



May 8, 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 **MONDAY, MAY 12, 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".

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, MAY 12, 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://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 April 14, 2025. (CARSON)

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

4. Patient Care Services Update (SPENCER)

- Emergency Department Unit Practice Council 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, June 16, 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.

¹Salinas 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/>, 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
 - Perioperative Services (HEUBNER)
 - Social Services/Case Management (SCOTT)
 - Marketing/Communications (PIZARRO-VILLALOBOS)
2. Quality and Safety Board Dashboard Review (KUKLA)
3. Consent Agenda (Full Reports):
 - Service Excellence
 - Perioperative Services
 - Food/Nutrition
 - Nursing Administration Department (NAD)
 - o Patient Care Resources
 - o Transport Department
 - o Interpreter Services
 - Pt Financial Services
 - Environmental Services
 - Clinical Research
 - Taylor Farms Family Health & Wellness Center
 - Health Promotion
 - Marketing/Communications
 - Sleep Medicine

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 APRIL 14, 2025

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair, **Rolando Cabrera, M.D.**, Vice-Chair, and **Carla Spencer**, CNO.

Voting Members Absent: **Clement Miller**, COO, and **Alison Wilson, M.D.**

Advisory Non-Voting Members Present:

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

Other Board Members Present, Constituting Committee of the Whole:

Via teleconference: Joel Hernandez Laguna and Victor Rey, Jr.

Victor Rey, Jr., left at 9:23 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. 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 MARCH 17, 2025.

Approve the minutes of the March 17, 2025 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 Spencer, the minutes of the March 17, 2025 Quality and Efficient Practices Committee Meeting were approved as presented.

ROLL CALL VOTE:

Ayes: Chair Carson, Vice-Chair Dr. Cabrera, and Spencer.

Nays: None;

Abstentions: None;

Absent: Miller, Dr. Wilson.

Motion Carried

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. PATIENT CARE SERVICES UPDATE: CLINICAL INQUIRY COUNCIL

Carla Spencer, CNO, introduced Kristen Green-Meadows BSN, RN, CCRN, CSC (ICU), Council Chair, who reported on the following:

- **Council's Purpose:** To promote and build capacity for nursing research and the use of evidence-based practice (EBP) to advance clinical excellence. The Council assists in the research and EBP process, and fosters and supports investigative role development and dissemination of findings.
- **2025 Evidence-Based Practice Cohort:** Rebranded from Evidenced-Based Practice (EBP) Council. Clinical Inquiry encourages participation from front-line nurses and Council members have increased. The Council defines and educates about EBP practice, provides resources and tools for organized/successful projects/initiatives, facilitates nurses in developing educational posters and coordinates the Hospital Week Poster Expo. The 2025 Poster Expo has increased to 21 entries and will be displayed during Nurse Week (May 12-16). The Poster Expo mimics conferences providing a QR code to review the posters. Nurses are encouraged to share outside of SVH in a professional setting through the Nursing Innovation Fund, funded through staff donations to assist nurses to externally disseminate their projects at conferences through assistance with travel and conference fees. The Council empowers front-line staff to participate through the EBP Cohort which is a 4-workshop course on the step-by-step process to take an inquiry from an idea to project/initiative objectives, to successful translation, implementation and dissemination.

COMMITTEE DISCUSSION: Will there be prizes for the posters? There will be a 1st, 2nd, and 3rd prizes for best poster.

5. ENVIRONMENT OF CARE PROGRAM

Jim Hively, Manager Environmental Health and Safety, reported on the Environment of Care Program Plans including review of plan scope statements, objectives, performance measures, and program managers for: Safety Management, Security Management, Hazardous Materials Management, Fire Safety Management, Medical Equipment Management and Utility Management. Each Plan is reviewed in January and challenging goals are set each year that promote safety. Individual goals were reviewed for each Plan.

A full report was included in the packet.

COMMITTEE DISCUSSION: Goals: Where do the PI measures come from? The Committee looks at data and selects meaningful goals. Chair Carson: SVH has performance measures in everything we do, including Environment of Care. **Fire Safety:** Drills are conducted one per shift per quarter with varied days and times. **Medical Equipment:** Suggestion: Add reporting requirements. **Security** responds within 3 minutes when a Code Gray is called. Lost Items: There is a team working to return the appropriate items to the right people. Incidents are isolated. Recommendation: Set the goal higher. **Utility Management:** There is emergency power for the hospital. Temperature regulation for the hospital is monitored through sensors through which air temperature and humidity can be adjusted. SVH plumbing protects its sewer from flushed body wipes by installing Traptex Devices in every toilet. The EOC plans are important to the operation of the hospital.

6. ENVIRONMENT OF CARE PROGRAM MANAGEMENT PLANS

The following Environment of Care Program Management Plans were included in the packet for review:

- A. Fire Safety Management Plan
- B. Hazardous Materials & Waste Management Plan
- C. Medical Equipment Management Plan
- D. Safety Management Plan
- E. Security Management Plan
- F. Utility Management Plan

7. SAFETY AND RELIABILITY UPDATE

Aniko Kukla, Director Quality and Patient Safety, reported on the Swiss Cheese Model of human error. The March 2025 Safety Fair had 260 participants. DI was the booth winner. Beta Heart performed a revalidation visit on March 8, 2025. The CMS Patient Safety Structural Measures were reviewed. The five major domains are Leadership Commitment to Eliminating Preventable Harm, Strategic Planning and Organizational Policy, Culture of Safety & Learning Health System, Accountability & Transparency and Patient/Family Engagement. The Culture of Safety & Learning Health System domain was highlighted including:

- A hospital-wide culture of safety survey using a validated instrument annually, or every two years with pulse surveys on target units during non-survey years.
- Results are shared with the governing board and hospital staff and used to inform unit-based interventions to reduce harm.
- A dedicated team conducts event analysis of serious safety events using an evidence-based approach, such as the National Patient Safety Foundation's Root Cause Analysis and Action (RCA2).
- A patient safety metrics dashboard uses external benchmarks (such as CMS Star Ratings or other national databases) to monitor performance and inform improvement activities on safety events, e.g., medication errors, surgical/procedural harm, falls, pressure injuries, diagnostic errors, and healthcare-associated infections.

The 2025 goal is to implement a minimum of four of the following high-reliability practices:

- Tiered and escalating safety huddles at least 5 days a week, with one day being a weekend, that include key clinical and non-clinical, e.g., lab, housekeeping, security units and leaders, with a method in place for follow-up on issues identified.
- Hospital leaders participate in monthly rounding for safety on all units, with the C-suite executives rounding at least quarterly, with a method in place for follow-up on issues identified.
- A data infrastructure to measure safety, based on patient safety evidence, e.g., systematic reviews, national guidelines and data from the EMR that enables identification and tracking of serious safety events and precursor events. Data is shared with C-suite executives at least monthly, and the governing board at least quarterly.
- Technologies, including a CPOE system and BCMA system, that promote safety and standardization of care using evidence-based programs.
- The use of a defined improvement method (or hybrid of proven methods), such as Lean, Six Sigma, PDSA, and/or high reliability framework.
- Team communication and collaboration training of all staff.

- The use of human factors engineering principles in selection and design of devices, equipment and processes.
- Participation in large-scale learning network(s) for patient safety improvement, such as national or state safety.

8. CLOSED SESSION

Chair Carson announced that the items to be discussed in Closed Session are *Hearings/Reports* are listed on the closed session agenda. The meeting recessed into Closed Session under the Closed Session protocol at 9:28 a.m.

9. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:40 a.m. Chair Carson reported that in Closed Session, the *Hearings/Reports* were accepted as follows:

Hearings and Reports

1. Report of the Medical Staff Quality and Safety Committee
 - Accreditation and Regulatory Report
2. Quality and Safety Board Dashboard Review
3. Consent Agenda:
 - Environment of Care Committee Full report
 - Pharmacy and Therapeutics Committee Full report
 - Safety and Reliability Committee Full report

10. ADJOURNMENT

There being no other business, the meeting adjourned at 9:41 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, May 12, 2025** 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: Emergency Department Unit Practice Council
Date: May 12, 2025

EMERGENCY DEPARTMENT UNIT PRACTICE COUNCIL

Members:

Chair: Daniel Vann-Victorino, BSN, RN

Co-Chair: Maria Duarte-Perez, BSN, RN

Assoc. Co-Chair: Lizette Rosales, BSN, RN

Advisor: Sharde Flannigan, BSN, RN

Jennifer Lachica, BSN, RN

Blanca Zavala, BSN, RN

Erica Barnum, BSN, RN

Nancy Smith, BSN, RN

Marie Sara Pillari, BSN, RN

Emily Biagini-Lee, RN

Council Purpose:

To identify areas for improvement within the department, such as patient care processes, wait times, clinical outcomes, etc.

Current Initiatives:



Pediatric Population

5150

Patient Experience

Pediatric Population

Background:

- As the pediatric population continues to grow, new challenges have arisen, prompting the formation of a pediatric subcommittee to focus on this group's specific needs.

Brief Update/Plan:

- Pediatric Mock Codes
- Pediatric Tympanic Temperature Assessments
- Pediatric Standards of Care

Outcomes:

- Pediatric Mock Codes conducted quarterly
- *New Tools:*
 - Plexiglass Broselow Tape
 - ED Pharmacist to avoid medication errors in the pediatric population
 - PIV Algorithm



5150

Background:

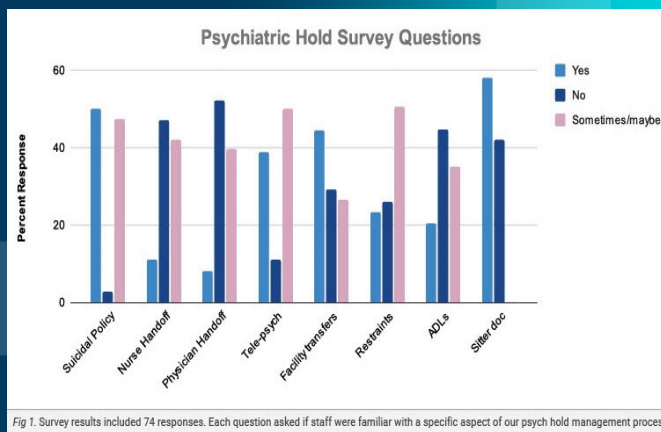
- Due to limited knowledge around policy, safety, and best practices for 5150 holds, an evidence-based practice project was initiated to assess and standardize knowledge for all ED staff.

Brief Update/Plan:

- Developed a 5150 Resource Binder with a checklist for staff use.

Outcomes/Measures to Track:

- Consistent, evidence-based care for psychiatric patients in compliance with state law.
- EDUPC members conducting audits of the resource binder checklist.



5

Patient Experience

Background:

- Analyzing Press Ganey scores prompted EDUPC to create improvement strategies for patient experience

Plan:

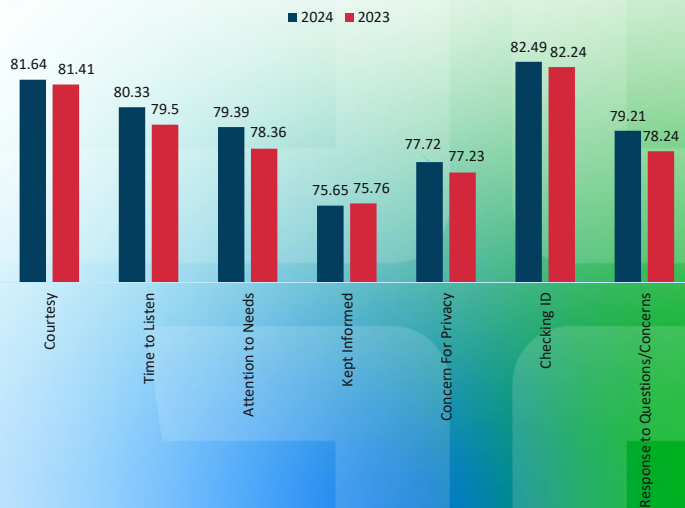
- Invited patient experience to EDUPC and staff meetings
- Creation of tour of the ED for patients
- Incorporating focus areas into Huddles

Outcomes/Measures to Track:

- Use Press Ganey scores to guide adjustments in strategies



Patient Experience Scores - Nurses





Questions?

CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

(Meeting Chair)

ADJOURNMENT