



June 15, 2023

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 **QUALITY AND EFFICIENT PRACTICES COMMITTEE - COMMITTEE OF THE WHOLE** of the **SALINAS VALLEY HEALTH**<sup>1</sup> will be held **MONDAY, JUNE 19, 2023, AT 8:30 A.M., DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA** or via **TELECONFERENCE** (*visit [SalinasValleyHealth.com/ virtualboardmeetinglink](https://SalinasValleyHealth.com/virtualboardmeetinglink) 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: Catherine Carson, Chair; Rolando Cabrera, MD, Vice Chair; Pete Delgado, President/CEO; Allen Radner, MD, Chief Medical Officer; Clement Miller, Chief Operating Officer; Lisa Paulo, Chief Nursing Officer; Rakesh Singh, MD, Medical Staff Member; Michele Averill, Community Member

**QUALITY AND EFFICIENT PRACTICES COMMITTEE  
COMMITTEE OF THE WHOLE  
SALINAS VALLEY HEALTH<sup>1</sup>**

**MONDAY, JUNE 19, 2023 8:30 A.M.  
DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117**

**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)**

**AGENDA**

1. Call to Order / Roll Call
2. Approve the Minutes of the Quality and Efficient Practices Committee Meeting of May 22, 2023. (DELGADO)
  - Motion/Second
  - Action by Committee/Roll Call Vote
3. Approve Addenda to the Quality Assessment and Plan QAPI PI Project List 2023 and SCOPE of QAPI Plan
  - Motion/Second
  - Action by Committee/Roll Call Vote
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/Report on Closed Session
7. Adjournment  
The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, July 24, 2023 at 8:30 a.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.SalinasValleyHealth.com](https://www.SalinasValleyHealth.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 831-759-3050. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

<sup>1</sup>Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

**QUALITY & EFFICIENT PRACTICES COMMITTEE  
COMMITTEE OF THE WHOLE**

**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, hospital internal audit report, or report of quality assurance committee):

1. Report of the Medical Staff Quality and Safety Committee
  - a. Report Risk Management/ Patient Safety and Accreditation and Regulatory Reports- A.Kukla
  - b. Report Dialysis Services Program- Agnes Lalata
  - c. Palliative and Spiritual Care- L. Gottfried
2. Quality and Safety Board Dashboard Review- A. Kukla
3. Emergency Management Plan- A.Kukla
4. Receive and Accept Quality and Safety Reports
  - a. Environment of Care Committee
  - b. Accreditation and Regulatory Report
  - c. Clinical Alarm Safety
  - d. Diagnostic Discrepancies 3Q and 4Q 2022: Pathology report
  - e. Pharmacy and Therapeutics Committee Report/Infection Prevention Program

**ADJOURN TO OPEN SESSION**

*CALL TO ORDER*  
*ROLL CALL*

*(Chair to call the meeting to order)*

**SALINAS VALLEY HEALTH<sup>1</sup>**  
**QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING**  
**COMMITTEE OF THE WHOLE**  
**MEETING MINUTES May 22, 2023**

Committee Members Present:

In-person: Chair Catherine Carson, Vice Chair Rolando Cabrera, MD., Pete Delgado, Lisa Paulo, Allan Radner MD., and Rakesh Singh MD.

Via teleconference: Michelle Averill

Committee Members Absent: Clement Miller

Other Board Members Present, Constituting Committee of the Whole: Director Juan Cabrera, Director Victor Rey (via teleconference)

*Michele Averill left at 9:30 a.m.*

*Director Juan Cabrera left at 9:30 a.m.*

*Director Victor Rey left at 9:55 a.m.*

### **1. CALL TO ORDER/ROLL CALL**

A quorum was present and Chair Carson called the meeting to order at 8:34 a.m. at the Downing Resource Center CEO Conference room 117.

### **2. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF APRIL 17, 2023.**

Approve the minutes of the Quality and Efficient Practices Committee for the April 17, 2023 meeting, as presented. The information was included in the Committee packet.

#### **PUBLIC COMMENT:**

None

#### **MOTION:**

Upon motion by Committee member Paulo, second by Director Cabrera MD., the minutes of April 17, 2023, of the Community Advocacy Committee were approved, as presented.

Ayes: Chair Carson, Vice Chair Cabrera MD., Averill, Delgado, Paulo, Radner MD., and Rakesh MD.

Noes: None

Abstentions: None

Absent: Miller

### **3. PATIENT CARE SERVICES UPDATE**

Received an update on Patient Care Services from Lisa Paulo, Chief Nursing Officer. Aubree Collins, BSN, RN, RNC-OB, C-EFM (Chair) and Pam Yates, RN (Co-Chair) provided an overview of Collaborative Care Committee activities including areas of responsibility, governance structure, Tim Porter O'Grady workgroup professional governance implementation, and leadership training. A full report was included in the packet.

<sup>1</sup>Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

#### **4. LABORATORY SERVICES UPDATE**

Received an update on Laboratory Services from Timothy Johnson, Lead Clinical Lab Scientist; Brandon Reed, Laboratory Technical Supervisor; and Frank Yu, Lead Clinical Laboratory Scientist. The report included regulatory preparedness and awards, and LEAN initiatives for hematology, coagulation, urinalysis, microbiology/molecular, blood transfusion services, point-of-care testing, histology and anatomical pathology.

#### **5. QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN**

Aniko Kukla, Director of Quality and Patient Safety, Quality Management presented the Quality Assessment and Performance Improvement Plan for review. The full plan was included in the packet.

#### **6. NEW CMS MEASURES: HEALTH EQUITY/SOCIAL DETERMINANTS OF HEALTH**

Aniko Kukla, Director of Quality and Patient Safety, Quality Management presented the New CMS measures: Health Equity/Social Determinants of Health. A full report was included in the packet.

#### **7. PUBLIC INPUT**

No public comment

#### **8. CLOSED SESSION**

Chair Carson announced that the item to be discussed in Closed Session is *Hearings/Reports – Report of the Medical Staff Quality and Safety Committee*. The meeting recessed into Closed Session under the Closed Session protocol at 9:10 a.m.

#### **9. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION**

The Committee reconvened Open Session at 10:26 a.m., Chair Carson reported that in Closed Session, the Committee discussed *Hearings/Reports – Report of the Medical Staff Quality and Safety Committee* and *Trade Secrets*. The following actions were taken:

The Committee received and accepted the following reports:

1. Invited Reports of the May 4, 2023 Medical Staff Quality and Safety Committee
  - a. Women's Services Report (Vasher)
  - b. Resuscitation Committee Report (Spencer)
  - c. Critical Care Services Report (Spencer)
2. Quality and Safety Board Dashboard Report
3. Summary Report of the Quality and Safety Reports
4. Receive & Accept Quality and Safety Reports
  - a. Quality and Safety Committee
    - i. Transitions of Care
    - ii. Critical Care Services

- iii. MedSurg Cluster/Peds/In-patient Wound Care Program
- iv. HIM (Health Information Management)
  - v. Nursing Admin/Transporters/Interpreter Services
  - vi. Nursing Education
  - vii. Taylor Farms
- viii. Community/Volunteer Services
  - ix. Food Services
  - x. Respiratory Care
  - xi. Rehab Services (PT, OT, Speech)
  - xii. Sleep Medicine
- b. Miscellaneous
  - i. CMS Data Report July 2023
  - ii. CMS Star Report July 2023
  - iii. Accreditation and Regulatory Report

## **10. CMS STAR AND LEAPFROG REPORT**

Received a report from Aniko Kukla, Director of Quality and Patient Safety, Quality Management regarding CMS Star Award including data on patient safety, readmission rates and patient experience. Data on the Leapfrog Award was presented including data comparison with other hospitals. A full report was included in the packet.

## **11. ADJOURNMENT**

There being no other business, the meeting adjourned at 10:31 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, June 19, 2023 at 8:30 a.m.**

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Catherine Carson, Chair  
Quality and Efficient Practices Committee

**QAPI PI Project List 2023**

Project Year	Status	Project Name	PI Measure with Baseline and Target	Key Change(s) Initiated	Current Project Phase	Prioritization Reason	Primary Effect	Project Leader	Project Sponsor	Clinical PI Specialist Support	Project Start Date	Project End Date
2023	In Progress	Hand Hygiene Improvement	Hand Hygiene Compliance, target 75%	Introduce validation rounding to observe staff protocols	4. Monitor and Control	High volume	Patient Safety	Melissa Dean	Lisa Paulo	Eva Tankesley	1/1/2023	12/31/2023
2023	In Progress	Pain/Opioid Improvement	Decrease the AMA rate among hospitalized inpatients with substance use disorder by 50% during calendar year 2023. Baseline 6%, target 3%, Decrease overdose rates for people recently-released from prison, increase rate of f/up care appts w/in 14 days of release	MAT for inpatients, CIWA protocol redesign, Initiate MAT before release from prison	3. Executing	High-risk	Health Outcomes	Aniko Kukla, Dr. Erica Locke	Dr. Allen Radner	Kathleen Fitzgerald	1/1/2023	12/31/2023
2023	In Progress	Health Equity Program	Health Equity measures collected in each care setting, percent of staff who completed cultural competency training	Define collection of required regulatory data elements, develop cultural competency training	2. Planning	High volume	Health Outcomes	Lilia M Gottfried	Pete Delgado	Toni Rodriguez	1/1/2023	12/31/2023



SCOPE OF QAPI PLAN 2023

No.	Indicator	Source	Services by CoP: Medical Staff	Nursing Services	Anesthesia	Surgical Services	Emergency	Outpatient	Pharmacy	Nutrition Services	Laboratory	Radiology	Nuclear Medicine	Respiratory Care	Rehabilitation	Physical Environment	Discharge Planning	Medical Record Services	Utilization Review	Organ, Tissue, and Eye Procurement	Infection Prevention and Control and Antibiotic Stewardship	
	Total Indicators		31	31	18	18	21	10	14	7	19	14	10	10	10	15	5	12	1	8	12	
1	Overall Mortality Index	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2	Risk adjusted all cause <b>sepsis</b> mortality index	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3	Never Events Reported CDPH Rate	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4	Medication Errors Rates (Reached Patient) WILL BE RELEASED ONCE DataRIX is implemented 07/2023	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5	# of Incident Reports WILL BE RELEASED ONCE DataRIX is implemented 07/2023	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6	Employee Safety: Incidents Reported to Cal OSHA	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
7	Patient Falls Reported to NDNQI (per 1000 pt days)	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8	Falls with Injury	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
9	Stage 3, Stage 4, and Unstagnable Hospital Acquired Pressure Injury (Reportable) Rate	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
10	Catheter Associated Urinary Tract Infection (CAUTI)	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
11	Central Line Associated Blood Stream Infection (CLABSI)	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
12	Clostridioides Difficile Infection (Cdiff)	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
13	Surgical Site Infections	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
14	Hand Hygiene Housewide Observation Data	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
15	Hand Hygiene Housewide data validation (IP)	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
16	30 Day Readmission Rate	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
17	PC-01: Elective Deliveries	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
18	PC-02: NTSV- Cesarean Section rates	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
19	PC-06: Unexpected Complications in Term Newborns	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
20	Episiotomy Rates	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
21	Hypoglycemia e-CQM	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
22	Stroke (CVA): Door to needle time	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
23	MI: Door to PCI	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
24	OR Percentage of 1st Case on Time Starts	2023 Strategic Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
25	OR Turnover Time	2023 Strategic Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
26	ED Room Efficiencies: Median Length of Stay for non-admits (in min)	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
27	ED Room Efficiencies: Median Time from Admit Decision to Time of Admission to Nursing Unit (in min)	Board Quality Dashboard	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
28	Average of Inpatient HCAHPS Scores	2023 Strategic Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
29	Average ED Press Ganey Score	2023 Strategic Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
30	Average Ambulatory HCAHPS Scores	2023 Strategic Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

*PUBLIC INPUT*

*CLOSED SESSION*

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

*RECONVENE OPEN SESSION/  
REPORT ON CLOSED SESSION*

***ADJOURNMENT***