SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

SVHCD QUALITY COMMITTEE
AGENDA
WEDNESDAY, April 26, 2017
5:00 p.m. Regular Session
(Closed Session will be held upon adjournment of the Regular Session)

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

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a District meeting, please contact the District Clerk, Stacey Finn, at sfinn@svh.com or 707.935.5004 at least 48 hours prior to the meeting.		
MISSION STATEMENT The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.		
1. CALL TO ORDER/ANNOUNCEMENTS	*Hirsch*	
2. PUBLIC COMMENT SECTION 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.	*Hirsch*	
3. CONSENT CALENDAR • Minutes 3.22.2017	*Hirsch*	Action
4. POLICY & PROCEDURES	*Lovejoy*	Action
5. QUALITY REPORT APRIL 2017	*Lovejoy*	Inform/Action
6. QUALITY IN MEDICAL IMAGING	*DeMartini*	Inform
7. PATIENT CARE SERVICES DASHBOARD Q1 2017	*Kobe*	Inform
8. SKILLED NURSING ANNUAL DEPARTMENT REVIEW	*Evans*	Inform
9. UPON ADJOURNMENT OF REGULAR OPEN SESSION	*Hirsch*	
10. CLOSED SESSION: Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report	*Lovejoy*	Action
11. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
12. ADJOURN	*Hirsch*	

3.

CONSENT

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SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
March 22, 2017, 5PM
MINUTES
Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Susan Idell Michael Mainardi, MD Ingrid Sheets Kelsey Woodward Carol Snyder	Brian Sebastian, MD	Howard Eisenstark, MD Cathy Webber Joshua Rymer	Leslie Lovejoy Kathy Mathews Mark Kobe Emma Snyder

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Hirsch*	
	Meeting called to order at 5:03 p.m.	
2. PUBLIC COMMENT	*Hirsch*	
	No public comment.	
3. CONSENT CALENDAR	*Hirsch*	Action
• QC Minutes, 02.22.17		**MOTION:** by Idell to approve, 2nd by Mainardi. All in favor
4. POLICY & PROCEDURES	*Lovejoy*	Action
	Ms. Lovejoy discussed the informed consent policy where the issue of capacity was added. She also explained the informed consent process. The job shadowing policy had a change made to Att. C from physician to mentor.	**MOTION:** by Mainardi to approve, 2nd by Woodward. All in favor.
5. QUALITY REPORT MARCH 2017	*Lovejoy*	Inform/Action
	Ms. Lovejoy reviewed the March quality report. She had engaged three community health coaches, including Ms. Sheets, and one of them would help with the orientation manual. Health coach criteria were part of the packet. Though the criteria are stringent, the first step is taking Wellness University, and then Ms. Lovejoy would help with training.	**MOTION:** by Idell to approve, 2nd by Sheets. All in favor

AGENDA ITEM	DISCUSSION	ACTION
	The medical staff coordinator and RN informatics positions are open and posted.	
6. ANNUAL INFECTION CONTROL REPORT	*Mathews*	Inform
	Ms. Mathews presented the annual Hospital infection control report and explained the handout dashboard. (Home Care, as well as the acute Hospital, are included on the handout but are not part of the presentation.) The Hospital and Skilled Nursing have not had a central line infection since 2011. Ms. Mathews discussed the Hospital's anti-microbial stewardship program, which she also presented to CALHEN. SVH engaged an infectious disease telemedicine physician in 2007 and began looking at anti-microbial stewardship. Ms. Mathews discussed the importance of giving live culture yogurt or probiotics to patients taking antibiotics in order to reduce C. difficile infections starting in 2014. There has also been an improvement in surgical site infections. CAUTI (catheter associated urinary tract infection) is this year's performance improvement project.	
7. ANNUAL CONTRACT REPORT	*Lovejoy*	Inform
	Contracts maintenance has been split with patient care contracts going to Quality, and non-patient care contracts to Materials Management. All patient care contracts have assigned specific metrics according to job duties, and those metrics are monitored. Physician contracts and metrics are reviewed in the Medical Executive Committee.	
8. REVIEW AND DISCUSSION OF BOARD QUALITY SCORECARD	*Lovejoy*	Inform/Discussion
	Ms. Lovejoy discussed the Quality scorecard. Several Committee members thought the indicator arrow was confusing. Dr. Mainardi mentioned the PSI incidents could use some trailing data or mention of when the last occurrence was. The report is making good progress.	

AGENDA ITEM	DISCUSSION	ACTION
9. UPON ADJOURNMENT OF REGULAR SESSION	*Hirsch*	
	Regular session adjourned at 6:19 p.m.	
10. CLOSED SESSION • Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report	*Hirsch/Sebastian*	Action
11. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
	The Medical Staff Credentialing was unanimously approved. Two individuals would need to be expedited.	
12. ADJORN	*Hirsch*	
	Meeting adjourned at 6:22 p.m.	

4.

POLICY & PROCEDURES

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Policy and Procedure - Approvals Signature Page

Review and Approval Requirements

The SVH departmental/organizational policies and/or procedures on the attached list have been reviewed and approved by the following organizational leaders for meeting all of the following criteria. All of these policies and procedures are:

- Consistent with the Mission, Vision and Values of the Sonoma Valley Health Care District
- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent with evidence-based practice

We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.

Douglas S. Campbell, MD Chair Medicine Committee	4/21/17 Date
Keith J. Chamberlin, MD MBA President of Medical Staff	4/27/17 Date
Michael Brown, MD Chair Surgery Committee	4/20/17 Date
Kelly Mather Chief Executive Officer	Date
Jane Hirsch Chair, Board of Directors	Date

Reviewed by:	Date	Approved (Y/N)	Comment
Medicine Committee	4/13/2017		
Medical Exec. Committee	4/20/2017		
Quality Committee	4/26/2017		
Surgery Committee	4/03/2017		
Board of Directors	5/04/2017		

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Policy Submission Summary Sheet

Mark Kobe, Chief Nursing Officer	
Signature:	DATE: 4/11/17

ORGANIZATIONAL

REVISED

AN8610-102 Moderate Sedation

1. Name of policy changed to reflect current nomenclature: "Procedural Sedation" to "Moderate Sedation"
2. Propofol added to list of agents used in Moderate Sedation
3. Citation of National Standards of Care for Moderate Sedation (American Society of Anesthesia)
4. JCAHO reference replaced with CIHQ

5.

QUALITY REPORT
APRIL 2017

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 04/26/17
Subject: Quality and Resource Management Report

April Priorities:

1. PRIME Grant Activities
2. CIHQ deficiencies
3. Interviews

1. *Prime Grant Activities*

I attended the required Learning Collaborative in Sacramento on April 10, 2017. The collaborative brings all the organizations completing PRIME projects together to share challenges, best practice strategies and discuss progress towards meeting metric goals.

DHCS came back with some corrections to the mid-year report that I completed and submitted. It has been approved and we should see funding soon.

2. CIHQ Survey and Deficiencies

We were in the middle of our survey during the last meeting. Overall it went very well and we came away without and conditions that would require a return visit. The table below identifies the deficiencies and the person responsible for the Action Plan. I submitted Action Plans on April 12th and they all were accepted. We will now create a monitoring grid and report on progress towards compliance through medical staff committees and this body.

Opportunity for Improvement	***Responsibility for Plan of Correction***
Appointment or Reappointment to the Medical Staff Observed during the Medical Staff Credential Review Session In 3/6 files reviewed, the following was noted. The files of a pediatrician, internist, and nurse practitioner lacked evidence of an attestation by the practitioner that he/she is physically and mentally capable of exercising the privileges requested at the time of appointment / reappointment	Leslie
Temporary Privileges D. Temporary privileges may only be granted for a total of 120 days in a calendar year. Observed during the Medical Staff Credential Review In 1/6 files reviewed, the following was noted. The file of nurse practitioner granted temporary privileges showed that said privileges were granted for a total of 240 days in a calendar year.	Leslie
Provision of Telemedicine Services by a Distant Site Observed during Document Review The organization has contracted with a distant-site entity (California Pacific Medical Center) to provide telemedicine (stroke) services. The written agreement does not specifically state that the distant-site entity must meet all requirements noted under CFR 482.12(a)(1) through(a)(7) and 42 CFR 482.22(a)(1) through (a)(2). The agreement will need to be amended to include the required language.	Leslie

Opportunity for Improvement	*Responsibility for Plan of Correction*
Informed Consent Observed in Closed Record Review In 1/3 records reviewed, the following was noted. The medical record of a 33 year old female who underwent a cesarean section on 2/17/17was reviewed. There was no documentation of informed consent by the physician prior to the procedure. There was no indication that the procedure was emergent.	Leslie
Observed in Sterile Processing During a tour of the environment, it was noted that the organization uses Cidex OPA to provide high-level disinfection for laryngoscope blades. In reviewing required quality control documentation, the following issues were noted: ☐When a new bottle of test strips is open, there is no quality control performed per manufacturer instructions ☐There is no check of solution efficacy each time instruments are processed. Checks are only performed once each day. ☐The dwell time that instruments are processed is not documented with each run ☐The temperature of the solution is not documented each time instruments are processed	Janine
Documentation in the Medical Record Observed in Closed Record Review: In 2/7 records reviewed the following was noted. The medical record of a 77 year old female presenting on 3/16/17 for a biopsy in interventional radiology was reviewed. There was no H&P documented in the record prior to the procedure. Observed in Closed Record Review: In 2/7 records reviewed, the following was noted. The medical record of a 51 year old male who underwent a colonoscopy on 3/17/17 was reviewed. The H&P used for the procedure was dated 2/7/16 – more than 30 days prior. An H&P must be performed within 30 days of the procedure and updated on the day of the procedure. Observed in Closed Record Review: In 2/4 records reviewed, the following was noted. The medical record of a 33 year old female who underwent a cesarean section on 2/17/17 was reviewed. There was no update to the H&P that had been performed on 2/10/17. Observed in Closed Record Review: In 2/4 records reviewed the following was noted. The medical record of a 62 year old male admitted on 3/20/17 for knee replacement surgery was reviewed. There was no update to the H&P performed on 3/19/17. Observed in Closed Record Review: In 2/4 records reviewed, the following was noted. The medical record of a 33 year old female who underwent a cesarean section on 2/17/17 was reviewed. There was no discharge summary documented in the record.	Mark, Janine, Leslie

Opportunity for Improvement	***Responsibility for Plan of Correction***
Provision of Anesthesia Observed in Closed Record Review: In 1/4 records reviewed, the following was noted. The medical record of a 77 year old male who presented to the ED on 2/16/17 for a dislocated shoulder was reviewed. It was noted that the patient underwent a shoulder relocation under deep sedation. The patient was administered Propofol in a dose equaling 1mg/kg. There was no post-anesthesia evaluation documented in the patient's record.	Mark, Deborah
Provision of Moderate Sedation/Analgesia Observed during Document Review: The organization's policy entitled "Procedural Sedation" (AN8610-102), last revised on 12/16 does not state the national standard of care on which it is based. In 2/5 records reviewed, the following was noted. The medical record of an 18 year old male who presented to the ED on 7/16/16 with a stab wound was reviewed. The patient had a chest tube inserted under moderate sedation. There was no documented cardiopulmonary and airway assessment as part of the pre-sedation workup. Observed during Closed Record Review In 2/5 records reviewed, the following was noted. The medical record of a 77 year old female who underwent a biopsy procedure in interventional radiology on 3/16/17was reviewed. The patient had the procedure performed under moderate sedation. There was no documented cardiopulmonary and airway assessment as part of the pre-sedation workup.	Mark, Janine, Dawn
Tissue Management Observed in the OR During a tour of the environment, it was noted that the organization did not maintain current FDA registrations for its tissue suppliers. Many of the registrations were dated for 2014 and 2015.	Janine
Preventing Wrong site/Wrong patient procedures Observed in Closed Record Review: In 1/4 records reviewed, the following was noted. The medical record of a 51 year old male who underwent a colonoscopy on 3/17/17 was reviewed. A "time out" was documented as being performed. However, the time this event occurred was not documented in the record. Therefore, it could not be substantiated that it occurred immediately prior to the start of the procedure.	Janine
Informed Consent Observed in Closed Record Review: In 1/3 records reviewed, the following was noted. The medical record of a 33 year old female who underwent a cesarean section on 2/17/17was reviewed. There was no documentation of informed consent by the physician prior to the procedure. There was no indication that the procedure was emergent.	Erin/Janine

Opportunity for Improvement	***Responsibility for Plan of Correction***
Infection Prevention & Control Policies Observed in the ICU During a tour of the environment, it was noted that staff prepare medications on a counter that is within three feet of a sink. CDC and CMS guidelines call for a least a three foot distance between the sink and the counter if medications are prepared. There was no functional separation (e.g. a barrier) to prevent potential contamination of the preparation area.	Deborah
Disinfection & Sterilization Practices Observed in Multiple Care Areas The organization uses non-disposable blood pressure cuffs in multiple care areas. Staff clean the cuffs between patient using either a bleach or phenolic-based disinfectant. Staff were asked to produce evidence that the cuffs are being cleaned in accordance with manufacturer instructions, The organization did not produce the evidence by the conclusion of the survey.	Mark
Provision of Anesthesia Observed in Closed Record Review: In 1/4 records reviewed, the following was noted. The medical record of a 77 year old male who presented to the ED on 2/16/17 for a dislocated shoulder was reviewed. It was noted that the patient underwent a shoulder relocation under deep sedation. The patient was administered Propofol in a dose equaling 1mg/kg. There was no post-anesthesia evaluation documented in the patient's record.	Mark, Deborah
Provision of Moderate Sedation/Analgesia Observed during Document Review: The organization's policy entitled "Procedural Sedation" (AN8610-102), last revised on 12/16 does not state the national standard of care on which it is based. In 2/5 records reviewed, the following was noted. The medical record of an 18 year old male who presented to the ED on 7/16/16 with a stab wound was reviewed. The patient had a chest tube inserted under moderate sedation. There was no documented cardiopulmonary and airway assessment as part of the pre-sedation workup.	Mark, Deborah
Notification of Hospitalization Observed on the Medical / Surgical Unit The medical record of an 87 year old female admitted on 3/21/17 for a pelvic fracture was reviewed. There was no documentation in the medical record that the patient or representative was advised of their right to have family notified of admission. There is a form to document this information, but it was missing in the record reviewed. Observed on the Medical / Surgical Unit The medical record of an 87 year old female admitted on 3/21/17 for a pelvic fracture was reviewed. There was no documentation in the medical record that the patient or representative was advised of their right to have her personal physician notified of admission. There is a form to document this information, but it was missing in the record reviewed.	Sara

Opportunity for Improvement	***Responsibility for Plan of Correction***
Medication Orders Observed on the Medical / Surgical Unit The medical record of a 59 year old male admitted on 3/21/17 for a shoulder arthroscopy was reviewed. It was noted that post-operative orders contained both Morphine and Acetaminophen with Codeine PRN for severe pain. This is considered duplicate therapy. There were no further directions to personnel to determine which PRN medication to administer. Observed on the Maternal / Child Unit The medical record of a 20 year old female who underwent a vaginal delivery on 3/21/17 was reviewed. It was noted that the Zofran 4mg IV every 6 hours PRN for nausea was ordered post-delivery. Below that order was another order (intended for Nubain) to dilute the medication and administer it as a bolus every 5 minutes until symptom relief. The box to check using the Nubain for the bolus was left blank. Hence the order is unclear and should have been clarified.	Chris, Erin, Sara
Restraint and Seclusion Observed during Closed Record Review In 1/2 records reviewed the following was noted. The medical record of a 64 year old male admitted on 2/16/17 for sepsis was reviewed. The patient was placed into restraint for non-violent / non-self-destructive behavior on 2/26/17. Organization policy requires that orders for restraint be renewed at least each calendar day. There were no orders documented in the record for 3/3, 3/4, and 3/9/17. The patient remained in restraint during this time.	Mark
Delivery of Nursing Care Observed on the Medical / Surgical Unit In 1/10 records reviewed, the following was noted. The medical record of a 70 year old female admitted on 3/18/17 for pneumonia was reviewed. The patient was identified as a fall risk on admission. There was no plan of care developed to address this issue.	Sara
Organ, Tissue and Procurement Observed during the Human Resources Review Setting In 3/3 records reviewed, the organization could not substantiate that it educates applicable staff on donation issues.	Mark
Use of Protocols Observed in Imaging Services During a tour of the environment, it was noted that contrast is administered in accordance with established policy. However, the policy (protocol) does not appear to be approved by the medical staff. Observed in Imaging Services During a tour of the environment, it was noted that the physician or other practitioner responsible for the care of the patient authenticates the initiation of all contrast media administration protocols either prior to or after the fact. Observed in Imaging Services During a tour of the environment, it was noted that appropriate use of contrast media administration protocols are not monitored as part of the organization's Quality Assessment & Performance Improvement Program.	Dawn/Jessica

3. Interviews:

Interviews have been scheduled for both the Director, Quality and Risk and the Medical Staff Office Coordinator positions. I expect to make a decision within the next 2-3 weeks on both. There haven't been any inquiries for the Clinical Informaticist position so we are broadening our advertisement. It is typically a difficult position to fill. We will be contracting with a Nurse Informaticist during the upgrade to our Electronic Health Record to fill in and make sure education is provided to clinical staff.

Topic: Quality in Medical Imaging presentation by Dr. James DeMartini and Skilled Nursing Annual Department Report presented by Melissa Evans, DON.

7.
PATIENT CARE SERVICES DASHBOARD Q1 2017

Patient Care Services Dashboard 2016

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Medication Scanning Rate	2016-17				
	Q4	Q1			Goal
SNF	85.7%	88.0%			80%
Acute	89.7%	90.0%			90%
ED	90.9%	91.0%			90%

Falls (Per 1000 days)	2016-17				
	Q4	Q1			50th %tile
SNF	1.2	0.6			
Acute	3.6	1.5			
TOTAL	2.4	2.1			2.32%

Hospital Acquired Pressure Ulcer Incidents (Per 1000 admissions)	2016-17				
	Q4	Q1			National
SNF	0.0	2.2			3.17
Acute	1.0	3.3			3.68

Nursing Turnover	2016-17 RNs/Quarter				
	Q4	Q1			Goal
SNF (n=17)	0	1			≤1
Acute (n=65)	4	0			≤3
Healing at Home (n=11)	1	0			≤1
Total Nursing Turnover	5	1			≤5

Patient Experience (CAHPS)	2016-17				
	Q4	Q1			Goal
RN Communication					NRC Ave.
ED	82.9	N/A			77.9
Acute	78.3	N/A			79.3
Pain Management					NRC Ave.
ED	61.4	N/A			53.9
Acute	69.0	N/A			72.7
Communications re: Medications					NRC Ave.
Acute	70.0	N/A			64.5

Nurse Staffing Effectiveness: Transfers r/t staffing/beds	2016-17				
	Q4	Q1			Goal
	2	4			0

8.
SKILLED NURSING ANNUAL DEPARTMENT REVIEW

2016 Skilled Nursing Facility Annual Review

Introduction: The Skilled Nursing Facility, (SNF) is a 27 – bed, Distinct Part, (DP) SNF located within the hospital grounds. The goal of the SNF is to provide post – acute care so that our patients may be restored to their prior level of function. Our Key Health care services are; post – operative care, post stroke and cardiac surgery care, frequent antibiotic infusions, wound care, blood transfusions, and parenteral nutrition.

The Skilled Nursing Facility assists the hospital to meet its financial goals by providing post – acute care in the SNF when the DRG, (Diagnosis-related group) is met in the acute hospital but, the patient is not yet able to return to their prior living situation. In addition to providing rehabilitation and skilled nursing care, we make arrangements for care after discharge. Physician's appointments are made, medication teaching is given, and Homecare and all other appropriate referrals are made in attempt to prevent readmissions back to the acute hospital.

Stakeholders: Primary stakeholders are patients, physicians, our workforce and the community.

Regulatory Requirements: Sonoma Valley Hospital's D/P SNF is regulated by the California Department of Public Health Licensing Division, Life Safety Code Division, Office of Statewide Hospital Planning and Development (OSHPD), Title 22 California Code of Regulations, and the Centers for Medicare and Medicaid Services, (CMS).

Key Sources of Competitive and Comparative Data: Key sources of competitive and comparative data from within the post- acute care profession come from CA Department of Public Health annual Licensing recertification surveys, CMS certification every two years, CASPER reports, (Certification and Survey Provider Enhanced Reports), Medicare's 5- Star rating system, Medicare.gov website, and the American Health Care Association's (AHCA) Long Term Care Trend Tracker. Data from outside the long term care profession would include our own Quality/ Performance Improvement initiatives, Post Discharge Patient Satisfaction surveys, daily patient rounding, and employee satisfaction and retention data.

Department Mission: To restore, maintain or improve the health and/or function of our patients so that they may return to the community.

Leadership Team: Medical Director, SNF Administrator, Director of Nursing

Workforce Profile:

Position:	Number of Staff in Each Position:
Medical Director	1 (needed)
Administrator	1
Director of Nursing	1
Registered Nurses	16
Certified Nursing Assistants	16
Housekeepers	4
Cooks	3
Dietary Clerks	3
Physical Therapists	3
Physical Therapy Aides	2
Occupational Therapists	2
Occupation Therapy Assistant	1 (needed)
Psychologist	1 (on call)
Speech Therapist	2
Social Worker	1
Dietician	1
Pharmacy Consultant	1
Activities Staff	2

Quality Metrics:

Key Elements of our Performance Improvement system include Quality Monitoring for high risk – high volume, high risk – low volume, and problem – prone patients. Our plans are based on regulatory guidelines, industry standards and Best Practices and revised quarterly based on results.

Performance Goal	Objective	Metric	Actual Results	CA & National Results
Service Excellence	Highly Satisfied Patients 90% or > satisfied	Per Discharge Call Back Questionnaire, "Did you get help as soon as you needed it"	2016 = 93% of our patients were satisfied with prompt response to call lights when asked about their experience.	Goal Met
People	High Employee Satisfaction/ Engagement 80th % or >	Per Press Ganey Staff Satisfaction / Engagement survey	2016 = 4.44/5.0 2017 = 4.32/5.0	Action Planning Readiness 96% 96%
Finance	Volume > Expenses 0% variance from budget Revenue – meet budget Direct Margin – increase profitability, reduce waste.	Per monthly financials and Reports from Michelle Donaldson, (CRO)	Volume (Pt Days) FY 16 =7312 FY 15= 7350 FY14=7565 FY13= 7624 FY 12 =7470 FY16: Expenses -7% Revenue -1.4% Direct Margin 15% Total Margin after	Managed Medicare and MediCal approve fewer SNF days than traditional Medicare/ Medical. Volume less, Employee salary increases, Managing waste

			indirect revenue and cost = 11%	well
Quality	Reduce falls	Midas Risk Report	2016 = 1.5% /1000 patient/days	CA Average = 1.7% Nation. Aver. 3.3% (goal met)
	Remain a Restraint – free unit	Midas Risk Report and CASPER Reports, (Certification and Survey Provider Enhanced Reports)	0 % Restraint rate x3 years	CA av.= 0.9% Nation. av.= 0.7% (goal met)
	Excellent survey results	Per CMS/ CDPH Federal and Recertification Surveys	2016 = 4 minor deficiencies involving kitchen outdates, equipment cleaning, and obstruction of regulatory signage with equipment.	CA av. = 10.9 Nation. av = 6.9 (goal met)
IMPACT ACT Goals (Improving Medicare Post – Acute Care Transformation Act) (2015-2018)	Reduce newly received psychotropic medications	CASPER Reports	2016 = 1.6% (we were at 3.5% in 2014)	CA av. = 1.5% Nat. av. = 2.1%
	% patients given flu vaccine	CASPER Reports	2016 = 97.3%	CA av = 81.9% Nation. av. 79.9
	% patients given pneumococcal vaccine	CASPER Reports	2016 = 97.2%	CA = 83.8% Nat. av. = 81.7%
	Increase Staff Stability	SVH Human Resource Dept.	Staff Turnover = 11.8% in 2016	Goal < 10%
	Reduce unintended healthcare outcomes	Per Infection Control Data	Per IC Reports on CAUTI/ C-Difficile	Per IC data
	Reduce 30 day re-hospitalization rate	CASPER and AHCA Quality Reports	2016 = 12.6	CA av. = 22.4% Nat. av. = 22.6%
	Increase discharges back to the community.	CASPER/AHCA	2016 = 68.3	Ca av. = 55.2% Nat. av. = 56.9%
Future Reportable Data beginning 2017	Adopt Functional Outcome Measure tracking method.	MDS Resident Assessment Tool Will track and report functional decline (ADL's, and Mobility)	Future Data to be reported.	2017 Results pending

Strategic Challenges and Advantages:

Challenges - We are a small, 27-bed unit in an aging facility. Population of patients is more acute than in a community based SNF and as such, more resources are required. The all- RN Nursing component is expensive but necessary in a small hospital where all nursing staff "float" to the Medical Surgical / Telemetry unit. We have been challenged providing adequate and consistent physician coverage on the SNF due to the loss of two long term Medical Directors within a short period of time.

There are also many advantages of being a DP/SNF located within the acute care hospital. There is always a physician in house to respond to emergencies. We have on – site medical imaging, laboratory pharmacy, and nutritional services. The SNF works closely with all other areas of the organization and has received wonderful community support over the years.

Conclusion:

In summary, The Sonoma Valley Hospital DP/ SNF continues to receive excellent survey results and high ratings for post – acute care. The SNF meets or exceeds most of its quality goals and has excellent staff and patient satisfaction scores. We will continue to focus on our national goals as well as making improvements on reducing psychotropic drug rates and reducing employee turnover. As always, we strive to meet budgetary expectations and to increase our profit margin. We are currently trying to retain a full – time Medical Director to care for unassigned patients to assure that they will receive consistent and reliable care.