



April 14, 2023

TO: Legal Counsel

News Media

Salinas Californian

El Sol

Monterey County Herald

Monterey County Weekly

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The next regular meeting of the **TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE – COMMITTEE OF THE WHOLE** of the Salinas Valley Health<sup>1</sup> will be held **WEDNESDAY, APRIL 18, 2023, AT 12:00 P.M.**, in the **HEART CENTER TELECONFERENCE ROOM**, at **SALINAS VALLEY MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA**, or via **TELECONFERENCE** (*visit [SalinasValleyHealth.com/virtualboardmeeting](https://SalinasValleyHealth.com/virtualboardmeeting) for Access Information*).

A handwritten signature in black ink, appearing to read "Pete Delgado", written in a cursive style.

Pete Delgado  
President/Chief Executive Officer

Committee Members: Victor Rey, Jr., Chair; Rolando Cabrera, MD., Vice Chair; Pete Delgado, President/CEO; Augustine Lopez, Chief Financial Officer; Allen Radner, M.D., Chief Medical Officer; Theodore Kaczmar, Jr., M.D., Chief of Staff; Clement Miller, Chief Operating Officer; Lisa Paulo, Chief Nursing Officer; Adrienne Laurent, Chief Strategic Communications Officer; Nik Greenson, M.D., Medical Staff Member; Jim Gattis, Community Member; Jib Martens, Community Member; Anne McCune, Community Member

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

**WEDNESDAY, APRIL 19, 2023, 12:00 P.M.  
HEART CENTER TELECONFERENCE ROOM**

**Salinas Valley Medical Center  
450 E. Romie Lane, Salinas, California  
or via Teleconference  
(Visit [svmh.com/virtualboardmeeting](http://svmh.com/virtualboardmeeting) for Access Information)**

**AGENDA**

1. Approve Minutes of the Transformation, Strategic Planning and Governance Committee Meeting of January 25, 2023. (DELGADO)
  - Motion/Second
  - Action by Committee/Roll Call Vote
2. Amended and Restated District Bylaws (LAURENT)
3. Financial and Statistical Review (LOPEZ)
4. Public Input  
This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on issues or concerns within the jurisdiction of this District Board, which are not otherwise covered under an item on this agenda.
5. Closed Session
6. Reconvene Open Session
7. Adjournment  
The Transformation, Strategic Planning and Governance Committee meets quarterly. The next meeting is scheduled for **Wednesday, July 26, 2023 at 12:00 p.m.**

This Committee meeting may be attended by Board Members who do not sit on this Committee. In the event that a quorum of the entire Board is present, this Committee shall act as a Committee of the Whole. In either case, any item acted upon by the Committee or the Committee of the Whole will require consideration and action by the full Board of Directors as a prerequisite to its legal enactment.

The Committee packet is available at the Committee Meeting, at [www.svmh.com](http://www.svmh.com), and in the Human Resources Department of the District. All items appearing on the agenda are subject to action by the Committee.

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 831-755-0741.

**TRANSFORMATION, STRATEGIC PLANNING AND GOVERNANCE COMMITTEE  
OF THE BOARD OF DIRECTORS – COMMITTEE OF THE WHOLE  
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**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**

**REPORT INVOLVING TRADE SECRET**

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

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

**Estimated date of public disclosure:** (Specify month and year): \_\_\_\_\_

**ADJOURN TO OPEN SESSION**

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**Estimated date of public disclosure:** (Specify month and year): \_\_\_\_\_

**ADJOURN TO OPEN SESSION**

**AMENDED AND RESTATED**  
**BYLAWS OF**  
**SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**  
**OPERATING AS SALINAS VALLEY HEALTH**  
**MONTEREY COUNTY, CALIFORNIA**

**ADOPTED BY**  
**LOCAL HEALTH CARE DISTRICT BOARD OF DIRECTORS**

April \_\_, 2023



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AMENDED AND RESTATED BYLAWS
of
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

Operating as Salinas Valley Health

Monterey County, California

PREAMBLE

These Amended and Restated Bylaws are adopted by the Board of Directors (the "Board") of Salinas Valley Memorial Healthcare System, operating as Salinas Valley Health (sometimes referred to herein as "Salinas Valley Health" or the "District"), a public health care district organized June 20, 1947, under the terms of the Local Health Care District Law (Health and Safety Code of the State of California, Division 23, Sections 32000-32492), pursuant to Section 32104 of the California Health and Safety Code. These Bylaws are adopted by the District Board for the purpose of establishing such rules and regulations, not inconsistent with governing laws and regulations, that in the opinion of the Board, are necessary for the exercise of the powers and duties of the Board imposed upon it by Local Health Care District Law and related statutes.

ARTICLE I. PURPOSE, AUTHORITY, OBLIGATIONS

- 1.1 Purpose. Salinas Valley Memorial Healthcare System, organized and operating pursuant to Division 23 of the California Health and Safety Code, is committed to serving the healthcare needs of its constituents. The purpose of the District, operating as Salinas Valley Health is to establish, maintain, operate and provide assistance in the operation of one or more health facilities (including Salinas Valley Health Medical Center, sometimes referred to herein as "the Hospital") or health services at any location inside or outside of the territorial limits of the District for the benefit of the District and the community served by the District; and to do or take any other actions necessary to carry out the provisions of these Bylaws and Local Health Care District Law. In addition, the District is committed to quality care in a family centered atmosphere.
1.2 Mission. The Mission of Salinas Valley Health is to provide quality healthcare to our patients and to improve the health and well-being of our community. In addition, it is the mission to coordinate services of the District with community agencies, both public and private within the boundaries of the District; to conduct educational and united research activities essential to the health and well-being of our community; and to develop health care and other related programs deemed appropriate and necessary as determined by the Board.
1.3 Vision. The Vision of Salinas Valley Health is a community where good health grows through every action, in every place, for every person.
1.4 Authority. The authority of the Board arises from Division 23 of the California Health and Safety Code, Sections 32000 and following. The Board is required to comply with all federal and state laws and regulations.

- 1.4.1 Title to Property. The title, direction and control of property owned by Salinas Valley Health shall be vested in the Board. Purchases or sales of property and investment, transfer or other expenditures of trust funds shall be only upon the signature of the President and Treasurer of the Board, or their designees. Any officer of the Board or the President/CEO of District is authorized to execute any documents accepting and consenting to any deeds or grants conveying real property to the District.
- 1.4.2 Professional and Other Health Care Staff. The Medical Staff and other health care professionals providing patient care services in or under the auspices of Salinas Valley Health are subject to the authority of the Board.
- 1.4.3 Disposition of Surplus Funds. In the event of a surplus of revenue over expenses, use of surplus funds shall be determined by the Board, within the limits of these Bylaws, Local Health Care District Law, and applicable California statutes and regulations.
- 1.5 **Obligations.** The business of Salinas Valley Health is conducted by the Board with due attention to relevant community interests and concerns. Obligations of the Board include, but are not necessarily limited to:
  - 1.5.1 Ultimate accountability for the safety and quality of care, treatment, and services provided by Salinas Valley Health.
  - 1.5.2 Retain fiduciary responsibility and legal authority for all aspects of operations for Salinas Valley Health, Salinas Valley Health Medical Center (“Medical Center”) and Salinas Valley Health Medical Clinics (“Clinic”), including approval of the Medical Center’s and Clinic’s budgets;
  - 1.5.3 Select a President/CEO for Salinas Valley Health;
  - 1.5.4 Evaluate the performance of the President/CEO annually in accordance with preset criteria for that year, with a written evaluation conducted every other year;
  - 1.5.5 Delegate certain specific responsibilities, subject to Board authority, to the Salinas Valley Health President/CEO;
  - 1.5.6 Delegate certain specific responsibilities, subject to Board authority, to the Hospital Medical Staff;
  - 1.5.7 Take action on the Bylaws, Rules and Regulations of affiliated organizations whose Bylaws are subject to Board approval;
  - 1.5.8 Appoint and/or remove Medical Staff members and grant and/or limit specific clinical privileges, acting upon recommendations from the Medical Executive Committee;
  - 1.5.9 Meet situations not specifically covered in these Bylaws through adoption of resolutions, and/or procedural descriptions in the policies and procedures of the Board; and
  - 1.5.10 Account for Salinas Valley Health funds.

**ARTICLE II. BOARD MEMBERS**

**2.1 Number, Qualifications, District Zones, Election and Term.**

2.1.1 Number. The Board shall consist of five (5) elected board members.

2.1.2 Qualifications. Each member of the Board (i) shall be a registered voter; (ii) shall reside within the geographic boundaries of the District Zone where elected; and (iii) shall for the duration of the member’s term continue to reside within the geographic boundaries of the District Zone where elected.

2.1.3 District Zones. The District shall consist of five (5) District Zones designated Zone 1, Zone 2, Zone 3, Zone 4 and Zone 5. Beginning with the General Election in November, 2012, and every four (4) years thereafter, the election of members to the Board shall take place in Zone 2 and Zone 3. Beginning with the General Election in November, 2014, and every four (4) years thereafter, the election of members to the Board shall take place in Zone 1, Zone 4 and Zone 5.

2.1.4 Election. Each member of the Board shall be elected by the eligible voters within the geographic boundaries of the District Zone represented by the Board member. Procedures of the election shall be governed by Local Health Care District Law and the Uniform District Election Law.

2.1.5 Term. Each Board member shall serve a term of four (4) years. Board members may succeed themselves indefinitely. In the event a member is appointed to a vacancy on the Board, such member will serve the balance of the unexpired term of office or will serve until the next consolidated election subsequent to the appointment, as provided in Section 1780 of the California Government Code.

2.1.6 Public Meeting Regulations. The District shall cause each Board member and any person elected to serve as a member of the Board who has not assumed the duties of office to receive a copy of California Government Code Sections 54950-54962 (“The Ralph M. Brown Act”).

**2.2 Duties.** Duties of individual Board members include, but are not necessarily limited to:

2.2.1 Attend Board meetings;

2.2.2 Attend meetings of committees to which the member is assigned;

2.2.3 Relate community input to the Board;

2.2.4 Represent SVMHS in a positive and effective manner in public forums;

2.2.5 As appropriate, be politically active on behalf of Salinas Valley Health and its interests and needs;

2.2.6 Learn enough details about hospital management and patient care services that the Board

member can effectively question reports of both institutional managers and the professional staff, and evaluate the answers;

2.2.7 Accept and fulfill reasonable assignments from the President of the Board;

2.2.8 Participate in the performance evaluation of the Board members pursuant to the evaluation process established by the Board;

2.2.9 Participate in the orientation program for new Board members; and

2.2.10 Become familiar with the provisions of The Ralph M. Brown Act and Local Health Care District Law.

2.3 **Removal of Director.** In accordance with Health & Safety Code Section 32100.2, if a Board member is absent from three (3) consecutive regular meetings of the Board, or from three (3) of any five (5) consecutive meetings of the Board, the Board may, by resolution, declare that a vacancy on the Board exists.

2.4 **Filling Board Vacancies.** Board vacancies created by removal, resignation, death, or moving out of the boundaries of the District or Zone, shall be filled by the methods as provided in Government Code Section 1780 or any applicable successor statute.

2.5 **Compensation.** A member of the Board shall receive one hundred dollars (\$100.00) per meeting, not to exceed five (5) meetings per month. Each member of the Board shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of Salinas Valley Health as assigned by the Board. "Meeting," as that term is used in this Section, shall mean regular and annual meetings held pursuant to Section 5.1 of these Bylaws, special meetings held pursuant to Section 5.3, standing committee meetings held pursuant to Section 4.2, ad hoc committee meetings held pursuant to Section 4.3, and meetings of the Medical Staff of the Hospital.

2.6 **Conflict of Interest.** No Board member shall realize economic gain from an action of the Board in which that Board member participated. Board members shall be required to follow the Conflict of Interest Code adopted by the Board.

**ARTICLE III. OFFICERS**

3.1 **List of Officers.** The Officers of the Board shall be:

- President
- Vice President
- Secretary
- Treasurer
- Assistant Treasurer

3.2 **Qualifications, Selection and Term**

3.2.1 Officers are elected by the Board at the annual meeting from among its own members. Election must be by no less than three (3) votes.

3.2.2 Officers are elected for a period of two (2) years and shall serve until a successor has been duly elected. No Board member shall serve more than six (6) consecutive years in the same office.

3.2.3 A Board member shall not simultaneously hold more than one (1) office.

3.3 **Duties of the President.** The President of the Board shall:

3.3.1 Preside at all meetings of the Board;

3.3.2 Execute contracts, correspondence, conveyances, and other written instruments as authorized by the Board; and

3.3.3 Appoint chairpersons and members of Board committees.

3.4 **Duties of the Vice President.** The Vice President shall:

3.4.1 In the absence of the President of the Board, assume the duties of the President of the Board; and

3.4.2 Perform such reasonable duties as may be required by the Board or by the President of the Board.

3.5 **Duties of the Secretary.** The Secretary shall:

3.5.1 Be responsible for maintaining minutes of Board meetings;

3.5.2 Be responsible for maintaining other documentation as may from time to time be required by the Board's activities; and

3.5.3 Perform such reasonable duties as may be required by the Board or by the President of the Board.

3.6 **Duties of the Treasurer.** The Treasurer shall:

3.6.1 Be responsible for the safekeeping, accounting for and disbursement of SVMHS funds, at the direction of the Board; and

3.6.2 Perform such reasonable duties as may be required by the Board or by the President of the Board.

3.7 **Duties of the Assistant Treasurer.** The Assistant Treasurer shall:

3.7.1 In the absence of the Treasurer, assume the duties of the Treasurer; and

3.7.2 Perform such reasonable duties as may be required by the Board or by the President of the Board.

3.8 **Removal of Officers and Vacancies**

3.8.1 **Removal.** Officers may be removed by vote of three (3) Board members for failure to perform the duties of the office, or for malfeasance in office.

3.8.2 **Vacancies.** Vacancy in any office shall be filled by Board election, as soon as is reasonably possible.

**ARTICLE IV. COMMITTEES**

4.1 **Appointment and Terms of Members of Board Committees.** The President of the Board shall appoint voting members of the Board committees. Appointments are for two (2) years.

4.2 **Standing Committees.** All meetings of the standing committees described in this Article, including without limitation regular, adjourned regular, and special meetings, shall be conducted in accordance with the provisions of The Ralph M. Brown Act. The Board of Directors shall adopt Committee Charters to include the purpose, authority, membership and scope of duties for the following standing committees of the Board:

4.2.1 Community Advocacy Committee

4.2.2 Corporate Compliance and Audit Committee

4.2.3 Finance Committee

4.2.4 Personnel, Pension and Investment Committee

4.2.5 Quality and Efficient Practices Committee

4.2.6 Transformation, Strategic Planning and Governance Committee

4.3 **Additional Committees.** Additional committees, permanent or temporary, can be established at any time and from time to time by the Board.

**ARTICLE V. MEETINGS**

5.1 **Regular Meetings and Annual Meeting.** The Board shall meet each month, and the December meeting is designated the annual meeting. Regular meetings and the annual meeting shall commence at 4:00 p.m., and shall be held at the Hospital or another SVMHS facility located within the District boundaries. If all members of the Board are absent from a regular meeting or the annual meeting, the Secretary shall declare the meeting adjourned to a stated time and place. The Secretary shall cause a notice of adjournment to be posted within twenty-four (24) hours after the adjournment. The Secretary shall cause a written notice of adjournment to be mailed to each Board member at least twenty-four (24) hours before the time and date to which the meeting is adjourned.

- 5.2 **Agenda.** SVMHS shall post an agenda complying with Government Code Section 54954.2 at least seventy-two (72) hours before a regular meeting and before the annual meeting.
- 5.3 **Special Meetings.** Special meetings may be called at any time for a specific, announced purpose by the President of the Board, or on request of any three (3) Board members. SVMHS shall deliver written notice of a special meeting to all Board members at least twenty-four (24) hours before the time of the meeting as specified in the notice. SVMHS shall post the notice of the special meeting at least twenty-four (24) hours prior to the special meeting in a location that is freely accessible to members of the public.  
  
This 24 hour notice requirement shall not apply in an “emergency situation” as defined in California Government Code Section 54956.5. If all members of the Board are absent from a special meeting, the Board secretary shall follow the same adjournment procedures set forth in Section 5.1 of these Bylaws.
- 5.4 **Quorum.** For regular and special meetings of the Board, a quorum shall be three (3) members. For committees, a quorum shall be a majority of the members of that committee, and shall include one (1) Board member.
- 5.5 **Majority Vote.** Actions of the Board shall be by a majority of three (3) members of the Board. No action shall be taken by the Board, however, by secret ballot, whether preliminary or final.
- 5.6 **Minutes.** A record of proceedings of all meetings of the Board and of all standing committees of the Board shall be kept on file.
- 5.7 **Public Meetings.** Except as otherwise provided in the California Government Code, all meetings of the Board shall be open and public, and all persons shall be permitted to attend any meeting, unless otherwise provided by law. Public testimony or comment on a particular issue shall be limited to a maximum of three (3) minutes for each individual speaker for each issue. The Board may, at its discretion, allow for more time if deemed appropriate or necessary.

**ARTICLE VI. SVMHS PRESIDENT/CEO**

- 6.1 **Employment of SVMHS President/Chief Executive Officer.** A qualified and competent President/CEO shall be employed by the Board and given responsibility for the day-to-day management of SVMHS, subject to Board policy. Such management shall include the selection and evaluation of key management staff.
- 6.2 **Duties of SVMHS President/CEO.** The duties of the President/CEO shall include but not be limited to the following:
  - 6.2.1 The President/CEO, or the President/CEO’s designee, shall make periodic reports to the Board regarding the operations of the Hospital.
  - 6.2.2 The President/CEO shall be a member of all Board committees.
  - 6.2.3 The President/CEO shall have the authority to sign temporary privileges and to sign Board approvals of Medical Staff membership and/or privileges for and on behalf of the



Board.

- 6.3 **Evaluation of SVMHS President/CEO.** The President/CEO shall be evaluated annually in accordance with preset criteria for that year. A written evaluation of the President/CEO by the Board will be conducted every other year.
- 6.4 **CDPH Notification.** The California Department of Public Health shall be notified in writing if a new President/CEO is employed.

## ARTICLE VII. MEDICAL STAFF

- 7.1 **Appointment and Duties.** The Board shall:
  - 7.1.1 Determine which categories of practitioners are eligible for appointment to the Medical Staff.
  - 7.1.2 Appoint a Medical Staff (see Medical Staff Bylaws approved by the Board for descriptions of qualifications for Medical Staff membership and clinical privileges). In appointing practitioners to the Staff, and in granting clinical privileges, the Board acts upon recommendations from the Medical Executive Committee, and shall ensure that the criteria for selection is the individual character, competence, training, experience and judgment of the practitioner;
  - 7.1.3 Approve Medical Staff Bylaws by which the Medical Staff shall govern its affairs, subject to Board policy and to relevant statutes and legal precedents;
  - 7.1.4 Ensure that the Medical Staff is accountable to the Board for the quality of care provided to patients.
  - 7.1.5 Consider appointment and specific clinical privileges of each practitioner at least every two (2) years. The Board acts upon Medical Executive Committee recommendations regarding renewal and/or upgrading and/or restriction of Medical Staff membership and/or clinical privileges for each practitioner subject to the Medical Staff Bylaws;
  - 7.1.6 Consult directly with the Chief of the Medical Staff regularly throughout the fiscal year and include discussion of matters related to the quality of medical care provided to patients at the Hospital.
  - 7.1.7 Require that patient care services provided at the Hospital, or under the auspices of the Hospital be within the scope of privileges granted by the Board;
  - 7.1.8 Receive, question, and act upon regular reports of the clinical activities of Medical Staff members and of other practitioners actively engaged in providing clinical services in or under the auspices of the Hospital;
  - 7.1.9 Provide adequate support personnel to assist the Medical Staff with organizational functions, including Medical Staff membership and clinical privileges (credentialing),

physician performance evaluation (peer review), and collection and analysis of clinical data (quality assurance, utilization review, risk management); and

7.1.10 Review, revise and update as appropriate the Performance Improvement Plan for Medical Staff and Hospital activities.

7.2 **Termination and Due Process.** Membership on the Medical Staff and specific practice privileges are subject to denial, suspension, termination, or curtailment for cause by the Board. In such an event, due process shall be provided as described in the Medical Staff Bylaws.

**ARTICLE VIII. CHIEF MEDICAL OFFICER**

8.1 **Appointment and Duties.** The President/CEO, after consultation with the Board and with the Medical Executive Committee, may select a Chief Medical Officer who shall:

8.1.1 Be a non-voting member of the Medical Executive Committee;

8.1.2 Be responsible to the President/CEO (reporting relationship) and for working with and assisting the Chief of the Medical Staff, the Medical Executive Committee, and clinical department chiefs (functional relationship);

8.1.3 Be concerned, among other duties, with medico-administrative aspects of patient care provided in or under the auspices of the Hospital, and with coordination of organizational functions of the Medical Staff, working with and through the Chief of Staff, Medical Executive Committee, and department chiefs; and

8.1.4 Work with and through the Chief of Staff, Medical Executive Committee, and clinical department chiefs to invoke Article IX of Medical Staff Bylaws when and if necessary.

8.2 **Removal.** Removal of the Chief Medical Officer shall be by the President/CEO only after consultation with the Board and Medical Executive Committee.

8.3 **Responsiveness to the Medical Staff and Board.** The job description of the Chief Medical Officer and his evaluation by the President/CEO shall include reasonable responsiveness to the needs and concerns of Medical Staff officers and members, clinical department chiefs, and to the Board.

**ARTICLE IX. QUALITY OF PROFESSIONAL SERVICES AND PERFORMANCE IMPROVEMENT**

9.1 **Quality of Professional Services.** The Board is legally responsible for the conduct of the Hospital, and the Medical Staff shall be accountable to the Board for the quality of Professional Services provided to patients. To fulfill its responsibilities, the Board assures:

9.1.1 Every patient is under the care of a duly licensed doctor of medicine or osteopathy, doctor of podiatric medicine, doctor of dental medicine, or clinical psychologist; provided, however a doctor of medicine or osteopathy is responsible for the care of each patient with respect to any medical or psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine,

or clinical psychologist.

- 9.1.2 Patients are admitted to the Hospital only on the recommendation of a licensed practitioner permitted by the State to admit patients to a hospital;
- 9.1.3. Services performed under a contract are provided in a safe and effective manner;
- 9.1.4 Financial oversight and provision of management and administrative assistance, as well as appropriate physical resources and personnel, to meet the needs of patients and support and facilitate the ongoing operations of the Hospital;
- 9.1.5 It participates in planning the health needs of the community served by the District;
- 9.1.6 All reasonable steps are taken to conform to all applicable federal, state and local laws and regulations, including those related to licensure, fire inspection and other safety measures;
- 9.1.7 Such other support as the Board deems necessary for the preservation and improvement of the quality, safety and efficiency of patient care.

9.2 **Performance Improvement Board Responsibilities.** The Board shall:

- 9.2.1 Require that the Medical Staff and District Staff implement and report on the activities and mechanism for monitoring and evaluating the quality of patient care, for identifying and resolving problems, and for identifying opportunities to improve patient care within the District.
- 9.2.2 Support the activities and mechanism as provided in Section 9.2.1.
- 9.2.3 Adopt a Performance Improvement Plan and Risk Management Plan for the District and shall provide the resources and support systems to ensure that the plans be carried out.
- 9.2.4 Require that a complete and accurate medical record be prepared and maintained for each patient; that the medical record of the patient shall be the basis for review and analysis of quality of care.
- 9.2.5 Ensure that the quality assurance mechanisms are provided for monitoring of patient care processes to assure that patients with the same health problems receiving the same level of care within the District.

**ARTICLE X. INDEMNIFICATION**

- 10.1 **Indemnification of Directors and Officers.** Members of the Board and officers shall be indemnified to the full extent permitted by law against all claims, liabilities and expenses incurred as a result of an action by the Board, except in the instance of willful misconduct in the performance of duties as a director or officer.

**ARTICLE XI. RULES AND PROCEDURES**

- 11.1 **Board Policies and Procedures**. Agreed upon rules and procedures for implementation of these Bylaws may be contained in the policies and procedures of the Board.

**XII. AMENDMENT, ADOPTION AND REVIEW**

- 12.1 **Amendment**. These Bylaws may be amended at any properly noticed meeting of the Board by a majority of three (3) Board members.
- 12.2 **Adoption**. Adoption of Bylaws shall be by a majority of three (3) Board members, at any properly noticed meeting of the Board.
- 12.3 **Review**. These Bylaws will be reviewed at least every two (2) years for revision as necessary.

**CERTIFICATE OF SECRETARY**

I, the undersigned, the duly elected Secretary of the Board of Directors of Salinas Valley Memorial Healthcare System, do hereby certify:

That the foregoing Amended and Restated Bylaws were adopted as the Bylaws of Salinas Valley Memorial Healthcare System by Resolution 2017-05 of the Board of Directors of the Salinas Valley Memorial Healthcare System on May 25, 2017, and that the same do now constitute the Bylaws of Salinas Valley Memorial Healthcare System.

Dated: March \_\_, 2023

\_\_\_\_\_  
Dr. Rolando Cabrera, M.D., Board Secretary  
Salinas Valley Memorial Healthcare System

**AMENDED AND RESTATED**  
**BYLAWS OF**  
**SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**  
**OPERATING AS SALINAS VALLEY HEALTH**  
**MONTEREY COUNTY, CALIFORNIA**

**ADOPTED BY**  
**LOCAL HEALTH CARE DISTRICT BOARD OF DIRECTORS**

**February \_\_, 2023~~May 25, 2017~~**



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AMENDED AND RESTATED BYLAWS
of
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

Operating as Salinas Valley Health

Monterey County, California

PREAMBLE

These Amended and Restated Bylaws are adopted by the Board of Directors (the "Board") of Salinas Valley Memorial Healthcare System, operating as Salinas Valley Health (sometimes referred to herein as "Salinas Valley Health" or "SVMHS" or (the "District"), a public health care district organized June 20, 1947, under the terms of the Local Health Care District Law (Health and Safety Code of the State of California, Division 23, Sections 32000-32492), pursuant to Section 32104 of the California Health and Safety Code. These Bylaws are adopted by the DistrictSVMHS Board for the purpose of establishing such rules and regulations, not inconsistent with governing laws and regulations, that in the opinion of the Board, are necessary for the exercise of the powers and duties of the Board imposed upon it by Local Health Care District Law and related statutes.

ARTICLE I. PURPOSE, AUTHORITY, OBLIGATIONS

- 1.1 Purpose. Salinas Valley Memorial Healthcare System, organized and operating pursuant to Division 23 of the California Health and Safety Code, is committed to serving the healthcare needs of its constituents. The purpose of the District, operating as Salinas Valley HealthSVMHS is to establish, maintain, operate and provide assistance in the operation of one or more health facilities (including Salinas Valley Health Medical Center, sometimes referred to herein as "the Hospital") or health services at any location inside or outside of the territorial limits of the District for the benefit of the District and the community served by the DistirctSVMHS; and to do or take any other actions necessary to carry out the provisions of these Bylaws and Local Health Care District Law. In addition, the DistrictSVMHS is committed to quality care in a family centered atmosphere.
1.2 Mission. The Mission of Salinas Valley HealthVMHS is to provide quality healthcare to our patients and to improve the health and well-being of our community. In addition, it is the mission to coordinate services of the District with community agencies, both public and private within the boundaries of the District; to conduct educational and united research activities essential to the health and well-being of our community; and to develop health care and other related programs deemed appropriate and necessary as determined by the Board.
1.3 Vision. The Vision of Salinas Valley HeathVMHS is to be a center of excellence where an inspired team delivers compassionate and culturally sensitive care, outstanding quality, and an exceptional patient experience a community where good health grows through every action, in every place, for every person.
1.4 Authority. The authority of the Board arises from Division 23 of the California Health and

Safety Code, Sections 32000 and following. The Board is required to comply with all federal and state laws and regulations.

1.4.1 Title to Property. The title, direction and control of property owned by [Salinas Valley HealthVMHS](#) shall be vested in the Board. Purchases or sales of property and investment, transfer or other expenditures of trust funds shall be only upon the signature of the President and Treasurer of the Board, or their designees. Any officer of the Board or the President/CEO of [DistrictSVMHS](#) is authorized to execute any documents accepting and consenting to any deeds or grants conveying real property to [the DistrictSVMHS](#).

1.4.2 Professional and Other Health Care Staff. The Medical Staff and other health care professionals providing patient care services in or under the auspices of [SVMHSSalinas Valley Health](#) are subject to the authority of the Board.

1.4.3 Disposition of Surplus Funds. In the event of a surplus of revenue over expenses, use of surplus funds shall be determined by the Board, within the limits of these Bylaws, Local Health Care District Law, and applicable California statutes and regulations.

1.5 **Obligations.** The business of [Salinas Valley HealthVMHS](#) is conducted by the Board with due attention to relevant community interests and concerns. Obligations of the Board include, but are not necessarily limited to:

1.5.1 Ultimate accountability for the safety and quality of care, treatment, and services provided by [Salinas Valley HealthVMHS](#).

1.5.2 Retain fiduciary responsibility and legal authority for all aspects of operations for [Salinas Valley HealthVMHS](#), [Salinas Valley Health Medical CenterMemorial Hospital](#) (“[Medical CenterHospital](#)”) and [Salinas Valley Health Medical Clinics](#) (“[Clinic](#)”), including approval of the [Medical CenterHospital](#)’s and [Clinic](#)’s budgets;

1.5.3 Select a President/CEO for [Salinas Valley HealthVMHS](#);

1.5.4 Evaluate the performance of the President/CEO annually in accordance with preset criteria for that year, with a written evaluation conducted every other year;

1.5.5 Delegate certain specific responsibilities, subject to Board authority, to the [Salinas Valley HealthVMHS](#) President/CEO;

1.5.6 Delegate certain specific responsibilities, subject to Board authority, to the Hospital Medical Staff;

1.5.7 Take action on the Bylaws, Rules and Regulations of affiliated organizations whose Bylaws are subject to Board approval;

1.5.8 Appoint and/or remove Medical Staff members and grant and/or limit specific clinical privileges, acting upon recommendations from the Medical Executive Committee;

1.5.9 Meet situations not specifically covered in these Bylaws through adoption of resolutions, and/or procedural descriptions in the policies and procedures of the Board; and

1.5.10 Account for [Salinas Valley HealthVMHS](#) funds.

**ARTICLE II. BOARD MEMBERS**

**2.1 Number, Qualifications, District Zones, Election and Term.**

2.1.1 Number. The Board shall consist of five (5) elected board members.

2.1.2 Qualifications. Each member of the Board (i) shall be a registered voter; (ii) shall reside within the geographic boundaries of the District Zone where elected; and (iii) shall for the duration of the member’s term continue to reside within the geographic boundaries of the District Zone where elected.

2.1.3 District Zones. The District shall consist of five (5) District Zones designated Zone 1, Zone 2, Zone 3, Zone 4 and Zone 5. Beginning with the General Election in November, 2012, and every four (4) years thereafter, the election of members to the Board shall take place in Zone 2 and Zone 3. Beginning with the General Election in November, 2014, and every four (4) years thereafter, the election of members to the Board shall take place in Zone 1, Zone 4 and Zone 5.

2.1.4 Election. Each member of the Board shall be elected by the eligible voters within the geographic boundaries of the District Zone represented by the Board member. Procedures of the election shall be governed by Local Health Care District Law and the Uniform District Election Law.

2.1.5 Term. Each Board member shall serve a term of four (4) years. Board members may succeed themselves indefinitely. In the event a member is appointed to a vacancy on the Board, such member will serve the balance of the unexpired term of office or will serve until the next consolidated election subsequent to the appointment, as provided in Section 1780 of the California Government Code.

2.1.6 Public Meeting Regulations. The District shall cause each Board member and any person elected to serve as a member of the Board who has not assumed the duties of office to receive a copy of California Government Code Sections 54950-54962 (“The Ralph M. Brown Act”).

**2.2 Duties.** Duties of individual Board members include, but are not necessarily limited to:

2.2.1 Attend Board meetings;

2.2.2 Attend meetings of committees to which the member is assigned;

2.2.3 Relate community input to the Board;

2.2.4 Represent SVMHS in a positive and effective manner in public forums;

2.2.5 As appropriate, be politically active on behalf of [Salinas Valley HealthVMHS](#) and its

interests and needs;

2.2.6 Learn enough details about hospital management and patient care services that the Board member can effectively question reports of both institutional managers and the professional staff, and evaluate the answers;

2.2.7 Accept and fulfill reasonable assignments from the President of the Board;

2.2.8 Participate in the performance evaluation of the Board members pursuant to the evaluation process established by the Board;

2.2.9 Participate in the orientation program for new Board members; and

2.2.10 Become familiar with the provisions of The Ralph M. Brown Act and Local Health Care District Law.

2.3 **Removal of Director.** [In accordance with Health & Safety Code Section 32100.2,](#) if a Board member is absent from three (3) consecutive regular meetings of the Board, or from three (3) of any five (5) consecutive meetings of the Board, the Board may, by resolution, declare that a vacancy on the Board exists.

2.4 **Filling Board Vacancies.** Board vacancies created by removal, resignation, death, or moving out of the boundaries of the District or Zone, shall be filled by the methods [as provided in Government Code Section 1780 or any applicable successor statute by law.](#)

2.5 **Compensation.** A member of the Board shall receive one hundred dollars (\$100.00) per meeting, not to exceed five (5) meetings per month. Each member of the Board shall be allowed his or her actual necessary traveling and incidental expenses incurred in the performance of official business of [Salinas Valley Health-VMHS](#) as assigned by the Board. “Meeting,” as that term is used in this Section, shall mean regular and annual meetings held pursuant to Section 5.1 of these Bylaws, special meetings held pursuant to Section 5.3, standing committee meetings held pursuant to Section 4.2, ad hoc committee meetings held pursuant to Section 4.3, and meetings of the Medical Staff of the Hospital.

2.6 **Conflict of Interest.** No Board member shall realize economic gain from an action of the Board in which that Board member participated. Board members shall be required to follow the Conflict of Interest Code adopted by the Board.

**ARTICLE III. OFFICERS**

3.1 **List of Officers.** The Officers of the Board shall be:

- President
- Vice President
- Secretary
- Treasurer
- Assistant Treasurer

3.2 **Qualifications, Selection and Term**

- 3.2.1 Officers are elected by the Board at the annual meeting from among its own members. Election must be by no less than three (3) votes.
- 3.2.2 Officers are elected for a period of two (2) years and shall serve until a successor has been duly elected. No Board member shall serve more than six (6) consecutive years in the same office.
- 3.2.3 A Board member shall not simultaneously hold more than one (1) office.

3.3 **Duties of the President.** The President of the Board shall:

- 3.3.1 Preside at all meetings of the Board;
- 3.3.2 Execute contracts, correspondence, conveyances, and other written instruments as authorized by the Board; and
- 3.3.3 Appoint chairpersons and members of Board committees.

3.4 **Duties of the Vice President.** The Vice President shall:

- 3.4.1 In the absence of the President of the Board, assume the duties of the President of the Board; and
- 3.4.2 Perform such reasonable duties as may be required by the Board or by the President of the Board.

3.5 **Duties of the Secretary.** The Secretary shall:

- 3.5.1 Be responsible for maintaining minutes of Board meetings;
- 3.5.2 Be responsible for maintaining other documentation as may from time to time be required by the Board's activities; and
- 3.5.3 Perform such reasonable duties as may be required by the Board or by the President of the Board.

3.6 **Duties of the Treasurer.** The Treasurer shall:

- 3.6.1 Be responsible for the safekeeping, accounting for and disbursement of SVMHS funds, at the direction of the Board; and
- 3.6.2 Perform such reasonable duties as may be required by the Board or by the President of the Board.

3.7 **Duties of the Assistant Treasurer.** The Assistant Treasurer shall:

- 3.7.1 In the absence of the Treasurer, assume the duties of the Treasurer; and

3.7.2 Perform such reasonable duties as may be required by the Board or by the President of the Board.

3.8 **Removal of Officers and Vacancies**

3.8.1 **Removal.** Officers may be removed by vote of three (3) Board members for failure to perform the duties of the office, or for malfeasance in office.

3.8.2 **Vacancies.** Vacancy in any office shall be filled by Board election, as soon as is reasonably possible.

**ARTICLE IV. COMMITTEES**

4.1 **Appointment and Terms of Members of Board Committees.** The President of the Board shall appoint voting members of the Board committees. Appointments are for two (2) years.

4.2 **Standing Committees.** All meetings of the standing committees described in this Article, including without limitation regular, adjourned regular, and special meetings, shall be conducted in accordance with the provisions of The Ralph M. Brown Act. The Board of Directors shall adopt Committee Charters to include the purpose, authority, membership and scope of duties for the following standing committees of the Board:

4.2.1 Community Advocacy Committee

4.2.2 Corporate Compliance and Audit Committee

4.2.3 Finance Committee

4.2.4 Personnel, Pension and Investment Committee

4.2.5 Quality and Efficient Practices Committee

4.2.6 Transformation, Strategic Planning and Governance Committee

4.3 **Additional Committees.** Additional committees, permanent or temporary, can be established at any time and from time to time by the Board.

**ARTICLE V. MEETINGS**

5.1 **Regular Meetings and Annual Meeting.** The Board shall meet each month, and the December meeting is designated the annual meeting. Regular meetings and the annual meeting shall commence at 4:00 p.m., and shall be held at the Hospital or another SVMHS facility located within the District boundaries. If all members of the Board are absent from a regular meeting or the annual meeting, the Secretary shall declare the meeting adjourned to a stated time and place. The Secretary shall cause a notice of adjournment to be posted within twenty-four (24) hours after the adjournment. The Secretary shall cause a written notice of adjournment to be mailed to

each Board member at least twenty-four (24) hours before the time and date to which the meeting is adjourned.

- 5.2 **Agenda.** SVMHS shall post an agenda complying with Government Code Section 54954.2 at least seventy-two (72) hours before a regular meeting and before the annual meeting.
- 5.3 **Special Meetings.** Special meetings may be called at any time for a specific, announced purpose by the President of the Board, or on request of any three (3) Board members. SVMHS shall deliver written notice of a special meeting to all Board members at least twenty-four (24) hours before the time of the meeting as specified in the notice. SVMHS shall post the notice of the special meeting at least twenty-four (24) hours prior to the special meeting in a location that is freely accessible to members of the public.

This 24 hour notice requirement shall not apply in an “emergency situation” as defined in California Government Code Section 54956.5. If all members of the Board are absent from a special meeting, the Board secretary shall follow the same adjournment procedures set forth in Section 5.1 of these Bylaws.

- 5.4 **Quorum.** For regular and special meetings of the Board, a quorum shall be three (3) members. For committees, a quorum shall be a majority of the members of that committee, and shall include one (1) Board member.
- 5.5 **Majority Vote.** Actions of the Board shall be by a majority of three (3) members of the Board. No action shall be taken by the Board, however, by secret ballot, whether preliminary or final.
- 5.6 **Minutes.** A record of proceedings of all meetings of the Board and of all standing committees of the Board shall be kept on file.
- 5.7 **Public Meetings.** Except as otherwise provided in the California Government Code, all meetings of the Board shall be open and public, and all persons shall be permitted to attend any meeting, unless otherwise provided by law. Public testimony or comment on a particular issue shall be limited to a maximum of three (3) minutes for each individual speaker for each issue. The Board may, at its discretion, allow for more time if deemed appropriate or necessary.

**ARTICLE VI. SVMHS PRESIDENT/CEO**

- 6.1 **Employment of SVMHS President/Chief Executive Officer.** A qualified and competent President/CEO shall be employed by the Board and given responsibility for the day-to-day management of SVMHS, subject to Board policy. Such management shall include the selection and evaluation of key management staff.
- 6.2 **Duties of SVMHS President/CEO.** The duties of the President/CEO shall include but not be limited to the following:
  - 6.2.1 The President/CEO, or the President/CEO’s designee, shall make periodic reports to the Board regarding the operations of the Hospital.
  - 6.2.2 The President/CEO shall be a member of all Board committees.



- 6.2.3 The President/CEO shall have the authority to sign temporary privileges and to sign Board approvals of Medical Staff membership and/or privileges for and on behalf of the Board.
- 6.3 **Evaluation of SVMHS President/CEO.** The President/CEO shall be evaluated annually in accordance with preset criteria for that year. A written evaluation of the President/CEO by the Board will be conducted every other year.
- 6.4 **CDPH Notification.** The California Department of Public Health shall be notified in writing if a new President/CEO is employed.

**ARTICLE VII. MEDICAL STAFF**

- 7.1 **Appointment and Duties.** The Board shall:
  - 7.1.1 Determine which categories of practitioners are eligible for appointment to the Medical Staff.
  - 7.1.2 Appoint a Medical Staff (see Medical Staff Bylaws approved by the Board for descriptions of qualifications for Medical Staff membership and clinical privileges). In appointing practitioners to the Staff, and in granting clinical privileges, the Board acts upon recommendations from the Medical Executive Committee, and shall ensure that the criteria for selection is the individual character, competence, training, experience and judgment of the practitioner;
  - 7.1.32 Approve Medical Staff Bylaws by which the Medical Staff shall govern its affairs, subject to Board policy and to relevant statutes and legal precedents;
  - 7.1.4 Ensure that the Medical Staff is accountable to the Board for the quality of care provided to patients.
  - 7.1.53 Consider appointment and specific clinical privileges of each practitioner at least every two (2) years. The Board acts upon Medical Executive Committee recommendations regarding renewal and/or upgrading and/or restriction of Medical Staff membership and/or clinical privileges for each practitioner subject to the Medical Staff Bylaws;
  - 7.1.6 Consult directly with the Chief of the Medical Staff regularly throughout the fiscal year and include discussion of matters related to the quality of medical care provided to patients at the Hospital.
  - 7.1.74 Require that patient care services provided at the Hospital, or under the auspices of the Hospital be within the scope of privileges granted by the Board;
  - 7.1.85 Receive, question, and act upon regular reports of the clinical activities of Medical Staff members and of other practitioners actively engaged in providing clinical services in or under the auspices of the Hospital;

7.1.96 Provide adequate support personnel to assist the Medical Staff with organizational functions, including Medical Staff membership and clinical privileges (credentialing), physician performance evaluation (peer review), and collection and analysis of clinical data (quality assurance, utilization review, risk management); and

7.1.10 Review, revise and update as appropriate the Performance Improvement Plan for Medical Staff and Hospital activities.

7.2 **Termination and Due Process.** Membership on the Medical Staff and specific practice privileges are subject to denial, suspension, termination, or curtailment for cause by the Board. In such an event, due process shall be provided as described in the Medical Staff Bylaws.

**ARTICLE VIII. CHIEF MEDICAL OFFICER**

8.1 **Appointment and Duties.** The President/CEO, after consultation with the Board and with the Medical Executive Committee, may select a Chief Medical Officer who shall:

8.1.1 Be a non-voting member of the Medical Executive Committee;

8.1.2 Be responsible to the President/CEO (reporting relationship) and for working with and assisting the Chief of the Medical Staff, the Medical Executive Committee, and clinical department chiefs (functional relationship);

8.1.3 Be concerned, among other duties, with medico-administrative aspects of patient care provided in or under the auspices of the Hospital, and with coordination of organizational functions of the Medical Staff, working with and through the Chief of Staff, Medical Executive Committee, and department chiefs; and

8.1.4 Work with and through the Chief of Staff, Medical Executive Committee, and clinical department chiefs to invoke Article IX of Medical Staff Bylaws when and if necessary.

8.2 **Removal.** Removal of the Chief Medical Officer shall be by the President/CEO only after consultation with the Board and Medical Executive Committee.

8.3 **Responsiveness to the Medical Staff and Board.** The job description of the Chief Medical Officer and his evaluation by the President/CEO shall include reasonable responsiveness to the needs and concerns of Medical Staff officers and members, clinical department chiefs, and to the Board.

**ARTICLE IX. QUALITY OF PROFESSIONAL SERVICES AND PERFORMANCE IMPROVEMENT**

9.1 Quality of Professional Services. The Board is legally responsible for the conduct of the Hospital, and the Medical Staff shall be accountable to the Board for the quality of Professional Services provided to patients. To fulfill its responsibilities, the Board assures:

9.1.1 Every patient is under the care of a duly licensed doctor of medicine or osteopathy, doctor of podiatric medicine, doctor of dental medicine, or clinical psychologist;

provided, however a doctor of medicine or osteopathy is responsible for the care of each patient with respect to any medical or psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or clinical psychologist.

9.1.2 Patients are admitted to the Hospital only on the recommendation of a licensed practitioner permitted by the State to admit patients to a hospital;

9.1.3. Services performed under a contract are provided in a safe and effective manner;

9.1.4 Financial oversight and provision of management and administrative assistance, as well as appropriate physical resources and personnel, to meet the needs of patients and support and facilitate the ongoing operations of the Hospital;

9.1.5 It participates in planning the health needs of the community served by the District;

9.1.6 All reasonable steps are taken to conform to all applicable federal, state and local laws and regulations, including those related to licensure, fire inspection and other safety measures;

9.1.7 Such other support as the Board deems necessary for the preservation and improvement of the quality, safety and efficiency of patient care.

## 9.2 Performance Improvement Board Responsibilities. The Board shall:

9.2.1 Require that the Medical Staff and District Staff implement and report on the activities and mechanism for monitoring and evaluating the quality of patient care, for identifying and resolving problems, and for identifying opportunities to improve patient care within the District.

9.2.2 Support the activities and mechanism as provided in Section 9.2.1.

9.2.3 Adopt a Performance Improvement Plan and Risk Management Plan for the District and shall provide the resources and support systems to ensure that the plans be carried out.

9.2.4 Require that a complete and accurate medical record be prepared and maintained for each patient; that the medical record of the patient shall be the basis for review and analysis of quality of care.

9.2.5 Ensure that the quality assurance mechanisms are provided for monitoring of patient care processes to assure that patients with the same health problem s receiving the same level of care within the District.

## **ARTICLE IX. INDEMNIFICATION**

109.1 Indemnification of Directors and Officers. Members of the Board and officers shall be indemnified to the full extent permitted by law against all claims, liabilities and expenses incurred as a result of an action by the Board, except in the instance of willful misconduct in the performance of duties as a director or officer.

**ARTICLE XI. RULES AND PROCEDURES**

**119.1 Board Policies and Procedures.** Agreed upon rules and procedures for implementation of these Bylaws may be contained in the policies and procedures of the Board.

**XII. AMENDMENT, ADOPTION AND REVIEW**

**121.1 Amendment.** These Bylaws may be amended at any properly noticed meeting of the Board by a majority of three (3) Board members.

**121.2 Adoption.** Adoption of Bylaws shall be by a majority of three (3) Board members, at any properly noticed meeting of the Board.

**121.3 Review.** These Bylaws will be reviewed at least every two (2) years for revision as necessary.

**CERTIFICATE OF SECRETARY**

I, the undersigned, the duly elected Secretary of the Board of Directors of Salinas Valley Memorial Healthcare System, do hereby certify:

That the foregoing Amended and Restated Bylaws were adopted as the Bylaws of Salinas Valley Memorial Healthcare System by Resolution 2017-05 of the Board of Directors of the Salinas Valley Memorial Healthcare System on May 25, 2017, and that the same do now constitute the Bylaws of Salinas Valley Memorial Healthcare System.

Dated: March \_\_, 2023

\_\_\_\_\_  
Dr. Rolando Cabrera, M.D., Board Secretary  
Salinas Valley Memorial Healthcare System

# **Financial Performance Review**

## **March 2023**

**Augustine Lopez**  
**Chief Financial Officer**

# Consolidated Financial Summary

## For the Month of March 2023

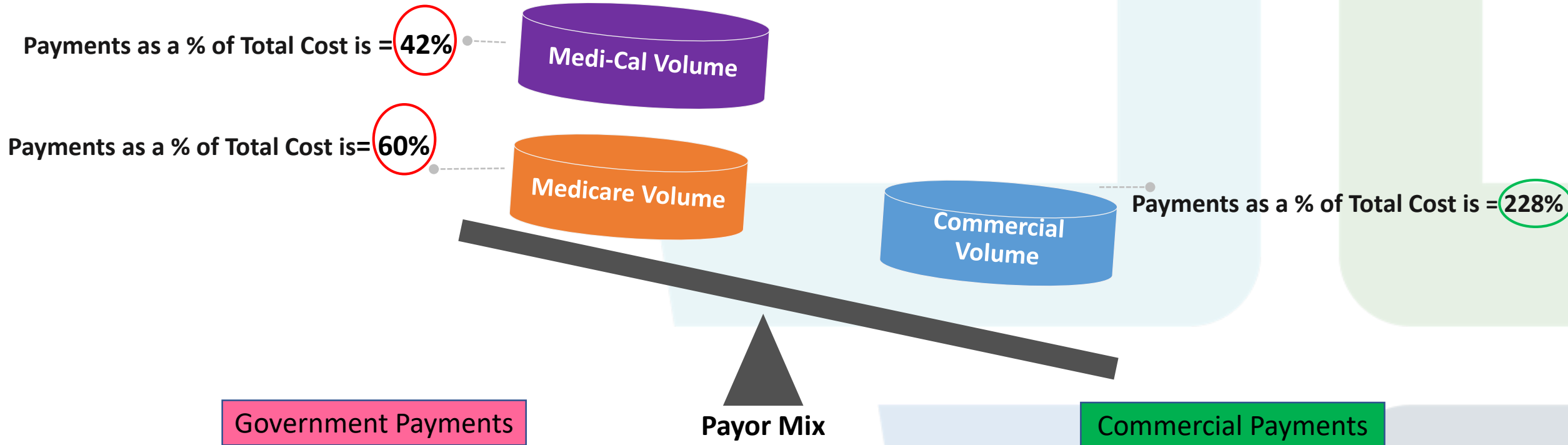
\$ in Millions	For the Month of March 2023				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 59.2	\$ 57.8	\$ 1.4	2.4%	
Operating Expense	\$ 61.4	\$ 56.7	\$ (4.7)	-8.3%	
<b>Income from Operations</b>	<b>\$ (2.2)</b>	<b>\$ 1.1</b>	<b>\$ (3.3)</b>	<b>-300.0%</b>	
<i>Operating Margin %</i>	<i>-3.7%</i>	<i>1.8%</i>	<i>-5.5%</i>	<i>-305.56%</i>	
Non Operating Income*	\$ 4.6	\$ 1.0	\$ 3.6	360.0%	
<b>Net Income</b>	<b>\$ 2.4</b>	<b>\$ 2.1</b>	<b>\$ 0.3</b>	<b>14.3%</b>	
<i>Net Income Margin %</i>	<i>4.0%</i>	<i>3.5%</i>	<i>0.5%</i>	<i>14.3%</i>	

# Executive Summary: Unfavorable Financial Performance

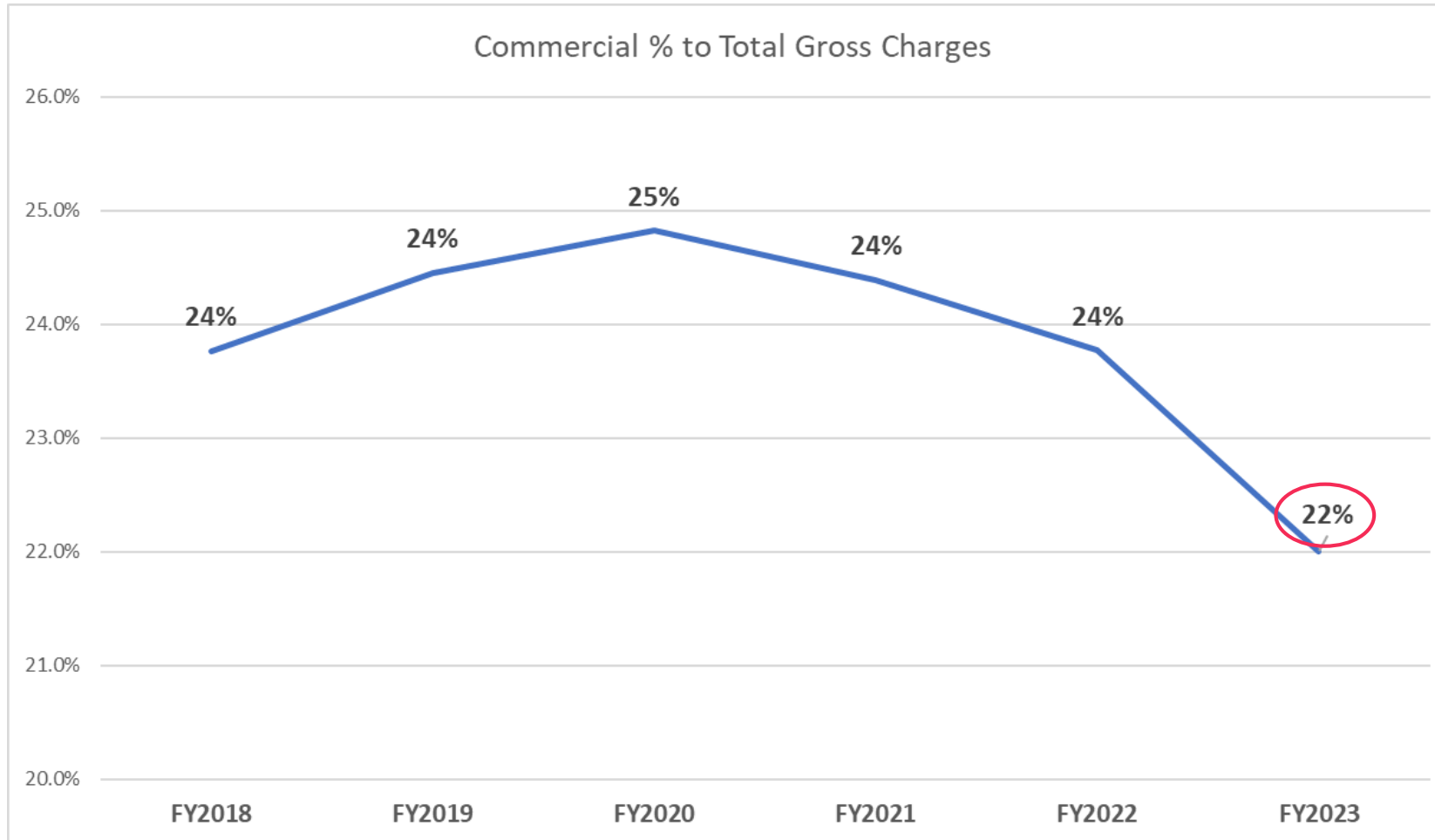
- Total consolidated net revenues did not keep pace with the increased expense level from high patient volumes resulting in an operating loss of \$2.2 million or a 3.7% negative margin
- While hospital gross revenues were over budget by \$39 million (18%), the financial results were adversely impacted by the Commercial payor mix of 19% for the month, below budget 22%, and growth in MediCal volume that accounted for 33% of total gross revenue
- ✓ Hospital Medicare & Medi-Cal gross revenues were over budget by \$40 million (26%), while Commercial revenues were under budget by \$4 million (7%), representing a material unfavorable payor mix
- ✓ Total admissions were 88 admits (10%) above budget, of those 79% were governmental payors
- ✓ Medicare ALOS CMI adjusted, was 2.4 days or 5% longer than expected
- Total consolidated net revenues were \$1.4 million (1.4%) above budget driven by:
  - ✓ IP surgical cases were above budget by 22%, and OP was favorable by 20%
  - ✓ OP infusion cases were 42% (337 cases) above budget; up 220 cases from February
  - ✓ Emergency OP visits totaled 4,505 (11%) above budget, 54% were Medi-Cal cases
- Though consolidated net revenues were up by \$1.4M, operating expenses were up by \$4.7M driven by:
  - ✓ Contract labor was \$2.6M for the month (prior to COVID we ran \$300k per month).
  - ✓ Due to high patient volumes, expenses were higher than budgeted in Medical and Other Fees, Supplies and Purchased Services.
- There was a strong cash collection for the month, at \$53.8 million, with Days in Account Receivable at 48.
- Non-operating income was favorable by \$4 million due to improved investment income earnings



# Payor Mix – Unreimbursed Costs and Increased Volumes from Government Payors Driving Sharp Decline in Our Margins

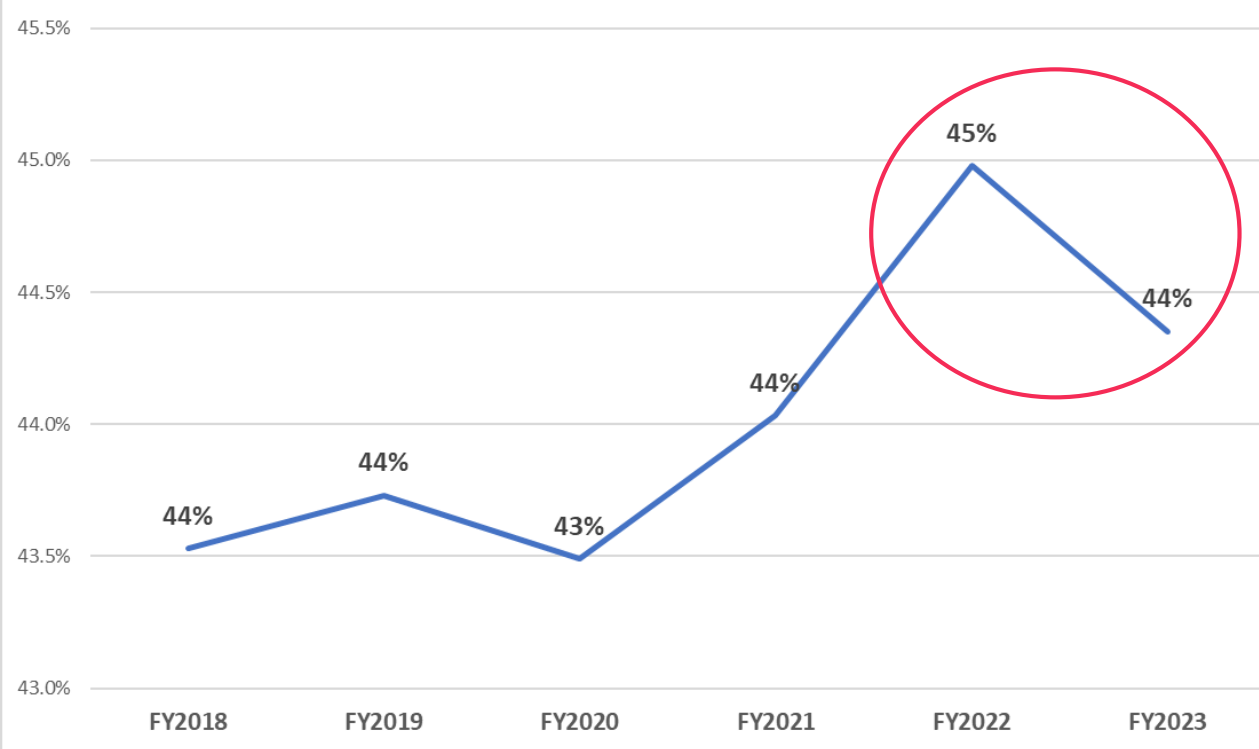


# Commercial Payor Mix Deterioration Percentage to Total Gross Charges

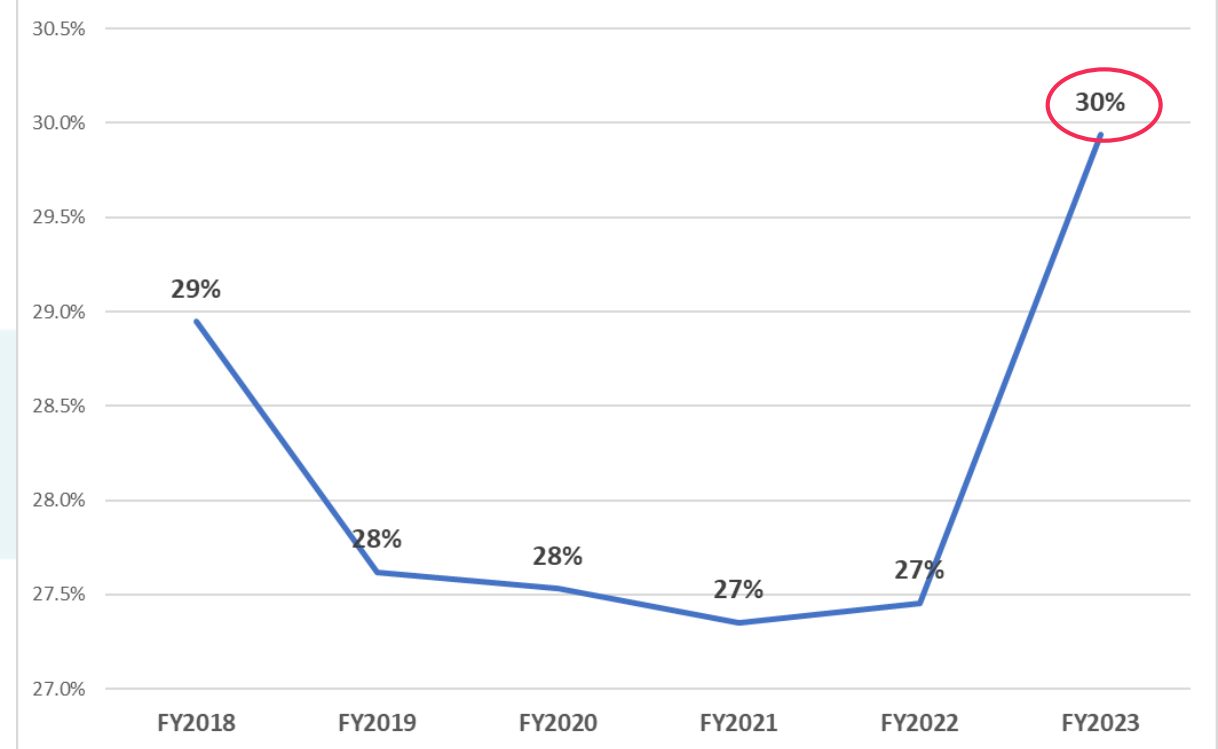


# Shift to Medicare & Medi-Cal % to Total Percentage to Total Gross Charges

Medicare % to Total Gross Charges



Medi-Cal % to Total Gross Charges



# Consolidated Financial Summary

## Year-to-Date March 2023

\$ in Millions	FY 2023 YTD March				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 545.3	\$ 509.4	\$ 35.9	7.0%	
Operating Expense	\$ 529.3	\$ 499.2	\$ (30.1)	-6.0%	
<b>Income from Operations</b>	<b>\$ 16.0</b>	<b>\$ 10.2</b>	<b>\$ 5.8</b>	<b>56.9%</b>	
<i>Operating Margin %</i>	2.9%	2.0%	0.9%	45.0%	
Non Operating Income*	\$ 13.5	\$ 8.7	\$ 4.8	55.2%	
<b>Net Income</b>	<b>\$ 29.5</b>	<b>\$ 18.9</b>	<b>\$ 10.6</b>	<b>56.1%</b>	
<i>Net Income Margin %</i>	5.4%	3.7%	1.7%	45.9%	

\* Non-operating income includes \$4.0 million of FEMA Funds Received

# Consolidated Financial Summary - Normalized Year-to-Date March 2023

\$ in Millions	FY 2023 YTD March			
			Variance fav (unfav)	
	Actual	Budget	\$VAR	%VAR
Operating Revenue	\$ 545.3	\$ 509.4	\$ 35.9	7.0%
Operating Expense	\$ 529.3	\$ 499.2	\$ (30.1)	-6.0%
<b>Income from Operations</b>	<b>\$ 16.0</b>	<b>\$ 10.2</b>	<b>\$ 5.8</b>	<b>56.9%</b>
<i>Operating Margin %</i>	2.9%	2.0%	0.9%	45.0%
Non Operating Income	\$ 9.5	\$ 8.7	\$ 0.8	9.2%
<b>Net Income</b>	<b>\$ 25.5</b>	<b>\$ 18.9</b>	<b>\$ 6.6</b>	<b>34.9%</b>
<i>Net Income Margin %</i>	4.7%	3.7%	1.0%	27.0%

# Salinas Valley Health - Key Financial Indicators

Statistic	YTD 3/31/23	SVMHS Target	+/-	S&P A+ Rated Hospitals	+/-	YTD 3/31/22	+/-
Operating Margin*	2.9%	5.0%		4.0%		7.7%	
Total Margin*	4.7%	6.0%		6.6%		6.8%	
EBITDA Margin**	7.1%	7.4%		13.6%		11.6%	
Days of Cash*	329	305		249		348	
Days of Accounts Payable*	52	45		-		47	
Days of Net Accounts Receivable***	48	45		49		51	
Supply Expense as % NPR (SVHMC)	12.8%	14.0%		-		12.8%	
SWB Expense as % NPR (SVHMC)	53.1%	53.0%		53.7%		50.5%	
Operating Expense per APD* (SVHMC)	6,224	6,739		-		6,323	

\*These metrics have been adjusted for normalizing items

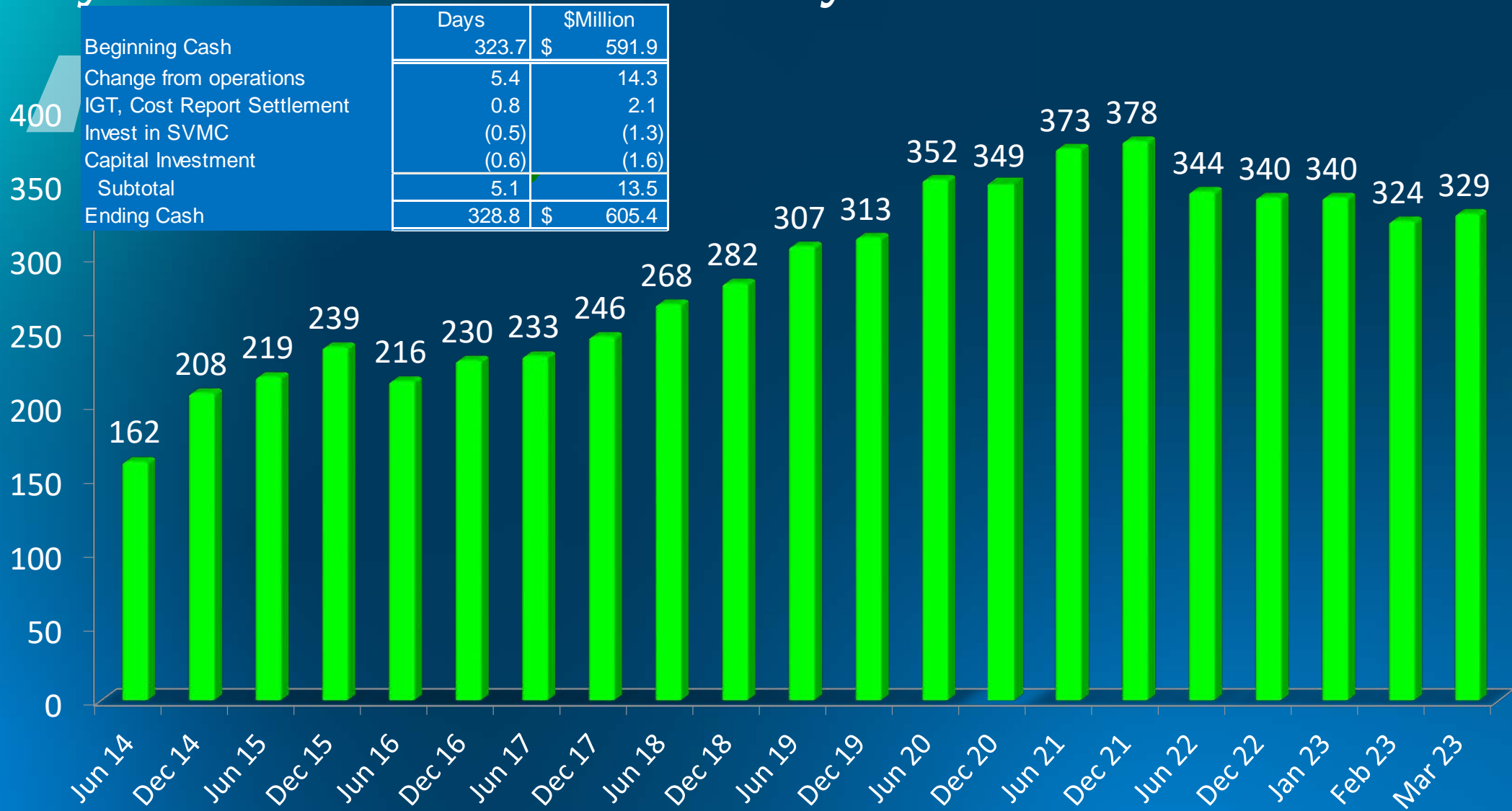
\*\*Metric based on Operating Income (consistent with industry standard)

\*\*\*Metric based on 90 days average net revenue (consistent with industry standard)

Days of Cash and Accounts Payable metrics have been adjusted to **exclude** accelerated insurance payments (COVID-19 assistance)

# Salinas Valley Health

## Days Cash on Hand = 329 Days (\$605M) - March 2023



# Questions / Comments



SALINAS VALLEY MEMORIAL HOSPITAL  
SUMMARY INCOME STATEMENT  
March 31, 2023

	<u>Month of March,</u>		<u>Nine months ended March 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 49,844,938	\$ 52,195,386	\$ 466,237,581	\$ 446,589,519
Other operating revenue	1,259,573	858,094	7,610,514	8,682,857
Total operating revenue	<u>51,104,511</u>	<u>53,053,480</u>	<u>473,848,095</u>	<u>455,272,376</u>
Total operating expenses	49,562,364	44,903,757	426,612,464	380,496,960
Total non-operating income	<u>1,318,403</u>	<u>(6,964,782)</u>	<u>(18,063,520)</u>	<u>(33,161,243)</u>
Operating and non-operating income	<u>\$ 2,860,550</u>	<u>\$ 1,184,941</u>	<u>\$ 29,172,111</u>	<u>\$ 41,614,173</u>

SALINAS VALLEY MEMORIAL HOSPITAL  
BALANCE SHEETS  
March 31, 2023

	<u>Current year</u>	<u>Prior year</u>
<b>ASSETS:</b>		
Current assets	\$ 412,304,760	\$ 423,203,959
Assets whose use is limited or restricted by board	157,466,029	146,993,729
Capital assets	242,653,987	239,259,178
Other assets	180,814,794	215,462,444
Deferred pension outflows	<u>95,857,027</u>	<u>50,119,236</u>
	<u>\$ 1,089,096,597</u>	<u>\$ 1,075,038,546</u>
<b>LIABILITIES AND EQUITY:</b>		
Current liabilities	106,221,023	125,196,630
Long term liabilities	17,159,971	14,288,063
Lease deferred inflows	1,642,999	0
Pension liability	79,111,485	83,585,120
Net assets	<u>884,961,119</u>	<u>851,968,733</u>
	<u>\$ 1,089,096,597</u>	<u>\$ 1,075,038,546</u>

**SALINAS VALLEY MEMORIAL HOSPITAL  
SCHEDULES OF NET PATIENT REVENUE  
March 31, 2023**

	<u>Month of March,</u>		<u>Nine months ended March 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Patient days:				
By payer:				
Medicare	1,743	1,904	18,192	15,817
Medi-Cal	1,348	942	10,643	8,791
Commercial insurance	579	750	6,884	6,803
Other patient	181	40	1,106	931
Total patient days	<u>3,851</u>	<u>3,636</u>	<u>36,825</u>	<u>32,342</u>
Gross revenue:				
Medicare	\$ 111,349,836	\$ 100,544,135	\$ 940,354,384	\$ 830,959,461
Medi-Cal	83,084,260	60,736,073	634,709,357	501,247,564
Commercial insurance	49,120,358	54,777,161	466,534,420	449,602,841
Other patient	<u>11,174,646</u>	<u>5,841,161</u>	<u>78,622,951</u>	<u>70,672,769</u>
Gross revenue	<u>254,729,100</u>	<u>221,898,531</u>	<u>2,120,221,112</u>	<u>1,852,482,635</u>
	76.3%	72.7%	74.3%	71.9%
Deductions from revenue:				
Administrative adjustment	135,425	213,866	2,276,380	2,641,014
Charity care	543,191	227,479	5,589,125	7,404,698
Contractual adjustments:				
Medicare outpatient	35,451,371	31,309,897	271,316,616	244,117,053
Medicare inpatient	47,137,679	43,412,916	421,386,923	366,158,966
Medi-Cal traditional outpatient	3,533,949	3,894,701	30,948,610	26,051,851
Medi-Cal traditional inpatient	7,916,449	6,513,161	49,024,956	55,522,204
Medi-Cal managed care outpatient	32,755,490	23,437,691	250,666,947	194,277,087
Medi-Cal managed care inpatient	30,967,782	20,891,767	235,916,155	166,931,060
Commercial insurance outpatient	19,870,359	18,824,505	161,588,959	146,788,581
Commercial insurance inpatient	18,857,816	17,458,897	177,050,040	156,650,648
Uncollectible accounts expense	3,988,717	4,260,182	34,617,310	33,815,044
Other payors	<u>3,725,934</u>	<u>(741,918)</u>	<u>13,601,510</u>	<u>5,534,909</u>
Deductions from revenue	<u>204,884,162</u>	<u>169,703,144</u>	<u>1,653,983,531</u>	<u>1,405,893,116</u>
Net patient revenue	<u>\$ 49,844,938</u>	<u>\$ 52,195,386</u>	<u>\$ 466,237,581</u>	<u>\$ 446,589,519</u>
	19.57%	23.52%	21.99%	24.11%
Gross billed charges by patient type:				
Inpatient	\$ 134,022,311	\$ 113,982,972	\$ 1,145,792,152	\$ 995,551,261
Outpatient	90,744,958	81,100,301	715,000,364	619,538,376
Emergency room	<u>29,961,830</u>	<u>26,815,257</u>	<u>259,428,596</u>	<u>237,392,999</u>
Total	<u>\$ 254,729,099</u>	<u>\$ 221,898,531</u>	<u>\$ 2,120,221,112</u>	<u>\$ 1,852,482,635</u>

**SALINAS VALLEY MEMORIAL HOSPITAL  
STATEMENTS OF REVENUE AND EXPENSES  
March 31, 2023**

	Month of March,		Nine months ended March 31,	
	current year	prior year	current year	prior year
Operating revenue:				
Net patient revenue	\$ 49,844,938	\$ 52,195,386	\$ 466,237,581	\$ 446,589,519
Other operating revenue	1,259,573	858,094	7,610,514	8,682,857
Total operating revenue	51,104,511	53,053,480	473,848,095	455,272,376
Operating expenses:				
Salaries and wages	17,092,063	16,145,520	154,572,504	139,406,231
Compensated absences	2,771,127	2,420,841	25,363,013	24,182,544
Employee benefits	7,835,465	7,290,572	69,460,389	62,733,382
Supplies, food, and linen	7,200,939	7,116,296	61,296,803	56,907,920
Purchased department functions	4,424,389	3,506,751	37,490,274	30,339,667
Medical fees	2,562,755	1,531,307	18,921,225	16,600,161
Other fees	3,182,995	3,744,593	26,644,274	21,544,447
Depreciation	1,879,470	1,873,914	18,507,794	16,559,159
All other expense	2,613,161	1,273,963	14,356,188	12,223,449
Total operating expenses	49,562,364	44,903,757	426,612,464	380,496,960
Income from operations	1,542,147	8,149,723	47,235,631	74,775,416
Non-operating income:				
Donations	167,066	220,220	5,759,969	1,575,873
Property taxes	333,333	333,333	3,000,000	3,000,000
Investment income	4,103,760	(4,239,802)	4,345,236	(12,145,284)
Taxes and licenses	0	0	0	0
Income from subsidiaries	(3,285,756)	(3,278,533)	(31,168,725)	(25,591,832)
Total non-operating income	1,318,403	(6,964,782)	(18,063,520)	(33,161,243)
Operating and non-operating income	2,860,550	1,184,941	29,172,111	41,614,173
Net assets to begin	882,100,570	850,783,791	855,789,007	810,354,560
Net assets to end	\$ 884,961,119	\$ 851,968,733	\$ 884,961,119	\$ 851,968,733
Net income excluding non-recurring items	\$ 2,860,550	\$ 1,184,941	\$ 29,172,111	\$ 35,321,797
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	0	0	0	6,292,376
Operating and non-operating income	\$ 2,860,550	\$ 1,184,941	\$ 29,172,111	\$ 41,614,173

**SALINAS VALLEY MEMORIAL HOSPITAL  
SCHEDULES OF INVESTMENT INCOME  
March 31, 2023**

	Month of March,		Nine months ended March 31,	
	current year	prior year	current year	prior year
Detail of other operating income:				
Dietary revenue	\$ 136,096	\$ 149,349	\$ 1,348,791	\$ 1,260,823
Discounts and scrap sale	18,001	(1,774)	826,991	1,046,179
Sale of products and services	13,689	93,822	342,286	657,228
Clinical trial fees	0	0	0	27,700
Stimulus Funds	0	0	0	0
Rental income	256,497	160,131	1,552,165	1,449,698
Other	835,290	456,566	3,540,281	4,241,229
<b>Total</b>	<b>\$ 1,259,573</b>	<b>\$ 858,094</b>	<b>\$ 7,610,514</b>	<b>\$ 8,682,857</b>

Detail of investment income:				
Bank and payor interest	\$ 1,094,859	\$ 72,742	\$ 7,196,994	\$ 777,049
Income from investments	3,008,901	(4,312,768)	(1,649,508)	(12,609,817)
Gain or loss on property and equipment	0	225	(1,202,250)	(312,516)
<b>Total</b>	<b>\$ 4,103,760</b>	<b>\$ (4,239,802)</b>	<b>\$ 4,345,236</b>	<b>\$ (12,145,284)</b>

Detail of income from subsidiaries:

Salinas Valley Medical Center:				
Pulmonary Medicine Center	\$ (242,922)	\$ (244,021)	\$ (1,496,508)	\$ (1,678,245)
Neurological Clinic	(87,582)	(61,897)	(584,449)	(491,709)
Palliative Care Clinic	(75,161)	(77,236)	(632,457)	(729,112)
Surgery Clinic	(196,396)	(90,377)	(1,275,763)	(1,104,936)
Infectious Disease Clinic	(32,831)	(13,195)	(282,223)	(234,678)
Endocrinology Clinic	(222,732)	(133,400)	(1,526,427)	(1,124,905)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(511,189)	(644,457)	(3,978,979)	(3,891,257)
OB/GYN Clinic	(400,421)	(332,399)	(2,778,235)	(2,861,166)
PrimeCare Medical Group	(365,165)	(53,445)	(5,225,567)	(3,860,502)
Oncology Clinic	(40,318)	(725,049)	(2,263,724)	(2,335,730)
Cardiac Surgery	(200,888)	(70,877)	(2,506,361)	(1,476,004)
Sleep Center	(54,247)	(28,146)	(301,220)	(274,514)
Rheumatology	(49,072)	(42,053)	(516,011)	(483,372)
Precision Ortho MDs	(584,704)	(363,921)	(3,262,916)	(2,577,110)
Precision Ortho-MRI	0	0	0	0
Precision Ortho-PT	(51,110)	(58,142)	(335,249)	(456,445)
Vaccine Clinic	0	(303)	(683)	(52,863)
Dermatology	19,610	(6,334)	(162,760)	(139,664)
Hospitalists	0	0	0	0
Behavioral Health	(40,200)	(47,103)	(294,783)	(585,012)
Pediatric Diabetes	(51,298)	(31,864)	(413,109)	(380,843)
Neurosurgery	(11,094)	(5,970)	(257,350)	(206,924)
Multi-Specialty-RR	(9,206)	5,130	70,666	74,956
Radiology	123,148	(231,294)	(1,521,481)	(2,138,984)
Salinas Family Practice	(86,066)	(44,610)	(896,500)	(797,930)
Urology	(11,201)	(60,566)	(804,138)	(70,002)
<b>Total SVMC</b>	<b>(3,181,045)</b>	<b>(3,361,529)</b>	<b>(31,246,227)</b>	<b>(27,876,951)</b>
Doctors on Duty	(151,217)	(151,473)	13,051	(198,908)
Vantage Surgery Center	0	37,808	0	220,554
LPCH NICU JV	0	0	(1,387,567)	0
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	(61,616)	157,983	1,226,367	2,010,846
Coastal	8,257	17,706	(29,439)	(238,638)
Apex	0	0	0	103,759
GenesisCare USA	99,325	4,862	(53,380)	67,022
Monterey Bay Endoscopy Center	539	16,111	308,470	320,485
<b>Total</b>	<b>\$ (3,285,756)</b>	<b>\$ (3,278,533)</b>	<b>\$ (31,168,725)</b>	<b>\$ (25,591,832)</b>

**SALINAS VALLEY MEMORIAL HOSPITAL  
BALANCE SHEETS  
March 31, 2023**

	<u>Current year</u>	<u>Prior year</u>
Current assets:		
Cash and cash equivalents	\$ 302,187,761	\$ 311,966,083
Patient accounts receivable, net of estimated uncollectibles of \$27,396,500	81,881,609	89,801,155
Supplies inventory at cost	7,555,263	8,120,242
Current portion of lease receivable	546,861	0
Other current assets	20,133,266	13,316,479
	<u>412,304,760</u>	<u>423,203,959</u>
Assets whose use is limited or restricted by board	<u>157,466,029</u>	<u>146,993,729</u>
Capital assets:		
Land and construction in process	53,155,190	38,086,516
Other capital assets, net of depreciation	189,498,797	201,172,662
	<u>242,653,987</u>	<u>239,259,178</u>
Other assets:		
Right of use assets, net of amortization	5,622,496	0
Long term lease receivable	1,186,426	0
Investment in securities	145,056,247	129,942,027
Investment in SVMC	9,399,852	11,005,644
Investment in Aspire/CHI/Coastal	1,614,262	1,748,729
Investment in other affiliates	21,033,869	21,512,207
Net pension asset	(3,098,358)	51,253,837
	<u>180,814,794</u>	<u>215,462,444</u>
Deferred pension outflows	<u>95,857,027</u>	<u>50,119,236</u>
	<u>\$ 1,089,096,597</u>	<u>\$ 1,075,038,546</u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 65,143,585	\$ 57,756,721
Due to third party payers	19,662,420	49,185,523
Current portion of notes payable	0	0
Current portion of self-insurance liability	18,644,064	18,254,387
Current portion of lease liability	2,770,954	0
	<u>106,221,023</u>	<u>125,196,630</u>
Long term portion of notes payable	0	0
Long term portion of workers comp liability	14,058,922	14,288,063
Long term portion of lease liability	3,101,049	0
	<u>123,380,994</u>	<u>139,484,693</u>
Lease deferred inflows	1,642,999	0
Pension liability	79,111,485	83,585,120
Net assets:		
Invested in capital assets, net of related debt	242,653,987	239,259,178
Unrestricted	642,307,132	612,709,555
	<u>884,961,119</u>	<u>851,968,733</u>
	<u>\$ 1,089,096,597</u>	<u>\$ 1,075,038,546</u>

**SALINAS VALLEY MEMORIAL HOSPITAL**  
**STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL**  
**March 31, 2023**

	Month of March,				Nine months ended March 31,			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:								
Gross billed charges	\$ 254,729,100	\$ 215,925,569	38,803,531	17.97%	\$ 2,120,221,112	\$ 1,871,145,389	249,075,723	13.31%
Deductions from revenue	204,884,162	167,906,681	36,977,481	22.02%	1,653,983,531	1,445,569,827	208,413,704	14.42%
Net patient revenue	49,844,938	48,018,888	1,826,050	3.80%	466,237,581	425,575,561	40,662,020	9.55%
Other operating revenue	1,259,573	1,374,687	(115,114)	-8.37%	7,610,514	12,372,180	(4,761,666)	-38.49%
<b>Total operating revenue</b>	<b>51,104,511</b>	<b>49,393,575</b>	<b>1,710,936</b>	<b>3.46%</b>	<b>473,848,095</b>	<b>437,947,741</b>	<b>35,900,354</b>	<b>8.20%</b>
Operating expenses:								
Salaries and wages	17,092,063	17,095,035	(2,972)	-0.02%	154,572,504	145,720,564	8,851,940	6.07%
Compensated absences	2,771,127	2,377,608	393,519	16.55%	25,363,013	26,138,343	(775,330)	-2.97%
Employee benefits	7,835,465	7,462,759	372,706	4.99%	69,460,389	64,466,536	4,993,853	7.75%
Supplies, food, and linen	7,200,939	6,417,896	783,043	12.20%	61,296,803	56,736,448	4,560,355	8.04%
Purchased department functions	4,424,389	3,491,015	933,374	26.74%	37,490,274	31,419,032	6,071,242	19.32%
Medical fees	2,562,755	2,026,754	536,001	26.45%	18,921,225	18,240,788	680,437	3.73%
Other fees	3,182,995	1,812,561	1,370,434	75.61%	26,644,274	17,980,027	8,664,247	48.19%
Depreciation	1,879,470	1,939,805	(60,335)	-3.11%	18,507,794	17,296,648	1,211,146	7.00%
All other expense	2,613,161	1,767,161	846,000	47.87%	14,356,188	15,729,470	(1,373,282)	-8.73%
<b>Total operating expenses</b>	<b>49,562,364</b>	<b>44,390,595</b>	<b>5,171,769</b>	<b>11.65%</b>	<b>426,612,464</b>	<b>393,727,857</b>	<b>32,884,607</b>	<b>8.35%</b>
<b>Income from operations</b>	<b>1,542,147</b>	<b>5,002,980</b>	<b>(3,460,833)</b>	<b>-69.18%</b>	<b>47,235,631</b>	<b>44,219,884</b>	<b>3,015,747</b>	<b>6.82%</b>
Non-operating income:								
Donations	167,066	166,667	399	0.24%	5,759,969	1,500,000	4,259,969	284.00%
Property taxes	333,333	333,333	(0)	0.00%	3,000,000	3,000,000	0	0.00%
Investment income	4,103,760	129,915	3,973,845	3058.79%	4,345,236	1,169,239	3,175,997	271.63%
Income from subsidiaries	(3,285,756)	(3,655,501)	369,745	-10.11%	(31,168,725)	(31,315,358)	146,633	-0.47%
<b>Total non-operating income</b>	<b>1,318,403</b>	<b>(3,025,586)</b>	<b>4,343,989</b>	<b>-143.58%</b>	<b>(18,063,520)</b>	<b>(25,646,119)</b>	<b>7,582,599</b>	<b>-29.57%</b>
<b>Operating and non-operating income</b>	<b>\$ 2,860,550</b>	<b>\$ 1,977,394</b>	<b>883,156</b>	<b>44.66%</b>	<b>\$ 29,172,111</b>	<b>\$ 18,573,765</b>	<b>10,598,346</b>	<b>57.06%</b>

**SALINAS VALLEY MEMORIAL HOSPITAL**  
**PATIENT STATISTICAL REPORT**  
For the month of Mar and nine months to date

	Month of Mar		Nine months to date		Variance
	2022	2023	2021-22	2022-23	
<b><u>NEWBORN STATISTICS</u></b>					
Medi-Cal Admissions	33	42	365	338	(27)
Other Admissions	89	87	870	777	(93)
Total Admissions	122	129	1,235	1,115	(120)
Medi-Cal Patient Days	53	71	562	543	(19)
Other Patient Days	151	136	1,437	1,294	(143)
Total Patient Days of Care	204	207	1,999	1,837	(162)
Average Daily Census	6.6	6.7	7.3	6.7	(0.6)
Medi-Cal Average Days	1.8	1.8	1.6	1.7	0.1
Other Average Days	0.9	1.7	1.7	1.7	0.0
Total Average Days Stay	1.8	1.7	1.6	1.7	0.0
<b><u>ADULTS &amp; PEDIATRICS</u></b>					
Medicare Admissions	398	403	3,100	3,622	522
Medi-Cal Admissions	272	303	2,145	2,665	520
Other Admissions	390	281	2,727	2,811	84
Total Admissions	1,060	987	7,972	9,098	1,126
Medicare Patient Days	1,668	1,543	13,537	15,408	1,871
Medi-Cal Patient Days	947	1,348	9,109	10,933	1,824
Other Patient Days	1,511	1,025	9,289	10,570	1,281
Total Patient Days of Care	4,126	3,916	31,935	36,911	4,976
Average Daily Census	133.1	126.3	116.6	134.7	18.2
Medicare Average Length of Stay	4.2	3.8	4.3	4.3	(0.1)
Medi-Cal Average Length of Stay	3.4	3.8	3.5	3.6	0.1
Other Average Length of Stay	3.9	2.9	2.6	3.0	0.4
Total Average Length of Stay	3.9	3.5	3.4	3.6	0.2
Deaths	20	32	254	229	(25)
Total Patient Days	4,330	4,123	33,934	38,748	4,814
Medi-Cal Administrative Days	4	0	191	81	(110)
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	4	0	191	81	(110)
Percent Non-Acute	0.09%	0.00%	0.56%	0.21%	-0.35%



**SALINAS VALLEY MEMORIAL HOSPITAL**  
**PATIENT STATISTICAL REPORT**  
For the month of Mar and nine months to date

	<u>Month of Mar</u>		<u>Nine months to date</u>		<u>Variance</u>
	<u>2022</u>	<u>2023</u>	<u>2021-22</u>	<u>2022-23</u>	
<u>PATIENT DAYS BY LOCATION</u>					
Level I	273	316	2,447	2,712	265
Heart Center	406	345	2,541	3,144	603
Monitored Beds	671	669	6,755	6,088	(667)
Single Room Maternity/Obstetrics	337	325	3,218	3,036	(182)
Med/Surg - Cardiovascular	695	877	6,359	8,416	2,057
Med/Surg - Oncology	332	290	2,552	2,502	(50)
Med/Surg - Rehab	595	462	4,085	4,723	638
Pediatrics	148	99	856	1,155	299
Nursery	204	207	1,999	1,837	(162)
Neonatal Intensive Care	130	114	1,008	1,242	234
<u>PERCENTAGE OF OCCUPANCY</u>					
Level I	67.74%	78.41%	68.70%	685.23%	
Heart Center	87.31%	74.19%	61.82%	688.47%	
Monitored Beds	80.17%	79.93%	91.31%	740.63%	
Single Room Maternity/Obstetrics	29.38%	28.33%	31.74%	269.52%	
Med/Surg - Cardiovascular	49.82%	62.87%	51.57%	614.31%	
Med/Surg - Oncology	82.38%	71.96%	71.65%	632.17%	
Med/Surg - Rehab	73.82%	57.32%	57.34%	596.67%	
Med/Surg - Observation Care Unit	0.00%	79.51%	0.00%	752.19%	
Pediatrics	26.52%	17.74%	17.36%	210.77%	
Nursery	39.88%	40.47%	22.11%	182.85%	
Neonatal Intensive Care	38.12%	33.43%	33.44%	370.87%	

**SALINAS VALLEY MEMORIAL HOSPITAL**  
**PATIENT STATISTICAL REPORT**  
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	Month of Mar		Nine months to date		Variance
	2022	2023	2021-22	2022-23	
<b><u>DELIVERY ROOM</u></b>					
Total deliveries	84	120	1,171	1,072	(99)
C-Section deliveries	36	35	387	347	(40)
Percent of C-section deliveries	42.86%	29.17%	33.05%	32.37%	-0.68%
<b><u>OPERATING ROOM</u></b>					
In-Patient Operating Minutes	22,796	19,715	172,866	183,147	10,281
Out-Patient Operating Minutes	29,730	31,128	225,349	243,228	17,879
Total	52,526	50,843	398,215	426,375	28,160
Open Heart Surgeries	13	10	109	125	16
In-Patient Cases	167	143	1,252	1,258	6
Out-Patient Cases	295	316	2,263	2,485	222
<b><u>EMERGENCY ROOM</u></b>					
Immediate Life Saving	17	47	295	293	(2)
High Risk	525	802	4,181	5,393	1,212
More Than One Resource	2,704	2,842	23,056	26,526	3,470
One Resource	1,492	1,774	14,821	18,792	3,971
No Resources	60	133	753	855	102
Total	4,798	5,598	43,106	51,859	8,753

**SALINAS VALLEY MEMORIAL HOSPITAL**  
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	<u>Month of Mar</u>		<u>Nine months to date</u>		<u>Variance</u>
	<u>2022</u>	<u>2023</u>	<u>2021-22</u>	<u>2022-23</u>	
<b>CENTRAL SUPPLY</b>					
In-patient requisitions	16,315	15,295	102,118	105,727	3,609
Out-patient requisitions	6,250	6,730	67,967	63,426	-4,541
Emergency room requisitions	1,375	698	11,273	8,349	-2,924
Interdepartmental requisitions	7,849	7,115	49,644	44,398	-5,246
Total requisitions	<u>31,789</u>	<u>29,838</u>	<u>231,002</u>	<u>221,900</u>	<u>-9,102</u>
<b>LABORATORY</b>					
In-patient procedures	42,107	38,721	253,735	241,589	-12,146
Out-patient procedures	9,286	11,597	76,062	80,263	4,201
Emergency room procedures	9,433	11,145	60,934	76,430	15,496
Total patient procedures	<u>60,826</u>	<u>61,463</u>	<u>390,731</u>	<u>398,282</u>	<u>7,551</u>
<b>BLOOD BANK</b>					
Units processed	<u>318</u>	<u>297</u>	<u>1,996</u>	<u>1,965</u>	<u>-31</u>
<b>ELECTROCARDIOLOGY</b>					
In-patient procedures	1,041	1,068	6,566	6,885	319
Out-patient procedures	349	302	2,706	2,668	-38
Emergency room procedures	1,045	1,148	6,142	7,127	985
Total procedures	<u>2,435</u>	<u>2,518</u>	<u>15,414</u>	<u>16,680</u>	<u>1,266</u>
<b>CATH LAB</b>					
In-patient procedures	64	77	512	607	95
Out-patient procedures	51	71	571	625	54
Emergency room procedures	0	0	1	0	-1
Total procedures	<u>115</u>	<u>148</u>	<u>1,084</u>	<u>1,232</u>	<u>148</u>
<b>ECHO-CARDIOLOGY</b>					
In-patient studies	298	371	2,033	2,406	373
Out-patient studies	138	156	1,262	1,520	258
Emergency room studies	2	1	16	5	-11
Total studies	<u>438</u>	<u>528</u>	<u>3,311</u>	<u>3,931</u>	<u>620</u>
<b>NEURODIAGNOSTIC</b>					
In-patient procedures	140	165	1,109	1,090	-19
Out-patient procedures	24	27	169	164	-5
Emergency room procedures	0	0	0	0	0
Total procedures	<u>164</u>	<u>192</u>	<u>1,278</u>	<u>1,254</u>	<u>-24</u>

**SALINAS VALLEY MEMORIAL HOSPITAL**  
**PATIENT STATISTICAL REPORT**  
For the month of Mar and nine months to date

	<u>Month of Mar</u>		<u>Nine months to date</u>		<u>Variance</u>
	<u>2022</u>	<u>2023</u>	<u>2021-22</u>	<u>2022-23</u>	
<b>SLEEP CENTER</b>					
In-patient procedures	0	0	1	0	-1
Out-patient procedures	183	167	1,315	1,153	-162
Emergency room procedures	0	0	0	0	0
Total procedures	<u>183</u>	<u>167</u>	<u>1,316</u>	<u>1,153</u>	<u>-163</u>
<b>RADIOLOGY</b>					
In-patient procedures	1,654	1,429	9,708	8,710	-998
Out-patient procedures	416	356	4,323	2,915	-1,408
Emergency room procedures	1,217	1,382	7,939	8,809	870
Total patient procedures	<u>3,287</u>	<u>3,167</u>	<u>21,970</u>	<u>20,434</u>	<u>-1,536</u>
<b>MAGNETIC RESONANCE IMAGING</b>					
In-patient procedures	105	141	860	890	30
Out-patient procedures	127	77	953	768	-185
Emergency room procedures	14	6	80	49	-31
Total procedures	<u>246</u>	<u>224</u>	<u>1,893</u>	<u>1,707</u>	<u>-186</u>
<b>MAMMOGRAPHY CENTER</b>					
In-patient procedures	2,718	3,550	20,910	24,711	3,801
Out-patient procedures	2,696	3,518	20,790	24,527	3,737
Emergency room procedures	3	0	3	8	5
Total procedures	<u>5,417</u>	<u>7,068</u>	<u>41,703</u>	<u>49,246</u>	<u>7,543</u>
<b>NUCLEAR MEDICINE</b>					
In-patient procedures	12	14	86	94	8
Out-patient procedures	61	78	506	541	35
Emergency room procedures	1	0	4	4	0
Total procedures	<u>74</u>	<u>92</u>	<u>596</u>	<u>639</u>	<u>43</u>
<b>PHARMACY</b>					
In-patient prescriptions	111,491	94,299	636,356	605,331	-31,025
Out-patient prescriptions	10,439	11,319	99,978	104,283	4,305
Emergency room prescriptions	5,342	7,197	36,983	48,996	12,013
Total prescriptions	<u>127,272</u>	<u>112,815</u>	<u>773,317</u>	<u>758,610</u>	<u>-14,707</u>
<b>RESPIRATORY THERAPY</b>					
In-patient treatments	29,606	21,738	156,457	131,478	-24,979
Out-patient treatments	143	981	3,391	7,896	4,505
Emergency room treatments	373	194	1,179	1,583	404
Total patient treatments	<u>30,122</u>	<u>22,913</u>	<u>161,027</u>	<u>140,957</u>	<u>-20,070</u>
<b>PHYSICAL THERAPY</b>					
In-patient treatments	2,256	2,396	16,109	16,284	175
Out-patient treatments	99	170	1,751	2,108	357
Emergency room treatments	0	0	0	0	0
Total treatments	<u>2,355</u>	<u>2,566</u>	<u>17,860</u>	<u>18,392</u>	<u>532</u>

**SALINAS VALLEY MEMORIAL HOSPITAL**  
**PATIENT STATISTICAL REPORT**  
For the month of Mar and nine months to date

	<u>Month of Mar</u>		<u>Nine months to date</u>		<u>Variance</u>
	<u>2022</u>	<u>2023</u>	<u>2021-22</u>	<u>2022-23</u>	
<b>OCCUPATIONAL THERAPY</b>					
In-patient procedures	1,445	1,660	9,403	10,682	1,279
Out-patient procedures	74	99	797	1,086	289
Emergency room procedures	0	0	0	0	0
Total procedures	<u>1,519</u>	<u>1,759</u>	<u>10,200</u>	<u>11,768</u>	<u>1,568</u>
<b>SPEECH THERAPY</b>					
In-patient treatments	348	525	2,682	3,077	395
Out-patient treatments	23	28	171	200	29
Emergency room treatments	0	0	0	0	0
Total treatments	<u>371</u>	<u>553</u>	<u>2,853</u>	<u>3,277</u>	<u>424</u>
<b>CARDIAC REHABILITATION</b>					
In-patient treatments	0	0	0	0	0
Out-patient treatments	498	401	2,637	4,268	1,631
Emergency room treatments	0	0	1	0	-1
Total treatments	<u>498</u>	<u>401</u>	<u>2,638</u>	<u>4,268</u>	<u>1,630</u>
<b>CRITICAL DECISION UNIT</b>					
Observation hours	<u>378</u>	<u>344</u>	<u>1,866</u>	<u>2,252</u>	<u>386</u>
<b>ENDOSCOPY</b>					
In-patient procedures	85	78	626	636	10
Out-patient procedures	12	29	159	223	64
Emergency room procedures	0	0	0	0	0
Total procedures	<u>97</u>	<u>107</u>	<u>785</u>	<u>859</u>	<u>74</u>
<b>C.T. SCAN</b>					
In-patient procedures	537	596	3,803	4,027	224
Out-patient procedures	445	281	3,598	2,517	-1,081
Emergency room procedures	433	552	3,208	4,164	956
Total procedures	<u>1,415</u>	<u>1,429</u>	<u>10,609</u>	<u>10,708</u>	<u>99</u>
<b>DIETARY</b>					
Routine patient diets	17,554	21,351	113,154	130,102	16,948
Meals to personnel	19,345	21,421	144,216	152,161	7,945
Total diets and meals	<u>36,899</u>	<u>42,772</u>	<u>257,370</u>	<u>282,263</u>	<u>24,893</u>
<b>LAUNDRY AND LINEN</b>					
Total pounds laundered	<u>99,573</u>	<u>100,531</u>	<u>710,088</u>	<u>689,921</u>	<u>-20,167</u>

# *PUBLIC INPUT*

*CLOSED SESSION*

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

*RECONVENE OPEN SESSION/  
REPORT ON CLOSED SESSION*



# ***ADJOURNMENT***

*The Transformation, Strategic Planning & Governance Committee meets Quarterly.*