



February 15, 2024

TO: Legal Counsel

News Media

Salinas Californian

El Sol

Monterey County Herald

Monterey County Weekly

KION-TV

KSBW-TV/ABC Central Coast

KSMS/Entravision-TV

The next regular meeting of the **BOARD OF DIRECTORS OF SALINAS VALLEY HEALTH¹** will be held **THURSDAY, FEBRUARY 22, 2024, AT 4:00 P.M., DOWNING RESOURCE CENTER, ROOMS A, B, & C, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA** or via **TELECONFERENCE** (*visit [SalinasValleyHealth.com/virtualboardmeeting](https://www.SalinasValleyHealth.com/virtualboardmeeting) for Access Information*).

A handwritten signature in black ink, appearing to read "Allen Radner".

Allen Radner, MD
Interim President/Chief Executive Officer

**REGULAR MEETING OF THE BOARD OF DIRECTORS
 SALINAS VALLEY HEALTH¹**

**THURSDAY, FEBRUARY 22, 2024, 4:00 P.M.
 DOWNING RESOURCE CENTER, ROOMS A, B & C
 SALINAS VALLEY HEALTH MEDICAL CENTER
 450 E. ROMIE LANE, SALINAS, CALIFORNIA
 or via TELECONFERENCE**

(Visit salinasvalleyhealth.com/virtualboardmeeting for Access Information)

AGENDA

- | | <i><u>Presented By</u></i> |
|--|----------------------------|
| 1. CALL TO ORDER / ROLL CALL | <i>Victor Rey, Jr.</i> |
| 2. CLOSED SESSION <i>(See Attached Closed Session Sheet Information)</i> | <i>Victor Rey, Jr.</i> |
| 3. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION
<i>(Estimated time 4:30 pm)</i> | <i>Victor Rey, Jr.</i> |
| 4. PUBLIC COMMENT | <i>Victor Rey, Jr.</i> |
| <p>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.</p> | |
| 5. AWARDS & RECOGNITION | <i>Allen Radner, MD</i> |
| <ul style="list-style-type: none"> • STAR Award Duo: Lauren Stroud, MS, LCSW and Guillermo Rodriguez, MSW, CADC II • DAISY Award: Brittnee Sandoval, RN, BSN, CMSRN • Special Quality Award: American Association of Critical Care Nurses (ACCN) Beacon Award of Excellence | |
| 6. BOARD MEMBER COMMENTS AND REFERRALS | <i>Board Members</i> |
| 7. CONSENT AGENDA - GENERAL BUSINESS
<i>(Board Member may pull an item from the Consent Agenda for discussion.)</i> | <i>Victor Rey, Jr.</i> |
| A. Minutes of January 25, 2024, Regular Meeting of the Board of Directors | |
| B. Financial Report | |
| C. Statistical Report | |
| D. Policies Requiring Approval | |
| 1. Absence of President/Chief Executive Officer | |
| 2. California Paid Sick Leave | |
| 3. Extravasation Management – Clinical | |
| 4. Healthcare Worker Immunizations & Immunity | |
| 5. Interpreter/Translator Communication | |
| 6. Medication Box: ED Surge Tent | |
| 7. Non-Compliance Reporting and Response | |
| 8. Nutritional Care Manual | |
| 9. Scope of Service: Health Information Management | |
| 10. Scope of Service: Health Promotion | |

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

- 11. Student Affiliations
- 12. Utilities Management Plan

E. Consideration for Approval of Quote Q-78647-1 by TigerConnect, Inc Under the Enterprise Master Subscriber Agreement for the period of March 24, 2024 to March 23, 2025

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

8. REPORTS ON STANDING AND SPECIAL COMMITTEES

A. QUALITY AND EFFICIENT PRACTICES COMMITTEE

Catherine Carson

Minutes of the February 12, 2024 Quality and Efficient Practices Committee meeting have been provided to the Board for their review. Additional Report from Committee Chair, if any.

B. PERSONNEL, PENSION AND INVESTMENT COMMITTEE

Juan Cabrera

Minutes of the February 12, 2024 Personnel, Pension and Investment Committee meeting have been provided to the Board for their review. Additional Report from Committee Chair, if any.

C. FINANCE COMMITTEE

Joel Hernandez

Laguna

Minutes of the February 21, 2024 Finance Committee meeting have been provided to the Board for their review. The following recommendations have been made to the Board.

1. Consider Recommendation for Board Approval of the Exercise of a Five (5) Year Lease Option in the Existing and Approved Lease for Space Located at 928 E. Blanco Road, #215 (Information Technology Department)
 - Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote
2. Consider Recommendation for Board of Directors to Award Construction Contract to FTG Builders, Inc. for the Permanent Bulk Oxygen Supply Replacement Project
 - Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote

3. Consider Recommendation for Board Approval of HSS Security Contract Renewal Amendment No. 4
 - Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote
4. Consider Recommendation for Board Approval of the Alliance HealthCare Services (Alliance), Inc. MRI Service Contract Addendum
 - Questions to Committee Chair/Staff
 - Motion/Second
 - Public Comment
 - Board Discussion/Deliberation
 - Action by Board/Roll Call Vote

D. COMMUNITY ADVOCACY COMMITTEE

*Rolando Cabrera,
MD*

Minutes of the February 14, 2024 Community Advocacy Committee meeting have been provided to the Board for their review. Additional Report from Committee Chair, if any.

9. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING OF FEBRUARY 8, 2024, AND RECOMMENDATIONS FOR BOARD APPROVAL OF THE FOLLOWING:

Rakesh Singh, MD

A. Reports

1. Credentials Committee Report
2. Interdisciplinary Practice Committee Report

B. Policies/Procedures/Plans:

1. Blood-borne Pathogen Exposure Control Plan
2. Clinical Privilege Delineation Form Nurse Practitioner
3. Clinical Privileges Practice Agreement/ Physician Assistant-Cardiology Ambulatory Care
4. Physician Assistant-Clinical Privileges/ Practice Agreement
 - Questions to Chief of Staff
 - Public Comment
 - Board Discussion/Deliberation
 - Motion/Second
 - Action by Board/Roll Call Vote

10. EXTENDED CLOSED SESSION (if necessary)

Victor Rey, Jr.

11. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

Victor Rey, Jr.

12. ADJOURNMENT

Victor Rey, Jr.

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, March 28, 2024, at 4:00 p.m.**

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

Requests for a disability related modification or accommodation, including auxiliary aids or services, in order to attend or participate in a meeting should be made to the Board Clerk during regular business hours at 831-759-3050. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

**SALINAS VALLEY HEALTH 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

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 from Quality and Efficient Practices
 - Report of the Medical Staff Quality and Safety Committee
 - Stroke Program
 - Transfusion Committee
 - Accreditation and Regulatory Committee- CDPH/CMS visits and reportable events
 - Consent Agenda:
 - Environment of Care
 - Accreditation and Regulatory Committee full report
 - National Patient Safety Goals
 - Accreditation and Regulatory Committee:
 - 2023 Failure Modes & Effects Analysis (FMEA) Report: Heparin Protocol
2. Accreditation and Regulatory Report on The Joint Commission Survey February 13-16, 2024
3. Medical Executive Committee
 - Report of the Medical Staff Credentials Committee (With Comments)
 - Report of the Medical Staff Interdisciplinary Practice Committee (With Comments)

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):

Araujo et al vs. Salinas Valley Memorial Healthcare System, or

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

PUBLIC EMPLOYMENT

(Government Code §54957)

Title: (Specify description of position to be filled): President/Chief Executive Officer

REPORT INVOLVING TRADE SECRET

(Government Code §37606 & Health and Safety Code § 32106)

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

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

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*

(VICTOR REY, JR.)

PUBLIC COMMENT

Awards & Recognition

Board of Directors Meeting

February 22, 2024





December STAR Award Dynamic Duo - Two Ceremonies



December STAR Awards

Guillermo Rodriguez,
MSW, CADC II
and
Lauren Stroud, MS,
LCSW



December DAISY Award
Brittnee Sandoval, RN, BSN, CMSRN



AACN Beacon Award for Excellence ICU/CCC Units

Awards & Recognition

BOARD MEMBER COMMENTS

AND REFERRALS

(VERBAL)



**SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM¹
REGULAR MEETING OF THE BOARD OF DIRECTORS
MEETING MINUTES
JANUARY 25, 2024**

Committee Members Present:

In-person: President Victor Rey, Jr., Vice-President Joel Hernandez Laguna; Juan Cabrera; Rolando Cabrera MD, and Catherine Carson;

Via Teleconference: None;

Absent: None.

Also Present:

Allen Radner, MD, Interim President/Chief Executive Officer

Rakesh Singh, MD, Chief of Staff

Matthew Ottone, Esq., District Legal Counsel

Kathie Haines, Executive Support

1. CALL TO ORDER/ROLL CALL

A quorum was present and President Victor Rey, Jr., called the meeting to order at 4:06 p.m. in the Downing Resource Center, Rooms A, B, and C.

2. CLOSED SESSION

President Rey announced items to be discussed in Closed Session as listed on the posted Agenda are *(1) Conference with Legal Counsel-Existing Litigation, (2) Reports Involving Trade Secret-Trade Secret, Strategic Planning, Proposed New Programs and Services, (3) Hearings and Reports and (4) Public Employment: President/Chief Executive Officer*. The meeting recessed into Closed Session under the Closed Session Protocol at 4:07 p.m. The Board completed its business of the Closed Session at 4:30 p.m.

3. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 4:33 p.m. President Rey reported that in Closed Session, the Board discussed *(1) Conference with Legal Counsel-Existing Litigation-Araujo et al vs. Salinas Valley Memorial Healthcare System, and (2) Hearings and Reports*. The Board received and accepted the reports listed on the Closed Session agenda.

President Rey announced there is a need for an extended closed session. The items to be discussed in Extended Closed Session will be *Reports Involving Trade Secret-Trade Secret, Strategic Planning, Proposed New Programs and Services and Public Employment: President/Chief Executive Officer*.

4. PUBLIC COMMENT

The following public input was received:

Kati Bassler, President, Salinas Valley Federation of Teachers, spoke about affordability of healthcare, commercial payors and the announcement of Kaiser entering the market and its impact.

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

5. AWARDS AND RECOGNITION

Dr. Radner introduced James A. Gilbert, MD, Interim Chief Medical Officer/Salinas Valley Health Medical Center, and Orlando Rodriguez, MD, Interim Chief Medical Officer/Salinas Valley Health Medical Clinic. Both physicians were thanked for their loyalty to our institution and for accepting these interim positions. Additionally, he thanked Dr. Rodriguez for his passion for the Salinas Valley Health Mobile Clinic.

Orlando Rodriguez, MD, Medical Director/Salinas Valley Health Mobile Clinic and Lynette Fitzgerald, Director/Community Benefit, were introduced by Dr. Radner. The Salinas Valley Health Mobile Clinic has reached two milestones, the four- year anniversary and 15,000 patient visits. Dr. Rodriguez pointed out the Mobile Clinic provides medical services to a population that is truly underserved; 95% of the patients have no insurance. Ms. Fitzgerald reported on the initiative focused on food insecurity; the Mobile Clinic has developed a partnership with Food Bank to also provide food for these families.

The Mobile Clinic staff was introduced as Victor Benitez/Logistics Coordinator, Hernan Perea/Logistics Coordinator, Yesenia Garcia/Community Health Advocate, and Alejandra Mendoza-Ortiz/Medical Assistant, and Olga Morales/Community Health Advocate (unable to attend). Each member of the staff was honored for their exceptional service, unwavering compassion, and resolute dedication to the Mobile Clinic and the underserved families of Monterey County.

Ms. Fitzgerald was presented with an award to thank her for her dedication to the well-being of our community which helps our community RISE in good health.

BOARD MEMBER DISCUSSION: President Rey thanked the team for their great work. Vice-President Hernandez-Laguna asked what the families serviced continue to struggle with as it is in our mission to improve the health and well-being of our community. The Mobile Clinic provides access to healthcare and referrals as appropriate to meet other social determinants of health. Dr. Radner stated that Ms. Fitzgerald's daughter, Miranda Fitzgerald Norman, also works for Salinas Valley Health as a Business Development Associate; we have a history of families who work at Salinas Valley Health for multiple generations.

6. BOARD MEMBER COMMENTS AND REFERRALS

Vice President Joel Hernandez Laguna: (1) Met a Hartnell college student in the nursing program with the specific goal of working at Salinas Valley Health. Our institution provides an opportunity for local residents to stay in the area. (2) He is working with City of Gonzalez to provide a comprehensive overview of the services Salinas Valley Health provides.

Director Rolando Cabrera, MD: (1) Welcomed Drs. Gilbert and Dr. Rodriguez and thanked them for their care and compassion. (2) He encouraged the Mobile Clinic team to stay strong and thanked them for their service on such a big endeavor.

Director Juan Cabrera: Echoed he is happy and proud to see the Mobile Clinic at the high schools offering sports physicals and thanked the Mobile Clinic staff.

Director Catherine Carson: (1) Met a neighbor in the parking garage on Monday, 1/22/24, who said her husband received wonderful care. They came through the ED over the weekend. They had 3 nurses and 3 physicians in his room on Sunday discussing and planning together; she loved that they all talked and planned together. (2) Received a letter in January from a Salinas patient who is also a Certified Laboratory Scientist (CLS) praising the care of the team on the 5th floor during 2023. (3) Nurses Rebecca Rodriguez, Catherine Hambley and Kirsten Wisner published an article in the Journal of Nursing Administration

entitled “Taking the Fear out of Peer Feedback” in which was stated Hospitals participating in the Magnet Recognition Program must demonstrate that nurses at all levels use peer feedback to identify areas of strength and opportunities for improvement. Congratulations to Lisa Paulo, CNO, and nursing department for being published in such a prestigious publication.

President Victor Rey, Jr.: A friend reached out whose husband had a heart attack and was rushed to Salinas Valley Health by their son who is a nurse here. They received exceptional care. He had a bypass and has since started therapy for recovery. Formerly their care was in Monterey and they have switched to our system and are happy with their decision.

7. CONSENT AGENDA – GENERAL BUSINESS

- A. Minutes of September 28, 2023, Regular Meeting of the Board of Directors
- B. Minutes of December 14, 2023, Annual Meeting of the Board of Directors
- C. Financial Report
- D. Statistical Report
- E. Policies Requiring Approval
 1. Blood Borne Pathogen Exposure Guidelines
 2. Capital Equipment
 3. Capitalization of Interest Cost
 4. College of American Pathologists Terms of Accreditation
 5. Disclosure of Unanticipated Outcomes
 6. Disinfection of Instruments/Scopes
 7. Education and Staff Development
 8. Emergency Management for Mass Casualty Incidents (MCI)
 9. Fan Use / Cleaning
 10. Hand Hygiene
 11. Isolation - Standard and Transmission Based Precautions
 12. Latex Allergy-Surgery
 13. Leave of Absence
 14. Outbreak Investigation
 15. Paid Time Off (PTO) - Non-Affiliated Employees
 16. Respiratory Care Point of Care Testing (RC POCT) Lab Arterial Blood Gas Quality Management Plan
 17. Reprocessing Single Use Devices
 18. Scope of Service: Employee Health
 19. Scope of Service: Nursing Administration
- F. Board Member Compensation and Expenditure Reimbursement Policy
 - Board President Report
 - Questions to Board President/Staff
 - Public Comment
 - Board Discussion/Deliberation
 - Motion/Second
 - Action by Board/Roll Call Vote

PUBLIC COMMENT:

None

BOARD MEMBER DISCUSSION: The December minutes will be amended to reflect Ms. Carson was in attendance.

MOTION:

Upon motion by Director Dr. Cabrera, second by Director J. Cabrera, the Board of Directors approved the Consent Agenda, Items (A) through (F).

ROLL CALL VOTE:

Ayes: Cabrera, Dr. Cabrera, Carson, Hernandez Laguna, and Rey

Noes: None;

Abstentions: None;

Absent: None.

Motion Carried

8. REPORTS ON STANDING AND SPECIAL COMMITTEES

A. QUALITY AND EFFICIENT PRACTICES COMMITTEE

A report was received from Director Catherine Carson regarding the Quality and Efficient Practices Committee. The January meeting consisted of December and January results as the December meeting was cancelled. There was a comprehensive agenda with reports on quality improvement. There were no recommendations.

B. PERSONNEL, PENSION, AND INVESTMENT COMMITTEE

A report was received from Director Catherine Carson regarding the Personnel, Pension, and Investment Committee. The following recommendation was made:

1. Consider recommendation for Board approval of:

- A. The Findings Supporting Recruitment of Najwa Bahu-Baugh, MD,
 - (i) That the recruitment of an internal medicine physician to Salinas Valley Health Clinics is in the best interest of the public health of the communities served by the District; and
 - (ii) 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;
- B. The Contract Terms for Dr. Bahu-Baugh's Recruitment Agreement, and
- C. The Contract Terms for Dr. Bahu-Baugh's Internal Medicine Professional Services Agreement

C. FINANCE COMMITTEE

A report was received from Director Juan Cabrera regarding the Finance Committee. There were no recommendations.

D. TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE

A report was received from Director Victor Rey, Jr., regarding the Transformation, Strategic Planning and Governance Committee. There were no recommendations.

**9. REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC)
MEETING ON JANUARY 11, 2024, AND RECOMMENDATION FOR BOARD
APPROVAL OF THE FOLLOWING**

Rakesh Singh, MD, Chief of Staff, reviewed the reports of the Medical Executive Committee (MEC) meeting of January 11, 2024, and Policies/Procedures/Plans revisions. A full report was provided in the Board packet.

Recommend Board Approval of the Following:

- a. Reports
 - 1. Credentials Committee Report
 - 2. Interdisciplinary Practice Committee Report
- b. Policies/Procedures/Plans:
 - 1. Cardiovascular Nursing Standardized Procedure
 - 2. Vaginal Bleeding Nursing Standardized Procedure

PUBLIC COMMENT:

None

BOARD MEMBER DISCUSSION:

None

MOTION:

Upon motion by Director Dr. Cabrera, second by Director Hernandez-Laguna, the Board of Directors receives and approves the Medical Executive Committee Credentials Committee Report, the Interdisciplinary Practice Committee Report, and the Policies, Procedures, Plans, as follows:

- a. Reports
 - 1. Credentials Committee Report
 - 2. Interdisciplinary Practice Committee Report
- b. Policies/Procedures/Plans:
 - 1. Cardiovascular Nursing Standardized Procedure
 - 2. Vaginal Bleeding Nursing Standardized Procedure

ROLL CALL VOTE:

Ayes: Cabrera, Dr. Cabrera, Carson, Hernandez Laguna, and Rey

Noes: None;

Abstentions: None;

Absent: None.

Motion Carried

10. EXTENDED CLOSED SESSION

President Rey announced items to be discussed in Extended Closed Session are (1) *Reports Involving Trade Secret-Trade Secret, Strategic Planning, Proposed New Programs and Services* and (2) *Public Employment: President/Chief Executive Officer*. The meeting recessed into Closed Session under the Closed Session Protocol at 5:13 p.m. The Board completed its business of the Closed Session at 6:51 p.m.

11. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 6:52 p.m. President Rey reported that in Extended Closed Session, the Board discussed *(1) Reports Involving Trade Secret-Trade Secret, Strategic Planning, Proposed New Programs and Services* and *(2) Public Employment: President/Chief Executive Officer*. President Rey announced that no action was taken in Extended Closed Session.

14. ADJOURNMENT

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, February 22 at 4:00 p.m.** There being no further business, the meeting was adjourned at 6:53 p.m.

Rolando Cabrera, MD
Secretary, Board of Directors

SALINAS VALLEY HEALTH MEDICAL CENTER
SUMMARY INCOME STATEMENT
January 31, 2024

	<u>Month of January,</u>		<u>Seven months ended January 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 61,613,990	\$ 52,406,568	\$ 349,385,979	\$ 368,564,871
Other operating revenue	328,494	799,043	7,575,234	5,277,500
Total operating revenue	<u>61,942,484</u>	<u>53,205,611</u>	<u>356,961,213</u>	<u>373,842,371</u>
Total operating expenses	50,949,807	48,096,121	335,514,655	330,964,182
Total non-operating income	<u>(997,809)</u>	<u>1,969,407</u>	<u>(6,817,582)</u>	<u>(15,114,307)</u>
Operating and non-operating income	<u>\$ 9,994,868</u>	<u>\$ 7,078,897</u>	<u>\$ 14,628,976</u>	<u>\$ 27,763,882</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
 BALANCE SHEETS
 January 31, 2024

	<u>Current year</u>	<u>Prior year</u>
ASSETS:		
Current assets	\$ 349,508,114	\$ 412,303,414
Assets whose use is limited or restricted by board	164,835,169	156,776,616
Capital assets	250,724,362	240,097,667
Other assets	290,451,252	180,892,369
Deferred pension outflows	<u>116,911,125</u>	<u>95,857,027</u>
	<u>\$ 1,172,430,022</u>	<u>\$ 1,085,927,094</u>
LIABILITIES AND EQUITY:		
Current liabilities	94,768,784	104,459,750
Long term liabilities	21,143,341	17,159,971
Lease deferred inflows	1,771,268	1,642,999
Pension liability	118,792,064	79,111,485
Net assets	<u>935,954,566</u>	<u>883,552,889</u>
	<u>\$ 1,172,430,023</u>	<u>\$ 1,085,927,094</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
SCHEDULES OF NET PATIENT REVENUE
January 31, 2024

	Month of January,		Seven months ended January 31,	
	current year	prior year	current year	prior year
Patient days:				
By payer:				
Medicare	1,899	2,485	12,602	14,457
Medi-Cal	1,175	1,232	7,311	8,184
Commercial insurance	497	859	4,167	5,722
Other patient	140	117	783	791
Total patient days	3,711	4,693	24,863	29,154
Gross revenue:				
Medicare	\$ 128,500,305	\$ 117,079,241	\$ 786,050,025	\$ 719,779,338
Medi-Cal	76,095,203	74,947,384	483,005,817	479,955,865
Commercial insurance	52,992,852	53,601,511	369,393,576	374,448,915
Other patient	9,975,991	7,815,069	63,559,989	58,860,324
Gross revenue	267,564,351	253,443,204	1,702,009,407	1,633,044,443
Deductions from revenue:				
Administrative adjustment	604,055	209,204	2,229,964	1,811,961
Charity care	632,874	449,700	5,185,545	4,505,977
Contractual adjustments:				
Medicare outpatient	39,108,296	30,282,691	242,537,812	205,148,190
Medicare inpatient	48,186,591	59,924,756	328,000,302	325,749,432
Medi-Cal traditional outpatient	2,133,509	4,651,657	20,177,785	23,548,613
Medi-Cal traditional inpatient	5,015,765	6,727,647	33,132,174	35,282,876
Medi-Cal managed care outpatient	31,859,719	28,269,782	210,787,982	188,448,664
Medi-Cal managed care inpatient	30,651,688	28,190,199	174,857,336	179,573,049
Commercial insurance outpatient	21,567,547	16,488,627	153,099,249	123,855,753
Commercial insurance inpatient	19,760,753	21,049,745	143,643,861	141,221,771
Uncollectible accounts expense	4,246,345	3,507,054	29,558,634	27,055,072
Other payors	2,183,218	1,285,574	9,412,784	8,278,214
Deductions from revenue	205,950,360	201,036,636	1,352,623,428	1,264,479,572
Net patient revenue	\$ 61,613,991	\$ 52,406,568	\$ 349,385,979	\$ 368,564,871
Gross billed charges by patient type:				
Inpatient	\$ 141,826,613	\$ 147,699,641	\$ 871,913,731	\$ 887,453,199
Outpatient	96,790,497	78,072,578	624,917,743	544,682,322
Emergency room	28,947,238	27,670,986	205,177,933	200,908,922
Total	\$ 267,564,348	\$ 253,443,204	\$ 1,702,009,407	\$ 1,633,044,443

SALINAS VALLEY HEALTH MEDICAL CENTER
STATEMENTS OF REVENUE AND EXPENSES
January 31, 2024

	Month of January,		Seven months ended January 31,	
	current year	prior year	current year	prior year
Operating revenue:				
Net patient revenue	\$ 61,613,990	\$ 52,406,568	\$ 349,385,979	\$ 368,564,871
Other operating revenue	328,494	799,043	7,575,234	5,277,500
Total operating revenue	61,942,484	53,205,611	356,961,213	373,842,371
Operating expenses:				
Salaries and wages	17,798,503	17,150,520	117,136,222	121,658,236
Compensated absences	3,193,519	3,003,125	21,164,194	19,935,749
Employee benefits	9,012,836	7,935,014	58,759,047	53,579,056
Supplies, food, and linen	7,564,505	6,721,873	50,475,764	47,493,198
Purchased department functions	4,139,693	4,402,393	25,681,515	29,107,366
Medical fees	2,259,127	1,758,209	17,398,107	13,500,018
Other fees	2,981,889	3,061,248	16,222,380	20,841,879
Depreciation	2,390,598	3,374,974	16,775,845	14,743,048
All other expense	1,609,137	688,765	11,901,581	10,105,632
Total operating expenses	50,949,807	48,096,121	335,514,655	330,964,182
Income from operations	10,992,677	5,109,490	21,446,558	42,878,189
Non-operating income:				
Donations	1,000,015	4,176,790	2,333,567	5,036,136
Property taxes	333,333	333,333	2,333,333	2,333,333
Investment income	2,687,322	2,848,157	19,973,644	869,838
Taxes and licenses	0	0	0	0
Income from subsidiaries	(5,018,479)	(5,388,873)	(31,458,126)	(23,353,614)
Total non-operating income	(997,809)	1,969,407	(6,817,582)	(15,114,307)
Operating and non-operating income	9,994,868	7,078,897	14,628,976	27,763,882
Net assets to begin	925,959,698	876,473,992	919,325,589	855,789,007
Net assets to end	\$ 935,954,566	\$ 883,552,889	\$ 933,954,566	\$ 883,552,889
Net income excluding non-recurring items	\$ 9,994,868	\$ 7,078,897	\$ 14,628,976	\$ 27,763,882
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	0	0	0	0
Operating and non-operating income	\$ 9,994,868	\$ 7,078,897	\$ 14,628,976	\$ 27,763,882

SALINAS VALLEY HEALTH MEDICAL CENTER
SCHEDULES OF INVESTMENT INCOME
January 31, 2024

	<u>Month of January,</u>		<u>Seven months ended January 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Detail of income from subsidiaries:				
Salinas Valley Health Clinics				
Pulmonary Medicine Center	\$ (223,555)	\$ (291,153)	\$ (1,423,234)	\$ (1,176,484)
Neurological Clinic	(80,430)	(36,624)	(518,658)	(400,802)
Palliative Care Clinic	(96,907)	(73,986)	(615,459)	(490,482)
Surgery Clinic	(206,760)	(134,551)	(1,297,721)	(958,754)
Infectious Disease Clinic	(40,476)	(23,532)	(253,012)	(197,972)
Endocrinology Clinic	(249,892)	(165,006)	(1,604,863)	(1,096,604)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(658,904)	(324,351)	(4,056,325)	(2,750,468)
OB/GYN Clinic	(379,663)	(347,246)	(2,747,900)	(2,043,327)
PrimeCare Medical Group	(1,003,003)	(853,542)	(6,060,927)	(3,634,347)
Oncology Clinic	(363,583)	(105,723)	(2,298,809)	(1,680,508)
Cardiac Surgery	(185,270)	(387,569)	(2,094,519)	(1,864,081)
Sleep Center	(54,630)	(31,480)	(343,644)	(191,303)
Rheumatology	(77,219)	(26,004)	(492,547)	(391,836)
Precision Ortho MDs	(530,693)	(156,022)	(3,351,265)	(2,305,576)
Precision Ortho-MRI	0	0	0	0
Precision Ortho-PT	(59,246)	(25,548)	(313,642)	(251,058)
Vaccine Clinic	0	0	16	(683)
Dermatology	(50,380)	(29,227)	(286,885)	(116,863)
Hospitalists	0	0	0	0
Behavioral Health	(60,198)	(44,816)	(314,499)	(234,085)
Pediatric Diabetes	(40,284)	(35,452)	(321,548)	(326,525)
Neurosurgery	(32,703)	(32,824)	(241,364)	(209,319)
Multi-Specialty-RR	1,303	16,994	19,866	77,684
Radiology	(360,050)	(420,147)	(2,243,847)	(1,454,183)
Salinas Family Practice	(133,209)	(13,610)	(966,162)	(611,074)
Urology	(199,553)	(24,501)	(1,206,127)	(680,785)
Total SVHC	(5,085,305)	(3,565,920)	(33,033,075)	(22,989,435)
Doctors on Duty	77,862	(687,421)	371,821	(216,012)
Vantage Surgery Center	0	0	0	0
LPCH NICU JV	0	(1,387,567)	0	(1,387,567)
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	207,358	281,747	949,261	1,124,830
Coastal	(217,350)	(60,772)	18,336	(126,899)
Apex	0	0	0	0
21st Century Oncology	(35,715)	7,858	(47,108)	(39,800)
Monterey Bay Endoscopy Center	34,672	23,202	282,638	281,269
Total	<u>\$ (5,018,479)</u>	<u>\$ (5,388,873)</u>	<u>\$ (31,458,126)</u>	<u>\$ (23,353,614)</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
BALANCE SHEETS
January 31, 2024

	<u>Current year</u>	<u>Prior year</u>
A S S E T S		
Current assets:		
Cash and cash equivalents	\$ 219,093,803	\$ 298,481,556
Patient accounts receivable, net of estimated uncollectibles of \$37,830,830	107,899,596	92,153,235
Supplies inventory at cost	8,246,117	7,562,066
Current portion of lease receivable	1,239,543	546,861
Other current assets	<u>13,029,056</u>	<u>13,559,697</u>
Total current assets	<u>349,508,114</u>	<u>412,303,414</u>
Assets whose use is limited or restricted by board	<u>164,835,169</u>	<u>156,776,616</u>
Capital assets:		
Land and construction in process	75,034,848	47,644,135
Other capital assets, net of depreciation	<u>175,689,514</u>	<u>192,453,533</u>
Total capital assets	<u>250,724,362</u>	<u>240,097,667</u>
Other assets:		
Right of use assets, net of amortization	6,932,254	5,622,496
Long term lease receivable	666,332	1,186,426
Subscription assets, net of amortization	8,126,644	0
Investment in Securities	253,785,075	144,021,851
Investment in SVMC	6,182,038	8,555,839
Investment in Coastal	1,699,977	1,516,802
Investment in other affiliates	21,769,907	21,819,482
Net pension asset	<u>(8,710,975)</u>	<u>(1,830,527)</u>
Total other assets	<u>290,451,252</u>	<u>180,892,369</u>
Deferred pension outflows	<u>116,911,125</u>	<u>95,857,027</u>
	<u>\$ 1,172,430,022</u>	<u>\$ 1,085,927,094</u>
L I A B I L I T I E S A N D N E T A S S E T S		
Current liabilities:		
Accounts payable and accrued expenses	\$ 63,482,140	\$ 65,813,465
Due to third party payers	5,517,961	17,518,568
Current portion of self-insurance liability	18,883,412	18,356,763
Current subscription liability	4,375,801	0
Current portion of lease liability	<u>2,509,470</u>	<u>2,770,954</u>
Total current liabilities	94,768,784	104,459,750
Long term portion of workers comp liability	13,027,333	14,058,922
Long term portion of lease liability	4,643,054	3,101,049
Long term subscription liability	<u>3,472,954</u>	<u>0</u>
Total liabilities	<u>115,912,125</u>	<u>121,619,721</u>
Lease deferred inflows	1,771,268	1,642,999
Pension liability	<u>118,792,064</u>	<u>79,111,485</u>
Net assets:		
Invested in capital assets, net of related debt	250,724,362	240,097,667
Unrestricted	<u>685,230,204</u>	<u>643,455,222</u>
Total net assets	<u>935,954,566</u>	<u>883,552,889</u>
	<u>\$ 1,172,430,023</u>	<u>\$ 1,085,927,094</u>

SALINAS VALLEY HEALTH MEDICAL CENTER
STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL
January 31, 2024

	Month of January,				Seven months ended January 31,			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:								
Gross billed charges	\$ 267,564,351	\$ 242,821,310	24,743,041	10.19%	\$ 1,702,009,407	\$ 1,642,046,827	59,962,580	3.65%
Deductions from revenue	205,950,360	192,211,509	13,738,851	7.15%	1,352,623,428	1,293,341,509	59,281,919	4.58%
Net patient revenue	61,613,991	50,609,801	11,004,190	21.74%	349,385,979	348,705,318	680,661	0.20%
Other operating revenue	328,494	1,332,540	(1,004,046)	-75.35%	7,575,234	9,327,780	(1,752,546)	-18.79%
Total operating revenue	61,942,485	51,942,341	10,000,144	19.25%	356,961,213	358,033,098	(1,071,885)	-0.30%
Operating expenses:								
Salaries and wages	17,798,503	17,294,885	503,618	2.91%	117,136,222	118,667,700	(1,531,478)	-1.29%
Compensated absences	3,193,519	3,012,564	180,955	6.01%	21,164,194	22,153,503	(989,309)	-4.47%
Employee benefits	9,012,836	8,239,445	773,391	9.39%	58,759,047	54,833,308	3,925,739	7.16%
Supplies, food, and linen	7,564,505	6,899,278	665,227	9.64%	50,475,764	47,855,732	2,620,032	5.47%
Purchased department functions	4,139,693	3,539,230	600,463	16.97%	25,681,515	24,774,606	906,909	3.66%
Medical fees	2,259,127	2,359,060	(99,933)	-4.24%	17,398,107	16,513,421	884,686	5.36%
Other fees	2,981,889	2,269,528	712,361	31.39%	16,222,380	15,793,271	429,109	2.72%
Depreciation	2,390,598	2,194,405	196,193	8.94%	16,775,845	14,859,814	1,916,031	12.89%
All other expense	1,609,137	1,841,330	(232,193)	-12.61%	11,901,581	12,810,377	(908,796)	-7.09%
Total operating expenses	50,949,807	47,649,725	3,300,082	6.93%	335,514,655	328,261,731	7,252,924	2.21%
Income from operations	10,992,678	4,292,616	6,700,062	156.08%	21,446,558	29,771,367	(8,324,809)	-27.96%
Non-operating income:								
Donations	1,000,015	166,667	833,348	500.01%	2,333,567	1,166,667	1,166,900	100.02%
Property taxes	333,333	333,333	(0)	0.00%	2,333,333	2,333,333	(0)	0.00%
Investment income	2,687,322	1,185,806	1,501,516	126.62%	19,973,644	8,300,639	11,673,005	140.63%
Income from subsidiaries	(5,018,479)	(3,965,473)	(1,053,006)	26.55%	(31,458,126)	(27,782,987)	(3,675,139)	13.23%
Total non-operating income	(997,809)	(2,279,668)	1,281,859	-56.23%	(6,817,582)	(15,982,349)	9,164,767	-57.34%
Operating and non-operating income \$	9,994,869	2,012,948	7,981,921	396.53%	14,628,976	13,789,018	839,958	6.09%

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2022-23</u>	<u>2023-24</u>	
<u>NEWBORN STATISTICS</u>					
Medi-Cal Admissions	28	30	259	245	(14)
Other Admissions	78	73	607	572	(35)
Total Admissions	106	103	866	817	(49)
Medi-Cal Patient Days	52	47	415	393	(22)
Other Patient Days	146	107	1,022	954	(68)
Total Patient Days of Care	198	154	1,437	1,347	(90)
Average Daily Census	6.4	5.0	6.7	6.3	(0.4)
Medi-Cal Average Days	1.8	1.8	1.7	1.7	0.0
Other Average Days	0.9	1.6	1.7	1.7	0.0
Total Average Days Stay	1.7	1.6	1.7	1.7	0.0
<u>ADULTS & PEDIATRICS</u>					
Medicare Admissions	470	400	2,852	2,647	(205)
Medi-Cal Admissions	291	278	2,065	1,851	(214)
Other Admissions	423	284	2,253	2,075	(178)
Total Admissions	1,184	962	7,170	6,573	(597)
Medicare Patient Days	2,190	1,654	12,207	10,733	(1,474)
Medi-Cal Patient Days	1,251	1,193	8,453	7,520	(933)
Other Patient Days	1,185	631	7,482	5,190	(2,292)
Total Patient Days of Care	4,626	3,478	28,142	23,443	(4,699)
Average Daily Census	149.2	112.2	130.9	109.0	(21.9)
Medicare Average Length of Stay	4.7	4.1	4.3	4.1	(0.2)
Medi-Cal Average Length of Stay	3.7	4.0	3.5	3.5	0.0
Other Average Length of Stay	3.0	1.8	2.7	2.0	(0.7)
Total Average Length of Stay	3.9	3.3	3.5	3.2	(0.3)
Deaths	39	29	174	185	11
Total Patient Days	4,824	3,632	29,579	24,790	(4,789)
Medi-Cal Administrative Days	15	0	56	5	(51)
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	15	0	56	5	(51)
Percent Non-Acute	0.31%	0.00%	0.19%	0.02%	-0.17%

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2022-23</u>	<u>2023-24</u>	
<u>PATIENT DAYS BY LOCATION</u>					
Level I	390	307	2,135	1,736	(399)
Heart Center	385	342	2,481	2,304	(177)
Monitored Beds	806	659	4,764	4,353	(411)
Single Room Maternity/Obstetrics	292	267	2,399	2,190	(209)
Med/Surg - Cardiovascular	1,079	850	6,620	5,826	(794)
Med/Surg - Oncology	341	307	1,943	1,965	22
Med/Surg - Rehab	580	531	3,769	3,251	(518)
Pediatrics	139	136	957	944	(13)
Nursery	198	154	1,437	1,347	(90)
Neonatal Intensive Care	69	79	1,025	874	(151)
<u>PERCENTAGE OF OCCUPANCY</u>					
Level I	96.77%	76.18%	76.39%	62.11%	
Heart Center	82.80%	73.55%	76.93%	71.44%	
Monitored Beds	96.30%	78.73%	82.07%	74.99%	
Single Room Maternity/Obstetrics	25.46%	23.28%	30.16%	27.53%	
Med/Surg - Cardiovascular	77.35%	60.93%	68.42%	60.22%	
Med/Surg - Oncology	84.62%	76.18%	69.52%	70.30%	
Med/Surg - Rehab	71.96%	65.88%	67.42%	58.16%	
Med/Surg - Observation Care Unit	0.00%	0.00%	0.00%	0.00%	
Pediatrics	24.91%	24.37%	24.73%	24.39%	
Nursery	38.71%	30.11%	20.25%	18.99%	
Neonatal Intensive Care	20.23%	23.17%	43.34%	36.96%	

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2022-23</u>	<u>2023-24</u>	
<u>DELIVERY ROOM</u>					
Total deliveries	104	102	837	753	(84)
C-Section deliveries	35	21	267	249	(18)
Percent of C-section deliveries	33.65%	20.59%	31.90%	33.07%	1.17%
<u>OPERATING ROOM</u>					
In-Patient Operating Minutes	21,592	16,222	144,363	112,915	(31,448)
Out-Patient Operating Minutes	28,417	26,930	188,911	204,723	15,812
Total	50,009	43,152	333,274	317,638	(15,636)
Open Heart Surgeries	15	12	101	80	(21)
In-Patient Cases	157	115	982	809	(173)
Out-Patient Cases	264	278	1,914	2,036	122
<u>EMERGENCY ROOM</u>					
Immediate Life Saving	38	24	210	244	34
High Risk	590	869	3,987	5,204	1,217
More Than One Resource	2,865	2,655	20,863	19,808	(1,055)
One Resource	1,503	1,691	15,383	13,534	(1,849)
No Resources	88	54	649	648	(1)
Total	<u>5,084</u>	<u>5,293</u>	<u>41,092</u>	<u>39,438</u>	<u>(1,654)</u>

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2022-23</u>	<u>2023-24</u>	
CENTRAL SUPPLY					
In-patient requisitions	17,248	13,675	107,379	92,017	-15,362
Out-patient requisitions	9,192	10,221	65,670	72,031	6,361
Emergency room requisitions	935	677	4,383	5,132	749
Interdepartmental requisitions	7,502	6,876	50,300	46,479	-3,821
Total requisitions	<u>34,877</u>	<u>31,449</u>	<u>227,732</u>	<u>215,659</u>	<u>-12,073</u>
LABORATORY					
In-patient procedures	44,539	40,812	283,968	258,702	-25,266
Out-patient procedures	10,104	41,103	72,076	167,740	95,664
Emergency room procedures	12,477	12,631	92,265	90,813	-1,452
Total patient procedures	<u>67,120</u>	<u>94,546</u>	<u>448,309</u>	<u>517,255</u>	<u>68,946</u>
BLOOD BANK					
Units processed	<u>254</u>	<u>241</u>	<u>2,259</u>	<u>2,103</u>	<u>-156</u>
ELECTROCARDIOLOGY					
In-patient procedures	1,225	1,224	7,894	7,685	-209
Out-patient procedures	308	366	2,368	2,760	392
Emergency room procedures	1,082	1,250	7,801	8,443	642
Total procedures	<u>2,615</u>	<u>2,840</u>	<u>18,063</u>	<u>18,888</u>	<u>825</u>
CATH LAB					
In-patient procedures	93	110	665	841	176
Out-patient procedures	70	134	556	806	250
Emergency room procedures	0	0	1	0	-1
Total procedures	<u>163</u>	<u>244</u>	<u>1,222</u>	<u>1,647</u>	<u>425</u>
ECHO-CARDIOLOGY					
In-patient studies	416	429	2,762	2,666	-96
Out-patient studies	262	312	1,607	1,937	330
Emergency room studies	1	0	9	7	-2
Total studies	<u>679</u>	<u>741</u>	<u>4,378</u>	<u>4,610</u>	<u>232</u>
NEURODIAGNOSTIC					
In-patient procedures	124	116	1,001	910	-91
Out-patient procedures	25	13	123	128	5
Emergency room procedures	0	0	0	0	0
Total procedures	<u>149</u>	<u>129</u>	<u>1,124</u>	<u>1,038</u>	<u>-86</u>

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2022-23</u>	<u>2023-24</u>	
SLEEP CENTER					
In-patient procedures	0	0	1	0	-1
Out-patient procedures	115	274	965	1,638	673
Emergency room procedures	0	0	1	0	-1
Total procedures	115	274	967	1,638	671
RADIOLOGY					
In-patient procedures	1,655	1,440	10,267	9,268	-999
Out-patient procedures	384	396	2,510	2,781	271
Emergency room procedures	1,409	1,438	10,846	10,400	-446
Total patient procedures	3,448	3,274	23,623	22,449	-1,174
MAGNETIC RESONANCE IMAGING					
In-patient procedures	149	141	1,065	982	-83
Out-patient procedures	56	98	669	796	127
Emergency room procedures	1	6	40	49	9
Total procedures	206	245	1,774	1,827	53
MAMMOGRAPHY CENTER					
In-patient procedures	3,599	4,057	27,913	28,996	1,083
Out-patient procedures	3,547	4,026	27,658	28,651	993
Emergency room procedures	2	0	7	9	2
Total procedures	7,148	8,083	55,578	57,656	2,078
NUCLEAR MEDICINE					
In-patient procedures	24	26	139	139	0
Out-patient procedures	83	97	628	744	116
Emergency room procedures	1	0	2	2	0
Total procedures	108	123	769	885	116
PHARMACY					
In-patient prescriptions	114,108	98,461	689,862	595,876	-93,986
Out-patient prescriptions	13,869	16,025	102,473	110,049	7,576
Emergency room prescriptions	7,455	8,968	61,974	64,845	2,871
Total prescriptions	135,432	123,454	854,309	770,770	-83,539
RESPIRATORY THERAPY					
In-patient treatments	22,711	19,701	125,827	116,513	-9,314
Out-patient treatments	1,138	1,145	7,555	7,592	37
Emergency room treatments	323	363	2,922	3,587	665
Total patient treatments	24,172	21,209	136,304	127,692	-8,612
PHYSICAL THERAPY					
In-patient treatments	2,866	2,521	18,208	17,682	-526
Out-patient treatments	180	265	1,200	1,842	642
Emergency room treatments	2	0	2	0	-2
Total treatments	3,048	2,786	19,410	19,524	114

SALINAS VALLEY HEALTH MEDICAL CENTER

PATIENT STATISTICAL REPORT

For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2022-23</u>	<u>2023-24</u>	
OCCUPATIONAL THERAPY					
In-patient procedures	1,702	1,541	11,200	9,983	-1,217
Out-patient procedures	171	276	1,076	1,687	611
Emergency room procedures	0	0	0	0	0
Total procedures	<u>1,873</u>	<u>1,817</u>	<u>12,276</u>	<u>11,670</u>	<u>-606</u>
SPEECH THERAPY					
In-patient treatments	513	526	3,129	3,582	453
Out-patient treatments	28	40	164	272	108
Emergency room treatments	0	0	0	0	0
Total treatments	<u>541</u>	<u>566</u>	<u>3,293</u>	<u>3,854</u>	<u>561</u>
CARDIAC REHABILITATION					
In-patient treatments	0	1	1	10	9
Out-patient treatments	407	592	3,428	3,537	109
Emergency room treatments	0	0	0	0	0
Total treatments	<u>407</u>	<u>593</u>	<u>3,429</u>	<u>3,547</u>	<u>118</u>
CRITICAL DECISION UNIT					
Observation hours	<u>601</u>	<u>423</u>	<u>3,024</u>	<u>2,221</u>	<u>-803</u>
ENDOSCOPY					
In-patient procedures	86	80	609	522	-87
Out-patient procedures	59	39	429	397	-32
Emergency room procedures	0	0	0	0	0
Total procedures	<u>145</u>	<u>119</u>	<u>1,038</u>	<u>919</u>	<u>-119</u>
C.T. SCAN					
In-patient procedures	837	781	5,185	5,037	-148
Out-patient procedures	391	359	2,764	2,486	-278
Emergency room procedures	684	732	4,733	5,113	380
Total procedures	<u>1,912</u>	<u>1,872</u>	<u>12,682</u>	<u>12,636</u>	<u>-46</u>
DIETARY					
Routine patient diets	24,215	13,125	173,689	118,097	-55,592
Meals to personnel	24,695	28,709	177,103	199,414	22,311
Total diets and meals	<u>48,910</u>	<u>41,834</u>	<u>350,792</u>	<u>317,511</u>	<u>-33,281</u>
LAUNDRY AND LINEN					
Total pounds laundered	<u>109,367</u>	<u>99,024</u>	<u>712,397</u>	<u>683,051</u>	<u>-29,346</u>

Memorandum

To: Board of Directors
 From: Clement Miller, COO
 Date: February 14, 2024
 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.	Absence of President/Chief Executive Officer	Rebranding, formatting	Clement Miller, COO
2.	California Paid Sick Leave	Updated to align with current practice	Michelle Barnhart-Childs, CHRO
3.	Extravasation Management - Clinical	Updated the purpose since we added non chemo meds. Updated Medications attachment with non chemo meds and antidotes. Updated the post extravasation care attachment as well. Updated the references.	Lisa Paulo, CNO
4.	Healthcare Worker Immunizations & Immunity Requirements	Reformatting, references updated, policy updated to align with current process	Michelle Barnhart-Childs, CHRO
5.	Interpreter/Translator Communication	Minor updates	Lisa Paulo, CNO
6.	Medication Box: ED Surge Tent	New procedure	Clement Miller, COO
7.	Non-Compliance Reporting and Response	Updated to align with current practice	Augustine Lopez, CFO
8.	Nutritional Care Manual	New policy per Aramark	Christianna Kearns, ACOO
9.	Scope of Service: Health Information Management	Rebranding, formatting, minor edits	Augustine Lopez, CFO
10.	Scope of Service: Health Promotion	Rebranding, updated staffing plan	Tiffany DiTullio, CAO
11.	Student Affiliations	Minor updates	Lisa Paulo, CNO
12.	Utilities Management Plan	Edited to reflect TJC prepublications going into effect January 1, 2024. Removes points that distinguish between OEM and AEM as well as removes required completion rates for non-high-risk items on the inventory.	Clement Miller, COO



Last Approved N/A
Last Revised 01/2024
Next Review 3 years after approval

Owner Clement Miller:
Chief Operating Officer
Area Administration

Absence of President/Chief Executive Officer

I. POLICY STATEMENT

A. During the absence of the President/CEO, and in recognition of the Salinas Valley Health **Medical Center (SVHMC SVH)** Organization Plan for Care and Services adopted by the Board of Directors, the qualified individuals designated below shall assume responsibility for all aspects of management of hospital operations, in collaboration with other Executives, including but not limited to: Information and Support Services; Recruitment and Retention of staff; Quality Assessment and Performance Improvement / Patient Safety and Physical and Financial assets.

- ~~SVHMC Chief Operating Officer~~
- ~~SVHMC Chief Medical Officer~~
- ~~SVHMC Chief Executive Officer~~
- ~~Designee as appointed by the President/Chief Executive Officer~~
- 1. SVH Chief Operating Officer
- 2. SVH Chief Medical Officer/CEO SVH Clinics
- 3. Designee as appointed by the President/Chief Executive Officer

II. PURPOSE

A. The Board of Directors is responsible for appointing the President/Chief Executive Officer (CEO), who is responsible for managing **SVHMC SVH**. In the absence of the President/CEO, it is important that a qualified administrative person be available for decision making and to answer questions.

III. DEFINITIONS

A. Absence of the President/Chief Executive Officer will mean the inability to contact the President/Chief Executive Officer due to vacation, illness, out of town meetings.

- B. Executives include President/Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Chief Nursing Officer and Chief Medical Officer.
- C. ~~SVHMCSVH~~ – Salinas Valley Health Medical Center ~~(including SVHMC, SVHC and all subsidiaries)~~
- D. SVHMC – Salinas Valley Health Medical Center
- E. SVHC - Salinas Valley Health Clinic

IV. GENERAL INFORMATION

- A. When the President/Chief Executive Officer should be unavailable, the Chief Operating Officer shall be the Acting President/Chief Executive Officer responsible for the following, including but not limited to:
 - ~~▪ All operations of SVHMC~~
 - ~~▪ Attend committee meetings where their attendance is required, such as Medical Executive Committee (MEC) and sub-committees of the Board of Directors~~
 - ~~▪ Be consulted on regulatory issues normally brought to the attention of the President/Chief Executive Officer~~
 - ~~▪ Represent SVHMC at hospital functions~~
 - 1. All operations of SVH
 - 2. Attend committee meetings where their attendance is required, such as Medical Executive Committee (MEC) and sub-committees of the Board of Directors
 - 3. Be consulted on regulatory issues normally brought to the attention of the President/Chief Executive Officer
 - 4. Represent SVH at hospital functions
- B. When the President/Chief Executive Officer should be unavailable, the CMO / SVMC Chief Executive Officer has the authority to take necessary actions on behalf of the Chief Executive Officer for all medical staff and SVHC activities.
- C. Issues relating to medical staff matters shall be reviewed in consultation with the Chief Medical Officer / designee prior to taking action. Should answers to questions be difficult to reach or uncertainty exists in making the correct decision, the designee may contact the President of the Board of Directors for appropriate direction.
- D. Whenever possible and practical, matters involving issues with potentially serious ramifications should be deferred until the return of the President/CEO.

V. PROCEDURE

- A. As specified by many of the Organizational Policies, the President/Chief Executive Officer is to be contacted as either the primary or secondary after the Administrative Supervisor initiates the call. Should the Administrative Supervisor, operator or person initiating the response be unable to contact the President/Chief Executive Officer, the above chain of command will apply.

- B. Documentation - This policy is available to Senior Executive Management meetings as well as to department directors through Electronic Policy Software.

VI. EDUCATION/TRAINING

- A. Education and/or training will be provided as needed.

VII. REFERENCES

- A. The Joint Commission, Leadership Chapter
- B. CMS Governing Board Conditions of Participation

Approval Signatures

Step Description	Approver	Date
EA	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2024
Policy Owner	Clement Miller: Chief Operating Officer	12/2023

Standards

No standards are associated with this document



Last Approved N/A
Last Revised 01/2024
Next Review 3 years after approval

Owner Michelle Barnhart
Childs: Chief Human Resources Officer
Area Administration

California Paid Sick Leave

I. POLICY STATEMENT

A. Employees shall have access to Paid Time Off (PTO) from work under the California Paid Sick Leave as follows:

1. **Non-Affiliated Benefited Employees:** Full-time and part-time employees may use ~~three~~**five** days of their PTO bank each calendar year for PSL purposes. PTO eligible employees do not receive a separate bank of PSL, rather their PSL entitlement is through the PTO bank. The specific amount of PTO which may be used for PSL purposes each year depends on the employee's shift length as follows:
 - a. Employees working 8 hour shifts may use up to ~~24~~**40** hours or ~~3~~**5** days, whichever is greater, of PTO for PSL purposes per calendar year.
 - b. Employees working 10 hour shifts may use up to ~~30~~**50** hours or ~~3~~**5** days, whichever is greater, of PTO for PSL purposes per calendar year.
 - c. Employees working 12 hour shifts may use up to ~~36~~**60** hours or ~~3~~**5** days, whichever is greater, of PTO for PSL purposes per calendar year.
2. **Non-Benefitted Employees:** Any employee who is non-benefitted, whether affiliated or not, will accrue one hour of PSL for every 30 hours worked (coded as PSL PD). Non-Benefitted employees may use up to the greater of **35** days or ~~24~~**40** hours of PSL per calendar year. PSL accrual is capped at the greater of ~~6~~**10** days or ~~48~~**80** hours. A non-benefitted employee's unused PSL under this policy is not paid out at the time of separation from employment. However, employees who are re-employed with Salinas Valley Health within one year of separation will have their accrued unused allotment of PSL made available to them upon rehire.

B. Leave under this policy may be used:

1. in connection with the diagnosis, care or treatment of an existing health condition, or the preventive care of, an employee or an employee's eligible family member.

2. for employees who are the victims of domestic violence, sexual assault or stalking.

II. PURPOSE

- A. The purpose of this policy is to ensure that all Salinas Valley Health Employees understand their rights as provided by the California Paid Sick Leave Law ("PSL") (effective July 1, 2015) also known as the Healthy Workplaces, Healthy Families Act of 2014.

III. DEFINITIONS

- A. "Employee" for purposes of this policy includes full time, part time, per diem, and temporary full time and part time employees.
- B. "Family member" for purposes of this policy includes:
 1. "Spouse" is defined as a current husband or wife.
 2. "Child" (regardless of age), is defined as a biological child, adopted child, foster child, stepchild, grandchild, a legal ward, a child of a registered domestic partner, or a child or a person standing in loco parentis.
 3. "Parent" is defined as biological parents as well as step-parents and parents-in-law.
 4. "Grandparent" is defined as the parent of one's father or mother.
 5. "Sibling" is defined as each of two or more children having one or both parents in common; a brother or sister.
 6. "Registered domestic partner" as established in California and validated with the Declaration of Domestic Partnership with the Secretary of State.

IV. GENERAL INFORMATION

- A. Newly hired employees may begin to use PSL on their 90th day of employment.
- B. PSL may be used in a minimum increment of two hours.
- C. Salinas Valley Health will not deny an employee the right to use accrued PSL under this policy, or discharge, threaten to discharge, demote, suspend or in any manner discriminate against an employee for using accrued PSL days or exercising or attempting to exercise the rights provided by the Healthy Workplaces, Healthy Families Act of 2014. An employee using PSL will not be required to find a replacement worker as a condition of taking PSL.
- D. The requested amount of PSL must be in the employee's bank for the absence not to be counted as an occurrence under the Attendance Guidelines.
- E. COVERAGE
 1. Affiliated Benefited Employees: ~~Benefited affiliated employees~~ represented by NUHW, CNA or L39 are exempt from PSL and will receive paid sick leave in accordance with the provisions of the applicable Collective Bargaining Agreement.
 2. Non-Affiliated Benefited Employees: ~~Non-affiliated benefited employees~~ and Benefited Employees represented by ESC are provided with CA PSL through the Paid Time Off (PTO) policy. ~~Three~~Five (35) days of PTO annually will be designated as PSL as set forth below.

3. Non-Benefitted (Per Diem) Employees: Non-benefitted employees, whether affiliated or not, will receive PSL as set forth above.

V. PROCEDURE

- A. Employees requesting time off under this policy should provide as much advance notice to their department director or designee as practicable. PSL eligible employees must identify their absence as covered by PSL at the time the call is made related to this policy.
- B. Prior to the pay period end date, employee shall enter the appropriate pay code into the timekeeping system for the related days of absence.
 1. Full-time and Part-Time Non-Affiliated Employees: PSL
 2. All Per Diem and Temporary Employees: PSL PD
- C. Employees who take more than **three** five days off from work after using the maximum amount of time allowed under this Leave will be required to provide appropriate documentation to his/her Department Director/Designee in support of the additional time taken.
- D. Employees will be able to view their paid sick leave used under this policy on their pay check earnings statement available in LaborWorkx and the Employee Self Service (ESS) portal.
- E. PSL under this policy may run concurrently with leave taken under other applicable policies as well as under local, state, or federal law, including leave taken pursuant to the California Family Rights Act (CFRA) or the Family and Medical Leave Act (FMLA).
- F. Documentation:
 1. Attendance at staff meetings and orientation will be documented

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Human Resources/Attendance Guidelines

Approval Signatures

Step Description	Approver	Date
Executive Alignment	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2024

Policy Owner

Michelle Barnhart Childs: Chief
Human Resources Officer

01/2024

Standards

No standards are associated with this document

COPY



Last Approved N/A
Last Revised 02/2024
Next Review 3 years after approval

Owner Glaiza Marie Farnal: Clinical Manager
Area Patient Care

Extravasation Management - Clinical

I. POLICY STATEMENT

A. N/A

II. PURPOSE

A. To guide clinical staff in the management of extravasation ~~from chemotherapy or vasopressors~~ involving both peripheral and central vascular access devices.

III. DEFINITIONS

- A. Extravasation: Leakage or infiltrate of ~~a chemotherapy~~an agent into local tissue (refer to **Appendix A**: "Distinguishing Extravasations from Local Sensitivity Reactions").
- B. Vesicant: Any agent that has the potential to cause blistering or tissue necrosis.
- C. Irritant: Any agent that causes a local inflammatory reaction but does not cause tissue necrosis.
- D. Flare reaction: Venous inflammatory response with subsequent histamine release that may result in flare reaction. Incidence is usually about 3% and the duration of flare is usually less than forty-five (45) minutes.

IV. GENERAL INFORMATION

- A. The extravasation management procedure is carried out whenever an extravasation of a vesicant or an irritant is **suspected**.
- B. Early identification and intervention at the first sign of infiltration is the most critical step
- C. The Registered nurse follows the following steps for extravasation management: Prevention; Recognition; Management; Documentation.
- D. The Pharmacist supports nursing staff and ensures prompt delivery of antidote.

V. PROCEDURE

A. Prevention:

1. Nursing Assessment:
 - a. Patient medical history to identify comorbidities such as stroke, sensory deficit, paralysis, or lymphedema affecting the chemotherapy infusion.
2. Knowledge of chemotherapy or vasoactive solutions:
 - a. Identification of agents as known vesicants or irritants
 - b. Knowledge of duration of infusion
3. Selection of appropriate IV access:
 - a. Continuous infusions and vesicants are safer when administered through central venous access devices (CVADs).
 - b. For peripheral IV access, the forearm is the preferable site of entry using a small gauge plastic cannula; avoiding:
 - i. Small, fragile veins
 - ii. Previous sites of multiple venipunctures
 - iii. Sites of lymphedema or irradiated skin
 - iv. Probing during catheter insertion
 - v. Inadequately secured catheter
4. Patient education:
 - a. Inform the patient and family that extravasation is a possibility with vesicant and irritant during chemotherapy or vasopressor administration.
 - b. Explain risks of dislodgment by disturbing IV site
 - c. Teach to notify nurse immediately if swelling, redness, burning, or pain is observed during infusion
 - d. Teach patients with CVADs the signs/symptoms of intrathoracic extravasations; fever, cough, chest pain, or pleuritic pain
5. Infusion monitoring:
 - a. Follow guidelines for checking patient condition, site observation, blood return, drug containment and infusion rate.
 - b. Signs and symptoms of vesicant extravasation include the following:
 - i. Swelling
 - ii. Redness
 - iii. Stinging, burning, or pain at the administration site
 - iv. Loss of blood return from the IV device
 - v. IV flow rate that slows or stops

vi. Leaking around the IV catheter or implanted port needle

B. Recognition:

1. When extravasation is suspected or occurs:
 - a. **Stop** administration of vesicant and IV fluids
 - b. Immediately assess the site and initiate management protocol
 - c. Alert pharmacist of extravasation event and initiate antidote order
 - d. Notify physician of extravasation event and obtain order for antidote

C. Management:

1. **Equipment** – take with you to the bedside
 - a. Extravasation Kit (excludes drug antidote; refer to **Appendix B**).
2. Operation
 - a. Open the extravasation kit. Disconnect the IV tubing from the IV catheter. **Do not remove the IV cannula or port needle.**
 - b. Attempt to aspirate the residual drug with a 1-3 cc syringe from the IV device or port needle. **Do not use this site for IV antidote administration.**
 - c. Discontinue the IV catheter or port needle, avoiding excess pressure on the extravasation site.
 - d. Administer the appropriate antidote (obtained from pharmacy) in accordance with the physician order. (see **Appendix C**)
 - i. For sodium thiosulfate: Inject the antidote as five separate injections using a 25-gauge needle into the subcutaneous tissue. The drug will come from Pharmacy in 5 different syringes. Avoid Z tracking.
 - ii. For dexrazoxane (Totect/Zinecard): Administer by IV infusion within 6 hours of anthracycline extravasation. Infuse over 1-2 hours in large vein other than the extravasation area; (e.g. opposite arm).
 - iii. For ~~Dopamine or Levophed~~dopamine, dobutamine, epinephrine, norepinephrine or phenylephrine: Administer Regitine within 6-12hours of extravasation. Usual dose= 5-10mg of Regitine mixed in 10ml normal saline, Inject small amounts of solution SubQ in clockwise fashion around the area of extravasation. Blanching should reverse immediately.
 1. Monitor site, if blanching should reoccur, additional injections of Regitine are required
 - e. Implement Post- Extravasation Procedure: (see **Appendix D**)
 - a. With an indelible pen, mark the affected area while avoiding pressure to the original IV site.
 - b. Photograph the initial extravasation site and repeat as

appropriate. Follow procedure for photography outlined in; [SKIN ASSESSMENT, PRESSURE INJURY-IDENTIFICATION, PREVENTION AND TREATMENT CLINICAL PROCEDURE ATTACHMENT F.](#)

- c. Ensure that no medications are given distally to the extravasation injury.
 - d. Evaluate the extent of extravasation and tissue damage every 24 hours. Assessment includes:
 - i. Assessment and measurement of extravasation area
 - ii. Skin integrity
 - iii. Presence of pain or other symptoms
 - iv. Arm/hand mobility
 - v. Sensation
 - e. Collaborate with the physician regarding necessary plan of care such as need for initial plastic surgery consult. Follow-up with the physician as necessary if pain persists for three (3) days.
 - f. Collaborate with the physician regarding the need for a radiographic flow study or chest x-ray to determine the cause of extravasation (i.e., needle dislodgement, thrombosis, catheter damage, catheter migration).
 - g. Patient should be given written instructions regarding what symptoms they should report immediately, local care of site, and the plan for follow up. (Print **Appendix D**, Chemotherapy Post-Extravasation-Patient Instructions)
- D. Documentation: A complete record of the event demonstrates nursing care meets the standard of practice.
1. Fill out and complete the "~~Extravasation Report~~" form. [Manage Per Protocol intervention](#)
 2. Patient teaching
 3. Document the following in the Extravasation report form.
 - a. Patient name, date, and time
 - b. Name of extravasated drug and antidote
 - c. Approximate dose of extravasated drug in milliliters
 - d. Method of drug administration
 - e. Description of site
 - f. Photograph of the extravasated site
 - g. Patient's symptoms
 - h. Clinical symptoms

- i. Assessment
- j. Initial actions
- k. Physician notified
- l. Follow up measures
- m. Consultations

4. Report the incident using Occurrence Reporting system.

VI. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VII. REFERENCES

- A. ~~Gonzalez, T. (2013). Chemotherapy, extravasations: Prevention, identification, management, and documentation. *Clinical Journal of Oncology Nursing* 17(1), 61-66. doi:10.1188/13CJON.61-66.~~
- B. ~~Polovich, M., Whitford, J.M., & Olsen, M. (Eds). (2014). *Chemotherapy and Biotherapy Guidelines and Recommendations for Practice* (4th Ed.). Pittsburgh: Oncology Nursing Society.~~
- C. ~~Perez Fidalgo JA, Garcia Fabregat L, Cervantes A, et al. Management of chemotherapy extravasation: ESMO-EONS Clinical Practice Guidelines. *Annals of Oncology*. 2012;23 Suppl 7:vii167-73.~~
- A. Gonzalez, T. (2013). Chemotherapy, extravasations: Prevention, identification, management, and documentation. *Clinical Journal of Oncology Nursing* 17(1), 61-66. doi:10.1188/13CJON.61-66.
- B. Olsen, M. M., LeFebvre, K. B., Walker, S. L., & Dunphy, E. P. (2022). *Chemotherapy and immunotherapy guidelines and recommendations for practice*.
- C. Kim, J. T., Park, J., Lee, H. J., & Cheon, Y. J. (2020). Guidelines for the management of extravasation. *Journal of Educational Evaluation for Health Professions*, 17, 21. <https://doi.org/10.3352/jeehp.2020.17.21>
- D. National Library of Medicine. Guidelines for the management of extravasation. (Nov 20 2023). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7431942/>
- E. University of Illinois Chicago College of Pharmacy. What are current recommendations for treatment of drug extravasation? (Nov 20 2023). <https://dig.pharmacy.uic.edu/%20%20faqs/2021-2/february-2021-faqs/what-are-current-recommendations-for-treatment-of-drug-extravasation>

Attachments

[A: Distinguishing Extravasations From Local Sensitivity Reactions.docx](#)

[B: Contents Of Extravasation Kit.docx](#)

[C: Medications.docx](#)

[D: Post-Extravasation](#)

Approval Signatures

Step Description	Approver	Date
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
P&TC	Genevieve delos Santos: Director Pharmacy	02/2024
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	02/2024
Policy Owner	Glaiza Marie Farnal: Clinical Manager	02/2024

Standards

No standards are associated with this document



Last Approved N/A
Last Revised 01/2024
Next Review 3 years after approval

Owner Jill Peralta
Cuellar: Director
Employee Health
Area Employee Health

Healthcare Worker Immunizations & Immunity Requirements

I. POLICY STATEMENT

A. N/A

II. PURPOSE

- ~~A. To determine immunization / immune status of all healthcare worker (HCW) that provides care / services at Salinas Valley Health Medical Center (SVHMC).~~
- ~~B. Immunizations are administered per EHS Standardized Procedures under the direction of the EHS Medical Director and Infection Prevention & Control at no charge to the HCW.~~
- A. To provide a safe working environment for patients, visitors, employees and others at Salinas Valley Health by minimizing the risk of possibly exposure and transmission of vaccine preventable diseases.
- B. To determine immunization / immune status of employees that provide care / services at Salinas Valley Health Medical Center (SVHMC).

III. DEFINITIONS

- A. APIC - Advisory Committee on Immunization Practice
- B. CDC – Center for Disease Control
- C. CDPH - California Department of Public Health
- D. Clinical Setting: any area in which clinical services are provided (i.e., inpatient clinical units, OR, lab, DI, Endoscopy, Mammography, Registration, etc.)
- E. COVID - COVID 19
- F. EHS – Employee Health Services

- G. EMR - Electronic Medical Record
- H. Flu – Influenza
 - I. ~~HCW~~HCP - Healthcare ~~Worker~~Personnel: any individual clinical or non-clinical, employed or non-employed, that provides care or services within any clinical setting at SVHMC (i.e., RN, techs, EVS, unit clerks, lab, volunteer, etc.)
- J. ~~IGRA- Interferon Gamma Release Assay~~MCHD - Monterey County Health Department
- K. MMR – Measles, Mumps and Rubella
- L. Td – Adult tetanus diphtheria
- M. Tdap – Adult tetanus, diphtheria and Pertussis
- N. ~~TB – Tuberculosis~~
- O. ~~TST-Tuberculin Skin Test~~
- P. VIS – Vaccine information sheet
- Q. VZ – Varicella Zoster or Chicken pox

IV. GENERAL INFORMATION

- ~~A. Vaccines may be mandated or required based on mandates and/or recommendations from Monterey County Health Department (MCHD), California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), or any federal regulatory body.~~
- ~~B. All newly hired and currently employed Healthcare Worker (HCW) will be screened for tuberculosis (TB).~~
- ~~C. All new employees must establish immunity or proof of immunization to Measles, Mumps, Rubella (MMR), and Varicella (VZ),~~
- ~~D. The California Department of Public Health (CDPH) and SVHMC require all staff to be "fully vaccinated" for COVID-19, and receive a COVID-19 booster if booster eligible. All new hires must show proof of completion for the FDA emergency approved/authorized COVID-19 vaccine upon hire and prior to working onsite.~~
- ~~E. All new employees must have proof of a Tdap (Tetanus, Diphtheria and Pertussis) vaccination within the last 10 years.~~
- ~~F. Current employees must show immunity or proof of immunization to Measles, Mumps, Rubella (MMR) and COVID-19. Exemption request will be reviewed via the established review processes. The decisions for eligibility for exemption will be documented in the employee's EHS chart for reference as needed. Varicella (VZ) and Tdap are strongly encouraged and provided free of charge.~~
- ~~G. Hepatitis B (HBV) immunization series is strongly encouraged for all HCW with potential exposure to blood or body fluids. Documented proof of MMR, VZ and Pertussis is established by serology testing, or appropriate documented evidence of immunization (immunization record, MD letterhead, etc.).~~
- ~~H. Annual influenza vaccine information and policy is available in the "Influenza Plan".~~
- ~~I. TB Screening Requirements:~~

1. TST Requirements:

- a. 2-step required for all new HCW: Documentation of a negative results as outlined in the CDC guideline in last 12 months. (First step).
- b. 2nd step must be completed within the last 90 days pre-hire, applied upon hire, or no later than 7 days after hire. Reading 48-72 hours after placement.

2. IGRA Requirements:

- a. IGRA (Quantiferon Gold or T-Spot) will be accepted if documentation of the negative lab results has been completed within previous 90 days prior to hire.

Note: If previous positive TST and /or has been treated for tuberculosis, the following documented evidence must be provided:

1. History of Positive TST treated or not treated: current (with last 12 months) negative chest x-ray and negative symptom screening.
2. New Positive TST: current negative signs and symptoms of TB, negative chest X-ray and referral to their Primary Treater for further evaluation. If positive for signs and symptoms of TB, a medical release will be required.

J. Meningococcal Vaccines are offered to Bacteriology Staff who are required to set up meningococcal cultures.

K. Other Immunizations:

Vaccines may be offered through Employee Health Services (EHS) if recommended, or mandated by the Monterey County Health Department (MCHD), California Department of Public Health (CDPH) or Centers for Disease Control and Prevention (CDC).

L. The VIS (Vaccination Information Sheet) is a document, produced by the CDC, that gives information about the benefits and risk of a vaccine the person is receiving. A VIS is given to and consent received prior to the vaccination administration.

- A. Vaccines will be provided according to CDC/APIC and manufacturer guidelines.
- B. Employees, volunteers and travelers immunity status related to vaccine preventable diseases will be evaluated by EHS upon hire, during the post offer pre-employment evaluation and periodically as recommended by the CDC, CDPH and MCHD.
- C. Education regarding the benefits of vaccinations will be given by Employee Health, upon hire and periodically when there are changes to recommendations or new immunization requirements.
- D. Proof of immunity for employment: 1. Measles, Mumps, Rubella (MMR), and Varicella (VZ) by serology or immunization per CDC protocol. 2. New hires will show proof of Tdap (Tetanus, Diphtheria and Pertussis) immunization within the last 10 years.
- E. Exemption request will be reviewed via the established immunization exemption review processes for immunizations that are a requirement of employment. Final decisions related to

- the exemption request will be documented in the employee's EHS medical record and communicated to the person by EHS. 1. Medical contraindications and precautions for immunizations are based upon the most recent General Recommendation of the Advisory Committee on Immunizations Practices (ACIP)/CDC. Available at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>.
- E. Hepatitis B (HBV) immunization series is strongly encouraged and available at no cost through EHS for all HCP with potential exposure to blood or body fluids. 1. The California OSHA Bloodborne Pathogen (BBP) standard requires employers make available hepatitis B immunization to unvaccinated employees who are at risk of exposure. Employees may decline, but must sign a declination form that will be documented in their medical record in EHS.
 - G. Annual influenza immunization: 1. Influenza immunization requirements:
 - a. Compliance includes either receiving or actively declining vaccination prior to the set deadline for each season.
 - b. Compliance is required each flu season to include documentation in Employee Health EMR or other designated system.
 - c. Compliance required each flu season, if not met by the determined deadline each season, the employee will be subject to discipline. d. Those not vaccinated will follow local, state, federal and hospital mandated masking guidelines.
 - H. COVID-19 immunization: Salinas Valley Health continues to review and adjust our COVID-19 immunization requirements as public health conditions, recommendations and requirements evolve.
 - 1. COVID-19 immunization requirements as of September 4, 2023 are:
 - a. Receive or affirmatively decline the COVID-19 vaccination. Requirements will be that covered individuals be vaccinated consistent with applicable public health recommendations or formally decline. b. In the event applicable law or public health orders impose stricter immunization requirements, such as for health care workers, the policy will continue to require compliance with those stricter requirements. 2. Up-To-Date: A person is Up-To-Date with required COVID-19 immunizations when they have received all doses in a Primary Series and the most recent booster recommended by the CDC or by CDPH. A person need not obtain boosters that are authorized but not explicitly recommended by CDC or CDPH in order to be considered Up-To-Date. 3. Compliance: Requires Covered Individuals to be Up-To-Date on the COVID-19 immunization or formally decline vaccination by completing the designated declination form.
 - I. Meningococcal Immunization are offered to Microbiology laboratory personnel who are or have the potential of occupational exposure to Neisseria Meningitidis.
 - J. Other Immunizations may be offered through Employee Health Services (EHS) if recommended, or mandated by the Monterey County Health Department (MCHD), California Department of Public Health (CDPH) or Centers for Disease Control and Prevention (CDC).
 - K. Immunizations will be administered according to APIC and manufacturers recommendations.
 - L. VIS (Vaccination Information Sheet) is a document, produced by the CDC, that gives information about the benefits and risk of a vaccine the person is receiving. A VIS is given prior to the immunization administration.
 - M. Exposures to vaccine preventable diseases are to be reported to Infection Prevention and Employee Health immediately or as soon as possible. Non-immune exposed personnel may be

excluded from duty during the incubation period for that infection per CDC guidelines and hospital policy. Time off during the incubation period is to be covered by the persons PTO or sick time if available.

V. PROCEDURE

A. Documentation:

1. All HCW Employee immunization records are maintained in Employee Health Services medical EMR. Employees can access their immunization records through the EHS EMR portal or request in writing, copies of their medical records through Employee Health Services EHS.
2. Traveler's and volunteer records are maintained by EHS and contract employees and vendor records are maintained in the electronic vendor software program.
3. Vendor records are maintained in the electronic vendor software program.
4. Student records are maintained by the instructional institute.
5. Physicians and other LIP's who are not employees of the hospital, follow Medical Staff bylaws for requirements and are maintained by the Medical Staff office.

VI. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VII. REFERENCES

- ~~A. Centers for Disease Control & Prevention (2017). Healthcare Personnel Vaccination Recommendations. Centers for Disease Control and Prevention (CDC) Resources for Those Vaccinating HCWs.~~
- ~~B. Association for Professionals in Infection Control & Epidemiology (2014). APIC Text of Infection Control and Epidemiology (3rd ed). Chapter 26: Occupational health Washington DC.~~
- ~~C. California Department of Public Health: Health Care Worker Vaccine Requirements/All Facilities Letter/February 22, 2022~~
- A. California Department of Public Health – January 2020: Immunization and Immunity Testing Recommendations for California Healthcare Personnel and Health Science Students. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/HCWIZRecs.pdf>
- B. CDC Centers for Disease Control and Prevention Vaccines and Preventable Diseases: <https://www.cdc.gov/vaccines/vpd/index.html>
- C. Immunize.org (formerly Immunization Action Coalition/IAC) <https://www.immunize.org/>
- D. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Approval Signatures

Step Description	Approver	Date
Executive Alignment	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	02/2024
Policy Owner	Jill Peralta Cuellar: Director Employee Health	01/2024

Standards

No standards are associated with this document

COPY



Last Approved	N/A
Last Revised	10/2023
Next Review	3 years after approval

Owner	William Tienken: Manager Patient Care Services
Area	Administration

Interpreter/Translator Communication

I. POLICY STATEMENT

- A. Interpretative services are available 24 hours a day, 7 days a week and available in more than fifteen (240) different languages.
- B. SVHMC shall annually transmit to the California Department of Public Health a copy of this policy.

II. PURPOSE

- A. To ensure that measures are in place to support communication with everyone whose first language other than spoken English. For Spoken Language Interpreting it describes arrangements for both telephone based and face to face interpreting, and for the translation of written material.
- B. SVHMC is committed to offer easily accessible, reliable and relevant information to enable people to participate fully in their own healthcare decisions and to support them in making choices. This will include information on the quality of clinical services where there is robust and accurate information available.
- C. The aims of the policy are to:
 - 1. Ensure that all those needing interpreting support receive it
 - 2. Ensure that staff knows how to identify the need for interpreting support and to decide which form of interpreting support is most appropriate for the consultation or activity being performed.
 - 3. Describe the practices and processes for the provision of interpretation and translation services.

III. DEFINITIONS

- A. Interpreter: "Interpreter" means a person fluent in English and in the necessary second

language, who can accurately speak, read, and readily interpret the necessary second language, or a person who can accurately sign and read sign language. Interpreters shall have the ability to translate the names of body parts and to describe competently symptoms and injuries in both languages. Interpreters may include members of the medical or professional staff.

- B. **Qualified Interpreter:** an individual who has passed a standardized test which:
1. is designed to assess for competency in interpretation skills specific to the healthcare setting.
 2. has been administered by an interpreter service company that is contracted with SVHMC .
- C. **"Language or communication barriers" means**
1. With respect to spoken language, barriers that are experienced by individuals who are limited-English-speaking or non-English-speaking individuals who speak the same primary language and who comprise at least 5 percent of the population of the geographical area served by the hospital or of the actual patient population of the hospital. In cases of dispute, the state department shall determine, based on objective data, whether the 5 percent population standard applies to a given hospital.
 2. With respect to sign language, barriers that are experienced by individuals who are deaf and whose primary language is sign language.
- D. Interpreting can be provided face to face, video conferencing or by telephone.
1. It should be noted that interpreting is quite different to advocacy and should not be used as a form of advocacy which involves the advocate in speaking up for, or acting on behalf of the service user.
- E. Translation Services
1. The provision of translated material does not replace an interpreter, but can be used to supplement or reinforce information being given via an interpreter. It should be noted that as for all people, some people whose first language is not spoken English, may not be able to read information in their first language.
 2. SVHMC has access to a translation services as outlined in Attachment A. If an occasion arises where these are not suitable then all translation must be done through a qualified translator, for which the Trust has a contract.
- F. Equality AND Diversity
1. SVHMC is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

IV. GENERAL INFORMATION

- A. Salinas Valley Health Medical Center (SVHMC) is committed to ensuring that everyone whose first language is other than spoken English receives the support and information they need to

communicate with health care staff and to access health services. This will allow people to make informed decisions about the care they or the person they are responsible for receive.

- B. Use of professional spoken language interpreters has been shown to improve clinical care and outcomes, use of services, patient satisfaction and to reduce communication errors.
- C. In the event of a patient complaint or grievance SVHMC will following the process outlined in the COMPLAINT AND GRIEVANCES: PATIENT. (See attachment Notice of Nondiscrimination.)
- D. In compliance with state and federal regulations, the SVHMC posts signs that advise patients and their families of the availability of interpreters upon requests. These signs are posted throughout the facility and posted on the SVHMC Website.
- E. This policy is relevant to: patient, family and/caregivers and other service users whose first language is not spoken English. If the patient is a child or person without mental capacity, it relates to those with responsibility for the patient.

V. PROCEDURE

- A. Off site locations will follow their normal registration process of identifying patients who require interpreter services and will follow the appropriate processes outlined in this section.
- B. Healthcare staff identifying the need for an Interpreter.
 - 1. The ability to communicate with health care staff is fundamental to clinical care, and the referring practitioner should have highlighted the need for language support. This should also be highlighted throughout the patient's care. It is important to recognize that people who are able to communicate about basic issues may not have the ability to comprehend information about medical issues, especially when they feel vulnerable or stressed in hospital. Some people when they are older or have dementia, lose their ability to communicate effectively in a second language, i.e. English.
 - 2. At the time of registration the preferred language will be documented in the medical record by the registration staff.
 - 3. If the need for language support has not been identified at the time of referral, or if the patient is admitted as an emergency the person delivering the care is responsible for identifying the need for an interpreter. This should be recorded in the patient's records and that person is responsible for ensuring that language services are provided.
- C. Documenting the Need
 - 1. The Registered Nurse completing the Admission History will also document the preferred language. The exact language and dialect spoken should be indicated.
 - 2. Preferred Language is available to all care providers in the Electronic Medical Record.
 - 3. The preferred language is recorded on Electronic Health Record on the appropriate care giver Status Boards. Upon identification of the preferred language the Status Board is automatically populated.
- D. Identifying the Type of Interpreting Service Needed

1. It is essential that the type of interpreting service needed is provided for the patient or if the patient is a child or person without mental capacity, those with responsibility for the patient.

a. Patients have a right to have a qualified interpreter when they are actively making decisions about their care or releasing their rights.

Examples when you should use a qualified interpreter:

- i. A legal decision where a patient may waive a right such as a discussion of their advanced directive wishes and a DNR/ allowing natural death or during the consent process.
- ii. During care where a decision is made by the patient for course of care or treatment, such as whether to move forward with a surgery or opt for chemotherapy.

b. Use of Caregivers, Family & Friends

- i. It is the health professional's responsibility to offer their patients with limited English proficiency the use of trained professional interpreters. Using the patient's friends or family members as interpreters is NOT generally regarded as good practice. Whenever possible it is always best practice to work with trained qualified interpreters instead of family members.
- ii. Staff must be aware that interpretation by people such as family and friends may be inaccurate and impartial due to, for example, lack of language skills, emotional involvement and conflicting interests. It may also break confidentiality with the patient.
- iii. For these reason relatives, caregivers, and friends should not be normally asked to interpret. Similarly, when a child cannot understand or speak English, the parents must not be asked to interpret for a child an external interpreter must be used. Children and young people should NEVER be asked to interpret for anyone, including parents or siblings

c. Where there are concerns about safeguarding issues (adults and children) or capacity issues, under the Mental health Act and Mental health Incapacity Acts, an approved qualified interpreter should always be used even for basic communication.

d. Summary of Interpreter Use

Type of Communication	Examples	Type of Provision Available
Basic Needs	Personal demographic details, discussions/help on toileting and feeding.	Language cards can be used. If family members interpret for basic issues it is important to bear issues of accuracy and

		confidentiality in mind. If there are any concerns about safeguarding issues an qualified interpreter must be used even for basic communication
Intermediate and Advanced Needs	Assessment, investigations, treatment, explaining diagnosis, referral to other services and discharge issues and for anything complicated.	Approved qualified interpreter, via telephone or face to face. The professional's clinical judgment should be used to decide whether telephone or face to face interpreting is used.
Discussions about Safeguarding Children and Adults. Safety Issue	When there are concerns about safeguarding children adults. Issues related to Mental Capacity and Domestic Violence	Approved qualified interpreter, direct face to face interpretation even for basic communication.
SITUATIONS REQUIRING A CERTIFIED INTERPRETER	<ul style="list-style-type: none"> i. When obtaining consent for an investigation or treatment, an interpreter must be used to ensure that the patient or person with parental responsibility understands the full procedure planned. Details of the interpreter or service used must be documented on the consent form. ii. A legal 	Approved qualified interpreter. Direct face to face interpretation, Language Line, Video Conferencing.

	<p>decision where a patient may waive a right such as a discussion of their advanced directive wishes and a DNR/allowing natural death or during the consent process.</p>	
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E. Approved Qualified Interpreting Services

1. All patients whose first language is other than spoken English and who need interpreting support beyond the most basic level should be offered access to an approved qualified interpreter.
2. Sign language users should be offered access to an independent approved interpreter. More information is given
 - a. Spoken Language Interpreters: (Face to Face and Telephone) A list of qualified interpreters can be obtained from the Nursing Administration.
 - i. SVHMC employs qualified interpreters for face to face interpretation. The professional's clinical judgment should be used to decide whether telephone/ video conferencing or face to face interpreting is used.
 - ii. The qualified interpreter should have a discussion with patients about what is most useful for them may also be helpful.
 - iii. Video conferencing and telephone interpreting can be set up in minutes and can be used for the duration of a clinical interaction or to support care until a face to face interpreter is available, if required.
3. Factors to consider when working with a Language Interpreter
 - a. Consider the most appropriate method of translation. Will video or telephone translation provide you with what you require for the duration of the intervention or is it required until face to face interpretation is provided if required? Could you use it for some aspects of meeting patients' needs and have face to face translation at other times?
 - b. Before the interpreting session starts, it is important for the clinician to spend some time with the interpreter to brief them, giving any appropriate background information and explaining any technical terms (for example medical or legal terms) that may arise. After the interpreter session, it is advisable to discuss how the interview went and discuss any issues for

example cultural difference.

- c. If an interpreter does not arrive, follow the attached algorithm for interpreter options.

4. Health and safety for interpreters

- a. Interpreters are required to work in line with the health and safety requirements of their contract and with their code of conduct. You should consider whether any health and safety precautions that you take when undertaking your duties should also be applied to the interpreter. For example:
 - i. If you wear a mask when you are examining a patient, you should also provide the same protection for the interpreter who is standing next to you.
 - ii. Make sure the interpreter knows where the antibacterial gel is located
 - iii. Interpreters should not be asked to help with any clinical tasks or to touch any bodily fluids.

b. Transport for patients

- i. Interpreters are not responsible for providing transport to take patients to or from home. If a patient requests this service, the interpreter will convey this message to you.

5. Factors for the clinician to consider when using a Telephone or Video Language Interpreter

- a. Identify the language and dialect you need, it may take a few minutes to connect to the appropriate Interpreter.
- b. Telephone: Consider the most appropriate telephone equipment, dual handset, speaker phone, direct phone, consider confidentiality and need for participation of family/caregivers.
 - i. Advise the interpreter what phone set up you have, e.g. single handset, speaker phone, two handsets.
- c. Video: Uses a Video iPad and can also provide sign language interpreters.
 - i. As an additional resource, the Video can be used to translate instructions:
 - ii. Video Interpreter will write out the instructions in the preferred language so the RN can copy the words onto the discharge instructions
- d. Brief the Interpreter
 - i. Give any appropriate background information and explaining any technical terms (for example medical or legal terms) that may arise.

- ii. Ask them to introduce you and themselves
 - iii. Follow this with your lead question, e.g. how may I help you?
 - e. Proceed with the conversation
 - i. The interpreter will relay the information between you and the patient.
 - f. End the by saying
 - i. "I have all the information I need, is there anything else you would like to ask me?"
- F. Hearing impaired/deaf patients:
 - 1. If it is determined that interpretation is needed for effective communications with hearing-impaired patients at the present time or at a future date, the following procedure will be followed:
 - a. American Sign Language interpreter can be contacted via contracted video remote interpreter (IOW). IOWs are on all units and can be downloaded to your device.
- G. Monitoring compliance:
 - 1. The interpreter/translator program is evaluated on an annual basis or as needed to determine its effectiveness. Program revisions, process improvements are made as necessary to meet the needs of the patient population served.
 - 2. If as a professional user you have any feedback or suggestions for improvement about the Interpreting Service these should be directed to the department director.
 - 3. If patients wish to complain about the Interpreting Service please direct them to the department director.
 - 4. As appropriate SVHMC reviews all forms, waivers, documents and informational materials available upon admission to determine which to translate into a language other than English

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. Affordable Care Act Section 1557
- B. The Joint Commission - Patient Rights
- C. California Health and Safety Code Section 1259
- D. Assembly Bill 389
- E. CHA Consent Manual, Chapter 1 Patients' Rights and the Basic Principles of Consent
- F. 45 C.F.R. Section 84.52 (d)

Attachments

[Interpreting Services flow process.docx](#)

Approval Signatures

Step Description	Approver	Date
EA	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2024
Policy Owner	William Tienken: Manager Patient Care Services	01/2024

Standards

No standards are associated with this document



Last Approved	N/A
Last Revised	N/A
Next Review	3 years after approval

Owner	Genevieve delos Santos: Director Pharmacy
Area	Patient Care

Medication Box: ED Surge Tent

I. POLICY STATEMENT

- A. N/A

II. PURPOSE

- A. To provide access to basic emergency medications for patient administration within the Infectious Disease Surge Tents by use of a Tent Medication Box.

III. DEFINITIONS

- A. N/A

IV. GENERAL INFORMATION

- A. In response to the surge of respiratory illness throughout the State of California, Salinas Valley Health Medical Center (SVHMC) has established Infectious Disease Surge Tents located on campus property.

V. PROCEDURE

- A. The Tent Medication Box will be stocked with basic emergency medications commonly administered in the Emergency Department. While in use, the Tent Medication Box will remain in a secured location not accessible from unauthorized persons.
- B. The Tent Medication box will remain under the supervision of Charge Nursing Staff at all times. The Tent Medication Box will remain locked until medications are withdrawn for use. The Charge Nurse on duty will be responsible for possession of the key to the Tent Medication Box. The Tent Medication Box will be stored at appropriate temperatures.
- C. The Tent Medication Box shall be returned to the Inpatient Pharmacy Department when the Infectious Disease Surge Tents are closed for business. Per usual practice, the contents of the

Tent Medication Box will be inspected and restocked by Pharmacy Personnel prior to return for use within the Infectious Disease Surge Tents.

D. The Tent Medication Box shall be stocked with the following medications and quantities:

- Acetaminophen 325 mg tablets (#30)
- Acetaminophen 32 mg/mL liquid (#20 cups / oral syringes)
- Ibuprofen 200 mg tablets (#30)
- Ibuprofen 20 mg/mL liquid (#10 cups / oral syringes)
- Ondansetron 4 mg tablets ODT (#20)
- Ondansetron 4 mg/5 mL liquid (#20)

E. The Tent Medication Box procedure shall remain in use to support the needs of the Infectious Disease Surge Tents until the time that the Tents are no longer needed.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

COPY

Approval Signatures

Step Description	Approver	Date
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
P&TC	Genevieve delos Santos: Director Pharmacy	02/2024
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	02/2024
Policy Owner	Genevieve delos Santos: Director Pharmacy	01/2024

Standards

No standards are associated with this document



Last Approved	N/A
Last Revised	02/2024
Next Review	3 years after approval

Owner	Lorrie Oelkers: Director Internal Audit & Compliance
Area	Administration

Non-Compliance Reporting and Response

I. POLICY STATEMENT

- A. All Workforce Members, contractors, and agents, of Salinas Valley Health **Medical Center (SVHMC)** are required to promptly report suspected or known non-compliance.
- B. Managers, directors, and executive leadership are responsible to ensure an open door atmosphere for addressing Workforce Member problems or concerns regarding suspected or known non-compliance.
- C. No person making such report in good faith that he or she believes to be true will be subjected to retaliation or retribution by **SVHMC Salinas Valley Health** for having made the report. A reporter may, however, be subject to discipline to the extent that he or she has been a party to the non-compliance.
- D. **SVHMC Salinas Valley Health** will provide the necessary means to facilitate such reporting, including a means to report anonymously and without fear of retaliation.
- E. **SVHMC Salinas Valley Health** will assess all reports of suspected or known non-compliance in an appropriate, timely, and confidential manner.

II. PURPOSE

- A. An effective corporate compliance program must include a system for reporting potential non-compliance and for responding to reports that are received. This Policy is intended to provide guidelines to help ensure that **SVHMC Salinas Valley Health** personnel receive and document reports of potential non-compliance, perform investigations, and develop follow-up action plans, where appropriate, in a consistent manner.

III. DEFINITIONS

- A. Good faith – honesty; a sincere intention to deal fairly with others.
- B. Non-compliance – failure to comply with applicable federal, state, or local laws or regulations, the **SVHMC Salinas Valley Health** Compliance Program, **SVHMC Salinas Valley Health**

Standards of Ethical Business Practices, or [SVHMC Salinas Valley Health](#) policies and procedures.

- C. Retaliation – act of retribution in response to an actual or perceived wrong or injury.
- D. Workforce Members – all [SVHMC director](#) [Salinas Valley Health directors and executives](#), employees (including management), medical staff members, and volunteers.

IV. GENERAL INFORMATION

- A. N/A

V. PROCEDURE

- A. The following are general procedures and guidelines to address reporting of suspected or known non-compliance and to designate responsibility for addressing such reports. Deviations from these general procedures and guidelines may be made from time to time when appropriate but must be approved by the [SVHMC Salinas Valley Health](#) Director of Internal Audit and Compliance (Compliance Officer).

- 1. Reporting any Issue(s) of Suspected or Known Non-Compliance.

- a. Workforce Members, contractors, and agents of [SVHMC Salinas Valley Health](#) who identify suspected or known non-compliance should report them. [Salinas Valley Health encourages as a first step and where possible, to discuss the matter with a supervisor or manager.](#)
- b. ~~The~~ [Additionally, the](#) following reporting options are available:
 - i. ~~SVHMC encourages as a first step and where possible, to discuss the matter with a supervisor or manager.~~
 - ii. Contact the Chief Human Resources Officer at (831) 755-0759; ext. 1759); ~~or~~
 - iii. Contact the Compliance Officer at (831) 759-1958; ext. 1958); ~~i~~
 - iv. Call the Compliance and Ethics Hotline at (888) 274-8231. ~~Reports may be made anonymously~~ [Reports may be made anonymously.](#)
 - v. ~~Depending on the nature of the concern, enter and submit~~ [Submit](#) a report through Occurrence Reporting (WeCare) or Compliance and Ethics Hotline in Ethics Point. *Reports may be made anonymously through each site.*

- 2. Documentation of Report in Ethics Point

- a. All reports of issues of suspected or known non-compliance will be documented in Ethics Point by the individual receiving the report, unless the report was already entered into Ethics Point by the reporter. Documentation in Ethics Point should take place no longer than two business days from the time the issue was reported. **NOTE:** To maintain confidentiality, no copies are to be made of any completed reports. Access to Ethics Point is granted by the Compliance Officer as the administrator.

- b. A report number will be assigned and the contact logged by Ethics Point.
 - c. Ethics Point will send an email advising the Compliance Officer of a report within one business day.
3. Initial Duties of the Compliance Officer
- a. Review the report within two business days of notice.
 - b. Send a follow-up to the reporter advising that the report is being reviewed. Send follow-up notices to the reporter as necessary to ask clarifying questions.
 - c. Review and prioritize the report and change status as applicable.
 - d. Assign report for handling as necessary. Others who may be involved include: Human Resources, Security, Privacy, Information Security, Accounting, and Quality.
 - e. Consult with Chief Legal Counsel Officer if necessary.
 - f. Perform the investigative process ~~as~~ necessary or, if others are performing the investigative process, follow-up weekly to ensure the progress of that process.
 - g. Document status of investigation in case notes.
 - h. Determine the appropriate action plan based on case notes, root cause identification, and in consultation with others assigned.
 - i. Expedite the necessary remedy in cases of non-compliance.
 - j. Report concerns to the appropriate chain of command, as necessary.
 - k. Ensure timely response and closure of issues based on prioritization (red, yellow, green).
 - l. Document resolution in Synopsis.
 - m. Provide a ~~verbal report~~ general update (recognizing confidentiality) to the Hospital Ethics and Compliance committee at each meeting.
4. Role of CFO Chief Legal Officer
- a. The Compliance Officer reports to the CFO Chief Legal Officer and has access to the Corporate Compliance and Audit Committee of the Board.
 - b. The Compliance Officer will inform the CFO Chief Legal Officer of all issues indicated as "red" and may seek immediate guidance of the CFO Chief Legal Officer given the nature of the issue. In the absence of the CFO Chief Legal Officer, the Compliance Officer will consult with the CEO.
 - c. The CFO Chief Legal Officer will notify the CEO of issues as ~~needed~~ appropriate.
 - d. The Compliance Officer, in consultation with the CFO Chief Legal Officer, will determine when to report the issue to the Corporate Compliance and Audit Committee of the Board.
 - e. ~~Inquiries, suggestions, and concerns do not need to be reported.~~

5. Investigation Guidelines

- a. The Compliance Officer should consult with appropriate executives ~~and CFO~~ at her discretion to determine scope and stakeholder communication, to include engagement of ~~legal counsel~~ Chief Legal Officer.
- b. Appropriate personnel should investigate all reports of suspected or known non-compliance, using a consistent methodology to verify facts and make findings. Appropriate personnel will depend on the nature of the report and will be assigned by the Compliance Officer. The investigator(s) should:
 - i. Interview the reporter(s), witnesses, and other individuals with relevant information as necessary and if possible.
 - ii. Review all applicable laws, regulations, and policies (and consult with ~~legal counsel~~ Compliance Officer and/or Chief Legal Officer, as necessary) to make an initial assessment as to whether non-compliance might have occurred.
 - iii. Determine the nature, scope, and frequency of the suspected or known non-compliance.
 - iv. If the findings support the report, consult (in concert with the Compliance Officer) with the Chief Legal Officer and others, as appropriate, to determine the process for expanding the investigation.
 - v. If the interview findings do not support the report or if the review of laws, regulations, and governmental policies shows that there was no violation, discuss with the Compliance Officer, who will close the case.
 - vi. ~~Determine the nature, scope, and frequency of the suspected or known non-compliance, in preparation for a possible report to legal counsel.~~
 - vii. ~~If the findings support the report, consult (in concert with the Compliance Officer) with the CFO and/or legal counsel to determine the process for extending the investigation.~~
- c. The Compliance Officer will work with Human Resources and others, as necessary, to take appropriate measures to protect the integrity of the investigation, which may include, ~~as appropriate~~, the following steps:
 - i. Recommending removal of individual(s) being investigated from the work environment until the investigation is finalized.
 - ii. Securing and preventing destruction of documents and other evidence germane to the investigation.
 - iii. Reviewing the reasons for the investigation to determine if there is any relationship with pending matters or closed investigations.
 - iv. Preparing a report, as appropriate, for ~~legal counsel~~ Chief Legal

Officer.

- v. Implementing follow-up actions, acting in conjunction with ~~legal counsel~~ Chief Legal Officer as indicated.
- vi. The Investigation Report should contain the following information:
 - a. An account of the alleged violation.
 - b. A description of the investigation procedures.
 - c. ~~Consistency~~ Assessment of consistency with policy.
 - d. The identity of the persons involved, if known.
 - e. Copies of all interview notes and any related documents.
 - f. A log of the witnesses interviewed and the documents reviewed.
 - g. The results of the investigation, including any disciplinary action taken and the course of corrective action implemented (or to be implemented).

The Investigation Report may be created in consultation with ~~legal counsel to assure~~ Chief Legal Officer to ensure that it does not reveal privileged information, or constitute a waiver of any attorney-client privilege covering other documents created in the course of investigating or addressing the suspected or known non-compliance.

- vii. Documents will be retained in accordance with ~~SVHMC~~ Salinas Valley Health Document Retention Policies.
- viii. If the investigation comes under attorney-client privilege, these documents will be retained in accordance with that policy.

6. Follow-up Guidelines

- a. Cases determined to result from criminal misconduct will be referred immediately to Salinas Valley Health's to Chief Legal Officer and/or the CEO.
- b. In cases of confirmed billing and/or coding non-compliance, Salinas Valley Health will cease any potentially incorrect billing for the services included in the investigation, pending effective implementation of corrective action(s).
- c. ~~In cases of confirmed billing and~~ If there is no criminal misconduct, Salinas Valley Health will take corrective action, including making appropriate refunds to any affected health plan/ ~~or coding non-compliance, SVHMC will cease any potentially incorrect billing for the services included in the investigation, pending effective implementation of corrective action(s)~~ payer for improper payments.

- ~~i. Cases determined to result from criminal misconduct or actions of a senior leader will be referred immediately to SVHMC's legal counsel.~~
 - ~~ii. If there is no criminal misconduct, SVHMC will take corrective action, including making appropriate refunds to any affected health plan/payer for improper payments. SVHMC will use reasonable efforts to return any identified over or underpayments within 60 days or in accordance with payer contract requirements.~~
 - iii. The Compliance Officer will provide a report to ~~SVHMC legal counsel~~ Salinas Valley Health Chief Legal Officer that includes evidence of the non-compliance and of the financial impact.
 - iv. An ~~SVHMC~~ Salinas Valley Health designee and/or ~~legal counsel~~ Chief Legal Officer will notify the fiscal intermediary / Medicare Administrative Contractor as indicated by the investigation protocol and/or outcome if necessary.
- d. Any disciplinary process will follow existing ~~SVHMC~~ Salinas Valley Health policy and procedure as determined with Human Resources.
 - e. Existing education and training programs will be evaluated for effectiveness and prevention of recurrence.
 - ~~f. Education and training will be initiated for prevention of recurrence.~~
 - ~~g. Enhanced monitoring activities may be initiated for prevention of recurrence.~~
 - h. As appropriate, an action plan will be developed and implemented to prevent ~~future~~ recurrence.

7. The Compliance Officer will determine when to close the case.

8. Documentation:

- 1. Documentation will be made in Ethics Point where possible.
- 2. Documentation not made in Ethics Point will be available to the Director of Internal Audit and Compliance upon request.
- 3. Reports will be maintained by the Compliance Officer.

VI. EDUCATION/TRAINING

A. Education and/or training is provided as needed

VII. REFERENCES

- A. Federal Sentencing Guidelines Manual Chapter 8, Part B.2 as last modified in 2015
- B. Patient Protection and Affordable Care Act, Section 6102
- C. Office of the Inspector General Guidance for Hospital Compliance Plans

1. U.S. Federal Register, Vol. 63, No. 35, Monday, February 23, 1998, "Notices," pp. 8987-8993
2. United States Federal Register, Vol. 70, No. 19, Monday, January 31, 2005, "Notices," pp. 4874-4875

D. HCCA-OIG Compliance Effectiveness Roundtable, "Measuring Compliance Program Effectiveness: A Resource Guide", March 27, 2017

Approval Signatures

Step Description	Approver	Date
Board Approval	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
EA	Rebecca Alaga: Regulatory/ Accreditation Coordinator	02/2024
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	02/2024
Policy Owner	Lorrie Oelkers: Director Internal Audit & Compliance	01/2024

Standards

No standards are associated with this document



Last Approved N/A
Last Revised N/A
Next Review 3 years after approval

Owner Christianna Kearns:
Associate Chief Operating Officer
Area Nutritional Services

Nutritional Care Manual

I. POLICY STATEMENT

- A. The Food and Nutrition Department uses the current edition of Academy of Nutrition and Dietetics web-based Nutrition Care Manual (NCM) and Pediatric Nutrition Care Manual (PNCM).

II. PURPOSE

- A. To have a current therapeutic diet manual that is approved by the Registered Dietitian and medical staff and is readily available to all medical, nursing, and food service staff.
To provide a standardized application and reference of evidenced-based current diet and nutrition information for use in nutritional care.

III. DEFINITIONS

- A. ~~(Define abbreviations and other terminology)~~

A. N/A

IV. GENERAL INFORMATION

- A. N/A

V. PROCEDURE

- A. The Department of Food and Nutrition Services designates a primary contact as the organization's administrator of the NCM/ PNCM at Salinas Valley Memorial Hospital.
- B. Subscriptions for the NCM/ PNCM are ordered directly from the Academy of Nutrition and Dietetics.

- C. The NCM/ PNCM is approved by the PTIC committee.
 - 1. An approval form is completed with signatures of the Medical Staff Representative and Registered Dietitian.
 - 2. The signed approval form will be available as an attachment to this policy.
- D. Salinas Valley Memorial Hospital's NCM/ PNCM is reviewed and approved with any major update.
- E. Access to the NCM/ PNCM is available throughout the organization via Salinas Valley Memorial Hospital's intranet or internet.
- F. The NCM/ PNCM must be accessible during downtime.
 - 1. The PDF backup copy of the NCM/ PNCM is readily available in the event of an emergency or downtime.
- G. The Academy of Nutrition and Dietetics NCM/ PNCM Client Education materials are used to educate patients.
- H. The enteral nutrition formulary database is customized to meet Salinas Valley Memorial Hospital's individualized needs per policy.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. <https://www.nutritioncaremanual.org/>
- B. www.eatright.org
- C. www.cms.gov
- D. Aramark Nutrition Care Manual webpage. <https://www.aramark.net/healthcare/home/basic.aspx?id=3394&contentid=279041>

Attachments

[Nutrition Care Manual Insitutional Approval Form.pdf](#)

[Pediatric Nutrition Care Manual Institutional Approval Form.pdf](#)

Approval Signatures

Step Description	Approver	Date
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Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
P&T Committee	Genevieve delos Santos: Director Pharmacy	02/2024
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	02/2024
Policy Owner	Christianna Kearns: Associate Chief Operating Officer	12/2023

Standards

No standards are associated with this document

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Last Approved N/A
Last Revised 01/2024
Next Review 1 year after approval

Owner Philip Katzenberger: Director HIM/ Privacy Officer
Area Scopes Of Service

Scope of Service: Health Information Management

I. SCOPE OF SERVICE

Health Information Management supports the Mission, Vision, Values and Strategic Plan of Salinas Valley Health ~~Medical Center (SVHMC/SVH) and has designed services.~~ Designed as a support service to meet the needs and expectations of clinical staff, patients, families and the community. As the custodian of the legal medical record, HIM manages mid revenue cycle functions, organize, oversees, and protects patient health information data which includes symptoms, diagnoses, medical histories, test results and procedures.

The purpose of Health Information Management is to enhance patient services and health programs ~~that help as a Salinas Valley Health Medical Center (SVHMC remain a leading)~~ provider of medical care. The goal of Health Information Management is to ensure ~~that~~ all customers ~~will~~ receive high quality care / service in the most expedient and professional manner possible.

II. GOALS

~~In addition to the overall~~ Health Information Management's goals are aligned with Salinas Valley Health Medical Center (SVHMC) Mission, Vision and Values objectively. Health Information Management department develops goals ~~and objectives, the Health Information Management unit develops goals~~ to direct short-term projects and address opportunities evolving out of quality management activities. These goals will have input from other staff and leaders as appropriate and reflect commitment to annual hospital goals.

The goal of Health Information Management is to:

- A. To collect and maintain complete documentation of all information pertaining to persons presenting themselves for diagnosis and treatment in the Emergency Department, as an inpatient, or as an outpatient.

III. DEPARTMENT OBJECTIVES

- A. To support Salinas Valley Health Medical Center (SVHMC) objectives.
- B. To support the delivery of safe, effective, and appropriate care / service in a cost-effective manner.

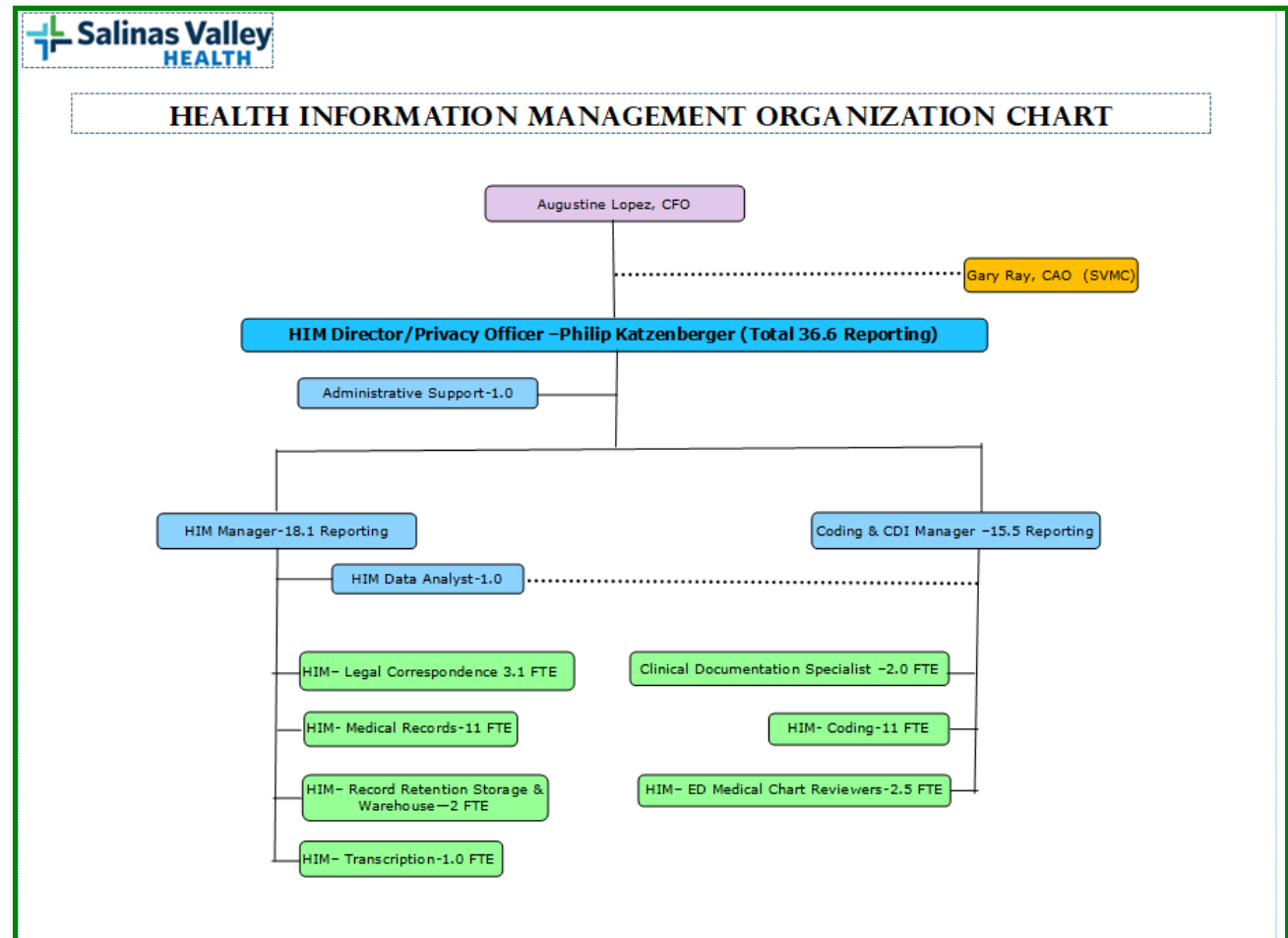
- C. To plan for the allocation of human/material resources.
- D. To support the provision of high-quality service with a focus on a collaborative, multi-disciplinary approach to minimize the negative physical and psychological effects of disease processes and surgical interventions through patient/significant other education and to restore the patient to the highest level of wellness as possible.
- E. To support the provision of a therapeutic environment appropriate for the population in order to promote healing of the whole person.
- F. To evaluate staff performance on an ongoing basis.
- G. To provide appropriate staff orientation and development.
- H. To monitor Health Information Management function, staff performance, and care / service for quality management and continuous quality improvement.

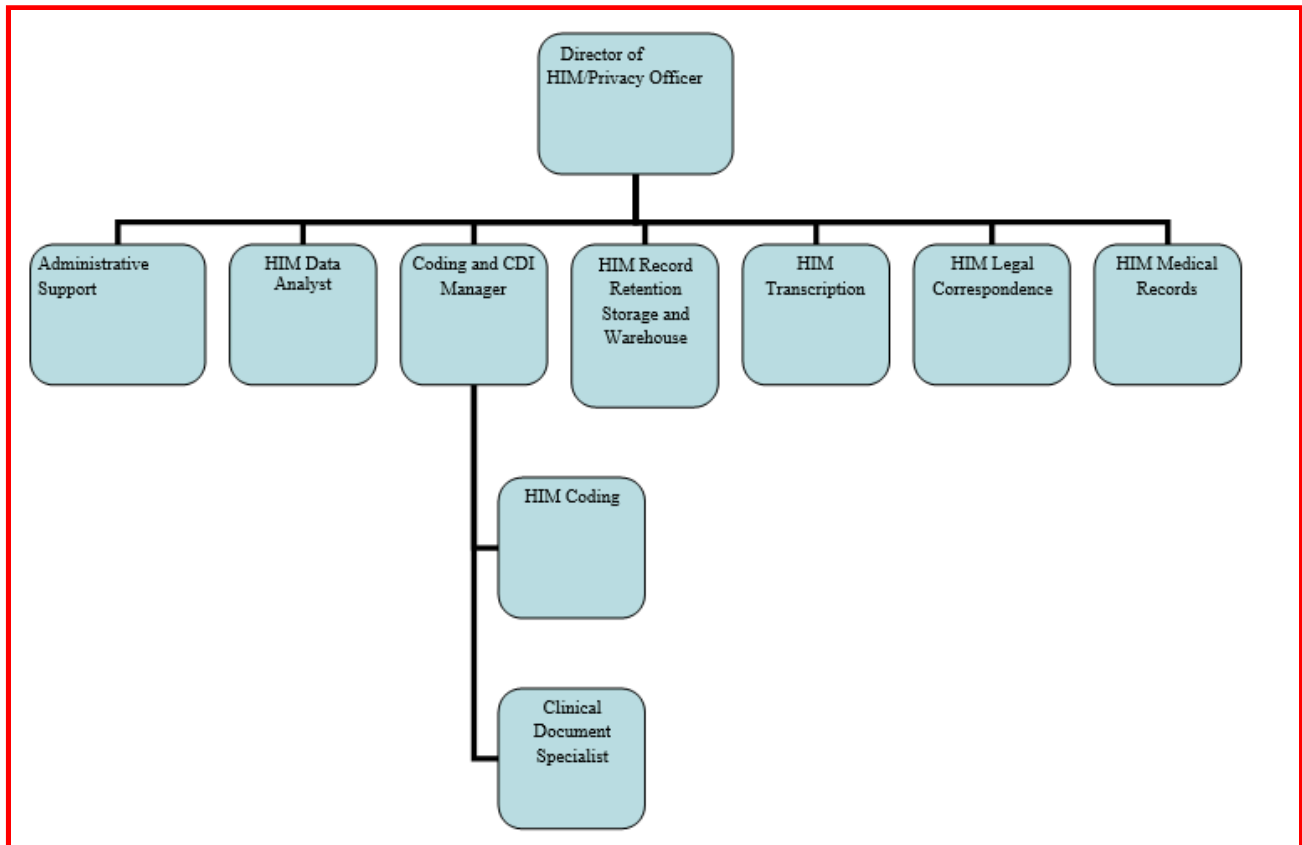
IV. POPULATION SERVED

Health Information Management provides services including but not limited to: Any person who requests a medical record, including but not limited to: patients, physicians, medical facilities, authorized family members, workmen's compensation, insurance providers, lawyers, etc.

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V. ORGANIZATION OF THE DEPARTMENT





HIM Director/Privacy Officer –Philip Katzenberger (Total 36.6 Reporting)

A. Hours of Operation: The general hours of operation are as follows:

Medical Records:

Monday through Friday: 7:00 am to 5:00 pm

Saturday: 10:00 am to 5:00 pm

Transcription Daily: Hours vary with workload

B. Location of department: Downing Resource Center, Room 112

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

A. The Health Information Management Department serves as the patient data information center by providing the following services:

1. Transcription
2. Storage of HIM documents (the medical record)
3. Retrieval and delivery of the medical record to authorized personnel
4. Coding and abstracting of clinical data for uses in clinical and Epidemiology studies, fiscal planning and billing
5. ~~Develop and maintain~~ Clinical Documentation Integrity processes focused on the accuracy of clinical data

6. Collaboration with Case Management, Risk Management/Quality Management, Nursing, and Medical Staff in reviewing medical records for efficacy, appropriateness of care, and timeliness in order to improve patient outcomes
7. Develop and maintain systems which ensure confidentiality and security of the medical record
8. Provide statistical data both internally and externally
9. Develop and maintain policies/procedures re: the release of patient information
10. Storage of non-medical record documentation for the entire facility

B. ~~The~~ Health Information Management ~~department~~ staff is comprised of a management team, a medical ~~transcriptionists~~transcriptionist, coders/abstractors, legal correspondence clerks, HIM Specialists, Clinical Documentation Improvement Specialists, Medical Recorder Reviewers and other support services as determined by the needs of the ~~department~~organization.

VII. REQUIREMENTS FOR STAFF

All staff are required to complete competency-based orientation and annual orientation. Coding, CDI, and management staff holding credentials complete yearly mandatory CEUs. Staff are updated and orientated to changes in healthcare industry and HIM profession.

A. Licensure / Certifications:

The basic requirements for Director of HIM/**Privacy Officer** include: Registered Health Information Administrator

The basic requirements for **Manager of CDI and Coding** include: Certified Coding Specialist and Registered Health Information Administrator or Registered Health Information Technician.

The basic requirements for **Clinical Documentation Improvement Specialist** include: Certified Clinical Documentation Specialist or Clinical Documentation Improvement Practitioner.

The basic requirement for **HIM Data Analyst** include: Associate Degree in Health Information Technology.

The basic requirements for **Coding I, II and III** include:

Coder I - Certified Coding Associate (CCA)

Coder II – Certified Coding Specialist – Physician Based (CCS-P)

Coder III – Certified Coding Specialist (CCS)

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~~on-line education modules that have been defined by the organization.

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

C. Identification of Educational Needs

Staff educational needs are identified utilizing a variety of input:

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

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

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

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

D. Continuing Education

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

VIII. STAFFING PLAN

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

level and total patient acuity.

General Staffing Plan:

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: 4 staff

IX. EVIDENCED BASED STANDARDS

The [Salinas Valley Health Medical Center \(SVHMC\)](#) 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 [Salinas Valley Health Medical Center \(SVHMC\)](#) 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.

[SVHMC](#)[SVH](#) has developed administrative and clinical standards for staff practice and these are available on the internal intranet site.

X. CONTRACTED SERVICES

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

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

Health Information Management supports the [Salinas Valley Health Medical Center \(SVHMC's\)](#) 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.

In addition to the overall [Salinas Valley Health Medical Center \(SVHMC\)](#) Strategic initiatives and in concert with the Quality Improvement Plan and the Quality Oversight Structure, Health Information Management Department will develop measures to direct short-term projects and deal with problem issues evolving out of quality management activities.

Systems, services and patient care are evaluated to determine their timeliness, appropriateness, clinical necessity, and the extent to which the level of care or services provided meets the patients' needs through any one or all of the following quality improvement practices:

1. Multidisciplinary performance improvement teams
2. Ongoing medical record reviews
3. Focused studies
4. Patient relations services
5. Employee forums
6. Performance monitoring for quantity and quality

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

Attachments

[Director of HIM/Privacy Officer](#)

[Future HIM Dept.Org.Chart 6 2 2023.pub](#)

[Image 1](#)

Approval Signatures

Step Description	Approver	Date
Executive Alignment	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2024
Policy Owner	Philip Katzenberger: Director HIM/Privacy Officer	01/2024

Standards

No standards are associated with this document



Last Approved N/A
Last Revised 02/2024
Next Review 1 year after approval

Owner Tiffany DiTullio:
Chief
Administrative
Officer/
Community
Wellness
Area Scopes Of
Service

Scope of Service: Health Promotion

I. SCOPE OF SERVICE

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

The purpose of Health Promotion is to enhance patient services and health programs that help Salinas Valley Memorial Healthcare System Health remain a leading provider of medical care. The goal of Health Promotion 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 Salinas Valley Health goals and objectives, the Health Promotion 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 Health Promotion are:

- A. To develop, implement and evaluate programs with the aim of health enhancement, wellness education and disease prevention including activities of an informational nature, as well as those whose intent is skills development and behavior modification.
- B. Programming and education offerings include lectures, workshops, coordinated fitness options, screenings, wellness programming and other health events.

III. DEPARTMENT OBJECTIVES

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

IV. POPULATION SERVED

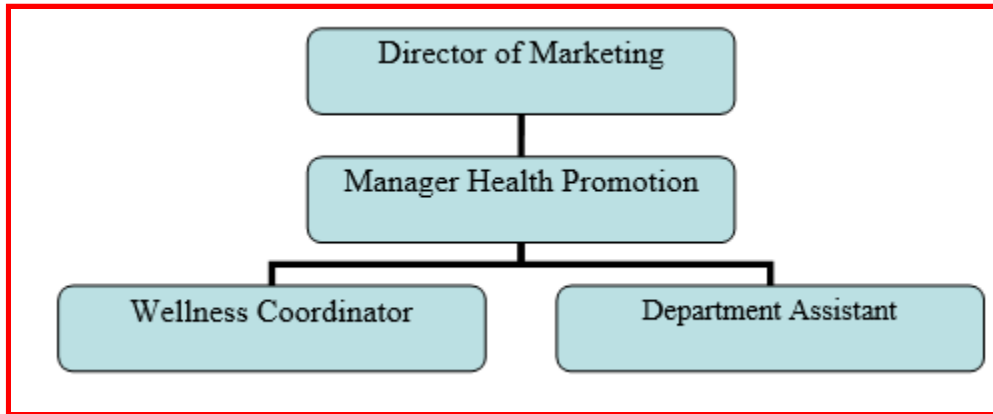
Clinical:

The Health Promotion Department provides health and wellness information to the community with a goal of connecting the population to services the ~~healthcare~~health care system offers. The Health Promotion Department also coordinates classes for the community, such as Childbirth Preparation, Breastfeeding, CPR/AED and First Aid. The Health Promotion Department also partners with SVMHS ~~Salinas Valley Health~~ Registered Nurses to offer Blood Pressure screenings at community events.

Non-Clinical:

The Health Promotion provides services including but not limited to: health and wellness programs/ classes, farmers' market programs, community lectures, wellness programming for local employers.

V. ORGANIZATION OF THE DEPARTMENT (include organizational chart)



- A. Hours of Operation
The Unit/Department provides services Monday through Friday from 8:30 a.m. to 5:00 p.m.
- B. Location of department
232 Monterey Street 420 E. Romie Lane, Suite 201C, Salinas, California.

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

- A. The Department purpose is to provide educational programs for the community, District and hospital staff, which enable individuals to make choices that support overall wellness and reduce their risk of developing preventable disease while increasing their success in sustaining optimal health. The Department also works to enhance patient services and health programs that help Salinas Valley Memorial Healthcare System Health remain a leading provider of medical care.
- B. The Manager assumes twenty-four (24) hour responsibility for the Department.
- C. The Manager of the Department is directly responsible to the Director of Marketing. It is the Manager's duty to attend all administrative and technical functions within the department. All personnel within the department are under the guidance and direction of the Manager of Health Promotion. In the Manager's absence, the position is filled by their designee. It is his/her responsibility to carry out the duties of the Manager in his/her absence.

VII. REQUIREMENTS FOR STAFF (applicable to department)

All individuals who provide Department services have the appropriate training and competence.

- A. Licensure / Certifications:
N/A
- B. Competency

NAN/A

C. Identification of Educational Needs

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

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

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

D. Continuing Education

NAN/A

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VIII. STAFFING PLAN



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Flexible hours are occasionally required; staffing requirements will be met by adjusting schedules authorizing overtime and/or utilizing temporary services.

IX. EVIDENCED BASED STANDARDS

The **SVMHS** [Salinas Valley Health](#) 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** [Salinas Valley Health](#) 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 Salinas Valley Health](#) has developed administrative and clinical standards for staff practice and these are available on the internal intranet site.

X. CONTRACTED SERVICES (as applicable)

- Contracted services under this hospital service are maintained in the electronic contract monitoring software program.

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

Health Promotion supports the [SVMHS Salinas Valley Health](#)'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 Salinas Valley Health](#) Strategic initiatives and in concert with the Quality Improvement Plan and the Quality Oversight Structure, Health Promotion Department will develop measures to direct short-term projects and deal with problem issues evolving out of quality management activities.

Attachments

[Director of Marketing](#)

Approval Signatures

Step Description	Approver	Date
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Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Executive Alignment	Rebecca Alaga: Regulatory/ Accreditation Coordinator	02/2024
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	01/2024
Policy Owner	Tiffany DiTullio: Chief Administrative Officer/ Community Wellness	01/2024

Standards

No standards are associated with this document

COPY



Last Approved N/A
Last Revised 02/2024
Next Review 3 years after approval

Owner Stephanie Frizzell: Manager Education
Area Administration

Student Affiliations

I. POLICY STATEMENT

- A. N/A

II. PURPOSE

- A. To define the initiation process and maintenance of student affiliations excluding medical students, medical residents, fellows,

III. DEFINITIONS

- A. Clinically Competent Faculty: a faculty member who possesses and exercises the degree of knowledge, skill, care and experience ~~of a staff RN~~ in clinical area to which they are assigned to teach. (References: Board of Register Nursing (BRN), Department of Consumer Affairs)
- B. Student: one who is enrolled or attends classes at a school, college, university.
- C. Preceptor: a teacher, tutor, who provides knowledge, insight
- D. Preceptee: one who is being precepted
- E. Intern(ship): a student or graduate completing an advance clinical practicum in a chosen field of study who is in-processed by the Department of Education
- F. Extern(ship): a student or a graduate doing an advance practicum in a chosen field of study who is in-processed by Human Resource
- G. RN Provider: one that provides direct patient care within the scope of BRN as it applies to registered and student nurses.
- H. Direct supervision: physically present, onsite, close contact, directly at the side of the student, whereby the supervisor is able to respond quickly to the needs of the supervisee.
- I. Indirect supervision: available for guidance and consultation but is not directly at the side of the student; to have the direction and oversight of the performance.

- J. Indirect remote supervision by instructor or clinical advisor: available for consultation and guidance but is not physically present in the location where the care is being provided but is able to be contacted by phone, either land line or cell. Applies to CNS, DNP, MSN, and BSN enrolled in college or university program whose clinical rotation is limited to in-direct patient care.

IV. GENERAL INFORMATION

- A. Staff personnel of the hospital will retain ultimate responsibility for the delivery of patient care.
- B. Staff personnel caring for patients assigned to students will document, as it may apply, that they have reviewed and concurred with the student's documentation.
- C. Student activities will be coordinated through the Education Manager or designee.
- D. Students must complete required qualifications prior to clinical placement.
- Background Check within twelve (12) months prior to placement.
 1. Information obtained must be from a consumer reporting agency contracted for the purpose of obtaining job/role related background. Student's affiliates may comply with the process through their sponsoring school. (BACKGROUND CHECKS POLICY). Criminal record search must be conducted to include a court records search from all counties where the candidate has lived or worked during the past seven (7) years ([BACKGROUND CHECKS POLICY HR #831](#))
 2. Department of Health and Human Services (HHS) and Office of Inspector General (OIG) checks will be performed for positions involved in the care of patients ([BACKGROUND CHECKS POLICY HR#831](#))
 3. Salinas Valley Health Medical Center (SVHMC) does not reimburse students for any fees incurred with obtaining their background check.
 - A repeat background check will not be required for returning / continuing students / interns where lapses between clinical practicums have not advanced beyond the last twelve (12) month.
 - Drug Screen
 1. A drug screen is required within thirty (30) days prior to start of practicum (applies to all).
 2. Drug screen to be compliant with SVHMC current a seven panel drug screen as listed below. ([PRE-EMPLOYEE / EMPLOYEE TOXICOLOGY SCREENING PROCEDURE #2599](#))

Amphetamine / Methamphetamine
Barbiturates
Benzodiazepines
Cannabinoids
Cocaine
Opiates
Phencyclidine

3. If taking prescribed medication(s), the medication(s) dosage & frequency must be listed on the drug test form. ([PRE-EMPLOYEE / EMPLOYEE TOXICOLOGY SCREENING PROCEDURE #2599](#))
 4. A positive drug screen will require confirmation / repeat drug screen.
 5. Drug screen results are sent to the student's sponsoring school
 6. Drug screen may be completed at Salinas Urgent Care at 558-A Abbott, Salinas California or by a certified Lab qualified to perform such test
 7. SVHMC does not reimburse students for any fees incurred with obtaining their drug screen.
 8. A repeat drug screen will be required for returning /continuing students/ interns, if the lapse of clinical practicum has advance greater than thirty (30) days.
- Proof of current immunization
 1. Chicken Pox immunization or a positive history of disease
 2. Measles, Mumps, and Rubella (MMR) immunization or a positive blood titer
 3. Hepatitis B vaccine: three (3) shot series, positive titer, or documentation of declination
 4. Seasonal flu vaccine: form is submitted to Employee Health prior to orientation
 - Proof of current Tuberculosis Screening Test (TST)
 1. Negative / 0mm TST
 2. Positive TB skin test (TST) will require a chest x-ray, if not done within the last six (6) months
 - Documentation of health exam – physical clearance within the past twelve (12) months prior to start of clinical practicum.
 - Current BLS (CPR) Cards for students that provide direct patient care, i.e., Student Nurse (SN), Vocational Nurse (VN) student, Paramedic, Physical Therapy / Occupational Therapy (PT/OT) student, Radiology student, from:
 1. American Heart Association for Healthcare Provider
 - A Medication exam, appropriate to the type of student, with a score \geq 80%
 1. Type of student:
 - a. Student Nurse (SN) prior to start of a clinical preceptorship and / or forth semester
 - b. Vocational Nurse (VN) student prior to start of their clinical practicum (rotation)
 - c. Bachelor of Science in Nursing (BSN) / Master of Science in Nursing (MSN) / Clinical Nurse Specialist (CNS) / Doctor of

Nursing Practice (DNP) interns as applicable for their clinical practicum (rotation)

- d. SN and VN instructors
- e. Paramedic intern prior to start of their clinical internship
- f. An SN student, who successfully completed SVHMC medication examination within six (6) months of hire as an RN at SVHMC, will not be required to repeat SVHMC medication examination.
- g. Physician Assistant (PA) student

2. Medication exam criteria

- a. Test is taken after all pre-placement requirements are successfully completed
- b. One hour is given to complete medication exam
- c. There are no repeats

E. Criteria for institutions / programs requesting clinical placement:

- Clinical program placement prioritization - Nursing

1. Returning

- a. Formal written request will occur no later than May 1st of the current academic year
- b. Establish contract status
- c. Request will be made through the Department of Education, Education Manager or designee. Attend annual orientation meeting
- d. Provide clinical objective for all areas of participation
- e. Prioritization is given to established programs meeting established requirement / criteria deadline.

2. New

- a. Formal written request is made to the Department of Education, Education Manager or designee by the school's Placement Coordinator and / or Director.
- b. Establish a meeting with SVHMC Department Director(s), School Director and / or Placement Coordinator, the Department of Education, Education Manager or designee.
- c. Obtain a contract between school and SVHMC. School to provide "Certificate of Liability" insurance
- d. School to provide program course description overview, clinical objectives for all areas of participation

- Clinical program placement prioritization – Allied Health

1. Returning

- a. Department (Unit) student coordinator will notify the Department of Education, Education Manager or designee of all pending students requesting placement at SVHMC.
- b. Establish contract status
- c. School's Placement Coordinator makes a formal written request through the Department of Education, Education Manager or designee
- d. Provide clinical objectives

2. New

- a. Formal written request is made through the Department of Education, Education Manager or designee by the school's Placement Coordinator and / or Director.
- b. Establish a meeting with SVHMC Department Director(s), School Director and / or Placement Coordinator, the Department of Education, Education Manager or designee.
- c. Obtain a contract between school and SVHMC. School to provide "Certificate of Liability" insurance
- d. School to provide program course description overview, clinical objections for all areas of participation

F. All schools must have available and maintain current documentation of the school's program entrance requirements and when applicable clinical instructor's annual competencies.

1. SVHMC will request quarterly periodic audits to ensure that appropriate information is available. SVHMC will select at random students names to be audited. Percent of students audited will depend on number of students on site at any given time.
2. Information is mailed to the Department of Education no later than five (5) working days from the date of audit notification.
3. For a Joint Commission (TJC) site visit: Information must be made available and faxed immediately upon request.

G. Nursing Schools:

1. Schedule of assignments prior to start of clinical rotation
 - a. The length of clinical experience and the number of students will be agreed upon by SVHMC and the school at least thirty (30) days prior to start of clinical rotation
2. Instructor / student ratio will not exceed:
 - a. One (1) instructor for eight (8)-SN students
 - b. One (1) instructor for six (6)-VN students
3. Directors of unit will determine the final number of students that can be accommodated on their unit at any given time

4. There will only be one level / type of student on a unit with the same preceptor at any given time.
5. Instructor's responsibility
 - a. Complete a unit orientation
 - b. Provide unit orientation to the student
 - c. Assign tasks that are within the student's capability and properly supervise student while performing those tasks. Refer to "SN Student / Preceptor Supervised Skills" matrix, Attachment "A"
 - d. Post weekly student assignment, objectives and student level of skill. File students daily assignment in the charge nurse binder in the unit of participation
 - e. Assist student with computer and Medication Administration Record (MAR) documentation
 - f. Returning instructors to include preceptorship instructor (advisor)
 - i. Complete identified hospital unit specific eLearning/skills/competencies for all units of student participation
 - ii. New instructor to include preceptorship instructor
 - a. Attend a week of Nursing / Computer Orientation
 - b. For all units of student participation
 - i. Complete unit specific orientation for a minimal of one (1) day; a full eight (8) hour shift
 - ii. Validate identified unit specific competencies for unit of student participation
 - iii. Review all required procedures and documentation practices
 - iv. Provide all orientation documents to the Education Manager or designee
 - iii. Substitute Clinical Instructor
 - a. Planned Absence (conference, workshop): School or instructor will notify the Department of Education, Education Manager or designee in writing, five (5) working days prior to the start of next scheduled clinical day, substitute instructor's name and contact phone number
 - b. Unplanned Absence (personal emergency): School or instructor will notify the Department of Education, Education Manager or designee via e-mail, phone, substitute instructor's name and contact number, prior

to start of next scheduled clinical day.

- c. Illness: Instructor will notify charge nurse / nursing unit one hour prior to start of clinical rotation. The school will notify the Department of Education, Education Manager or designee the name of the substitute clinical instructor and the instructor's contact number.
- d. Substitute clinical instructor (advisor) will have completed and have on file all provisions set forth within this policy relating to clinical instructor (advisor)

H. Preceptorship / Internship / Residency

1. A formal letter from a school's Placement Coordinator requesting a preceptorship / internship / residency at SVHMC will be provided twenty (20) working days prior to the student's orientation. The letter will include:
 - a. List student level of competency / skills, as applicable;
 - b. List of learning objectives
 - c. The amount of hours student needs to complete for his / her clinical practicum (rotation)
 - d. Contact number (phone / cell) of placement coordinator and instructor who is responsible for the student.
2. BSN / MSN / CNS / DNP - placement
 - a. As stated above under "H", first bullet

I. Allied Health

1. Paramedic Intern – placement
 - a. As stated above under "H", first bullet
 - b. Paramedic intern, will perform tasks and give limited types of medications within their scope of practice as identified by their school and the County of Monterey
 - c. Intern will perform these tasks under the direction of an SVHMC staff person acting as a preceptor within his / her respective units.
2. Emergency Medical Training (EMT) Student
 - a. EMT students will be limited to observation status only. For in-processing refer to [HR#1818 "JOB OBSERVATION AND INTERNSHIPS PROCEDURE "](#) policy.
3. PT / OT, Radiology, Health Information Management (H.I.M.), Dietetic interns, Cancer Registry, Lactation Nurse
 - a. As stated above under "H", first bullet
 - b. Perform tasks at the level of their educational program under the direction of an SVHMC staff person acting as a preceptor within his / her respective

unit / department

J. In-processing of SVHMC employees

1. As stated above under "G", first bullet
2. Complete Declaration of Employee Record. See Attachment F

K. Student Responsibility

1. All students, at all times, must wear an SVHMC identification badge above the waist and the student's school identification badge. Students not compliant will be sent home.
2. Adhere to the established policies, procedures, standards, rules and regulation, of SVHMC.
3. Respect the safety and wellbeing of the patient and their family
4. Introduce themselves to the patient and ask permission to participate in their care
5. Use clear, accurate and effective professional communication
6. Recognize knowledge, skills, abilities, limitation of responsibilities, and supervision requirements
7. Be knowledgeable and adhere to the information provided in the student handbook

L. Discrepancy Resolution

1. When patient care, treatment, and / or service differ between primary care provider (RN) and student (instructor), the student will be taken out of the line of care until the discrepancy has been resolved.
2. The instructor will notify the charge nurse and Education Manager or designee of the disagreement / discrepancy between the primary care provider (RN) and student (instructor).

M. Education Manager or designee Responsibility

1. Coordinate with unit Director or designee (department Education Manager or designee), school, and student request for clinical practicum (rotation)
2. Coordinate request for contract between SVHMC and school and ensure current contract status for on-going schools programs
3. Develop a clinical practicum (rotation) schedule in collaboration with the school
4. Provide student orientation, in collaboration with Employee Health, to meet regulatory requirements, to include as applicable, but not limited to, Meditech, MAR, Pyxis and Accu-Chek certification, fire safety, injury prevention, Lift Device training, and N95 Respirator fit testing.
5. Coordinate orientation for the clinical (nursing) instructors include preceptorship instructor

N. Failure of any institution / program to meet established deadlines, requirements as stated in this policy, and /or attend required orientation meetings will forfeit clinical placement

O. SVHMC retains the ultimate responsibility for its patients and reserves the right to deny the

use of its facilities to any student(s). SVHMC, at its sole and absolute discretion, may request withdrawal of any student(s) from the Program for failure to meet established policies, procedures, rules and regulations or violates any local, federal or state laws.

P. SVHMC will maintain and have available student's orientation documents and in-processing information for five (5) years

Q. Job Shadowing, refer to ~~HR # 1818~~, [JOB OBSERVATION AND INTERNSHIPS PROCEDURE](#).

V. PROCEDURE

A. Submission of Placement Request

1. The school student placement coordinator will contact and notify the Education Manager or designee of request for placement

B. Education Manager or designee will forward the Requirements Element for Placement letter template to the school's placement coordinator. See Attachment D Submission of Required Documentation

1. The school will submit a formal request, using the Required Elements for Placement letter template. The letter will be composed on school letter head paper. This letter will list SVHMC pre-placement requirements having been met and the name of student(s) being placed.
2. SVHMC pre-placement requirements, not fulfilled by the school's program entrance requirement, will be obtained by the student at their own cost.
 - a. Medical information (immunizations), drug screen results and background checks results will be forwarded to the school
 - b. The school will list pre-placements requirements completed on the formal Required Elements for Placement request letter.
 - c. No documents are to be sent to the Department of Education

C. Attend / Complete Orientation

1. Upon completion of all pre-placement requirements the student will
 - a. Complete SVHMC medication examination when applicable
 - b. Attend orientation in the Department of Education to meet regulatory requirements
 - c. Obtain SVHMC picture ID badge
 - d. Provide copy of BLS, *as applicable*
 - e. Provide a letter of introduction, listing level of competency, skill, and learning objectives, *as applicable*

D. Prior to start of Clinical Practicum (Rotation)

1. The nursing instructor and *as applicable*, the unit Education Manager or designee will provide the following information
 - a. List of students assigned on each unit and their shift

- b. A copy of the objectives the student is to complete.
- c. Name, shift and schedule of preceptor(s) *as applicable?*

E. Documentation:

1. Student patient assignment will be documented and records maintained in the Daily Assignment (Charge Nurse) binder on unit of student participation.
2. Refer to "RN Student / Preceptees Supervised Skills and Documentation of Care". Attachment "A", for documentation guidelines by SN students.

VI. EDUCATION/TRAINING

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

VII. REFERENCES

- A. N/A

Attachments

[A: SN Students / SN Preceptees Providing Direct Patient Care: Supervised Skills and Documentation of Care Grid](#)

[B: VN Students Supervised Skills and Documentation of Care](#)

[C: Education and Human Resources and Education Department](#)

[D: Sample Letter](#)

[E: Compliance Process, Documents and Orientation Requirements](#)

Approval Signatures

Step Description	Approver	Date
EA	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
Policy Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	02/2024
Policy Owner	Stephanie Frizzell: Manager Education	02/2024

Standards

No standards are associated with this document

COPY



Last Approved N/A
Last Revised 12/2023
Next Review 1 year after approval

Owner Earl Strotman:
Director Facilities
Management &
Construction
Area Plans and
Program

Utilities Management Plan

I. SCOPE

- A. The Utility Systems Program provides a process for the proper design, installation and maintenance of appropriate utility systems and equipment to support a safe patient care and treatment environment at Salinas Valley Health Medical Center (SVHMC).
- B. The Program will assure effective preparation of staff responsible for the use, maintenance, and repair of the utility systems, and manage risks associated with the operation and maintenance of utility systems. Finally, the Program is designed to assure continual availability of safe, effective equipment through a program of planned maintenance, timely repair, ongoing education, and training, and evaluation of all events that could have an adverse impact on the safety of patients or staff as applied to the building and services provided at SVHMC.

II. OBJECTIVES/GOALS

- A. Objectives
- B. The goals for the Utility Systems Program are developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year's program activities, performance monitoring and environmental tours.

III. DEFINITIONS

- A. EOC: Environment of Care Committee
- B. AEM: Alternate Equipment Maintenance

IV. PLAN MANAGEMENT

- A. **Plan Elements**
 - 1. Patient care providers are trained to understand how utility systems support patient

care, limitations of system performance, safe operating conditions, safe work practices, and emergency clinical interventions during interruptions.

2. Hospital utility systems are highly complex. When upgrades and new installations are proposed, a multidisciplinary group approach is used to ensure that patient care needs, regulatory requirements and industry standards are met.
3. Utility systems are maintained to ensure proper operation and reduce potential for failures.
4. Emergency response procedures are required to manage utility system failures or service disruptions.

B. Plan Management

1. Processes of Managing Utility System Risks

a. Management Plan

- i. The organization develops and maintains the Utility Systems Management Plan to effectively manage the utility system risks to the staff, visitors, and patients at SVHMC.

b. Design and Maintenance of Utility Systems

- i. The Director of Facilities and Construction, Plant Operations is responsible for managing the planning, design, construction, and commissioning of utility systems to meet the patient care and the operational needs of SVHMC. The construction and commissioning programs are designed to assure compliance with codes and standards, and to meet the specific needs of the occupants throughout the facility. The Director of Facilities and Construction, Plant Operations is responsible for setting maintenance standards and implementing a program of planned maintenance and customer service to ensure a safe comfortable environment.

c. Utility Inventory

- i. SVHMC maintains an inventory of all operating components of the utility systems. These are categorized by potential impact to the safety of patients, staff and visitors in the event of failure. The Director, or designee, assesses systems and components to identify the appropriate maintenance strategies based on risk and impact. Added expectations of leaders and notifications to affected departments written criteria are used to identify risks associated with utility systems. Some of the risks include infections, occupant needs, and systems critical to patient care needs, including life support systems. The risks identified are used to assist in determining the strategies for maintenance, testing, and inspection of the utility systems. In addition, the identified risks are used to guide the development of training and education programs for staff that use or maintain equipment.

- ii. Systems requiring a program of planned maintenance are listed as part of a maintenance inventory. The list includes operational components of utility systems maintained by in-house staff as well as equipment maintained by vendors.

d. Testing Utility Systems Prior to Initial Use

- i. The organization tests utility system components on the inventory before initial use and after major repairs or upgrades. The completion date of the tests is documented. The Facility Director, or designee, is responsible for implementation of the program of planned inspection, testing, and maintenance.

e. Maintaining, Inspecting, and Testing Activities

- i. The Director of Facilities and Construction, Plant Operations identifies in writing the activities used for maintaining, inspecting, and testing all of the operational components of the utility systems in the inventory to assure safety and equipment longevity. The determination of the appropriate activity is made as part of the initial evaluation of equipment, as well as failure trends and equipment history.
- ii. Potential activities may be selected to ensure reliable performance including:
 - a. Preventive maintenance based on manufacturer's recommendations
 - b. Reliability-centered maintenance based on equipment history
 - c. Interval-based inspections, tests, inspections, and preventive maintenance activity
 - d. Corrective maintenance based on direct observation of deficiency or failure of designated testing protocol
 - e. Metered maintenance based on manufacturer's recommendation, as applicable.
- iii. The results of assessment are used to identify appropriate maintenance strategies, and to identify which equipment may be included in preventive maintenance program.
- iv. The results of assessing the risks of failures of the utility systems are also used to identify those systems and areas for which emergency management plans are needed to assure ongoing safety of patient care as well as the safety of staff and visitors.

f. Maintenance, Inspection, and Testing Frequencies

- i. The organization identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all

applicable operating components of utility systems on the inventory. ~~These activities and associated frequencies are in accordance with manufacturers' recommendations or follow an Alternative Equipment Maintenance (AEM) program.~~

- ii. Potential frequency for conducting these activities may be selected to ensure reliable performance including:
 - a. Preventive maintenance based on manufacturer's recommendations
 - b. Reliability-centered maintenance based on equipment history
 - c. Interval-based inspections
 - d. Corrective maintenance based on direct observation of deficiency or failure of designated testing protocol
 - e. Metered maintenance base on manufacturer's recommendation, as applicable.
- iii. ~~The strategies of an AEM program do not reduce the safety of A~~ reference of guidelines for physical plant equipment ~~and must be based on accepted standards of practice. A reference of guidelines for physical plant equipment~~ maintenance is the American Society for Healthcare Engineering (ASHE) book Maintenance Management for Health Care Facilities.
- iv. A computerized maintenance management system is used to schedule and track timely completion of preventive maintenance activities. Added expectations of leaders and notifications to affected departments

g. Testing High-Risk Components of the Utility System

- i. All high-risk components of the utility system on the inventory are tested, maintained, and inspected ~~by manufacturer's recommendation or AEM program.~~ A high-risk utility system includes components for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.
- ii. Reports of the completion rate of scheduled inspection and maintenance are presented to the EC Committee each quarter. If the rate of completion falls below 100%, there will be an analysis to determine the cause of the problem and ~~make recommendations for~~ corrective actions taken.

h. Testing Critical Components Supporting Infection Control

- i. All ~~Critical Component~~ critical components of the utility system supporting infection control on the inventory are tested, maintained, and inspected ~~by manufacturer's recommendation or AEM program.~~ The completion date and the results of the

activities are documented.

- ii. The required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components ~~completed in accordance with manufacturers' recommendations~~ must have a 100% completion rate. ~~The scheduled maintenance activities for infection control utility systems components in the AEM program inventory must have a 100% completion rate~~
- iii. Reports of the completion rate of scheduled inspection and maintenance are presented to the EOC Committee each quarter. If the rate of completion falls below 100%, the Facility Director will also present an analysis to determine the cause of the problem and ~~make recommendations for~~ take corrective actions. The corrective actions and retest of the systems will be documented.

~~i. Testing Non-High Risk Components of the Utility System~~

- ~~i. All Non-high-risk utility system components on the inventory are tested, maintained, and inspected by manufacturer's recommendation or the AEM program. The completion date and the results of the activities are documented. The required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components completed in accordance with manufacturers' recommendations must have a 100% completion rate.~~
- ~~ii. The scheduled maintenance activities for non-high-risk utility systems components in the (AEM) program inventory may be deferred as defined by organization policy, provided the completion rate is not less than 90%~~
- ~~iii. Reports of the completion rate of scheduled inspection and maintenance are presented to the EOC Committee each quarter. If the rate of completion falls below 90%, the Director / designee will also present an analysis to determine the cause of the problem and make recommendations for corrective actions. The corrective actions and retest of the systems will be documented.~~

Testing Non-High Risk Components of the Utility System

- i. All Non-high-risk utility system components on the inventory are tested, maintained, and inspected. The completion date and the results of the activities are documented.

j. Maintaining Specific Components of Utility Systems

- i. Specific inspecting, testing, and maintaining activities, and frequencies intervals for the following components of a utility system are conducted in accordance with the manufacturers' recommendations:

- a. Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements
 - b. New operating components with insufficient maintenance history to support the use of alternative maintenances strategies.
- ii. The maintenance history used to determine the activities and frequencies may include, records provided by contractors used to service the utility systems, and information made public by nationally recognized sources. Experience of testing, maintaining, and inspecting components of the utility systems by the Facilities Management Department will also be used as history to determine the activities and frequencies required.

k. Identifying Risk Criteria Used for Inclusion in AEM program

- i. A qualified individual uses written criteria to support the determination whether it is safe to permit components of the utility systems to be maintained in an AEM program. The written criteria includes:
- a. How the equipment is used, including the seriousness and prevalence of harm during normal use
 - b. Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
 - c. Availability of alternative or back-up equipment in the event the equipment fails or malfunctions
 - d. Incident history of identical or similar equipment
 - e. Maintenance requirements of the equipment
- ii. Once the appropriate program is determined, the information is entered into the record for the utility system in the inventory.

l. Identifying Components Included in the AEM program

- i. The hospital identifies operating components of utility systems on the inventory that is included in an AEM program. These are reviewed by the Assistant Director at appropriate intervals.

m. Labeling Controls for Emergency Shutdown

- i. The Director of Facilities and Construction, Plant Operations, or designee is responsible for labeling the locations of critical or emergency controls for a partial or complete shutdown of the utility systems. Critical or emergency operating components of utility systems are identified on historical documents or

computerized drawings. A variety of techniques such as legends, symbols, labels, numbers, and color-coding are used to identify the location and type of critical or emergency controls. The corresponding physical control is identified by a tag or other indicator attached to the device. This process is designed to provide technicians with accurate information about the function of a control before it is activated for scheduled maintenance or during an emergency.

n. Utility System Disruptions and Shutting off Malfunctioning System

i. SVHMC has identified and implemented procedures for responding to utility system disruptions or failures. These procedures are developed to include the criteria for implementing a utility response plan. The staff is responsible for making the decisions; activities and resources used to mitigate the emergency (e. g., an emergency power system to mitigate external power failure); and preparation for the failure (e. g., flashlights, staff training about how to respond to a power failure). The response plans are also included in a quick chart which is widely distributed and posted in a number of locations throughout the facility. The recovery plans focus on return to normal conditions, and the resetting and recovery of emergency equipment and supplies.

ii. The Utility Systems include the following:

- a. Electrical Distribution
- b. Emergency Power
- c. Medical Gas
- d. HVAC
- e. Boiler & Steam
- f. Plumbing
- g. Vertical & Horizontal Transport
- h. Vacuum Systems
- i. Communication Systems

o. Emergency Clinical Interventions

i. SVHMC has identified and implemented emergency procedures for responding to utility system disruptions or failures that require emergency clinical interventions. This is focused on clinical staff and support staff as well. The Environment of Care Committee will assist in obtaining the necessary procedures for those utility systems that could impact on the life support equipment. The clinical staff will be trained on the proper response to the disruption of life support utility services and the method of notifying the appropriate group. The response plans

are also included in a quick chart which is widely distributed and posted in a number of locations throughout the facility.

p. Emergency Repair Services

- i. SVHMC has identified and implemented procedures for the emergency repair of operational components of the utility systems. The staff has been provided with a chart that identifies the major utility systems and the contact information to obtain repair services. Those components that have a direct impact on patient care have been identified and repair plans developed. The staff should contact their supervisor immediately to report disruption. The supervisor, or staff member, then contacts the Plant Operations / Engineering Department who will respond to assess the situation and contact additional assistance if needed.

q. Management of Waterborne Pathogenic Agents

- i. The organization has identified and implemented processes to minimize pathogenic biological agents in cooling towers, domestic hot and cold water systems, and other aerosolizing water systems through the proactive periodic treatment of these systems.
- ii. When the monitoring program of incidents for hospital-acquired infections identifies the presence of pathogenic biological agents in water systems, the Infection Control Manager and the Director of Facilities and Construction, Plant Operations collaborate to identify an effective treatment and future growth prevention program.
- iii. When an outbreak of an infectious, waterborne disease (e. g., Legionella) is identified, the SVHMC Infection Control staff notifies the Plant Operations / Engineering Department staff that treats the affected domestic water system to eliminate the hazard.
- iv. Any ornamental water fixture within the facility is periodically treated and the potential aerosol is controlled by ventilation, or other methods acceptable to the Infection Control Practitioner.

r. Maintenance of Air Pressurization, Filtration, & Filter Efficiency

- i. SVHMC designs, installs, and maintains ventilation equipment to provide appropriate pressure relationships, air-exchange rates, and filtration efficiencies for ventilation systems serving areas specially designed to control air-borne contaminants (e. g., biological agents, gases, fumes, dust).
- ii. The air handling and filtration equipment designed to control airborne contaminants including vapors, biological agents, dust, and fumes is monitored and maintained by the Plant Operations

/ Engineering Department. The schedule of regular inspection of filter performance monitoring equipment, air pressure sensing equipment, and air flow rate sensors is managed by the Engineering staff.

- iii. A qualified service provider is engaged to verify volume flow rates (air exchange rates, and positive or negative pressure rates) and pressure relationships as part of the commissioning of all new building projects and major space renovations. In addition, the air volume flow rates and pressure relationships are tested periodically throughout the hospital including investigation of complaints related to indoor air quality. The results of testing are used to adjust the performance of air handling systems by changing control software parameters and mechanical or electrical controls.
- iv. If system performance cannot be adjusted to meet code requirements or occupant needs, the Engineering Staff works with appropriate Infection Control and clinical staff to develop temporary management practices to mitigate issues. In addition, a recommendation for upgrading or replacing the equipment involved is prepared and submitted to the CEO and Board as appropriate.

s. Maintaining Appropriate Environment in Non-critical Areas

- i. In non-critical care areas, the ventilation system provides required pressure relationships, temperature, and humidity. These areas include general care nursing units; clean and soiled utility rooms in acute care areas; general laboratories and pharmacy areas, diagnostic and treatment areas, food preparation areas, and other support departments.
- ii. An inventory of spaces requiring appropriate ventilation is maintained that includes the frequency and task for monitoring the environment affected. Periodic measurements pressure relationships, temperature, and humidity are taken in these areas throughout the organization at a frequency describe by the risks of that area. The frequency is reviewed periodically to determine the appropriate time-frame for monitoring.

t. Mapping Utility Systems

- i. Current documentation of the maps for distribution of all utility systems is maintained. The documents include "as-built" and record drawings, one line drawings, valve charts, and similar documents. The documents include original construction documentation and documentation of renovations, alterations, additions, and modernizations.
- ii. Hard copies of the documentation are maintained in Facility Management. Documents that are available in electronic format

are maintained in the Facility Department server and are available to work stations throughout the organization.

u. Maintaining Medical Gas Storage, Manifold, and Transfer Areas

- i. Medical gas storage rooms and transfer and manifold rooms maintain the appropriate environment, including ventilation and temperature in accordance with NFPA 99-2012: 9.3.7. Indoor storage area, area containing a gas manifold and storage, such as manifold buildings for medical gases and cryogenic fluids shall be provided with natural ventilation or mechanical exhaust ventilation. The trans-filling of gas cylinder is prohibited in any compartment with patient care rooms.

v. Maintaining Emergency Power Supply Systems & Environment

- i. The emergency power supply system's equipment and environment are maintained per manufacturers' recommendations, including ambient temperature not less than 40°F; ventilation supply and exhaust; and water jacket temperature (when required). The environmental condition are monitored daily during period of cold weather to insure the appropriate environmental and water-jacket temperature are maintained. This information is documented.

w. Managing Patient Risk during Repair or Maintenance Activities

- i. When performing repairs or maintenance activities, an assessment is conducted to manage risks associated with air-quality requirements; infection control; utility requirements; noise, odor, dust, vibration; and other hazards that affect care, treatment, or services for patients, staff, and visitors. This assessment may be conducted by individuals trained in the Pre-construction or other Risk Assessment procedures. The results of the assessment, list of measures implemented to minimize or eliminate risk, and documentation of implementation of necessary measure will be documented.

2. PROCESSES MANAGING ELECTRICAL SYSTEMS

a. Providing Essential Electrical Circuitry

- i. The facility has the appropriate essential electrical systems. For those portions of the facility that was constructed since 1983, or had a change in occupancy type, or have undergone an electrical system upgrade have a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. The essential electrical system is divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one

automatic transfer switch. The transfer of power and operation of the automatic transfer switch are tested regularly.

b. Electrical Distribution in the organization

- i. Electrical distribution in the organization is based on the following categories:
 - a. Category 1: Critical care rooms served by a Type 1 essential electrical system (EES) in which electrical system failure is likely to cause major injury or death to patients, including all rooms where electric life support equipment is required.
 - b. Category 2: General care rooms served by a Type 1 or Type 2 EES in which electrical system failure is likely to cause minor injury to patients.
 - c. Category 3: Basic care rooms in which electrical system failure is not likely to cause injury to patients. Patient care rooms are required to have a Type 3 EES where the life safety branch has an alternate source of power that will be effective for 1 1/2 hours.

c. Electrical Receptacles

- i. Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered are tested after initial installation, replacement, or servicing. In pediatric locations, receptacles in patient rooms (other than nurseries), bathrooms, play rooms, and activity rooms are listed tamper-resistant or have a listed cover. Electrical receptacles or cover plates supplied from the life safety and critical branches have a distinctive color or marking.

d. Power Strips

- i. Power strips in a patient care vicinity are only used for components of movable electrical equipment used for patient care that have been assembled by qualified personnel. These power strips meet UL 1363A or UL 60601-1. Power strips used outside of a patient care vicinity, but within the patient care room, meet UL 1363. In non-patient care rooms, power strips meet other UL standards.

e. Extension Cords

- i. Extension cords are not used as a substitute for fixed wiring in a building. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was intended.

f. Wet Procedure Locations

- i. Operating rooms are considered wet procedure locations, unless otherwise determined by a risk assessment authorized by the facility governing body. Operating rooms defined as wet locations are protected by either isolated power or ground-fault circuit interrupters. A written record of the risk assessment is maintained and available for inspection.

g. Testing Line Isolation Monitors

- i. Line isolation monitors (LIM) are tested at least monthly by actuating the LIM test switch per NFPA 99, which activates both visual and audible alarms. For LIM circuits with automated self-testing, a manual test is performed at least annually. LIM circuits are tested per NFPA 99 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.

h. Maintaining the Environment for Electrical Distribution

- i. The environment for the Emergency Power Supply (EPS) generator will be maintained for ventilation and temperature in accordance with NFPA 99-2012. This includes, but limited to:
 - a. The EPS shall be heated as necessary to maintain the water jacket temperature determined by the EPS manufacturer for cold start and load acceptance for the type of EPSS.
 - b. With the EPS running at rated load, ventilation airflow shall be provided to limit the maximum air temperature in the EPS room to the maximum ambient air temperature required by the EPS manufacturer.
 - c. The EPS shall be heated as necessary to maintain the water jacket and battery temperature determined by the EPS manufacturer for cold start and load acceptance for the type of EPSS.
 - d. With the EPS running at rated load, ventilation air flow shall be provided to limit the maximum air temperature in the EPS room to the maximum ambient air temperature required by the EPS manufacturer.
 - e. Ventilation air supply shall be from outdoors or from a source outside of the building by an exterior wall opening or from a source outside the building by a 2-hour fire-rated air transfer system.
 - f. Ventilation air shall be provided to supply and discharge cooling air for radiator cooling of the EPS when running at rated load.

3. **MANAGING EMERGENCY POWER SYSTEMS**

a. The Director of Facilities and Construction, Plant Operations is responsible for managing a program of inspection, maintenance, and testing of the following essential electrical systems.

b. **Emergency Electrical Power Systems**

i. Reliable emergency electrical power is supplied within 10 seconds of loss of "normal" power to specific the utility systems, including:

- a. Alarm systems, as required by the Life Safety Code
- b. Exit route and exit sign illumination, as required by the Life Safety Code
- c. Emergency communication systems, as required by the Life Safety Code
- d. Equipment that could cause patient harm when it fails, including life support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems
- e. Areas in which loss of power could result in patient harm, including operating rooms, recovery rooms, obstetrical delivery rooms and nurseries
- f. Emergency lighting at emergency generator locations with a remote manual stop station with identifying label to prevent inadvertent or unintentional operation and a remote annunciator (powered by storage battery) located outside the generators location.
- g. Elevators (at least one for non-ambulatory patients)

c. **Energizing Equipment by Emergency Power**

i. Equipment designated to be powered by emergency power supply are energized by the organization's design. Staging of equipment start up is permissible.

d. **Battery and Flashlight Availability**

i. Battery lamps and flashlights are available in areas not serviced by the emergency supply source.

e. **Emergency Lighting Systems and Exit Signs**

i. The Director of Facilities and Construction, Plant Operations, or designee, is responsible for identifying all battery-powered lights installed to provide exit path illumination or for illumination of offsite patient care services.

ii. The organization performs a functional test of emergency lighting systems and EXIT signs required for egress and task

lighting for a minimum duration of 30 seconds, along with a visual inspection of other EXIT signs. The test results and completion dates are documented.

- iii. Every 12 months, the organization performs a functional test of battery-powered lights on the inventory required for egress and exit signs for a duration of 1 ½ hours. The results and completion dates are documented.
- iv. The annual test meets the requirements of applicable codes and standards and manufacturer recommendations. An alternate process for some systems is the annual replacement of batteries with random testing of 10% of all batteries for 1-1/2 hours. The date of the testing is recorded.

f. Emergency Power Supply Systems (SEPSS)

- i. Every quarter, the organization performs a functional test of stored emergency power supply systems (SEPSS) for 5 minutes or as specified for its class (whichever is less). The organization performs an annual test at full load for 60% of the full duration of its class. The completion dates of the tests are documented.

g. Inspecting Emergency Generator Systems

- i. At least weekly, the emergency power supply system (EPSS), including all associated components and batteries, is inspected in accordance with NFPA 110. The results and completion dates of weekly inspections are documented.

h. Monthly 30-Minute Emergency Generator Test

- i. The Director of Facilities and Construction, Plant Operations or designee, tests emergency generators twelve times a year at intervals not less than 20 days or more than 40 days for at least 30 continuous minutes. The tests are conducted with a dynamic load of at least 30% of the nameplate rating of the generator or meet the recommendations of the manufacturers for prime mover of gas temperature. The completion date of the test is documented.
- ii. Appropriate notice of each test run is forwarded to departments throughout the organization. Tests will be delayed if a critical medical procedure is underway and unanticipated failure of the essential electrical system would result in immediate life threatening conditions, but testing is conducted within the defined time frames.
- iii. Testing is conducted for at least 30 minutes under full connected load at operating temperature. The test begins with a cold start, and the cool down period is not part of the 30 continuous minutes. Testing time starts when the generator reaches defined operating conditions, generally full operating

temperature of either the exhaust system, or coolant water. Appropriate testing parameters are recorded and evaluated by the Director of Facilities and Construction, Plant Operations, or designee. Any indication of performance below code requirements or expectations is immediately evaluated to determine the source of the problem and rectified.

- iv. If any diesel engine powered motor/generator is not loaded to 30% or more of its nameplate capacity during connected load tests, temperature measurements are made to determine if the exhaust gas temperature reaches or exceeds the manufacturer's recommended temperature to prevent wet stacking. Any engine failing to meet the temperature recommendation will be exercised annually by connecting it to a dynamic load bank and performing the three step test process required by NFPA[®] 99 and NFPA[®] 110.

i. Tri-annual Four-hour Generator Test

- i. Additionally, all generators are tested for a minimum of four (4) continuous hours at least every three (3) years. The tests are conducted with a dynamic load of at least 30% of the nameplate rating of the generator or meet the recommendations of the manufacturers for prime mover of gas temperature. Test results and completion dates are documented.

j. Monthly Automatic Transfer Switch Test

- i. All automatic transfer switches are tested twelve times per year at intervals not less than 20 day or more than 40 days as part of the monthly generator load test. Test results and completion dates are documented. Their performance is generally verified during generator testing, as well as annual maintenance of each switch.

k. Testing Generator Fuel Quality

- i. At least annually, the organization tests the fuel quality to ASTM standards in accordance with NFPA 110-2010: 8.3.8. The test results and completion dates are documented.

4. MANAGING THE MEDICAL GAS & VACUUM SYSTEM

- a. The Director of Facilities and Construction, Plant Operations, or designee, is responsible for managing a program of inspection, maintenance, and testing of the following essential medical gas systems.
- b. Plant Operations / Engineering Department conduct a preventive maintenance (PM) program on the system at an annual frequency. The maintenance program includes inspecting, testing, and maintaining the critical components of the piped medical gas systems. Components that are maintained include the master signal panels (i. e., high and low

pressure, transfer from normal to reserve indicators), area medical gas alarms, automatic pressure switches (high and low pressure), zone and main shutoff valves, flexible connectors (where installed), and medical gas outlets.

- c. The PM activity is conducted by contractors who are engaged to conduct the tests and inspections of elements that require special equipment and training. Documentation of the testing is maintained by the Plant Operations / Engineering Department.
- d. Containers, cylinders, and tanks are designed, fabricated, tested and marked in accordance with NFPA 99-2012.

i. Designation of Medical Gas Systems

- a. Medical gas, medical air, surgical vacuum, waste anesthetic gas disposal (WAGD), and air supply systems are designated as follows:
 - i. Category 1: Systems in which failure is likely to cause major injury or death to patients or caregivers
 - ii. Category 2: Systems in which failure is likely to cause minor injury to patients or caregivers
 - iii. Category 3: Systems in which failure is not likely to cause injury to patients or caregivers, but can cause patient discomfort.

ii. Alarm Systems

- a. All master, area, and local alarm systems used for medical gas and vacuum systems comply with the category 1–3 warning system requirements.

iii. Storage Room Requirements

- a. Locations containing only oxygen or medical air have doors labeled "Medical Gases: NO Smoking or Open Flame." Locations containing other gases have doors labeled "Positive Pressure Gases: NO Smoking or Open Flame. Room May Have Insufficient Oxygen. Open Door and Allow Room to Ventilate Before Opening."
 - i. A precautionary sign readable from five feet away is on each door or gate of a cylinder storage room, where the sign, at a minimum, includes the wording "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."
 - ii. Storage is planned so cylinders are used in

order of which they are received from the supplier. Only gas cylinders and reusable shipping containers and their accessories are permitted to be stored in rooms containing central supply systems or gas cylinders.

iv. Threshold Pressure for Cylinders with Integral Pressure Gauge

- a. When the organization uses cylinders with an integral pressure gauge, a threshold pressure considered empty is established when the volume of stored gases is as follows:
 - i. When more than 300 but less than 3,000 cubic feet, the storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables and are separated from combustibles by 20 feet (5 feet if sprinklers) or enclosed in a cabinet of noncombustible construction having a minimum 1/2-hour fire protection rating.
 - ii. When less than 301 cubic feet in a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in NFPA 99-2012.

v. Maintaining Bulk Oxygen System and Connection

- a. Any above ground, bulk oxygen system is placed in a locked enclosure (such as a fence) at least 10 feet from vehicles and sidewalks. There is permanent signage stating "OXYGEN – NO SMOKING – NO OPEN FLAMES in accordance with NFPA 99.
- b. In addition, an emergency oxygen supply connection is installed in a manner that allows a temporary auxiliary source to be connected in accordance with NFPA 99-2012.

vi. Testing Installed, Modified, or Repaired Systems

- a. SVHMC uses certified contractors, or specially trained

staff to test and certify piped medical gas and vacuum systems when the systems are initially installed, modified, or invasively repaired. Testing includes verification that there is no cross-connection of piping and outlets; testing the piping for content purity and particulates, and verification that the pipes maintain pressure. Testing is done to demonstrate the system meets at least NFPA 99 and CGA 1 requirements. The results and completion dates are documented.

vii. Labeling Main Supply Valves

- a. The organization makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control. Piping is labeled by stencil or adhesive markers identifying the gas or vacuum system, including the name of system or chemical symbol, color code (see NFPA 99-2012: Table 5.1.11), and operating pressure if other than standard. Labels are at intervals of 20 feet or less and are in every room, at both sides of wall penetrations, and on every story traversed by riser. Piping is not painted. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency.

viii. Handling and Transporting Gas Cylinders

- a. The organization has implemented a policy on all cylinders within the organization that includes labeling, handling and transporting (for example, in carts, attached to equipment, on racks) in accordance with NFPA 99-2012. See MEDICAL GAS CYLINDER HANDLING AND STORAGE (#6024)

ix. Transfilling Gas Cylinders

- a. At no time is transfilling done in any patient care room. A designated area is used away from any section of the organization where patients are housed, treated, or examined. The designated area is separated by a barrier of at least one-hour–fire-resistant construction from any patient care areas. Transfilling cylinders is only of the same gas (no mixing of different compressed gases). Transfilling of liquid oxygen is only done in an area that is mechanically ventilated, with a sprinkler system, and has a ceramic or concrete flooring. Storage and use of liquid oxygen in base reservoir containers and portable containers comply

with sections NFPA 99-2012

x. Medical Gas and Vacuum Systems Installation, Testing, and Maintenance

- a. In time frames defined by the organization, the organization inspects, tests, and maintains critical components of piped medical gas and vacuum systems; waste anesthetic gas disposal (WAGD); and support gas systems on the inventory. This inventory of critical components includes at least all source subsystems, control valves, alarms, manufactured assemblies containing patient gases and inlets and outlets. Activities, dates, and results are documented. Persons maintaining the systems are qualified by training and certification to the requirements of the American Society of Sanitary Engineers (ASSE) 6030 or 6040.
- b. Deficiencies found during testing that present a high risk to patient care will be reported immediately. Other deficiencies will be reported at the end of the testing day. Corrective action will be conducted and Respiratory Therapy will be notified. Interim patient safety measures will be implemented based on the assessment of the risk of the deficiency. The results of the assessment process, corrective actions, and interim measures will be documented.

xi. Areas Designated for Administration of General Anesthesia

- a. Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012: 8.7 and NFPA 99-2012 as follows:
 - i. Zone valves are located immediately outside each anesthetizing location for medical gas or vacuum, readily accessible in an emergency, and arranged so shutting off any one anesthetizing location will not affect others.
 - ii. Area alarm panels are installed to monitor all medical gas, medical-surgical vacuum, and piped waste anesthetic gas disposal (WAGD) systems. Alarm panels include visual and audible sensors and are in locations that provide for surveillance, including medical gas pressure decreases of 20% and vacuum decreases of 12-inch

gauge HgV.

- b. Areas designated for the administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are as follows:
 - i. Heating, cooling, and ventilation are in accordance with ASHRAE 170, medical supply and equipment manufacturers' instructions are considered before reducing humidity levels to those allowed by ASHRAE.
 - ii. Existing smoke control systems automatically vent smoke, prevent the recirculation of smoke originating within the surgical suite, and prevent the circulation of smoke entering the system intake, without interfering with exhaust function. New occupancies have no smoke control requirement.
 - iii. For hospitals that use Joint Commission accreditations for deemed status purposes: Existing smoke control systems are maintained according to the edition of NFPA 101 adopted by the Centers for Medicare & Medicaid Service at the time of installation.
- c. Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone valve assemblies.
 - i. Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101 and NFPA 99 as follows:
 - ii. The essential electrical system's (EES) critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits. The EES equipment system supplies power to the ventilation system.

C. Plan Responsibility

- 1. The Chief Engineer works under the general direction of the Director of Facilities and Construction, Plant Operations. They are responsible for operation and maintenance of the utility systems and management of contractors working on the utility systems.

D. Performance Measurement

1. **EVALUATING THE MANAGEMENT PLAN**

- a. On an annual basis, the EOC Committee evaluate the scope, objectives, performance, and effectiveness of the Plan to manage the utility system risks to the staff, visitors, and patients at SVHMC.

2. **PERFORMANCE STANDARDS**

- a. The performance measurement process is one part of the evaluation of the effectiveness of the Utility Systems Program. Performance measures are established to measure at least one important aspect of the Utility Systems Program and are meant to focus on areas that need improvement or affect the overall safety of patient, staff, or visitors.

E. **Orientation and Education**

- 1. Orientation, education and/or training is provided on an as needed basis.

V. REFERENCES

- A. N/A



Approval Signatures

Step Description	Approver	Date
Board	Rebecca Alaga: Regulatory/ Accreditation Coordinator	Pending
MEC	Katherine DeSalvo: Director Medical Staff Services	02/2024
Environment of Care Committee	James Hively: Manager Environmental Health & Safety	02/2024
Policy Committees	Rebecca Alaga: Regulatory/ Accreditation Coordinator	02/2024
Policy Owner	Earl Strotman: Director Facilities Management & Construction	12/2023

Standards

No standards are associated with this document

Board Paper: Approved Projects: Board of Directors

Agenda Item: Consent Agenda for Approved Projects
 Responsible Executive(s): Allen Radner, MD
 Board Meeting Date: February 22, 2024

Executive Summary:

Project Name: TigerConnect: Annual Renewal, 2024 - 2025
 Budget Code: 8540.6600
 Approved Project Cost: \$75,348 initial one-year term, March 26, 2018 – March 25, 2019
 Originally approved for an estimated \$75,348 in 2018.
 Utilization and expansion of the solution has grown since then from 1,200 users to 2,800 along with message archiving functionality and integration with the provider on-call schedule. The cost of licensing has increased five percent (5%) year-over-year, including pricing as quoted for the 2024 – 2025 period. With the additional licensing counts, the net increase in spend from last year is 6.6%.

Product	start and end dates	2024 (units)	2024 (cost/unit)	Unit Cost Change %	2024 annual fee	2023 (units)	2023 (cost/unit)	2023 annual fee
TigerConnect Patient Engagement Pro	3/24/2024 - 3/23/2025	70	\$ 264.60	5.0%	\$ 18,522	60	\$ 252	\$ 15,120
TigerConnect Clinical Collaboration	3/24/2024 - 3/23/2025	2,800	\$ 99.04	5.0%	\$ 277,312	2,800	\$ 94	\$ 264,096
TigerConnect®-Hosted Archiving	3/24/2024 - 3/23/2025	2,800	\$ 13.23	5.0%	\$ 37,044	2,800	\$ 13	\$ 35,280
LDAP / Active Directory	3/24/2024 - 3/23/2025	1	\$ 6,601.77	5.0%	\$ 6,602	1	\$ 6,287	\$ 6,287
TigerConnect Physician Scheduling	3/24/2024 - 3/23/2025	418	\$ 193.03	5.0%	\$ 80,685	400	\$ 184	\$ 73,536
Connection Hub Plugins - Integration Pkg	3/24/2024 - 3/23/2025	1	\$ -	na	\$ -	1	\$ -	\$ -
Total					\$ 420,165			\$ 394,319
Total Cost Change From 2023					6.6%	Cost Change From 2022		15.6%

Contract to be Ratified by Board:

Vendor Name: TigerConnect
 Contract Amount: \$420,165
 Description: Annual renewal of TigerConnect licensing used for these purposes:
 - secure text messaging among providers and patients
 - archival of messages for reference
 - integration with provider on-call schedule
 - single sign on capability

Summary of Contract Terms & Conditions

The following is a summary of the pertinent terms and conditions of the agreement referenced above:

1. Proposed contract signing date	February 23, 2024
2. Term of agreement	March 26, 2024 – March 25, 2025
3. Renewal terms	Annually auto renews
4. Termination provision(s)	15 days' written notice for cause 30 days' written notice without cause
5. Payment Terms	Net 45 days
6. Annual cost(s)	\$420,166
7. Cost over life of agreement	\$420,166
8. Budgeted (yes or no)	Yes, 8540.6600
9. Contract	1001.3200

Recommendation

Consideration for Approval of Quote Q-78647-1 by TigerConnect, Inc Under the Enterprise Master Subscriber Agreement for the period of March 24, 2024 to March 23, 2025 in the amount of \$420,166.

Attachments

- Order Form, one-year renewal, 2024 – 2025, Q-78647-1

Justification for Sole Source Form

To: [Proposal Evaluation Panel](#)
From: [Catherine Ferguson, MD, CMIO](#)

Type of Purchase: (check one)

- Materials/Supplies
- Data Processing/Telecommunication Goods > \$25,000
- Medical/Surgical – Supplies/Equipment > \$25,000
- Purchased Services

Cost Estimate (\$):	\$420,153.31
Vendor Name:	TigerConnect
Item Title:	TigerConnect, Renewal: 2024 - 2025

Statement of Need: My department's recommendation for sole source is based upon an objective review of the product/service required and appears to be in the best interest of the SVMHS. I know of no conflict of interest on my part or personal involvement in any way with this request. No gratuities, favors or compromising action have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials or firms been a deciding influence on my request to sole source this purchase when there are other known suppliers to exist.

Describe how this selection results in the best value to SVMHS. See typical examples below.

- Licensed or patented product or service. No other vendor provides this. Warranty or defect correction service obligations of the consultant. **Describe why it is mandatory to use this licensed or patented product or service:**
- Existing SVMHS equipment, inventory, custom-built information system, custom built data inventory system, or similar products or programs. **Describe. If product is off-the-shelf, list efforts to find other vendors (i.e. web site search, contacting the manufacturer to see if other dealers are available to service this region, etc.).**
[SVMHS first implemented Tiger Connect with the basic Tiger Essentials platform in May of 2018. In January of 2019, we advanced to Tiger Flow, enabling 'Roles' for identifying individuals covering a particular position such as 'on call' or 'supervisor on duty'. Tiger Connect has proved to be an efficient and reliable platform for securely texting Protected Health Information between healthcare providers. We are seeking to renew TigerConnect. No other texting vendor offers all the platforms TigerConnect offers in one interactive package. Further, the solution is fully integrated with our Physician Scheduling platform to streamline updating 'on-call' roles in the TigerConnect directory.](#)
- Uniqueness of the service. **Describe.**
- SVMHS has established a standard for this manufacturer, supplier or provider and there is only one vendor. **Attach documentation from manufacturer to confirm that only one dealer provides the product.**
- Factory-authorized warranty service available from only this single dealer. Sole availability at the location required. **Describe.**
- Used item with bargain price (describe what a new item would cost). **Describe.**
- Other -The above reasons are the most common and established causes for an eligible sole source. If you have a different reason, **Describe:**

By signing below, I am attesting to the accuracy and completeness of this form.

Submitter Signature: _____ Date: _____



Company Contact:
Quote #:

Casey Sullivan
Q-78647-1

ORDER FORM

TigerConnect®, Inc.
2054 Broadway
Santa Monica, CA 90404

Address Information

Bill To:

Salinas Valley Health
450 E. Romie Lane
Salinas, California, 93901

Billing Contact:
Email:

Ship to:

Salinas Valley Health
450 E. Romie Lane
Salinas, California, 93901

Contact Name:
Email:
Phone:

Purchase Details

Payment Terms: Net 45
Pricing Terms Expire: 4/21/2024

Subscription Term: 12 Months
Billing Frequency: Annual

Subscription Items

Product Name	Service Start/ End Date	Quantity	Annual Net Unit Price	Initial Period Fee	Annual Fee
TigerConnect Patient Engagement Pro	3/24/2024 - 3/23/2025	70	\$264.60	\$18,522.00	\$18,522.00
TigerConnect Clinical Collaboration	3/24/2024 - 3/23/2025	2,800	\$99.04	\$277,300.80	\$277,300.80
TigerConnect®-Hosted Archiving	3/24/2024 - 3/23/2025	2,800	\$13.23	\$37,044.00	\$37,044.00
Connection Hub Plugins - Integration Package	3/24/2024 - 3/23/2025	1	\$0.00	\$0.00	\$0.00
LDAP / Active Directory	3/24/2024 - 3/23/2025	1	\$6,601.77	\$6,601.77	\$6,601.77
TigerConnect Physician Scheduling	3/24/2024 - 3/23/2025	418	\$193.03	\$80,684.74	\$80,684.74

Order Total

Amount
Initial Period Fees:USD 420,153.31
Total Term Fees:USD 420,153.31

Amounts do not include any applicable tax.

Standard Terms & Conditions

- 1. This Order Form shall be subject to the terms of the **TigerConnect Enterprise Master Subscriber Agreement** (which together with this Order Form comprise the “**Agreement**”).
- 2. The Services are described in the Services Description Sheet. You will have access only to the products and services listed in the Services Description Sheet and not to any other improved functionality or features developed by TigerConnect.
- 3. The TigerConnect Subscription License is limited to the number of users/providers set forth above. Any users/providers provisioned on the system in excess of the quantity identified above will be subject to the per seat/provider license charge set forth in this Order Form for the remainder of the Subscription Term.
- 4. Upon expiration of the Subscription Term, the Subscription Term will automatically extend for additional terms of equal length unless terminated by either party with written notice at least thirty (30) days prior to the expiration of the then-current term. Any termination attempt by Customer prior to the expiration of the then-current term shall not relieve Customer of its obligation to pay for the Services for the entire term, and there are no refunds for any unused portions of the then current term.
- 5. Upon each anniversary of the commencement of the Subscription Term and of each Renewal Term, the license fees set forth herein shall be subject to increase by 5.000% over the previous year.

Special Conditions

Terms described in this Special Conditions section will override terms in the Standard Terms & Conditions.

- Due to the unique requirements associated with communicating directly with patients using TigerConnect Patient Engagement, Customer must also sign the attached TigerConnect Patient Engagement Use Agreement setting forth the additional terms and restrictions applicable to the TigerConnect Patient Engagement feature.

- Additional terms and restrictions related to TigerConnect Physician Scheduling are set forth in the Addendum attached to this Order Form and incorporated herein by this reference.

Purchase Order Information

Is a Purchase Order (PO) required for the purchase or payment of the products on this Order Form? (Customer to complete).

- No
- Yes

PO Number: _____

PO Amount: _____

Agreed to by:

TigerConnect, Inc.

Signature: _____

Printed Name _____

Title: _____

Dated: _____

Customer: Salinas Valley Health

Signature: _____

Printed Name: _____

Title: _____

Dated: _____

Services Description Sheet

Connection Hub (Advanced)

The Connection Hub is how TigerConnect makes clinical and operational information actionable at the point of care. Powered by the TigerConnect open platform, Connection Hub leverages its open API to create faster, easier integrations for centralizing and intelligently routing data from hospital systems so patient-centric information is delivered via smartphone to care teams or individuals. TigerConnect delivers this information in real time through our Smart Cards and Intelligent Message Streaming, where it can be read, shared, and acted upon.

LDAP / Active Directory Integration - This integration establishes a secure Light Directory Access Protocol (LDAP) connection to your organization's Active Directory (AD) to enable user provisioning and authentication using TigerConnect. This allows IT to manage users in multiple TigerConnect organizations via a single AD environment or multiple AD environments accessible over a single network. Users simply access TigerConnect using their AD credentials.

TigerConnect Clinical Collaboration is a cloud based, secure and reliable solution that helps improve workflows, accelerate response times, and streamlines care team communication via text, voice or video. Role-based communication ensures you can contact the right individual by role or assigned job – no name required. Activate pre-defined Teams to keep the right care team members informed and up to date. TigerConnect Clinical Collaboration can integrate with your existing clinical systems to deliver contextual data that helps drive productivity across your enterprise. (EHR, scheduling, paging, and more etc.).

TigerConnect Physician Scheduling provides automated, rule-based, on-call, resident and shift scheduling that maintains fair and evenly distributed assignments. The platform acts as the source of truth to feed and align other systems in the organization. Templates and customized rules allow for a quick and easily repeatable process. Schedules are instantly viewable along with individual and group shift tallies, ensuring fairness. Providers can request time off and initiate shift swaps with colleagues. Coupled with TigerConnect Clinical Collaboration, TigerConnect Physician Scheduling can populate role-based assignments for streamlined outreach.

TigerConnect Patient Engagement - The TigerConnect Patient Engagement product allows clinicians and allied health professionals to securely and directly text patients and their families. Clinical staff can set up video or voice calls for improved care plan adherence, pre/post-visit education, and asynchronous follow-ups. For staff, one app supports both clinical and patient communication while patients access conversations through a secure web browser. Intake is simplified for both clinicians and patients using a virtual welcome lobby, while automated appointment reminders improve no-show rates and provide two-way communication for answering questions or sending attachments (up to 10,000 messages per facility per month available at no additional charge).

TigerConnect Patient Engagement

The TigerConnect, Inc. ("TigerConnect") patient engagement feature allows you to communicate with your patients and their caregivers through an encrypted, HIPAA compliant secure webform. Due to the unique requirements associated with communicating directly with patients, we require your agreement to include some additional terms and restrictions in order to activate this service on your account. These terms and restrictions are as follows:

1. The access code or other request for identity verification provided to your patients will only be active for 7 days from the time the first SMS message is sent to the patient, and a new access code or identity verification will automatically be generated for patients if they wish to continue communicating with you past this 7-day period.
2. You will be able to set the maximum period of time your organization permits a dialog to be open to its patients, after which time you will need to initiate a new conversation with those patients.
3. All recipients will have the right to cancel the patient engagement service at any time by texting "STOP" to the message, and TigerConnect will send them an SMS message to confirm that they have been unsubscribed. After this, they will no longer receive messages from you.
4. Text messages between you and your patients will not be archived unless you have elected archiving as part of your TigerConnect services. You also will have the option to print any conversations using the service, but messages not archived or printed will be deleted once the message lifespan you have set for your organization has expired. If you have video and audio enabled, due to HIPAA requirements, video and audio chats will not be recorded and cannot be archived even if you have archiving as part of your TigerConnect services.
5. TigerConnect is able to enable the patient engagement feature with the following major mobile phone carriers: AT&T, Verizon Wireless, Sprint, T-Mobile, MetroPCS, U.S. Cellular, Alltel, Boost Mobile, Nextel, and Virgin Mobile. TigerConnect is also able to deliver messages to a number of regional carriers, and the full list of compatible carriers is available on our

website at www.tigerconnect.com. We will update this list as necessary, but TigerConnect naturally cannot be held responsible for use of the service with any carriers not included on the most current listing.

6. Unless a bulk messaging add-on option has been purchased, the patient engagement feature is intended for communication with individual patients and their caregivers regarding patient care matters and may not be used for bulk messaging, marketing or promotional purposes, or to send messages that include any advertising.

7. Your organization will have the ability to change certain security features in the service. Please note that any changes from those set initially by TigerConnect may make the service less secure and increase the risk of patient information being exposed. TigerConnect does not accept any responsibility for any release of patient information resulting from changes to the standard security settings established by TigerConnect.

8. You understand and acknowledge that, like all TigerConnect services: (a) the TigerConnect patient engagement feature is intended to deliver non-critical, non-emergency messages between users; (b) the service is dependent upon a number of factors outside TigerConnect's control, including but not limited to the operation of third party provided hardware and network services; (c) the service is not a substitute for any of your current systems of administering and safeguarding medical treatment and/or medicine; (d) there may be occasional communication failures or delays in delivering or receiving properly sent messages; (e) the service is not expected to perform at the same level of performance and/or reliability one might expect from medical devices used in delivering critical medical care environments; (f) TigerConnect is not responsible for the security of the messages on your patients' or their caregivers' personal devices, or for the dissemination of personal health information outside the TigerConnect platform; and (g) you are solely responsible for providing to TigerConnect accurate information regarding patients' accounts, including, without limitation, user information and phone numbers, whether your patients wish to add or delete someone authorized to receive messages on their behalf, and whether patients wish to allow persons added to a conversation to see the prior messages in that conversation. **Please be aware that the TigerConnect patient engagement feature should never be used for any emergency medical situations, and you should always instruct your patients to call 911 in case of an emergency. You also should advise your patients that they should call your office if at any time they have an urgent question, do not understand a message or do not feel comfortable discussing an issue via text message, even securely.**

9. The use of TigerConnect patient engagement feature by you and your patients will be subject to all of the terms and conditions applicable to your use of the other TigerConnect services, including, without limitation, terms relating to permitted uses and restrictions, indemnification and limitations on liability. In that regard, your patients and their caregivers will be considered "Authorized Users" of yours, and you will be responsible for all matters arising out of or relating in any way to their use of any TigerConnect services.

By signing below, you agree that (a) you have read, clearly understand and agree to all of the above terms, and (b) if acting on behalf of a business, you have the legal authority to bind the business.

Customer: Salinas Valley Health.

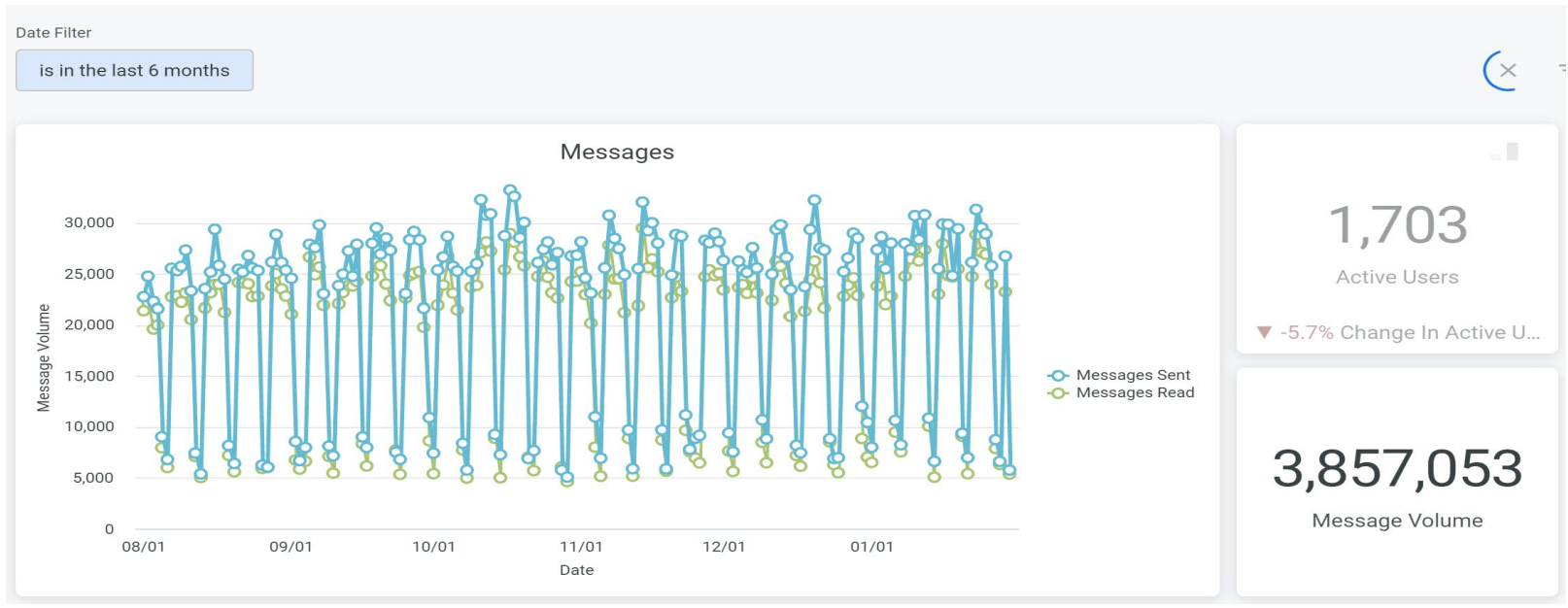
Signature:

Print Name:

Title:

Date:

Product Name Service	Start/End Date	Quantity	Extended Price	Annual Fee
TigerConnect Patient Engagement Pro	3/24/2024 - 3/23/2025	70	264.60	18,522.00
TigerConnect Clinical Collaboration	3/24/2024 - 3/23/2025	2,800	99.04	277,300.80
TigerConnect® -Hosted Archiving	3/24/2024 - 3/23/2025	2,800	13.23	37,044.00
Connection Hub Plugins - Integration Package	3/24/2024 - 3/23/2025	1	0.00	0.00
LDAP / Active Directory	3/24/2024 - 3/23/2025	1	6,601.77	6,601.77
TigerConnect Physician Scheduling	3/24/2024 - 3/23/2025	418	193.03	80,684.74
				\$420,153.31



*QUALITY AND EFFICIENT
PRACTICES COMMITTEE*

*Minutes of the
Quality and Efficient Practices Committee
will be distributed at the Board Meeting*

(CATHERINE CARSON)

*PERSONNEL, PENSION AND
INVESTMENT COMMITTEE*

*Minutes of the
Personnel, Pension and Investment Committee
will be distributed at the Board Meeting*

(JUAN CABRERA)

FINANCE COMMITTEE

*Minutes 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*

(JOEL HERNANDEZ LAGUNA)

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

Board Paper: Review and Approval by Board

Agenda Item: Consider Recommendation for Board Approval of the Exercise of a Five (5) Year Lease Option in the Existing and Approved Lease for Space Located at 928 E. Blanco Road, #215

Executive Sponsor: Augustine Lopez, CFO
Audrey Parks, CIO

Date: February 15, 2024

Executive Summary

Salinas Valley Health currently leases 928 E. Blanco Road, suite #215, in Salinas, California. There are twenty (20) members of the Information Technology (IT) staff who work at this location. The space is 6,389 square feet and also hosts two training rooms that are dedicated to support training for our Epic Ambulatory system for contractors, staff and providers. The Informatics staff reside in suite #235, adjacent to suite #215. In addition to these two training rooms, there is a separate conference room, network closet, and a break room within suite #215 (used by IT). Although there are an estimated twenty IT staff currently working at this location, there are nine (9) vacant cubicles for use, however, staff who occasionally need to report to work on-premise utilize these vacant cubicles. In light of a lack of office space available at the main campus or other leased locations, we recommend renewing the current lease. Informatics has already renewed the lease at suite #235 as that lease was up for renewal a few months prior. There are options for two, five (5) year term renewals. We are requesting review and approval to exercise the first 5-year renewal option under Article 19 of the Lease Agreement. The new rate reflects the three percent (3%) year-over-year increase from the last year of the initial lease term.

Key Contract Terms	Vendor: Rancho Llano Development LLC
1. Proposed effective date	September 1, 2024
2. Term of agreement	September 1, 2024 – August 31, 2029
3. Renewal terms	Option to renew once more for a five-year term
4. Termination provision(s)	180 days' written notice prior to renewal of five-year term to exercise the option to renew
5. Payment Terms	Net 30 days
6. Annual cost(s)	See table below. First year of renewal is \$184,374 plus an estimated \$6,800/year for common area maintenance that may exceed the estimated monthly OPEX. An annual 3% increase in monthly rent is shown.

From (month)	To (month)	rent/month	OPEX	Monthly	CAM* (annual)	Annualized
61	72	\$ 11,851	\$ 3,514	\$ 15,365	\$ 6,800	\$ 191,174
73	84	\$ 12,206	\$ 3,514	\$ 15,720	\$ 6,800	\$ 195,440
85	96	\$ 12,572	\$ 3,514	\$ 16,086	\$ 6,800	\$ 199,835
97	108	\$ 12,949	\$ 3,514	\$ 16,463	\$ 6,800	\$ 204,361
109	120	\$ 13,338	\$ 3,514	\$ 16,852	\$ 6,800	\$ 209,022
6,389 square feet				\$ 965,832		\$ 999,832
* CAM - common area maintenance coverage (annual)						

7. Cost over life of agreement	\$999,832 (includes estimated one-time payment of \$6,800 plus estimated monthly operating expenses, real estate taxes and insurance)
8. Budgeted (yes or no)	Yes, 8540.6600
9. Contract	1001.3200

Recommendation

Consider Recommendation for Board Approval of the Exercise of a Five (5) Year Lease Option in the Existing and Approved Lease for Space Located at 928 E. Blanco Road, #215, in the estimated amount of \$999,832.

Attachments

- Original, fully executed lease agreement with renewal option outlined in Article 19

b. Common Areas. Tenant, its employees, representatives, agents, customers, guests and invitees shall have the right to use all driveways, parking areas, sidewalks, lobbies, elevators, hallways, restrooms, and other common facilities and areas (collectively, "Common Areas") in or about the Building, jointly with other tenants and their respective employees, representatives, agents, customers, guests and invitees. Landlord shall provide reasonable ingress and egress to the Premises. Tenant and its employees, representatives, agents, customers, guests and invitees shall not use any of the Common Areas in a manner which obstructs or interferes with the reasonable use thereof by others. Landlord will provide janitorial service, snow removal, maintenance, and utilities to all Common Areas.

c. Original Term. The term of this Lease shall commence on the Commencement Date and continue until the expiration of the number of months/years specified in Article 1(d) above after the Rent Commencement Date (the "Original Term" or, together with any renewals or extensions thereof (if any), the "Term"); provided, however, if the Rent Commencement Date is any day other than the first day of a calendar month, the Original Term shall include the partial month in which the Rent Commencement Date occurs plus the number of months/years specified in Article 1(d) above, and the first lease year of this Lease shall include such partial month plus the succeeding twelve (12) months. In the event the Commencement Date, as so calculated, occurs after the date specified in Article 1(e), the "Rent Commencement Date" shall likewise be delayed by one day for each day of delay of the actual Commencement Date after the date specified in Article 1(e). Tenant shall have the right to access the Premises 14 days prior to the Commencement Date, at no cost to Tenant, to begin installation of telecommunications and computer cabling; provided, however, that Tenant must have all appropriate insurance in place (as specified in Article 10.b.) prior to such access of the Premises, and further that all installation of telecommunications and computer cabling be performed by appropriately licensed and bonded professionals. As long as Landlord's work under Article 3 is completed, Tenant shall also have the right to access the Premises 14 days prior to the Commencement Date, at no cost to Tenant, to install furnishing, fixtures and equipment and Tenant move-in; provided, however, that Tenant must have all appropriate insurance in place (as specified in Article 10.b.) prior to such access of the Premises.

ARTICLE 3. CONSTRUCTION OF PREMISES

Landlord, at Landlord's expense, shall relocate the wall in the suite entry (as shown on Exhibit A), repaint the Premises a mutually agreeable color, install new commercial grade carpet throughout (except break room, IT room and storage room which shall be existing VCT tile and entry hall way to suite which will be existing ceramic tile) and replace any damage or broken ceiling tiles and clean all HVAC registers. Otherwise, Tenant shall accept the space in its "as-is" condition subject to all lighting, electrical and HVAC services being delivered in good working order.

ARTICLE 4. RENT

Beginning on the Rent Commencement Date, Tenant shall pay to Landlord the base monthly rent ("Monthly Rent") specified in Article 1(f) and the additional rent ("Additional Rent") specified in Article 5 (collectively, "Rent"). Tenant shall pay all Rent in advance through an ACH transfer (or such other address as Landlord shall designate in writing), on the first day of each calendar month. If the Term shall not commence on the first day of a calendar month or expire or terminate on the last day of a calendar month, the Rent for such partial month shall be prorated accordingly.

ARTICLE 5. ADDITIONAL RENT

a. Operating Expenses. Commencing on the Rent Commencement Date, Tenant shall pay to Landlord on a monthly basis as Additional Rent an amount equal to one-twelfth (1/12) of Tenant's Prorata Share (as defined in Article 1(i) above) of Landlord's good faith estimate of the operating and maintenance costs of the Building and Common Areas, as more fully described in Exhibit "B" attached hereto and made a part hereof ("Operating Expenses"), for each calendar year. For purposes of this Lease, Operating Expenses shall also include Real Estate Taxes (defined below) and Insurance Costs (defined below). Landlord represents that Tenant's Prorata Share of Operating Expenses is estimated to be a total of \$0.55 per rentable square foot of the Premises, per month, for the first calendar year of the Term of this Lease. Landlord shall have the right, to be exercised not more often than one (1) time per calendar year, to adjust in good faith Landlord's estimate of Operating Expenses for such calendar year

as of the first day of that calendar year and, in such event, Landlord shall provide Tenant with written notice of such revised good faith estimate in reasonable detail. If Landlord does not provide Tenant with written notice of such estimate prior to the beginning of a calendar year, Tenant, upon receipt of Landlord's revised good faith estimate, will remit an appropriate payment (or receive an appropriate credit) which is applicable to any prior months. Notwithstanding anything to the contrary in the Lease, the amount paid by Tenant as Tenant's Proportionate Share of Operating Expenses in any calendar year shall not exceed 105% of the amount paid by Tenant for Operating Expenses during the prior calendar year, provided that, for purposes of the foregoing, taxes, insurance and utility expenses shall be excluded and shall not be subject to any annual "cap".

Within one hundred eighty (180) days after the end of each calendar year, Landlord shall provide Tenant with a written statement of Tenant's Prorata Share of the actual Operating Expenses for the prior calendar year ("Operating Expense Statement"), which shall include, in reasonable detail, the method and manner of determination of the amount of Tenant's Prorata Share, together with reasonable supporting documentation. Any difference between Tenant's Prorata Share of the actual Operating Expenses and the monthly estimated payments made by Tenant under this Article shall be adjusted between Landlord and Tenant by an appropriate payment or credit being made within sixty (60) days after the receipt of Landlord's Operating Expense Statement. The adjustment requirements of this Article shall survive the expiration or other termination of this Lease. The amount of any adjustment which may be necessary subsequent to the expiration or other termination of this Lease shall be paid by the appropriate party within sixty (60) days after delivery of Landlord's Operating Expense Statement.

Landlord shall maintain and make available to Tenant, for a period of one (1) year subsequent to the rendering of the annual Operating Expense Statements referred to above, records in reasonable detail setting forth the actual Operating Expenses incurred by Landlord for the calendar year covered by such Statement and shall permit Tenant, or its representatives, to examine and audit such records during Landlord's regular business hours. Tenant agrees that it shall keep any and all information gained from such audit confidential and Tenant may use such information only in dealing directly with Landlord, or in any arbitration reasonably requiring the use of such information. Should Tenant have a good faith dispute as to the determination of actual Operating Expenses for any calendar year, and should such dispute not be resolved between Landlord and Tenant within sixty (60) days after Landlord shall have received written notice thereof, then either party hereto may submit the matter for arbitration to a reputable firm of independent certified public accountants mutually selected by Landlord and Tenant, and the decision of such firm shall be conclusive and binding upon Landlord and Tenant. The costs and expenses incurred with respect to such arbitration shall be borne by the party against whom a decision is rendered; provided, however, that if Landlord's determination of Operating Expenses is within five percent (5%) of actual Operating Expenses, then the decision shall be considered to be rendered against the Tenant.

b. Real Estate Taxes. Landlord shall pay any real estate taxes and/or installment of assessments which are spread over the longest period of time allowable which are due and payable during the Term of this Lease which are levied, assessed or imposed upon the Building, Common Areas and underlying real property, and any other charges which are levied or assessed in lieu of real estate taxes and/or assessments (collectively, "Real Estate Taxes"). Tenant shall reimburse Landlord for Tenant's Prorata Share of Real Estate Taxes on a monthly basis as a part of Operating Expenses. Notwithstanding anything to the contrary contained herein, Tenant's reimbursement of Real Estate Taxes shall not include any penalties or interest imposed for late payment, nor shall it include any Real Estate Taxes which are due and payable prior to or after the Term hereof. If any Real Estate Taxes are payable in installments, Tenant shall only be responsible to reimburse Landlord for those installments that are due and payable during the Term of this Lease. Real Estate Taxes shall exclude any inheritance, estate, succession, transfer, gift, franchise, corporation, income, or net profit tax that is or may be imposed on Landlord.

c. Insurance Costs. Tenant shall reimburse Landlord on a monthly basis Tenant's Prorata Share of the cost of the commercial general liability insurance and casualty insurance ("Insurance Costs") that Landlord is required to obtain and maintain pursuant to Article 10(c) below..

d. "Gross-Up" Adjustment. If the occupancy of the Building during any part of any expense

year is less than one hundred percent (100%), Landlord shall make an appropriate adjustment of the variable components of the Operating Expenses for that expense year, as reasonably determined by Landlord using sound accounting and management principles, to determine that the amount of Operating Expenses would have been incurred had the Building been one hundred percent (100%) occupied. This amount shall be considered to have been the amount of Operating Expenses for that expense year. For the purposes of this subsection, variable components include only those component expenses that are affected by variations in occupancy levels.

ARTICLE 6. TENANT'S COVENANTS

a. Taxes. Tenant shall pay, prior to delinquency, all taxes, assessments, license fees, and other public charges levied, assessed, or imposed or which become payable during the Term hereof, upon any trade fixtures and personal property of Tenant installed or located in the Premises. Whenever possible, Tenant shall cause said trade fixtures and personal property to be separately assessed. If, however, any or all of said items shall be assessed and taxed with the real property, Tenant shall pay to Landlord such taxes as are attributable to Tenant's trade fixtures and personal property.

b. Use. Tenant shall use the Premises for general office purposes and such use shall be in material compliance with all state, federal and local laws, codes, rules and regulations ("Laws"). Tenant will not allow the Premises to be used for any purpose or in any way that will increase the rate of insurance thereon; and will not permit the Premises to be used for any unlawful purpose or in any way that will injure the reputation of the Building or disturb the tenants of the Building or the neighborhood.

ARTICLE 7. UTILITIES & SERVICES

a. Utilities. Landlord shall contract with and pay, subject to reimbursement as an Operating Expense, the local serving utilities for water and sewer service to the Premises. Landlord shall contract and pay, subject to reimbursement as an Operating Expense, the electricity and gas for the HVAC system serving the Premises during normal business hours of the building. Tenant shall contract and pay for the electricity serving the Premises.

b. Janitorial. Tenant will provide janitorial service within the Premises at its own expense. Landlord shall provide janitorial service to all the Common Areas such as hallways, elevators, restrooms, stairwells and lobby areas.

c. Security. Tenant has the right, but not the obligation, to install a security system for the Premises and/or to provide security services to the Premises and to contract with such security services provider as Tenant may choose in its sole discretion.

d. Rubbish. Landlord shall provide rubbish removal for the dumpster a minimum of once per week.

e. Window Washing Service. Landlord shall provide window washing services for the exterior windows at least twice annually.

f. HVAC. Landlord shall furnish the Premises with heating, ventilation and air conditioning ("HVAC") units and systems adequate to provide a comfortable working environment. Tenant, at its expense, shall be entitled to install such supplemental air conditioning units within the Premises as Tenant deems necessary, provided that such units do not interfere with or affect the HVAC system serving the Premises and/or Building. Tenant shall, at all times, control the operation of all HVAC units from within the Premises. If requested by Tenant, Landlord shall provide HVAC service to the Premises adequate to provide a comfortable working environment beyond the normal business hours of the Building (i.e. Monday through Friday 6:00 to 6:00). During Landlord's normal business hours, as identified herein, the heating system for the Building shall maintain a temperature at all times of approximately 72 degrees Fahrenheit, except to the extent such services shall be limited by any governmental authority. In addition, the base building systems shall provide approximately 1.75 CFM of air per usable square foot of the Building with a minimum of 20 CFM of outside air and shall provide an air temperature at the Building shaft of between approximately 55-57 degrees Fahrenheit. Tenant shall

pay Landlord for any overtime HVAC charges incurred by Landlord at the cost of Twenty Five Dollars (\$25.00) per hour, which the parties agree is a reasonable rate for such usage. All payments for such overtime HVAC service shall be due at the same time as the next installment of Monthly Rent, or if billed separately, shall be due within thirty (30) days after Tenant's receipt of Landlord's invoice.

g. Elevator Service. If the Premises are on the second or higher floor of the Building, Landlord shall furnish the Premises with elevator service to such floor.

The costs associated with the utilities and services to be provided by Landlord pursuant to this Article 7 are included as a part of Tenant's Prorata Share of Operating Expenses to the extent permitted by Article 5 above. All bills for utilities and services shall be paid by Landlord when due, and Tenant shall in no event be responsible for paying any late charge or interest due to late payment. In addition to the standards specified in this Lease, the services, management and maintenance to be provided by Landlord under this Lease shall be performed by Landlord in a manner that is consistent with those provided for comparable Class A building in the Monterey County, California area.

In the event any utility or other services are interrupted for reasons within Landlord's reasonable control and as a result, Tenant's use of the Premises is interrupted for three (3) days, Tenant's obligation to pay rent and other charges due hereunder shall equitably abate commencing upon the fourth (4th) day and continuing until such time as the interruption ceases. In the event such interruption continues for a period in excess of thirty (30) days, Tenant shall have the right to terminate this Lease upon prior written notice to Landlord.

ARTICLE 8. MAINTENANCE

a. Landlord's Obligations. Landlord shall maintain and promptly make all necessary repairs and replacements to the Building and Common Areas, including without limitation parking areas, driveways, grounds and landscaping, as well as the Building's foundation, structure, exterior walls, exterior windows, exterior doors, roof, ceilings, gutters, downspouts, plumbing, electrical, HVAC units and systems (excluding supplemental HVAC units installed by Tenant) and other Building systems, machinery and equipment.

b. Tenant's Obligations. Tenant, at its sole expense, shall maintain and promptly make all necessary repairs to the interior of the Premises and every part thereof, including any supplemental air conditioning units installed by Tenant within the Premises.

c. Compliance with Laws. Landlord represents and warrants to Tenant that as of the Commencement Date and throughout the Term of this Lease, the Building and Common Areas are and shall remain in compliance with all applicable Laws, including, but not limited to, the Americans with Disabilities Act. Landlord represents and warrants to Tenant that all of Landlord's Work shall be in compliance with all applicable Laws, including, but not limited to, the Americans with Disabilities Act at the time of the Commencement Date. Throughout the Term of this Lease, Tenant shall maintain the Premises in compliance with all applicable Laws during the Term hereof, except those items that are specifically listed in this Lease as the responsibility of Landlord, and will further insure that all work or improvements that may be done by the Tenant shall be in compliance with all applicable Laws, including, but not limited to, the Americans with Disabilities Act.

ARTICLE 9. ALTERATIONS, IMPROVEMENTS & FIXTURES

Tenant, at its sole expense, shall be entitled to install such equipment and fixtures in the Premises as it deems necessary or appropriate for the conduct of its business, so long as such installation in no way impairs the value of or causes damage to the Premises, Building or Common Areas. Landlord hereby agrees that any equipment and fixtures owned or leased by Tenant are the personal property of Tenant and may be removed by Tenant before, on or promptly after the expiration or termination of this Lease, at Tenant's sole expense. Tenant, at its sole expense, shall immediately repair and restore any damage resulting from such removal. Tenant shall not install any equipment or fixtures which shall impair the structural soundness of the Premises or the Building. Tenant may make nonstructural alterations and improvements to the Premises at its own expense. Tenant shall not make

any alterations to the Premises in excess of \$ 10,000 to without first obtaining the prior written consent of Landlord, which shall not be unreasonably withheld or delayed. Landlord shall not impose any supervisory fees for any work by Tenant. Tenant shall not permit or suffer any liens or encumbrances arising from such work to remain on the Premises. Within thirty (30) days after Tenant receives written notice of the filing of any such lien, Tenant shall cause such lien to be removed or bonded off according to applicable Laws, and shall indemnify, defend, and hold Landlord harmless against loss therefrom. Any work performed by Tenant under this Section shall be in compliance with all applicable Laws, including, but not limited to, the Americans with Disabilities Act.

ARTICLE 10. INDEMNIFICATION & INSURANCE

a. Indemnification. Tenant shall indemnify and defend, Landlord, its members, managers, partners, representatives, agents and employees, and save them harmless (except for the loss or damage resulting from the sole gross negligence or willful misconduct of Landlord and not required to be insured against by Tenant pursuant to this Article and except to the extent that Landlord is insured with respect thereto) from and against any and all claim, actions, damages, liability and expense, including attorneys' fees, in connection with all losses, including loss of life, personal injury and/or damage to property, arising from or out of any occurrence, upon or at the Premises or the occupancy or use by Tenant of the Premises or any part thereof, or any other portion of the Building, or arising from or out of Tenant's failure to comply with any provision of this Lease or occasioned wholly or in part by any act or omission of Tenant, its concessionaires, agents, contractors, suppliers, employees, servants, customers, invitees, or licensees. In case Landlord or any other party so indemnified shall, be made a party to any litigation commenced by or against Tenant, then Tenant shall protect and hold them harmless and shall pay all costs, expenses and reasonable attorney's fees of counsel acceptable to Landlord incurred or paid by them in connection with such litigation.

b. Tenant's Insurance. As of the Entry Date, and continuing throughout the Term, Tenant, at its sole expense, shall maintain comprehensive general liability insurance with coverage limits of at least \$1,000,000.00 per occurrence and \$2,000,000.00 general aggregate with a \$5,000,000.00 excess or umbrella for liability resulting from injury and/or death, and at least \$2,000,000.00 for liability resulting from damage to property, occurring in or on the Premises. Such policy or policies of insurance shall name Landlord as an additional insured as to claims and liabilities arising out of Tenant's acts or omissions. Evidence of such insurance shall be delivered to Landlord in the form of certificates of insurance, which shall name the Landlord as an additional insured. In addition, the Tenant will promptly provide the Landlord with a full copy of all insurance policies required to be kept by Tenant under this Lease upon the Landlord's request. Tenant shall also carry workers compensation insurance and employer's liability insurance, if applicable, in amounts sufficient to satisfy the statutory requirements of the state where the Premises are located. Unless prohibited by applicable Laws, Tenant shall be entitled to satisfy its insurance obligations hereunder by any combination of (a) self-insurance, (b) primary insurance coverage, and/or (c) umbrella insurance coverage.

c. Landlord's Insurance. As of the Effective Date, and continuing throughout the Term, Landlord shall maintain comprehensive general liability insurance with coverage limits of at least \$3,000,000.00 for liability resulting from injury and/or death, and at least \$3,000,000.00 for liability resulting from damage to property, occurring in or about the Building or the Common Areas; In addition, Landlord shall keep the Premises, Building and Common Areas insured against fire, windstorm, terrorism, and other casualty, under an all risk policy of insurance written in standard form, in the full replacement value of the Building and other improvements.

d. Waiver of Subrogation. Notwithstanding anything to the contrary herein, Landlord and Tenant hereby waive any claim, right, and/or cause of action that either may have or acquire against the other, its officers, directors, employees and agents, for damage to or destruction of its or others' property, whether real, personal, or mixed, of any kind or nature, arising from fire and/or other casualty which is or should be covered under the insurance required under this Lease, and shall secure such waivers of subrogation or other endorsements as shall be necessary to ensure that any insurer of such property is bound by such waiver.

ARTICLE 11. ASSIGNMENT AND SUBLETTING

a. **Assignment.** Tenant (including without limitation any subsequent assignee or subtenant) shall not, either voluntarily or by operation of law, assign, mortgage, hypothecate or encumber this Lease, or any interest in this Lease, permit the use of the Premises by any person or persons other than Tenant, or sublet the Premises or any part of the Premises without the prior written consent of Landlord. Landlord's consent to one assignment or subletting shall not constitute a waiver of the necessity of such consent to a subsequent assignee or subtenant. Landlord's acceptance of rent or any other payment in the nature of rent from Tenant's assignee or subtenant shall not constitute or be construed as Landlord's consent to such assignment or subletting. Landlord will not unreasonably withhold the consent to assignment or subletting; provided, however, that it shall not be unreasonable to withhold consent in the event that: (a) the proposed assignee or sublessee does not agree to pay rent and perform all of its obligations under this Lease and with respect to the Premises in full and as the same shall come due; (b) the proposed assignee or sublessee does not have a financial record, net worth and credit-worthiness that is equal to or better than that of the Tenant at the time of entry into this Lease and at the time of the proposed assignment or subletting; or (c) the proposed use of the Premises from the assignment or sublease is inconsistent with a use normally and reasonably permitted in a first-class commercial office building.

b. **Exceptions to Consent Requirement.** Notwithstanding the other provisions contained in this Article 11, the Tenant may sublet or assign the Premises, in whole or in part, without Landlord's consent for Tenant's affiliates, subsidiaries or any entity owned or legally controlled by the parent corporation or any entity resulting from a merger, sale of stock or sale of assets of Tenant; provided, however, that Tenant will remain responsible for all obligations imposed by this Lease, and provided further that the use of the Premises continues to comply with Article 6, Subsection b, of this Lease.

c. **Transfer Premium.** As a reasonable condition to Landlord's consent to any sublet or assignment, Tenant shall pay to Landlord seventy-five percent (75%) of any Transfer Premium as defined in this Article 11, Subsection c.

- i. "Transfer Premium" means all base rent, additional rent, and other consideration payable by the transferee to Tenant (including Key money and bonus money and any payment in excess of fair market value for services rendered by Tenant to the transferee or assets, fixtures, inventory, equipment, or furniture transferred by Tenant to the transferee in connection with the transfer, after deducting the Rent payable by Tenant under this Lease (excluding the Transfer Premium) for the Premises. If part of the Transfer Premium is payable by Transferee other than in cash, Landlord's share of that noncash consideration shall be in a form reasonably acceptable to Landlord.
- ii. Tenant shall pay the Transfer Premium on a monthly basis, together with its payment of Additional Rent. In calculating the Transfer Premium, Tenant may deduct from all sums received from any assignee or subtenant (i) brokerage fees, advertising and legal expenses incurred in connection with such assignment or sublease, (ii) expenses of any tenant improvements constructed in such assigned or subleased space and paid for by Tenant, (iii) any incentives received by the assignee or subtenant such as free rent, moving expenses and other concessions, and (iv) any cost, expense, loss or other amount, if any, attributable to any period when the space to be assigned or sublet is vacant or not fully utilized by Tenant.

ARTICLE 12. ACCESS TO THE PREMISES

a. **Landlord's Right of Access.** Upon reasonable prior written notice to Tenant, Landlord and its representatives shall have the right to enter the Premises at all reasonable times during regular business hours to inspect the same, to maintain and repair the Premises and the Building, to post such

reasonable notices as Landlord may desire to protect its rights, and during the ninety (90) days immediately preceding the expiration of the Term (provided Tenant has not exercised any available renewal options), to exhibit the Premises to prospective tenants and to place upon the doors or in the windows of the Premises ordinary "for rent" or "for lease" signs. Notwithstanding the foregoing, Landlord shall have the right to enter the Premises at any time in response to an emergency situation. An emergency situation is a condition which threatens the Premises or Building with the probability of imminent partial or total destruction.

b. Tenant's 24 Hour Access. Tenant shall have access to the Premises, with all utilities and services (subject to the provisions of 7.g.) available to it, twenty four (24) hours a day, seven (7) days a week, fifty two (52) weeks a year.

ARTICLE 13. DAMAGE AND DESTRUCTION

a. General. The partial or total destruction of the Premises shall not render this Lease void or voidable nor provide either party with the right to terminate this Lease in whole or in part, except as hereinafter provided.

b. Procedures. Landlord shall, within thirty (30) days of the occurrence of any partial or total destruction (partial destruction shall be deemed to mean that Tenant is able to conduct most, but less than all, of the business on the Premises which it conducted immediately prior to the occurrence of such partial destruction), provide Tenant with written notice as to whether Landlord will be able to repair such damage or destruction within sixty (90) days of the date of said notice.

- i. If Landlord is able to repair such damage or destruction within ninety (90) days of said notice, all terms and conditions of this Lease shall remain in full force and effect except that in the case of partial destruction, Tenant's Monthly Rent and Additional Rent shall be equitably abated in proportion to the portion of the Premises which is unfit or unavailable for Tenant's use and occupancy during the period of such repair or reconstruction; or in the case of total destruction, Tenant's Monthly Rent and Additional Rent shall be totally abated during the period of such repair or reconstruction.
- ii. If Landlord, in good faith, determines that it is not able to repair the damage or destruction within ninety (90) days of said notice, then either party may declare this Lease terminated as of the date of the occurrence of the damage or destruction by providing the other party with written notice to that effect within thirty (30) days of the date of Landlord's notice.
- iii. If the Premises can be repaired and Landlord fails to commence the repairs or restoration of the Premises within forty-five (45) days after such casualty and to thereafter diligently pursue the completion of such repairs, or fails to complete such repairs within ninety (90) days after such casualty, Tenant may terminate this Lease upon notice to Landlord.
- iv. If neither party declares this Lease terminated pursuant to Article 13(b)(ii), then, subject to Article 13(b)(iii), Landlord shall complete the necessary repairs or restoration of the Premises as soon as reasonably practicable and Tenant's Monthly Rent and Additional Rent shall equitably abate as described in Article 13(b)(i).

ARTICLE 14. EMINENT DOMAIN

If any part of the Premises shall be taken by right of eminent domain, or transferred by agreement in lieu of or in settlement of eminent domain proceedings, this Lease shall terminate as to the portion of the Premises taken or transferred, as of the date title vests in the condemnor or transferee. If any portion of the Premises, Building or Common Areas is taken or transferred which adversely affects Tenant's ability to conduct its business operations at the Premises, Tenant shall have the right to terminate this Lease, effective as of the date title vests in the condemnor or transferee. In the event of any taking or appropriation whatsoever, Tenant shall have no claim against Landlord, but this provision shall not

preclude Tenant from recovering damages against the condemning authority or transferee to the extent permitted by applicable Laws.

ARTICLE 15. DEFAULT AND REMEDIES

a. Tenant's Default. The occurrence of any of the following shall constitute an event of default under this Lease:

- i. Tenant fails to pay any installment of Rent within ten (10) days after receipt of written notice of nonpayment from Landlord. Such notice shall replace rather than supplement any equivalent or similar statutory notice, including any notices required by Code of Civil Procedure section 1161 or any similar or successor statute;
- ii. The Premises shall be abandoned without the payment of Rent;
- iii. Tenant is subjected to an attachment, execution, or other judicial seizure of substantially all of Tenant's assets in the Premises, and such attachment, execution or seizure is not bonded or discharged within fifteen (15) days after receipt of written notice from Landlord;
- iv. Tenant fails to perform any of its other obligations under this Lease and said failure shall continue for a period of thirty (30) days after receipt of written notice of default from Landlord (provided such default can be cured within thirty (30) days and if not, then within a reasonable time thereafter, provided Tenant commenced such remedy within the thirty (30) days and pursues such remedy with due diligence).
- v. Tenant receiving more than two (2) late rent notices in any Lease Year.
- vi. Any assignment, transfer or sublease of this Lease or the Premises in violation of Article 11.

b. Landlord Remedies. In the event of a default by Tenant, Landlord shall have the following rights and remedies:

- i. Landlord may terminate this Lease and upon an order from a court of competent jurisdiction, re-enter the Premises and remove Tenant, or other occupants claiming under Tenant, and their property without being liable therefore. Once Landlord has terminated this Lease, Tenant shall immediately surrender the Premises to Landlord. On termination of this Lease, Landlord may recover from Tenant all of the following:
 - (a) The worth at the time of the award of any unpaid Rent that had been earned at the time of the termination, to be computed by allowing interest at ten percent (10%) per annum;
 - (b) The worth at the time of the award of the amount by which the unpaid Rent that would have been earned between the time of the termination and the time of the award exceeds the amount of unpaid Rent that Tenant proves could reasonably have been avoided, to be computed by allowing interest at the rate of ten percent (10%);
 - (c) The worth at the time of the award of the amount by which the unpaid Rent for the balance of the Lease Term after the time of the award exceeds the amount of unpaid Rent that Tenant proves could reasonably have been avoided, to be computed by discounting that amount at the discount rate of the Federal Reserve Bank of San Francisco at the time of the award plus one percent (1%);
 - (d) Any other amount necessary to compensate Landlord for all the detriment proximately caused by Tenant's failure to perform obligations under this Lease, including brokerage commissions and advertising expenses, expenses of

remodeling the Premises for a new tenant (whether for the same or a different use), and any special concessions made to obtain a new tenant; and

(e) Any other amounts, in addition to or in lieu of those listed above, that may be permitted by applicable law.

ii. Landlord may bring suit for the collection of all amounts with respect to which Tenant is in default;

iii. Landlord shall have the remedy described in Civil Code section 1951.4, which provides that, when a tenant has the right to sublet or assign (subject only to reasonable limitations), the landlord may continue the lease in effect after the tenant's breach and abandonment and recover Rent as it becomes due. Accordingly, if Landlord does not elect to terminate this Lease on account of any default by Tenant, Landlord may enforce all Landlord's rights and remedies under this Lease, including the right to recover all Rent as it becomes due.

iv. Landlord may, but shall not be obligated to, cure such default and collect from Tenant the reasonable costs incurred in curing such default;

v. Landlord shall have any and all other remedies available to it at law or in equity.

c. Landlord Default. Landlord shall be in default if Landlord fails to observe or perform any of its obligations under this Lease, and Landlord does not cure such failure within thirty (30) days after receipt or refusal of written notice thereof (or immediately in the case of an emergency) of, if such default cannot reasonably be cured within such period, Landlord does not commence diligent efforts to cure such default within such thirty (30) day period and thereafter complete such cure with all due diligence. If Landlord defaults in the prompt and full performance of any material provisions of the Lease and does not cure the default within the time period specified herein after written demand by the Tenant specifying the nature of the default or if such default cannot be cured within such period and Landlord does not commence and continue to pursue to cure such default with diligent efforts then, Tenant is entitled to pursue Landlord in an action for damages or injunctive or declaratory relief.

d. General. In all instances of default, the non-defaulting party shall use reasonable efforts to mitigate its damages. All rights and remedies of Landlord and/or Tenant enumerated herein shall be cumulative and shall not be construed to exclude any other remedies allowed at law or in equity.

ARTICLE 16. SUBORDINATION AND NONDISTURBANCE

a. Subordination and Nondisturbance. Landlord shall have the right to place upon the real property on which the Building is located any mortgages which Landlord or its lender(s) deem advisable. Such mortgages shall have priority over this Lease and Tenant's rights hereunder. At Landlord's request, Tenant shall execute any and all instruments necessary to subject and subordinate this Lease to any such mortgages, on the condition that each such mortgagee executes a non-disturbance agreement in favor of Tenant which provides that so long as Tenant is not in default of this Lease, Tenant's right to possession of the Premises and Tenant's rights under this Lease, including, without limitation, any options to renew, rights of first refusal, and right to terminate, shall not be affected or disturbed by the mortgagee in the exercise of any of its rights or remedies against Landlord, nor shall Tenant be named as a party defendant to any foreclosure of the lien or mortgage. Furthermore, Tenant shall, within thirty (30) days after receipt of a request therefor, execute and deliver to Landlord an estoppel certificate setting forth the name of Tenant, the date of this Lease, a description of the Premises and the Rent payable therefor, and certifying that this Lease is either in full force and effect or specifically enumerating any conditions of default with respect thereto.

b. Attornment. In the event that Landlord's mortgagee, or any other person, acquires title to the Premises pursuant to the exercise of any remedy provided for in its mortgage, Tenant agrees to attorn to the mortgagee or such person as its new landlord, and this Lease shall continue in full force and

effect as a direct lease between Tenant and such mortgagee or other person, upon all of the terms and conditions contained herein.

ARTICLE 17. HAZARDOUS MATERIALS & ENVIRONMENTAL CONCERNS

a. Tenant's Obligations. Tenant shall not, during the term of this Lease, introduce any Hazardous Materials (as herein after defined) into Premises or water. Tenant shall, at its cost, file and obtain all permits, licenses, reports, applications and approval necessary or appropriate for the conduct of its business relative to the provisions of this Section. Tenant shall not use, generate, manufacture, store, release, threaten release, or dispose of Hazardous Materials in, on or about the Premises or water from the Premises, in violation of any applicable law. Tenant shall give Landlord prompt written notice of any claim by any person, entity, or governmental agency that a release or disposal of Hazardous Materials has occurred from the Premises, or that Hazardous Materials are present at the Premises or otherwise affect the Premises. Tenant, through its professional engineers and at its cost, shall promptly and thoroughly investigate suspected Hazardous Materials contamination of the Premises, limited to those contaminations brought about by Tenant's introduction of any Hazardous Materials into the Premises or water. Tenant shall forthwith remove, repair, clean up, or detoxify any Hazardous Materials from the Premises or the water from the Premises and indemnify and hold harmless Landlord with respect thereto, whether or not such actions are required by law, so long as such contamination did not occur prior to Tenant's possession of the Premises and were not caused directly by Landlord's or its agents actions.

b. Hazardous Materials Defined. For purposes of this section, "Hazardous Materials" shall include but not be limited to any substances (other than substances which are legally stored in small quantities and used under normal and customary practice in dental and orthodontic offices) defined as "hazardous substances", "hazardous waste", "hazardous materials", "toxic substances", "toxic waste", "toxic materials", "contaminants", "pollutants", or any variant or similar designations, or any other substance which is now or hereafter regulated or controlled as a hazardous or toxic waste or environmental pollutant, under any federal, state or local law, ordinance, order, decree or regulation now or hereafter in effect and applicable to Tenant or the Premises, including without limitation (1) the Porter-Cologne Water Quality Control Act (California Water Code Section 13000 et seq.), (2) the California Hazardous Waste Control Law (Division 20, Chapter 6.5) of the California Health and Safety Code, (3) Carpenter-Presley-Tanner Hazardous Substance Account Act (California Health and Safety Code Section 25300 et seq.), (4) Division 20, Chapter 6.95 (Hazardous Materials Release Response Plans and Inventory) of the California Health and Safety Code, (5) the Safe Drinking Water and Toxic Enforcement Act of 1986 (California Health and Safety Code Section 25249.5 et seq.), (6) the Resource Conservation and Recovery Act (42 U. S.C. Section 6901 et seq.), (7) the Comprehensive Environmental Response, Compensation and Liability Act (42 U.S.C. Section 9601 et seq.), and (8) the Hazardous Materials Transportation Act (49 U.S.C. Section 1801 et seq.) ("Environmental Laws"). Landlord, or its agents, shall have the right and shall be permitted, but shall not be required, during Tenant's normal business hours after reasonable notice, to enter upon and inspect the Premises to ensure compliance with the foregoing covenants and any and all other covenants, agreements and conditions set forth in this Lease. Tenant further acknowledges and agrees that the creation of any Hazardous Material or the failure to promptly remove or take appropriate corrective action respecting the presence of any Hazardous Material, on, in, or at Premises shall constitute waste of the Premises by Tenant. To the full extent permitted by the law, all obligations of Tenant hereunder respecting Hazardous Materials shall survive the term of this Lease.

c. Landlord's Warranties Regarding Hazardous Materials. Landlord warrants and represents to the Tenant that, to the best of Landlord's actual knowledge without independent investigation or inquiry, as of the effective date of this Lease:

i. There has been no release onto or under the Premises or the Building of any Hazardous Materials in violation of any Environmental Laws;

ii. The Building contains no PCBs, PCB-contaminated electrical equipment, or dry-asbestos containing materials; and

iii. The Landlord has received no notice that the Premises or Building is in violation of any Environmental Law.

d. Acknowledgement Regarding Phase 1 Environmental Assessment. Landlord has provided, and Tenant acknowledges receipt of, the Phase 1 environmental assessment done on the property when Landlord acquired the property as vacant land in 2003. Tenant has had the opportunity to review the Phase 1 environmental assessment, and accepts its findings.

ARTICLE 18. MISCELLANEOUS

a. Signage. Landlord, at its sole expense, shall install suite entry, directory and exterior monument signage for Tenant. All signage shall be in compliance with all applicable Laws.

b. Late Charge. All Rent not paid within five (5) days of its due date shall be subject to a Late Charge of ten percent (10%) of the total rent due for the month, in addition to rent due hereunder.

c. Holding Over. Tenant shall have the right and option to holdover for up to three (3) months after the expiration of the Term of this Lease upon the same terms and conditions, including rent, as were applicable during the last month of the Lease Term. If Tenant shall continue in possession of the Premises beyond said three (3) month holdover period, such continued possession shall be considered an extension of this Lease from month to month until terminated by either party as of the end of any calendar month on not less than thirty (30) days prior written notice to the other party. With respect to any such month to month tenancy, all terms and conditions of this Lease shall remain in full force and effect, except that commencing with the fourth month after the expiration of the Term of this Lease, Monthly Rent shall be increased to one hundred twenty-five percent (150%) of the Monthly Rent payable for the last month of the Term. If Tenant fails to timely vacate after a party properly gives a thirty (30) day written notice of termination, then Tenant will be liable to Landlord for actual damages caused by such failure to vacate, except to the extent that the Landlord could have mitigated such damages using reasonable diligence.

d. Quiet Enjoyment. Landlord covenants and agrees that, so long as Tenant is not in default of this Lease, Tenant shall at all times during the Term hereof have the peaceable and quiet enjoyment and possession of the Premises without any interference or hindrance from Landlord.

e. Waiver. No consent or waiver, express or implied, by either party to or of any breach of any covenant, condition, or duty of the other party shall be construed as a consent or waiver to or of any other breach of the same or any other covenant, condition, or duty to be observed by the other party.

f. Rules and Regulations. Landlord shall have the right from time to time to prescribe reasonable rules and regulations, which, in its reasonable judgment, may be desirable, for the use, entry, operation, and management of the Premises, Building and Common Areas, which reasonable rules and regulations shall become a part of this Lease. Tenant agrees to comply with such reasonable rules and regulations, provided, however, that such rules and regulations shall not contradict or abrogate any right or privilege herein granted to Tenant.

g. Force Majeure. In the event that either party hereto shall be delayed from the performance of any act required by it hereunder by reason of strikes, lockouts, inability to procure labor or materials, riots, insurrections, wars or other reason of a similar nature beyond the reasonable control of such party, then performance of such act shall be extended for a period equivalent to the period of such delay. Delays due to lack of funds shall not be deemed delays beyond the reasonable control of such party.

h. Authority. Landlord hereby represents and warrants that it owns in fee simple absolute the Premises, Building and Common Areas and the underlying real property, and that Landlord is fully authorized and empowered to offer the Premises for lease pursuant to the terms of this Lease. Each party to this Lease hereby represents and warrants that it is executing this Lease with the full and proper authority and that the parties whose names appear hereon are duly authorized and empowered to make and execute this Lease.

i. Notices. Any notice or consent required or permitted hereunder shall be given by mailing such notice or consent by United States certified mail, return receipt requested, or via a reputable

overnight courier service which provides proof of delivery, addressed to the parties as set forth below or at such other address as may be specified from time to time in writing given to the other party. Notices shall be effective upon receipt or refusal, as the case may be. When a statute requires service of a notice in a particular manner, service of that notice (or a similar notice required by this Lease) in the manner provided in this Article 18(l) shall replace and satisfy the statutory service-of-notice procedures, including, without limitation, those required by Code of Civil Procedure section 1162 or any similar or successor statute.

Tenant: Salinas Valley Memorial Healthcare Systems
Attn:
450 E. Romie Lane
Salinas, CA 93901

Landlord: Rancho Llano Development, LLC
c/o M.A. Wynne
27810 Mesa Del Toro Road
Salinas, CA 93908

j. Commission. Landlord and Tenant each represent and warrant that there were no real estate brokers or agents involved in this transaction, other than Greg Findley of Cushman & Wakefield, Greg Findley who represents Landlord and Tenant. Both parties are aware of and consent to such dual agency. Landlord shall be responsible to pay Broker their respective commissions in connection with this Lease as set forth in the schedule of commissions existing between the Landlord and Cushman & Wakefield.

k. Successors and Assigns. All the terms and conditions of this Lease shall be binding upon and inure to the benefit of legal representatives, successors, and assigns of Landlord and Tenant.

i. Merger and Amendment. This Lease supersedes any and all other agreements, either oral or in writing, between the parties hereto with respect to the Premises and contains all of the covenants, agreements, and other obligations between the parties hereto with respect to the Premises. No waivers, alterations, or modifications of this Lease or any agreements in connection therewith shall be valid unless in writing and duly executed by all parties hereto.

m. Construction of Lease. The language in all parts of this Lease shall in all cases be construed as a whole according to its fair meaning and not strictly for nor against either Landlord or Tenant. Articles and headings in this Lease are for convenience only and are not to be construed as a part of this Lease or in any way defining, limiting, or amplifying the provisions hereof. Time is of the essence of this Lease and of every term, covenant, and condition hereof. The words "Landlord" and "Tenant", as herein used, shall include the plural as well as the singular. The neuter gender includes the masculine and feminine.

n. Surrender. Upon the expiration or termination of this Lease, Tenant shall surrender the Premises in substantially the same condition as existed at the Rent Commencement Date, ordinary wear and tear and damage by casualty and the elements excepted. Tenant shall not be required to remove any alterations or improvements installed by or for Tenant which alterations of improvements were approved by Landlord pursuant to Article 9.

o. Severability. In the event that any provision of this Lease is rendered void or invalid by the decision of any court or by the enactment of any Law, such provision will be deemed to have never been included herein and the balance of the Lease shall continue in full force and effect.

p. Parking. At no additional cost, Tenant shall be entitled to use the unreserved parking spaces in the parking lot immediately adjacent to the Building for use by its agents, employees, invitees and customers at a ratio of 3.6 vehicles per every 1000 square foot of rentable square feet for the Premises. Tenant shall not be entitled to the exclusive use of any other parking.

q. **Rooftop Access.** Landlord hereby agrees that at anytime during the Term of the Lease, Tenant shall have the right to install, on the roof of the Building above the Premises, a non-penetrating roof mounted satellite communications dish and such other telecommunications equipment and related cabling as Tenant deems advisable in the operation of its business at the Premises. If Tenant installs such equipment, Tenant shall do so at its own expense, in accordance with applicable Laws, and in a manner that will not interfere with any existing rooftop equipment of Landlord or other tenants. Prior to installation, Tenant shall provide Landlord with plans and specifications detailing the size, weight, method of installation, location of cables, etc. All rooftop equipment shall be installed in a location reasonably designated by Landlord. Tenant, at its expenses, shall be responsible for the maintenance and repair of such equipment. Upon the expiration or other termination of this Lease, all rooftop equipment shall remain the property of Tenant and shall be removed by Tenant. Tenant shall be responsible for, and shall repair at its sole expense, all damage caused by the installation, maintenance and/or removal of such equipment.

ARTICLE 19. OPTION TO RENEW

a. **Option To Renew.** Landlord hereby grants to Tenant the right to extend the Lease Term (each, an "Extension Option") for two (2) additional separate, consecutive five (5) year periods (each, an "Extension Option Period"), upon and subject to all of the same terms and conditions as are contained in the Lease, except that the Base Rent for each Extension Option Period shall be as set forth below, and provided, however, that, Tenant shall have no right to extend the Lease Term if, at the time that Tenant exercises the Extension Option, Tenant is in material default and breach of this Lease. Tenant shall exercise each Extension Option, if at all (i.e., and if not so exercised, shall be deemed waived), by giving to Landlord notice in writing of such exercise (the "Extension Notice") not later than one hundred eighty (180) days prior to the then-existing expiration date of the Lease Term (the "Extension Notice Deadline"). If Tenant exercises any Extension Option hereunder, then the expiration date of the Lease Term shall be automatically extended to the last day of the applicable Extension Option Period (and all references herein to the "Lease Term" shall mean the Lease Term, as so extended).

1. **Base Monthly Rent During Initial Extension Option Period.** Base Rent payable during the Initial Extension Option Period ("Initial Extension Term Base Rent") shall be shall continue to escalate on each lease anniversary by 3% as referenced in Section 1.f.

2. **Base Monthly Rent During the 2nd Extension Option Period.** Base rent payable during the 2nd Extension Option Period ("2nd Extension Term Base Rent") shall be at the then prevailing fair market rent charged for premises comparable in size and condition to the Premises, located in buildings or projects comparable in size, age, condition and use to, and in the general vicinity of, the Building leased by a major creditworthy tenant occupying at least the same square footage in comparable space as Tenant occupies in the Premises, taking into consideration all allowances for tenant improvements, moving expenses, rent abatement, Tenant benefits or any other market concessions which may be commonly available at the commencement of such Extension Option Period. Landlord shall provide Tenant with Landlord's determination of the fair market value rental rate within thirty (30) days of receipt of Tenant's Extension Notice. If Landlord and Tenant cannot agree on the Base Rent for the Extension Option Period within fifteen (15) days thereafter, Tenant shall have the election, to be exercised within thirty (30) days thereafter, to rescind its Extension Notice or to elect to proceed to arbitration as a means of resolving such disagreement. If Tenant elects to proceed to arbitration, the Extension Term Base Rent for the Extension Option Period will be determined in accordance with the following procedures.

(a). Within thirty (30) days of Tenant's election to proceed to arbitration, each party will promptly appoint an independent appraiser who must be a qualified appraiser who is a member of the Appraisal Institute (or successor organization) with a then current senior designation of MAI (or then comparable designation) who has at least ten (10) years experience in appraising retail commercial buildings within a twenty (20) mile radius of the Premises, to determine fair market rental value. If a party fails to so designate an appraiser within the time required, the determination of fair market rental value of the appraiser who has been timely designated by the other party will be binding on both parties.

(b). The appraisers will submit their determinations of fair market rental value to both parties within thirty (30) days after their selection. If the difference between the 2 determinations is ten percent (10%) or less of the higher appraisal, then the average between the 2 determinations will be the fair market rental value for the Premises.

(c). If the difference between the 2 appraisers' determinations is greater than ten percent (10%) of the higher appraisal, then, within ten (10) days of the date the second determination is submitted to the parties, the 2 appraisers will designate a third appraiser who must also meet the qualifications set forth in (1) above. If the 2 appraisers are unable to agree on the third appraiser within such ten (10) day period, then either party, on behalf of both, may request appointment of such third appraiser by the then head official of the California office of the American Arbitration Association that is nearest the Premises, and neither party shall raise any objections as to such official's full power and jurisdiction to entertain the application for and make the appointment so long as such party satisfies the qualifications set forth in Section (1) above. The sole responsibility of the third appraiser will be to determine which of the determinations made by the first two (2) appraisers is most accurate. The third appraiser has no right to propose a middle ground or any modification of either of the determinations made by the first two appraisers. The third appraiser's determination will be submitted to the parties within twenty (20) days after his or her selection. Such determination will bind both of the parties and will establish the fair market rental value for the Premises.

(d). Each party will pay the fees and expenses of the appraiser selected by it, and they will pay equally the fees and expenses of the third appraiser.

(3). Tenant's Extension Options are personal to (and may be exercised only by) Salinas Valley Memorial Healthcare Systems.

ARTICLE 20. CONFIDENTIALITY

Tenant agrees that the terms of this Lease are confidential and constitute propriety information of the parties and that disclosure of the terms could adversely affect the ability of Landlord to negotiate with other tenants of the Building. Tenant agrees that Tenant and its partners, officers, directors, members, managers, employees, contractors, agents, attorneys, and other representatives will not disclose the terms of this Lease to any other person without the prior written consent of Landlord, except by order of a court of competent jurisdiction.

ARTICLE 21. CONTINGENCY

This Lease is contingent upon the approval by Tenant's Board of Directors as a duly called regular or special meeting of the Board of Directors, and the authorization by the Board of the President/CEO to enter into the Lease Agreement.

IN WITNESS WHEREOF, this instrument has been executed by Landlord and Tenant as of the Effective Date. The "Effective Date" shall be the date upon which this Lease is last executed and/or initialed by Landlord and Tenant.

Salinas Valley Memorial Healthcare System, a local healthcare district

By: 
Printed Name: Peter Delgado
Its: ACS/CEO

Rancho Llano Development, LLC, a California limited liability company

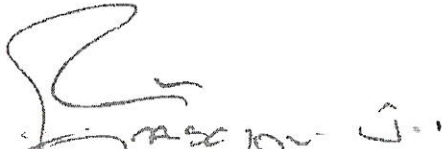
By: 
Printed Name: Henry J. Frascioni Jr.
Its: Managing member
08/05/2019

EXHIBIT "A"

PREMISES

EXHIBIT "B"

OPERATING EXPENSES

Operating Expenses shall be those expenses incurred during the year in respect to the operation, cleaning, maintenance and repair of the Building and Common Areas, including, but not limited to, keeping the Building and Common Areas clean, clear and free of all debris, or any other coverings that could constitute a hazard, in accordance with principles of sound management as applied to the operation, cleaning, maintenance and repair of a first class office building.

Notwithstanding anything contained herein to the contrary, the following costs shall be excluded from Tenant's Prorata Share of Operating Expenses:

1. principal, interest, points, premiums, fees or other costs or expenses associated with any mortgage financing or refinancing or any other debt costs of Landlord;
2. rental or other payments under any ground or underlying lease or leases;
3. costs associated with: original construction of the Building or Common Areas;
4. costs associated with designing, building out, renovating, painting, redecorating, obtaining permits or licenses for any other tenant space or rentable space in the Building;
5. costs resulting from Landlord's violation of any lease at the Building;
6. any penalties, interest or other fees or charges relating to any late or delinquent payments by Landlord;
7. any bad debt loss or reserves of any kind; and any costs incurred in collecting rent or other debts from any other tenant or party;
8. any capital expenses, and any charge for depreciation or amortization in connection therewith;
9. any of Landlord's general overhead, and administrative costs, including, without limitation, attorney's or accountant's fees and expenses, employee costs and fringe benefits and the costs of any supplies or services, which are not directly related to the operation of the Building;
10. costs resulting from any willful misconduct of Landlord, its employees, contractors or agents;
11. costs (including attorneys fees) arising from claims, disputes or potential disputes with any other tenant or person;
12. any costs for which Landlord is reimbursed by any tenant or occupant of the Building, or by insurance carried by Landlord, tenant or any other party or self-insurance; and
13. management and/or administrative fees to the extent that, in the aggregate, they exceed rates then customarily charged for building management for buildings of like class and character in the Monterey County market.

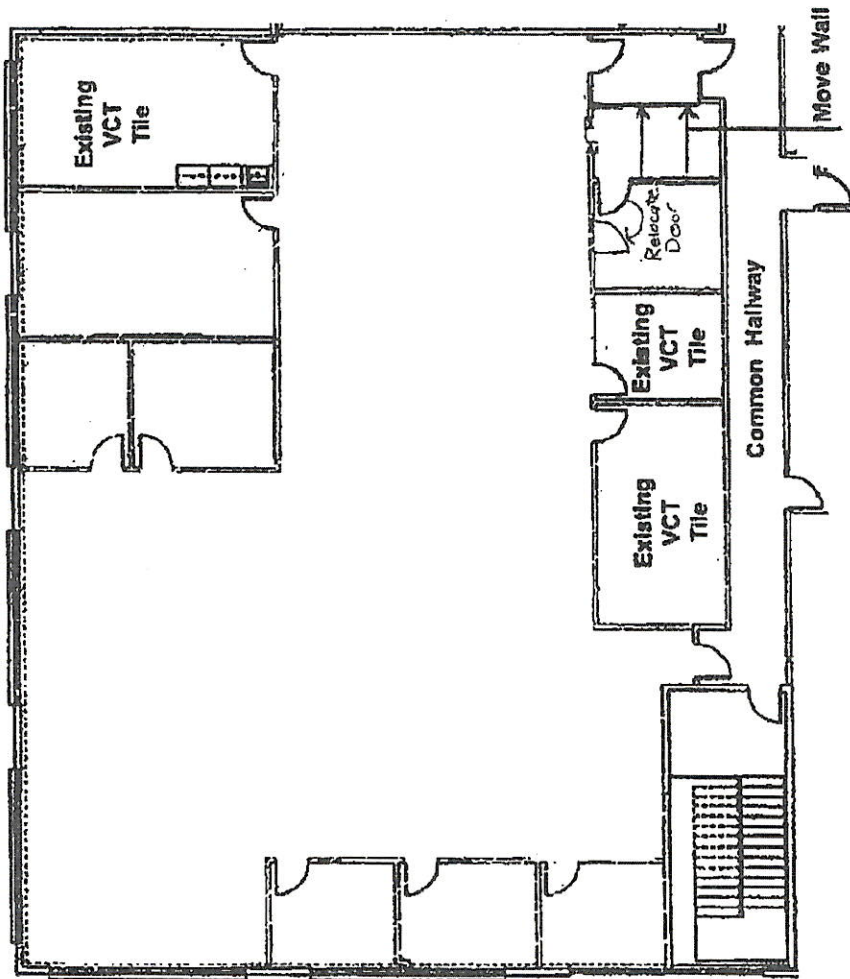


EXHIBIT A

Board Paper: Finance Committee

Agenda Item: **Consider Recommendation for Board of Directors to Award Construction Contract to FTG Builders, Inc. for the Permanent Bulk Oxygen Supply Replacement Project**

Executive Sponsor: Clement Miller, COO
Earl Strotman, Director Facilities Management & Construction

Date: February 6, 2024

Executive Summary

Salinas Valley Memorial Healthcare System seeks to replace the existing bulk oxygen supply system to meet the current and future needs of the Hospital. The interim supply system has been placed in operation to prepare for the primary supply system replacement. Final design and engineering plans of the permanent system have been approved by the California Department of Healthcare Access and Information as of January 2024.

Facilities Management approached the Board and received approval in November 2022 for capital funding for planning, design, permitting, construction of the interim supply system, and estimated construction of the permanent supply system in the total amount of \$2,800,000. Facilities Management is now returning to the Board to recommend award of construction contract to FTG Builders, Inc. in the amount of \$856,820.

Background/Situation/Rationale

The objective of this project is to modernize the Hospital's Permanent Bulk Oxygen Supply System to meet current and future needs of the Hospital, and comply with current rules and regulations enforced by all agencies having jurisdiction including HCAI and City of Salinas Fire Department.

SVMHS previously secured Emergency Authorization to Proceed, and completed the infrastructure for the interim supply system. Design, engineering and planning of the permanent bulk oxygen supply system continued such that SVMHS has now secured HCAI approvals to execute the work on the permanent system.

A publicly advertised request for contractor bids for construction services closed on February 2nd, 2024 and resulted in a bid from a responsible and responsive bidder, FTG Builders, Inc. Design and engineering meetings, consultant coordination, inspections, testing and certifications will continue throughout upcoming construction to deliver the permanent configuration.

With this coming phase of building the permanent system, improvements include significant structural upgrades to concrete pier and slab supports, fire rated barriers, a fenced and illuminated enclosure, a piping distribution system with an in-house flowmeter, a spill pad, and delivery, anchorage, testing, and connection of a new bulk oxygen supply system with main tank, reserve tank, vaporizer system, manifold, alarm and telemetry upgrades.

Meeting our Mission, Vision, Goals

It is the mission of Salinas Valley Memorial Healthcare System to provide quality healthcare to our patients and to improve the health and well-being of our community. The provision of a modernized, code-compliant bulk oxygen supply system will support present and future needs of our patients.

Pillar/Goal Alignment

Service People Quality Finance Growth Community

Timeline

February 2024 – Procure construction services

March 2024 – Commence construction

July/August 2024 – Complete construction and secure agency approvals from authorities having jurisdiction such as HCAI and City of Salinas Fire Department

Financial Implications

Budget:

As currently programmed, the Bulk Oxygen Project cost estimate is \$2,800,000 with funding allocated for planning, design, engineering and construction of both the interim and permanent supply systems with structural upgrades, permitting, project contingency, design assistance from the oxygen supply vendor, program management, and construction service estimates required to complete the project.

Current capital budget forecast includes:

Fiscal Year 2024 - \$2,178,339

Fiscal Year 2025 - \$621,661

Following completion of construction closeout, the budget will be reconciled to account for actual costs.

Recommendation

Consider Recommendation for Board of Directors to award the contract for construction to FTG Builders, Inc. for the terms and conditions in the proposed agreement in the total amount of \$856,820.

Attachments

Attachment 1: Estimated Project Budget at HCAI Project Approval Phase

Attachment 2: Public Advertisement for Bid

Attachment 3: Bid Opening Results

Salinas Valley Memorial Healthcare System (10348)

Project Cost Model: Bulk Oxygen Replacement

Architect: Smith Karng Architecture

Project Phase: Interim Installation Complete, Permanent Configuration Approved by HCAI, Pre-Construction

Date Printed: 2/6/2024

Budget Amount: \$2,800,000

Budget Approved Date: 11/1/2022

Anticipated Completion: Q1 2025

Prepared by: DS & Team

Budget Summary			CASH FLOW PROJECTIONS		
			A	FY24	FY25
Line Item	Description	Original Budget			
	1	Construction			
100	Construction - Interim & Permanent	\$1,173,897		\$939,117	\$234,779
101	Estimating Contingency	\$93,912		\$0	\$93,912
	2	Design			
200	Professional Fees - Fixed	\$610,458		\$549,412	\$61,046
202	Utility Locator Services	\$9,350		\$9,350	\$0
	3	Inspections and Consultation			
300	Inspector of Record	\$96,120		\$67,284	\$28,836
301	Special Inspections	\$70,645		\$35,322	\$35,322
	4	AHJ Fees			
400	HCAI Fees	\$81,708		\$40,854	\$40,854
403	City of Salinas Fees	\$50,000		\$0	\$50,000
	5	Soft Costs			
502	Construction Management	\$425,000		\$382,500	\$42,500
504	Soft Cost Contingency	\$65,000		\$58,500	\$6,500
	7	FF&E			
702	Vendor Installation Fee			\$0	\$0
703	Portable Rental @ 18 Months			\$72,000	-\$72,000
704	Site Furnishings + Safety Signage	\$30,000		\$24,000	\$6,000
	9				
9900	Project Contingency	\$93,912		\$0	\$93,912
Totals			\$2,800,000	\$2,178,339	\$621,661

FEB
2 **SALINAS VALLEY HEALTH PERMANENT BULK OXYGEN SUPPLY**
Location: 450 East Romie Lane Salinas Monterey CA 93901
When: 2:00 PM

Status: Bidding **CC Online**

Postponed: No

Pre Bid Conference:

1/18 @ 2:15pm - RSVP shall be coordinated through dsullivan@bogardconst.com [Mandatory: No]

Project Type: Hospital **Bid Packages:** No
Estimate Low: **Estimate High:**
Contract#/Ref: **Published Date:** 01/16/2024

Plan Status: Online **Spec Status:** Online
Plans Cost:

Description:

Salinas Valley Memorial Healthcare System is pursuing infrastructure improvements to implement the construction and installation of the Permanent Bulk Oxygen Supply System to support increased hospital demand with sufficient reserves to support the hospital's patients at 450 East Romie Lane, Salinas CA 93901. Notable scope includes a 3000 gallon main tank, a 900 gallon reserve tank, with a manifold and vaporizer system supported by significant structural foundational upgrades. The new system will be monitored via alarm telemetry both locally and by the designated equipment vendor. Project scope includes (a) structural upgrades, (b) equipment capacity and performance upgrades.

Link to the Equipment-Messer documents & Surveys and Additional Project Information documents:

http://files.bogardconstruction.com/SVH_Salinas_Valley_Health_Bulk_Oxygen_Tank%20Replacement_Project_Bid%20Documents/

Send all pro-bid questions and requests for interpretation to SVMHS via email at: dsullivan@bogardconst.com.

Documents

View Project Docs

Download Files

Project Actions

View Activity

Submit Project Changes/Updates

COPS24-00145

Bid Date Information

Description	Bid Date	Bid Time	Extended	Bid Date Change
	02/02/2024	2:00 PM	No	No

Addenda & Updates

Number	Type	Entered	Description	Remarks
A	Addenda	01/24/2024	w/ plans	SV
B	Addenda	01/24/2024	w/ plans	SV
C	Addenda	01/31/2024		SV
D	Addenda	01/31/2024	w/ plans	SV
E	Addenda	01/31/2024		SV

Project Contacts

Owner's Representative

Bogard Construction, Inc. dsullivan@bogardconstruction.com Ph: (831) 426-8191 Ex: (831) 426-4921
 Santa Cruz CA

Attachment 3: Bid Results

SALINAS VALLEY HEALTH
 PERMANENT BULK OXYGEN TANK REPLACEMENT
 CIP 01.1250.3675
 450 E Romie Lane, Salinas CA 93901
 BID RESULTS SUMMARY
Single Prime Bid Package

Bid Close Date: February 2, 2024
 Bid Close Time: 2:00 PM
 Bid Close Location: 535 E Romie (SUITE 6), Salinas, CA 93901

CONTRACTOR	CONTACT	EMAIL	PHONE	BASE BID + ALLOWANCES	COMMENTS
1 FTG Builders, Inc. 1565 Lafayette St, Santa Clara, CA 95050	Pedro Becerra	pedro@ftgbuilders.com	408 857 3710	256820.00	** LOW BID
2 GeoWilson Mechanical Contractors 250 Harvey West Blvd., Santa Cruz, CA 95060					

**Apparent Low Bidder
 Salinas Valley Health 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 Addenda (A, B, C, D, E)	✓	
c List of Subcontractors	✓	
d Disqualification Questionnaire	✓	
e Insurance Requirements	✓	
f Non-Collusion Affidavit	✓	
g Bid Bond (Security)	✓	
h Alternate Bid Item Proposal		

Board Paper: Finance Committee

Agenda Item: Consider Recommendation for Board Approval of HSS Security Contract Renewal Amendment No. 4

Executive Sponsor: Clement Miller, COO
Earl Strotman, Director Facilities Management & Construction

Date: January 31, 2024

Executive Summary

Salinas Valley Health is seeking approval to extend the current security services contract with HSS Security, LLC (HSS). HSS provides security services to patrol the hospital campus, hospital parking enforcement, in addition to the systems off-site locations, and the off-site parking lot. HSS also provides valet services for hospital patients and visitors and staff at multiple locations on campus.

Background/Situation

Salinas Valley Health began utilizing HSS for security services starting in 2016 and have found them to be a great partner with managing the organizations security needs. In 2018 the organization expanded the services provided by HSS to include valet to support ongoing parking concerns. On-site 24/7 security patrolling services continues to be a crucial of the organizations daily operations and continues to ensure the safety of patients, staff, and visitors alike. In addition to patrolling, HSS assists with maintaining security at public access points, managing weapons and prohibited items, conducting searches, managing patient valuables, assisting with technology testing (i.e. infant security, duress alarms, CCTV, etc.), lost and found, personnel escorts, restricted access, visitor management, morgue transports, critical incident response (disaster plans, etc.), non-critical response (vehicle accident, etc.), vehicle assist (jump-start), security alarm response, and acting as a law enforcement liaison.

The valet services HSS offers is needed to alleviate the ongoing parking burden imposed on hospital patients/visitors to help improve the Salinas Valley Health patient experience. HSS has notified our organization that the service line is no longer sustainable for their business and intend to terminate the valet line of business effective no later than June 1, 2024 (99 days), giving Salinas Valley Health the opportunity to obtain a suitable provider. The current contract proposal reflects the reduction of the valet service. Salinas Valley Health has initiated an RFP process for replacement of these services and intend to have the process closed out well in advance of HSS ending valet services.

Timeline/Review Process to Date:

02/21/2024: Board Finance Committee Review

02/22/2024: Board Committee Review

02/23/2024: Commence HSS Agreement

Strategic Plan Alignment:

Provide staff, patients, and visitors with a safe work environment/health care setting. Provide patients and visitors with better access to parking.

Pillar/Goal Alignment:

Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications:

	Annual Expense Old Contract	Annual Expense New Contract (*Valet @ 99 days)	Change
Security	1,774,517	1,827,795	53,278
Valet	538,039	169,347	(368,692)
Total	2,312,556	1,997,142	(315,414)

Key Contract Terms	Vendor: HSS Security, LLC (HSS)
1. Proposed effective date	2/23/2024
2. Term of agreement	2/23/2024 – 2/22/2025
3. Renewal terms	Automatically renew for one (1) year period subject to section 6.2 original contract annual adjustment of fees.
4. Termination provision(s)	May be terminated in accordance with Section 4.1 (“Termination For Cause By HSS”) or 4.2 (“Termination for Convenience”) of this SOW; or Section 3.3 (“Termination for Convenience by Customer”) or Section 3.4 (“Termination For Cause”) of the MSA
5. Payment Terms	Net 30
6. Annual cost	\$1,997,142
7. Budgeted (indicate y/n)	Yes

Recommendation

Consider Recommendation for Board Approval of HSS Security, LLC (HSS) Amendment No. 4 to renew Security and Valet Service Agreement for one year in the amount of \$1,997,142.

Attachments

- (1) HSS Amendment No 4 final
- (2) HSS proposed bill rate 1-22-2024



Amendment No. 4

This Amendment No. 4 (“Amendment”) is made and entered into on this _____ day of _____ (“Effective Date”), by and between HSS Inc., n/k/a HSS Security, LLC (“HSS”) and Salinas Valley Memorial Health System, a public health care district organized and operating pursuant to Division 23 of the California Health and Safety Code and its affiliates (“Client”). Each of Client and HSS may be referred to herein as a “Party” and together as the “Parties.”

WHEREAS, the Parties entered into that certain Healthcare Security Services Agreement by and between HSS and Client, effective on the September 1, 2021 (“Agreement”);

WHEREAS, the Parties amended the Agreement on November 15, 2021 (“Amendment No. 1”); and

WHEREAS, the Parties amended the Agreement on February 23, 2022 (“Amendment No. 2”); and

WHEREAS, the Parties amended the Agreement on July 1, 2022 (“Amendment No. 3”); and

NOW THEREFORE, in consideration of the mutual agreements, covenants and promises contained in this Amendment, and for mutual consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound hereby, the Parties agree to amend the Agreement as follows:

1. The Parties affirm that they desire to keep the auto-renewing term of the Agreement.
2. The Parties affirm that HSS shall supply to Client the Services described in Exhibit A-1 of the Agreement at the locations in Exhibit A-2 of the Agreement, with the valet services exception herein. The Parties acknowledge that Client may, from time to time, request provision of temporary security services for locations outside of the service facilities in Exhibit A-2 of the Agreement. The Parties acknowledge and agree that if HSS agrees, in its sole discretion, to provide temporary security services at other locations, the pricing for those Services shall be 1.5 times the applicable bill rate. HSS personnel are prohibited from providing valet services at any locations other than those listed in Exhibit A-2 of the Agreement.

3. The **Removal, Reassignment and Exclusion of Personnel** language in Exhibit A-1, Section II(C)(6) is modified by adding to the beginning of that section the following language:

“Assignment, Removal, Reassignment and Exclusion of Personnel. HSS agrees that all HSS personnel assigned to Client are subject to continuing approval of the Client’s CEO and Client Representative. Without limiting its status as an independent contractor, HSS agrees to consider Client’s input on assignment of specific personnel to Client’s facilities.”

The remainder of the section is unchanged.

4. The Parties acknowledge and agree that HSS is eliminating valet services as part of its offered security services; therefore, the Parties will immediately begin phasing out valet services and HSS will permanently cease providing valet services for Client no later than June 1, 2024.
5. The Parties understand and agree that notwithstanding the indemnification and limitation of liability provisions in the Agreement, any damage to Client’s security patrol vehicle that is directly caused solely by the negligence of HSS personnel in operating Client’s security patrol vehicle shall be the responsibility of HSS and any damage to Client’s security patrol vehicle that is not directly caused solely by the negligence of HSS personnel shall be the responsibility of Client. The indemnification and limitation of liability provisions in the Agreement remain unchanged and in full force and effect.
6. The Parties understand and agree that notwithstanding the indemnification and limitation of liability provisions in the Agreement, during the provision of valet services to Client’s customers, any damage to a customer’s vehicle that is directly caused solely by the negligence of HSS personnel in operating the customer’s vehicle shall be the responsibility of HSS and any damage to a customer’s vehicle that is not directly caused solely by the negligence of HSS personnel shall be the responsibility of Client. The indemnification and limitation of liability provisions in the Agreement remain unchanged and in full force and effect.
7. The Parties agree to increase the minimum wage rate of valet service attendants to \$18.50 and billing rate of valet service attendants to \$27.75.
8. The Agreement’s Exhibit A (Statement of Work for Healthcare Security Services), Section three (3) (Services Description) is replaced in its entirety with the following language:

Subject to the terms and conditions of this SOW, HSS shall provide the Services to the client as specifically set forth in the Schedule of Services attached as Exhibit A-1 and the Metrics in Exhibit A-1.1.

9. The Parties understand and agree that the Agreement is modified to include Healthcare Security Services metrics as detailed in EXHIBIT A-1.1, which is attached to this Amendment and incorporated into the Agreement.
10. The Agreement's Exhibit A-2 (Service Facilities) is replaced with the revised Service Facilities Exhibit A-2 attached hereto which includes additional facilities.
11. The Staffing and Rate Table contained in Exhibit A-3 of the Agreement is replaced with the Staffing and Rate Table Exhibit A-3 attached hereto. The new Staffing and Rate Table is effective through September 1, 2024, and includes the following changes:
 - a. A three (3) percent increase in bill rate and pay rate for security officers, shift supervisors, and FSS.
 - b. An increase in the minimum wage and bill rates for valet service attendants as noted herein.

IN WITNESS WHEREOF, the Parties have duly executed this Amendment to be effective as of the Effective Date.

Purchaser

HSS Security, LLC

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date

EXHIBIT A-1.1: HEALTHCARE SECURITY SERVICES METRICS

SALINAS VALLEY HEALTH METRICS

Contract Number	Vendor	Department	Contract Type	Description
1001.2461C	HSS Security, LLC, formerly HSS Inc.	Security	Professional Service Agreement	Master Service Agreement for HSS Security and Valet services

Metric Name	Measurement System	Frequency of Review	Target
Have a 95% staff knowledge of Active Shooter response Plan, Run Hide Fight	Leader Rounding	Monthly	95%
Total contract hours vs open shift hours (shift coverage)	HSS staffing system	Monthly	5%

Read and acknowledged:

Salinas Valley Memorial Healthcare System
operating as Salinas Valley Health

By: _____

Date: _____

HSS Security, LLC

By: _____

Date: _____

EXHIBIT A-2: SERVICE FACILITIES (Revised 12-29-23)

Street Address	Property City	State	Zip
241 Abbott St.	Salinas	CA	93901
355 Abbott St.	Salinas	CA	93901
611 Abbott St.	Salinas	CA	93901
236 San Jose St.	Salinas	CA	93901
240 San Jose St.	Salinas	CA	93901
252 San Jose St.	Salinas	CA	93901
120 Wilgart Way	Salinas	CA	93901
230 San Jose St.	Salinas	CA	93901
250 San Jose St.	Salinas	CA	93901
5 Lower Ragsdale Dr.	Salinas	CA	93901
440 E. Romie Ln.	Salinas	CA	93901
450 E. Romie Ln.	Salinas	CA	93901
501 E. Romie Ln.	Salinas	CA	93901
505 E. Romie Ln.	Salinas	CA	93901
420 E. Romie Ln.	Salinas	CA	93901
252 Main St.	Salinas	CA	93901
515 E. Romie Ln.	Salinas	CA	93901
60 W. Market	Salinas	CA	93901
626 Brunken Ave.	Salinas	CA	93901
559 Abbott St.	Salinas	CA	93901
345 Abbott St.	Salinas	CA	93901
558 Abbott St.	Salinas	CA	93901
850 Fifth St.	Salinas	CA	93901
1033 Los Palos Drive	Salinas	CA	93901
212 San Jose St.	Salinas	CA	93901
590 Work St.	Salinas	CA	93901
321 E. Romie Ln.	Salinas	CA	93901
535 E. Romie Ln.	Salinas	CA	93901
254 San Jose St.	Salinas	CA	93901
232 Monterey St.	Salinas	CA	93901
928 East Blanco Rd.	Salinas	CA	93901
3 Rossi Circle	Salinas	CA	93901
451 Washington St	Salinas	CA	93901
1328 Natividad Rd	Salinas	CA	93901
650 Work St	Salinas	CA	93901

EXHIBIT A-3 STAFFING AND RATE TABLE

**Salinas Valley Memorial Hospital
Rate Table - Through 9/1/2024**

Item	Contracted Rates		Budget Estimates*				
	Billing Unit	Billing Rate	Worked FTEs	Weekly Volume	Monthly Costs	Annual Volume	Annual Costs
Facility Supervisor	Hours	\$ 40.65	1.0	40	\$ 7,065	2,086	\$ 84,776
Shift Supervisor - Unarmed	Hours	\$ 32.95	3.2	128	\$ 18,326	6,674	\$ 219,916
Security Officer - Unarmed	Hours	\$ 29.21	19.6	784	\$ 99,492	40,880	\$ 1,193,907
Blue Lots Security Officer - Unarmed	Hours	\$ 29.21	4.0	160	\$ 20,305	8,343	\$ 243,655
Clinics Security Officer - Unarmed	Hours	\$ 29.21	2.0	80	\$ 10,152	4,171	\$ 121,827
Valet Shift Supervisor - Unarmed	Hours	\$ 32.95	1.0	40	\$ 5,727	2,086	\$ 68,724
Valet Attendant	Hours	\$ 27.75	9.6	384	\$ 46,303	20,023	\$ 555,634
Estimated Holiday "Overtime" Differential	Hours	150%			\$ 2,273	1,847	\$ 27,271
			<u>40.4</u>		<u>\$ 209,643</u>		<u>\$ 2,515,710</u>

* Budget estimates are provided as a courtesy to assist in budget preparation. Budget estimates are based on volumes related to planned posts, actual volumes
 ** HSS commits to maintaining all living wage requirements and, when increases are mandated by labor law requirements, will provide new invoice rates for all

Salinas Valley Health-HSS Security Security Coverage as of January 5, 2024							
Item	Contracted Rates			Budget Estimates*			
	Billing Unit	Billing Rate	Worked FTEs	Weekly Volume	Monthly Costs	Annual Volume	Annual Costs
Facility Site Supervisor (FSS)	Hours	\$39.46	1.0	40	\$ 6,859	2,086	\$ 82,302
Shift Supervisor	Hours	\$31.98	3.2	128	\$ 17,787	6,674	\$ 213,444
Security Operation Center (SOC)	Hours	\$28.36	4.2	168	\$ 20,703	8,760	\$ 248,434
Main Lobby Officer	Hours	\$28.36	4.2	168	\$ 20,703	8,760	\$ 248,434
ER Lobby Officer	Hours	\$28.36	4.2	168	\$ 20,703	8,760	\$ 248,434
Patrol Officer	Hours	\$28.36	4.2	168	\$ 20,703	8,760	\$ 248,434
Relieve Officer	Hours	\$28.36	4.2	168	\$ 20,703	8,760	\$ 248,434
Blue Lot Officer	Hours	\$28.36	1.0	40	\$ 4,929	2,086	\$ 59,151
Mobile Patrol Officer	Hours	\$28.36	1.0	40	\$ 4,929	2,086	\$ 59,151
212 San Jose Officer	Hours	\$28.36	1.0	40	\$ 4,929	2,086	\$ 59,151
236 San Jose Officer (Mammo)	Hours	\$28.36	1.0	40	\$ 4,929	2,086	\$ 59,151
TOTAL:							\$ 1,774,517

Salinas Valley Health-HSS Valet Valet Coverage as of January 5, 2024							
Item	Contracted Rates			Budget Estimates*			
	Billing Unit	Billing Rate	Worked FTEs	Weekly Volume	Monthly Costs	Annual Volume	Annual Costs
Shift Supervisor	Hours	\$31.98	1.0	40	\$ 5,558	2,086	\$ 66,701
Valet Attendant	Hours	\$23.54	9.6	384	\$ 39,278	20,023	\$ 471,338
TOTAL:							\$ 538,039

Salinas Valley Health-HSS Security Proposed Security Coverage							
Item	Contracted Rates			Budget Estimates*			
	Billing Unit	Billing Rate	Worked FTEs	Weekly Volume	Monthly Costs	Annual Volume	Annual Costs
Facility Site Supervisor (FSS)	Hours	\$40.65	1.0	40	\$ 7,065	2,086	\$ 84,784
Shift Supervisor	Hours	\$32.95	3.2	128	\$ 18,326	6,674	\$ 219,918
Security Operation Center (SOC)	Hours	\$29.21	4.2	168	\$ 21,323	8,760	\$ 255,880
Main Lobby Officer	Hours	\$29.21	4.2	168	\$ 21,323	8,760	\$ 255,880
ER Lobby Officer	Hours	\$29.21	4.2	168	\$ 21,323	8,760	\$ 255,880
Patrol Officer	Hours	\$29.21	4.2	168	\$ 21,323	8,760	\$ 255,880
Relieve Officer	Hours	\$29.21	4.2	168	\$ 21,323	8,760	\$ 255,880
Blue Lot Officer	Hours	\$29.21	1.0	40	\$ 5,077	2,086	\$ 60,924
Mobile Patrol Officer	Hours	\$29.21	1.0	40	\$ 5,077	2,086	\$ 60,924
212 San Jose Officer	Hours	\$29.21	1.0	40	\$ 5,077	2,086	\$ 60,924
236 San Jose Officer (Mammo)	Hours	\$29.21	1.0	40	\$ 5,077	2,086	\$ 60,924
TOTAL:							\$ 1,827,795

Salinas Valley Health-HSS Valet Proposed Valet Coverage							
Item	Contracted Rates			Budget Estimates*			
	Billing Unit	Billing Rate	Worked FTEs	Weekly Volume	Monthly Costs	Annual Volume	Annual Costs
Shift Supervisor	Hours	\$32.95	1.0	40	\$ 5,727	566	\$ 18,640
Valet Attendant @ 99 days	Hours	\$27.75	9.6	384	\$ 46,303	5,431	\$ 150,706
TOTAL:							\$ 169,347

Security			
Item	Bill Rate		
	Billing Unit	Current Rate	New Rate
Facility Site Supervisor (FSS)	Hours	\$39.46	\$40.65
Shift Supervisor	Hours	\$31.98	\$32.95
Security Operation Center (SOC)	Hours	\$28.36	\$29.21
Main Lobby Officer	Hours	\$28.36	\$29.21
ER Lobby Officer	Hours	\$28.36	\$29.21
Patrol Officer	Hours	\$28.36	\$29.21
Relieve Officer	Hours	\$28.36	\$29.21
Blue Lot Officer	Hours	\$28.36	\$29.21
Mobile Patrol Officer	Hours	\$28.36	\$29.21
212 San Jose Officer	Hours	\$28.36	\$29.21
236 San Jose Officer (Mammo)	Hours	\$28.36	\$29.21

Valet Services			
Item	Bill Rate		
	Billing Unit	Current Rate	New Rate
Shift Supervisor	Hours	\$31.98	\$32.95
Valet Attendant	Hours	\$23.54	\$27.75

Board Paper: Finance Committee

Agenda Item: Consider Recommendation for Board Approval of the Alliance HealthCare Services (Alliance), Inc. MRI Service Contract Addendum

Executive Sponsor: Clement Miller, Chief Operating Officer

Date: February 21, 2024

Executive Summary

The Alliance contract which provides SVMHS with on campus MRI has been renegotiated to reduce the terms of the contract and outline ownership of the MRI scanner located at the 444 E Romie Ln Imaging Center, upon contract termination. MRI services are vital to the diagnosis and treatment of our patients, and the contract renegotiations will amicably end our MRI service relationship with Alliance Healthcare.

Background/Situation/Rationale

In March of 2022 Salinas Valley Health entered into a service agreement With Alliance for MRI and PET/CT services, supporting inpatient and outpatient imaging for the systems patients. Upon entering that agreement our health system was subject to declining services from Alliance leading the organization to explore alternate options for the long-term MRI strategy. Following an extensive negotiation period, the health system and Alliance came to a mutual agreement allowing the organization to gradually exit the contract over a three-year period while SVH internalizes MRI services through equipment replacement and staff onboarding, effectively bringing our MRI agreement to closure while maintaining PET/CT services. The new agreement will allow SVH to take over staffing at a time that we determine appropriate, with a decreased monthly rate.

Timeline/Review Process to Date:

3/2023 – Contract renegotiation requested

11/2023 – Contract renegotiation commenced

1/2024 – Contract finalized and assessed by contracting department and legal counsel

1/2024 – Cost of potential MRI rental assessed to ensure proposed rate is at or less than FMV

Meeting our Mission, Vision, Goals

Strategic Plan Alignment:

MRI services are necessary tools to help our physicians diagnose and treat illness in our patient population.

Pillar/Goal Alignment:

Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications:

Key Contract Terms	Vendor: Alliance Healthcare Services, Inc.
1. Proposed effective date	March 1, 2024
2. Term of agreement	3 years
3. Renewal terms	N/A
4. Termination provision(s)	As stated in the Master Agreement under Section 8.1 Termination (a) Material Breach or (b) Bankruptcy.
5. Payment Terms	\$67,500 monthly (the same as the current rate) with reduced rate of \$35,000 monthly if SVH provides staffing
6. Annual cost	\$810,000
7. Cost over life of agreement	Maximum of \$2,295,000
8. Budgeted (indicate y/n)	Yes

Recommendation

Consider Recommendations for Board approval of the Alliance Healthcare Services, Inc. MRI contract Addendum "C" for the maximum amount of \$2,295,000 over the course of the contract.

Attachments

(1) Alliance Contract Addendum "C"

**ADDENDUM “C”
TO THE
MASTER SERVICES AGREEMENT**

This Addendum modifies the Master Services Agreement (the "Agreement"), fully executed on March 25, 2022, as amended, between Alliance HealthCare Services, Inc., d/b/a Alliance HealthCare Radiology, an Akumin company, located at 8300 W. Sunshine Blvd., Plantation, Florida 33322 ("Alliance" is now identified as "Akumin") and Salinas Valley Memorial Healthcare System, a local health care district organized and operating pursuant to Division 23 of the California Health and Safety Code, operating as Salinas Valley Health, located at 450 East Romie Lane, Salinas, California 93901-4098 (the "Client").

The provisions of this Addendum shall become effective as of the date fully executed below. When properly executed below this Addendum shall be added to the above named Agreement.

This Addendum pertains to the MRI service portion of the Agreement.

This Addendum removes all reference to the GE Voyager MRI system throughout the Agreement. The fees mentioned in this Addendum "C" includes the GE 23X MRI system ("MRI Unit").

Akumin shall provide an MRI Unit through end of day December 31, 2026, at which time this Agreement, as it pertains to MRI service, shall terminate. Upon termination of the Agreement, as it pertains to MRI service, the MRI Unit, and modular building will be the property of Client which is included in the monthly fee.

Client agrees to pay Akumin \$67,500 per month for the MRI Unit staffed by Akumin(*). Akumin shall staff the Unit from 8am to 5pm, Monday through Friday; Client has the option to staff the Unit after Akumin hours Monday through Friday. On the second anniversary date and each anniversary date thereafter from the date Addendum "C" is fully executed the monthly fee shall be increased three percent (3%).

In the event that the parties agree to a partial staffing arrangement between the hours of 8AM and 5PM, Monday through Friday, the specifics of the pro-rated rate for any such partially staffed month shall be subject to negotiation and mutual agreement of the parties. Under no circumstances will Client employees partially staff the MRI Unit without first receiving training on the applicable operational standards.

(*)**Client staffing.** In the event Client elects to staff the MRI Unit 24/7, the Client shall provide one hundred twenty (120) days prior written notice to Akumin, or such time frame as mutually agreed upon between Client and Akumin. During this notice period, and prior to Client's commencement of staffing the Unit, Akumin can help facilitate Client applications training through a 3rd party vendor to ensure that Client's staff are properly instructed to the MRI operational standards. Applications training is a pass through cost to the Client. During the time Client staffs the Unit, Akumin shall not provide staff. Client agrees to pay Akumin \$35,000 per month for the unstaffed MRI Unit.

During the time Client staffs the MRI Unit, Client shall provide the services of technical personnel to operate the MRI Unit as appropriate for Client's procedure volume. Client's personnel shall be fully certified in the field of radiography by an institution recognized by the American Medical Association. Other conditions are as follows:

- a) Client shall be responsible for any repairs of the MRI Unit and ancillary equipment that arise as a result of inappropriate use or gross negligence of Client's employees or subcontractors.
- b) Client shall be responsible for monitoring the MRI Unit's cryogen level, and Client shall be responsible for any damage to the MRI Unit arising from failure to maintain adequate cryogen levels.
- c) Following training from a 3rd party applications training vendor, Client shall comply with all checklists supplied to Client by Akumin personnel to operate the MRI Unit, and Client shall be responsible for any damage to the MRI Unit arising from failure to do so. Such checklist is attached hereto and incorporated herein and shall be submitted to Akumin on a weekly basis to be emailed or faxed to appropriate identified Akumin manager.
- d) Client shall consult with Akumin's operations personnel no less than once per month concerning the operating condition of the MRI Unit. Client's failure to consult with Akumin's operations personnel monthly and submission of the weekly checklist may result in a \$50 charge per incident.
- e) Intentionally deleted.
- f) The MRI Unit shall be operated only by employees or subcontractors of Client.
- g) Akumin shall be responsible for scheduled maintenance and repairs of the Unit during the lease period.

During the time Client staffs the MRI Unit, the parties agree that based upon and in reliance upon the representations, warranties and covenants set forth in this Agreement, Akumin is not a Business Associate of Client as defined in HIPAA. Akumin represents, warrants and covenants that in the provision of the MRI Unit under this Agreement, Akumin does not require and shall not request access to, or attempt to access, any Protected Health Information of Client or any of its affiliates. If Akumin inadvertently comes in contact with Protected Health Information, Akumin will keep such information confidential and not further access, use or disclose it. If Akumin becomes a Business Associate, it agrees to comply with all applicable provisions of HIPAA and agrees to sign Client's then-current business associate agreement. For purposes of this Section, Protected Health Information has the meaning set forth in 45 CFR §160.103.

[SIGNATURE PAGE FOLLOWS]

Except as herein above provided, no other change, amendment or modification of the Agreement is hereby intended or implied, including but not limited to any prior drafts of this Addendum that have not been fully executed. Capitalized terms used in this Addendum shall have the same meanings as are set forth in the Agreement, except as otherwise indicated in this Addendum.

Akumin and Client acknowledge that they and their respective legal counsel have had the opportunity to participate equally in the drafting of this Addendum and that in the event of a dispute, no party shall be treated, for any purpose, as the author of this Addendum nor have any ambiguity resolved against it on account thereof.

By their signatures to this Addendum, each of the signatories to this Addendum represent that they have the authority to execute this Addendum and to bind the party on whose behalf their execution is made. This Addendum constitutes the legal, valid and binding obligation of the parties enforceable in accordance with its terms.

This Addendum may be executed in counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument. Delivery of an executed counterpart of this Addendum may be made by facsimile or other electronic transmission. Any such counterpart or signature pages sent by facsimile or other electronic transmission shall be deemed to be written and signed originals for all purposes, and copies of this Addendum containing one or more signature pages that have been delivered by facsimile or other electronic transmission shall constitute enforceable original documents. As used in this Addendum, the term "electronic transmission" means and refers to any form of communication not directly involving the physical transmission of paper that creates a record that may be retained, retrieved and reviewed by a recipient of the communication, and that may be directly reproduced in paper form by such a recipient through an automated process.

Akumin and Client have duly executed this Addendum as of the last date written below.

Akumin Operating Corp.	SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
_____ Authorized Signature Bradley Cochran Corporate Counsel Date: _____	_____ Authorized Signature Printed Name: _____ Title: _____ Date: _____
FOR CONTRACTS USE ONLY: Contract #: 009423 Customer #: 11268 (MRI)/12648 (PET/CT) Client Type: Hospital DO: AGarner/DRocovich Requestor: HBrewin	

A fully executed document must be received prior to service commencement.

To Email a Signed Document: Contracts@nha.akumin.com / **To Fax a Signed Document:** 602-345-7637

RNU Weekly Checklist - MRI	
If you are experiencing coach or system service issues please contact Akumin:	
Primary Contact Name:	Secondary Contact Name:
Primary Contact Number:	Secondary Contact Number:
Weekly Inspection Record	
Date:	Site:
System:	Name:
Unit Issues	Comments - please describe the issue
Exterior Issues	
Lift / stairs -	
Exterior Trailer	
Power Cord and/or plug	
Communication lines - phone fax, computer	
Door Locks	
Entry - Roll up door	
Interior Issues	
Warning Lights	
Interior esthetics	
Chairs	
Gurney	
Positioning Pads	
Entertainment System	
Lights or Alarms	
Scanner Room Door	
Fire Extinguisher	
Scanner Issue	
Quality	
Cryogen Level: _____%	
Magnet Pressure: _____	
Coils (s)	
Phantom (s)	
Power Injector	
Scanner Table	
Patient warning bulb / speaker	
Environmental	
Chiller	
HVAC	
Other	
Resolution - For Akumin Manager to complete	Date and Time
Revised Sept. 2020	Attachment A059(a)

COMMUNITY ADVOCACY COMMITTEE

*Minutes of the
Community Advocacy Committee
will be distributed at the Board Meeting*

(ROLANDO CABRERA, MD)

Medical Executive Committee Summary – February 8, 2024

Items for Board Approval

Credentials Committee

Initial Appointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Ahmad, Omar, MD	Infectious Disease	Medicine	Remote Infectious Disease
Firooznia, Nilafar, MD	Radiology	Surgery	Remote Radiology to include: <ul style="list-style-type: none"> • Mammography Center • Center for Advanced Diagnostic Imaging (CADI)
Liu, Yang, MD	Hematology/ Oncology	Medicine	Hematology, Medical Oncology Infusion Center
Rangel Ventura, Francis, MD	Family Medicine	Family Medicine	TFFH&WC: Moonlighting
Walz Chin, Elizabeth, MD	Neurology	Medicine	TeleNeurology

Reappointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Apaydin, Aytac, MD	Urology	Surgery	Urology
Boddy, Mark, MD	Maternal Fetal Medicine	Ob/Gyn	Maternal Fetal Medicine
Delgado, Victor, MD	Family Medicine	Medicine	Adult Hospitalist
Greene, Douglas, MD	Anesthesiology	Anesthesiology	Anesthesiology
Jones, Kenneth, MD	Ob/Gyn	Ob/Gyn	Obstetrics and Gynecology
Kaufman, Bruce, DO	Internal Medicine	Medicine	Adult Hospitalist
Kruszynska, Yolanta, MD	Endocrinology	Medicine	Medicine – Active Community
May, Megan, MD	Nephrology	Medicine	Nephrology
Ngo, Khanh, MD	Anesthesiology	Anesthesiology	Anesthesiology
Phan, Dennis, MD	Nephrology	Medicine	Nephrology General Internal Medicine
Rode, Martha, MD	Maternal Fetal Medicine	Ob/Gyn	Maternal Fetal Medicine
Semer, Nadine, MD	Palliative Medicine	Medicine	Palliative Medicine
Shah, Pir, MD	Interventional Cardiology	Medicine	Cardiology Interventional Cardiology
Tonkin, Gabriel, MD	Emergency Medicine	Emergency Medicine	Emergency Medicine
Von Berg, Marc, MD	Anesthesiology	Anesthesiology	Anesthesiology

Privilege Modifications:

NAME	SPECIALTY	PRIVILEGE	RECOMMENDATION
Chen, Kevin, MD	Ophthalmology	Core procedures	Requesting limited core procedures

Staff Status Modifications:

NAME	SPECIALTY	STATUS	RECOMMENDATION
Lieberman, Marc MD	Rheumatology	Active	Active Community staff effective February 29, 2024
Sugar, Robert, MD	Anesthesia	Senior Active	Emeritus staff effective February 29, 2024
Ecarma, Alex, MD	Internal Medicine	Active	Resignation effective 2/16/2024
Hora, James, MD	Neurology	Telemedicine	Resignation effective 1/1/2024
Jafri, Syed, MD	Neurology	Telemedicine	Resignation effective 12/22/2023
Terry-Nicholas, Wanda MD	Psychiatry	Telemedicine	Resignation effective 1/2/2024

Interdisciplinary Practice Committee

Initial Appointment:

NAME	SPECIALTY	DEPARTMENT	SUPERVISOR(S)
Johns, Elena, DNP	Nurse Practitioner	Medicine	Kyle Youngflesh, DO

Reappointment:

NAME	SPECIALTY	DEPARTMENT	SUPERVISOR(S)
Newman, Dana, PA-C	Physician Assistant	Emergency Medicine	David Ramos, MD Cristina Martinez, MD

Modification/Addition of Privileges/Status:

NAME	SPECIALTY	RECOMMENDATION
Romans, Helena, NP	Nurse Practitioner – Plastic Surgery	Add supervising physician Kartheek Reddy, MD

Other Items Recommended for Approval:

Clinical Privilege Delineation Form Nurse Practitioner	Updated criteria for furnishing or ordering of Schedule II-V Drugs under physician supervision and addition of Special Procedures/Privileges in Cardio Vascular/Thoracic Surgery
Clinical Privileges Practice Agreement/ Physician Assistant-Cardiology Ambulatory Care	Updated language regarding ordering of medications and use of a formulary.
Physician Assistant-Clinical Privileges/ Practice Agreement	Updated language regarding ordering of medications and use of a formulary. Updates to Cardiovascular/Thoracic special privileges

Policies/Plans and Privilege Forms: (Attached)

1. Blood-borne Pathogen Exposure Control Plan
2. Clinical Privilege Delineation Form Nurse Practitioner
3. Clinical Privileges Practice Agreement/ Physician Assistant-Cardiology Ambulatory Care
4. Physician Assistant-Clinical Privileges/ Practice Agreement

Informational Items:

I. Committee Reports:

- a. Credentials Committee
- b. Interdisciplinary Practice Committee
- c. Quality and Safety Committee Reports:
 - Stroke Program
 - Risk Management
 - Accreditation and Regulatory
 - National Patient Safety Goals
 - Transfusion Services
 - Environment of Care

II. Other Reports:

- a. Department of Anesthesiology – Annual Report
- b. Summary of Executive Operations Committee Meetings
- c. Summary of Medical Staff Department/Committee Meetings
- d. Medical Staff Treasury Report
- e. Medical Staff Statistics Year to Date
- f. Health Information Management (HIM) Update
- g. Financial Update
- h. HCAHPS Update
- i. TJC R³ Report: Goal to Improve Health Care Equity

III. Other Items Approved:

Order Sets:

- Tenecteplase (STEMI)
- Opioid Withdrawal
- Gross Hematuria



Last Approved N/A
Last Revised 11/2023
Next Review 1 year after approval

Owner Melissa Deen: Manager Infection Prevention
Area Plans and Program

Bloodborne Pathogen Exposure Control Plan

~~I. Objective~~

~~The objective of the Salinas Valley Health Medical Center (SVHMC) Bloodborne Pathogen Exposure Control Plan is to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, certain other bodily fluids, or other potentially infectious materials as defined below:~~

II. SCOPE

- A. (Write out the introduction and/or purpose of the Plan.)
- B. (Why is the plan needed? Regulatory requirement is not a reason why)

III. OBJECTIVES/GOALS

- ~~A. Blood means human blood, human blood components, and products made from human blood.~~
- ~~B. Bodily fluids means semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.~~
 - 1. The objective of the Salinas Valley Health Medical Center (SVHMC) Bloodborne Pathogen Exposure Control Plan is to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, certain other bodily fluids, or other potentially infectious materials as defined below:
 - a. Blood means human blood, human blood components, and products made from human blood.
 - b. Bodily fluids means semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid.

saliva in dental procedures, body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

- c. Other potentially infectious materials mean any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV. **Note: see--BLOOD BORNE PATHOGEN EXPOSURE GUIDELINES: EMPLOYEES, FIRST RESPONDERS, PATIENTS & VISITORS**

- C. ~~Other potentially infectious materials mean any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.~~**Goals**

- 1. The goals for the XXXXXXXXX are developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year's program activities, performance monitoring and environmental tours. The goals for this Plan are:
 - a. XXXXX
 - b. XXXXX

~~**Note: see--BLOOD BORNE PATHOGEN EXPOSURE GUIDELINES: EMPLOYEES, FIRST RESPONDERS, PATIENTS & VISITORS**~~

IV. Background

OSHA requires employers to identify situations and job classifications in which employees may be exposed to blood or other potentially infectious materials, and to provide protection to these employees in the form of engineering controls, personal protective equipment, training, and risk reduction.

V. Assignment Of Responsibility

A. Program Administrator

Infection Prevention in collaboration with Employee Health Services shall manage the Bloodborne Pathogen Exposure Control Plan for SVHMC and maintain all records pertaining to the plan.

B. Management

SVHMC will provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These shall be provided at no cost to the employees. SVHMC management will ensure proper adherence to this plan through periodic audits.

C. Supervisors

Supervisors shall themselves follow and ensure that their employees are trained in *and* use of proper work practices, standard precautions, the use of personal protective equipment, and proper cleanup and disposal techniques.

D. Employees

Employees are responsible for employing proper work practices, standard precautions, and personal protective equipment and cleanup/disposal techniques as described in this plan. Employees are also responsible for reporting all exposure outlined in this plan to their direct supervisor and EHS immediately. If this is off hours and /or the direct supervisor / EHS is unavailable, then reporting is to the Administrative Supervisor.

E. Contractors

Contract employees such as, but not limited to medical staff members, travelers, security personnel, etc., are responsible for complying with this plan, and shall be provided the training described herein during orientation.

VI. Exposure Determination

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infectious materials, based on the nature of the job or collateral duties, regardless of frequency, shall be identified and evaluated by Infection Prevention & Control / EHS. This list shall be updated as job classifications or work situations change. Exposure determination shall be made without regard to the use of personal protective equipment.

A. Category I

Job classifications in which employees are exposed to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work, fall into Category I. Outlined in this plan is a list of the types of jobs and the locations in which the work will be performed (see Attachment A).

B. Category II

Job classifications in which employees may have an occasional exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to the normal job duties, fall into Category II. Outlined in this plan is a list of the types of jobs and the locations in which the work may be performed (see Attachment B).

VII. Implementation Schedule And Methodology

A. Compliance Methods

1. Standard precautions

Standard precautions (formally "universal precautions") shall be used at SVHMC to

prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source individual.

2. Engineering Controls

The engineering and work practice controls listed below shall be used to minimize or eliminate exposure to employees at SVHMC.

- a. Sharps containers, bio-safety cabinets, safety needles, needleless systems, gowns, gloves, eye protection, etc. are to be used in accordance with training and policy as a first line of protection.

The following schedule shall be followed to review the effectiveness of the engineering controls:

- a. Engineering controls that assist in the prevention of exposure will be reviewed during policy review and /or earlier as needed or required by regulatory guideline changes.

Where occupational exposure remains after SVHMC institution of these controls, personal protective equipment shall also be used.

3. Needles

Except as noted below, contaminated needles and other sharps shall not be bent, recapped, removed, sheared, or purposely broken. Contaminated sharps shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. All disposable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.

4. Containers for Reusable Sharps

Contaminated sharps that are reusable shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. All reusable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.

- a. Sharps containers are readily available in all clinical areas at SVHMC. Environmental Service (EVS) is responsible for the removal and replacement of sharps containers. Sharps containers are to be replaced when $\frac{3}{4}$ full.

5. Sharps Injury Log

A needle stick or sharps injury log shall be maintained by EHS and will reflect the standards of 29 CFR 1910.1030(h)(5) and will include the following information for each incident:

- a. date of incident
- b. type and brand of device involved

- c. department or area of incident occurred
- d. explanation of how of the incident occurred

The log shall be retained for the period required by 29 CFR 1904.33, which at the time of this review is (5) years following the end of the calendar year that these records cover.

6. Hand Washing Facilities

Hand washing facilities are made available and are readily accessible to all HCW who may incur exposure to blood or other potentially infectious materials. Where hand washing facilities are not feasible, SVHMC will provide an antiseptic alcohol based cleanser in conjunction with clean cloth/paper towels. Such areas include:

- a. Engineering office / areas, waste management disposal areas, non-clinical areas, buildings and unit are provided with SVHMC approved alcohol based hand sanitizer.

When these alternatives are used, employees shall wash their hands with soap and running water as soon as feasible.

7. Work Area Restrictions

In work areas where there is a reasonable risk of exposure to blood or other potentially infectious materials, employees shall NOT have food, water containers without leak proof/sealed lids (examples not to be used: no disposable paper coffee cups with open lids or drink containers with straws), apply cosmetics or lip balm, or handle contact lenses. All drink containers MUST be spill proof, and each department MUST determine a location for hydration stations. Drinks are NOT allowed on equipment, including WOWs. NO Food and beverages shall be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials may be present.

Mouth pipetting or suctioning of blood or other potentially infectious materials is *strictly prohibited*.

All processes and procedures shall be conducted in a matter that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

- a. Covers will be used on centrifuges'; eye protection will be utilized when exposure to splashes is expected/anticipated to occur.

8. Specimens

Each specimen of blood or other potentially infectious material shall be placed in a container that will prevent leakage during the collection, handling, processing, storage, and transport of the specimen.

Specimen containers shall be labeled or color-coded in accordance with the requirements of the OSHA standard and per SVHMC applicable policies.

Any specimens that could puncture a primary container shall be placed within a secondary puncture-resistant container. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that will prevent leakage during handling, processing, storage, transport, or shipping of the specimen.

9. Contaminated Equipment

Bio-medical services, Engineering, Materials Management and Sterile Processing shall ensure that equipment that has become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping. Contaminated equipment shall be decontaminated, unless decontamination is not feasible. Contaminated equipment shall be tagged and labeled as such.

10. Personal Protective Equipment (PPE)

a. PPE Provision

Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach an employees' clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions of use and for the duration of time that the equipment will be used.

Follow AAMI levels as noted:

<https://wwwn.cdc.gov/PPEInfo/Standards/Info/ANSI/AAMIPB70Class3>

A list of personal protective equipment and associated tasks for SVHMC can be found in **Attachment B** of this plan.

b. PPE Use

Infection Prevention, EHS, Directors, Managers and supervisors shall ensure that employees use appropriate PPE. In cases where an employee temporarily and briefly declines to use PPE because, in the employee's professional judgment, its use may prevent delivery of healthcare or pose an increased hazard to the safety of the worker or co-worker, then the Director shall investigate and document the situation and work with EHS and IP to determine whether changes can be instituted to prevent such occurrences in the future.

c. PPE Accessibility

SVHMC shall ensure that appropriate PPE in the necessary sizes is readily accessible at the work site or is issued at no cost to employees.

Hypoallergenic gloves, glove liners, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

d. PPE Cleaning, Laundering and Disposal

All garments non-disposable PPE, penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible. All PPE will be removed before leaving the work area. When PPE is removed, it will be placed in appropriately designated areas or containers for storage, washing, decontamination, or disposal.

All PPE will be cleaned, laundered, and disposed of by SVHMC / contracted laundry vendor, at no cost to the employees.

e. Types of PPE

i. Gloves

Disposable gloves are not to be washed or decontaminated for re-use, and are to be replaced as soon as possible when they become contaminated, or directly after use. Gloves that become torn or punctured (or their ability to function as a barrier is otherwise compromised) shall be replaced immediately or as soon as feasible.

Utility gloves may be decontaminated for re-use if the integrity of the glove is uncompromised. Utility gloves shall be disposed of properly if they are cracked; peeling, torn, punctured, or they exhibit other signs of deterioration or inability to function as a barrier without compromise.

ii. Eye and Face Protection

Masks worn in combination with eye protection devices (such as goggles or glasses with solid side shield, or chin-length face shields) are required when the occurrence of splashes, splatters, or droplets of blood or other potentially infectious materials can reasonably be anticipated to contaminate an employee's eye, nose, or mouth. Situations at SVHMC where eye and face protection is required include:

- a. Any area during procedures that may expose the HCW to Blood borne pathogen to include ancillary depts. such as laboratory, diagnostic imaging, etc.

iii. Other PPE

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be

expected. The following situations require additional protective clothing:

- a. Central sterile, Laboratory, Pathology / Histology, Endoscopy, Surgery

B. Housekeeping

This facility shall be cleaned and decontaminated regularly, as needed in the event of a gross contamination and per Environmental Services dept. process / policy. All contaminated work surfaces; bins, pails, cans, and similar receptacles shall be inspected and decontaminated regularly as described in Appendix A.

Any potentially contaminated glassware shall not be picked up directly with the hands. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where sharps are placed.

C. Regulated / Biological Waste Disposal

Disposal of all regulated /biological waste shall be in accordance with applicable federal, state, and local regulations.

1. Sharps

Contaminated sharps shall have safety device engaged by user and discarded immediately or as soon as feasible in containers that are ~~closeable~~close-able, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

During use, containers for contaminated sharps shall remain upright throughout use, shall be easily accessible to employees, and shall be located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (including laundry areas).

When moving sharps containers from the area of use, the containers shall be closed /locked immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Sharps containers shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be ~~closeable~~close-able, constructed to contain all contents, and shall prevent leakage during handling, storage, transport, or shipping. The secondary container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

2. Other Regulated Waste

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents, and will prevent leakage of fluids during handling, storage,

transportation, or shipping.

All waste containers shall be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

D. Laundry

Laundry contaminated with blood or other potentially infectious materials shall be handled as little as possible. Contaminated laundry shall not be sorted or rinsed in the area of contamination and is to be placed into dirty linen. All laundry is to be considered potentially contaminated and standard precautions are to be utilized. Example: wear gloves if visibly soiled, hold laundry away from body, and place into soiled linen container.

The designated laundry facility utilizes standard precautions for blood / body fluid contamination. The facility is visited by EVS and /or Infection Prevention every year or more as indicated to assure all applicable regulatory standards are met.

VIII. Hepatitis B Vaccines and Post-Exposure Evaluation and Follow Up

A. General

SVHMC will make the Hepatitis B vaccine available to all employees who have the occupational exposure, as well as post-exposure follow up to employees who have experienced an exposure incident.

SVHMC shall ensure that all medical evaluations and procedures involved in the Hepatitis B vaccine and post-exposure follow up, including prophylaxis are:

1. made available at no cost to the employee;
2. made available to the employee at a reasonable time and place;
3. performed by or under the supervision of a licensed physician or other licensed healthcare professional; and
4. Provided in accordance with the recommendations of the United States Public Health Service, and in accordance with California Public Health guidelines. Ensure laboratory tests are conducted by an accredited laboratory at no charge to the employee.

B. Hepatitis B Vaccination

EHS, in collaboration with Infection Prevention, shall manage the Hepatitis B vaccination program.

1. Category I Employees

The Hepatitis B vaccination shall be made available to an affected Category I

employee after he or she has received training in occupational exposure and within 10 working days of initial assignment to job duties that involve exposure. Exceptions to the administration of the Hepatitis B vaccination include situations where an employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons or the employee documents declination.

Participation in a pre-screening program shall not be a prerequisite for an affected employee to receive the Hepatitis B vaccination. If an employee initially declines the Hepatitis B vaccination, but later decides to accept the vaccination and is still covered under the OSHA standard, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal as required by OSHA. SVHMC will follow guidelines for Hepatitis B vaccination imposed by the United States Public Health Service and /or the California Department of Public Health.

2. Category II Employees

The Hepatitis B vaccination series shall be made available and administered to Category II employees as per CDC and OSHA guidelines. All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal.

C. Post-Exposure Evaluation and Follow Up

Employees must report all exposure incidents to their immediate supervisor and EHS immediately or as soon as possible but within 1 hour of incident. If the exposure occurs off hours/ holiday/weekend, then the employee is to notify Administrative Supervisor immediately if EHS is unavailable. The Administrative Supervisor will investigate and document each exposure incident for follow up by EHS. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential post-exposure evaluation and follow up, to be provided by EHS and /or SVHMC Emergency Department. The post-exposure evaluation and follow up shall include the following elements, at a minimum:

1. Documentation of the route of exposure, and the circumstances under which the exposure occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
3. The source individual's blood shall be tested and documented as soon as feasible in order to determine Hepatitis B, Hepatitis C and HIV status.
4. When the source individual is already known to be infected with the Hepatitis B virus (HBV), Hepatitis C virus, (HCV) or human immunodeficiency virus (HIV), testing for the source individual's known HBV or HIV status need not be repeated. Hepatitis C virus testing may be indicated to determine viral load of patient at time of exposure.
5. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

6. The exposed employee's blood and source patient blood shall be collected as soon as feasible and rapid tested for HIV prior to administration of prophylaxis exposure medications.

Employees that contract HIV or Hepatitis shall be de-identified as a "confidentiality case" on the OSHA 300 log this information will be maintained in the employee's file as confidential. Conversion rates will be reported in IC Committee and Environment of Care.

D. Information Provided to the Healthcare Professional

After an exposure incident involving an employee, EHS, shall ensure that the employee's post-exposure evaluation is completed, and referral initiated to an MD if patient and /or source has positive results. The following is to be provided to the treating provider:

1. a copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard, with emphasis on the confidentially requirements contained therein;
2. a written description of the exposed employee's duties as they relate to the exposure incident;
3. written documentation of the route of exposure and circumstances under which the exposure occurred;
4. results of the source individual's blood testing, if available
5. All medical records relevant to the appropriate treatment of the employee, including vaccination status.

E. Healthcare Professional's Written Opinion

EHS shall obtain and provide the exposed employee a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for the employees, and if the employee has received said vaccination.

The healthcare professional's written opinion for post-exposure follow up shall be limited to ONLY the following information:

1. Documentation that the employee has been informed of the results of the evaluation; and
2. Documentation that the employee has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

Other findings or diagnosis resulting from the post-exposure follow up shall remain confidential and shall not be included in the written report.

IX. Labels and Signs

Environmental Services shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials. Labels shall also be affixed to any other containers used to store, transport, or ship blood or other potentially infectious materials.

The labels shall be fluorescent orange or orange-red, and shall include the universal biohazard symbol. Red bags or containers with the universal biohazard symbol may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the entity with jurisdiction. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

X. Training

SVHMC shall ensure that training is provided to all new healthcare workers at new employee orientation. Training is provided by Infection Prevention. Training is repeated annually, or when there are any changes to tasks or procedures affecting an employee's occupational exposure. Training is interactive and shall include:

1. available copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard;
2. a discussion of the epidemiology and symptoms of Bloodborne diseases; an explanation of the modes of transmission of Bloodborne pathogens;
3. an explanation of SVHMC Bloodborne Pathogen Exposure Control Plan, and how employees can obtain a copy of the plan;
4. a description and recognition of tasks that may involve exposure;
5. an explanation of the use and limitations of the methods employed by SVHMC healthcare workers to reduce exposure (such as engineering controls, work practices, and personal protective equipment);
6. information about the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;
7. an explanation of the basis of selection of personal protective equipment;
8. information about the Hepatitis B vaccination (including efficacy, safety, method of administration, and benefits), as well as an explanation that the vaccination will be provided at no charge to the employee;
9. instruction on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
10. an explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up;
11. information on the post-incident evaluation and follow up required for all exposure incidents; and
12. An explanation of signs, labels, and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

~~XI. Recordkeeping~~

XII. Record Keeping

A. Medical Records

EHS shall maintain medical records as required by 29 CFR 1910.1020. All records shall be kept confidential and shall be retained for at least the duration of employment plus 30 years.

Medical records shall include:

1. name of the employee;
2. a copy of the employee's HBV vaccination status, including the dates of vaccination; and any other pertinent information related to ability to receive the HBV.
3. a copy of all results of examinations, medical testing, and follow-up procedures; and
4. a copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to an exposure incident, and documentation of the routes and circumstances of an exposure.

5. Training Records

SVHMC Human Resource Department / Education Department shall maintain training records for three years from the date of training. Records shall be kept in SVHMC HR Department and shall include:

- dates of the training sessions;
- contents or summary of the training;
- names and qualifications of persons conducting the training; and
- Names and job titles of all persons attending the training sessions.

B. Availability of Records

Whenever an employee (or designated representative) requests access to a record, EHS shall provide access to said employee's records in a reasonable time, place, and manner in accordance with 29 CFR 1910.1020(e). An employee (or designated representative) will only be given access to his or her own records.

C. Evaluation and Review

The Infection Prevention and Employee Health shall review this Bloodborne Exposure Control Plan for effectiveness at least annually and as needed to incorporate changes to the standard or changes in the work place.

XIII. References

[Bill Text - AB-2537 Personal protective equipment: health care employees.](#)

CA SB 275 refers to 90 emergency supply of PPE, but does state the below:

[Bill Text - SB-275 Health Care and Essential Workers: personal protective equipment.](#)

"(5) "Personal protective equipment" or "PPE" means protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, including, but not limited to, N95 and other filtering facepiece respirators, elastomeric air-purifying respirators with appropriate particulate filters or cartridges, powered air purifying respirators, disinfecting and sterilizing devices and supplies, medical gowns and apparel, face masks, surgical masks, face shields, gloves, shoe coverings, and the equipment identified by or otherwise necessary to comply with Section 5199 of Title 8 of the California Code of Regulations."

Appendix A:

Cleaning and Decontamination Schedule Work Area/Equipment	Cleaning and Decontamination Frequency	Type of Cleaners or Supplies to be Used	Responsible Person
Trash containers	Disinfect all prior to returning to building	Hospital approved disinfectant	EVS
Red Containers	Disinfect all prior to returning to building	Hospital approved disinfectant	EVS
Large blue Recycle Containers	Disinfect when visibly dirty	Hospital approved disinfectant	EVS

Attachments

[BLOODBORNE \(12561\)_Attachment_1390_Attachment B_Bloodborne Pathogens_Matrix of Department related Tasks_proced_2.pdf](#)

[BLOODBORNE PATHOGEN EXPOSURE CONT \(12561\)_Attachment_1389_Attachment A_BBP Job Titles_2021 \(4\).pdf](#)

Approval Signatures

Step Description	Approver	Date
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MEC	Katherine DeSalvo: Director Medical Staff Services	Pending
P&T Committee	Genevieve delos Santos: Director Pharmacy	12/2023
Policy Committees	Rebecca Alaga: Regulatory/ Accreditation Coordinator	08/2023
EH Director	Jill Crowley: Manager Clinical Nutrition	08/2023
Policy Owner	Melissa Deen: Infection Prevention Manager	08/2023

Standards

No standards are associated with this document

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**Clinical Privilege Delineation Form
Nurse Practitioner**

Applicant Name: _____

To be eligible to apply for core privileges as a Nurse Practitioner (NP), the applicant must meet the following qualifications:

New applicants will be required to provide documentation of the number and types of cases they were involved with during the past 24 months. Applicants have the burden of producing information deemed adequate by the medical staff and hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Basic education and minimum formal training:

In addition to being an RN, the applicant must demonstrate successful completion of an NP master's degree in a nursing program in the applicant's specialty area or must demonstrate successful completion of a formal postgraduate NP track or program (within the applicant's specialty area) within a school of nursing granting graduate-level academic credit (e.g., graduate, non-matriculating program).

Additional considerations:

In addition, an NP must have the following:

Current California Registered Nurse license required. Current Advanced Practice Registered Nurse (APRN) license required.

Current BLS certification, at minimum

Nurse Practitioner Core Privileges (All)

Initial and ongoing assessment of patients' medical, physical, and psychosocial status, including the following:

1. Obtain a relevant health and medical history
2. Perform a physical examination based on age and history
3. Conduct preventive screening procedures based on age and history
4. Identify medical and health risks and needs
5. Update and record changes in health status
6. Formulate the appropriate differential diagnosis based on history, physical examination, and clinical findings
7. Identify the needs of the individual, family, or community as a result of the evaluation of the collected data
8. Identify and order appropriate pharmacologic agents
9. Identify and prescribe non-pharmacologic interventions
10. Conduct and interpret diagnostic tests
11. Provide relevant patient education
12. Make appropriate referrals to other health professionals and community agencies
13. Reassess and modify the plan as necessary to achieve medical and health goals and treatment plans
14. Nurse Practitioners who are authorized to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA) and maintain a valid registration.
15. Discharge patients

Practice Locations Requested: Check locations for practice in addition to SVH – Applies to Core Privileges Only

- Center for Advanced Diagnostic Imaging at Ryan Ranch (CADI)
- Cardiac Diagnostic Outpatient Center on San Jose Street (CDOC)
- SVH Outpatient Infusion Center

Surgical Services Specialty Privileges: Requested

Required Previous Experience: A minimum of 5 years OR clinical perioperative experience

Core Proctoring Requirements:

Core proctoring requirements include direct observation or concurrent review as per proctoring policy contained in the Medical Staff General Rules and Regulations.

Reappointment Criteria for Core Privileges:

Current California Registered Nurse license required. Current Advanced Practice Registered Nurse (APRN) license required.

Emergency Medicine Specialty Privileges: Requested

Additional considerations:

In addition, an Emergency Medicine NP must have current ACLS and PALS certification

Nurse Practitioner Core Procedure/Condition List – Emergency Medicine:

Includes core privileges above with the addition of the following:

1. Any patient requiring admission, surgical consultation, or other physician consultation must be discussed with the supervising physician.
2. The NP may assist the Emergency Physician in the management of all emergency conditions including, but not limited to:
 - a. Acute airway problems requiring ventilatory assistance, including intubation
 - b. Any gunshot wounds; (assault) knife wounds to head, neck, chest, abdomen
 - c. Acute cardiac emergencies including congestive heart failure, myocardial infarction or arrhythmia
 - d. Poisoning
 - e. Near drowning or drowning
 - f. Patients with altered levels of consciousness for whatever reason
 - g. Severe head or neck trauma
 - h. Management of fractures requiring reduction or involving neurovascular compromise
 - i. Substance abuse or overdose; withdrawal
 - j. Multiple trauma victims
 - k. Meningitis; seizures
3. **Lacerations:** Evaluate and treat lacerations to patients in the Emergency Department (ED) within the NP's level of experience and training. Any injury involving tendons, or with neurologic or vascular or potential cosmetic complications should be discussed with the supervising physician.
4. **Gastrointestinal Illness:** Evaluate and treat illness involving the gastrointestinal tract. The case must be discussed with the physician if diagnostic imaging other than plain films of abdomen is needed (i.e.: CT, Ultrasound). Evaluate and treat within their level of experience and training.
5. **Burns:** Evaluate and treat localized burns within the NP's training and experience.
6. **Trauma/Orthopedics:** Evaluate and treat traumatic injury with the NP's training and experience. Orthopedic injuries requiring reduction, open fractures, or injuries neurovascular compromise should be discussed with the supervising physician.
7. **Dermatological:** Evaluate and treat within training and experience.

8. **Genitourinary and OB/GYN:** Evaluate and treat illness involving the GU tract, and OB/GYN problems within the training and experience. NP will discuss the case with the supervising physician if imaging is required (US, IVP, CT).
9. **HEENT:** Evaluate and treat within scope of training and experience.
10. **Ophthalmologic:** Evaluate and treat, including the use of slit lamp and tonometry if needed.
11. **Surgical Procedures:** Evaluate and treat within the scope of training and experience:
 - a. I&D of abscess, foreign body removal
 - b. Joint aspiration
 - c. Wound debridement and suturing
 - d. Abscess incision and drainage
 - e. Anoscopy
 - f. Arthrocentesis
 - g. Debridement of burns, abrasions and abscesses
 - h. Epistaxis management
 - i. Foreign body removal: ears, nose, rectum, soft tissue, throat, vaginal
 - j. Interosseous needle placement
 - k. Laceration repair - simple intermediate, complex
 - l. Lumbar puncture
 - m. Nail trephination/removal
 - n. Nasogastric/Orogastric tube placement, lavage and management
 - o. Slit lamp diagnostic and rust ring removal
 - p. Tonometry, ocular
 - q. Wound care
 - r. Other interventions or procedures as directed by the supervising physician
12. **Psychiatric Illness:** Evaluate and treat patients with psychosocial problems within the scope of training and experience.
13. **Treat a Patient with Worker's Comp Injury/Illness:** May provide medical treatment of a work-related injury within their scope of practice. The treating physician is to make the determination of temporary disability and sign the Doctor's First Report of Occupational Injury or Illness report. A Nurse Practitioner may authorize the patient to receive time off from work for a period not to exceed three calendar days.
14. In-house education with documentation in progress notes.
15. Emergency Condition Management *
16. Medical Screening Exam (MSE)

* Emergency Condition Management includes the following: The Nurse Practitioner may initiate work-up of stable patients with chest or abdominal pain with supervising physician consultation regarding work-up and care in progress. The Nurse Practitioner must recognize and evaluate situations that call for the immediate attention of the supervising physician (examples include external hemorrhage, respiratory distress, unstable vital signs, cardiac arrest, life threatening trauma, extensive burns, and shock). Nurse Practitioner's must be able to initiate BLS/ACLS/PALS when applicable.

MEDICAL STAFF AFFILIATION/INVOLVEMENT:

The collaborating/supervising physician must:

1. Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary)
2. Be physically present on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary
3. Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care
4. Sign the privilege request of the practitioner he or she supervises, accepting responsibility for appropriate supervision of the services provided under his or her supervision, and agree that the supervised practitioner will not exceed the scope of practice defined by law and the written agreement

CONSULTATION REQUIREMENTS:

Consultation with the attending physician must be available at all times when the advanced practice nurse is delivering care. The advanced practice nurse must seek consultation in the following situations, with documentation of the consultation in the medical record:

1. Whenever situations arise which are beyond the intent of the Standardized Procedures or the competence, scope of practice, or experience of the advanced practice nurse.
2. All emergency situations after initial stabilizing care has been started.
3. Whenever a patient problem has not resolved as anticipated, or condition deteriorates.
4. When historical, physical, or laboratory findings deviate substantially from the norm.
5. Any uncommon or unstable patient conditions.
6. Any unexplained physical examination or historical findings that do not fit the commonly accepted diagnostic patterns for a disease or disorder.
7. Any patient condition that does not fit the commonly accepted diagnostic patterns for a disease or disorder.
8. Any patient requiring admission, surgical consult or other referral for physician consultation
9. Whenever the patient, APN, or physician requests it.

Special Procedures/Privileges

Applicant: Place a check mark in the (R) column for each privilege requested. New applicants must provide documentation of the number and types of hospital cases during the past 24 months.

(R)=Requested (A)=Recommended as Requested (C)=Recommended w/Conditions (N)=Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated on the last page of this form.

Applicant: Check box marked "R" to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Furnishing or ordering of drugs under physician supervision within a collaborative practice agreement	Documentation of a current furnishing number under BPC Code Section 2836.1	N/A	Continued maintenance of a current furnishing number
				Furnishing or ordering of Schedule II-V drugs <u>within a collaborative practice agreement under physician supervision</u>	Documentation of registration with the U.S. Drug Enforcement Administration AND Documentation of completion of a BRN Approved CS II Authority Continuing Education Course	N/A	Continued maintenance DEA registration
				Intraventricular Chemotherapy via OMMAYA Reservoir (Outpatient Infusion Center only)	Documentation of following within the past 12 months: 1. Observation of at least 3 procedures in their entirety 2.1. Performance of at least 3 procedures under the direct observation of the supervising physician	1 Under Direct Supervision	6 Procedures during the reappointment period
				Supervise Stress Testing Exercise and Pharmacologic (excludes iodinated contrast) A Supervising physician must be in the immediate vicinity and available for emergencies when the nurse practitioner is performing the test	Documented successful performance of at least 100 tests within the past 24 months. AND Current ACLS Certification through an AHA sponsored course	1	Current ACLS Certification through an AHA sponsored course

Special Procedures/Privileges in SURGERY

Applicant: Place a check mark in the (R) column for each privilege requested. New applicants must provide documentation of the number and types of hospital cases during the past 24 months.

(R)=Requested (A)=Recommended as Requested (C)=Recommended w/Conditions (N)=Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated on the last page of this form.

Applicant: Check box marked “R” to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Act as first or second assistant in surgery under the supervision of an approved supervising physician.	Document 25 assists in previous 24 months	N/A	Document 25 assists in previous 24 months
				Surgical wound closure	N/A	5	N/A
				Suture simple skin lacerations	N/A	N/A	N/A
				Participate in wound care and debridement	N/A	N/A	N/A

Special Procedures/Privileges in Cardio/Vascuary/Thoracic SURGERY

<u>R</u>	<u>A</u>	<u>C</u>	<u>N</u>	<u>Procedure</u>	<u>Initial Appointment</u>	<u>Proctoring</u>	<u>Reappointment</u>
				<u>Insertion of central venous catheters</u>	<u>Document 2 cases in the previous 24 months</u>	<u>1</u>	<u>Document two (2) in the previous 24 months</u>
				<u>Insertion of arterial catheters</u>	<u>Document 2 cases in the previous 24 months</u>	<u>1</u>	<u>Document two (2) in the previous 24 months</u>
				<u>Insertion of chest tubes</u>	<u>Document 2 cases in the previous 24 months</u>	<u>1</u>	<u>Document two (2) in the previous 24 months</u>

<u>R</u>	<u>A</u>	<u>C</u>	<u>N</u>	<u>Procedure</u>	<u>Initial Appointment</u>	<u>Proctoring</u>	<u>Reappointment</u>
				<u>Postoperative hemodynamic management for cardiovascular and thoracic surgery patients</u>	<u>2 years documented experience?</u>	<u>1</u>	<u>N/A</u>

Salinas Valley Health

Core Procedure/Condition List for Ambulatory Care (CDOC/CADI): The following procedures/conditions are considered to be included in the core privileges for this specialty. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Supervising Physician, Department Chair, Chief Medical Officer and/or the Chief of Staff. Nurse Practitioners (NP) may assess, diagnose, monitor, promote health and protection from disease, and manage patients within the age group of their supervising physician. NPs may not admit patients to the hospital. General core privileges include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills. Core privileges for NPs include:

1. Develop and implement patient management plans, record progress notes, and provide continuity of care
2. Perform/interpret laboratory, radiologic, cardiographic and other diagnostic procedures used to identify pathophysiologic processes
3. Order therapies, using procedures reviewed and approved by the supervising physician
4. Write orders for treatments and tests consistent with the scope of practice of the NP and the supervising physician
5. Perform venipuncture
6. Perform electrocardiogram tracing
7. Counsel and instruct patients, families, and caregivers as appropriate
8. Initiate appropriate referrals
9. Write orders for medications and treatments tests consistent with the scope of practice of the NP and the supervising physician
 - ~~Each supervising physician who delegates the authority to issue a drug order to a NP shall first prepare a written formulary.~~
 - ~~Each formulary will be reviewed and approved by the relevant Department prior to being presented to IDPC/MEC/Board for approval.~~
 - Under direction of a supervising physician, the NP may dispense to a patient a properly labeled prescription medication prepackaged by a physician, a manufacturer (as defined by pharmacy law) or pharmacist.
 - NP's may not administer, provide or transmit a prescription for controlled substances in Schedules II through V of the Bureau of Narcotic Enforcement without a patient-specific order from the supervising physician.
 - All nurse practitioners who are authorized to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA) and maintain a valid registration.
10. **Treat a Patient with Worker's Comp Injury/Illness:** May provide medical treatment of a work-related injury within their scope of practice. The treating physician is to make the determination of temporary disability and sign the Doctor's First Report of Occupational Injury or Illness report. An NP may authorize the patient to receive time off from work for a period not to exceed three calendar days and may co-sign the report.

Acknowledgment of Practitioner:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Salinas Valley Health, and I understand that:

1. In exercising any clinical privileges granted, I am constrained by hospital and medical staff Bylaws, Rules and Regulations, and policies applicable generally and any applicable to the particular situation,
2. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Nurse Practitioner's Signature

Date

*Supervising Physician's Endorsement

Date

**Nurse Practitioner
Delegated Services Agreement and Clinical Practice Functions Supervising Physician Endorsement -
Addendum**

*Supervising Physician's Endorsement

Date

*Supervising Physician's Endorsement

Date

*Supervising Physician's Endorsement

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Date

*Supervising Physician's Endorsement

Date

*****Department Chair's Recommendation*****

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

<input type="checkbox"/> Recommend all requested privileges
<input type="checkbox"/> Recommend all requested privileges with the following conditions/modifications:
<input type="checkbox"/> Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1.	
2.	
3.	
4.	
Notes:	

Department Chair Signature

Date

Physician Assistant – Clinical Privileges /Practice Agreement

Applicant Name: _____

To be eligible to apply for core privileges as a Physician Assistant (PA), the applicant must meet the following qualifications:

- Minimum formal training: Applicants must be able to demonstrate successful completion of a PA program accredited by the ARC-PA or its predecessors.
- In addition, the PA applicant must meet the following requirements:
 - Successful completion of the national certifying examination given by the NCCPA
 - Possession of a current unrestricted California PA license
 - Possession of a current US Drug Enforcement Administration Certificate
 - Documentation of a controlled substances education course which meets CCR Title 16 requirements.
 - Possession of adequate professional liability insurance
 - Documentation of adequate physical and mental health to exercise the privileges requested
 - Agreement with a physician who is a member of the SVH Medical Staff in good standing with unrestricted privileges appropriate to the supervision of a PA to:
 - Assume responsibility for supervision or monitoring of the PA’s practice as stated in the Advance Practice Provider Rules and Regulations and be available by telephone or other electronic communication at the time of patient examination.
 - Assume total responsibility for the care of any patient when requested by the PA, required by this practice agreement or in the interest of patient care
- Required previous experience: Documentation of training and experience of requested practice prerogatives and 200 patient care activities for the PA providing services for patients for the preceding two (2) years.

New applicants will be required to provide documentation of the number and types of cases they were involved with during the past 24 months. Applicants have the burden of producing information deemed adequate by the medical staff and hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Physician Assistant Core Privileges – Required for all applicants. Core privileges are defined on page 8.

Physician Assistant Core Privileges SVH Outpatient Infusion Center (check box if requested)

Requested

To be eligible to apply for core privileges at the SVH Outpatient Infusion Center, the applicant must meet all criteria for Physician Assistant Core Privileges noted above.

Physician Assistant Core Privileges in Emergency Medicine (check box if requested)

Requested

To be eligible to apply for core privileges as an Emergency Medicine Physician Assistant, the applicant must meet the following qualifications: Current ACLS and PALS certification and documentation of training and current competency in the performance of history & physicals. Core privileges are defined on page 8.

Core Proctoring Requirements:

Core proctoring requirements include direct observation or concurrent review as per proctoring policy contained in the Medical Staff General Rules and Regulations.

Core proctoring requirements for Emergency Medicine includes direct observation of the first two (2) shifts worked ~~and the following: 3 lumbar punctures~~

Reappointment Criteria for Core Privileges:

Applicants must be able to document continued NCCPA certification and inpatient services for at least 50 patients annually over the reappointment cycle.

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Special Procedures

Applicant: Place a check mark in the (R) column for each privilege requested. New applicants must provide documentation of the number and types of hospital cases during the past 24 months.

(R) Requested **(A)** Recommended as Requested **(C)** Recommended w/Conditions **(N)** Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated on the last page of this form.

Applicant: Check box marked "R" to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Furnishing or ordering of Schedule II-V drugs under physician supervision within a collaborative practice agreement	Documentation of registration with the U.S. Drug Enforcement Administration AND Documentation of completion of a controlled substance education course which meets the requirements pursuant to California Code of Regulations Title 16	N/A	Continued maintenance- DEA registration

Special Procedures/Privileges in SURGERY

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Act as first or second assistant in surgery under the supervision of an approved supervising physician.	Document 25 assists in previous 24 months	N/A	Document 25 assists in previous 24 months
				Act as first or second assistant in robotic surgery under the supervision of an approved supervising physician.	Documentation of successful completion of the "Intuitive training course (A hands-on training practicum in the use of the daVinci Surgical Platform of at least eight (8) hours duration. OR Documentation 25 assists in the previous 24 months.	N/A	Document 25 assists in previous 24 months
				Insert intravenous arterial, and central venous and Swan-Ganz catheters as directed by the cardiac surgeon.	Document four two (2) in the last 24 months	1 Art Line 3 CVPs	Document four two (2) in the last 24 months

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R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Insert intra-aortic balloon catheters only under the direct supervision of the cardiac surgeon. Remove IABP catheters as directed by the cardiac surgeon.	Document four (4) <u>two (2)</u> in the last 24 months	2 IABPs <u>1</u>	Document four (4) <u>two (2)</u> in the last 24 months
				Greater and lesser saphenous vein, and radial artery harvesting under the supervision of the cardiac surgeon.	Document 25 in previous 24 months	5	Document 25 in previous 24 months
				Surgical wound closure	N/A	5	N/A
				Placement and removal of chest tubes, and thoracentesis as directed by the cardiac surgeon.	Document four (4) in the last 24 months	N/A	Document four (4) in the last 24 months
				Incision and drainage of superficial abscesses	N/A	N/A	N/A
				Suture simple skin lacerations	N/A	N/A	N/A
				Insert Foley catheters.	N/A	N/A	N/A
				Remove pacemaker wires	N/A	N/A	N/A
				Participate in wound care and debridement	N/A	N/A	N/A
				Counseling of patients regarding short and long term management of disease processes, such as diet, social habits, etc.	N/A	N/A	N/A
				Participate in clinical research when specified in an approved research protocol	N/A	N/A	N/A

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Special Procedures/Privileges in CARDIOLOGY

(R)=Requested (A)=Recommended as Requested (C)=Recommended w/Conditions (N)=Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated on the last page of this form.

Applicant: Check box marked "R" to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Act as first or second assistant in cardiac catheterization under the <u>direct</u> supervision of an approved supervising physician.	Document four (4) in the last 24 months	N/A	Document four (4) in the last 24 months
				Insert intravenous arterial, central venous and Swan-Ganz catheters as directed by the cardiologist.	Document four (4) in the last 24 months	1 Art Line 3 CVPs 5 Swan-Ganz	Document four (4) in the last 24 months
				Suture simple skin lacerations	N/A	N/A	N/A
				Participate in clinical research when specified in an approved research protocol.	N/A	N/A	N/A
				Stress testing (exercise and pharmacologic) Supervising cardiologist must be present within the hospital (may be in the Cath Lab) during the test	Documented successful performance of at least 100 scans in the previous 2 years.	5	N/A

Salinas Valley Memorial Healthcare System

Physician Assistant Core Procedure/Condition List: The following procedures/conditions are considered to be included in the core privileges for this specialty. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Supervising Physician, Department Chair, Chief Medical Officer and/or the Chief of Staff

1. Perform history and physical examination
2. Dictate history and physical examination results
3. Conduct rounds, develop and implement patient management plans, record progress notes, and provide continuity of care
4. Perform/interpret laboratory, radiologic, cardiographic, and other diagnostic procedures used to identify pathophysiologic processes
5. Assist the supervising physician in institutional settings, including reviewing treatment plans and ordering tests and diagnostic laboratory/radiological services
6. Order therapies, using procedures reviewed and approved by the supervising physician
- 6.7. **Ordering and Furnishing of Drugs and Devices: In compliance with State and Federal prescribing laws, the PA may order and furnish those drugs and devices, including schedule II through V controlled substances, as indicated by the patient's condition, the applicable standard of care, and in accordance with the PA's education, training, experience, and competency, under physician supervision as provided in Section 3 of this Practice Agreement. The furnishing and ordering of schedule II drugs shall be only for those illnesses, injuries, and/or conditions for which the standard of care indicates the use of such schedule II drugs. The PA may dispense drugs and devices as provided for in BPC §4170.**
- 7.8. ~~Write orders for medications, treatments tests, and IV fluids consistent with the scope of practice of the PA and the supervising physician~~
 - a. ~~Each supervising physician who delegates the authority to issue a drug order to a physician assistant shall first prepare a written formulary.~~
 - b. ~~Each formulary will be reviewed and approved by the relevant Department prior to being presented to IDPC/MEC/Board for approval.~~
 - c. ~~Under direction of a supervising physician, the physician assistant (PA) may dispense to a patient a properly labeled prescription medication prepackaged by a physician, a manufacturer (as defined by pharmacy law) or pharmacist.~~
- 8.9. Provide pre- and postoperative surgical care
- 9-10. Cleanse and debride wounds and suture lacerations and remove sutures and staples
- 10-11. Perform venipuncture
- 11-12. Perform electrocardiogram tracing
- 12-13. Apply and remove orthopedic casts and traction
- 13-14. Insert indwelling urinary catheters
- 14-15. Write/dictate discharge summaries
- 15-16. Provide patient education and counseling
- 16-17. Administer local anesthetic

Physician Assistant (PA) Core Procedure/Condition List – Emergency Medicine: Includes core privileges above with the addition of the following:

1. Any patient requiring admission, surgical consultation, or other MD consultation must be discussed with the supervising physician.
2. The PA may assist the Emergency Physician in the management of all emergency conditions including, but not limited to:
 - a. Acute airway problems requiring ventilatory assistance, including intubation
 - b. Any gunshot wounds; (assault) knife wounds to head, neck, chest, abdomen
 - c. Acute cardiac emergencies including congestive heart failure, myocardial infarction or arrhythmia
 - d. Poisoning
 - e. Near drowning or drowning
 - f. Patients with altered levels of consciousness for whatever reason
 - g. Severe head or neck trauma
 - h. Management of fractures requiring reduction or involving neurovascular compromise
 - i. Substance abuse or overdose; withdrawal

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- j. Multiple trauma victims
 - k. Meningitis; seizures
3. **Lacerations:** Evaluate and treat lacerations to patients in the Emergency Department (ED) within the PA's level of experience and training. Any injury involving tendons, or with neurologic or vascular or potential cosmetic complications should be discussed with the supervising MD.
 4. **Gastrointestinal Illness:** Evaluate and treat illness involving the gastrointestinal tract. The case must be discussed with the MD if diagnostic imaging other than plain films of abdomen is needed (i.e.: CT, Ultrasound). Physician assistants will evaluate and treat within their level of experience and training.
 5. **Burns:** Evaluate and treat localized burns within the Physician Assistants training and experience.
 6. **Trauma/Orthopedics:** Evaluate and treat traumatic injury with the Physician Assistant's training and experience. Orthopedic injuries requiring reduction, open fractures, or injuries neurovascular compromise should be discussed with the supervising MD.
 7. **Dermatological:** Evaluate and treat within the physician assistant's training and experience.
 8. **Genitourinary and OB/GYN:** Evaluate and treat illness involving the GU tract, and OB/GYN problems within the physician assistant's training and experience. PA will discuss the case with the MD if imaging is required (US, IVP, CT).
 9. **HEENT:** Evaluate and treat within the physician assistant's scope of training and experience.
 10. **Ophthalmologic:** Evaluate and treat within the physician assistant's scope of training, including the use of slit lamp and tonometry, if needed.
 11. **Surgical Procedures:** Evaluate and treat within the physician assistant's scope of training and experience:
 - a. I&D of abscess, foreign body removal
 - b. Joint aspiration
 - c. Wound debridement and suturing
 - d. Abscess incision and drainage
 - e. Anoscopy
 - f. Arthrocentesis
 - g. Debridement of burns, abrasions and abscesses
 - h. Epistaxis management
 - i. Foreign body removal: ears, nose, rectum, soft tissue, throat, vaginal
 - j. Interosseous needle placement
 - k. Laceration repair - simple intermediate, complex
 - l. Lumbar puncture
 - m. Nail trephination/removal
 - n. Nasogastric/Orogastric tube placement, lavage and management
 - o. Slit lamp diagnostic and rust ring removal
 - p. Tonometry, ocular
 - q. Wound care
 - r. Other interventions or procedures as directed by the supervising physician
 12. **Psychiatric Illness:** Evaluate and treat patients with psychosocial problems within the physician assistant's scope of training and experience.
 13. **Treat a Patient with Worker's Comp Injury/Illness:** May provide medical treatment of a work-related injury within their scope of practice. The treating physician is to make the determination of temporary disability and sign the Doctor's First Report of Occupational Injury or Illness report. A physician assistant may authorize the patient to receive time off from work for a period not to exceed three calendar days and may co-sign the report.
 14. In-house education with documentation in progress notes.
 15. Emergency Condition Management *
 16. Medical Screening Exam (MSE)

* Emergency Condition Management includes the following: The Physician Assistant may initiate work-up of stable patients with chest or abdominal pain with supervising MD consultation regarding work-up and care in progress. The Physician Assistant must recognize and evaluate situations that call for the immediate attention of the supervising MD (examples include external hemorrhage, respiratory distress, unstable vital signs, cardiac arrest, life threatening trauma, extensive burns, and shock). Physician Assistants must be able to initiate ACLS and PALS when applicable.

Acknowledgment of Physician Assistant Practice Agreement

I have requested only those privileges and functions for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and which I wish to exercise at Salinas Valley Memorial Healthcare System.

I understand that, in exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by any hospital and medical staff policies, bylaws and rules applicable generally and any applicable to the particular situation. I agree to abide by any protocols, as written.

Any restriction to the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I acknowledge that I am responsible for knowing the scope of my practice and clinical functions of which are defined in this approved practice agreement/delineation of clinical privileges to include protocols/formularies related to furnishing of medications.

I understand that a physician must be available to me by telephone or other electronic communication at the time of patient examinations.

I will comply with all the Medical Board regulations regarding supervision of the Physician Assistants

Physician Assistant Signature

Date

Physician Assistant Printed Name

Approval:

Department Chair

Date

**Physician Assistant
Core List of Supervising Physicians**

This list of supervising physicians represents the core group of physicians with whom I will be working and is not all inclusive.

Supervising Physicians Name Specialty

Supervising Physicians Name Specialty

Supervising Physicians Name Specialty

Supervising Physicians Name Specialty

*****Department Chair's Recommendation*****

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

<input type="checkbox"/> Recommend all requested privileges
<input type="checkbox"/> Recommend all requested privileges with the following conditions/modifications:
<input type="checkbox"/> Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1.	
2.	
3.	
4.	
Notes:	

Department Chair Signature

Date



Clinical Privileges / Practice Agreement
Physician Assistant-Cardiology Ambulatory Care

Applicant Name: _____

To be eligible to apply for core privileges as a Physician Assistant (PA), the applicant must meet the following qualifications:

- Minimum formal training: Applicants must be able to demonstrate successful completion of a PA program accredited by the ARC-PA or its predecessors.
In addition, the PA applicant must meet the following requirements:
o Successful completion of the national certifying examination given by the NCCPA
o Possession of a current unrestricted California PA license
o Possession of adequate professional liability insurance
o Documentation of adequate physical and mental health to exercise the privileges requested
o Employment or agreement with a physician who is a member of the SVH Medical Staff with privileges at the Cardiac Diagnostic Outpatient Center who is in good standing with unrestricted privileges appropriate to the supervision of a PA
- According to a written agreement, the physician must assume responsibility for supervision or monitoring of the PA's practice as stated in the appropriate medical staff policy governing PA's, be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary, and
- Assume total responsibility for the care of any patient when requested by the PA or required by this policy or in the interest of patient care
Required previous experience: Documentation of training and experience of requested practice prerogatives and 200 patient care activities for the PA providing services for patients for the preceding two (2) years.

New applicants will be required to provide documentation of the number and types of cases they were involved with during the past 24 months. Applicants have the burden of producing information deemed adequate by the medical staff and hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Physician Assistant Core Privileges (Core privileges are defined starting on page 5)

Check Box if Requesting:

- Cardiovascular Diagnostic Outpatient Center – San Jose Street, Salinas, CA
Center for Advanced Diagnostic Imaging – Ryan Ranch, Monterey, CA

Core Proctoring Requirements:

Core proctoring requirements include direct observation or concurrent review as per proctoring policy contained in the Medical Staff General Rules and Regulations.

Reappointment Criteria for Core Privileges:

Applicants must be able to document continued NCCPA certification and inpatient services for at least 50 patients annually over the reappointment cycle.

Acknowledgment of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform. I understand that:

1. In exercising any clinical privileges granted, I am constrained by hospital and medical staff Bylaws, Rules and Regulations, and policies applicable generally and any applicable to the particular situation,
2. My Supervising Physician(s) must hold current privileges at the location at which I am requesting privileges, and
3. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

(Physician Assistant’s Signature)

Date

Supervising Physician’s Endorsement

Date

**Physician Assistant
Delegated Services Agreement and Clinical Practice Functions Supervising Physician Endorsement -
Addendum**

_____ *Supervising Physician’s Endorsement	_____ Date
_____ *Supervising Physician’s Endorsement	_____ Date
_____ *Supervising Physician’s Endorsement	_____ Date
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_____ *Supervising Physician’s Endorsement	_____ Date
_____ *Supervising Physician’s Endorsement	_____ Date

*****Department Chair's Recommendation*****

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

<input type="checkbox"/> Recommend all requested privileges
<input type="checkbox"/> Recommend all requested privileges with the following conditions/modifications:
<input type="checkbox"/> Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1.	
2.	
3.	
4.	
Notes:	

Department Chair Signature

Date

Salinas Valley Health

Physician Assistant Core Procedure/Condition List for Ambulatory Care: The following procedures/conditions are considered to be included in the core privileges for this specialty. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Supervising Physician, Department Chair, Chief Medical Officer and/or the Chief of Staff. PAs may assess, diagnose, monitor, promote health and protection from disease, and manage patients within the age group of their supervising physician. PAs may not admit patients to the hospital. General core privileges include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills. Core privileges for PAs include:

1. Develop and implement patient management plans, record progress notes, and provide continuity of care
2. Perform/interpret laboratory, radiologic, cardiographic, and other diagnostic procedures used to identify pathophysiologic processes
3. Order therapies, using procedures reviewed and approved by the supervising physician
4. Write orders for treatments and tests consistent with the scope of practice of the PA and the supervising physician
5. Perform venipuncture
6. Perform electrocardiogram tracing
7. Counsel and instruct patients, families, and caregivers as appropriate
8. Initiate appropriate referrals
9. Write orders for medications and treatments tests consistent with the scope of practice of the PA and the supervising physician
 - ~~Each supervising physician who delegates the authority to issue a drug order to a physician assistant shall first prepare a written formulary.~~
 - ~~Each formulary will be reviewed and approved by the relevant Department prior to being presented to IDPC/MEC/Board for approval.~~
 - Under direction of a supervising physician, the physician assistant (PA) may dispense to a patient a properly labeled prescription medication prepackaged by a physician, a manufacturer (as defined by pharmacy law) or pharmacist.
 - ~~PA's may not administer, provide or transmit a prescription for controlled substances in Schedules II through V of the Bureau of Narcotic Enforcement without a patient specific order from the supervising physician.~~
 - All physician assistants who are authorized to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA) and maintain a valid registration.
10. **Treat ~~a~~ Patients Presenting with ~~Worker's Comp~~ Work-Related Injury/Illness:** May provide medical treatment of a work-related injury within their scope of practice. The treating physician is to make the determination of temporary disability and sign the Doctor's First Report of Occupational Injury or Illness report. A physician assistant may authorize the patient to receive time off from work for a period not to exceed three calendar days and may co-sign the report.

Special Procedures/Privileges

(R)=Requested **(A)**=Recommended as Requested **(C)**=Recommended w/Conditions **(N)**=Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated on the last page of this form.

Applicant: Check box marked “R” to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Supervise stress testing – exercise and pharmacologic (excludes iodinated contrast)	Documented successful performance of at least 100 tests in the previous 2 years.	1	Current ACLS Certification through an AHA sponsored course
				A Supervising physician must be in the immediate vicinity and available for emergencies when the physician assistant is performing the test	Current ACLS Certification through an AHA sponsored course		

EXTENDED CLOSED SESSION
(if necessary)

(VICTOR REY, JR.)

*RECONVENE OPEN SESSION/
CLOSED SESSION REPORT*

(VICTOR REY, JR.)

ADJOURNMENT