



March 12, 2026

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, MARCH 16, 2026, AT 8:30 A.M., DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.**

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

A handwritten signature in black ink, appearing to read "Allen Radner".

Allen Radner, MD
President/Chief Executive Officer

¹Salinas 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 and **Richard Gerber, MD**, Medical Staff Member

Advisory Non-Voting Members: Administrative Executive Team

**QUALITY AND EFFICIENT PRACTICES COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH¹**

**MONDAY, MARCH 16, 2026, 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 February 9, 2026. (CARSON)
 - Motion/Second
 - Public Comment
 - Action by Committee/Roll Call Vote
4. Patient Care Services Update (SPENCER)
 - Report from the Procedural Unit Practice Council
5. Report on Quality and Safety (INMAN)
 - Hospital Acquired Conditions Reduction Program (SYED)
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, **April 13, 2026** at 8:30 a.m.

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

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.

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/2026/>, 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. Regulatory and Accreditation Updates: CMS CV 26-1 Findings (SOMMERS)
2. Quality and Safety Board Dashboard Review (INMAN)

ADJOURN TO OPEN SESSION

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

PUBLIC COMMENT

DRAFT SALINAS VALLEY HEALTH¹
QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES FEBRUARY 9, 2026

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: Tim Albert, MD, CCO, Alysha Hyland, CAO, Iftikhar Hussain, CFO, Rakesh Singh, VPMSA, Cheryl Pirozzoli, Family/Patient Council Advisor and Allen Radner, MD, CEO

Via teleconference: Michelle Childs, CHRO and Gary Ray, CLO

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 8:31 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 JANUARY 12, 2026.

Approve the minutes of the January 12, 2026 Quality and Efficient Practices Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT: None

COMMITTEE MEMBER DISCUSSION: None

MOTION:

Upon motion by Committee Member Spencer, second by Committee Member Miller, the minutes of the January 12, 2026 Quality and Efficient Practices Committee Meeting are approved as presented.

ROLL CALL VOTE:

Ayes: Chair Carson, Miller, Dr. Gerber and Spencer;

Nays: None;

Abstentions: None;

Absent: Vice Chair Dr. Cabrera;

Motion Carried

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. PATIENT CARE SERVICES UPDATE: ONCOLOGY UNIT PRACTICE COUNCIL

Carla Spencer, CNO, introduced Maritess Condalor, BSN, RN, who reported on the Oncology Unit Practice Council's purpose, 2026 goals, initiatives and data. Initiatives in progress include Standardized Taxane Titration Rates and the Creation of Chemo Precautions Cheat Sheet. Some items ahead include OCN Certification, Moment of Silence and Monthly Journal Club. A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: None.

5. QUALITY AND SAFETY

Brenda Inman, MSN, VP of Quality and Risk Management, introduced members of her team to report on Quality and Safety initiatives:

1. **CMS Quality Incentive Programs:** Athar Syed, MBBS, MSHS, Quality Data Integrity Specialist, explained the Hospital's Inpatient (IQR) & Outpatient (OQR) Quality Reporting Programs, as well as the Medicare Promoting Interoperability Program (PIP). This included a detailed description of each program, reporting requirements, clinical quality measures and fiscal impact. A full report was included in the packet.
2. **Infection Prevention Updates:** Melissa Deen, MPH, BSN, RN, Manager of Infection Prevention, reported on the current state of Infection Prevention, Reporting Structure and the Infection Prevention Committee. Examples of initiatives include sharps injuries in Employee Health, and water management in Engineering. A full report was included in the packet.
3. **Age-Friendly Updates:** Amy Grooters, MSN, RN, CEN, NE-BC, Patient Safety Manager, gave an overview of the Age-Friendly Health System. The Project Plan includes an Age-Friendly Task Force, Education, Documentation in Epic, Dashboard Development and Opportunities for Improvement. A full report was included in the packet. Chair Carson would like screening of mobility patients on dashboard. Chair Carson would also like to see minutes and attendance from the task force meetings.

COMMITTEE MEMBER DISCUSSION: None.

6. 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 9:00am.

7. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:22 a.m. Chair Carson reported that in Closed Session, the *Hearings/Reports* were accepted as follows:

1. Quality and Safety Board Dashboard Review (INMAN)

8. ADJOURNMENT

There being no other business, the meeting adjourned at 9:30 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, March 16, 2026** at 8:30 a.m.

Catherine Carson, Chair
Quality and Efficient Practices Committee

Patient Care Services Update



March 16, 2026



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

Featuring: Procedural Unit Council

PROCEDURAL UNIT PRACTICE COUNCIL

MEMBERS:

- Jacqueline Banuelos, MPH, RN, PCCN [Chair]
- Yesenia Lopez, BSN, RN [Co-chair]
- Sherri Arias, MSN, RN, CNML [Advisor]

- Elizabeth Grogin, BSN, RN, CCRP
- Kristen Tritt, BSN, RN, CRN
- Suzette Urquides, DNP, MPA, RN, CCRN
- Meghan Canchola, BSN, RN, VABCRN
- Megan Giovanetti, Director of Cardiovascular Services, Rehab, & Sleep Center
- Rebecca Rodriguez, MSN, RN, CEN, CPHQ
- Leslie Trapin, BSN, RN, CPAN

“The **PURPOSE** of the unit practice council [UPC] is to identify and implement standards of care and evidence-based practice specific to clinical area, 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 outcomes.”

Topics:

- Cardiac Rehab Support Group
- Discharge Summary Form for Diagnostic Imaging



Cardiac Rehab Support Group

BACKGROUND:

Following COVID-19, Cardiac Rehab staff observed an increase in patient-reported depression, anxiety, and stress. The Cardiac Rehabilitation team created a safe, supportive environment for patients to share experiences and process emotional challenges.

INTERVENTION:

Monthly support group established for Cardiac Rehab patients. Classes take place on the last Friday of each month at:

- 2:00 PM – Spanish-speaking patients
- 3:00 PM – English-speaking patients.

The program launched March 28, 2025 and 74 patients have participated to date.

*Additional Impact:

Patients report reduced anxiety and depressive symptoms and high satisfaction with the support group.

OUTCOME/DATA:

Press Ganey: “Likelihood to Recommend”

- 2024: 85.71%
- 2025: 88.89% (72ND Percentile)

Press Ganey: “Staff Worked Together to Care for You”

- 2024: 87.30%
- 2025: 91.67% (93rd percentile)

Join us for a

Cardiac Rehab Support Group



This will be a safe space to discuss feelings of fear, stress, and other emotions that have affected your journey.

Last Friday of Each Month
 2 - 3pm - Spanish speakers
 3 - 4pm - English speakers



Únase a nosotros para un

Grupo de Apoyo de Rehabilitación Cardíaca



Esto será un espacio seguro para hablar de sentimientos de miedo y estrés y otras emociones que han afectado su vida.

El último viernes de cada mes
 2 - 3pm - hablantes de español
 3 - 4pm - hablantes de inglés



Discharge Summary Form for Diagnostic Imaging

BACKGROUND:

Diagnostic Imaging nurses identified a gap in patient perception of discharge instructions following Special Procedures.

INTERVENTION:

- The Discharge Summary Form, previously used in the Holding Area, was reviewed and adapted for Special Procedures patients.
- A one-page goldenrod summary highlighting key discharge instructions was implemented. The form is included with the patient care notes provided to patients after the procedure.

OUTCOME/DATA:

*FY2024: Press Ganey Discharge Domain – 94.86% (7th percentile)

Post-implementation (Feb 2024):

- FY2025: 95.9% (16th percentile)
- FY2026 YTD: 96.7% (34th percentile)



What's Ahead:



- **PICC line Verification Competency (CXR)¹:**

Will enable staff nurses to administer medications promptly to prevent delays in patient care. This is within their scope of practice. A physician champion has been identified and the PICC² line insertion policy has been updated. DI PICC line nurses (RNs) are required to complete the necessary education and obtain competency validation from the IR³ Physician (Dr. Bottari)

- **Sterile Skin Protectant:**

To reduce skin tears during sterile drape removal and reduce patient discomfort when applying skin protectant



¹Chest X-ray
²Peripherally Inserted Central Catheter
³Interventional Radiologist

Questions?

CMS Pay For Performance Model

Hospital Acquired Conditions Reduction Program



Athar Syed
MBBS, MSHS
March 05, 2026

Value Based Care



	Pay For Reporting (Volume-Based Care)	→ Pay For Performance (Value-Based Care)
Payment	Fee-for-Service	Outcomes Based
Incentives	Pass-A-Tube-Get-A-Payment	Keep-Em-Healthy-And-Make-A-Living
Focus	Episodes of Care	Populations
Role of the Provider	Individual Interactions	Team-Based Care Continuum

Hospital-Acquired Condition (HAC) Reduction Program

- A Medicare value-based program that reduces payments to hospitals based on their performance on measures of hospital-acquired conditions.
- The program encourages hospitals to implement best practices to reduce their rates of hospital-acquired conditions and improve patients' safety
- CMS evaluates overall hospital performance by calculating Total HAC Scores as the equally weighted average of scores across the six measures included in the program.
- Hospitals with a Total HAC Score greater than the 75th percentile (the worst-performing quartile) of all Total HAC Scores receive a 1.0 percent payment reduction.
- Reduction applies to all Medicare FFS discharges and occurs when CMS pays hospital claims.

HAC Reduction Program - Domain 1 - PSI-90

PSI-3	• Pressure Ulcer Rate
PSI-6	• Iatrogenic Pneumothorax Rate
PSI-08	• In-Hospital Fall with Hip Fracture Rate
PSI-09	• Perioperative Hemorrhage or Hematoma Rate
PSI-10	• Postoperative Acute Kidney Injury Requiring Dialysis Rate
PSI-11	• Postoperative Respiratory Failure Rate
PSI-12	• Post operative PE or DVT Rate
PSI-13	• Post operative Sepsis Rate
PSI-14	• Wound Dehiscence Rate
PSI-15	• Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate

HAC Reduction Program Domain Weights - FY2021 Onwards

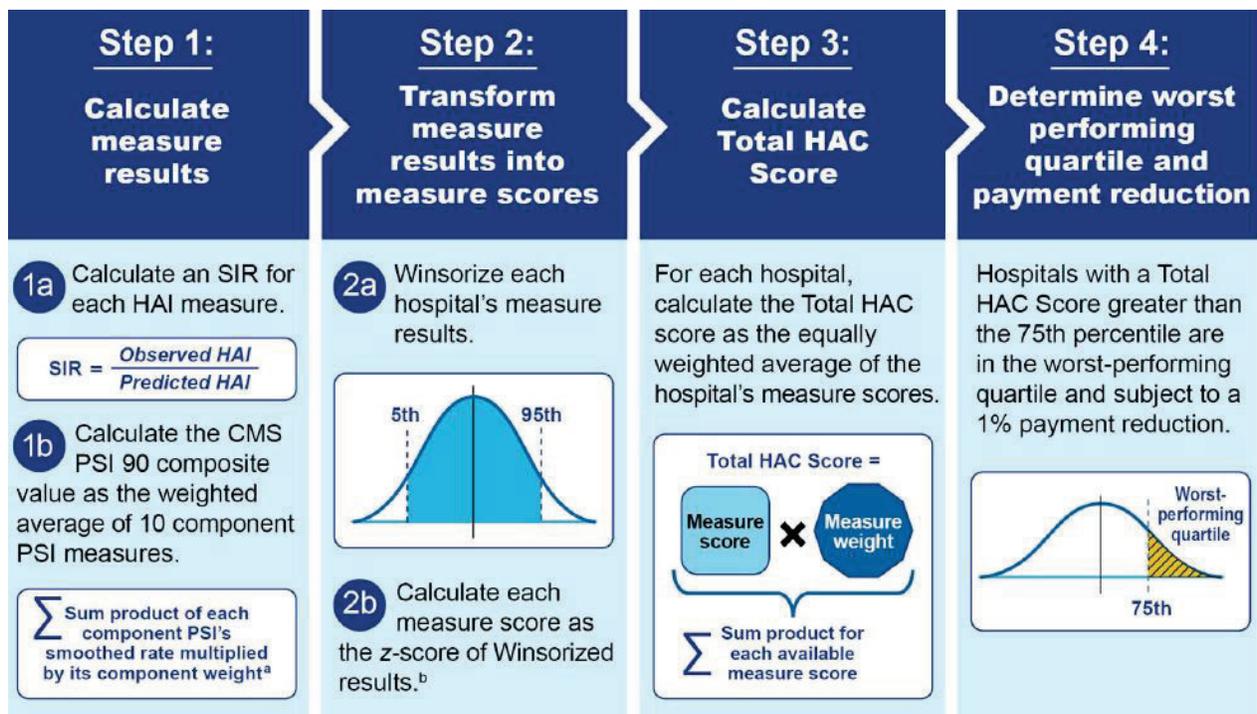
PSI-90	16.7%
CAUTI (Catheter-Associated Urinary Tract Infection)	16.7%
CLABSI (Central Line-Associated Bloodstream Infection)	16.7%
SSI (Colon and Abdominal Hysterectomy Surgical Site Infection)	16.7%
MRSA (Methicillin-resistant <i>Staphylococcus aureus</i>) bacteremia	16.7%
CDI (<i>Clostridium difficile</i> Infection)	16.7%

FFY2028 HAC Reduction Program

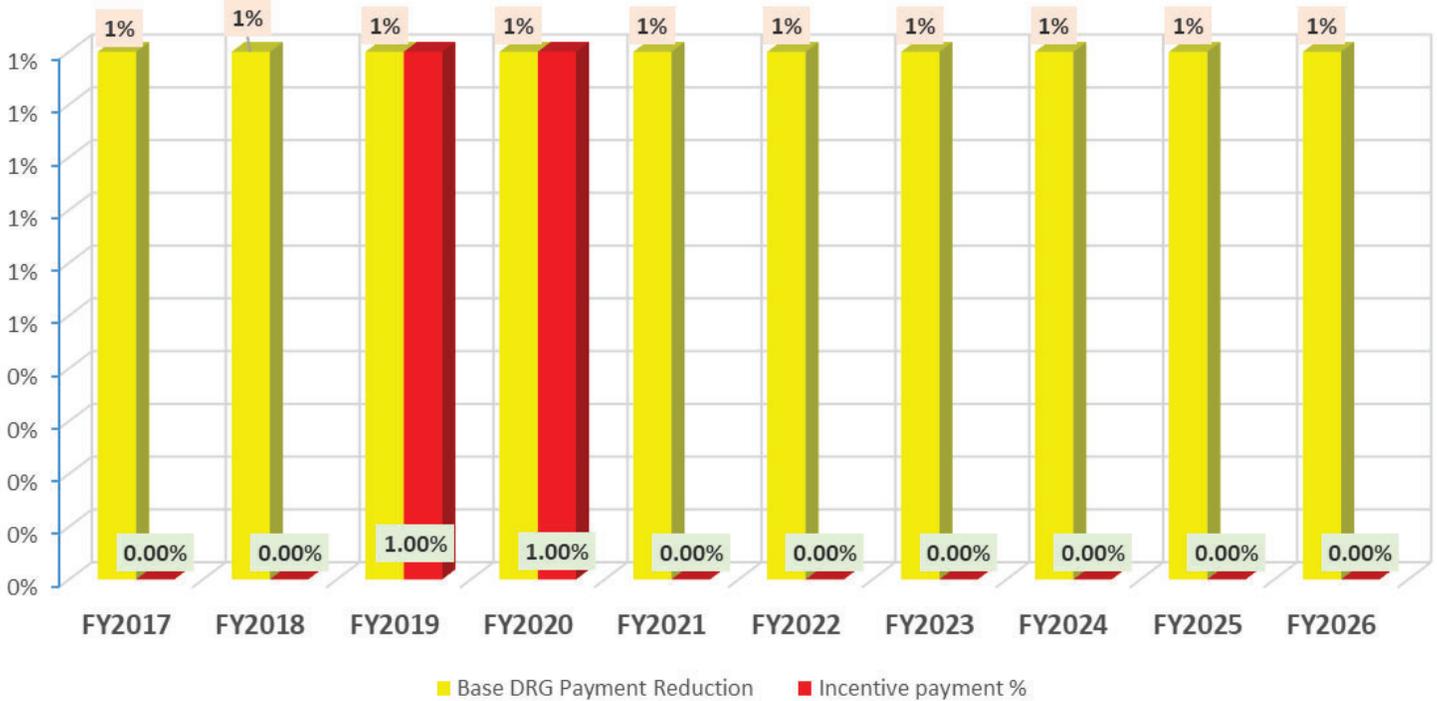
Measures	Performance Period
CMS PSI 90 Patient Safety and Adverse Events Composite	July 1, 2024 to June 30, 2026 (Rolling two years)
CAUTI (Catheter-Associated Urinary Tract Infection)	Jan 1, 2025 to December 31, 2026 (Rolling two years)
CLABSI (Central Line-Associated Bloodstream Infection)	
SSI (Colon and Abdominal Hysterectomy Surgical Site Infection)	
MRSA (Methicillin-resistant <i>Staphylococcus aureus</i> bacteremia)	
CDI (<i>Clostridium difficile</i> Infection)	

FFY2026 Hospital-Acquired Conditions Reduction Program

Risk of Revenue Loss : 1% of hospital base DRG payments



SVHMC HAC Reduction Program Track & Trend



PSI-90 Performance

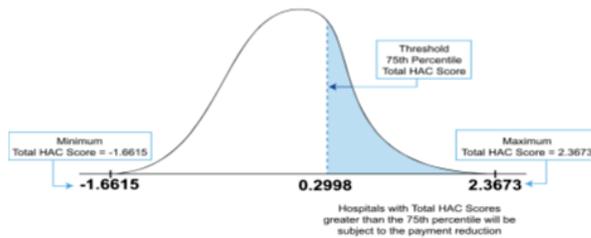
Program Year	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026
Performance Period	4Q15-2Q17	3Q16-2Q18	3Q17-2Q19	3Q18-4Q19	3Q19-4Q20	1Q21-2Q22	3Q21-2Q23	3Q22-2Q24
PSI-03	4	5	3	3	Not Calculated	1	2	2
PSI-06	1	1	1	0	Not Calculated	1	2	1
PSI-08	1	1	1	1	Not Calculated	0	0	1
PSI-09	6	6	1	1	Not Calculated	2	2	3
PSI-10	0	0	0	0	Not Calculated	0	0	1
PSI-11	13	10	8	4	Not Calculated	1	5	6
PSI-12	6	11	8	0	Not Calculated	5	10	5
PSI-13	5	9	10	7	Not Calculated	1	2	2
PSI-14	0	0	0	0	Not Calculated	0	0	0
PSI-15	2	1	1	0	Not Calculated	0	0	2
PSI-90 Composite	1.3000	1.3860	1.2161	0.0605	Not Calculated	0.7833	0.9398	0.9787

HAIs Performance

Hospital Acquired Infections	Program Year	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026
	Performance Period	CY2016- CY2017	CY2017- CY2018	CY2018- CY2019	CY2019- CY2020	CY2022- CY2023	CY2021- CY2022	CY2022- CY2023	CY2023- CY2024
CLABSI	Reported # of HAI	10	4	2	1	Not Calculated	0	1	3
	SIR	1.677	0.432	0.218	0.244	Not Calculated	0.000	0.177	0.649
	National SIR	0.852	0.773	0.708	0.682	Not Calculated	0.841	0.775	0.665
CAUTI	Reported # of HAI	11	5	5	1	Not Calculated	2	5	3
	SIR	1.675	0.699	0.610	0.238	Not Calculated	0.760	0.958	0.620
	National SIR	0.907	0.837	0.760	0.719	Not Calculated	0.666	0.622	0.543
SSI- Colon & Abd. Hysterectomy	Reported # of HAI	4	6	4	2	Not Calculated	1	3	3
	SIR	0.733	1.254	0.773	0.611	Not Calculated	0.496	0.700	0.584
	National SIR	0.907	0.897	0.887	0.880	Not Calculated	0.888	0.906	0.919
MRSA (Blood)	Reported # of HAI	2	3	2	0	Not Calculated	0	0	1
	SIR	0.501	0.745	0.504	0.000	Not Calculated	0.000	0.000	0.254
	National SIR	0.909	0.858	0.836	0.822	Not Calculated	0.907	0.830	0.727
CDI	Reported # of HAI	74	59	42	19	Not Calculated	16	24	17
	SIR	1.259	1.001	0.696	0.619	Not Calculated	0.631	0.463	0.327
	National SIR	0.864	0.757	0.646	0.579	Not Calculated	0.478	0.446	0.391

Step#4. Determining the worst-performing quartile

Hospitals with Total HAC Scores greater than the 75th percentile (the worst-performing quartile) are subject to a 1-percent payment reduction.



Contribution of PSI-90 and HAIs Winsorized z-scores to Total HAC Score

CMS PSI 90 Contribution to Total HAC Score	CLABSI Contribution to Total HAC Score	CAUTI Contribution to Total HAC Score	SSI Contribution to Total HAC Score	MRSA bacteremia Contribution to Total HAC Score	CDI Contribution to Total HAC Score	SVHMC Total HAC Score	Payment Reduction Threshold (75th Percentile)	Subject to Payment Reduction (Yes/No)
-0.0114	0.0165	0.0293	-0.0760	-0.1544	-0.0327	-0.2286	0.3792	NO

HACRP Performance Track & Trend-FY2026



Questions

CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

(Meeting Chair)

ADJOURNMENT