
- 6.3 **Assignment/Parties in Interest.** Neither party may assign, transfer or otherwise dispose of any of its respective rights under this Agreement without the prior written consent of the other party. All the terms and provisions of this Agreement shall be binding upon, shall inure to the benefit of and shall be enforceable by the respective heirs, successors, assigns and legal or personal representatives of the parties to this Agreement.
- 6.4 **Referrals.** Nothing in this Agreement shall be interpreted or construed to induce the referral of patients by or between SVMHS and STM, or the use of any services provided by any of the parties to this Agreement.
- 6.5 **Severability.** The invalidity of any term or terms of this Agreement shall not affect any other term of this Agreement, which shall remain in full force and effect.
- 6.6 **Notices.** All notices, requests, claims, demands and other communications hereunder shall be in writing and shall be deemed to have been duly given if delivered or mailed (registered or certified mail, postage prepaid, return receipt requested, by overnight courier service or by facsimile or electronic mail) as follows:
- | | |
|---|---|
| SVMHS: Salinas Valley Memorial Healthcare System
Attention: Office of the President/CEO
450 East Romie Lane
Salinas, CA 93901 | STM: STM, LLC
Attention: Asit S. Pruthi, M.D.
622 Abbott Street
Salinas, CA 93901 |
|---|---|
- 6.7 **Construction.** The parties acknowledge that they have independently negotiated this Agreement and have relied upon their own counsel as to matters of law and application. The parties expressly agree that there shall be no presumption as a result of either party having prepared in whole or in part any provisions of this Agreement.
- 6.8 **Applicable Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of California, without regard to its conflict of laws rules. Venue shall be in Monterey County, California.
- 6.9 **Attorneys' Fees.** The prevailing party in any arbitration or litigation concerning this Agreement is entitled to reimbursement of its court costs and attorneys' fees by the non-prevailing party, including such costs and fees as may be incurred in arbitration.
- 6.10 **Arbitration.** All disputes arising under or in connection with this Agreement shall be submitted to arbitration. There shall be one (1) arbitrator who shall be experienced in mediation and arbitration and knowledgeable regarding health care integrated delivery systems and the applicable legal and regulatory standards. The arbitrator shall be chosen by the mutual consent of the parties. If the parties are unable to agree on an arbitrator within thirty (30) calendar days after a determination to arbitrate is made, they shall request that an arbitrator be selected by the American Health Lawyers Association Dispute Resolution Panel.
- 6.11 **Entire Agreement/Amendments/Waiver.** This Agreement contains the entire understanding of the parties with respect to its subject matter. There are no restrictions, agreements, warranties, or covenants other than those set forth in this Agreement. This Agreement supersedes all prior agreements and understandings between the parties with respect to its subject matter. This Agreement may be amended only by a written instrument duly executed by all parties. Any condition to a party's obligations under this Agreement may be waived but only by a written instrument signed by the party entitled to the benefits thereof. The failure or delay of any party at any time or times to require performance of any provision or to exercise its rights with respect to any provision hereof, shall in no manner operate as a waiver of or affect such party's right at a later time to enforce the same.

SIGNATURES ON FOLLOWING PAGE

The parties have duly executed this Limited Partnership Interest Sale and Purchase Agreement as of the Effective Date first set forth above.

STM
STM, LLC
A California Limited Liability Company

SVMHS
Salinas Valley Memorial Healthcare System
A Local Health Care District

By: _____
Asit S. Pruthi, M.D., President

By: _____
Pete Delgado, President/CEO

Date: _____

Date: _____

EXHIBIT A

PROMISSORY NOTE

(PAYMENT OF PURCHASE PRICE FOR MEMBERSHIP INTEREST)

\$2,481,580.00

October 31, 2021

FOR VALUE RECEIVED, the receipt of which is hereby acknowledged, **STM, LLC**, a California limited liability company (“Maker”) hereby promises to pay to the order of **Salinas Valley Memorial Healthcare System** (“Holder”), at the place designated by Holder, the principal sum of **Two Million Four Hundred Eighty-One Thousand Five Hundred Eighty Dollars (\$2,481,580.00)**, payable in full in lawful money of the United States of America within thirty (30) days from the date of this Promissory Note. The full amount of Principal shall be immediately due and payable to Holder on **November 30, 2021**.

This Promissory Note is secured by Holder’s membership interest in **Vantage Surgery Center, L.P.**, a California limited partnership. In no event shall any payment of interest or any other sum payable under this Promissory Note exceed the maximum amount permitted by applicable law. If it is established that any payment exceeding lawful limits has been received, Holder will refund such excess or, at its option, credit the excess amount to the principal due under Promissory Note, but such payments shall not affect the obligation to make the full payment as and when required pursuant to the terms of this Promissory Note.

Maker agrees to pay, to the extent permitted by law, all costs and expenses incurred by Holder in connection with the collection and enforcement of this Promissory Note, including but not limited to, expenses and reasonable attorney’s fees to the extent permitted by applicable law, irrespective of whether any suit or security foreclosure or court proceeding has been commenced. Maker and all endorsers and all persons liable or to become liable on this Promissory Note, and each of them, hereby waive diligence, demands, presentation for payment, notice of nonpayment, protest and notice of protest, and specifically consent to and waive notice of any renewals or extensions of this Promissory Note, or any modifications or release of security for this Promissory Note, whether made to or in favor of Maker or any other person or persons, and further agrees that any such action by Holder shall not affect the liability of Maker or any person liable or to become liable on this Promissory Note.

No delay or omission by Holder in exercising any remedy, right or option under this Promissory Note shall operate as a waiver of such remedy, right or option. In any event, a waiver on any one occasion shall not be construed as a waiver or bar to any such remedy, right or option on a future occasion. The invalidity of any one or more covenants, clauses, sentences or paragraphs of this Promissory Note shall not affect the remaining portions hereof, and this Promissory Note shall be construed as if such invalid covenants, clauses, sentences or paragraphs, if any, had not been included.

This Promissory Note is to be construed in all respects and enforced according to the laws of the State of California. This Promissory Note may not be amended or modified except by a written agreement duly executed by Maker and Holder. This Promissory Note and the obligations created hereby shall bind Maker and, to the extent applicable, Maker’s respective successors and assigns, and the benefits hereof shall inure to Holder and its successors and assigns. This Promissory Note may be assigned by Holder in its sole discretion.

Any notice to Maker under this Promissory Note shall be in writing and shall be deemed to have been given upon (i) receipt, if hand delivered, (ii) transmission, if delivered by facsimile transmission, (iii) the next business day, if delivered by express overnight delivery service, or (iv) the third business day following the day of deposit of such notice in U.S. certified mail, return receipt requested to the following address:

STM, LLC
Attention: Asit S. Pruthi, M.D.
622 Abbott Street
Salinas, CA 93901

Maker has executed and delivered this Promissory Note effective as the date first set forth above.

MAKER: _____
Patricia Mayer, MD

Date: _____

*PERSONNEL, PENSION AND
INVESTMENT COMMITTEE*

*Minutes from the October 26, 2021 meeting
of the Personnel, Pension and Investment
Committee will be distributed at
the Board Meeting*

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

(REGINA M. GAGE)

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

Board Paper: Personnel, Pension and Investment Committee

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

Executive Sponsor: Allen Radner, MD, Chief Medical Officer
Stacey Callahan, Physician Services Coordinator

Date: October 13, 2021

Executive Summary

In consultation with members of the medical staff, hospital executive management has identified the recruitment of a physician specializing in family practice as a recruiting priority for the hospital's service area. Based on the Medical Staff Development Plan, completed by ECG Management Group in October 2019, the specialty of Family Medicine is recommended as a top priority for recruitment. Furthermore, the departure of one of the physicians from the SVMHS Rural Health Clinic in Gonzales, Taylor Farms Family Health & Wellness Center (TFFH&WC), has left a full-time physician vacancy at this location.

The recommended physician, Miguel Dorantes, MD, received his Doctor of Medicine degree in Baja Mexico and continued his training at UCLA where he graduated from the International Medical Graduate Program in 2010. Dr. Dorantes completed his Family Medicine Residency in 2014 from the UCLA School of Medicine at Kern County Medical Center in Bakersfield. Dr. Dorantes is a Salinas resident and has been practicing family medicine in Santa Cruz and Santa Clara counties. Dr. Dorantes is Board certified by the American Board of Family Medicine, holds an active California license, and is fluent in Spanish. He plans to join TFFH&WC in December.

Background/Situation/Rationale

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

(1) **Professional Services Agreement.**

The proposed professional services agreement includes the following terms:

- Professional Services Agreement that provides W-2 relationship for IRS reporting
- Two (2) year agreement
- 1.0 Full-Time Equivalent (FTE)
- Base guarantee salary of two hundred seventy-five thousand dollars (\$275,000) per year, and to the extent it exceeds the base salary, productivity compensation of fifty seven dollars and sixty five cents (\$57.65) work Relative Value Unit (wRVU).
- Access to SVMHS Health Plan. Physician premium is projected based on 15% of SVMHS cost
- Access to SVMHS 403(b) and 457 retirement plans. 5% base contribution to 403b plan that vests after three years. Based on federal contribution limits this contribution is capped at fourteen thousand five hundred dollars (\$14,500) annually
- Three (3) weeks off for vacation
- Two thousand dollars (\$2,000) annual stipend for Continuing Medical Education (CME)
- The physician will receive an occurrence based professional liability policy through BETA Healthcare Group

- (2) **Recruitment Agreement** that provides a sign-on bonus of forty thousand dollars (\$40,000) and is structured as a forgivable loan over 24-months of service.

Meeting our Mission, Vision, Goals

Strategic Plan Alignment:

The recruitment of Dr. Dorantes is aligned with our strategic priorities for the growth and finance pillars. We continue to develop a clinic infrastructure that engages our physicians in a meaningful way, promotes efficiencies in care delivery and creates opportunities for expansion of services. This investment provides a platform for growth that can be developed to better meet the needs of the residents of our District by opening up access to care regardless of insurance coverage or ability to pay for services.

Pillar/Goal Alignment:

Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications:

The addition of Dr. Dorantes to TFFH&WC has been identified as a need for recruitment while also providing additional resources and coverage for the practice.

The compensation proposed in these agreements have been reviewed by independent valuation and compensation consulting firms to confirm that the terms contemplated are fair market value and commercially reasonable.

Recommendation

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

- (i) **The Findings Supporting Recruitment of Miguel Dorantes, MD,**
 - **That the recruitment of a family medicine physician to Taylor Farms Family Health & Wellness Center is in the best interest of the public health of the communities served by the District; and**
 - **That the recruitment benefits and incentives the hospital proposes for this recruitment are necessary in order to attract and relocate an appropriately qualified physician to practice in the communities served by the District;**
- (ii) **The Contract Terms of the Recruitment Agreement for Dr. Dorantes; and**
- (iii) **The Contract Terms of the Family Medicine Professional Services Agreement for Dr. Dorantes.**

Attachments

- (1) Curriculum Vitae – Miguel Dorantes, MD

CURRICULUM VITAE

Miguel Angel Dorantes, MD

Medical Education

7/01/2011-7/01/2014

Kern County Medical Center- UCLA School of medicine affiliated
Family Medicine Resident PGY III
Bakersfield, CA

08/2010-9/2010

David Geffen School of Medicine, Los Angeles, CA
International Medical Graduate

Participated in the clerkship of Advanced Radiology at UCLA School of Medicine with emphasis on general approach to Radiology. Reviewed the major abnormalities in Emergency Radiology and Primary care medicine, both trauma and non-trauma, as well as an introduction to sectional imaging and subspecialty Radiology.

2/2008-2/2010

UCLA International Medical Graduate Program
UCLA Family Health Center
Pre-residency training program

04/2010-07/2010

Competed and earned a position for a 12 week clinical observership consisting of both inpatient and outpatient rotations in the two UCLA System hospitals, as well as affiliated teaching hospitals and clinics. The outpatient and inpatient rotations included: Addiction Medicine, Cardiology, Family Medicine, Internal Medicine, Palliative Medicine, Pediatrics and Women's health.

05/2009-10/2009

UCLA Department of Family Medicine, Los Angeles, CA
International Medical Graduate

Competed and earned a position for a scholarship to this 24 week intensive, self-study program for the USMLE Step 2 CK and Step 2 CS exams located at the UCLA Family Medicine Health Center. As part of this program, I also participated in an 8 week didactic week Ambulatory and Family Medicine clerkship at the David Geffen School of Medicine. I attended weekly grand rounds, participated with senior IMG scholars to prepare for USMLE Step 2 CS. In addition, I facilitated communication between Spanish speaking patients and the medical team.

01/2008/01/2009

UCLA Department of Family Medicine, Los Angeles, CA

International Medical Graduate Competed and earned a position for this 24 week intensive USMLE Step 1 preparation program with UCLA collaborative partner Kaplan Pasadena Center. The course work for the USMLE Step 1 preparation took place with funding provided by UCLA IMG Program.

01/1999-01/2006

Universidad Autonoma de Baja California, Mexicali, Mexico

Medical graduate. Completed a mandatory 1 year of medical service to an underserved community. I was assigned to a farming community in the outskirts of Mexicali, BC, Mexico. Under faculty supervision, I performed comprehensive medical care to my community, provided health education to the nearby villages and implemented the Preventing Medicine Program "Oportunidades" funded by the Mexican Government, a program designed to provide the essential medical attention and preventive measures to the underserved communities in the country. I conducted a once a year community health census for women's health and family planning. I organized a yearlong teen education program, addressing sexual health and psychosocial issues in teens, with emphasis on reducing teen pregnancy, keeping teens in school and out of drugs

Medical School Awards/other awards

Honorary award for outstanding score in the National Board Examination, Mexico 2006

2 time black belt national champion in martial arts Korean style Tang-soo-do Moo-do-kwan

Work Experience

06/01/2020 to 07/04/2021

Bay Area Community Health (Merge of Foothill Community and Tristar Health)

Title: Clinic Director for Gilroy and Glenview Clinics (South Santa Clara County)

Duties included:

Working as a bilingual Family Medicine Physician

Supervision of 3 PA's and staff

Seeing patients of all ages

Minor surgeries, most procedures and musculoskeletal problems

Training PA and NP students at Bay Area Community Health Clinics

02/06/2015 to 06/01/2020

Foothill Community Health Center

9460 No Name Uno Suite 110

Gilroy, CA 95020

Title: Associate Medical Director.

Duties included:

Working as bilingual Family Medicine Physician.

Supervision of 4 PA's and staff.

In Charge of the OB Program in Gilroy, CA

Taking care of patients of all ages

All minor surgeries, procedures and musculoskeletal problems

Training new PA and NP students at Foothill Clinics

7/5/2014-1/22/2015

East Cliff Family Health Center, Santa Cruz, CA

Worked as a bilingual Family Medicine physician caring for the adult and pediatric population, performing a variety of duties that includes minor surgeries and other procedures

02/17/2013

Nexplanon placement certification 2013

09/2010-11/2010

David Geffen School of Medicine, UCLA, Los Angeles, CA

Spanish instructor. Provided Spanish language instruction to first and second year UCLA medical students. The course offered an opportunity for medical students to build language and cultural competency skills to effectively communicate with Spanish speaking patients and their families.

07/20/2010-07/21/2010

Texas Tech University, El Paso, TX

Participated in the forum of the 7th Annual US-Mexico border Center for Excellence Consortium for the improvement of health and quality of life of people along the border. Represented California and the UCLA IMG Program, sharing knowledge of its function in preparing Mexican trained physicians for entry into US Family Medicine Residencies

7/11/2012

House staff presenter in Multidisciplinary Oncology Conference. Multidisciplinary Management in colorectal cancer. Target Audience: Surgeons, Internists/FP, Radiologist, Residents, Nurses, and medical students.

Membership and Honorary/Professional Societies

American Academy of Family Physicians (AAFP)

American Medical Association (AMA)
National Hispanic Medical Association (NHMA)

Volunteer Experience

7/2011 to this date

Providing free physical exam for local high school students for sports participation in Bakersfield and Arvin, CA

01/2010

Les Kelly Health Center, Santa Monica, CA

1920 Colorado Ave, Santa Monica, CA 90404 (310) 319-4700

I facilitated communication between Spanish speaking patients and the medical team.

09/2010

RAM LA, health Fair Los Angeles, CA

Under supervision of Michelle Anne Bholat, M.D., MPH I participated in the ENT module performing hearing tests and in the Ophthalmology module performing visual acuity tests. I helped by interpreting for the doctors who were screening patients and identifying individuals who needed a referral for further treatment.

Language Fluency

Fluent in English and Spanish

Hobbies & Interests

Martial arts, soccer, hiking, camping, movies and weight lifting

References

Navin M. Amin, MD, FACP, F

RCP, FAAFP, FACTM, DTM & H, FABHP

Chairman, Department of Family Medicine

Professor of Family Medicine, UCI

Associate professor of Medicine, UCLA

Associate professor of Family Medicine, Stanford University

KMC Medical Plaza

1111 Columbus St, Bakersfield, CA 93305 (661) 326-6500

*TRANSFORMATION, STRATEGIC PLANNING,
AND GOVERNANCE COMMITTEE*

*Minutes from the October 27, 2021 meeting
of the Transformation, Strategic Planning,
and Governance Committee will be
distributed at the Board Meeting*

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

(JOEL HERNANDEZ LAGUNA)

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

Board Paper: Transformation, Strategic Planning and Governance Committee

Agenda Item: Consider appointment of Subject Matter Expert to SVMHS Personnel, Pension and Investment Committee

Executive Sponsor: Michelle Childs

Date: October 20, 2021

Executive Summary

Salinas Valley Memorial Healthcare System's governance structure includes a five-member board of directors, and a sub-committee structure with up to three voting members per committee who are subject matter experts. The Personnel, Pension and Investment Committee currently has no subject matter experts serving as members of this committee.

Administration has recently become aware of the availability and willingness of Tony Redmond to consider a position as a subject matter expert on the Salinas Valley Memorial Healthcare System Personnel, Pension and Investment Committee. Mr. Redmond is a highly-respected human resources professional with a long history of service in the healthcare and biotechnology industries, including public healthcare system, Alameda Health System. Tony recently left Alameda to re-join **Exelixis, Inc.** as Vice President, Employee Experience. Please see attachment for a full description of Mr. Redmond's background.

Background/Situation/Rationale

The SVMHS committee structure is greatly enhanced by the expertise of subject matter experts, who can bring their experience to the issues under consideration by the SVMHS board directors. The Central Coast and Bay Area communities are rich with skilled professionals whose varied backgrounds can provide important input to Board members as they oversee the course to the future. By increasing the depth and breadth of board committee knowledge and skills, the Salinas Valley Memorial Healthcare System Board of Directors is able to access a valuable resource in its decision-making process.

Timeline/Review Process to Date:

June, 2014: SVMHS Board of Directors adopts committee structure to include subject matter experts.

June, 2021: Recruitment of Tony Redmond, MA commences.

September 2021: Personnel, Pension and Investment Committee approved recommendation of appointment of Tony Redmond as Subject Matter Expert for the Committee.

Meeting our Mission, Vision, Goals

Strategic Plan Alignment:

It is the mission of Salinas Valley Memorial Healthcare System to provide quality care for our patients and improve the health of our community. Accessing the experience and expertise of subject matter experts will enhance our ability to meet that mission.

Pillar/Goal Alignment:

Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications

None.

Recommendation

Approve the appointment of Tony Redmond as subject matter expert to SVMHS Personnel, Pension and Investment Committee.

Attachments: Resume, Tony Redmond

Tony Redmond

Summary:

A Human Resources leader with 20 years of experience in diverse environments including not-for-profit and for profit employers. Managing teams in environments from small start-up's to a large Academic Medical Center, building from the ground up and transforming established teams. Engaging at all levels of detail from interacting with the Board down to daily tactical issues and decision making where necessary.

Alameda Health System August 2013-Present

Chief Human Resources Officer- March 2017-Present

Vice President of Human Resources August 2013 March 2017

Alameda Health System consists of three acute care hospitals, three skilled nursing facilities, acute rehabilitation, emergency and inpatient psychiatric care and a network ambulatory clinics, with over 5000 employees and \$1.1 billion in net revenues.

As CHRO I have responsibility for all human resources activity both strategic and operational with the support of a diverse capable HR team. Regular Board interaction at both HR Committee and full Board level, member of all budget committees and strategic level decision making within AHS.

- Integration of employees and of two newly acquired hospitals.
- Coach executive leadership on approaches to Organizational Design and operational issues.
- Build formal Diversity and Inclusion Programs.
- Implemented Leadership Academy training over four operational and physician leaders
- Redesign compensation and recognition programs.
- Responsible for labor strategy and negotiations of 17 separate bargaining units.
- HR redesign creating a service center to support employee and managers.
- Shift HR focus away from Labor Relations and towards Employee Relations.

Stanford Hospital and Clinics

Director, Human Resources June 2009-August 2013

Stanford University Medical Center is one of the Nation's leading Academic Medical Centers with excess of \$4 billion in annual revenue. Led HR functions including Compensation, HRIS, HR Service Center, Recruitment, HR Project Management and HR Communications.

- Developed appropriate metrics to measure HR performance.
- Led insourcing of IT Applications development hiring 100 people into the Stanford IT department in six months

- Developed workforce planning using GIS modeling.
- Established On-boarding programs for employees and managers.
- Redesigned and implementing recruitment websites for SHC and LPCH.
- Launched Enwisen (LAWSON) for on-boarding employees.
- Reorganized HR Service Center introducing Lean Visual Management.
- Introduced a Project Management Office to train HR leaders on Project Management.

Exelixis, Inc.

Director, Staffing Jan 2007-June 2009

Exelixis, Inc. is a publicly traded Biotechnology Company developing therapies within the field of Oncology. Hired to develop a recruitment function that would enable the company to launch clinical trials timely and meet other business deadlines driven by the hiring of new staff.

Reporting into the SVP of HR this role developed a recruitment team from the ground up and provide infrastructure in preparation for commercialization and the growth that will accompany this.

- Launched PeopleClick as the Applicant Tracking System
- Moved the culture of the company to place a larger amount of control in the hands of hiring managers rather than tight control from within HR
- Reduced cost per hire and time to fill
- Built strong business partnerships between recruitment and client groups
- Launched employee referral program
- Increased Exelixis total employee population by over 33% during 2007
- Built employment brand
- Created and launched a virtual recruitment tool to expand the reach of the company to a nationwide audience

Previous Employment:

Kaiser Permanente Director, Workforce Planning and Development

Cogent Healthcare Senior Director of Recruitment

PAMF Director of Physician Placement

Symphonix Retained Search UK and USA

Rugby Player London Irish RUFC

Board Membership:

Currently Mothers Milk Bank of San Jose.

Previously Santa Clara County Work Investment Board.

Education:

Swansea University U.K. BA. Honors History

**RESOLUTION NO. 2021-04
OF THE BOARD OF DIRECTORS OF
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**IN SUPPORT OF CALIFORNIA GOVERNOR’S OFFICE OF EMERGENCY SERVICES
SUBRECIPIENT GRANT AWARD TO SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
AND AUTHORIZING SVMHS EXECUTIVES TO EXECUTE GRANT AWARD DOCUMENTS**

WHEREAS, Salinas Valley Memorial Healthcare System (“District”) is a public entity and local health care district organized and operated pursuant to Division 23 of the California Health and Safety Code;

WHEREAS, the California Governor’s Office of Emergency Services provides grants to entities such as the District under its Community Power Resiliency Allocation to Special District Program;

WHEREAS, the District has been awarded a subrecipient grant for the performance period July 1, 2020 through October 1, 2021 and subsequently amended to extend through March 31, 2022;

WHEREAS, pursuant to Section 1350 Proof of Authority of the OES Subrecipient Handbook, the District is required to provide written documentation that the officials executing documents, including any amendments or extensions, pertaining to the grant/subgrant are authorized to do so;

WHEREAS, the Board of Directors believes it is in the best interests of SVMHS to authorize the SVMHS President/Chief Executive Officer and the SVMHS Chief Financial Officer, to execute and accept any and all documents necessary for the OES Grant allocation under the Community Power Resiliency Allocation to Special District Program;

NOW THEREFORE IT IS HEREBY ORDERED AND DIRECTED THAT:

1. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.
2. Pete Delgado, President/Chief Executive Officer and Augustine Lopez, Chief Financial Officer are authorized to execute and accept any and all documents necessary for the OES Grant allocation under the Community Power Resiliency Allocation to Special District Program.
3. Any officer of the Board of Directors or Pete Delgado, President/Chief Executive Officer of SVMHS, is authorized to execute any and all documents necessary to carry out the intent of this Resolution for and on behalf of the Board of Directors of SVMHS.

This Resolution was adopted at a duly noticed Regular Meeting of the Board of Directors of the District on October 28, 2021, by the following vote.

AYES:

NOES:

ABSTENTIONS:

ABSENT:

Board Member
Salinas Valley Memorial Healthcare System

**RESOLUTION NO. 2021-05
OF THE BOARD OF DIRECTORS OF
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A
STATE OF EMERGENCY BY GOVERNOR'S STATE OF EMERGENCY DECLARATION
ON MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS
FOR THE PERIOD OCTOBER 28 THROUGH NOVEMBER 26, 2021**

WHEREAS, Salinas Valley Memorial Healthcare System ("District") is a public entity and local health care district organized and operated pursuant to Division 23 of the California Health and Safety Code;

WHEREAS, the District Board of Directors is committed to preserving and nurturing public access and participation in its meetings;

WHEREAS, all meetings of the District's governing body are open and public, as required by The Ralph M. Brown Act, so that members of the public may attend, participate, and observe the District's public meetings;

WHEREAS, The Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions;

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558;

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the boundaries of the District, caused by natural, technological, or human-caused disasters;

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body meeting in person would present imminent risks to the health and safety of attendees;

WHEREAS, such conditions now exist within the District Boundaries of Salinas Valley Memorial Healthcare System;

WHEREAS, the District Board of Directors does hereby acknowledge the current state of emergency and is following the September 22, 2021 recommendation by the Monterey County Health Department that public agencies continue to utilize remote meetings for the purpose of preventing the transmission of COVID-19;

WHEREAS, as a consequence of the local emergency, the District Board of Directors may conduct meetings without compliance with Government Code Section 54953(b)(3), as authorized by Section 54953(e), and that the District shall comply with the requirements to provide the public with access to the meetings pursuant to Section 54953(e) (2);

WHEREAS, meetings of the District Board of Directors will be available to the public via zoom link listed on the agenda;

NOW THEREFORE IT IS HEREBY ORDERED AND DIRECTED THAT:

1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.
2. Proclamation of Local Emergency. The District hereby proclaims that a local emergency continues to exist throughout Monterey County, and as of September 22, 2021, the Monterey County Health Department continues to recommend that physical and social distancing strategies be practiced in Monterey County, which includes remote meetings of legislative bodies, to the extent possible.
3. Ratification of Governor's Proclamation of a State of Emergency. The District hereby ratifies the Governor of the State of California's Proclamation of State of Emergency, effective as of its issuance date of March 4, 2020.
4. Remote Teleconference Meetings. The District Board of Directors is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of The Brown Act.
5. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective until the earlier of (i) November 26, 2021, or such time the District adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the District may continue to meet via teleconference meeting all the requirements of Section (3)(b).

This Resolution was adopted at a duly noticed Regular Meeting of the Board of Directors of the District on October 28, 2021, by the following vote.

AYES:

NOES:

ABSTENTIONS:

ABSENT:

Board Member
Salinas Valley Memorial Healthcare System

Medical Executive Committee Summary - October 14, 2021

Items for Board Approval:

Credentials Committee

Initial Appointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Dennis, Jolanta, MD	Diagnostic Radiology	Surgery	Remote Radiology
Gallegos, Daniel, MD	Family Medicine	Family Medicine	Family Medicine Active Community
Rogich, Jerome, MD	Emergency Medicine	Emergency Medicine	Emergency Medicine

Reappointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Blum, Martha, MD	Infectious Diseases	Medicine	Infectious Disease: General Internal Medicine
Chandrasekaran, Prathibha, MD	Gastroenterology	Medicine	Gastroenterology General Internal Medicine
Fernandez, Robert, MD	Family Medicine	Family Medicine	Family Medicine Active Community
Frederiksen, Ryan, MD	Radiology	Surgery	Remote Radiology
Goodwein, Shelley, MD	Ob/Gyn	Gynecology	Recommend granting full reappointment until March 31, 2023.
Gokaldas, Reshma, MD	Radiology	Surgery	Remote Radiology
Hwang, Janice, MD	Radiology	Surgery	Remote Radiology
Javaid, Mazhar, MD	Sleep Medicine	Medicine	Sleep Center
Park, Shin Young, MD	General Surgery	Surgery	General Surgery Regional Wound Healing Center
Reddy, Kartheek, MD	Orthopedic Surgery	Surgery	Orthopedic Surgery Hand Surgery
Shou, Jason, MD	Radiology	Surgery	Remote Radiology

Modification and/or Addition of Privileges:

NAME	SPECIALTY	RECOMMENDATION
Zetterlund, Patrick, MD	Interventional Cardiology	Approval of Trans Catheter Mitral Valve Repair (TMVR) MitraClip

Staff Status Modifications:

NAME	SPECIALTY	RECOMMENDATION
Katz, Jordan, MD	Adult Hospitalist	Provisional to Active Staff
Roy, David, MD	Orthopedic Surgery	Provisional to Active Staff
Ryan, Caroline, MD	Anesthesiology	Provisional to Active Staff
Blakemore, Tonya, MD	Pediatrics	Leave of Absence effective October 1, 2021.
Chen, Kevin, MD	Ophthalmology	Resignation effective October 15, 2021.
Fortuna, Robert, MD	Tele-Radiology	Resignation effective October 31, 2021.
Malhotra, Kavin, MD	Tele-Radiology	Resignation effective October 31, 2021.
Milanesa, Dan, MD	Urology	Leave of Absence effective November 19, 2021.
Schoellerman, Manal, MD	Tele-Radiology	Resignation effective October 31, 2021.
Solomon, Nitikul, MD	Pediatrics	Leave of Absence effective November 16, 2021.
Vridhachalam, Sanjeevi, MD	Tele-Radiology	Resignation effective October 31, 2021.

Other Items: (Attached)

ITEM	RECOMMENDATION
Department of Medicine and Surgery: Clinical Privileges Delineation Cardiology – New Special Procedure	The Committee reviewed the request to add new special privilege Trans Catheter Mitral Valve Repair (TMVR) MitraClip to the Cardiology and Cardiothoracic delineation of privileges. Recommend approval as presented.

Interdisciplinary Practice Committee

Reappointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES/SUPERVISOR
Shiple, Lara, FNP	Nurse Practitioner Gastroenterology	Medicine	Nurse Practitioner Daniel Luba, MD
White, Melissa, PA-C	Physician Assistant/ Emergency Medicine	Emergency Medicine	Physician Assistant Emergency Medicine Rakesh Singh, MD

Staff Status Changes:

NAME	SPECIALTY	PRIVILEGES	RECOMMENDATION
Newnan, Dana, PA-C	Physician Assistant	Advanced Practice PRovider	Leave of Absence effective October 30, 2021.

Informational Items:

I. Bylaws and Policies: Bylaws Article 10.9 Joint Conference Committee (*Attached*)

Joint Conference Committee was a requirement of the California Medical Association (CMA) Institute for Medical Quality (IMQ), an organization previous deemed by The Joint Commission for surveying the Medical Staff. The CMA no longer surveys the Medical Staff; therefore, this Committee is no longer required. The Committee does serve a purpose to serve as a forum to meet the TJC Leadership standard EP.2, which states: *The leaders follow a written policy that defines situations that represent a conflict of interest involving licensed independent practitioners and/or staff and how the hospital will address these conflicts of interest.*

It was recommended that the Joint Conference Committee description in the Medical Staff Bylaws be amended to reflect this change. Submitted for review by the Board of Directors prior to submission to the Medical Staff for approval.

II. Committee Reports:

- a. Quality and Safety Committee:
 - i. Environment of Care Committee
 - ii. Emergency Management: Everbridge Notification System
 - iii. Risk Management & Patient Safety
 - iv. BETA HEART – Care for the Caregiver Update
 - v. Chest Pain/STEMI Program
 - vi. Total Joint Replacement Program
 - vii. Lung Nodule & Lung
- b. Medical Staff Excellence Committee

III. Other Reports:

- a. Financial Daily Dashboard Review
- b. Executive Update
- c. Summary of Executive Operations Committee Meetings
- d. Summary of Medical Staff Department/Committee Meetings
- e. Medical Staff Treasury
- f. Medical Staff Statistics
- g. Foundation Update
- h. HCAHPS Update October 7, 2021

IV. Order Sets Approved:

	SVMH Order Sets
1	Anticoag Dabigatran (Pradaxa)
2	Anticoag Enoxaparin (Lovenox)
3	Bronchoscopy Pre Procedure
4	Card Cath PrePro InPt Tomorrow
5	Card Cath PreProc Outpt
6	Chronic Obst Pulmonary Disease
7	Cryptogenic Stroke
8	ENT - T & A Pediatric Post Op
9	Eptifibatide (Integrilin)
10	Factors to Reverse PO Anticoag
11	Group B Strep Prophylaxis
12	GYN Post Op
13	Hypothermia Post Arrest-TTM
14	Ketamine Low Dose Infusion

15	NICU RetCam Exam TODAY
16	Paracentesis
17	PVAD-Impella
18	SEPSIS-Vit C Protocol (Marik)
19	Tilt Table Test
20	Transfusion Medications
21	Trial of Labor After Cesarean
ED Order Sets	
22	Abdominal Pain - Pediatric
23	ALOC/CVA
24	Sedation (Deep/Moderate)
25	Epistaxis/Nasal Problem
26	ER - Wound (AOM)
27	Seizure - Pediatric
28	Seizure
29	Extremity, Lower - Adult
30	Extremity, Lower - Pediatric
31	Extremity, Upper - Adult
32	Extremity, Upper - Pediatric
33	GU - Female
34	GU - Male
Oncology Treatment Plans	
35	*Inpt* EMA-CO: Etop/MTX/DACTINomycin/Cyclophos/VinCRIS, Q14D
36	*Study-EA2186 ARM A: Gemcitabine + Nab-Paclitaxel, Q14D
37	*Study-EA2186 ARM B: Gemcitabine + Nab-Paclitaxel, Q14D
38	Gemcitabine 1,800 mg/m2 + Dacarbazine 500 mg/m2, Q14D
39	GEMDOC: Gemcitabine 1,500 mg/m2 + Docetaxel 50 mg/m2, Q14D
40	Modified XELIRI: Xeloda 800 mg/m2+Irinotecan 200mg/m2, Q21D

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Transcatheter Mitral Valve Repair (TMVR) MitraClip	<p>A. Board eligible/certified in Interventional Cardiology or Cardiothoracic Surgery AND</p> <p>B. Documentation of current experience in transeptal technique AND</p> <p>C. Documentation of current privileges for PFO/ASD percutaneous closure</p> <p>D. Physician must provide documentation of product-specific vendor training within the last six (6) months; AND</p> <p>E. Documentation of one (1) observed case and two (2) completed simulations (done in training). OR</p> <p>F. Applicants who have recently (within the past one (1) year) completed a dedicated interventional fellowship must submit a letter from the residency/fellowship program director attesting to their competency to perform TMVR repair procedures as primary interventionalist/surgeon; AND Provide case logs documenting experience in six (6) cases as primary interventionalist/ surgeon. OR</p> <p>G. Documentation of current experience which must include six (6) cases as primary interventionalist/surgeon over the previous twelve (12) months</p>	First 5 cases	10 successful cases as primary interventionalist/surgeon within the previous 24 months.
				Use of Fluoroscopy	Current California State X-Ray S&O Fluoroscopy Certification	None	Current California State X-Ray S&O Fluoroscopy Certification

10.9 JOINT CONFERENCE COMMITTEE

10.9.1 COMPOSITION

The Joint Conference Committee consists of the Chief of Staff, Vice Chief of Staff, Chief Medical Officer, Chief Nursing Officer, two (2) members of the Hospital Board appointed by the Chair of the Board, and the Hospital Chief Executive Officer.

The ~~Chief of Staff shall serve as the Chairperson.~~

Deleted: Chairperson of the Board shall appoint the Chairperson of the Joint Conference Committee. The chairmanship shall rotate annually between a medical staff Joint Conference Committee member and Board representative to the Joint Conference Committee

10.9.2 DUTIES

The duties of the Joint Conference Committee shall be:

- a. To provide a forum for discussion of matters of mutual concern to the Medical Staff, Board, and Administration;
- b. ~~_____~~
- c. ~~To address existing or potential conflicts of interest involving licensed independent practitioners and/or staff and how these issues will be addressed.~~

Deleted: To receive reports of the Quality and Safety Committee; and ¶

Deleted: recommend resolution of any specific disagreements between the Medical Staff, Board, and/or Administration, such as decisions on applications for Medical Staff appointment and clinical privileges, whether for initial appointment and privileges, or for renewal of appointment and/or privileges

- d. ~~_____~~

10.9.3 MEETINGS

The Joint Conference Committee ~~shall meet on an ad hoc basis, keeping~~ a record of its proceedings, which are reported to both the Board of Directors and the Medical Executive Committee.

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Deleted: To serve as the initial forum for exercise of the meet and confer provisions contemplated by Section 14.13 of these Bylaws; provided, however, that upon request of at least three committee members (which must be comprised of at least one Medical Staff officer and at least one member of the Board of Directors), a neutral mediator, acceptable to both the Board of Directors and the Medical Staff representatives shall be engaged to assist in dispute resolution. ¶

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Note: Section 14.13 no longer exists.

EXTENDED CLOSED SESSION
(if necessary)

(VICTOR REY, JR.)

*ADJOURNMENT – THE NEXT
REGULAR MEETING OF THE
BOARD OF DIRECTORS IS
SCHEDULED FOR THURSDAY,
NOVEMBER 18, 2021, AT 4:00 P.M.*