

June 16, 2022

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 Memorial Healthcare System will be held **MONDAY, JUNE 20, 2022, AT 8:30 A.M., IN THE HEART CENTER TELECONFERENCE ROOM AT SALINAS VALLEY MEMORIAL HOSPITAL, 450 E. ROMIE LANE, SALINAS, CALIFORNIA, OR VIA TELECONFERENCE (Visit svmh.com/virtualboardmeeting for Access Information).**

Pursuant to SVMHS Board Resolution No. 2022-08, Assembly Bill 361, and guidance from the Monterey County Health Department in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.



Pete Delgado
President/Chief Executive Officer

Committee Members: Juan Cabrera, Chair; Joel Hernandez Laguna, Vice Chair; Pete Delgado, President/CEO; Allen Radner, MD, CMO; Clement Miller, COO; Lisa Paulo, CNO; Rakesh Singh, MD, Medical Staff Member; Michele Averill, Community Member

**QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING – JUNE 2022
COMMITTEE OF THE WHOLE
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**MONDAY, JUNE 20, 2022
12:00 P.M. – HEART CENTER TELECONFERENCE ROOM
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA
OR BY PHONE OR VIDEO
(Visit svmh.com/virtualboardmeeting for Access Information)**

Pursuant to SVMHS Board Resolution No. 2022-08, Assembly Bill 361, and guidance from the Monterey County Health Department in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

AGENDA

1. Approval of Minutes from the Quality and Efficient Practices Committee Meeting of May 23, 2022 (DELGADO)
 - Motion/Second
 - Action by Committee/Roll Call Vote
2. Patient Care Services Update (PAULO)
3. Financial and Statistical Review (LOPEZ)
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 July 2022 Quality and Efficient Practices Committee Meeting is scheduled for **Monday, July 25, 2022 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.svmh.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 Executive Assistant during regular business hours at 831-755-0741. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

**QUALITY & EFFICIENT PRACTICES COMMITTEE MEETING OF THE
BOARD OF DIRECTORS – 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 ITEM

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

ADJOURN TO OPEN SESSION

**MINUTES OF THE MAY 2022
QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING
COMMITTEE OF THE WHOLE
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**MONDAY, MAY 23, 2022
8:30 A.M. – HEART CENTER TELECONFERENCE ROOM
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA
OR VIA TELECONFERENCE**

Pursuant to SVMHS Board Resolution No. 2022-07, Assembly Bill 361, and guidance from the Monterey County Health Department in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

Committee Members Present: In Person: Clement Miller, Lisa Paulo, Rakesh Singh, MD. Via teleconference: Juan Cabrera, Chair, Joel Hernandez Laguna, Michele Averill, Pete Delgado, Allen Radner, MD.

Committee Members Absent: None

Other Board Members Present, Constituting Committee of the Whole: Victor Rey

A quorum was present and the meeting was called to order at 8:32 a.m. by Juan Cabrera, Committee Chair.

**APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES
COMMITTEE MEETING OF APRIL 25, 2022**

Pete Delgado, recommended the Quality and Efficient Practices Committee approve the minutes of the Quality and Efficient Practices Committee Meeting of April 25, 2022. This information was included in the Committee packet.

No Public Input.

MOTION: The Quality and Efficient Practices Committee approves the minutes of the Quality and Efficient Practices Committee Meeting of April 25, 2022, as presented.

Moved/Seconded/Roll Call Vote: Ayes: Cabrera, Hernandez Laguna, Delgado, Paulo, Averill; Noes: None; Abstentions: None; Absent: Miller, Radner, Singh; Motion Carried.

Rakesh Singh, MD joined the meeting at 8:38 a.m.

Allen Radner, MD and Victor Rey joined the meeting at 8:40 a.m.

Clement Miller joined the meeting at 8:48 a.m.

PATIENT CARE SERVICES UPDATE

Service:

- **Patient Experience:** Lisa Paulo presented the HCAHPS Year-Over-Year (YOY) Ranking from FY18-FY22 to date:
 - Ambulatory Rating: 44% (rank)/86.7% (Top Box score)
 - Emergency Department Rating: 45%/66.39%
 - Inpatient Rating: 86%/79.3%

The Patient Experience Balanced Scorecard was presented:

- Ambulatory: 91.6 (actual)/91.6 (target)
- Emergency Department: 61.6/64.8
- Inpatient: 74.4/75.1

Key strategies include bedside shift report, rounding and communication boards. Ambulatory strategies: scheduling process improvements, Med/Surg strategies: teach back, ED/Critical Care strategies: commit to sit (rather than standing over), leveraging practice councils.

Committee Discussion: How are we communicating with our non-English-speaking patients? It was clarified teach back is done in the patient's preferred language. The improvements have been a team effort and this is to be congratulated. There was concern the patient experience component may be influenced by travelers. Ms. Paulo explained HR has been very helpful in recruiting experienced and bilingual nurses and the number of travelers is reducing and interpreter services are being used successfully.

Quality:

➤ **Perioperative Clinical Practice Council:** Carla Knight, BSN, RN/Director of Perioperative Services, reported on Patient Care Initiatives:

- **What We've Done:** Anesthesia protocol revision on management of patients with pacemakers, sleep apnea protocol for every patient on the day of surgery, perioperative delirium protocol with the goal to minimize as much as possible (to start in OR then go house-wide), blue wristbands protocol for all patients with therapeutic vaginal packing, shared governance for Magnet[®] designation and pressure injury management by identifying risk factors e.g., patient who will be supine over time and applying a prevention dressing.
- **Where we are:** Obstructive Sleep Apnea (OSA) protocol (sleep apnea risk screening), delirium protocol house-wide task force, blue band protocol 100% staff education/no incidences of missed packing, no pressure injuries and contribution to professional development. Abby Acosta, RSN, RN, SPAN, CAPA/PACU coordinated with the PeriAnesthesia Nurses Association of California to sponsor an event at Ryan Ranch. Ms. Paulo said Ms. Acosta is to be congratulated for bringing this event locally as this is a small community bringing a national organization to us and benefits all nurses in our area and even up to South San Jose.
- **What is coming:** Intraoperative family updates, delirium protocol implementation, enhanced care of DI patients under anesthesia, bladder management of cath lab patients, endo in OR process improvement, transfer from OPS to 1 Main as soon as State approval is received, enhanced time out in OR and enhanced pacemaker interrogation process.

Committee Discussion: Request was made to explain the family update process. It was elaborated intraoperative family updates are currently a very quick text messages (:30 seconds), the time is not predictable and text messaging is not supported by interpreter services. The goal is to add verbal updates in the future. Mr. Delgado asked Ms. Kukla to become involved in the verbal update initiative.

FINANCIAL AND STATISTICAL REVIEW

Scott Cleveland, Controller, provided a financial and statistical performance review for the month ending April 2022. This information was included in the Committee packet

Key highlights of the financial summary for April 2022 were: (1) Income from operations was \$2.7M with an operating margin of 4%, (2) Net income was \$4.2M with a net income margin of 7.1%; (3) Inpatient gross revenues were favorable to the budget; (4) Emergency Department gross revenues

were above budget; (5) Outpatient gross revenues were favorable to the budget; (6) Payor mix was unfavorable to the budget; (7) Total normalized net patient revenues were unfavorable to the budget; (8) Outpatient surgeries were below budget and inpatient surgeries were above budget; (9) Average daily census and total admissions were above budget; (8) Total acute average length of stay (ALOS) Medicare traditional ALOS CMI adjusted was unfavorable; (9) Operating revenues met expenses; (10) Days cash on hand was 344; days of net accounts receivable is 51.

NO PUBLIC INPUT

CLOSED SESSION

Juan Cabrera, Chair, announced that the item to be discussed in Closed Session is *Hearings/Reports – Report of the Medical Staff Quality and Safety Committee*. The meeting was recessed into Closed Session under the Closed Session protocol at 9:08 a.m.

RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened Open Session at 9:27 a.m., Juan Cabrera reported that in Closed Session, the Committee discussed: *Hearings/Reports – Report of the Medical Staff Quality and Safety Committee*. No action was taken in the Closed Session.

ADJOURNMENT

There being no other business, the meeting was adjourned at 9:28 a.m. The May 2022 Quality and Efficient Practices Committee Meeting is scheduled for **Monday, June 20, 2022 at 8:30 a.m.**

Juan Cabrera, Chair
Quality and Efficient Practices Committee
/kmh

Board Paper: Quality & Efficient Practices Committee

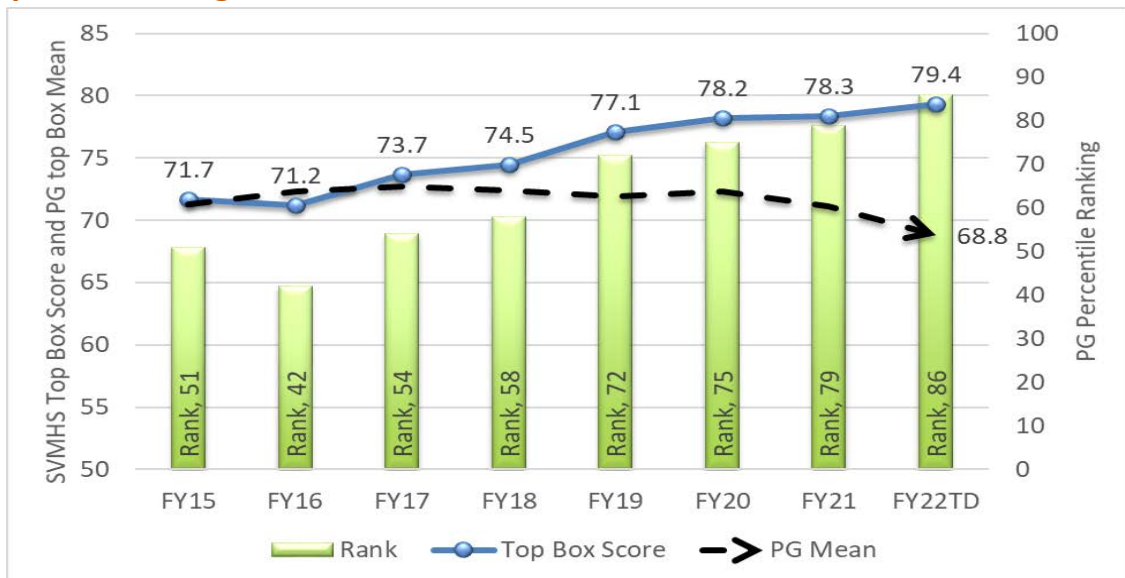
Agenda: Patient Care Services Update
 Executive: Lisa Paulo, MSN/MPA, RN
 Sponsor: Chief Nursing Officer
 Date: June 20, 2022

Pillar/Goal Alignment:

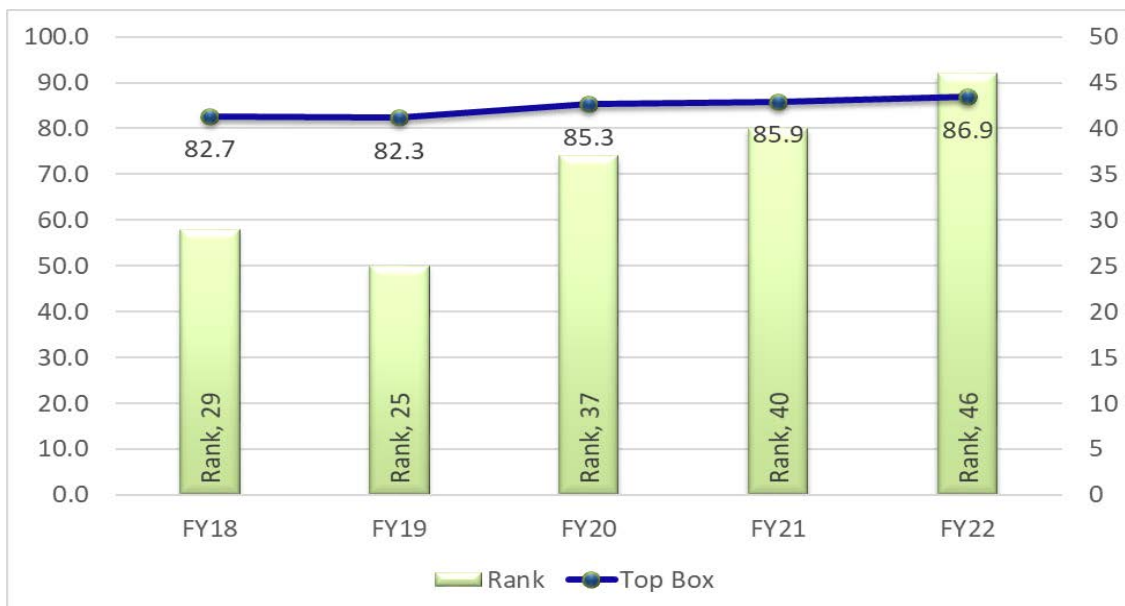
Service
 People
 Quality
 Finance
 Growth
 Community

PATIENT EXPERIENCE:

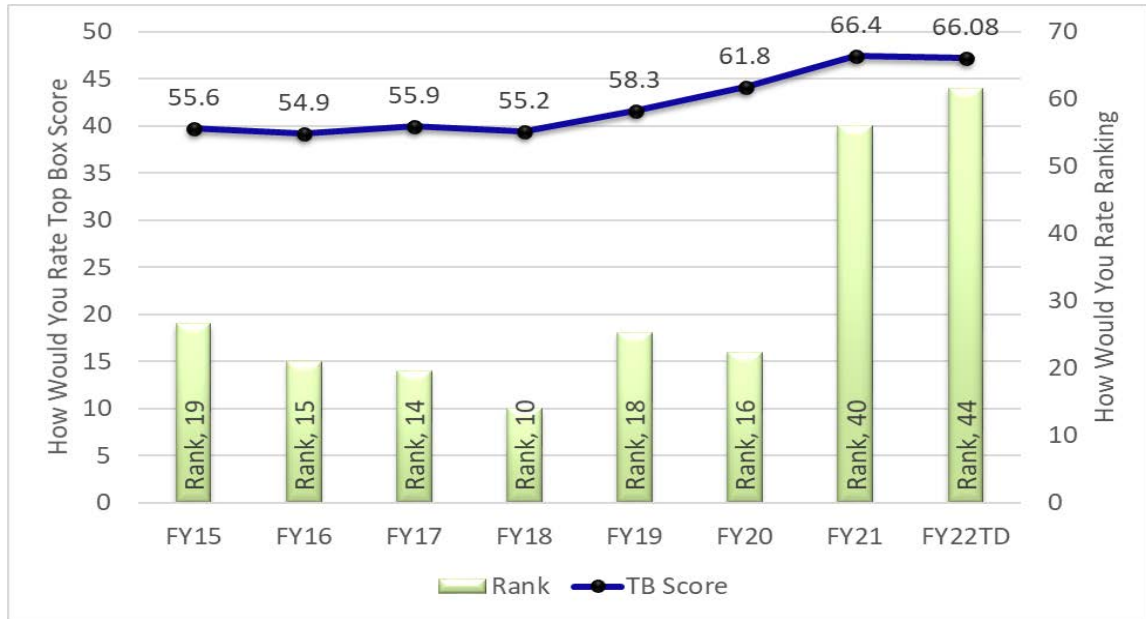
Inpatient Rating:



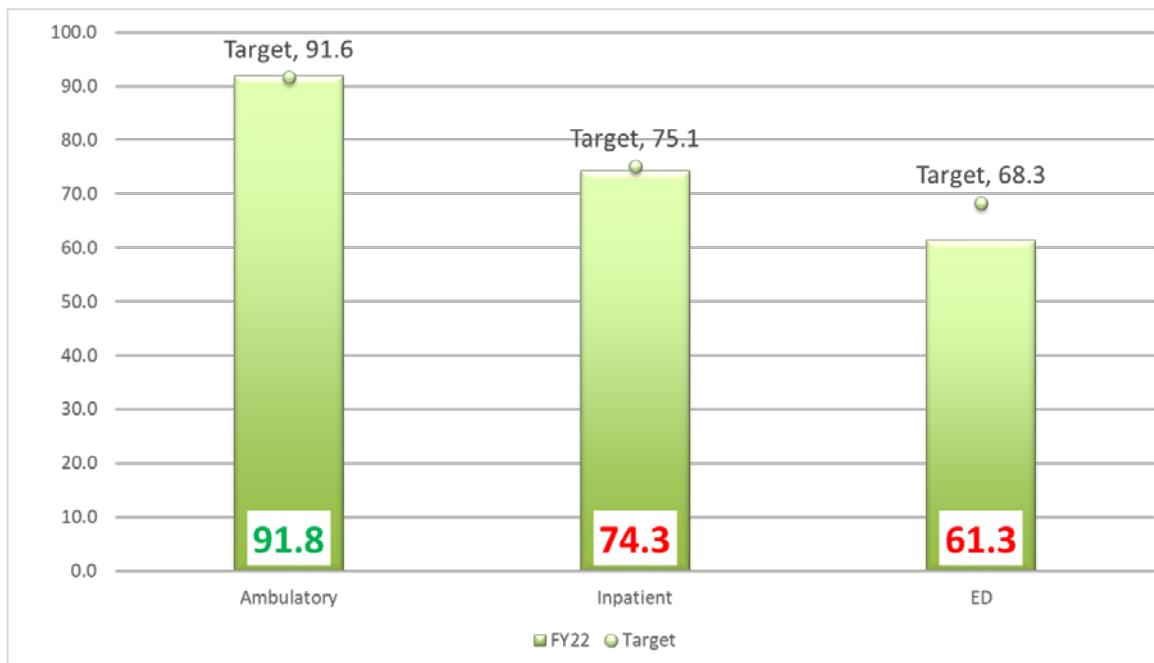
Ambulatory Rating:



▪ **Emergency Department Rating:**



▪ **Patient Experience Balanced Scorecard:**



QUALITY COUNCIL:

Procedural Unit Practice Council

Cath Lab Holding Area:
 Mercedes Labindalaua, *BSN CCRN (Chair)*
 Erika Moncayo, *RN*

Cath Lab:
 Suzette Urquides, *DN, MPA, CCRN*

Cardiology/CDOC:
 Maria (Lola) Garcia, *RN*
 Alejandra Garcia, *RN*

Cardiac Rehab:
 Elizabeth (Betzi) Grogin, *BSN CCRP (Co-Chair)*

Diagnostic Imaging:
 Megan Lopez, *MSN, CNL, VA-BC*
 Megan Canchola, *RN*

Advisors:
 Diana Bokemeir, *BSN*
 Rebecca (Becky) Rodriguez, *BSN, CEN, Clinical Specialist, Magnet*
 Christianna Kearns, *MBA, RDCS*
 Carla Spencer, *MSN, NEA – BC, Director*
 Charvelle Noble, *BSN, CMSRN*
 Lisa Paulo, *MSN/MPA, CENP, Chief Nursing Officer*


What We've Done:

Cath Lab/Cath Lab Holding:

- Door-to-Balloon Data
- Lab Draw Process Improvement
- Structural Heart:


TAVR (Transcatheter Aortic Valve Replacement), MitraClip & Watchman

TAVR at SVMH	MitraClip® at SVMH	Watchman at SVMH
<ul style="list-style-type: none"> • Physicians: Dr Patrik Zetterlund, Dr Vincent DeFilippi and Dr Andreas Sakopoulos • Procedure requires dynamic teamwork between Cath Holding, Cath Lab and Surgery staff • Dr Kanae Mukai performs specialized CT • Program launched January 2019 • 126 cases to date • Excellent outcomes 	<ul style="list-style-type: none"> • Implanting Physician: Dr Patrik Zetterlund • Dr Kanae Mukai performs specialized TEE for screening and MitraClip procedure guidance • Dr Vincent DeFilippi and Dr Andreas Sakopoulos evaluate patients • Program launched October 2021 • 7 cases to date 	<ul style="list-style-type: none"> • Implanting Physicians: Dr Harlan Grogin and Dr Yuji Saito • Cardiologists Dr Steven Regwan, Dr Kanae Mukai and Dr Christopher Oh perform Transesophageal Echocardiogram or CT to guide device placement • Program launched August 2018 • 130 cases to date • Excellent outcomes



What We've Done:

- Diagnostic Imaging:
 - Biopsy approvals
 - Peri-op subcommittee for all general anesthesia cases
 - Vascular Access Team-IV Assessment in May 2022
- Cardiology- Nurse Directed Stress/Lexi Scan Tests
- Cardiac Wellness- DASI score (Duke Activity Status Index: functionality), Dartmouth (Quality of Life), PHQ9 (Depression screening), RYP (Rate Your Plate)
- Tracking pre and post program



Salinas Valley Memorial Healthcare System



Where Are We:

- Conduct Ongoing Moderate Sedation Audits
- Review Patient Experience Database (Press Ganey)
- Data Displays Update
- Professional Standards of Practice accessibility on STARnet



Salinas Valley Memorial Healthcare System



What Is Coming:

- ❑ Cath Lab Holding Area-expanded to 10 bed capacity from 4 on 6/6/22
- ❑ SVMH's vascular access improvement efforts to be presented at the Association for Vascular Access (AVA) Scientific Meeting in September 2022 by **Megan Lopez, MSN, CNL, VA-BC**
- ❑ Cardiac Wellness-PAD (Peripheral Arterial Disease) is new program covered by Medicare
- ❑ New performance measure for 2023 will be "12 sessions in 12 weeks". AACVPR is tracking patient program adherence to a minimum of 12 sessions in 12 weeks. Data will be submitted in February 2023 when we apply for 3 year recertification



Accolades: **TEAM AWARDS**

2022 Platinum Performance Achievement Award

Chest Pain - MI Registry

Salinas Valley Memorial Healthcare System

For demonstrating sustained achievement of performance measures in the treatment of acute myocardial infarction patients through the implementation of American College of Cardiology/American Heart Association Clinical Guideline Recommendations.

Steven M. Bradley, MD, MPH, FACC
 Chair, NCDR Oversight Committee

Michael Kocian, MD, FACC
 Chair, Chest Pain - MI Registry

Corina Anderson, MSW, RN, CPHQ, AACCC
 Director, Chest Pain - MI Registry

AMERICAN COLLEGE OF CARDIOLOGY

The Cath Lab was awarded the Team Star during Hospital & Nurses Week 2022



PUBLIC INPUT

CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

*ADJOURNMENT – THE JULY 2022
QUALITY AND EFFICIENT
PRACTICES COMMITTEE MEETING IS
SCHEDULED FOR MONDAY,
JULY 25, 2022, AT 8:30 A.M.*