



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, September 27, 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 Quality Committee 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	<i>Hirsch</i>	
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.	<i>Hirsch</i>	
3. CONSENT CALENDAR • Minutes 8.23.17	<i>Hirsch</i>	Action
4. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
5. CLINICAL LABORATORY MEDICAL DIRECTOR REPORT	<i>Kretzschmar/ Valenzuela</i>	Inform
6. QUALITY REPORT 2017	<i>Lovejoy</i>	Inform
7. RATE MY HOSPITAL DASHBOARD	<i>Kobe</i>	Inform
9. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Hirsch</i>	
10. CLOSED SESSION: <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report	<i>Lovejoy</i>	Action
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
12. ADJOURN	<i>Hirsch</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
AUGUST 23, 2017, 5:00 PM
MINUTES
Schantz Conference Room**

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

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Meeting called to order at 4:59 p.m.	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	None	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 7.26.17 		MOTION: by Rymer to approve, 2 nd by Idell. All in favor
4. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
		MOTION: by Mainardi to approve, 2 nd by Eisenstark. All in favor.
5. PHARMACY DEPT REVIEW & ADE REPORT	<i>Kutza</i>	Inform
	<p>Mr. Kutza presented his annual Pharmacy report. He gave an overview of the various pharmacy programs, including 340B, as well as the department and staffing.</p> <p>The Quality metrics were reviewed. The metrics include medication errors, administration errors, near miss errors, Pyxis overrides and stock outs, Pharmacy intervention's, ADRs, Antimicrobial stewardship (by LOS and antibiotic spend), Inpatient controlled substance charting, Anesthesia</p>	

AGENDA ITEM	DISCUSSION	ACTION
	<p>controlled substance, IV room regulations and standards, He then presented past and future plans which were use of Stasis, CPOE, AS (antibiotic stewardship), 340B management, medication safety, and medication reconciliation.</p>	
6. PATIENT CARE SVS QUALITY DASHBOARD	<i>Kobe</i>	Inform
	<p>Mr. Kobe reviewed the patient care services dashboard and the explanation of the color coding. He also spoke about Rate My Hospital. He said that the response has been very good, with an overall score 4.53 out of 5, with a 17% return rate. He also gave an update on Door to Discharge. He said that they are working through some data points that may not be captured correctly. A team has been assembled to work on it.</p>	
7. QUALITY REPORT AUGUST 017	<i>Lovejoy</i>	Inform
	<p>Ms. Lovejoy reports that she now has an MOU with the Community Health Center. This would allow for data sharing for the post discharge medication reconciliation data required as part of the grants metrics.</p> <p>The community coaches are up and trained. In the Case Managers meeting it was decided to expand our Transition Record project to skilled nursing unit and include these patients in our population going forward.</p> <p>Performance Improvement projects include the ED throughput, Home Care Financial improvement, Women’s Center Development, and a Patient Satisfaction Survey Project.</p> <p>PI fair will be Oct. 17th and Oct 18th.</p> <p>Partnership’s Quality Improvement Project (QIP) was attended by Ms. Lovejoy and Ms. Jones.</p> <p>Medical Staff update- surgery chair is Dr. Sawyer and Vice Chair is Dr. Kidd. Ms. Lovejoy is working with the facilities Director to identify a physician lounge for meals.</p>	
8. UPON ADJOURNMENT OF REGULAR SESSION	<i>Hirsch</i>	
	Regular session adjourned at 6:15 p.m.	

AGENDA ITEM	DISCUSSION	ACTION
9. CLOSED SESSION <ul style="list-style-type: none"> • <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report 	<i>Hirsch/Lovejoy</i>	Action
10. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
		MOTION: by Eisenstark to approve 2 nd Mainardi All in favor
11. ADJOURN	<i>Hirsch</i>	
	Meeting adjourned at 6:17p.m.	



SUBJECT: Asbestos (Medical Surveillance)	POLICY # HR8610-164.8
DEPARTMENT: Organizational	PAGE 1 OF 4
APPROVED BY: Director of Human Resources	EFFECTIVE: 9/95
	REVIEW/REVISED: 7/07 9/10 6/14 8/17

- Revised Reviewed/No Changes Retired

CHANGE SUMMARY:

Briefly state changes and include reasons for making change(s).

What:

Verbiage change throughout removing reference to Employee Health and replacing with Human Resources, and other minor language/formatting changes for clarity.

Why:

AUTHOR JOB TITLES:

Director of Human Resources

COMMITTEE APPROVALS:

Policy & Procedure Team: 8/15/17

Board Quality Committee:

The Board:



SUBJECT: Ergonomics Safety Program	POLICY # HR8610-164.11
DEPARTMENT: Organizational	PAGE 1 OF 1
APPROVED BY: Director of Human Resources	EFFECTIVE: 7/98
	REVIEW/REVISED: 8/07 9/10 7/14 8/17

- Revised Reviewed/No Changes Retired

CHANGE SUMMARY:

Briefly state changes and include reasons for making change(s).

What:

Verbiage change throughout removing reference to Employee Health and replacing with Human Resources, and other minor language/formatting changes for clarity. Updated steps associated with reporting injuries; i.e., correct title of the form and requirement of a supervisor's/manager's adding investigation/corrective action notes.

Why:

AUTHOR JOB TITLES:

Director of Human Resources

COMMITTEE APPROVALS:

Policy & Procedure Team: 8/15/17

Board Quality Committee:

The Board:



SUBJECT: Health Screening of Contract Workers, Students, and Observers	POLICY # HR8610-164.4
DEPARTMENT: Organizational	PAGE 1 OF 1
APPROVED BY: Director of Human Resources	EFFECTIVE: 7/98
	REVIEW/REVISED: 6/07 9/10 7/14 8/17

Revised Reviewed/No Changes Retired

CHANGE SUMMARY:

Briefly state changes and include reasons for making change(s).

What:

Updating title to: Health Screening of Contract Workers, Students, and Observers. Removed reference to Student Volunteers and clarified individuals referenced in this policy as “clinical contract workers, students in clinical rotations or internships, and job shadower/observers. Changed organizational reference from SVHCD to Sonoma Valley Hospital (SVH). Removed language referring to a TB skin test and referring simply as “TB test” or “TB screening.” Added Job Shadow/Observers to the policy and procedure sections.

Why:

AUTHOR JOB TITLES:

Director of Human Resources

COMMITTEE APPROVALS:

Policy & Procedure Team: 8/15/17

Board Quality Committee:

The Board:



SUBJECT: Injury Due to Medical Device Equipment	POLICY #CE8610-150
DEPARTMENT: Organizational	PAGE 1 OF 3
APPROVED BY: Director of Facilities	EFFECTIVE: 5/95
	REVIEW/REVISED: 4/07 12/08,3/11,4/14, 7/17

Revised Reviewed/No Changes Retired

CHANGE SUMMARY:

Briefly state changes and include reasons for making change(s).

What:

Revision includes formatting and responsibility title changes and adding regulation language from FDA website “User facilities must report a suspected medical device-related death to both the FDA and the manufacturer on Form FDA3500A within 10 work days of becoming aware. User facilities must report a medical device-related serious injury to the manufacturer, or to the FDA only on Form FDA3500A if the medical device manufacturer is unknown.”

Why:

AUTHOR JOB TITLES:

Director of Facilities

COMMITTEE APPROVALS:

Policy & Procedure Team: 8/15/17

Board Quality Committee:

The Board:



Policy Submission Summary Sheet

Lois Valenzuela, Laboratory Manager		Dawn Kuwahara, Chief Ancillary Services Officer	
Signature:	DATE:	Signature:	DATE:
<i>Lois Valenzuela</i>	<i>5/15/2017</i>	<i>DKuwahara</i>	<i>5-15-2017</i>

DEPARTMENTAL

REVISIONS

LB7500-06 Approved Reference Labs

Deleted Muir Lab

Added Queen of the Valley

LB7500-26 Laboratory Fax Policy

Removed VERIFICATION__YEARLY AUDIT

Added a purpose

LB7500-64 Results Reporting

Updated policy to reflect what we do now:

PRIMARY CARE PHYSICIAN NOT AVAILABLE:

REMOVED—Call Hospitalist and Call the Chief Medical Officer

This is the last—total of 3

- Reference lab
- Lab Fax
- Results Reporting



SUBJECT: Modified Work Program	POLICY # HR8610-164.13
	PAGE : 1 of 4
DEPARTMENT: Organizational	EFFECTIVE: 2/93
APPROVED BY: Director of Human Resources	REVIEW/REVISED: 9/95 8/07, 9/10, 7/14, 8/17

- Revised Reviewed/No Changes Retired

CHANGE SUMMARY:
Briefly state changes and include reasons for making change(s).

What:
Verbiage change throughout removing reference to Employee Health and replacing with Human Resources, and other minor language/formatting changes for clarity. Updated procedure steps to reflect our current process.

Why:

AUTHOR JOB TITLES:
Director of Human Resources

COMMITTEE APPROVALS:
Policy & Procedure Team: 8/15/17
Board Quality Committee:
The Board:



SUBJECT: Sales Representative Policy

POLICY #CE8610-175

DEPARTMENT: Organizational

PAGE 1 OF 3

EFFECTIVE: 1/85

APPROVED BY: CFO

REVIEW/REVISED: 4/16
8/17

Revised Reviewed/No Changes Retired

CHANGE SUMMARY:

Briefly state changes and include reasons for making change(s).

What:

Procedural change for sales representatives entering SVH. Describes that we now have vendor credentialing in place via Symplr. Representatives check in via a kiosk located in the main lobby as well as one in the OR.

Why:

AUTHOR JOB TITLES:

Materials Management Director

COMMITTEE APPROVALS:

Policy & Procedure Team: 8/15/17

Board Quality Committee:

The Board:



SUBJECT: Standard Employer Service Rate

POLICY # GL7775-115

DEPARTMENT: Occupational Health

PAGE 1 OF 2

EFFECTIVE: 08/17

APPROVED BY: Chief Ancillary Officer

REVISED:

NEW:

To define payment structure for all self-pay clients requiring employer services in Occupational Health including those services that are provided by other departments.

AUTHOR JOB TITLES:

Chief Ancillary Services Officer

COMMITTEE APPROVALS:

Policy & Procedure Team: 8/15/17

Board Quality Committee:

The Board:

DRAFT



SUBJECT: Standard Employer Service Rate

POLICY # GL7775-115

DEPARTMENT: Occupational Health

PAGE 2 OF 2

EFFECTIVE: 08/17

APPROVED BY: Chief Ancillary Officer

REVISED:

Purpose:

To define payment structure for all self-pay clients requiring employer services in Occupational Health including those services that are provided by other departments.

Policy:

All self-pay clients seeking employer services in Occupational Health will be offered the same pricing as employers per the Master Employer Pricing Sheet.

Procedure:

All qualifying patients, in accordance with "Policy" above, will be offered the same pricing as employers per the Master Employer Pricing Sheet. This includes all services rendered outside of Occupational Health. I.e. Medical Imaging, Laboratory, and Cardiopulmonary.

The payment for all services including those services rendered outside of Occupational Health are due at time of service.

For services that are provided outside of Occupational Health, a notification email must be sent to Patient Financial Services to adjust billing to reflect the Master Employer Pricing sheet.

Normal services rendered in Occupational Health under self-pay do not require any special attention.

Reference: Master Employer Pricing Sheet.



SUBJECT: Tuberculosis Exposure Management	POLICY # HR8610-164.6
DEPARTMENT: Organizational	PAGE: 1 of 3
APPROVED BY: Director of Human Resources	EFFECTIVE: 7/98
	REVIEW/REVISED: 7/07 6/07 9/10 7/14 8/17

- Revised Reviewed/No Changes Retired

CHANGE SUMMARY:

Briefly state changes and include reasons for making change(s).

What:

Reviewed with Infection Prevention and made significant changes to expand and clarify explanations and procedures. Updated language regarding TB screening, removing reference to a skin test.

Why:

AUTHOR JOB TITLES:

Director of Human Resources

COMMITTEE APPROVALS:

Policy & Procedure Team: 8/15/17

Board Quality Committee:

The Board:



SUBJECT: Vehicle Safety Program	POLICY #CE8610-182
DEPARTMENT: Organizational	PAGE 1 OF 3
APPROVED BY: Director of Facilities	EFFECTIVE: 1988
	REVIEW/REVISED: 10/07, 11/01,1/14, 7/17

- Revised Reviewed/No Changes Retired

CHANGE SUMMARY:

Briefly state changes and include reasons for making change(s).

What:

Minor revision to change the requirement from a valid California Driver's license to a valid Driver's License. Formatting changes and language that encompasses California requirements for reporting accidents to DMV and all accidents to be reported via e-notification so that they can be reviewed by Safety Committee.

Why:

AUTHOR JOB TITLES:
Director of Facilities

COMMITTEE APPROVALS:
Policy & Procedure Team: 8/15/17
Board Quality Committee:
The Board:



SUBJECT: Weapons	POLICY #GL8610-200
DEPARTMENT: Organizational	PAGE 1 OF 2
APPROVED BY: CEO	EFFECTIVE: 8/83
	REVIEW/REVISED: 6/89, 3/96, 3/99, 12/01,3/05, 2/11 7/14; 7/17

- Revised Reviewed/No Changes Retired

CHANGE SUMMARY:

Briefly state changes and include reasons for making change(s).

What:

Why:

AUTHOR JOB TITLES:

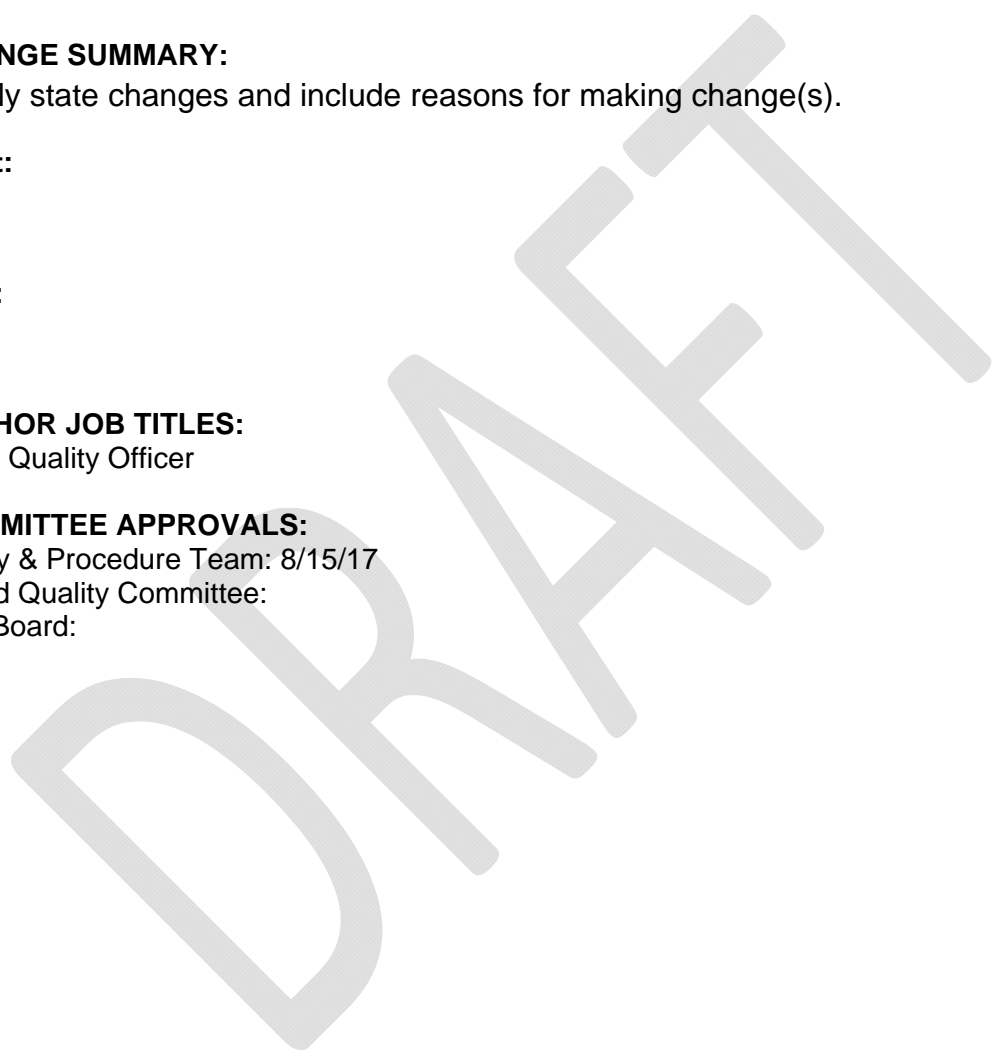
Chief Quality Officer

COMMITTEE APPROVALS:

Policy & Procedure Team: 8/15/17

Board Quality Committee:

The Board:





SUBJECT: Work Injuries, Investigation and Return to Work Clearance <u>Eliminate – duplicate of HR8610-174</u>	POLICY # HR8610-164.12
DEPARTMENT: Organizational	PAGE: 1 of 4
APPROVED BY: Director of Human Resources	EFFECTIVE: 2/93
	REVIEW/REVISED: 8/07 9/10, 7/14

- Revised Reviewed/No Changes Retired

CHANGE SUMMARY:

Briefly state changes and include reasons for making change(s).

What:

Why:

duplicate of HR8610-174 Work Related Injuries

AUTHOR JOB TITLES:

Director of Human Resources

COMMITTEE APPROVALS:

Policy & Procedure Team: 8/15/17

Board Quality Committee:

The Board:



To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 09/27/2017
Subject: Quality and Resource Management Report

August/September Priorities:

1. PRIME Grant Activities
2. Quality Department Update
3. Performance Improvement Fair
4. Medical Staff Performance Improvement

1. Prime Grant Activities:

We will have our first monthly team meeting for the Community Health Coaches this coming Friday. Currently one coach comes in every Monday and follows a case load of patients via phone. The others are being transitioned in beginning with skilled nursing patients. We met with Sound Physicians group last month to discuss their process for the Medicare FFS patients and to make sure we are all aligned with the follow-up phone calls so there is a standardized process. Sound Physicians is our Hospitalist group. They received a DMS grant to manage Medicare FFS patients for up to 90 days post discharge. The method includes follow-up phone calls, attending huddles and working with the Hospitalist while the patient is an inpatient and then following them if they go to skilled nursing prior to full discharge. We are working on doing our first community based care conference that would include the hospital team, Sound, Home Care, the Community Health Center, and local Skilled Nursing facilities.

We are due to complete our year end reporting for the grant. I will bring the baseline data scorecard to the meeting.

2. Quality Department Update:

Danielle Jones has successfully completed her employment probationary period and I have delegated most of Quality to her this month. She is learning the Risk Management process over the next 6 months and will then assume that responsibility. We have hired a full time Case Manager/Nurse Navigator, Merlita Santos RN. She was a per diem employee that worked two days a week as a pre-op Nurse Navigator and she assumed a vacant scheduled per diem position. The move was budget neutral and a win for the department. I also offered the vacant RN Informatics position to Andrea O'Donnell RN, currently a McKesson employee on contract here to help with the Paragon 14 upgrade. She is highly thought of by staff and physicians. She will be working remotely for three weeks a month and then on-site one week a month. Her salary was adjusted to manage travel costs and will be adjusted again in 4-5 months once the true extent of travel costs are clear. At this time her salary puts her 1K over budget for the year, however I expect that to change as we deal with the travel costs and it will become budget neutral as well.

3. Performance Improvement Fair:

See attached report. I need two members from this committee for the judging.



4. Medical Staff Office Performance Improvement:

An audit of the Medical Staff By-laws and Rules and Regulations identified some processes that the Medical Staff Office did not have a system to complete. The action plan below indicates six areas where improvement could be accomplished within 4-5 months. Once standardized the new processes will be formalized within a policy and procedure.

<i>Requirement</i>	<i>Compliance</i>	<i>Plan Progress</i>
1. Active Staff status is a requirement for medical staff leaders.	Only two physicians not Active	Completed
2. Members are provided with an annual update of their attendance to assess compliance with staff category requirements.	0%	Expect Dues and attendance letters out by the end of the month.
3. Initial appointments are evaluated at the end of the provisional year to decide staff category.	Can't find where there was a systematic process in place, it may have been informal.	Will set an alert 3 months prior to end of the first year for evaluation to occur. First alerts will go out this week.
4. All initial appointments have a proctoring requirement that must be met.	I have found proctoring templates for all departments but am not sure what the mechanism is for ensuring that new physicians are notified of this requirement. Surgery appears to have it down somewhat.	Sent proctoring requests for new cardiologists. Surgery and Medicine proctoring requests have been sent.
5. Dues delinquency steps have not been implemented consistently such that there are a number of members who are delinquent for 1-2 years.	Completed a dues audit and discussed it with Dr. Sebastian.	Audit completed. Dues letters to go out end of September. Will report back at November MEC any delinquent accounts.

Topic: Clinical Laboratory & Medical Director Annual Report & Patient Satisfaction: Rate My Hospital Report



Annual Performance Improvement Fair 2017

WHEN: Tuesday, October 17th from 0800 to 1530

Wednesday, October 18th from 0800 to 1330

WHERE: Administrative Conference Room

WHAT: Come view the innovative performance improvement projects the organization has focused on in an effort to improve the quality, safety and affordability of patient care. Each Department/Leader will have a story to tell!!

WHY: Driving a Culture of Quality and Safety where we are informing strategy, facilitating compliance with standards and regulations, managing quality improvement activities and advocating for patients.

PARTICIPATE: Come and vote for your favorite in the annual People’s Choice Award. Judges from the Board Quality Committee, Senior Leadership and Medical Staff will award First Prizes to Clinical and Support Services entries.

Sonoma Valley Hospital has 16 Performance Improvement projects; six are organizational and ten are departmental.

Department(s)	Project Type	Project Name/Overview
<i>Cardiopulmonary, Admitting, Patient Access, Financial Services, HIM</i>	Organizational	Standardize scheduling and pre-registration to eliminate insurance denials and ensure appropriate scheduling for echocardiograms and nuclear medicine studies
<i>Nursing Collaborative</i>	Organizational	Sepsis- Performance improvement project in collaboration with CALHEN. Focuses on improving the flow, documentation and compliance with best practice recommendations for early detection and treatment of sever sepsis and septic shock.
<i>Medical Records, Laboratory,</i>	Organizational	Management of "Wait for Physician Order" How and Why documentation and order management



<i>Admitting</i>		impacts coding and patient billing
<i>Pharmacy, Emergency Department, Hospitalists, Med/Surg</i>	Organizational	Medication Reconciliation. Develop a process that will ensure that an accurate list of all patients' medications are collected and then compared to the admission, transfer and/or discharge medication orders
<i>Case Management, Med/Surg</i>	Organizational	Care Transitions Record: Project funded by a grant from the Centers for Medicare and Medicaid and administered by the California State Department of Health Services challenges the hospital to improve the transition of care for both patients and providers
<i>Physical Therapy & ICU</i>	Organizational	Implement an Early Mobility program in ICU to decrease rate of patient delirium
<i>Home Health</i>	Departmental	Optimizing Outcome and Assessment Information Data Set (OASIS) Outcomes- measuring patient outcomes essential for monitoring, clinical assessment, care planning and clinical care
<i>Human Resources</i>	Departmental	Exit Interviews- Why are employees leaving? Continuation of cost containment & enhance employee engagement
<i>Infection Prevention</i>	Departmental	Hand Hygiene
<i>Laboratory</i>	Departmental	Urinalysis turnaround time for ED patients. To improve patient outcomes by following best practices in order to reduce turnaround times for ED Urinalysis results.
<i>Materials Management</i>	Departmental	Implementation of Vendor Kiosk
<i>Surgical Services</i>	Departmental	Pain Patient throughput- Improve throughput of patients receiving epidural steroid injections(ESI) and other such procedures as projected volumes per day



		are much higher than a typical surgical case volume per day
<i>Medical Imaging</i>	Departmental	Advance clinical competence for all technologists currently performing CT
<i>Skilled Nursing</i>	Departmental	Nurse Engagement- How does stress impact employee satisfaction? Determine areas of employee stress and dissatisfaction on the SNF
<i>Outpatient Physical Therapy</i>	Departmental	Reduction in overutilization of modalities in the outpatient rehab clinic in favor of “active” treating techniques
<i>Chief Medical Officer</i>	Departmental	Decrease the number of patients transferred from SVH Emergency Department to other facilities when appropriate with the goal of caring for our community members at home

Kobe, Mark

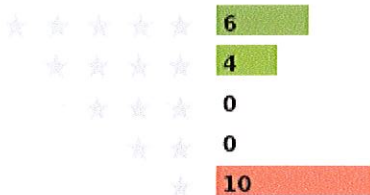
From: RateMyHospital Reports <reports@q-reviews.com>
Sent: Thursday, September 21, 2017 6:30 AM
To: Kobe, Mark
Subject: RateMyHospital Daily Summary



RateMyHospital® Daily Summary Email
Sonoma Valley Hospital
September 20, 2017

Sonoma Valley Hospital Emergency Department Patient Survey
5 responses

SCORE BREAKDOWN



AVERAGE SCORE



PATIENT COMMENTS



[View new responses](#)

Sonoma Valley Hospital Hand and Physical Therapy Patient Survey

1 responses

SCORE BREAKDOWN



AVERAGE SCORE

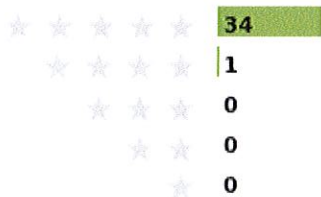


[View new responses](#)

Sonoma Valley Hospital Medical Imaging Patient Survey

7 responses

SCORE BREAKDOWN



AVERAGE SCORE



PATIENT COMMENTS



[View new responses](#)

Sonoma Valley Hospital Outpatient Surgery Patient Survey

3 responses

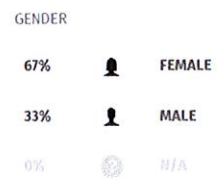
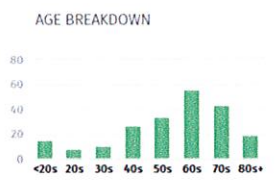
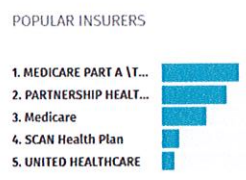
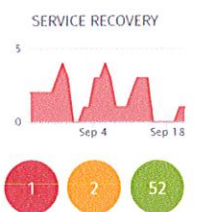
SCORE BREAKDOWN

AVERAGE SCORE

PATIENT COMMENTS

5 departments, 5 surveys, 431 responses since

Since August 21, 2017 Sent: 1278 Responded: 202 (15.81%) Median resp. time: 1 hr 34 mins



[Download Surveys list](#)

[Download Response Data For All Departments \(this may take some time\)](#)

Survey	Avg Score	Score Trend	At Risk
Emergency Department Patient Survey Sonoma Valley Hospital Providers Patients Questions Comments Analytics CSV	4.54		1 140
Hand and Physical Therapy Patient Survey Sonoma Valley Hospital Providers Patients Questions Comments Analytics CSV	4.81		0 35
Medical Imaging Patient Survey Sonoma Valley Hospital Providers Patients Questions Comments Analytics CSV	4.85		0 147
Outpatient Infusion Service Patient Survey Sonoma Valley Hospital Providers Patients Questions Comments Analytics CSV	4.71		0 7
Outpatient Surgery Patient Survey Sonoma Valley Hospital Providers Patients Questions Comments Analytics CSV	4.79		0 72

(5 total matches)