



September 22, 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**<sup>1</sup> will be held **MONDAY, SEPTEMBER 25, 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](https://www.SalinasValleyHealth.com/virtualboardmeetinglink) for Access Information*).

A handwritten signature in black ink, appearing to read "Pete Delgado", written in a cursive style.

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 HEALTH<sup>1</sup>**

**MONDAY, SEPTEMBER 25, 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 [SalinasValleyHealth.com/virtualboardmeeting](https://www.SalinasValleyHealth.com/virtualboardmeeting) for Access Information)**

**AGENDA**

1. Call to Order / Roll Call
2. Approve the Minutes of the Quality and Efficient Practices Committee Meeting of August 21, 2023. (DELGADO)
  - Motion/Second
  - Action by Committee/Roll Call Vote
3. Patient Care Services Update (PAULO)
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.
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, October 23, 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](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**

**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
  - a. Opioid/Pain Committee
  - b. Sepsis
2. Quality and Safety Board Dashboard Review
3. Balanced Scorecard – discussion HAC index and hand hygiene
4. MERP attachment updates and the Medication Error Analysis
5. Consent agenda items
  - a. Cath Lab/Cardiac Rehab/CDOC
  - b. Environmental Services
  - c. Pathology Tissue Review 1-2Q 2023
  - d. Pharmacy & Therapeutics/Infection Prevention Full Report
  - e. Service Excellence

**ADJOURN TO OPEN SESSION**

*CALL TO ORDER*  
*ROLL CALL*

*(Chair to call the meeting to order)*

**SALINAS VALLEY HEALTH<sup>1</sup>**  
**QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING**  
**COMMITTEE OF THE WHOLE**  
**MEETING MINUTES AUGUST 21, 2023**

Committee Members Present:

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

Via teleconference: Vice Chair Rolando Cabrera, MD., Pete Delgado, and Rakesh Singh MD.

Committee Members Absent: Michelle Averill

Other Board Members Present, Constituting Committee of the Whole: Director Juan Cabrera, Director Victor Rey and Director Joel Hernandez (via teleconference)

*Rakesh Singh MD. in at 8:34 a.m.*

*Director J Cabrera in at 8:34 a.m.*

*Pet Delgado joined in at 8:34 a.m.*

*Director Victor Rey in at 8:35 a.m.*

*Director Hernandez in at 8:36 a.m.*

**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 JULY 24, 2023.**

Approve the minutes of the Quality and Efficient Practices Committee for the July 24, 2023 meeting, as presented. The information was included in the Committee packet.

**PUBLIC COMMENT:**

None

**MOTION:**

Upon motion by Committee member Allen Radner, MD., second by Chair Carson., the minutes of July 24, 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**

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

### 3. PATIENT CARE SERVICES UPDATE

#### a. Emergency Department Unit Practice Committee Update

Daniel Vann-Victorino, Chair of the Emergency Department Unit Practice Council gave an update on the Council's work. Blood contamination rates are down compared to last year's numbers. This year they have established an official fast track process which has improved pediatric patient experience and nursing engagement. The biggest issue in the ER is the limited space

### Board Discussion

Committee member Delgado asked what we are using to update staff on the good work that the committee is doing. Staff responded that they have made changes to their huddles and have made them more frequent.

### 4. PUBLIC INPUT

No public input

### 5. CLOSED SESSION

Chair Carson announced that the item to be discussed in Closed Session is *Hearings/Reports – Report of the Medical Staff Quality and Safety Committee, Quality and Safety Board Dashboard Review, CMS Star Data Analysis and Action Plan, and Receive and Accept Quality and Safety Reports*. The meeting recessed into Closed Session under the Closed Session protocol at 8:56 a.m.

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

The Committee reconvened for Open Session at 9:38 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, CMS Star Data Analysis and Action Plan, 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: "Safety and Reliability Practices"
  - a. Risk and Patient Safety:  
Patient Safety Events and Disclosures- Events/Action Plans/ Monitoring
  - b. Accreditation and Regulatory Updates
  - c. Malnutrition Documentation – Process Improvement Updates
  - d. National Recognitions and Awards
2. Quality and Safety Board Dashboard Review
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

## 7. ADJOURNMENT

There being no other business, the meeting adjourned at 9:40 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, September 25, 2023, at 8:30 a.m.**

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Catherine Carson, Chair  
Quality and Efficient Practices Committee

# PATIENT CARE SERVICES UPDATE

*(PAULO)*



## Board Paper: Quality & Efficient Practices Committee

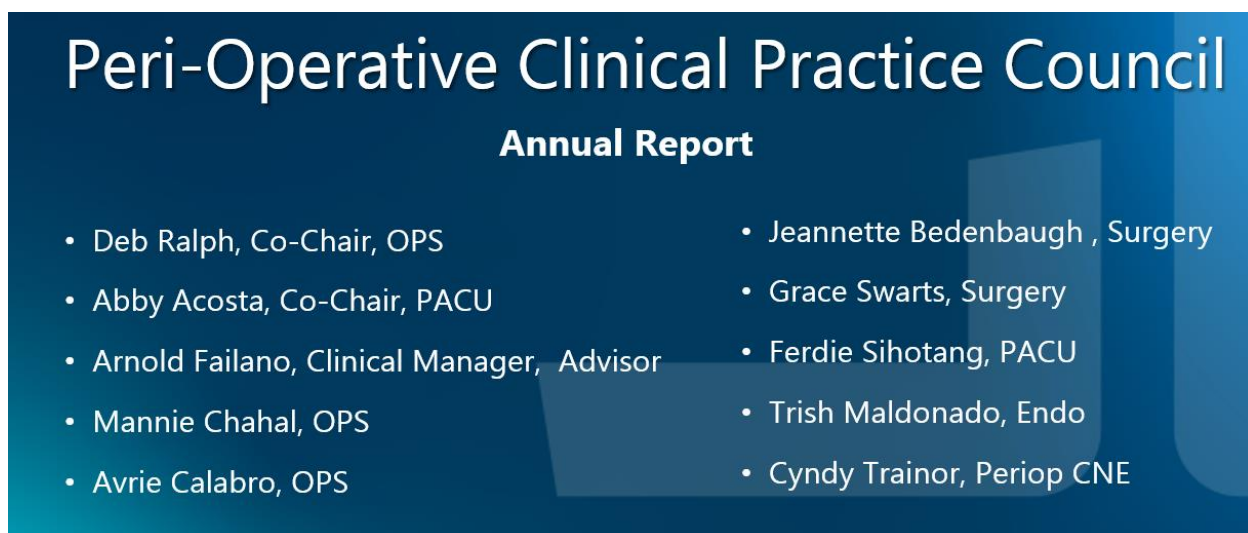
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Agenda: Patient Care Services Update  
Executive: Lisa Paulo, MSN/MPA, RN  
Sponsor: Chief Nursing Officer  
Date: September 25, 2023

### Pillar/Goal Alignment:

Service  People  Quality  Finance  Growth  Community

### QUALITY:



**Peri-Operative Clinical Practice Council**  
**Annual Report**

- Deb Ralph, Co-Chair, OPS
- Abby Acosta, Co-Chair, PACU
- Arnold Failano, Clinical Manager, Advisor
- Mannie Chahal, OPS
- Avrie Calabro, OPS
- Jeannette Bedenbaugh, Surgery
- Grace Swarts, Surgery
- Ferdie Sihotang, PACU
- Trish Maldonado, Endo
- Cyndy Trainor, Periop CNE

## 2022 Projects

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- ❖ Outpatient Surgery Relocation
- ❖ Perioperative Hospital Acquired Pressure Injury [HAPI] Prevention
- ❖ Enhancing Patient Experience
- ❖ Annual Competency
- ❖ Bladder Management with Cath Lab
- ❖ Standardized Workflow for Diagnostic Imaging [DI] Patients Receiving Anesthesia

## Outpatient Surgery Relocation

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- Outpatient Surgery [OPS] originally located in the Heart Center Holding Area
- Shared units: OPS and Cath Lab patients
- Identified the need for more Cath Lab beds
- Collaborated with management, mitigate impact to staff and patient care

## Prevention of Hospital-Acquired Pressure Injuries

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Attributed to an Operative Procedure

- Need for development of process to protect skin integrity in Peri-Operative Unit [Peri-Op]
- Collaborative process for all phases of perioperative and parianesthesia care in Surgery, Outpatient Surgery [OPS], Post Anesthesia Care Unit [PACU], and Endoscopy [Endo]
- Enculturation of evidence-based measures to mitigate Hospital-Acquired Pressure Injuries [HAPI] risk for peri-op patients

## Patient Experience

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- Outpatient Surgery [OPS] & Post Anesthesia Care Unit [PACU] collaborated to improve Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS] scores
- Improved discharge instruction process by focusing on patient and family education
- Provided peer feedback on use of the Primary Care Physician Communication [PCPC] colored discharge summary form for fast and easy reference to discharge [d/c] instructions
- Emphasized optimal use of folders with most common information for discharge
- Post Anesthesia Care Unit [PACU] supports call backs

## Patient Forms

**My Medications & Medical ID Card**

My Name: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 New Medication: (1149)433 ext. 299  
 Do not take blood thinners:  No  Yes   
 Are you an organ donor?  No  Yes

**After Your Surgery**

Be sure to ask your nurse or doctor any questions you may have about caring for yourself after surgery.

- Review and follow your discharge instructions included in this folder.
- Fill prescriptions prescribed to you and follow your surgeon's directions.
- Ask your pain management plan reviewed at discharge.
- See tips on the back of this folder for preventing nausea and vomiting.
- Follow directions from your surgeon on how to care for your wound.
- If you have bleeding that starts again or gets worse call your surgeon.
- For the first 24 hours get plenty of rest, do not make important decisions, drive or operate equipment.
- Schedule any follow-up visits that are recommended.

Be sure to take this folder home with you as it contains important instructions and information on how to care for yourself at home. Please have this packet available for your post-operative phone call.

**Salinas Valley Memorial Healthcare System** Patient Label

Follow Up Appointment On: \_\_\_\_\_ Time: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Physician Phone No.: \_\_\_\_\_  
 Call your Surgeon's office to schedule your follow up appointment  Other follow up: PT / Home Health

**DIET**

Eat Meat - should be light, smaller meals  Regular Diet  Drink Fluids  Other: \_\_\_\_\_  
 Clear liquids for \_\_\_\_\_ day(s)  Soft / Liquid diet  Continue pre-operative diet instructions  
 Do not drink through a straw  Continue restrictions until \_\_\_\_\_ day(s)  New Doctor's instruction

**ACTIVITY**

No heavy lifting, maximum weight \_\_\_\_\_ for \_\_\_\_\_ weeks  Resume activities as tolerated  
 No driving while taking Opioid Medication  
 Wear Abdominal Binder  While out of bed  at all times, as instructed  Wear Post Op Socks 6w  
 Plastic Rest for \_\_\_\_\_ weeks

**Orthopedic or Prosthetic Patients**

Wear Post Op Shoe  Non-Weight bearing  Right  Left  Foot/Leg  Use Crutches/Walker/Wheelchair  
 Full or Partial Weight Bearing Other: \_\_\_\_\_

**DAILY HYGIENE**

May shower tomorrow  May shower in \_\_\_\_\_ days  
 Pat incision dry  Etc (fill)  3 times daily  3 times daily for \_\_\_\_\_ week(s)  
 Do not submerge incision for \_\_\_\_\_ days in a bathtub or Hot tub  
 Other: \_\_\_\_\_

**DRESSING / TREATMENT**

May remove dressing in \_\_\_\_\_ days  Do Not remove dressing until your doctor's follow up appointment  
 Leave open to air  Tubes/Drains/Urinary Catheter

**DISCHARGE MEDICATION**

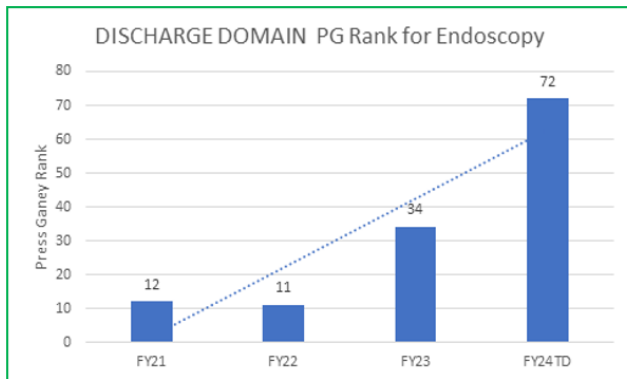
Next dose of pain medication may be taken at \_\_\_\_\_ Do not exceed 3 grams of Tylenol a day  
 Medication to be picked up at Pharmacy - Location: \_\_\_\_\_  
 Patient has medication at home  No medication ordered  Prescription given to Patient/Family  
 Continue medication as prescribed  Contact Primary Physician regarding home medications

**Please call your doctor if you have any of the following symptoms:**

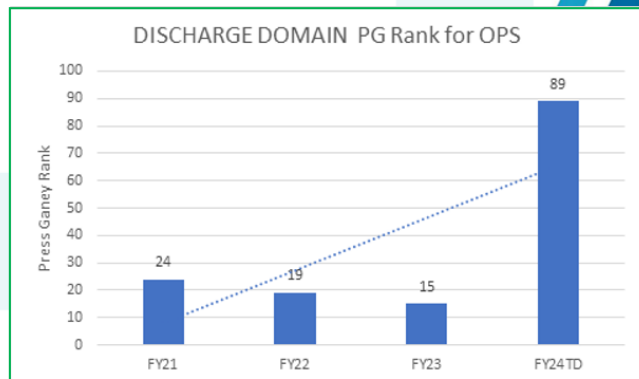
Excessive bleeding; prolonged nausea / vomiting; pain not managed by medications; incision redness, swelling, drainage; temperature greater than \_\_\_\_\_ For questions on items not addressed please clarify them with your doctor. You may receive a survey. We will appreciate your feedback on the care you received today.

## Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS] Scores

### Focus Topic: Discharge



[Percentile Ranking: 51-75%]



[Percentile Ranking: 76-99%]

## Annual Competencies for Peri-Op



- Clinical staff collaborated with management and Certified Nurse Educator [CNE] to develop:
  - High Risk, low volume
  - Clinical guidelines and evidence-based
  - Required Annual Competencies: Airway, Fluid Management, Malignant Hyperthermia, Local Anesthetic Systemic Toxicity [LAST], and Extubation [in PACU]
  - Clinical staff as validators
  - Competencies completed in August 2023

## Bladder Management with Cath Lab

- 25% of Cath Lab patients: Bladder scan in Post Anesthesia Care Unit [PACU]  $\geq$  400 ml
- Post Anesthesia Care Unit [PACU] has existing bladder management protocol
- Cath Lab and Post Anesthesia Care Unit [PACU] staff collaborated to mitigate the significant rate of urinary retention for post Cath Lab patients
- Cath Lab and Post Anesthesia Care Unit [PACU] agreed to implement: pre-op voiding at Heart Center Holding Area [HCHA], handover of fluid intake, PACU's bladder management protocol, and communicate with receiving unit if patient has risk for retention
- 55% less patients arriving to Post Anesthesia Care Unit [PACU] with full bladders

## Standardized Work Flow for Diagnostic Imaging [DI] Patients Receiving Anesthesia

- Collaboration with Procedural Unit Practice Council [UPC]
- Identified gaps in current workflow
- Developed process for: Pre-Admission Testing [PAT] by Outpatient Surgery [OPS], order entry by Anesthesiologist, clarification of process of care, and workflow when critical incidences occur
- We are conducting pre-anesthesia assessment on patients to prevent post-anesthesia issues
- Continue communication improvement to enhance patient care

## 2023 Initiatives

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- Improve the pre-admission testing process, *Quality Improvement [QI]*
  - Currently not a standardized process
  - Variables and deviations in process
  - Determined the need to use evidence-based practice
  - Created a flowchart of current process
  - Supported by Quality Department

- Surgery Cancellation Process, *Quality Improvement [QI]*
  - To review gaps in existing process



## 2023 Initiatives Cont.

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- Updates for Family of Patients in Surgery, *Evidence-Based Practice [EBP]*
  - Reviewed all technology available
  - To optimize Tiger Connect® messaging and Operating Room Management Status Board

- Patient Warming, *Evidence-Based Practice [EBP]*
  - Cohort project
  - Go-Live target: Fall/Winter 2023



# *PUBLIC INPUT*

*CLOSED SESSION*

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

*RECONVENE OPEN SESSION/  
REPORT ON CLOSED SESSION*



***ADJOURNMENT***