



September 11, 2024

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, SEPTEMBER 16, 2024, AT 8:30 A.M., DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.** (*Visit [SalinasValleyHealth.com/virtualboardmeetinglink](https://www.SalinasValleyHealth.com/virtualboardmeetinglink) for Public Access Information*).

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

Allen Radner, MD
President/Chief Executive Officer

Committee Voting Members: **Catherine Carson**, Chair, **Rolando Cabrera, MD**, Vice-Chair, **Clement Miller**, Chief Operating Officer, **Carla Spencer, RN**, Chief Nursing Officer; **Alison Wilson, DO**, Medical Staff Member.

Advisory Non-Voting Members: Administrative Executive Team.

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

**MONDAY, SEPTEMBER 16, 2024, 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](https://www.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 August 12, 2024. (CARSON)

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

4. Patient Care Services Update (SPENCER)
Perioperative Clinical Practice Council

5. Healthgrades Award (KUKLA)

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, October 14, 2024 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.

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

The Committee packet is available at the Committee Meeting, at <https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2024/>, and in the Human Resources Department of the District located at 611 Abbott Street, 2nd Floor, Salinas, California, 93901. 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
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

Rehab Services – Jessica Graziano, Manager, Rehabilitation Services

Utilization Management – Troy Scott, Director Case Management

2. Quality and Safety Board Dashboard Review (KUKLA)

3. Consent Agenda:

Cath Lab/Cardiology/ Cardiac Wellness

Med Surg Cluster, Wound Care Program

Perioperative Services

Food/Nutrition Svc

Respiratory Care

Environmental Services

Pathology Slide 1Q & 2Q 2024

Pharmacy & Therapeutics

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 AUGUST 12, 2024

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair, **Clement Miller**, COO, and **Carla Spencer**, Chief Nursing Officer;

Voting Members Absent: **Alison Wilson, MD**, and **Rolando Cabrera, MD**; Vice Chair;

Advisory Non-Voting Members Present:

In Person: Allen Radner, MD, President/CEO, and Cheryl Pirozzoli.

Via Teleconference: Michelle Childs, CHRO, and Gary Ray, CLO.

Other Board Members Present, Constituting Committee of the Whole: Via teleconference: Director Juan Cabrera and Victor Rey.

Dr. Wilson attended as a non-voting member via teleconference.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Carson called the meeting to order at 8:34 a.m. at 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 JULY 15, 2024.

Approve the minutes of the July 15, 2024 Quality and Efficient Practices Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT:

None

MOTION:

Upon motion by Committee member Miller, second by Committee member Spencer, the minutes of the July 15, 2024 Quality and Efficient Practices Committee Meeting were approved as presented.

ROLL CALL VOTE:

Ayes: Chair Carson, Miller, Spencer;

Noes: None;

Abstentions: None;

Absent: Dr. Cabrera, Dr. Wilson.

Motion Carried

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. PATIENT CARE SERVICES UPDATE: COLLABORATIVE CARE COUNCIL

Carla Spencer, MSN, RN, NEA-BC, Chief Nursing Officer, introduced Aubree Collins, BSN, RN, RNC-OB, C-EFM, Chair, and Pam Yates, RN, CPN, Co-Chair, of the Professional Development Council. The following was reported:

Purpose: The Collaborative Care Council has executive oversight for the professional governance structure at Salinas Valley Health. Its purpose is to promote professional nursing practice and excellent patient outcomes through the coordination, integration, and monitoring of the professional governance councils.

Executive Oversight:

- Drive strategic alignment with organizational goals and the nursing strategic plan
- Provide direction in setting council priorities
- Ensure action plans are in place for underperforming measures
- Review, update and revise the Professional Governance bylaws
- Maintain and revise the council structure
- Train, support, and recognize clinical nurse leaders
- Generate an annual report of Professional Governance work

The Council works with Tim Porter-O'Grady, world renowned expert in professional governance, who is assisting in the implementation of his framework for decisional authority and established professional standards, the SVH Professional Governance Model, leadership training, and an annual summary of professional governance work. The implementation phase included education and bylaws revision to reflect the grids, position descriptions revision and research protocol to assess nurses' perceptions of professional governance before and after implementation of the grids, and Professional Governance Leadership Training. Copies of the Clinical Nurse Accountability Grid, the Nurse Leader Accountability Grid and the Nurse Executive Accountability Grid were provided for review and included in the packet.

This process has been published in [The Journal of Nursing Administration, A Road Map for the Development of a Decisional Authority Framework for Professional Governance Using Accountability Grids.](#)

A full report was provided in the packet.

Committee Discussion: This Council is large with representatives of each of the Practice Councils. The process included looking at other institution accountability grids. Dr. Porter-O'Grady commented on the quality of the SVH accountability grids. The grids hold staff accountable. Nursing staff is being educated and will use the grids in the future. The Procedural Unit Practice Council was thanked for their work on professional governance.

5. CMS STAR ANNOUNCEMENTS

Aniko Kukla, Director Quality and Patient Safety reported that the Star reports by the Center for Medicare and Medicaid were published 7/31/24. The following was reviewed: Star ratings of surrounding hospitals including the Bay Area, the major categories (mortality, safety, readmission, patient experience and timely/effective care). Comparison data to hospitals from Bay Area 5-star hospitals was reviewed for Percentage of patient who received appropriate care for severe sepsis and/or septic shock, patients who left the ED before being seen, ED volume, Average (median) time patient spent in the ED before leaving the visit, serious complications, deaths among patients with serious treatable complications after surgery,

central line-associated bloodstream infections (CLABSI) in ICUs and select wards, Clostridium difficile, (C.diff.) intestinal infections, hospital return days for heart attack patients, rate of readmission for heart failure patients, and hospital return days for heart failure patients.

Committee Discussion: It was suggested it be shared with the community that SVH is comparable to Stanford and UCSF in volume and our measures are as good or better.

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 8:55 a.m.

7. 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 Committee received and accepted the (1) *Hearings/Reports* as published on the closed session agenda, as follows:

Hearings and Reports

1. Report of the Medical Staff Quality and Safety Committee
 - Commission on Cancer (BAKER)
 - BETA OB Quest for Zero (VASHER)
2. Quality and Safety Board Dashboard Review (KUKLA)
3. Consent Agenda:
 - Environment of Care Full Reports
 - Pt safety/ Risk Full Report
 - Accreditation and Regulatory Full Report
 - Pharmacy and Therapeutics/Infection Prevention Full Report

8. 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, September 16, 2024** 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: *Perioperative Clinical Practice Council*

Monday, September 16, 2024



Perioperative Clinical Practice Council

Annual Report

- Deb Ralph, BSN, AHN, Co-Chair, OPS
- Abby Acosta, MSN, BSN, CPAN, CAPA, SNIII, Co-Chair, PACU, Quality Council Rep, Clinical Inquiry Mentor
- Leslie Hawthorne, Clinical Manager, Advisor
- Avrie Calabro, RN, SNII, Associate Chair, OPS
- Ferdie Sihotang, BSN, SNII, PACU
- Jeannette Bedenbaugh, BSN, RN, Specialist-Robotics, Surgery
- Grace Swarts, RN, SNII, Surgery
- Amanda Maguire-Martin, MSN, CNOR, CNML, ST, SNIII, Surgery
- Diana Griggs, MSN, Clinical Nurse Educator, Surgery





2023 Projects



- ❖ Perioperative Delirium Clinical Care Pathway
- ❖ Outpatient Surgery- Cancellations
- ❖ Perioperative Services- Communication with Surgical Patient Families



Perioperative Delirium Clinical Care Pathway



- ❖ Workflow finalized in 2021
- ❖ Deferred implementation as organization-wide Delirium Task Force [DTF] convened
- ❖ Dr. Jani, Dr. Meyerhoff, and Ferdinand Sihotang [RN, SN II] joined DTF led by Abby Acosta, [RN SNIII]
- ❖ Pathway implemented house wide October 2023
- ❖ Will be cornerstone of Age Friendly designation initiative
- ❖ Collaborating with Quality Department and Informatics for evaluation reports

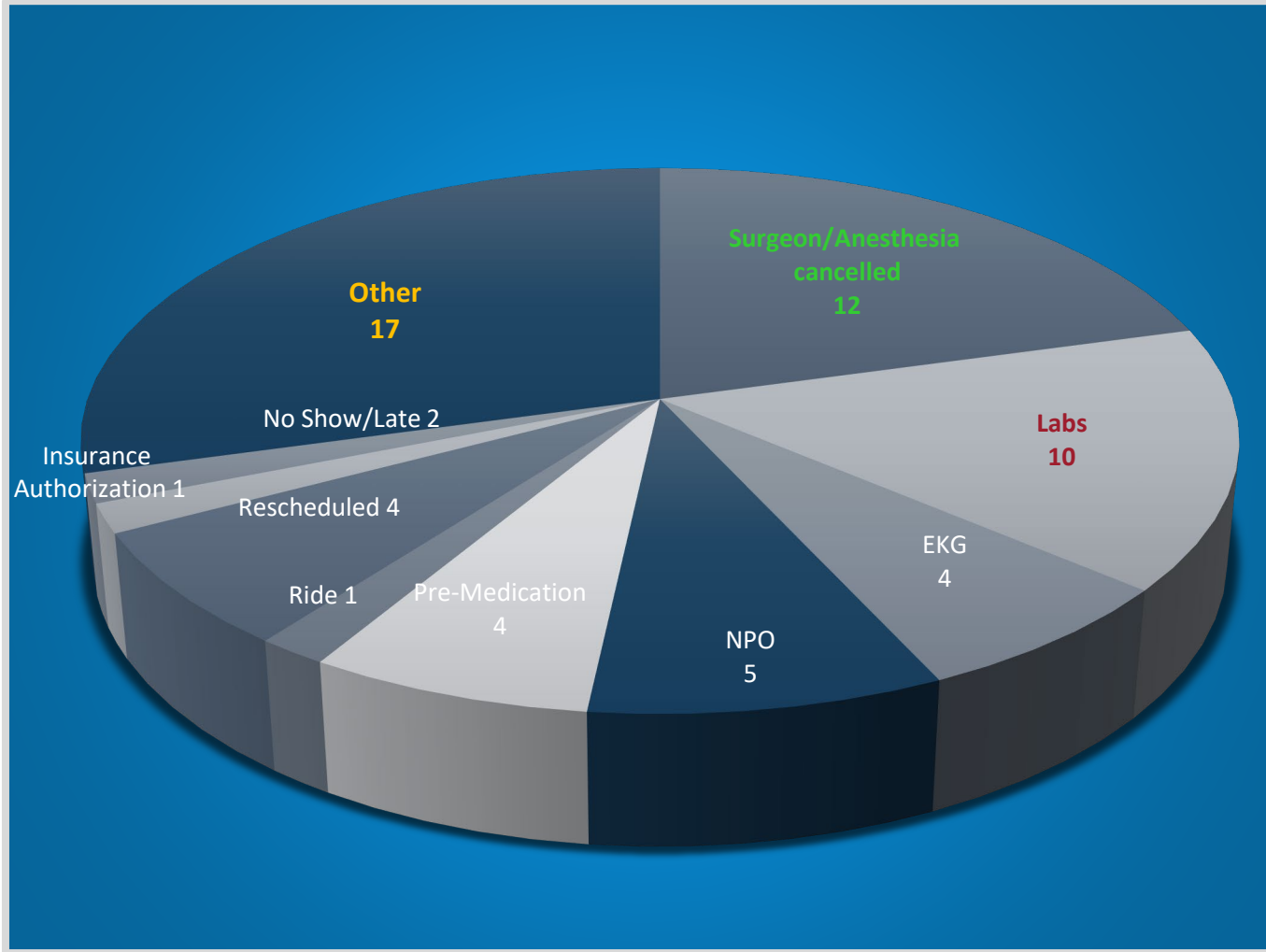


Surgical Cancellations

- ❖ Goal is for Perioperative Services to decrease the number of surgery cancellations
- ❖ Created a documentation screen in MEDITECH for staff to document reasons for surgery cancellations
 - Created a drop-down list with common surgery cancellation reasons
 - Also added a field called “other” to type in reasons for cancellation
- ❖ Education on new documentation screen provided to staff
- ❖ Collaborated with the IT department to create a report to capture the reasons for cancellations
 - Report will enable the Perioperative Services to improve processes to prevent cancellations
 - Reduce opening of costly surgical supplies
 - Keep valuable OR rooms consistently available for patients



Surgical Cancellations: Q2 Data



Reasons for surgery cancellations:

- 12 – Surgeon or Anesthesiologist cancelled
- 9 – Abnormal labs
- 5 – Patients had food or fluid, were not NPO “Nothing by Mouth”
- 4 – Abnormal electrocardiogram [EKG] need further workup
- 4 – Patient took medicine/s not authorized by anesthesiologist
- 4 – Patients rescheduled
- 1 – Patient did not have a ride home
- 1 – Patient were no show
- 1 – Patient did not have authorization for procedure

17 patients for unknown reasons including:

- 6 – Patients were ill during date of service [DOS]
- 1 – Patient had a positive toxicology screen
- 1 – Patient would not answer or return phone call
- 1 – Patient oxygen level dropping [desat] prior to intubation
- 1 – Patient deceased
- 1 – Patient became direct admit
- 1 – Patient bumped for emergency, tired of waiting



Peri-Operative Services: Communication with Surgical Patient Families

- ❖ Goal is to enhance communication with the families of surgical patients
 - To reduce family stress
 - To provide updates on their loved one
 - To make them feel a part of the whole surgical experience
- ❖ There were a plethora of ideas
 - A lot of work went into streamlining ideas with what was manageable and effective
 - Ultimately, recreating a similar idea of what was used in the past in our surgical waiting room





Perioperative Services: Communication with Surgical Patient Families

- ❖ An OR Communication Board will be available in the lobby – went live 8/7/2024
 - This project took 18 months to launch
 - It will provide information about the surgical patient and where they are in the process
 - Patient Experience scores will measure improvements

UPDATE FOR FAMILY

<input checked="" type="checkbox"/>	PT ID	Sched Time	In OR Time	SURGEON	CURRENT LOCATION
<input type="checkbox"/>	C, M	13:05	1334	Fauconier	109
<input type="checkbox"/>	D, Q	03:50	1423	Fauconier	PACU02
<input type="checkbox"/>	M, M	01:40		Nowak	BOOKED
<input type="checkbox"/>	R, Z	14:25	1440	Renfer	OR04
<input type="checkbox"/>	E, R	13:35	1433	Sakopoulos	OR03
<input type="checkbox"/>	R, N	13:30	1320	Tardieu	OR02
<input type="checkbox"/>	M, G	01:20	1350	Tull	BOOKED



Questions?



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Salinas Valley Health received the 2024 Healthgrades Patient Safety Award



Patient Safety Excellence Award™ (2024, 2023)

Top in the nation for providing excellence in patient safety by preventing infections, medical errors, and other preventable complications

Patient Safety Award that recognizes top 10% of the hospitals

Clinical Quality Threshold – To be eligible, a hospital must have been rated by Healthgrades and be in the top 80% of hospitals for clinical quality, as measured by volume weighted z-score across conditions and procedures evaluated using Medicare data.

No events relating to foreign objects left in body during a surgery or procedure

2 ratings were **better than expected:**

- **In-Hospital Fall Associated Fracture Rate**
- **Respiratory Failure Following Surgery**

11 ratings were as expected:

- Death in procedures where mortality is usually very low
- Pressure sores or bed sores acquired in the hospital
- Death following a serious complication after surgery
- Collapsed lung due to a procedure or surgery in or around the chest
- Catheter-related bloodstream infections acquired at the hospital
- Excessive bruising or bleeding as a consequence of a procedure or surgery
- Acute kidney dysfunction following surgery
- Deep blood clots in the lungs or legs following surgery
- Bloodstream infection following surgery
- Breakdown of abdominal incision site
- Accidental cut, puncture, perforation or hemorrhage during medical care

CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

ADJOURNMENT