October 9, 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, OCTOBER 13, 2025, AT 8:30 A.M., DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA**.

(V*isit* https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2025/ *for Public Access Information*).

Allen Radner, MD
President/Chief Executive Officer

[1] Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

Committee Voting Members: **Catherine Carson**, Chair, **Rolando Cabrera, MD**, Vice-Chair, **Clement Miller,** Chief Operating Officer, **Carla Spencer, RN**, Chief Nursing Officer; **Richard Gerber, MD**, Medical Staff Member.

Advisory Non-Voting Members: Administrative Executive Team.

QUALITY AND EFFICIENT PRACTICES COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH[1]

MONDAY, OCTOBER 13, 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 September 15, 2025. (CARSON)
   - Motion/Second
   - Public Comment
   - Action by Committee/Roll Call Vote

4. Patient Care Services Update (SPENCER)
   Pediatrics Unit Practice Council

5. Report of the Medical Staff Quality and Safety Committee
   - CMS Action Plan Improvement Report (KUKLA)
   - Patient Experience / Grievances (VARGAS/BUCO)
   - Patient Safety Structural Updates (INMAN)

6. Closed Session

7. Reconvene Open Session/Report on Closed Session

8. Adjournment

   The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, November 17, 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.

[1]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. Board Dashboard proposed changes
2. Quality and Safety Board Dashboard Review (KUKLA)
3. Consent Agenda:
   Pharmacy and Therapeutics

ADJOURN TO OPEN SESSION

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

PUBLIC COMMENT

DRAFT SALINAS VALLEY HEALTH[1]
QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES SEPTEMBER 15, 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, Timothy Albert, M.D., CCO, Clement Miller, COO, and Richard Gerber, M.D., Vice Chief Elect of the Medical Staff;

Other Board Members Present, Constituting Committee of the Whole:
Via teleconference: Joel Hernandez Laguna

Dr. Wilson arrived at 8:38 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 Conference Room A.

2. PUBLIC COMMENT

None.

3. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF AUGUST 25, 2025.

Approve the minutes of the August 25, 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 August 25, 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

[1]Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. PATIENT CARE SERVICES UPDATE: PROFESSIONAL DEVELOPMENT COUNCIL

Carla Spencer, CNO, introduced Stephanie Fierro, BSN, PHN, CCRN, Chair, and Rachel Wiley, BSN, PCCN, CMSRN, Co-Chair, who reported on the Council's 2025 goals, initiatives and data.

A full report was included in the packet.

COMMITTEE DISCUSSION: How long does specialty certification typically take? Certification is self-paced and can include self-study, practice tests, and an all-day review course. Chair Carson requested communication to staff on geriatric certification in preparation for the Age Friendly CMS requirement going live in December. The turnover initiative includes exit interview with a reminder card encouraging the individual to complete the survey. The committee is working on stay interviews. Michelle Childs, CHRO, commented that HR follows up on exit interviews if there is anything concerning, which is then shared with the department manager and executive. Michelle additionally reported that a process for entrance/onboarding interviews is being developed.

5. AGE FRIENDLY INITIATIVE TASK FORCE UPDATE

Brenda Inman, Vice President Quality and Risk Management, and Aniko Kukla, Director Quality & Patient Safety, reported on the Age Friendly Task Force members, goals and meeting schedule.

A full report was included in the packet.

COMMITTEE DISCUSSION: Chair Carson recommended meeting every two weeks on initiatives to meet the December target date. Brenda reported significant progress has been made on the plan; that a lot of the components are in place. The next SVH CMS survey is predicted for February. Dr. Wilson reported the Medical Staff is focusing on an initiative to bring families into the rounding process. Chair Carson requested the Age Friendly initiative be communicated to staff to create increased awareness.

6. SERVICE EXCELLENCE/PATIENT EXPERIENCE

Agenda item tabled until the October meeting.

7. LEAPFROG SURVEY AND CMS STAR RATING

Timothy Albert, M.D., CCO, reported on the following:

- Leapfrog programs: Leapfrog Hospital Survey and Leapfrog Hospital Safety Grade methodology, timelines, measures, achievement levels, opportunities and letter grade impact. Data collection will improve with implementation of Epic.
- CMS Hospital Star Rating current methodology, ranking performance, and future Star performance. Added weight to safety of care.

A full report was included in the packet.

COMMITTEE DISCUSSION: Billing Ethics include providing a detailed bill within 30 days and evaluating billing practices. Star rankings are trending down for hospitals across the country. The difference between Electronic Clinical Quality Measures (eCQMs) and Digital Quality Measures (dQMs) was clarified. Epic will allow tracking of data in real time.

8. 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 9:24 a.m.

9. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:32 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 Consent Agenda
    - Accreditation and Regulatory Update
    - Environmental Services
    - Human Resources (HR Metrics)
    - Nursing Education
2. Quality and Safety Board Dashboard Review

10. ADJOURNMENT

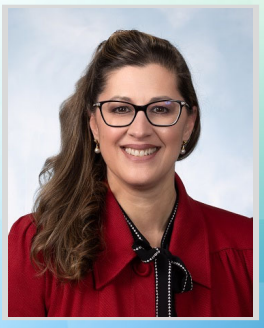
There being no other business, the meeting adjourned at 9:33 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, October 13, 2025** at 8:30 a.m.

_____

Catherine Carson, Chair
Quality and Efficient Practices Committee

Patient Care Services Update

Salinas Valley HEALTH



Presented by:
Carla Spencer, MSN, RN, NEA-BC
Chief Nursing Officer

Featuring:
The Pediatric Unit Practice Council

October 13, 2025

PEDIATRIC UNIT PRACTICE COUNCIL

MEMBERS:
Chair: Pamela Yates, RN, CPN
Co-Chair: Lisa Sandberg, BSN, CPN
Secretary: Lindsey Macbeth Hymes, RN
Lisa Garcia, MSN, CNS, CPN
Advisor: Glaiza Farnal, MSN, CMSRN, Clinical Manager

PURPOSE: *The Pediatric Unit Practice Council is to identify and implement standards of care and evidence-based practice specific to clinical areas, and 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 outcome.*

Topics:

- Gifting Digital Thermometers
- Asthma Education Plan
- Nutrition and Movement for Obesity Prevention
- Screening for Postpartum Depression

Gifting of Digital Thermometers: *In-progress*

BACKGROUND:

1. Parents reported the patient felt warm and was brought to the ED. When asked about temperature checks, they often lacked a thermometer at home
2. Parents often reported uncertainty about safe dosage of antipyretic to give their child at home

GOAL: We hope to decrease unnecessary ED visits and allow for safe medication administration at home and reinforce post discharge care/monitoring process

PLAN: Gift a digital thermometer and dosing instructions to families without access to one

Pediatric Medication Dosing

Salinas Valley HEALTH

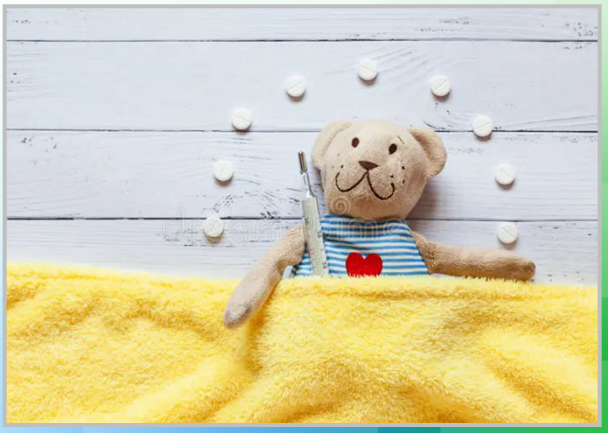
Acetaminophen (Tylenol®) Dosage

- Do **not** give acetaminophen to children less than **8 weeks** of age (unless directed by your doctor).
- Dosage interval is every **6 hours**.
- The dose increases as your child's weight increases.

Weight	Infant's and Children's Acetaminophen Suspension Liquid (160 mg/5 mL)	Junior Strength Acetaminophen Chewable Tablets (160 mg/tablet)
6 lbs.	1.25 mL	-
7 - 8 lbs.	1.5 mL	
9 lbs.	1.75 mL	
10 lbs.	2 mL	
11 lbs.	2.25 mL	-
12 - 13 lbs.	2.5 mL	-
14 - 16 lbs.	3 mL	-
17 - 18 lbs.	3.5 mL	-
19 - 21 lbs.	4 mL	-
22 - 23 lbs.	4.5 mL	-
24 - 25 lbs.	5 mL	1 tablet
26 - 28 lbs.	5.5 mL	1 tablet
29 - 30 lbs.	6 mL	1 tablet
31 - 32 lbs.	6.5 mL	1 tablet
33 - 35 lbs.	7 mL	1 tablet
36 - 37 lbs.	7.5 mL	1.5 tablets
38 - 39 lbs.	8 mL	1.5 tablets
40 - 42 lbs.	8.5 mL	1.5 tablets
43 - 44 lbs.	9 mL	1.5 tablets
45 - 46 lbs.	9.5 mL	1.5 tablets
47 - 51 lbs.	10 mL	2 tablets
52 - 56 lbs.	11 mL	2 tablets
57 - 61 lbs.	12 mL	2 tablets
62 - 65 lbs.	13 mL	2.5 tablets
66 - 70 lbs.	14 mL	2.5 tablets
71 - 75 lbs.	15 mL	3 tablets
76 - 79 lbs.	16 mL	3 tablets
80 - 84 lbs.	17 mL	3 tablets
85 - 89 lbs.	18 mL	3.5 tablets
90 - 93 lbs.	19 mL	3.5 tablets
94 lbs. and over	20 mL	4 tablets

- **Note**: acetaminophen and ibuprofen can be alternated every 3 hours. For example, if you give acetaminophen at 12 pm, ibuprofen can be given at 3 pm. Then give another dose of acetaminophen at 6 pm and ibuprofen at 9pm.

Salinas Valley HEALTH

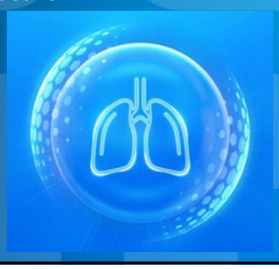


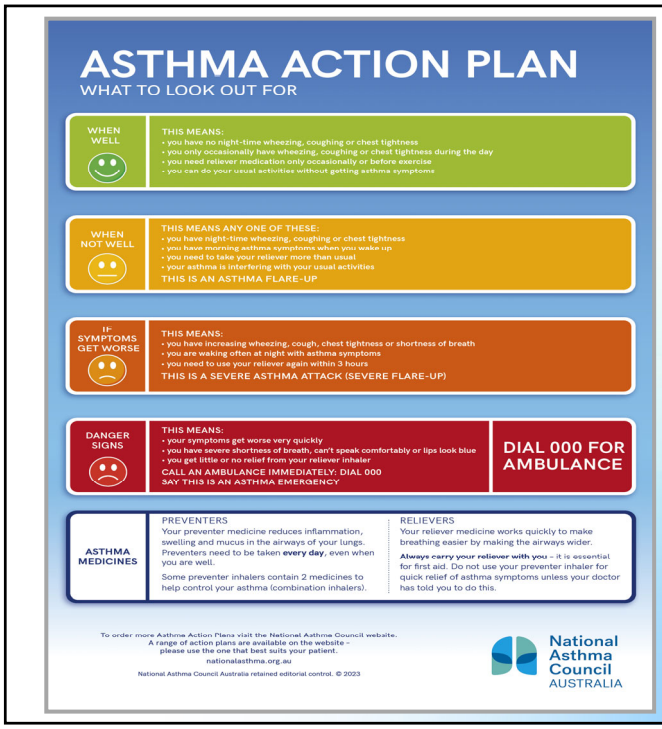
Asthma Education Project: *In-progress*

BACKGROUND: The need for a more comprehensive, patient friendly asthma education plan has been identified by the pediatric nursing staff

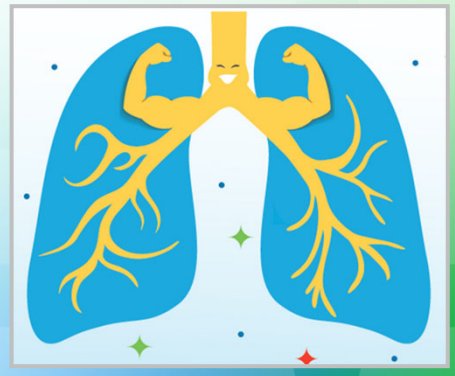
GOAL: We plan to track Press Ganey scores that reflect patient satisfaction in the domain of understanding discharge instructions as well as to how prepared they were prior to discharge. We also would like to track the rate of readmissions/ED visits following the implementation of this initiative

PLAN: The Pediatric UPC made a referral to the Respiratory Care UPC and has enlisted the help of our pediatric educator to develop an education plan that would clearly illustrate the steps needed for patients to safely manage their care post-discharge



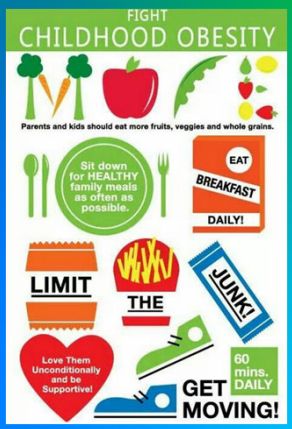


Salinas Valley HEALTH



What's Next:

- **Nutrition & Movement:**
  Obesity Prevention



- **Screening for Postpartum Depression:**
  Early Identification and Intervention during first postpartum year…


Salinas Valley
HEALTH
QUESTIONS?

Quality and Safety Committee Meeting

10/2/2025

Salinas Valley HEALTH

Safety Story

September 17th around the world is a **Patient Safety Day**.

The focus this year was on neonatal and pediatric safety (which includes mothers of neonates too)

Today we bring you a story highlighting a mom and her baby from Albany.

Diane McCabe died 10 hours after delivering daughter Jenna by C-section

CMS Star Rating Action Plans

10/2025

Aniko Kukla DNP, RN, CPHQ

CMS Star Rating Methodology

Background

Key Takeaways

- ❑ Annual review of included measures
- ❑ Stars assigned by statistical clustering
- ❑ Evolving methodology
- ❑ Safety of Care to becomes gatekeeping domain

Hospital star rating introduced with latent modeling framework
Domains: 7
Groups: 1
Update: biannual

Significant methodology overhaul which consolidated domains to added ranking groups based on the number of reported domains and removed latent modeling in favor of equally weighting measures in domains and adding K-means clustering; added CAHs and VA to rankings
Domains: 5
Groups: 3
Update: annual

Performance reduced by 1 star if Safety of Care is in the bottom quartile
Domains: 5
Groups: 3
Update: annual

2016 | 2017 | 2021 | 2026 | 2027

Latent modeling framework updated to reduce impact of experience scores
Domains: 7
Groups: 1
Update: biannual (sort of)

Performance capped at 4 stars if Safety of Care is in the bottom quartile
Domains: 5
Groups: 3
Update: annual

Methodology

CMS Star Rating Methodology

Current measure framework

Measure Group	Individual Measures (relative weight)	2025 Reporting Period*	Total Weight
Mortality	7 (3.1%)	2020-2023	22%
Safety	8 (2.8%)	2023	22%
Readmission	11 (2.0%)	2020-2023	22%
Patient Experience	8 (2.8%)	2023	22%
Timely & Effective Care	12 (1.0%)	2022-2023	12%
Totals:	**5 measure groups**	**46 measures**	

Facility Inclusion Criteria

- ❑ Data for at least 3 measures for either Mortality or Safety of Care
- ❑ Data for at least 3 measures in each of 3 measure groups
- ❑ Measure groups included in calculation if there is data for at least 1 measure

Methodology

* Some variability in reporting period by measure within most domains

2025 Star Rating Performance

Standardized measure group performance

Measure groups scoring better than the 75th percentile	2024	2025
	4/5	2/5

Measure Group	Salinas Valley Health 2024	Salinas Valley Health 2025	Directional change*	National Average	SD	Min	25th Percentile	Median	75th Percentile	Max
Mortality	0.51	**0.65**	⇧	**-0.073**	**0.7303**	-3.528	-0.509	-0.039	0.409	2.908
Safety of Care	0.95	**0.28**	⇩	**-0.019**	**0.7790**	-10.714	-0.275	0.084	0.396	2.152
Readmission	-0.13	**-0.33**	⇩	**0.013**	**0.5337**	-3.781	-0.269	0.033	0.332	3.731
Experience	0.71	**0.60**	⇩	**0.000**	**0.8660**	-2.167	-0.642	0.030	★ 0.633	1.736
Timely and Effective Care	0.84	**0.56**	⇩	**0.028**	**0.4805**	-3.592	-0.215	0.040	0.294	4.115
Overall	0.55	**0.33**	⇩	**-0.051**	**0.1684**	-3.351		n/a		2.064

2025 Star Rating

* Aggregate Measure Group scores are standardized with higher numeric values reflecting better performance regardless of direction of improvement for individual measures

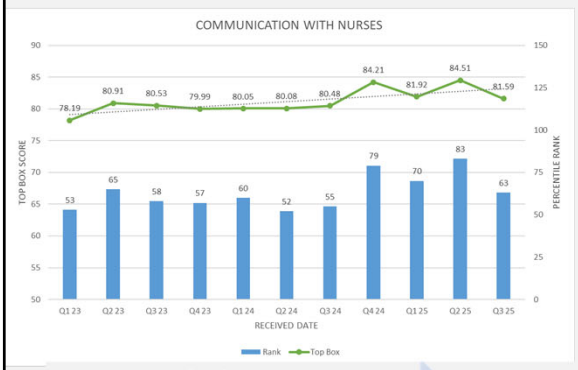
PATIENT EXPERIENCE ACTION PLAN

DATA ANALYSIS (Jan 1, 2023- December 31, 2023):

8/10 measures = 4 stars

- Communication with Nurses = 3 stars
- Cleanliness (4)/Quietness of Hospital Environment (2) = ((4+2)/2) = 3 stars

Communication with Nurses

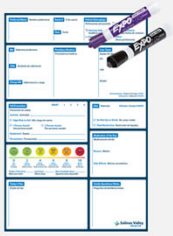


INTERVENTIONS

- **2025:** Inpatient nursing workplans are focusing on hardwiring the bundle – from "what" to "how"
- Include support person contact info on so physician can update during rounding
- Review NLR, Complaints and Grievance data by unit monthly to identify trends earlier
- Produced Welcome and Discharge videos to supplement nurse communication/ education
- **2026:** Plan to launch enhanced NLR training
- Plan to upgrade to digital patient room door signs

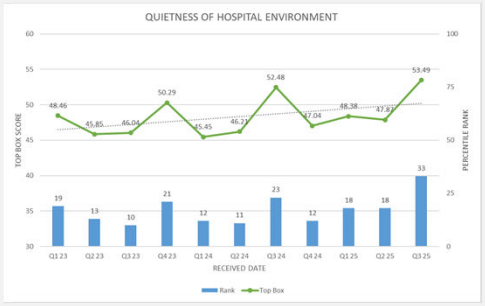
Action Plan/Interventions

- Nurse Communication Bundle
- Communication Board
- Nurse-Physician Collaboration
- Nurse Leader Rounding (NLR)
- Purposeful Interval Rounding
- Bedside Shift Report (BSSR)
- Bedside Rounding
- Donuts with Docs

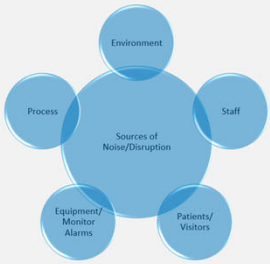


- Welcome and Discharge Video
- Professional Governance Alignment

Quietness (⇨ Restfulness) of Hospital Environment



Why can't our patients sleep/rest?



INTERVENTIONS- IN PROGRESS

STAFF BEHAVIOR AND CULTURE CHANGE

- ✓ Quiet Champion role
  - Empower staff
  - Peer feedback
- ✓ Educate staff on the impact of noise and disruptions on patient recovery, sleep quality, and stress levels.
- ✓ Increase staff awareness – what do patients hear? Share survey comments.
- ✓ Night Shift Practice Council – quarterly rounding
- ✓ Nurse leader rounding – question about quietness/restfulness

ALARM MANAGEMENT

- ✓ Alarm Fatigue Workgroup identified opportunities to decrease unnecessary alarms
  - Update profiles for certain conditions/disease (i.e. COPD)
- ✓ Phillips contract
  - ❑ Update monitors

NEXT: ONGOING NOISE ASSESSMENT

- ❑ EOC Rounds – resume regular rounding schedule
- ❑ Unit leaders to manage addressing sources of noise on unit

INTERVENTIONS PLANNED

MODIFY CAREPLAN FOR MEDICALLY STABLE PATIENTS

Patients who would benefit more from uninterrupted sleep than they would from medical interventions during the night such as administration of medication, checking of vitals and blood draws.

- ❑ Redesign care plan and timing intervals of interventions to be conducive to uninterrupted sleep
- ❑ Coordinate and cluster care
- ❑ Silencing telemetry monitors at night
- ❑ Modify vital sign check frequency
- ❑ Discontinuing morning vitals when able
- ❑ Morning laboratory draws for stable patients delayed until they were awake
- ❑ Lines, leads, and/or drains that were no longer needed and might interfere with sleep were discontinued if appropriate

2025 Star Rating Performance

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2025 Star Rating

* Aggregate Measure Group scores are standardized with higher numeric values reflecting better performance regardless of direction of improvement for individual measures

TIMELY AND EFFECTICE CARE ACTION PLAN

Data Analysis: the national averages (median) are met in all measures except the ED throughput data. We would have to set higher goals above the 75th percentile to get to 5 star averages in these measures, in some of these metrics it would be hard to get to the next level. For example ED left without being seen measure is at 2%, given the current ED crowding it is not realistic to drop the rate to 1% (and this measure will also be discontinued in the future).

Action Plan: Sepsis Committee is reviewing sepsis bundle compliance goal (current goal of 65% is met).

Sepsis Improvement Work – CDC Sepsis Program Core Elements

Epic Optimization Pillars

- **Clinical Decision Support:** Refined BPAs, standardized order sets.
- **Data & Reporting:** Epic dashboards, near real-time sepsis lists.
- **Nursing & Workflow Integration:** Flowsheets, tasks, reassessment reminders.
- **Education & Change Management**: Drills, training, at-the-elbow support.
- **Continuous Improvement:** PDSA cycles, equity tracking, antibiotic stewardship integration.

2025 Star Rating Performance

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* Aggregate Measure Group scores are standardized with higher numeric values reflecting better performance regardless of direction of improvement for individual measures

Safety of Care

Data Analysis: Opportunities exist with **CLABSI, SSI and PSI 90-** composite scores. The hip and knee complication rates are not reported as we have too few patients admitted to the hospital to get a rate. Medicare infection rates are only reported for Medicare patients, contrary to what we report to CDPH in California. We need to maintain CAUTI rates and or strive for zero (Can't have more then 2 infections). C diff infection rates – sustain the great outcomes. We can' t have more than 1 MRSA have increased.

PSI rates are increasing – more complex surgeries, higher risk patients, still meeting the benchmark.

ACTION PLAN:

CLABSI/CAUTI: RCA's for events action plans based on findings, continue action plans with professional governance/ Dr. Gray – physician champion lead. Evaluating Epic warnings and BPA's, order set utilization and documentation.

SSI rates improved.- ERAS- continue with implementation

PSI: Plan **reevaluate specific measures** (DVT/PE prophylaxis measures, and complication – capture more problems with Epic for risk adjustment, implement Vizient).

SECTION TITLE

Patient Safety Indicators (PSIs)

PSI	Numerator	Denominator	Key Exclusions	Included in PSI-90 Composite
PSI 03: Pressure Ulcer Rate	Stage III/IV or unstageable pressure ulcers	Medical/surgical discharges age ≥18	POA ulcers, transfers, specific conditions (e.g., spina bifida)	✓
PSI 04: Surgical Inpatient Death Rate with Serious Treatable Complications	Inpatient death, grouped by DVT/PE, sepsis, pneumonia, shock/cardiac arrest, and GI Hemorrhage	Elective surgical discharges age ≥18 – 89 with OR procedure code	Admissions from hospice	
PSI 06: Iatrogenic Pneumothorax	Iatrogenic pneumothorax (not POA)	Medical/surgical discharges age ≥18	Thoracic procedures, trauma, pleural effusion	✓
PSI 08: In-Hospital Fall with Hip Fracture	New hip fracture during stay	Medical/surgical discharges age ≥18	Hip fracture present at admission	✓
PSI 09: Postop Hemorrhage or Hematoma	Postop hemorrhage or hematoma events	Surgical discharges age ≥18	Coagulation disorders, transfusion exclusions	historically
PSI 10: Postop AKI Requiring Dialysis	Postop acute kidney injury requiring dialysis	Surgical discharges age ≥18	CKD, urinary obstruction, dialysis access	✓
PSI 11: Postop Respiratory Failure	Respiratory failure or reintubation >2 days postop	Surgical discharges age ≥18	Neuromuscular disorders, craniofacial anomalies	✓
PSI 12: Perioperative PE/DVT	PE or proximal DVT after surgery	Surgical discharges age ≥18	POA PE/DVT, obstetrical DRGs, neurologic trauma	✓
PSI 13: Postop Sepsis	Postop sepsis diagnosis	Surgical discharges age ≥18	POA sepsis, principal diagnosis of sepsis	✓
PSI 14: Postop Wound Dehiscence	Wound disruption/dehiscence	Abdominopelvic surgical discharges age ≥18	Immunocompromised state	historically
PSI 15: Accidental Puncture or Laceration	Inadvertent laceration/puncture during procedure	Surgical discharges age ≥18	Select procedure exclusions, POA injuries	✓

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2025 Star Rating Performance

Standardized measure group performance

Measure groups scoring better than the 75th percentile	2024	2025
	4/5	2/5

Measure Group	Salinas Valley Health 2024	Salinas Valley Health 2025	Directional change*	National Average	SD	Min	25th Percentile	Median	75th Percentile	Max
Mortality	0.51	0.65	⇧	-0.073	0.7303	-3.528	-0.509	-0.039	0.405	2.908
Safety of Care	0.95	0.28	⇩	-0.019	0.7790	-10.714	-0.275	0.084	0.396	2.152
Readmission	-0.13	-0.33	⇩	0.013	0.5337	-3.781	-0.269	0.033	0.332	3.731
Experience	0.71	0.60	⇩	0.000	0.8660	-2.167	0.642	0.030	0.633	1.736
Timely and Effective Care	0.84	0.56	⇩	0.028	0.4805	-3.592	-0.215	0.040	0.294	4.115
Overall	0.55	0.33	⇩	-0.051	0.1684	-3.351		n/a		2.064

2025 Star Rating

* Aggregate Measure Group scores are standardized with higher numeric values reflecting better performance regardless of direction of improvement for individual measures

Mortality

Data analysis: All mortality measures have improved, the mortality rate amongst surgical inpatients with serious treatable complications measure is now called Failure to Rescue Measure. All measures are statistically the same as the national averages (except the **Pneumonia mortality rate, is statistically better than the national mean**).

Action plans: if we would like to regain a star we should set goals for **PSI- 04 rates** to decrease and for maintaining the rest of the outcomes.

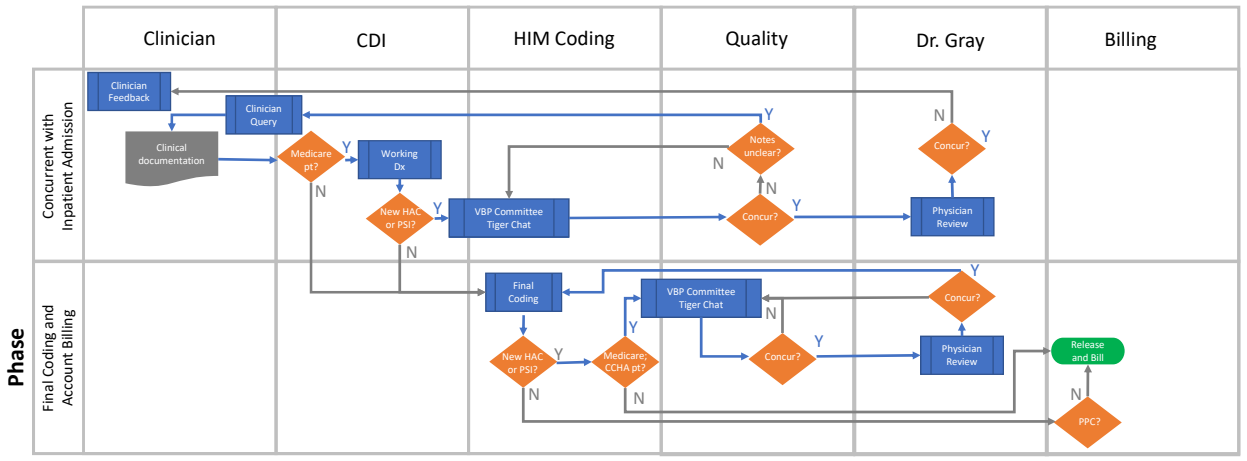
Failure-to-Rescue:

30-day Risk-Standardized Death among Surgical Inpatients with Complications

Element	Measure specification
Numerator	Patient **death within 30 days** of the first "operating room" procedure, regardless of site of death
Denominator	Patients aged **18 - 89 years** admitted for certain **General Surgery, Orthopedic, or Cardiovascular MS-DRGs** and enrolled in **Medicare (FFS or MA)** with **complication not POA**
Complications	Cardiac event, HF, hypotension or shock, PE/DVT, CVA or TIA, coma, seizure, psychosis, nervous system complications, pneumonia or pneumonitis, pneumothorax/effusion, respiratory compromise, internal organ damage or perforation, peritonitis, GI bleed, sepsis or SSI, ischemia, retained foreign body, pressure injury, organ dysfunction, disseminated intravascular coagulation (DIC), or other postsurgical complication
Key Exclusions	Admission from **hospice** facility, **DNR** on admission, or discharged **AMA**

Key Takeaways

- Captures **PSI 04 fallouts**
- Denominator limited to patients with complications (**smaller *n***)
- **Medicare FFS and MA** population



Mortality/HAC/PSI/Quality concerns Case Reviews

Note: 100% of Medicare patients reviewed concurrently by CDI; patients associated with other payor sources are reviewed based on CDI availability

2025 Star Rating Performance

Standardized measure group performance

Measure groups scoring better than the 75th percentile	2024	2025
	4/5	2/5

Measure Group	Salinas Valley Health 2024	Salinas Valley Health 2025	Directional change*	National Average	SD	Min	25th Percentile	Median	75th Percentile	Max
Mortality	0.51	**0.65**	⇧	**-0.073**	**0.7303**	-3.528	-0.509	-0.039	0.409	2.908
Safety of Care	0.95	**0.28**	⇩	**-0.019**	**0.7790**	-10.714	-0.275	0.084	0.396	2.152
Readmission	-0.13	**-0.33**	⇩	**0.013**	**0.5337**	-3.781	-0.269	0.033	0.332	3.731
Experience	0.71	**0.60**	⇩	**0.000**	**0.8660**	-2.167	0.642	0.030	0.633	1.736
Timely and Effective Care	0.84	**0.56**	⇩	**0.028**	**0.4805**	-3.592	-0.215	0.040	0.294	4.115
Overall	0.55	**0.33**	⇩	**-0.051**	**0.1684**	-3.351		n/a		2.064

2025 Star Rating

* Aggregate Measure Group scores are standardized with higher numeric values reflecting better performance regardless of direction of improvement for individual measures

Readmissions

Data Analysis: The biggest opportunities for improvement are with Hospital Wide Readmission rates and chemotherapy pt. ED. Visits and hospital readmissions.

Action plans: added the readmission rates to COC's agenda and established Readmission Committee (with a Chemotherapy task group).

Action Plan for CMS Star/Leapfrog Rate Improvement Plan

Action Plan Leader: A.Kukla

Category	Responsible Department/Committee	Responsible Leader	PI
Patient Experience	Patient Experience Committee	Carla Spencer/Cynthia Vargas	Ann Bucco
Safety of Care/ HAC/HAI	Quality & Safety Department/ IP/ Antibiotic Stewardship Committee	Dr. Poudel/ Melissa Deen and Aniko Kukla	Haimanot Tesamariam
Timely and Effective Care	Clinical Leadership/Physicians, Sepsis/VBP Committee	Brenda Inman/David Thompson/Dr. Gray	Aniko Kukla/Toni Rodriguez
Readmission Reduction	Readmission Committee	Michelle Orta/Thelma Baker/Alysha Hyland	David Wood/ John Garcia
Mortality	VBP Committee	Dr. Gray /CDI team	Aniko Kukla

LEAPFROG HOSPITAL SAFETY GRADE

Projecting Future Performance

Today's work supporting tomorrow's score

Mortality	
VBP Committee	▪ Case review with referrals to medical staff when potential clinical opportunities are identified
Safety of Care	
VBP Committee	▪ Just-in-time HAC and PSI validation
Infection Prevention Program	▪ Ongoing review and PI activities related to HAIs/SSIs ▪ Assessing impact of risk adjustment model updates including community onset infection rates and average length of stay variables
Readmissions	
Readmissions Committee	▪ Unplanned ED and inpatient utilization following outpatient chemotherapy ▪ Focused
Transitions of Care	▪ Equity of care and readmission risk stratification (AB 1204) ▪ Enhanced support for Pneumonia/COPD population
Experience	
Patient Experience Committee	▪ PI activities supporting organization priorities
Timely & Effective Care	
Sepsis Committee	▪ Supporting EBP measure performance
Department PI	▪ Internal ED department PI activities focusing on patient throughput

Projecting Future Star Rating Performance

Key Considerations:

- ❑ Methodology changes
- ❑ Anchoring star ranking to Quality domain performance
- ❑ New measure development
  - ▪ Emergency Department
  - ▪ Outpatient Settings
  - ▪ Electronic Clinical Quality Measures (eCQMs)
  - ▪ Digital Quality Measures (dQMs)

Methodology Component	Key Takeaway
Standardized Scores	Individual metric performance is evaluated against a distribution curve with extreme outliers capped at a maximum or minimum value Standardized scores applied twice: (1) individual metric & (2) domain
Domain Performance	Individual measures are equally weighted within a domain even if those measures do not proportionately represent the facilities patient population
Peer Groups	Facilities grouped based on the number (3 to 4 to or 5) domains they are able to report
K-means Clustering	Maximizing overall score does not necessarily maximize number of stars awarded
Future Methodology Changes	Safety of Care domain will have greater influence on number of stars a facility is eligible to receive

Projecting Future Performance

Transparency & managing expectations

Ranking methodology

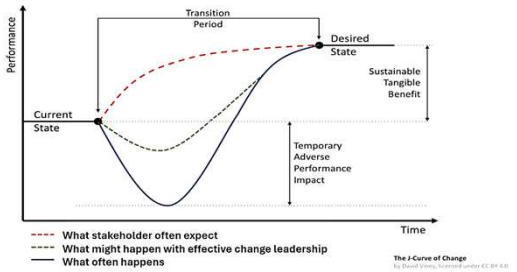
- Improving absolute metric performance vs. relative metric performance
- Gatekeeping performance: Quality domain

External disruptors

- Shifting industry priorities and dynamics: cost, quality and accreditation
- New measure development
  - Emergency Department and Outpatient Settings
  - Electronic Clinical Quality Measures (eCQMs) vs. Digital Quality Measures (dQMs)

Internal disruptors

- **"J-Curve"** following implementation of a major change
  - Implementation timeline vs. retrospective ranking methodologies



SERVICE EXCELLENCE

Report to QIC/QSC/QEPC

August 20, 2025

Cynthia Vargas, BS, CPXP
Patient Experience Manager
Ann Buco, MSN, RN, CPHQ, LSSGB
Performance Improvement Specialist - PX

Service Excellence *Purpose*

- Support Organization in providing high quality, safe & reliable care that is compassionate, patient & family centered.
- Support Organization in maintaining a safe & respectful work environment.
- Support Organization in Service Recovery.

PATIENT EXPERIENCE: QAPI PLAN

MEASURE	MEASURE TYPE	TARGET	QUALITY DOMAIN	METHOD OF PERFORMANCE ASSESSMENT	SAMPLE SIZE	DATA COLLECTION METHOD	DATA COLLECTION FREQUENCY	REPORTING STRUCTURE	REPORTING FREQUENCY
Quality Assurance Measures									
INPATIENT: Recommend the Hospital	Outcome	78.5	All	Rate based (N/D)	Based on response rate	Survey	Daily	PX Steering Committee; Quality Council	Monthly
ED: Likelihood of Recommending	Outcome	62.3	All	Rate based (N/D)	Based on response rate	Survey	Daily	PX Steering Committee; Quality Council	Monthly
AMB SX: Recommend the Facility	Outcome	86.4	All	Rate based (N/D)	Based on response rate	Survey	Daily	PX Steering Committee; Quality Council	Monthly
OUTPATIENT: Likelihood of Recommending	Outcome	89.4	All	Rate based (N/D)	Based on response rate	Survey	Daily	PX Steering Committee; Quality Council	Monthly
Performance Improvement									

FY25 TARGETS
(FY26 PENDING)

FY2025 "RECOMMEND" DATA

SERVICE LINE	THRESHOLD	TARGET	MAX	FY25 TOP BOX	FY25TD RANK
Inpatient	78.0	78.5	79.0	77.79	73rd
Emergency Department	61.8	62.3	62.8	65.29	29th
Ambulatory Surgery	85.9	86.4	86.9	83.94	34th
Outpatient	88.9	89.4	89.9	88.71	71st

HCAHPS
(INPATIENT HOSPITAL PATIENT EXPERIENCE)

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FY2025 HCAHPS DATA

Salinas Valley HEALTH

TOP BOX SCORE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	FY25
***Recommend the hospital**	**77.6**	**75.4**	**77.3**	**79.7**	**77.0**	**76.0**	**76.3**	**72.7**	**81.9**	**83.3**	**80.4**	**76.4**	**77.8**
***Rate hospital 0-10**	79.1	78.5	81.2	83.5	73.7	78.1	73.3	73.9	76.4	79.8	79.4	78.6	78.0
***Comm w/ Nurses Domain Performance**	82.7	79.4	79.0	86.6	82.9	82.8	82.6	83.4	79.4	84.1	85.1	84.4	82.7
*Nurses treat with courtesy/respect	87.1	87.8	86.7	91.5	91.0	86.7	89.0	89.9	85.7	88.6	90.9	90.2	88.7
*Nurses listen carefully to you	85.2	78.3	74.6	85.3	79.8	82.0	79.1	83.0	73.8	84.2	78.7	83.3	80.8
*Nurses expl in way you understand	75.9	72.2	75.6	83.0	78.0	79.7	79.8	77.2	78.6	79.5	85.8	79.6	78.5
***Response of Hosp Staff Domain Performance**	70.2	65.7	71.6	68.8	70.6	72.9	69.1	67.1	71.0	67.3	70.7	69.8	69.3
*Help toileting soon as you wanted	75.2	68.4	66.3	65.0	68.1	73.6	66.7	61.4	71.3	71.3	71.4	69.6	69.1
*Received help as soon as needed							71.4	72.7	70.7	63.2	69.9	70.0	69.0
***Comm w/ Doctors Domain Performance**	79.1	82.3	79.6	87.1	80.8	85.0	78.5	77.8	81.9	81.4	82.6	82.9	81.5
*Doctors treat with courtesy/respect	84.8	88.8	86.0	89.1	82.8	91.5	83.3	82.6	89.0	85.6	86.6	89.6	86.6
*Doctors listen carefully to you	77.0	84.8	77.8	86.9	80.8	80.6	76.2	77.5	79.2	79.6	81.4	78.9	80.0
*Doctors expl in way you understand	75.6	73.3	75.0	85.4	78.8	82.8	75.9	73.3	77.4	78.8	79.9	80.1	77.8
***Cleanliness of hospital environment**	80.5	81.6	81.3	79.2	78.6	76.7	79.6	79.2	79.5	77.1	85.0	80.6	80.0
***Comm About Medicines Domain Performance**	64.8	65.3	67.9	70.0	63.4	66.0	74.5	73.2	72.0	64.9	73.6	72.9	67.9
*Tell you what new medicine was for	76.0	76.1	77.7	79.8	75.0	79.5	50.9	83.9	83.1	76.4	85.5	82.4	79.0
*Staff describe medicine side effect	53.5	54.6	58.1	60.3	51.9	52.5	89.4	62.5	60.8	53.3	61.7	63.3	56.8
***Discharge Information Domain Performance**	88.0	86.9	88.9	88.9	88.0	88.5	88.4	89.8	90.1	88.1	89.1	91.4	88.9
*Staff talk about help when you left	85.7	85.8	91.5	83.9	88.2	85.3	90.3	88.3	90.9	87.9	88.6	90.2	87.8
*Info re symptoms/prob to look for	90.3	88.0	86.3	94.0	87.9	91.7	60.8	91.2	89.2	88.4	89.6	92.5	89.9
***Restful Hosp Environment Domain Performance**							49.1	59.1	56.6	56.3	55.6	58.4	57.2
*Quietness of hospital environment	48.8	57.3	50.8	48.4	46.9	45.7	62.7	47.7	48.4	47.5	48.2	47.9	49.1
*Able to rest as needed							55.6	48.2	39.8	43.4	42.7	45.4	44.0
*Staff help you rest and recover							77.8	81.5	81.5	77.9	76.1	81.9	79.5
***Care Coordination Domain Performance**							60.0	77.5	77.6	79.0	76.6	75.3	77.0
*Staff informed about your care							22.2	74.1	71.7	77.9	75.2	67.9	72.8
*Staff worked together for you							80.0	82.4	81.4	80.6	76.1	80.7	80.1
*Staff helped with care plan							77.8	75.9	79.7	78.5	78.6	77.3	78.0
***Staff gave info on symptoms**							75.0	81.2	79.1	82.0	77.9	80.7	80.2

FY2025 HCAHPS DATA

Salinas Valley HEALTH

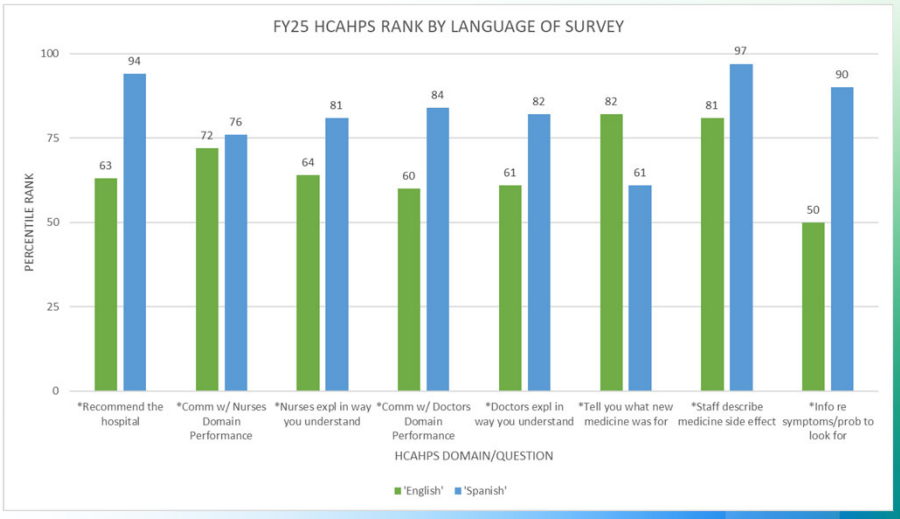
FY25 & FY26 KEY DRIVERS

PERCENTILE RANK	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	FY25
***Recommend the hospital**	74	68	73	80	72	68	69	58	88	90	83	68	73
***Rate hospital 0-10**	81	79	86	91	61	77	59	64	76	85	85	81	80
***Comm w/ Nurses Domain Performance**	71	47	43	90	72	69	69	76	51	82	87	82	73
*Nurses treat with courtesy/respect	53	60	51	85	83	51	68	77	46	69	86	82	73
*Nurses listen carefully to you	90	58	32	89	65	77	60	82	30	87	64	85	74
*Nurses expl in way you understand	53	29	50	88	64	73	74	59	69	74	94	75	69
***Response of Hosp Staff Domain Performance**	76	58	81	72	78	83	72	72	84	75	82	79	77
*Help toileting soon as you wanted	88	66	57	49	65	84	57	36	82	82	80	72	70
*Received help as soon as needed							93	95	90	73	85	85	82
***Comm w/ Doctors Domain Performance**	43	68	48	90	55	80	39	38	69	65	74	75	66
*Doctors treat with courtesy/respect	37	73	49	74	24	87	28	26	76	51	67	84	65
*Doctors listen carefully to you	39	86	45	90	63	61	34	44	56	59	74	59	65
*Doctors expl in way you understand	52	38	49	93	69	86	53	38	63	70	78	79	66
***Cleanliness of hospital environment**	80	84	84	77	73	64	77	77	81	73	93	82	80
***Comm About Medicines Domain Performance**	74	77	86	91	62	76	45	95	94	76	96	95	86
*Tell you what new medicine was for	58	59	68	79	47	77	68	93	90	61	95	91	78
*Staff describe medicine side effect	82	85	92	94	71	72	72	95	94	79	95	96	88
***Discharge Information Domain Performance**	59	50	69	71	60	62	73	77	82	66	72	87	69
*Staff talk about help when you left	51	53	90	39	72	48	65	74	89	74	78	86	72
*Info re symptoms/prob to look for	64	43	29	91	40	74	63	73	58	51	58	82	61
***Restful Hosp Environment Domain Performance**							17	61	51	49	42	56	49
*Quietness of hospital environment	15	40	18	14	11	10	59	17	22	20	20	18	21
*Able to rest as needed							96	86	54	70	57	68	62
*Staff help you rest and recover							85	94	92	84	70	89	82
***Care Coordination Domain Performance**							6	84	79	84	72	64	74
*Staff informed about your care							1	80	67	87	80	41	70
*Staff worked together for you							73	85	77	74	47	72	69
*Staff helped with care plan							77	72	85	82	81	76	79
***Staff gave info on symptoms**							69	93	87	92	82	89	88

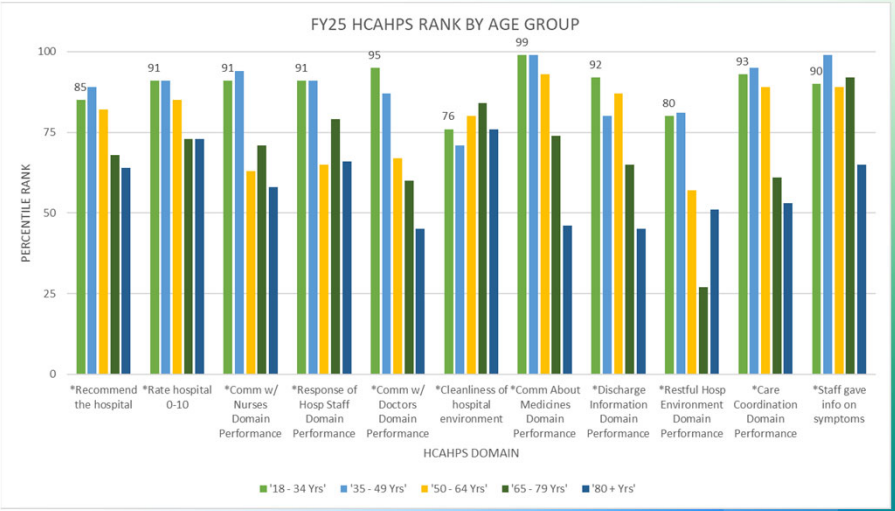
KEY:
- 76th - 99th Percentile
- 51st - 75th Percentile
- 26th - 50th Percentile
- 1st - 25th Percentile

FY25 HCAHPS DATA

Salinas Valley HEALTH



FY25 HCAHPS DATA



DATA ANALYSIS

❑ Need to continue focus on:
- Communication with Nurses
- Communication with Doctors
- Care Coordination

BIGGEST IMPACT

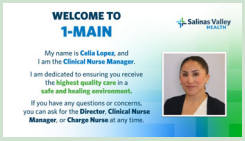
- Restfulness of Hospital Environment

❑ Hardwire best practices – **every patient, every time**.
Move from **WHAT** to **HOW**

✓ Spanish-speaking patients score us higher in questions related to understanding their care

- Patients > 65yrs score us significantly lower across all the HCAHPS domains

INTERVENTIONS

	HCAHPS DOMAIN	INTERVENTIONS	NOTES
Care Coordination	**Communication with Nurses** 	**Nurse Communication Bundle** - Nurse Leader Rounding on Patients - Bedside Shift Report - Purposeful Interval Rounding **Welcome and Discharge Video**	• Empower nurse managers to own their units • Inpatient nursing workplans are focusing on hardwiring the bundle • Align Professional Governance strategies with unit workplans • Plan to launch enhanced NLR training • Review NLR, Complaints and Grievance data by unit monthly to identify trends
	Communication with Doctors 	**Nurse-Physician Bedside Rounding** - Hospitalist group - 5T to start with neurologists **Donuts with Docs** • Night shift and Perinatal team	• Unit huddle board with provider name – engage nurses • Include family/caregiver either in person or by conference call • Communication board with family/caregiver contact info for physician to give update during rounds • Hospitalist clerk rounding on patients to intro program, confirm pt aware who provider is, contact info on board, Spanish sign on door ❑ Need to engage specialists
		Improve Communication about Delays **Other department leaders rounding on staff**	• Delay in test/treatment is main reason why patients perceive we DON'T work well together

DOMAIN	INTERVENTIONS	
Restfulness of Hospital Environment	• Revised 8pm overhead announcement • Staff Lunch and Learn about Restful Environment - Engage other departments that work on unit • Quiet Menu – included in ALL admission packets • Volunteer rounding to offer Menu items • Night Shift Practice Council engagement • Standardized Quiet Champion role	
Overall for patients > 65 yrs old	**Ambassador Volunteer Program** • Utilize volunteers to provide "social" visits to this population • Review the "Patient Guide" • Provide personalized "Get Well" greeting cards • Offer warm blankets, quiet kits, entertainment materials and more recently light touch massage • Help order meals, reorganizing patient's personal belongings • Reorient patient to the Call Light and in-room communication board	

COMPLAINTS & GRIEVANCES

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FY25 Q3-Q4 COMPLAINTS AND GRIEVANCES

Salinas Valley HEALTH

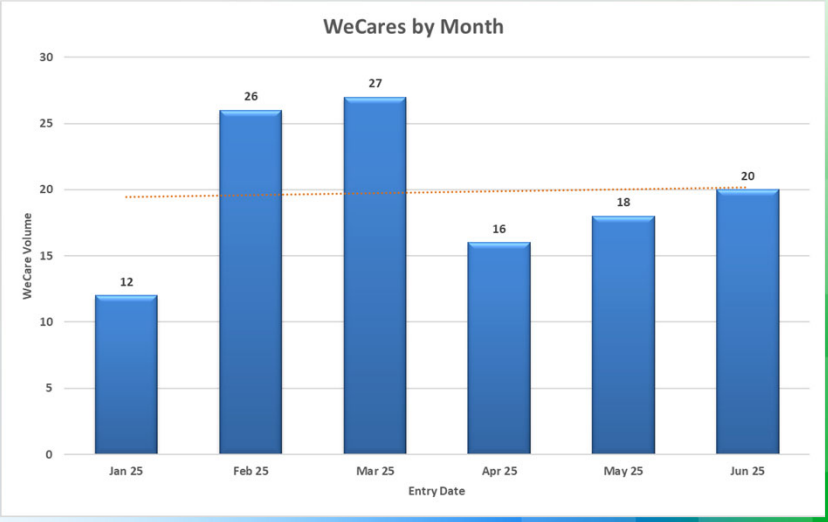
January – June 2025

Total of **119** Complaints and Grievances of Open & Closed

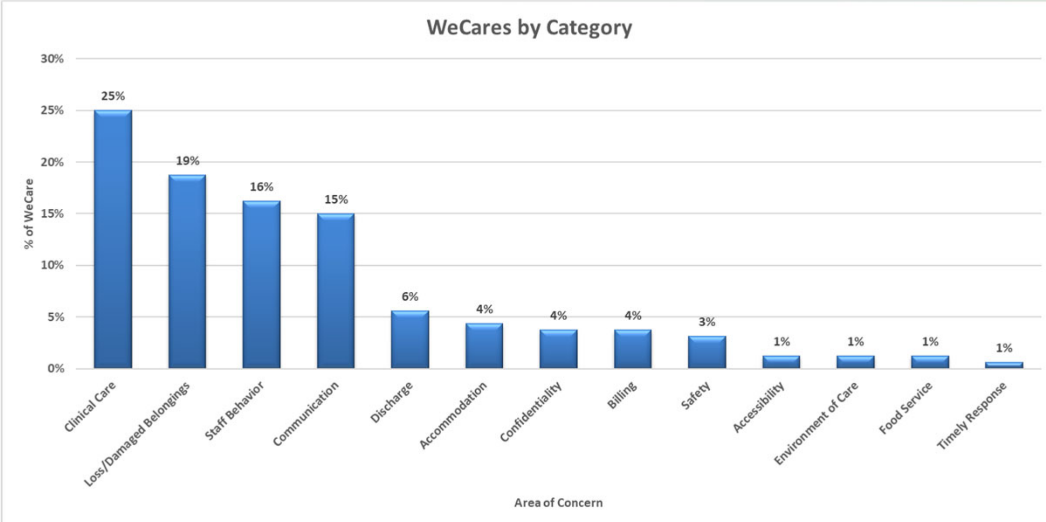
- 72 Complaints
- 47 Grievances

Meeting our 7 day acknowledgment letter compliance for grievances

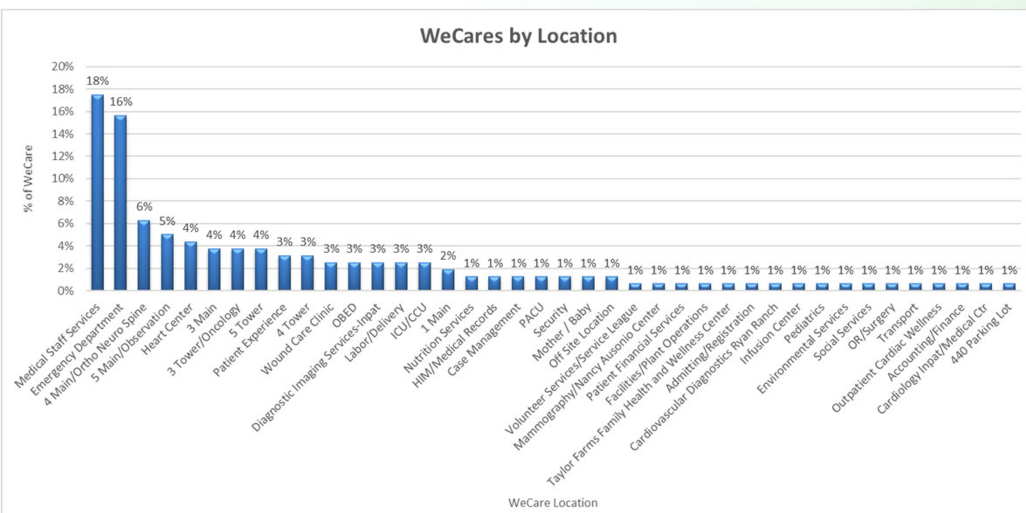
Meeting our 45 day closure letter compliance for grievances



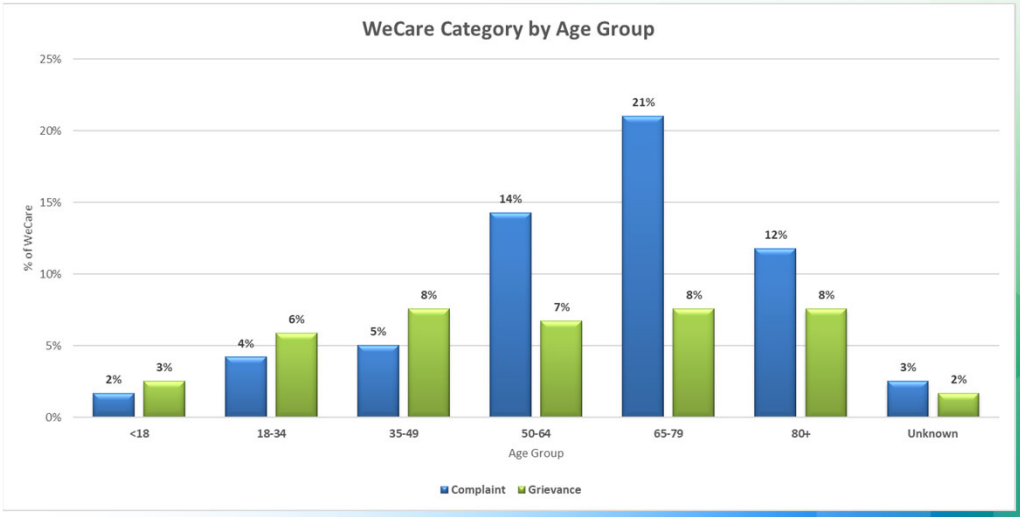
FY25 Q3-Q4 COMPLAINTS AND GRIEVANCES



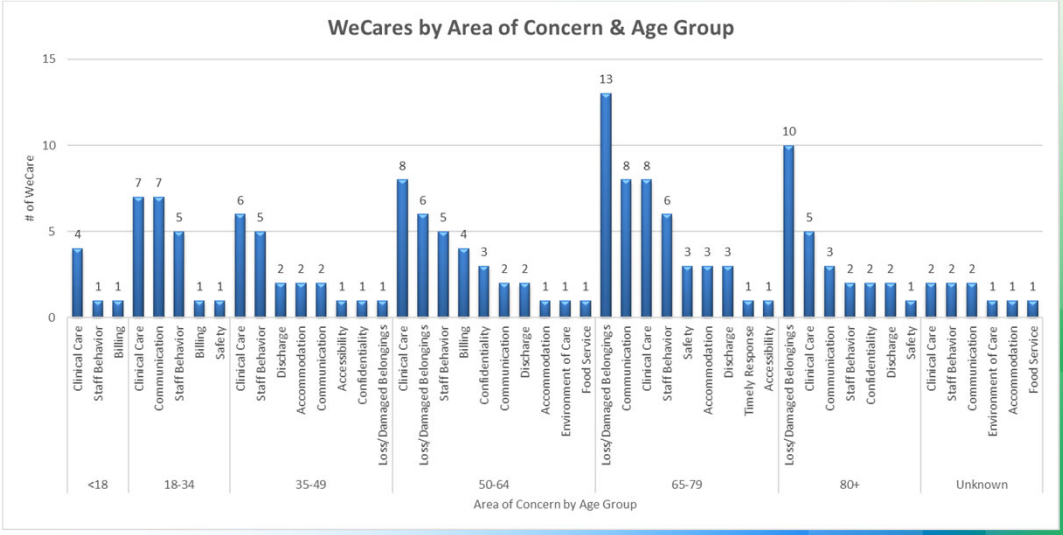
FY25 Q3-Q4 COMPLAINTS AND GRIEVANCES



FY25 COMPLAINTS AND GRIEVANCES DATA



FY25 Q3-Q4 COMPLAINTS AND GRIEVANCES



FY25 Q3-Q4 LOSS/DAMAGED BELONGINGS DATA

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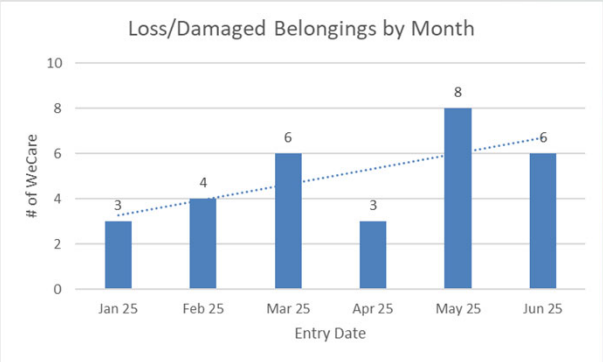
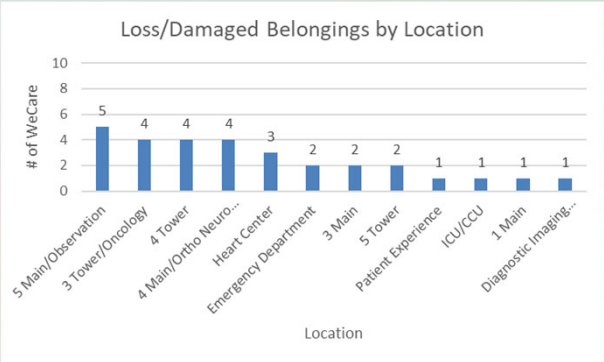
30 WeCares Entered
January – June 2025





Lost Belongings Referrals

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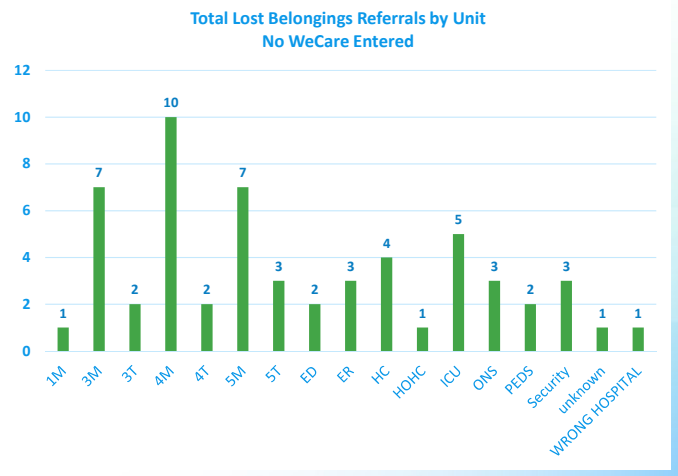
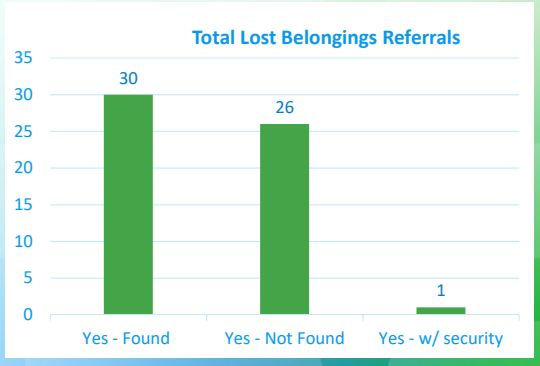
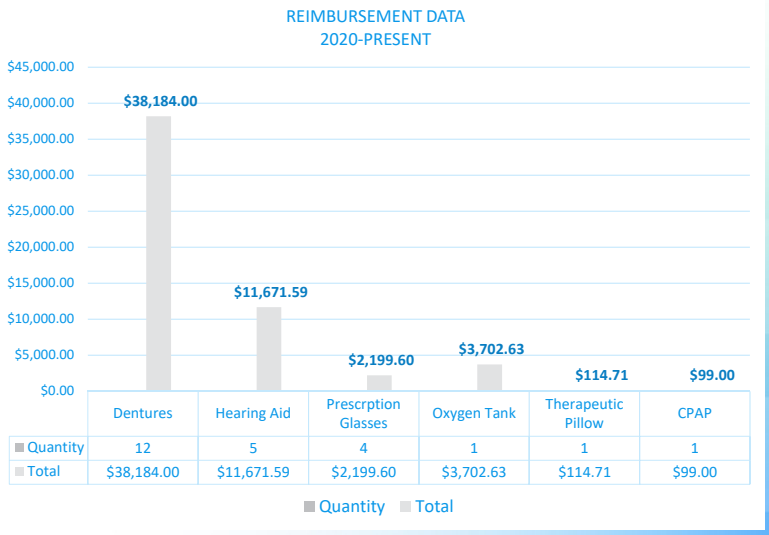




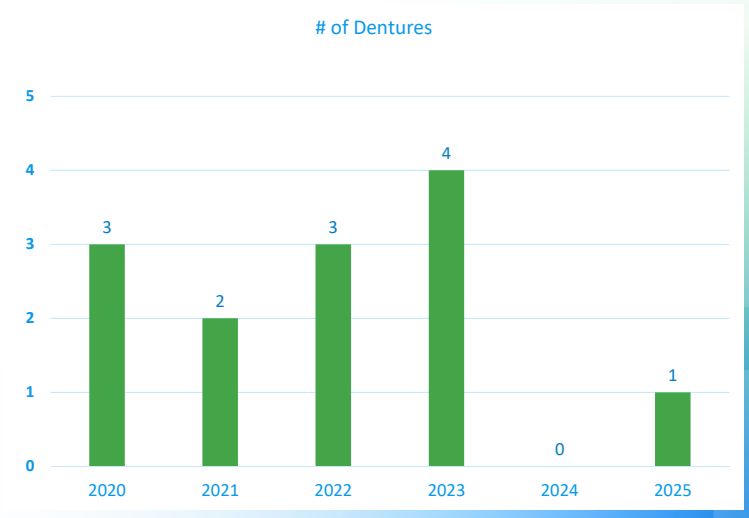
Strategies: Lost Belongings



2020: $14,553.59
2021: $15,911.63
2022: $7,579.71
2023: $13,093.99
2024: $482.61 – hearing aid
2025: $4,350 – Dentures & Hearing Aid repair

Total: $55,971.53

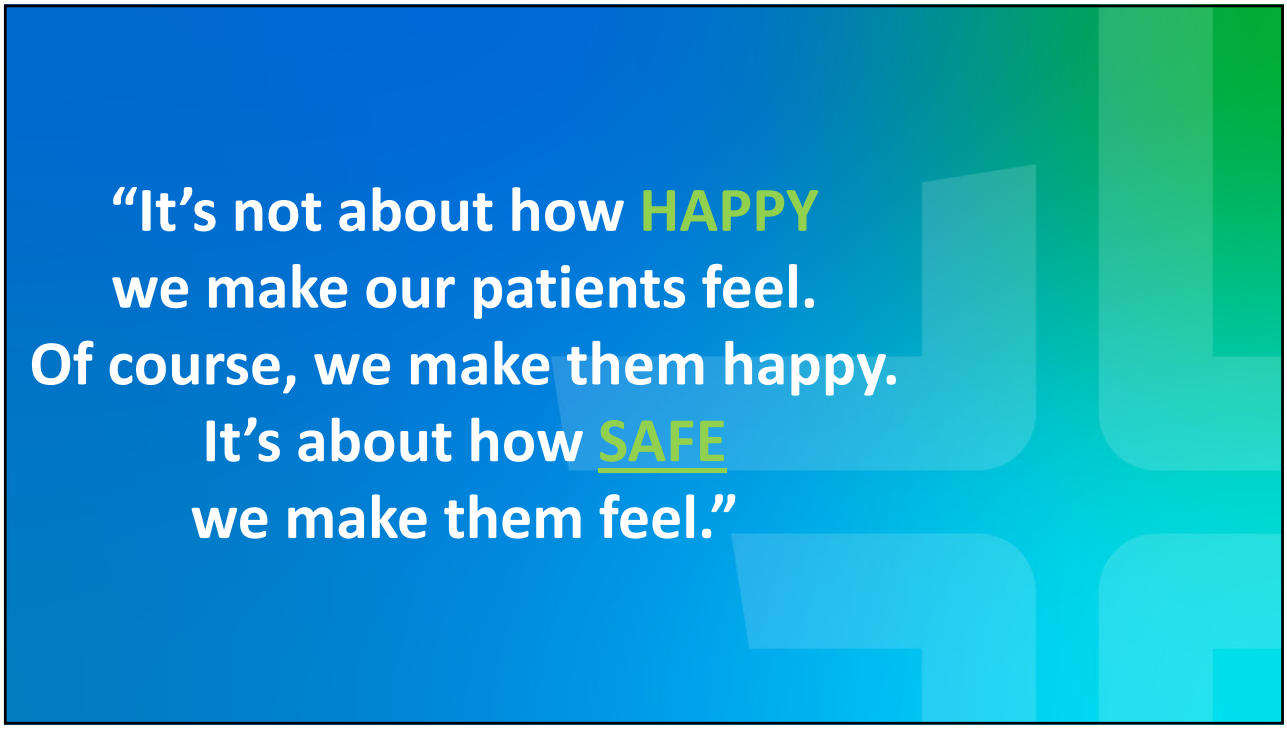
Dentures Reimbursed by Year



Lost Belongings – Area of Opportunities

- Checking bed sheets before changing them – cell phones
- Patients going to procedures or tests – making sure to leave their valuables in the room
  - A patient lost a necklace that belonged to her deceased husband when she went to surgery.
  - Glasses left behind at Los Palos clinic, patient went for radiation treatment
- Asking patient for permission to remove the tray - lost a “tooth” wrapped in green napkin
- Checking for belongings at start of shift/every shift – families bring in belongings after admission
- Checking for belongings when patients are transferred from one unit to another

Interventions


"It's not about how HAPPY
we make our patients feel.
Of course, we make them happy.
It's about how SAFE
we make them feel."

Patient Safety Events Committee

A new sentinel event review process

Brenda Inman, MSN, RN, CPHQ
Vice President, Quality and Risk Management
October, 2025

Salinas Valley HEALTH

What is Patient Safety Events Committee (PSEC)?

- Patient Safety Events Committee (PSEC) is a multidisciplinary committee comprised of hospital leadership. This confidential committee is chaired by Brenda Inman, MSN, VP of Quality and Risk Management
- PSEC addresses systems-level improvements to prevent recurrence of sentinel events. The goal of this committee is always to attack issues, not people
- Events are escalated to PSEC through review of WeCares or direct notification to committee members
- Invitees prepare SBARs in advance of the meeting. During the meeting, committee members ask questions to determine the Root Cause of the event
- After the event is reviewed at PSEC, action items are developed, workgroups are formed, and all action items are tracked until completed

New PSEC Case Review Process

- All safety or near-miss events should be entered as WeCares into the RL Datix system
- The Quality Management Department reviews all submitted WeCares and determines which events involve potential system-level issues that should be reviewed by the Core PSEC Planning Committee
- The Core PSEC Planning Committee determines is sufficient improvements can be put in place without the guidance of the full PESC Committee
- The full PSEC Committee meets to discuss system-level improvements necessary for sentinel events. After discussion, action plans are developed to reduce recurrence of sentinel events.
- All action plan items are tracked by the Quality Management Department to ensure both action item completion and ensure improvements are sustained over time

PSEC Committee Members FY 26

Brenda Inman, RN, Committee Chair, Vice President of Quality and Risk Management
Allen Radner, MD, Chief Executive Officer
Timothy Albert, MD, Chief Clinical Officer
Carla Spencer, RN, Chief Nursing Officer
Clement Miller, RN, Chief Operating Officer
Alysha Hyland, Chief Administrative Officer
Gary Ray, JD, Chief Legal Officer
Rakesh Singh, MD, Vice President of Medical Staff
Aniko Kukla, RN, Director of and Safety
Genevieve delos Santos, PharmD, Pharmacy Director
Dr. Gray, MD, Medical Director of Quality and Safety
John Garcia, RN, PSEC Coordinator

Questions?

Brenda Inman, MSN, RN, CPHQ

CLOSED SESSION

(Report on Items to be Discussed in Closed Session)

RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION

(Meeting Chair)

ADJOURNMENT