



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE  
REGULAR MEETING AGENDA**

**Wednesday, June 25, 2014**

**5:00 p.m. Regular Session**

(Closed Session will be held upon  
adjournment of the Open Session)

**Location: Schantz Conference Room  
Sonoma Valley Hospital – 347 Andrieux Street, Sonoma CA 95476**

AGENDA ITEM	RECOMMENDATION	
<b>MISSION STATEMENT</b> <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER</b>	<i>Hirsch</i>	
<b>2. PUBLIC COMMENT SECTION</b> <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less, Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>	<i>Hirsch</i>	
<b>3. CONSENT CALENDAR:</b> A. Quality Committee Minutes, 05.28.14 B. Policy & Procedures Approval	<i>Hirsch</i>	Action
<b>4. ANNUAL EMPLOYEE SATISFACTION SURVEY REPORT</b>	<i>Davis</i>	Inform
<b>5. ANNUAL HEALING AT HOME PERFORMANCE IMPROVEMENT REPORT</b>	<i>Lee</i>	Inform
<b>6. CLINICAL LABORATORY ANNUAL EFFECTIVENESS SUMMARY REPORT 2013</b>	<i>Valenzuela</i>	Inform
<b>7. QUALITY REPORT MAY 2014</b>	<i>Lovejoy</i>	Action/Inform
<b>8. CLOSING COMMENTS/ANNOUNCEMENTS</b>	<i>Hirsch</i>	
<b>9. ADJOURN</b>	<i>Hirsch</i>	
<b>10. UPON ADJOURNMENT OF THE REGULAR OPEN SESSION</b>	<i>Hirsch</i>	
<b>11. CLOSED SESSION:</b> <u>Calif. Health &amp; Safety Code § 32155 – Medical Staff Credentialing &amp; Peer Review Report</u>	<i>Amara</i>	Action
<b>12. REPORT OF CLOSED SESSION</b>	<i>Hirsch</i>	Inform
<b>13. ADJOURN</b>		

3.

## CONSENT CALENDAR



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE  
REGULAR MEETING MINUTES  
Wednesday, May 28, 2014  
Schantz Conference Room**

<b>Committee Members Present</b>	<b>Committee Members Present</b>	<b>Committee Members Absent/Excused</b>	<b>Admin Staff /Other</b>
Jane Hirsch Kevin Carruth Susan Idell Leslie Lovejoy	Michael Mainardi MD Kelsey Woodward Carol Snyder Cathy Webber Howard Eisenstark MD	Robert Cohen M.D. Ingrid Sheets Paul Amara M.D. S. Douglas Campbell M.D	Gigi Betta Mark Kobe Kathy Mathews

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>	<b>FOLLOW-UP</b>
<b>1. CALL TO ORDER</b>	<i>Hirsch</i>		
<b>2. PUBLIC COMMENT</b>	<i>Hirsch</i>		
	None		
<b>3. CONSENT CALENDAR</b>	<i>Hirsch</i>	Action	
A. QC Meeting Minutes, 4.23.14 B. Revised Charter C. P&Ps		<b>MOTION:</b> by IDELL to approve 3. A-C and 2 <sup>nd</sup> by MAINARDI. All in favor.	
<b>4. INFECTION CONTROL REPORT</b>	<i>Mathews</i>	Inform	
	Ms. Mathews presented the annual Infection Control Report covering 2014 goals, controllable infections and opportunities for improvement. The Committee suggested improved compliance for physician influenza shots in 2014 goals. 2013 vaccination rate for physicians was 28%.		
<b>5. HCAHPS/PATIENT EXPERIENCE</b>	<i>Kobe</i>	Inform	
	Mr. Kobe presented Press Ganey and HCAHPS results and explained Studer methodology (AIDET) used at SVH and talked about the importance of patient satisfaction. The Hospital will be discontinuing service with Press Ganey and in future will use National Research		

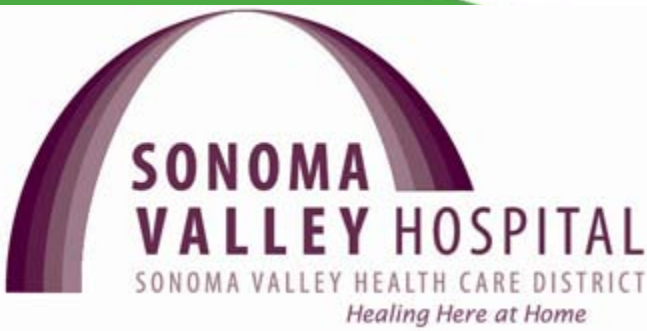
AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	Corporation.		
<b>6. QUALITY REPORT MAY 2014</b>	<i>Lovejoy</i>	Inform	
	Ms. Lovejoy presented the Quality Report for May 2014 including background on the 2013 HIPPA breach.	<b>MOTION:</b> by EISENSTARK to approve and 2 <sup>nd</sup> by MAINARDI. All in favor.	
<b>7. BOARD QC DASHBOARD 2014</b>	<i>Hirsch</i>	Action	
		<b>MOTION:</b> by EISENSTARK to approve and 2 <sup>nd</sup> by MAINARDI. All in favor.	
<b>8. CLOSING COMMENTS/ANNOUNCEMENTS</b>	<i>Hirsch</i>		
<b>9. ADJOURN</b>	<i>Hirsch</i>		
<b>10. UPON ADJOURNMENT OF REGULAR OPEN SESSION</b>	<i>Hirsch</i>	Inform	
<b>11. CLOSED SESSION</b>	<i>Amara</i>	Action	
<b>12. MEDICAL STAFF BYLAWS AMENDMENT</b>	<i>Lovejoy</i>	Action	
<b>13. REPORT OF CLOSED SESSION/ADJOURN</b>	<i>Hirsch</i>	Inform	
	6:50PM		

4.

**ANNUAL EMPLOYEE  
SATISFACTION SURVEY  
REPORT**

# Sonoma Valley Hospital Employee Partnership Survey 2014

Teresa Roberts, MA, MSA, FACMPE  
Managing Engagement Advisor  
April 2013



# Summary of Key Findings

## 2014 Sonoma Valley Hospital Employee Survey

- **Participation rate = 76% --- *Excellent***
  - **n = 330**
- **Overall mean = 76.0, -1.0**
- **All Facilities rank = 77<sup>th</sup>, -3**
- **Highest scoring section:** Our Organization
- **Lowest scoring section:** Systems and Leadership
- **Greatest question gains:** Educational opportunities; Organization's reputation; Benefits
- **Greatest question declines:** Staffing; Direct manager recognition & handling of problems
- **Key Strengths:** Manager sets example of service; Work is meaningful and makes good use of skills and abilities; Organizational values
- **Key Opportunities:** Leaders listen to employees; How manager deals with problems; Coaching to achieve goals

**SUMMARY: Sonoma Valley had a small decline in overall mean but employee partnership remains higher than  $\frac{3}{4}$  of healthcare organizations nationally. Employee engagement with the organization, their team and their own work all improved.**

# Model of Employee Partnership



## Results of Employee Partnership

- Discretionary behaviors
- Retention
- Financial outcomes
- Culture of collaboration

**Satisfaction + Engagement =  
Employee Partnership**



# Survey Instrument

**PRESS GANEY®**

## EMPLOYEE PARTNERSHIP SURVEY

Directions: Do not identify yourself on the survey. For each statement, mark the response that best represents your feelings. If a question does not apply to you, please leave it blank. Thank you.

Please use black or blue ink to fill in the circle completely.  
Example: ●

### SYSTEMS AND LEADERSHIP

Please rate the Leadership at your organization.

	Strongly Agree	Tend to Agree	Tend to Disagree	Strongly Disagree
1. Leaders do a good job of communicating major developments .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Leaders really listen to employees .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Leaders do a good job of planning for the future .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. As long as I perform well, this organization will try to find a place for me .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My work group is asked for opinions before decisions are made .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I received accurate information about the organization .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Ex .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Co .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Survey:** SA TA TD SD

**Report:** 100 66.67 33.33 0

Progress: 0% 100%

### DIRECT MANAGEMENT

Please rate the person you report to on a day-to-day basis.

	Strongly Agree	Tend to Agree	Tend to Disagree	Strongly Disagree
1) My last performance review helped me improve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) My direct manager provides coaching to help me achieve my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) My direct manager recognizes my ideas or suggestions for improvement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) My direct manager communicates effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) My direct manager can be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) It is easy to talk to my direct manager about things that go wrong on my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) My direct manager recognizes my good work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) My direct manager sets a good example of customer service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Number of Questions

Standard	39
Custom	6
Demographic	3
Open-ended	2

Rating questions presented under seven sections:

### Satisfaction

1. Systems and Leadership
2. Resources
3. Teamwork
4. Direct Management

### Engagement

5. Our Organization
6. Our Work
7. My Work

# Question Rating & Mean Score Conversions

RESOURCES	Strongly Agree	Tend to Agree	Tend to Disagree	Strongly Disagree
1. There is adequate staffing in my work group.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have the equipment I need to do my job well.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Physical conditions (light, heat, space, appearance) in my area are good .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- % Favorable**
- Strongly agree = 100
  - Tend to agree = 66.67
  - Tend to disagree = 33.33
  - Strongly disagree = 0

# Project Review

- **Data Collection**
  - February 17, 2014 – March 12, 2014
- **Response Rates**
  - **Sonoma Valley Hospital = 76%**
  - Press Ganey Average = 60-65%

- **Your Peer Comparison**

	<u>N of Facilities</u>	<u>N of Employees</u>
All Facility DB	666	232,254
FTE's 251-500	68	24,294
AHA Region 9	24	22,181

# Participation Trend

	2014	2013	2012	2011
Sonoma Valley Hospital	76% n=330	81% n=347	81% n= 339	61% n=251

➡ ***Sonoma Valley is consistently above national averages in participation***  
Press Ganey average = **60-65%**

# Employee Partnership™



## Employee Partnership™

Mean = 76.0, -1.0

All Facilities Percentile = 77<sup>th</sup>, -3

% Favorable = 87%

## Employee Satisfaction

Mean = 72.8, -2.2

All Facilities Percentile = 76<sup>th</sup>, -9

% Favorable = 82%

## Employee Engagement

Mean = 80.3, +.6

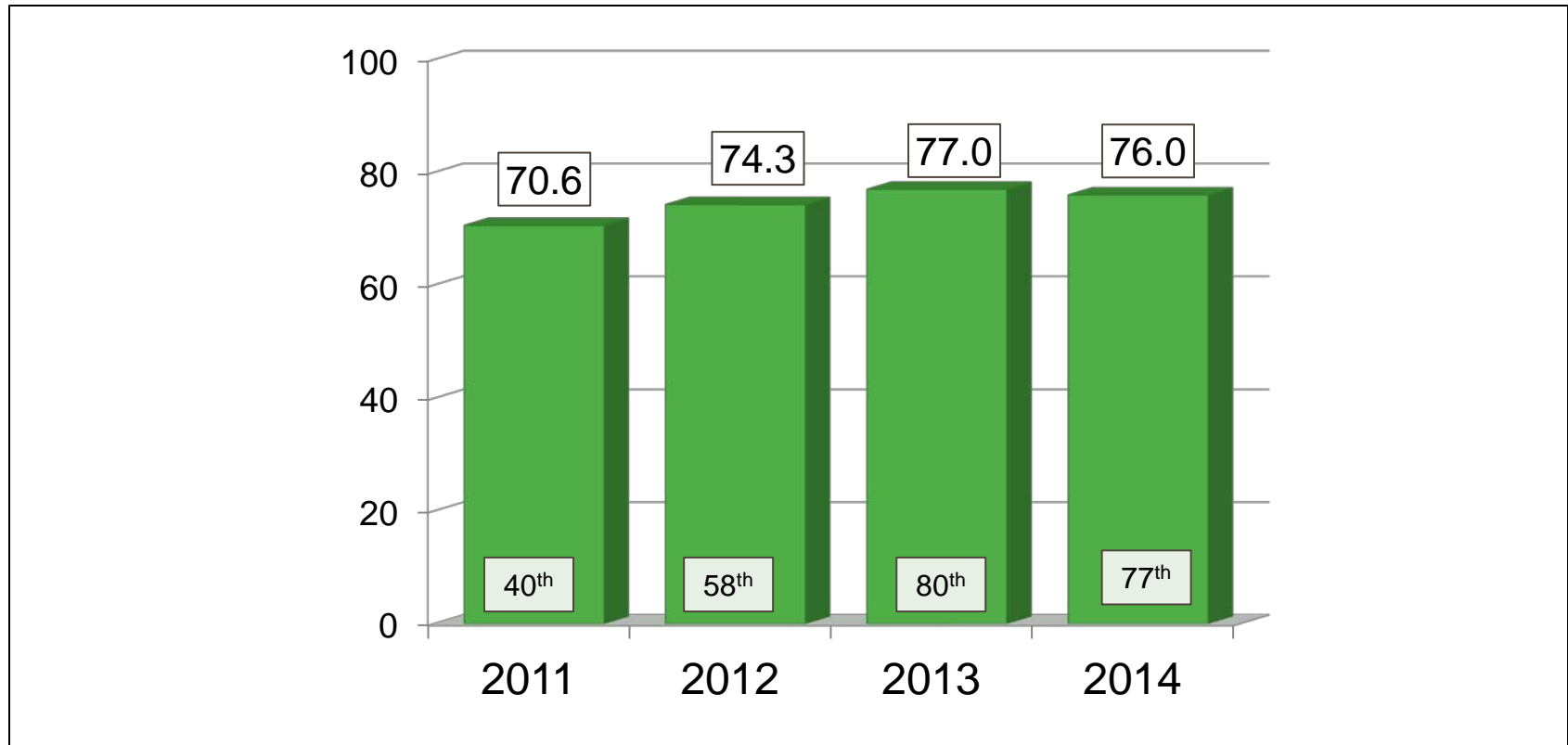
All Facilities Percentile = 77<sup>th</sup>, +9

% Favorable = 92%


- 87% of the question responses by Sonoma Valley employees were Favorable
- Engagement was higher by mean and % Favorable than Satisfaction

➡ *Sonoma Valley employees are stronger partners than ¾ of facilities in the national database*

# Overall Trending 2011 – 2014



- Partnership has declined slightly since 2013 but Sonoma Valley remains a high-scoring, top quartile organization
- ➡ 2<sup>nd</sup> highest mean score since surveying began

 = National Rank

# Satisfaction Principles

## Satisfaction: Systems and Leadership

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	68.5 ▼	79.2%	77th ▲	67th	66th	74.7
February 2013	346	69.8 * ▲	79.8%	76th ▲	84th	90th	73.2

## Satisfaction: Resources

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	69.0 ▼	78.5%	61st ▼	48th	64th	77.0
February 2013	347	70.9 ** ▲	80.1%	74th ▲	79th	94th	75.5

## Satisfaction: Teamwork

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	328	79.2 ▼	92.0%	84th ▼	73rd	84th	81.0
February 2013	347	81.3 * ▲	93.0%	91st ▲	93rd	98th	80.5

## Satisfaction: Direct Management

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	74.6 ▼	84.0%	70th ▼	41st	70th	79.9
February 2013	346	78.0 ▲	87.4%	84th ▲	86th	98th	79.4

- Highest scoring section by mean & rank: Teamwork, 84<sup>th</sup> rank
- Lowest scoring section: Systems & Leaders, as is typical; 77<sup>th</sup> rank
- Greatest decline: Direct Management, -3.4

➡ All 4 sections declined after statistically significant increases in 2013 and 2012

# Engagement Principles

## Engagement: Our Organization

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	81.9 ▲	92.9%	73rd ▲	56th	50th	86.6
February 2013	346	80.6 ▲	92.0%	60th ▲	67th	78th	86.3

## Engagement: Our Work

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	78.4 ▲	91.5%	79th ▲	61st	73rd	81.2
February 2013	345	78.1 ▲	90.6%	78th ▲	84th	94th	80.4

## Engagement: My Work

Period	n	Mean Score	%Favorable	National Rank	Peer Group Rank1	Peer Group Rank2	National 90th Mean
March 2014	330	80.7 ▲	91.0%	74th ▲	57th	74th	84.4
February 2013	347	80.5 ▲	89.4%	70th ▲	74th	88th	83.8

- Highest mean & greatest gain: Our Organization, +1.3

- All % Favorables >90%

➡ All 3 Engagement sections have increased on every survey since 2011



# Highest Scoring Questions

Question	Mean	Question	Percentile Rank
My work is meaningful	87.5	Treat with dignity and respect	88 <sup>th</sup>
Organization is respectful of differences	87.3	Leaders do a good job planning for the future	85 <sup>th</sup>
I plan to be working here in one year	87.0	Employees provide high quality service	84 <sup>th</sup>
Employees provide high quality service	84.3	Leaders communicate major developments	84 <sup>th</sup>
Feeling of accomplishment	84.2	Employees strong connection to their work	83 <sup>rd</sup>

**THEMES:** Meaningful work, Respect, Commitment, Leadership vision & communication, Service excellence

# Lowest Scoring Questions

Question	Mean	Question	Percentile Rank
Asked opinions before decisions are made	58.3	Our benefits program fits my needs	11 <sup>th</sup>
Adequate staffing in work group	59.6	Highly regarded in the community	45 <sup>th</sup>
Compared to other HC organizations pay is fair	60.7	Satisfied with how direct manager handles complaints	45 <sup>th</sup>
Opportunities to influence policies and decisions	62.2	Compared to other HC organizations pay is fair	49 <sup>th</sup>
Our benefits program fits my needs	63.9	Will try to find a place for me	53 <sup>rd</sup>

**THEMES:** Input, Pay/benefits, Staffing, Job security

# Greatest Improvement (by mean score)

Question	Mean	Change in Mean	Percentile Rank	Section
Given opportunities for ongoing education	71.1*	+5.4	64 <sup>th</sup>	My Work
Highly regarded in the community	75.2*	+4.5	45 <sup>th</sup>	Our Organization
Our benefits program fits my needs	63.9*	+4.5	11 <sup>th</sup>	Systems and Leadership
Physical conditions are good	75.8*	+4.3	68 <sup>th</sup>	Resources
Compared to other HC organizations pay is fair	60.7	+3.8	49 <sup>th</sup>	Systems and Leadership

\*Statistically different at .05

**THEMES: Personal development, Hospital reputation, Benefits, Facilities**

# Greatest Decline (by mean score)

Question	Mean	Change in Mean	Percentile Rank	Section
Adequate staffing in work group	59.6*	-5.3	55 <sup>th</sup>	Resources
Direct manager recognizes my good work	76.1*	-5.1	66 <sup>th</sup>	Direct Mgt.
Satisfied with how direct manager handles problems	70.5*	-4.5	45 <sup>th</sup>	Direct Mgt.
Direct manager can be trusted	75.3*	-4.4	64 <sup>th</sup>	Direct Mgt.
Will try to find a place for me	71.6*	-4.2	53 <sup>rd</sup>	Systems & Leadership

\*Statistically different at .05

**THEMES: Staffing, Direct manager, job security**

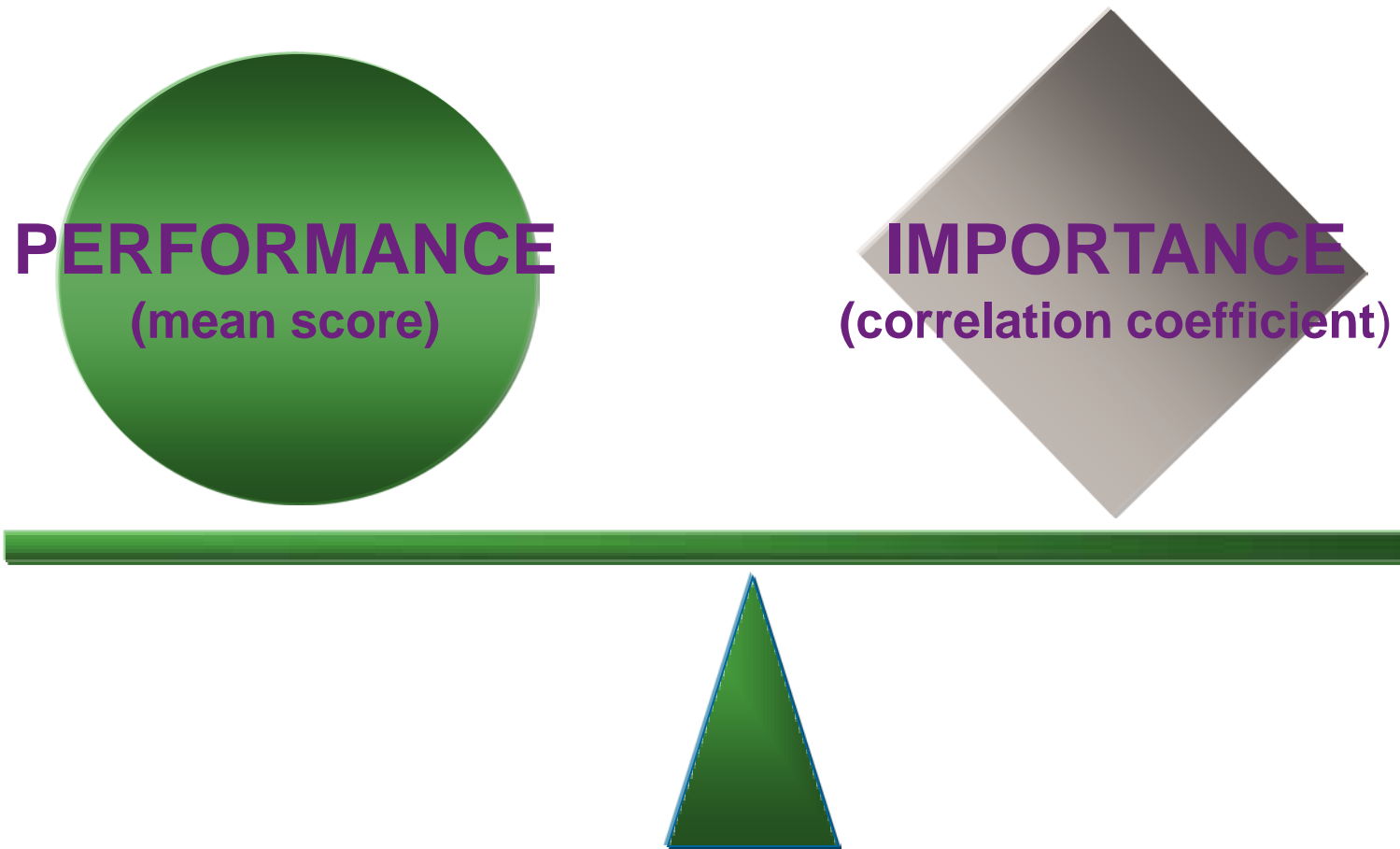
# Overall Partnership by Job

	n	Mean	Change in Mean	2014 Percentile Rank	2013 Percentile Rank
Technicians	31	78.6	+2.5	77 <sup>th</sup>	72 <sup>nd</sup>
Nursing (LPN,CNA)	14	78.8	+1.7	87 <sup>th</sup>	81 <sup>st</sup>
Registered Nurse	80	74.0	-0.2	61 <sup>st</sup>	62 <sup>nd</sup>
Clinical Professionals	88	78.0	-0.9	67 <sup>th</sup>	79 <sup>th</sup>
Office/Clerical	55	79.0	-1.4	73 <sup>rd</sup>	88 <sup>th</sup>
Service worker	23	67.7	-4.3	44 <sup>th</sup>	55 <sup>th</sup>
Maintenance	6	79.6	-5.5	69 <sup>th</sup>	91 <sup>st</sup>
Fiscal/Admin Svc	26	75.2	-8.1	29 <sup>th</sup>	74 <sup>th</sup>

- Technicians & LPN/CNAs improved the most while Fiscal/Admin had the greatest decline

➡ Sonoma Valley's overall decline was particularly impacted by Fiscal/Admin & Service Worker declines, means & size

# Strength/Opportunity Index: Helping You Prioritize



**STRIKING A BALANCE**

# Strengths to Celebrate

Rank	Last Rank	Section	Strength
1	9	Custom Section	My direct manager sets a good example of customer service.
2		My Work	My work is meaningful.
3	5	My Work	My work makes good use of my skills and abilities.
4	4	Our Organization	The values of this organization are evident in our everyday practices.
5		My Work	My work gives me a feeling of accomplishment.
6	2	Teamwork	Members of my work group treat one another with dignity and respect.
7	3	Teamwork	There is good coordination of effort in my work group.
8	8	Custom Section	This organization is respectful of differences such as gender, race, religion, age, etc.
9	10	Our Work	Employees in my work group report a strong sense of connection to their work.
10		My Work	My work provides me an opportunity to be creative and innovative.

## Direct Mgt

Service excellence

## My Work

Meaningful

Uses skills

Accomplishment

Create/Innovate

## Our Organization

Values

Respects differences

## Teamwork

Dignity & respect

Coordination of work

## Our Work

Connection

# Top Opportunities to Improve

Rank	Last Rank	Section	Opportunity
1	6	Systems and Leadership	Leaders really listen to employees.
2	2	Custom Section	I am satisfied with the manner in which my direct manager handles complaints, grievances, and problems.
3	4	Direct Management	My direct manager provides coaching to help me achieve my goals.
4	3	Systems and Leadership	My work group is asked for opinions before decisions are made.
5	8	Direct Management	My direct manager recognizes my ideas or suggestions for improvement.
6	9	Direct Management	My direct manager communicates effectively.
7	5	Systems and Leadership	Excellent performance is recognized here.
8		Direct Management	My last performance review helped me improve.
9		Direct Management	My direct manager recognizes my good work.
10		Direct Management	My direct manager can be trusted.

## Systems & Ldrship

Leaders listen  
Asked for opinions  
Recognition

## Direct Manager

Handles problems  
Coaching  
Recognizes ideas  
Communicates  
Performance review  
Recognition  
Trust

## OFF 2014 LIST:

Influence decisions  
Easy to talk to manager  
Organization will find place



# 2014 Quadrant Analysis

Note: National % of Dedicated Has Declined

## DETACHED

Sat: **HIGH** Eng: **LOW**  
National Average: **4%**

## DEDICATED

Sat: **HIGH** Eng: **HIGH**  
National Average: **47%**

2013 = 3%

Satisfaction ↑

2013 = 16%



2013 = 67%

2013 = 14%

## DISTANCED

Sat: **LOW** Eng: **LOW**  
National Average: **33%**

21% lower than nationally;  
-4% over 2013

## DISCONTENTED

Sat: **LOW** Eng: **HIGH**  
National Average: **17%**

The "National Facility Level Average Quadrant Analysis" represents the average facility. Due to the manner in which the quadrant averages are determined, the total of the four quadrants may not sum to 100%.

# Highest Scoring Work Groups

Name	n	Mean Score	National Rank	Participation Rate
<b>Sonoma Valley Hospital</b>	330	76.0	77th	76.0%
QUALITY	13	88.0	93rd	100.0%
Dir. Report to Kelly Mather	11	87.0	79th	84.6%
REHAB	23	82.9	77th	85.2%
PHARMACY	13	82.0	74th	92.9%
SNF	28	81.7	81st	82.4%
HUMAN RESOURCES	3	81.6	64th	100.0%
MEDICAL IMAG	19	81.5	73rd	67.9%
MEDICAL RECORDS	6	80.8	61st	100.0%

# Lowest Scoring Work Groups

Name	n	Mean Score	National Rank	Participation Rate
NUTRITIONAL SVCS	12	69.7	37th	57.1%
Finance	3	65.1	17th	100.0%
NURSING ADMIN	7	62.0	15th	77.8%
BIRTH CENTER	5	61.0	14th	41.7%
EVS	13	58.6 *	11th	76.5%
Surgery	9	57.8 *	9th	50.0%
ACU	6	56.6	8th	75.0%

# Next Steps: Determining the Plan for Action

# Developing Your Plan

- ☐ **Develop clear timeline and milestones for implementation**
- ☐ **Implement Collaborative Action Planning Process**
- ☐ **1-3 locally chosen opportunities**
  - ☐ **Utilize neutral facilitators for lower scoring workgroups**
- ☐ **Consider senior leader goal:** Ex. Leaders really listen to employees
- ☐ **Consider cascaded goal** Ex. Direct manager communicates effectively
- ☐ **Build in VP to direct manager accountability for completing action planning process and track it**
- ☐ **Commit resources to focus on less positive workgroup managers**
- ☐ **Build in regular communication tying improvement initiatives to survey results**

# Collaborative Action Planning Process

**Step 1:** President/CEO Shares Overall Facility Results with Employees

**Step 2:** Managers Share Work Group Results with Employees/Choose Workgroup Opportunities

**Step 3:** Obtain Employee Feedback in Brainstorming Sessions

**Step 4:** Develop Action Plans; use Online Action Planning

**Step 5:** Implement Action Plans

**Step 6:** Evaluate Action Plans



# Focus on Your Lower Workgroups

- **Define managers into 3 Levels based on mean score results & utilize different strategies**
    - **High performing: Ask to use CAPP; use as mentors**
    - **Low performing:**
      - **Utilize neutral outside facilitators for brainstorming**
      - **Develop an HR strategy to look at lowest Level managers and why scores are low:** New manager needing coaching? Difficult workgroup? Manager asked to lead unpopular change? What are other indicators (turnover, grievances, etc.)?
      - **Offer tailored assistance:** Training for new or lower skill managers; Coaching by their supervisors
      - Be prepared to act when manager is not suited for role
- ➡ **Monitor action plan implementation**

# Proposed Timeline

Action	Tentative Dates
Communication of Organization-Wide Results	
Manager Workshops: Results & Training	
Managers Communicate Dept/Workgroup Results & Choose Opportunities	
Managers/Facilitators Conduct Feedback Sessions with Individual Workgroups	
Action Plans Submitted to VPs	
Implement Plans/Monitor Progress	



# Your Employee Communication Plan: Connect the Dots!



Teresa Roberts, MA, MSA, FACMPE

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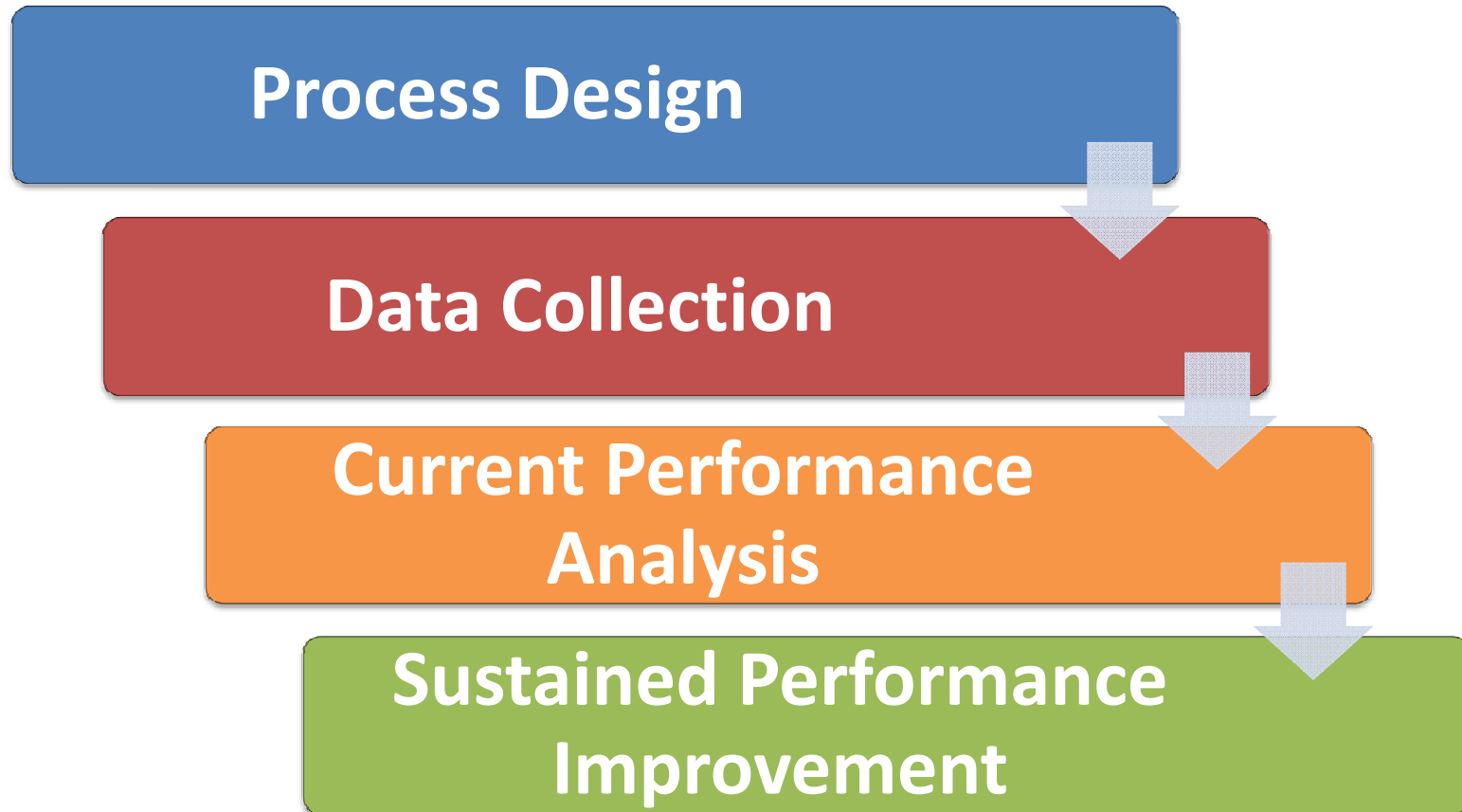
**ANNUAL HEALING AT  
HOME PERFORMANCE  
IMPROVEMENT  
REPORT**

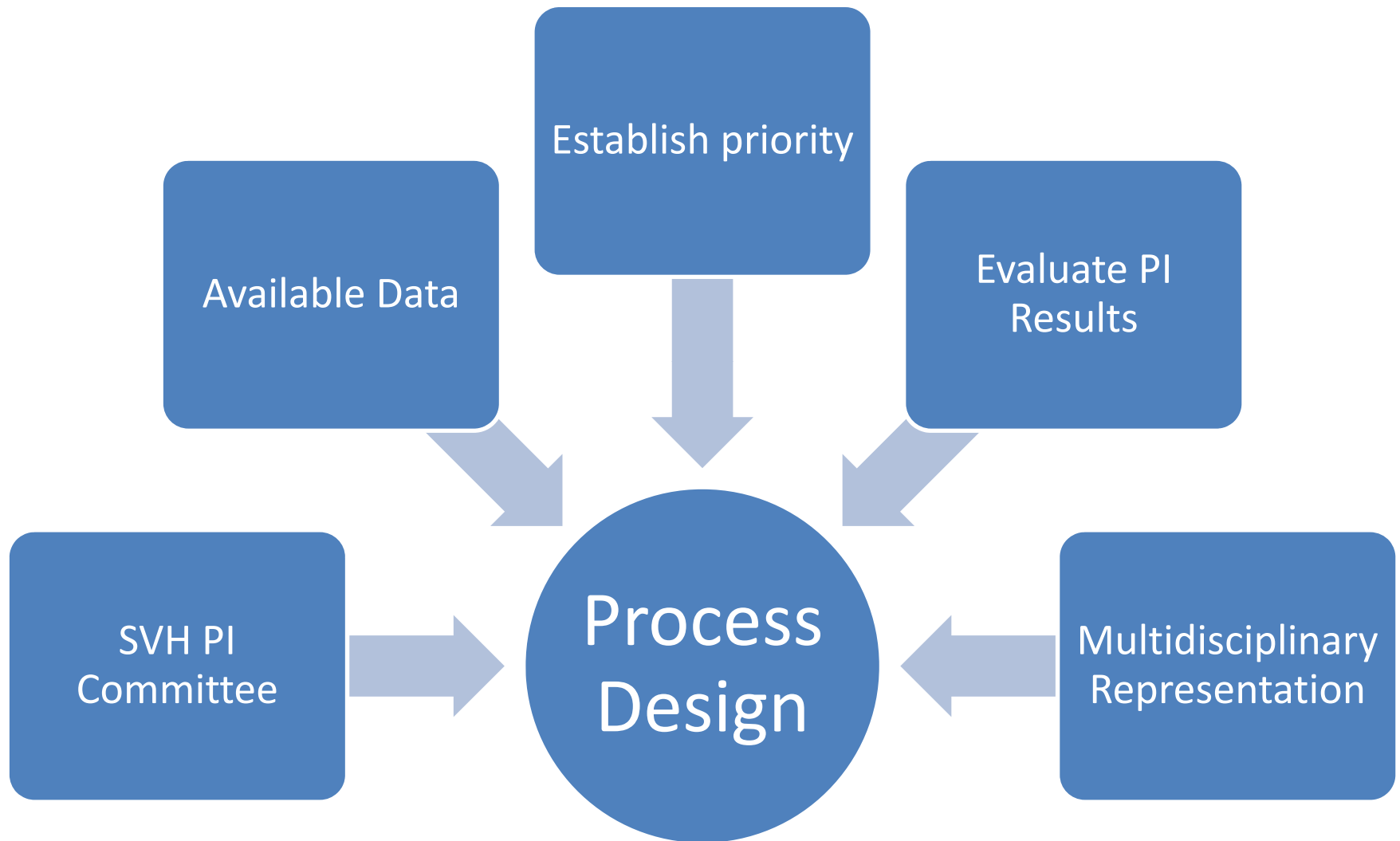


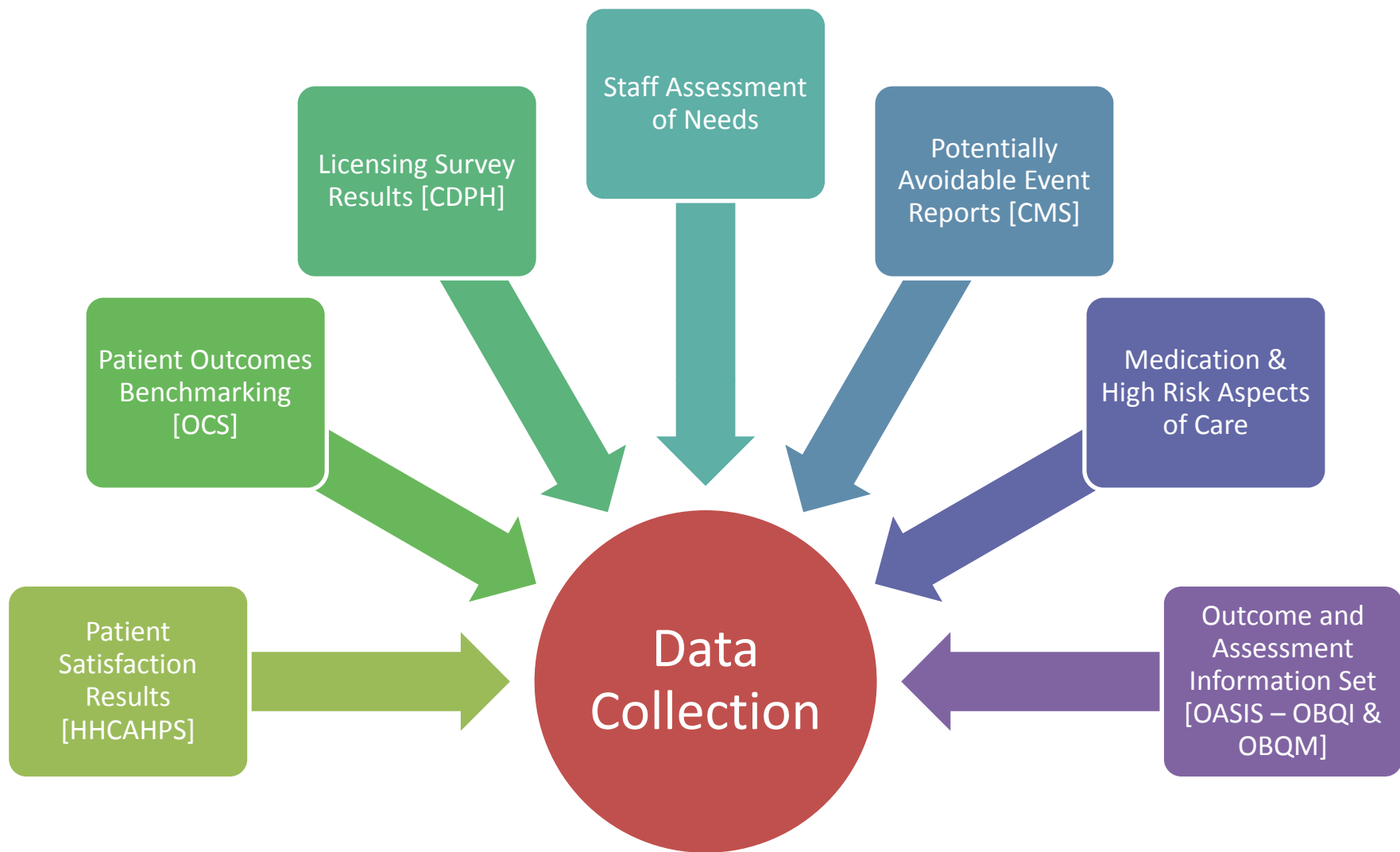
# Quality Management Plan

An objective, systematic and ongoing evaluation and improvement of Healing at Home services integrated with Sonoma Valley Hospital's Performance Improvement Plan to provide quality care to patients in their homes.

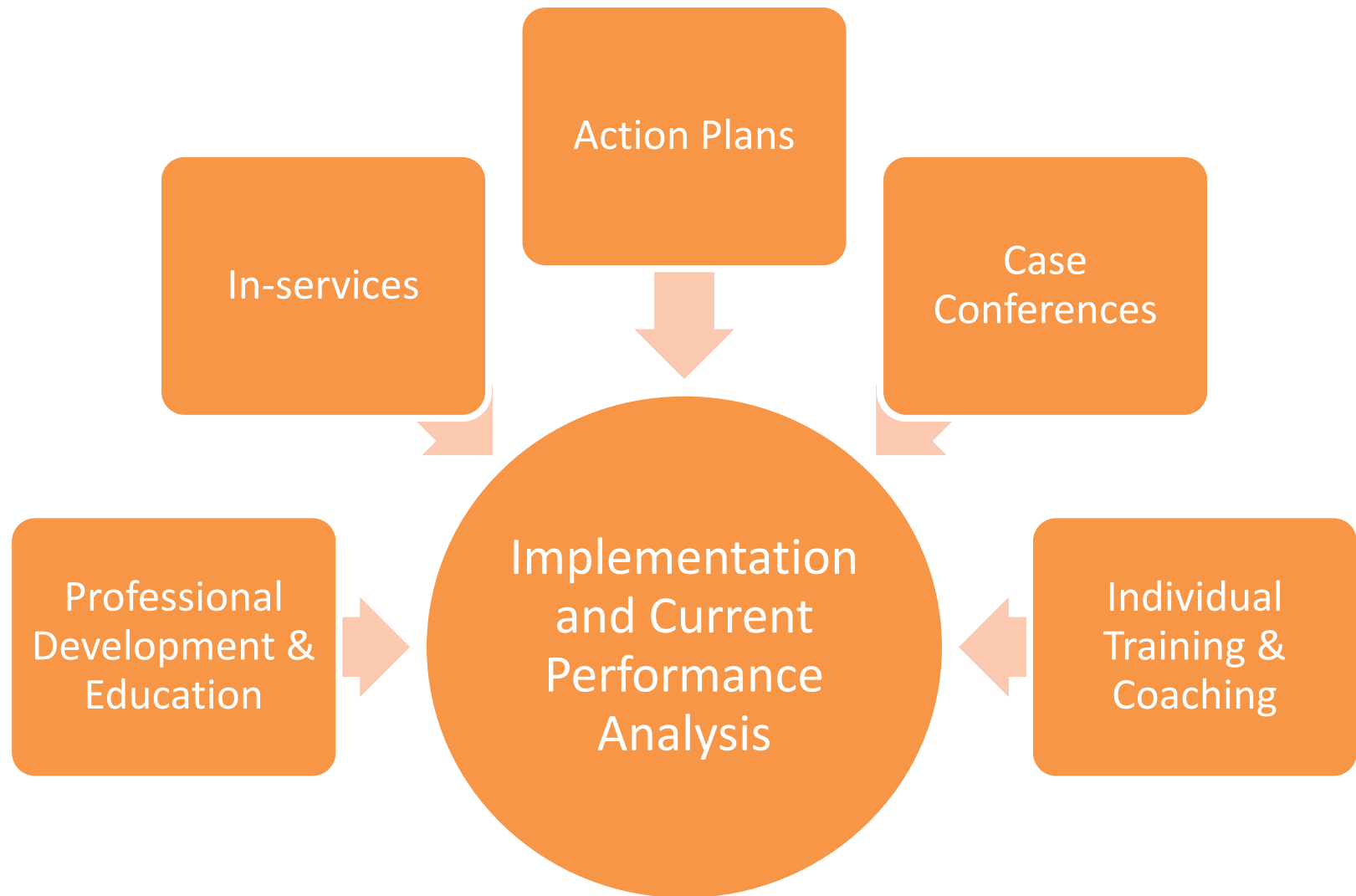
# Performance Improvement Plan







Legend of Acronyms available on the last page...

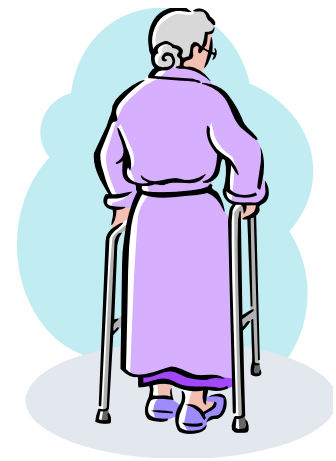






# Current PI Indicators

- Improvement in Oral Medications Management
- Improvement in Ambulation
- Interdisciplinary Communication
- Electronic Medical Record (EMR) Implementation Evaluation



# Opportunities from June 2014 CDPH License Survey Results

- Opportunities
  - Consistent Documentation of Supervision of Certified Home Health Aide in Patient record.
  - Change in route of Over the Counter medication
  - Random Blood Glucose Collection
- PI Action Plan
  - Review Electronic Medical Record (EMR) “Supervision” entry prompts and implement training.
  - In-service for all Clinicians in process for change of medication.
  - In-service for nurses in Random Blood Glucose Collection monitoring and documentation.

# OCS HomeCare Data Outcome Reports

- OCS provides online, real-time comparative and patient-level reporting for home health
- Data analyses create meaningful, actionable performance metrics and benchmark analyses
- Current bench-marking reports for reference
- Performance Metrics are: patient outcomes, agency processes, finance, and patient satisfaction data

# Executive Summary

**Prepared for:** Sonoma Valley Hospital Home Care Program (557041)

**Provider Number:** 557041

**Data Represents:** Ends of care between 5/1/2014 through 5/31/2014

**Branch ID:** N

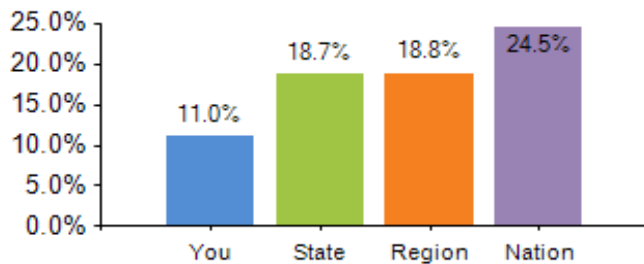
Case Mix Summary	Your Score	State Norm	Regional Norm	National Norm
Average Patient Age	78	76	76	75
Percent Medicare Traditional Patients	48.6%	56.1%	56.7%	67.7%
Average SOC Case Weight	0.942	0.941	0.949	1.109
Surgical Wound at SOC	34.3%	27.7%	27.0%	24.6%
Pressure Ulcer at SOC	8.6%	6.4%	6.3%	5.3%
Stasis Ulcer at SOC	0%	1.5%	1.4%	1.3%

Overview of Quality Initiative Measures	Your Score	State Norm	Regional Norm	National Norm
Improvement in Pain	72.9%	67.3%	66.9%	68.7%
Improvement in Dyspnea	74.4%	72.4%	72.5%	69.6%
Improvement in Bathing	77.9%	68.6%	68.5%	71.5%
Improvement in Transferring	71.0%	61.5%	62.0%	63.6%
Improvement in Ambulation/Locomotion	74.2%	64.4%	64.6%	68.0%
Improvement in Management of Oral Meds	68.3%	54.4%	54.4%	58.1%
Improvement in Status Surgical Wound	93.8%	89.6%	89.5%	89.8%

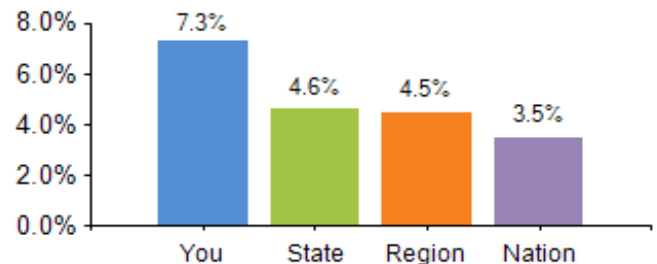
Process of Care	Your Score	State Norm	Regional Norm	National Norm
Timely Initiation of Care	100%	85.5%	86.3%	92.8%

Utilization Data:	Your Score	State Norm	Regional Norm	National Norm
Skilled Nursing Visits per Case	8.4	8.7	8.9	11.1
Home Health Aide Visits per Case	0.9	0.6	0.7	1.9
All Therapy Visits per Case	8.3	6.6	6.9	10.1

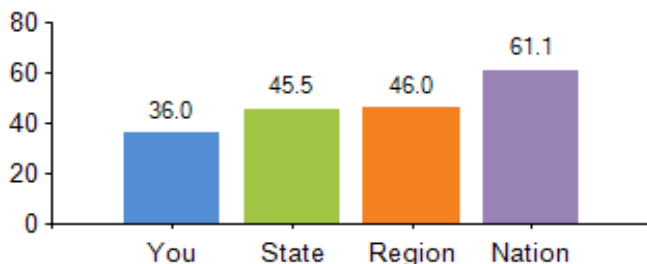
**Acute Care Hospitalization**



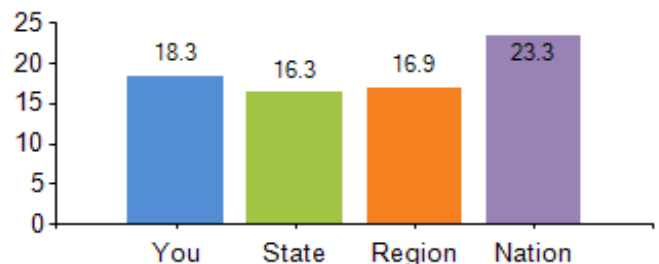
**ED Care Without Hospitalization**



**Average Case LOS**



**Total Average Visits per Case**



## Satisfaction Snapshot - Overview

Prepared for: Sonoma Valley Hospital Home Care Pr ( 58 patients )

Provider Number: 557041 Branch ID: N/A

Current Patient Care Period: Dec 2013 - Feb 2014

National: ( 34,600 patients )

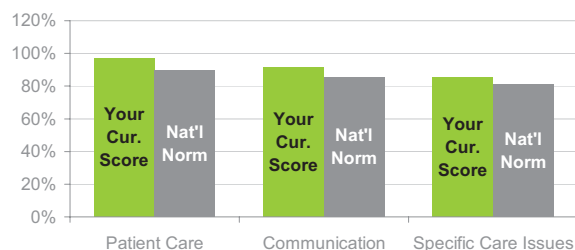
State: ( 1,529 patients )

Current Survey Period: Jan 2014 - May 2014

# 1.09

A score over 1 indicates that your agency's overall performance is better than the national norm, on average

Domain Scores



	Your Agency			Current Benchmarks	
	Previous 3-month Score	Current 3-month Score	Trend*	State**	National**
<b>Individual Questions</b>					
<b>Overall Rating of Care - responses of 9 or 10</b>	88%	95%	▲	83%	86%
<b>Likelihood to Recommend - Definitely Yes</b>	88%	93%	▲	77%	81%
<b>Patient Care</b>	93%	97%	▲	87%	89%
Providers informed & up-to-date - Always	78%	92%	▲	71%	75%
Treated gently - Always	95%	98%	▲	89%	92%
Courtesy and respect - Always	100%	98%	▼	92%	95%
Problems with care - No	100%	100%	▼	94%	96%
<b>Communication</b>	87%	91%	▲	82%	85%
Inform on care and services - Yes	77%	88%	▲	88%	91%
Inform on arrival time - Always	88%	86%	▼	79%	81%
Easy to understand - Always	93%	95%	▲	81%	85%
Listen carefully - Always	93%	97%	▲	82%	86%
Get help when contacting office - Yes	86%	100%	▲	91%	94%
Timeliness to get help from office - Same day	83%	83%	▼	71%	76%
<b>Specific Care Issues</b>	81%	85%	▲	79%	81%
Discuss home set up for safety - Yes	79%	84%	▲	75%	76%
Discuss medications - Yes	84%	82%	▼	83%	86%
See medications - Yes	74%	85%	▲	80%	83%
Talk about pain - Yes	86%	93%	▲	89%	92%
Discuss purpose of medications - Yes	88%	88%	▲	81%	85%
When to take medications - Yes	87%	88%	▲	77%	79%
Side effects of medications - Yes	69%	76%	▲	68%	68%
Number of completed surveys	43	58		1,529	34,600
Number of surveys sent	137	139		6,012	110,084
Survey response rate	31%	42%		25%	31%

## Home Health Quality Management Acronym Legend

CDPH	California Department of Public Health
CMS	Centers of Medicare and Medicaid Services
HHCAHPS	Home Health Consumer Assessment of Healthcare Providers and Systems
OASIS	Outcome and Assessment Information Set
OBQI	Outcome-Based Quality Improvement Reports
OBQM	Outcome-Based Quality Management
OCS	OCS HomeCare (formerly Outcome Concept Systems)
QAPI	Quality Assurance & Performance Improvement

6.

**CLINICAL  
LABORATORY ANNUAL  
EFFECTIVENESS  
SUMMARY REPORT 2013**



# SONOMA VALLEY HOSPITAL CLINICAL LABORATORY ANNUAL EFFECTIVENESS SUMMARY REPORT 2013

**Scope of Services:**

Sonoma Valley Hospital Laboratory has been responsive to the needs of the Sonoma Valley Health Care District to provide accurate, reliable and timely laboratory services on a routine and STAT basis. Services are provided 24 hours/day, 7 days/week, including holidays. Testing in the areas of Hematology, Coagulation, Chemistry, Microbiology, Urinalysis, Serology and Blood Bank is provided. STAT testing is available within 1 hour; most routine testing is available the same day. Services include the following:

- Collection of specimens
- Home draws when requested by a physician
- Physician Office specimen collection
- Reference laboratory specimen preparation/processing
- Clinical laboratory testing
- Transfusion service
- Clinical laboratory results reporting, including timely critical value communication
- Routine physician office results per courier service, Fax, internet or interface.
- Maintenance/service/repair for optimal equipment/instrumentation use
- Compliance with all state, federal and accreditation requirements
- Anatomic & Clinical Pathology services & consults

The Clinical laboratory services noted a volume of approximately 500,000 billable tests performed in recent years. Significant clinical, reporting and contractual/business relationships include the following:

1. County of Sonoma Public Health Lab
2. Santa Rosa Memorial Hospital
3. Blood Centers Of The Pacific—Irwin Center
4. ARUP
5. Marin Medical Laboratory
7. Quest Diagnostics

**Budgetary Impact:**

Revenue production for FY2013 totaled \$18,231,885. Total expenses for the same period totaled \$2,339,811. Revenue production is down from FY2012 due to decreased patient volume and decreased reimbursement. Expenses are down due to lower outpatient volumes and economies were made within the lab. Less costly alternatives for testing are investigated.

The laboratory logged a total of 17,801 outpatient visits, drop off specimens and house calls. These visits resulted in a total of 97,304 outpatient units of service (billable tests). This is a reflection of the decrease in outpatient visits. In September, 2012 SVCHC began directing their patients to use Quest as the primary laboratory. Sonoma Valley Hospital negotiated an agreement with SVCHC to use SVH lab as their primary lab. This agreement went into effect September 1, 2013. Since September 1, 2013 the SVCHC referrals have increased by 20% over the same time period beginning Sept 1, 2012.

The laboratory makes an on-going effort to create expense efficiencies. The laboratory works closely with our vendors and the hospitals Materials Management to assure the best pricing for our reagents and supplies.

MEASURES ASSESSED	FINDINGS, IMPROVEMENTS MADE
PRE—Prenalytical, A—Analytical, POST—Post analytical	
<p><b>Staff Competency, Performance and Development</b>  <i>Personnel have received the tools and education needed for doing the job and performed expectations well.</i></p> <ul style="list-style-type: none"> <li>• All CLS participate in Proficiency Surveys</li> <li>• CLS have annual competencies on all tests performed in the laboratory</li> <li>• Developed Training and 1<sup>st</sup> year Competency Assessment for CLS.</li> <li>• CLS are trained on new procedures and instruments before reporting results.</li> <li>• Developed Competency Assessment for Laboratory Assistants</li> <li>• Created a Lead Lab Assistant position.</li> <li>• Lab Assistant check off sheets and duty roster.</li> <li>• CAP Competency assignments for CLS and Lab Assistants.</li> <li>• Monthly report for each department was improved and made more user friendly.</li> <li>• TJC Accreditation survey</li> <li>• All instruments are interfaced with Paragon.</li> <li>• Changed CLS scheduling to 12, 10 and 8 hour shifts.</li> <li>• BCP survey</li> </ul>	<p>A All CLS participate in the Proficiency Survey. Results were 100% for 11 of 12 events and 98% for 1 event.</p> <p>A Annual competency for CLS was expanded to include competency on all instruments and every test performed in the lab. Competency assessment and documentation was improved to include more detailed documentation and evaluation of the skill level. The primary tools used for assessment are direct observation and verbal discussion.</p> <p>A The first year training and competency was improved and made much more inclusive. A new CLS has to demonstrate competency and be signed off by the Lab Manager before they can release results. There is Training and 2 Competency Assessments during the first year of employment.</p> <p>PRE CLS are trained on new tests and instruments before they can report the test or use the instrument.</p> <p>PRE Created a Competency Assessment for Laboratory Assistants similar to the CLS Assessment. Their Assessment covers all tasks and Customer Service skills required by the lab.</p> <p>PRE The Lead Lab Assistant position was created to provide more immediate supervision and guidance for the Assistants.</p> <p>PRE A check off sheet for Lab Assistants duties and responsibilities is used daily and turned into the Lead Lab Assistant.</p> <p>PRE CAP Competency assignments are given to the CLS and Lab Assistants. This is part of the annual competency.</p> <p>POST The monthly Quality report for each department gives an analysis of what happened in each department during the month. It was fine tuned and made more user friendly. The reports are reviewed monthly by the Laboratory Medical Director.</p> <p>POST TJC survey in November found 5 deviations from Standards. The deviations were all corrected.</p> <p>POST The Triage and the MiniVidas were interfaced with Paragon. All lab instruments are now interfaced thus eliminating the possibility of clerical errors due to manual entry.</p>

	<i>PRE</i>	<p>CLS staffing was reduced to 1 CLS on Sunday.  CLS scheduling was changed to 8, 10 and 12 hour shifts.  This resulted in a decrease of \$20,000/month to the lab budget. Lab Assistants were also reduced in</p> <p>BCP surveyed the Blood Bank. We did this in preparation for the TJC survey. The surveyor was very thorough and made several suggestions for improvement which we have implemented.</p>
	<i>PRE</i>	

<p><b>Plant, Equipment, Supplies</b>  <i>There were no facility, equipment or supply problems.</i></p> <ul style="list-style-type: none"> <li>• New equipment was purchased for Microbiology.</li> <li>• Rearranged Microbiology</li> <li>• An Ultra Low Temp freezer was purchased.</li> <li>• A computer which is dedicated to the Blood Bank Log for units received.</li> <li>• Triage Drug Screen was released by FDA.</li> <li>• Purchased 2 Stat Spin centrifuges.</li> <li>• More tests done as batch tests in order to economize on supplies</li> <li>• Batch testing is used more extensively.</li> <li>• Platelet rotator</li> </ul>	<p>A</p> <p>A</p> <p>PRE</p> <p>PRE</p> <p>A</p> <p>PRE</p> <p>A</p> <p>PRE</p> <p>A</p>	<p>All instruments were stable with no significant downtimes.</p> <p>Incubators were purchased for Microbiology replacing those purchased in 1984. These are state of the art incubators which hold a stable temperature and CO<sub>2</sub> level. Both are constantly monitored.</p> <p>A new refrigerator was purchased for Microbiology. It is larger with more storage space, glass doors allow easy inventory.</p> <p>Microbiology was rearranged using the Lean process to use the space more effectively and to be more user friendly.</p> <p>An Ultra Low Temp freezer was purchased. Some reagents need to be stored at below -20° C which we are now able to accommodate. The freezer also serves as a back up to the FFP freezer.</p> <p>A computer was procured which will be dedicated to the Blood Bank Log. This will replace our paper log book. The Blood Bank Log documents the receipt and disposition of all blood products.</p> <p>Triage Drug Screen was taken off FDA hold and after comparisons &amp; staff training was put into use.</p> <p>As part of the labs ongoing conversion to the Lean process; the big, old centrifuge was replaced with 2 Stat Spin Silencer centrifuges. These are high speed, quiet and spin within 5 minutes. Specimens move quickly from the processing area to the testing area.</p> <p>Several lab tests were moved to batch testing instead of daily testing. This saves reagents and quality control material.</p> <p>We acquired a platelet incubator as a gift from MGH. With an incubator we will be able to store platelets according to Standards and return them if they aren't used.</p>
<p><b>Business Initiatives, Service Opportunities</b>  <i>Describe entertained or implemented service ventures.</i></p> <ul style="list-style-type: none"> <li>• An agreement with SVCHC was negotiated and SVH laboratory. All their patients were sent to SVH laboratory as of September 1, 2013</li> <li>• Brought Vitamin D in house.</li> <li>• Palm Drive Microbiology</li> </ul>		<p>SVH laboratory was able to meet all the needs of SVCHC.</p> <ul style="list-style-type: none"> <li>• The interface with their EHR was established and tested to meet the requirements of SVCHC.</li> <li>• Prepay prices were negotiated to the satisfaction of both parties.</li> <li>• The interface to Pathgroup is not complete. It will be carried over to 2014.</li> </ul> <p>On November 4, 2013 Vitamin D was brought in house. There is \$20.00 profit/test. We run about 150/month. There was no increase in staffing or new instrument needed. In May, 2013 we began doing Microbiology for Palm Drive Hospital. We receive a monthly flat fee. This has almost doubled the volume of work in Microbiology. The lab has handled this with no increase in staffing.</p>

- Acetone method discontinued.
- Interface with physician office:
- Convalescent hospitals
- SDC lab work
- We were notified in September that our reference lab, Muir lab, would close on Nov 4.
- Chose Quest Diagnostics to be our new reference lab.
- Interfaced with Quest.
- Change from 3<sup>rd</sup> party billing to client billing
- *Anemia Clinic*
- *Physician education regarding transfusion*

Ketones was discontinued by Siemens. B-Hydroxy ketones was put on Vitros

The number of physician offices we are interfaced with increased:

- SVCHC
- PRIMA
- Sonoma Family Practice
- J. N. Smith
- Cardiovascular Assoc of Marin
- Dr. Peter Stein
- Dr. Yuichiro Nakai

The interface to Practice Fusion is in progress. When this interface is complete we will be able to connect with 4 local offices.

In an effort to increase our market share, provide more timely results and improve patient care; we marketed our lab services to 3 local convalescent hospitals. The Administrators of the facilities were all very enthusiastic. The facilities are all owned by corporations that have contracts with other labs. Local facilities are tied into the corporate contracts.

We approached SDC about sending their lab work to us. They were unable to negotiate with us due to union agreements.

In September Muir Lab, our primary reference lab, notified us they were sold and would be closing on November 4.

We negotiated an agreement with Quest Diagnostics and began the transition and file build. Quest agreed to cover the cost of the file build.

The billing for reference lab work was changed from 3<sup>rd</sup> party billing to client billing.

In July, 2013 we began the Anemia Clinic for diagnosis and treatment of anemia before surgery. Total joint replacement surgeries are the focus.

During the 6 months prior to the Anemia Clinic there were 36 total joint patients with 21 PRBC units transfused to a total of 9 patients. The ratio of PRBC's transfused per patient is 0.58.

During the first 6 months of the Anemia Clinic there were 44 total joint patients with 9 units of PRBC transfused to 3 patients. The ratio of PRBC's transfused per total patient is 0.10.

The result of the Anemia Clinic was to reduce transfusions which resulted in reducing expense for the hospital and improving the SVH experience for the patient.

The Laboratory Medical Director began a transfusion education project for physicians. The purpose of the education was to make physicians aware of the currently accepted transfusion protocols. This education resulted in a reduction in transfusions for patients with a Hemoglobin greater than 8 g/dL.

<b>National Patient Safety Goals</b> <i>The Clinical Laboratory is committed to safe patient care by the following activities:</i> <ul style="list-style-type: none"> <li>• Patient identification (use 2 identifiers)</li> <li>• Blood check out procedure compliance (2 signatures)</li> <li>• Critical values called &amp; read back using 2 identifiers.</li> </ul>	<p><b>PRE</b></p> <p><b>POST</b></p> <p><b>PRE</b></p> <p><b>POST</b></p>	<p>Patient identification was monitored and there was 100% compliance using 2 identifiers (name &amp; DOB). There have been no events of misidentified or mislabeled specimens.</p> <p>100% of Blood products were checked out with 2 signatures (RN &amp; CLS).</p> <p>The Transfusion/Gann (signed consent) form was available and properly filled out for 100% of the transfusions.</p> <p>99.5% of critical values were called in a timely manner and properly documented.</p>
<b>Sentinel or Adverse Events</b> <i>Sentinel Events (TJC List) or Significant Adverse Event (CMS List) or "near miss" are investigated for improvement.</i>		<p>There have been no Sentinel or Significant Adverse Events</p>
<b>Patient and Customer Satisfaction</b> <i>Significant or repeat customer (patient, family, staff, physician, payer, vendor, etc.) complaints are acknowledged and investigated for improvement.</i>  <i>Out Patient satisfaction scores are monitored weekly</i>  <i>The front office, and draw stations were given a mini remodel. The outpatient draw station was changed to provide privacy. New Blinds throughout the lab.</i>  <i>An electric phlebotomy chair was purchased.</i>  <i>A common complaint was lack of privacy during the blood draw. Faxing is still a frequent complaint but it has become better with the interfaces</i>	<p><b>POST</b></p> <p><b>POST</b></p> <p><b>PRE &amp; POST</b></p> <p><b>PRE</b></p>	<p>All significant complaints were investigated and handled appropriately.</p> <p>The out patient satisfaction score is 94%. There was significant improvement in the score after the Studer coach gave the Lab Assistants training on "key words at key times." Lab Assistants are trained and must pass a competency on AIDET.</p> <p>There was a general painting and brightening up of the front office and draw stations. This was done to improve the patient experience. It was also part of our ongoing Lean process to make the area more user friendly. The specimen processing was moved closer to the front office. The draw station was remodeled to address patient privacy. The main draw station was moved to the processing room to provide privacy. The draw station in the front was made ADA compliant.</p> <p>New blinds were purchased for all the laboratory windows this helped improve the presentation of the lab.</p> <p>An electric phlebotomy chair is an improvement to the comfort of the patient and the phlebotomist. It can be raised to a comfortable height for the phlebotomist thus decreasing the possibility of back injury.</p> <p>Complaints about lack of privacy while having blood drawn was addressed with the private draw station.</p>

	POST	There are still many complaints about faxing. We are using auto fax for out of town physicians. The local physicians have access to lab results in Paragon. We are interfacing with more physician offices as resources permit.
<b>Opportunities for Improvement</b> <i>The Laboratory is constantly striving to improve the quality of the testing performed.</i> <ul style="list-style-type: none"> <li>• <i>Implementing Yearly Competency assessment of all CLS and Lab Assistants</i></li> <li>• <i>Complete documentation on Crossmatch and Blood Administration form.</i></li> <li>• <i>Review Critical Values and change to a multitier calling policy.</i></li> <li>• <i>Chemistry Dept reagent inventory</i></li> <li>• <i>Bring CT/GC in house</i></li> <li>• <i>Interface with physician offices</i></li> <li>• <i>Investigating a new accreditation agency.</i></li> <li>• <i>Build and test the Blood Bank Log file</i></li> </ul>		<p>The Competency assessments have been written. They will be implemented in 2014.</p> <p>Continue to audit the Crossmatch and Blood Administration form for completeness</p> <p>Create and implement a tiered Critical Value list and design a new Critical Value calling policy.</p> <p>Develop an inventory system for Chemistry reagents and supplies.</p> <p>Purchase the instrument and begin testing CT/GC.</p> <p>Make a decision on a new accrediting agency</p> <p>The Blood Bank Log program is in the building phase.</p>

7.

# QUALITY REPORT MAY 2014





To: Sonoma Valley Healthcare District Board Quality Committee  
From: Leslie Lovejoy  
Date: 06/25/2014  
Subject: Quality and Resource Management Report

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#### April Priorities:

1. Performance Improvement & Quality Monitoring
2. Recruiting a Clinical Nurse Informaticist
3. Medical Staff Credentialing Process

#### 1. Performance Improvement and Quality Monitoring:

This month's focus has been on ensuring that all action plans and quality monitoring are in place and reported out for the CIHQ survey. Quality provided leaders with a template monitoring system and has allotted a file folder on the Shared Drive to submit their reports. All departments are current on their action plans. In addition, we have kicked-off the Skilled Nursing PI Project and the Surgical Services Transformation project both of which I will report on later this year. Departments are also working on their department PI project for the Annual PI Fair in September.

#### 2. Clinical Nurse Informaticist Position:

We have identified a promising candidate with 31 years of clinical nursing experience, electronic health record building and education experience over the past 10 years and who has a passion for informatics and frontline staff education. I am in the process of negotiating the hire. As he needs a full time position, Mark will offer per diem work in nursing supervision and ICU.

#### 3. Medical Staff Credentialing Process:

We have successfully transitioned from the credentialing verification Organization to in-house credentialing. Nancy and Karen have set up a tracking system and all reappointment applications through December 2014 have been sent out. January packets will go out at the end of the month. Our intention is to have completed packets to committee 45 days prior to the expiration date. We have established accounts for NPDB, Certifacts (Board Certification status) AMA for new appointments and the hospital's Background Check vendor. Licenses will be checked via direct on-line inquiries. With the assistance of Mary Holman at Marin General Hospital, Nancy has re-formatted peer reference letters, activity verification letters and Cindi Newman has re-activated the Quality Report that accompanies reappointments and meets the minimum standards for reappointment competencies.

The CVO has returned all files they were working on and Nancy is assessing what is missing. We are in the process of fully putting into operation the Midas Seeker software (Medical Staff

Credentialing software) such that accurate reports may be pulled monthly for expirables and for uploading and storing of all medical staff information.

I have identified a number of education opportunities for both Karen and Cindi to build their skills in the medical staff area. Nancy is very close to being a Certified Credentialing Specialist.

Topics for discussion: 2013 Annual Laboratory Performance Improvement Program Review; Healing At Home Annual Review, and Employee Engagement Annual Survey Report.