



October 10, 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, OCTOBER 14, 2024, AT 8:30 A.M., DOWNING RESOURCE CENTER, ROOM 117, CEO CONFERENCE ROOM, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.** (Visit [https://www.salinasvalleyhealth.com/~about-us/healthcare-district-information-reports/board-of-directors/board-committee-meetings-virtual-link/](https://www.salinasvalleyhealth.com/~/about-us/healthcare-district-information-reports/board-of-directors/board-committee-meetings-virtual-link/) 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, OCTOBER 14, 2024, 8:30 A.M.
DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117**

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

(Visit [SalinasValleyHealth.com/virtualboardmeeting](https://www.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 September 16, 2024. (CARSON)

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

4. Patient Care Services Update (SPENCER)
MedSurg Unit Practice Council

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, November 11, 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 <https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2024/>, and in the Human Resources Department of the District located at 611 Abbott Street, 2nd Floor, Salinas, California, 93901. All items appearing on the agenda are subject to action by the Committee.

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

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
 - Environment of Care Committee (LAURA ZERBE/JAMES HIVELY)
2. Quality and Safety Board Dashboard Review (KUKLA)
3. Consent Agenda:
 - Chest Pain Program
 - Falls Committee
 - Risk/Pt Safety Reports
 - Accreditation and Regulatory 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 SEPTEMBER 16, 2024

Committee Member Attendance:

Voting Members Present: Catherine Carson, Chair, Clement Miller, COO, Carla Spencer, Chief Nursing Officer, and Alison Wilson, M.D.;

Voting Members Absent: Rolando Cabrera, M.D.; Vice-Chair;

Advisory Non-Voting Members Present:

In Person: Allen Radner, M.D., President/CEO, Timothy Albert, M.D., CCO, and Cheryl Pirozzoli, Family/Patient Advisor.

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

Other Board Members Present, Constituting Committee of the Whole:

Via teleconference: Vice-Chair Rolando Cabrera, M.D. and Victor Rey, Jr.

Dr. Cabrera attended as a non-voting member via teleconference.

Dr. Wilson arrived at 8:34 a.m.

Carla Spencer left at 9:15 a.m.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Carson called the meeting to order at 8:31 a.m. at the Downing Resource Center, Room 117, CEO Conference Room. Dr. Radner introduced our new Chief Clinical Officer, Tim Albert, M.D.

2. PUBLIC COMMENT

None

3. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF AUGUST 12, 2024.

Approve the minutes of the August 12, 2024 Quality and Efficient Practices Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT:

None

MOTION:

Upon motion by Committee member Spencer, second by Committee member Miller, the minutes of the August 12, 2024 Quality and Efficient Practices Committee Meeting were approved as presented.

ROLL CALL VOTE:

Ayes: Chair Carson, Miller, Spencer;

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera, Dr. Wilson.

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

Motion Carried

4. PATIENT CARE SERVICES UPDATE: PERIOPERATIVE CLINICAL PRACTICE COUNCIL

Carla Spencer, MSN, RN, NEA-BC, Chief Nursing Officer, introduced Deb Ralph, BSN, AHN, OPS, Co-Chair of the Perioperative Clinical Practice Council. The following was reported:

2023 Projects:

- Perioperative Delirium Clinical Care Pathway: Work finalized in 2021, 2023 pathway implemented housewide; cornerstone of age-friendly designation initiative; collaboration with Quality and Informatics Departments.
- Surgical Cancellations: Goal to decrease cancellations; documentation screen in EMR; education; collaboration with IT department. Q2 data was reviewed.
- Communication with Surgical Patient Families: Goal to enhance communication with families by streamlining and using ideas that have worked in the past. An OR communication board went live 8/7/2024. Committee is working on a brochure.

A full report was provided in the packet.

Committee Discussion: Surgical cancellations can be caused by an anesthesiologist due to assessment, e.g., lungs not normal or patient in AFib. This is not physicians cancelling at the last minute. This is a very small percentage of surgeries. Regarding communication with surgical patient families, Cheryl stated she works at volunteer desk and just started the new process and it is helpful.

5. HEALTHGRADES AWARD

Aniko Kukla, Director Quality and Patient Safety reported SVH has received the Healthgrades Patient Safety Excellence Award™. Eligibility and measurements were reviewed. Additionally, there can be no events relating to foreign objects left in the body. The Quality Department has been working with the Value Based Committee and the Unit Practice Councils on this initiative.

Committee Discussion: None.

6. CLOSED SESSION

Chair Carson announced that the items to be discussed in Closed Session are *Hearings/Reports* as listed on the closed session agenda. The meeting recessed into Closed Session under the Closed Session protocol at 8:46 a.m.

7. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:24 a.m. Chair Carson reported that in Closed Session, the Committee received and accepted the (1) *Hearings/Reports* as published on the closed session agenda, as follows:

Hearings and Reports

1. Report of the Medical Staff Quality and Safety Committee
Rehab Services (GRAZIANO)

Utilization Management (SCOTT)

2. Quality and Safety Board Dashboard Review (KUKLA)

3. Consent Agenda:

Cath Lab/Cardiology/ Cardiac Wellness
Med Surg Cluster, Wound Care Program
Perioperative Services
Food/Nutrition Svc
Respiratory Care
Environmental Services
Pathology Slide 1Q & 2Q 2024
Pharmacy & Therapeutics

8. ADJOURNMENT

There being no other business, the meeting adjourned at 9:25 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, October 14, 2024** at 8:30 a.m.

Catherine Carson, Chair
Quality and Efficient Practices Committee

Patient Care Services Update



Presented by:

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

Featuring: MedSurg Unit Practice Council

Monday, October 14, 2024

Med Surg Unit Practice Council



Council Membership

- **Chair:** Eva Abendano-Real, BSN, RN
- **Co-Chair:** Flor Silva, BSN, RN, CMSRN
- **Associate Co-Chair:** Brittnee Sandoval, BSN, RN, CMSRN
- **Advisor:** Catherine Gomez, MSN, RN, CMSRN

Members:

- Lisa Sandberg, BSN, RN, CPN
- Juan Paolo Ayala, BSN, RN
- Liezle Duesdiker, BSN, RN, CMSRN
- Maria J. Andaglio-Angeles, RN, FCN

Council Purpose

- ❖ To Identify and implement standards of care and evidence-based practice in the Med Surg cluster units,
- ❖ To resolve clinical systems issues impacting or affecting care coordination, a healthy work environment, the delivery of patient-family centered care, patient safety and clinical outcomes.



HAPI Prevention Action Plan for 3Main

- **Background:** An action plan for 3Main was formulated to address an identified increase in the hospital acquired pressure injuries (HAPI) rate during Q1, Q2, and Q3 2023 (CY).
- **The Intervention:** HAPI Prevention Action Plan – 3 Key Elements
 1. **HAPI SKIN Bundle:** All 3Main nursing staff were educated and prompted to use the HAPI SKIN bundle consistently.
 2. **Checklist for High Risk Patients:** Each shift, 3Main charge nurses identified patients at high risk for HAPI (¹Braden score of 18 or less) and ensured a prevention checklist was completed for each, and turned in by the end of the shift.
 3. **Monthly Mini-Prevalence Study:** Each month a group of Med Surg nurses completed an audit of all patients on 3Main, assessing for HAPI and HAPI prevention. Peer Feedback was provided when necessary. Data/findings were shared with staff.

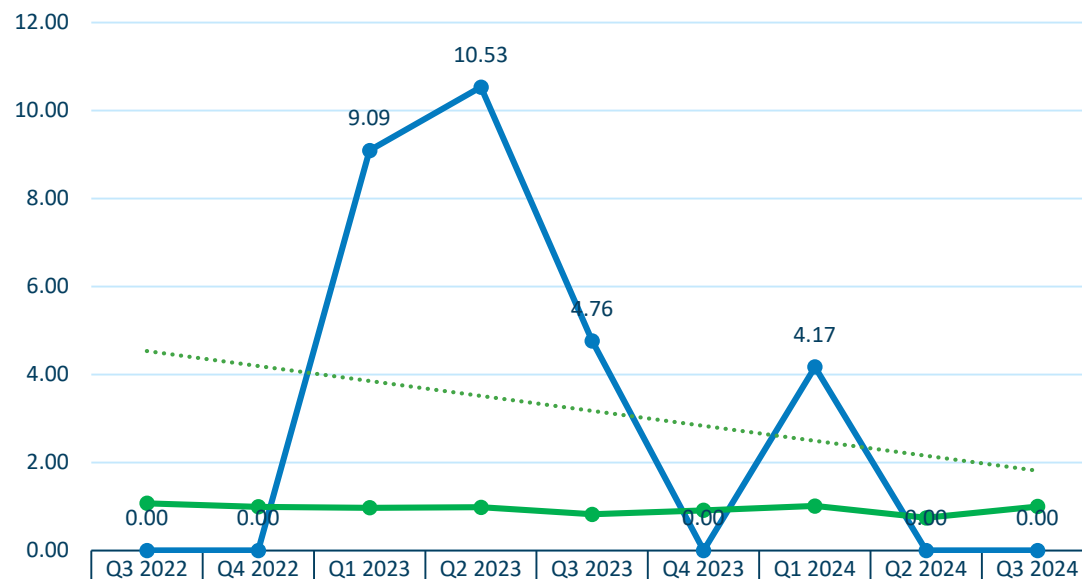
¹ Braden scale is a risk assessment tool that predicts a patient's likelihood of developing pressure ulcers

Completed Projects/Initiatives

Outcome Data:



Quarterly Unit-Acquired HAPI Prevalence Rates
3 Main



- The Quarterly Unit-Level HAPI Prevalence Rate has been ZERO for the past 2 quarters!
- The action plan was completed, by Quality Council
- 3Main will continue to focus on HAPI prevention

Pressure Injury & Restraint Use Rates

HAPI and Resraints Data		Q3 2022			Q4 2022			Q1 2023			Q2 2023			Q3 2023			Q4 2023			Q1 2024			Q2 2024			Q3 2024		
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
UNIT Acquired Pressure Injury Stage 2 and above	% of HAPI Prevalence (Unit Acquired)	0.00			0.00			9.09			10.53			4.76			0.00			4.17			0.00			0.00		
	Benchmark HAPI 2+	1.07			0.99			0.97			0.98			0.82			0.91			1.01			0.74					
	# pts with Stage 2+ HAPI on Prevalence day (not mucosal)		0			0			2			2			1			0			1			0			0	
	# of Patients Surveyed		21			23			22			19			21			25			24			24			19	
	# of pts with of mucosal PI		0			0			0			0			0			0			0			0			0	

Project #1: Standardizing Oral Care Protocol

- **Background:** A need for enhanced oral care practices was identified. Sub-optimal oral care can impact many patient safety and quality measures, including Non-Ventilator Hospital-Acquired Pneumonia (NVHAPs). An Oral Care Task force was formed to evaluate current inpatient oral care routines and implement new, improved evidence-based practices.
- **Brief Update/Plan:**
 - New, evidence-based oral care products were trialed and adopted: higher quality toothbrushes, denture kits, toothpaste and suction toothbrush kit
 - A standardized oral care protocol was developed; documentation screen was updated to align
 - The new protocol is awaiting final approval to be added to the updated oral care policy
- **Outcomes/measures We Plan to Track:**
 - Process Measure: Oral care documentation screen compliance; tooth brushing/oral care at least twice per day
 - Outcome Measure: NVHAP (Currently a manual abstraction process. The vision = more automated process)

Project #2: Falls Action Plan for 3Main

- **Background:** The fall with injury rates in 3Main increased for two consecutive quarters in 2024. This prompted a request for a falls action plan from the Quality Council.
- **Brief Update/Plan:** The Med Surg UPC developed a fall prevention action plan, and have recently collaborated with the Falls Committee to update and enhance the action plan (6 strategies):
 1. **Update communication boards:** Patient specific fall risk, BMAT (Bedside Mobility Assessment Tool) score, equipment used and reminders for precautions such as bed alarms and head of bed signage.
 2. **Staff education about fall prevention strategies:** Purposeful hourly rounding; use of AVASYS monitors, sitter or involved family members; and consistent use of bed, chair or toilet seat alarms available.
 3. **New weekly huddle sheet:** Distributed throughout the cluster with reminders to provide extra attention to high risk to fall (HRTF) patients.

In-Progress Projects/Initiatives



Project #2: Falls Action Plan for 3Main

Brief Update/Plan (Continued):

4. **“Call, Don’t Fall” signage:** Highly visible in each patient bathroom, to remind patients to call staff for safety.
5. **Collaboration with pharmacy:** A new process is currently being explored to review medications that could impact fall risk.
6. **Mini Fall Surveillance Studies:** A plan is in development to do monthly fall prevention audits on 3Main, spearheaded by a Falls Champion. They will utilize falls rounding tools to do the audits, provide teaching, review data, and share data with staff.

■ Measures We Plan to Track:

- Process: Mini surveillance audit data
- Outcome: 3Main Fall and Fall with Injury Rate

Next Steps/Final Thoughts:



- Complete the Falls Action Plan with a target date of Q4 2024.
- Present the Oral Care Project during the Fall Professional Development and Education Fair in October 29, 2024.
- New project in the works: Standardizing a process for timing blood sugar checks prior to food tray deliveries.

Questions?

CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

ADJOURNMENT