



July 21, 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**¹ will be held **MONDAY, July 24, 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

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

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 HEALTH¹**

**MONDAY, JULY 24, 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 June 19, 2023.
 - Motion/Second (DELGADO)
 - Action by Committee/Roll Call Vote
3. Patient Care Services Update (PAULO)
 - a. Professional Development Committee Update
4. Medication Reduction Program Plan (KUKLA)
5. CMS follow-up visit re initial visit in 2020- verbal update (KUKLA)
6. 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.
7. Closed Session
8. Reconvene Open Session/Report on Closed Session
9. Adjournment
The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, August 21, 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, 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
Report focus: "Efficient Practices"
 - a. Laboratory Department- Shanta Day
 - b. Radiology/Mammography/Nuclear Medicine- Gina Ramirez
2. Quality and Safety Board Dashboard Review- A. Kukla
3. Receive and Accept Quality and Safety Reports
 - a. Throughput
 - b. Emergency Department
 - c. Glycemic Control
 - d. Heart Failure
 - e. Perianesthesia/Endoscopy
 - f. Public Relation/ Communications
 - g. Materials Management
 - h. Clinical Informatics
 - i. Social Services/ Case Management/ Utilization Management

ADJOURN TO OPEN SESSION

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

SALINAS VALLEY HEALTH¹
QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES JUNE 19, 2023

Committee Members Present:

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

Via teleconference: Vice Chair Rolando Cabrera, MD., Michelle Averill, and Pete Delgado

Committee Members Absent:

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

Vice Chair Rolando Cabrera MD. in at 8:35

Director Juan Cabrera in at 9:01 a.m.

Rakesh Singh MD. Out at 9:05

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Carson called the meeting to order at 8:33 a.m. at the Downing Resource Center CEO Conference room 117.

2. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF MAY 22, 2023.

Approve the minutes of the Quality and Efficient Practices Committee for the May 22, 2023 meeting, as presented. The information was included in the Committee packet.

PUBLIC COMMENT:

None

MOTION:

Upon motion by Committee member Allan Radner MD., second by Committee member Lisa Paulo, the minutes of May 22, 2023, of the Community Advocacy Committee were approved, as presented.

ROLL CALL VOTE:

Ayes: Chair Carson, Averill, Delgado, Miller, Paulo, Radner MD., and Rakesh MD.

Noes: None

Abstentions: None

Absent: Vice Chair Cabrera MD.

3. PUBLIC INPUT

No public comment

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. 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*. The meeting recessed into Closed Session under the Closed Session protocol at 8:35 a.m.

5. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened 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*. The following actions were taken:

The Committee received the following reports:

1. Report of the Medical Staff Quality and Safety Committee
 - a. Report Risk Management/ Patient Safety and Accreditation and Regulatory Reports- A.Kukla
 - b. Report Dialysis Services Program- Agnes Lalata
 - c. Palliative and Spiritual Care- L. Gottfried
 - d. Addenda to the Quality Assessment and Plan- A.Kukla
2. Quality and Safety Board Dashboard Review- A. Kukla
3. Emergency Management Plan- A.Kukla
4. Receive and Accept Quality and Safety Reports
 - a. Environment of Care Committee
 - b. Accreditation and Regulatory Report
 - c. Clinical Alarm Safety
 - d. Diagnostic Discrepancies 3Q and 4Q 2022: Pathology report
 - e. Pharmacy and Therapeutics Committee Report/Infection Prevention Program

6. ADJOURNMENT

There being no other business, the meeting adjourned at 9:39 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, July 24, 2023 at 8:30 a.m.**

Catherine Carson, Chair
Quality and Efficient Practices Committee

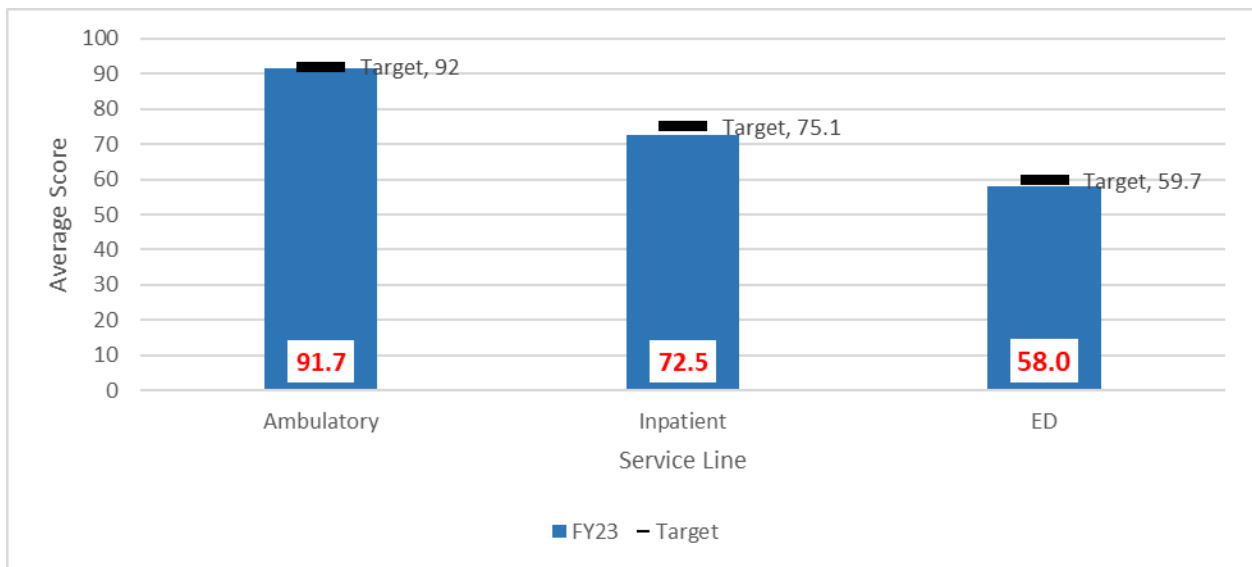
Board Paper: Quality & Efficient Practices Committee

Agenda: Patient Care Services Update
 Executive: Lisa Paulo, MSN/MPA, RN
 Sponsor: Chief Nursing Officer
 Date: July 24, 2023

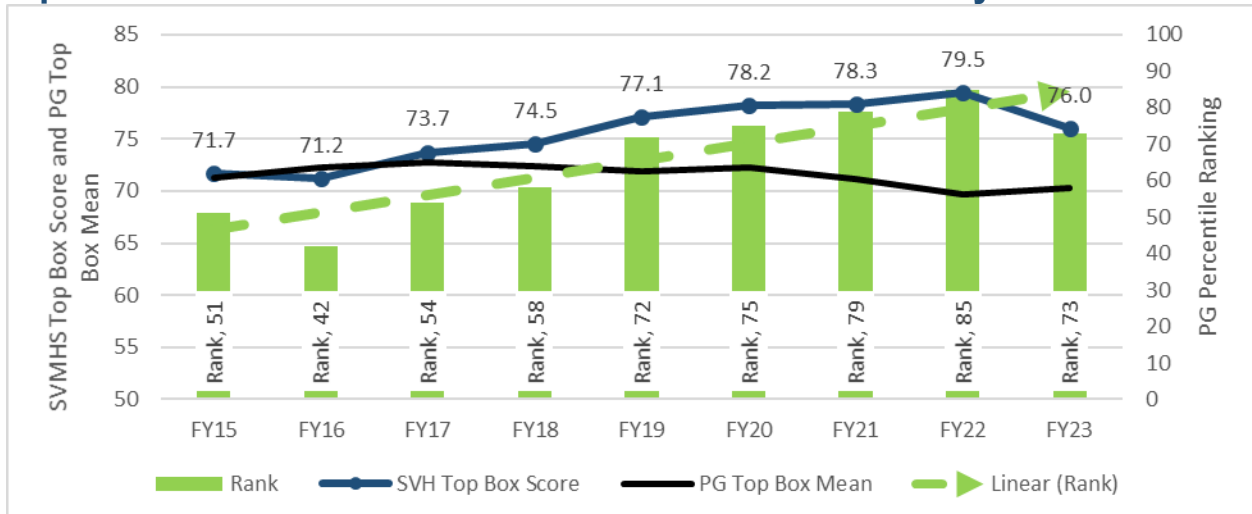
Pillar/Goal Alignment:

Service
 People
 Quality
 Finance
 Growth
 Community

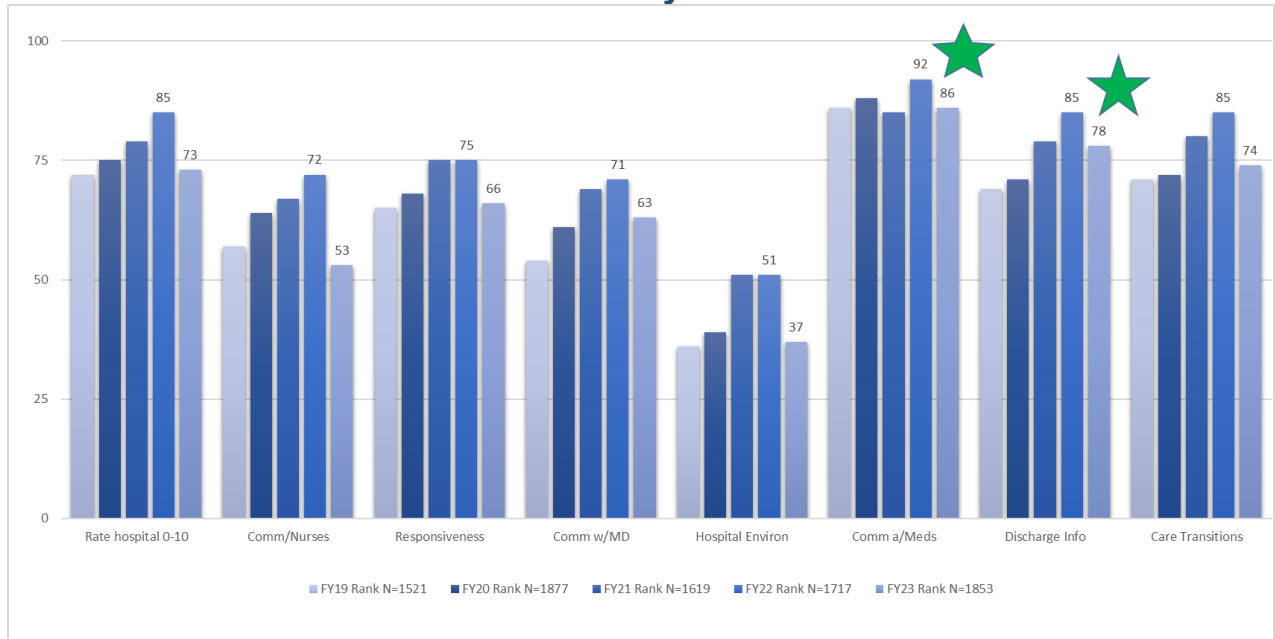
SERVICE: SVM Patient Experience FY23 Target Outcomes



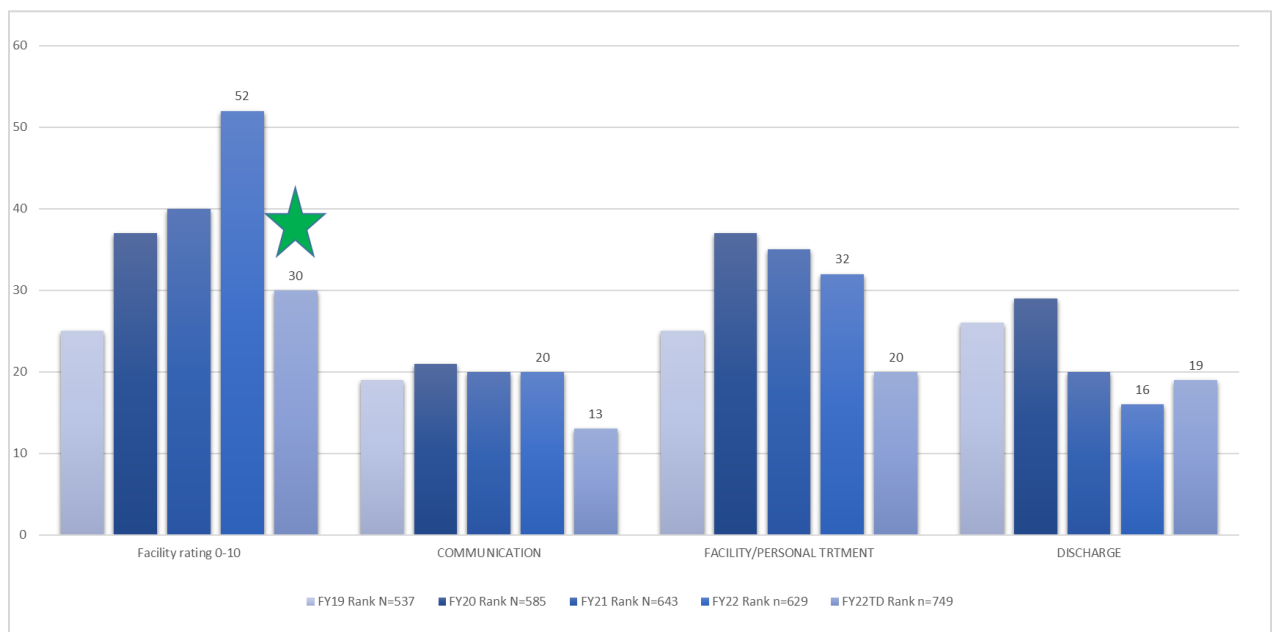
Inpatient “How Would You Rate” Question Press Ganey Mean vs. SVH



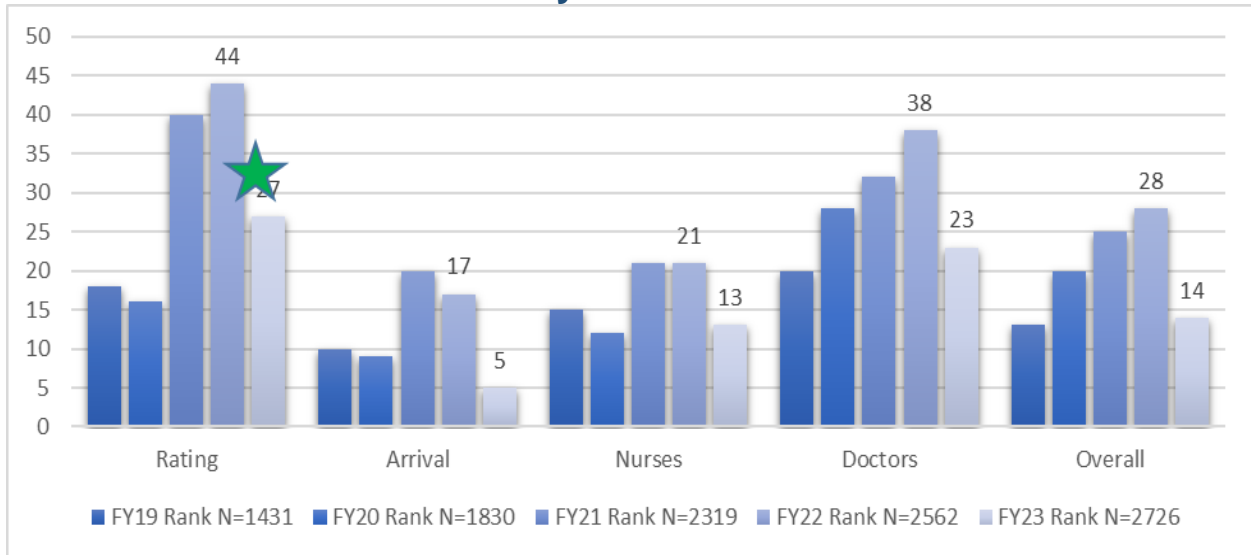
HCAHPS Year-Over-Year Press Ganey Rank



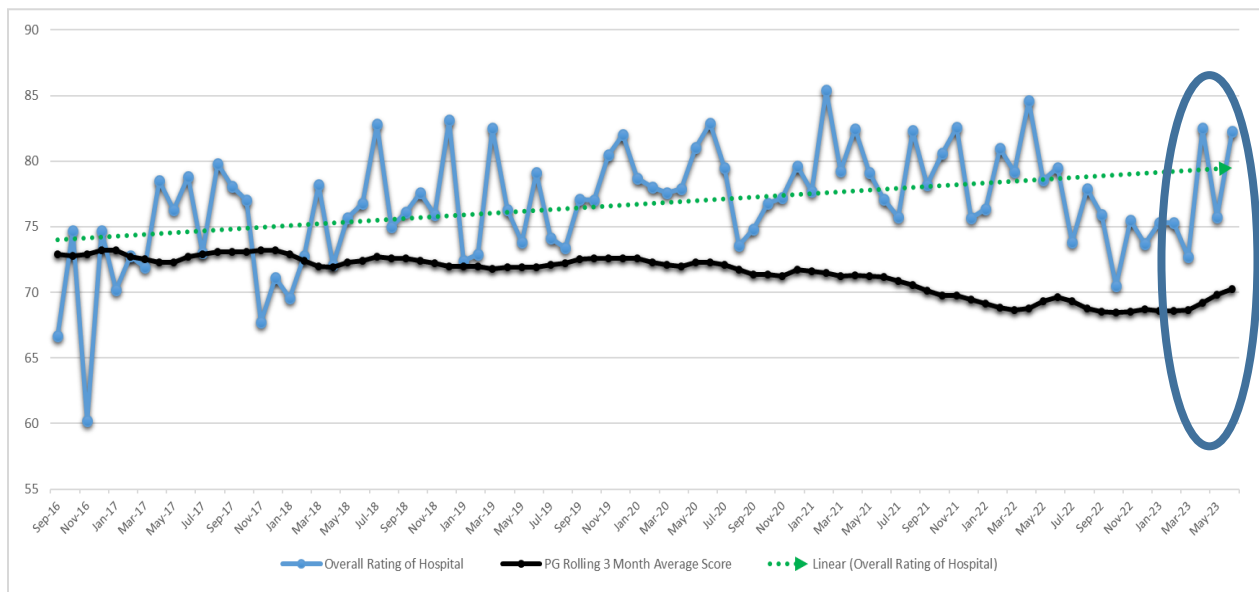
Ambulatory Year-Over-Year Press Ganey Rank



ED Year-Over-Year Press Ganey Rank



Overlay of SVH with PG-How Would you Rate



Continued Efforts

- Professional Governance Structure
 - Quiet Initiative
 - Communication Boards
 - Medication Education Sheet
- #FAQ Friday
- NarrativeDx Go Live
- Service Excellence Education
- Charge RN Rounding Coaching
- ED Arrival Domain Initiatives
- ED Workflow Redesign
- Department PX Workplans

The 3 in 3 CHALLENGE
 To improve the Patient Experience
 CHALLENGE START DATE: April 1, 2022 CHALLENGE END DATE: June 30, 2022
GOAL:
 Improve the **Meals** questions top box score by **3% in 3 months.**
UNIT: NUTRITION SERVICES

- Meals Overall
- Temperature of the food
- Quality of the food
- Courtesy of person serving the food

#FAQ Friday
 How do I read the report that I got in my email?

QUIET MENU
 Salinas Valley Health is committed to providing a quiet and healing environment.
 We do our best to provide you with a quiet and healing environment during your stay. Some hospital sounds cannot be eliminated, but we want to do what we can to reduce them. Please choose items from this Quiet Menu to help reduce the noise level:

- Ear plugs
- Fan
- C.A.R.E. Channel
- Guided imagery
- Relaxation music
- Melatonin (if appropriate - needs physician order)
- Eye mask
- Headphones
- Warm blanket
- Aromatherapy lotion
- Sound machine
- Decaf hot tea
- "Voices Down Please" door hanger

If there is anything else we can do to help you rest and heal, please let your care team know.
 Thank you for choosing Salinas Valley Health.

MENÚ SILENCIO
 Salinas Valley Health se compromete a brindar un entorno silencioso y curativo.
 Hacemos todo lo posible para brindarle un entorno tranquilo y curativo durante su estadía. Algunos sonidos del hospital no se pueden eliminar, pero queremos hacer todo lo posible para reducirlos. Elija elementos de este menú para ayudar a reducir el nivel de ruido:

- Tapones para los oídos
- Ventilador
- Canal C.A.R.E.
- Imágenes guiadas
- Música relajante
- Melatonina (si es apropiado - se necesita orden médica)
- Mascaras para los ojos
- Audífonos
- Cobija caliente
- Loción de aromaterapia
- Máquina de sonido
- Te caliente descafeinado
- Colgador de puerta "Voces bajas por favor"

Si hay algo más que podamos hacer para ayudarlo a descansar y sanar, informe a su equipo de cuidado.
 Gracias por elegir Salinas Valley Health.

QUALITY: Professional Development Council

Professional Development Council

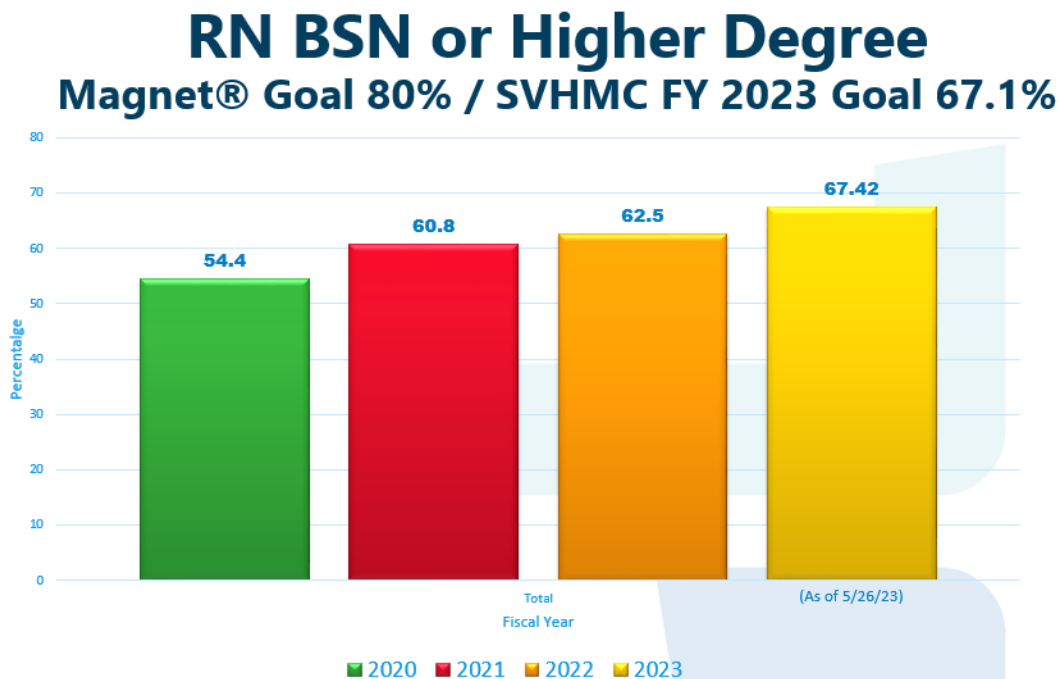
Members:

- | | |
|---|--|
| Chair: Stephanie Fierro, BSN, RNIII, CCRN | Co-Chair: Krystal Cortez, BSN, RNIII, PCCN |
| Sheilah Quentin, BSN, RNIII, CAPA, PHN | Aracely Martinez, BSN, RNIII, PCCN |
| Lisa Sandberg, BSN, RNIII, CPN | Rebecca Rodriguez, MSN, RN, CEN, CPHQ |
| Mercedes Labindalaua, BSN, RNIII, PCCN | Xiaoli Liu, BSN, RNIII, CMSRN, ONC |
| Suzette Urquides, DNP, MPA, RNIII, CCRN | Svetlana Ushakoff, MSN, RNIII, RNC-MNN, CLC |
| Advisor: Vanessa Irwin-Nieto, DNP, RN, NPJ-BC, NE-BC, CNML, CNE, CLC | |



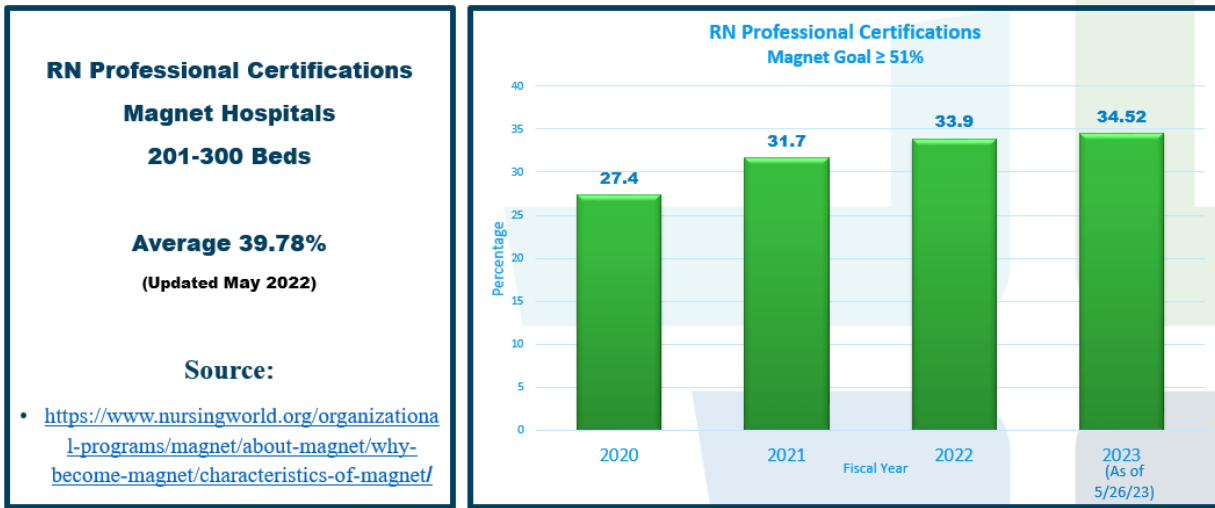
2023 Goals

- ❖ **Support nurses to pursue professional achievements: advanced degrees and specialty certifications**
- ❖ **Monitor organizational vacancy and turnover rates to identify trends and opportunities for improvements**



SVH RN Professional Certification Data

Magnet® Goal ≥ 51% / SVHMC FY23 Goal 34.9%



SVH Certification Preparation Classes

CEN

Certification Review Course

Monday, April 3, 2023 – Tuesday, April 4, 2023
8:00 am – 5:00 pm

Presented by: Melissa Weir, PhD, RN, CEN, CPEN, CNE
Nurse Educator

Location: 5 Lower Ragsdale (Ryan Ranch), Monterey, CA 93940
(Class size is limited, so register early.)

Course Fee – SVMH Employee \$200

Steps for Registration:

1. Read the Certification Course FAQs and the Certification Review Course Participation Agreement
2. Request to attend both Day 1 & Day 2 via API
3. Provide the signed Participation Agreement to your Director.

API Course Code: CEN - Day 1 & CEN - Day 2

PLEASE NOTE: Pre-authorization from department Director/Designee is required in order to attend. CE request form must approved to be paid for attending this class.
 Provider approved by the California Board of Registered Nursing for 15 contact hours, BRN # 00027.

RNC-OB

Certification Review Course

Monday, May 15, 2023 – Tuesday, May 16, 2023
8:00 am – 5:00 pm

Presented by: Alyssa Alexander, BSN, RNC-OB, C-EFM

Location: CP-4 (Class size is limited, so register early.)

Course Fee – SVMH Employee \$200

Steps for Registration:

1. Read the Certification Course FAQs, Certification flyer, and the Certification Review Course Participation Agreement
2. Request to attend both Day 1 and Day 2 via API
3. Provide the signed Participation Agreement to your Director

API Course Codes: RNC-OB D1, RNC-OB D2

PLEASE NOTE: Pre-authorization from department Director/Designee is required in order to attend. CE request form must approved to be paid for attending this class.
 Provider approved by the California Board of Registered Nursing for 16 contact hours, BRN # 00027.

CMSRN

Certification Review Course

Wednesday March 22, 2023 – Thursday March 23, 2023
8:00 am – 4:30 pm

Presented by: Kim Stewart, MSN, RN, NPD-BC, CMSRN
Charvelle Noble, BSN, RN, CMSRN

Location: Pinnacles 1, SVMHS Education Building (611 Abbott St.)
(Class size is limited, so register early.)

Course Fee – SVMH Employee \$200

Steps for Registration:

1. Read the Certification Course FAQs and the Certification Review Course Participation Agreement
2. Request to attend both Day 1 & Day 2 via API
3. Provide the signed Participation Agreement to your Director

API Course Code: MS Cert Day1 & MS Cert Day2

PLEASE NOTE: Pre-authorization from department Director/Designee is required in order to attend. CE request form must approved to be paid for attending this class.
 Provider approved by the California Board of Registered Nursing for 15 contact hours, BRN # 00027.



SVH RN Recognition and Retention Clinical Ladder Promotions – Staff Nurse III Data

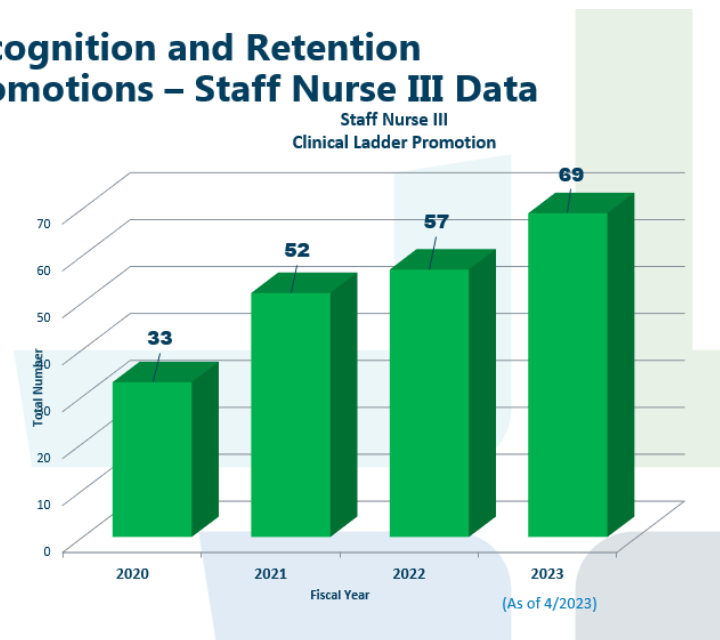
- ❑ The Staff Nurse III functions as an exemplary care provider, demonstrates leadership, and a level of involvement beyond what is required for staff nurse II.
- ❑ An application based; points earned promotion established on enhanced knowledge, leadership, teaching and nursing practice skills
- ❑ Requires annual renewal
- ❑ Current reevaluation of ladder and SNIV

21% Increase 2022-2023

9% Increase 2021 – 2022

57% Increase 2020 - 2021

57% Increase 2019 - 2020



Nurse Turnover

- Overall Organizational RN Turnover: 7.4% FY23/Q3 Rolling Year 11.48%
- Goal : Decrease by 0.5% aligned to meet this goal
- RN Turnover per clinical department: Assessing unit specific trends to support
- Experienced RN Transferring Specialty: 2.00% Q4 2022
- New Hire experienced Nurse Turnover at 1 year service: 1.79% Q3 2022
- HR Exit interview project underway – Thanks to Board approval



Nurse Turnover

**Magnet Hospitals
 201-300 Beds**

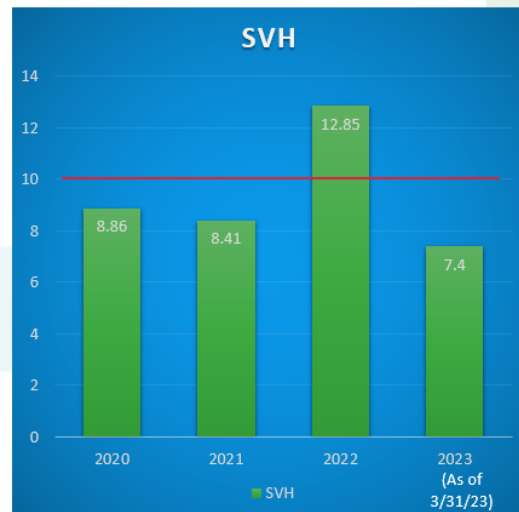
Average Turnover 12.16% (5/2022)

National Average 22.5

Turnover rate: Calculated as FTEs departed divided by the FTEs Actual. Departures include resignations controllable, resignations uncontrollable, and terminations. Excludes travel nurses. Excludes per-diem that are not distinctly allocated or hired as an employed nurse to a particular unit.

Source:

[Characteristics of Magnet Organizations | ANCC | ANA \(nursingworld.org\)](#)
[NSI National Health Care Retention Report.pdf \(nsinursingsolutions.com\)](#)



2023 Fall Fair October 31, 2023

Annual event to increase knowledge and visibility among hospital staff and valued partners. Committees, special projects, advanced degree planning, gift distribution, prizes, and so much more available at the event.

We hope to exceed turnout from last year- STAY TUNED!

Feel free to join us for even more insight on what Professional Development means at Salinas Valley Health



Nurse Recognition Activities

**Honor Your
Healthcare Heroes.**
Honra tu Héroes de la Salud.



Nominate an exceptional nurse for the DAISY® Award. The DAISY® Award recognizes special nurses who provide exceptional care.
Nomina a una enfermera excepcional para el Premio DAISY®. El Premio DAISY® reconoce a las enfermeras especiales que brindan atención excepcional.

Nominate an outstanding staff member for the STAR Award. The STAR Award recognizes staff who exemplify the values of support, teamwork, accountability and respect.
Nomina a un miembro destacado del personal para el Premio STAR. El Premio STAR reconoce al personal que ejemplifica valores de apoyo, trabajo en equipo, responsabilidad y respeto.



Behind
every
good nurse
is a
GREAT
preceptor.



Last Approved N/A
Last Revised N/A
Next Review 1 year after approval

Owner **Mark Danek:**
Director of Pharmacy
Area Pharmacy

Medication Error Reduction Program Plan

SCOPE

- A. Since 2002, the California Department of Public Health (CDPH) has required every licensed general, acute care hospital in California to establish a Medication Error Reduction Plan (MERP), referred to as the CA MERP. The Pharmacy Department, working collaboratively with the multidisciplinary Medication Safety Committee members, oversees the MERP and provides a process aimed at eliminating or significantly reducing medication-related errors.
- B. Medication safety is maintained as a high priority by not only the Pharmacy Department but also the organization system wide. The Pharmacy Department takes a leadership role in evaluating and monitoring medication use throughout the institution as well as leading multidisciplinary committees on medication safety, including the Pharmacy and Therapeutics (P&T) Committee and the Medication Safety Committee, a sub-committee of the P&T Committee.

OBJECTIVES/GOALS

A. Objectives

- 1. The objectives of the MERP include actions and measurable steps targeted to achieve the goals of improving safe and medication processes, eliminating, or reducing medication-related errors and enhancing patient safety. Concurrent and retrospective review of clinical care is employed in determining the meaningful actions needed to promote the safe care of the patient.

A. Goals

- 1. The goal of the MERP at Salinas Valley Health Medical Center (SVHMC) is to ensure safe and accurate medication processes, while significantly reducing harmful medication-related errors, using a multifaceted approach (proactive, real-time, and retroactive), including encouraging the reporting of good catches/close calls (potential medication-related errors) to reporting medication adverse drug events, including medication errors. A robust MERP entails the identification and

implementation of methodologies to reduce medication-related errors with the goal of reducing harm and improving the quality of care and patient safety.

DEFINITIONS

A. N/A

PLAN MANAGEMENT

A. Plan Elements

1. The National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) defines a medication error as: “~~Any preventable event that may cause or lead to inappropriate medication error use or patient harm while the medication is any preventable event that may cause or lead to inappropriate medication use or in the control of the health care professional, patient, or consumer.~~ Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.” This standard definition is encouraged by the NCC MERP to be used by institutions and other groups to identify errors.
2. SVHMC uses methodologies to assess, improve, and evaluate medication safety processes. Examples include targeting high-leverage systems and technologies, involving interdisciplinary oversight, learning from external reports, and improving procedures and systems. These objectives include taking actionable and measurable steps targeted to achieve an impactful MERP program.
3. The framework of the MERP includes, but is not limited to the following:
 - a. Maintaining a robust medication error reporting system. Review concurrent and retrospective features of medication use as well as identify medication system vulnerabilities that impact clinical care. Based on this review, make recommendations for improving the safety of medication-related processes by analyzing aggregate medication-related error data, adverse reaction data, and other events, using the organization’s robust electronic online Occurrence Reporting System, or other methods as indicated. Proactively examine “good catches/close calls” in order to implement changes when needed is an essential practice to prevent medication errors.
 - b. The organization’s Medication Safety Committee oversees the MERP. It is sub-committee of the Pharmacy and Therapeutics (P&T) Committee, meets every other month and analyzes actual or potential medication-related errors and advocates for actionable improvements in current procedures and systems. The Medication Safety Committee is a multidisciplinary team comprised of pharmacists, physicians, nurses, administrators, safety/quality, and risk management members, under the leadership of the Medication Safety Officer. (See Medication Safety Committee Charter.)

- c. Including thoughtfully planned implementation and reassessment of technology to promote safe practices.
- d. Employing effective and timely measurable assessments, including continuous improvement as a tool in monitoring systems, alerts, processes, and procedures.
- e. Providing a proactive practice to risk identification analysis, identifying trends or patterns, to facilitate error reduction strategies. Components of the MERP include eleven (11) procedures of systems that are associated with medication use, as recommended by the Institute for Safe Medication Practices (ISMP).
- f. Incorporating and learning from external medication-related error alerts, proactively ensuring system safety.
- g. Including an annual review of the MERP to modify current processes and systems when needed to determine their effectiveness. When indicated, modifications to the MERP will be instituted.

B. Plan Management

1. REPORTING SYSTEMS AND MONITORING

- a. SVHMC encourages prescribers, nurses, pharmacists, respiratory therapists, and other healthcare practitioners who identify actual and potential medication-related events to report them internally, using the organization's robust electronic online Occurrence Reporting System (WeCare). This system allows the option for anonymous reporting and shares these events to the proper parties for review and analysis.
- b. The organization promotes a Just Culture of safety environment, which allows for a clear and transparent communication of errors in a nonpunitive environment, where employees are encouraged to be open about errors and near misses (good catches) and vulnerabilities in the system. Just Culture, a values-supportive system of shared responsibility, provides a framework to evaluate systems and behaviors to identify and fix these vulnerabilities in a fair and just manner. The risk may lie in flawed system design or from individual inadvertent human behavior, or a combination of **the two both**. Behaviors contributing to medication-related errors tend to fall into three main categories: human error, an inadvertent act that could happen to anyone; at-risk behavior, a risk believed to be justified because other colleagues do the same; reckless behavior, conscious disregard for the risk.
- c. An annual review of the MERP is conducted, in order to assess the effectiveness of the plan for each of the eleven procedures and systems. This process is directed through the Medication Safety Committee, a sub-committee of the Physician and Therapeutics (P&T) Committee. The activities in the MERP, as well the analyses of medication errors, adverse reactions and trends, are evaluated by the Medication Safety Committee. During this review, if indicated, modifications may be made to promote positive outcomes.

- d. When it is identified that healthcare employees require education in order to improve the safety of medication processes, a plan to implement the required educational programs is developed in conjunction with the appropriate department directors and the Education Department. The education may be provided in a variety of ways, including the examples listed below.
- e. Medication safety information is communicated throughout the organization by multiple methods:
 - i. Data is shared with the P&T Committee, Quality and Safety Committee, Medical Executive Committee, and the Board of Directors.
 - ii. Recommendations are forwarded to the appropriate committee/body for approval, including the P&T Committee, Nursing Leadership, and Education Department Director.
 - iii. Focused in-services, including mandatory annual skills sessions, shift huddles, and weekly updates (emails sent to the staff from their managers) are performed.
 - iv. "Written" information is communicated to the healthcare professionals within the organization via multiple mediums including, but not limited to:
 - a. Organization-wide email system in which staff members are responsible for accessing and reviewing.
 - b. New employee orientation, HealthStream (e-Learning) electronic online module, mandatory annual skills sessions, shift huddles, "weekly updates" sent to the staff from their managers.
 - c. Weekly Information Notes (WIN Tip Sheets through email and health system intranet [STARnet]).
 - d. Medical Staff quarterly department meetings, summaries of Medical Executive Committee meetings (posted on the STARnet intranet, under Physicians), as well as mass emails.

2. PROCEDURE

- a. The organization uses a multifaceted approach to proactively identify and implement methodologies to reduce medication-related errors and to improve the quality of care provided to patients. The process for identifying medication errors and risks includes prospective, concurrent (e.g., observation, including reports from staff) and retrospective review of patient care. Data is collected using the electronic online Occurrence Reporting System, an electronic online reporting system that documents adverse medication events, including medication-related errors and adverse drug reactions. Other means to identify actual or potential medication-related errors include the capture of pharmacy or nursing

interventions and the reporting of triggers.

- b. Led by the Medication Safety Officer, the Medication Safety Committee members proactively review and incorporates information from the literature, peer-to-peer review of medication management systems in other hospitals, as well as external medication-related error alert sources into safety practices as an additional area of surveillance and vigilance. Examples of external reports include, but are not limited to: the Institute for Safe Medication Practices (ISMP), The Joint Commission (Sentinel Event Alert) newsletters, US Food and Drug Administration (FDA) Drug Alerts and Statements, National Alert Network, National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) Recommendations and Statements, American Society of Health-System Pharmacists (ASHP), the California State Board of Pharmacy, and the California Department of Public Health (CDPH).
- c. This information is analyzed and reported to the Medication Safety Committee, providing interdisciplinary oversight, who conducts a timely review of these events, including those that have caused harm or may have the potential to cause harm. Under the leadership of the Medication Safety Officer, medication-related errors and risks are analyzed and weaknesses or deficiencies are identified. Methods employed in this analysis may include root cause analysis (RCA) and risk assessments. Once the root cause is identified, working with this multidisciplinary team is paramount to identifying and implementing appropriate solutions, including actionable changes to procedures and systems. Improvement plans then developed by the Medication Safety Committee are presented to the P&T Committee for discussion, approval, and implementation. This information is then reported to the Quality and Safety Committee, the Medical Executive Committee, and to the Board of Directors.
- d. When it is identified that staff members require education in order to improve the safety of medication processes, a plan to implement the required educational programs is developed in conjunction with the appropriate Department Directors and the Education Department. Medication safety information is communicated throughout SVHMC in various ways, including:
 - i. Data may be forwarded to the P&T Committee, Quality and Safety Committee, Medical Executive Committee, and to the Board of Directors.
 - ii. Recommendations are forwarded to the appropriate committee/body for approval, such as to the P&T Committee, Nursing Leadership, and Education Department Director.
 - iii. Focused in-services, huddles, and/or HealthStream (electronic) education modules.
 - iv. Written information may be communicated to staff via:
 - a. Organization-wide email system whereby staff

- members are responsible for accessing and reviewing.
- b. Nursing Education modalities including new employee orientation, WIN Tip Sheets, HealthStream, mandatory annual skills sessions, shift huddles, and “weekly updates” sent to the staff from their managers.
- c. Medical Staff quarterly department meetings, summaries of Medical Executive Committee meetings (posted on the STARnet intranet, under Physicians), and other updates.
- e. The organization has adopted the California MERP initiatives, which include eleven (11) procedures and systems that are associated with medication use. SVHMC’s [Medication Use Policy](#) provides more detailed information about these procedures and systems.
- f. The organization has adopted a methodology to evaluate each of these procedures and systems in order to proactively identify actual or potential medication-related errors as well as to provide a concurrent and retrospective review to identify any weaknesses or deficiencies. The plan for each of these procedures and systems is reviewed annually to assess their effectiveness. When indicated, such as when weakness or deficiencies are found, the plan for the specific procedures and systems is modified. Improvement plans are shared with staff members and leadership for enhanced medication safety.

i. ELEVEN (11) PROCEDURES AND SYSTEMS

- a. **Prescribing** - The process whereby a licensed or authorized prescriber orders a medication for a patient.
 - i. This includes order sets, order strings and individual medication orders, which are prescribed using electronic computerized provider order entry (CPOE) as well as faxed paper orders. The ordering of medications must comply with the required elements of a prescription, as mandated by the California Board of Pharmacy and The Joint Commission. During the prescribing process, medication orders must be legible; they must not contain abbreviations, inappropriate leading/trailing zeroes, ranges, and as needed (PRN) orders without indication or clear instruction of use.
- b. **Prescription Order Communications** - The process where a prescription is communicated, clarified, transcribed (If necessary), and any other communications related to a prescription order. This

process may be via direct order by the provider or by means of a telephone order or verbal order to the licensed nurse/pharmacist when appropriate.

- i. This also includes communication of relevant information to the pharmacy necessary for medication order processing/ verification, such as allergies, age, current weight (using metric units), height, gender, and pertinent laboratory values. In addition, medication-related electronic alerts during prescription order entry, pharmacy validation or clinical administration related to allergies, therapeutic duplication, drug interactions, contraindications and critical laboratory values are important features that must be acknowledged during prescription order communications.

c. **Product Labeling** - Product Labeling refers to the label placed on a medication at any point in the process intended to be administered to a patient.

- i. The product label shall contain the patient's name, the location where the medication is to be delivered (e.g., the patient's room), as well as the directions for use and applicable accessory and cautionary instructions (e.g., refrigerate). This also includes the use of "Tall Man" (mixed case) lettering, "Look Alike Sound Alike" (LASA), and the notation of "High Alert" for medications designated as High Alert when feasible. The product shall contain the appropriate units, such as the metric system, where applicable.

d. **Packaging and Nomenclature** - Packaging and nomenclature include the process of preparing a product in a unit dose ready-to-administer package/ container.

- i. This includes the repackaging of bulk products to unit dose packages. Packaging may also include the use of barcodes, as applicable. Nomenclature involves the utilization of a standard unit of measurement (metric system) and approved "Tall Man" (mixed case) lettering, as well as "Look Alike Sound Alike" (LASA) designations, where applicable.

- e. **Compounding** - The process of preparing a product not commercially available in the concentration ordered by the prescriber, preferably by the pharmacy.
 - i. This involves utilizing a sterile compounding area as appropriate and expanding the availability of pre-made ready to use products when available. This includes employing standardized concentrations and beyond use dating pertinent to applicable rules, regulations, and laws.
- f. **Dispensing** - The process of a pharmacist validating a prescriber order and selecting the correct medication to dispense to a patient, including oral, parenteral, and miscellaneous medications.
 - i. This includes a process for verifying and using patient's own medications, where applicable.
- g. **Distribution** - The process where a clinician obtains the medication on the unit to administer to the patient.
 - i. This includes the use of automated dispensing cabinets (ADCs), emergency medication carts, as well as medication storage. The distribution process involves the pharmacy distribution system (centralized vs. decentralized) and the utilization of pharmacy satellites. Automated dispensing cabinet use provides a critical role in the distribution process. Pharmacy is responsible for the stocking of the ADCs, following requirements for Look Alike Sound Alike (LASA) and High Alert medications, monitoring medication expiration dates and temperatures, and providing a process for using the override function for selected medications. In addition, ADCs provide oversight for controlled substances, including handling, discrepancy, return, and diversion documentation and monitoring.
- h. **Administration** - The process where the clinician administers the medication to the patient.
 - i. This includes the use of barcode medication administration (BCMA) technology that involves the process of verification by

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scanning the barcode on the medication and the patient identification wristband, providing enhanced patient safety. The process also includes the use of standard administration times, equipment modifications (such as tubing and administration sets), automated Smart Pump technology, and independent double checks (IDC) prior to medication administration as essential features to decrease adverse medication-related events.

- i. **Education** - This includes education campaigns and programs targeted to any clinician involved in the medication use process.
 - i. This includes tools intended to provide the clinician with medication-related information, such as UpToDate/Lexi-Comp, Micromedex, and other resources. This also includes education directed at the patient.
- j. **Monitoring** - The process to monitor a particular step in the medication use process.
 - i. This includes patient-specific monitoring, such as a response to a medication or pharmacokinetic drug dosing effects. This includes audits, rounds, as well as proactive, concurrent, and retrospective surveillance. Also included is the process of monitoring adverse drug events (medication errors and adverse drug reactions) and monitoring high alert or other medications with known potential for harm. In addition, monitoring includes specialists hired to review safety information on a local and national level.
- k. **Use** - This encompasses all other practices, systems and procedures in the medication use process, including **HIPPAHIPAA** (Health Insurance Portability and Accountability Act of 1996).
 - i. This includes processes for handling chemotherapy or biohazard agents. This includes medication use evaluations, Core Measures, Root Cause Analysis (RCA), Failure-Mode-Effects Analysis (FMEA), and surveys. This may also include

computerized tools to review usage and document reasons for medication use. In addition, this involves the review of proper “uses” of medications, such those with off-label indications.

3. DOCUMENTATION

- a. The MERP plans developed at Salinas Valley Health since inception of the requirement are available for review.
- 4. SVHMC’s Medication Safety Committee created a Charter to define the scope of its role in advocating for patient safety. See Attachment Medication Safety Committee Charter.

C. Plan Responsibility

- 1. The Director, Pharmacy has oversight for the implementation of the MERP Program.
- 2. The Chair, Pharmacy and Therapeutics Committee has oversight to assure the plan elements are initiated, implemented and monitored and actions are defined for any opportunities.
- 3. The Director, Pharmacy is assisted by other disciplines, including but not limited to , medical and nursing staff, dietitians and others as needed.

D. Performance Measurement

- 1. The performance measurement process is one part of the evaluation of the effectiveness of this Plan. Performance measures have been established to measure aspects of the MERP Plan.
- 2. On an annual basis, the Medication Safety Committee evaluates the scope, objectives, performance, and effectiveness of the Plan to manage risks to the staff, visitors, and patients at SVHMC.

E. Orientation and Education

- 1. Orientation, education and/or training is provided on an as needed basis.

F. SVHMC relevant policies and procedures

- 1. Pharmacy: Sterile Compounding: General Practices
- 2. ~~Chemotherapy Administration of Parenteral and oral Neoplastic Agents~~Chemotherapy Administration of Parenteral and Oral Antineoplastic Agents
- 3. ~~Central Vascular Access Devices~~Central Vascular Access Devices
- 4. ~~Hazardous Drug Handling~~Hazardous Drug Handling
- 5. ~~Look Alike, Sound Alike Medication Management Policy~~Look Alike, Sound Alike Medication Management
- 6. ~~Medication Reconciliation~~Medication Reconciliation
- 7. ~~Patient’s Own Medication Usage~~Patient’s Own Medication Usage
- 8. ~~Drug Procurement/Inventory Control~~Drug Procurement/Inventory Control

9. ~~Automated Dispensing machine Drug Distribution System~~[Automated Dispensing Machine Drug Distribution System](#)
10. ~~Transdermal Fentanyl Patch Clinical Procedure~~[Transdermal Fentanyl Patch](#)
11. ~~Intravenous Administration of Hypertonic Sodium Chloride Solutions in Adult Patient Populations~~[Intravenous Administration of Hypertonic Sodium Chloride Solutions in Adult Patient Populations](#)
12. ~~Blood and Blood Product Administration Policy~~[Blood and Blood Product Administration](#)
13. ~~Patient Identification Policy~~[Patient Identification](#)
14. ~~Adverse Drug Reaction Program~~[Adverse Drug Reaction Program](#)
15. ~~Isolation Standard and Transmission-based Precautions~~[Isolation - Standard and Transmission Based Precautions](#)

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Attachments

[Medication Safety Committee Charter 2023.pdf](#)

Approval Signatures

Step Description	Approver	Date
MEC	Katherine DeSalvo: Director Medical Staff Services	Pending
P&T Committee	Rebecca Alaga: Regulatory/ Accreditation Coordinator	06/2023
Policy Committees	Rebecca Alaga: Regulatory/ Accreditation Coordinator	06/2023
Policy Owner	Mark Danek: Director of Pharmacy	06/2023

Standards

No standards are associated with this document

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Last Approved by Danek, Mark: Director of Pharmacy on 6/9/2023, 1:15PM EDT

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*CMS FOLLOW-UP
VISIT RE INITIAL
VISIT IN 2020*

(VERBAL UPDATE)

(KUKLA)

PUBLIC INPUT

CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

ADJOURNMENT