February 14, 2025

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 **TUESDAY, FEBRUARY 18, 2025, AT 8:30 A.M., DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA**.

(V*isit* **https://www.salinasvalleyhealth.com/~/about-us/healthcare-district-information-reports/board-of-directors/board-committee-meetings-virtual-link/** *for Public Access Information*).

Allen Radner, MD
President/Chief Executive Officer

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

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 HEALTH[1]

TUESDAY, FEBRUARY 18, 2025, 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 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 January 13, 2025. (CARSON)
   - Motion/Second
   - Public Comment
   - Action by Committee/Roll Call Vote

4. Patient Care Services Update (SPENCER)
   - ANCC Magnet Recognition Program®

5. Decoding Our Public Reporting Metrics: US World News, Leapfrog, CMS 5 Stars (KUKLA)

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, March 17, 2025 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.

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The Salinas Valley Health (SVH) Board packet is available at the Board Meeting, electronically at https://www.salinasvalleyhealth.com/about-/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2025/, and in the SVH Human Resources Department located at 611 Abbott Street, Suite 201, Salinas, California, 93901. All items appearing on the agenda are subject to action by the SVH Board.

Requests for a disability related modification or accommodation, including auxiliary aids or Spanish translation services, in order to attend or participate in-person at a meeting, need to be made to the Board Clerk during regular business hours at 831-759-3050 at least forty-eight (48) hours prior to the posted time for the meeting in order to 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
    - Accreditation and Regulatory
        - CDPH/CMS
        - Survey Update/Action Plans
        - New Regulations, Alerts, Waivers
    - Healthgrades and Patient Safety Indicators
2. Quality and Safety Board Dashboard Review (KUKLA)
3. Consent Agenda:
    - Falls
    - BETA Heart Domains
    - Pathology Report
    - Infection Prevention
    - Pharmacy & Therapeutics
    - Environment of Care

ADJOURN TO OPEN SESSION

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

PUBLIC COMMENT

DRAFT SALINAS VALLEY HEALTH[1]
QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES JANUARY 13, 2025

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair, **Rolando Cabrera, M.D.**, Vice-Chair; **Clement Miller**, COO, **Carla Spencer,** CNO, and **Alison Wilson, D.O.,** Vice Chief of Staff.

Voting Members Absent: None.

Advisory Non-Voting Members Present:
In Person: Timothy Albert, M.D., CCO, and Cheryl Pirozzoli, Family/ Patient Advisor.
Via WebEx: Allen Radner, M.D., President/CEO, Gary Ray, CLO, and Michelle Childs, CHRO.

Other Board Members Present, Constituting Committee of the Whole:
Via teleconference: Victor Rey, Jr.

Dr. Wilson arrived at 8:34 a.m.
Victor Rey arrived at 8:38 a.m.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Committee Member Miller called the meeting to order at 8:32 a.m. in 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 DECEMBER 16, 2024.

Approve the minutes of the December 16, 2024 Quality and Efficient Practices Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT:
None

MOTION:

Upon motion by Vice-Chair Dr. Cabrera, second by Committee Member Miller, the minutes of the December 16, 2024 Quality and Efficient Practices Committee Meeting were approved as presented.

ROLL CALL VOTE:
Ayes: Chair Carson, Vice-Chair Cabrera, Miller and Spencer.
Nays: None;
Abstentions: None;
Absent: Dr. Wilson.

Motion Carried

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4. PATIENT CARE SERVICES UPDATE: QUALITY PRACTICE COUNCIL

Carla Spencer, CNO, introduced Meghan Ackerman, BSN, RN, OCN (Co-Chair) and Rebecca Rodriguez, MSN, RN, CEN, CPHQ (Magnet Clinical Excellence Specialist) who reported the following:

- Quality Council Purpose and Council Members
- Initiatives
    - Professional Governance Quality Council Topics of the Week to continue enculturation of unit data displays with staff, inclusion in weekly huddle sheets for staff to generate discussion and enhance awareness about the topic. The Topics have generated meaningful conversations, enhanced awareness at the unit level and inspired a more data-driven culture.
    - Hand Hygiene Campaign: Includes collaboration with Melissa Deen, Manager Infection Prevention, and Marketing to develop hand hygiene posters. December 2024 data reflects 97% compliance.
    - 5 Nurse-Sensitive Magnet Data Requirements: Formalized Action Plan Process was developed. Data and enhanced staff awareness improved. Measures include falls, HAPI 2+, CAUTI, and injury falls; data was shared from May 2023 through October 2024.
- What's Ahead: Quality Topics of the Week ongoing. Action Plan Process ongoing. 2025 goals to be set in January with a goal to improve HAPI rates. The Quality Committee is going to begin looking at community nurse involvement and how it relates to the hospital.

A full report was provided in the packet.

Committee Discussion: The Quality Committee meets monthly and tracks falls, CLABSI, CAUTI, HAPI, patient experience and nurse satisfaction. Surgical site infections are addressed as necessary. Unit managers tailor the data to their unit. What drives topics? Magnet measures and feedback from nurses; data is centered around nurse sensitive indicators. Does Magnet provide suggestions for other measures? We have been surveyed once and there were no suggestions at the initial visit. There is a synergy between Magnet and quality which is functioning well at SVH.

5. QUALITY & SAFETY EDUCATION SESSION

Timothy Albert, M.D., Chief Clinical Officer, and Aniko Kukla, Director Quality and Patient Safety, provided a special education session on Quality and Safety to help Board members understand safe patient care.

2024 Update: 2024 was a year of changes and accomplishments including changes in leadership focused on quality and safety, Leapfrog Hospital Safety *Grade A*, US World News Recognition (high performing hospital in multiple categories including health equity), CMS 5-Star Recognition (47 measures), and many other quality awards throughout the year. Of note, our Quality and Safety Committee is chaired by the Vice-Chief of Staff which is not the norm throughout the country. 2025 regulation changes were reviewed. Frameworks will need to be developed to track data and gap analysis for the 2025 changes required by CMS, state-specific healthcare laws, State legislative changes, cybersecurity measures and expansion of electronic and digital measures required by CMS, TJC, and NHSN. Major planned quality and safety improvements for 2025 including development of a master plan, Epic implementation, early recovery after surgery, diagnostic safety/AHRQ participation, visual data management, implementation of age-friendly practices (includes designation), implementation of the CMS requirements of safety and health equity, and TJC recertification of the Joint, Chest Pain and Stroke Programs (February), and Commission on

Cancer (March). We have an outstanding team dedicated to providing quality care, delivered locally to everyone.

Board role/governance in Quality: The role of the Board of Directors in Quality and Safety includes engagement, education and strategies. The Institute for Healthcare Improvement (IHI) White Paper on *Framework for Effective Board Governance of Health System Quality* was presented and copies provided for the committee and all Board members. Helping Boards understand safe care was reviewed as follows: CMS CoP Requirements for Boards (section 482.21), Joint Commission requirements for Boards (EP LD 03.07.01), the scope of quality, and the importance of Board oversight. The White Paper support guides address core quality knowledge, core improvement system knowledge and Board culture and commitment are necessary to create a framework for effective governance of health system quality. Core elements of quality through a patient lens include (1) prioritize quality, (2) keep me safe, (3) provide me with the right care, (4) treat me with respect, (5) help me navigate my care and (6) help me stay well. Board governance of quality includes the Governance of Quality Online Assessment (GQA) tool which incorporates (1) Board quality culture and commitment (prioritize quality), (2) safe care (keep me safe), (3) effective care (provide the right care), (4) equitable and patient-centered care (respect), (5) timely and efficient care (navigate my care), and (6) community and population health & wellness (help me stay well).

A full report was provided in the packet and a hard copy was provided the day of the meeting.

Committee Discussion: Quality knowledge at SVH is in part due to having a nurse and physician on the Board. This presentation is excellent and it is suggested there be a special education or retreat to further educate the Board. The SVH hiring techniques and physician recruitment affects staff/physician commitment to quality. Our hospital is focused on transitions of care which affects navigating care and staying well (Mobile Clinic). A Survey Monkey is being developed to give to senior management. A safety culture is directly related to safety outcomes and financial and human cost which is a responsibility of the Board. The SVH message to our community should include that SVH provides compassionate, safe, respectful, cost-effective care.

Next steps and IHI recommendations were reviewed to encourage a safe culture through fostering discussion, education and commitment.

6. ADJOURNMENT

There being no other business, the meeting adjourned at 9:32 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Tuesday, February 18, 2025** at 8:30 a.m.

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Catherine Carson, Chair
Quality and Efficient Practices Committee

Patient Care Services Update

Presented by:

Carla Spencer, MSN, RN, NEA-BC

Chief Nursing Officer

Featuring: Magnet® Department

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

Rebecca (Becky) Rodriguez, MSN, RN, CEN, CPHQ, *Clinical Excellence Specialist*

Mari-Anne Low, MS, *Department Coordinator*

Magnet Updates

- Magnet Recognition Program
- Tenets of a Profession
- Framework for Data
- Professional Governance
- Structured Improvement
- Annual Poster Expo Growth
- Nursing Research

Magnet Recognition Program

Credentialing arm of American Nurses Association (ANA), American Nurses Credentialing Center (ANCC)

Evidence-based framework for clinical excellence

Grounded in understanding that nursing is a profession

Resets organizational structures to support nurses' autonomy and responsibility

First designation in 2021, every 4 years, next document June 2025

Tenets of a Profession

Ownership and accountability for all aspects of the profession

- Can’t be delegated to leaders or to the organization

Fulfill a social need, directly accountable to society, to those they serve

Minimum standards for practice enforced through licensing

Oversight of the profession is carried out through professional organizations

- Professions are ***self-regulating***

Tenets of a Profession

Responsible for ***practice***, for decisions made within the role, how work is carried out

Monitor and improve ***quality*** (outcomes)

Define and enforce the ***competence*** needed for practice, e.g. requirements for specialty practice

Evaluate and generate the ***knowledge***, or the science of the profession

Framework for Data

All data are nurse sensitive, determined by Magnet and the vendor

Frontline accountability for outcomes, need data to know what to improve

Fulfills professional expectation to oversee quality, evaluate individual and team impact on patient outcomes, are having the intended effect?

Specialty-or unit-specific data; nationally benchmarked, last 8 quarters

Quality	Patient Experience	Nurse Satisfaction	BSN or Higher	Board Certification	Nurse Turnover	Workplace Violence
Inpatient • All Falls • **Injury Falls** • **HAPI Stage 2+** • Device-r/t HAPI • CLABSI • CAUTI • C-DIFF • MRSA Ambulatory • All Falls • Injury Falls • Patient Burns • Surgical Errors • RFOs • C-DIFF • MRSA	Inpatient 4 of 9 categories Ambulatory 4 of 9 categories • Care coordination • Careful listening • Courtesy & respect • Pain • Patient education • Patient engagement • Responsiveness • Safety • Service recovery	All areas where nurses work, includes all roles 31 questions added to annual engagement survey, every 2-3 years Report 4 highest scoring categories Must meet criteria to progress to site visit	Org-level Target ≥80%, continuous improvement or maintain at or above target	Org and unit level Target ≥51%, continuous improvement or maintain at or above target	All nurses, all roles Target <10%, continuous improvement or maintain below target	All patient care units Improved workplace safety outcome
Quality Council		**Practice Council**	**Professional Development Council and Nursing Leadership Council**			**Workplace Violence**

Hospital Acquired Pressure Injury (HAPI)
Catheter-Associated Urinary Tract Infection (CAUTI)
Methicillin-Resistant Staphylococcus Aureus (MRSA)
Central Line-Associated Bloodstream Infection (CLABSI)
Clostridium difficile (C.diff)
Retained Foreign Object (RFO)

Professional Governance

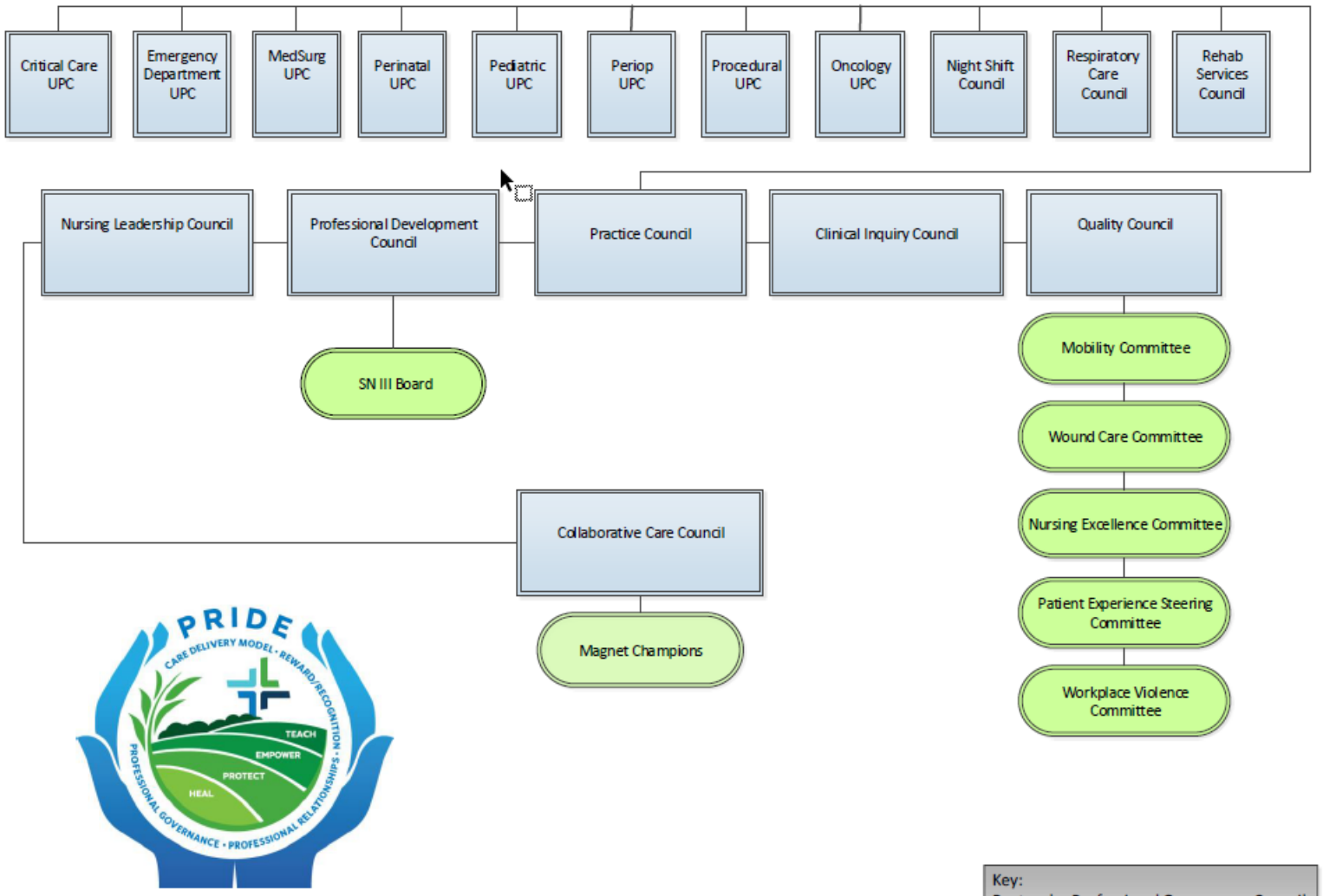
Strategic design for professional oversight of practice, quality, competence, knowledge

- Data-driven processes
- Monthly / quarterly data to councils
    - Unit-level to Unit Practice Councils; org-level to central councils
    - Dashboards, data displays
    - Quarterly project tracker, goals, outcomes
- Systematic data evaluation
    - Front-line ownership, develop strategies for improvement, action plans for underperforming data
- Advisors, reporting to Carla and Nursing Leadership Council, connect work to organization's strategic plan

Salinas Valley HEALTH
MEDICAL CENTER

PROFESSIONAL GOVERNANCE MODEL

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER



Key:
Rectangle: Professional Governance Councils
Oval: Related Committees

Rev.11/2024

Professional Governance

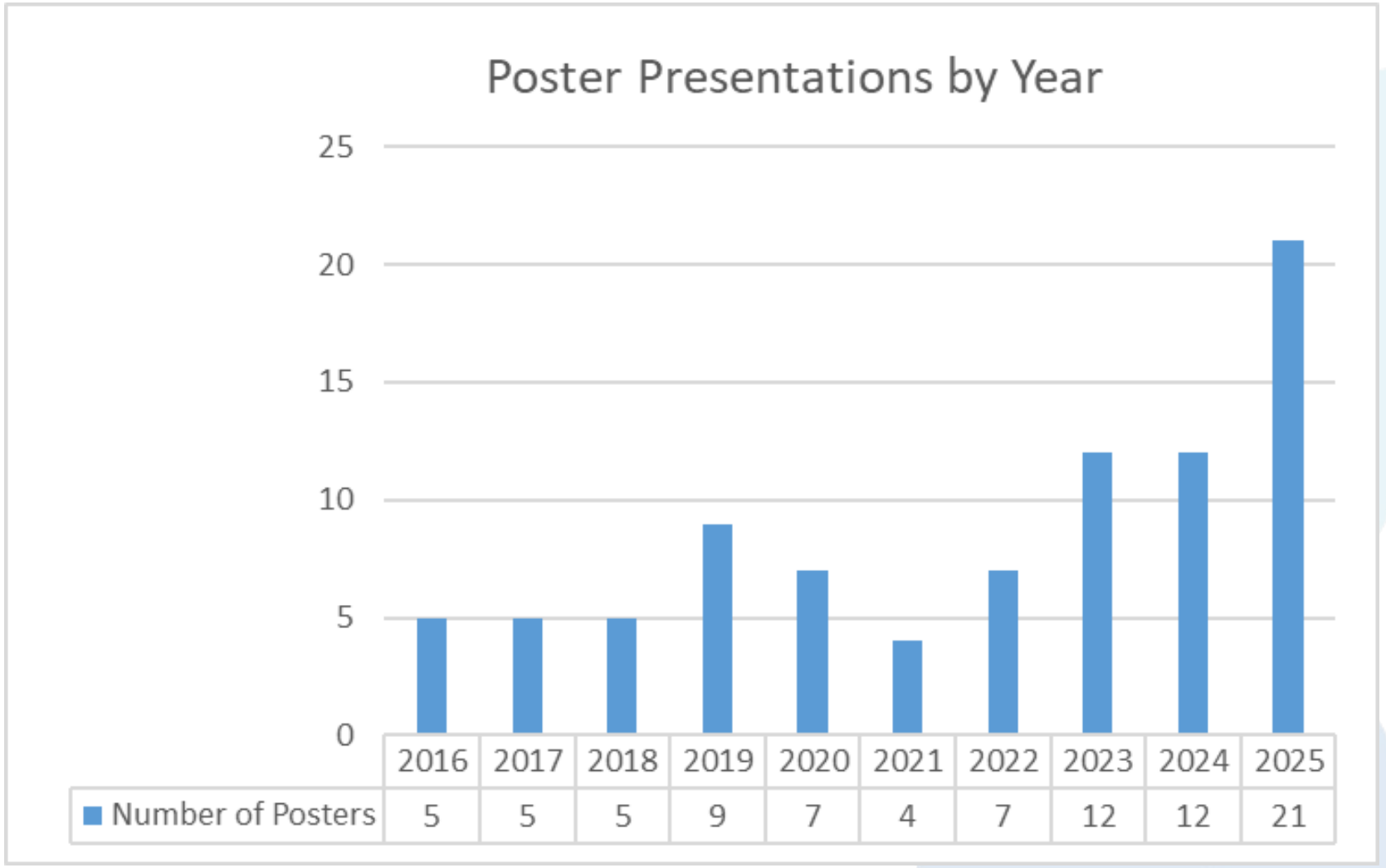
- Professional governance leader orientation
  - Full day class, orients new chairpersons and advisors
- Computer essentials class
  - Teaches nurses how to use Outlook, Word, PPT, Excel to run effective meetings and related processes
- Advisor education
  - Understanding leader role, strategic guidance to support organizational goals
- Evidence-Based Practice (EBP)
  - Structured improvement

Structured Improvement

Johns Hopkins EBP Model

- Annual 4-day cohort, evolved from 1-day class
- Clinical Inquiry Council members and graduates of cohort serve as mentors
- Systematic inquiry: clinical question; assess literature, guidelines, internal data
    - Teams work through whole process
- State of the evidence determines type of project: Quality Improvement (QI), EBP, or research
- UPCs taught to conduct quarterly review of professional guidelines
- Chairs, co-chairs and advisors paid membership to professional organization

Annual Poster Expo Growth



Nursing Research

- 3 studies each designation cycle: 2 completed, 1 ongoing
- Nurses employed by Salinas Valley Health Medical Center as investigators
- Clinical nurses must disseminate findings
- Oversight of 1-2 studies each year, PI or co-PI
- Mentor on dissemination, publication process

DECODING OUR PUBLIC REPORTING METRICS

Verbal Report

(KUKLA)

CLOSED SESSION

(Report on Items to be Discussed in Closed Session)

RECONVENE OPEN SESSION/
CLOSED SESSION REPORT

(Meeting Chair)

ADJOURNMENT