December 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**[1] will be held **MONDAY, DECEMBER 15, 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, DECEMBER 15, 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 November 17, 2025. (CARSON)
   - Motion/Second
   - Public Comment
   - Action by Committee/Roll Call Vote

4. Patient Care Services Update (SPENCER)
   - Night Shift Practice Council

5. Epic Clinical Acute Applications Report (RICHARDS)

6. 2026 Regulatory Quality and Safety Changes (INMAN)

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, January 12, 2026 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 831-759-3208 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
   - Accreditation and Regulatory Report (INMAN)
2. Quality and Safety Board Dashboard Review (INMAN)
3. Consent Agenda:
   - Update: Recruitment of Director of Quality and Safety (ALBERT/INMAN)

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 NOVEMBER 17, 2025

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair, **Clement Miller**, COO, **Carla Spencer,** CNO; and **Richard Gerber, M.D.**;

Voting Members Absent: Rolando Cabrera, M.D., Vice Chair;

Advisory Non-Voting Members Present:
In Person: Allen Radner, M.D., President/CEO, Timothy Albert, M.D., CCO, Alysha Hyland, CAO, Iftikhar Hussain, CFO, Clement Miller, COO, and Cheryl Pirozzoli, Family/Patient Council Advisor;
Via WebEx: Rakesh Singh, MD, VP Medical Affairs

Other Board Members Present, Constituting Committee of the Whole:
Via teleconference: Victor Rey, Jr.

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 Heart Center Teleconference Room.

2. PUBLIC COMMENT
None.

3. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF OCTOBER 13, 2025.

Approve the minutes of the October 13, 2025 Quality and Efficient Practices Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT: None

MOTION:
Upon motion by Committee Member Spencer, second by Committee Member Miller, the minutes of the October 13, 2025 Quality and Efficient Practices Committee Meeting are approved as presented.

ROLL CALL VOTE:
Ayes: Carson, Miller, Dr. Gerber and Spencer;
Nays: None;
Abstentions: None;
Absent: Dr. Cabrera.
Motion Carried

4. PATIENT CARE SERVICES UPDATE: PERIOPERATIVE UNIT PRACTICE COUNCIL
Carla Spencer, CNO, introduced Alexander Beadles, RN, and Abby Acosta, MSN, RN, CPAN, CAPA, who reported on the Council's purpose, 2025 goals, initiatives and data. Initiatives including enculturating

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

Warming Protocol and Updating Family for All Phases of Care. Initiatives in progress include Enhancing House-Wide Awareness on Pre-Op Readiness and Improving the Care of Neurodiverse Perioperative Patients. A full report was included in the packet.

COMMITTEE DISCUSSION: It was suggested incorporating communication about surgery readiness with night staff for scheduled surgeries. Temperatures are recorded for pre- and post-surgery. It was recommended using Epic to track data on temperatures that fall below 36°.

5. PERIOPERATIVE SERVICES / ERAS PROGRAM

Brenda Inman, Vice President Quality and Risk Management, reported on the Perioperative Services Quality Improvement including 2025 goals, quality control data for site marking/time outs/sharps injury, metrics for first case on time starts/turnover time, quality initiatives including Enhanced Recovery After Surgery (ERAS) core principles, importance, program overview, implementation optimizing care for every patient and continuous improvement. Endoscopy and sterile processing data was presented. A full report was included in the packet.

COMMITTEE DISCUSSION: Site markings are by observation. Director Carson requested an ERAS dashboard and that December orthopedic data be presented in the January Quality & Efficient Practices Committee. Dr. Radner requested tracking data on medication reconciliation and patients receiving their post-discharge medications.

6. WOMEN'S AND CHILDREN'S SERVICES

Julie Vasher DNP, RNC-OB, CNS, NE-BC, Director, reported on Women's and Children's Services quality improvement including Labor and Delivery measures, nurse-sensitive indicators, NTSV C-section rates, and newborn complications. Quality improvement measures and indicators were presented for Mother/Baby and NICU. The Perinatal Unit Practice Counsil initiatives were presented. A full report was included in the packet.

COMMITTEE DISCUSSION: NTSV C-section interventions were discussed. Director Carson requested the graph include annotation of interventions in the future.

7. AGE FRIENDLY PROGRAM UPDATE

Carla Spencer, CNO, Aniko, Director Quality & Patient Safety, and Brenda Inman, Vice President Quality and Risk Management, reported on the Age-Friendly Health System comprehensive improvement program with Epic EHR integration including the Institute for Healthcare Improvement 4Ms framework (what Matters, Medication, Mentation, Mobility), meaning of designation and SVH progress toward designation, the CMS structural measure (attestation due May/2026) and SVH implementation, building the system, tools, screening, staff awareness and communication. A full report was included in the packet.

COMMITTEE DISCUSSION: Medical staff awareness and communication is part of the Age-Friendly Program process. Director Carson requested information be presented at the Medical Staff Quality and Safety Committee and stated that additional communication is needed for physician and staff awareness. Dr. Gerber commented that once the quality assessment data is available, we need to be prepared to address performance improvement.

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 9:18 a.m.

9. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION
The Committee reconvened for Open Session at 9:28 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
   Accreditation and Regulatory Report (INMAN)

2. Quality and Safety Board Dashboard Review (KUKLA)

3. Consent Agenda:
   - Sepsis
   - Organ/Tissue Procurement
   - Respiratory Care
   - Transporters and Interpreters
   - Cardiovascular Service Line
   - Case Management/Utilization Management
   - Taylor Farms Family Health and Wellness Center

10. ADJOURNMENT
There being no other business, the meeting adjourned at 9:29 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, December 15, 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:
Night Shift Practice Council

Date: December 15, 2025

Night Shift Practice Council

The purpose of the Night Shift Practice Council is to provide clinical leadership, to identify and implement standards of care and evidence-based practice specific to night shift, to collaborate with multi-disciplinary departments to improve night shift processes for positive outcomes, and to increase engagement of employees who work off-shift hours.

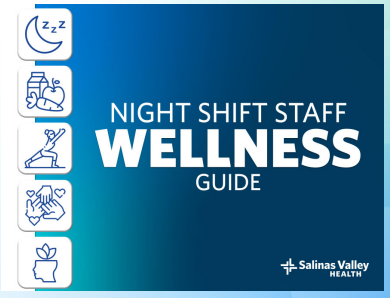
Chair	Hannah Dickerson, BSN, RN, CMSRN
Co-Chair	Claudia Getz, BS, RN
Assoc. Co-Chair	OPEN
Advisor	Ann Buco, MSN, RN, CPHQ, LSSGB
Members	Fides Tugaoen, BSN, RN, PCCN, CMSRN Isabel Cervantes, RN Ludy Lim, MSN, RN, RNC-LRN Maria "MJ" Andalio-Angeles, RN, RN-BC Michael L Brown, MS, BSN, RN, PCCN Nancy Tovar-Fonseca, RN Ray Morales, BSN, RN, PCCN Rizelle Legaspi, BSN, RN Corinna Neemia, CNA
Ad Hoc	Dr. Bruce Kaufman, DO, MPH Chris Grant, RPSGT, RST, C.DSM,CSE

2025 Council Goals

GOALS	STATUS	NOTES
Expand night shift nurse participation in professional governance activities and increase Night Shift Council membership by > 25% by end of CY25.	✓ Goal met	Increased by 3 members (+30%)
Improve the "Restfulness of Hospital Environment" domain Top Box Score by 1%, from Q1 CY25 baseline of 56.4, to 57.3 by end of CY25.	✓ Currently meeting goal	**57.3** as of 11/21/25
Develop a resource material about wellness for night shift staff by end of CY25.	❑ On track to go-live by end of year	Guide completed.

2025 Council Projects

COMPLETED	IN PROGRESS	WHAT'S NEXT IN 2026?
✓ Standardized Quiet Champion Role	❑ Night Shift Staff Wellness Guide	▪ Streamlined Nurse-Physician Communication at Night



Standardized Quiet Champion Role

Background/Problem:

- Previous "Quiet at Night" initiative focused on reducing nighttime noise, aligning with the HCAHPS[1] survey question:
  *How often was the area around your room **quiet at night**?*
- New HCAHPS survey (1/25) broadened the scope from nighttime quietness to the overall restfulness of the hospital environment. Two new questions were added:
  *During this hospital stay, how often were you **able to get the rest you needed**?*
  *During this hospital stay, did doctors, nurses and other hospital staff **help you to rest and recover**?*

Environmental or structural sources of noise at **NIGHT** → Staff behaviors, communication, and care practices that support patient rest throughout the **DAY AND NIGHT**

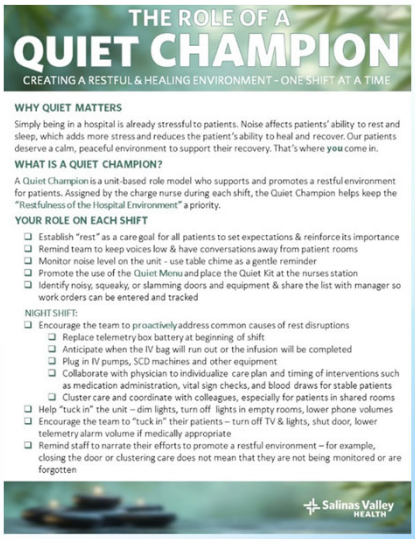
- HCAHPS "Quiet at Night" data over the previous two years revealed an overall upward trend, but scores fluctuated significantly between units and across time periods
  = Need reliability, consistency and standardization

[1] Hospital Consumer Assessment of Healthcare providers and Systems

Standardized Quiet Champion Role

Intervention:

✓ Implemented **9/1/25**



THE ROLE OF A
QUIET CHAMPION
CREATING A RESTFUL & HEALING ENVIRONMENT – ONE SHIFT AT A TIME

WHY QUIET MATTERS

Simply being in a hospital is already stressful to patients. Noise affects patients' ability to rest and sleep, which adds more stress and reduces the patient's ability to heal and recover. Our patients deserve a calm, peaceful environment to support their recovery. That's where **you** come in.

WHAT IS A QUIET CHAMPION?

A Quiet Champion is a unit-based role model who supports and promotes a restful environment for patients. Assigned by the charge nurse during each shift, the Quiet Champion helps keep the "Restfulness of the Hospital Environment" a priority.

YOUR ROLE ON EACH SHIFT

- ❑ Establish "rest" as a care goal for all patients to set expectations & reinforce its importance
- ❑ Remind team to keep voices low & have conversations away from patient rooms
- ❑ Monitor noise level on the unit - use table chime as a gentle reminder
- ❑ Promote the use of the Quiet Menu and place the Quiet Kit at the nurses station
- ❑ Identify noisy, squeaky, or slamming doors and equipment & share the list with manager so work orders can be entered and tracked

NIGHT SHIFT:

- ❑ Encourage the team to proactively address common causes of rest disruptions
  - ❑ Replace telemetry box battery at beginning of shift
  - ❑ Anticipate when the IV bag will run out or the infusion will be completed
  - ❑ Plug in IV pumps, SCD machines and other equipment
  - ❑ Collaborate with physician to individualize care plan and timing of interventions such as medication administration, vital sign checks, and blood draws for stable patients
  - ❑ Cluster care and coordinate with colleagues, especially for patients in shared rooms
- ❑ Help "tuck in" the unit – dim lights, turn off lights in empty rooms, lower phone volumes
- ❑ Encourage the team to "tuck in" their patients – turn off TV & lights, shut door, lower telemetry alarm volume if medically appropriate
- ❑ Remind staff to narrate their efforts to promote a restful environment – for example, closing the door or clustering care does not mean that they are not being monitored or are forgotten

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Outcome:

- Outcome data not available yet, since there is ~2-month lag in HCAHPS survey return.
- There is an increase in positive patient feedback related to restfulness during nurse leader rounding.

Theme	Patient Comments
Quietness	"Last night, I had the best sleep ever because it was so quiet."
Able to Rest and Recover	"… the patient was able to fall into what she described as a "deep, much needed sleep." "… allowed us to get some much-needed sleep."
Staff Helped Patient Rest	"The nurse offered her scented lavender lotion, gently massaged it onto her back, and asked staff not to disturb her so she could rest." "[She appreciated staff] clustering care to help minimize future disruptions to her sleep ." "… able to address what was his needs last night to be able to get a good sleep and placed him in a private room." "… she said she would return later and she encouraged me to rest and sleep."

Night Shift Staff Wellness Guide

Background/Problem:

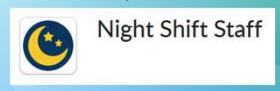
- Night shift staff face unique challenges that impact their well-being, including disrupted sleep patterns, limited access to resources, and higher rates of fatigue and burnout.

Intervention (80% In Progress):

- ✓ Create a ***Night Shift Staff Wellness Guide*** to equip our team with practical tools, strategies, and support tailored specifically to their needs.

Next Steps:

- ❑ Share during new hire and new grad RN orientation.
- ❑ Post in new STARNet Community page and encourage staff to connect with fellow night shifters and share tips and resources.



- ❑ Night Shift Practice Council members to round on units and other departments to share information and gather feedback in January 2026.

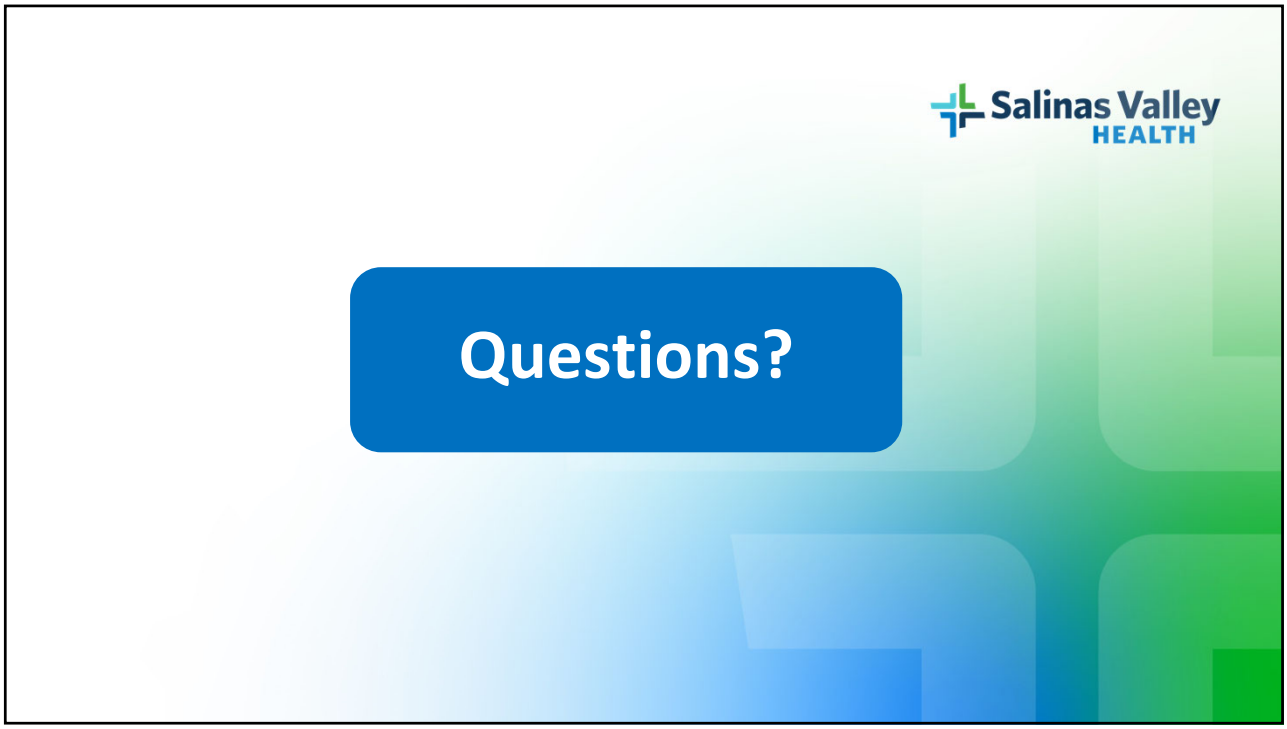
Nurse-Physician Communication at Night

Background/Problem:

- During Donuts with Docs, there is a trend in feedback related to challenges with **communication between night shift nurses and providers,** especially around deciding what requires immediate provider contact versus what can safely wait until daytime hours.
  = increased non-urgent nighttime calls, unnecessary disruption in patient sleep, and inconsistent communication practices across units
- Most new grad nurses begin their careers on night shift, where staffing is leaner, support resources are limited, and physicians are less immediately available.

Intervention (10% in Progress):

- ❑ Collaborate with night shift/new grad nurses, preceptors, and hospitalists to gather more information regarding the challenges/support needs.
- ❑ Develop **structured guidance, decision-support tools, and shared expectations** around communication.
- ❑ Incorporate during New Grad Orientation and Preceptor Essentials course.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Questions?

DEPARTMENT/SERVICE
Quality Improvement Reports
Epic Clinical Acute Applications

(Clinical Informatics)

Report to QIC

Salinas Valley HEALTH

Randy Richards
Epic Acute Clinical Application Manager,
Epic Systems

Date: Decemeber 15, 2025

Quality Improvement Through Technology Implementation

- Salinas Valley Health has a long history of quality improvement
- Advancement in technology and keeping up with the latest technology is critical in modern healthcare
- Since 1982 Salinas Valley Health has worked to implement and develop a multitude electronic health records and technology solutions
- Several decades of technology implementation and development lead to an overly complex fragmented system
- The latest implementation with Epic inpatient has realigned the approach and brought new opportunities for improving quality monitoring and enhancing patient safety and outcomes

Decades of Implementation

Journey of Excellence
(1982 -2016)

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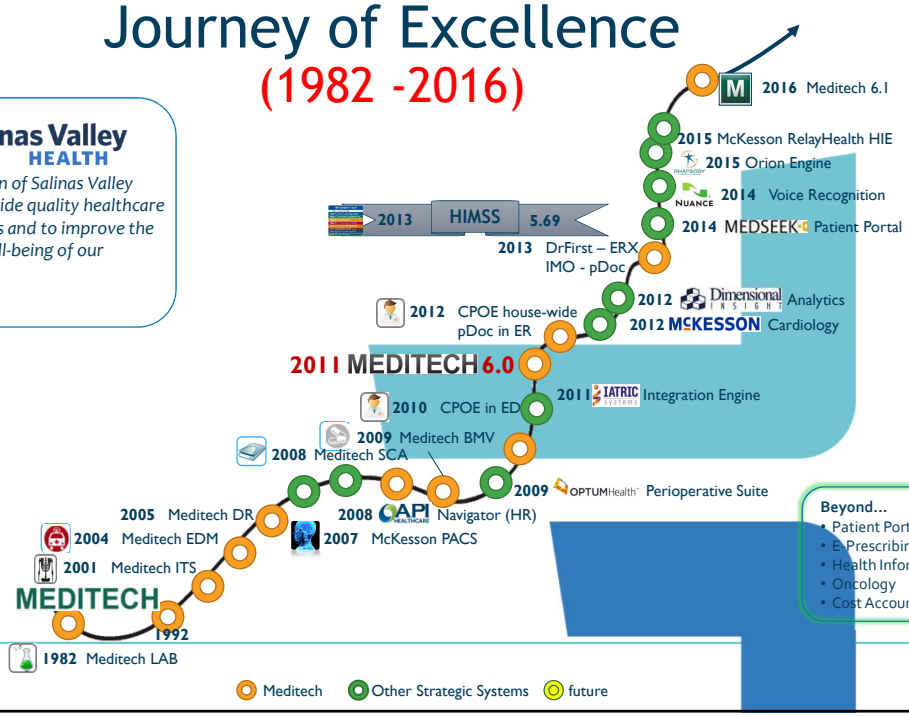
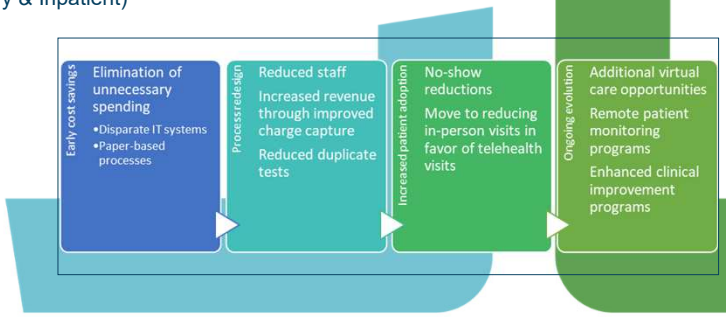
It is the mission of Salinas Valley Health to provide quality healthcare to our patients and to improve the health and well-being of our community.

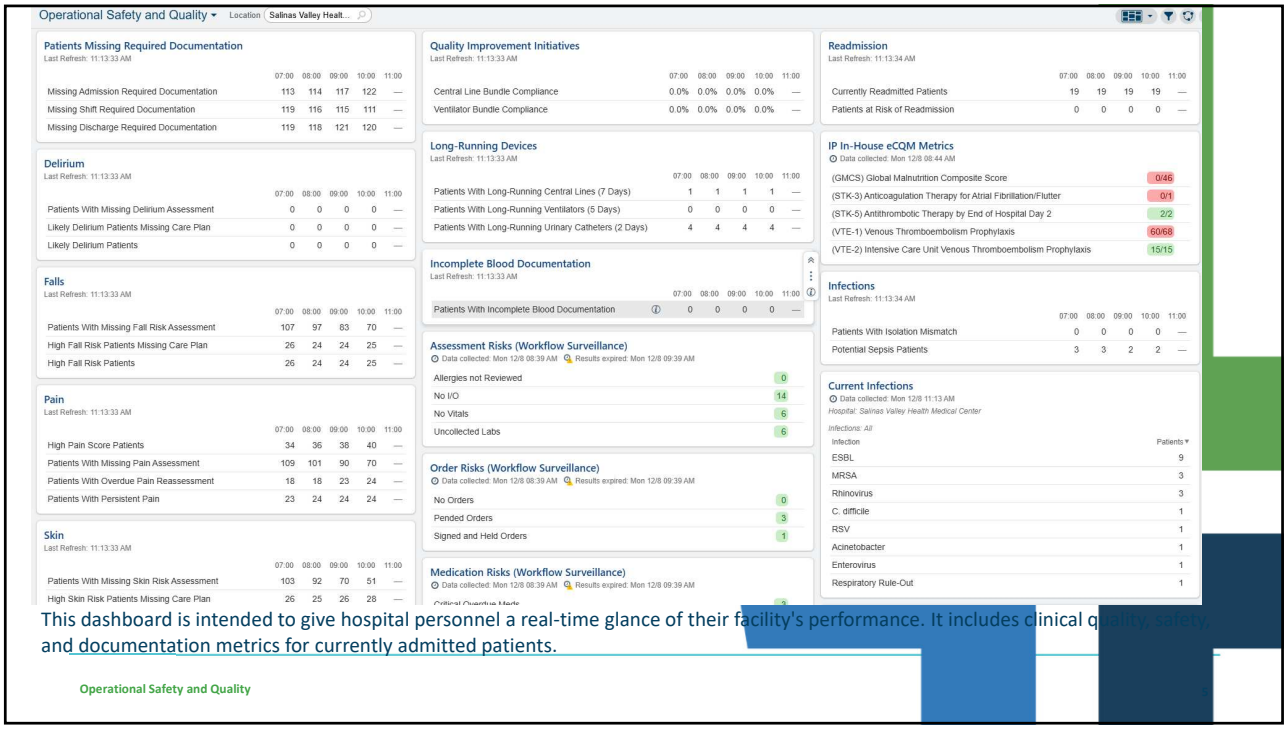


Project Purpose – Why Are We Doing This? (2024)

1. Quality and Safety ★
2. Integrated System-Wide Patient Flow (Ambulatory & Inpatient)
3. Financial Improvements
   - Charge Capture
   - Population Health & Value-Based Care
   - Improved Documentation
   - Accounts Receivable
   - Labor savings FTEs/Paper/Faxing
4. Improved Reporting and Data ★
5. Reduce IT Application Cybersecurity Risks

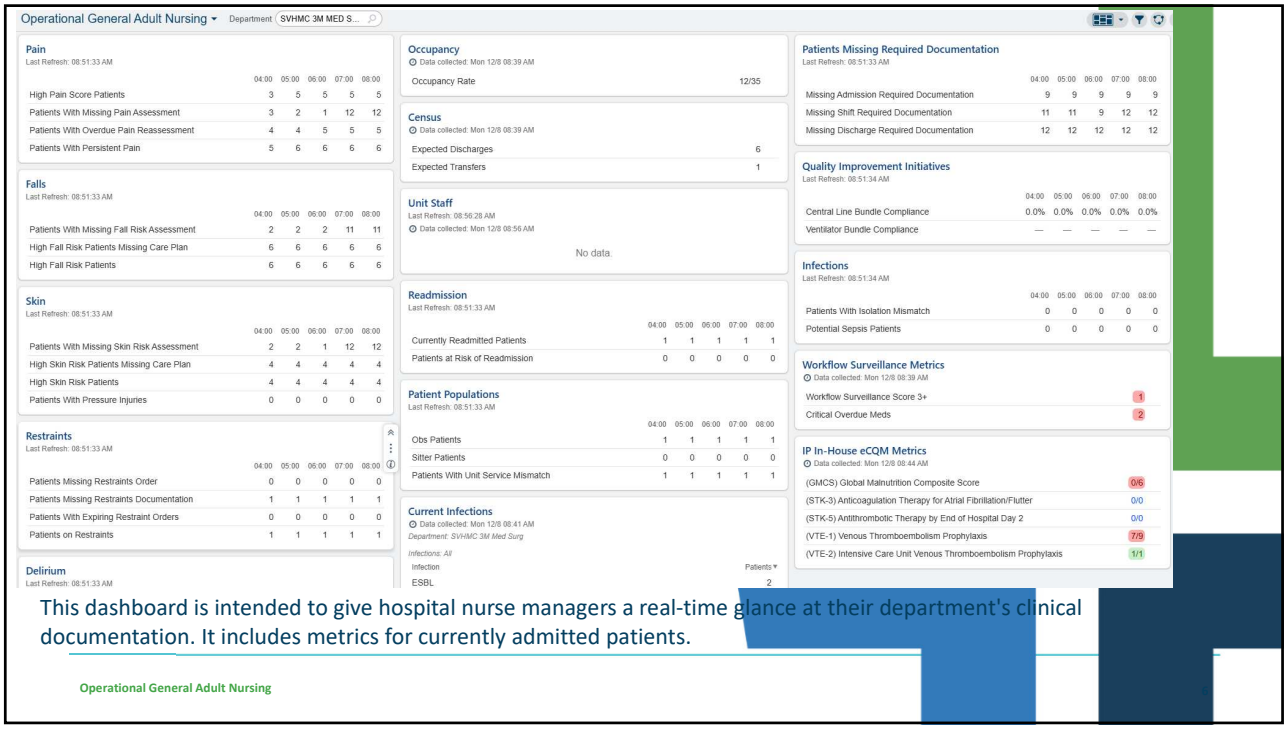


Salinas Valley HEALTH | Epic



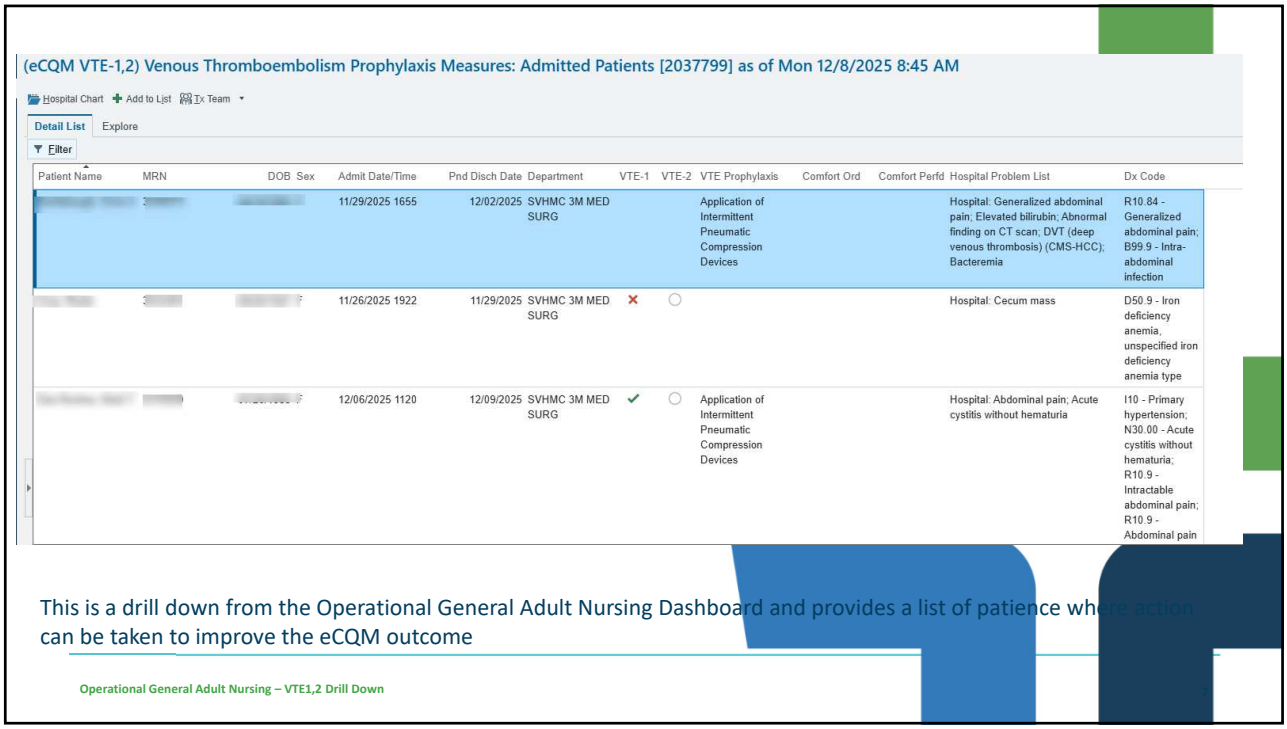
This dashboard is intended to give hospital personnel a real-time glance of their facility's performance. It includes clinical quality, safety, and documentation metrics for currently admitted patients.

Operational Safety and Quality



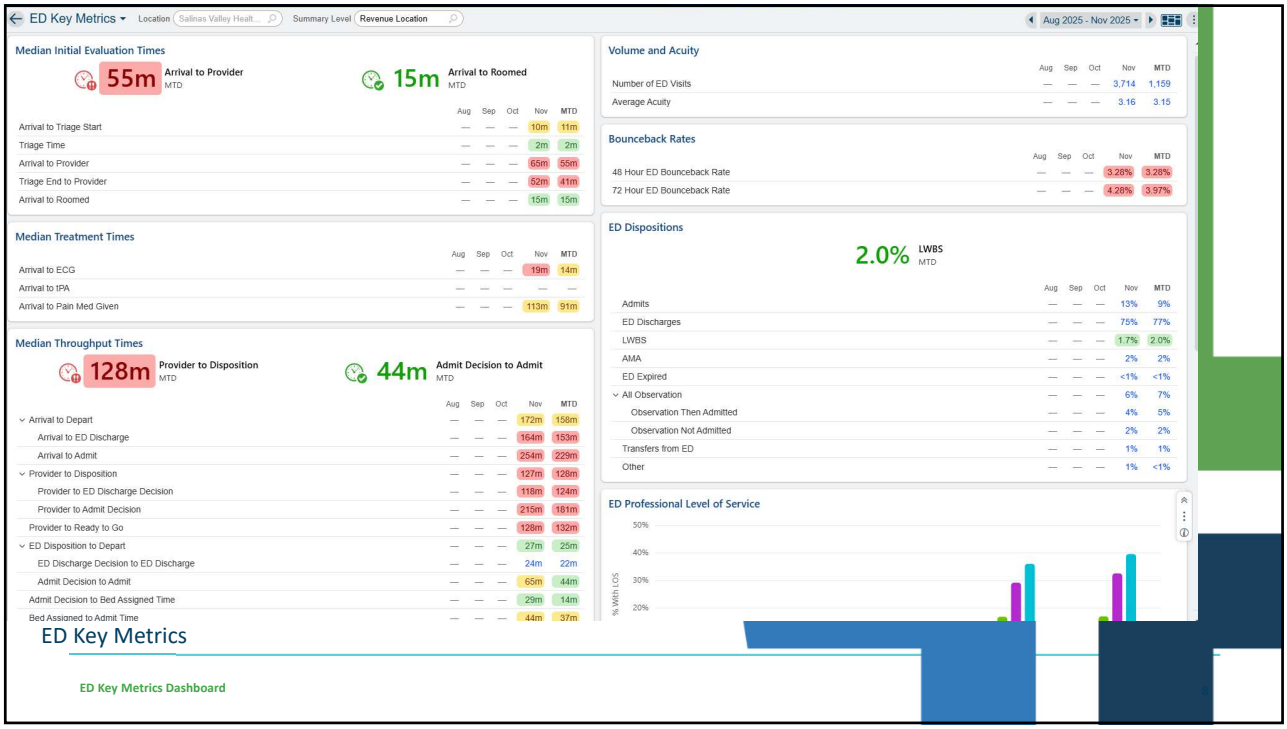
This dashboard is intended to give hospital nurse managers a real-time glance at their department's clinical documentation. It includes metrics for currently admitted patients.

Operational General Adult Nursing



This is a drill down from the Operational General Adult Nursing Dashboard and provides a list of patience where action can be taken to improve the eCQM outcome

Operational General Adult Nursing – VTE1,2 Drill Down



ED Key Metrics

ED Key Metrics Dashboard

Next Steps

- Utilize data for Leaders to do concurrent review as part of their daily work
- Utilize trended data to engage Professional Governance councils in identification of opportunities and action planning when needed
- Optimize dashboards specific to organizational metrics
- Promote utilization and training

2026 Regulatory Quality & Safety Changes

Salinas Valley HEALTH

2025: Year in Review

External Rankings and Certifications	
Leapfrog	▪ Submitted Hospital Survey in July ▪ Fall Patient Safety Letter Grade: A
CMS Hospital Star Rating	★★★★
Joint Commission	
Certifications	▪ Joint Replacement – Hip and Knee ▪ Chest Pain
Advanced Certifications	▪ Primary Stroke Center

Key Projects and Topics
▪ ERAS (Enhanced Recovery After Surgery) ▪ Diagnostic Safety/Excellence ▪ Age Friendly ▪ AB 1204 Health Equity Reporting ▪ CMS Patient Safety Structural Measure (PSSM)

Looking ahead	
Jan 2026	▪ AB 3161 Patient Safety and antidiscrimination ▪ Patient Safety Organization (PSO) ▪ Magnet re-designation
Feb 2026 – Aug 2027	Joint Commission Accreditation 360 Survey
Early 2027	Joint Commission Certification Reviews

Background:

Regulatory and Accrediting Bodies

	CMS *Centers for Medicare & Medicaid Services*	**JC** *Joint Commission*	**CDPH** *California Department of Public Health*
Purpose	**Federal agency** administering Medicare, Medicaid , and related programs	Independent, nonprofit **accrediting organization** that evaluates healthcare organization performance	**State regulatory authority** overseeing healthcare facilities in California
Focus	Ensure hospitals meet minimum standards for **quality, safety and patient rights**	Support safety via **clinical workflows**, **physical environment**, **medication management**, and **leadership accountability**	**Enforce state licensing requirements**, investigates complaints/reportable events, and ensure state health and safety code compliance
Implications for Acute Care Hospitals	Nation-wide safety/quality initiatives, reimbursement, and surveys to evaluate compliance	Accreditation is voluntary but demonstrates high reliability and can grant "deemed status" with CMS	Routine, unannounced surveys and validation of CMS survey findings
Standards	▪ Federal Conditions of Participation (CoPs) ▪ State Operations Manual (SOM)	▪ Joint Commission Hospital Accreditation Program (HAP) Standards ▪ CMS Deemed Status Requirements	▪ California Health & Safety Code ▪ Title 22, California Code of Regulations (CCR) ▪ All Facilities Letters (AFLs) ▪ CMS CoPs (when conducting federal validation surveys)

2026 Oversight Landscape Overview

Overarching theme: Integration of **safety, equity, and transparency** across all regulators.

Oversight Body	Focus for 2026	Effective Date
CMS	Continue transition away from traditional CQMs and eCQM in favor of dQMs and hybrid models with more comprehensive risk adjustment methodologies	FY 2026
Joint Commission	Accreditation 360: consolidate and streamline standards which are posted publicly; emphasis on safety with data-informed PI prioritization, execution and post-implementation monitoring	January 1, 2026
CDPH	AB3161 requires biannual patient safety plan submission; plans should incorporate an equity and antidiscrimination focus and will be publicly available from CDPH	January 1, 2026

Key Programs & Concepts: CMS

Centers for Medicare & Medicaid Services

Conditions of Participation (CoPs)

Federal standards hospitals must meet to receive Medicare/Medicaid reimbursement; directly tied to quality, safety, and patient rights.

Survey & Certification Program

CMS (or accrediting bodies acting on its behalf) evaluates compliance through scheduled and unannounced surveys; serious findings can trigger immediate jeopardy or termination risk.

Quality Reporting & Transparency Programs

Includes Hospital Compare, Hospital Star Ratings, readmission and mortality metrics—data publicly displayed and monitored by CMS.

Value-Based Purchasing (VBP)

Portion of Medicare payment tied to performance in safety, outcomes, patient experience (HCAHPS), and efficiency.

National Safety & Quality Priorities

CMS drives national initiatives such as infection prevention, sepsis care expectations, and reduction of hospital-acquired conditions (HACs).

CMS: Quality & Safety Program Updates

IPPS Final Rule Highlights

- **Hospital Commitment to Health Equity (HCHE)** and **Social Determinants of Health (SDOH)** programs eliminated*
- Lower data completeness thresholds for record inclusion in Hybrid measures
- **Transforming Episode Accountability Model (TEAM)** remains in place, with the new Information Transfer PRO-PM added (*not currently applicable to SVH based on geographic region*)
- Several measures now include **MA** (medicare advantage) **patients**, shorter measurement periods, and no COVID exclusions
- Hospital Acquired Infections (HAI) **measure baselines updated to 2022 risk models**
- Hospitals must attest "yes" to **the *updated* SAFER Guides** and to conducting **security risk management**

** Change does not impact California legislative requirements which remain in place*

CMS: Quality & Safety Program Updates

Hospital Value-Based Purchasing (HVBP)

- **Update HAI baseline data from 2015 to 2022**
- **Remove the Health Equity Adjustment beginning with FY 2026 (reporting year 2024)**
- **For the FY 2033 program, CMS is finalizing more modifications to the THA/TKA Complications measure, including:**

  Adding Medicare Advantage (MA) patients to the measures

  Shortening the performance year from three years to two years

  Updating the risk adjustment model to use ICD-10 codes instead of Hierarchical Condition Categories (HCCs)

CMS: Quality & Safety Program Updates

Inpatient Quality Reporting (IQR) Program

Measure Removals

- Hospital Commitment to Health Equity (HCHE)
- SDOH-1
- SDOH-2
- HCP COVID-19 Vaccination Coverage

Claims Measure Updates

- THA/TKA Complications and Stroke (STK) Mortality measures:

  Add Medicare Advantage (MA) patients

  Shorten performance years from three to two

  Remove the COVID-19 exclusions

- Other Updates

  COVID-19 exclusions to be removed from all remaining measures starting FY 2027

CMS: Quality & Safety Program Updates

Hospital Acquired Condition Reduction Program (HACRP)

- **Update HAI baseline data from 2015 to 2022**

  Note: In addition to refreshed baseline data, this change also updates the risk adjustment models and variables found to be statistically significant in the risk adjustment methodology; notable variable changes include*:

  - ✓ Community-onset prevalence of infections
  - ✓ Average length of stay
  - ✓ Proportion of hospital bed that are ICU beds
  - ✓ Laboratory test type (CDI)
  - ✓ Facility size and graduate education groupings

** Additional facility context incorporated from annual NHSN Hospital Survey responses*

Key Programs & Concepts: JC

Joint Commission

National Performance Goals (NPGs)

- 14 goals replacing the National Patient Safety Goals (NPSGs)
- Emphasize high-priority standards and areas of focus like reducing the risk of suicide and health professional resource management (i.e., staffing)

High Reliability / Culture of Safety

- Embedded in many standards, especially around topics such as “Culture of Safety” and “Right Patient, Right Care”

Sentinel Event Program

- Continues to drive serious-event reporting, investigation, and sharing of lessons learned to reduce risk of harm

Accreditation 360: The New Standard

- Updated structure for standards; although the total number of Elements of Performance (EPs) is reduced many concepts were consolidated into a single EP
- More direct link between JC standards and CMS Conditions of Participation
- Survey Process Guides (SPGs) are being updated to align more directly with CMS interpretive guidelines and to improve transparency to the accreditation process (including the entire 3 year cycle not just the survey process)

Joint Commission: Accreditation 360

Key Changes:

- Over 700 hospital standards removed or consolidated
- Clearer alignment with CMS Conditions of Participation
- Publicly searchable standards — higher transparency

Implications for Hospitals:

- Re-map policies and processes to new nomenclature
- Continuous readiness becomes the default expectation
- Surveys may focus more on *leadership accountability, safety culture* and *data-informed Performance Improvement activities*

Board Oversight:

- Monitor transition plan progress
- Confirm survey readiness
- Ensure updated Quality & Safety Committee charter and associated plans reflect new requirements

Joint Commission

Survey Activity Guide replaced by Survey Process Guide

Feature	Survey Activity Guide (SAG)	Survey Process Guide (SPG)
Scope	**Narrower Scope:** *Onsite survey activities*: agenda, document list, tracer sessions, exit briefing	**Broader scope:** Full accreditation/survey process lifecycle from application to post-survey follow-up
Page count	120	629
Emphasis	**Support accreditation staff and operational leadership** preparing for survey activities	**Support board and oversight committees** with evaluation of process risks, accreditation strategy, resource alignment and continuous compliance
When to Use	In the lead-up to and during the survey	Year-round for planning, oversight, resource allocation, cycle management

Joint Commission

Required Organization Plans –require Board approval

Plan Name	Purpose and Scope	Deliverables
Emergency Operations Plan (EOP)	All-hazards response & recovery	HVA, After-Action Reports, EOP revisions
Environment of Care (EoC) Plans (Safety, Security, Fire, Utilities, HazMat, Medical Equipment)	Maintain a safe, functional environment	Annual evaluation reports, safety rounds data
Infection Prevention & Control Plan	Prevent and control HAIs	Surveillance data, IP program plan, HAI trend reports
Antimicrobial Stewardship Program (ASP) Plan	Optimize antimicrobial use	Antibiotic utilization, stewardship metrics
Medication Management Plan	Safe prescribing, storage, and administration	Med error data, high-alert program reports
Quality & Performance Improvement (PI) Plan	Continuous improvement & outcomes monitoring	PI project list, performance dashboards
Continuity of Operations / Business Continuity Plan (COOP)	Continuity of critical operations during disruption	COOP document, drill results
Credentialing / Privileging / FPPE-OPPE Plans	Evaluate practitioner competence	FPPE/OPPE summaries, credentialing files
Blood / Transfusion Safety Plan	Safe transfusion processes	Transfusion utilization, reaction logs
Behavioral Health / Suicide Prevention Plan	Mitigate self-harm risk	Ligature assessments, staff training reports

Key Programs & Concepts: CDPH

California Department of Public Health

State Licensing Oversight

- Ensures hospitals comply with Title 22 and state Health & Safety Codes—baseline requirements for operating in California.

Complaint & Incident Investigations

- Conducts investigations of patient grievances, mandatory reportable events, and quality-of-care concerns; findings may result in citations or plan-of-correction requirements.

Federal Validation Surveys

- CDPH sometimes performs CMS surveys, validating compliance with federal Conditions of Participation.

All Facilities Letters (AFLs)

- Statewide regulatory updates affecting emergency preparedness, infection control, staffing ratios, and operational policies; published as needed

Emergency & Public Health Preparedness

- Oversight related to disaster readiness, disease outbreaks, and statewide health mandates.

CDPH: AB 3161 Patient Safety Plan Requirement

New legislative requirement beginning January 1, 2025, requiring the following:

- Submit **biannual patient safety plans** to CDPH Licensing & Certification.
- Incorporate additional elements into the organization plan:
  - ✓ **Equity/disparity analysis** of patient safety events (race, language, disability)
  - ✓ Policies and analysis to **address racism, discrimination, and bias**
  - ✓ **Anonymous reporting mechanisms** for discrimination events available to staff, medical staff, patients and visitors
- Plans will be **publicly posted** by CDPH.

Board Oversight:

- Review and approve safety plan prior to submission
- Monitor compliance and data accuracy
- Oversee health equity and transparency strategies

Cross-Cutting Regulatory Themes for 2026

Emerging Governance Priorities:

- ❑ **Transparency:** More public reporting (CDPH, TJC, CMS)
- ❑ **Equity:** Integration of disparities data into patient safety oversight
- ❑ **Continuous Readiness:** No “survey cycle” downtime
- ❑ **Culture of Safety:** Workforce engagement, incident reporting, and psychological safety
- ❑ **Data Quality:** Integration between EHR, analytics, and quality reporting

CLOSED SESSION

(Report on Items to be Discussed in Closed Session)

RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION

(Meeting Chair)

ADJOURNMENT