



May 14, 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, MAY 18, 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/>.)

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: Cheryl Pirozzoli, Community Member

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

**MONDAY, MAY 18, 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 April 13, 2026. (CARSON)
 - Motion/Second
 - Public Comment
 - Action by Committee/Roll Call Vote
4. Patient Care Services Update (SPENCER)
 - Report from the Clinical Inquiry Council (GREEN-MEADOWS)
5. Quality and Safety Updates (WILDE)
 - Age-Friendly Health System Update (GROOTERS)
 - Leapfrog Survey Update (WILDE)
 - Vizient Clinical Data Base (CDB) Implementation (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, **June 15, 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. Report of the Medical Staff Quality and Safety Committee
 - Critical Care Units (GRIMSLEY)
2. Quality and Safety Board Dashboard Review (SYED)
3. Resources for Review Outside of QEPC
 - Quality Department Updates

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 APRIL 13, 2026

Committee Member Attendance:

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

Voting Members Absent: **Clement Miller**, COO

Advisory Non-Voting Members Present:

In Person: Tim Albert, MD, CCO, Alysha Hyland, CAO, Cheryl Pirozzoli
Via teleconference: Rakesh Singh, VPMSA, Iftikhar Hussain, CFO

Other Board Members Present, Constituting Committee of the Whole:

Via teleconference: Joel Hernandez and Victor Rey

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 March 16, 2026

Approve the minutes of the March 16, 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 Spencer, the minutes of the March 16, 2026 Quality and Efficient Practices Committee Meeting are approved as presented.

ROLL CALL VOTE:

Ayes: Chair Carson, Vice Chair Dr. Cabrera, Spencer, Dr. Gerber;

Nays: None;

Abstentions: None;

Absent: Miller;

Motion Carried.

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. PATIENT CARE SERVICES UPDATE: REPORT FROM THE MEDSURG UNIT PRACTICE COUNCIL

Carla Spencer, CNO, introduced members of her team to present an update on the MedSurg Unit Practice Council. Juan Paulo Ayala, RN, UPC Committee Co-Chair, and MJ Andalio-Angeles, RN, UPC Co-Chair reported on the Council's purpose, 2026 goals, action plan and protocol. The fall action plan for 3M includes communication board update, staff education, mini-monthly falls surveillance study, signage reminders, and falls checklist form. The standardizing oral care protocol includes new evidence based products, updated documentation screen, and updated oral care policy. Additional projects include, develop EBP project to improve MedSurg certification rates and continue application for PRISM AWARD for ONS.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: Committee Chair Carson emphasized the importance of continuing to monitor falls on 3rd Main and suggested enhancements to the rounding process. She also presented a Sutter Health Oral Care article for review. Committee Vice Chair Cabrera noted that many patients present with poor dental hygiene and recommended keeping this in consideration.

5. QUALITY AND SAFETY:

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

- **Value Based Purchasing Program:** Athar Syed, MBBS, MSHS, Quality Data Integrity Specialist, continued the explanation of the Hospital's Acquired Conditions (HAC) Reduction Program, a CMS Pay for Performance Model centered around Value Base Care. The weight of each monitored domain was reviewed in detail. The financial implication being risk of 2% hospital base DRG payments/revenue loss. A full report, including measures and performance, was included in the packet.
- **Quality & Risk Management Division Updates:** Brenda Inman, MSN, VP of Quality and Risk Management, reported on completed and upcoming actions/assignments. The Vizient contract is fully executed, RL Datix re-launch underway, SRC and QIC meetings have been combined and restructured. CDPH visit summary includes 10 original complaints. The plans of correction were due and submitted Friday, April 3rd.

Full reports were included in the packet.

COMMITTEE MEMBER DISCUSSION: Committee Chair Carson discussed whether it is prudent to discontinue Sepsis case sampling due to the high volume of cases. Dr. Albert noted that new capabilities within Epic allow for improved monitoring of Sepsis cases, though current data reflects a delay of approximately 18 months. He also added that Epic and Vizient enhancements are expected to improve data accuracy. Committee Chair Carson, Committee Vice Chair Cabrera, and Dr. Radner raised questions regarding the CDPH Visit Summary.

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 9:37 a.m. Chair Carson reported that in Closed Session, the *Hearings/Reports* were accepted as follows:

1. Hearings/Reports: Quality and Safety Board Dashboard Review (INMAN)

8. ADJOURNMENT

There being no other business, the meeting adjourned at 9:38 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for Monday, **May 18, 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: Clinical Inquiry Council
Monday, May 18, 2026

CLINICAL INQUIRY COUNCIL (CIC)

COUNCIL MEMBERS

Kristen Green-Meadows, BSN, CCRN, CSC, ICU/CCU – **Chair**
Suzette Eliopoulos, BSN, L&D – **Co-Chair**
Aubree Collins, BSN, L&D – **Associate Co-Chair**

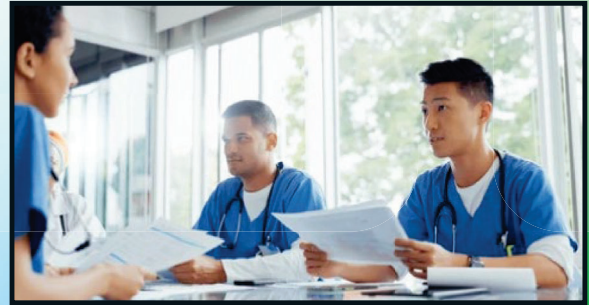
Julie Vasher, DNP, RNC-OB, APRN-CNS, C-EFM, C-ONQS,
Director of Perinatal Services - **Advisor**

Youn Kyeong (Lora) Cummings, DNP, PHN, ED
Celina Medina, MSN, APRN-FNP, ICU/CCU
Annie Sebolino, MSN, APRN, CMSRN, FNP-C, FBP-BC,
5M/OCU
Edlin Valdez, BSN, 1M/Telemetry

Kirsten Wisner, PHD, RNC-OB, CNS, C-EFM, NE-BC,
Magnet® Program Director

COUNCIL PURPOSE:

To promote and build capacity for nursing research and the use of evidence-based practice to advance clinical excellence. The council assists in the research and Evidence-Based Process (EBP), and fosters and supports investigative role development and dissemination of findings.



TOPICS:

1. Poster Expo 2025
2. Nursing Grand Rounds 2025
3. Evidence-Based Practice Cohort 2026

POSTER EXPO

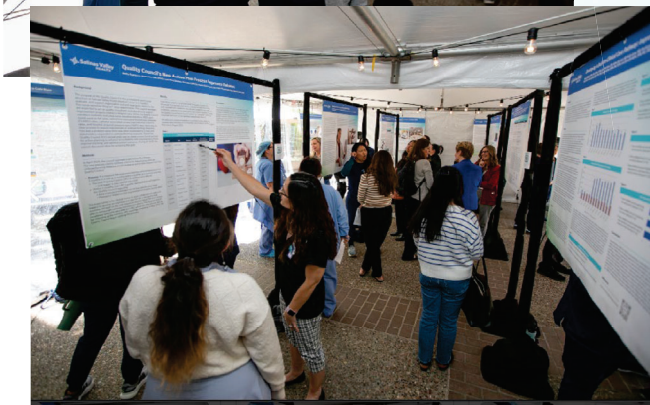


The **2025 Poster Expo** featured a QR code to view the list of posters and authors. CE credits were offered for poster review



The **2026 Poster Expo** featured 17 professional posters! The REBP cohort has sparked strong engagement among SVH staff nurses producing this incredible result

POSTER EXPO 2025



NURSING GRAND ROUNDS

Nursing Grand Rounds is a platform for disseminating knowledge, inspiring colleagues, and elevating the nursing profession within our hospital community.

TARGET AUDIENCE

Professional governance council leaders and members, nursing leaders and staff, or anyone interested in learning more about nursing innovations at Salinas Valley Health

SPEAKER: Kirsten Wisner, PhD, RNC-OB, CNS
C-EFM, NE-BC

LEARNING OBJECTIVES:

- Describe the key components of a well-written abstract
- Explain the purpose of each abstract section (background, methods, results, conclusions)
- Apply best practices for clarity, conciseness, and alignment with guidelines
- Demonstrate how to tailor an abstract to emphasize relevance to a conference theme

SPEAKER: Youn Kyeong Cummings, DNP, RN, PHN

LEARNING OBJECTIVES:

- Describe the process used to collect data on knowledge attainment among health ministry volunteers.
- Review and interpret pre- and post-survey results using the "Competency-based Test on Transitional Care for RBC Health Ministry Members."
- Demonstrate an understanding of foundational components required to establish the Faith Community Nurse Transitional Care Program at a community church in Salinas, California.

SPEAKER: Abigail Acosta MSN, RN, CPAN, CAPA

LEARNING OBJECTIVES:

- Review delirium and the value of development of the clinical care pathway
- Describe the process of utilizing clinical inquiry to address a clinical concern
- Review the translation of EBP to address delirium management
- Describe available measures that can guide future improvement initiatives related to delirium care



Enroll via Healthstream
If the class conflicts with your schedule, contact your leader, and Add Unavailability in API.

19TH
AUG
2025

0900-
1000

CP-4

CLOCK IN CODE
85



The California Board of Registered Nursing has approved this course for 1.00 contact hours. BRN #00027.



2026 Evidence-Based Practice Cohort

Objectives

- Define evidence-based practice (EBP)
- Use the Johns Hopkins EBP (JHEBP) model to develop an initiative from idea to implementation (Attendance at all 4 workshops required)
- Construct a broad or focused EBP question
- Explore available library and other resources
- Appraise quality of evidence using the JHEBP tools
- Implement strategies for successful translation



Presented and facilitated by:

Alyssa E. Erikson, PhD, MSN, RN, CNE
Professor and Chair, Department of Nursing
CSU Monterey Bay

Schedule	Time	Location	CEs
March 3, 2026	0900-1630	CP-3	7
March 26, 2026	0900-1630	CP-3	7
May 7, 2026	0900-1630	CP-3	7
June 2, 2026	0900-1600	CP-3	6

Register in HealthStream using the course title above

Must register for all 4 courses

Clock-in code: 85 Department code: 8723

Target Audience: Educators, professional governance leaders* and members, PI specialists, managers, directors

*Per Professional Governance Bylaws, these classes are to be completed within the first year of serving as council co-chair / associate co-chair / advisor

The California Board of Registered Nursing has approved the first three courses for 7.0 contact hours and the fourth course for 6.0 contact hours.

BRN Provider #00027
Note: Pre-authorization from your department director/designee is required if you wish to be paid for these classes.



2026 EBP COHORT:

Presented by: Alyssa Erikson, PhD, MSN, RN, CNE
Professor and Chair, Department of Nursing, CSU Monterey Bay

- The Cohort Workshop includes 4 sessions
- Define EBP: A problem-solving approach that integrates best available evidence, clinical expertise and patient values
- John Hopkin Tools
- Literature Review

COUNCIL GOALS 2026:

Increase Quality Improvement (QI) competence in professional governance members by 10% from:

- ❑ Q1 2026: 3.45 *Mean baseline score
- ❑ CY 2026: 3.79 *By end of CY 2026

Increase EBP competence in professional governance members by 5% from:

- ❑ Q1 2026: 77.0% *Mean baseline score
- ❑ CY 2026: 80.85%*By end of CY 2026



THANK YOU

Age-Friendly Health System

Quality Management Department

Project Plan

- Age Friendly Task Force
 - Met in May
- Education
 - Education to hospitalists by Dr. Singh and Brenda Inman done on 2/12/26
 - All physicians received education
 - Annual mandatory competency for all staff
- Documentation in Epic
 - In-development: “What Matter’s to You” assessment documentation in Epic
- Whiteboards
 - Working with clinical staff on updating whiteboards with patient’s statement of what matter’s most to them
- Dashboard Development
 - Developing dashboard to capture IHI data for certification
- Next Steps
 - Evaluation of data
 - Identification of opportunities
 - Submission of data to IHI

Age Friendly Health System - Update

- CMS attestation is currently due
 - Evaluation of measures
 - Attesting to completion of measures
- Age-Friendly Taskforce Meeting
 - Held on May 12, 2026



3

EPIC Updates

- In-process
 - Mapping in EPIC of data elements
 - Creation of data points to pull reports



4

Thank you!



Leapfrog Annual Hospital Survey

Summary of Survey Responses & Noted Opportunities

May 2026

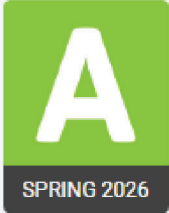
Leapfrog Programs



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

Spring 2026 Leapfrog Hospital Safety Grade

This Hospital's Grade



Salinas Valley Health Medical Center

450 E. Romie Lane
Salinas, CA 93901-4098

[View the full Score](#)

SECTION TITLE

3

2026 Leapfrog Survey Domains

The methodology evaluates hospitals across these nine core sections:

Hospital Profile: Basic demographic and contact information

•**Section 1: Patient Rights & Ethics:** Focuses on billing ethics, health care equity, and informed consent

•**Section 2: Medication Safety:** Evaluates CPOE (Computerized Physician Order Entry) and BCMA (Bar Code Medication Administration)

- **New for 2026:** AI application questions added to subsection 2B

•**Section 3: Complex Surgery:** Assesses volume and process for 11 high-risk procedures

•**Section 4: Maternity Care:** Measures C-section rates, episiotomy, and high-risk delivery outcomes

•**Section 5: Staffing:** Covers ICU physician staffing and general nursing workforce structures

•**Section 6: Patient Safety Practices:** Includes hand hygiene and new optional reporting on **Emergency Department Boarding**

•**Section 7: Managing Serious Errors:** Tracks "Never Events" and five key healthcare-associated infections (HAIs) via NHSN

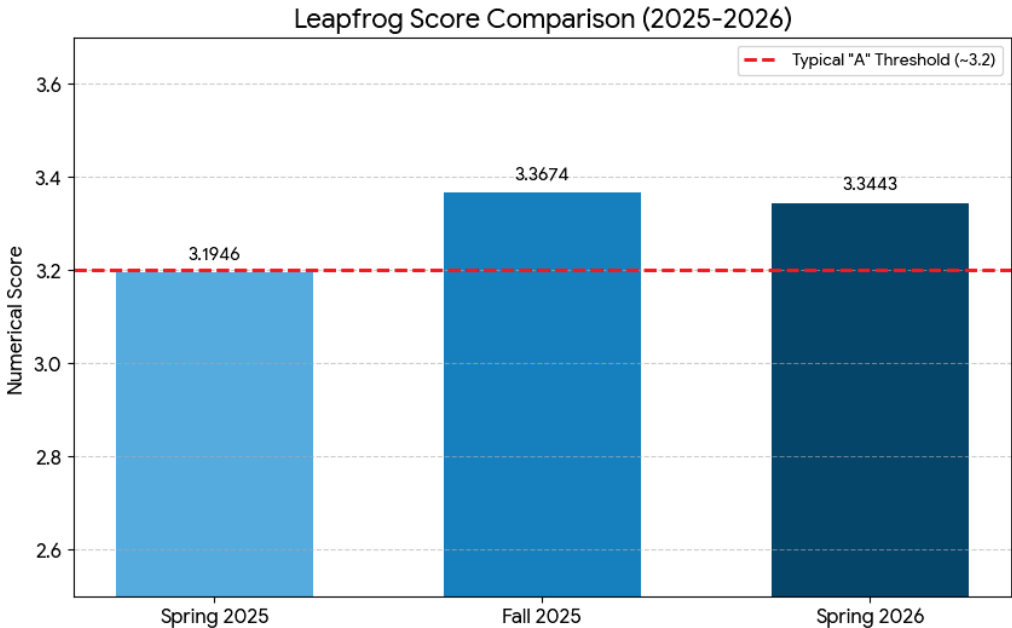
•**Section 8: Pediatric Care:** Now **required** for pediatric hospitals in 2026, focusing on CAHPS and radiation dose

•**Section 9: Outpatient Procedures:** Measures volume and safety for same-day procedures

Survey Methodology

4

Where we stand



Grade Stability: Performance shows a significant improvement from Spring 2025 to Fall 2025, followed by a slight plateau into Spring 2026.



Clinical Data Base (CDB) Implementation Salinas Valley Health System

May 18, 2026



Vizient Roles & Responsibilities



Project Manager

Lead Weekly Meetings
Coordinate Vizient & Client Efforts

Christopher Shore



Data Intake

Technical SME
Technical and Content Validation

Julie Chapman



Product Advisor

CDB tool and reporting support
Data download, risk methodology

Frank Wang



Service Delivery Executive

Liaison between Client and Vizient to make connections with Vizient teams easier and smoother
Partner with Client to ensure experience in using Vizient data and insight supports performance improvement efforts

Maeve Lotton

****Note: additional Vizient resources will join the implementation for the VDC phase later this year.****

Client Roles & Responsibilities



Executive Sponsor

Advocates for Implementation and Use of CDB
Provides Executive Oversight

Dr. Timothy Albert



Client Champion

Client project lead
Provides Insight to File Build

Brenda Inman



Technical Resource

Creates Required Files
Partner with Business for Accurate Data

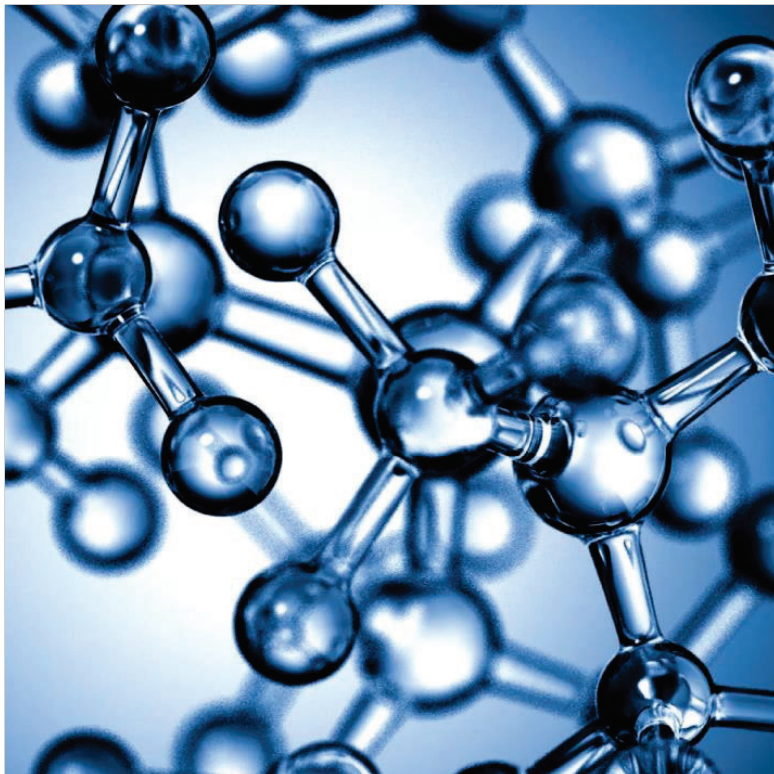
Timothy France
(Aaron Burnside
Christopher Sferidis
supporting, as needed)



CDB Coordinator(s)

Access & Security
Training & Education
Vizient Liaison

Stacy Wilde
Amy Grooters
Eva Tankesley

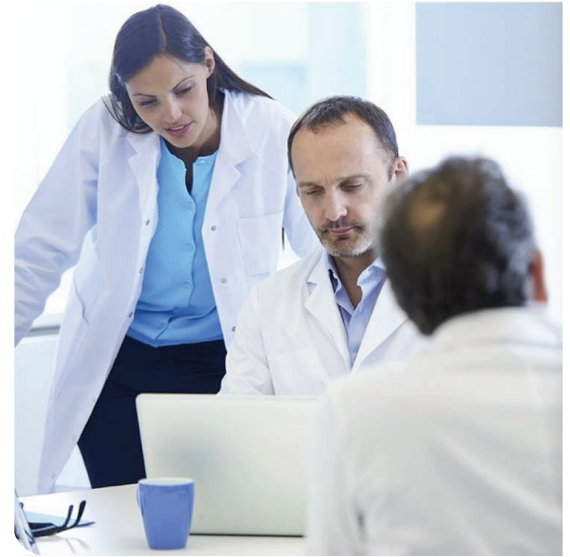


Clinical Data Base (CDB) Overview

Vizient Clinical Data Base

Total transparency and trust

- Allows clinical leaders to focus improvement efforts, realize improvements faster and sustain improvements longer than any other offering on the market
- Industry-leading performance improvement solution that includes:
 - Transparent inpatient and outpatient data to benchmark with peers
 - Full participation in the annual Vizient Quality & Accountability (Q&A) ranking
 - Analysis of high-impact areas to reduce variation and increase savings
 - Review of clinical resource categories such as pharmaceuticals, blood, laboratory and imaging to examine utilization trends
 - Single benchmarking platform focused on quality and cost of care



Participating hospitals

More than...

120+ health care systems

- Mayo Clinic Health System
- BJC HealthCare
- Partners Healthcare
- Beaumont Health

98% academic medical centers

- Stanford School of Medicine
- NYU Langone Medical Center
- University of Arkansas for Medical Sciences
- Medical College of Wisconsin

1,450+ academic and community hospitals

- Duke Regional Hospital
- South Pointe Hospital
- Houston Methodist Sugar Land Hospital
- Sanford Worthington Medical Center

Reporting modules and capabilities

Module	Description
Dashboard Builder	Interactive, Guided Analytics, Analysis of KPIs
Report Builder	Customizable, Templates, Resource Utilization
Report Express	Pre-Built Reports, Scorecards, Q&A Calculator
Provider Insight	OPPE workflow tool, In-tool sign-off, Ability to customize measures

Similarities

- Analyze quality, cost, and utilization measures
- Filter or group result by hundreds of variables
- Drill down functionality

Vizient Quality & Accountability Ranking is the North Star

Helping hospital systems understand the "why" behind quality rankings to improve performance

6 Critical Domains

- Mortality
- Efficiency
- Safety
- Effectiveness
- Patient centeredness
- Variation in Care

7 Clinical Cohorts

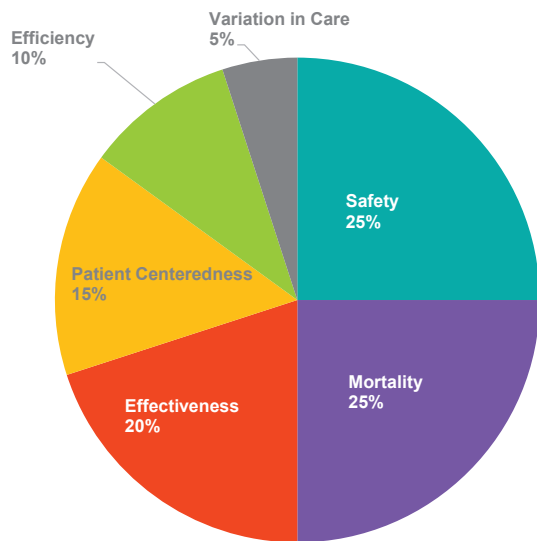
3 Specialty Cohorts



UCLA Health moved into the top 10, improving 58 spots, using the Vizient Q&A Ranking. [See how](#)

Quality & Accountability Scorecard

Six Domains of Care



- **Safety**.....25%
 - PSIs: 3, 6, 9, 11, 13
 - NHSN: CLABSI, CAUTI, SSI-COLO, SSI-HYST, CDI
 - THK Complication
 - Hypoglycemia in insulin use
 - Warfarin elevated INR

- **Mortality**.....25%
 - Mortality O/E ratios for individually scored service lines

- **Effectiveness**.....20%
 - Individually scored core service lines for:
 - 30-day all-cause readmission rate
 - Excess days rate per 100 admissions
 - Returns to ED or inpatient after ambulatory procedures for 4 procedure groups
 - Lab based measures for sepsis lactate and blood transfusion

- **Patient Centeredness**.....15%
 - HCAHPS: 12 questions/8 categories

- **Efficiency**.....10%
 - Individually scored services lines for:
 - LOS O/E ratio (excluding LOS outliers)
 - Direct Cost O/E ratio (excluding LOS outliers)

- **Variation in Care**.....5%
 - Differences in gender, race, socioeconomic status in lab measures, inpatient performance for sepsis, CHF, NSTEMI, and obstetric populations on process and outcome measures

Navigating National Rankings

- Most rankings are **retrospective and lack visibility** during the year.
- **Vizient Q&A is the only one with monthly data** and full transparency via CDB.
- Only Vizient is **built for board governance and system-level performance**.

Program	Data Collection Period	Monthly Visibility?	Public Release	Patient Data Coverage
Vizient Q&A	Jul 2025 – Jun 2026	✓ Yes (via CDB)	★ September 2026	●●●●● (Full)
CMS Star Ratings	Oct 2022 – Sept 2023	✗ None	★ July 2025	●●○○○ (Partial – Medicare only)
Leapfrog	Jan–Dec 2024	✗ None	★ April & November 2025	●●○○○ (Partial – Medicare + survey)
U.S. News	2021–2023 + 2024 survey	✗ None	★ Late July 2025	●●○○○ (Partial – Medicare + opinion)
Healthgrades	2021–2023 (3-year lookback)	✗ None	★ October 2025 (est.)	●●○○○ (Partial – Medicare only)



Implementation Overview

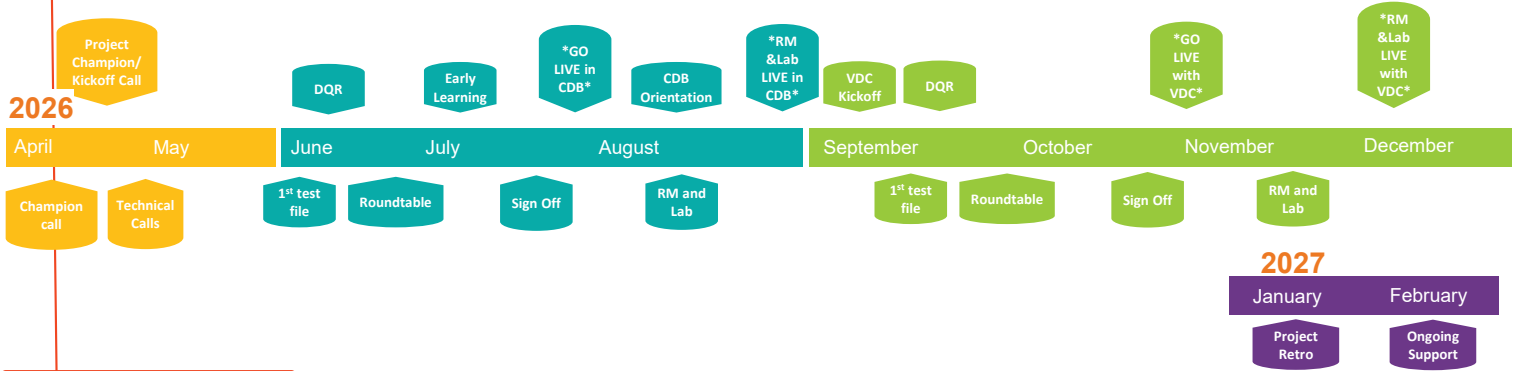
Data file priority for the Clinical Data Base

Base data	Encounter Suite: File Priority 1 - Patient Demographics, physician and clinical data	
	1. Encounter (ENC 7.1)	Base CDB*
	2. Encounter Diagnosis (PDX 7.2)	Base CDB*
	3. Encounter Procedure (PPR 7.3)	Base CDB*
	4. Encounter CPT/HCPCS (CPT 7.4)	Base CDB/Non-inpatient Reporting*
	5. Payer Master (PAY 7.12)	Base CDB*
	6. Hospital Physician (PHY 7.13)	Base CDB*
	7. Encounter Physician (PMD 7.5)	Base CDB/Physician Reporting
8. Encounter ICU (ICU 7.6)	Base CDB/ICU Reporting	
Line-item files (Resource Manager)	Line-Item Suite: File Priority 1 - Charge Master and transactional charges incurred during the stay	
	9. Charge Master (CHG 7.9)	CDB (e.g., cost reporting) and RM*
	10. Line Item (LID 7.10)	CDB (e.g., cost reporting) and RM*
Lab files	11. Charge Master Department (CMD 7.8)	CDB (e.g., cost reporting) and RM
	Lab Files w/in the Encounter Suite: File Priority 2 - Lab test result information	
	12. Lab Master (LBM 7.14)	Lab Reporting in CDB*
	13. Lab Detail (LAB 7.15)	Lab Reporting in CDB*
Revenue Suite: File Priority 3 - Reimbursement data from all sources		
	14. Revenue (REV 7.11) (Client's Preference - Optional)	Not leveraged in CDB, RM or Q&A – ad hoc reporting & Vizient research only
*Data within these files are leveraged in Vizient's Quality & Accountability Study		

Salinas Valley Health CDB implementation plan

CDB implementation begins with building a test file using approximately three months of base data, followed by iterative testing and validation. Once validated, up to three years of historical data is loaded. Salinas Valley's IT team will use Vizient-provided scripts (Epic only) to deploy, test, and validate the data files in collaboration with the Vizient CDB intake team. Vizient will support your designated CDB Coordinator and business experts throughout the validation process. ****Once the historical data is loaded from Meditech into CDB, we will shift the implementation to focus on VDC.**

WE ARE HERE



Vizient Resources



CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

(Meeting Chair)

ADJOURNMENT