



March 13, 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**<sup>1</sup> will be held **MONDAY, MARCH 17, 2025, AT 8:30 A.M., DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117, 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", is positioned above the printed name.

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 HEALTH<sup>1</sup>**

**MONDAY, MARCH 17, 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](https://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 February 18, 2025. (CARSON)

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

4. Patient Care Services Update (SPENCER)

- ANCC Magnet Recognition Program<sup>®</sup> Report

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, April 14, 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.

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

The Salinas Valley Health (SVH) Board packet is available at the Board Meeting, electronically at [https://www.salinasvalleyhealth.com/~about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2025/](https://www.salinasvalleyhealth.com/~/about-us/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
  - Transfusion Committee - Dr. DeFillipi
  - Transitional Care - Michelle Orta
2. Quality and Safety Board Dashboard Review and Proposed New Board Dashboard Measures (KUKLA)
3. Consent Agenda:
  - Perinatal Services
  - Accreditation & Regulatory Update
  - Materials Management
  - Nursing Admin, Transporters, Interpreter Svcs, Nursing Education
  - Cath Lab
  - HIM
  - Diagnostic Imaging

**ADJOURN TO OPEN SESSION**

*CALL TO ORDER*  
*ROLL CALL*

*(Chair to call the meeting to order)*

*PUBLIC COMMENT*

**DRAFT SALINAS VALLEY HEALTH<sup>1</sup>**  
**QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING**  
**COMMITTEE OF THE WHOLE**  
**MEETING MINUTES FEBRUARY 18, 2025**

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair, **Clement Miller**, COO, and **Carla Spencer**, CNO.

Voting Members Absent: Vice-Chair, **Rolando Cabrera, M.D.** and **Alison Wilson, D.O.**

Advisory Non-Voting Members Present:

In Person: Timothy Albert, M.D., CCO and Allen Radner, M.D., President/CEO,

Via WebEx: Karina Rusk, Director Public Relations.

Other Board Members Present, Constituting Committee of the Whole:

Via teleconference: Victor Rey, Jr.

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

A quorum was present and Chair Carson called the meeting to order at 8:33 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 JANUARY 13, 2025.**

Approve the minutes of the January 13, 2025 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 January 13, 2025 Quality and Efficient Practices Committee Meeting were approved as presented.

### **ROLL CALL VOTE:**

Ayes: Chair Carson, Miller and Spencer.

Nays: None;

Abstentions: None;

Absent: Dr. Cabrera, Dr. Wilson.

### **Motion Carried**

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

#### 4. PATIENT CARE SERVICES UPDATE: MAGNET® DEPARTMENT

Chair Carson reported this item is postponed until the March meeting.

#### 5. DECODING OUR PUBLIC REPUTATION METRICS

Aniko Kukla, Director Quality and Patient Safety, provided an education session on Decoding Our Public Reputation Metrics: Understanding Care Compare, Star Ratings. The following was reviewed:

- Why reputation matters in healthcare (perception, patient choice, recruitment, financial performance, reputation, regulatory scrutiny, funding opportunities); and a review of SVH awards/recognitions.
- Public Reputation metrics by Donabedian categorizations, quality domains and frequent measures. SVH public reputation sources include CMS Care Compare and Star Ratings, Leapfrog Survey and Safety Grads, US News & World Report Best Hospital, The Joint Commission Quality Check and various registry designations.
- CMS Care Compare: Major hospital regulatory reporting programs; pay for reporting programs, Inpatient Quality Reporting (IQR), Outpatient Quality Reporting (OQR) Program, and PI.
- CMS Care Compare: Value based payment programs: Hospital Readmission Reduction Program (HRRP), Hospital Value-based Purchasing (HVBP), and Program and Hospital-Acquired Condition (HAC) Reduction Program. CMS is shifting from paying hospitals for volume (number of services) to value (quality of care).
- CMS Care Compare key implications and major action steps used to improve ratings. Up to three hospitals can be compared at the same time.
- CMS Care Compare major measure/outcome categories and examples.
- How CMS Care Compare measures are released and displayed to the public.
- Leapfrog Survey measure list and examples.
- How Leapfrog Survey measures are released and displayed to the public.
- Timeline for Hospital Star ratings.

**Committee Discussion:** Chair Carson noted an advertisement in The Weekly this week about choices in healthcare which was a great public education. Dr. Albert emphasized that safety drives the metrics/measures. Changes in Federal administration may change some of the metrics. Dr. Albert discussed the importance to focus on care compare. The plan is to develop multidisciplinary working groups with a champion for each group to focus on measures. Can this be a project for Magnet? The suggestion will be taken into consideration.

#### 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 9:15 a.m.

## 7. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:35 a.m. Chair Carson reported that in Closed Session, the *Hearings/Reports* were accepted with the exception of the annual review of the six Environment of Care (EOC) Management Plans, as follows:

### Hearings and Reports

1. Report of the Medical Staff Quality and Safety Committee
  - Accreditation and Regulatory
    - o CDPH/CMS
    - o Survey Update/Action Plans
    - o 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

## 8. ADJOURNMENT

There being no other business, the meeting adjourned at 9:36 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, March 17, 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 we 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
<p>Inpatient</p> <ul style="list-style-type: none"> <li>All Falls</li> <li><b>Injury Falls</b></li> <li><b>HAPI Stage 2+</b></li> <li>Device-r/t HAPI</li> <li>CLABSI</li> <li>CAUTI</li> <li>C-DIFF</li> <li>MRSA</li> </ul> <p>Ambulatory</p> <ul style="list-style-type: none"> <li>All Falls</li> <li>Injury Falls</li> <li>Patient Burns</li> <li>Surgical Errors</li> <li>RFOs</li> <li>C-DIFF</li> <li>MRSA</li> </ul>	<p>Inpatient</p> <p>4 of 9 categories</p> <p>Ambulatory</p> <p>4 of 9 categories</p> <ul style="list-style-type: none"> <li>Care coordination</li> <li>Careful listening</li> <li>Courtesy &amp; respect</li> <li>Pain</li> <li>Patient education</li> <li>Patient engagement</li> <li>Responsiveness</li> <li>Safety</li> <li>Service recovery</li> </ul>	<p>All areas where nurses work, includes all roles</p> <p>31 questions added to annual engagement survey, every 2-3 years</p> <p>Report 4 highest scoring categories</p> <p>Must meet criteria to progress to site visit</p>	<p>Org-level</p> <p>Target ≥80%, continuous improvement or maintain at or above target</p>	<p>Org and unit level</p> <p>Target ≥51%, continuous improvement or maintain at or above target</p>	<p>All nurses, all roles</p> <p>Target &lt;10%, continuous improvement or maintain below target</p>	<p>All patient care units</p> <p>Improved workplace safety outcome</p>
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)

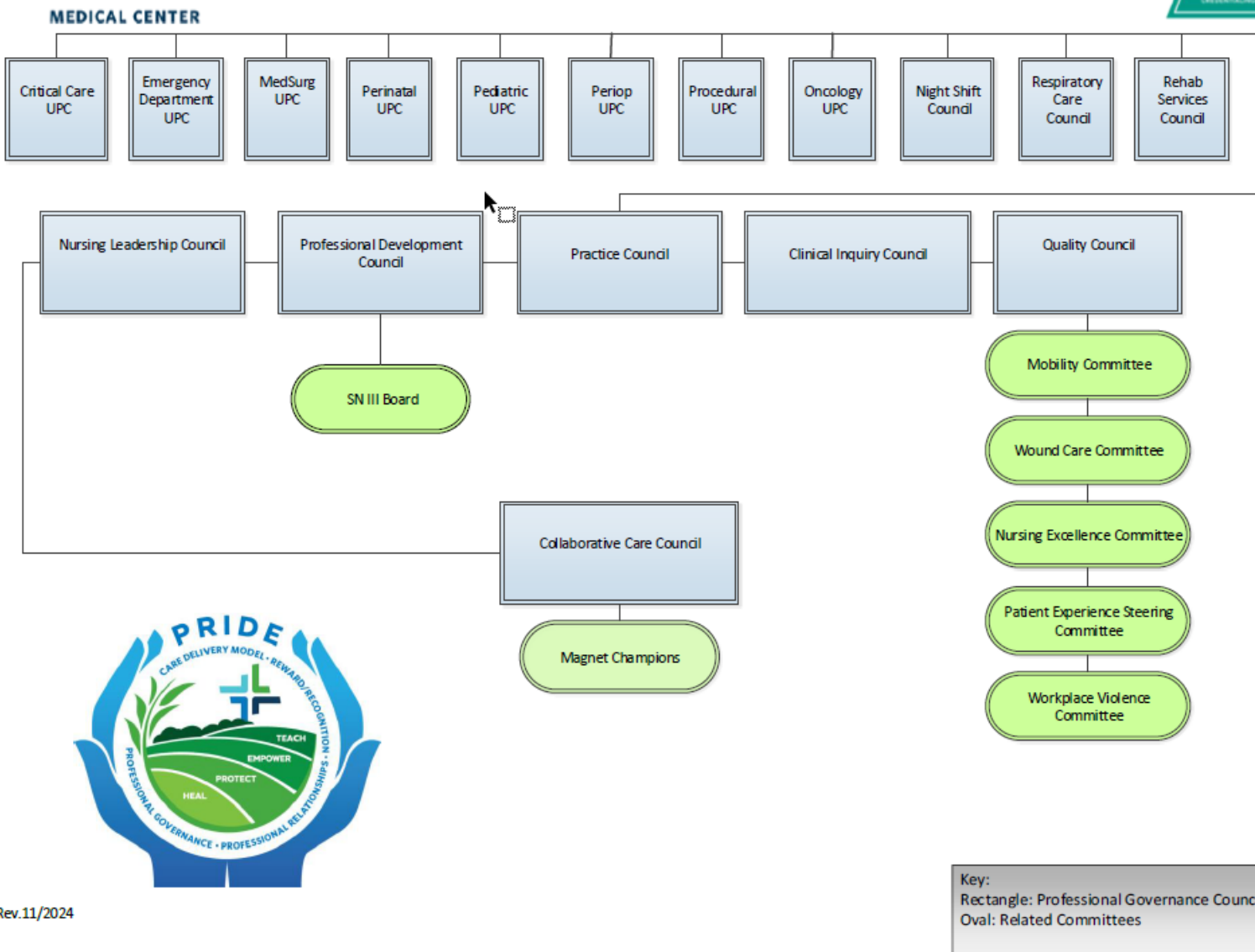
Central Line-Associated Bloodstream Infection (CLABSI)  
Clostridium difficile (C.diff)  
Retained Foreign Object (RFO)

# 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





Rev.11/2024

# Professional Governance

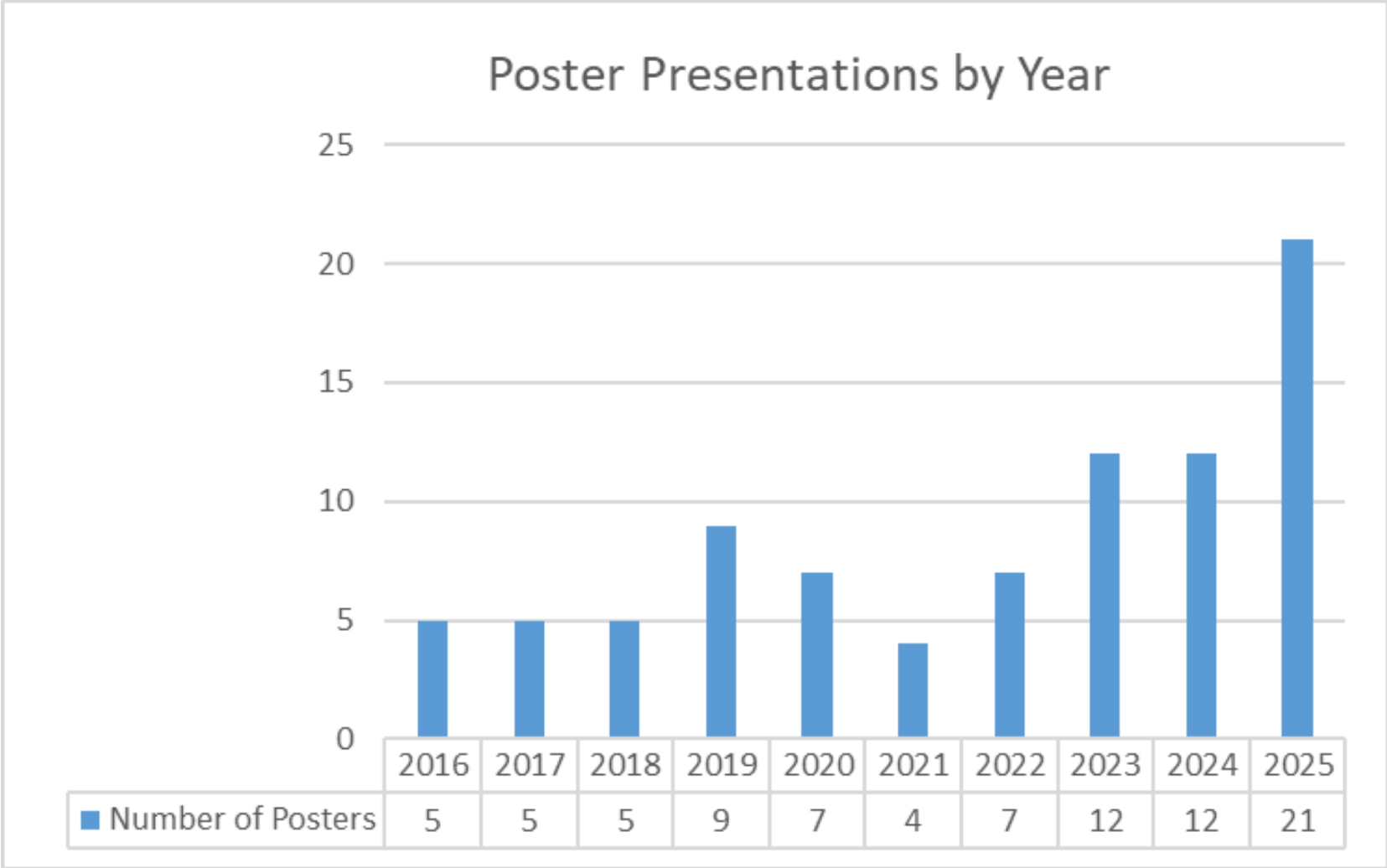
- Professional governance leader orientation
  - Full day class, orients new chairpersons and advisors
- Computer essentials class
  - Teaches nurses how to use Outlook, Word, PPT, Excel to run effective meetings and related processes
- Advisor education
  - Understanding leader role, strategic guidance 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



## *CLOSED SESSION*

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

*RECONVENE OPEN SESSION/  
CLOSED SESSION REPORT*

*(Meeting Chair)*



# *ADJOURNMENT*