



June 12, 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, JUNE 16, 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 HEALTH¹**

**MONDAY, JUNE 16, 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 May 12, 2025.
(CARSON)

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

4. Patient Care Services Update (SPENCER)

- Perinatal 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, July 14, 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.salinavalleyhealth.com/~about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2025/](https://www.salinavalleyhealth.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
 - Palliative Care – L.M. Gottfried
 - Leapfrog Report – A. Kukla
 - Accreditation and Regulatory – D. Ratcliff
 - Pt Safety Events/RCA's – D. Ratcliff/A. Kukla
2. Quality and Safety Board Dashboard Review (KUKLA)
3. Consent Agenda:
 - Environment of Care Report & Safety Plans
 - Pharmacy & Therapeutics
 - Falls
 - Pathology Reviews 3-4Q 2024, 1Q 2025

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 MAY 12, 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, M.D.

Voting Members Absent: None.

Advisory Non-Voting Members Present:

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

Other Board Members Present, Constituting Committee of the Whole:

Via teleconference: Victor Rey, Jr.

Dr. Wilson arrived at 8:37 a.m.

Victor Rey arrived at 8:52 and left at 9:23

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Carson called the meeting to order at 8:30 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 APRIL 14, 2025.

Approve the minutes of the April 14, 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 Miller, the minutes of the April 14, 2025 Quality and Efficient Practices Committee Meeting are approved as presented.

ROLL CALL VOTE:

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

Nays: None;

Abstentions: None;

Absent: Dr. Wilson.

Motion Carried

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. PATIENT CARE SERVICES UPDATE: EMERGENCY DEPARTMENT UNIT PRACTICE COUNCIL

Carla Spencer, CNO, introduced Daniel Vann-Victorino, BSN, RN, Council Chair, David Thompson, ED Director, and Sharde Flannigan, ED Clinical Manager, who reported on the following:

- **Council's Purpose:** To identify areas for improvement within the department, such as patient care processes, wait times, clinical outcomes, etc.
- **Current Initiatives:**
 - **Pediatric Population:** The pediatric population continues to grow prompting formation of a subcommittee to focus on specific needs. The result is pediatric mock codes, pediatric tympanic temperature assessments and pediatric standards of care. Outcomes include quarterly pediatric mock codes and new tools such as plexiglass Broselow tape. An ED Pharmacist was added to assist with pediatric dosing (assuring medication safety) and a PIV algorithm.
 - **5150:** An EBP project was initiated to assess and standardize knowledge soon to go live for all ED staff which includes development of a 5150-resource binder with a checklist. Outcomes/measures track consistent care for psychiatric patients in compliance with state law and audits of the resource binder checklist.
 - **Patient Experience:** The UPC created improvement strategies for patient experience including inviting Patient Experience staff to ED staff meetings to articulate narratives of ED patients, tours for ED patients and focus areas into huddles. Press Ganey scores guide adjustments in strategies. Focus is on respect and courtesy and staying reactive. The UPC is developing an hourly rounding system to keep patients informed.

COMMITTEE DISCUSSION: The volume of 5150 patients is about 2-3 per week. Unless there is a medical need to treat 5150 patients, these patients are transferred. SVH is investigating a transfer company for mental health patients. The Social Work team is involved. ED is working on a dashboard to track all transfers. The future rounding initiative will include a color-coding system in Epic and will include the waiting room. Dr. Radner reported that feedback from CCAH is their patients are happy with the SVH ED. The Press-Ganey "Kept Informed" standard is in a different domain than the RN-only section.

5. 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 8:44 a.m.

6. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:41 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
 - Social Services/Case Management
 - Perioperative Services
 - Marketing/Communications

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

7. ADJOURNMENT

There being no other business, the meeting adjourned at 9:42 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, June 16, 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: Perinatal Unit Practice Council
Date: June 16, 2025

PERINATAL UNIT PRACTICE COUNCIL (PUPC)

Members:

Chair: Shannon Hernandez, BSN, RNC-MNN, IBCLC
Co-Chair: Sarah Lynch, BSN, RNC-OB, IBCLC, C-EFM
Assoc. Co-Chair: *Open*
Advisor: Julie Johnson, BSN, RN, RNC-MNN
Angelica Gomez, RN, BSN, PHN, RNC-MNN
Paulina Hill, BSN, RNC-MNN, CLC
Leticia Jara, BSN, RNC-MNN
Weronica Paden, BSN, RNC-MNN
Liliana Gomez, BSN, RNC-OB
Jamie Crompton, BSN
Anna Rider, BSN

Council Purpose

- To identify and implement standards of care, and evidence based practice specific to the perinatal care area
- To identify and resolve clinical and systems issues impacting or affecting care coordination, a healthy work environment, the delivery of patient-family centered care, patient safety, and clinical outcomes

Initiatives:



COMPLETED:
Anesthesia RN Role

In-Progress #1:
Post Partum Bladder
Management

In-Progress #2:
OR Warming Protocol

Anesthesia RN Role

Background:

In Perinatal area, emergent Obstetrics (OB) anesthesia events – such as STAT (immediately) cesareans, OB STAT Crimson and unplanned intubations often occur. We identified an opportunity to standardize the Registered Nurse (RN) response through reinforcing the Anesthesia RN role



We set out to:

- **STANDARDIZE** the nursing response during OB anesthesia emergencies
- **CLARIFY** nurse roles to improve workflow efficiency
- **IMPROVE** collaboration between nurses and anesthesiologists
- **INCREASE** nurse confidence and competence in emergent situations
- **SUPPORT** sustainability through ongoing quarterly training

Anesthesia RN Role (cont.)

Interventions:

- RNs formed a working group under the Perinatal Unit Practice Council (PUPC) with direct support from:
 - Chief of Anesthesia and physician partner (Dr. Ozoigbo)
 - Women and Children's Director (Julie Vasher), Labor & Delivery Manager (Dani Jago), & Perinatal Educator (Alyssa Alexander)
 - Bedside nurses across shifts who participated in feedback sessions

What PUPC did:

- Reviewed OB emergencies/OB STATs and debriefed events to identify opportunities for improved response
- Mapped out an ideal workflow for nursing support during anesthesia-related events
- Revised the existing Required Elements for Validation (REV) to include visual cues for improved retention
- Performed small tests of change during simulations and debriefs, revising checklist based on feedback
- The final checklist was launched unit-wide with hands-on demonstrations, staff validations, and printed copies available at each anesthesia cart

5

Anesthesia RN Role (cont.)

Outcomes:

- **Reinforced Readiness:** Nurses feel well-prepared and understand their roles during emergent events
- **Improved Communication:** Anesthesiologists observed that nursing support is more streamlined and predictable
- **Efficiency:** Critical equipment is now consistently ready before the procedure start
- **Practice Culture Shift:** New nurses report feeling empowered and experienced nurses are more engaged in mentorship

Next Steps:

- Quarterly Skills Checks & Simulations:
 - ☐ Staff will continue to practice defined roles and use the checklist through mock scenarios for validation
- Orientation Integration:
 - ☐ Checklist training provided to new hires during on-boarding process
- Feedback Loop:
 - ☐ We continue to gather feedback following each OB STAT event to identify opportunities for process improvement

6

Postpartum Bladder Management

Background:

- Mother Baby Unit RN [Christine Parreno] identified a need for a standardized postpartum bladder management process after receiving patients post vaginal delivery with full, distended bladders increasing the risk for postpartum hemorrhage
- Christine performed a literature review and assisted with the development of a standardized process around bladder management post delivery – reducing hemorrhage risk

Plan/Update:

- Christine developed a straight catheter decision tree for the immediate postpartum recovery period with support from our Perinatal Nurse Educator (Alyssa Alexander) and physician partners (Dr. Ayubi and Dr. Klick). Go live date is June 19, 2025
- PRN (as needed) orders will be added to all Labor & Delivery (L&D) admission order sets and Post Vaginal delivery order sets for Straight Catheter (Cath) PRN & Bladder Scan Assessment PRN

7

Postpartum Bladder Management (cont.)

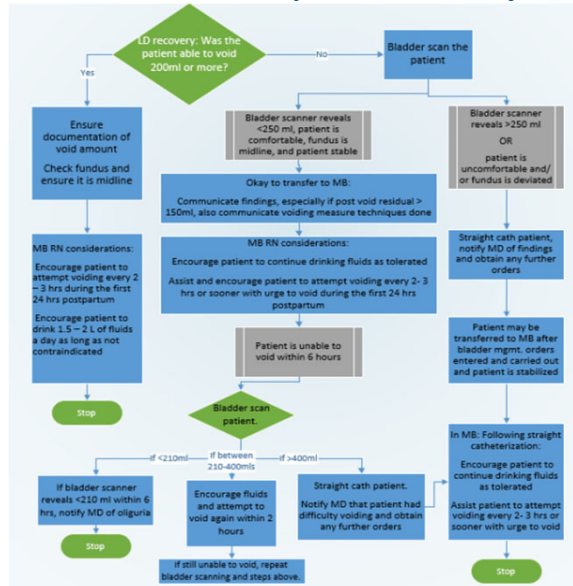
Outcomes:

- E-Learning assigned:
 - Postpartum Bladder Management
 - Straight catheterization decision tree in the immediate postpartum recovery period
- Nursing considerations:
 - Measures to assist with voiding, post void residual, Covert vs. Overt postpartum urinary retention
 - Catheter-Associated Urinary Tract Infection (CAUTI) risk vs. Bladder Distention risk

8

Straight Catheterization Decision Tree:

Immediate Postpartum Recovery Period



- During the immediate postpartum recovery period:
 - The RN will ensure adequate hydration by encouraging the patient to increase oral intake of fluids as much as possible within 2 hours post-delivery, as tolerated.
 - The patient will be encouraged to void as able
- Follow SVH Hospital policy on post – catheter removal assessment at any point the patient is uncomfortable or has not voided within 6 hours of catheter removal

Surgical Warming Protocol

Background:

- A warming protocol for pre and post-operative patients is essential to maintain body temperature, prevent hypothermia & promote healing
- L&D RNs (Danielle Schuler, Sarah Lynch & Norma Coyazo) are working through the PUPC to implement a perioperative warming protocol to decrease the risk of complications such as hypothermia, delayed wound healing, infections and shivering

Plan/Update:

- Collaboration between the L&D team and Perioperative team aims to standardize processes to improve consistency and efficiency
- Evaluate current practices by comparing them with the perioperative area to identify interventions that are effective for our patient population

Next Steps:

- Postpartum bladder management implementation
- Perioperative warming protocol
- Standardized perinatal Blood Glucose (BG)/Insulin process for gestational diabetes, antepartum
- Improved Handover Process between L&D & Mother Baby (MB)
- End of case debrief following Cesarean sections
- Guided imagery use in the L&D operating room (exploring feasibility)

11

Questions?

CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

(Meeting Chair)

ADJOURNMENT