



August 8, 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 **SALINAS VALLEY HEALTH**¹ will be held **MONDAY, AUGUST 12, 2024, AT 8:30 A.M., HEART CENTER TELECONFERENCE ROOM, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.** (Visit SalinasValleyHealth.com/virtualboardmeetinglink for Public Access Information).

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

Allen Radner, MD
President/Chief Executive Officer

Committee Voting Members: **Catherine Carson**, Chair, **Rolando Cabrera, MD**, Vice-Chair, **Clement Miller**, Chief Operating Officer, **Carla Spencer, RN**, Chief Nursing Officer; **Alison Wilson, DO**, Medical Staff Member.

Advisory Non-Voting Members: Administrative Executive Team.

**QUALITY AND EFFICIENT PRACTICES COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH¹**

**MONDAY, AUGUST 12, 2024, 8:30 A.M.
HEART CENTER TELECONFERENCE ROOM**

**Salinas Valley Health Medical Center
450 E. Romie Lane, Salinas, California**

(Visit SalinasValleyHealth.com/virtualboardmeeting for Public 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 July 15, 2024. (CARSON)

- Motion/Second
- Action by Committee/Roll Call Vote

4. Patient Care Services Update (SPENCER)

- Collaborative Care Council

5. CMS Star Announcements

6. Closed Session

7. Reconvene Open Session/Report on Closed Session

8. Adjournment

The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, September 16, 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.

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

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.

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

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
Commission on Cancer (BAKER)
BETA OB Quest for Zero (VASHER)
2. Quality and Safety Board Dashboard Review (KUKLA)
3. Consent Agenda:
Environment of Care Full Reports
Pt safety/ Risk Full Report
Accreditation and Regulatory Full Report
Pharmacy and Therapeutics/Infection Prevention Full Report

ADJOURN TO OPEN SESSION

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

PUBLIC COMMENT

DRAFT SALINAS VALLEY HEALTH¹
QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES JULY 15, 2024

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair, **Rolando Cabrera, MD**, Vice Chair, **Clement Miller**, COO, and **Carla Spencer**, Chief Nursing Officer;

Voting Members Absent: **Alison Wilson, DO**;

Advisory Non-Voting Members Present:

In Person: Allen Radner, MD, President/CEO, James Gilbert, MD, Interim CMO and Cheryl Pirozzoli.

Via Teleconference: Michelle Childs, CHRO, and Gary Ray, CLO.

Other Board Members Present, Constituting Committee of the Whole: Via teleconference: Director Juan Cabrera and Victor Rey.

Dr. Cabrera left the meeting at 9:49 a.m.

Clement Miller left the meeting at 10:10 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. PUBLIC COMMENT

None

3. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF JUNE 17, 2024.

Approve the minutes of the June 17, 2024 Quality and Efficient Practices Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT:

None

MOTION:

Upon motion by Committee member Carla Spencer, second by Committee Vice-Chair Dr. Cabrera, the minutes of the June 17, 2024 Quality and Efficient Practices Committee Meeting were approved as presented.

ROLL CALL VOTE:

Ayes: Chair Carson, Dr. Cabrera, Miller, Spencer;

Noes: None;

Abstentions: None;

Absent: Dr. Wilson.

Motion Carried

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. PATIENT CARE SERVICES UPDATE: PROFESSIONAL DEVELOPMENT COUNCIL

Carla Spencer, MSN, RN, NEA-BC, Chief Nursing Officer, introduced Stephanie Fierro, BSN, RN, CCRN, Chair of the Professional Development Council. The following was reported:

2024 Goals:

- Support nurses to pursue professional achievements: Advanced degrees and specialty certifications
- Monitor organizational vacancy and turnover rates to identify trends and opportunities for improvement

Initiatives

- SVH RN BSN or Higher Degree: Currently 69.25% with a Magnet Goal of 80%
- SVH RN Professional Certification: Currently 38.36% with a Magnet Goal of 51%; Average for Magnet Hospitals is 39.78%
 - SVH Certification Preparation Classes
 - New for 2024: Oncology (OCN) and Neonatal (RNC-NIC)
 - Continuing: Med/Surg (CMSRN, MEDSURG-BC) and Progressive Care (PCCN)
 - Upcoming: Critical Care (CCRN) and Maternal Newborn (RNC-MNN)
 - Certified Nurses Day: Celebrated March 19, 2024
- Clinical Ladder - Staff Nurse III: Currently 85 (23.2% increase in 2023-2024)
- RN Turnover: 9.13% as of FY24Q3; Average for Magnet Hospitals 12.16%, National Average 18.4%; Magnet Goal <10.15%. Launched new process with HR for separation survey to drive initiatives and trends.
- Professional Development & Education Fair: Held October 31, 2023. 2024 Fair scheduled for October 29th.
- Nurse Recognition Activities: Daisy Program Revitalization, ongoing Preceptor recognition; Recognition Board design is underway.

A full report was provided in the packet.

Committee Discussion: Salinas Valley Health has the highest BSN rate in our area; our advanced degrees go up to DNP for bedside nursing. Chair Carson stated the BSN rate is twice as high in Northern California from Southern California. On selecting certifications, it was suggested the Council focus on Magnet-recommended certifications. On the career ladder, SN III is an investment in your own practice and requires the nurse submit a portfolio which is graded by points. An incoming nurse can start on this career advancement as soon as they are hired. Regarding turnover, how much is the cost for replacing one nurse? Approximately \$100K, so retention is actually a cost savings. Michelle Childs stated HR can track controllable vs. uncontrollable which is under ¼%. HR tracks reasons for separation including relocation, job advancement, involuntary, etc. This is reported out to Personnel, Pension and Investment Committee. The Procedural Unit Practice Council was thanked for their efforts to retain our nurses.

5. CLOSED Session

Chair Carson announced that the items to be discussed in Closed Session are *Report Involving Trade Secret* and *Hearings/Reports* as listed on the closed session agenda. The meeting recessed into Closed Session under the Closed Session protocol at 8:59 a.m.

6. RECONVENE Open SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 10:21 a.m. Chair Carson reported that in Closed Session, the Committee received and accepted the (1) *Reports Involving Trade Secret-Trade Secret, Strategic*

Planning, Proposed New Programs and Services and (2) *Hearings/Reports* as published on the closed session agenda, and approved the Risk Management Plan as follows:

Hearings and Reports

1. Report of the Medical Staff Quality and Safety Committee
 - Health Information Management – Philip Katzenberg
2. Quality and Safety Board Dashboard Review (KUKLA)
3. Opioid Committee Report- Harm Reduction/Infection Prevention
4. US World Reports/Rankings
5. Unfinished business- revisions Risk Management Plan
6. Consent Agenda:
 - Emergency Department
 - Case Management/Social Work
 - Education Department
 - Clinical Informatics
 - Human Resources
 - Mammography
 - Radiology/Nuclear Medicine
 - Marketing and Communications
 - Compassionate Marijuana Use, Ryan’s Law

RECOMMENDATION:

Consider approval to support coordinated care between multiple community resources for prevention of opioid overdoses and deaths, to support this patient population and to reduce the opioid crises.

PUBLIC COMMENT:

None

MOTION:

Upon motion by Committee Member Spencer, and second by Committee Chair Carson, the Quality and Efficient Practices Committee recommends the Board of Directors consider approval of providing harm reduction services and education to hospitalized patients who use illicit substances in Monterey County and ensure the availability of equitable, safer drug-use supplies upon discharge.

Ayes:, Vice Chair Carson, Miller, Spencer;

Noes: None;

Abstentions: None;

Absent:. Vice-Chair Dr. Cabrera and Dr. Wilson.

Motion Carried

7. ADJOURNMENT

There being no other business, the meeting adjourned at 10:22 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, August 12, 2024** at 8:30 a.m.

Catherine Carson, Chair
Quality and Efficient Practices Committee



Collaborative Care Council

Aubree Collins, BSN, RN, RNC-OB, C-EFM, Chair

Pamela Yates, RN, CPN, Co-Chair

Carla Spencer, MSN, RN, NEA-BC, Chief Nursing Officer

Kirsten Wisner, PhD, RNC-OB, CNS, C-EFM, NE-BC, Magnet Program Director

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

Bhargavi (Bee) Simhadri, MSN, RN, NE-BC, CCRN-K, (Nurse Leadership Council)

Anna Mercado BSN, RN, ONC (Practice Council)

Francie Espino, BSN, RN, CCRN (Quality Council)

Laurie Freed, BSN, RN, CCRN-CSC (Quality Council)

Stephanie Fierro, BSN, RN, CCRN (Professional Development Council)

Krystal Cortez, BSN, RN, PCCN (Professional Development Council)

Norma Coyazo, MSN, RN, RNC-OB, C-EFM, (Clinical Inquiry Council)

Megan Lopez, MSN, RN, CNL, VA-BC (Clinical Inquiry Council)



Purpose

The Collaborative Care Council has executive oversight for the professional governance structure at Salinas Valley Health. Its purpose is to promote professional nursing practice and excellent patient outcomes through the coordination, integration, and monitoring of the professional governance councils.





Areas of Responsibility

Executive Oversight:

- Drive strategic alignment with organizational goals and the nursing strategic plan
- Provide direction in setting council priorities
- Ensure action plans are in place for underperforming measures
- Review, update and revise the Professional Governance bylaws
- Maintain and revise the council structure
- Train, support, and recognize clinical nurse leaders
- Generate an annual report of Professional Governance work



Tim Porter-O'Grady Workgroup

Dr. Porter-O'Grady, world renowned expert in professional governance

- Consultation in 2021, recommended addressing professional role accountability for clinical nurses and nurse leaders

His framework for professional decision-making authority, a major shift:

Content: Professional Role <i>Practice Based</i>	Context: Leader Role <i>Resource Driven</i>
<ul style="list-style-type: none">• Practice• Quality• Competence• Knowledge	<ul style="list-style-type: none">• Human• Fiscal• Material• Support• Systems



Tim Porter O'Grady Workgroup

Using his framework for decisional authority and established professional standards from the ANA and AONL

- 2+ year process, 19 clinical nurses and nurse leaders
- Translated these standards into 3 accountability grids, contain behavioral and outcome statements articulating role-based expectations
- Implementation:
 - Education and bylaws revision to reflect the grids, added to position descriptions
 - Research protocol to assess nurses' perceptions of professional governance before and after implementation of the grids



Tim Porter O'Grady Workgroup

- Lisa Paulo facilitated obtaining copyright of the accountability grids
- Publication in Journal of Nursing Administration

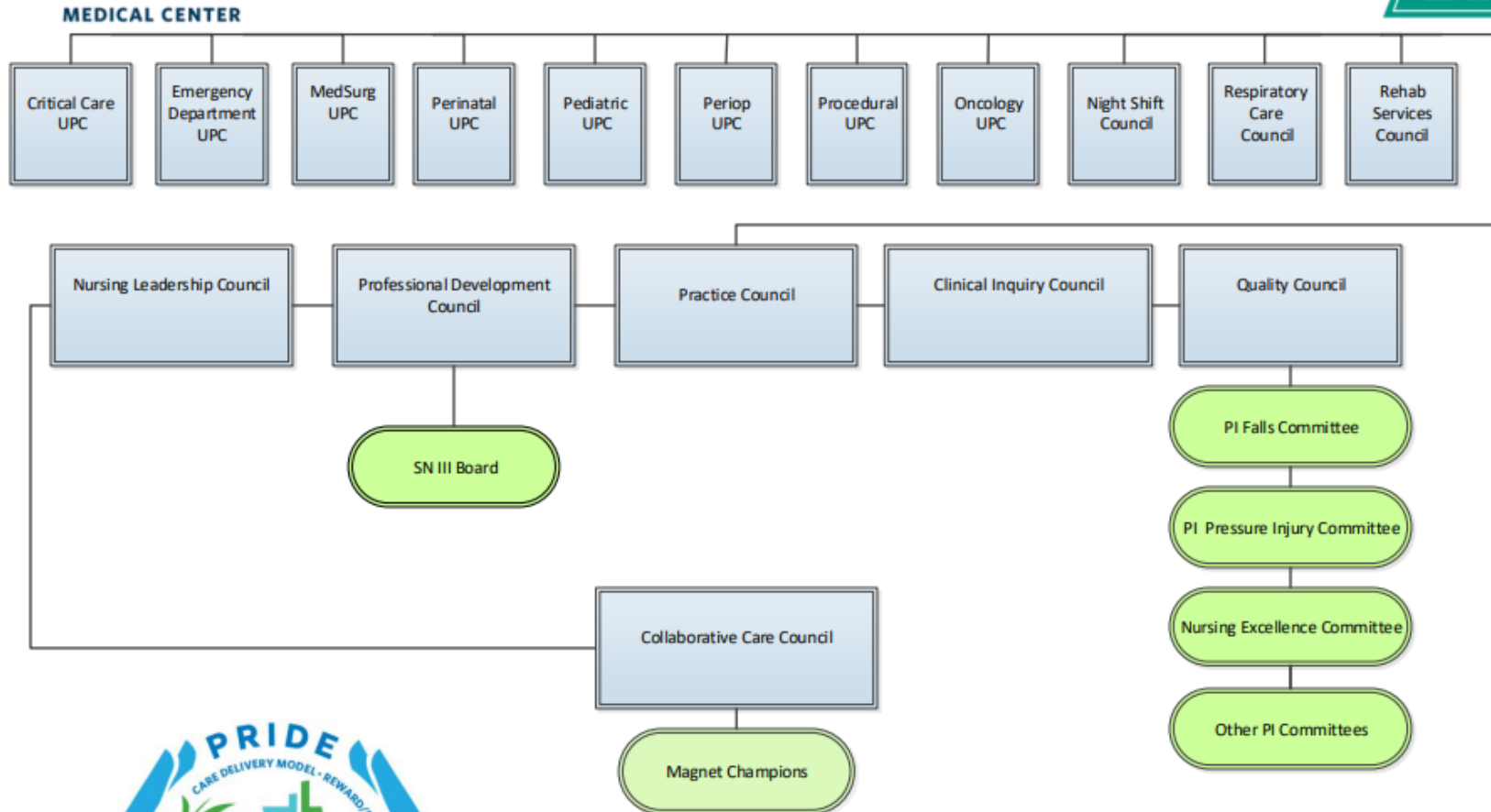


JONA
Volume 54, Number 2, pp 79-85
Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.

THE JOURNAL OF NURSING ADMINISTRATION

A Road Map for the Development of a Decisional Authority Framework for Professional Governance Using Accountability Grids

Kirsten Wisner, PhD, RNC-OB, CNS, C-EFM, NE-BC
Aubree Collins, BSN, RNC-OB, C-EFM
Tim Porter-O'Grady, DM, EdD, APRN, FAAN, FACCWS





Leadership Training

Professional Governance Leadership Training

- New Chair, Co-chair, Advisor Training
- Computer Essentials Training Class
- Leader Lunch and Learn Training Sessions



Annual Summary

Produce the Annual Summary of Professional Governance work:

- Assist Chairs and Co-chairs in completing their project tracker and highlight their goals.
- Use the project trackers to write a yearly summary
- Disseminate the summary

Project Tracker

Write Annual Summary

Distribute Organization Wide



Questions?



Salinas Valley Health: Clinical Nurse Accountability Grid

Preamble: Nursing is a profession, and members of a profession are accountable for the practice, competence, quality, and knowledge of that profession. These domains are the *content* accountabilities that define the foundations of professional work. As such, authority over decisions in these domains belongs to members of the profession practicing in direct-care roles. This accountability grid outlines an evidence- and standards-based framework for clinical nurses to exercise ownership and accountability for practice, competence, quality, and knowledge.

Practice: Informed by professional standards and evidence, Clinical Nurses oversee nursing practice. They demonstrate expertise regarding their practice, and exercise authority over decisions related to the care they provide.
Nurses exercise autonomy and practice within the full scope of their nursing practice.
Nurses align their practice with the Salinas Valley Health organization mission, vision, strategic plan, and the STAR and PRIDE values.
Nurses provide ethical care, promote diversity, equity, inclusion, and practice cultural humility. They incorporate the patient's preferences and values into care.
Nurses collaborate with families and interprofessionally to provide relationship-based, family-centered (or person-centered) care.
Nurses advocate for resources to support patient care and organizational goals.
Nurses support the well-being of patients, themselves, the Salinas Valley Health workforce, and the community.
Nurses communicate effectively and professionally with patients, leadership, and staff.
*Nurses serve and lead on councils, committees, and organizational-level interprofessional groups and use shared decision-making.
Nurses derive inspiration from the professional practice model (PPM) and practice in alignment with its principles.
Nurses advocate for working environments that promote nursing satisfaction, engagement, and retention. They support unit- and organization-level work plans to improve engagement.
Nurses focus on the patient and protect the rights, health, and safety of the patient.
*Nurses advocate for the health of the public, protect human rights, promote social justice and health diplomacy, and reduce health disparities.
Nurses teach and promote health and wellness.
Nurses utilize appropriate resources judiciously.
Nurses utilize expert knowledge and research to improve patient outcomes.
Quality: Clinical Nurses determine the quality metrics that define nursing excellence for their patient population. They systematically measure the quality of care, report their findings, evaluate their own and others' practice, and design initiatives to create excellent outcomes and improve care. Clinical Nurses exercise authority over decisions related to quality and quality improvement in their specialty.
Nurses create the safest environment for patients, staff, visitors, and other nurses and use the We Care system to identify events that affect safety.
*Nurses collect, examine, and report clinical quality and patient experience indicators for their unit. They set unit-specific goals and respond to data by changing their practice to improve patient outcomes and experience.
*Nurses provide critical review and evaluation of policies, procedures, and guidelines to improve the quality of health care.
*Nurses engage in formal and informal peer review.
Nurses develop and/or participate in quality improvement initiatives.

Nurses collaborate with the interprofessional team to implement quality improvement plans and interventions.
Nurses collaborate with physicians to provide evidence-based, compassionate and timely care to patients.
Competence: Clinical Nurses determine the education, training, certification requirements, and competencies required for practice in their specialty and exercise authority over decisions related to competence.
Nurses act as clinical leaders, mentors, preceptors, and role models for colleagues and the community.
Nurses utilize standards and guidelines from the professional group(s) that pertain to their specialty areas to improve practice.
*The majority of nurses are certified in their specialty area.
Nurses utilize the clinical ladder and progress to achieve expert status as described by Patricia Benner. The majority of nurses practice with a bachelor's degree in nursing or higher.
Nurses engage in professional development to maintain current knowledge and skills relative to the role, population, specialty, setting, and local or global health situation.
Nurses encourage professional and clinical growth of self and peers and use peer feedback.
Nurses engage in self-reflection and self-evaluation of nursing practice on a regular basis, identifying areas of strength as well as areas in which professional growth would be beneficial.
Knowledge: Clinical Nurses appraise current nursing knowledge (science, evidence); evaluate the knowledge that informs standards- and evidence-based practice; and where applicable, develop new knowledge through research. Clinical Nurses exercise authority over decisions related to evidence-based practice and research in the organization and identify the resources needed to support knowledge appraisal and knowledge generation.
Nurses use creativity and innovation to enhance nursing care.
*Nurses conduct research and share their results with internal and external audiences.
Nurses utilize technology to improve patient care.
*Nurses engage in the design or redesign of the care environment.
Nurses implement evidenced-based practice changes in response to research.

*Salinas Valley Health nurses accomplish these goals as a collective group; for example, through work done by professional governance councils or other committees on behalf of nursing, or by individual nurses engaged in the work.

References

- American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Author.
- American Nurses Association. (2021). *Nursing scope and standards of practice. (4th Edition)*. Silver Spring, MD: Author.
- American Nurses Credentialing Center. (2021). *2023 Magnet® application manual*. Silver Spring, MD: Author.
- Porter-O'Grady, T. & Clavelle, J. T. (2021). Transforming shared governance: Toward professional governance for nursing. *Journal of Nursing Administration*, 51(4), 206-211

Salinas Valley Health: Nurse Leader Accountability Grid

Nurse Leaders are accountable for the human, fiscal, material, support, and systems resources that support clinical practice and patient care. These are the context domains that support clinical nurses to exercise ownership and accountability for the content domains of the nursing profession, which are practice, competence, quality, and knowledge. Nurse leaders align human, fiscal, material, support, and systems resources to support the Salinas Valley Health organizational and nursing missions, visions, strategic plans, and the STAR and PRIDE values. Accountabilities are organized according to the AONL Nurse Executive Competencies.

Communication and Relationship Building
Nurse Leaders provide adequate resources, structures, and processes to support professional governance. They legitimize and role-model appropriate use of governance and role accountability, and facilitate others' understanding of professional governance.
Nurse Leaders facilitate collaboration between nurses, patients, and families to create positive change within the organization, advance nursing practice, and contribute to transforming healthcare.
Nurse Leaders display personal confidence. They act as mentors and role models for colleagues and the community. They promote healthy team dynamics, manage conflict, apply principles of crisis management as necessary, and assist others in developing problem solving skills.
Nurse Leaders practice in a safe manner that is congruent with cultural diversity and inclusion principles. They maintain an environment of fairness and processes to support it.
Nurse leaders demonstrate strong verbal and written presentation skills, manage meetings effectively, and demonstrate negotiation skills. They clarify expectations and translate standards and directives. They promote intra/interdepartmental communication and collaboration.
Nurse Leaders collaborate to communicate a compelling and inspiring vision of excellence in nursing practice throughout the organization and the community.
Nurse Leaders promote healthy relationships between nurses, physicians, and other professionals and provide opportunities for collaboration and communication to resolve concerns and improve patient care. They facilitate recognition for high performing interprofessional groups.
Knowledge of the Healthcare Environment
Nurse Leaders align their efforts to achieve the nursing mission, vision, values, and the Salinas Valley Health strategic plan.
Nurse Leaders legitimize the Salinas Valley Health Professional Governance structure by ensuring sufficient staffing and resources to support council work. They role model appropriate use of the governance structure and promote understanding of content and context decision-making domains.
Nurse Leaders conduct nursing needs assessments and create implementation plans to address identified needs.
Nurse Leaders prioritize the use of data. They evaluate data regarding the social determinants of health, health disparities, and cultural, environmental, and economic assessments to set organizational, departmental, and unit goals.
Nurse Leaders advocate for the health of the community and champion the patient's perspective and experience in the health care system. In collaboration with clinical nurses, they identify and evaluate quality outcomes and patient experience data. They adjust strategies to improve outcomes and meet targeted goals.
Nurse Leaders use and promote evidenced-based practice and the use of experts' recommendations regarding nursing leadership and care delivery.

Knowledge of the Healthcare Environment
Nurse Leaders facilitate clinical nurses' innovation and creativity and the adoption of technologies that improve patient outcomes and experience. They understand the effect of Health Information Technology on patient care and nurses' work and collaborate with clinical nurses on decisions regarding technology.
Nurse leaders ensure quality nursing practice that is consistent with regulatory requirements pertaining to licensure, relevant statutes, rules, and regulations.
Nurse Leaders protect patient safety, monitor and report sentinel events, participate in root cause analysis, manage incident reporting, and maintain survey and regulatory readiness. Nurse Leaders apply just culture principles when evaluating near misses or adverse outcomes.
Nurse Leaders provide the infrastructure that supports nursing research at Salinas Valley Health. They ensure that Salinas Valley Health research meets legal and ethical standards, protects human subjects, and is distributed to internal and external audiences.
Nurse Leaders and clinical nurses collaborate when designing and redesigning the physical environment and workflow.
Nurse Leaders have knowledge and competence that reflects current nursing practice and promotes futuristic thinking. They provide support and resources for professional development activities that improve nursing knowledge and patient outcomes.
Nurse Leaders use appropriate clinical practice knowledge necessary to provide effective leadership.
Nurse Leaders ensure that clinical nurses have autonomy regarding nursing care decisions and are practicing within the full scope of their profession.
Nurse Leaders use feedback from nurses to create positive change at Salinas Valley Health. They respond to nurse satisfaction results and collaborate on action plans to improve nurse satisfaction.
Nurse Leaders develop cultural competency in the workforce and create an atmosphere that values diversity, inclusion, and acceptance of differences.
Nurse Leaders ensure resources are available for nurses to address ethical issues that arise in practice and that nurses' perspectives are represented during the resolution of ethical issues.
Nurse Leaders ensure that nursing practice changes and policies are evidenced-based and current.
Nurse Leaders promote compassion in healthcare delivery systems and ensure the rights and dignity of each patient is protected.
Leadership
Nurse Leaders provide a guiding presence for staff, patients, and the community. They demonstrate compassionate, caring, value-based leadership.
Nurse leaders serve and lead on organization-level interprofessional decision-making groups.
Nurse Leaders ensure clinical nurses' membership or leadership in organization-level interprofessional decision-making groups.
Nurse Leaders promote use of the Salinas Valley Health professional practice model (PPM) as an inspirational guide to nursing practice.
Nurse Leaders act as change agents and guide their teams through change.
Nurse Leaders apply systems thinking as an approach to analysis and decision-making. They understand complex adaptive systems definitions and applications.
Nurse Leaders cultivate a practice of self-reflection and self-awareness. They learn from failures and setbacks as well as successes and reflect on how personal attributes and assumptions, as well as systems and institutional culture affect success.
Nurse Leaders engage in mentoring and succession planning to support development of nurses at all levels.

Leadership
Nurse Leaders arrange and organize training for nurses including an accredited transition to practice program for new nurses and training for new nurse managers.
Nurse Leaders encourage the volunteer activities of nurses.
Professionalism
Nurse Leaders practice with a BSN or higher, are board certified and role-model continuous professional growth and development.
Nurse Leaders advance the nursing profession and are role models and active members of their professional organizations. They promote professionalism, encourage nurses' participation in professional organizations, and promote professional nursing practice.
Nurse Leaders ensure that adequate resources, structures, and processes are in place to strive toward a goal of ≥51% board certification rate for nurses at Salinas Valley Health.
Nurse Leaders develop action plans and ensure adequate resources are available to achieve a clinical nurse BSN rate of ≥80%.
Nurse Leaders use peer feedback to encourage their own and others' professional and clinical growth. They use self-appraisal, peer feedback, and goal setting to support professional growth.
Nurse leaders use the ANA Code of Ethics for Nurses to guide their values and decisions and to assist in defining standards and setting policies for employee conduct.
Business Skills and Principles
Nurse Leaders evaluate nursing turnover data and collaborate with clinical nurses to retain nurses and reduce turnover.
Nurse Leaders ensure adequate resources to support nurses' well-being by promoting environmental health practices and policies, healthy work-life balance, personal health, and workplace safety.
Nurse Leaders collaborate with clinical nurses to hire staff, and monitor staff for fitness for duty. Nurse Leaders initiate corrective actions when needed.
Nurse Leaders develop role definitions, oversee orientation of staff, match staff competency with patient acuity, and assist staff with goal setting.
Nurse leaders support reward and recognition programs.
Nurse Leaders advocate for the resources needed for the care delivery system and to meet organizational goals. They collaborate with nurses to plan for staffing and to meet operational needs.
Nurse Leaders provide fiscal oversight of resources to optimize the provision of quality, safe, and cost-effective care. They monitor and create a budget, evaluate productivity, forecast future revenue and expenses, and understand the impact of reimbursement on revenue.
Nurse Leaders manage projects by identifying roles, establishing timelines and milestones, allocating resources, and managing project plans.
Nurse Leaders collaborate to develop contingency plans and guide the response to internal and external disasters.

References

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Author.

Salinas Valley Health: Nurse Leader Accountability Grid

American Nurses Association. (2016). *Nursing administration scope and standards of practice. (2nd Edition)*. Silver Spring, MD: Author.

American Nurses Association. (2021). *Nursing scope and standards of practice. (4th Edition)*. Silver Spring, MD: Author.

American Nurses Credentialing Center. (2021). *2023 Magnet® application manual*. Silver Spring, MD: Author.

AONE, AONL. (2015a). *AONL nurse executive competencies*. Retrieved from <https://www.aonl.org/system/files/media/file/2019/06/nec.pdf>

AONE, AONL. (2015b). *AONL nurse manager competencies*. Retrieved from <https://www.aonl.org/system/files/media/file/2019/06/nurse-manager-competencies.pdf>

Porter-O'Grady, T. & Clavelle, J. T. (2021). Transforming shared governance: Toward professional governance for nursing. *Journal of Nursing Administration*, 51(4), 206-211.

Nurse executives in Magnet® designated organizations set the standard for nursing excellence worldwide. They are transformational leaders who develop and communicate a strategic vision for nursing, guided by evidence-based quality, safety, and leadership principles. They role model appropriate authority for the content (practice, quality, competence, knowledge) and context (human, fiscal, material, support, and systems) professional domains and promote others' understanding of professional role accountability.

Communication and Relationship Building
The CNO provides adequate resources, structures and processes to support professional governance. They legitimize and role model appropriate use of governance and role accountability, and facilitate others' understanding of professional governance.
The CNO demonstrates excellent verbal, written, and interpersonal communication skills. They provide presentations and facilitate group discussions. They are visible and available to nurses and leaders throughout the hospital.
The CNO develops collaborative relationships throughout the institution and community and cultivates consensus building. They act as a healthcare resource to the community.
The CNO collaborates with medical staff leaders, clinical nurses, and nurse leaders to ensure the delivery of excellent patient care, identify and achieve optimal outcomes, determine patient care service lines, care protocols, equipment, and facilities needed.
The CNO promotes healthy relationships between nurses, physicians, and other professionals and provides opportunities for collaboration and communication to resolve concerns and improve patient care. They facilitate recognition for high performing interprofessional groups.
The CNO advocates for the health of the community and champions the patient's perspective and experience in the health care system. They ensure collaboration between nurses, patients, and families to create positive change within the organization, advance nursing practice, and contribute to transforming healthcare.
The CNO demonstrates collaborative, executive decision-making and mentors nurse leaders in consensus building and conflict management. They ensure nurses and nurse leaders participate in organizational-level decision-making groups and use shared decision-making.
The CNO develops cultural competency in the workforce and creates an atmosphere that values diversity, inclusion, and acceptance of differences.
The CNO ensures adequate training of new and experienced nurses. They ensure the completion of nursing needs assessments and provide pathways for nurses to engage in professional development activities. They collaborate with academic partners to create pathways for training and hiring new nurses.
Knowledge of the Healthcare Environment
The CNO aligns the nursing mission, vision, values, and strategic plan to the Salinas Valley Health strategic plan to achieve organizational goals.
The CNO ensures resources are available for nurses to address ethical issues that arise in practice and that nurses' perspectives are represented during the resolution of ethical issues.
The CNO provides resources and strategic support for nursing research at Salinas Valley Health, including the dissemination of findings to internal and external audiences. They ensure that research is conducted safely, ethically, and that human subject's rights are protected.
The CNO provides resources and strategic support for evidence-based practice (EBP). They ensure that nurses are educated about EBP and have the structures and processes needed to integrate EBP into practice.

Knowledge of the Healthcare Environment
In collaboration with clinical nurses and physicians, the CNO ensures that professional specialty standards are integrated into practice.
The CNO exhibits knowledge of health care systems and patient care delivery systems. They evaluate the strengths and weaknesses of systems at Salinas Valley Health and assist in developing new models. They participate in designing and redesigning facilities and processes that ensure safe care and support nursing innovation.
The CNO ensures that clinical nurses are involved in the selection and adoption of technology and the design or redesign of workflows and the environment.
The CNO ensures that adequate resources, structures, and processes are in place to facilitate use of unit- and organization-level outcome data. In collaboration with clinical nurses, the CNO uses data, expert's recommendations, and evidence to design care delivery, identify quality metrics, set performance improvement goals for the organization, meet community needs, and reduce health disparities. They monitor the progress of goals to verify success.
The CNO creates a culture of safety. They apply patient safety science and a just culture framework to create systematic solutions that support nurses and other professionals and protect patients.
The CNO collaborates with clinical nurses and leaders to monitor nurse-sensitive clinical quality indicators and patient experience results and respond to achieve optimal results.
The CNO coordinates workforce, financial, technological, and environmental resources to facilitate achievement of optimal patient outcomes and to accomplish the strategic plan goals.
The CNO promotes compassion in healthcare delivery systems and ensures the rights and dignity of each patient is protected.
The CNO assess risks and protects against potential liability by ensuring compliance with standards, verifying staff are educated regarding risks, and that errors are reported and corrected.
The CNO ensures that nursing practice changes and policies are evidenced-based and current.
The CNO ensures compliance with the California Nursing Practice Act, the State Board of Nursing, and applicable regulatory and quality agencies.
The CNO uses knowledge of how regulations and payment processes affect Salinas Valley Health finances. They are responsive to financial constraints and economic opportunities, and leverage organizational performance to achieve institutional financial goals.
Leadership
The CNO has responsibility for the nursing structure and care systems at Salinas Valley Health and represents nursing to the Board of Directors. They create a shared strategic vision for professional nursing and advocate for nursing and the interprofessional healthcare team.
The CNO provides the structural empowerment and leadership resources needed to achieve Magnet standards. They ensure that clinical nurses have autonomy regarding nursing care decisions and are practicing within the full scope of their profession. They engage with the Magnet framework and utilize the professional practice model (PPM).
The CNO is an inspiring executive leader influencing change throughout Salinas Valley Health. They apply change theory and lead change.
The CNO uses feedback from nurses to create positive change at Salinas Valley Health. They respond to nurse satisfaction results and empower clinical nurses and nurse leaders to collaborate on action plans to improve satisfaction.
The CNO ensures that mentoring and succession planning is in place for key roles. They identify and mentor current and future leaders and develop opportunities for staff with leadership potential.

Leadership
The CNO role models self-reflection and self-awareness. They learn from failures and setbacks as well as successes and reflect on how personal attributes and assumptions, as well as systems and institutional culture affect success.
The CNO understands how legislation affects nursing care and Salinas Valley Health operations. They are a member of appropriate professional organizations and engage in the legislative process. They engage staff and leaders and encourage actions that positively influence the legislative process.
The CNO applies systems thinking to analysis and decision-making. They understand how complex adaptive systems affect organizational performance.
The CNO provides structure and process support for nurses to volunteer and engage with the community.
Professionalism
The CNO advances the nursing profession, is a role model, and an active member of their professional organization. They promote professionalism, encourage RN participation in professional organizations, and promote professional nursing practice.
The CNO has a master's degree and if the master's degree is not in nursing, has a BSN or higher; is board certified; and role-models continuous professional growth and development.
The CNO ensures that adequate resources, structures, and processes are in place to strive toward a goal of $\geq 51\%$ board-certification rate for nurses at Salinas Valley Health.
The CNO ensures that adequate resources, structures, processes, and academic partnerships are in place to strive toward a goal of $\geq 80\%$ BSN or higher rate at Salinas Valley Health.
The CNO demonstrates integrity. They create an environment of trust through consistent leadership and personal reliability. They ensure that ethical standards are upheld throughout the organization.
Business Skills and Principles
The CNO participates in contract negotiations and monitors contract compliance. They educate staff regarding collective bargaining.
The CNO generates an annual operating and capital expense budget. They decipher financial statements and use health care business models to inform decisions. They ensure involvement of clinical nurses, nurse managers, and directors in budgeting for staffing and operational needs.
The CNO utilizes technology to enhance clinical outcomes and ensure financial success. They incorporate innovative changes into practice.
The CNO creates emergency and contingency plans and serves on the incident command team during emergencies. They ensure that clinical nurses' authority over clinical practice is operationalized during routine and emergent situations.
The CNO advocates for resources that support nurses' well-being. They support reward and recognition programs, promote healthy work-life balance, and support nurses' growth and development.
The CNO collaborates with clinical nurses to achieve strategic priorities.
The CNO ensures a safe and healthy work environment that is free from harassment, workplace violence, and abuse.
The CNO monitors nurse turnover rates and collaborates with clinical nurses and nurse leaders to reduce turnover and promote retention and achieve an organization-level nurse turnover rate of $<10\%$.
The CNO ensures that all nurses are evaluated using a formal performance review that includes peer feedback, self-appraisal, and professional goal setting.

References

- American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Author.
- American Nurses Association. (2016). *Nursing administration scope and standards of practice. (2nd Edition)*. Silver Spring, MD: Author.
- American Nurses Association. (2021). *Nursing scope and standards of practice. (4th Edition)*. Silver Spring, MD: Author.
- American Nurses Credentialing Center. (2021). *2023 Magnet® application manual*. Silver Spring, MD: Author.
- AONE, AONL. (2015). *AONL nurse executive competencies*. Retrieved from <https://www.aonl.org/system/files/media/file/2019/06/nec.pdf>
- Porter-O'Grady, T. & Clavelle, J. T. (2021). Transforming shared governance: Toward professional governance for nursing. *Journal of Nursing Administration*, 51(4), 206-211.

Star Reports

Center for Medicare and Medicaid Services

Announced July 31st, 2024

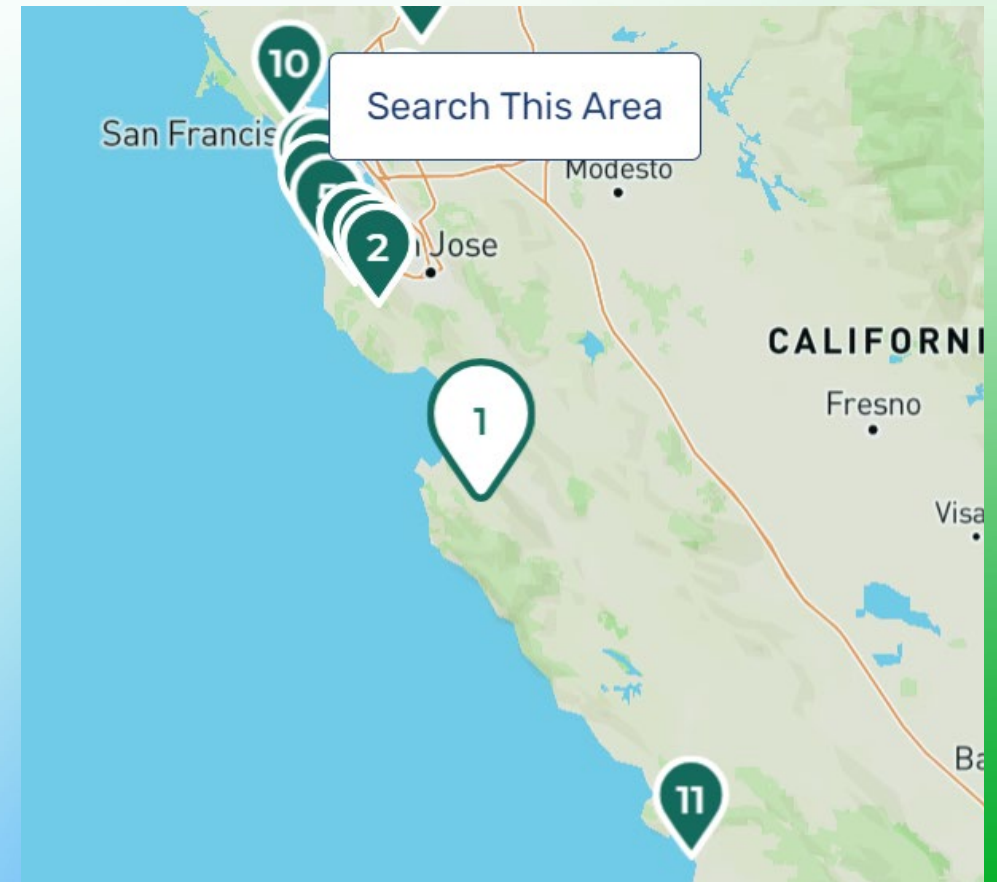
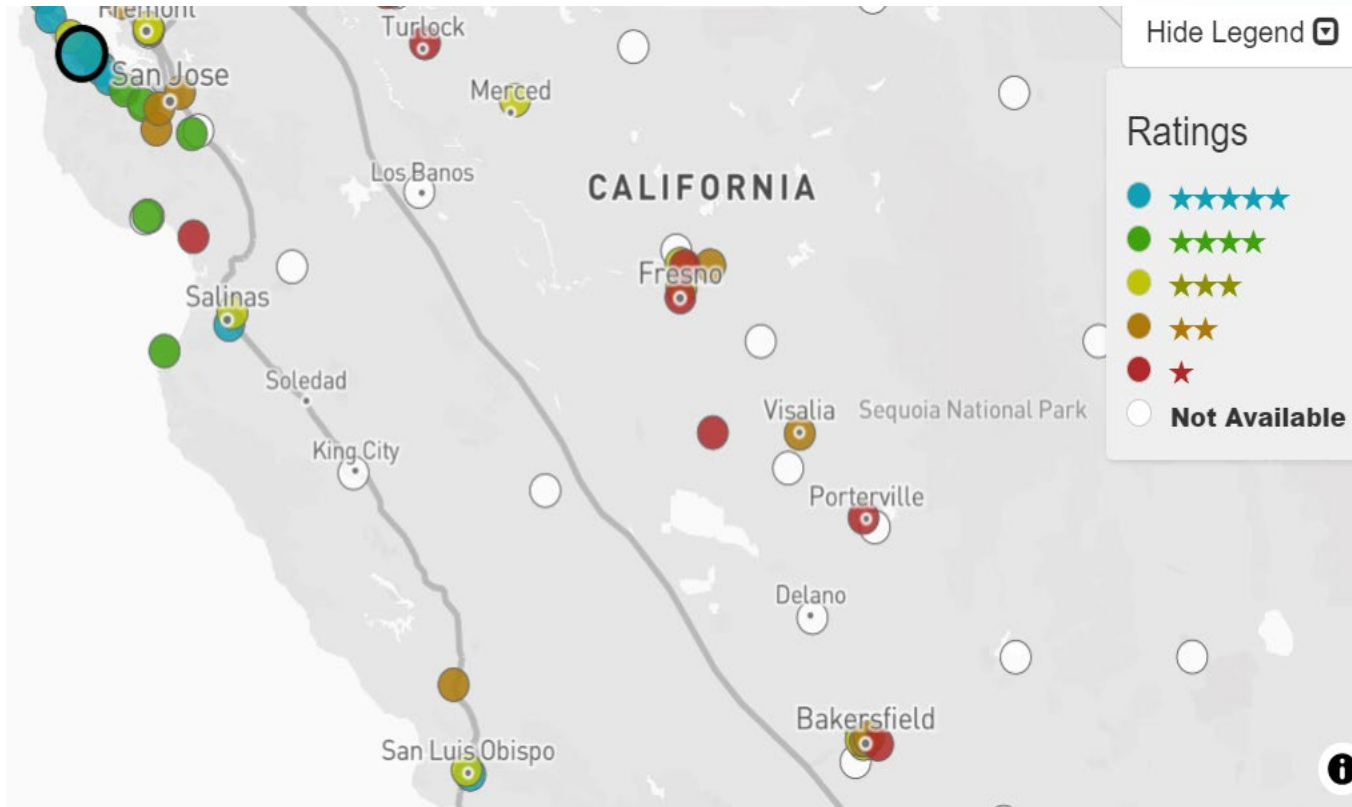
Aniko Kukla DNP, RN,
Director of Quality and Patient Safety
Patient Safety Officer

Congratulations

Salinas Valley Medical Center
for the 5 Star Recognition on the
CMS Hospital Compare Ratings






Map of CMS Star Ratings- California









CMS Star Ratings Measures and Star Distribution Hospitals

Measure group	Weight used in calculation
Mortality	22%
Safety	22%
Readmission	22%
Patient Experience	22%
Timely & Effective Care	12%




Overall rating	Number of hospitals (N=4,658, %)
1 star	277 (5.9%)
2 stars	595 (12.8%)
3 stars	828 (17.8%)
4 stars	766 (16.4%)
5 stars	381 (8.2%)
N/A	1811 (38.9%)

	Salinas Valley Memorial Hospital  450 East Romie Lane Salinas, CA 93901	Stanford Health Care  300 Pasteur Drive Stanford, CA 94305	UCSF Medical Center  505 Parnassus Ave, Box 0296 San Francisco, CA 94143
Percentage of patients who received appropriate care for severe sepsis and/or septic shock ↑ Higher percentages are better National average: 61% 25,26 CA average: 66% 25,26	60% 2 of 210 patients	49% 2 of 214 patients	38% 2 of 128 patients
Percentage of patients who left the emergency department before being seen ↓ Lower percentages are better National average: 3% 25,26 CA average: 3% 25,26	2% of 66795 patients	3% of 82987 patients	6% of 60020 patients

	 <p>Salinas Valley Memorial Hospital 450 East Romie Lane Salinas, CA 93901</p>	 <p>Stanford Health Care 300 Pasteur Drive Stanford, CA 94305</p>	 <p>UCSF Medical Center 505 Parnassus Ave, Box 0296 San Francisco, CA 94143</p>
Emergency department volume	Very High 60,000+ patients annually	Very High 60,000+ patients annually	Very High 60,000+ patients annually
<u>Average (median) time patients spent in the emergency department before leaving from the visit</u> ↓ <i>A lower number of minutes is better</i>	175 minutes Other <u>Very High</u> volume hospitals: Nation: 196 minutes 25,26 California: 208 minutes 25,26 Number of included patients: 387	250 minutes Other <u>Very High</u> volume hospitals: Nation: 196 minutes 25,26 California: 208 minutes 25,26 Number of included patients: 383	258 minutes Other <u>Very High</u> volume hospitals: Nation: 196 minutes 25,26 California: 208 minutes 25,26 Number of included patients: 338

	Salinas Valley Memorial Hospital  450 East Romie Lane Salinas, CA 93901	Stanford Health Care  300 Pasteur Drive Stanford, CA 94305	UCSF Medical Center  505 Parnassus Ave, Box 0296 San Francisco, CA 94143
Serious complications National result: 1.00	0.78 No different than the national value	1.01 No different than the national value	0.83 Better than the national value
Deaths among patients with serious treatable complications after surgery National result: 167.87	168.32 No different than the national rate	147.81 No different than the national rate	115.22 Better than the national rate
Infections			
Central line-associated bloodstream infections (CLABSI) in ICUs and select wards	0.365 No different than national benchmark	0.835 No different than national benchmark	0.983 No different than national benchmark
Clostridium difficile (C.diff.) intestinal infections ↓ Lower numbers are better National benchmark: 1.000	0.373 Better than the national benchmark	0.627 Better than the national benchmark	0.738 Better than the national benchmark

^ Back to Top

	Salinas Valley Memorial Hospital  450 East Romie Lane Salinas, CA 93901	Stanford Health Care  300 Pasteur Drive Stanford, CA 94305	UCSF Medical Center  505 Parnassus Ave, Box 0296 San Francisco, CA 94143
Hospital return days for heart attack patients National result: Not applicable	-1.1 days Average days per 100 discharges Number of included patients: 194	-6.7 days Average days per 100 discharges Number of included patients: 263	15.3 days Average days per 100 discharges Number of included patients: 144
Rate of readmission for heart failure patients National result: 19.8%	19% No different than the national rate Number of included patients: 682	21% No different than the national rate Number of included patients: 827	17.2% Better than the national rate Number of included patients: 582
Hospital return days for heart failure patients National result: Not applicable	-21.2 days Fewer days than average per 100 discharges Number of included patients: 538	20.2 days More days than average per 100 discharges Number of included patients: 676	-16 days Average days per 100 discharges Number of included patients: 473

CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

ADJOURNMENT