

June 24, 2021

TO: Members of the Board of Directors

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

Legal Counsel

Ottone Leach & Ray LLP

News Media

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

The Regular Meeting of the Board of Directors of the Salinas Valley Memorial Healthcare System will be held **WEDNESDAY, JUNE 30, 2021, AT 4:00 P.M., IN THE DOWNING RESOURCE CENTER, ROOMS A, B & C AT SALINAS VALLEY MEMORIAL HOSPITAL, 450 E. ROMIE LANE, SALINAS, CALIFORNIA, OR BY PHONE OR VIDEO (Visit svmh.com/virtualboardmeeting for Access Information).**

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



Pete Delgado
President/Chief Executive Officer

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

**WEDNESDAY, JUNE 30, 2021
4:00 P.M. – DOWNING RESOURCE CENTER, ROOMS A, B & C
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA
OR BY PHONE OR VIDEO
(Visit svmh.com/virtualboardmeeting for Access Information)**

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

AGENDA

- | | <u>Presented By</u> |
|---|-----------------------------|
| I. <u>Call to Order/Roll Call</u> | Victor Rey, Jr. |
| II. <u>Closed Session</u> (See Attached Closed Session Sheet Information) | Victor Rey, Jr. |
| III. <u>Reconvene Open Session/Closed Session Report</u> (Estimated time 5:00 pm) | Victor Rey, Jr. |
| IV. <u>Education Program</u> | |
| A. Code Lavender | Lisa Paulo
Carla Spencer |
| B. Report Regarding the Need for Statistical and Demographic Analysis of District Zone Boundaries | District Legal
Counsel |
| V. <u>Report from the President/Chief Executive Officer</u> | Pete Delgado |
| VI. <u>Public Input</u> | Victor Rey, Jr. |
| 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. | |
| VII. <u>Board Member Comments</u> | Board Members |
| VIII. <u>Consent Agenda—General Business</u>
(A Board Member may pull an item from the Consent Agenda for discussion.) | Victor Rey, Jr. |
| A. Minutes of the Regular Meeting of the Board of Directors,
May 27, 2021 | |
| B. Financial Report | |
| C. Statistical Report | |

- D. Policies Requiring Board Approval
1. Scope of Service: Human Resources
 2. Scope of Service: Telecommunications
 3. Vaginal Birth After Cesarean Section
 4. Lower Extremity Nerve Block

- 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** - Minutes from the June 28, 2021 Quality and Efficient Practices Committee meeting have been provided to the Board. Additional Report from Committee Chair, if any. Juan Cabrera
- B. **Finance Committee** - Minutes from the June 28, 2021 Finance Committee meeting have been provided to the Board. Three proposed recommendations have been made to the Board. Richard Turner
1. Recommend Board Approval of Project Funding and Award Contract to Omnicell for the SVMH Pharmacy Automation Upgrade and Service
 - Committee Chair Report
 - Board Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote
 2. Recommend Board Approval of Project Funding and Award Construction Contract to Best Contracting Services, Inc. for the SVMH Tower Building Roof Replacement Project
 - Committee Chair Report
 - Board Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote
 3. Recommend Board Approval of the Terms and Conditions of Agreement for Pathology Services with Salinas Pathology Services Medical Group, Inc.
 - Committee Chair Report
 - Board Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote

C. **Personnel, Pension and Investment Committee** – Minutes from the June 29, 2021 Personnel, Pension and Investment Committee meeting have been provided to the Board. Two proposed recommendations have been made to the Board.

Regina M. Gage

1. Recommend Board Approval of (i) the Findings Supporting Recruitment of Brittany Chamberlain, MD (ii) the Contract Terms for Dr. Chamberlain’s Recruitment Agreement, and (iii) the Contract Terms for Dr. Chamberlain’s Family Medicine Professional Services Agreement
 - Committee Chair Report
 - Board Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote
2. Recommend Board Approval to Fund the Required Minimum Contribution to the Salinas Valley Memorial Healthcare District Employees’ Pension Plan for Calendar Year 2021, plus an Additional Cash Contribution to Salinas Valley Memorial Healthcare District Employees’ Pension Plan for Calendar Year 2021
 - Committee Chair Report
 - Board Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote

D. **Corporate Compliance and Audit Committee** – Minutes from the June 29, 2021 Corporate Compliance and Audit Committee have been provided to the Board. Additional Report from Committee Chair, if any.

Juan Cabrera

X. **Report on Behalf of the Medical Executive Committee (MEC) Meeting of June 10, 2021, and Recommendations for Board Approval of the following:**

Rachel McCarthy Beck, M.D.

A. From the Credentials Committee:

1. Credentials Committee Report

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

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

Victor Rey, Jr.

- XII. **Adjournment** – The next Regular Meeting of the Board of Directors is scheduled for **Thursday, July 22, 2021, at 4:00 p.m.**

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

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

**SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM BOARD OF DIRECTORS
AGENDA FOR CLOSED SESSION**

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

CLOSED SESSION AGENDA ITEMS

[] **LICENSE/PERMIT DETERMINATION**
(Government Code §54956.7)

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

[] **CONFERENCE WITH REAL PROPERTY NEGOTIATORS**
(Government Code §54956.8)

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

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

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

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

[] **CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION**
(Government Code §54956.9(d)(1))

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

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

[] **CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION**
(Government Code §54956.9)

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

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

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

[] **LIABILITY CLAIMS**
(Government Code §54956.95)

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

Agency claimed against: (Specify name): _____

THREAT TO PUBLIC SERVICES OR FACILITIES

(Government Code §54957)

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

PUBLIC EMPLOYEE APPOINTMENT

(Government Code §54957)

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

PUBLIC EMPLOYMENT

(Government Code §54957)

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

PUBLIC EMPLOYEE PERFORMANCE EVALUATION

(Government Code §54957)

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

PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE

(Government Code §54957)

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

CONFERENCE WITH LABOR NEGOTIATOR

(Government Code §54957.6)

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

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

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

CASE REVIEW/PLANNING

(Government Code §54957.8)

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

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

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility):
Strategic planning/proposed new programs and services

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

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

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

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

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.)

Care for the Caregiver Update



Why?

- Clinically complex environment with many variables
- Unanticipated and sometimes tragic patient event
- Cumulative Trauma
- Burnout
 - 55% Physicians and 37% of Nurses
 - Contributes to:
 - Compassion Fatigue
 - Depression
 - Lack of Engagement
 - Addiction
 - Despair



Code Lavender/Care for the Caregiver

- Hospital-wide initiative
- Beta Heart Domain
- 24/7 access to resources
- Criteria
 - Serious medical error that causes disability or death of a patient
 - Unexpected death of a co-worker
 - Neonate/Pediatric death
 - Any difficult death of a patient (unexpected or not)
 - Other difficult situations that require intensive emotional support

The Program

- Tiered approach
 - Departmental support
 - Trained Peer Supporters
 - Expedited Referral Network i.e. EAP
- Organizational Response
 - Policies
 - Formal training for Peer supporters
 - Education for staff and physicians

Debrief and Project Candlelight

- Post-death Debrief
 - Emergency
 - Comfort Care
- Project Candle Light
 - ICU RN Laurie Freed/ ED RN Roxie Dunphy

This lighted candle indicates that unnecessary noise and voices need to be kept to a minimum to respect and honor our patients and loved ones as they navigate sensitive events.

*Thank you for your understanding.
-Project Candle Light-*



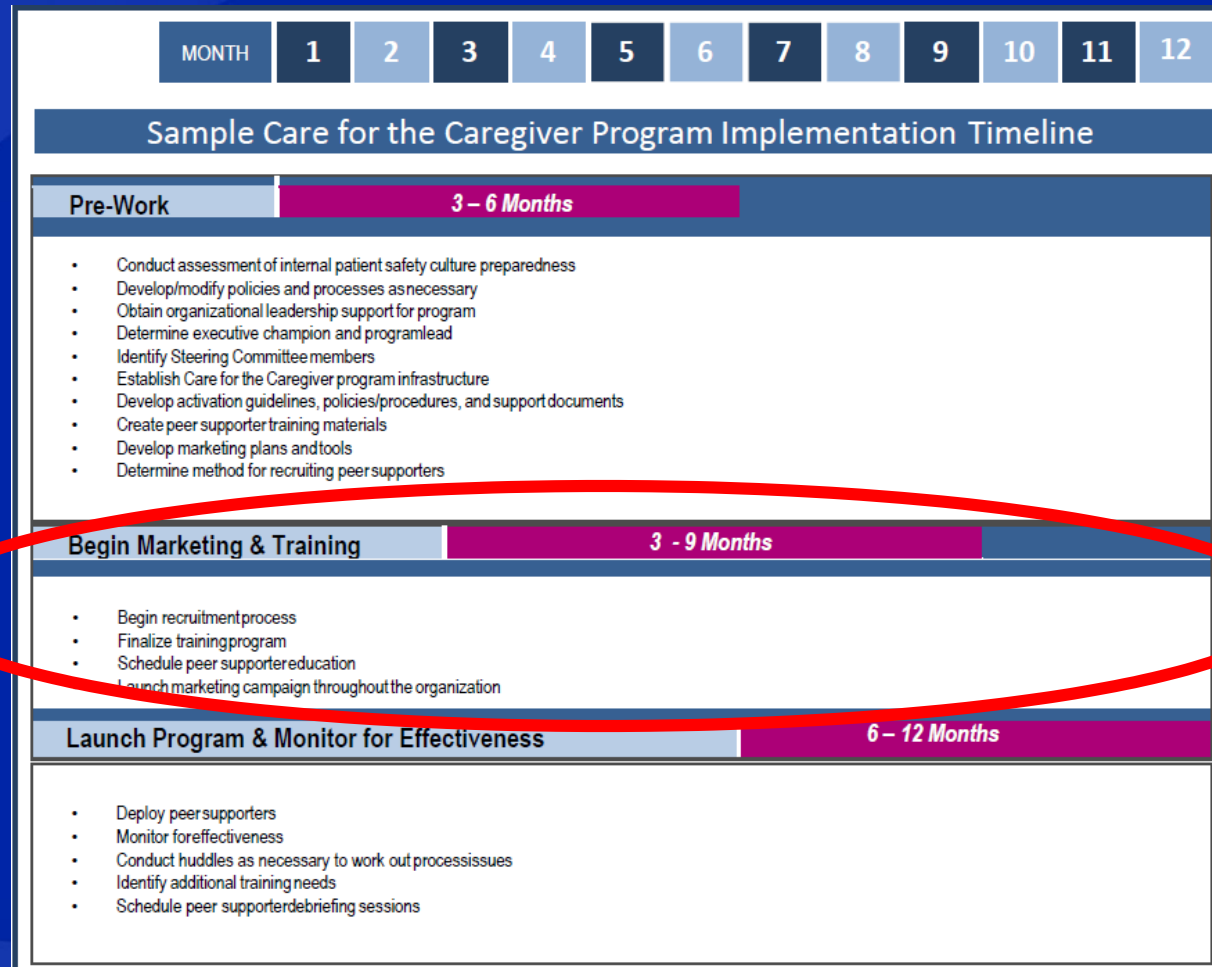
Our Journey

- July, 2019 Steering Committee formed
 - Leaders, Physicians and Staff RN's
- March 2020- Committee hiatus due to COVID-19
- February 2021- Committee restarted
 - Policy Complete
 - Collaboration with Beta Healthcare
 - Marketing complete
 - Peer Support Education planning in process

Marketing Our Program



Timeline



Next Steps

- Submit Policy/procedure for review/approval
- Department Head presentation
 - Peer Supporter selection process
- Peer Supporter Education
- Go-live with Care for the Caregiver Program
- On-going monitoring/evaluation

Board Paper: District Zone Boundaries

Agenda Item: Report Regarding the Need for Statistical and Demographic Analysis of District Zone Boundaries
Executive Sponsor: Adrienne Laurent
Date: June 22, 2021

Executive Summary

As a local agency which has board representatives elected via district elections, we are required to perform a statistical and demographic analysis shortly after the completion of the US Census. District legal counsel Matt Ottone will be present at the meeting of the Board of Directors on Wednesday, June 30, 2021 to further present on this issue.

Background/Situation/Rationale

From Mr. Ottone:

Redistricting by special districts (of which SVMHS is considered as a healthcare district) is governed by Elections Code Section 22000 – 22001. The statute requires that the District, using the information from the Decennial Census as a basis, determine whether the zones formed for election of representatives are equal in population taking into considering topography, geography, cohesiveness, contiguity, integrity and compactness, and communities of interest.

There has not been significant population growth within the district's boundaries in the past 10 years, nor has there been significant growth within any of the existing electoral zones themselves that will likely result in a dramatic redrawing of the electoral zone boundaries. Most of the new resident growth within the district boundaries are housing projects within the boundaries of the City of Salinas. It's not clear however, whether such projects have resulting a increase of population or impacted other legal considerations in drawing boundaries. Therefore, there may be only subtle redrawing of lines between Districts 2 and 3 and possibly District 5.

Timeline/Review Process:

1. Section 22000 of the Election Code imposes a deadline to complete the process 180 days preceding the election of a director. The next election for directors is scheduled for early November 2022, and therefore the redistricting process will need to be completed by the end of April, 2022.

2. The retention of a qualified demographer. A qualified demographer is necessary to review the census data to determine whether there have been demographic shifts within the District's boundaries and within the boundaries of each of the five election zones. They will also review the factors listed above (cohesiveness, contiguity, communities of interest, etc.) to determine the boundaries of the electoral

zones meet constitutional requirements. The District previously utilized the services of Matt Rexroad of Redistricting Insights in 2011, and Administration intends to retain his services again.

2. The Board should consider if it wants to form a separate committee to review and recommend new electoral zones, or if it wishes to retain that responsibility as the full board.

2. The only legal requirement prior to the adoption of the new electoral zone boundaries is that the governing body of the District hold one public hearing on the proposed new election boundaries prior to the public hearing that the governing body votes to approve or defeat the proposal. At the time the District moved from at-large elections to zone-based elections in 2011, the Board formed a separate Committee to meet and review the data and recommend electoral zones to the Board of Directors. There is no legal requirement to have the Board form a separate committee at this time, but it may elect to do so if it wishes. However, the final decision on the new boundaries of the electoral zones rests solely with the Board of Directors.

*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, MAY 27, 2021 – 4:00 P.M.
DOWNING RESOURCE CENTER, ROOMS A, B & C
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA AND BY PHONE
OR VIDEO (VISIT svmh.com/virtualboardmeeting FOR ACCESS INFORMATION)**

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

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

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

A quorum was present and the meeting was called to order by President Victor Rey, Jr, at 4:07 p.m.

President Rey announced that an item for today's agenda for the Board of Directors Meeting, scheduled for May 27, 2021, has come to the attention of Administration and the Board subsequent to the posting of the Board agenda as required by The Brown Act. This item is for Closed Session under: Conference with Labor Negotiator concerning the National Union of Healthcare Workers. Adding this item to the agenda requires a two-thirds vote of the members of the Board of Directors present at this meeting.

MOTION: The Board of Directors approves adding the following item: Conference with Labor Negotiator concerning the National Union of Healthcare Workers, pursuant to Government Code Section 54954.2(b)(2) to the May 27, 2021, Board of Directors Meeting Agenda, as a Closed Session item, as this item arose subsequent to the posting of the agenda for this Board Meeting. Moved/Seconded/Roll Call Vote: Ayes: Rey, Gage, Cabrera, Turner, Hernandez Laguna; Noes: None; Abstentions: None; Absent: None; Motion Carried.

Closed Session

President Victor Rey, Jr., announced that the closed session items to be discussed in Closed Session as listed on the posted Agenda and added to the agenda pursuant to Government Code Section 54954.2(b)(2) are: (1) Report Involving Trade Secret – strategic planning/proposed new programs and services; (2) Hearings/Reports – Report of the Medical Staff Quality and Safety Committee, Report of the Medical Staff Credentials Committee, and Report of the Interdisciplinary Practice Committee; and (3) Conference with Labor Negotiator concerning the National Union of Healthcare Workers.

The meeting was recessed into Closed Session under the Closed Session Protocol at 4:12 p.m. The Board completed its business of the Closed Session at 5:10 p.m.

Reconvene Open Session/Report on Closed Session

The Board reconvened Open Session at 5:15 p.m. President Rey announced that in Closed Session the Board discussed: (1) Report Involving Trade Secret – strategic planning/proposed new programs and services; (2) Hearings/Reports – Report of the Medical Staff Quality and Safety Committee, Report of the Medical Staff Credentials Committee, and Report of the Interdisciplinary Practice Committee; and (3) Conference with Labor Negotiator concerning the National Union of Healthcare Workers.

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

Mr. Rey stated that an Extended Closed Session will not be held.

Report from the President/Chief Executive Officer (CEO)

The President/CEO's Report by Pete Delgado, President/CEO, members of Hospital Leadership and others, began with a Mission Moment featuring Magnet® Recognition. A summary of key highlights, centered around the pillars that are the foundation of the Hospital's vision for the organization, is as follows:

➤ Quality

- In May, SVMH achieved American Nurses Credentialing Center (ANCC) Magnet® Recognition. This designation reflects the organization's steadfast commitment to nursing excellence and quality patient care. The Magnet® journey began about five years ago under the leadership of Christie McGuire, Chief Nursing Officer. The program then transitioned to Clement Miller, Chief Operating Officer/Interim Chief Nursing Officer. Kirsten Wisner, Magnet Program Director, reported on the following five Magnet® Exemplar recognitions also received from the ANCC related to quality outcomes, cultural sensitivity and outreach in the community:
 - ✓ Inpatient units: Unit level data for central-line associated bloodstream infections outperformed the national benchmark and comparison cohort for the majority of eight quarter in 100% of units;
 - ✓ Ambulatory: Unit level data for Falls with Injury outperformed the national benchmark and comparison cohort for the majority of eight quarters in 100% of units;
 - ✓ Grief Support: ICU nurses implemented the Heartbeat in a Bottle initiative where they give families their loved one's last EKG strip in a bottle as a keepsake. In addition, nursing and social services partnered to secure a grant for bilingual/bicultural grief support that was funded by the Hospice Giving Foundation and matched by the SVMH Foundation;
 - ✓ Provision of Culturally Sensitive Care via Language Translation Support: Approximately 270 nurses participated in Spanish language programs through onsite classes promoted by SVMH. In addition, SVMH contracted with a vendor to provide access for staff to download the InSight app.
 - ✓ Innovation in Care During COVID-19: In partnership with the Grower-Shipper Association, SVMH nurses educated agricultural workers during COVID-19 on

- Physician chain with 23 centers in California abruptly closes
- Amazon launches digital mental health program for US employees; 5 details
- Amazon considering building brick-and-mortar pharmacies, report says
- Legislative activities at the state and federal levels were reviewed.
- People
 - 2020 Nurse of the Year Recipient: Megan Lopez, MSN, RN, CNL, VA-BC, RN, Diagnostic Imaging; and 2020 Employee of the Year Recipient: Lorena Sanchez, Clinical Social Worker – Licensed were recognized.
 - During Hospital Week, the Hospital also recognized the following STAR Exemplar Awards: Alicia Lerma (support), Oscar Guerrero Martinez (teamwork), Laura Ladwig (accountability), Dolores Amorsolo (respect); and the following Nursing Exemplar Awards: Armin De Galicia (heal), Anna Mercado (protect), Becky Rodriguez (empower), Lisa Sandberg (teach).
 - Preliminary results of the Employee Engagement Survey showed the score itself improved.
- Community
 - The Community Report for 2020 has been published and is dedicated to the pandemic and staff resilience.
 - Board President Victor Rey and Lea Woodrow were candidates for this year’s Leukemia & Lymphoma Society’s Man & Woman of the Year. The 14 candidates raised more than \$300,000 over the previous year. Mr. Rey was the Runner Up for Man of the Year and also received the Mission Integration Community Leader Award.
 - The SVMH Marketing Department was recently recognized with six awards from Healthcare Advertising Awards, including three gold recognitions.
 - Ask the Experts
 - May Women’s Health Event – Spanish version featured Drs. Gregory Kanter and Anastasia Klick, and the English version featured Drs. Rachel Beck and Joanna Oppenheim.
 - Men’s Health focusing on prostate cancer and treatment with Dr. Peter Oppenheim and radiation oncologist Dr. Ken Biehl coming in June.
 - Earned Media included COVID vaccinations for 12 years of age and older, Magnet® Recognition, and Blue Zones.
 - SVMH will celebrate the life of Norman Nelson, MD, on June 2, 2021, at 5 pm.
 - COVID-19 Update: Monterey County has the lowest new COVID-19 case rate in the country.
 - Coming Up:
 - SVMHS Farmers’ Market, MRI Parking Lot; May 14 – November 12
 - Blood Drive at St. Ansgars Church: June 22
 - Asthma Camp at Toro Park School: July 19-23
 - SVMHS Annual Picnic at Rancho Cielo: August 28

Public Input

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

None.

Director Gage excused herself from the meeting at 6:00 p.m.

Board Member Comments

Director Joel Hernandez Laguna commented on how great it is to see the Mobile Clinic providing healthcare services in the communities and on the fantastic energy and momentum surrounding the announcement of Magnet® Designation. Joel commended everyone for the COVID-19 effort. He was also pleased to announce that the Oasis Public Charter School is a Blue Zones Project school site and encouraged his fellow Board Members to visit Blue Zones restaurants.

Director Juan Cabrera commented on the excellent work to achieve Magnet® Recognition and congratulated Board President Rey for his efforts to raise funds for the Leukemia & Lymphoma Society.

Board President Victor Rey commented on the outstanding Magnet® Recognition and powerful 2020 Community Report which speaks to the resilience of the organization. He was also pleased to report that Sherwood Elementary School is a Blue Zones Project school site.

Director Juan Cabrera noted that he is collaborating with the school district regarding mobile clinic services.

Consent Agenda – General Business

- A. Minutes of the Regular Meeting of the Board of Directors, April 29, 2021
- B. Financial Report
- C. Statistical Report
- D. Policies Requiring Board Approval
 - 1. Emergency Codes for SVMH
 - 2. Medical Device Alarm Safety and Management
 - 3. ATP (Adenosine Triphosphate Bioluminescence) Monitoring System for Manual Cleaning of Flexible Endoscopes
 - 4. Surgical Smoke
 - 5. Intra-Aortic Balloon Pump (IABP) Management
 - 6. IV to PO Protocol
 - 7. Administration of Investigational Medications in Clinical Research

Mr. 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 (D), as presented. Moved/Seconded/Roll Call Vote: Ayes: Rey, Cabrera, Turner, Hernandez Laguna; 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 May 24, 2021, were provided to the Board. The Committee received a Patient Care Services Update. No action was taken by the Committee.

Finance Committee

Richard Turner, Committee Chair, reported the minutes from the Finance Committee Meeting of May 24, 2021, were provided to the Board. Background information supporting the proposed recommendations made by the Committee was included in the Board packet and summarized by Director Turner.

1. Recommend Board Approval of Project Funding for the SVMHS Retail Pharmacy Project

No Public Comment.

MOTION: The Board of Directors approves project funding for the SVMHS Retail Pharmacy Project in the total project estimate amount of \$450,000, as presented. Moved/Seconded/Roll Call Vote: Ayes: Rey, Cabrera, Turner, Hernandez Laguna; Noes: None; Abstentions: None; Absent: Gage; Motion Carried.

2. Recommend Board Approval of Fiscal Year 2022 Operating and Capital Budget

No Public Comment.

MOTION: The Board of Directors approves the Fiscal Year 2022 Operating and Capital Budget. Moved/Seconded/Roll Call Vote: Ayes: Rey, Cabrera, Turner, Hernandez Laguna; Noes: None; Abstentions: None; Absent: Gage; Motion Carried.

Community Advocacy Committee

Victor Rey, Jr., reported the minutes from the Community Advocacy Committee Meeting of May 25, 2021, were provided to the Board. There were no recommendations to the Board for action.

Report on Behalf of the Medical Executive Committee (MEC) Meeting of May 13, 2021, and Recommendations for Board Approval of the following:

The following recommendations from the Medical Executive Committee (MEC) Meeting of May 13, 2021, were reviewed by Rachel McCarthy Beck, M.D., Chief of Staff, and recommended for Board approval.

Recommend Board Approval of the Following:

- A. From the Credentials Committee:
 - 1. Credentials Committee Report
- B. From the Interdisciplinary Practice Committee:
 - 1. Interdisciplinary Practice Committee Report
- C. Policies
 - 1. Ongoing Professional Practice Evaluation (OPPE) Policy Amendment
 - 2. Telemedicine Credentialing Policy Amendment

No Public Comment.

Dr. Beck congratulated SVMHS on the Magnet® Recognition.

MOTION: The Board of Directors approves Recommendations (A) through (C) of the May 13, 2021, Medical Executive Committee Meeting, as presented. Moved/Seconded/
Roll Call Vote: Ayes: Rey, Cabrera, Turner, Hernandez Laguna; Noes: None;
Abstentions: None; Absent: Gage; Motion Carried.

Extended Closed Session

Mr. Rey reported that as previously announced, an Extended Closed Session will not be held.

Adjournment – Mr. Rey announced that the next Regular Meeting of the Board of Directors scheduled for Thursday, June 24, 2021 at 4 p.m., has been rescheduled to Wednesday, June 30, 2021, at 4:00 p.m. There being no further business, the meeting was adjourned at 6:20 p.m.

Juan Cabrera
Secretary, Board of Directors

/ks

SALINAS VALLEY MEMORIAL HOSPITAL
SUMMARY INCOME STATEMENT
May 31, 2021

	Month of May,		Eleven months ended May 31,	
	current year	prior year	current year	prior year
Operating revenue:				
Net patient revenue	\$ 44,332,301	\$ 41,674,121	\$ 517,658,816	\$ 517,769,859
Other operating revenue	1,104,823	(8,724,562)	12,943,985	14,011,326
Total operating revenue	<u>45,437,124</u>	<u>32,949,559</u>	<u>530,602,801</u>	<u>531,781,185</u>
Total operating expenses	39,725,128	36,922,922	449,217,478	424,985,899
Total non-operating income	<u>(1,430,650)</u>	<u>5,235,168</u>	<u>(27,713,051)</u>	<u>(7,944,627)</u>
Operating and non-operating income	<u>\$ 4,281,346</u>	<u>\$ 1,261,804</u>	<u>\$ 53,672,271</u>	<u>\$ 98,850,659</u>

SALINAS VALLEY MEMORIAL HOSPITAL
 BALANCE SHEETS
 May 31, 2021

	<u>Current year</u>	<u>Prior year</u>
ASSETS:		
Current assets	\$ 407,687,931	\$ 370,271,894
Assets whose use is limited or restricted by board	142,513,464	128,833,506
Capital assets	250,715,278	260,205,350
Other assets	190,417,080	183,493,874
Deferred pension outflows	<u>83,379,890</u>	<u>62,468,517</u>
	<u>\$ 1,074,713,643</u>	<u>\$ 1,005,273,141</u>
LIABILITIES AND EQUITY:		
Current liabilities	134,113,088	147,364,648
Long term liabilities	14,781,049	15,703,672
	126,340,336	108,929,468
Net assets	<u>799,479,170</u>	<u>733,275,353</u>
	<u>\$ 1,074,713,643</u>	<u>\$ 1,005,273,141</u>

**SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF NET PATIENT REVENUE
May 31, 2021**

	<u>Month of May,</u>		<u>Eleven months ended May 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Patient days:				
By payer:				
Medicare	1,609	1,344	18,701	19,822
Medi-Cal	928	1,051	11,441	11,807
Commercial insurance	451	723	8,032	8,791
Other patient	<u>129</u>	<u>81</u>	<u>1,350</u>	<u>1,176</u>
Total patient days	<u>3,117</u>	<u>3,199</u>	<u>39,524</u>	<u>41,596</u>
Gross revenue:				
Medicare	\$ 91,719,994	\$ 70,926,041	\$ 929,382,924	\$ 905,995,209
Medi-Cal	50,206,690	48,036,314	583,451,221	571,686,290
Commercial insurance	39,233,897	41,636,244	517,971,104	514,944,910
Other patient	<u>8,947,464</u>	<u>5,905,329</u>	<u>92,363,447</u>	<u>85,549,103</u>
Gross revenue	<u>190,108,045</u>	<u>166,503,928</u>	<u>2,123,168,696</u>	<u>2,078,175,512</u>
Deductions from revenue:				
Administrative adjustment	67,302	447,975	3,371,004	4,048,168
Charity care	1,413,407	899,774	11,614,477	10,070,801
Contractual adjustments:				
Medicare outpatient	28,858,203	22,011,662	275,279,692	271,865,826
Medicare inpatient	39,492,089	28,071,880	412,308,244	416,087,393
Medi-Cal traditional outpatient	2,451,955	1,799,875	23,528,215	30,070,542
Medi-Cal traditional inpatient	3,218,363	4,818,465	73,887,987	68,406,561
Medi-Cal managed care outpatient	19,642,478	16,336,852	203,032,832	212,026,976
Medi-Cal managed care inpatient	14,638,380	18,378,089	201,284,397	184,919,908
Commercial insurance outpatient	16,765,083	14,574,005	175,477,414	158,252,160
Commercial insurance inpatient	14,666,860	14,662,764	176,557,001	158,753,098
Uncollectible accounts expense	3,552,664	3,081,445	39,223,204	36,843,338
Other payors	<u>1,008,960</u>	<u>(252,980)</u>	<u>9,945,413</u>	<u>9,060,883</u>
Deductions from revenue	<u>145,775,744</u>	<u>124,829,808</u>	<u>1,605,509,880</u>	<u>1,560,405,653</u>
Net patient revenue	<u>\$ 44,332,301</u>	<u>\$ 41,674,121</u>	<u>\$ 517,658,816</u>	<u>\$ 517,769,859</u>
Gross billed charges by patient type:				
Inpatient	\$ 97,887,403	\$ 88,198,408	\$ 1,163,658,448	\$ 1,113,548,972
Outpatient	69,092,599	59,576,866	725,166,174	695,484,425
Emergency room	<u>23,128,043</u>	<u>18,728,654</u>	<u>234,344,073</u>	<u>269,142,115</u>
Total	<u>\$ 190,108,045</u>	<u>\$ 166,503,928</u>	<u>\$ 2,123,168,695</u>	<u>\$ 2,078,175,512</u>

**SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES
May 31, 2021**

	<u>Month of May,</u>		<u>Eleven months ended May 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 44,332,301	\$ 41,674,121	\$ 517,658,816	\$ 517,769,859
Other operating revenue	<u>1,104,823</u>	<u>(8,724,562)</u>	<u>12,943,985</u>	<u>14,011,326</u>
Total operating revenue	<u>45,437,124</u>	<u>32,949,559</u>	<u>530,602,801</u>	<u>531,781,185</u>
Operating expenses:				
Salaries and wages	15,375,245	14,723,308	173,074,495	160,617,465
Compensated absences	2,833,948	1,515,216	29,343,454	27,927,859
Employee benefits	6,486,582	6,345,950	79,270,135	78,074,530
Supplies, food, and linen	5,413,565	5,591,199	67,432,689	62,700,977
Purchased department functions	3,149,195	3,033,007	35,662,930	33,797,239
Medical fees	1,793,138	1,824,305	15,056,745	19,165,709
Other fees	1,542,918	1,177,959	16,234,993	11,641,913
Depreciation	1,807,704	1,808,041	19,733,852	18,770,353
All other expense	<u>1,322,833</u>	<u>903,937</u>	<u>13,408,185</u>	<u>12,289,854</u>
Total operating expenses	<u>39,725,128</u>	<u>36,922,922</u>	<u>449,217,478</u>	<u>424,985,899</u>
Income from operations	<u>5,711,996</u>	<u>(3,973,363)</u>	<u>81,385,323</u>	<u>106,795,286</u>
Non-operating income:				
Donations	463,401	11,115,544	2,630,067	12,786,411
Property taxes	333,333	333,333	3,666,667	3,666,667
Investment income	188,206	270,249	3,122,374	5,121,530
Taxes and licenses	0	0	0	(29,074)
Income from subsidiaries	<u>(2,415,590)</u>	<u>(6,483,958)</u>	<u>(37,132,159)</u>	<u>(29,490,161)</u>
Total non-operating income	<u>(1,430,650)</u>	<u>5,235,168</u>	<u>(27,713,051)</u>	<u>(7,944,627)</u>
Operating and non-operating income	4,281,346	1,261,804	53,672,271	98,850,659
Net assets to begin	<u>795,197,824</u>	<u>732,013,549</u>	<u>745,806,899</u>	<u>634,424,694</u>
Net assets to end	<u>\$ 799,479,170</u>	<u>\$ 733,275,353</u>	<u>\$ 799,479,170</u>	<u>\$ 733,275,353</u>
Net income excluding non-recurring items	\$ (786,128)	\$ 1,261,804	\$ 40,823,653	\$ 92,018,853
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	<u>5,067,474</u>	<u>0</u>	<u>12,848,618</u>	<u>6,831,806</u>
Operating and non-operating income	<u>\$ 4,281,346</u>	<u>\$ 1,261,804</u>	<u>\$ 53,672,271</u>	<u>\$ 98,850,659</u>

**SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF INVESTMENT INCOME
May 31, 2021**

	Month of May,		Eleven months ended May 31,	
	current year	prior year	current year	prior year
Detail of other operating income:				
Dietary revenue	\$ 151,703	\$ 82,481	\$ 1,478,158	\$ 1,654,041
Discounts and scrap sale	235,577	123,325	1,006,354	1,499,241
Sale of products and services	12,833	51,921	333,204	186,354
Clinical trial fees	0	0	109,426	0
Stimulus Funds	0	(10,941,377)	0	0
Rental income	227,760	314,755	1,823,445	1,742,722
Other	476,950	1,644,333	8,193,398	8,928,968
 Total	 \$ 1,104,823	 \$ (8,724,562)	 \$ 12,943,985	 \$ 14,011,326
 Detail of investment income:				
Bank and payor interest	\$ 88,261	\$ 364,115	\$ 1,248,534	\$ 2,800,243
Income from investments	380,256	(93,866)	(1,062,277)	2,314,630
Gain or loss on property and equipment	(280,312)	0	2,936,117	6,657
 Total	 \$ 188,206	 \$ 270,249	 \$ 3,122,374	 \$ 5,121,530
 Detail of income from subsidiaries:				
Salinas Valley Medical Center:				
Pulmonary Medicine Center	\$ (299,372)	\$ (3,087,817)	\$ (2,090,812)	\$ (2,801,220)
Neurological Clinic	(123,267)	17,345	(918,308)	(695,054)
Palliative Care Clinic	(59,700)	(34,670)	(843,039)	(581,919)
Surgery Clinic	(66,472)	(218,494)	(1,768,971)	(1,273,515)
Infectious Disease Clinic	(28,648)	(7,065)	(298,736)	(269,950)
Endocrinology Clinic	(179,294)	(156,028)	(1,938,106)	(1,589,036)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(250,446)	(439,334)	(5,067,393)	(4,870,331)
OB/GYN Clinic	(402,447)	(531,890)	(3,979,882)	(2,357,874)
PrimeCare Medical Group	(503,044)	(206,902)	(9,154,477)	(6,502,002)
Oncology Clinic	(334,237)	(176,552)	(3,001,243)	(2,449,901)
Cardiac Surgery	(101,179)	(290,123)	(1,739,402)	(1,392,319)
Sleep Center	(37,348)	(89,677)	(616,931)	(820,215)
Rheumatology	(62,666)	(34,570)	(599,871)	(337,830)
Precision Ortho MDs	230,122	(406,698)	(2,597,190)	(3,273,400)
Precision Ortho-MRI	0	(4,069)	(1,492)	(23,831)
Precision Ortho-PT	(50,443)	(14,799)	(541,032)	(113,764)
Dermatology	(24,532)	(80,161)	(328,905)	(80,324)
Hospitalists	0	0	0	0
Behavioral Health	(68,943)	(114,386)	(822,297)	(620,226)
Pediatric Diabetes	(43,579)	50,156	(379,148)	(275,520)
Neurosurgery	(40,841)	(61,463)	(296,459)	(259,389)
Multi-Specialty-RR	(2,677)	(1,464)	42,934	105,702
Radiology	(201,004)	0	(2,195,267)	0
Salinas Family Practice	(144,680)	0	(175,191)	0
Total SVMC	(2,794,697)	(5,888,661)	(39,311,218)	(30,481,918)
 Doctors on Duty	626,029	142,973	822,855	86,165
Assisted Living	127	(18,940)	(65,904)	(76,776)
Salinas Valley Imaging	0	(11,554)	(19,974)	24,024
Vantage Surgery Center	41,830	14,468	251,901	148,406
LPCH NICU JV	0	0	0	0
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	118,960	151,310	1,168,436	1,281,801
Aspire/CHI/Coastal	(471,528)	(1,015,584)	(841,073)	(1,133,340)
Apex	38,341	8,103	108,289	54,667
21st Century Oncology	(14,672)	269,876	(64,476)	578,007
Monterey Bay Endoscopy Center	40,020	(135,950)	819,006	28,802
 Total	 \$ (2,415,590)	 \$ (6,483,958)	 \$ (37,132,159)	 \$ (29,490,161)

**SALINAS VALLEY MEMORIAL HOSPITAL
BALANCE SHEETS
May 31, 2021**

	<u>Current year</u>	<u>Prior year</u>
A S S E T S		
Current assets:		
Cash and cash equivalents	\$ 320,491,895	\$ 284,757,476
Patient accounts receivable, net of estimated uncollectibles of \$19,248,926	70,903,016	67,250,927
Supplies inventory at cost	8,400,822	7,653,873
Other current assets	<u>7,892,198</u>	<u>10,609,618</u>
Total current assets	<u>407,687,931</u>	<u>370,271,894</u>
Assets whose use is limited or restricted by board	<u>142,513,464</u>	<u>128,833,506</u>
Capital assets:		
Land and construction in process	41,509,839	53,788,313
Other capital assets, net of depreciation	<u>209,205,439</u>	<u>206,417,037</u>
Total capital assets	<u>250,715,278</u>	<u>260,205,350</u>
Other assets:		
Investment in Securities	146,199,799	145,737,152
Investment in SVMC	11,087,780	9,882,620
Investment in Aspire/CHI/Coastal	3,831,217	3,750,490
Investment in other affiliates	24,066,061	21,554,709
Net pension asset	<u>5,232,223</u>	<u>2,568,903</u>
Total other assets	<u>190,417,080</u>	<u>183,493,874</u>
Deferred pension outflows	<u>83,379,890</u>	<u>62,468,517</u>
	<u>\$ 1,074,713,643</u>	<u>\$ 1,005,273,141</u>
 LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued expenses	\$ 50,851,692	\$ 51,197,537
Due to third party payers	66,113,607	79,240,295
Current portion of self-insurance liability	<u>17,147,789</u>	<u>16,926,816</u>
Total current liabilities	134,113,088	147,364,648
Long term portion of workers comp liability	<u>14,781,049</u>	<u>15,703,672</u>
Total liabilities	<u>148,894,137</u>	<u>163,068,320</u>
Pension liability	<u>126,340,336</u>	<u>108,929,468</u>
Net assets:		
Invested in capital assets, net of related debt	250,715,278	260,205,350
Unrestricted	<u>548,763,892</u>	<u>473,070,003</u>
Total net assets	<u>799,479,170</u>	<u>733,275,353</u>
	<u>\$ 1,074,713,643</u>	<u>\$ 1,005,273,141</u>

SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL
May 31, 2021

	Month of May,				Eleven months ended May 31,			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:								
Gross billed charges	\$ 190,108,045	\$ 193,742,338	(3,634,293)	-1.88%	\$ 2,123,168,696	\$ 1,907,746,904	215,421,792	11.29%
Deductions from revenue	145,775,744	147,884,907	(2,109,163)	-1.43%	1,605,509,880	1,450,170,758	155,339,122	10.71%
Net patient revenue	44,332,301	45,857,431	(1,525,130)	-3.33%	517,658,816	457,576,146	60,082,670	13.13%
Other operating revenue	1,104,823	919,590	185,233	20.14%	12,943,985	10,115,485	2,828,500	27.96%
Total operating revenue	45,437,124	46,777,021	(1,339,897)	-2.86%	530,602,801	467,691,631	62,911,170	13.45%
Operating expenses:								
Salaries and wages	15,375,245	15,415,069	(39,824)	-0.26%	173,074,495	157,664,428	15,410,067	9.77%
Compensated absences	2,833,948	2,559,992	273,956	10.70%	29,343,454	29,139,638	203,816	0.70%
Employee benefits	6,486,582	8,156,118	(1,669,536)	-20.47%	79,270,135	82,071,467	(2,801,332)	-3.41%
Supplies, food, and linen	5,413,565	5,493,292	(79,727)	-1.45%	67,432,689	56,567,631	10,865,058	19.21%
Purchased department functions	3,149,195	3,119,552	29,643	0.95%	35,662,930	34,213,228	1,449,702	4.24%
Medical fees	1,793,138	1,678,265	114,873	6.84%	15,056,745	18,628,394	(3,571,649)	-19.17%
Other fees	1,542,918	835,523	707,395	84.66%	16,234,993	9,277,646	6,957,347	74.99%
Depreciation	1,807,704	1,789,255	18,449	1.03%	19,733,852	19,681,809	52,043	0.26%
All other expense	1,322,833	1,417,763	(94,930)	-6.70%	13,408,185	15,439,615	(2,031,430)	-13.16%
Total operating expenses	39,725,128	40,464,829	(739,701)	-1.83%	449,217,478	422,683,854	26,533,624	6.28%
Income from operations	5,711,996	6,312,192	(600,196)	-9.51%	81,385,323	45,007,777	36,377,546	80.83%
Non-operating income:								
Donations	463,401	166,667	296,734	178.04%	2,630,067	1,833,333	796,734	43.46%
Property taxes	333,333	333,333	(0)	0.00%	3,666,667	3,666,667	0	0.00%
Investment income	188,206	160,094	28,112	17.56%	3,122,374	1,761,029	1,361,345	77.30%
Income from subsidiaries	(2,415,590)	(3,649,869)	1,234,279	-33.82%	(37,132,159)	(42,194,504)	5,062,345	-12.00%
Total non-operating income	(1,430,650)	(2,989,776)	1,559,125	-52.15%	(27,713,051)	(34,933,475)	7,220,424	-20.67%
Operating and non-operating income	\$ 4,281,346	\$ 3,322,416	958,930	28.86%	\$ 53,672,272	\$ 10,074,301	43,597,970	432.76%

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of May and eleven months to date

	<u>Month of May</u>		<u>Eleven months to date</u>		<u>Variance</u>
	<u>2020</u>	<u>2021</u>	<u>2019-20</u>	<u>2020-21</u>	
<u>NEWBORN STATISTICS</u>					
Medi-Cal Admissions	46	42	501	470	(31)
Other Admissions	107	91	1,198	1,036	(162)
Total Admissions	153	133	1,699	1,506	(193)
Medi-Cal Patient Days	83	66	811	719	(92)
Other Patient Days	169	149	2,013	1,681	(332)
Total Patient Days of Care	252	215	2,824	2,400	(424)
Average Daily Census	8.1	6.9	8.4	7.2	(1.3)
Medi-Cal Average Days	1.7	1.7	1.7	1.6	(0.1)
Other Average Days	0.7	1.6	1.7	1.6	(0.1)
Total Average Days Stay	1.6	1.6	1.7	1.6	(0.1)
<u>ADULTS & PEDIATRICS</u>					
Medicare Admissions	267	330	4,046	3,510	(536)
Medi-Cal Admissions	242	225	2,706	2,565	(141)
Other Admissions	402	251	3,491	3,029	(462)
Total Admissions	911	806	10,243	9,104	(1,139)
Medicare Patient Days	1,144	1,363	17,688	1,344	(16,344)
Medi-Cal Patient Days	1,058	966	11,895	1,048	(10,847)
Other Patient Days	873	789	10,640	37,110	26,470
Total Patient Days of Care	3,075	3,118	40,223	39,502	(721)
Average Daily Census	99.2	100.6	120.1	117.9	(2.2)
Medicare Average Length of Stay	4.2	4.0	4.3	0.4	(4.0)
Medi-Cal Average Length of Stay	4.0	3.4	3.7	0.3	(3.4)
Other Average Length of Stay	2.2	2.5	2.3	9.2	7.0
Total Average Length of Stay	3.3	3.3	3.4	3.7	0.3
Deaths	21	31	279	413	134
Total Patient Days	3,327	3,333	43,047	41,902	(1,145)
Medi-Cal Administrative Days	3	11	70	176	106
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	3	11	70	176	106
Percent Non-Acute	0.09%	0.33%	0.16%	0.42%	0.26%

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of May and eleven months to date

	Month of May		Eleven months to date		Variance
	2020	2021	2019-20	2020-21	
<u>PATIENT DAYS BY LOCATION</u>					
Level I	213	234	3,061	2,890	(171)
Heart Center	371	343	3,896	3,747	(149)
Monitored Beds	695	313	9,457	8,408	(1,049)
Single Room Maternity/Obstetrics	367	378	4,433	3,819	(614)
Med/Surg - Cardiovascular	494	728	7,796	8,096	300
Med/Surg - Oncology	242	221	2,788	1,937	(851)
Med/Surg - Rehab	356	379	4,397	4,678	281
Pediatrics	73	80	1,116	1,037	(79)
Nursery	252	215	2,824	2,400	(424)
Neonatal Intensive Care	125	89	1,361	1,404	43
<u>PERCENTAGE OF OCCUPANCY</u>					
Level I	52.85%	58.06%	70.08%	66.16%	
Heart Center	79.78%	73.76%	77.30%	74.35%	
Monitored Beds	83.03%	37.40%	104.24%	92.68%	
Single Room Maternity/Obstetrics	32.00%	32.96%	35.66%	30.72%	
Med/Surg - Cardiovascular	35.41%	52.19%	51.56%	53.54%	
Med/Surg - Oncology	60.05%	54.84%	63.83%	44.35%	
Med/Surg - Rehab	44.17%	47.02%	50.33%	53.55%	
Med/Surg - Observation Care Unit	0.00%	66.98%	0.00%	61.03%	
Pediatrics	13.08%	14.34%	18.45%	17.15%	
Nursery	49.27%	42.03%	25.47%	21.65%	
Neonatal Intensive Care	36.66%	26.10%	36.82%	37.99%	

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of May and eleven months to date

	Month of May		Eleven months to date		Variance
	2020	2021	2019-20	2020-21	
<u>DELIVERY ROOM</u>					
Total deliveries	149	112	1,668	1,469	(199)
C-Section deliveries	45	34	526	465	(61)
Percent of C-section deliveries	30.20%	30.36%	31.53%	31.65%	0.12%
<u>OPERATING ROOM</u>					
In-Patient Operating Minutes	16,421	21,449	233,939	221,059	(12,880)
Out-Patient Operating Minutes	21,807	28,354	276,781	255,264	(21,517)
Total	38,228	49,803	510,720	476,323	(34,397)
Open Heart Surgeries	5	16	121	131	10
In-Patient Cases	127	146	1,761	1,568	(193)
Out-Patient Cases	235	288	2,913	2,710	(203)
<u>EMERGENCY ROOM</u>					
Immediate Life Saving	24	31	323	354	31
High Risk	420	422	6,510	5,403	(1,107)
More Than One Resource	1,969	2,415	27,750	23,737	(4,013)
One Resource	1,157	1,184	16,370	13,236	(3,134)
No Resources	40	56	516	417	(99)
Total	3,610	4,108	51,469	43,147	(8,322)

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of May and eleven months to date

	Month of May		Eleven months to date		Variance
	2020	2021	2019-20	2020-21	
CENTRAL SUPPLY					
In-patient requisitions	12,099	14,957	160,383	163,774	3,391
Out-patient requisitions	9,085	9,870	111,186	106,698	-4,488
Emergency room requisitions	1,582	1,711	29,910	17,100	-12,810
Interdepartmental requisitions	5,744	5,671	75,730	73,908	-1,822
Total requisitions	28,510	32,209	377,209	361,480	-15,729
LABORATORY					
In-patient procedures	28,671	31,904	371,297	387,247	15,950
Out-patient procedures	8,260	12,257	108,899	122,663	13,764
Emergency room procedures	7,198	9,334	104,206	96,588	-7,618
Total patient procedures	44,129	53,495	584,402	606,498	22,096
BLOOD BANK					
Units processed	264	249	3,102	3,107	5
ELECTROCARDIOLOGY					
In-patient procedures	816	963	11,080	10,265	-815
Out-patient procedures	308	486	4,818	4,457	-361
Emergency room procedures	685	914	9,839	9,682	-157
Total procedures	1,809	2,363	25,737	24,404	-1,333
CATH LAB					
In-patient procedures	81	85	917	850	-67
Out-patient procedures	63	100	901	946	45
Emergency room procedures	0	0	0	1	1
Total procedures	144	185	1,818	1,797	-21
ECHO-CARDIOLOGY					
In-patient studies	288	308	3,284	3,270	-14
Out-patient studies	121	167	1,998	2,003	5
Emergency room studies	1	0	15	18	3
Total studies	410	475	5,297	5,291	-6
NEURODIAGNOSTIC					
In-patient procedures	170	154	1,902	1,712	-190
Out-patient procedures	19	30	234	270	36
Emergency room procedures	0	0	1	0	-1
Total procedures	189	184	2,137	1,982	-155

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of May and eleven months to date

	Month of May		Eleven months to date		Variance
	2020	2021	2019-20	2020-21	
SLEEP CENTER					
In-patient procedures	0	1	0	2	2
Out-patient procedures	82	166	1,969	2,058	89
Emergency room procedures	0	0	0	0	0
Total procedures	<u>82</u>	<u>167</u>	<u>1,969</u>	<u>2,060</u>	<u>91</u>
RADIOLOGY					
In-patient procedures	1,069	1,097	14,330	14,457	127
Out-patient procedures	629	413	4,957	6,070	1,113
Emergency room procedures	900	1,059	14,733	11,926	-2,807
Total patient procedures	<u>2,598</u>	<u>2,569</u>	<u>34,020</u>	<u>32,453</u>	<u>-1,567</u>
MAGNETIC RESONANCE IMAGING					
In-patient procedures	117	98	1,440	1,347	-93
Out-patient procedures	109	111	924	1,491	567
Emergency room procedures	4	2	105	105	0
Total procedures	<u>230</u>	<u>211</u>	<u>2,469</u>	<u>2,943</u>	<u>474</u>
MAMMOGRAPHY CENTER					
In-patient procedures	2,303	3,535	35,371	33,889	-1,482
Out-patient procedures	2,295	3,501	35,245	33,669	-1,576
Emergency room procedures	0	0	7	3	-4
Total procedures	<u>4,598</u>	<u>7,036</u>	<u>70,623</u>	<u>67,561</u>	<u>-3,062</u>
NUCLEAR MEDICINE					
In-patient procedures	16	10	195	140	-55
Out-patient procedures	57	66	877	804	-73
Emergency room procedures	0	1	6	8	2
Total procedures	<u>73</u>	<u>77</u>	<u>1,078</u>	<u>952</u>	<u>-126</u>
PHARMACY					
In-patient prescriptions	71,238	76,569	951,891	954,852	2,961
Out-patient prescriptions	13,824	15,440	173,406	160,134	-13,272
Emergency room prescriptions	4,589	6,146	78,398	58,992	-19,406
Total prescriptions	<u>89,651</u>	<u>98,155</u>	<u>1,203,695</u>	<u>1,173,978</u>	<u>-29,717</u>
RESPIRATORY THERAPY					
In-patient treatments	14,834	13,376	173,668	214,866	41,198
Out-patient treatments	198	385	5,413	5,006	-407
Emergency room treatments	80	150	4,016	1,839	-2,177
Total patient treatments	<u>15,112</u>	<u>13,911</u>	<u>183,097</u>	<u>221,711</u>	<u>38,614</u>
PHYSICAL THERAPY					
In-patient treatments	2,278	2,337	26,531	25,550	-981
Out-patient treatments	146	344	2,706	2,935	229
Emergency room treatments	0	4	0	4	4
Total treatments	<u>2,424</u>	<u>2,685</u>	<u>29,237</u>	<u>28,489</u>	<u>-748</u>

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of May and eleven months to date

	Month of May		Eleven months to date		Variance
	2020	2021	2019-20	2020-21	
OCCUPATIONAL THERAPY					
In-patient procedures	1,360	1,510	15,898	15,791	-107
Out-patient procedures	77	202	1,316	1,475	159
Emergency room procedures	0	0	0	0	0
Total procedures	1,437	1,712	17,214	17,266	52
SPEECH THERAPY					
In-patient treatments	416	376	4,155	4,329	174
Out-patient treatments	24	35	265	314	49
Emergency room treatments	0	0	2	0	-2
Total treatments	440	411	4,422	4,643	221
CARDIAC REHABILITATION					
In-patient treatments	0	2	1	2	1
Out-patient treatments	391	519	4,982	4,760	-222
Emergency room treatments	0	0	0	1	1
Total treatments	391	521	4,983	4,763	-220
CRITICAL DECISION UNIT					
Observation hours	263	347	3,283	3,165	-118
ENDOSCOPY					
In-patient procedures	93	86	992	1,034	42
Out-patient procedures	50	49	415	291	-124
Emergency room procedures	0	0	0	0	0
Total procedures	143	135	1,407	1,325	-82
C.T. SCAN					
In-patient procedures	491	549	6,726	6,086	-640
Out-patient procedures	421	449	3,111	5,309	2,198
Emergency room procedures	404	530	6,137	5,176	-961
Total procedures	1,316	1,528	15,974	16,571	597
DIETARY					
Routine patient diets	14,733	16,941	207,442	181,070	-26,372
Meals to personnel	22,182	18,002	266,052	220,353	-45,699
Total diets and meals	36,915	34,943	473,494	401,423	-72,071
LAUNDRY AND LINEN					
Total pounds laundered	91,085	95,167	1,324,269	1,089,406	-234,863

Memorandum

To: Board of Directors
 From: Allen Radner, M.D. CMO
 Date: June 30, 2021
 Re: Policies Requiring Approval

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

	Policy Title	Summary of Changes	Responsible VP
1.	Scope of Service: Human Resources	Made grammatical corrections and updated language.	Michelle Childs
2.	Scope of Service: Telecommunications	Updated Organization chart.	Augustine Lopez
3.	Vaginal Birth after Cesarean Section	Updated Policy Statement moved all content to under General Information. Updated References.	Lisa Paulo
4.	Lower Extremity Nerve Block	Revised to reflect current practice. Updated Policy Statement moved content to General Information section. Updated References.	Lisa Paula
5.			

SCOPE OF SERVICE: HUMAN RESOURCES

<i>Reference Number</i>	5682
<i>Effective Date</i>	Not Approved Yet
<i>Applies To</i>	HUMAN RESOURCES
<i>Attachments/Forms</i>	

I. SCOPE OF SERVICE

Human Resources 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 Human Resources is to support SVMHS business strategies and mission, to provide quality healthcare to our patients and to improve the health and well-being of our community. enhance patient services and health programs that help Salinas Valley Memorial Healthcare System remain a leading provider of medical care. The goal of XXXXXXXX Human Resources 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, t~~The Human Resources department ~~unit~~ develops programs and initiatives to support the organization's business and talent strategies. goals to direct short term projects and address opportunities evolving out of quality management activities. These programs and initiatives are designed in collaboration with stakeholders and HR customers to ensure business alignment. goals will have input from other staff and leaders as appropriate and reflect commitment to annual hospital goals.

~~The goal(s) of XXX Human Resources is to:~~

~~Establish and verify staff qualifications, verify licensure, orient staff, participate in ongoing education and training, ensure staff competence, and evaluate staff performance to support the care, treatment and services the hospital provide~~

III. DEPARTMENT OBJECTIVES

SCOPE OF SERVICE: HUMAN RESOURCES

- A. To support the delivery of safe, effective, and appropriate care / service in a cost effective manner. To support Salinas Valley Memorial Healthcare System objectives.
- B. Define an HR strategy to support SVMHS strategy and business objectives. support the delivery of safe, effective, and appropriate care / service in a cost effective manner.
- C. Support the Recruitment, onboarding, orientation, development and retention of staff to support business objectives. To plan for the allocation of human/material resources.
- D.C. 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 through patient/significant other education and to restore the patient to the highest level of wellness as possible.
- E.D. Design processes for performance management and development. To support the provision of a therapeutic environment appropriate for the population in order to promote healing of the whole person
- E. Define a total rewards program, including compensation, benefits, retirement, and recognition. Reeruitment, onboarding, orientation, development and retention of staff to support business objectives.
- F. Provide support in the areas of leave of absence, employee relations, general HR inquiries, mobility, and HR record retention. Design processes for performance management and development. Define a total rewards program, including compensation, benefits, retirement, and recognition. Manage HR policies, HR community on STARnet and HR compliance and regulatory requirements. Provide support in the areas of leave of absence, employee relations, general HR inquiries, mobility, and HR record retention.
- F.G. Manage HR policies, HR community on STARnet and HR compliance and regulatory requirements To evaluate staff performance on an ongoing basis.
- G. To provide appropriate staff orientation and development. To monitor XXX function, staff performance, and care / service for quality management and continuous quality improvement.
- C. Recruitment, onboarding, orientation, development and retention of staff to support business objectives.
- D. Design processes for performance management and development.
- E. Define a total rewards program, including compensation, benefits, retirement, and recognition.
- F. Provide support in the areas of leave of absence, employee relations, general HR inquiries, mobility, and HR record retention.
- H. G. Manage HR policies, HR community on STARnet and HR compliance and regulatory requirements.

IV. POPULATION SERVED

Clinical:

SCOPE OF SERVICE: HUMAN RESOURCES

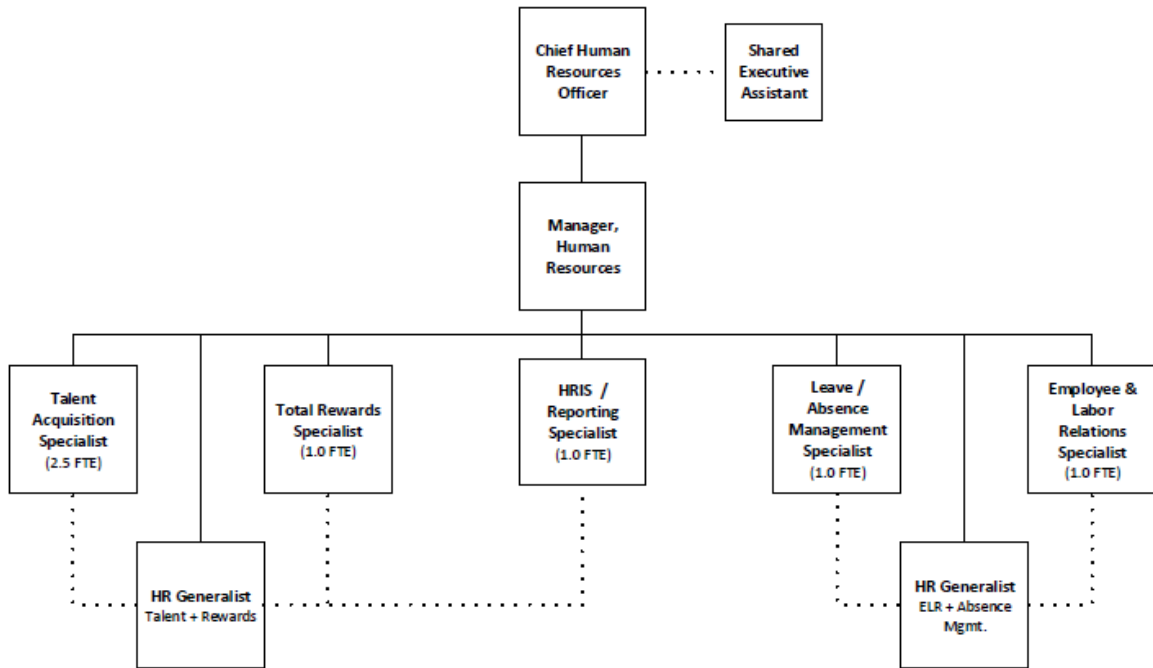
~~The XXXX provides care for infant, pediatric, adolescent, adult and geriatric patients (edit as necessary).~~

A. The Department provides human resources services to all departments in the organization.

~~Non-Clinical:~~ _____

~~The XXXXX provides services including but not limited to:~~

V. ORGANIZATION OF THE DEPARTMENT



A. Hours of Operation:

~~The Unit/Department provides services Monday-, Wednesday and Thursday -Friday 8:007:30am - 4:0030pm. and Tuesday and Friday 7:30am to noon.~~

~~—(insert days/hours of operation)~~

B. Location of department: ~~(s)~~

611 Abbott Street, Salinas CA 93901

SCOPE OF SERVICE: HUMAN RESOURCES

~~B. Admission, Discharge, Transfer Criteria (if applicable)~~

~~C. Major Services / Modalities of care may include:~~

~~XXXX provides care / services to patients with primary diagnoses, including but not limited to:~~

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

A. The primary services provided include but are not limited to the following:

1. Talent Acquisition – Sourcing, Recruitment, Transfers and Contingent Staffing. Posts, advertises and recruits for approved positions
2. Total Rewards – Compensation, Benefits, Retirement and Recognition.
3. Employee Relations – Employee and Labor Relations, Communications, Policy Management, Discipline, Grievance Procedures, Bargaining and Exit Management.
4. Leave and Absence Management – Leave Administration, Absence Management and Interactive Process.
5. HR Operations – General HR Services including: HR files, general inquiries and licensure tracking.
6. HR Reporting, Information Management and Compliance – Record Management, Reporting, Dashboards and HR regulatory requirements.
7. Talent Management – Learning, Leadership Development, Organization Development, Workforce Planning and Succession Planning.
 - Screens all applications and reviews with appropriate Department Director
 - Screens applicants' backgrounds using a third party investigative service
 - Coordinates the scheduling of new employees for explanation of benefits and processing
 - Performs Exit Interviews with separating employees
 - Coordinates and maintains organization wide performance evaluation systems
 - Maintains HR files and records of each employee
 - Coordinates employee recognition programs
 - Provides consultation services for managers regarding Human Resources issues
 - Coordinates the employee grievance and disciplinary process
 - 1. — Develops and administers employee benefit programs.
 - Advises employees regarding benefits package (retirement plan, health care, etc.)

SCOPE OF SERVICE: HUMAN RESOURCES

- ~~— Coordinates compensation programs, i.e., annual wage increases, reclassifications, salary surveys.~~
- ~~— Negotiates contracts (CNA, NUHW, Local 39)~~
- ~~— Processes and monitors leaves of absences for employees~~

VII. **REQUIREMENTS FOR STAFF** (applicable to department)

All staff are required to complete competency based orientation and annual competencies.

A. ~~Licensure / Certifications:~~

~~The basic requirements for XXX include:~~

~~The basic requirements for XXX include:~~

~~The basic requirements for XXX include:~~

B.A. 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 Trainings are conducted routinely. The trainings 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 staff 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.~~

SCOPE OF SERVICE: HUMAN RESOURCES

Other internal and external continuing education opportunities are communicated to staff members.

C.B. Identification of Educational Needs

Staff educational needs are identified utilizing a variety of input:

- ~~Employee educational needs assessment at the time of hire and a~~ Annually as part of developmental planning
- ~~Performance improvement planning, data collections and activities~~
- ~~As part of the annual performance management process.~~ 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~~

~~DEFINE OTHERS AS NEEDED~~

- ~~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

VII.VIII. STAFFING PLAN

~~Staffing is adequate to service the customer population. The department unit is staffed with a sufficient number of professional, technical and clerical staff personnel to support the facilities human resources needs, 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 based upon staff skill level and total patient acuity.~~

~~General Staffing Plan:~~

SCOPE OF SERVICE: HUMAN RESOURCES

~~Assignments are made based on acuity and needs of the department, competencies of the staff, the degree of supervision required, and the level of supervision available. In the event of employee absences, workloads are shifted to provide that service which cannot wait responsible employee's return.~~

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

VIII. 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.~~

IX. CONTRACTED SERVICES

~~X. The department is staffed with a sufficient number of contract staff (when applicable) to support the facilities human resources needs. Requirements above apply. The department is staffed with a sufficient number of contract staff (when applicable) to support the facilities human resources needs. Requirements above apply.~~

SCOPE OF SERVICE: HUMAN RESOURCES

Contracted services under this Scope of Service are maintained in the electronic contract management system.[CP1]

XI.X. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

Human Resources 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.

In addition to the overall SVMHS Strategic initiatives and in concert with the Quality Improvement Plan and the Quality Oversight Structure, Human Resources 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.~~

SCOPE OF SERVICE: TELECOMMUNICATIONS

<i>Reference Number</i>	5740
<i>Effective Date</i>	Not Approved Yet
<i>Applies To</i>	Telecomm
<i>Attachments/Forms</i>	

I. SCOPE OF SERVICE

Telecommunication 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 Telecommunications 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 Telecommunications 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 Telecommunications 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 Telecommunications Department are as follows:

- A. Provide telecommunications services to our physicians, staff, and the general public who call the main Hospital.
- B. Maintain sufficient equipment and supplies to adequately perform the telecommunications services offered to Salinas Valley Memorial Healthcare System patients and customers.

III. DEPARTMENT OBJECTIVES

- A. To support the Salinas Valley Memorial Hospital objectives.
- B. To support the Salinas Valley Medical Clinic objectives.
- C. To deliver safe, effective, and appropriate service in a cost effective manner.
- D. To plan for the allocation of human/material resources.
- E. To collect data about the department function, staff performance, and customer service for quality management purposes and continuous quality improvement.
- F. To develop/implement/evaluate standards utilized in customer service and telephone etiquette.

SCOPE OF SERVICE: TELECOMMUNICATIONS

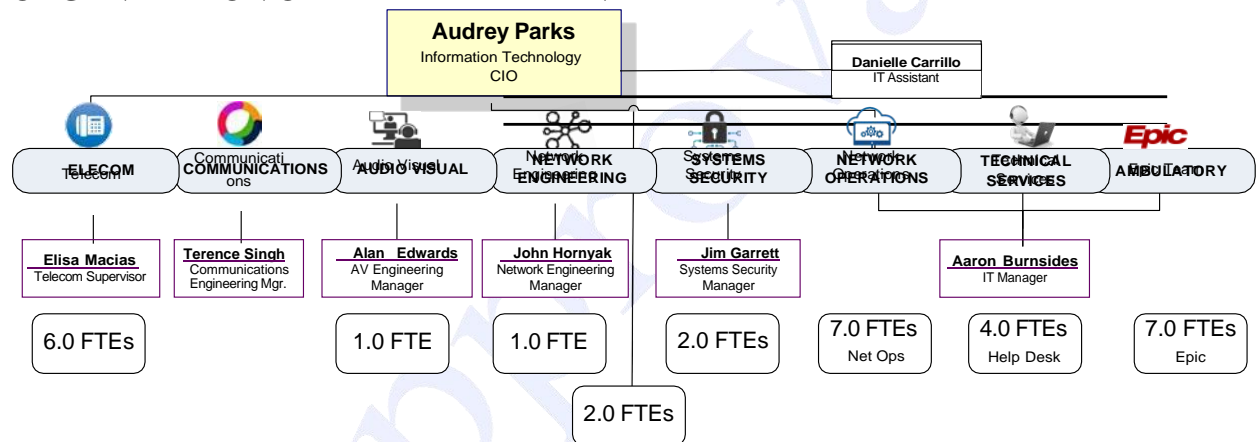
- G. To evaluate staff performance on an ongoing basis.
- H. To provide appropriate staff orientation and development.

IV. POPULATION SERVED

Non-Clinical:

Telecommunications provides services to All Departments.

V. ORGANIZATION OF THE DEPARTMENT



A. Hours of Operation:

Telecommunications operates 24 hours per day, seven days per week, 365 days per year. There are times where the automated teller is utilized. Primarily to relieve staff for breaks during non-peak periods.

B. Location of department:

In the basement of the Downing Resource Center with an emergency switchboard located in the Breschini Energy Plant off of San Jose Street.

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

- A. Telecommunications group is part of Information Technology.
- B. Supervision of the Telecommunications group is directly responsible to the Chief Information Officer. It is the Communication Supervisor's duty to attend to all administrative and technical functions within the department.

SCOPE OF SERVICE: TELECOMMUNICATIONS

- C. All personnel within the department are under the guidance and direction of the Telecommunications Supervisor. In the Supervisor's absence, the position is filled by the Chief Information Officer or their designee.

VII. REQUIREMENTS FOR STAFF

All individuals who provide telecommunications services have the appropriate training and competence

- A. Licensure / Certifications:
N/A

- 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 required by the organization.

During the year, in-services are routinely conducted. 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. We communicate other internal and external continuing education opportunities to staff members.

- C. Identification of Educational Needs

We identify educational needs of the staff utilizing inputs such as the following:

- 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

SCOPE OF SERVICE: TELECOMMUNICATIONS

The educational needs of the department are assessed through a variety of means, including, but not limited to the following:

- 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 based upon staff skill level and total patient acuity.

General Staffing Plan:

- A. Telecommunications staffing is based on call volume and activity.
- B. Staff include:
 1. Telecommunications Supervisor
 2. Telephone Operators
- C. In the event of a severe emergency, the minimum amount of staff required to safely operate this unit is: 1 (Telephone Operator).

IX. CONTRACTED SERVICES

We maintain contracted services under this Scope of Service in the contract management system.

SCOPE OF SERVICE: TELECOMMUNICATIONS

X. 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 established practice standards 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 consistent with a “Patient First” philosophy and delivered as follows:

- 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.

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

The Telecommunications Department 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.

We evaluate systems and services 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.

In addition to the overall SVMHS Strategic initiatives and in concert with the Quality Improvement Plan and the Quality Oversight Structure, Telecommunications 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.

VAGINAL BIRTH AFTER CESAREAN SECTION (VBAC)

<i>Reference Number</i>	365
<i>Effective Date</i>	Not Approved Yet
<i>Applies To</i>	L & D
<i>Attachments/Forms</i>	

I. POLICY STATEMENT:

A. N/A

~~A. It is the policy of Salinas Valley Memorial Healthcare System to participate in the procedure of elective vaginal birth after cesarean section.~~

~~1. Criteria for TOLAC:~~

~~a. One prior low transverse CS or two prior low transverse CS with history of prior vaginal birth.~~

~~— Vertex presentation of fetus~~

~~b. Consideration for breech presentation in IUFD~~

~~e. Less than 42 weeks gestational age (GA)~~

~~d. Clinical documentation of adequate pelvis~~

~~e. No history of:~~

~~i. Prior disruption of uterine wall (i.e. surgeries, accreta and its variants)~~

~~ii. Uterine scar dehiscence~~

~~iii. Uterine rupture~~

~~f. Induction of labor may be considered for TOLAC~~

~~i. Appropriate methods for TOLAC induction include:~~

~~(a) Cervical ripening balloon~~

~~(b) Pitocin per TOLAC protocol~~

~~(c) Artificial rupture of membranes (AROM)~~

~~g. Augmentation of labor may be considered for a TOLAC.~~

~~i. Uses of prostaglandins for, cervidil or misoprostol for cervical ripening and/or induction of labor are contraindicated in a TOLAC for a live fetus~~

~~ii. Exception—use of prostaglandins, cervidil or misoprostol for cervical ripening or induction of labor may be used on patients with a fetal demise and a prior transverse lower segment CS for less than 28.0 weeks gestational age.~~

~~(a) Prostaglandins can only be used for less than 28.0 weeks gestational age.~~

~~iii. Use of an intrauterine pressure catheter (IUPC) for judicious titration of oxytocin (Pitocin) is permissible.~~

~~2. Contraindications for TOLAC:~~

~~a. Patient not eligible for TOLAC presents to the unit with vaginal delivery imminent will be taken to the operating room to prepare for the need of an emergency CS if necessary.~~

~~b. Greater than two previous CSs, regardless of incision location~~

~~c. Breech presentation or other malpresentation of fetus (consideration for IUFD)~~

~~d. Medical or obstetric complication that precludes vaginal delivery~~

~~e. Post term pregnancy (42.0 weeks GA or greater)~~

~~f. Prior classical, T-shaped, other transfundal uterine surgery/scar~~

~~g. Contracted maternal pelvis~~

~~3. Only patients who have established prenatal care with a SVMH OB provider on staff will qualify for TOLAC.~~

II. PURPOSE:

A. To define parameters for trial of labor (TOLAC) after cesarean section (CS). This includes identifying the criteria for TOLAC, the contraindications to TOLAC and physician (OB provider) and nursing responsibilities when caring for patients attempting trial of labor after CS.

III. DEFINITIONS:

A. AROM: Artificial rupture of membranes

B. IUFD: Intrauterine fetal demise

C. LABOR: Admission with intent of delivery

D. TOLAC: Trial Of Labor After Cesarean

A-E. VBAC: Vaginal birth after cesarean section

IV. **GENERAL INFORMATION:**

A. Criteria for TOLAC:

1. One prior low transverse CS or two prior low transverse CS with history of prior vaginal birth.

2. Vertex presentation of fetus

a. Consideration for breech presentation in IUFD

3. Less than 42 weeks gestational age (GA)

a. Clinical documentation of adequate pelvis

4. No history of:

a. Prior disruption of uterine wall (i.e. surgeries, accreta and its variants)

b. Uterine scar dehiscence

c. Uterine rupture

5. Induction of labor may be considered for TOLAC

a. Appropriate methods for TOLAC induction include:

1) Cervical ripening balloon

2) Pitocin per TOLAC protocol

3) Artificial rupture of membranes (AROM)

6. Augmentation of labor may be considered for a TOLAC.

a. Uses of prostaglandins for cervical ripening and/or induction of labor are contraindicated in a TOLAC for a live fetus

b. Exception - use of prostaglandins, cervidil or misoprostol for cervical ripening or induction of labor may be used on patients with a fetal demise and a prior transverse lower segment CS for less than 28.0 weeks gestational age

7. Use of an intrauterine pressure catheter (IUPC) for judicious titration of oxytocin (Pitocin) is permissible.

8. Contraindications for TOLAC:

a. Greater than two previous CSs, regardless of incision location

b. Breech presentation or other malpresentation of fetus (consideration for IUFD)

c. Medical or obstetric complication that precludes vaginal delivery

- d. Post-term pregnancy (42.0 weeks GA or greater)
- e. Prior classical, T-shaped, other transfundal uterine surgery/scar
- f. Contracted maternal pelvis

~~A. IUD: Intrauterine fetal demise TOLAC: Trial Of Labor After Cesarean~~

~~B. AROM: Artificial rupture of membranes~~ Immediately Available:

1. Physician (OB provider) and Anesthesiologist will be on campus readily available throughout the time that a patient is in labor to provide emergency care and/or an emergency Cesarean Section (CS) if needed.
- ~~1.2. Immediately available can apply to OB hospitalist~~

~~C. Available Back-up Support:~~

1. It is the responsibility of the attending physician (OB provider) and/or anesthesiologist to ensure that arrangements have been made with another obstetrician and/or anesthesiologist for back-up coverage as needed.

V. **PROCEDURE:**

A. The responsibilities of the physician (OB provider) for TOLAC is as follows:

1. Informed consent and the plan of management shall be documented on the prenatal record during a prenatal visit and prior to the patient's admission to the Labor and Delivery (LD) Unit.
2. The documentation in the prenatal record shall reflect the specific risks, benefits and that alternatives were discussed per the American College of Obstetricians and Gynecologists (ACOG) selection criteria for TOLAC candidacy.

a. This documentation shall reflect that the physician and patient are in agreement for the plan of management and the delivery mode.

b. If the specific VBAC consent is not available upon admission, the VBAC consent form shall be signed in the hospital by the patient, or the patient's legal authorized representative, as evidence of the informed consent process noted in the patient's prenatal record following discussion with the attending physician (OB provider).

- i. The hospital consent is not in lieu of the informed consent process that occurs in the prenatal visit between the physician and the patient.

1. Verify with the patient that the informed consent discussion with the attending physician took place and ensure that all questions have been clearly answered by the physician.
2. Ensure that procedural consent for VBAC is signed and in the patient's medical record.
3. An obstetrical technician or scrub technician will be immediately available in the event a CS will be performed on a TOLAC patient.
4. Continuous electronic fetal monitoring, including maternal monitoring of uterine activity pattern is initiated and maintained during TOLAC [FETAL HEART RATE MONITORING POLICY](#) .
5. If oxytocin (Pitocin) is used to induce or augment labor, low dose oxytocin administration will be used and hospital policies/procedures will be followed [INDUCTION/AUGMENTATION OF LABOR AND CERVICAL RIPENING](#)
 - a. Low dose oxytocin starting at 0.5-1 mU/min (physician's order) with incremental increases of only 1 mU/min will be used for augmentation of a TOLAC patient.
6. Labs to be obtained on admission include:
 - a. CBC
 - b. Type and screen
7. Maintain vascular access at all times during TOLAC and VBAC
8. Assess patient for signs of scar separation/uterine rupture
 - a. Variable fetal heart rate decelerations that may evolve into late decelerations
 - b. Bradycardia
 - c. Blood stained amniotic fluid
 - d. Hematuria
 - e. Vaginal bleeding
 - f. Alterations in uterine contractions
 - g. Abdominal pain that continues between contractions
 - h. Loss of fetal station on examination
9. Obstetrical Emergency:
 - a. Immediately notify the OB provider in the event of:
 - i. Heavy vaginal bleeding
 - ii. Sudden increase in abdominal and/or uterine pain

- iii. Sudden decrease in uterine baseline tone
 - iv. Evidence of fetal intolerance such as change in fetal heart rate pattern including fetal bradycardia or prolonged fetal heart rate deceleration.
 - v. Signs and/or symptoms of maternal hypovolemia-hypotension, and/or tachycardia.
 - vi. Loss of station of presenting fetal part
- b. Initiate OB STAT emergency call OB STAT/OB STAT POSTPARTUM
 - c. Transfer patient to the operating room

C.D. LD Unit Charge RN Responsibilities:

1. LD Charge RN will directly notify the Anesthesiologist of the admission of a labor patient for TOLAC.
2. LD Charge RN will notify the Charge RN in the main Operating Room during normal hours of operation, to alert that a labor patient has been admitted for TOLAC:
 - a. Operating room 3 will be the preferred room to hold for backup.
 - b. In the event that operating room 3 is in use, operating room 1 will be placed on hold for backup.
3. LD Charge RN will notify the Administrative Supervisor of the admission of a labor patient for TOLAC.
4. LD Charge RN will notify the Neonatal Intensive Care Unit (NICU) of the admission of a labor patient for TOLAC.

D.E. Documentation:

1. Document according to [FETAL HEART RATE MONITORING POLICY](#) - high risk category.

VI. EDUCATION:

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

VII. REFERENCES:

- A. American College of Obstetricians and Gynecologists. (2019~~y~~). Vaginal birth after cesarean section. (Practice Bulletin No. 205184).
- A.B. American Academy of Pediatrics and American College of Obstetricians and Gynecologists. Guidelines for Prenatal Care, 8th Edition (2017) . Author.
- B.C. Simpson, K., & Creehan, P. (2021~~08~~). *Perinatal nursing (5th ed.)*. Philadelphia: Lippincott Williams & Wilkins.
Guidelines for Prenatal Care, 8th Edition (2017)

in approval

LOWER EXTREMITY NERVE BLOCK

Reference Number	111
Effective Date	Not Approved Yet
Applies To	Ortho/Neuro/Spine Unit, REHAB SERVICES
Attachments/Forms	<p>ATTACHMENT A “How to Remove Femoral Nerve Catheters”</p> <p>ATTACHMENT B “Continuous Local Anesthetic Infusion Flowsheet/Administration Record”</p>

I. POLICY STATEMENT:

~~A. N/A~~

~~A. Nerve block orders are managed by anesthesiologist.~~

~~B. Patients with nerve block catheters **cannot** undergo MRI.~~

~~C. Maintain IV access until the nerve block catheter is discontinued.~~

~~D. Give narcotics only if respiratory rate (RR) >10 with corresponding pain rating based on 0-10 pain scale.~~

II. PURPOSE:

~~A. To guide staff in outline the care of for patients with regional nerve block or continuous nerve block infusion~~

~~B. To guide staff in the describe appropriate procedure for removal of nerve block catheters~~

III. DEFINITIONS:

~~A. Regional Nerve Block – is achieved by injection or subcutaneous infusion of a local anesthetic onto or near a nerve for the purpose of pain relief.~~

~~B. Femoral Nerve Block – is a procedure wherein a temporary wire-core catheter is placed near the femoral nerve by the anesthesiologist, which allows either single shot or continuous infusion of a small dose of local anesthetic. This procedure blocks the femoral nerve resulting in analgesia to the anterior and medial thigh, the medial calf, and the anterior portion of the knee.~~

~~C. Adductor Canal Block – is a compartmental block procedure wherein a temporary wire-core catheter is placed within the adductor canal, which allows continuous infusion of a small dose of local anesthetic. The adductor canal contains two main~~

LOWER EXTREMITY NERVE BLOCK

nerves providing sensory innervation to the knee – the saphenous nerve (the nerve to the vastus medialis) and the posterior division of the obturator nerve. The nerve to the vastus medialis is the only motor nerve affected, therefore resulting in less muscle weakness.

IV. GENERAL INFORMATION:

- ~~A.~~ Nerve block orders are managed by anesthesiologist.
- ~~B.~~ Patients with nerve block catheters **cannot** undergo MRI.
- ~~C.~~ Maintain IV access until the nerve block catheter is discontinued.
- ~~A-D.~~ Give narcotics only if respiratory rate (RR) >10 with corresponding pain rating based on 0-10 pain scale. ~~N/A~~

V. PROCEDURE:

- ~~A.~~ To provide safe and effective pain relief to patients with a continuous nerve block infusion, nursing care includes the following:
 1. Infuse the local anesthetic via a CADD (Continuous Ambulatory Delivery Device) pump per dosing instructions from the physician. Change the local anesthetic infusion bag every 72 hours or earlier if needed.
- ~~B.~~ Initiate care plan for pain and Impaired Mobility. Protect extremity by proper positioning (pad at bony prominences). The patient will have decreased sensation, which could lead to heel breakdown.
- ~~B-C.~~ Initiate Nerve Block intervention onto worklist.
- ~~C-D.~~ Monitor the catheter site and dressing every four (4) hours (i.e., catheter intact, any signs or symptoms of infection ~~at~~ ~~on~~ catheter site, any presence of hematoma, drainage, erythema, swelling, or discharge). Reinforce continuous infusion catheter site dressing as needed, do NOT change or remove dressing. Notify the treating surgeon or anesthesiologist if further assessment or a dressing change is necessary.
- ~~D-E.~~ Ensure catheter for continuous block is free of kinks, and that clamp is open unless otherwise ordered.
- ~~E-F.~~ Leaking of the medication around the site is common – if this occurs, you can place a sterile 4x4 over the damp area and place another large transparent dressing (opside) over the gauze. Again, DO NOT change or remove the original dressing.

LOWER EXTREMITY NERVE BLOCK

- F.G. Monitor vital signs per unit standard and monitor side effects ~~every one (1) hour for four (4) hours and then~~ every four (4) hours until the infusion is discontinued. Pain assessment according to hospital policy.
- G.H. Assess and record peripheral pulses, motor, and sensory function in the affected extremity every four (4) hours.
- H.I. Maintain the limb in a neutral position with appropriate support and padding. Ensure affected leg does not externally rotate ~~as this can, when placed in CPM (Continuous Passive Motion) device, causing~~ pressure on popliteal nerve. Support the entire leg with pillows.
- I.J. Patients with continuous nerve block infusion need assistance with ambulation even after the catheter is removed. The nerve block usually wears off between 8-16 hours after catheter discontinuation, but could last 24 hours or more. Observe for quadriceps weakness. Use a knee immobilizer device with any out of bed activity, and ~~implement~~institute high risk to fall (HRTF) precautions. Remove knee immobilizer when patient returns to bed.
- J.K. Femoral Nerve Block/Adductor Canal Block sign to be posted at bedside.
- K.L. Report the following to the anesthesiologist:
1. Progressive leg muscle weakness or bilateral leg weakness.
 2. Signs and symptoms of local anesthetic toxicity such as complaint of metallic taste, tingling in the mouth and tongue, ringing in the ears, muscle spasms/tremors, seizures, altered mental status or loss of consciousness, respiratory depression (RR<10), cardiac decompensation.
 3. Blood pressure <90 systolic not explained by other factors.
 4. Contamination of the catheter insertion or exit site (i.e., with stool or urine).
 5. Hematoma near the catheter site/femoral area.
 6. Poor pain control in the anterior thigh and knee (this may indicate catheter dislodgement).
 7. Excessive leaking at the catheter site associated with inadequate pain relief.
 8. Signs of catheter site infection such as redness, swelling, odor, drainage or warmth.
 9. Change in motor/sensory function.
- L.M. How to remove nerve block catheters:
1. Verify physician's order to discontinue nerve block infusion

LOWER EXTREMITY NERVE BLOCK

2. Gather the following supplies: sterile gloves, Betadine swabs or alcohol swabs, band aids.
3. Wash hands.
4. Explain the procedure to the patient.
5. Clamp off continuous catheter tubing.
6. Remove dressing.
7. Don sterile gloves.
8. Swab insertion site and exit site (from site outward) with alcohol or Betadine.
9. While holding proximal end (where it leaves the skin), gently pull out distal end of the catheter (the tip) from the skin bridge (the insertion site). NOTE: If resistance noted upon removal, stop and notify the anesthesiologist.
10. Once the distal end of the catheter is pulled out, gently pull out complete catheter.
11. After removal, check catheter for intactness including metal tip. Never cut a catheter.
12. If drainage or slight bleeding noted, apply band aids to all puncture sites, entry site and exit site).
13. Report any problems to anesthesiologist such as more than slight resistance noted upon attempt to remove catheter or any neurovascular changes and/or continuing neuromuscular deficits.
14. Document procedure, condition of site, and catheter tip in the electronic medical record. (using ~~computer~~-documentation screen “Nerve Block”).

M.N. Documentation:

1. ~~Document on the patient’s record that the patient is receiving a continuous nerve block~~ Document local anesthetic infusion on the eMAR (electronic medication administration record)
2. Use the “Continuous Local Anesthetic Infusion Flowsheet/Administration Record” (~~Form #7170-02551~~) to document dosing lockout, basal rate, and monitoring of pain, respiratory rate (RR), side effects, total drug infused, total demands, and total dose delivered on every shift.
3. Use ~~the computerdocumentation screen~~ (Nerve Block) screen in the electronic medical record to document the following:
 - a. Location and condition of catheter site

LOWER EXTREMITY NERVE BLOCK

- b. Any signs of systemic toxicity or adverse effects. ~~Motor and sensory function in the affected extremity every four (4) hours (i.e. neurovascular checks include assessment of~~ noting circulation, motion, sensation of the affected extremity)
 - c. Removal of nerve block catheter, as indicated
4. Document motor and sensory function in the affected extremity every four (4) hours (i.e. neurovascular checks include assessment of circulation, motion, and sensation of the affected extremity).
 - 4.5. Document pain assessment per hospital policy.

VI. EDUCATION/TRAINING:

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

VII. REFERENCES:

- A. ~~Boezaart, A.P. (n.d). Continuous femoral nerve block. Department of Anesthesia, University of Iowa.~~
- B. ~~Ilfeld, B.M., Le, L.T., Meyers, R.S., Mariano, E.R., Vandeborne, K. Duncan, P.W., et al. (2008). Ambulatory continuous femoral nerve blocks decrease time to discharge readiness after tricompartment total knee arthroplasty: A randomized, triple-masked, placebo-controlled study. Anesthesiology, 108(4), 703-713.~~
- C. ~~Jaeger, P. et al. (2013). Adductor canal block versus femoral nerve block and quadriceps strength: A randomized, double-blind, placebo-controlled, crossover study in healthy volunteers. Anesthesiology, 118(2), 409-415.~~
- D. ~~Kasibhatla, R.D. & Russon, K. (2009). Femoral nerve blocks. Journal of Perioperative Practice, 19(2), 65-69.~~
- E. ~~Paul, J.E. et al. (2010). Femoral nerve block improves analgesia outcomes after total knee arthroplasty: A meta-analysis of randomized-controlled trials. Anesthesiology, 113(5), 1144-1162.~~
- A. American Academy of Orthopaedic Surgeons. (2016). Surgical management of osteoarthritis of the knee: Evidence-based clinical practice guideline. www.aaos.org
- B. EBSCO Health. (2019). Nursing Skills Peripheral Nerve Block. Retrieved from: <https://www.dynahealth.com/skills/t916219-peripheral-nerve-block>
- C. Hunter, O.O, Kim, T.E., Mariano, E.R., Harrison, T.K. (2019) Care of the patient with a peripheral nerve block. Journal of PeriAnesthesia Nursing. 34(1), 16-26.

LOWER EXTREMITY NERVE BLOCK

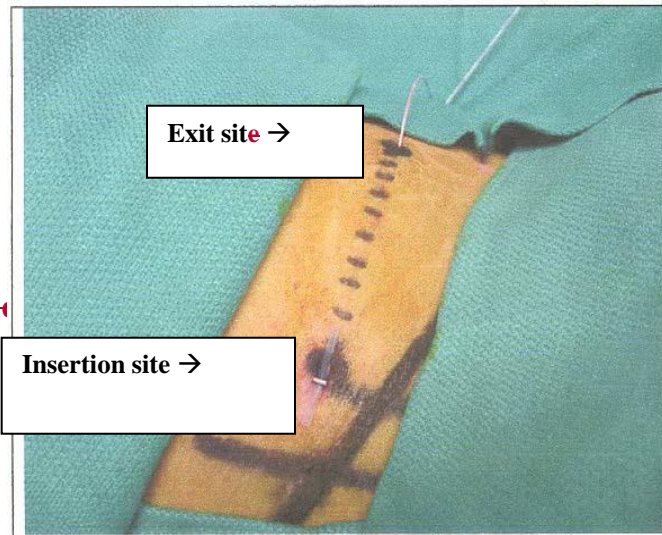
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National Association of Orthopaedic Nurses (2014). Clinical Practice Guideline for Peripheral Nerve Blocks in Upper and Lower Extremity. www.orthonurse4.org

in approval

LOWER EXTREMITY NERVE BLOCK

ATTACHMENT A:



Source: Boezart, A.P. (n.d.)
University of Iowa.

t of Anesthesia,

***QUALITY AND EFFICIENT
PRACTICES COMMITTEE***

*Minutes from the June 28, 2021 meeting of
the Quality and Efficient Practices Committee
will be distributed at the Board Meeting*

(JUAN CABRERA)

FINANCE COMMITTEE

*Minutes from the June 28, 2021 meeting
of the Finance Committee will be
distributed at the Board Meeting*

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

(RICHARD TURNER)

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

Board Paper: Finance Committee

Agenda Item: Consider Recommendation for Board Approval of Project Funding and Award Contract to Omnicell for the SVMH Pharmacy Automation Upgrade and Service

Executive Sponsor: Clement Miller, Chief Operating Officer
John S. Choi, Director of Pharmacy
Earl Strotman, Sr. Administrative Director Facilities and Construction

Date: June 18, 2021

Executive Summary

SVMHS is required to replace and upgrade a decade old computerized automated medication storage and dispensing cabinets in the next twelve months. This is a required and planned upgrade to address Microsoft windows 10 upgrade in aging cabinets throughout the hospital and also to replace the end of life medication carousels in the pharmacy. The opportunity to upgrade the pharmacy automation system allowed us to evaluate the upgrade proposal from the current vendor BD-Pyxis versus a major competitor Omnicell. The evaluation by nursing, information technology, anesthesia and pharmacy resulted in an overwhelming support to make a conversion to Omnicell that has a 50% larger storage capacity and enhanced analytics software to improve nursing services over BD-Pyxis. The total estimated cost for the project planning, permitting, construction, equipment replacement and five years of software subscription and support services is \$4,503,000.

Background/Situation/Rationale

Pharmacy Automation is a critical operational equipment in health system medication management and distribution of drugs to our patients. The current system at SVMHS is at the end of life. The ten year old carousels are no longer supported by the original manufacturer and BD-Pyxis cabinets are behind in Windows-10 upgrade in addition to the required hardware upgrade/replacement we have to perform in 2021-2022. Due to the limitations in size of BD-Pyxis cabinets, we are only able to stock 80% of the ordered medications. This means 1 out of 5 medications needed by our nurses may not be readily available to administer timely. One of the main advantages of Omnicell is that with a similar footprint, an additional 50% of the medications can be stored in the cabinets throughout the hospital with our goal of 100% of the medications stocked in the cabinets readily available to our nurses. Other benefits of Omnicell include advanced controlled substance diversion detection software and lighted bin technology to prevent medication errors.

Timeline/Review Process to Date:

July 2021: Master agreement review and sign & Purchase Order issue to Omnicell
September 2021: OSHPD Review and Approval
February 2022: Carousel replacement
April 2022: Medication Cabinet Replacement

Pillar/Goal Alignment:

Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications:

Fiscal year capital budgeting:

Fiscal year 2022 capital budgeting allocated funding for the Pharmacy Automation Upgrade Project, in the amount of \$3.3 million. Operational expense in Fiscal year 2023 to 2027 budgets will be requested to continue the support services and software subscription.

Fiscal Year 2022 Budgeted Capital	\$3,300,000
Fiscal Year 2022 Estimated Capital Expense:	
Capital Equipment Purchase	\$2,373,229
Construction, Permits and Licensing	<u>\$ 926,771</u>
	\$3,300,000
Fiscal Year 2022-2027 Estimated Operating Expense (5 Year Software and Support Services Agreement)	\$1,203,025
Omnicell Rebate	\$ -220,000
Total Estimated Project Budget (5 year total)	\$4,283,025

Key Contract Terms	Vendor: Omnicell
1. Proposed effective date	July 1, 2021
2. Term of agreement	5 years
3. Renewal terms	5 years for Service
4. Termination provision(s)	Either Party may, by written notice to the other Party, terminate this Agreement if any of the follow events occur (“Termination Events”): (a) Customer fails to pay to Omnicell (b) a party is in material breach of any non-monetary term, condition or provision of this Agreement.
5. Payment Terms	After installation and Payment Terms are negotiable
6. Annual cost	\$240,605 Software subscription and annual services support
7. Omnicell Rebate	Omnicell agrees to provide Customer with a rebate in the amount of \$220,000.00, in consideration of such purchase or lease, for Customer to use as it sees fit.
8. Cost over life of agreement	\$4,283,025 (\$3.3m Capital and \$1.2m Operating Expense (-220k rebate))
9. Budgeted (indicate y/n)	Yes

Recommendation:

Consider recommendation to Board of Directors (i) to approve the total estimated 5-year project cost for the SVMH Pharmacy Automation Upgrade in the amount of \$4,283,025 and (ii) award contract to Omnicell for the SVMH Pharmacy Automation upgrade and service in the amount \$3,356,254.

Attachments

1. Project Cost Summary

Salinas Valley Memorial Healthcare System (10348)

Project Cost Summary: Pharmacy Automation Upgrade

Architect/Engineering: TBD

Budget Generated at Concept Phase

Budget Date: 6/18/2021

Print Date: 6/18/2021



BUDGET SUMMARY			
Line Item	Description	Original Budget	Notes
	1 Construction		
0100	Construction Contract	\$400,000	Single Prime Delivery Method
0102	Owner Construction Contingency	\$40,000	Owner Held Contingency
	2 Design		
0200	Professional Fees - Fixed	\$150,000	Architectural & Consulting Engineers
	3 Inspections and Consultation		
0300	Inspector of Record	\$10,000	Agency Required Inspection
0301	Special Inspections	\$15,000	Agency Required Inspection
0303	Testing and Monitoring(Hazardous Materials)	\$7,000	Hazardous Material Testing and Monitoring
	4 AHJ Fees		
0400	OSHPD	\$50,000	Agency Fees
	5 Soft Costs		
0502	Construction Management - PM/CM	\$150,000	Program Management
	7 FF&E		
0701	Medical Equipment	\$2,373,229	Omnicell Carousel & Medicine Dispensing Units
	99 Contingency		
9900	Contingency	\$104,771	Project Contingency
Totals		\$3,300,000	

Board Paper: Finance Committee

Agenda Item: **Consider Recommendation for Board Approval of Project Funding and Award Construction Contract to Best Contracting Services, Inc. for the SVMH Tower Building Roof Replacement Project**

Executive Sponsor: Clement Miller, Chief Operating Officer
Earl Strotman, Senior Administrative Director of Facilities and Construction

Date: June 4, 2021

Executive Summary:

Facilities Management is pursuing activities to replace the existing roofing assemblies at the main hospital's tower building with a new, conventional thermoplastic polyolefin (TPO) single-ply roofing system. Approval for comprehensive project funding in the total estimated amount of \$905,000 and award of construction contract to Best Contracting Services, Inc. in the amount of \$594,555 is being requested.

Background/Situation/Rationale:

Salinas Valley Memorial Hospital's Tower Building (OSHDP Bldg 01640 – Bld 6 Central Sterile Supply) roof system constructed in the early 1990s is comprised of a rubber membrane over rigid insulation and is ballasted by aggregate rock. This existing roofing assembly has been experiencing multiple areas of water intrusion and is susceptible to high winds. The Facility has acquired design and permitting for the replacement of the existing roofing system with a new thermoplastic polyolefin (TPO) single ply roof system. Proposed upgrades to the roofing system will include; (A) new rigid insulation underlayment, (B) new flashing and counter flashing at curbs, air handler unit platforms and penetrations, (C) new single ply roofing membrane and (D) retrofitting of existing utility piping supports to comply with current code regulations.

Salinas Valley Memorial Healthcare System publicly solicited for construction services and acquired two (2) bids with Best Contracting Service, Inc. submitting the lowest responsive and responsible bid.

Timeline/Review Process to Date:

June 2021: Anticipated approvals from Finance Committee and Board for project funding and construction services.

July 2021: Execute construction contract and materials procurement.

August 2021: Commence with construction activities.

October 2021: Project and administrative closeout.

Pillar/Goal Alignment:

Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications:

Fiscal Year Capital Budgeting:

Fiscal year 2021 approved capital budget allocated funding to complete design, permitting and administration required for the SVMH 501 Tower Roof Replacement Project in the amount of \$600,000. Additional funding in Fiscal year 2021 and 2022 is being requested to complete construction, implementation and administration required for the SVMH Tower Building Roof Replacement Project in the total estimated amount of \$905,000.

The FY22 budget included a carryover of \$200k, which assumed the project would be partially completed in FY21. However, project delays and scope changes have pushed the project to FY22. The original budget had input from the roofing suppliers prior to Covid 19 impacts on the supply chain and OSHPD Required Scope Increases. OSHPD is requiring that we replace building seismic expansion joints to upgraded components not originally contemplated where the roof meets the original building, and also to upgrade seismic anchorage of the AHU process piping installed in the 1990's.

Fiscal Year 2021 Capital Budget **\$600,000**

Fiscal Year 2022 Capital Budget Assumption:

FY22 Carryover Capital **\$200,000 (based on a \$600k total)**

Current project plan:	
Fiscal Year 2021 Estimated Spend	\$ 68,200
Fiscal Year 2022 Estimated Spend	<u>\$836,800</u>
Total Updated Project Spend	\$905,000

Project Spent to date is:

Total project spend to date is \$63,963 which procured planning, design and administration.

Recommendation:

Consider recommendation to Board of Directors (i) to approve the total estimated project cost for the SVMH Tower Building Roof Replacement Project in the amount of \$905,000 and (ii) award construction contract to Best Contracting Services, Inc. for the SVMH Tower Building Roof Replacement project in the amount \$594,555.

Attachments:

- (1) Total project estimated costs prepared June 4, 2021 at procurement phase.
- (2) Proof of publication for the advertisement for bids.
- (3) Bid Results for construction services from May 6, 2021.

Salinas Valley Memorial Healthcare System (10348)

Project Cost Summary: SVMH Tower Building Roof Replacement - C.I.P. 01.1250.3521

Architect/Engineering: Smith Karng Architects

Budget Generated at Procurement Phase

Budget Date: 6/4/2021

Print Date: 6/4/2021



BUDGET SUMMARY					
Line Item	Description	Original Budget	Notes	Cash Flow	
				FY21 Projection	FY22 Projection
	1 Construction				
0100	Construction Contract	\$600,000	Single Prime Delivery Method	\$0	\$600,000
0101	Owner Construction Contingency	\$60,000	Owner Held Contingency	\$0	\$60,000
	2 Design				
0200	Professional Fees - Fixed	\$65,000	Architectural & Consulting Engineers	\$50,000	\$15,000
	3 Inspections and Consultation				
0300	Inspector of Record	\$10,000	Agency Required Inspection	\$0	\$10,000
0301	Special Inspections	\$10,000	Agency Required Inspection	\$0	\$10,000
0303	Testing and Monitoring(Hazardous Materials)	\$2,000	Hazardous Material Testing and Monitoring	\$1,200	\$800
	4 AHJ Fees				
0400	OSHPD	\$13,000	Agency Fees	\$7,000	\$6,000
	5 Soft Costs				
0502	Construction Management - PM/CM	\$105,000	Program Management	\$10,000	\$95,000
	99 Contingency				
9900	Contingency	\$40,000	~5% of Project	\$0	\$40,000
Totals		\$905,000		\$68,200	\$836,800

The Salinas Californian

Order Confirmation for Ad #: 0004667626
 PO number: SVMH TOWER

Customer: SALINAS VALLEY MEMORIAL/LEG
Address: 450 E ROMIE LN
 SALINAS CA 93901 USA
Acct. #: SNA-704319
Phone: 8317591820

SALINAS VALLEY MEMORIAL/LEG
Ordered By: Denise Bustos

OrderStart Date: 04/02/2021

Order End Date: 04/02/2021

<u>Tear Sheets</u>	<u>Affidavits</u>	<u>Blind Box</u>	<u>Promo Type</u>	<u>Materials</u>	<u>Special Pricing</u>	<u>Size</u>
0	1					2 X 1 .78

<u>Net Amount</u>	<u>Tax Amount</u>	<u>Total Amount</u>	<u>Payment Method</u>	<u>Payment Amount</u>	<u>Amount Due</u>
\$784.38	\$0.00	\$784.38	Credit Card	\$0.00	\$784.38

Ad Order Notes:

Sales Rep: mweber

Order Taker: mweber

Order Created 03/29/2021

Product	# Ins	Start Date	End Date
SNA-The Salinas Californian	1	04/02/2021	04/02/2021
SNA-TheCalifornian.com	1	04/02/2021	04/02/2021

* ALL TRANSACTIONS CONSIDERED PAID IN FULL UPON CLEARANCE OF FINANCIAL INSTITUTION

Text of Ad:

Sealed proposals will be received by Salinas Valley Memorial Healthcare System ("SVMHS") located in Salinas, California, for the furnishing of all labor, materials, equipment and services to SVMHS necessary for and incidental to the construction of:

SVMH TOWER BUILDING ROOF REPLACEMENT

General Description. The project involves the replacement of an existing, ballasted EDPM low slope roof system with a new TPA roof system and underlayment, utility supports and anchorage, flashing and sealants, seismic expansion joint and curbs for future equipment.

Bids. Sealed bids will be received by SVMHS at the Construction Office located at 535 E Romie, Suite 6, Salinas, California, until 2:00 p.m. on **April 22, 2021** at which time all bids will be publicly opened. Bids will be referred to a subsequent SVMHS Board of Directors meeting for appropriate action. All Bid Proposals shall be submitted on forms furnished by SVMHS. Bid Proposals must conform with, and be responsive to, the Bid and Contract Documents, copies of which may be obtained from SVMHS as indicated below. Only Bid Proposals submitted to SVMHS prior to the date and time set forth above for the public opening and reading of Bid Proposals shall be considered. Note: Bids submitted orally or by telephone, electronic transmission (email) or facsimile will be considered invalid and will not be accepted. Each Bid Proposal shall be accompanied by:

1. Bid Letter (including acknowledgement of receipt of Ad-denda)
2. List of Subcontractors
3. Disqualification Questionnaire
4. Acknowledgement of Insurance Requirements
5. Bidder's Guaranty: Bidder's Bond or Irrevocable Standby Letter of Credit
6. Non-Collusion Certification

All information and responses of a Bidder in its Bid Proposal, and other documents accompanying the Bid Proposal, shall be complete, accurate and true. Incomplete, inaccurate, or untrue responses or information provided by a Bidder shall be grounds for SVMHS to reject such Bidder's Bid Proposal as nonresponsive.

Pre-Bid Conference. There will be a mandatory pre-bid conference held prior to the date of bid. The conference will take place on **April 7th, 2021**, from 10:00 a.m.-11:30 a.m., in the SVMHS Construction Office located at **535 E. Romie Lane, Suite 6, Salinas, CA 93901**. Request to access the hospital for site investigation shall be coordinated through derek@bogardconstruction.com. Bidders and their subcontractors are encouraged to investigate the existing conditions prior to close of bidding period.

Questions. All requests for interpretation of the drawings and specifications or other questions regarding this project during the bidding process shall be submitted to the Owner in writing by email with the original copy to follow by mail. No telephone questions will be accepted. All written requests for interpretation (RFIs) or correction of the Contract Documents must be received no later than 5 days before close of bid. Send all pre-bid questions and requests for interpretation to SVMHS via email at: derek@bogardconstruction.com.

Bid and Contract Documents. Requests for digital versions of the Documents shall be addressed to Salinas Valley Memorial Healthcare System, Attn: Derek Bogaard (derek@bogardconstruction.com). The Central Coast Builder's Exchange has all bid documents available for Bidders (Visit URL: <http://www.ccbabuilds.com/>).

Labor & Material Payment and Performance Bonds. The successful bidder will be required to furnish a labor & material payment bond and performance bond equal to one hundred percent (100%) of the Contract Price. Each bond must meet the statutory requirements for a public construction project as set forth in California Civil Code Section 3248. The bonds shall be secured through a surety company approved by SVMHS and paid for by the Prime Contractor.

Bid Acceptance/Rejection. SVMHS reserves the right to reject any or all bids and to waive any informalities in the bidding, or in any bid received. The Contract for the Work, if awarded, will be by action of the SVMHS Board of Directors to the responsible Bidder submitting the lowest responsive Bid Proposal. If Alternate Bid Items are included in the bidding, the lowest priced Bid Proposal will be determined on the basis of the Base Bid Proposal or on the Base Bid Proposal and the combination of Alternate Bid Items selected in accordance with the applicable provisions of the Instructions for Bidders. No bid shall be withdrawn for a period of ninety (90) calendar days subsequent to the opening of bids without the consent of SVMHS.

Contractor License Classification. In accordance with the provisions of California Public Contract Code §3300, SVMHS requires that Bidders have a valid and current class B or C-39 California Contractors License. Bidders must be properly licensed at the time that the Contract for the Work is awarded and at all times during the Work. Any Bidder not so duly and properly licensed shall be subject to all penalties imposed by law. No payment shall be made for work, labor, materials or services provided under the Contract for the Work unless and until the Registrar of Contractors verifies to SVMHS that the Bidder awarded the Contract is properly and duly licensed to perform the Work.

Prevailing Wage. Minimum prevailing wage rates are required to be paid for each craft, classification, or type of worker needed to execute the Contract. Copies of such minimum rates are on file at the Administration office of SVMHS, and are available to any interested party upon request. See Labor Code Section 1773 et seq.

Dated: March 29, 2021

Salinas Valley Memorial Healthcare System
A Local Health Care District

Apr. 2, 2021 (4667626)

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
 SALINAS VALLEY MEMORIAL HOSPITAL (10348)
 PROJECT: TOWER BUILDING ROOF REPLACEMENT
 BID RESULT SUMMARY



Single Prime Bid Packages

DATE: May 6, 2021
 BID TIME: 2:00PM

	CONTRACTOR	CONTACT	EMAIL	PHONE	BASE BID	COMMENTS
1	**Best Contracting Services, Inc. 19027 So. Hamilton Ave. Gardena, Ca 90248	Myris Guballa	mguballa@bestcontracting.com	310-505-4271	\$594,555	
2	Legacy Roofing and Waterproofing, Inc. 1698 Rogers Ave. Suite #10 San Jose, CA 95112	John Winslow	JohnW@legacyroofing.net	831-970-5026	\$790,000	
	**Apparent Low Bidder					
	SVMHS reserves the right to reject any or all bids and to waive any informalities in the bidding, or in any bid received.					

	Documents Accompanying Bid	Contractor 1	Contractor 2
a	Bid Letter		
b	List of Subcontractors		
c	Disqualification Questionnaire		
d	Insurance requirements		
e	Bid Bond (Security)		
f	Non-Collusion Certification		
g	Addenda		

Finance Committee Board Paper

Agenda Item: **Consider Recommendation for Board Approval of the Terms and Conditions of Agreement for Pathology Services with Salinas Pathology Services Medical Group, Inc.**

Executive Sponsors: Allen Radner, MD
Chief Medical Officer, Salinas Valley Memorial Healthcare System (SVMHS)
Chief Executive Officer, Salinas Valley Medical Clinic (SVMC)
Clint Hoffman
Chief Administrative Officer, Physician Integration & Business Development
Salinas Valley Memorial Healthcare System (SVMHS)
Chief Operating Officer, Salinas Valley Medical Clinic (SVMC)

Date: June 17, 2021

Executive Summary

Salinas Valley Memorial Healthcare System (“SVMHS”) entered into an exclusive five year Pathology Service Agreement (“Pathology Agreement”) with Salinas Pathology Services Medical Group Inc. (“Group”), on August 28, 2008. The Pathology Agreement has automatically renewed for successive one year terms following the expiration of the initial five year term. The current term is set to expire on August 27, 2021. In addition to the Pathology Agreement, SVMHS and the Group entered into a separate Emergency On-Call Agreement (“Emergency Agreement”) effective July 1, 2014, for an initial period of two years. The Emergency Agreement has automatically renewed for successive one year terms following the expiration of the initial term, and is set to expire June 30, 2022. The new Agreement will supersede these agreements with an effective date of July 1, 2021.

The Group currently provides professional pathology services and medical direction at Salinas Valley Memorial Hospital (“SVMH”), 24 hours per day, 7 days per week. This is a renewal of the existing agreements between SVMHS and the Group to provide exclusive coverage of pathology services to patients at SVMH, and to serve on SVMH’s pathology on-call coverage panel. The terms and conditions of the agreement include the following:

- Group will maintain a professional staff of physicians sufficient to provide professional pathology services and coverage, including anatomical pathology services, clinical laboratory services, blood bank services, administrative services, and on-call coverage services
- Group shall be physically present and provide both anatomical and clinical pathology/laboratory services during normal business hours, Monday through Friday, from 8am to 5pm
- Group will make available, 24 hours per day and 365 days per year, at least one Group pathologist to provide on-call coverage and necessary services to in-patients and emergency department patients of the hospital

Administrative Services:

- Participate on medical staff committees
- Designate a Group Pathologist to serve as the medical director of Pathology Services
- Conduct and participate in quality assurance programs and studies
- Maintain an effective communication process to interface with medical staff
- Prepare an annual report for the Medical Executive Committee
- Maintain a policy and procedure manual for the Department
- Maintain an in-service education program for all Department personnel
- Ensure that all tests ordered for pathology services are reasonable and necessary

Reference Lab Activities

- Group may act as a reference lab when requested to perform cytology, surgical pathology, and autopsy pathology services
- Group shall use the hospital laboratory for the technical component of these services
- Group shall compensate hospital commercially reasonable and fair market value rates for the services provided

Meeting our Mission, Vision, Goals

Strategic Plan Alignment:

The Agreement with the Group is aligned with our strategic priorities for service, quality, finance, and growth pillars. SVMHS is contracting with the Group to secure the appropriate level and range of pathology services needed to support patients and promote cost efficiency in the operation and delivery of these services. This agreement ensures we have a high quality group accountable for providing consistent coverage critical to our hospital operations.

Pillar/Goal Alignment

Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications:

Compensation to the Group under this agreement will not exceed an annual total of four hundred ninety five thousand dollars (\$495,000). The total annual compensation is represented by the following categories:

- Total annual compensation to group - \$435,000
- Maximum recruitment incentive - \$30,000 each, for up to two (2) physicians and structured as a two (2) year forgivable loan

An evaluation of compensation provided under this agreement was determined by reviewing the time allocated for clinical coverage, time allocated for medical direction, and hours for medical administrative services. The compensation and rates for services provided to group that is proposed in the agreement has been reviewed by an independent valuation and compensation consulting firm to confirm that the terms contemplated are both commercially reasonable and fair market value.

The estimated costs to SVMHS will not exceed \$495,000 annually and \$930,000 for the two year term.

Recommendation

SVMHS Administration requests the recommendation for Board Approval of the contract terms and conditions listed above for the Agreement for Pathology Services with Salinas Pathology Services Medical Group, Inc.

Attachments

None

***PERSONNEL, PENSION AND
INVESTMENT COMMITTEE***

*Minutes from the June 29, 2021 meeting
of the Personnel, Pension and Investment
Committee will be distributed at
the Board Meeting*

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

(REGINA M. GAGE)

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

Board Paper: Personnel, Pension and Investment Committee

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

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

Date: June 16, 2021

Executive Summary

In consultation with members of the medical staff, hospital executive management has identified the recruitment of a physician specializing in family practice as a recruiting priority for the hospital's service area. Based on the Medical Staff Development Plan, completed by ECG Management Group in October 2019, the specialty of Family Medicine is recommended as a top priority for recruitment. Furthermore, one of the physicians at Salinas Valley Medical Clinic (SVMC) PrimeCare in Salinas will be retiring in August, thus emphasizing the need for an additional primary care physician to join the group.

The recommended physician, Brittany Chamberlain, MD, received her Doctor of Medicine degree at Ross University School of Medicine and will be completing her Family Medicine Residency with the University of San Francisco at Natividad Medical Center this September. A native of San Jose, CA, Dr. Chamberlain is excited to stay in a community close to her family and begin practicing in November.

Background/Situation/Rationale

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

(1) **Professional Services Agreement.**

The proposed professional services agreement includes the following terms:

- Professional Services Agreement that provides W-2 relationship for IRS reporting
- Two (2) year agreement
- Full-time: 0.9 FTE
- Base guarantee salary of two hundred sixty-five thousand dollars (\$265,000) per year, and to the extent it exceeds the base salary, productivity compensation of fifty seven dollars and sixty five cents (\$57.65) work Relative Value Unit (wRVU).
- Access to SVMHS Health Plan. Physician premium is projected based on 15% of SVMHS cost
- Access to SVMHS 403(b) and 457 retirement plans. 5% base contribution to 403b plan that vests after three years. Based on federal contribution limits this contribution is capped at fourteen thousand five hundred dollars (\$14,500) annually
- Three (3) weeks off for vacation
- One thousand eight hundred dollars (\$1,800) annual stipend for Continuing Medical Education (CME)
- The physician will receive an occurrence based professional liability policy through BETA Healthcare Group

- (2) **Recruitment Agreement** that provides a sign-on bonus of thirty thousand dollars (\$30,000).

Meeting our Mission, Vision, Goals

Strategic Plan Alignment:

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

Pillar/Goal Alignment:

Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications:

The addition of Dr. Chamberlain to SVMC has been identified as a need for recruitment while also providing additional resources and coverage for the SVMC PrimeCare Salinas practice.

The compensation proposed in these agreements have been reviewed against published industry benchmarks to confirm that the terms contemplated are fair market value and commercially reasonable.

Recommendation

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

- (i) **The Findings Supporting Recruitment of Brittany Chamberlain, 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. Chamberlain; and**
- (iii) **The Contract Terms of the Family Medicine Professional Services Agreement for Dr. Chamberlain.**

Attachments

- (1) Curriculum Vitae – Brittany Chamberlain, MD

Brittany A. Chamberlain, MD

PROFESSIONAL SUMMARY

Delivering quality, cost effective, patient centered care achieved by utilizing the patient centered medical home and lean processes.

CERTIFICATION AND LICENSURE

Board Eligible in Family Medicine, 2021

Eligible for Licensure in California, 2021

EDUCATION & TRAINING

Internship & Residency: Family Medicine, Natividad, Salinas, CA, 2018-2021

Doctorate in Medicine, Alumni Legacy Scholar, Ross University School of Medicine, Dominica, WI, 2017- Graduating after the NRMP, prior to entering residency, I taught Honors Chemistry at the high school level and managed the laboratory and experiments.

UNDERGRADUATE EDUCATION

Bachelor of Science, Systems Physiology, minor in Chemistry, San Jose State University, CA, 2012

Associates of Arts in Honors Liberal Arts, West Valley College, CA, 2009

Associates of Science in Chemistry and Biology, West Valley College, CA, 2009

PROFESSIONAL EXPERIENCE

Substitute Teacher and Teaching Laboratory Technician, LGSU High School District. 2017-2018.
Taught Honors Chemistry and responsible for lab management and experiment set up.

Research Intern, Palo Institute for Research and Education, Butcher Lab Stanford Veteran Affairs, Palo Alto, CA 2012-2013

Conducted investigative research evaluating the role of chemerin in oncologic pathology under the direction of Drs. Butcher and Pachynski.

Pharmacy Assistant & Marketing Director, Wellness Pharmacy, Los Gatos, CA, 2011-2013
Designed and implemented "Wellness Awareness". Directly consulted with medical practitioners in the area promoting services and recruiting partnerships.

Global Medical Brigades, Tegucigalpa, Honduras 2010

Academic Tutor, Saratoga, CA, 2009 - 2013

Lead tutor for students with disabilities, senior citizens and preparations for college entrance exams.

Head Counselor, Girls Creativity Club, San Jose, CA 2002- 2012

Mentored young girls to create a strong sense of self, develop problem solving abilities and creativity.

PRESENTATIONS

Society of Hospital Medicine Abstract and Poster Presentation 2020

Chamberlain BA, Schow M, Goldstein DJ. *Metastatic Coccidioides osteomyelitis in a patient with uncontrolled diabetes* [poster]. Hospital Medicine 2020 (HM20 Virtual), 2020 Jul.

Phi Delta Epsilon Regional Leadership Conference Speaker 2017

Ted Talk-like presentation: "The Human Connection"

RUSM Honor Council White Coat Speaker: Sept, Jan, May 2013-14

COMMITTEES

President of the Board of Directors, Westhope Senior Activity Center, Saratoga, CA 2008-2016

Conduct board meetings, responsible for developing and implementing activity programs, meal plans.

Student Government Association: Honor Council President 2013-14

Conduct hearings to facilitate mediation on violations of code of conduct and issue non-binding resolutions that have been mutually agreed upon by the parties.

Memorandum

Date: June 29, 2021

To: Personnel, Pension & Investment Committee

From: Augustine Lopez, CFO / Scott Cleveland, Controller

Re: **Calendar Year 2021 - Defined Benefit Pension Plan Funding & Additional Contribution**

The Hospital's consulting actuaries, Nicolay Consulting Group, have calculated the required minimum contribution to the Salinas Valley Memorial Healthcare District Employees' Pension Plan to be \$13,126,725 for Calendar Year 2021 per the January 1, 2021 Actuarial Valuation Report. Management requests the Personnel, Pension & Investment Committee's consideration to **recommend Board approval to fund the required minimum contribution \$13,126,725 to the Salinas Valley Memorial Healthcare District Employees' Pension Plan for Calendar Year 2021.**

In addition to the actuarially determined required minimum contribution, we are asking the Personnel, Pension & Investment Committee to **recommend approval to the Board of Directors that we deposit an additional \$10,000,000 to the Salinas Valley Memorial Healthcare District Employees' Pension Plan for Calendar Year 2021.**

This additional contribution has two benefits:

- These additional funds will help to continue improving the GASB Funded Ratio of the Defined Benefit Pension Plan.
- Invested assets can earn a higher rate of return in the pension plan than they can with Hospital's general investments.

The combined total of the above-mentioned cash contributions to the defined benefit pension plan will be \$23,126,725 to be made on or before December 31, 2021.

It should be noted that, due to the timing of updating the annual actuarial valuation, management will use this total (\$23,126,725) to estimate monthly funding amounts beginning in calendar year 2022 until we receive the 2022 Actuarial Valuation Report estimated to be available in June of 2022.

Thank you for your consideration.

***CORPORATE COMPLIANCE AND
AUDIT COMMITTEE***

*Minutes from the June 29, 2021
meeting of the Corporate Compliance and
Audit Committee will be distributed at
the Board Meeting*

(JUAN CABRERA)



**Medical Executive Committee Summary
June 10, 2021**

The following items from the meeting of the Medical Executive Committee (MEC) are presented to the Board of Directors and recommended for approval or as informational as indicated:

Items for Board Approval:

Credentials Committee

Initial Appointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Bennett, Dwayne, MD	Psychiatry	Medicine	Telemedicine: Psychiatry
Ippolito, Mark, MD	Neurology	Medicine	Telemedicine: Neurology
Knobles, Micah, MD	Psychiatry	Medicine	Telemedicine: Psychiatry
Montgomery, Lyle, MD	Psychiatry	Medicine	Telemedicine: Psychiatry
Naidoo, Elton, MD	Psychiatry	Medicine	Telemedicine: Psychiatry
Terry-Nichols, Wanda, MD	Psychiatry	Medicine	Telemedicine: Psychiatry

Reappointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Aharonian, Artin, MD	Tele-Radiology	Surgery	Tele-Radiology
Bernstein, Jesse, MD	Physical Medicine & Rehabilitation	Medicine	Medicine - Active Community
Block, Robert, MD	Otolaryngology	Surgery	Otolaryngology
Cabrera, Rolando, MD	Family Medicine	Family Medicine	Family Medicine - Active Community
Griffin, Matthew, MD	Orthopedic Surgery	Surgery	Orthopedic Surgery
Guzman, Jose, MD	Anesthesiology	Anesthesiology	Anesthesiology
Jalali, Maryam, MD	Pediatrics	Pediatrics	Pediatrics
Karakash, Scarlett, MD	Maternal Fetal Medicine	Ob/Gyn	Maternal Fetal Medicine
Lee, Jennae, MD	Pediatrics	Pediatrics	Pediatrics
Leyenson, Vadim, MD	Critical Care	Medicine	Critical Care/Pulmonary Medicine General Internal Medicine
Martinez, Albert, MD	Family Medicine	Family Medicine	Family Medicine – Active Community Regional Wound Healing Center Taylor Farms Family Health & Wellness Center – Active Community
Medawar, Chad “Tony”, DO	Critical Care	Medicine	Critical Care/Pulmonary Medicine General Internal Medicine
Moser, Evan, DO	Radiology	Surgery	Diagnostic Radiology Mammography Center for Advanced Diagnostic Imaging (CADI)
Mustoe, Thomas, MD	Interventional Cardiology	Medicine	Cardiology Interventional Cardiology

			Cardiac Diagnostic Outpatient Center (CDOC) Cardiovascular Diagnostic Center at Ryan Ranch (CADI)
Pereles, F. Scott, MD	Radiology	Surgery	Diagnostic Radiology Diagnostic Imaging (CADI)
Prager, Steven, MD	Pediatric Allergy	Pediatrics	Pediatric Allergy
Ryan, Martha, MD	Ophthalmology	Surgery	Ophthalmology
Tamir, Karina, DO	Tele-Psychiatry	Medicine	Tele-Psychiatry
Varma, Geetha, MD	Hematology/ Oncology	Medicine	Hematology/Oncology General Internal Medicine
Zetterlund, Patrik, MD	Interventional Cardiology	Medicine	Cardiology Interventional Cardiology: Peripheral Endovascular Cardiac Diagnostic Outpatient Center (CDOC) Center for Advanced Diagnostic Imaging (CADI)

Staff Status Modifications:

NAME	SPECIALTY	RECOMMENDATION
Allen, Evan, MD	Tele-Neurology	Resignation effective 5/16/2021.
Molinet, Edurado, MD	Interventional Radiology	Leave of Absence effective 6/1/2021.
Garvin, Eugene, MD	Anesthesiology	Leave of Absence effective 7/31/2021.
Simon, Margaret, MD	Family Medicine	Resignation effective 7/06/2021

Other Items:

ITEM	RECOMMENDATION
Continuous Coverage Information Form - Revision	<p>The Committee reviewed and recommended approval of the proposed revisions underlined as follows:</p> <p>Anesthesiology, Emergency Medicine, Diagnostic Imaging, Pathology, Salinas Valley Medical Clinic Providers, Hospitalists <u>and Neonatologist and Maternal Fetal Medicine under the Joint Venture Agreement</u> may list the covering group instead of an individual practitioner. Exceptions: Practitioners holding privileges in the outpatient setting, e.g., Sleep Center, Wound Care, Outpatient Imaging, Taylor Farms Family Health Center.</p>

Informational Items:

The following items were approved/accepted as appropriate:

I. Nominees for Medical Staff Officers 10/01/2021 – 09/30/2023:

- a. Vice Chief of Staff: Rakesh Singh, MD
- b. Secretary-Treasurer: Tarun Bajaj, MD
- c. MEC Members at Large: Mahendra Poudel, MD
Richard Rupp, MD

II. Committee Reports:

- a. Quality and Safety Committee
 - i. Annual Report of Critical Patient Safety Events
 - ii. Patient Safety Report 1st Qtr 2021
 - iii. Accreditation and Regulatory Update
 - iv. Palliative Care Report
 - v. Environment of Care Committee Report

- b. Medical Staff Excellence Committee
 - i. 9 Cases Reviewed/Discussed
 - ii. 4 Systems/Process Issues Identified
 - iii. 1 Case Referral to Transfusion Committee
 - iv. New Family Medicine Representative: Christine Ponzio, MD

III. Other Reports:

- a. Physician Recognition Program – Board Certifications/Publications/etc.
Karen Meyerhoff, MD – Published in the Journal of Anesthesiology
- b. Financial Performance & Capital Budget Review – April 2021
- c. Executive Update
- d. Summary of Executive Operations Committee Meetings
- e. Summary of Medical Staff Department/Committee Meetings
- f. Health Information Management Update
- g. Medical Staff Treasury
- h. Medical Staff Statistics
- i. HCAHPS Data
- j. SVMH Foundation Update

IV. Policies: Laboratory Critical Call Values

V. Order Sets Approved:

1	Admit COPD Exacerbation	17	t-PA for Pulmonary Embolism
2	Atrial Fibrillation	18	tPA for Pulmonary Embolism - Screen
3	Bronchoscopy Post Procedure		EMERGENCY DEPARTMENT
4	Card Post TAVR	19	Abd Pain CT w/o Female
5	Card Pre TAVR FUTURE	20	Abd pain CT w/o male
6	Cardiac Surgery Pre Op	21	CDU - Chest Pain Admission
7	Craniotomy Pre Op	22	Chest Pain - ACS (pre-checked)
8	Dialysis CRRT	23	Chest Pain - NonSpecific
9	Dofetilide	24	Chest Pain - STAT
10	ENT - T & A Adult Post Op	25	ER- General Medical (AOM)
11	General-Abd-Vasc PreOp AM/IP	26	ER - GI (AOM)
12	GYN Pre Op	27	ER - GU-Gyn (AOM)
13	Insulin Infusion Adult	28	Respiratory - Adult
14	Nephrology ProgGen Care Adm		
15	Pediatric - Fever/Sepsis		
16	Pediatric – GI		

EXTENDED CLOSED SESSION
(if necessary)

(VICTOR REY, JR.)

*ADJOURNMENT – THE NEXT
REGULAR MEETING OF THE
BOARD OF DIRECTORS IS
SCHEDULED FOR THURSDAY,
JULY 22, 2021, AT 4:00 P.M.*