April 9, 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, APRIL 13, 2026, AT 8:30 A.M., DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA**.

(*For Public Access Information Visit* https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/board-committee-meetings-virtual-link/.)

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 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 HEALTH[1]

MONDAY, APRIL 13, 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 March 16, 2026. (CARSON)

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

4. Patient Care Services Update (SPENCER)
   - Report from the MedSurg Unit Practice Council

5. Quality and Safety Update
   - Value Based Purchasing Program (SYED)
   - Quality & Risk Management Division 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, **May 18, 2026** at 8:30 a.m.

[1]Salinas 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. Quality and Safety Board Dashboard Review (SYED)

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 MARCH 16, 2026

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair, **Rolando Cabrera, M.D.**, Vice Chair**, Clement Miller**, COO, **Carla Spencer,** CNO, and **Richard Gerber, M.D.,** Medical Staff Member

Voting Members Absent: None

Advisory Non-Voting Members Present:
In Person: Tim Albert, MD, CCO, Alysha Hyland, CAO, Iftikhar Hussain, CFO, Rakesh Singh, VPMSA
Via teleconference: Michelle Childs, CHRO

Other Board Members Present, Constituting Committee of the Whole:
Via teleconference: Joel Hernandez and Victor Rey (*Mr. Rey disconnected after a few minutes*)

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Carson called the meeting to order at 8:32 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 FEBRUARY 9, 2026

Approve the minutes of the February 9, 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 Vice Chair Cabrera, second by Committee Member Miller, the minutes of the February 9, 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: None;

Motion Carried.

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

4. PATIENT CARE SERVICES UPDATE: PROCEDURAL UNIT PRACTICE COUNCIL

Carla Spencer, CNO, introduced members of her team to present an update on the Procedural Unit Practice Council. Sherri Arias, RN, Procedural Nurse Manager, reported on the Council's purpose, 2026 goals, initiatives and data. One initiative underway includes the Cardiac Rehab Support Group, which was created to address a recent increase in patient-reported depression, anxiety and stress. Another initiative includes improvement of the Discharge Summary Form for Diagnostic Imaging after a gap in patient perception of discharge instructions was identified.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: Dr. Gerber confirmed the cardiac patients are responding well – gaining confidence, receiving education on diet and exercise.

5. QUALITY AND SAFETY:

Brenda Inman, MSN, VP of Quality and Risk Management, introduced members of her team to report on the following items:

- **Hospital Acquired Conditions Reduction Program**: Athar Syed, MBBS, MSHS, Quality Data Integrity Specialist, explained the Hospital's Acquired Conditions (HAC) Reduction Program, a CMS Pay for Performance Model centered around Value Base Care. Various domains are monitored and weighted, with the financial implication being risk of 1% hospital base DRG payments/revenue loss. A full report, including measures and performance, was included in the packet.

COMMITTEE MEMBER DISCUSSION: Chair Carson noted this was the best explanation of winsorizing she's ever seen.

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 8:58am.

7. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:08 a.m. Chair Carson reported that in Closed Session, the *Hearings/Reports* were accepted as follows:

1. Regulatory and Accreditation Updates: CMS CV 26-1 Findings (SOMMERS)

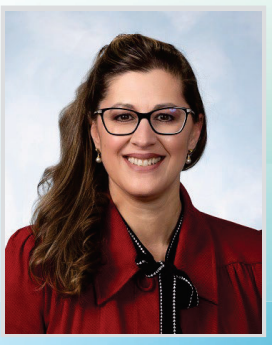
8. ADJOURNMENT

There being no other business, the meeting adjourned at 9:09 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for Monday, **April 13, 2026** 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:
MedSurg Unit Practice Council

Monday, April 13, 2026

MEDSURG UNIT PRACTICE COUNCIL

MEMBERS:

- Juan Paulo Ayala, *BSN, RN [Chair]*
- MJ Andalio-Angeles, *RN, CMSRN [Co-Chair]*
- Roberto Torres Ortiz, *BSN, RN, [Assoc. Chair]*
- *Catherine Gomez, MSN, RN, CMSRN [Advisor]*

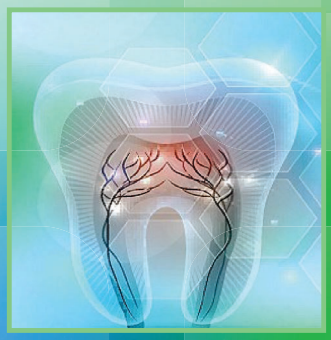
- Lisa Sandberg, *BSN, RN, CPN*
- Sarah Rodriguez, *BSN, RN*
- Maria Mederos, *BSN, RN, CMSRN*
- Aileen Abrigos, *RN*

"The **PURPOSE** of the unit practice council [UPC] is to identify and implement standards of care and evidence-based practice specific to the *MedSurg Cluster Units*, 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:

FALLS ACTION PLAN FOR 3 MAIN

STANDARDIZED ORAL CARE PROTOCOL

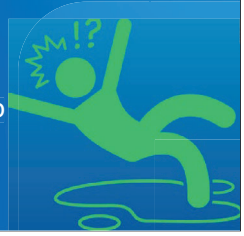


FALL ACTION PLAN FOR 3M

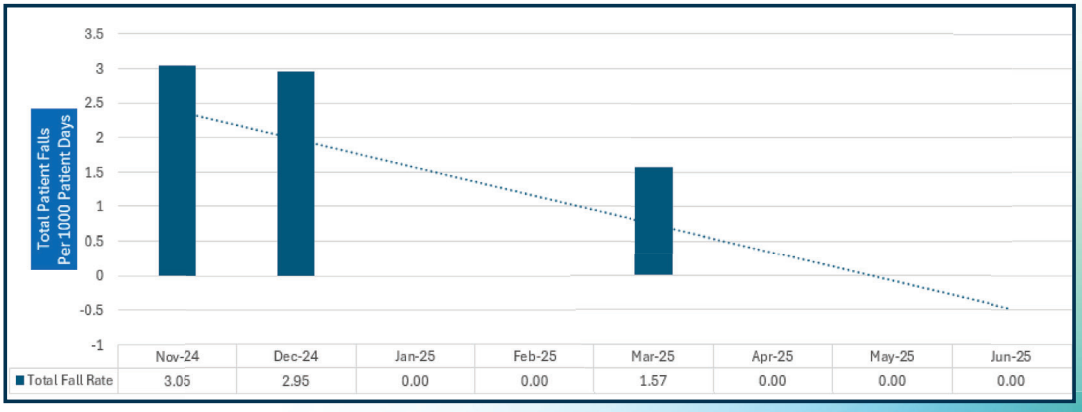
BACKGROUND: In January 2025, the Med-Surg UPC was asked to develop an action plan for underperforming falls data for two consecutive months at the end of 2024. The all falls rate in 3M was 3.05 in November 2024 and 2.95 in December 2024, exceeding the benchmark of 2.45 in both months that consequently required an action plan.

INTERVENTION: Falls Action Plan- 5 Key Elements

1. **COMMUNICATION BOARD UPDATE: I**ncluded BMAT score, adaptive equipment, and safety precautions.
2. **STAFF EDUCATION:** Reinforced staff education and reminders on use of fall risk assessment to immediately implement fall prevention strategies.
3. **MINI-MONTHLY FALLS SURVEILLANCE STUDY:** Adapted from Mobility committee quarterly survey to evaluate effectiveness of the fall prevention strategies in 3M.
4. **SIGNAGE REMINDERS:** Educated staff to remind patients to pull red string while toileting to alert staff they need assist before ambulating.
5. **FALLS CHECKLIST FORM:** Based on fall surveillance tool used by the Mobility Committee and revised to include assigned tasks to charge nurse, primary nurse and nurse aide every shift.



TOTAL PATIENT FALLS RATE FOR 3M:



- The total fall rate for 3M improved during and after the intervention period.
- The rate was 0.0 in January and February 2025; 1.57 in March 2025; and 0.0 in April, May, and June 2025, outperforming the national benchmark.
- The Quality Council completed the falls action plan for 3M in March 2025.

STANDARDIZING ORAL CARE PROTOCOL

BACKGROUND: A need for enhanced oral care practices was identified. Sub-optimal oral care can impact many patient safety and quality measures, including Non-Ventilator Hospital-Acquired Pneumonia (NVHAPs). An Oral Care Task force was formed to evaluate current inpatient oral care routines and implement new, improved evidence-based practices.

INTERVENTION:

- New, evidence-based oral care products were trialed and adopted: higher quality toothbrushes, denture kits, toothpaste and suction toothbrush kit
- A standardized oral care protocol was developed; documentation screen was updated to align [Meditech]
- The new protocol was approved and added to the updated oral care policy

ORAL CARE PROJECT TIMELINE:

- 2/5/2024: Oral care protocol pilot on 3M
- 8/8/2024: Oral care protocol live house-wide
- 12/9/2024: Win Tip Sheet reminder on protocol and documentation
- 1/8/2025: Collaborated with Marketing Department and developed patient educational handout
- 6/11/2025: Handout included in all patient admission packet
- 8/13/2025: Updated policy on oral care standards for non-ventilated patients

WHAT'S AHEAD:

Salinas Valley HEALTH

AC BLOOD SUGAR CHECK:

BACKGROUND: Inconsistent coordination of pre-meal glucose monitoring and insulin administration with unscheduled meal times was identified and reported to the UPC. Diabetic inpatients experience poor glycemic control due to irregular insulin administration. Current late insulin administration practices do not align with policy and ADA standards. Barriers delaying this project include unscheduled meals, variability in dietary and nursing workflows, and timing of data collection.

FALLS ACTION PLAN FOR 3TOWER AND 3MAIN:

BACKGROUND: 3Tower had increased incidence of falls in two consecutive months in Q4 2025. In November, the all falls rate was 6.35 and in December the all falls rate was 3.48, exceeding the national benchmark of 3.31 in that quarter. 3Main had increased incidence of falls in two consecutive months in December 2025 and January 2026, both months exceeding the national benchmark of 2.28.

ADDITIONAL PROJECTS:

- Develop EBP project to improve MedSurg certification rates.
- PRISM AWARD application for ONS

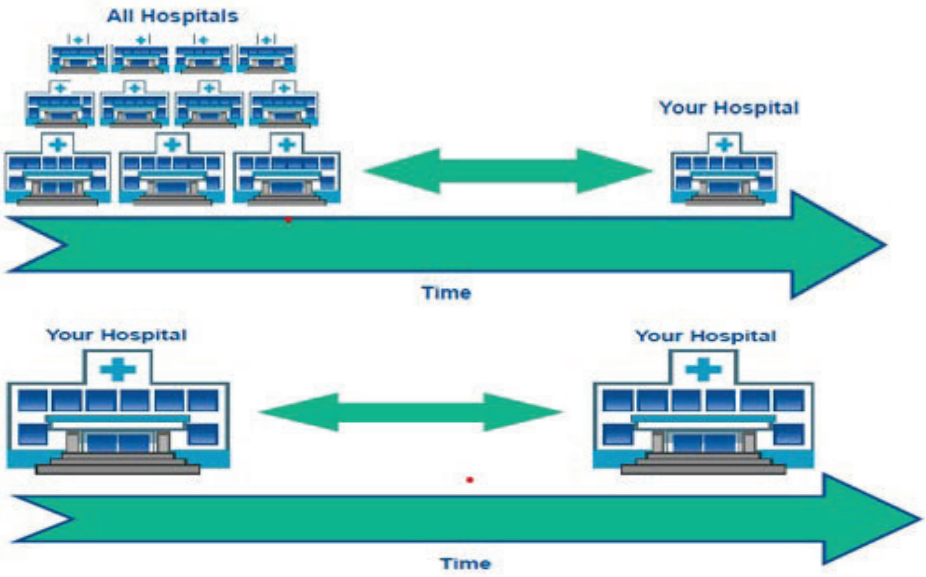
AMSN PRISM Award
Premier Recognition In the Specialty of Med-Surg

Questions?

CMS Pay For Performance Model

Hospital Value Based Purchasing Program

Athar Syed
MBBS, MSHS
March 26, 2026



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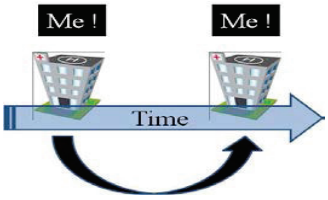
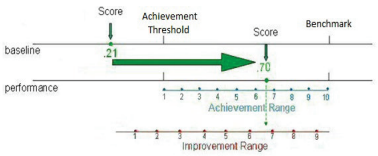
Performance Data

Improvement Points



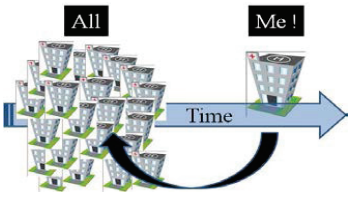
- Compare hospital rates during performance period to its **own rates** from the Baseline Period.



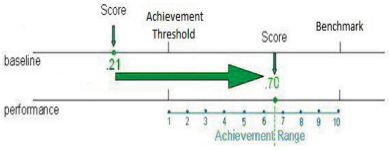
$$\left(10 \times \frac{\text{(Performance Period Rate} - \text{Baseline Period Rate)}}{\text{(Benchmark} - \text{Baseline Period Rate)}}\right) - 0.5$$

Performance Data

Achievement Points



- Compare hospital rates during performance period with **ALL** hospitals



$$\left(9 \times \frac{\text{(Performance Period Rate} - \text{Achievement Threshold)}}{\text{(Benchmark} - \text{Achievement Threshold)}}\right) + 0.5$$

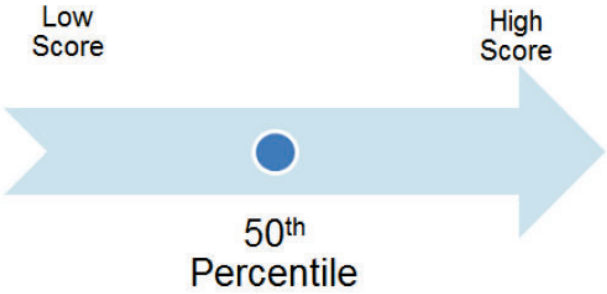
3

Benchmark
Average (mean) performance of the top ten percent of hospitals

Figure #1 - Benchmark

Achievement Threshold
Performance at the fiftieth percentile (median) of hospitals during the Baseline Period

Figure #2 - Achievement Threshold



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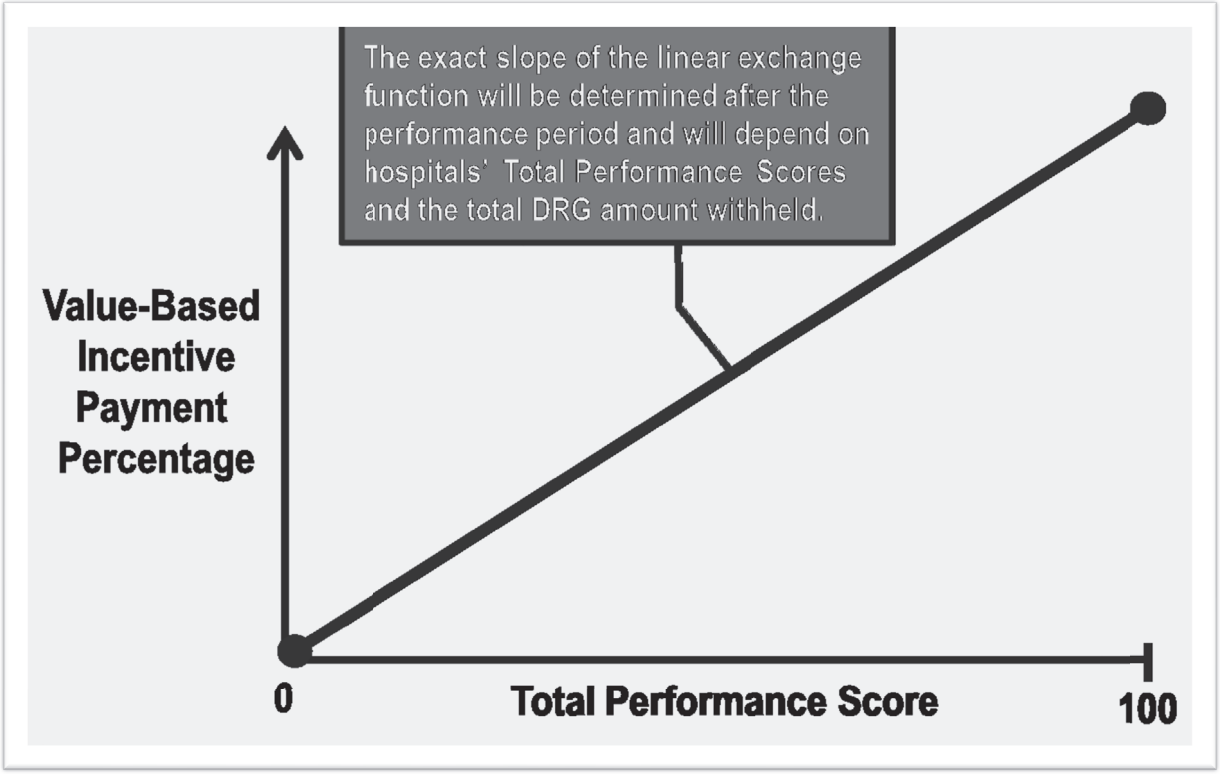
Final Scoring



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Data Requirements

Domain/Measure/TPS	Minimum Requirement
Clinical Outcomes	Minimum of two measure scores: • 30-Day Mortality Measures: 25 cases • Complication Measure: 25 cases
Person and Community Engagement	100 HCAHPS Surveys
Safety	Minimum of two measure scores: • HAI measures: One predicted infection • SEP-1 measure: Minimum of 25 cases accepted and used in the denominator
Efficiency and Cost Reduction	25 episodes of care in the MSPB measure
TPS	A minimum of three of the four domains receiving domain scores

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FY 2026 Value Based Purchasing Program
(MS-DRG Base Operating Payment Reduction: 2%)

Weight	Domain	Sub-Domain	Baseline Period	Performance Period
25%	Clinical Outcomes	**30-Day Mortality Measures** (AMI, HF, PN, COPD and CABG)	3Q16-2Q19 (3 years)	3Q21-2Q24 (3 years)
		THA/TKA Complication Measure	2Q16-1Q19	2Q21-1Q24
25%	Person and Community Engagement	**(HCAHPS measures)** Communication with Doctors Communication with Nurses Responsiveness of Hospital Staff Communication about Medications 3-Item Care Transition Hospital Cleanliness and Quietness Overall Rating of Hospital	CY2022 (2 years)	CY2024 (2 years)
25%	Safety	**Healthcare Associated Infections (HAI)** (CLABSI, CAUTI, MRSA, CDI, SSI-Colon & SSI-Abdominal Hysterectomy)	CY2022 (2 years)	CY2024 (2 years)
		SEP-1	CY2022 (2 years)	CY2024 (2 years)
25%	Efficiency and Cost Reduction	**MSPB-Medicare Spending Per Beneficiary**	CY2022 (2 years)	CY2024 (2 years)

Clinical Outcomes Domain: 25% Weight

Measures	Baseline Period	⟷	Performance Period:
30 Day Mortality Rates	3Q16-2Q19		3Q21-2Q24
THA/TKA Complication Rates	2Q16-1Q19		2Q21-1Q24

Measures	Baseline Period Rate	Performance Period Rate	Achievement Threshold	Benchmark	Improvement points	Achievement Points	Measure Score
AMI 30-Day Mortality Rate: Eligible discharges = 285	0.857980	0.889967	0.874426	0.890687	9	9	9
COPD 30-Day Mortality Rate: Eligible discharges = 235	0.907280	0.919637	0.914691	0.932157	4	3	4
CABG Surgery 30-Day Mortality Rate: Eligible discharges = 125	0.971613	0.982112	0.970568	0.980473	9	10	10
HF 30-Day Mortality Rate: Eligible discharges = 524	0.890272	0.886601	0.885949	0.912874	0	1	1
PN 30-Day Mortality Rate: Eligible discharges = 616	0.855408	0.870310	0.843369	0.877097	7	8	8
THA/TKA Complication Rate: Eligible discharges = 10 (Minimum 25 cases Required)	0.026049	0.034143	0.024019	0.016873	N/A	N/A	N/A
Total					29	31	32

Person and Community Engagement Domain: 25%

Baseline Period: CY 2022 ⟷ Performance Period: CY 2024

Measures	Baseline Period Rate	Performance Period Rate	Floor	Achievement Threshold	Benchmark	Improvement points	Achievement Points	Measure Score
Communication with Nurses	78.6135%	80.1123%	55.23%	76.41%	85.57%	2	4	4
Communication with Doctors	77.6920%	78.7018%	58.04%	76.83%	85.93%	1	2	2
Responsiveness of Hospital Staff	64.0565%	65.8240%	36.52%	59.56%	77.19%	1	4	4
Communication about Medicines	64.6795%	61.3883%	39.27%	58.06%	70.11%	0	3	3
Hospital Cleanliness and Quietness	61.4538%	61.1886%	38.59%	62.61%	77.49%	0	0	0
Discharge Information	87.7820%	86.1221%	63.22%	85.54%	91.10%	0	1	1
Care Transition	56.4494%	56.4494%	19.98%	48.55%	60.85%	0	3	3
Overall Rating of Hospital	72.2054%	72.2054%	31.58%	67.59%	83.16%	0	4	4
Total						4	21	21

Safety Domain: 25% Weight

Healthcare Acquired Infections (HAIs): Baseline Period: CY 2022 ⟷ Performance Period: CY 2024

Healthcare Acquired Infections (HAI) Measures:	Baseline Period		Performance Period		Achievement Threshold	Benchmark	Improvement points	Achievement Points	Measure Score
	Infections	SIR	Infections	SIR					
CAUTI	2	0.760	0	0.000	0.615	0.00	9	10	10
CLABSI	0	0.000	2	1.003	0.760	0.00	0	0	0
C-Diff	16	0.631	9	0.353	0.423	0.00	4	2	4
MRSA Bacteremia	0	0.000	1	0.477	0.793	0.00	0	4	4
a. SSI-Abdominal Hysterectomy	0	--	0	--	0.763	0.00	7	8	N/A
b. SSI-Colon Surgery	1	0.546	1	0.375	0.747	0.00	3	5	5
SSI (Surgical Site Infection)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5
Total							16	21	23

SEP-1: Severe Sepsis and Septic Shock Management Bundle Baseline Period: 3Q16-2Q19 ⟷ Performance Period: 3Q21-2Q24

SEP-1 Measure:	Baseline Period Rate	Performance Period Rate	Achievement Threshold	Benchmark	Improvement Points	Achievement Points	Measure Score
Severe Sepsis and Septic Shock: Management Bundle	0.558559	0.651741	0.597482	0.843620	3	2	3

Efficiency And Cost Reduction Domain: 25%						
Baseline Period: CY 2022 ⟷ Performance Period: CY 2024						
Efficiency Measures	Baseline Period Data			Performance Period Data		
Medicare Spending Per Beneficiary (MSPB)	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure	MSPB Amount (Numerator)	Median MSPB Amount (Denominator)	MSPB Measure
	$24,296.62	$25,089.20	0.968409	$25,990.21	$26,668.84	0.974553

Efficiency Measures	Achievement Threshold	Benchmark	Improvement points	Achievement Points	Measure Score
Medicare Spending Per Beneficiary	0.985942	0.825546	0	1	1

FFY 2026 HVBP SVHMC Performance

Domain Scores	Unweighted Domain Score	Domain Weighting	Weighted Domain Score
Clinical Outcomes	64.00	25%	16.00
Person and Community Engagement	39.00	25%	9.75
Safety	43.33	25%	10.83
Efficiency and Cost Reduction	10.00	25%	2.50

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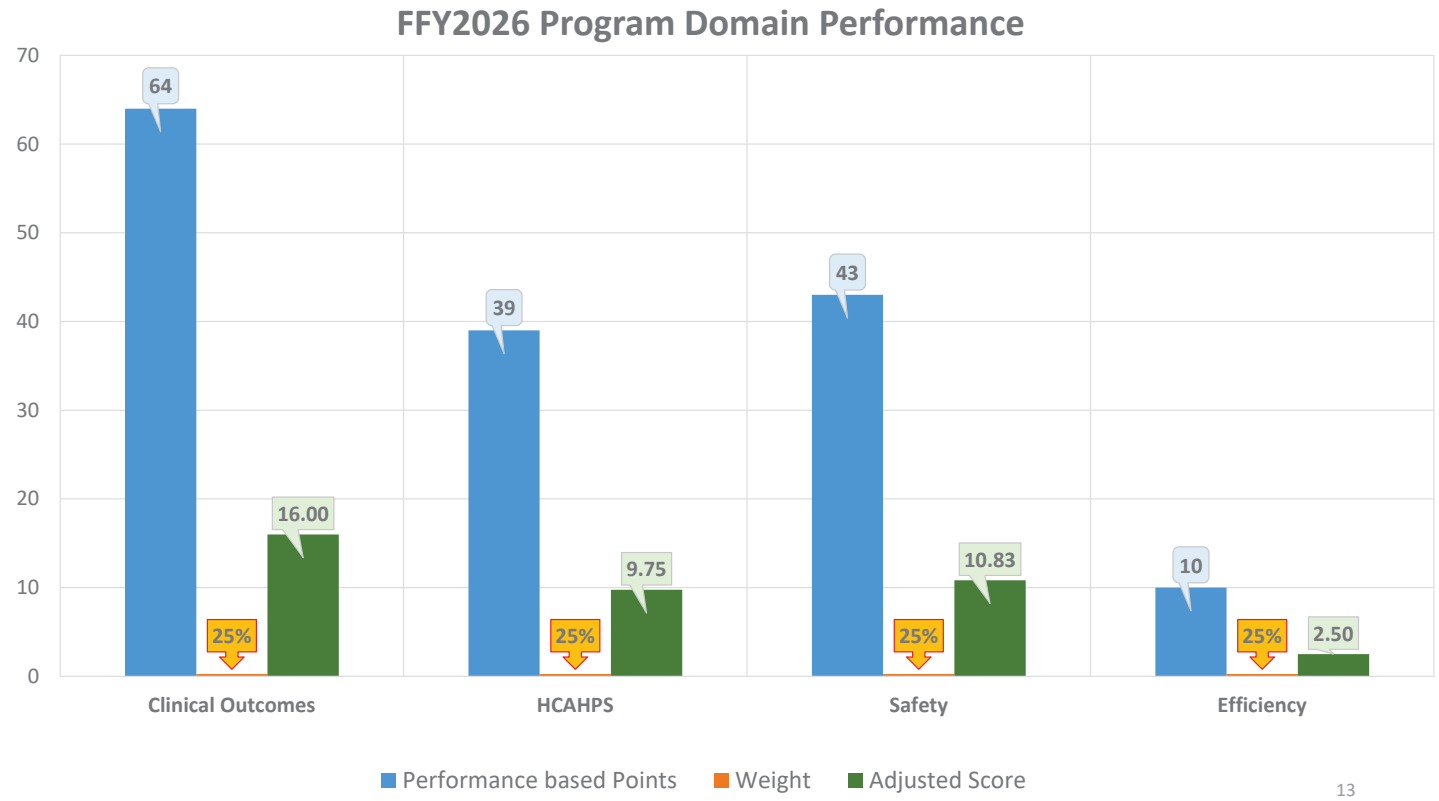

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FFY 2026 Hospital VBP Program SVHMC Performance

National Average	State Average	SVHMC Total Performance Score
30.88651504865	30.429611111111	39.083333333333

Base Operating Payment Reduction	SVH Value-Based Payment Percentage	Net Change in Base DRG Payment amount
2.0000000000 %	2.6951904178 %	+0.6951904178 %

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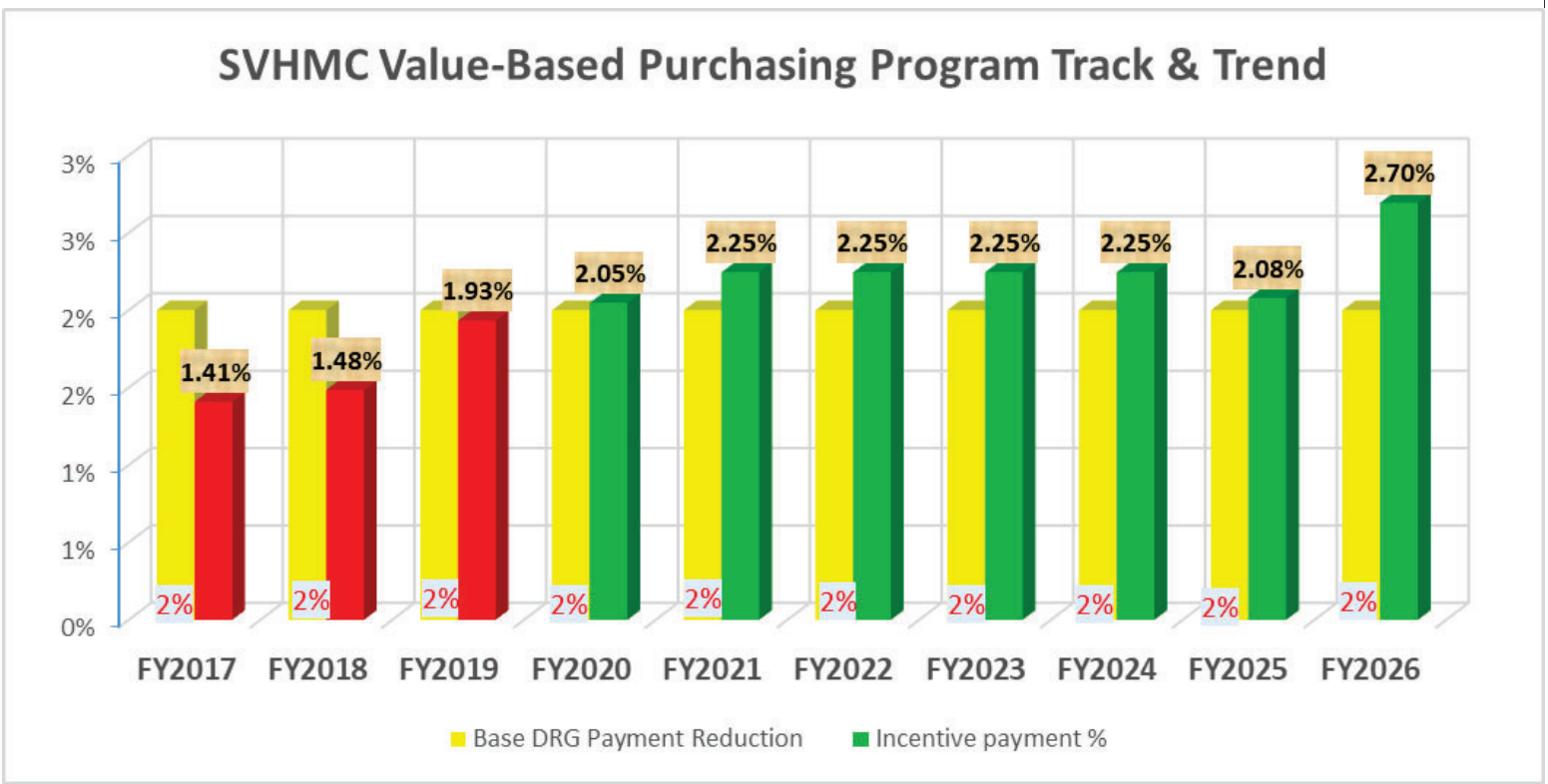
Summary of FFY2026 HVBP Program		
National Average Score	**State** Average Score	**SVHMC** TPS Total Performance Score
30.884651504865	30.429611111111	**39.08333333333**

SVHMC Performance Impact in Dollars		
Estimated Total IPPS Operating Payments		$68,820,000
Base Operating DRG Payment **Withheld**	-2.0000000000%	**-$1,376,400**
Value-Based Incentive Payment Percentages **Earned back**	**2.6951**	**$1,886,600**
Base Operating DRG Payment Amount **Net Change**	**+0.6951**	**+$510,200**
Performance-Based Reward **(Bonus Money)**		**+$510,200**



FY 2028 Value Based Purchasing Program (MS-DRG Base Operating Payment Reduction: 2%)				
Weight	**Domain**	**Sub-Domain**	**Baseline Period**	**Performance Period**
25%	**Clinical Outcomes**	**30-Day Mortality Measures** (**AMI, HF, PN, COPD and CABG**)	3Q18-2Q21 (3 years)	3Q23-2Q26 (3 years)
		THA/TKA Complication Measure	2Q18-1Q21	2Q23-1Q26
25%	**Person and Community Engagement**	(HCAHPS measures) Communication with Doctors Communication with Nurses Responsiveness of Hospital Staff Communication about Medications 3-Item Care Transition Hospital Cleanliness and Quietness Overall Rating of Hospital	CY2024	CY2026
25%	**Safety**	**Healthcare Associated Infections (HAI)** (CLABSI, CAUTI, MRSA, CDI, SSI-Colon & SSI-Abdominal Hysterectomy)	CY2024	CY2026
		SEP-1	CY2024	CY2026
25%	**Efficiency and Cost Reduction**	**MSPB-1**	CY2024	CY2026

Questions

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Quality & Risk Management Division

April 13, 2026

Division Updates:

Completed

- The Vizient contract has been signed
  - Implementation is scheduled for April

Upcoming

- RL Datix re-launch began Friday, April 3rd
- Former Safety & Reliability Committee (SRC) and Quality Interdisciplinary Committee (QIC) meetings with be combined and restructured into weekly 30-minute meetings
  - Name of Meeting is TBD
  - Target launch will be late April
  - Departments and Service Lines will attend and present on a rotating basis

CDPH Visit Summary:

- There were 10 original complaints
  - 4 self-reported pressure injuries
  - 6 patient concerns
- The 2567 was received on 3/25/26
- Findings Related to:
  - Documentation for patients on observation status
  - Assess and re-assess in the ED
  - Documentation of chaperones
- Plans of Correction were due and submitted Friday, April 3rd

Salinas Valley HEALTH

Questions?

CLOSED SESSION

(Report on Items to be Discussed in Closed Session)

RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION

(Meeting Chair)

ADJOURNMENT