



May 9, 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, MAY 13, 2024, AT 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/virtualboardmeetinglink](https://www.SalinasValleyHealth.com/virtualboardmeetinglink) for Public Access Information*).

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

Allen Radner, MD
Interim President/Chief Executive Officer

Committee Voting Members: **Catherine Carson**, Chair, **Rolando Cabrera, MD**, Vice-Chair, **Clement Miller**, Chief Operating Officer, **Lisa Paulo**, 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, MAY 13, 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 April 15, 2024. (CARSON)

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

4. Consider Approval of the Appointment of a Community Member to the Quality and Efficient Practices Committee as a Patient and Family Advisor (CARSON/KUKLA)

- Staff Report
- Committee Questions to Staff
- Public Comment
- Committee Discussion/Deliberation
- Motion/Second
- Action by Committee/Roll Call Vote

5. Patient Care Services Update (SPENCER)
Oncology Unit Practice Council

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 17, 2024 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 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
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
 - Taylor Farms Family Health & Wellness Center (M. Ceralde)
 - Transitions of Care (M. Orta, L. Meraz-Gottfried)
2. Quality and Safety Board Dashboard Review (KUKLA)
3. Star Review/CMS Care Compare
4. Consent Agenda:
 - Infection Prevention Plan and Risk Assessment
 - Critical Care/Progressive Care Cluster
 - Perinatal Services
 - Organ Donation
 - Resuscitation
 - Sleep Medicine
 - Environmental Services
 - Nursing Admin (Transporters, Interpreter Svc)
 - Laboratory
 - P&T and Infection Control Committee

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 15, 2024

Committee Member Attendance:

Voting Members Present: Catherine Carson, Chair, Rolando Cabrera, MD, Vice-Chair and Clement Miller, COO;

Voting Members Absent: Lisa Paulo and Dr. Wilson;

Advisory Non-Voting Members Present: Allen Radner, MD, Interim President/CEO, James Gilbert, MD, Interim CMO, and Michelle Childs, CHRO;

Other Board Members Present, Constituting Committee of the Whole: Directors Victor Rey, Jr., Juan Cabrera and Joel Hernandez Laguna (all via teleconference).

Victor Rey, Jr., left at 9:20 am.

Joel Hernandez Laguna left at 9:25 am.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Carson called the meeting to order at 8:30 a.m. at the Downing Resource Center CEO Conference Room 117. Guest Cheryl Pirozolli was introduced. She is a member of the Patient-Family Advisory Committee and a Member of the Service League Board of Directors. Ms. Pirozolli is considering joining this committee as an Advisory Member.

2. PUBLIC COMMENT

None

3. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF MARCH 18, 2024.

Approve the minutes of the March 18, 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 Vice-Chair Dr. Cabrera, the minutes of the March 18, 2024 Quality and Efficient Practices Committee Meeting were approved as presented.

ROLL CALL VOTE:

Ayes: Chair Carson, Dr. Cabrera, and Miller;

Noes: None;

Abstentions: None;

Absent: Paulo and Dr. Wilson.

Motion Carried

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. PATIENT CARE SERVICES UPDATE: PERINATAL UNIT PRACTICE COUNCIL

Carla Spencer, MSN, RN, NEA-BC, Associate Chief Nursing Officer introduced Marisol Soria, RN, RNC-OB, C-EFM, (UPC Chair)/L&D, and Mayra Abraham, BSN, RNIII, RNC-OB, C-EFM (UPC Co-Chair)/L&D. Also present were Julie Vasher, Director/Women's & Children's Services, Julie Johnson, Mother/Baby Clinical Manager, and Keely Amor, BSN, RNIII, RNC-OB, C-EFM/L&D. Ms. Soria and Abraham provided an update on the Perinatal Unit Practice Council's work. The Council includes members from L&D, Mother/Baby, NICU and the Perinatal Loss Committee. A full report was provided in the packet.

The 2024 Goals include:

- Increase Patient Experience scores related to “Communication with Nurses” and “Communications about Medications”
- Decrease rates of Chorioamnionitis in our population; develop standardized protocols for perineal care and vaginal exams to reduce risk of introducing pathogens from genitourinary tract into amniotic fluid and uterine tissues
- Introduce a “warming” protocol for surgical/scheduled C-Section [Cesarean Section] patients

Committee Discussion: Chorioamnionitis data is collected and monitored.

The Council is working on the following projects:

- *NTSV (Nulliparous, Term, Singleton, Vertex):* The goal is <23.6% and as of Q423 the rate was 22.7% accomplished through Interdisciplinary communication (via Labor Dystocia Checklist), increased RN time at the bedside for hands on labor support, and increased availability of portable monitoring to increase maternal movement (4 new Monica Novii's added to PAR).
- *Developmental Reading Program:* The purpose is to help improve long-term developmental language outcomes of premature [preterm] infants admitted to the NICU who are at high risk for developmental language delay. **Committee Discussion:** Have you considered singing as well as reading? A harpist comes once a week.
- *Skin-to-Skin Assistive Device:* To encourage skin-to-skin contact during recovery, facilitate bonding, reduce risk of infant falling due to maternal fatigue and provide a useful gift to our patients.
- *Perinatal Loss Program:* Has provided training to nursing staff, social workers and spiritual care staff, expanded cremation fund to include South County, and partnership with Owen's Honor, a non-profit, to provide gift boxes for mothers. **Committee Discussion:** SVH had 13 perinatal losses in 2023; about 1/month. The ED perinatal loss data is not in that count but there is an initiative to include ED statistics.
- *Team Birth:* An interdisciplinary meeting with clinical team, patients and patient's support person to discuss plan of care focusing on patient preferences and requests.

Committee Discussion: Nursing Administration and the Unit Practice Councils continually work on measurements reflecting quality of service provided. Every month some of this work is presented at the Quality and Efficient Practices Committee Meeting.

5. CLOSED SESSION

Chair Carson announced that the item to be discussed in Closed Session is *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.

6. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:49 a.m. Chair Carson reported that in Closed Session, the Committee discussed *Hearings/Reports* as published on the closed session agenda as follows:

1. Report of the Medical Staff Quality and Safety Committee
 - Disease Specific Care: Chest Pain –M. O’Mahoney
 - Patient Safety Plan
 - Risk Management Plan 2024
 - Patient Safety Events and Disclosures- A. Kukla
 - Accreditation and Regulatory updates- A. Kukla
 - Emergency Plan yearly report- S. Sanchez
2. Quality and Safety Board Dashboard Review (KUKLA)
 - Review: Control Chart methodology
3. Consent Agenda:
 - Information Technology Report
 - Risk Management/Patient Safety Full report
 - Fall Committee report
 - Environment of Care Committee Reports
 - Accreditation and Regulatory Committee Full Report

The Patient Safety Plan and the Risk Management Plan were tabled. The Quality and Efficient Practices Committee received and accepted all other reports. No additional action was taken.

7. ADJOURNMENT

There being no other business, the meeting adjourned at 9:50 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, May 13, 2024** at 8:30 a.m.

Catherine Carson, Chair
Quality and Efficient Practices Committee

Report

Patient & Family Advisor

Verbal Report

(Carson / Kukla)

Patient Care Services Update



Presented by:

Lisa Paulo, MSN/MPA, RN, CENP
Chief Nursing Officer

Featuring:

Oncology Unit Practice Council

Oncology Unit Practice Council

Members:

- Ashley Folck, BSN, SNIII, OCN [Chair]
 - Maritess Candolar, RN [Co-chair]
 - Nelly Hillen, BSN, SNIII, OCN, PHN [Associate Co-Chair]
 - Glaiza Farnal, BSN, RN [Advisor]
 - Meghan Ackerman, BSN, SNIII, OCN [Quality Representative]
 - Erlinda Rodriguez, BSN, RN [Member]
-
- Mary Ann Artuz, BSN, RN, OCN [Oncology Informatics]
 - Daisy Carrillo, BSN, RN [Oncology Nurse Navigator]
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- Thelma Baker, MSN, RN, OCN, NEA-BC [Outpatient Infusion Director]
 - Jessica Valero, BSN, RN, OCN [*Cancer Resource Center Manager*]
 - Anthony Duenas, MS [Outpatient Infusion Manager]



Current Initiatives:

- **Hypersensitivity Reaction Kit/Policy update & education**
- **Quality & Safety Metrics**
 - Audits: Med Rec, PPE¹, Care Plan
 - Guardrail Usage
 - Fall Action Plans
- **Increase percentage of ONCC² Certified Nurses**
- **Chemotherapy Safety: USP 800³ Review & Continued Safe Handling Education/Competency**
- **Extravasation Policy update & education**
- **Monthly journal club**
- **Acuity-based scheduling**



2024 Goals:

- Continue hypersensitivity kit project, education, & monitoring for best practice
- Exceed national benchmarks in area specific NSIs⁴ for guardrail usage & patient falls
- Increase OCN⁵ Certified RNs by 1%

¹ Personal Protective Equipment

² Oncology Nursing Certification Corporation

³ USP 800 provides standards for safe handling of hazardous drugs to minimize the risk of exposure to healthcare personnel, patients and the environment

⁴ Nurse Specific Indicators

⁵ Oncology Certified Nurse

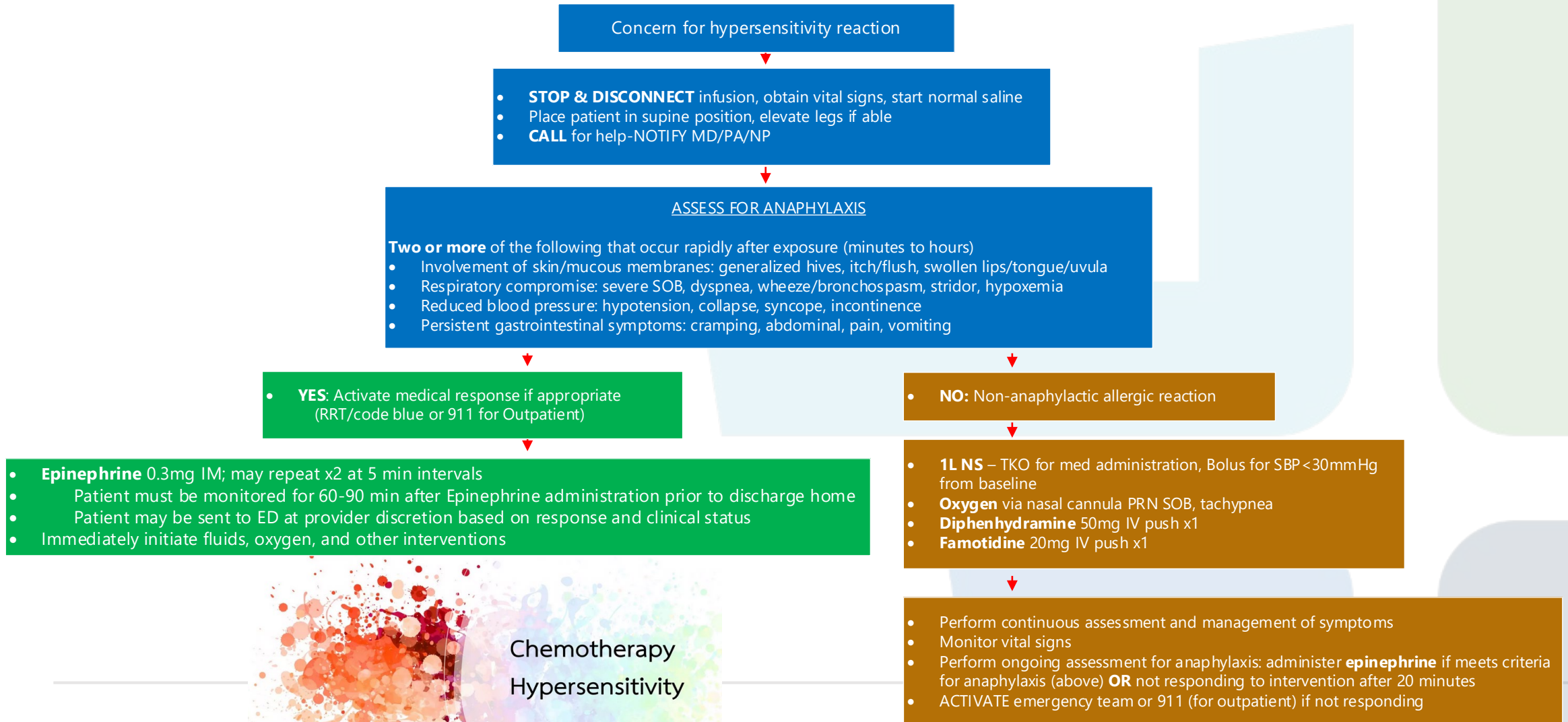
Hypersensitivity Reaction Kit/Policy Update and Education

- **Oncology Nursing Society [ONS] Chemotherapy Immunotherapy Provider Card**
 - Ensures nurses are trained to administer and manage chemotherapy/immunotherapies medications
 - Trained to manage potential hypersensitivity reactions.
- **RNs requested greater education and improved hypersensitivity reactions guidelines**
 - Update Hypersensitivity kit and P&P¹ to align with best practice
- **Collaborative effort between pharmacy, providers, and IP/OP² oncology units**
 - Enhanced hospital P&P
 - Updated hypersensitivity kit
 - Created educational tools
 - Presentation
 - Mock hypersensitivity reaction scenarios



¹ Policy & Procedure
² Inpatient/Outpatient

Hypersensitivity Reaction Kit/Policy Update and Education



Quality & Safety: Audits/Guardrail Monitoring/Fall Action Plans

- **Monthly Practice Audits**

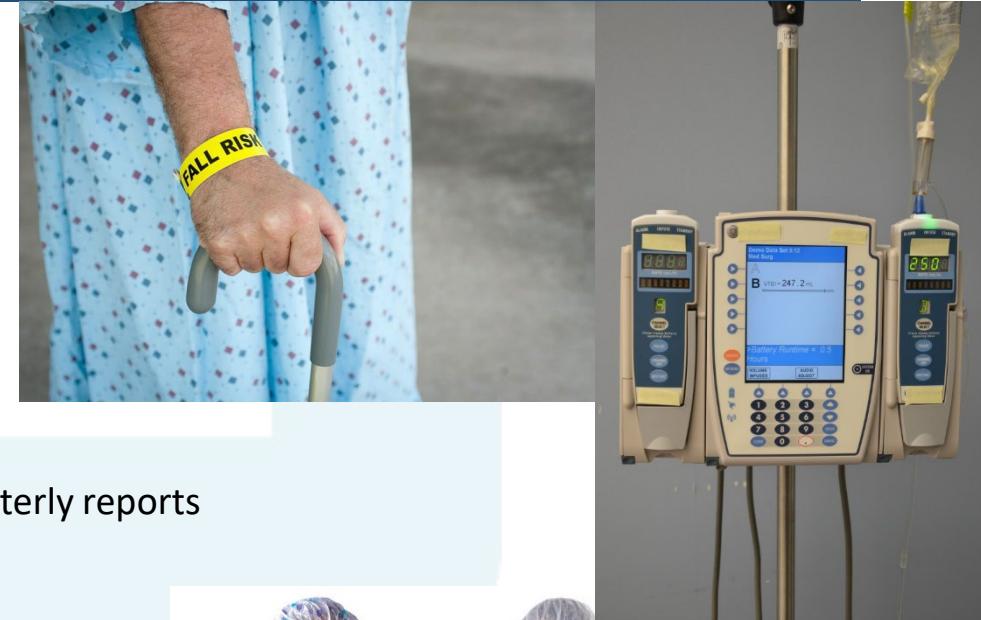
- Medication Reconciliation Audits
- PPE Audits
- Care Plan Audits for initiation and ensured updating

- **Guardrail Monitoring (Alaris infusion pumps)**

- 2022 baseline of 21.1% guardrail usage
 - Below ISMP¹ benchmark of 95%
 - Interventions: education, focused peer feedback, monthly audits, & quarterly reports
- Most recent report of 98% compliance!

- **Fall Action Plan**

- Collaborative effort between IP & OP Oncology Units to develop fall action plans
 - OPI² adopted post fall huddle form
 - Analyze cause
 - Identify improvement opportunities
 - Implement fall prevention interventions
 - Create follow-up plans



¹ Institute for Safe Medication Practices

² Outpatient Infusion

Oncology Certified Nurse (OCN)

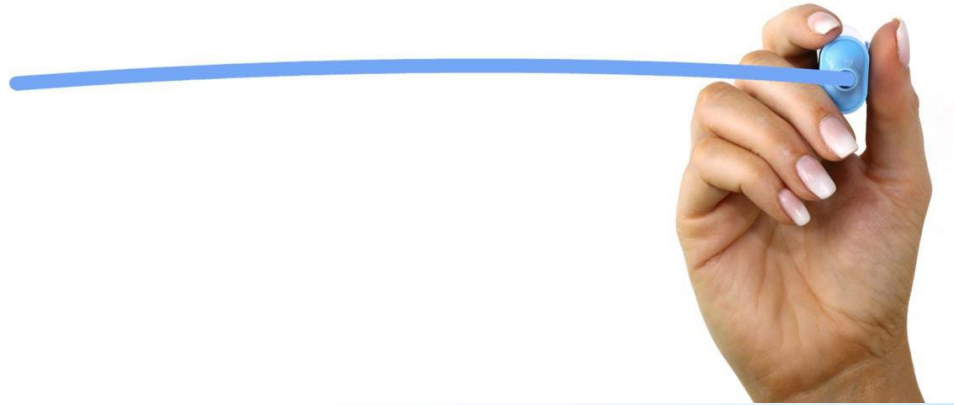
- Our 2024 goal is to increase the number of Oncology Certified Nurses at Salinas Valley Health by 1% [baseline is 36%]
- Eligibility Requirements:
 - Active Registered Nurse License
 - Minimum of 2,000 hours of adult oncology nursing practice
 - Minimum RN experience of 2 years
 - Minimum of 10 contact hours of nursing continuing education in oncology
- OCN review course held on March 16, 2024; study guides & review books purchased by OPI
 - 11 RNs in attendance
 - One additional OPI RN was certified in April 2024!

Our certification rate is now at 45%!



Thank you!

QUESTIONS



CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

ADJOURNMENT