Salinas Valley Memorial Healthcare System
A Public Healthcare District

May 20, 2022

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
El Sol
Monterey County Herald
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, MAY 26, 2022, 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)**.

Pursuant to SVMHS Board Resolution No. 2022-07, Assembly Bill 361, and guidance from the Monterey County Health Department 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 MAY 26, 2022
4:00 P.M. – DOWNING RESOURCE CENTER, ROOMS A, B & C
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA
OR VIA TELECONFERENCE
(Visit svmh.com/virtualboardmeeting for Access Information)

Pursuant to SVMHS Board Resolution No. 2022-07, Assembly Bill 361, and guidance from the Monterey County Health Department 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

		Presented By
I.	**Call to Order/Roll Call**	Victor Rey, Jr.
II.	**Closed Session** (See Attached Closed Session Sheet Information)	Victor Rey, Jr.
III.	**Reconvene Open Session/Closed Session Report** (Estimated time 5:00 pm)	Victor Rey, Jr.
IV.	**Education Program** AHA NOVA Award: Monterey County Diabetes Collaborative	Adrienne Laurent
V.	**Report from the President/Chief Executive Officer**	Pete Delgado
VI.	**Public Input** 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.	**Board Member Comments**	Board Members
VIII.	**Consent Agenda—General Business**	Victor Rey, Jr.

(A Board Member may pull an item from the Consent Agenda for discussion.)

A. Minutes of the Regular Meeting of the Board of Directors, April 28, 2022
B. Financial Report
C. Statistical Report
D. Policies
    1. Chest Tube Management Policy
    2. Fetal Heart Rate Monitoring Policy
    3. Scope of Service: Case Management
    4. Scope of Service: Taylor Farms Family Health & Wellness Center
    5. Utilization Management Plan

- 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 May 23, 2022 Quality and Efficient Practices Committee Meeting have been provided to the Board. Additional Report from Committee Chair, if any.

X. Consider Board Resolution No. 2022-08 Proclaiming a Local Emergency, Ratifying the Proclamation of a State of Emergency by Governor's State of Emergency Declaration March 4, 2020, and Authorizing Remote Teleconference Meetings for the Period May 29, 2022 through June 28, 2022 — 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. Report on Behalf of the Medical Executive Committee (MEC) Meeting of May 12, 2022, 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

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

XII. Extended Closed Session (if necessary) — Victor Rey, Jr.

(See Attached Closed Session Sheet Information)

XIII. Adjournment – The next Regular Meeting of the Board of Directors is scheduled for **Thursday, June 23, 2022, 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.

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.)

[X] 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.)

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

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

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

[X] 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 Medical Staff 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 -
AHA NOVA AWARD:
MONTEREY COUNTY DIABETES COLLABORATIVE

(VERBAL)

(ADRIENNE LAURENT)

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, APRIL 28, 2022 – 4:00 P.M.
DOWNING RESOURCE CENTER, ROOMS A, B & C
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA AND BY TELECONFERENCE

Approved `Pursuant to SVMHS Board Resolution No. 2022-05, Assembly Bill 361, and guidance from the Monterey County Health Department 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: In person: President Victor Rey, Jr., Directors Juan Cabrera, Richard Turner, and Joel Hernandez Laguna.

Absent: Regina Gage

Also Present: In person: Pete Delgado, President/Chief Executive Officer, Theodore Kaczmar, Jr., MD, Chief of Staff, and Matthew Ottone, Esq., District Legal Counsel.

CALL TO ORDER/ROLL CALL

A quorum was present and the meeting was called to order by President Victor Rey, Jr., at 4:06 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) Report Involving Trade Secret: Trade secrets, strategic planning, proposed new programs and services; (2) Hearings/Reports: Reports from 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 4:06 p.m. The Board completed its business of the Closed Session at 5:02 p.m.

RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 5:02 p.m. President Rey announced that in Closed Session the Board discussed: (1) Report Involving Trade Secret: Trade secrets strategic planning, proposed new programs and services; (2) Hearings/Reports: Reports from the Medical Staff Quality and Safety Committee, Report of the Medical Staff Credentials Committee and Medical Staff Interdisciplinary Practice Committee.

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

EDUCATION PROGRAM – CLINICAL RESEARCH @ SVMHS

Mr. Delgado reported our clinical research program is an integrated part of our care team and helps our medical staff provide excellent care for our patients. He introduced Terri S. Nielsen, MSJ, RN, CCRP, Manager, Clinical Research. Ms. Nielsen provided an overview of Clinical Research at SVMHS. The mission of our research program (Program) is to support clinical research in target disease areas exemplified in our patient population: cardiovascular disease, stroke, cancer and diabetes.

Clinical research is a branch of healthcare science that determines the safety and effectiveness of medications, devices, diagnostic products and treatment regimens intended for human use. These may be used for prevention, treatment, diagnosis or for relieving symptoms of a disease. Consented patients, staff and community members may participate. At SVMHS no clinical research involves children, pregnant women or forensic patients and does not include "first in humans" research. SVMHS has two governing bodies that provide research oversight and guidance: (1) the Institutional Review Board of Record, and (2) the SVMHS Research Oversight Committee. SVMHS does not have an in-house IRB, but has adopted the FDA-supported model that relies on an external, centralized Institutional Review Board (IRB) review process. Our clinical research is primarily funded by Federal research grants and industry sponsors, and financially the goal is to "break even," not make money.

All of our clinical trials are conducted in the outpatient setting at our Clinics, and the research operations are centrally managed within the hospital Research Department. The Program is supportive of physicians who wish to conduct new protocols. All physician investigators and clinical research staff are certified in Human Research Protections and Good Clinical Practice for FDA Biomedical Research. The 2020 Community Health Needs Assessment for Monterey County identified Diabetes and Cancer as critical community health needs and our Program aligns the clinical research portfolio with this Assessment. The reporting structure is Ms. Nielsen, Manager, Clinical Research, Kate DeSalvo, Director, Medical Staff Services, and Dr. Radner, CMO. Ms. Nielsen oversees Program staff Juan Morales and Amanda McRae. Our Program Principal Investigators include, Drs. Zhao, Varma, Aziz, Andrade, Biehl, Mukai, Kissell and Colorado.

SVMHS has conducted clinical research since 1998. There are approximately 150 community members for 102 studies at any given time which includes current studies and long-term monitoring. Current studies and their focus include ARCADIA (prevention of recurrent stroke), CompassHER2-pCR (reducing chemotherapy in a type of breast cancer), NIH TrialNet: Pathway to Prevention (Type 1 diabetes) and ASKS Study: Attaining Stroke Knowledge in Spanish in Monterey County. Upcoming clinical studies were reviewed.

It was further clarified we use WIRB-Copernicus Group IRB and Advarra IRB. All research is selected to align with the local health populations and our community health needs. Consistent with the general population we serve, 60-65% of research participants prefer the use of Spanish and review and sign the Spanish informed consent form. The research staff are trained to properly conduct the research consent process in Spanish.

The ASKS study was developed by Dr. Colorado in response to data showing that the Spanish speaking population takes longer to seek help with stroke symptoms. The ASKS study aim is to identify what memory technique is more effective among Spanish-speaking Hispanics to increase recognition of warning signs of stroke and an intent to call 911, if exposed to culturally-targeted educational tools in Spanish.

Regardless of the medical research protocol, research participants appreciate the extra attention they receive by being in a clinical trial and it gives them a sense of purpose by helping people in the future.

Ms. Nielsen was thanked for the requisite attention to detail clinical research requires and the Clinical Research team was thanked for their hard work and attention to our patients.

REPORT FROM THE PRESIDENT/CHIEF EXECUTIVE OFFICER

Mr. Delgado reviewed "*The mission of Salinas Valley Memorial Healthcare System is to provide quality healthcare for our patients and to improve the health and well-being of our community.*" This month's Mission Moment features "Grateful patients and their contribution back to our staff." A summary of key highlights centered on the pillars that are the foundation of the Hospital's vision for the organization, is as follows:

- **Service**
  - **Patient Experience:** Lisa Paulo presented the HCAHPS Year-Over-Year (YOY) Ranking from FY15-FY22 to date:
    - SVMH is above target for Rate Hospital, Communication with Nurses, Responsiveness, Communication with Physicians, Communication about Medications, Discharge Information and Care Transitions.
    - Hospital Environment top box score and ranking scores were reviewed. SVMH ranks in the 91st percentile in Cleanliness of Hospital Environment. We have challenges with Hospital Environment and Quietness of Hospital Environment. The Night Practice Council is working on strategies to improve quietness of hospital including staff commitment cards and LED badge lights for night shift to illuminate workspace while decreasing patient sleep disturbance.
    - ED YOY Ranking steadily increased from FY18 to FY22 to date. The overall ER Care score has reached the 51st percentile.
    - Patient Experience Balanced Scorecard target/actual was reviewed including ED 64.8/61.5, Inpatient 75.1/74.8 and Ambulatory 91.6/91.1. These numbers represent "Top Box" scores which is when "always" is checked for every category. Key Strategies include:
      - Bedside shift report, rounding communication boards
      - Ambulatory: Scheduling process improvements
      - Med/Surg: Teach back
      - ED/Critical Care: Staff Commit to Sit
      - Leveraging Practice Councils.
  - **Quality Council: Emergency Department (ED) Unit Practice Council:** Sharde Flannigan, RNS, RN, Staff Nurse, reported on Patient Care Initiatives:
    - tPA Protocol (for stroke patients) is fully implemented. 1.9 million brain cells die every minute during acute stroke. The new tPA protocol in the ED reduces administration times from 15 to less than 5 minutes. Nurses now have immediate access to reconstitute and administer directly at the bedside. It is first necessary to determine if the stroke is due to a blockage or bleed (hemorrhagic stroke) which includes a CAT scan. tPA is for blockage stroke patients. Under the new protocol, decision-to-administration of tPA has been as low as four minutes.
    - A Blood Culture Contamination Rates initiative is in progress. Blood culture contamination can lead to increased LOS, higher costs of care, increased use of antimicrobials and poor outcomes. SVMH rates were reviewed. Progress on this initiative includes placing a unit practice council referral, surveying staff, collaborating on solutions and policy implementation and education with Kurin device. Statistics demonstrate use of the Kurin device is directly related to reduced contamination rates.

- Patient Experience: Rapid medical exam and fast track processes, expedited care in waiting room and "Commit to Sit" (nurses sitting with patients with open body language). In February SVMH Press Ganey scores were in the 76th percentile (for the 1st time).
- Upcoming initiatives:
  - Preeclampsia Screening: Eclampsia is a serious condition and the upcoming screening will ensure this condition is recognized through Meditech which will alert the provider when a combination of symptoms are documented.
  - 5150 clients with psychiatric/behavioral risks: New protocol will ensure safety of both the patients and staff.
  - Pediatric emergency care improvements: Partnering with the Foundation to bring improvements and resources to our pediatric population such as iPads and stuffies.

Director Rey thanked the Emergency Department Practice Council especially for the special attention to our pediatric patients. Additionally a thank you to all the ED staff for all their work through the pandemic.

- **Outdoor Visitor Seating:** Mr. Delgado explained that we do not have our lobby operating as usual and we have created an outdoor seating area in Heart Center Circle we will use for the near term for families to wait as comfortably as possible. It was suggested signage be added. It was reported signage is in process and we will also add a volunteer or concierge to help as well.

➢ **Quality**

- Taylor Farms Family Health & Wellness Center underwent an unannounced recertification survey for Rural Health Clinic (RHC) designation. This clinic is considered a hospital extension and is surveyed by RHC, CMS and TJC. Kudos to TFFH&WC for always being survey ready.
- Commission on Cancer Accreditation Site Visit occurred April 8, 2022.
- SVMH received a Hospital Safety Grade 'A' rating from Leapfrog.
- SVMH received Superstar Award by the California Maternal Quality Care Collaboration (CMQCC).
- FY 2022 Quality Pillar Scorecard shows we are at or above target for ER Median time to Admit, OR turn Over Time, OR On-Time Start and Hand Hygiene.

➢ **Growth**

- FY 2022 Growth Pillar Scorecard shows we are at or above target for patients adopting EPIC MyChart and eConsult implementation of two specialties.

➢ **Finance**

- Industry News: 7 hospitals laying off workers, Walmart Health opens clinics in Florida, California hospital (Watsonville) to lay off 658 workers in May, Rising inflation and dramatic growth in expenses for workforce, drugs, medical supplies.
- Government Affairs: Federal Update
  - CMS raises payment rates to hospitals by a net 3.2% in FY 2023. However, hospitals will see a net decrease due to DSH and other cuts. Payment system does not meet inflationary environment and continued rising labor/supply costs.
  - White House proposal to ease burden of medical debt.
- Government Affairs: State Update
  - Impact of COVID-19 on California hospitals: 51% hospitals in the red, $6 billion lost in 2021, gap between revenue and expenses rose to 15%, Margins 26% lower than pre-pandemic.

- SVMH FY 2022 Finance Pillar Scorecard shows we are at or above target for income from operations and operating margin.

➢ **People**

- SVMH welcomed 16 new grad registered nurses for a 6-month residency.
- Doctors' Day was celebrated March 30.
- National Volunteer Week was celebrated in April.
- CMN Hospital Week was celebrated in April. SVMH ran a Starbucks Cup Decoration Contest which had three winners.
- The Foundation Partners in Excellence Grants Program offers an internal grants program that can be utilized by all employees of SVMHS to request funds for department projects centered on patient experience. The 1st grant was awarded to CDOC for iPads to keep patients focused during treadmill stress tests. A new cycle opens beginning May 1st and application is available on STARnet.
- Victor Rey, Board of Directors President, received the Salinas Valley Chamber of Commerce Citizen of the Year Award. Regina Gage, Board of Directors Vice President, received the Chamber Spirit of the Community Award.
- 436 employees attended STAR Summit (10 sessions) in April.
- 87 leaders attended Star Excellence Institute (SEI) training in April.
- Pete Delgado and Dr. Steven Parker (CHOMP) co-presented the Blue Zones Project model at the American College of Healthcare Executives Congress in Chicago in April. Christi Kearns, Senior Administrative Director, Cardiovascular, Pulmonary and Sleep Medicine Services, was a panelist for "Women Who Lead" at the same ACHE Congress.
- Karina Rusk, SVMHS Director of Public Relations, emceed the American Cancer Society 28th Annual Fashion Show & Auction April 22, 2022.
- The SVMHS Employee Picnic is scheduled for July 9, 11am-5pm at Rancho Cielo.

➢ **Community**

- Mr. Delgado spoke with a class of Community Healthcare Workers and shared his personal journey in healthcare.
- The Monterey County Health Needs Collaborative (SVMH, CHOMP, Mee Memorial, Natividad, United Way and Monterey County Health Department) has launched the community-wide survey. Everyone in the community is encouraged to participate.
- The Blue Zones Project launched a SVMHS Neighborhood Walking Moai with Victor Rey every Wednesday from April 27 through June 29. Director Rey reported the Moai is co-led by his wife and an SVMH staff member whom he met through another Moai… so it works!
- Upcoming Events: 4/30: Walk with a Doc, 5/9-13: Hospital Week, 5/13: Farmers' Market Kickoff, 5/24-25: Blood Drive.
- Earned Media: Hospital Response to Fire/Monterey Herald, Chamber Awards/King City Rustler, Mobile Clinic/Monterey County Weekly, Health Needs Collaborative/Monterey Herald, Tents/COVID-19 Threat/KSBW, Tents down KSBW lead on 5pm & 6pm news.

NO PUBLIC INPUT

President Rey asked for any public input regarding items not on this agenda. No Public input was provided.

BOARD MEMBER COMMENTS

Directors Turner, Cabrera and Rey had no comments.

Director Hernandez Laguna reported he recently attended The Governance Institute Conference which included the topics national labor costs, staff turn-over rates, focus on patient experience, hospitals moving away from focus on "health care" to wellness and health, trending toward telemedicine and robotics. Director Hernandez Laguna also encourages all to complete the Health Needs Assessment survey. He is proud to report recently on social media an SVMH patient reported they had excellent care, staff was responsive and culturally sensitive.

CONSENT AGENDA – GENERAL BUSINESS

A. Minutes of the Regular Meeting of the Board of Directors, March 24, 2022
B. Minutes of the Special Meeting of the Board of Directors, April 11, 2022
C. Financial Report
D. Statistical Report
E. Policies
    1. Administrative Adjustment
    2. Aerosol Transmitted Diseases Exposure Control Plan
    3. Dispensing of Naloxone from Emergency Department
    4. Look Alike, Sound Alike Medication Management
    5. Transthoracic Echocardiogram for the Adult Patient

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

No public comment

> MOTION: The Board of Directors approves Consent Agenda – General Business, Items (A) through (E), as presented.
>
> Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Hernandez Laguna, Rey; Noes: None; Abstentions: None; Absent: Gage; 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 April 25, 2022, were provided to the Board. The Committee received the same excellent Patient Care Services Update.

Finance Committee

Richard Turner, Committee Chair, reported the minutes from the Finance Committee Meeting of April 25, 2022, were provided to the Board. The Committee received a Balanced Scorecard February 2022 update and a March Financial Statistical Review update. Background information supporting the proposed recommendations made by the Committee was included in the Board packet and summarized by Director Turner. The following recommendations were made by the Committee:

1. **Recommend Board Approval Contract Amendment for HOK to Prepare Bridging Documents for SVMHS Master Plan's Surgery Suite Addition/Relocation.**

   No Public Comment.

   MOTION: The Board of Directors approves the Contract Amendment for HOK to Prepare Bridging Documents for SVMHS Master Plan's Surgery Suite Addition/Relocation in the amount of $3,450,455.

   Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Hernandez Laguna, Rey; Noes: None; Abstentions: None; Absent: Gage; Motion Carried.

2. **Recommend Board Approval of Purchase Agreement for Pure Storage from CDW-G as a GPO Purchase**

   No Public Comment.

   MOTION The Board of Directors approves the purchase agreement for Pure Storage from CDW-G as a GPO purchase for the amount of $500,031.46.

   Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Hernandez Laguna, Rey; Noes: None; Abstentions: None; Absent: Gage; Motion Carried.

3. **Recommend Board Approval of the Contract with BrandActive for SVMHS Rebranding Implementation**

   No Public Comment.

   MOTION: The Board of Directors approves the contract with BrandActive for SVMHS Rebranding Implementation for the amount of $594,915.

   Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Hernandez Laguna, Rey; Noes: None; Abstentions: None; Absent: Gage; Motion Carried.

4. **Recommend Board Approval of the contract with Sharecare for the SVMHS Digital Employee Wellness Platform**

   Staff Report: The projection is this would go live June 1, 2022.

   No Public Comment.

   MOTION: The Board of Directors approves the contract with Sharecare for the SVMHS Digital Employee Wellness Platform for the amount of $367,690 over the three-year life of the agreement.

   Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Hernandez Laguna, Rey; Noes: None; Abstentions: None; Absent: Gage; Motion Carried.

5. **Recommend Board Approval of the Educational Services Agreement with Cope Health Solutions**

   No Public Comment.

   MOTION: The Board of Directors approves the Educational Services Agreement with Cope Health Solutions for the Health Scholars Program for the amount of $702,360 over the three-year life of the agreement.

Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Hernandez Laguna, Rey; Noes: None; Abstentions: None; Absent: Gage; Motion Carried.

Personnel, Pension and Investment Committee

Richard Turner, Committee Vice-Chair, reported the minutes from the Personnel, Pension and Investment Committee Meeting of April 26, 2022, were provided to the Board. Background information supporting the proposed recommendation made by the Committee was included in the Board packet and summarized by Director Turner. The following recommendations were made by the Committee:

1. **Recommend Board Approval of (i) the Findings Supporting Recruitment of Maija Swanson, MD (ii) the Contract Terms for Dr. Swanson's Recruitment Agreement, and (iii) the Contract Terms for Dr. Swanson's Family Medicine Professional Services Agreement**

   No Public Comment.

   MOTION: The Board of Directors approves the following:

   (i) The Findings Supporting Recruitment of Maija Swanson, MD,

   - That the recruitment of a family medicine physician to Salinas Valley Medical Clinic 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. Swanson; and

   (iii) The Contract Terms of the Family Medicine Professional Services Agreement for Dr. Swanson.

   Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Hernandez Laguna, Rey; Noes: None; Abstentions: None; Absent: Gage; Motion Carried.

2. **Recommend Board Approval of (i) the Contract Terms and Conditions for the Hospitalist Professional Services Agreement for Carolina Zanevchic, MD and (ii) the Contract Terms and Conditions for Dr. Zanevchic's COVID-19 Physician Loan Agreement**

   No Public Comment.

   MOTION: The Board of Directors approves the following:

   (i) The Contract Terms and Conditions of the Hospitalist Professional Services Agreement for Dr. Zanevchic.

   (ii) The Contract Terms and Conditions of the COVID-19 Physician Loan Agreement for Dr. Zanevchic.

   Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Hernandez Laguna, Rey; Noes: None; Abstentions: None; Absent: Gage; Motion Carried.

Transformation, Strategic Planning and Governance Committee

Joel Hernandez Laguna, Committee Chair, reported the minutes from the Transformation, Strategic Planning and Governance Committee Meeting of April 27, 2022, were provided to the Board. No recommendations were made by the Committee:

CONSIDER RESOLUTION NO. 2022-07 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 APRIL 29, 2022 THROUGH MAY 28, 2022

Matthew Ottone, Esq., District Legal Counsel, reported the resolution was included in the Board Packet, for the Board's consideration. The resolution is necessary to continue remote attendance by the District Board at Committee meetings and regular Board Meetings with waiver of certain requirements under The Brown Act. These 30-day resolutions are required each month. It is projected the Governor will end the state of emergency sometime in the summer.

No Public Comment.

> MOTION: The Board of Directors adopts Resolution No. 2022-07 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 April 29, 2022 through May 28, 2022, as presented.
>
> Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Hernandez Laguna, Rey; Noes: None; Abstentions: None; Absent: Gage; Motion Carried.

Report on Behalf of the Medical Executive Committee (MEC) Meeting of April 14, 2022, and Recommendations for Board Approval of the following:

The following recommendations from the Medical Executive Committee (MEC) Meeting of April 14, 2022, were reviewed by Theodore Kaczmar, Jr., MD, Chief of Staff and recommended Board approval.

Recommend Board Approval of the Following:

A. From the Medical Staff Executive Committee:
   1. Credentials Committee Report
   2. Interdisciplinary Practice Committee Report

B. Policies/Procedures/Plans:
   1. 2022 Risk Management Plan
   2. Andexanet alfa (Andexxa) Policy
   3. Electrocardiogram Nursing Standardized Procedure – Emergency Department

Dr. Kaczmar announced two (2) new physicians were approved for initial appointment, one (1) physician requested leave of absence, two (2) physicians requested emeritus status, one (1) physician resigned from Tele-neurology and one (1) from tele-radiology.

No Public Comment.

> MOTION: The Board of Directors approves Recommendation (A) through (B) of the April 14, 2022, Medical Executive Committee Meeting, as presented.

Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Hernandez Laguna, Rey; Noes: None; Abstentions: None; Absent: Gage; Motion Carried.

EXTENDED CLOSED SESSION

President Rey announced that there will be no Extended Closed Session.

ADJOURNMENT The next Regular Meeting of the Board of Directors is scheduled for **Thursday, May 26, 2022 at 4:00 p.m.** There being no further business, the meeting was adjourned at 6:34 p.m.

Juan Cabrera
Secretary, Board of Directors
/kmh

SALINAS VALLEY MEMORIAL HOSPITAL
SUMMARY INCOME STATEMENT
April 30, 2022

	Month of April,		Ten months ended April 30,	
	current year	prior year	current year	prior year
Operating revenue:				
Net patient revenue	$ 44,660,977	$ 38,023,958	$ 491,250,497	$ 473,326,514
Other operating revenue	3,775,273	984,136	12,458,130	11,839,162
Total operating revenue	48,436,250	39,008,094	503,708,627	485,165,676
Total operating expenses	43,258,319	37,738,101	423,755,279	409,463,275
Total non-operating income	(1,521,837)	140,461	(34,683,081)	(26,311,474)
Operating and non-operating income	$ 3,656,094	$ 1,410,454	$ 45,270,267	$ 49,390,927

SALINAS VALLEY MEMORIAL HOSPITAL
BALANCE SHEETS
April 30, 2022

	Current year	Prior year
ASSETS:		
Current assets	$ 422,735,565	$ 410,604,300
Assets whose use is limited or restricted by board	146,810,333	141,155,312
Capital assets	239,351,739	251,757,481
Other assets	217,878,519	192,703,438
Deferred pension outflows	50,119,236	83,379,890
	$ 1,076,895,392	$ 1,079,600,420
LIABILITIES AND EQUITY:		
Current liabilities	123,397,382	143,281,283
Long term liabilities	14,288,063	14,780,976
	83,585,120	126,340,336
Net assets	855,624,827	795,197,825
	$ 1,076,895,392	$ 1,079,600,420

SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF NET PATIENT REVENUE
April 30, 2022

	Month of April,		Ten months ended April 30,	
	current year	prior year	current year	prior year
Patient days:				
By payer:				
Medicare	1,674	1,720	17,491	17,092
Medi-Cal	999	1,003	9,790	10,513
Commercial insurance	647	463	7,450	7,581
Other patient	183	82	1,114	1,221
Total patient days	3,503	3,268	35,845	36,407
Gross revenue:				
Medicare	$ 93,225,739	$ 92,604,185	$ 924,185,201	$ 837,662,928
Medi-Cal	58,209,733	55,220,953	559,457,298	533,244,531
Commercial insurance	44,310,607	40,095,134	493,913,448	478,737,208
Other patient	10,595,381	9,040,889	81,268,150	83,415,984
Gross revenue	206,341,460	196,961,161	2,058,824,097	1,933,060,650
Deductions from revenue:				
Administrative adjustment	367,745	350,266	3,008,759	3,303,702
Charity care	504,804	1,454,212	7,909,502	10,201,070
Contractual adjustments:				
Medicare outpatient	28,685,432	28,465,111	272,802,485	246,421,490
Medicare inpatient	40,098,977	37,283,623	406,257,943	372,816,155
Medi-Cal traditional outpatient	2,948,238	2,661,545	29,000,089	21,076,259
Medi-Cal traditional inpatient	3,990,943	4,349,427	59,513,148	70,669,624
Medi-Cal managed care outpatient	22,370,434	21,625,200	216,647,521	183,390,354
Medi-Cal managed care inpatient	22,499,784	21,225,579	189,430,844	186,646,017
Commercial insurance outpatient	17,395,413	19,151,873	164,183,995	158,712,331
Commercial insurance inpatient	16,068,753	17,739,136	172,719,401	161,890,141
Uncollectible accounts expense	3,794,554	3,889,018	37,609,598	35,670,540
Other payors	2,955,406	742,214	8,490,315	8,936,453
Deductions from revenue	161,680,483	158,937,203	1,567,573,600	1,459,734,135
Net patient revenue	$ 44,660,977	$ 38,023,958	$ 491,250,497	$ 473,326,514
Gross billed charges by patient type:				
Inpatient	$ 108,442,170	$ 99,760,333	$ 1,103,993,431	$ 1,065,771,045
Outpatient	72,684,563	74,245,737	692,222,939	656,073,575
Emergency room	25,214,728	22,955,090	262,607,727	211,216,030
Total	$ 206,341,461	$ 196,961,161	$ 2,058,824,097	$ 1,933,060,650

SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES
April 30, 2022

	Month of April,		Ten months ended April 30,	
	current year	prior year	current year	prior year
Operating revenue:				
Net patient revenue	$ 44,660,977	$ 38,023,958	$ 491,250,497	$ 473,326,514
Other operating revenue	3,775,273	984,136	12,458,130	11,839,162
Total operating revenue	48,436,250	39,008,094	503,708,627	485,165,676
Operating expenses:				
Salaries and wages	15,122,043	14,728,428	154,528,275	157,699,250
Compensated absences	2,951,866	2,933,549	27,134,409	26,509,506
Employee benefits	5,051,787	7,428,676	67,785,168	72,783,553
Supplies, food, and linen	6,487,735	6,226,309	63,395,655	62,019,123
Purchased department functions	3,888,172	3,953,150	34,227,839	32,513,734
Medical fees	2,065,564	(2,326,614)	18,665,726	13,263,607
Other fees	3,760,758	1,572,439	25,305,205	14,692,076
Depreciation	1,888,084	1,825,421	18,447,243	17,926,148
All other expense	2,042,310	1,396,743	14,265,759	12,056,278
Total operating expenses	43,258,319	37,738,101	423,755,279	409,463,275
Income from operations	5,177,931	1,269,993	79,953,348	75,702,401
Non-operating income:				
Donations	166,667	166,667	1,742,540	2,166,667
Property taxes	333,333	333,333	3,333,333	3,333,333
Investment income	(416,004)	2,793,943	(12,561,289)	2,934,168
Taxes and licenses	0	(29,074)	0	(29,074)
Income from subsidiaries	(1,605,833)	(3,124,408)	(27,197,665)	(34,716,568)
Total non-operating income	(1,521,837)	140,461	(34,683,081)	(26,311,474)
Operating and non-operating income	3,656,094	1,410,454	45,270,267	49,390,927
Net assets to begin	851,968,733	793,787,372	810,354,560	745,806,898
Net assets to end	$ 855,624,827	$ 795,197,825	$ 855,624,828	$ 795,197,825
Net income excluding non-recurring items	$ 3,656,094	$ 1,410,454	$ 38,977,891	$ 41,609,783
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	0	0	6,292,376	7,781,144
Operating and non-operating income	$ 3,656,094	$ 1,410,454	$ 45,270,267	$ 49,390,927

SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF INVESTMENT INCOME
April 30, 2022

	Month of April,		Ten months ended April 30,	
	current year	prior year	current year	prior year
Detail of other operating income:				
Dietary revenue	$ 141,986	$ 129,968	$ 1,402,810	$ 1,326,455
Discounts and scrap sale	5,354	15,559	1,051,533	770,777
Sale of products and services	23,370	141,281	680,597	320,371
Clinical trial fees	0	7,282	27,700	109,426
Stimulus Funds	0	0	0	0
Rental income	140,571	152,065	1,590,269	1,595,685
Other	3,463,992	537,981	7,705,221	7,716,448
Total	$ 3,775,273	$ 984,136	$ 12,458,130	$ 11,839,162
Detail of investment income:				
Bank and payor interest	$ 82,818	$ 90,102	$ 859,867	$ 1,160,273
Income from investments	(2,468,427)	(474,094)	(15,078,244)	(1,442,533)
Gain or loss on property and equipment	1,969,605	3,177,935	1,657,088	3,216,429
Total	$ (416,004)	$ 2,793,943	$ (12,561,289)	$ 2,934,168
Detail of income from subsidiaries:				
Salinas Valley Medical Center:				
Pulmonary Medicine Center	$ (171,117)	$ (111,611)	$ (1,849,362)	$ (1,791,440)
Neurological Clinic	(55,365)	(179,365)	(547,074)	(795,041)
Palliative Care Clinic	(83,836)	(97,409)	(812,948)	(783,339)
Surgery Clinic	(144,483)	(202,085)	(1,249,419)	(1,702,499)
Infectious Disease Clinic	(17,279)	(10,602)	(251,957)	(270,088)
Endocrinology Clinic	(104,702)	(154,951)	(1,229,607)	(1,758,812)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(192,694)	(530,408)	(4,083,951)	(4,816,947)
OB/GYN Clinic	(561,539)	(470,386)	(3,422,705)	(3,577,435)
PrimeCare Medical Group	(582,525)	(983,978)	(4,443,028)	(8,651,433)
Oncology Clinic	192,754	(201,742)	(2,142,976)	(2,667,006)
Cardiac Surgery	(248,018)	(172,771)	(1,724,022)	(1,638,223)
Sleep Center	(25,462)	(62,888)	(299,976)	(579,583)
Rheumatology	(52,833)	(82,760)	(536,205)	(537,205)
Precision Ortho MDs	(98,206)	458,487	(2,675,316)	(2,827,312)
Precision Ortho-MRI	0	78	0	(1,492)
Precision Ortho-PT	(13,753)	(51,248)	(470,198)	(490,589)
Vaccine Clinic	314	0	(52,549)	0
Dermatology	(13,870)	(27,014)	(153,534)	(304,373)
Hospitalists	0	0	0	0
Behavioral Health	(64,813)	(78,949)	(649,825)	(753,354)
Pediatric Diabetes	(37,333)	(29,766)	(418,176)	(335,569)
Neurosurgery	(37,014)	4,443	(243,938)	(255,618)
Multi-Specialty-RR	26,547	11,300	101,503	45,611
Radiology	(163,456)	(238,292)	(2,302,440)	(1,994,263)
Salinas Family Practice	(135,089)	(16,529)	(933,019)	(30,511)
Urology	(100,593)	0	(170,595)	0
Total SVMC	(2,684,365)	(3,228,446)	(30,561,317)	(36,516,521)
Doctors on Duty	800,563	69,000	601,655	196,825
Assisted Living	0	(4,685)	0	(66,031)
Salinas Valley Imaging	0	0	0	(19,974)
Vantage Surgery Center	20,418	33,310	240,972	210,071
LPCH NICU JV	0	0	0	0
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	225,918	256,805	2,236,764	1,049,476
Aspire/CHI/Coastal	(13,413)	(308,966)	(252,051)	(369,545)
Apex	0	(583)	103,759	69,948
21st Century Oncology	(2,134)	6,713	64,888	(49,803)
Monterey Bay Endoscopy Center	47,180	52,443	367,665	778,986
Total	$ (1,605,833)	$ (3,124,408)	$ (27,197,665)	$ (34,716,568)

SALINAS VALLEY MEMORIAL HOSPITAL
BALANCE SHEETS
April 30, 2022

	Current year	Prior year
A S S E T S		
Current assets:		
Cash and cash equivalents	$ 308,893,695	$ 319,601,383
Patient accounts receivable, net of estimated uncollectibles of $25,034,242	89,712,467	73,262,199
Supplies inventory at cost	7,891,918	8,354,961
Other current assets	16,237,485	9,385,757
Total current assets	422,735,565	410,604,300
Assets whose use is limited or restricted by board	146,810,333	141,155,312
Capital assets:		
Land and construction in process	38,387,373	41,211,080
Other capital assets, net of depreciation	200,964,366	210,546,400
Total capital assets	239,351,739	251,757,481
Other assets:		
Investment in Securities	127,635,026	148,333,295
Investment in SVMC	13,385,379	13,775,370
Investment in Aspire/CHI/Coastal	1,735,316	4,264,404
Investment in other affiliates	21,945,434	22,029,073
Net pension asset	53,177,364	4,301,296
Total other assets	217,878,519	192,703,438
Deferred pension outflows	50,119,236	83,379,890
	$ 1,076,895,392	$ 1,079,600,420
L I A B I L I T I E S A N D N E T A S S E T S		
Current liabilities:		
Accounts payable and accrued expenses	$ 60,652,678	$ 52,118,232
Due to third party payers	44,383,634	73,745,527
Current portion of self-insurance liability	18,361,070	17,417,524
Total current liabilities	123,397,382	143,281,283
Long term portion of workers comp liability	14,288,063	14,780,976
Total liabilities	137,685,445	158,062,259
Pension liability	83,585,120	126,340,336
Net assets:		
Invested in capital assets, net of related debt	239,351,739	251,757,481
Unrestricted	616,273,088	543,440,344
Total net assets	855,624,827	795,197,825
	$ 1,076,895,392	$ 1,079,600,420

SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL
April 30, 2022

	Month of April,				Ten months ended April 30,			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:								
Gross billed charges	$ 206,341,460	$ 193,134,604	13,206,856	6.84%	$ 2,058,824,097	$ 1,939,597,027	119,227,070	6.15%
Dedutions from revenue	161,680,483	148,136,136	13,544,347	9.14%	1,567,573,600	1,489,301,781	78,271,819	5.26%
Net patient revenue	44,660,977	44,998,469	(337,492)	-0.75%	491,250,497	450,295,246	40,955,251	9.10%
Other operating revenue	3,775,273	944,363	2,830,910	299.77%	12,458,130	8,310,224	4,147,906	49.91%
Total operating revenue	**48,436,250**	**45,942,832**	**2,493,418**	**5.43%**	**503,708,627**	**458,605,470**	**45,103,157**	**9.83%**
Operating expenses:								
Salaries and wages	15,122,043	15,902,929	(780,886)	-4.91%	154,528,275	155,177,612	(649,337)	-0.42%
Compensated absences	2,951,866	2,097,023	854,843	40.76%	27,134,409	26,162,996	971,413	3.71%
Employee benefits	5,051,787	7,183,908	(2,132,121)	-29.68%	67,785,168	70,817,756	(3,032,588)	-4.28%
Supplies, food, and linen	6,487,735	5,849,289	638,446	10.91%	63,395,655	58,546,293	4,849,362	8.28%
Purchased department functions	3,888,172	3,093,373	794,799	25.69%	34,227,839	30,745,582	3,482,257	11.33%
Medical fees	2,065,564	1,830,070	235,494	12.87%	18,665,726	18,275,537	390,189	2.14%
Other fees	3,760,758	898,085	2,862,673	318.75%	25,305,205	9,216,825	16,088,380	174.55%
Depreciation	1,888,084	1,941,653	(53,569)	-2.76%	18,447,243	18,125,774	321,469	1.77%
All other expense	2,042,310	1,415,875	626,435	44.24%	14,265,759	14,289,896	(24,137)	-0.17%
Total operating expenses	**43,258,319**	**40,212,204**	**3,046,115**	**7.58%**	**423,755,279**	**401,358,271**	**22,397,008**	**5.58%**
Income from operations	**5,177,931**	**5,730,628**	**(552,697)**	**-9.64%**	**79,953,348**	**57,247,199**	**22,706,149**	**39.66%**
Non-operating income:								
Donations	166,667	166,667	0	0.00%	1,742,540	1,666,667	75,873	4.55%
Property taxes	333,333	333,333	(0)	0.00%	3,333,333	3,333,333	(0)	0.00%
Investment income	(416,004)	(63,302)	(352,703)	557.18%	(12,561,289)	(633,015)	(11,928,273)	1884.36%
Income from subsidiaries	(1,605,833)	(4,135,687)	2,529,854	-61.17%	(27,197,665)	(41,087,217)	13,889,552	-33.81%
Total non-operating income	**(1,521,837)**	**(3,698,988)**	**2,177,151**	**-58.86%**	**(34,683,081)**	**(36,720,233)**	**2,037,152**	**-5.55%**
Operating and non-operating income	**$ 3,656,094**	**$ 2,031,640**	**1,624,454**	**79.96%**	**$ 45,270,267**	**$ 20,526,966**	**24,743,301**	**120.54%**

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Apr and ten months to date

	Month of Apr		Ten months to date		
	2021	2022	2020-21	2021-22	Variance
NEWBORN STATISTICS					
Medi-Cal Admissions	36	31	428	396	(32)
Other Admissions	94	87	945	957	12
Total Admissions	130	118	1,373	1,353	(20)
Medi-Cal Patient Days	63	53	653	615	(38)
Other Patient Days	142	155	1,532	1,180	(352)
Total Patient Days of Care	205	208	2,185	1,795	(390)
Average Daily Census	6.8	6.9	7.2	5.9	(1.3)
Medi-Cal Average Days	1.8	1.8	1.6	1.6	0.0
Other Average Days	0.7	1.8	1.6	1.2	(0.4)
Total Average Days Stay	1.6	1.8	1.6	1.3	(0.2)
ADULTS & PEDIATRICS					
Medicare Admissions	313	380	3,180	3,480	300
Medi-Cal Admissions	250	246	2,340	2,391	51
Other Admissions	374	300	2,778	3,027	249
Total Admissions	937	926	8,298	8,898	600
Medicare Patient Days	1,359	1,459	14,744	14,996	252
Medi-Cal Patient Days	1,012	1,016	10,871	10,125	(746)
Other Patient Days	733	1,145	9,454	3,566	(5,888)
Total Patient Days of Care	3,104	3,620	35,069	28,687	(6,382)
Average Daily Census	103.5	120.7	115.4	94.4	(21.0)
Medicare Average Length of Stay	4.0	3.9	4.6	4.3	(0.3)
Medi-Cal AverageLength of Stay	4.0	3.6	3.8	3.5	(0.3)
Other Average Length of Stay	1.9	3.1	2.6	0.9	(1.6)
Total Average Length of Stay	3.2	3.6	3.6	2.8	(0.8)
Deaths	34	31	382	285	(97)
Total Patient Days	3,309	3,828	37,254	30,482	(6,772)
Medi-Cal Administrative Days	0	21	165	212	47
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	0	21	165	212	47
Percent Non-Acute	0.00%	0.55%	0.44%	0.70%	0.25%

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Apr and ten months to date

	Month of Apr		Ten months to date		
	2021	2022	2020-21	2021-22	Variance
PATIENT DAYS BY LOCATION					
Level I	247	305	2,656	2,174	(482)
Heart Center	342	327	3,404	2,135	(1,269)
Monitored Beds	473	645	8,095	6,084	(2,011)
Single Room Maternity/Obstetrics	317	326	3,441	2,881	(560)
Med/Surg - Cardiovascular	679	754	7,368	5,664	(1,704)
Med/Surg - Oncology	245	247	1,716	2,220	504
Med/Surg - Rehab	374	455	4,299	3,490	(809)
Pediatrics	69	81	957	708	(249)
Nursery	205	208	2,185	1,795	(390)
Neonatal Intensive Care	161	110	1,315	878	(437)
PERCENTAGE OF OCCUPANCY					
Level I	63.33%	78.21%	67.21%	68.76%	
Heart Center	76.00%	72.67%	74.65%	58.53%	
Monitored Beds	58.40%	79.63%	98.62%	92.65%	
Single Room Maternity/Obstetrics	28.56%	29.37%	30.59%	32.02%	
Med/Surg - Cardiovascular	50.30%	55.85%	53.86%	51.75%	
Med/Surg - Oncology	62.82%	63.33%	43.42%	70.22%	
Med/Surg - Rehab	47.95%	58.33%	54.39%	55.19%	
Med/Surg - Observation Care Unit	0.00%	72.55%	0.00%	59.33%	
Pediatrics	12.78%	15.00%	17.49%	16.17%	
Nursery	41.41%	42.02%	21.78%	22.37%	
Neonatal Intensive Care	48.79%	33.33%	39.32%	32.82%	

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Apr and ten months to date

	Month of Apr		Ten months to date		
	2021	2022	2020-21	2021-22	Variance
DELIVERY ROOM					
Total deliveries	127	108	1,357	1,279	(78)
C-Section deliveries	50	28	431	415	(16)
Percent of C-section deliveries	39.37%	25.93%	31.76%	32.45%	0.69%
OPERATING ROOM					
In-Patient Operating Minutes	20,061	19,284	199,610	192,150	(7,460)
Out-Patient Operating Minutes	27,494	24,898	226,910	250,247	23,337
Total	47,555	44,182	426,520	442,397	15,877
Open Heart Surgeries	12	6	115	115	0
In-Patient Cases	150	161	1,422	1,413	(9)
Out-Patient Cases	275	255	2,422	2,518	96
EMERGENCY ROOM					
Immediate Life Saving	25	30	323	325	2
High Risk	418	481	4,981	4,662	(319)
More Than One Resource	2,350	2,739	21,322	25,795	4,473
One Resource	1,078	1,578	12,052	16,399	4,347
No Resources	34	84	361	837	476
Total	3,905	4,912	39,039	48,018	8,979

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Apr and ten months to date

	Month of Apr		Ten months to date		
	2021	2022	2020-21	2021-22	Variance
CENTRAL SUPPLY					
In-patient requisitions	16,315	15,295	102,118	105,727	3,609
Out-patient requisitions	6,250	6,730	67,967	63,426	-4,541
Emergency room requisitions	1,375	698	11,273	8,349	-2,924
Interdepartmental requisitions	7,849	7,115	49,644	44,398	-5,246
Total requisitions	31,789	29,838	231,002	221,900	-9,102
LABORATORY					
In-patient procedures	42,107	38,721	253,735	241,589	-12,146
Out-patient procedures	9,286	11,597	76,062	80,263	4,201
Emergency room procedures	9,433	11,145	60,934	76,430	15,496
Total patient procedures	60,826	61,463	390,731	398,282	7,551
BLOOD BANK					
Units processed	318	297	1,996	1,965	-31
ELECTROCARDIOLOGY					
In-patient procedures	1,041	1,068	6,566	6,885	319
Out-patient procedures	349	302	2,706	2,668	-38
Emergency room procedures	1,045	1,148	6,142	7,127	985
Total procedures	2,435	2,518	15,414	16,680	1,266
CATH LAB					
In-patient procedures	64	77	512	607	95
Out-patient procedures	51	71	571	625	54
Emergency room procedures	0	0	1	0	-1
Total procedures	115	148	1,084	1,232	148
ECHO-CARDIOLOGY					
In-patient studies	298	371	2,033	2,406	373
Out-patient studies	138	156	1,262	1,520	258
Emergency room studies	2	1	16	5	-11
Total studies	438	528	3,311	3,931	620
NEURODIAGNOSTIC					
In-patient procedures	140	165	1,109	1,090	-19
Out-patient procedures	24	27	169	164	-5
Emergency room procedures	0	0	0	0	0
Total procedures	164	192	1,278	1,254	-24

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Apr and ten months to date

	Month of Apr		Ten months to date		
	2021	2022	2020-21	2021-22	Variance
SLEEP CENTER					
In-patient procedures	0	0	1	0	-1
Out-patient procedures	183	167	1,315	1,153	-162
Emergency room procedures	0	0	0	0	0
Total procedures	183	167	1,316	1,153	-163
RADIOLOGY					
In-patient procedures	1,654	1,429	9,708	8,710	-998
Out-patient procedures	416	356	4,323	2,915	-1,408
Emergency room procedures	1,217	1,382	7,939	8,809	870
Total patient procedures	3,287	3,167	21,970	20,434	-1,536
MAGNETIC RESONANCE IMAGING					
In-patient procedures	105	141	860	890	30
Out-patient procedures	127	77	953	768	-185
Emergency room procedures	14	6	80	49	-31
Total procedures	246	224	1,893	1,707	-186
MAMMOGRAPHY CENTER					
In-patient procedures	2,718	3,550	20,910	24,711	3,801
Out-patient procedures	2,696	3,518	20,790	24,527	3,737
Emergency room procedures	3	0	3	8	5
Total procedures	5,417	7,068	41,703	49,246	7,543
NUCLEAR MEDICINE					
In-patient procedures	12	14	86	94	8
Out-patient procedures	61	78	506	541	35
Emergency room procedures	1	0	4	4	0
Total procedures	74	92	596	639	43
PHARMACY					
In-patient prescriptions	111,491	94,299	636,356	605,331	-31,025
Out-patient prescriptions	10,439	11,319	99,978	104,283	4,305
Emergency room prescriptions	5,342	7,197	36,983	48,996	12,013
Total prescriptions	127,272	112,815	773,317	758,610	-14,707
RESPIRATORY THERAPY					
In-patient treatments	29,606	21,738	156,457	131,478	-24,979
Out-patient treatments	143	981	3,391	7,896	4,505
Emergency room treatments	373	194	1,179	1,583	404
Total patient treatments	30,122	22,913	161,027	140,957	-20,070
PHYSICAL THERAPY					
In-patient treatments	2,256	2,396	16,109	16,284	175
Out-patient treatments	99	170	1,751	2,108	357
Emergency room treatments	0	0	0	0	0
Total treatments	2,355	2,566	17,860	18,392	532

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Apr and ten months to date

	Month of Apr		Ten months to date		
	2021	2022	2020-21	2021-22	Variance
OCCUPATIONAL THERAPY					
In-patient procedures	1,445	1,660	9,403	10,682	1,279
Out-patient procedures	74	99	797	1,086	289
Emergency room procedures	0	0	0	0	0
Total procedures	1,519	1,759	10,200	11,768	1,568
SPEECH THERAPY					
In-patient treatments	348	525	2,682	3,077	395
Out-patient treatments	23	28	171	200	29
Emergency room treatments	0	0	0	0	0
Total treatments	371	553	2,853	3,277	424
CARDIAC REHABILITATION					
In-patient treatments	0	0	0	0	0
Out-patient treatments	498	401	2,637	4,268	1,631
Emergency room treatments	0	0	1	0	-1
Total treatments	498	401	2,638	4,268	1,630
CRITICAL DECISION UNIT					
Observation hours	378	344	1,866	2,252	386
ENDOSCOPY					
In-patient procedures	85	78	626	636	10
Out-patient procedures	12	29	159	223	64
Emergency room procedures	0	0	0	0	0
Total procedures	97	107	785	859	74
C.T. SCAN					
In-patient procedures	537	596	3,803	4,027	224
Out-patient procedures	445	281	3,598	2,517	-1,081
Emergency room procedures	433	552	3,208	4,164	956
Total procedures	1,415	1,429	10,609	10,708	99
DIETARY					
Routine patient diets	17,554	21,351	113,154	130,102	16,948
Meals to personnel	19,345	21,421	144,216	152,161	7,945
Total diets and meals	36,899	42,772	257,370	282,263	24,893
LAUNDRY AND LINEN					
Total pounds laundered	99,573	100,531	710,088	689,921	-20,167

Salinas Valley Memorial Healthcare System

Memorandum

To: Board of Directors

From: Clement Miller

Date: May 17, 2022

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.	Chest Tube Management	Template corrected to procedure. Links corrected. References updated. The normal supply of the water seal CT's ran out and they are not able to get them. Procedure has been updated to reflect the new items being put in to use.	Lisa Paulo
2.	Fetal Heart Rate Monitoring	Changed from policy to procedure. Attachments updated. Evaluation components added. Block charting details added. References updated.	Lisa Paulo
3.	Scope of Service: Case Management	Organizational chart deleted.	Lisa Paulo
4.	Scope of Service: Taylor Farms	Addition of UpToDate reference	John Tejeda
5.	Utilization Management Plan	Annual plan year updated	Lisa Paulo

Salinas Valley Memorial Healthcare System

CHEST TUBE MANAGEMENT

Reference Number	636
Effective Date	~~03/01/2021~~Not Set
Applies To	ALL NURSING UNITS, EMERGENCY DEPT
Attachments/Forms	

I. POLICY STATEMENT:

A. ~~The chest tube drainage system will be maintained as a closed system using either suction or gravity drainage under aseptic technique.~~N/A

II. PURPOSE:

A. To provide guidance to staff for the care of patients with chest drainage systems.

III. DEFINITIONS:

A. N/A

IV. GENERAL INFORMATION:

A. ~~N/A~~The chest tube drainage system will be maintained as a closed system using either suction or gravity drainage under aseptic technique.

V. PROCEDURE:

A. Insertion of a Chest Tube.

1. Obtain Consent for the procedure after the physician has provided the information. ~~CONSENT TO SURGERY OR SPECIAL THERAPEUTIC OR DIAGNOSTIC PROCEDURE(S)~~CONSENT TO SURGERY OR SPECIAL THERAPEUTIC OR DIAGNOSTIC PROCEDURE(S)
2. Assemble drainage system according to manufacturer's instruction. Place the chest drainage unit below the patients' chest, on the floor or by hanging on the bed frame.
3. Pre-medicate for pain as ordered by the physician.
4. Perform "Time out" procedure UNIVERSAL PROTOCOL: PREVENTION OF WRONG PERSON, PROCEDURE, SITE SURGERY OR INVASIVE PROCEDURES POLICY
5. Upon insertion of the chest tube, connect the open end of the chest tube to the chest drainage unit tubing.

6. **For ~~gravity~~water seal drainage** ~~leave the short tube from the water-seal chamber uncapped with the valve open.~~ **~~Closed valve or exit vents:~~** Keep blue suction port open to air.. **A closed or covered blue suction port can cause collapse of the lung**.

~~7. **For suction drainage:** connect the short tube from the water-seal chamber to a suction source. Slowly increase the suction [open the valve] until gentle bubbling is noted in the suction control chamber. Rapid bubbling depletes water level faster.~~

~~8. For dry suction units, attach the chest tube to the chest drainage unit. Leave the air vent tubing open. Establish ordered suction level using the control on the unit.~~

~~9. Tape or zip tie the chest tube connection securely.~~

7. ~~Secure coiled excess tubing on the mattress next to the patient with two [2] chest tube clamps.~~ Attach suction line to the blue suction port on top of chest drain. Increase suction source vacuum to -80 mmHg or higher.

   a. The suction source vacuum should be greater than -80 mmHg when multiple chest drains are connected to a single suction source.

8. Suction regulator is preset to -20 cmH2O. Set the suction pressure level per physicians' order. Suction pressure can be set between -10 cmH2O and up to a maximum of -40 cmH2O. To change the suction pressure, adjust the rotary dry suction control dial located on the side of the drain. Dial down to lower the suction setting and dial up to increase the suction pressure setting.

9. Verifying Suction Monitor Bellows

   a. When the suction control regulator is set at -20 cmH2O or higher, the bellows must be expanded to the triangle icon mark or beyond when suction is operating. If the bellows is observed to be expanded, but less than the triangle icon mark, the suction source vacuum pressure must be increased to -80 mmHg or higher.

   b. For a regulator setting less than -20 cmH2O suction (-10 cmH2O), any observed bellows expansion across the monitor window will confirm suction operation. The bellows need not be expanded to the triangle icon mark for pressures less than -20 cmH2O, just visibly expanded to confirm suction operation.

10. Tape or zip tie the chest tube connection securely.

~~10.~~11. Adjust tubing to hang in a straight line from chest tube to the drainage chamber,

avoiding dependent loops.

~~11.~~12. Observe the drainage system for blood/air. Observe for fluctuation (tidaling) in the tube and in the water seal column.

~~12.~~13. Obtain a follow-up chest x-ray.

B. Assess patient 15 minutes post chest tube insertion then every four [4] hours or more frequently as needed.

C. Care of the patient with a chest tube

1. Chest tube dressings are changed only when damp or no longer occlusive. It is no longer recommended to routinely change chest tube dressings.
2. Dressings may be dry sterile gauze or transparent semipermeable membrane. Petrolatum gauze is not recommended.
3. Every shift, assess water seal ~~and suction~~ level, tidaling, drainage, and lung expansion.
4. Assess for lung re-expansion.
   a. Fluctuations (tidaling) in the water-seal chamber occur normally during inhalation and exhalation until the lung re-expands and the client no longer requires chest drainage.
   b. Fluctuations greater than six (6) cm per respiration could mean the client has copious secretions.
   c. Cessation of fluctuations could also occur with kinked, occluded tubing or a loose connection.
5. If the system tips over and spillage in the chamber occurs, replace with a new drainage unit. ~~[See Section E]~~
6. Manual high negativity vent: to manually lower the height of the water-seal column of patient pressure when connected to suction, temporarily depress the filtered manual vent located on the top, back of the unit until the float valve releases and the water column lowers the desired level. ***__**Do Not**__ depress the Negative Pressure release valve when ~~the unit is to~~ suction is not operating or when the patient is on gravity drainage. Collapse of the lung can occur.
7. Chest tube dislodgement: immediately apply pressure over insertion site. Apply occlusive dressing and observe patient for signs of tension pneumothorax. Notify the physician.
8. Chest tube disconnection: cut off the contaminated tip of the chest tube and tubing from the drainage tube with sterile scissors, insert a sterile connector into the chest tubing and reattach to drainage unit tubing. Notify Physician.

9. Drainage unit is accidentally broken: disconnect it from the chest tube and submerge the end of the chest tube a few centimeters below the surface of a bottle of sterile water or saline [temporary water seal] Prepare new unit. Notify physician.

D. Specimen Collection.

1. ~~Clean tubing with antiseptic swab [alcohol or chlorhexidine]~~Sampling patient drainage from needleless Luer port:

   a. Clean the needleless Luer port with alcohol swab prior to syringe attachment (no needle).
   b. Obtain sample.

2. Sampling patient drainage directly from the patient tube:

   a. Clean tubing with antiseptic swab [alcohol]
   ~~1.~~b. Form a dependent loop
   ~~2.~~c. Insert~~-~~ 20 gauge needle at ~~45 degree~~an oblique angle and gently aspirate fluid from the tubing closest to the patient.~~-~~ ****DO NOT** puncture patient tube with an 18 gauge or larger needle**

3. Observe patient for adverse effects such as: increased respiratory rate, air leak, infection.

E. Replacement of drainage Unit.

1. Prepare new unit per manufacturer's instruction.

2. ~~Cross clamp chest~~Close the patient tube ~~for no longer than 1 minute. Be sure chest tube clamp is non-serrated.~~

3. ~~Quickly disconnect old drainage unit tubing from the chest tube and aseptically connect new unit. If unable to remove old drainage unit tubing from chest tube, may clean tubing thoroughly with alcohol, clamp, cut with sterile scissors and reconnect new drainage unit tubing. This should only be performed if absolutely unable to disconnect the old drainage unit from the chest tube.~~

~~4.~~2. ~~Remove clamp and re-tape the connections~~clamp prior to disconnecting. Clamp off all indwelling thoracic catheters prior to disconnecting chest drain from patient. Disconnect the in-line patient tube connector from the patient tubing. Securely connect the patient tubing with the in-line connector of the newly prepared unit. Open in-line patient tube connector. Chest tubes should be clamped for a total of less than one minute (AACN)

~~5.~~3. Dispose of chest drainage unit, place unit in biohazard bin in dirty utility room.

~~6.~~4. Document patient's response to procedure.

F. Removal of the Chest Tube is done by physician/mid-level provider.

1. Medicate patient for pain as ordered.

2. The prepared dressing (petrolatum gauze) is held over the insertion site as the tube is removed and then taped as an occlusive dressing.
3. A chest x-ray may be ordered to assure the lung remains expanded.
4. Monitor patient for any signs of respiratory distress post removal.
5. Discard collection system and tubing in a red biohazard bag per infection control guidelines

G. Documentation:

1. Documentation procedures, patient's response, and assessment findings in the patient's electronic medical record.

VI. EDUCATION/TRAINING:

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

~~A.~~

VII. REFERENCES:

A. ~~Lynn-McHale Wiegand, D. J., & Carlson, K. K. (2017). *AACN Procedure Manual for Critical Care* (7th Ed.). Elsevier Saunders: Philadelphia.~~DynaMed. (2022). Managing chest tubes in adults. Ipswich, MA: EBSCO Information Services. Retrieved April 19, 2022 from

~~B.~~ ~~http://procedures.lww.com/lnp/view.do?pId=3163188&hits=tube,chest,tubes&a=false&ad=false~~https://www.dynahealth.com/nursing-skills/managing-chest-tubes-in-adults

B. Getinge ~~Chest Drain Education and Support. Retrieved 7/2020~~. (2022). Chest drain education. Retrieved April 19, 2022 from https://www.getinge.com/us/education/chest-drain-education/#

C. Getinge, (2022). Oasis handbook. Retrieved April 19, 2022 from ~~https://www.getinge.com/us/education/chest-drain-education/~~https://www.getinge.com/dam/hospital/documents/english/oasis_dry_suction_water_seal_handbook-en-non_us.pdf

~~C.~~

Salinas Valley Memorial Healthcare System

FETAL HEART RATE MONITORING POLICY

Reference Number	345
Effective Date	~~03/01/2019~~Not Set
Applies To	L & D
Attachments/Forms	~~Attachment A: Operational Principles on Using NICHD Terminology~~Attachment A: Operational Principles on Using NICHD Terminology ~~Attachment B: Management of Category II Fetal Heart Rate Tracings~~Attachment B: Management of Category II Fetal Heart Rate Tracings

I. POLICY STATEMENT:

A. N/A

~~I.~~II. PURPOSE:

~~A.~~ To guide the staff in the management of antepartum/intrapartum patients requiring electronic fetal heart rate monitoring.

A. ~~**POLICY**~~

III. DEFINITIONS:

A. NICHD – National Institute for Child Health and Human Development.

~~II.~~IV. GENERAL INFORMATION:

A. Registered nurses and physicians who have demonstrated competency in electronic fetal monitoring may initiate and evaluate the ongoing use of EFM (electronic fetal monitoring) in the care of intrapartum and antepartum patients.

B. All registered nurses and physicians with obstetrical privileges who will use EFM in the care of their patients will initially complete a course of study that includes the physiologic interpretation of EFM data and its implications for labor support. This course will include both cognitive and psychomotor skill validation of standardized core competencies used in auscultation, electronic monitoring of the fetal heart rate (FHR) and evaluation of uterine activity. Registered nurses and Physicians with obstetrical privileges who utilize EFM in the care of their patients must participate and complete educational programs within three (3) months of hire or placement on the medical staff. Registered nurses and physicians with obstetrical privileges will also participate in competency maintenance activities as designated.

C. Nurses are responsible for timely communication and collaboration with the physician regarding fetal and maternal status during the use of EFM to ensure that Category II or Category III patterns are managed appropriately.

Communication between physicians and nurses will utilize NICHD terminology for standardization of nomenclature for fetal heart rate monitoring and clinical interpretation of FHR tracings.

Methods.

- Patients will be monitored by a method that is appropriate to evaluate fetal status and uterine activity, based on gestational age and risk status.
- Intermittent auscultation during the intrapartum period is encouraged for those patients considered low risk.
- Five components will be assessed and documented at each evaluation. These include: baseline rate; baseline variability; presence of accelerations; presence of periodic or episodic decelerations; uterine activity: frequency, duration, intensity and resting tone.
- A registered nurse who has successfully completed the Fetal Scalp Electrode competency may initiate a fetal scalp electrode for internal monitoring of the fetal heart rate. Registered nurses will be eligible to complete the competency for Fetal Scalp Electrode after six months of continuous nursing care in labor and delivery. However, all registered nurses who have completed the fetal monitoring competency may monitor the intrapartum use of the fetal scalp electrode utilizing appropriate standards of care.
- Paper fetal heart rate tracings will run only in the event of loss of use of electronic recording and/or downtime. If paper fetal heart rate tracings are used, appropriately label fetal heart rate tracing and place in designated envelope and place in chart.
- A physician may insert an intrauterine pressure catheter (IUPC) for internal monitoring of uterine activity. However, all registered nurses who have completed the fetal monitoring competency may monitor the intrapartum use of the IUPC utilizing appropriate standards of care.

~~III. DEFINITIONS~~

~~A. NICHD – National Institute for Child Health and Human Development.~~

~~B. See attachment A.~~

~~IV.~~V. ~~PROCEDURE~~PROCEDURE:

~~A.~~ **Intrapartum Monitoring Evaluation and Documentation**

A.

Assess FHR before	Assess FHR after

Amniotomy	Admission of patient
Ambulation	AROM or SROM
Administration of medications	Vaginal exam
Administration of analgesia	Ambulation
Transfer or discharge of patient	Recognition of abnormal uterine activity patterns
	Administration of medications

Intermittent auscultation: Reserved for low risk patients, upon physician orders. Assess and document FHR every 30 minutes while in active labor and every 15 minutes in the second stage. Should be assessed immediately following uterine contractions for a minimum of 60 seconds. Further guidelines are listed below:

- Palpate the maternal abdomen and perform Leopold's maneuver
- Assess uterine contractions (frequency, duration, intensity) and uterine tone by palpation
- Apply conduction gel to underside of the Doppler device
- Palpate the women's pulse
- Count the FHR after uterine contractions for at least 30-60 seconds
- Interpret FHR findings and document

Category I FHR characteristics for by auscultation include ALL of the following:	Category II FHR characteristics by auscultation include ANY of the following:
• Normal FHR baseline between 110 and 160 bpm • Regular rhythm • Presence or absence of FHR increases	• Irregular rhythm • Presence of FHR decreases or decelerations from the baseline • Tachycardia (baseline >160 bpm >10

or accelerations from the baseline rate • Absence of FHR decreases or decelerations from the baseline	minutes in duration) • Bradycardia (baseline <110 >10 minutes in duration)

Continuous EFM: In a patient considered to be low risk FHR should be evaluated every 30 minutes while in active labor and every 15 minutes during the second stage. In a patient who presents to the unit with risk factors or develops a need for increased fetal surveillance (Category II and III), FHR should be evaluated every 15 minutes while in active labor and every 5 minutes during the second stage.

Contraction Pattern: Quantified as the number if uterine contractions in a 10 minute period, averaged over 30 minutes. Duration, intensity, and resting tone should be assessed with contraction pattern. This should be part of each FHR assessment and/or documentation.

- Documentation for low risk patients and Category I fetal heart tracing should be completed at a minimum of every hour. Evaluation of and nursing response to changes in fetal or maternal status should be evident in documentation.
- If fetal heart rate tracing reflects a Category II, III or patient is considered high risk during the first stage of labor, evaluation should occur every 15 minutes with documentation every 30 minutes.
- Documentation for high risk patients or Category II and III fetal heart rate patterns in the second stage of labor should reflect evaluation every five minutes and documented every 15 minutes at a minimum.
- At the conclusion of the second stage, block charting may be utilized for increments of 30 minutes. Block charting (narrative) documentation should include RN continued presence at the bedside and frequency of fetal heart rate evaluation; pushing efforts; descent' FHR changes; interventions and communication with provider.
- During titration of oxytocin, documentation should occur before each dosage change and at intervals that reflect high risk status**.**
- Narrative notes should include; ongoing interventions for Category II or Category III FHR that has not responded to the usual intrauterine resuscitation techniques; nurse-physician communication; changes in maternal status; any patient concerns or requests; and details of emergent situations and the outcomes.

B. **Management of Category II Fetal Heart Rate Tracings (See ~~Attachment B~~Attachment B)**

- Management of Category II Fetal Heart Rate Patterns: Clarifications for Use in Algorithm Variability refers to predominant baseline FHR pattern during a 30 minute evaluation period
- Marked variability is considered same as moderate variability for purposes of this algorithm
- Significant decelerations are defined as any of the following:
  - Variable decelerations lasting longer than 60 seconds and reaching a nadir more than 60 bpm below baseline
  - Variable decelerations lasting longer than 60 seconds and reaching a nadir less than 60 bpm regardless of the baseline
  - Any late deceleration of any depth
  - Any prolonged deceleration, as defined by the NICHD. Identification of a prolonged deceleration should prompt discontinuation of the algorithm until deceleration is resolved
- Application of algorithm may be initially delayed for up to 30 minutes while attempts are made to alleviate category II pattern with conservative therapeutic interventions
- Once a category II FHR pattern is identified, FHR is evaluated and algorithm applied every 30 minutes

~~**Physiologic Goals & Interventions Associated with Maximizing Fetal Perfusion & Oxygenation**~~

- **Antepartum Use of EFM:**
  - EFM should be continuous until condition is stable, then 20-30 min every shift with evidence of Category I status, as ordered.

~~V. EDUCATION~~

~~Education is provided during general or department-specific orientation and periodically as practice or policy changes~~**Physiologic Goals & Interventions Associated with Maximizing Fetal Perfusion & Oxygenation**

- When an indeterminate or abnormal (II or III) is identified:
  - initial assessment may include a cervical exam to rule out umbilical cord prolapse, rapid cervical dilation
  - review of uterine activity to rule out tachysystole
  - evaluation of maternal vital signs
- Initiate fetal resuscitation using the following interventions as needed:
  - Maternal repositioning
  - Reduction of uterine activity
  - Intravenous (IV) fluid bolus
  - Correction of maternal hypotension
  - Oxygen administration
  - Amnioinfusion during first stage of labor

- Modification of maternal pushing efforts during the second stage

VI. EDUCATION/TRAINING:

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

VII. REFERENCES:

~~VI.~~

A. American Academy of Pediatrics & American College of Obstetricians and Gynecologists (2017). *Guidelines for Perinatal Care.*(8th ed). AAP/ACOG.

~~B. American College of Obstetricians and Gynecologists (2005). *Intrapartum fetal heart rate monitoring*. (Practice bulletin No. 70).~~

~~C.~~B. ~~AWHONN. (2015~~AWHONN. (2021). *Fetal heart monitoring principles and practices*. (~~5th~~6th ed). Lyndon, A., & ~~Ali~~Wisner, ~~L. Eds. Dubuque, IA~~K. IA: Kendall/Hunt.

~~D.~~C. Macones, G., Hankins, G. Spong, C., Hauth, J. & Moore, T. (2008). The 2008 National institute of child health and human development workshop report on electronic fetal monitoring: Update on definitions, interpretation, and research guidelines. *Journal of Obstetric, Gynecologic and Neonatal Nurses, 37*, 510-515.

ATTACHMENT A

OPERATIONAL PRINCIPLES ON USING NICHD TERMINOLOLGY

- **Operational Principles on using NICHD Terminology:**
  - Definitions are to be used for visual interpretation
  - Definitions apply to patterns obtained from direct fetal electrode or external Doppler device
  - Paper speed parameters are to be 3cm per minute for the horizontal axis and 30 beats/min per centimeter for the vertical axis
  - The focus is on the intrapartum patterns, but the definitions are applicable to antepartum observations as well
  - EFM patterns are defined as periodic or episodic. Periodic patterns are those that occur with contractions and episodic patterns are not related to uterine contractions.
  - Uterine contractions are determined through the interpretation of tocodynamometer tracings that reflect accurate uterine activity.
  - FHR tracings should be assessed over time to identify changes and trends. Evaluation should include all components of the FHR pattern, including baseline rate, variability, and presence of accelerations or decelerations.
  - No differentiation is made between long and short term variability, as they are visually determined as a unit
  - Gestational age should be considered when interpreting EFM patterns

- **Fetal Heart rate Baseline:** The mean fetal heart rate is rounded to increments of 5 beats per minute (bpm) during a 10 minute period, excluding periodic/episodic changes, periods of marked variability, or baseline segments that differ by more than 25 bpm. In any given 10 minute window, the minimum baseline duration must be at least 2 minutes otherwise it is considered *indeterminate*. In these instances, review of the previous 10 minute segment should be the basis on which to determine the baseline. In determining the baseline rate, a minimum of a 10 minute period of monitoring is necessary for confirmation of the rate. The fetal baseline rate is classified as follows

  Normal: 110-160 beats per minute

  Bradycardia: Less than 110 beats per min. for longer than 10 min.

  Tachycardia: Over 160 beats per min. for longer than 10 min.

- **Fetal Heart Rate Variability:** Baseline FHR variability is based on visual assessment and excludes sinusoidal patterns. Variability is defined as fluctuations in the baseline that are two cycles per minute or more and that are irregular in amplitude. Visual quantification of the amplitude from peak to trough in beats per minute are as follows:

Amplitude Range	Classification
Undetectable	Absent
Undetectable to equal to or less than 5bpm	Minimal
6 to 25 bpm	Moderate
Greater than 25 bpm	Marked

- **Fetal Heart Rate Patterns:**
  Accelerations: An abrupt increase in FHR at least 15 bpm above the baseline. Onset to peak is less than or equal to 30 seconds and duration is greater than or equal to 15 seconds, but less than 2 minutes from onset to return to baseline. **In a pregnancy less than 32 weeks gestation,** accelerations are defined as an increase of 10 bpm or more above the baseline, lasting at least 10 seconds. **An acceleration is prolonged** if the duration is 2 minutes or more, but less than 10 minutes. A change in FHR that lasts longer than 10 minutes is considered a baseline change.

  Late Decelerations: An apparent gradual decrease in FHR and return to baseline associated with uterine contractions. Onset to nadir is greater than or equal to 30 seconds. The nadir of the deceleration occurs after the peak of the contraction, and in most cases, the onset, nadir, and recovery of the deceleration occur after the beginning, peak, and end of the contraction respectively.

  Early Decelerations: An apparent gradual decrease in FHR and return to baseline associated with uterine contractions. Onset to nadir is greater than or equal to 30 seconds. The nadir of the deceleration occurs at the same time as the peak of the contraction, and in most cases the onset, nadir, and recovery of the deceleration occur with the beginning, peak, and end of the contraction respectively.

  Variable Decelerations: An apparent abrupt decrease in the FHR below the baseline, which may or may not be associated with uterine contractions. Onset to Nadir of the deceleration is less than 30 seconds. The decrease in FHR is greater than or equal to 15 bpm below the baseline, lasting 15 seconds or longer, but less than 2 minutes in duration from onset to return to baseline.

  Prolonged Decelerations: An apparent decrease in FHR that is at least 15 bpm below the baseline, lasting at least 2 minutes, but less than 10 minutes from onset to return to baseline is considered a prolonged deceleration. A deceleration that lasts longer than10 minutes is considered a baseline change.

Sinusoidal Pattern: FHR that is described as having a visually apparent smooth, sine wave-like undulating pattern with a cycle frequency of 3-5 per minute that persists longer than 20 minutes.

Recurrent: Decelerations occurring with at least 50% of uterine contractions in a 20 minute period.

Intermittent: Decelerations occurring with less than 50% of uterine contractions in a 20 minute period.

- **Categorization of FHR patterns**
- *Category I:* Normal FHR tracings. Strongly predictive of normal fetal acid-base status at time of *observation*

  Category II: Indeterminate. Not predictive of abnormal fetal acid-base status at time of observation, however, require continued surveillance and reevaluation

  Category III: Predictive of abnormal fetal acid-base status at time of observation. Requires prompt evaluation and intrauterine resuscitation

Three-Tier Fetal Heart Rate Interpretation system

Category I	Category II	Category III
Must include ALL of the following: • Baseline rate: 110-160 bpm • Baseline FHR variability: moderate • Late or variable decelerations: absent • Early decelerations: present or absent • Accelerations: present or absent	Includes all tracings not categorized in Category I or Category III.	Includes either: • Absent baseline FHR variability and any of the following: - Recurrent late decelerations - Recurrent variable decelerations - Bradycardia • Sinusoidal pattern

- **Evaluation of Uterine Activity**
  Frequency: The time between the beginning of one contraction and the beginning of the next

  Duration: The time from the beginning to the end of the contraction in seconds

  Intensity: The strength of the contraction is measured by palpation externally and in mm/Hg internally.

  Resting Tone: The pressure in the uterus between contractions. Measured by palpation or in mm/Hg when utilizing an IUPC

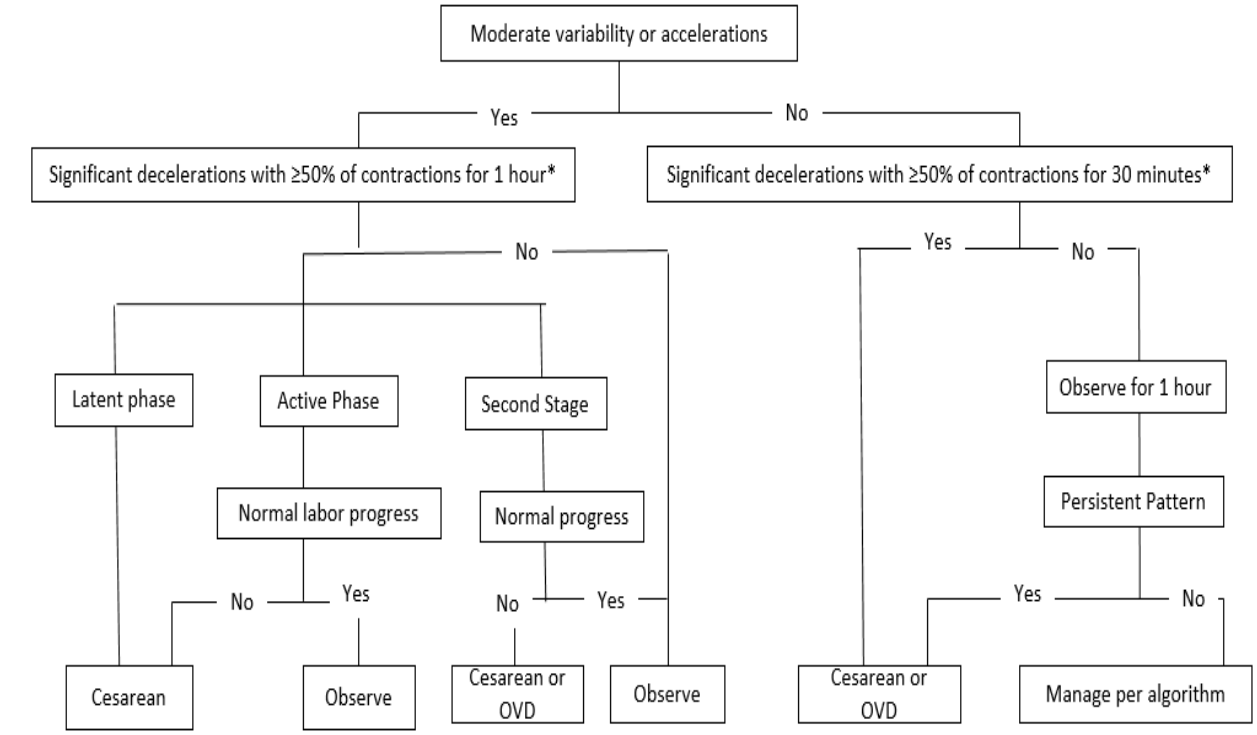
- **Other Definitions Utilized with fetal monitoring**
  High Risk Patients: High risk patients include pregnancy induced hypertension, patients on an insulin drip, 30" post regional analgesia or as patient condition warrants.

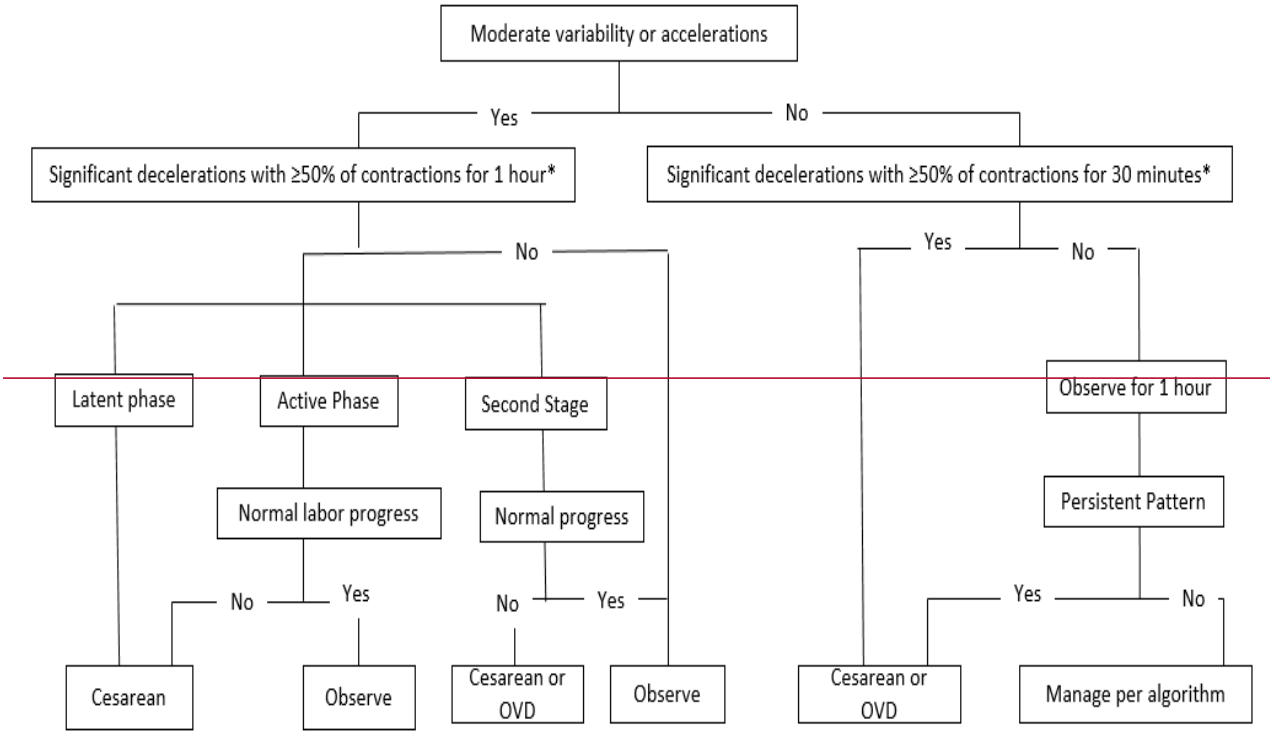
  Tachysystole: Greater than 5 contractions in a 10 minute period, averaged over a 30 minute period; should always be qualified as to the presence or absence of FHR decelerations.

  Montevideo Units (MVU): Quantitative measurement of the uterine contraction intensity over a 10 minute period, assessed only when an IUPC is in place. Montevideo units are derived by subtracting the resting tone of the uterus from the peak pressure of the contraction (in mm/Hg) for each contraction that occurs in a 10 minute period. The calculated numbers are then added together for the total number of Montevideo units in that 10 minute period. A contraction pattern totaling at least 200 MVUs per 10 minute cycle has been considered adequate labor.

ATTACHMENT B

Management of Category II Fetal Heart Rate Tracings


Moderate variability or accelerations
Yes
No
Significant decelerations with ≥50% of contractions for 1 hour*
Significant decelerations with ≥50% of contractions for 30 minutes*
No
Yes
No
Latent phase
Active Phase
Second Stage
Observe for 1 hour
Normal labor progress
Normal progress
Persistent Pattern
No
Yes
No
Yes
Yes
No
Cesarean
Observe
Cesarean or OVD
Observe
Cesarean or OVD
Manage per algorithm


Moderate variability or accelerations
Yes
No
Significant decelerations with ≥50% of contractions for 1 hour*
Significant decelerations with ≥50% of contractions for 30 minutes*
No
Yes
No
Latent phase
Active Phase
Second Stage
Observe for 1 hour
Normal labor progress
Normal progress
Persistent Pattern
No
Yes
No
Yes
Yes
No
Cesarean
Observe
Cesarean or OVD
Observe
Cesarean or OVD
Manage per algorithm

Salinas Valley Memorial Healthcare System

SCOPE OF SERVICE: CASE MANAGEMENT

Reference Number	444
Effective Date	~~05/22/2020~~1/1/2022
Applies To	CASE MANAGEMENT
Attachments/Forms	

I. SCOPE OF SERVICE

Case Management supports the Mission, Vision, Values and Strategic Plan of Salinas Valley Memorial Healthcare System (SVMHS) and has designed services to meet the needs and expectations of patients, families and the community.

The purpose of Case Management is to enhance patient services and health programs that help Salinas Valley Memorial Healthcare System remain a leading provider of medical care. The goal of Case Management is to ensure that all customers will receive high quality care / service in the most expedient and professional manner possible.

II. GOALS

In addition to the overall SVMHS goals and objectives, the Case Management unit develops goals to direct short term projects and address opportunities evolving out of quality management activities. These goals will have input from other staff and leaders as appropriate and reflect commitment to annual hospital goals.

The goals of Case Management are to:

A. Realize desired patient outcome by assessing, planning and delivering the case management and social work services– and by brokering services across the health care continuum, in order to assure patient centered quality care, reduce fragmentation and costs.

B. The foundation for effective case management services, provided by registered nurses, social workers, and assistive personnel includes patient advocacy, care coordination, education, transition management and utilization management.

III. DEPARTMENT OBJECTIVES

A. To support Salinas Valley Memorial Healthcare System objectives.
B. To support the Department of Nursing objectives.
C. To support the delivery of safe, effective, and appropriate care / service in a cost effective manner.
D. To plan for the allocation of human/material resources.

E. To support the provision of high quality service with a focus on a collaborative, multi-disciplinary approach to minimize the negative physical and psychological effects of disease processes and surgical interventions though patient/significant other education and to restore the patient to the highest level of wellness as possible.
F. To support the provision of a therapeutic environment appropriate for the population in order to promote healing of the whole person.
G. To provide high level medical and nursing management with a focus on a collaborative, multi-disciplinary approach to minimize the negative physical and psychological effects of disease processes and surgical interventions through patient/significant other education and to restore the patient to as high a level of wellness as possible.
H. To provide appropriate staff orientation and development.
I. To monitor Case Management function, staff performance, and care / service for quality management and continuous quality improvement.
J. To provide information via lectures and printed material to health care professionals and the general public.
K. If not covered by Salinas Valley Memorial Hospital System's policies, Case Management follows guidelines as outlined by the American Case Management Association, (ACMAweb.org), the Case management Society of America (CMSA.org).

IV. POPULATION SERVED

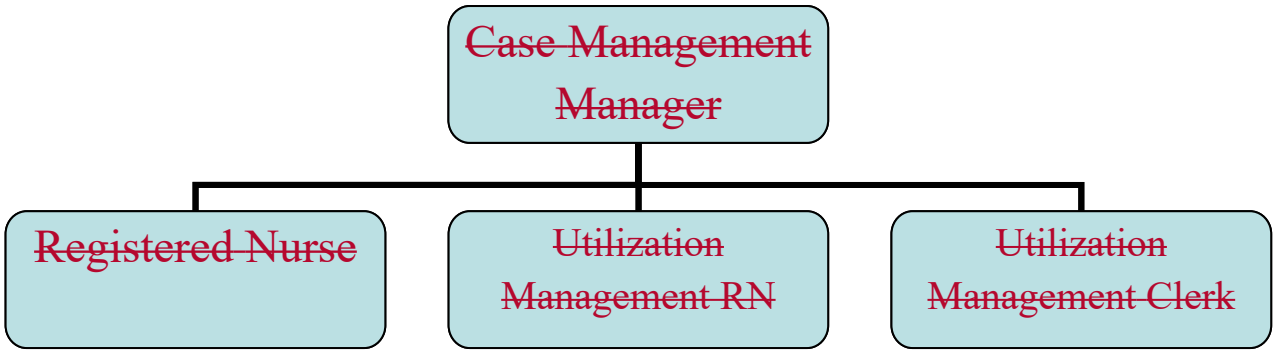
Clinical:

Case Management provides care for infant, pediatric, adolescent, adult and geriatric patients with all diagnoses.

Non-Clinical:

Case Management provides services including but not limited to:

V. ORGANIZATION OF THE DEPARTMENT



A. Hours of Operation
The Unit/Department provides services 7 days a week, 24 hours a day.

B. Location of department (s) - offices are located on every floor.

C. Admission, Discharge, Transfer Criteria (if applicable)- refer to
DISCHARGE/TRANSITION PLANNING GUIDELINES

D. Major Services / Modalities of care may include:
Case Management provides care / services to patients with all diagnoses.

VI. DEFINITION OF PRACTICE AND ROLE IN MULTIDISCIPLINARY CARE /SERVICE

A. Case management services are provided by a multidisciplinary team comprised of registered nurses, social workers, and assistive personnel including patient advocacy, care coordination, education, transition management and utilization management. Additional services are provided through appropriate referrals.

B. The Director or designee assume twenty-four (24) hour responsibility for case management services.

C. The Director of the Unit is directly responsible to the Chief Financial Officer. It is the Director's duty to attend all administrative and technical functions within the department. All personnel within the department are under the guidance and direction of the Director. In the Director's absence, the position is filled by their designee. It is his/her responsibility to carry out the duties of the Director in his/her absence.

VII. REQUIREMENTS FOR STAFF

All individuals who provide patient care services are licensed or registered (according to applicable state law and regulation) and have the appropriate training and competence.

A. Licensure / Certifications:

The basic requirements for ***Registered Nurses*** include:

1. Current state licensure
2. Current BLS
3. Completion of competency-based orientation
4. Completion of annual competency

The basic requirements for ***Licensed Social Workers*** include:

1. Current state licensure
2. Completion of competency-based orientation

B. Competency

Staff are required to have routine competence assessments in concert with the unit's ages of the population and annual performance appraisals. The assessment could be in a written, demonstrated, observed or verbal form. The required competency for staff depends primarily on their work areas and duties. Once a year staff are required to complete the online education modules that have been defined by the organization.

During the year in-services are conducted routinely. The in-services are part of the department's on-going efforts to educate staff and further enhance performance and improve staff competencies. These in-services are in addition to the annual competency assessments. Department personnel who attend educational conferences are strongly encouraged to share pertinent information from the conferences with other staff members at in-services. Additional teleconferences, videoconferences, and speakers are scheduled for staff on occasion. Other internal and external continuing education opportunities are communicated to staff members.

C. Identification of Educational Needs

Staff educational needs are identified utilizing a variety of input:

- Employee educational needs assessment at the time of hire and annually as part of developmental planning
- Performance improvement planning, data collections and activities
- Staff input
- Evaluation of patient population needs
- New services/programs/technology implemented
- Change in the standard of practice/care
- Change in regulations and licensing requirements
- Needs assessment completed by Nursing Education

The educational needs of the department are assessed through a variety of means, including:

- STAR Values
- Quality Assessment and Improvement Initiatives
- Strategic Planning (Goals & Objectives)
- New / emerging products and/or technologies
- Changes in Practice
- Regulatory Compliance

Feedback and requests for future topics are regularly solicited from staff via e-mail, surveys, in-service evaluation forms, and in person.

D. Continuing Education

Continuing education is required to maintain licensure / certifications. Additional in-services and continuing education programs are provided to staff in cooperation with the Department of Education.

VIII. STAFFING PLAN

Staffing is adequate to service the customer population. The unit is staffed with a sufficient number of professional, technical and clerical personnel to permit coverage of established hours of care / service, to provide a safe standard of practice and meet regulatory requirements. Patient acuity level is determined each shift to plan for staffing needs for the following shift. Patient assignments are made by the Director or designee based upon staff skill level, total patient acuity, needs of the patients, technology involved and degree of supervision required and/or available.

General Staffing Plan:

Staffing is established based on Average Daily Census and Units of Service in Patient Days with adjustments made for changing acuity or census as well as Nurse Staffing Ratios. See the Master Staffing Plan. Staffing is adequate to service the customer population. In the event staffing requirements cannot be met, this department will meet staffing requirements by utilizing the on-call system, registry and per diem RN's.

In the event of a severe emergency, the minimum amount of staff required to safely operate this unit is: There is no minimum for Case management.

SCOPE OF SERVICE: CASE MANAGEMENT

IX. EVIDENCED BASED STANDARDS

The SVMHS staff will correctly and competently provide the right service, do the right procedures, treatments, interventions, and care by following evidenced based policies and practice standards that have been established to ensure patient safety. Efficacy and appropriateness of procedures, treatments, interventions, and care provided will be demonstrated based on patient assessments/reassessments, state of the art practice, desired outcomes and with respect to patient rights and confidentiality.

The SVMHS staff will design, implement and evaluate systems and services for care / service delivery which are consistent with a "Patient First" philosophy and which will be delivered:

- With compassion, respect and dignity for each individual without bias.
- In a manner that best meets the individualized needs of the patient.
- In a timely manner.
- Coordinated through multidisciplinary team collaboration.
- In a manner that maximizes the efficient use of financial and human resources.

SVMHS has developed administrative and clinical standards for staff practice and these are available on the internal intranet site.

X. CONTRACTED SERVICES

A. N/A

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

Case Management supports the SVMHS's commitment to continuously improving the quality of patient care to the patients we serve and to an environment which encourages performance improvement within all levels of the organization. Performance improvement activities are planned in a collaborative and interdisciplinary manner, involving teams/committees that include representatives from other hospital departments as necessary. Participation in activities that support ongoing improvement and quality care is the responsibility of all staff members. Improvement activities involve department specific quality improvement activities, interdisciplinary performance improvement activities and quality control activities.

Systems and services are evaluated to determine their timeliness, appropriateness, necessity and the extent to which the care / service(s) provided meet the customers' needs through any one or all of the quality improvement practices / processes determined by this organizational unit.

Salinas Valley Memorial Healthcare System

SCOPE OF SERVICE: CASE MANAGEMENT

In addition to the overall SVMHS Strategic initiatives and in concert with the Quality Improvement Plan and the Quality Oversight Structure, Case Management Department will develop measures to direct short-term projects and deal with problem issues evolving out of quality management activities.

Unit based measurement indicators are found within the Quality dashboard folder.

Salinas Valley Memorial Healthcare System

SCOPE OF SERVICE: TAYLOR FARMS FAMILY HEALTH & WELLNESS CENTER

Reference Number	5836
Effective Date	~~07/24/2020~~Not Set
Applies To	Taylor Farms Family Health & Wellness Center
Attachments/Forms	

I. SCOPE OF SERVICE

Taylor Farms Family Health & Wellness Center supports the Mission, Vision, Values and Strategic Plan of Salinas Valley Memorial Healthcare System (SVMHS) and has designed services to meet the needs and expectations of patients, families and the community.

The purpose of Taylor Farms Family Health & Wellness Center is to enhance patient services and health programs that help Salinas Valley Memorial Healthcare System remain a leading provider of medical care. The goal of Taylor Farms Family Health & Wellness Center is to ensure that all customers will receive high quality care / service in the most expedient and professional manner possible.

Outpatient Behavioral Health Services
Services (Provided by a licensed clinician; Licensed Clinical Social Worker)

- *Short-term psychotherapy*: One-on-one, goal-oriented, short term therapy. Care by referral.
- *Family therapy and couples therapy*: Usually offered to support a specific client, often a child. Care by referral.
- *Psycho-ed classes*: Classes are designed to teach patients practical skills. Classes can be used in addition to psychotherapy or as a stand-alone intervention.

Privacy Practices
In addition to new patient registration, patients receiving behavioral health services at TFFH & WC receive additional consent to ensure their privacy is protected.

Confidentiality
In general, the privacy of all communications between patient and therapist is protected by state and federal law, and pursuant to those laws, Taylor Farms Family Health & Wellness Center Multispecialty Care will only release information about a patient to others with the patient's written permission. There are a few exceptions allowed by law.

Salinas Valley Memorial Healthcare System

SCOPE OF SERVICE: TAYLOR FARMS FAMILY HEALTH & WELLNESS CENTER

II. GOALS

In addition to the overall SVMHS goals and objectives, Taylor Farms Family Health & Wellness Center develops goals to direct short-term projects and address opportunities evolving out of quality management activities. These goals will have input from other staff and leaders as appropriate and reflect commitment to annual hospital goals.
The goals of Taylor Farms Family Health & Wellness Center are:

A. There is enough equipment and supplies maintained to adequately perform the services that are offered at TFFH & WC and the department contains the appropriate equipment needed.

B. There is proper resuscitative and monitoring equipment is immediately available.

III. DEPARTMENT OBJECTIVES

A. To support Salinas Valley Memorial Healthcare System objectives.
B. To support the delivery of safe, effective, and appropriate care / service in a cost-effective manner.
C. To plan for the allocation of human/material resources.
D. To support the provision of high-quality service with a focus on a collaborative, multi-disciplinary approach to minimize the negative physical and psychological effects of disease processes and surgical interventions though patient/significant other education and to restore the patient to the highest level of wellness as possible.
E. To support the provision of a therapeutic environment appropriate for the population to promote healing of the whole person.
F. To evaluate staff performance on an ongoing basis.
G. To provide appropriate staff orientation and development.
H. To monitor Taylor Farms Family Health & Wellness Center function, staff performance, and care / service for quality management and continuous quality improvement.

IV. POPULATION SERVED

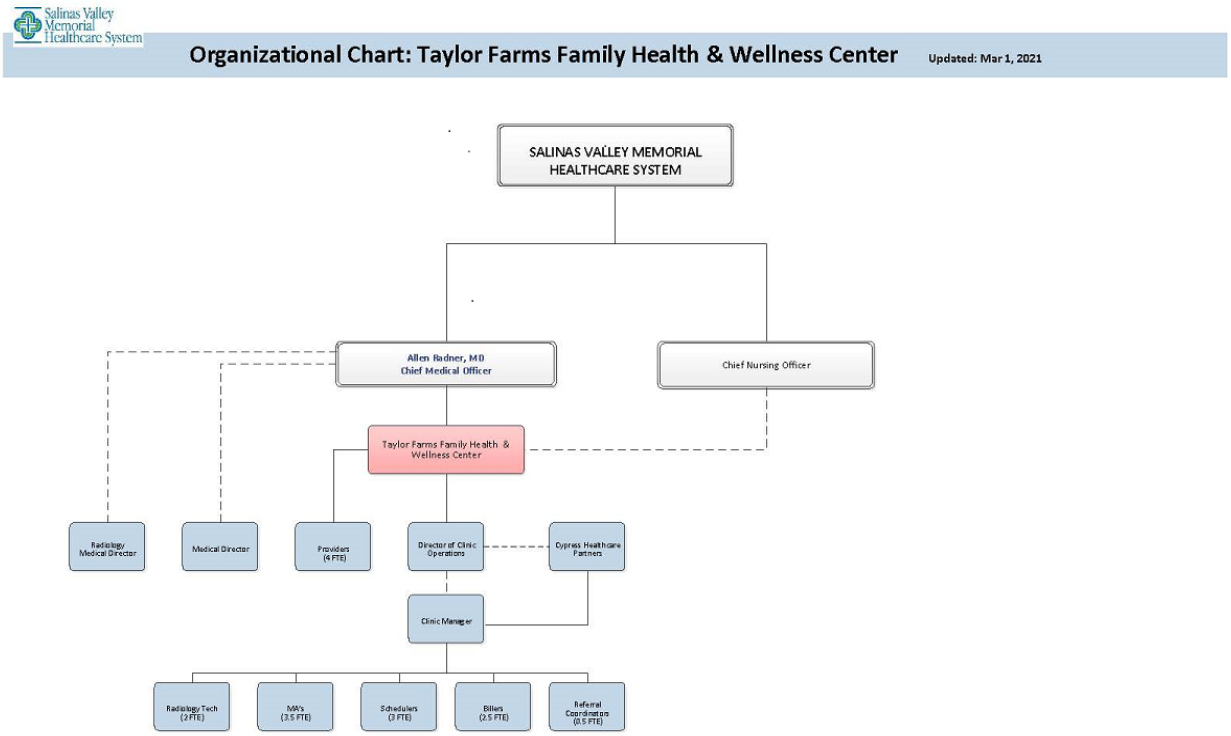
Clinical:

TFFH &WC will serve the patients of South Monterey County. Services offered at TFFH & WC are designed to serve patients with multi-specialty care needs with an emphasis on medically underserved residents of the area. The range of services represents a commitment to meet the multi-specialty care needs for this community as is possible in one location.

SCOPE OF SERVICE: TAYLOR FARMS FAMILY HEALTH & WELLNESS CENTER

The clinic meets the purpose and scope of 42 CFR 491.1-11 to meet reimbursement requirements for Medicare and Medicaid and is in an area that meets the criteria for classification as a shortage area. (Refer to 42 CFR 491.1, 491.2 & 491.5 for clarification of designation.) The clinic primarily engaged in providing outpatient health services and meets all other conditions of subpart 491.9 (a) (2).

V. ORGANIZATION OF THE DEPARTMENT



A. Hours of Operation:
TFFH & WC is open six days per week with extended hours of 9am – 7pm, Monday through Thursday to accommodate the patients. TFFH & WC is also opened Friday from 9am – 5pm and Saturday from 9am – 12pm. These hours of operation are posted outside the clinic.

B. Location of department:
850 5th Street, Gonzales, California 93926

SCOPE OF SERVICE: TAYLOR FARMS FAMILY HEALTH & WELLNESS CENTER

C. Admission, Discharge, Transfer Criteria:(if applicable)

D. Major Services / Modalities of care may include:
The focus of the clinic is multi-specialty care including primary care. Primary care consists of basic diagnosis and treatment services for the initial entry of the patient into the health care system for a problem. Primary care also includes the referral, coordination and integration of more complex types of care such as specialty care and hospitalization. Some of the necessary multi-specialty care referrals are offered at the site for established services lines including but not limited to behavioral health, diabetes care, general surgery, orthopedic surgery, obstetrics, gynecology and podiatry.

Important elements of primary care within the clinic are as follows:

1. Prevention of disease through encouragement of healthy lifestyles.
2. Early detection of disease through a process of a health assessment and patient education.
3. Diagnosis and treatment for acute and chronic illness.
4. Organized health services through the development of a plan of care and patient education.
5. Access to subspecialty and inpatient services based on medical need.
6. Access to radiology services using single detector DFMT 50kW Digital Radiographic System.

The clinic offers well care in the following areas, included, but not limited to:

1. Work physicals, driver's exam physicals on request.
2. Adult and geriatric health maintenance exams on request.
3. Immunizations.
4. Blood pressure screening on all adults.
5. Well women care including Pap smear.
6. Nutritional counseling.
7. Well-child examinations including CHDP exams, WIC exams, regular new baby check-ups and other health maintenance exams on request.
8. Health education services.
9. Mental health and/or psycho-social assessment or referral.
10. Radiology services include but are not limited to extremities, chest, skull, sinus, back and hips.

Patients will be scheduled or rescheduled for health maintenance services in accordance with established procedures and time limits.

SCOPE OF SERVICE: TAYLOR FARMS FAMILY HEALTH & WELLNESS CENTER

VI. DEFINITION OF PRACTICE AND ROLE IN MULTIDISCIPLINARY CARE /SERVICE

A. Multi-specialty care for the residents of south Monterey County as a provider based rural health clinic operating as an outpatient department of Salinas Valley Memorial Hospital (SVMH).

B. All licenses, certificates and permits to operate are located at the clinic.

C. TFFH & WC is a department of the hospital and therefore is overseen by the governing body of SVMH through delegation to the CEO/President (Refer to the policy on ABSENCE OF PRESIDENT/CHIEF EXECUTIVE OFFICER). The Director of Clinic Operations assumes twenty-four (24) hour responsibility for care provided at the Center. The Director of Clinic Operations is directly responsible to the Chief Medical Officer. It is the Director's duty to attend all administrative and technical functions within the clinic. All personnel within the department are under the guidance and direction of the Director, either directly or indirectly. The Clinical providers (Physician and PA) have a direct report to the Chief Medical Officer. Other clinicians (Clinical Manager and MA) are provided under contract services but aligned under the Director. In the Director's absence, the position is filled by the Chief Medical Office or their designee. It is his responsibility to carry out the duties of the Director in his/her absence. Refer to the Organizational Charts for more information.

D. TFFH & WC emphasizes the importance of health maintenance, prevention and early detection of diseases and health problems. Services offered at TFFH & WC shall be linguistically, socially and culturally acceptable to the patients served while offering affordable care for the patients. The services provided to the patients, will be coordinated and integrated to assure the continuity of patient care.

E. TFFH & WC encourages patients to practice healthy lifestyles, which always promote physical and mental well-being and to utilize the preventive health services offered by the clinic.

F. TFFH & WC utilizes a variety of practitioners including but not limited to physicians, physician assistants and medical assistants to provide patient care during the hours posted for clinic operations. A physician provides medical orders, medical direction, medical care services, consultation, supervision of the healthcare staff and chart review. He or she is also available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral. The physician assistant is available to furnish patient care services at least 50 percent of the clinic's operating hours, in accordance with the defined and approved Clinical Privileges Practice

Agreement TFFH & WC, Physician Assistant – Ambulatory Care . Patient records are reviewed on a regular basis by the professional staff, including the physician, to evaluate current orders and treatments used by the practitioners as well as patient outcomes.

G. Diagnosis and treatment will be part of the clinic services, as medically indicated. A problem list and medication list will be formulated for each patient and a plan of care will be developed. Appropriate treatment for a variety of conditions, within the capabilities and privileges of the practitioner, will be furnished based on the patient's diagnosis.

H. An adequate health evaluation shall be made for all new patients registered or accepted for care. Prior heath records shall be obtained when necessary. Baseline information will be collected on all patients, including but not limited to medical health and social history, physical examination data, assessment of health status and laboratory test results. Data will be updated for active patients as necessary. All clinic provider staff members will contribute to this assessment including actual data collection and patient education.

I. The attending licensed independent practitioner (LIP) is responsible for assuring that appropriate and adequate ancillary services, e.g., pharmacy, laboratory and radiology, are provided based on the needs of the patient. If there are no resources available for the patient to access appropriate and adequate services through referral from the clinic, the provider is responsible for referring the patient to an agency or institution that can help the patient access these services. The attending LIP is also responsible for assuring that all necessary specialty consultations are sought and that patients are properly referred to and followed-up on external sources of care needed.

J. The clinic has written policies for patient care, treatment and description of services, which adhere to applicable Local, State and Federal Laws, and a mechanism is in place for review of policies. The clinic's professional staff develops, executes and reviews the clinic's policies and services provided. The Clinic Medical Director is responsible to assure the Clinical Privileges Practice Agreement, Physician Assistant is defined based on current evidence--based practices using references such as the Medical Library. UpToDate has been defined by the Clinic Medical Director and other Non-Physician Providers as the agreed upon source of truth for practice for current clinical information.

K. The physician, in conjunction with the PA participates in developing, executing and periodically reviewing the clinic's written policies and services provided. This group along with other pertinent stakeholders acts as an advisory group as well as part of the policy development annual review. At a minimum, this group includes a physician,

physician's assistant and one person who is not a member of the clinic staff and is a professional that is not directly related to healthcare delivery.

L. The clinic has written policies & procedures for maintaining patient health records which includes but is not limited to staff designations for entry, release and removal of medical records. Designated members of the clinic's professional staff are responsible for the oversight of medical records and for complete and accurate documentation, ready accessibility and systematic organization. There is a healthcare record for each person receiving services. Records are maintained on-site, in an electronic format and are available at any time the patient needs care. Furthermore, the clinic has a mechanism in place that assures that adequate patient health records are maintained and transferred as required when patients are referred.

M. The clinic has a written policy for referring patients to needed services that cannot be provided as well as follow up that is related to the type of service provided and patient condition. The clinic process in place for the follow-up of patients includes but is not limited to:

- Missed appointments
- New medication or treatment
- Lab or diagnostic results
- Referrals and consultations

N. Documentation of follow-up by the appropriate staff member, including telephone calls, is found in the patient record and incorporates any necessary changes needed in the patient's record.

VII. REQUIREMENTS FOR STAFF

All individuals who provide patient care services are licensed or registered (according to applicable state law and regulation) and have the appropriate training and competence.

A. Licensure / Certifications:

The basic requirements for Medical Assistant include: Medical Assistant Certification
The basic requirements for X-Ray Technician include: X-Ray Technician Certification
The basic requirements for Physician Assistant and Physician include: Required medical and state licensure. Details on file with SVMH Medical Staff Office.
The basic requirement for the Licensed Clinical Social Worker includes: Required licensure by the California Board of Behavioral Sciences as a social worker.

B. Competency

Staff are required to have routine competence assessments in concert with the unit's ages of the population and annual performance appraisals. The assessment could be in a written, demonstrated, observed or verbal form. The required competency for staff depends primarily on their work areas and duties. Once a year staff are required to complete the online education modules that have been defined by the organization.

During the year in-services are conducted routinely. The in-services are part of the department's on-going efforts to educate staff and further enhance performance and improve staff competencies. These in-services are in addition to the annual competency assessments. Department personnel who attend educational conferences are strongly encouraged to share pertinent information from the conferences with other staff members at in-services. Additional teleconferences, videoconferences, and speakers are scheduled for staff on occasion. Other internal and external continuing education opportunities are communicated to staff members.

C. Identification of Educational Needs

Staff educational needs are identified utilizing a variety of input:

- Employee educational needs assessment at the time of hire and annually as part of developmental planning
- Performance improvement planning, data collections and activities
- Staff input
- Evaluation of patient population needs
- New services/programs/technology implemented
- Change in the standard of practice/care
- Change in regulations and licensing requirements
- Needs assessment completed by Nursing Education

The educational needs of the department are assessed through a variety of means, including:

- STAR Values
- Quality Assessment and Improvement Initiatives
- Strategic Planning (Goals & Objectives)
- New / emerging products and/or technologies

- Changes in Practice
- Regulatory Compliance

Feedback and requests for future topics are regularly solicited from staff via e-mail, surveys, in-service evaluation forms, and in person.

D. Continuing Education

Continuing education is required to maintain licensure / certifications. Additional in-services and continuing education programs are provided to staff in cooperation with the Department of Education.

VIII. STAFFING PLAN

Staffing is adequate to service the customer population. The unit is staffed with enough professional, technical and clerical personnel to permit coverage of established hours of care / service, to provide a safe standard of practice and meet regulatory requirements. In the event staffing requirements cannot be met, this department will meet staffing requirements by utilizing the on-call system, registry and per diem. Authorization of overtime will also be considered.

Patient acuity level is determined each shift to plan for staffing needs for the following shift. Patient assignments are made based upon staff skill level and total patient acuity.

General Staffing Plan:

Assignments are made by the Clinic Manager based needs of the patients, technology involved, competencies of the staff, the degree of supervision required, and the level of supervision available. The team at TFFH & WC consists of physicians, advanced practice professionals, medical assistants, billers, referral specialist, receptionists and clinic manager.

In the event of a severe emergency, the minimum amount of staff required to safely operate this unit is: 5 staff members

IX. EVIDENCED BASED STANDARDS

The SVMHS staff will correctly and competently provide the right service, do the right procedures, treatments, interventions, and care by following evidenced based policies and practice standards that have been established to ensure patient safety. Efficacy and appropriateness of procedures, treatments, interventions, and care provided will be

demonstrated based on patient assessments/reassessments, state of the art practice, desired outcomes and with respect to patient rights and confidentiality.

The SVMHS staff will design, implement and evaluate systems and services for care / service delivery which are consistent with a "Patient First" philosophy and which will be delivered:

- With compassion, respect and dignity for everyone without bias.
- In a manner that best meets the individualized needs of the patient.
- In a timely manner.
- Coordinated through multidisciplinary team collaboration.
- In a manner that maximizes the efficient use of financial and human resources.

SVMHS has developed administrative and clinical standards for staff practice and these are available on the internal intranet site.

X. CONTRACTED SERVICES

Contracted services under this Scope of Service are maintained in the electronic contract management system.

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

Taylor Farms Family Health & Wellness Center supports the SVMHS's commitment to continuously improving the quality of patient care to the patients we serve and to an environment which encourages performance improvement within all levels of the organization. Performance improvement activities are planned in a collaborative and interdisciplinary manner, involving teams/committees that include representatives from other hospital departments as necessary. Participation in activities that support ongoing improvement and quality care is the responsibility of all staff members. Improvement activities involve department specific quality improvement activities, interdisciplinary performance improvement activities and quality control activities.

Systems and services are evaluated to determine their timeliness, appropriateness, necessity and the extent to which the care / service(s) provided meet the customers' needs through any one or all the quality improvement practices / processes determined by this organizational unit.

In addition to the overall SVMHS Strategic initiatives and in concert with the Quality Improvement Plan and the Quality Oversight Structure Taylor Farms Family Health &

Salinas Valley Memorial Healthcare System

SCOPE OF SERVICE: TAYLOR FARMS FAMILY HEALTH & WELLNESS CENTER

Wellness Center will develop measures to direct short-term projects and deal with problem issues evolving out of quality management activities.

Unit based measurement indicators are found within the Quality Dashboard folder.

UTILIZATION MANAGEMENT PLAN

~~2020~~2022

TABLE OF CONTENTS

I. PURPOSE:

A. The purpose of the Utilization Management Program Plan (UMPP) is to help provide quality patient care in a cost efficient manner and to guide the organization in assuming appropriate allocation of its resources. The UMPP provides for review of services furnished by the organization and by members of the medical staff. The UMPP also provides a framework to comply with the CMS Conditions of Participation for utilization review.

II. SCOPE:

A. Utilization Management Committee Authority

1. By approval, the governing body authorizes and establishes a Utilization Management Committee (UMC). The governing body delegates to the UMC the authority and responsibility to carry out the UMMP. The UMC (or "UM Committee") is established as a standing committee of Salinas Valley Memorial Hospital (SVMH) under the Salinas Valley Memorial Healthcare System (SVMHS). The UMC is ultimately responsible to implement policies and procedures to help meet responsibility to provide quality, efficient, and effective medical care.

2. The UMPP is developed by the Committee and reviewed and agreed upon through Quality and Safety Committee, and approved Board of Directors. The responsibility for the implementation of the UMPP is assumed by the UM Committee. The organization's UMPP will be reviewed and evaluated annually. Revisions to the UMMP will be made as appropriate to reflect the findings of the Utilization Management activities. This is an organization-wide plan. It applies to all departments, care, treatment, and service settings under the SVMH license.

3. In fulfilling the responsibility of implementing the UMPP, the UM Committee members are granted the authority to review the medical records of patients admitted to this organization and the right to discuss cases or trends in utilization with the physicians or other health care providers. Actions to be taken will be the responsibility of the Medial Staff leadership or the Service Line leadership. Any recommendations by the Committee will be kept strictly confidential and does not constitute criticism or a duty to amend practice by any department.

4. The Committee has the authority to give a Notice of Non-Coverage to patients in accordance with federal and state law and other third party payer requirements. The process and policy to provide a Notice of Non-Coverage is delegated to Patient Financial Services and supported by Case Management and hospital administration processes. PFS may work with the patient and

family per usual roles to provide alternative financial methods for payment as appropriate to the patient and the payor contract.

B. UM Committee Membership

1. The UMC is a standing hospital administrative committee of SVMH and provides reports to the Clinical Interdisciplinary Advisory Committee and Quality and Safety Committee. A SVMH credentialed physician and the Director of Case Management (CM Director) will serve as Co-Chairs of the committee. Voting Members of the UMC are invited by one Co-Chair and approved by the UMC members by majority vote. Members serve on an on-going basis and will be replaced requesting leave from the UMC. Voting members must attend at least 50% of UMC meetings per year. Voting can also be accomplished via written consensus after material has been presented to entire UMC for review.

2. UMC standing members shall include:
   - two (2) Co-Chairs
   - the Physician Advisor(s) who maintain hospital credentials
   - at least one (1) other credentialed SVMH physician
   - Chief Medical Officer (or delegated substitute as accepted by the UMC)
   - Chief Nursing Officer (or delegated substitute as accepted by the UMC)
   - Chief Financial Officer (or delegated substitute as accepted by the UMC), and
   - Service Line leadership as agreed upon by the UMC (e.g. Rehabilitation Services).

   A quorum for the UMC will be a simple majority of the standing members. Other members may include leadership representatives from the Emergency Department, Patient Financial Services, Health Information Management, Quality Management Services, Nursing and Case Management.. The Committee may include the representatives as ad hoc members at the discretion of the Chairs.

C. Meetings/Reports

1. The Committee shall meet as often as necessary, not less than quarterly.
2. The Committee shall maintain a record of its findings including meeting dates, members in attendance, proceedings, and actions and recommendations.
   - Minutes, findings and recommendations will be directed to the Quality and Safety Committee, or the Quality Interdisciplinary Committee as appropriate.

D. Committee Responsibilities

1. Establish and carry out a selected review of utilization patterns and actions in accordance with applicable state, federal and payor rules and requirements.
2. Implement annual or quarterly action plan to review overall and selected patterns of hospital care. Including, but not limited to; Inpatient / Observation / Outpatient status, medical necessity for admission, over- and under-utilization of ancillary services, delays in services or discharge, quality of care

indicators associated with utilization of SVMH resources (as reported by Risk, Quality and Safety), adequacy of medical record documentation, duration of stay, professional services furnished including drugs and biological.

3. Approve standardized review criteria for use by CM, Physician Advisors and contracted professionals. Make ongoing modifications as appropriate, utilizing evidence based criteria and national / local standards of care.
4. Identify utilization opportunities and recommend appropriate changes in processes or practices which will result in more efficient utilization of services and resources.
5. UMC may designate Members, Physician Advisors and/or contracted professionals to review third party payor denial patterns for medical necessity, and make recommendations to appeal such decisions. Initiate and support the issuance of provider denial notices as indicated in the guidelines for Medicare, Medicaid, and, as appropriate, for third party payers. Denial patterns and remediation recommendations may be discussed at the UMC.
6. UMC may designate Members, Physician Advisors and/or contracted professionals may analyze issues, problems, or individual cases identified through utilization review activities, and make recommendations for resolution and/or refer to appropriate entities for resolution. Patterns and reports indicating the review of the issues or select cases may be discussed at the UMC.
7. Recommend and / or participate in educational initiatives for physicians and other caregivers to support efficient and effective utilization of services and resources.
8. Identify utilization performance metrics and patterns to report regularly (annually or quarterly) from various hospital wide, providers (or groups) and Service Line departments to evaluate the effectiveness of the UMC in achieving the responsibilities described in this plan.

E. Medical Director Responsibilities/ Physician Advisor
    1. The Utilization Management Physician Advisor(s) is available to, and provides the Case Management staff and SVMH attending physicians a real-time or retrospective opportunity to review case specific admissions, referrals, medical record review, and act in consultation on utilization issues.
    2. He/she maintains current knowledge of third party payer requirements and is a member of the Committee.
    3. Document findings, decisions, and recommendations as required by the Committee.

F. Case Management Department
    1. The UM Committee maintains an advisory role over the CM Department process and policies. The CM Director, and via a direct reporting relationship to SVMH hospital leadership, is responsible for Policies and Procedures, staffing of Nurses, Social Services and Clerical staff for acute care and specific care coordination programs. The CM Director will provide reports of services, staffing and patterns of medical necessity as requested by the UMC.

G. Confidentiality

1. The proceedings of the UM Committee or the CM department regarding non-medical record documents, overall utilization reports and minutes are confidential.

2. The UM Committee must abide by all applicable laws, regulations, and policies and procedures to maintain HIPAA requirements. The Committee activities, documents, and minutes are confidential Patient Safety Work-Product and protected from discovery under Section 1157 of the California Evidence Code.

H. Committee Non-disciplinary Role

1. The Committee has no authority or power to discipline or reprimand any staff member for any alleged violation of any type. The appropriate medical staff committee or SVMH director / designee will be notified for any concerns the Committee is unable to resolve.

III. REFERENCES:

A. CMS Conditions of Participation for Acute Care Hospitals, §482.30

B. The Joint Commission Standards

QUALITY AND EFFICIENT PRACTICES COMMITTEE

Minutes from the May 23, 2022 meeting of the Quality and Efficient Practices Committee will be distributed at the Board Meeting

(JUAN CABRERA)

RESOLUTION NO. 2022-08
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 MAY 29, 2022 THROUGH JUNE 28, 2022

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, the District Board of Directors has reconsidered the state of emergency circumstances, and fine that the state of emergency continues to impact the ability of the members to meet safety in person pursuant to Government Code Section 54953(e)(3);

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) June 28, 2022, or (ii) 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 May 26, 2022, by the following vote.

AYES:
NOES:
ABSTENTIONS:
ABSENT:

_____
Board Member
Salinas Valley Memorial Healthcare System

Salinas Valley Memorial Healthcare System

Medical Executive Committee Summary – May 12, 2022

Items for Board Approval:

Credentials Committee

Initial Appointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Ajoc, Jose, MD	Family Medicine	Medicine	Adult Hospitalist: Core
El-Akkad, Samih, MD	Radiology	Surgery	Remote Radiology: Core
Martin, Andrew, MD	Radiology	Surgery	Remote Radiology: Core
Oldroyd, Julie, MD	Psychiatry	Medicine	Tele-Psychiatry: Core
Ajoc, Jose, MD	Family Medicine	Medicine	Adult Hospitalist: Core

Reappointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Andrade, Jacob, MD	Radiation Oncology	Medicine	Radiation Oncology
Berry, Glenn, MD	Anesthesiology	Anesthesiology	Anesthesiology
Brandt, B. Elene, MD	Family Medicine	Family Medicine	Family Medicine Well Newborn
Frencher, James, MD	Diagnostic Radiology	Diagnostic Imaging	Remote Radiology
Gerber, Richard, MD	Interventional Cardiology	Medicine	Cardiology Interventional Cardiology Cardiac Diagnostic Outpatient Center (CDOC Center for Advanced Diagnostic Imaging (CADI) at Ryan Ranch
Grogin, Harlan, MD	Cardiac Electrophysiology	Medicine	Cardiology through 04/30/23
Holcombe, Travis, MD	Plastic Surgery	Surgery	Plastic & Reconstructive Surgery
Joye, James, DO	Cardiology	Medicine	Cardiology Interventional Cardiology Peripheral Endovascular
Katz, Jordan, MD	Family Medicine	Medicine	Adult Hospitalist
Kim, Richard, MD	Ophthalmology	Surgery	Ophthalmology
Macedo, Joseph, MD	Ob Hospitalist	Ob/Gyn	Ob Hospitalist Gyn Hospitalist
Mudge, Dawn, MD	Internal Medicine	Medicine	Adult Hospitalist
Ozoigbo, Guguamobi, MD	Anesthesiology	Anesthesiology	Anesthesiology
Panchal, Dhanu, MD	Physical Medicine & Rehabilitation	Medicine	Medicine – Active Community
Prochazka, Simona, MD	Anesthesiology	Anesthesiology	Anesthesiology
Romero, Eloy, MD	Family Medicine	Medicine	Adult Hospitalist
Shawo, Alexander, MD	Internal Medicine	Medicine	Adult Hospitalist
Wong, Angela, MD	Family Medicine	Family Medicine	Adult Family Medicine

Modification/Addition of Privileges:

NAME	SPECIALTY	Privileges
Hershey, Allen, MD	Orthopedic Surgery	Orthopedic Surgery Core at TFFH&WC Ambulatory Care

Staff Status Modifications:

NAME	SPECIALTY	STATUS
Baxter-Jones, Rosalyn MD	Ob/Gyn	Leave of Absence effective 5/01/2022
Conly, Bethany, MD	Ob/Gyn	Leave of Absence effective 5/04/2022
Ly, Alan, DO	Emergency Medicine	Leave of Absence effective 2/03/2022
Molinet, Eduardo, MD	Interventional Radiology	Resignation effective 06/01/2022
Ramirez, Edward, MD	Ob/Gyn	Senior Active status effective 5/01/2022
Rohira, Ashish, MD	Internal Medicine	Leave of Absence effective 4/19/2022

Other Items:

Department of Medicine: Neurology Clinical Privileges Revision	The Committee recommended approval of the revision to the clinical privileges delineation as follows: ~~* Formal reading and interpretation of EEGs for hospitalized patients requires participation on the Hospital Neurodiagnostic Reading Panel to include a signed agreement.~~

Interdisciplinary Practice Committee

Reappointment:

NAME	SPECIALTY	DEPARTMENT	SUPERVISING PHYSICIAN(S)
Miller, David, PA-C	Physician Assistant	Medicine	Steven Regan, DO

Temporary Privileges:

NAME	SPECIALTY	DATES
Adam, Jory, PA-C	Physician Assistant Surgical Assisting	5/12/2022 – 6/12/2022 for Marguerite McClain, PA-C
Markell, Evan, PA-C	Physician Assistant Surgical Assisting	4/16/2022 – 5/16/2022 for Marguerite McClain, PA-C
Ranzenbach, Edward, PA-C	Physician Assistant Surgical Assisting	5/6/2022 – 5/9/2022 for Marguerite McClain, PA-C

Policies/Plans: None

Informational Items:

I. Committee Reports:

Quality and Safety Committee Reports:

a. Resuscitation Committee Quality/Safety Goals
b. Sepsis Committee Quality/Safety Goals
c. Taylor Family Farms Health & Wellness Center Quality/Safety Goals
d. Performance Improvement Reports
    a. Human Resources
    b. Critical Care Services
    c. Volunteer Services
    d. Sleep Center

II. Other Reports:

a. Financial Update/Daily Dashboard Review - March 2022
b. Executive Update
c. Summary of Executive Operations Committee Meetings
d. Summary of Medical Staff Department/Committee Meetings
e. Medical Staff Treasury 04/08/2022
f. Medical Staff Statistics
g. Diagnostic Imaging Annual Report
h. HCAHPS Update 05/02/2022

III. Order Sets/Treatment Plans Approved:

Cetuximab 500 mg/m2 + Irinotecan 180 mg/m2, Q14D (COL19) Renewal
riTUXimab(Bs) Maintenance 375 mg/m2, Q12Wks (FOL10, SPLN12,WAL17) Renewal
riTUXimab(Bs) Maintenance 375 mg/m2, Q8Wks (FOL10,MCL36,SPLN12) Renewal
CapeOX: Xeloda 1000mg + OXALIplatin 100-130mg, Q21D (HEP14,NEUP18) Renewal
Iron Dextran (INFeD) Weekly Renewal
Lenalidomide/Dexamethasone + Daratumumab Q28D (MUM80) Renewal
Lenalidomide/Dexamethasone + Daratumumab (SQ), Q28D (MUM80) Renewal
PACLitaxel 80 mg/m2 Weekly, Q28D (OVA48) Renewal
CABAZItaxel 20mg/m2 + PrediSONE, Q21D (PRO7) Renewal
Gemcitabine 750-900mg/m2 + DOCEtaxel 75-100mg/m2, Q21D (SOT5) Renewal
Gemcitabine 800-1200 mg/m2, Q28D (BRS35) *Renewal*
Pertuzumab/Trastuzumab-anns(Bs)+PACLitaxel 80mg/m2, Q21D (BRS88) *Renewal*
Obintuzumab 100-1000mg; then 1000mg, Q21D (CLL62) *Renewal*
CISplatin 40mg/m2 with Concurrent Radiation, Q7D (CRV13) *Renewal*
Inpt REPOCH (Etop/Pred/VinCRIS/Cyclo/DOXO)+riTUX(Bs), Q21D (DBL43) *Renewal*
CVP (Cyclophos/VinCRIS/PrediSONE) + riTUXimab(Bs), Q21D *Renewal*
Ramucirumab 8mg/kg + PACLitaxel 80mg/m2, Q28D (GAS87 & ESO87) *Renewal*
Leuprolide (Lupron IM) 7.5 mg Q28D (OVSCST8, PRO1*Renewal*
Bortezomib (SQ) 1.3 mg/m2 + Dexamethasone 20 mg, Q21D (MUM14, SLCA2) *Renewal*
Nivolumab 480mg,Q28D *Renewal*

EXTENDED CLOSED SESSION
(if necessary)

(VICTOR REY, JR.)

ADJOURNMENT – THE NEXT REGULAR MEETING OF THE BOARD OF DIRECTORS IS SCHEDULED FOR THURSDAY, JUNE 23, 2022, AT 4:00 P.M.