



February 8, 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**<sup>1</sup> will be held **MONDAY, FEBRUARY 12, 2024, AT 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 [SalinasValleyHealth.com/virtualboardmeetinglink](https://SalinasValleyHealth.com/virtualboardmeetinglink) for Access Information).

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

Allen Radner, MD  
Interim President/Chief Executive Officer

Committee Members: Chair Catherine Carson, Vice-Chair Rolando Cabrera, MD, Allen Radner, MD, Interim President/CEO; James Gilbert, MD, Interim Chief Medical Officer, Clement Miller, Chief Operating Officer; Lisa Paulo, Chief Nursing Officer; Alison Wilson, DO, Medical Staff Member; Michele Averill, Community Member

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

**MONDAY, FEBRUARY 12, 2024, 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 [SalinasValleyHealth.com/virtualboardmeeting](https://www.SalinasValleyHealth.com/virtualboardmeeting) for 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 January 15, 2024. (RADNER)

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

4. Patient Care Services Update (PAULO)  
Critical Care Unit Practice Council

5. Closed Session

6. Reconvene Open Session/Report on Closed Session

7. Adjournment

The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, March 18, 2024 at Noon.**

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](https://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
  - Stroke Program – M. MooseJenkins
  - Transfusion Committee –Dr. V. DeFilippi
  - Accreditation and Regulatory Committee- CDPH/CMS visits and reportable events- A. Kukla
2. Quality and Safety Board Dashboard Review (KUKLA)
3. Consent Agenda:
  - Environment of Care
  - Accreditation and Regulatory Committee full report
  - National Patient Safety Goals

**ADJOURN TO OPEN SESSION**

*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 JANUARY 15, 2024**

Committee Members Present:

In-person: Chair Catherine Carson, James Gilbert, MD, Interim CMO, Clement Miller, Lisa Paulo, and Allen Radner, MD.

Via teleconference: Vice Chair Rolando Cabrera, MD, and Michele Averill

Committee Members Absent: Alison Wilson, DO

Other Board Members Present, Constituting Committee of the Whole: Director Victor Rey, Jr. (via teleconference)

*Director Victor Rey joined via teleconference at 8:43 a.m.*

*Director Victor Rey left at 9:20 a.m.*

*Committee Member Michele Averill left the meeting at 8:43 a.m.*

## **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.

## **2. PUBLIC COMMENT**

None

## **3. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF NOVEMBER 13, 2023.**

Approve the minutes of the November 13, 2023 Quality and Efficient Practices Committee Meeting, as presented. The information was included in the Committee packet.

### **Comments from the Board:**

None

### **PUBLIC COMMENT:**

None

### **MOTION:**

Upon motion by Committee member Dr. Radner, second by Committee member Paulo, the minutes of the November 13, 2023 Quality and Efficient Practices Committee Meeting were approved, as presented.

### **ROLL CALL VOTE:**

Ayes: Chair Carson, Vice Chair Cabrera, MD, Averill, Dr. Gilbert, Miller, Paulo, Dr. Radner;

Nays: None;

Abstentions: None;

Absent: Wilson, DO.

### **Motion Carried**

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

#### 4. PATIENT CARE SERVICES UPDATE: QUALITY COUNCIL

Lisa Paulo, MSN/MPA, RN, CNO, introduced Francie Espino, BSN, RN, CCRN [*Chair*], Laurie Freed Edelman, BSN, RN, CCRN, CSC [*Co-Chair*], and Rebecca Rodriguez, MSN, RN CEN, CPHQ [*Clinical Excellence Specialist*] who provided an update on the Quality Council's work. This Council includes representatives from Each Unit Practice Council, Falls Committee, Wound Care Committee, Nurse Excellence Committee, Infection Prevention Department, Quality Department (PI Specialist), Patient Experience, Education, Magnet Department and Various Disease Specific Care Navigators.

The 2023 Council Goals were reviewed:

- Enhance the enculturation of the data displays with staff; format simplified.
- Develop processes to include more clinical nurses in quality improvement activities.
- Create a more formal process for action planning in response to underperforming measures.
- Improve HAPI rates.

The 2024 Council Goals were reviewed:

- The Data Displays will continue to be a source of information to which all staff have access.
- Our goal “Develop processes to include more clinical nurses in quality improvement activities.” We believe that more nurses will be included in QI activities throughout the hospital as we implement action plans to improve our data.
- We will continue to follow our HAPI rates and do assessments of any fall outs of the HAPI Bundle, and make adjustments as necessary.

A full report was provided in the packet.

**Board Member Discussion:** Further discussion clarified data is monitored until results improve. The Council looks at all the data every month. Spreadsheets are reviewed every month. Actions plans stay in place for sustainability. There have been no device-related HAPIs in 90 days and only 1 reportable (state) event. Lisa thanked the Quality Council for the work they do to improve patient care.

#### 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 8:44 a.m.

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

The Committee reconvened for Open Session at 9:45 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- from December, 2023
  - Safety and Reliability Committee Reports:
    - o Patient Safety Case Summaries

- Beta “Quest for Zero – Sepsis” Emergency Room Participation Update
- 2. Report of the Medical Staff Quality and Safety Committee- from January, 2024
  - Department Reports:
    - Transitional Care Program- (M. Orta)
    - Med Surg Cluster, Wound Care, Dialysis Services- (G. Farnal)
- 3. Quality and Safety Board Dashboard Review (Kukla)
- 4. Consent Agenda:
  - Quality and Safety Committee Reports: December 2023
    - Palliative Care
    - Risk Management Reports
    - Environment of Care Committee Reports
    - Accreditation and Regulatory Full Report
    - TJC National Patient Safety Goals: Safety of Clinical Alarms
  - Quality and Safety Committee Reports: January 2024
    - Emergency Department
    - Outpatient Infusion Center and Wound Healing Center
    - Diagnostic Imaging/ Mammography
    - Case Management
    - Health Information Management
    - Pharmacy and Therapeutics Committee Report

The Quality and Efficient Practices Committee received and accepted the reports listed on the Closed Session agenda, no additional action was taken.

## 7. ADJOURNMENT

There being no other business, the meeting adjourned at 9:46 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, February 12, 2024** at 8:30 a.m.

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Catherine Carson, Chair  
Quality and Efficient Practices Committee



# Patient Care Services Update

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

Featuring:  
*Quality Council*

January 15, 2024



# Quality Council

- Chair: Francie Espino, BSN, RN, CCRN, CSC
- Co-chair: Laurie Freed Edelman, BSN, RN, CCRN, CSC
- Clinical Excellence Specialist: Rebecca Rodriguez, MSN, RN, CEN, CPHQ

## The Quality Council is comprised of representatives from:

- ✓ Each Unit Practice Council
- ✓ Falls Committee
- ✓ Wound Care Committee
- ✓ Nurse Excellence Committee
- ✓ Infection Prevention Department
- ✓ Quality Department (PI Specialist)
- ✓ Patient Experience
- ✓ Education
- ✓ Magnet Department
- ✓ Various Disease Specific Care Navigators (annual report outs)

Data are reported out from the above stakeholders to the Quality Council either monthly, quarterly, or annually.

# 2023 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. Create a more formal process for action planning in response to underperforming measures.
4. Improve HAPI rates.



## Council Goal #1

Enhance the enculturation of the data displays with staff.

- The Data Displays were simplified to include only 3 interventions per area of opportunity.
- The Data Displays are a part of daily huddles at shift change.
- Managers include their Data Displays in weekly updates, staff meetings and now on the “Team TV” in the Critical Care areas.

**Data Display for Sept '23 – Feb '24**

**Unit: ICU**

**Peer Feedback Focus:**

Remember to be mindful of voice volume and conversations – ensure a healing environment

	Nurse Sensitive Indicator (NSI) Data	Patient Experience (PX) Data
<b>Area(s) of Excellence:</b>	FALLS, & HAPI Prevalence  (Note: Prevalence data shows a snip in time – 1 day/quarter)	We made improvement on the question: quietness of hospital environment in January 2023.  ICU is meeting Magnet criteria for all nurse-sensitive PX domains!
<b>Area(s) of Focus/ Opportunity:</b>	CAUTI  HAPI Incidence (d/t respiratory devices)	1. Quietness of Hospital Environment  2. Nurses explain things in a way you understand.
<b>Goal(s):</b>	Goal: Zero CAUTI and HAPI (r/t to resp devices) and over the next 2 quarters	Goal: Exceed the national benchmark on the above patient experience question(s) over the next 2 quarters
<b>Strategies/ Interventions:</b>	CAUTI interventions: <ul style="list-style-type: none"> <li>• Use two people when inserting a new Foley catheter</li> <li>• Perform weekly bundle rounds on Sunday</li> <li>• Discuss FC need in weekly rounds</li> </ul> HAPI interventions <ul style="list-style-type: none"> <li>• Round MWF on night shift with RN &amp; RT to assess skin under respiratory devices</li> </ul>	1. Be aware of your surroundings and utilize peer feedback when needed. 2. Utilize the Quiet Menu once available  3. Use simple non-technical medical language as much as possible. Utilize CareNotes so patient and family members can review information in writing when appropriate.
<b>Data:</b>	*See your unit's NSI dashboard (back) & PX data CAUTI/CLABSI Audit data	May also view data on STARnet: Shared Governance → Documents → Magnet Data Dashboards

\*Peer Feedback is about helping each other learn & grow by helping each other out if we forgot to do something or did something erroneously. It's about working as a team with a common goal of respectful collaboration and quality patient care! 😊

Let's help remind each other if we notice voice volumes getting too loud.

**BSN or higher:** Previous → Current

ICU/CCU:	69 % → 73 %
OCU:	74 % → 74 %
1-Main:	76 % → 84 %
Heart Center:	54 % → 59 %
4T Tele:	74 % → 71 %
5-Tower:	58 % → 58 %
PCR:	59 % → 64 %
<b>Goal: 0.5 % increase</b>	

**Certification Rates:** Prev. → Cur.

ICU/CCU:	42 % → 46 %
OCU:	07 % → 13 %
1-Main:	27 % → 32 %
Heart Center:	15 % → 18 %
4T Tele:	32 % → 16 %
5-Tower:	17 % → 17 %
PCR:	50 % → 50 %
<b>Goal: 1 % increase</b>	

**Nurse Satisfaction Focus: Staff recognition and awareness/engagement (\*ICU exceeded the benchmark on all Nurse Sat questions)**

**Improvement/Engagement Strategies:**

1. Encourage nurses to recognize and highlight great work by their co-workers by utilizing the gratitude tree and Co-Worker Kudos nomination boxes
2. Encourage nursing staff to follow the UPC in StarNet to stay in the loop with what UPC is working on.



## Council Goal #2

Develop processes to include more clinical nurses in quality improvement activities.

- Staff nurses are involved with CLABSI/CAUTI audits and HAPI Prevalence audits. All staff participate in hand hygiene audits.
- This goal will continue in 2024.



## Council Goal #3

Create a more formal process for action planning in response to underperforming measures.

- A formalized process was adopted by the Quality Council to follow up with reported data.
- This process is added to each agenda and open action plans are reported on by the Unit practice council representatives.

Introducing Our Professional Governance Quality Council's

### New Action Plan Process



**Goal:** Establish an *action plan process* for measures underperforming targets/benchmarks.

**Process:** If a measure has *underperformed* the national benchmark for two months in a row or 2 months within a quarter or 2 quarters in a row:

- The UPC is notified via a referral
  - Unit leaders (manager AND director) are also notified via e-mail
- Within 2 months, that UPC's Quality Rep will report to the Quality Council regarding:
  - Awareness/acknowledgement of that specific data trend
  - Planned or implemented improvement strategies(A standing agenda item will be added to the Quality Council agenda for 'Action Plans')

**Note:** We recognize underperforming measures are often collaboratively addressed by unit leaders and UPCs and a more formal action plan may already exist. The goal of the Quality Council is not to duplicate or complicate work, but rather to ensure the unit/council is aware of the underperforming measure and has initiated steps for improvement.

# 3<sup>rd</sup> and 4<sup>th</sup> Main Falls Data

## 3 Main MedSurg1- NSI (Nurse Sensitive Indicators)

Fall Rates																													
Falls Data		Q4 2021			Q1 2022			Q2 2022			Q3 2022			Q4 2022			Q1 2023			Q2 2023			Q3 2023			Q4 2023			Magnet Score *
		Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
All Falls per 1000 Patient Days	Quarterly Fall Rate	1.59			2.18			1.13			1.52			1.95			0.49			1.81			4.63						7 / 8
	Benchmark	2.95			3.06			2.87			2.76			2.75			2.75			2.61			2.69						
	Monthly Fall Rate	0.00	1.61	3.04	1.71	3.47	1.49	1.70	1.68	0.00	1.53	0.00	3.27	1.51	3.13	1.33	0.00	0.00	1.64	3.68	1.66	0.00	1.57	3.55	9.45	0.00	0.00		
	# falls	0	1	2	1	2	1	1	1	0	1	0	2	1	2	1	0	0	1	2	1	0	1	2	5	0	0		
	Patient Days	602	621	658	586	576	671	588	597	585	652	705	611	661	639	752	769	652	610	544	604	510	636	564	529	587	599		
Falls With Injury per 1000 Patient Days	Quarterly Fall w/ Injury Rate	0.53			0.00			0.56			1.02			0.00			0.49			0.60			1.16						6 / 8
	Benchmark	0.67			0.70			0.71			0.69			0.67			0.63			0.61			0.66						
	Monthly Fall w/ Injury Rate	0.00	1.61	0.00	0.00	0.00	0.00	0.00	1.68	0.00	1.53	0.00	1.64	0.00	0.00	0.00	0.00	0.00	1.64	0.18	0.00	0.00	0.00	0.00	3.78	0.00	0.00		
	# falls w/ Injury	0	1	0	0	0	0	0	1	0	1	0	1	0	0	0	0	0	1	1	0	0	0	0	2	0	0		

## 4 Main Ortho Neuro Spine-Nurse Sensitive Indicators

Fall Rates																													
Falls Data		Q4 2021			Q1 2022			Q2 2022			Q3 2022			Q4 2022			Q1 2023			Q2 2023			Q3 2023			Q4 2023			Magnet Score *
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
All Falls per 1000 Patient Days	Quarterly Fall Rate	1.86			2.89			1.19			1.68			0.55			2.26			1.90			3.23			5.48			7 / 8
	Benchmark	2.96			2.95			3.06			2.87			2.76			2.75			2.61			2.69						
	Monthly Fall Rate	3.92	0.00	1.85	5.15	3.64	0.00	0.00	1.75	1.71	0.00	3.20	1.89	0.00	1.72	0.00	3.04	3.57	0.00	1.86	1.95	1.90	1.78	1.95	6.36	3.69	7.23		
	# falls	2	0	1	3	2	0	0	1	1	0	2	1	0	1	0	2	2	0	1	1	1	1	1	3	2	4		
Patient Days	510	559	542	583	550	595	524	573	585	633	625	530	591	583	660	657	561	549	538	513	527	562	513	472	542	553			
Falls With Injury per 1000 Patient Days	Quarterly Fall w/ Injury Rate	1.24			0.58			0.59			0.00			0.00			1.70			0.63			0.65			2.74			5 / 8
	Benchmark	0.67			0.70			0.71			0.69			0.67			0.63			0.61			0.66						
	Monthly Fall w/ Injury Rate	1.96	0.00	1.85	0.00	1.82	0.00	0.00	0.00	1.71	0.00	0.00	0.00	0.00	0.00	0.00	3.04	1.78	0.00	0.00	1.95	0.00	0.00	0.00	2.12	1.85	3.62		
# falls w/ Injury	1	0	1	0	1	0	0	0	1	0	0	0	0	0	0	2	1	0	0	1	0	0	0	1	1	2			

# Quality Action Plan for 3M and 4M

Areas for Improvement	Desired Outcome	Strategies	Target Dates
<b>Falls and Falls with injury</b>	To decrease incidence of falls/falls with injury in 3M & 4M for Q1 & Q2 of 2024.	<ol style="list-style-type: none"> <li>1. Ensure communication board indicates the following:               <ul style="list-style-type: none"> <li>• Patient’s fall risk</li> <li>• BMAT</li> <li>• Activity &amp; equipment (i.e. 1 person assist w/ FWW)</li> <li>• Precautions (i.e. Bed Alarm ON)</li> </ul> </li>   <li>2. Staff education               <ul style="list-style-type: none"> <li>• Review 5 P’s of purposeful hourly rounding</li> <li>• Fall risk assessment and prevention strategies</li> </ul> </li>   <li>3. Safety huddles – CN to include HRTF &amp; patients on Bed Alarm during change of shift huddles (0700, 1500 &amp; 2300)</li> </ol>	





## Council Goal #4

Improve HAPI rates. (Hospital Acquired Pressure Injuries)

- Our “HAPI Skin Bundle” initiative went house wide in Jan. 2023.
- A HealthStream went out to all Staff to educate them on the HAPI Skin Bundle.
- We rounded on all units talking about the HAPI Skin Bundle.



### HOW At-Risk Is Your Patient's Skin?

- Is your patient immobile?
- Is your patient incontinent?
- Is the Braden score 18 or less?



### ASSESS Skin and Risk Q Shift

- Two nurses to assess skin on admission (within first 8 hours)
- Assess skin under and around all devices
- Assess need for wound care consult
- Take pictures per protocol



### PROTECT Your Patient's Skin

- Place protective foam under devices
- Place preventative dressings on bony prominences
- Place InterDry<sup>®</sup> in skin folds as needed
- Place heels off of the bed
- **Unless contraindicated (e.g., VAP protocol or risk for aspiration),** place HOB M 30 degrees



### INCONTINENCE Management and Skin Care

- Apply moisture barrier cream to protect skin from urine and stool
- Manage urine: toileting, female or male external catheters, male wraps, Foley per protocol
- Manage stool: rectal tube, use gray moisture wipes
- Utilize absorptive underpads
- Clean all skin with wipes and moisturize with lotion



### SUPPORTIVE Surface

- Utilize Bed Decision Tree
- Waffle overlay and/or cushion
- EHOB boots
- Z<sup>™</sup> Gel pillows under bony prominences (ICU)
- Bariatric/low air-loss mattress



### KEEP Moving

- Ambulate as able
- Turn Q 2 hours, use positioning aids, e.g., positioning sheets, wedges
- Get out of bed as able
- Utilize mobility protocol



### INCLUDE Your Patient, Family and Staff

- Include your patient and their family in the plan of care to protect their skin
- Include skin care needs during multidisciplinary rounds and at bedside shift report
- Include and collaborate with RT when respiratory devices are used



### NUTRITION

- Assess patient's nutritional status
- Assess need for a dietary consult
- Advocate for protein supplements if necessary
- Assess hydration status



# What's Ahead in 2024:

## We will Continue 3 of our 4 goals:

- The Data Displays will continue to be a source of information that all staff can have access to.
- Our goal “Develop processes to include more clinical nurses in quality improvement activities.” We believe that more nurses will be included in QI activities thru out the hospital as we implement action plans to improve our data.
- We will continue to follow our HAPI rates and do assessments of any fall outs of the HAPI Bundle, and make adjustments as necessary.



*CLOSED SESSION*

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

*RECONVENE OPEN SESSION/  
REPORT ON CLOSED SESSION*

***ADJOURNMENT***