

August 18, 2023

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 the **SALINAS VALLEY HEALTH**will be held **MONDAY, AUGUST 21, 2023, AT 8:30 A.M., CEO CONFERENCE ROOM, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA** or via **TELECONFERENCE** (visit **SalinasValleyHealth.com/virtualboardmeetinglink** for Access Information).

Pete Delgado

President/Chief Executive Officer



Committee Members: Catherine Carson, Chair; Rolando Cabrera, MD, Vice Chair; Pete Delgado, President/CEO; Allen Radner, MD, Chief Medical Officer; Clement Miller, Chief Operating Officer; Lisa Paulo, Chief Nursing Officer; Rakesh Singh, MD, Medical Staff Member; Michele Averill, Community Member

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

MONDAY, AUGUST 21, 2023 8:30 A.M. DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117

Salinas Valley Health Medical Center 450 E. Romie Lane, Salinas, California or via Teleconference

(Visit Salinas Valley Health.com/virtualboard meeting for Access Information)

AGENDA

- 1. Call to Order / Roll Call
- 2. Approve the Minutes of the Quality and Efficient Practices Committee Meeting of July 24, 2023. (DELGADO)
 - Motion/Second
 - Action by Committee/Roll Call Vote
- 3. Patient Care Services Update

(PAULO)

- Emergency Department Unit Practice Council Updates
- 4. Public Input

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.

- Closed Session
- 6. Reconvene Open Session/Report on Closed Session
- 7. Adjournment

The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday**, **September 25, 2023 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.

The Committee packet is available at the Committee Meeting, at www.SalinasValleyHealth.com, and in the Human Resources Department of the District. All items appearing on the agenda are subject to action by the Committee.

Requests for a disability related modification or accommodation, including auxiliary aids or services, in order to attend or participate in a meeting should be made to the Board Clerk during regular business hours at 831-759-3050. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

QUALITY & EFFICIENT PRACTICES COMMITTEE COMMITTEE OF THE WHOLE

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

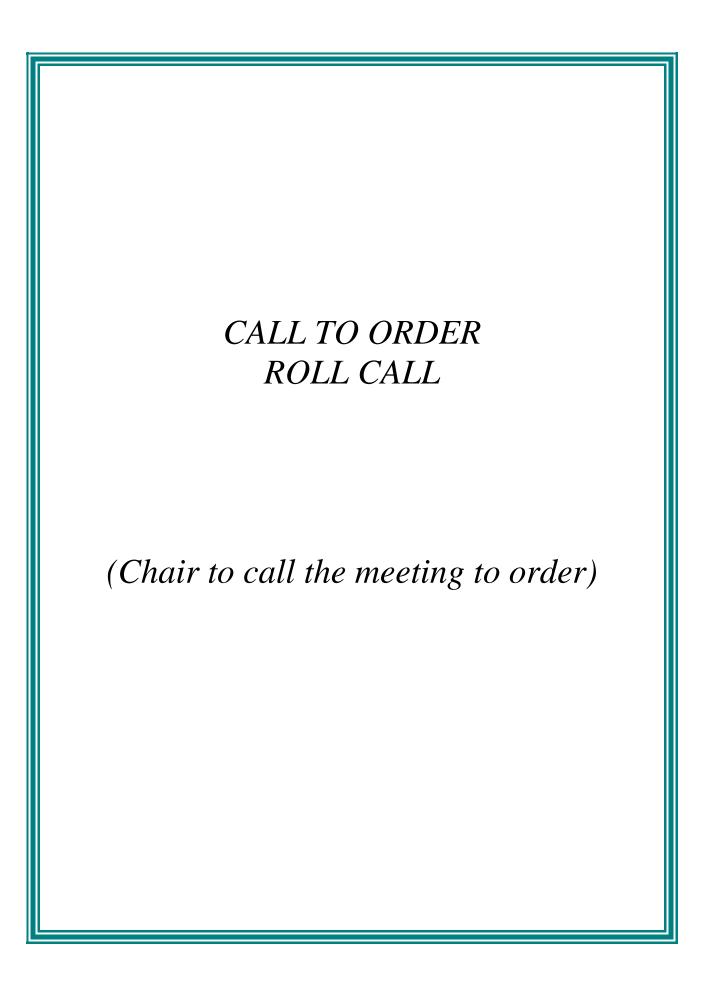
Report focus: "Safety and Reliability Practices"

a. Risk and Patient Safety:- A.Kukla

Patient Safety Events and Disclosures- Events/Action Plans/ Monitoring

- b. Accreditation and Regulatory Updates- A.Kukla
- c. Malnutrition Documentation Process Improvement Updates- Jill Crowley
- d. National Recognitions and Awards- A.Kukla
- 2. Quality and Safety Board Dashboard Review- A. Kukla
- 3. CMS Star Data Analysis and Action Plan
- 4. Receive and Accept Quality and Safety Reports
 - a. Disease-Specific Care Processes: Stroke Program
 - b. Environment of Care Workplace Safety Report
 - c. Risk Management / Patient Safety Full report
 - d. Accreditation and Regulatory Full report
 - e. Commission on Cancer
 - f. TJC National Patient Safety Goals

ADJOURN TO OPEN SESSION





SALINAS VALLEY HEALTH¹ QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING COMMITTEE OF THE WHOLE MEETING MINUTES JULY 24, 2023

Committee Members Present:

In-person: Chair Catherine Carson, Pete Delgado, Clement Miller, Lisa Paulo, Allan Radner MD., and

Rakesh Singh MD.

Via teleconference: Vice Chair Rolando Cabrera, MD., and Michelle Averill

Committee Members Absent: None

Other Board Members Present, Constituting Committee of the Whole: Director Juan Cabrera, and

Director Victor Rey (via teleconference)

Vice Chair Rolando Cabrera MD. in at 8:39 Rakesh Singh MD. in at 8:42 Director Victor Rey in at 8:37and out at 9:10

Michelle Averill out at 9:30

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Carson called the meeting to order at 8:31 a.m. at the Downing Resource Center CEO Conference room 117.

2. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF MAY 22, 2023.

Approve the minutes of the Quality and Efficient Practices Committee for the June 19, 2023 meeting, as presented. The information was included in the Committee packet.

PUBLIC COMMENT:

None

MOTION:

Upon motion by Committee member Lisa Paulo, second by Committee member Allen Radner, MD., the minutes of June 19, 2023, of the Quality and Efficient Practices Committee Meeting were approved, as presented.

ROLL CALL VOTE:

Ayes: Chair Carson, Vice Chair Cabrera MD, Averill, Delgado, Miller, Paulo, and Radner MD.;

Noes: None:

Abstentions: None; Absent: Rakesh MD.

Motion Carried

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

3. PATIENT CARE SERVICES UPDATE

a. Professional Development Committee Update

Received an update on Patient Care Services from Lisa Paulo, Chief Nursing Officer. We are seeing an uptick in patient experience, a national trend. Continuing efforts in 3 in 3 challenge, Quiet Menu, and Patient Experience FAQ Friday. Professional Development Council has set a Magnet goal to reach 80% RN BSN or higher degree. The goal to decrease Nurse turnover has been decreased by 0.5% and are aligned to meet their goal. The committee has been working with Human Resources on an exit interview. This would give insight as to why nursing staff would leave. A full report was included in the packet.

4. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF THE MEDICATION REDUCTION PROGRAM PLAN

Aniko Kukla, Director of Quality and Patient Safety, Quality Management presented the Medication Reduction Program Plan.

PUBLIC COMMENT:

None

MOTION:

Upon motion by Committee member Clement Miller, second by Committee member Lisa Paulo the Quality Efficient Practices Committee recommends the Board of Directors to consider approval of the Medication Reduction Program Plan.

ROLL CALL VOTE:

Ayes: Chair Carson, Vice Chair Cabrera MD, Averill, Delgado, Miller, Paulo, and Radner MD.;

Noes: None;

Abstentions: None; Absent: Rakesh MD.

Motion Carried

5. CMS FOLLOW-UP VISIT RE INITIAL VISIT IN 2020- VERBAL UPDATE

Aniko Kukla, Director of Quality and Patient Safety, presented the CMS follow-up visit regarding the initial visit in 2020. The visit was quick at which they reviewed our plans and were accepted. There are no reportable findings from the State.

6. PUBLIC INPUT

No public input

7. CLOSED SESSION

Chair Carson announced that the items to be discussed in Closed Session are *Hearings/Reports – Report of the Medical Staff Quality and Safety Committee, Quality and Safety Board Dashboard Review, and Receive and Accept Quality and Safety Reports*. The meeting recessed into Closed Session under the Closed Session protocol at 9:00 a.m.

8. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:42 a.m., Chair Carson reported that in Closed Session, the Committee discussed *Hearings/Reports – Report of the Medical Staff Quality and Safety Committee, Quality and Safety Board Dashboard Review, and Receive and Accept Quality and Safety Reports.*

The Committee received the following reports:

- 1. Report of the Medical Staff Quality and Safety Committee Report focus: "Efficient Practices"
 - a. Laboratory Department- Shanta Day
 - b. Radiology/Mammography/Nuclear Medicine- Gina Ramirez
- 2. Quality and Safety Board Dashboard Review- A. Kukla
- 3. Receive and Accept Quality and Safety Reports
 - a. Throughput
 - b. Emergency Department
 - c. Glycemic Control
 - d. Heart Failure
 - e. PeriAnesthesia/Endoscopy
 - f. Public Relations/ Communications
 - g. Materials Management
 - h. Clinical Informatics
 - i. Social Services/Case Management/Utilization Management

9. ADJOURNMENT

There being no other business, the meeting adjourned at 9:43 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for Monday, August 21, 2023, at 8:30 a.m.

Catherine Carson, Chair

Quality and Efficient Practices Committee



Patient Care Services Update





Presented by: Lisa Paulo, MSN/MPA, RN Chief Nursing Officer

Featuring:
Emergency Department
Unit Practice Council [EDUPC]

August 21, 2023



Emergency Department Unit Practice Council



Members:

Chair: Daniel Vann-Victorino, BSN

Co-Chair: Maria Duarte-Perez, BSN

Jen Lachica, BSN

Erica Barnum, MSN, BSN

Keegan Naval, Clinical Assistant [CA]

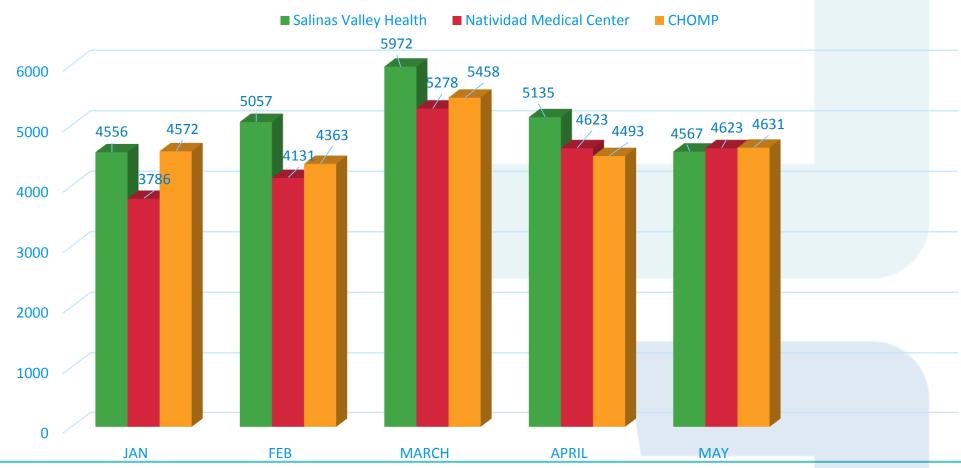
Anthony Russo, Clinical Assistant [CA]

Leslie Trapin, BSN [Clinical Nurse Educator]

Advisor:
David Thompson, BSN
Clinical Manager



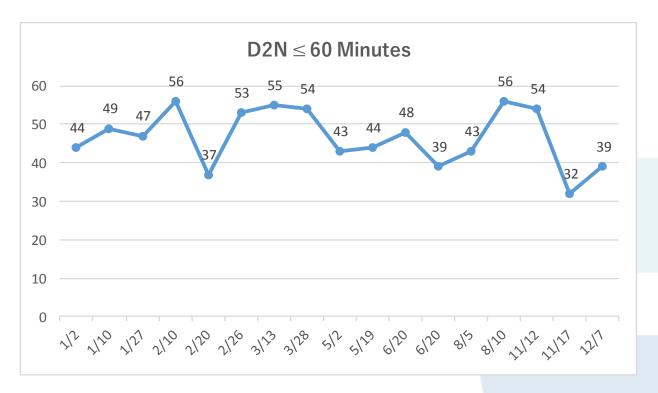
Total Number of Patients Seen in Emergency Department by Hospital in 2023







2022 Door-to-Needle ≤ 60 Minutes



Average Door-to-Needle: 46.05 minutes

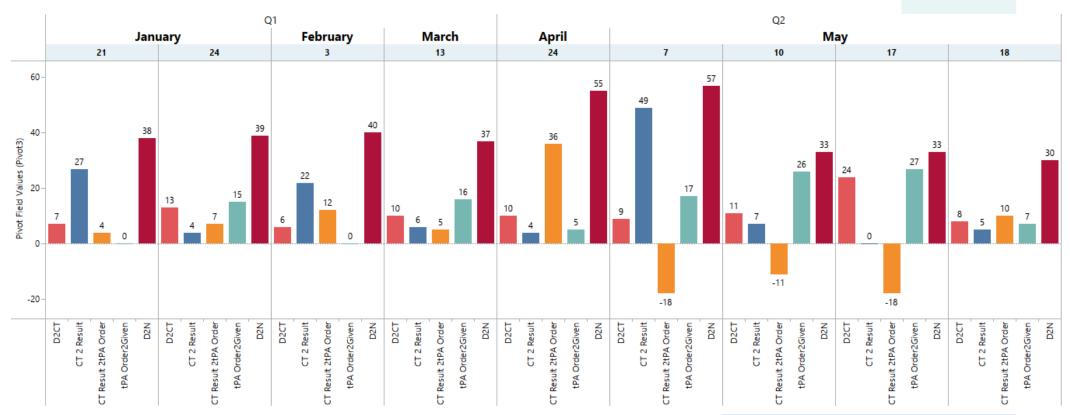






There We Are: Door-to-Needle [Breakdown]

2023 D2N Breakdown [no patient reason for delay]

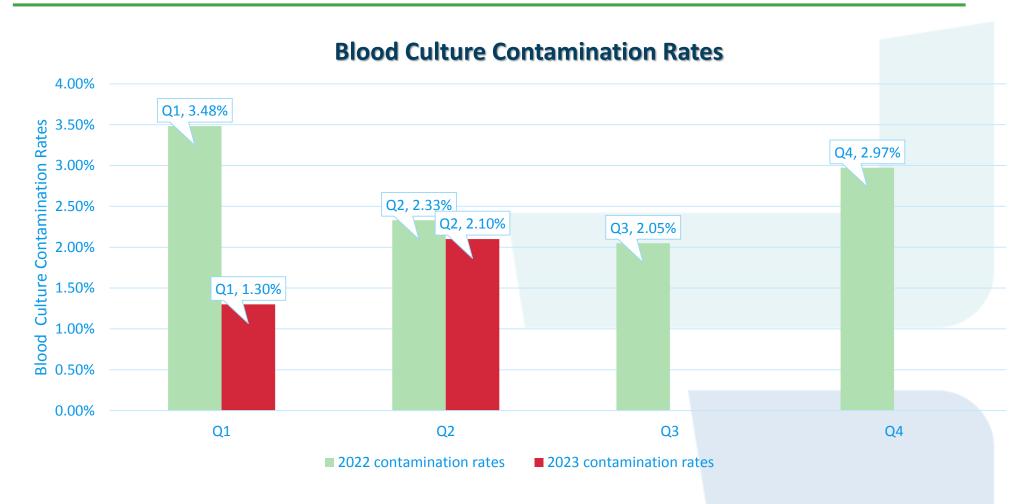


Average Door-to-Needle: 40.22 minutes













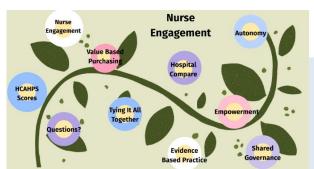
Fast Track Process Improvement



Pediatric Patient Experience



> Improve Nursing Engagement







Fast Track [FT]:

2022:

Q2: Removed numbered seating and changed the Meditech Tracker to FT W [waiting for provider] and FT R [after seeing provider and waiting for results/treatments] to improve workflow

Q3: Additional privacy screens are now available to designate more private areas for treatment and/or discharge. A baby changing table was added in the Fast Track bathroom. Designated areas now established

Q4: Building on recent improvements, we added a fridge/freezer for popsicle, ice packs, etc.

2023:

Q1: Established an official Fast Track process and a designated area [Results Waiting] to see a Physician Assistant [PA] and/or for waiting on test results





2022:

Q3: A subcommittee was created to focus on specific goals targeting our pediatric population. Monthly meetings include management. A request for pediatric carts to bundle care & new IV arm boards was submitted

Q4: Applied for a grant through Salinas Valley Health Foundation to acquire specific pediatric supplies. We were awarded the grant and purchased VR goggles, pediatric sensory friendly toys, and IV carts

2023:

Q1: Emergency Department [ED] educated staff on pediatric IV securement and were able to pilot a pediatric IV securement equipment to better serve our pediatric population

Q2: Pediatric IV securement equipment and pediatric IV carts were introduced to the unit. The carts contain pediatric sensory friendly toys, IV kits, and additional supplies specific to working with pediatric population





Nursing Engagement Improvements:

2022:

Q3: Focused on employee of the month initiatives. We formed a committee, established a nomination process, identified gift options, and agreed when to hold monthly unit celebrations

2023:

Q1: Focused on staff engagement. An employee survey was sent to all ED staff. The essential feedback was used to improve overall staff relationship, communication, and participation in offsite work events. A Kudos e-mail is sent when a staff member is recognized for their good work





What's Ahead:

Current Areas of Focus:

- Workflow improvements
- Pain management with intubated patients
- Code Stroke process improvement
- Patient Experience

Continuous Quality Improvement Projects:

- Blood culture contamination
- TPA \rightarrow TNK administration
- Patient Experience











