



September 11, 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, SEPTEMBER 15, 2025, AT 8:30 A.M., DOWNING RESOURCE CENTER, CONFERENCE ROOM A, 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/> 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, SEPTEMBER 15, 2025, 8:30 A.M.  
DOWNING RESOURCE CENTER, CONFERENCE ROOM A**

**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 August 25, 2025. (CARSON)

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

4. Patient Care Services Update (SPENCER)

- Professional Development Council

5. Age Friendly Task Force Update (INMAN/KUKLA)

6. Service Excellence/Patient Experience (BUCO)

7. Leapfrog Survey & CMS Star Rating (KUKLA/WOOD)

8. Closed Session

9. Reconvene Open Session/Report on Closed Session

10. Adjournment

The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, October 13, 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.

<sup>1</sup>Salinas 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/>, 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 Consent Agenda
  - Accreditation and Regulatory Update
  - Environmental Services
  - Human Resources (HR Metrics)
  - Nursing Education
2. Quality and Safety Board Dashboard Review (KUKLA)

**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 AUGUST 25, 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.**;

Voting Members Absent: None;

Advisory Non-Voting Members Present:

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

Other Board Members Present, Constituting Committee of the Whole:

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

*Victor Rey, Jr., arrived at 8:32 a.m., left at 9:38 a.m.*

*Joel Hernandez Laguna arrived at 8:32 a.m., left at 9:30 a.m.*

*Dr. Wilson arrived at 8:51 a.m.*

## **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 JULY 14, 2025.**

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

### **ROLL CALL VOTE:**

Ayes: Carson, Dr. Cabrera, Miller, and Spencer;

Nays: None;

Abstentions: None;

Absent: Dr. Wilson.

### **Motion Carried**

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

#### 4. PATIENT CARE SERVICES UPDATE: COLLABORATIVE CARE PRACTICE COUNCIL

Carla Spencer, CNO, introduced Pam Yates, RN, CPN, Co-chair, who reported on the following:

- **Council's 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
- **Current Initiatives:**
  - **Professional Governance Leadership Training:** Includes new chair, co-chair and advisor training, computer essentials training, leader lunch & learn training.
  - **Council Day:** *Goal:* To 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:* 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. The Collaborative Care Council has a page on STARnet.

**COMMITTEE DISCUSSION:** Chair Carson acknowledged the great work and collaboration, education time and nursing strategic planning. A full report was included in the packet.

#### 5. US WORLD NEWS/AWARDS ANNOUNCEMENT

Aniko Kukla, RN, DNP, Director Quality Management & Patient Safety Officer reported Salinas Valley Health Medical Center has received the following awards:

- US World News: High performing in eight procedures/disease care as follows: Leukemia, Lymphoma & Myeloma, Pacemaker Implantation, Pneumonia, Heart Attack, Diabetes, Maternity Care (Uncomplicated Pregnancy), Heart Arrhythmia and Kidney Failure. Chest pain is the highest award.
- American College of Cardiology National Cardiovascular Data Registry (NCDR): 2025 Platinum Performance Achievement Award

- American Heart Association Get with the Guidelines (GWTG) Stroke Award: 2025 Gold Plus
- Blue Cross Blue Shield Blue Distinction Specialty Care Award: Knee and Hip Replacement

A full report was included in the packet.

**COMMITTEE DISCUSSION:** No discussion.

## 6. AGE FRIENDLY INITIATIVE

Aniko Kukla, RN, DNP, Director Quality Management & Patient Safety Officer reported on the CMS measure which included the following:

- The aim of the project is to create an inclusive and supportive environment for older adults by aligning healthcare delivery with their unique needs and goals.
- 4Ms (What Matters, Medication, Mentation and Mobility): Goals, framework, alignment of 4M and CMS measure, and implementation plan
- Results: Developing a delirium clinical care pathway and improving patient outcomes and safety, implemented Meds That Ring a Bell (BEERS drug list), FDB AlertSpace education software implementation, and Falls Committee expanded to Mobility Committee.
- Next steps include Epic go-live, achieving Level 2 Age Friendly Designation, and continue the age friendly implementation

A full report was included in the packet.

**COMMITTEE DISCUSSION:** Chair Carson stated this initiative is critical and required by February in preparation for CMS requirements. Chair Carson recommended a multidisciplinary committee including a geriatrician or hospitalist, a nurse certified in geriatrics, quality, patient experience, pharmacy, PT and psychiatry (with expertise in dementia). The “What Matters” element must be documented in Epic for each admission. Director Carson would like to see an update at the next committee meeting. Dr. Albert stated the essential components are in place. The main challenge will be collecting and integrating the necessary data into Epic. Chair Carson distributed a handout from the American Heart Association on Age-Friendly Care.

## 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 9:04 a.m.

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

The Committee reconvened for Open Session at 9:51 a.m. Chair Carson reported that in Closed Session, the *Hearings/Reports* were accepted as follows:

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/RCA's/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

## 9. ADJOURNMENT

There being no other business, the meeting adjourned at 9:51 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, September 15, 2025** at 8:30 a.m.

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Catherine Carson, Chair  
Quality and Efficient Practices Committee

# Patient Care Services Update



September 15, 2025



**Presented by:**

Carla Spencer, MSN, RN, NEA-BC  
Chief Nursing Officer

**Featuring:**

Professional Development Council

## Professional Development Council

**Council Membership:**

- Chair: Stephanie Fierro, BSN, PHN, CCRN, *Cath Lab*
- Associate Co-Chair: Rachel Wiley, BSN, PCCN, CMSRN, *Outpatient Surgery*
- Advisor: Stephanie Frizzell, MSN, RN, NPD-BC, *Director of Education*

**Members:**

- Suzette Urquides, DNP, CCRN, MPA, *Cath Lab*
- Michael L. Brown, MS, BSN, PCCN, *Heart Center*
- Xiaoli Liu, BSN, *Ortho Neuro Spine [ONS]*
- Kimberly Jacobs, BSN, PCCN, *ICU/CCU*
- Ludy Lim, MSN, RNC-LRN, *Mother/Baby*
- Sandra Tapia, BSN, PCCN, *1M Telemetry*
- Lori Woodfin, BSN, CFRN, CVRN-BC, *Cardiology*



## 2025 Goals:



- Support nurses to pursue professional achievements: advanced degrees and specialty board certifications
- Monitor organizational vacancy and turnover rates to identify trends and opportunities for improvements

## Initiatives:

- SVH RN BSN or Higher Degree
- SVH RN Professional Certification
  - SVH Certification Preparation Classes
  - Certified Nurses Day
- Clinical Ladder - Staff Nurse III
- RN Turnover
- Professional Development & Education Fair
- Daisy Program Revitalization
- Strategic Retention & Engagement from Exit Interviews

## SVH RN BSN or Higher Degree

Magnet® Goal 80%  
Nursing Professional Development Committee FY Goal: 69.75%



ADVANCED DEGREES

## SVH RN Professional Board Certification Data

Magnet® Goal ≥51%  
Nursing Professional Development Committee FY Goal: 39.36%

### RN Professional Certifications

Magnet Hospitals

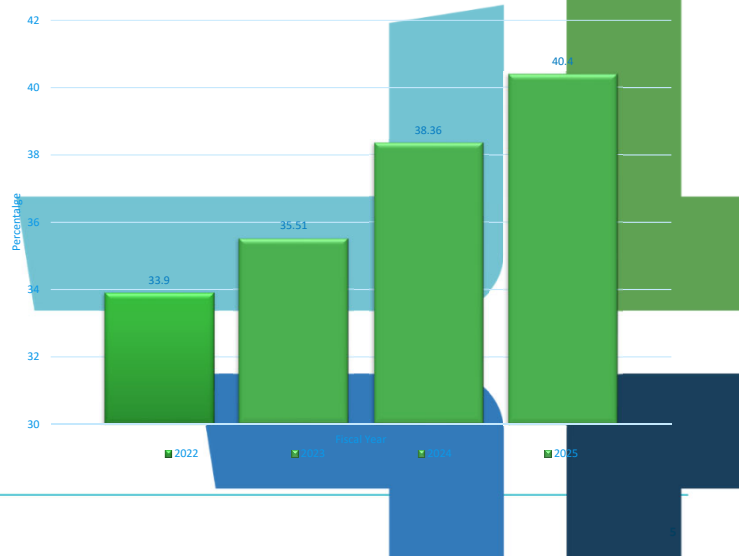
201-300 Beds

Average 39.78%

(Updated May 2022)

### Source:

- <https://www.nursingworld.org/organizational-programs/magnet/about-magnet/why-become-magnet/characteristics-of-magnet/>



BOARD CERTIFICATION DATA

## SVH Board Certification Preparation Classes



PCCN

CCRN



Salinas Valley Health continues to support Registered Nurses seeking certification in their specialty by providing in person and virtual review classes.

### Two new classes offered FY 2025:

- Critical Care Specialty (CCRN)
- Emergency Nurse Specialty (CEN)

### Continued course offerings:

- Medical Surgical Specialty (CMSRN, MEDSURG-BC)
- Progressive Care Specialty (PCCN)

### "Second chance" pilot program utilization:

- Oncology Specialty (5) Nurses
- Progressive Care Specialty (3) Nurses

### Nurse Builders Coming Soon!

- Board certification review e-course platform

BOARD CERTIFICATION CLASSES



### SVH RN Recognition and Retention Clinical Ladder Promotions – Staff Nurse III Data

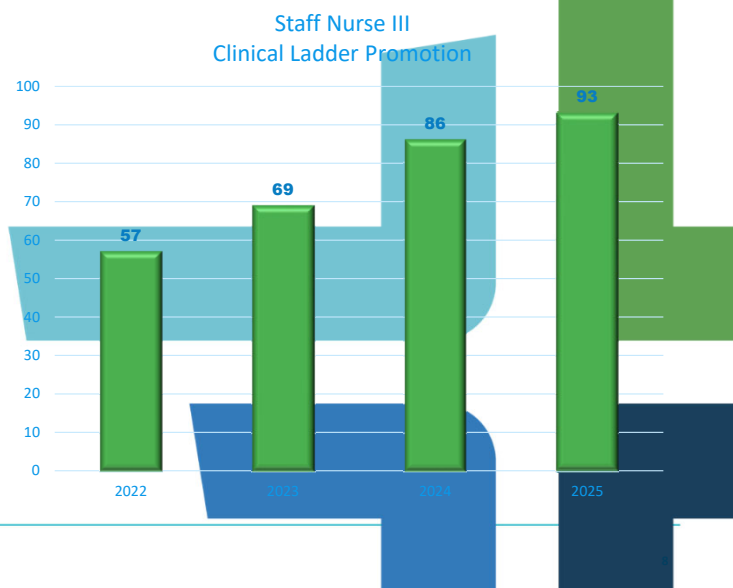
- The Staff Nurse III functions as an exemplary care provider, demonstrates leadership, and a level of involvement beyond what is required for staff nurse II.
- An application-based; points-earned promotion established on enhanced knowledge, leadership, teaching and nursing practice skills
- Requires annual renewal and leadership support

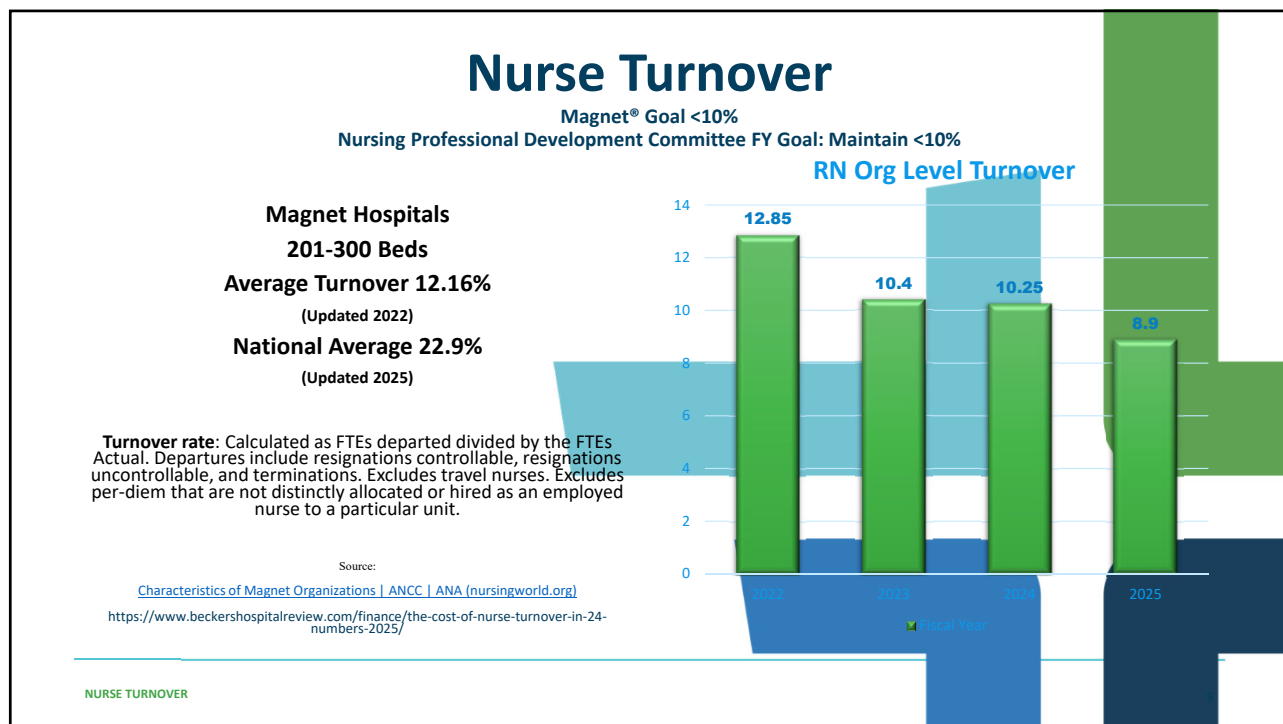
8.1% Increase 2024 - 2025

24.6% Increase 2023 - 2024

21% Increase 2022 - 2023

9% Increase 2021 - 2022






## Nurse Turnover

- Overall Organizational RN Turnover: 8.9% FY2025

Magnet® Goal <10%	
Nursing Professional Development Committee FY Goal	Maintain <10%
RN Turnover per clinical department	Assessing unit specifics with action plan
Experienced RN Transferring Specialty	0% Q4 FY25
New Hire experienced Nurse Turnover at 1 year service	8.3% Q4 FY25

- Strategic Retention & Engagement from Exit Interviews: Data collection and analysis underway

 **Salinas Valley**  
HEALTH



# 2024 Fall Fair October 29, 2024



Annual event to increase knowledge and visibility among hospital staff and valued partners.

Committees, special projects, advanced degree planning, gift distribution, prizes, and so much more available at the event.



2024 PROFESSIONAL DEVELOPMENT AND EDUCATION FAIR

**2024 Fall Professional Development & Education Fair**

October 29, 2024  
0730 - 1630  
DRC ABC & Medical Library

*Please join us for this wonderful event open to all! There will be booths providing education and information on Practice Initiatives, Professional Development, and Universities including:*

- Universities: CSUMB, WGU, & Aspen
- Education updates from/on: Professional Governance Councils, Clinical Inquiry Council, Falls Committee, Tim Porter O'Grady Committee, Vascular Access Excellence, Survey Readiness, Opioid & Pain Committee, Medication Reconciliation, Foundation, Restraints, Safe Patient Handling, and MORE....
- Professional Development: Professional Development Council, RN Certification, SNRN, AACN, Clinical Research Department, and the Medical Librarian

**We will have sweet treats & raffle prizes! \*Costumes Encouraged\***

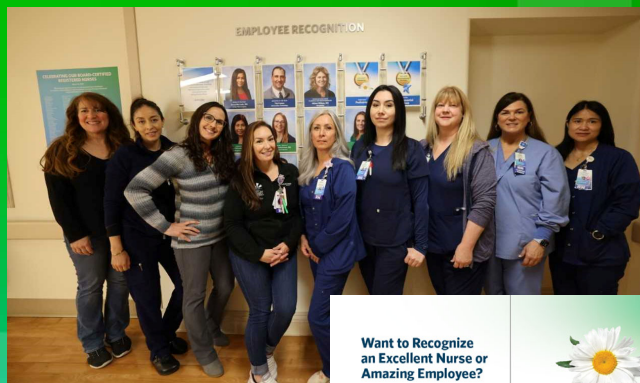
*Staff attending on a day off may clock in for up to 1 hour. Clock-in Code: 88*

**Salinas Valley**

11

## Nurse Recognition Activities

- Daisy Program revitalization complete with a noticeable increase in nominations
- Recognition Board: installation complete!
- Ongoing Preceptor recognition



RECOGNITION

**¿Quiere reconocer a una excelente enfermera, enfermero o miembro destacado del personal?**

Para nominar a alguien para un premio DAISY® o premio STAR, acceda al código QR adjunto y complete el formulario.

**Salinas Valley HEALTH**

**Want to Recognize an Excellent Nurse or Amazing Employee?**

To nominate someone for a DAISY® or STAR award, scan the code and complete the form.

**Salinas Valley HEALTH**

12

## Strategic Retention & Engagement from Exit Interviews

Professional Development Council partnered with Human Resources to develop nurse-specific questions for Press Ganey exit interview survey

- **Council Goal:** Capture unique challenges, experiences, and insights of nursing staff exiting the organization
- 12 months of tracked data now available to identify key areas of concern and opportunity
- Data used to inform strategies that strengthen nurse engagement, job satisfaction, and retention
- Professional Development Council collaboration with leaders on:
  - Development of stay interviews
  - Enhancements to recognition programs



Exit Interviews

13

# THANK YOU

14





# Leapfrog Annual Hospital Survey

## *Summary of Survey Responses & Noted Opportunities*

September 8, 2025

## Leapfrog Programs



<b>Purpose</b>	Measure implementation of evidence-based safety practices (process focused)	Simple consumer tool to compare safety between facilities (outcome focused)
<b>Data sources</b>	<ul style="list-style-type: none"> <li>Facility self-reported responses</li> <li>NHSN</li> </ul>	<ul style="list-style-type: none"> <li>Sub-set of hospital survey responses</li> <li>Selected CMS metrics</li> </ul>
<b>Assessment cycle</b>	Annually since 2001	Biannually (spring and fall) since 2012
<b>Public display</b>	Related measures summarized in a 4-bar scale from "limited achievement" to "achieved the standard" 	Facility performance summarized as a single letter grade 
<b>URL</b>	<a href="https://ratings.leapfroggroup.org/">https://ratings.leapfroggroup.org/</a>	<a href="https://www.hospitalsafetygrade.org/">https://www.hospitalsafetygrade.org/</a>

2

## Survey Methodology

Voluntary, annual survey evaluating performance on key safety, quality, and efficiency measures. Methodology built around **evidence-based standards** and **expert consensus**

Responses visible publicly via the Leapfrog website

Sub-set of topics roll into the Leapfrog Letter Grade

### Annual Survey Timeline

April 1	Survey opens and methodology is published
June 30	Early submission deadline
August 31	Response snapshot for Fall Letter Grade
November 30	Final submission deadline

### Hospital Survey and Letter Grade Relationship

Annual Hospital Survey		2025 Hospital Survey Open						
Impacted Patient Safety Letter Grade		2025 Fall Grade			2026 Spring Grade			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3
		2025			2026			

Survey Methodology

## Patient Rights and Ethics

Measure	Achievement level	Opportunities	Letter grade impact
Billing Ethics	 Limited achievement	<input type="checkbox"/> Provide detailed bill within 30 days* <input type="checkbox"/> Evaluate the Undue Medical Debt nonprofit or Charity Care vs. sending unpaid patient bills to collections <sup>1</sup>	n/a
Health Care Equity	 Achieved the standard		n/a
Informed Consent	 Considerable achievement	<input type="checkbox"/> All consent forms written at the 6 <sup>th</sup> grade level <input type="checkbox"/> Solicit feedback from patients/family	n/a
Responding to Never Events	 Achieved the standard		n/a

\* Only required for accounts with non-zero balance; charity care accounts excluded

<sup>1</sup> Unduemedicaldebt.org is a 501(c)(3) nonprofit that purchases bundled medical debt portfolios with donor funds and also provides patient medical benefit screening tools and strategies

Domain Ranking Summary

## Preventing Patient Harm

Measure	Achievement level	Opportunities	Letter grade impact
Nursing and Bedside Care	 Achieved the standard		✓ 4.7 % of letter grade; broader SD
Nursing Care	 Achieved the standard		n/a
Nursing Staff who are RNs	 Achieved the standard		n/a
BSN RNs	 Considerable achievement	<input type="checkbox"/> Achievement requires 80%	n/a

Domain Ranking Summary

## Preventing Patient Harm cont.

Measure	Achievement level	Opportunities	Letter grade impact
Effective Leadership to Prevent Errors	 Achieved the standard		✓ 3.1% of letter grade, narrow SD
Staff Work Together to Prevent Errors	 Achieved the standard		✓ 3.2% of letter grade, narrow SD
Handwashing	 Achieved the standard	<input type="checkbox"/> Maintain monthly unit observation levels	✓ 4.9% of letter grade





Domain Ranking Summary

## Critical Care

Measure	Achievement level	Opportunities	Letter grade impact
Specially Trained Doctors Care for Adult Critical Care Patients	 <p>Achieved the standard</p>		✓ 6.9% of letter grade; broad SD

Domain Ranking Summary

## Healthcare Associated Infections

Measure	Achievement level	Opportunities	Letter grade impact
C. Diff	 <p>Achieved the standard</p>		✓ 4.5% of letter grade
CLABSI	 <p>Some achievement</p>	<input type="checkbox"/> Full achievement requires SIR <= 0.413 vs. 1.002	✓ 4.5% of letter grade
CAUTI	 <p>Achieved the standard</p>		✓ 4.7% of letter grade
MRSA	 <p>Some achievement</p>	<input type="checkbox"/> Full achievement requires SIR <= 0.496 vs. 0.953	✓ 4.5% of letter grade
Colon Surgery SSI	 <p>Considerable achievement</p>	<input type="checkbox"/> Full achievement requires SIR <= 0.349 vs. 0.374	✓ 3.4% of letter grade

21.6% of total letter grade

Domain Ranking Summary

Note: Current survey results reflect HAI events from Jan 2024 – Dec 2024; current Spring 2025 letter grade performance reflects HAI events from Jul 2023 – Jun 2024

# Healthcare Associated Infections

*Projecting future performance*

Looking ahead to the Fall 2025 and Spring 2026 Letter Grades

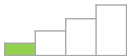




Known at present		Unknown at present
Observed HAI and SSI events	Reported HAI and SSI events validated against CDC algorithms	
Risk-adjusted expected number of events	NHSN is transitioning risk adjustment methodology from 2015 to 2022 baseline	Definitive date when Leapfrog methodology will transition to the new baseline
Relative national performance		Reliable benchmark source to determine relative impact of the methodology changes (which include changes in risk variables)

Domain Ranking Summary

NHSN Data Periods Reflected in Leapfrog Letter Grade Updates





Fall 2024	Jan 2023 – Dec 2023	Fall 2025	Jan 2024 – Dec 2024
Spring 2025	Jul 2023 – Jun 2024	Spring 2026	Jul 2024 – Jun 2025

# Maternity Care

Measure	Achievement level	Opportunities	Letter grade impact
Delivery of Very Low Birth-Weight Babies	 Limited achievement	<input type="checkbox"/> Review admission criteria in the context of Leapfrog specifications	n/a
Cesarean Sections	 Considerable achievement	<input type="checkbox"/> Reported NTSV rate of 24.3% exceeded Leapfrog goal of 23.6%; 2.6 excess cases	n/a
Episiotomies	 Achieved the standard		n/a
Screening Newborns for Jaundice Before Discharge	 Achieved the standard		n/a
Preventing Blood Clots in Women Undergoing Cesarean Section	 Achieved the standard		n/a



Domain Ranking Summary

## Medication Safety

Measure	Achievement level	Opportunities	Letter grade impact
Safe Medication Ordering	 Achieved the standard	<div>Monitor performance given risk of workflow disruptions related to EHR transition</div>	✓ 6.2% of letter grade; broader SD
Medication Reconciliation	 Achieved the standard		<i>n/a</i>
Safe Medication Administration	 Achieved the standard		✓ 6.0% of letter grade; broader SD
Outpatient Surgery Medication Documentation	 Achieved the standard		<i>n/a</i>

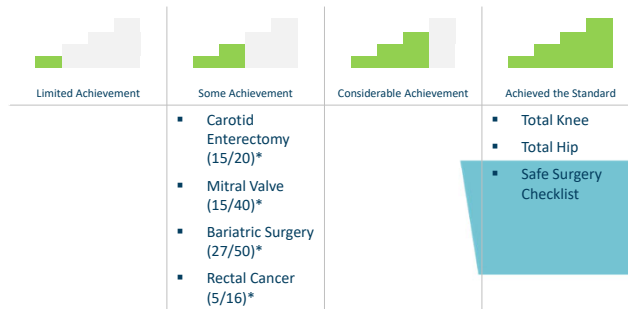
Domain Ranking Summary

## Pediatric Care

Measure	Achievement level	Opportunities	Letter grade impact
Experience of Children and Their Parents	<i>n/a</i>		<i>n/a</i>
Radiation Dose for Pediatric CT Scans – abdomen/pelvis	 Achieved the standard		<i>n/a</i>
Radiation Dose of Pediatric CT Scans – head	 Limited achievement	<input type="checkbox"/> Median radiation dose exceeded the 75 <sup>th</sup> percentile in all pediatric age groups with the exception of 5-9 year olds	<i>n/a</i>
Congenital Heart Surgery for Infants (Norwood Procedure)	<i>n/a</i>		<i>n/a</i>
Specially Trained Doctors Care for Pediatric Critical Care Patients	<i>n/a</i>		<i>n/a</i>

Domain Ranking Summary

## Complex Adult Surgery



### Opportunities

- ☐ Reviewing bariatric surgery coding vs. Leapfrog specifications

### Impact on Letter Grade

- ☐ n/a

Domain Ranking Summary

\* (SVH reported volume / Leapfrog required annual facility volume)

## Elective Outpatient Surgery

Measure	Achievement level	Opportunities	Letter grade impact
Recovery staffing – adult	Achieved the standard		n/a
Recovery staffing – pediatric	Achieved the standard		n/a
Safe Surgery Checklist	Achieved the standard		n/a
OAS CAHPS Top Box Scores	Limited achievement	<input type="checkbox"/> Communication about your procedure	n/a
Unplanned Visits after Colonoscopy	Some achievement	<input type="checkbox"/> 3 <sup>rd</sup> quartile performance (2022)	n/a

Domain Ranking Summary

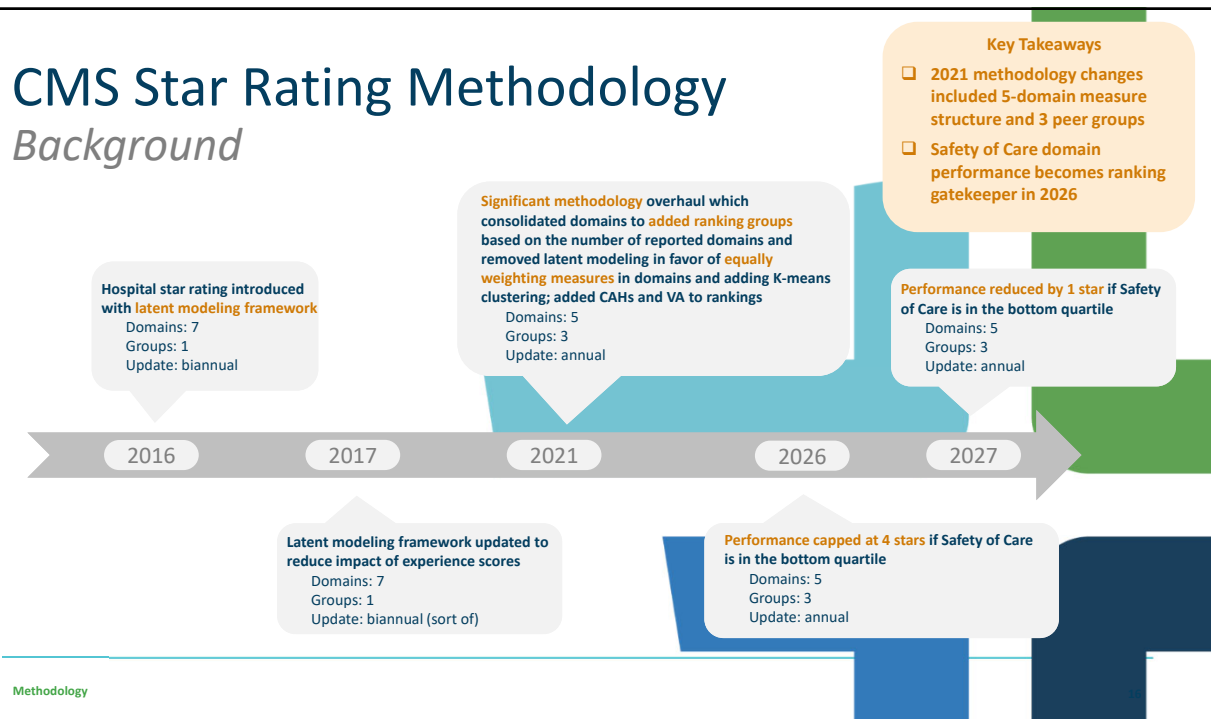
# CMS Hospital Star Rating

Current Methodology and Ranking Performance

September 8, 2025

## CMS Star Rating Methodology

### Background





# CMS Star Rating Methodology

## Current measure framework

Measure Group	Measures	Individual Measures (relative weight)	2025 Reporting Period*	Total Weight
Mortality	AMI, CABG, COPD, HF, PNE, Stroke, and PSI 04	7 (3.1%)	2020-2023	22%
Safety	HAIs, SSIs, PSI 90, Knee and hip complications	8 (2.8%)	2023	22%
Readmission	Excess days (AMI, HF, PNE), All-cause readmissions (CABG, COPD, Joint, overall) Unplanned ED and IP utilization (Chemo, colonoscopy, outpatient surgery)	11 (2.0%)	2020-2023	22%
Pt Experience	HCAHPS	8 (2.8%)	2023	22%
Timely & Effective Care	Vaccinations, ED throughput, Clinical care pathways	12 (1.0%)	2022-2023	12%

**Totals: 5 measure groups**

**46 measures**

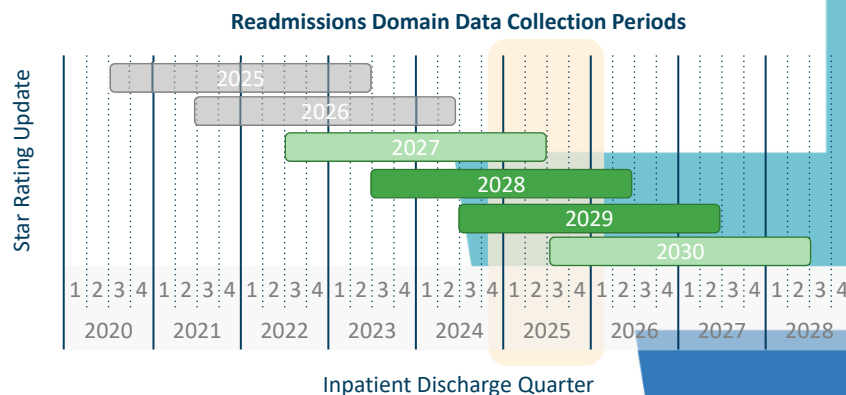
Methodology

\* Some variability in reporting period by measure within most domains  
Source: <https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings/resources>

17

# CMS Star Rating Methodology

## Rolling data periods: Readmissions domain example

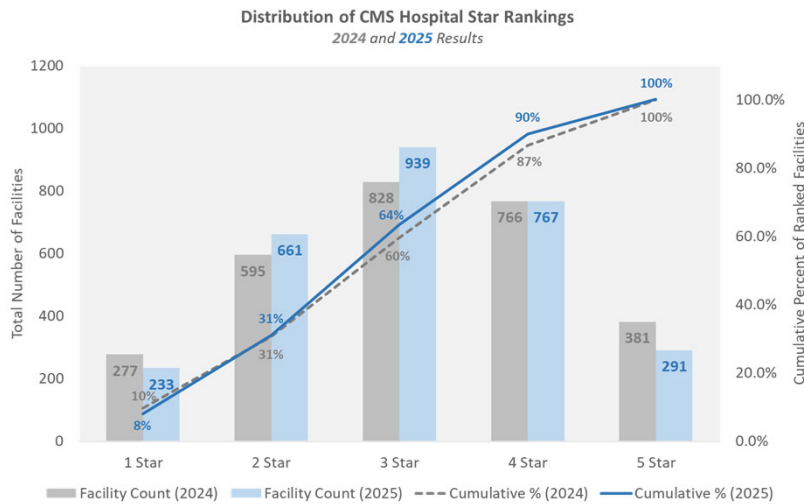


- Star rating updates reflect rolling data periods: 2025 readmissions data will have the greatest impact in 2028/2029 star ratings
- The 5-year Plan: planning work today for 2026 will reflect in 2029/2030 star scores

Methodology

## 2025 Star Rating Performance

### Overall distribution of rankings



19

## 2025 Star Rating Performance

### Local facility comparison

Facility	Star Rating	Total reported metrics of 46 possible	Mortality 7 metrics				Safety 8 metrics				Readmissions 11 metrics				Experience 8 metrics		Timely & Efficient 12 metrics
			#	↑	↔	↓	#	↑	↔	↓	#	↑	↔	↓	#	★	
Community Hospital of the Monterey Peninsula	★★★★	45	7	1	6	0	7	1	5	1	11	0	9	2	8	3	12
Natividad Medical Center	★★★★	35	5	0	5	0	6	1	5	0	6	0	6	0	8	3	10
El Camino Hospital	★★★★★	45	7	2	5	0	8	2	6	0	11	1	10	0	8	4	11
Salinas Valley Health	★★★★★	41	7	1	6	0	6 <sup>a</sup>	1	5	0	10 <sup>b</sup>	1	9	0	8	3	10 <sup>c</sup>

Metrics excluded from measure group: (a) Hip and knee metric suppressed; (b) Hip and knee metric suppressed; (c) MRI metrics suppressed

Source: data.cms.gov Hospital General Information; # = Count of measures included in domain; ↑ = Count of measures statistically better than the mean; ↔ = Count of measures performing the same as the mean; ↓ = Count of measures statistically worse than the mean; ★ = Domain star rating

2025 Star Rating

# Future Star Rating Performance

## Key considerations to manage expectations and inform improvement efforts

### External Drivers

- ❑ CMS methodology changes
- ❑ Anchoring star ranking to Safety of Care domain performance
- ❑ New measure development
  - Emergency Department and Outpatient settings
  - Electronic Clinical Quality Measures (eCQMs) and Digital Quality Measures (dQMs)

### Internal Drivers

- ❑ Common language
  - Data and metric governance with clear purpose driving analytics
- ❑ Transparency
  - Actionable information presented to the right group at the right time
- ❑ Reliable workflows
  - Concurrent case reviews and validation of coding/risk adjustment opportunities

Future Ranking

# Age-Friendly Task Force

## *September Updates*

September 15, 2025

# Age-Friendly Task Force Members

Name	Role
Timothy Albert, MD	CCO, Executive Sponsor
Rakesh Singh, MD	VP, Medical Affairs
Brenda Inman, RN	VP, Quality and Risk Mgmt
Aniko Kukla, RN	Quality and Patient Safety
Michelle Orta, RN	Transitions of Care
Bruce Kaufman, DO	Hospitalist
Athul Jani, MD	Surgeon
Cynthia Vargas	Patient Experience
Ann Bucco, RN	Patient Experience

Name	Role
Carla Spencer, RN	CNO, Executive Sponsor
Agnes Lalata, RN	Medical/ Surgical Services
Abigail Acosta, RN	Bedside RN
TBD	Bedside RN
Jessica Graziano. PT	Rehab Services
Jennifer Nader	Clinical Nutrition
Genevieve delos Santos/ Abhiruchi Mehta	Pharmacy
Shannon Graham	Volunteer Programs

# Age-Friendly Task Force Goals

The first meeting of the Task Force will be scheduled shortly

## Sample of Initiatives Already in Place

- ☐ Ambassador Volunteer Program
  - Provides social visits
  - Offer warm blankets, quiet kits, personalized get well cards
  - Reorient patient to call light and communication board
- ☐ SVM has joined the AHA Age-Friendly Health System Community
- ☐ BEERS med reviews
- ☐ Fall prevention initiatives
- ☐ Delirium Task Force

## Future State

- ☐ Schedule regular meetings with SMEs
- ☐ Increase institutional awareness around the 4M's: What Matters, Medication, Mentation, and Mobility
- ☐ Improved HCAHPS scores from this patient population
- ☐ Achieve Age-Friendly Hospital System recognition

## *CLOSED SESSION*

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

*RECONVENE OPEN SESSION/  
REPORT ON CLOSED SESSION*

*(Meeting Chair)*



# *ADJOURNMENT*