![Salinas Valley Health logo]

January 11, 2024

TO: Legal Counsel

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

The next regular meeting of the **QUALITY AND EFFICIENT PRACTICES COMMITTEE - COMMITTEE OF THE WHOLE** of the **SALINAS VALLEY HEALTH**[1] will be held **MONDAY, JANUARY 15, 2024, AT 8:30 A.M., CEO CONFERENCE ROOM, DOWNING RESOURCE CENTER ROOM 117, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA** or via **TELECONFERENCE** (*visit* SalinasValleyHealth.com/ virtualboardmeetinglink *for Access Information*).

[signature]

Allen Radner, MD
Interim President/Chief Executive Officer

[1]Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

QUALITY AND EFFICIENT PRACTICES COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH[1]

MONDAY, JANUARY 15, 2024, 8:30 A.M.
CEO CONFERENCE ROOM
DOWNING RESOURCE CENTER, Room 117

Salinas Valley Health Medical Center
450 E. Romie Lane, Salinas, California
or via Teleconference
(Visit SalinasValleyHealth.com/virtualboardmeeting for Access Information)

AGENDA

1. Call to Order / Roll Call

2. Public Comment

   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.

3. Approve the Minutes of the Quality and Efficient Practices Committee Meeting of November 13, 2023. (RADNER)
   - Motion/Second
   - Action by Committee/Roll Call Vote

4. Patient Care Services Update (PAULO)
   Quality Council Report- Francie Espino, BSN, RN, CCRN, CSC, Chair

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, February 12, 2024 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, 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.

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QUALITY & EFFICIENT PRACTICES COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH

<u>**AGENDA FOR CLOSED SESSION**</u>

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.

<u>**CLOSED SESSION AGENDA ITEMS**</u>

<u>**HEARINGS/REPORTS**</u>
(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- from December, 2023
   - Safety and Reliability Committee Reports:
     o Patient Safety Case Summaries
     o Beta "Quest for Zero – Sepsis" Emergency Room Participation Update

2. Report of the Medical Staff Quality and Safety Committee- from January, 2024
   - Department Reports:
     o Transitional Care Program- M. Orta
     o Med Surg Cluster, Wound Care, Dialysis Services- G.Farnal

3. Quality and Safety Board Dashboard Review (KUKLA)
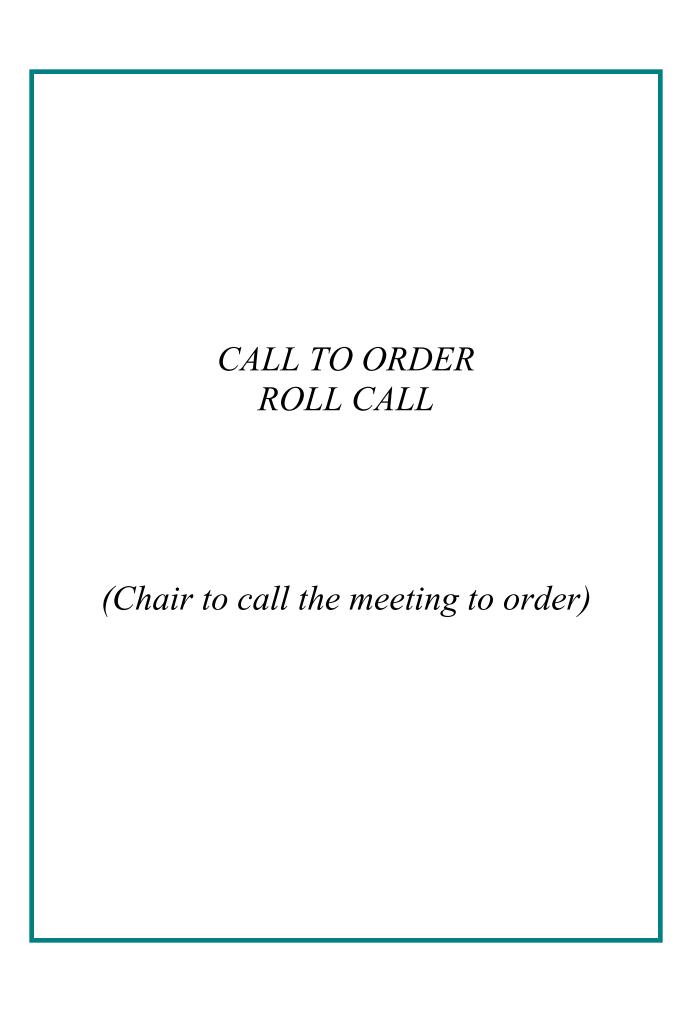
4. Consent Agenda:

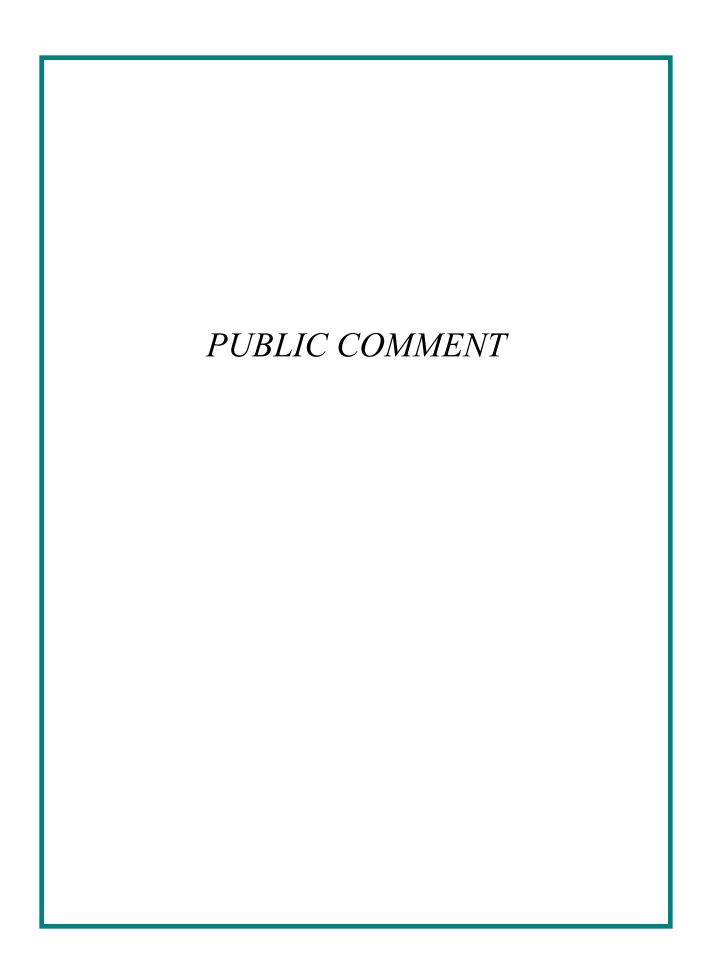   Quality and Safety Committee Reports: December 2023
   - Palliative Care
   - Risk Management Reports
   - Environment of Care Committee Reports
   - Accreditation and Regulatory Full Report
   - TJC National Patient Safety Goals: Safety of Clinical Alarms

   Quality and Safety Committee Reports: January 2024
   - Emergency Department
   - Outpatient Infusion Center and Wound Healing Center
   - Diagnostic Imaging/ Mammography
   - Case Management
   - Health Information Management
   - Pharmacy and Therapeutics Committee Report

ADJOURN TO OPEN SESSION

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

PUBLIC COMMENT

SALINAS VALLEY HEALTH[1]
QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES NOVEMBER 13, 2023

Committee Members Present:

In-person: Chair Catherine Carson, Pete Delgado, Clement Miller, Lisa Paulo, Allen Radner MD., and Alison Wilson, DO.

Via teleconference: Vice Chair Rolando Cabrera, MD., and Michele Averill

Committee Members Absent: None

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

Director Victor Rey joined via teleconference at 8:34 a.m.
Vice-Chair Rolando Cabrera, MD joined via teleconference at 8:35 a.m.
Director Juan Cabrera joined via teleconference at 9:11 a.m.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Carson called the meeting to order at 8:30 a.m. at the Downing Resource Center CEO Conference room 117.

2. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF SEPTEMBER 25, 2023.

Approve the minutes of the Quality and Efficient Practices Committee for the September 25, 2023 meeting, as presented. The information was included in the Committee packet.

Comments from the Board:
None

PUBLIC COMMENT:
None

MOTION:

Upon motion by Committee member Lisa Paulo, second by Committee member Allen Radner, MD, the minutes of September 25, 2023, of the Quality and Efficient Practices Committee Meeting were approved, as presented.

ROLL CALL VOTE:

Ayes: Chair Carson, Vice Chair Cabrera, MD, Averill, Delgado, Miller, Paulo, Radner, MD, Wilson, DO;
Nays: None;
Abstentions: None;
Absent: None

Motion Carried

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3. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF OCTOBER 23, 2023.

Approve the minutes of the Quality and Efficient Practices Committee for the October 23, 2023 meeting, as presented. The information was included in the Committee packet.

Comments from the Board:
None

PUBLIC COMMENT:
None

MOTION:

Upon motion by Vice-Chair Rolando Cabrera, MD, second by Committee member Lisa Paulo, the minutes of October 23, 2023, of the Quality and Efficient Practices Committee Meeting were approved, as presented.

ROLL CALL VOTE:

Ayes: Chair Carson, Vice Chair Cabrera, MD, Averill, Delgado, Miller, Paulo, Radner, MD, Wilson, DO;
Nays: None;
Abstentions: None;
Absent: None

Motion Carried

4. PATIENT CARE SERVICES UPDATE: REHABILITATION SERVICES UNIT PRACTICE COUNCIL

Stephanie Sterner, MS, OTR/L *[Chair]*, Jan Martha Conducto, MS, OTR/L *[Co-Chair]*, Ashley Pugh, MS, CCC-SLP and Jessica Graziano, PT, DPT, SCS *[Advisor]* provided an update on the Council's work. This Council is one of the non-nursing Unit Practice Councils. Initiatives include the following.

- PT/OT/SLP Career ladder, designed to develop professional growth, develop evidence-based practice and retention and recruitment.
- Fiberoptic Endoscopic Evaluation of Swallowing (FEES) a collaborative-based initiative to resume safe initiation of diet.
- OT Breast Cancer Program Development including pre-op and post-op evaluation; meeting patient needs
- Future initiatives include mobilization of patients on ventilation, post-extubation swallow evaluation order set, updating rehab guidelines, protocols for mobilization of patient on CRRT, and pain management.

BOARD MEMBER DISCUSSION: Further discussion with staff clarified the following:
The council is working with Dr. Varma and the registrar to track incidents of lymphedema? Aniko and Jessica will track data. A gap identified to reduce ICU LOS by mobilizing which is being done on a case-by-case basis. The Council was encouraged to track LOS discharged home vs. other facilities.

5. FALL 2023 LEAPFROG SCORE

Aniko Kukla, Director, Quality & Patient Safety, provided an overview of the Leapfrog Score. Salinas Valley Health have received another 'A' score; the only 'A' facility in the area.

BOARD MEMBER DISCUSSION: Further discussion with staff clarified two other local hospitals have lost their 'A' rating.

6. PUBLIC COMMENT
None

7. CLOSED SESSION

Chair Carson announced that the item to be discussed in Closed Session is *Hearings/Reports* as listed on the closed session agenda. The meeting recessed into Closed Session under the Closed Session protocol at 8:48 a.m.

8. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:32 a.m., Chair Carson reported that in Closed Session, the Committee discussed *Hearings/Reports* as published on the closed session agenda as follows:

1. Report of the Medical Staff Quality and Safety Committee
   - Critical Care/Progressive Care
   - Perinatal Services
2. Quality and Safety Board Dashboard Review
3. Consent Agenda:
   - Organ/Tissue Procurement
   - Taylor Farms
   - Resuscitation Committee
   - Nursing Admin Transport/Interpreter Services
   - Nursing Education
   - Laboratory Services

The Quality and Efficient Practices Committee received and accepted the reports listed on the Closed Session agenda, no additional action was taken.

9. ADJOURNMENT

There being no other business, the meeting adjourned at 9:34 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for December is cancelled.

_____

Catherine Carson, Chair
Quality and Efficient Practices Committee

Patient Care Services Update

Presented by:
Lisa Paulo, MSN/MPA, RN
Chief Nursing Officer

Featuring:
Quality Council

January 15, 2024

Quality Council

- Chair: Francie Espino, BSN, RN, CCRN, CSC

- Co-chair: Laurie Freed Edelman, BSN, RN, CCRN, CSC

- Clinical Excellence Specialist: Rebecca Rodriguez, MSN, RN, CEN, CPHQ

The Quality Council is comprised of representatives from:

- ✓ Each Unit Practice Council
- ✓ Falls Committee
- ✓ Wound Care Committee
- ✓ Nurse Excellence Committee
- ✓ Infection Prevention Department
- ✓ Quality Department (PI Specialist)
- ✓ Patient Experience
- ✓ Education
- ✓ Magnet Department
- ✓ Various Disease Specific Care Navigators (annual report outs)

Data are reported out from the above stakeholders to the Quality Council either monthly, quarterly, or annually.

2023 Council Goals

1. Enhance the enculturation of the data displays with staff.

2. Develop processes to include more clinical nurses in quality improvement activities.

3. Create a more formal process for action planning in response to underperforming measures.

4. Improve HAPI rates.

Council Goal #1

Enhance the enculturation of the data displays with staff.

- The Data Displays were simplified to include only 3 interventions per area of opportunity.

- The Data Displays are a part of daily huddles at shift change.

- Managers include their Data Displays in weekly updates, staff meetings and now on the "Team TV" in the Critical Care areas.

Data Display for Sept '23 – Feb '24   **Unit: ICU**   **Peer Feedback Focus:** Remember to be mindful of voice volume and conversations – ensure a healing environment

	Nurse Sensitive Indicator (NSI) Data	Patient Experience (PX) Data
Area(s) of Excellence:	FALLS, & HAPI Prevalence (Note: Prevalence data shows a snip in time – 1 day/quarter)	We made improvement on the question: quietness of hospital environment in January 2023. ICU is meeting Magnet criteria for all nurse-sensitive PX domains!
Area(s) of Focus/ Opportunity:	CAUTI HAPI Incidence (d/t respiratory devices)	1. Quietness of Hospital Environment 2. Nurses explain things in a way you understand.
Goal(s):	Goal: Zero CAUTI and HAPI (r/t to resp devices) and over the next 2 quarters	Goal: Exceed the national benchmark on the above patient experience question(s) over the next 2 quarters
Strategies/ Interventions:	CAUTI interventions: • Use two people when inserting a new Foley catheter • Perform weekly bundle rounds on Sunday • Discuss FC need in weekly rounds HAPI interventions • Round MWF on night shift with RN & RT to assess skin under respiratory devices	1. Be aware of your surroundings and utilize peer feedback when needed. 2. Utilize the Quiet Menu once available 3. Use simple non-technical medical language as much as possible. Utilize CareNotes so patient and family members can review information in writing when appropriate.
Data:	*See your unit's NSI dashboard (back) & PX data CAUTI/CLABSI Audit data	May also view data on STARnet: Shared Governance→Documents→Magnet Data Dashboards

Nurse Satisfaction Focus: Staff recognition and awareness/engagement (*ICU exceeded the benchmark on all Nurse Sat questions)

Improvement/Engagement Strategies:

1. Encourage nurses to recognize and highlight great work by their co-workers by utilizing the gratitude tree and Co-Worker Kudos nomination boxes

2. Encourage nursing staff to follow the UPC in StarNet to stay in the loop with what UPC is working on.

*Peer Feedback is about helping each other learn & grow by helping each other out if we forgot to do something or did something erroneously. It's about working as a team with a common goal of respectful collaboration and quality patient care! ☺

Let's help remind each other if we notice voice volumes getting too loud.

BSN or higher: Previous → Current

ICU/CCU:	69 % → 73 %
OCU:	74 % → 74 %
1-Main:	76 % → 84 %
Heart Center:	54 % → 59 %
4T Tele:	74 % → 71 %
5-Tower:	58 % → 58 %
PCR:	59 % → 64 %

Goal: 0.5 % increase

Certification Rates: Prev. → Cur.

ICU/CCU:	42 % → 46 %
OCU:	07 % → 13 %
1-Main:	27 % → 32 %
Heart Center:	15 % → 18 %
4T Tele:	32 % → 16 %
5-Tower:	17 % → 17 %
PCR:	50 % → 50 %

Goal: 1 % increase

PRIDE

Council Goal #2

Develop processes to include more clinical nurses in quality improvement activities.

- Staff nurses are involved with CLABSI/CAUTI audits and HAPI Prevalence audits. All staff participate in hand hygiene audits.

- This goal will continue in 2024.

Council Goal #3

Create a more formal process for action planning in response to underperforming measures.

- A formalized process was adopted by the Quality Council to follow up with reported data.

- This process is added to each agenda and open action plans are reported on by the Unit practice council representatives.

Introducing Our Professional Governance Quality Council's

New Action Plan Process

Goal: Establish an *action plan process* for measures underperforming targets/benchmarks.

Process: If a measure has *underperformed* the national benchmark for two months in a row or 2 months within a quarter or 2 quarters in a row:
  o The UPC is notified via a referral
     ▪ Unit leaders (manager AND director) are also notified via e-mail
  o Within 2 months, that UPC's Quality Rep will report to the Quality Council regarding:
     ▪ Awareness/acknowledgement of that specific data trend
     ▪ Planned or implemented improvement strategies
     (A standing agenda item will be added to the Quality Council agenda for 'Action Plans')

Note: We recognize underperforming measures are often collaboratively addressed by unit leaders and UPCs and a more formal action plan may already exist. The goal of the Quality Council is not to duplicate or complicate work, but rather to ensure the unit/council is aware of the underperforming measure and has initiated steps for improvement.

3 Main MedSurg1- NSI (Nurse Sensitive Indicators)

Fall Rates

Falls Data		Q4 2021 Oct	Nov	Dec	Q1 2022 Jan	Feb	Mar	Q2 2022 April	May	June	Q3 2022 July	Aug	Sept	Q4 2022 Oct	Nov	Dec	Q1 2023 Jan	Feb	Mar	Q2 2023 April	May	June	Q3 2023 July	Aug	Sept	Q4 2023 Oct	Nov	Dec	Magnet Score *
All Falls per 1000 Patient Days	Quarterly Fall Rate	1.59			2.18			1.13			1.52			1.95			0.49			1.81			4.63						7 /8
	Benchmark	2.95			3.06			2.87			2.76			2.75			2.75			2.61			2.69						
	Monthly Fall Rate	0.00	1.61	3.04	1.71	3.47	1.49	1.70	1.68	0.00	1.53	0.00	3.27	1.51	3.13	1.33	0.00	0.00	1.64	3.68	1.66	0.00	1.57	3.55	9.45	0.00	0.00		
	# falls	0	1	2	1	2	1	1	1	0	1	0	2	1	2	1	0	0	1	2	1	0	1	2	5	0	0		
	Patient Days	602	621	658	586	576	671	588	597	585	652	705	611	661	639	752	769	652	610	544	604	510	636	564	529	587	599		
Falls With Injury per 1000 Patient Days	Quarterly Fall w/ Injury Rate	0.53			0.00			0.56			1.02			0.00			0.49			0.60			1.16						6 /8
	Benchmark	0.67			0.70			0.71			0.69			0.67			0.63			0.61			0.66						
	Monthly Fall w/ Injury Rate	0.00	1.61	0.00	0.00	0.00	0.00	0.00	1.68	0.00	1.53	0.00	1.64	0.00	0.00	0.00	0.00	0.00	1.64	0.18	0.00	0.00	0.00	0.00	3.78	0.00	0.00		
	# falls w/ Injury	0	1	0	0	0	0	0	1	0	1	0	1	0	0	0	0	0	1	1	0	0	0	0	2	0	0		

4 Main Ortho Neuro Spine-Nurse Sensitive Indicators

Fall Rates

Falls Data		Q4 2021 Oct	Nov	Dec	Q1 2022 Jan	Feb	Mar	Q2 2022 Apr	May	June	Q3 2022 July	Aug	Sept	Q4 2022 Oct	Nov	Dec	Q1 2023 Jan	Feb	mar	Q2 2023 April	May	June	Q3 2023 July	Aug	Sept	Q4 2023 Oct	Nov	Dec	Magnet Score *
All Falls per 1000 Patient Days	Quarterly Fall Rate	1.86			2.89			1.19			1.68			0.55			2.26			1.90			3.23			5.48			7 /8
	Benchmark	2.96			2.95			3.06			2.87			2.76			2.75			2.61			2.69						
	Monthly Fall Rate	3.92	0.00	1.85	5.15	3.64	0.00	0.00	1.75	1.71	0.00	3.20	1.89	0.00	1.72	0.00	3.04	3.57	0.00	1.86	1.95	1.90	1.78	1.95	6.36	3.69	7.23		
	# falls	2	0	1	3	2	0	0	1	1	0	2	1	0	1	0	2	2	0	1	1	1	1	1	3	2	4		
	Patient Days	510	559	542	583	550	595	524	573	585	633	625	530	591	583	660	657	561	549	538	513	527	562	513	472	542	553		
Falls With Injury per 1000 Patient Days	Quarterly Fall w/ Injury Rate	1.24			0.58			0.59			0.00			0.00			1.70			0.63			0.65			2.74			5 /8
	Benchmark	0.67			0.70			0.71			0.69			0.67			0.63			0.61			0.66						
	Monthly Fall w/ Injury Rate	1.96	0.00	1.85	0.00	1.82	0.00	0.00	0.00	1.71	0.00	0.00	0.00	0.00	0.00	0.00	3.04	1.78	0.00	0.00	1.95	0.00	0.00	0.00	2.12	1.85	3.62		
	# falls w/ Injury	1	0	1	0	1	0	0	0	1	0	0	0	0	0	0	2	1	0	0	1	0	0	0	1	1	2		

Quality Action Plan for 3M and 4M

Areas for Improvement	Desired Outcome	Strategies	Target Dates
Falls and Falls with injury	To decrease incidence of falls/falls with injury in 3M & 4M for Q1 & Q2 of 2024.	1. Ensure communication board indicates the following: • Patient's fall risk • BMAT • Activity & equipment (i.e. 1 person assist w/ FWW) • Precautions (i.e. Bed Alarm ON) 2. Staff education • Review 5 P's of purposeful hourly rounding • Fall risk assessment and prevention strategies 3. Safety huddles – CN to include HRTF & patients on Bed Alarm during change of shift huddles (0700, 1500 & 2300)	

Council Goal #4

Improve HAPI rates. (Hospital Acquired Pressure Injuries)

- Our "HAPI Skin Bundle" initiative went house wide in Jan. 2023.

- A HealthStream went out to all Staff to educate them on the HAPI Skin Bundle.

- We rounded on all units talking about the HAPI Skin Bundle.

Hospital-Acquired Pressure Injury Prevention Bundle

HAPI SKIN

(Consider ALL Bundle Components for Patients with Braden Score of 18 or Less)

H — HOW At-Risk Is Your Patient's Skin?
- Is your patient immobile?
- Is your patient incontinent?
- Is the Braden score 18 or less?

A — ASSESS Skin and Risk Q Shift
- Two nurses to assess skin on admission (within first 8 hours)
- Assess skin under and around all devices
- Assess need for wound care consult
- Take pictures per protocol

P — PROTECT Your Patient's Skin
- Place protective foam under devices
- Place preventative dressings on bony prominences
- Place InterDry° in skin folds as needed
- Place heels off of the bed
- **Unless contraindicated (e.g., VAP protocol or risk for aspiration), place HOB M 30 degrees**

I — INCONTINENCE Management and Skin Care
- Apply moisture barrier cream to protect skin from urine and stool
- Manage urine: toileting, female or male external catheters, male wraps, Foley per protocol
- Manage stool: rectal tube, use gray moisture wipes
- Utilize absorptive underpads
- Clean all skin with wipes and moisturize with lotion

S — SUPPORTIVE Surface
- Utilize Bed Decision Tree
- Waffle overlay and/or cushion
- EHOB boots
- Z™ Gel pillows under bony prominences (ICU)
- Bariatric/low air-loss mattress

K — KEEP Moving
- Ambulate as able
- Turn Q 2 hours, use positioning aids, e.g., positioning sheets, wedges
- Get out of bed as able
- Utilize mobility protocol

I — INCLUDE Your Patient, Family and Staff
- Include your patient and their family in the plan of care to protect their skin
- Include skin care needs during multidisciplinary rounds and at bedside shift report
- Include and collaborate with RT when respiratory devices are used

N — NUTRITION
- Assess patient's nutritional status
- Assess need for a dietary consult
- Advocate for protein supplements if necessary
- Assess hydration status

For more information, see the Salinas Valley Health policy/clinical procedure: Skin Assessment, Pressure Injury – Identification, Prevention, and Treatment.

Salinas Valley HEALTH

What's Ahead in 2024:

We will Continue 3 of our 4 goals:

- The Data Displays will continue to be a source of information that all staff can have access to.

- Our goal "Develop processes to include more clinical nurses in quality improvement activities." We believe that more nurses will be included in QI activities thru out the hospital as we implement action plans to improve our data.

- We will continue to follow our HAPI rates and do assessments of any fall outs of the HAPI Bundle, and make adjustments as necessary.

THANK YOU
DO YOU HAVE ANY QUESTIONS!

CLOSED SESSION

(Report on Item to be Discussed in Closed Session)

RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION

ADJOURNMENT