



January 9, 2025

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**<sup>1</sup> will be held **MONDAY, JANUARY 13, 2025, AT 8:30 A.M., DOWNING RESOURCE CENTER, ROOM 117, CEO CONFERENCE ROOM, 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/board-committee-meetings-virtual-link/> for Public Access Information).

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

Allen Radner, MD  
President/Chief Executive Officer

<sup>1</sup>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; **Alison Wilson, DO**, Medical Staff Member.

Advisory Non-Voting Members: Administrative Executive Team.

**QUALITY AND EFFICIENT PRACTICES COMMITTEE  
COMMITTEE OF THE WHOLE  
SALINAS VALLEY HEALTH<sup>1</sup>**

**MONDAY, JANUARY 13, 2025, 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 December 16, 2024. (CARSON)

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

4. Patient Care Services Update (SPENCER)  
Quality Practice Council

5. Special Education Session: 2025 Quality and Safety Update (KUKLA)

6. Adjournment

The next Quality and Efficient Practices Committee Meeting is scheduled for **Tuesday, February 18, 2025 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 <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, Suite 201, 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.

<sup>1</sup>Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

*CALL TO ORDER*  
*ROLL CALL*

*(Chair to call the meeting to order)*

*PUBLIC COMMENT*

**DRAFT SALINAS VALLEY HEALTH<sup>1</sup>**  
**QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING**  
**COMMITTEE OF THE WHOLE**  
**MEETING MINUTES DECEMBER 16, 2024**

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair, appearing via teleconference pursuant to Government Code Section 54953(f)(2)(A)(i), **Clement Miller**, COO, and **Alison Wilson, D.O.**;

Voting Members Absent: **Carla Spencer**, CNO, **Rolando Cabrera, M.D.**, Vice-Chair;

Advisory Non-Voting Members Present:

In Person: Allen Radner, M.D., President/CEO, Timothy Albert, M.D., CCO, and Cheryl Pirozzoli, Family/Patient Advisor. Via WebEx: Gary Ray, Michelle Childs

Other Board Members Present, Constituting Committee of the Whole:

Via teleconference: Juan Cabrera, Joel Hernandez Laguna, Victor Rey.

*Juan Cabrera arrived at 8:45 a.m.*

*Victor Rey arrived at 9:07 a.m.*

## **1. CALL TO ORDER/ROLL CALL**

A quorum was present and Committee Member Miller called the meeting to order at 8:30 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 NOVEMBER 11, 2024.**

Approve the minutes of the November 11, 2024 Quality and Efficient Practices Committee meeting. The information was included in the Committee packet.

### **PUBLIC COMMENT:**

None

### **MOTION:**

Upon motion by Committee Member Dr. Wilson, second by Committee Member Miller, the minutes of the November 11, 2024 Quality and Efficient Practices Committee Meeting were approved as presented.

### **ROLL CALL VOTE:**

Ayes: Chair Carson, Miller, Dr. Wilson;

Noes: None;

Abstentions: None;

Absent: Vice-Chair Dr. Cabrera, Spencer.

### **Motion Carried**

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#### 4. PATIENT CARE SERVICES UPDATE: NIGHT SHIFT PRACTICE COUNCIL (NSPC)

Carla Spencer, CNO, introduced Michael Brown, MS, BSN, RN, PCCN (Chair), who reported the following:

- Council Purpose and Council Members
- Completed initiatives
  - Quiet Menu and Quiet Kit including background, intervention: creation of a handout/flyer, assembling the kits funded by the Foundation, promotion of the use of the Quiet Menus, and development of a poster abstract to be presented to the Salinas Valley Health Poster Expo 2025. HCAHPS Quietness of Hospital Environment Top Box Scores June 2023 – January 2024 were reviewed. The Quiet Menu was distributed.
  - Quiet at Night “Re-commitment” including goal, background, intervention: commitment-statement posters created, signed by staff and posted in units, sound decibel meters used to provide real-time feedback of noise levels, targets displayed next to decibel meters, NSPC members rounded to “recommit” staff. HCAHPS Quietness of Hospital Environment top-box scores compared to initiatives launches.
- Current Initiatives
  - Structural Noise Issues including background, progress and what’s ahead, e.g., tube system, closing doors, et al.
  - Trial a “Quiet at Night” Announcement including background and outcomes/measures the NSPC plans to track.
- What’s Ahead: NSPC is seeking ancillary employee members, collaboration with intra-professional staff and expand the use of lavender calming agent for patients experiencing anxiety and insomnia.

A full report was provided in the packet.

**Committee Discussion:** Chair Carson reported HCAHPS are changing for Quiet at Night in 2025. Mr. Brown stated the committee is anticipating changes and the new catch word is “restfulness.” HCAHPS scores are hospital-wide and can be broken down by unit. The Council is working with Hospitalist Dr. Kaufman. Dr. Wilson asked if the announcement could be soft, music or a hushing sound. Ann Buco, NSPC Advisor, stated there were voice auditions for the recorded message and the voice is calming. Once the announcement launches, reevaluation will be part of the process. Chaplain Reyes suggested using a mass TigerText; the committee will evaluate all suggestions.

#### 5. CLOSED SESSION

Committee Member Miller 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 8:50 a.m.

#### 6. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:17 a.m. Committee Member Miller reported that in Closed Session, the *Hearings/Reports* were accepted as presented, as follows:

## Hearings and Reports

1. Report of the Medical Staff Quality and Safety Committee
  - Chaplain Services Report
  - Accreditation and Regulatory Report
2. Quality and Safety Board Dashboard
3. Consent Agenda:
  - Environment of Care Committee Reports
  - Risk Management/Patient Safety Full Report
  - Joint Services Program Report
  - Pharmacy and Therapeutics Committee Report
  - Patient Safety and Risk Management Report: Patient Safety Event Review - A. Kukla

## **7. ADJOURNMENT**

There being no other business, the meeting adjourned at 9:17 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, January 13, 2025** at 8:30 a.m.

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Catherine Carson, Chair  
Quality and Efficient Practices Committee

# Patient Care Services Update



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

**Featuring:** Quality Council

January 13, 2025



# Night Shift Practice Council (NSPC)



## Council Members:

- ❖ Chair: Laurel Black, MSN, RN, CCRN *Critical Care UPC*
- ❖ Co-Chair: Meghan Ackerman, BSN, RN, OCN, *Oncology UPC*
- ❖ Assoc. Co-Chair: [Open]
- ❖ Advisor: Agnes Lalata, MSN, CMSRN, CNML, *Director MedSurg*

- Abigail “Abby” Acosta, MSN, RN, CPAN, CAPA [Peri-op]
- Flor Silva, BSN, RN, CMSRN [ONS]
- Lisa Garcia, MSN, RN, CPN [Peds]
- Lizette Rosales, BSN, RN [ED]
- Danielle Schuler, BSN, RN, C-EFM [L&D]
- TBD [Procedural]
- Katrina Cross, BSN, RN, CWOW [WC]
- Jovita Dominguez, BSN, RN, CPAN [OCU/NEC]
- Oshiel Martinez Ruiz, BSN, RN [Education]
- Melissa Deen, BSN, RN, PHN [Infection Control]
- Toni Rodriguez, BSN, RN, SSGBC [Quality Management]
- Aniko Kukla, DNP, RN [Quality Management]
- Ann Bucu, MSN, RN, CPHQ, LSSGB [Nursing Admin/PX]
- Rebecca Rodriguez, MSN, RN, CEN, CPHQ [Magnet CES]
- Carla Spencer, MSN, RN, NEA-BC [CNO]

## Council Purpose

To monitor, evaluate, and support organization and unit level goals related to the 5 Nurse-Sensitive Magnet Data Requirements. Council members act as quality consultants and educators to support improvement projects related to Magnet data.

## 2024 Council Goals:

1. Enhance the enculturation of the data displays with staff
2. Develop processes to include more clinical nurses in quality improvement activities
3. Improve HAPI rates



# Project: Quality Council Topics of the Week

- **Background:** In line with our council goals to continue enculturation of the unit Data Displays with staff, and to involve more nurses in quality improvement, the Quality Council developed a new process that went live in May of 2024.
- **The Intervention:** Each month, nurse managers are sent a *Quality Topics of the Week* handout. The expectation is to include the weekly quality-related questions on their weekly huddle sheets for staff. The manager or designee (i.e. charge nurse) are asked to read the question to unit staff at huddles to generate a brief discussion and enhance awareness about that week's quality topic. (See flyer for examples of weekly topics/questions)
- **Impact:**
  - Generated meaningful conversations about quality
  - Enhanced awareness of unit-level data and our unit Data Displays
  - Inspired a more data-driven culture



**Professional Governance Quality Council**  
**Topics of the Week**  
For Huddles

**Topics for: May 2024**

Please include these weekly topics on your unit huddle sheet in a new section titled: *Quality Council Topic of the Week*. The goal is to engage/inform our front-line staff about Quality Council and various quality metrics, and inspire a data-driven culture.

**Week 1 (May 6-12): Peer Feedback Focus**

**Question:** What is our unit's Peer Feedback Focus?  
What is our Peer Feedback Model?  
(Answer: SBI – Situation-Behavior-Impact...AND, *always* start with your reason for sharing, i.e. your positive intention. "I wanted to share this with you because...")

**Week 2 (May 13-19): Nurse Sensitive Indicator (NSI)**

**Question:** What is one NSI our unit is focusing on improving?  
What are some of the recommended improvement strategies?





**Week 3 (May 20-26): Patient Experience (PX)**

**Question:** What is one PX question our unit is focus on improving?  
What are some of the recommended improvement strategies?

**Week 4 (May27-June2): Nurse/Staff Satisfaction Focus**

**Question:** What is our unit's Nurse/Staff Satisfaction Focus?

Let's all work together to create a data-driven culture.



# Hand Hygiene Campaign



## A Collaboration with Infection Prevention

- **Background:** Melissa Deen asked the Quality Council to collaborate on a Hand Hygiene Campaign project. She recognized that staff involvement in the creation of the campaign was important.
- **The Intervention:** During 2024 the Quality Council members worked with Melissa and the marketing team to design the campaign. In November, the Quality Council members helped to distribute the 9 hand hygiene campaign stickers (see image) on hand sanitizer and soap canisters throughout the organization.
- **Outcomes/Data:**
  - In December 2024, according to org-wide hand hygiene audits dashboard on STARnet, staff washed their hands 97% of the time.



# Action Plan Process - Ongoing



- **Background:** Since inception, The Quality Council has reviewed and evaluated various nurse-sensitive measures included in the Magnet Data Requirements. However, at the time, there was no standardized approach for addressing identified underperformance.
- **Brief Update/Plan:** In 2023, the council made a goal to create a formalized action plan process to address underperforming measures. Specific criteria was developed and in May 2023 the council began requesting an action plan from the associated unit practice council (UPC) for underperforming data that met the newly developed criteria. The UPCs had up to 2 months to work with unit leaders and staff to develop an action plan and report it back to the Quality Council.
- **Outcome:**
  - See next slide for list of Action Plans since inception

# In-Progress Projects/Initiatives



Month	Unit	Measure	Data Improved	Date Action Plan Completed	Duration in months
May-23	Heart Center	Falls	Yes	Jul-23	2
Jun-23	1-Main	Falls	Yes`	Aug-23	2
	3-Main	HAPI 2+	Yes	Aug-24	14
Jul-23	Oncology	Falls	Yes	Jan-24	6
Aug-23	ICU	CAUTI	Yes	Nov-23	3
Sep-23	5-Tower	Falls	Yes	Dec-23	3
	Infusion Center	Falls	Yes	Nov-23	2
Oct-23	3-Main	Falls	Yes	Jul-24	9
Nov-23	4-Main	Injury Falls	Yes	Mar-24	4
Apr-24	5-Tower	Falls	Yes	Sep-24	5
	3-Main	Injury falls	Yes	Nov-2024	7
May-24	Diagnostic Imaging	Falls	Yes	Sep-24	4
Sep-24	ICU	HAPI 2+	In Progress		
Oct-24	Infusion Center	Falls	In Progress		
	1 Main	Falls	In Progress		
	OCU	Falls	Yes	Dec 2024	2
Nov/Dec 2024	None	-	-	-	-

- Many units were able to improve their data and complete their action plan in just a few months.
- The Action Plan Process has enhanced staff awareness about unit-level data and led to more staff involvement in Quality Improvement.



# Next Steps

- ❖ Quality Topics of the Week – *Ongoing*
- ❖ Action Plan Process – *Ongoing*
- ❖ 2025 goals will be set at our January 21st Quality Council meeting
  - Will continue a goal to improve HAPI rates

# Questions?

*SPECIAL EDUCATION  
SESSION*

*(KUKLA)*



*ADJOURNMENT*