



August 21, 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, AUGUST 25, 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, AUGUST 25, 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 July 14, 2025. (CARSON)

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

4. Patient Care Services Update (SPENCER)

- Collaborative Care Council

5. US World News /Awards Announcement (KUKLA)

6. Age Friendly Initiative Report (KUKLA)

7. Closed Session

8. Reconvene Open Session/Report on Closed Session

9. Adjournment

The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, September 15, 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) Committee 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
 - Commission on Cancer – C. Renn/T. Baker- 10 min
 - Transition of Care- Michelle Orta- 10 min
 - Patient Safety Events- Summary Report- 5 min
2. Quality and Safety Board Dashboard Review (KUKLA)- 5 min
3. Consent Agenda:
 - Accreditation and Regulatory
 - Pt Safety Events/RCAs/RL6 Events – A. Kukla
 - Environment of Care Reports
 - BETA Quest for Zero (OB)
 - Stroke Program
 - Chest Pain Program
 - Joint Program
 - Pharmacy & Therapeutics (Includes presentation on ER Pharmacist Role)
 - Infection Prevention

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 JULY 14, 2025

Committee Member Attendance:

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

Voting Members Absent: **Carla Spencer**, CNO;

Advisory Non-Voting Members Present:

In Person: Allen Radner, M.D., President/CEO;

Via teleconference: Carla Spencer, CNO (Attending as a non-voting member);

Other Board Members Present, Constituting Committee of the Whole:

Via teleconference: Victor Rey, Jr.

Victor Rey arrived at 8:40 a.m.

Dr. Wilson arrived at 8:42 a.m.

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 JUNE 16, 2025.

Approve the minutes of the June 16, 2025 Quality and Efficient Practices Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT:

None

MOTION:

Upon motion by Committee Member Miller, second by Vice Chair Dr. Cabrera, the minutes of the June 16, 2025 Quality and Efficient Practices Committee Meeting are approved as presented.

ROLL CALL VOTE:

Ayes: Carson, Dr. Cabrera, and Miller;

Nays: None;

Abstentions: None;

Absent: Spencer and Dr. Wilson.

Motion Carried

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. PATIENT CARE SERVICES UPDATE: CRITICAL CARE UNIT PRACTICE COUNCIL

Clement Miller, COO, introduced Kristine Lacanilao, BSN, PHN, RN, and Lorelie Pestillos, BSN, PCCN, RN, who reported on the following:

- **Council's Purpose:** To identify and implement standards of care and evidence-based practices specific to critical care, and identify and resolve clinical and systems issues impacting or affecting care coordination, a healthy work environment, the delivery of patient and family centered care, patient safety, and clinical outcomes.

- **Completed Initiatives:**

- **Standardized Bedside Shift Handoff Tool:** Transition to Epic will affect shift handoff. Intervention included developing a task force, identifying key components to provide shift handoff, developing a standardized tool to capture key components of shift report ensuring consistency and conciseness among nursing staff in Progressive Care units. Outcomes include development of a Standardized Shift Handoff sheet, decreased incidental overtime across the Progressive Care units and more succinct, higher quality reports/handovers, contributing to enhanced patient safety.

COMMITTEE DISCUSSION: Description of shift report? The report goes through all the vital information including the care plan as well as patient awareness of care plan. Do you look for catheters and wounds? Assessing the patient and the environment, updated whiteboard, etc., are all included. Implemented June of 2024? Yes, and revisions are ongoing and will change with Epic. The report is not part of the chart; it is an internal tool that endorses continuous care.

- **Open Heart Surgery Education:** Staff in the Heart Center (HC) and Intensive Care Unit (ICU) identified the need to update our open-heart surgery education for patients and families to current evidence-based standards and practices. The education process was multidisciplinary, however each discipline's approach to education varied. Intervention included developing a *Cardiac Surgery Patient Education Handbook* to educate the patient/family. Outcomes include greater compliance with charting, staff nurses report increased ease, uniformity, and individualization in delivering patient education throughout their hospital stay. Goal: All topics will have been discussed with the patient.

COMMITTEE DISCUSSION: The Handbook was implemented October of 2024. Readmission rates are very low.

- **Current Initiatives:**

- **Alarm Fatigue:** Reducing alarm fatigue in the hospital is essential to improve patient safety, to improve nurse well-being and efficiency, to improve alarm accuracy and prioritization, and to improve patient experience (this project was identified as one of the Joint Commission National Patient Safety Goals). Baseline data was collected. There was collaboration with key physician stakeholders to identify appropriate monitor limits. Currently the Unit Practice Council is working with leadership, Biomed, and Philips to schedule an implementation date to decrease alarms.

COMMITTEE DISCUSSION: Revision is ongoing and customized for each individual patient. This is for yellow alarms only, not the red alarms.

- **Increase Certification & BSN and High Degree Rates in all Critical Care Units:** Increasing higher degree rates is important to maintain Magnet® certification and

increases competency and comfortability of staff nurses. To achieve our goal, council members promote and encourage certification on the units; council members help teach in the Progressive Care Certified Nurse (PCCN) classes and there is a Tuition Reimbursement program for BSN and/or MSN programs. The goal is achieving a 1% increase by year-end in the number of nurses obtaining a certification and/or higher nursing degree. Quality of care is reflected through advanced education.

- **Next Steps include:**

- Transitioning to Epic through collaboration with Informatics and Practice Council on referral process and project management strategies to implement within Epic
- Printing report sheets from Meditech will be discontinued. We will rely on using standardized bedside report sheets and continuous process improvement
- Continuing to motivate RN's to get degrees and certifications
- Promoting council work and lead by example to create meaningful, lasting organizational impacts and foster cultural change
- Exploring feasibility of using guided imagery in the L&D operating room

COMMITTEE DISCUSSION: Director Carson stated she has enrolled in an AI informational course. It is anticipated that nurse charting will be reduced by 30 minutes using AI.

A full report was included in the packet.

5. EMERGENCY DEPARTMENT REPORT

David Thompson, BSN, RN, Director Emergency Department, reported on the following:

- Quality/Safety Goals include: Left Without Being Seen <2%, Median Time Outpatient LOS <181 minutes, Median Time Admit to Order to ED Department <74 minutes, Door to EKG <10 minutes and increased patient experience scores
- Data and variables were reviewed on Left Without Being Seen, Median Time Outpatient LOS, Median Admit Order to Departure, and Door to EKG Times
- ED Experience Dashboard: it is expected scores will increase with use of the Modular Units
- Next steps were discussed for implementation of modular building patient experience and patient flow, physician collaboration, educational opportunities and EPIC implementation

A full report was included in the packet.

COMMITTEE DISCUSSION: Volunteers are utilized in the ED. State inspection for the modules is expected on July 17.

6. LABORATORY SERVICES REPORT

Lori Orosco, PhD, CLS(ASCP)^{CM}, Laboratory Director, reported on the following:

- Quality/Safety Goals are ED turn-around times, microbiology turn-around times, blood culture contamination rate <3%, blood culture underfill rate, specimen labeling, increased patient satisfaction, and timely investigation and response to RL5/WeCare Events
- ER Turn-Around Times (order submitted to result), microbiology turn-around times, microbiology blood culture safety rates, and specimen labeling
- Press Ganey Patient Satisfaction Scores

- WeCare/RL6 Safety Event process
- Next steps were reviewed for retroactive data review, trialing new equipment to enhance safety, continued standardization of processes, education on RL6 system, and revising processes for efficiency

A full report was included in the packet.

COMMITTEE DISCUSSION: The intent is to automate some of the current manual processes which will create consistency. Approximately 11% require manual differential. The number will decrease with automation. Pathologists are not on site 24/7. Protocols are being developed to help turnaround times. Clinic data has been analyzed, education provided and processes changed.

7. 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 9:21 a.m.

8. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:38 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
2. Quality and Safety Board Dashboard Review
3. Consent Agenda:
 - Throughput Committee
 - Sepsis Initiative
 - HIM Health Information Management
 - Critical Care Service Line
 - Supply Chain/Materials Management
 - Volunteer/Community Service
 - Diagnostic Imaging
 - Rehab Services-PT/OT
 - Medical-Surgical Cluster, Pediatrics, Inpatient Wound Care Program
 - Transitional Care

9. ADJOURNMENT

There being no other business, the meeting adjourned at 9:39 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, August 18, 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:

Collaborative Care Council
Pam Yates, RN, CPN, Co-Chair



Collaborative Care Council



Council Membership

- **Chair:** Aubree Collins, BSN, RN, RNC-OB, C-EFM
- **Co-Chair:** Pam Yates, RN, CPN
- **Advisor:** Carla Spencer, MSN, RN, NEA-BC, *Chief Nursing Officer*

Members:

- Kirsten Wisner, PhD, RNC-OB, CNS, C-EFM, NE-BC, *Magnet Program Director*
- Rebecca Rodriguez, MSN, RN, CEN, CPHQ, *Clinical Excellence Specialist*
- Anna Mercado, BSN, RN, ONC, *Practice Council Member*
- Norma Coyazo, MSN, RN, RNC-OB, C-EFM, *Practice Council Member*
- Laurie Freed, BSN, RN, CCRN-CSC, *Quality Council Member*
- Meghan Ackerman, BSN, RN, *Quality Council Member*
- Stephanie Fierro, BSN, RN, CCRN, *Professional Development Council Member*
- Kristen Green Meadows, BSN, RN, CCRN, CSC, *Clinical Inquiry Council Member*
- Suzette Eliopoulos, RN, *Clinical Inquiry Council Member*

Purpose



The Collaborative Care Council has executive oversight for the professional governance structure at Salinas Valley Health. Its purpose is to promote professional nursing practice and excellent patient outcomes through the coordination, integration, and monitoring of the professional governance councils.

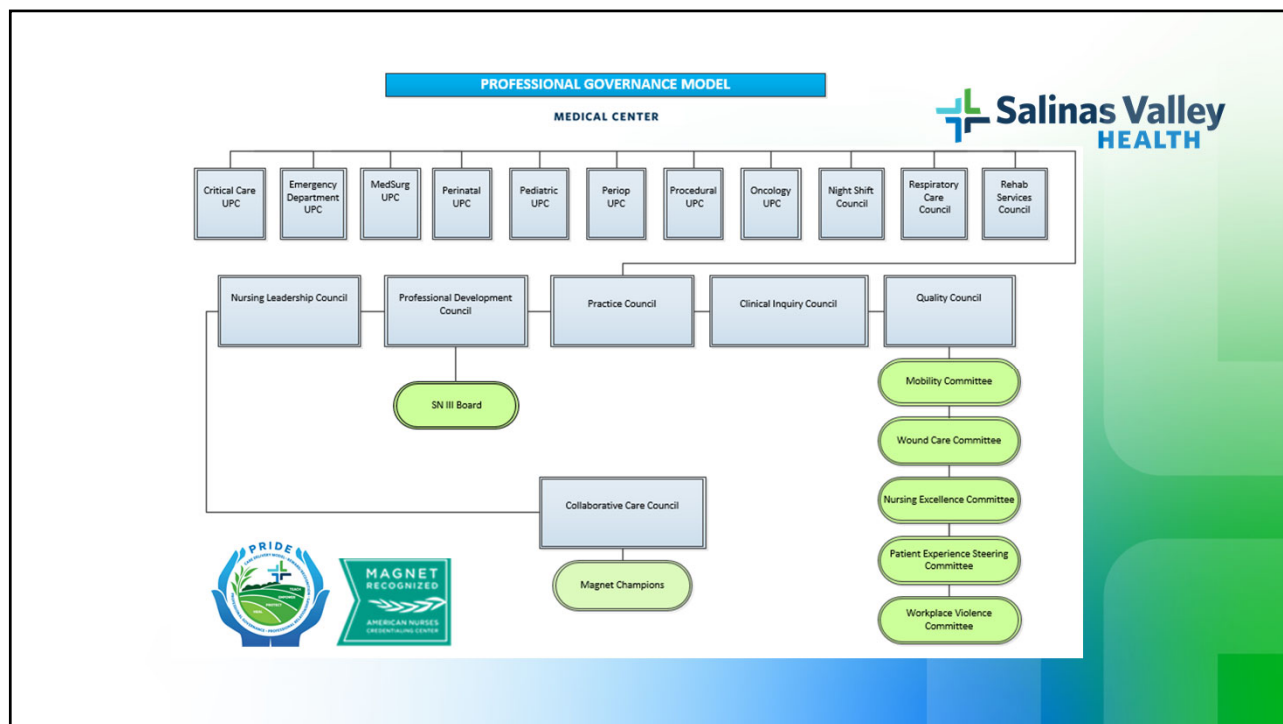


Areas of Responsibility



Executive Oversight:

- Drive strategic alignment with organizational goals and the nursing strategic plan
- Provide direction in setting council priorities
- Ensure action plans are in place for underperforming measures
- Review, update and revise the Professional Governance bylaws
- Maintain and revise the council structure
- Train, support, and recognize clinical nurse leaders
- Generate an annual report of Professional Governance work



In-Progress Initiatives



Professional Governance Leadership Training:

- New Chair, Co-Chair and Advisor Training
- Computer Essentials Training Class
- Leader Lunch & Learn Training Sessions



In-Progress Initiatives



Council Day:

- **Goal:** Improve efficiency, increase return on investment, expedite project completion, and improve nurse and leader satisfaction
- **Why:** Staff and leaders across multiple councils faced challenges including scheduling conflicts, overburdened leadership, difficulty recruiting new chairs, a shared need for more training and support, and to afford opportunity for education and collaboration
- **How:** An audit of professional governance members' schedules was conducted, leaders collaborated to resolve conflicts, and extensive communication was held with councils and leaders before launch to identify any barriers. *First Council Day was held on July 16, 2025.*
- **Examples** of upcoming Education to include: Tim Porter O'Grady, Review Nurse and Organizational Goals

Annual Summary



Professional Governance Work:

- Assist Chairs and Co-Chairs in completing their project and highlight their goals
- Use the Project Trackers to write a yearly summary
- Disseminate the summary

Project Tracker

Write Annual Summary

Distribute Organization Wide



Questions?

Quality and Efficient Practices Committee

August 25, 2025

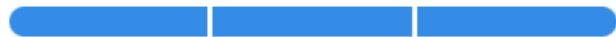
Aniko Kukla, RN, DNP
Director Quality Management/Patient Safety Officer

US World News Announcement

Salinas Valley Health Medical Center was rated high performing in 8 procedures/disease care

Leukemia, Lymphoma & Myeloma

High Performing



Pacemaker Implantation

High Performing



Pneumonia

High Performing



Heart Attack

High Performing



Diabetes

High Performing



Maternity Care (Uncomplicated Pregnancy)

High Performing



Heart Arrhythmia

High Performing



Kidney Failure

High Performing



Chest Pain NSTEMI Platinum Award



AHA GWTG Stroke Award & Blue Distinction –Hip and Knee Surgery



The American Heart Association and
American Stroke Association proudly recognizes

Salinas Valley Health Medical Center
Salinas, CA

Get With The Guidelines® - Stroke **GOLD PLUS** with Target: Stroke
Honor Roll Elite and Target: Type 2 Diabetes Honor Roll
Achievement Award Hospital

The American Heart Association recognizes this hospital for its continued success
in using the Get With The Guidelines® program.

Thank you for applying the most up-to-date evidence-based treatment guidelines
to improve patient care and outcomes in the community you serve.*

Nancy Brown
Chief Executive Officer

Keith Churchwell, M.D., FAHA
President



To receive a designation, facilities **must**:

- Have **full accreditation** from at least one national accrediting organization as either a hospital or ambulatory surgery center
- Have **low complication, mortality** and unplanned **readmission rates within 90 days** after elective primary total knee and hip replacements
- Have **enhanced recovery after surgery processes** and procedures in place for quality perioperative care
- **Participate in BlueCard Preferred Provider Organization (PPO) Network**

Age Friendly Initiative

Verbal Report

(Kukla)

CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

(Meeting Chair)

ADJOURNMENT