



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, November 20, 2019

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, Vivian Woodall, at ywoodall@sonomavalleyhospital.org or 707.935.5005 at least 48 hours prior to the meeting.		
MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
2. PUBLIC COMMENT SECTION <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>	
3. CONSENT CALENDAR • Minutes 10.23.19	<i>Hirsch</i>	Action
4. 2018 ANNUAL CULTURE OF SAFETY REPORT	<i>Jones</i>	Inform
5. CMS STAR RATING	<i>Jones</i>	Inform
6. QUALITY AND SAFETY ACCOUNTABILITY REPORTING	<i>Jones</i>	Inform
7. HQI QUALITY DASHBOARD	<i>Jones</i>	Inform
8. BOARD QUALITY RESTRUCTURE	<i>Jones</i>	Inform/Action
9. CLOSED SESSION: a. <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report	<i>Hirsch</i>	Inform
10. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
11. ADJOURN	<i>Hirsch</i>	



SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
October 23, 2019 5:00 PM
MINUTES
Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Susan Idell Michael Mainardi, MD Ingrid Sheets Howard Eisenstark, MD	Cathy Webber Carol Snyder		Sabrina Kidd, CMO Mark Kobe, CNO Chris Kutza, Director of Pharmacy

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	5:04 pm	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	None	
3. CONSENT CALENDAR		Action
<ul style="list-style-type: none"> QC Minutes, 09.25.19 		MOTION: by Snyder to approve, 2 nd by Eisenstark. All in favor.
4. UCSF UPDATE	<i>Dr. Kidd</i>	
	Dr. Kidd gave a brief update on the UCSF affiliation.	
5. CNO QUARTERLY PATIENT CARE DASHBOARD REPORT	<i>Kobe</i>	
	The patient care services dashboard was reviewed for the third quarter of 2019.	
6. MEDICATION SAFETY REPORT AND PHARMACY REPORT	<i>Kutza</i>	
	Mr. Kutza discussed the pharmacy annual review for 2019. The pharmacy currently averages over 35,000 doses dispensed per month. The total budget is \$3.3 million, of which \$1.6 million is medication purchases. Mr. Kutza	

AGENDA ITEM	DISCUSSION	ACTION
	reviewed the quality metrics and some of the data reports which allow him to monitor trends, make changes, and identify the impacts of those changes.	
7. QUALITY COMMITTEE CHARTER/SVH P.I. PLAN DISCUSSION	<i>Hirsch</i>	
	There was a brief discussion of the Quality Committee goals and processes in preparation for the November meeting.	
8. POLICIES AND PROCEDURES	<i>Hirsch</i>	
<p><u>REVISIONS:</u> Compounding Drug Products MM8610-137 Compounding Policies, Annual Review of MM8610-160 IV Compounding Outside of the Pharmacy MM8610-118 Lipid Rescue for Local Anesthetic Toxicity MM8610-104 Malignant Hyperthermia Management of Patient with MM8610-105 Multi-Dose and Single-Dose Vials MM8610-127 Self Administration of Medications MM8610-115 Sterile Compounding MM8610-117</p> <p><u>RETIRE:</u> Drug Regimen Review of Skilled Nursing Facility MM8610-107 Pharmaceutical Care Consulting for Skilled Care Facility MM8610-109</p> <p><u>REVIEWED/NO CHANGES:</u> Fentanyl Patch MM8610-130 Pharmaceutical Waste Management MM8610-155</p> <p>DEPARTMENTAL Pharmacy</p> <p><u>REVISIONS:</u> Antimicrobial Stewardship Monitoring Procedure 8390-01 QAPI Procedures Sampling Plan-IV Room 8390-02 Sterile Compounding Procedures 8390-03 Fentanyl Patch Pharmacist Verification 8390-13</p>	Sterile Compounding policy 8610-117 was removed.	MOTION: by Mainardi to approve, 2 nd by Eisenstark. All in favor.

AGENDA ITEM	DISCUSSION	ACTION
<u>REVIEWED/NO CHANGES:</u> C-II Controlled Substance Wholesaler Invoice Management Procedure 8390-04 Body Fluid Exposure Prophylaxis Kit Preparation 8390-06 Clozapine REMS Procedure 8390-08 Pharmacy Staff Competency Assessment 8390-09 Maintenance of Pharmacy Equipment 8390-10 Pharmacist Patient Discharge Medication Counseling 8390-11 Medication History Review Standard Work 8390-12		
9. CLOSED SESSION	<i>Hirsch</i>	
	Called to order at 6:10 pm	
10. REPORT OF CLOSED SESSION	<i>Hirsch</i>	
	Medical Staff credentialing was reviewed.	MOTION: by Mainardi to approve credentialing, 2 nd by Eisenstark. All in favor.
11. ADJOURN	<i>Hirsch</i>	
	6:11 pm	



Hospital Survey on Patient Safety Culture Version 1.0 & 2.0

Feedback Results

**Sonoma Valley Hospital
Sonoma, CA
2018 Survey**

For further information about this feedback report, contact:

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Title: Director, Quality & Risk Management
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Safety Culture Definition

The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management. Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

Study Group on Human Factors. Organizing for safety: third report of the ACSNI (Advisory Committee on the Safety of Nuclear Installations). Sudbury, England: HSE Books; 1993.



Organizational Timeline

- August 2018- Implementation of SNF task force
- August 2018- ED/ICU Director Vacancy
- September 2018- 3rd Floor Promotion
- October 2018- OB closure
- October 2018- Home Health transfer to Hospice By the Bay
- January 2019- AHRQ Surveys on Patient Safety Culture



Survey Background

The AHRQ Surveys on Patient Safety Culture™ (SOPS™) Hospital Survey was initially released in 2004. Since then, hospitals have provided feedback suggesting changes to the survey. As a result of this feedback since the release of the hospital survey more than 10 years ago, AHRQ contracted with Westat to develop a revised 2.0 version of the Hospital Survey to meet the following objectives:

- Shift to a Just Culture framework for understanding responses to errors
- Add a "Does not apply/Don't know" (NA/DK) response option
- Reword complex and/or difficult-to-translate items
- Reword items to be more applicable to physicians and nonclinical staff
- Align the Hospital Survey on Patient Safety Culture with the other AHRQ patient safety culture surveys
- Reduce survey length



Survey Background

A pilot test of Version 2.0 of the Hospital Survey (Hospital 2.0) was conducted between November 2018 and January of 2019 to understand how the changes to the survey affect survey scores between Version 1.0 and Version 2.0 of the SOPS Hospital Survey.

Westat administered a web-based version of the surveys to providers and staff in 25 hospitals. To help understand the impact of changes from Version 1.0 to Version 2.0, there were three versions of the Hospital SOPS administered.

- 1) Version 1.0,
- 2) Version 1.0 with a Does not apply/Don't know (NA/DK) response option, and
- 3) Version 2.0 with a Does not apply/Don't know (NA/DK) response option

Staff were randomly selected so that one third of providers, managers, and staff within each hospital received one of these versions.

This report displays the following results:

- SVH's Hospital's Version 1.0 results
- SVH's Hospital's Version 2.0 results
- SVH's Hospital's Version 2.0 results compared with Version 1.0 results



Survey Measures

The Hospital Survey on Patient Safety Culture is designed to measure:

Two overall patient safety outcomes:

1. Number of events reported
2. Overall patient safety grade

The research survey also is intended to measure:

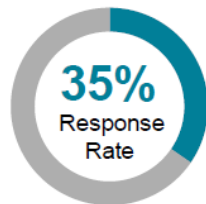
Twelve dimensions of culture pertaining to patient safety:

1. Teamwork Within Units
2. Supervisor/Manager Expectations & Actions Promoting Patient Safety
3. Management Support for Patient Safety
4. Organizational Learning - Continuous Improvement
5. Frequency of Events Reported
6. Feedback & Communication About Error
7. Overall Perceptions of Patient Safety
8. Communication Openness
9. Teamwork Across Units
10. Staffing
11. Nonpunitive Response to Error
12. Handoffs & Transitions



Survey Data

Hospital 1.0



108 out of 312 surveys
were completed

21%

of respondents selected
Registered Nurse (RN)
as their staff position

12%

of respondents selected
**Many different hospital
units/No specific unit** as
their work area/unit

Hospital 2.0



52 out of 159 surveys
were completed

13%

of respondents selected
Registered Nurse (RN)
as their staff position

17%

of respondents selected
Other as their work
area/unit



Demographic Data about Respondents

Staff Position		Hospital 1.0		Hospital 2.0		Total	
		N	%	N	%	N	%
Nursing	Advanced Practice Nurse (NP, CRNA, CNS, CNM)	0	0%	0	0%	0	0%
	Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN)	1	1%	0	0%	1	1%
	Patient Care Aide, Hospital Aid, Nursing Assistant	7	6%	3	6%	10	6%
	Registered Nurse (RN)	23	21%	7	13%	30	19%
Medical	Physician Assistant	0	0%	1	2%	1	1%
	Resident, Intern	0	0%	0	0%	0	0%
	Physician, Attending, Hospitalist	11	10%	6	12%	17	11%
Other Clinical Position	Dietician	1	1%	0	0%	1	1%
	Pharmacist, Pharmacy Technician	8	7%	2	4%	10	6%
	Physical, Occupational, or Speech Therapist	2	2%	2	4%	4	3%
	Psychologist	0	0%	0	0%	0	0%
	Respiratory Therapist	1	1%	1	2%	2	1%
	Social Worker	0	0%	1	2%	1	1%
	Technologist, Technician (e.g. EKG, Lab, Radiology)	8	7%	5	10%	13	8%
Supervisor, Manager, Clinical Leader, Senior Leader	Supervisor, Manager, Department Manager, Clinical Leader, Administrator, Director	16	15%	5	10%	21	13%
	Senior Leader, Executive, C-Suite	1	1%	2	4%	3	2%
Support	Facilities	4	4%	2	4%	6	4%
	Food Services	0	0%	1	2%	1	1%
	Housekeeping, Environmental Services	2	2%	0	0%	2	1%
	Information Technology, Health Information Services, Clinical Informatics	7	6%	3	6%	10	6%
	Security	0	0%	0	0%	0	0%
	Transporter	0	0%	0	0%	0	0%
	Unit Clerk, Secretary, Receptionist, Office Staff	9	8%	5	10%	14	9%
Other	Other, please specify	7	6%	6	12%	13	8%
Total		108	100%	52	100%	160	100%



Demographic Data (continued)

Tenure With Current Hospital	Hospital 1.0		Hospital 2.0		Total	
	N	%	N	%	N	%
Less than 1 year	4	4%	2	4%	6	4%
1 to 5 years	38	36%	17	33%	55	35%
6 to 10 years	27	25%	14	27%	41	26%
11 or more years	38	36%	18	35%	56	35%
Total	107	100%	51	100%	158	100%
Missing	1		1		2	

Tenure in Current Work Area	Hospital 1.0		Hospital 2.0		Total	
	N	%	N	%	N	%
Less than 1 year	5	5%	4	8%	9	6%
1 to 5 years	39	36%	17	33%	56	35%
6 to 10 years	29	27%	16	31%	45	28%
11 or more years	34	32%	15	29%	49	31%
Total	107	100%	52	100%	159	100%
Missing	1		0		1	



Demographic Data (continued)

Hours Worked Per Week	Hospital 1.0		Hospital 2.0		Total	
	N	%	N	%	N	%
Less than 30 hours per week	26	24%	16	31%	42	26%
30 to 40 hours per week	64	60%	30	58%	94	59%
More than 40 hours per week	17	16%	6	12%	23	14%
Total	107	100%	52	100%	159	100%
Missing	1		0		1	

Interaction with Patients	Hospital 1.0		Hospital 2.0		Total	
	N	%	N	%	N	%
Yes, I typically have direct interaction or contact with patients	70	65%	33	63%	103	64%
No, I typically do NOT have direct interaction or contact with patients	38	35%	19	37%	57	36%
Total	108	100%	52	100%	160	100%
Missing	0		0		0	



Main Findings: Strengths

We identify as strengths, those positively worded items which about 75% of respondents endorse by answering “Agree / Strongly agree,” or “Most of the time / Always” (or when about 75% of respondents *disagreed* with negatively worded items).

A number of strengths emerged from the results:

- Teamwork within units
- Supervisor/manager expectations & actions promoting patient safety
- Manager support for Patient Safety



Main Findings: Areas for Improvement

Areas with the potential for improvement were identified as items which about 50% of respondents answered negatively using “Disagree / Strongly disagree” or “Never / Rarely” (or when 50% of respondents *disagreed* with positively worded items).

A number of areas for improvement emerged from the results:

- Feedback & Communication About Error
- Frequency of Events Reported
- Communication Openness
- Teamwork Across Units
- Staffing
- Non-punitive Response to Error
- Handoff & Transitions






VERSION 1.0 RESULTS

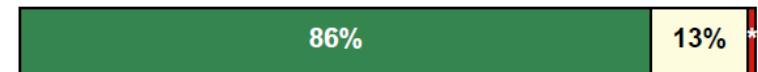


Teamwork Within Units

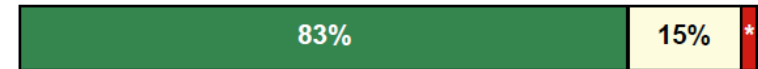
1. Teamwork Within Units

 Positive  Neutral  Negative

1. People support one another in this unit. (A1)
(NA/DK/MI = 7%)



2. When a lot of work needs to be done quickly, we
work together as a team to get the work done. (A3)
(NA/DK/MI = 8%)



3. In this unit, people treat each other with respect.
(A4) (NA/DK/MI = 8%)






4. When one area in this unit gets really busy, others
help out. (A11) (NA/DK/MI = 10%)





Supervisor/Manager Expectation & Actions Promoting Patient Safety

2. Supv/Mgr Expectations & Actions Promoting Patient Safety

 Positive  Neutral  Negative

1. My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures. (B1) (NA/DK/MI = 15%)



2. My supervisor/manager seriously considers staff suggestions for improving patient safety. (B2) (NA/DK/MI = 14%)



3. Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts. (B3R) (NA/DK/MI = 12%)



4. My supervisor/manager overlooks patient safety problems that happen over and over. (B4R) (NA/DK/MI = 17%)





Management Support for Patient Safety

3. Management Support for Patient Safety

Positive Neutral Negative

1. Hospital management provides a work climate that promotes patient safety. (F1) (NA/DK/MI = 4%)



2. The actions of hospital management show that patient safety is a top priority. (F8) (NA/DK/MI = 7%)



3. Hospital management seems interested in patient safety only after an adverse event happens. (F9R) (NA/DK/MI = 9%)





Organizational Learning-Continuous Improvement

4. Organizational Learning - Continuous Improvement

 Positive  Neutral  Negative

1. We are actively doing things to improve patient safety. (A8) (NA/DK/MI = 10%)



2. Mistakes have led to positive changes here. (A9) (NA/DK/MI = 8%)






3. After we make changes to improve patient safety, we evaluate their effectiveness. (A13) (NA/DK/MI = 12%)





Frequency of Events Reported

5. Frequency of Events Reported

 Positive  Neutral  Negative

1. When a mistake is made, but is caught and corrected before affecting the patient, how often is this reported? (D1) (NA/DK/MI = 16%)



2. When a mistake is made, but has no potential to harm the patient, how often is this reported? (D2) (NA/DK/MI = 20%)






3. When a mistake is made that could harm the patient, but does not, how often is this reported? (D3) (NA/DK/MI = 20%)



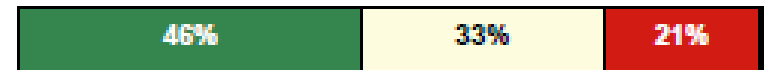


Feedback & Communication About Error

6. Feedback & Communication About Error

 Positive  Neutral  Negative

1. We are given feedback about changes put into place based on event reports. (C1)
(NA/DK/MI = 12%)



2. We are informed about errors that happen in this unit. (C3) (NA/DK/MI = 8%)



3. In this unit, we discuss ways to prevent errors from happening again. (C5) (NA/DK/MI = 9%)





Overall Perception of Patient Safety

7. Overall Perceptions of Patient Safety

Positive Neutral Negative

1. It is just by chance that more serious mistakes don't happen around here. (A10R)
(NA/DK/MI = 8%)



2. Patient safety is never sacrificed to get more work done. (A15) (NA/DK/MI = 10%)



3. We have patient safety problems in this unit. (A17R) (NA/DK/MI = 11%)



4. Our procedures and systems are good at preventing errors from happening. (A18)
(NA/DK/MI = 6%)





Communication Openness

8. Communication Openness

Positive Neutral Negative

1. Staff will freely speak up if they see something that may negatively affect patient care. (C2) (NA/DK/MI = 10%)



2. Staff feel free to question the decisions or actions of those with more authority. (C4) (NA/DK/MI = 9%)



3. Staff are afraid to ask questions when something does not seem right. (C8R) (NA/DK/MI = 9%)





Teamwork Across Units

9. Teamwork Across Units

Positive Neutral Negative

1. Hospital units do not coordinate well with each other. (F2R) (NA/DK/MI = 6%)



2. There is good cooperation among hospital units that need to work together. (F4) (NA/DK/MI = 7%)



3. It is often unpleasant to work with staff from other hospital units. (F8R) (NA/DK/MI = 12%)



4. Hospital units work well together to provide the best care for patients. (F10) (NA/DK/MI = 8%)





Staffing

10. Staffing

Positive Neutral Negative

1. We have enough staff to handle the workload.
(A2) (NA/DK/MI = 9%)



2. Staff in this unit work longer hours than is best for
patient care. (A5R) (NA/DK/MI = 19%)



3. We use more agency/temporary staff than is best
for patient care. (A7R) (NA/DK/MI = 18%)



4. We work in "crisis mode" trying to do too much,
too quickly. (A14R) (NA/DK/MI = 7%)





Non-punitive Response to Error

11. Nonpunitive Response to Error

Positive Neutral Negative

1. Staff feel like their mistakes are held against them. (A8R) (NA/DK/MI = 11%)



2. When an event is reported, it feels like the person is being written up, not the problem. (A12R) (NA/DK/MI = 15%)



3. Staff worry that mistakes they make are kept in their personnel file. (A16R) (NA/DK/MI = 13%)



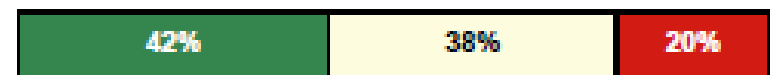


Handoff & Transitions

12. Handoffs & Transitions



1. Things "fall between the cracks" when transferring patients from one unit to another. (F3R) (NA/DK/MI = 18%)



2. Important patient care information is often lost during shift changes. (F5R) (NA/DK/MI = 20%)



3. Problems often occur in the exchange of information across hospital units. (F7R) (NA/DK/MI = 19%)

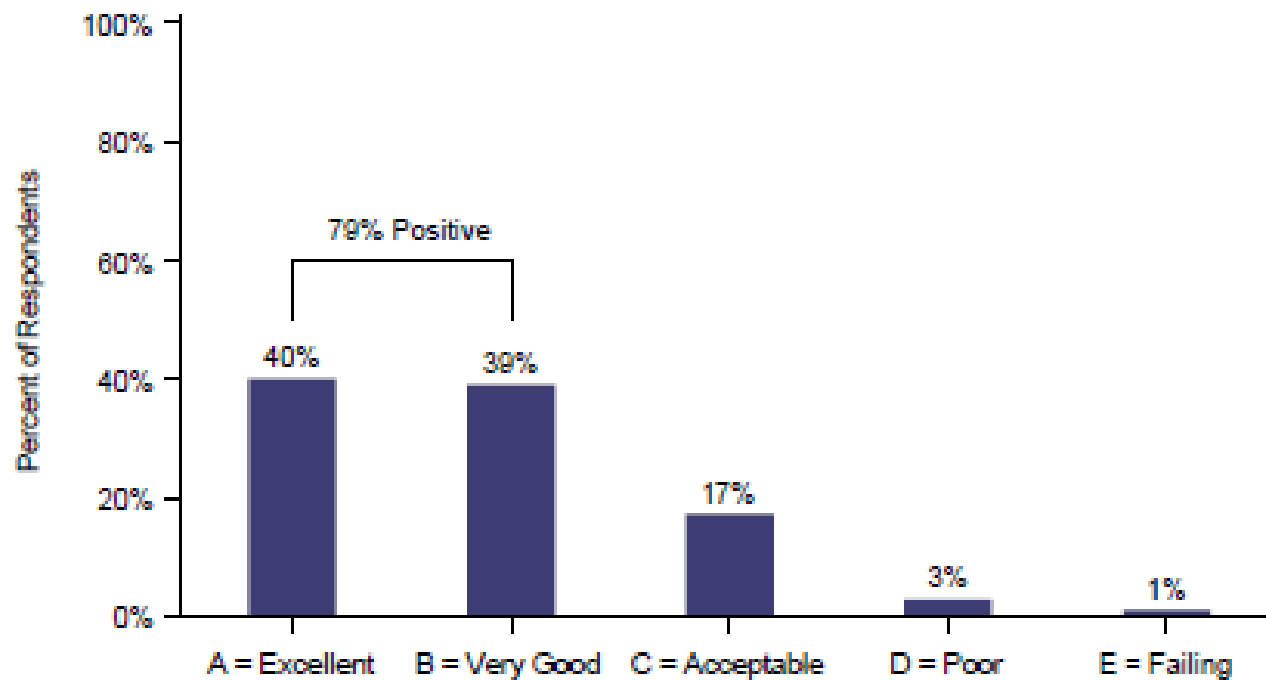


4. Shift changes are problematic for patients in this hospital. (F11R) (NA/DK/MI = 24%)



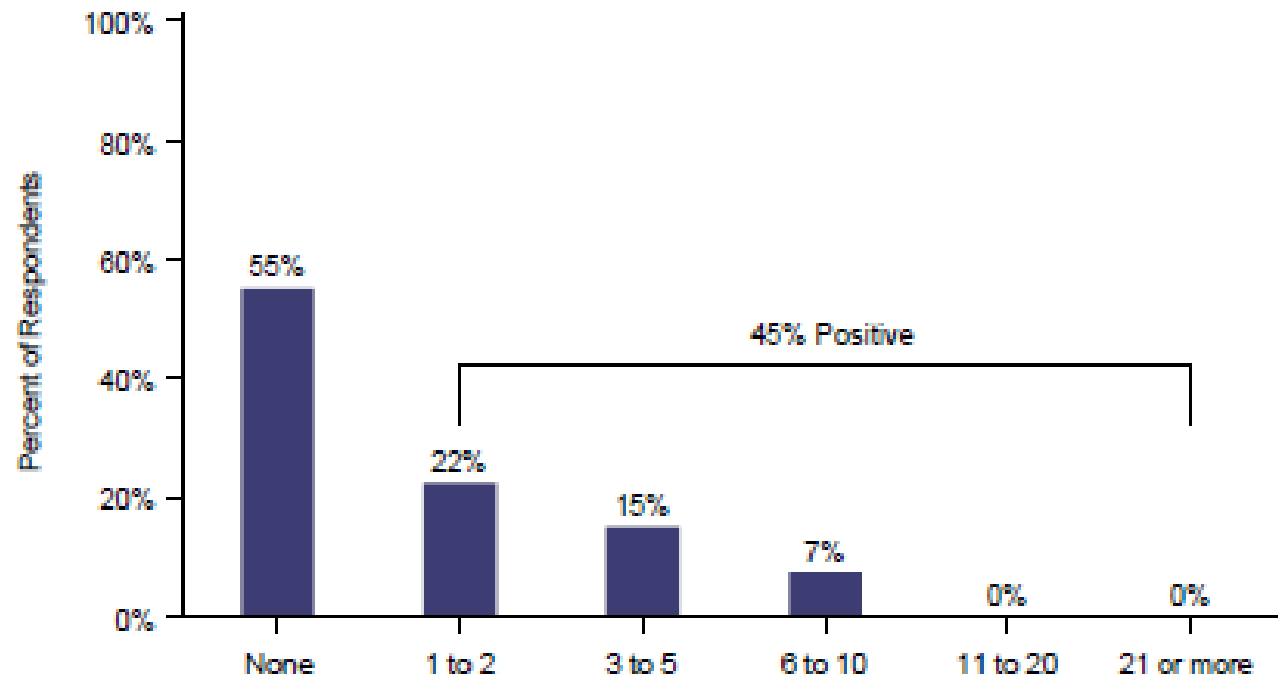


Overall Patient Safety Grade





Number of Events Reported







VERSION 2.0 COMPARISON



Teamwork & Supervisor

Hospital 1.0	Hospital 2.0	Your Hospital % Positive	Your Hospital Difference	Pilot Hospitals Average % Positive	Pilot Hospitals Average Difference
Teamwork Within Units When a lot of work needs to be done quickly, we work together as a team to get the work done. (A3)	Teamwork <u>In this unit, we work together as an effective team.</u> (A1)	<div><div>83%</div><div>89%</div></div>	6%	<div><div>85%</div><div>88%</div></div>	3%
In this unit, people treat each other with respect. (A4)	In this unit, <u>staff</u> treat each other with respect. (A3)	<div><div>79%</div><div>93%</div></div>	14%	<div><div>78%</div><div>81%</div></div>	3%
When one area in this unit gets really busy, others help out. (A11)	<u>During busy times, staff in this unit help each other.</u> (A10)	<div><div>72%</div><div>88%</div></div>	16%	<div><div>70%</div><div>86%</div></div>	16%
Supervisory/Manager Expectations & Actions Promoting Patient Safety My supervisor/manager seriously considers staff suggestions for improving patient safety. (B2)	Supervisor, Manager or Clinical Leader Support for Patient Safety My supervisor, manager <u>or clinical leader</u> seriously considers staff suggestions for improving patient safety. (B1)	<div><div>81%</div><div>89%</div></div>	8%	<div><div>76%</div><div>80%</div></div>	4%
Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts. (B3R)	My supervisor, manager, <u>or clinical leader</u> wants us to work faster <u>during busy times</u> , even if it means taking shortcuts. (B2R)	<div><div>78%</div><div>78%</div></div>	0%	<div><div>76%</div><div>78%</div></div>	2%
My supervisor/manager overlooks patient safety problems that happen over and over. (B4R)	My supervisor, manager, <u>or clinical leader</u> overlooks patient safety problems that happen <u>again and again</u> . (B3R)	<div><div>74%</div><div>88%</div></div>	14%	<div><div>77%</div><div>80%</div></div>	3%

 Hospital 1.0
 Hospital 2.0

Note: 1) Wording differences between Versions 1.0 and 2.0 are noted in red with underlining; 2) "R" = negatively worded item.



Error Feedback & Management Support

Hospital 1.0	Hospital 2.0	Your Hospital % Positive	Your Hospital Difference	Pilot Hospitals Average % Positive	Pilot Hospitals Average Difference
Organizational Learning – Continuous Improvement After we make changes to improve patient safety, we evaluate their effectiveness. (A13)	Organizational Learning – Continuous Improvement <u>In this unit, changes to improve patient safety are evaluated to see how well they worked.</u> (A14)	<div>68%</div> <div>65%</div>	-3%	<div>68%</div> <div>68%</div>	0%
Feedback and Communication about Error We are informed about errors that happen in this unit. (C3)	Communication about Error We are informed about errors that happen in this unit. (C2)	<div>56%</div> <div>74%</div>	18%	<div>66%</div> <div>66%</div>	0%
In this unit, we discuss ways to prevent errors from happening again. (C5)	<u>When errors happen</u> in this unit, we discuss ways to prevent them from happening again. (C3)	<div>70%</div> <div>80%</div>	10%	<div>74%</div> <div>72%</div>	-2%
We are given feedback about changes put into place based on event reports. (C1)	<u>In this unit, we are informed about changes that are made based on event reports.</u> (C4)	<div>46%</div> <div>67%</div>	21%	<div>56%</div> <div>66%</div>	10%
Management Support for Patient Safety The actions of hospital management show that patient safety is a top priority. (F8)	Hospital Management Support for Patient Safety The actions of hospital management show that patient safety is a top priority. (F1)	<div>78%</div> <div>92%</div>	14%	<div>75%</div> <div>81%</div>	6%
Hospital management seems interested in patient safety only after an adverse event happens. (F9R)	Hospital management seems interested in patient safety only after an adverse event happens. (F8R)	<div>69%</div> <div>66%</div>	-3%	<div>56%</div> <div>54%</div>	-2%



Hospital 1.0
 Hospital 2.0

Note: 1) Wording differences between Versions 1.0 and 2.0 are noted in red with underlining; 2) "R" = negatively worded item.



Event Reports & Communication

Hospital 1.0	Hospital 2.0	Your Hospital % Positive	Your Hospital Difference	Pilot Hospitals Average % Positive	Pilot Hospitals Average Difference
Frequency of Events Reported When a mistake is made, but is caught and corrected before affecting the patient, how often is this reported? (D1)	Reporting Patient Safety Events When a mistake is caught and corrected before <u>reaching</u> the patient, how often is this reported? (D1)	<div> <div>55%</div> <div>81%</div> </div>	26%	<div> <div>60%</div> <div>64%</div> </div>	4%
When a mistake is made that could harm the patient, but does not, how often is this reported? (D3)	When a mistake <u>reaches the patient</u> <u>and</u> could <u>have</u> harmed the patient but <u>did</u> not, how often is this reported? (D2)	<div> <div>71%</div> <div>94%</div> </div>	23%	<div> <div>75%</div> <div>84%</div> </div>	9%
Communication Openness Staff will freely speak up if they see something that may negatively affect patient care. (C2)	Communication Openness <u>In this unit</u> , staff speak up if they see something that may negatively affect patient care. (C5)	<div> <div>72%</div> <div>89%</div> </div>	17%	<div> <div>76%</div> <div>83%</div> </div>	7%
Staff feel free to question the decisions or actions of those with more authority. (C4)	<u>When staff in this unit see someone with more authority doing something unsafe for patients, they speak up.</u> (C6)	<div> <div>48%</div> <div>90%</div> </div>	42%	<div> <div>48%</div> <div>72%</div> </div>	24%
Staff are afraid to ask questions when something does not seem right. (C6R)	<u>In this unit</u> , staff are afraid to ask questions when something does not seem right. (C8R)	<div> <div>69%</div> <div>89%</div> </div>	20%	<div> <div>66%</div> <div>73%</div> </div>	7%

 Hospital 1.0
 Hospital 2.0

Note: 1) Wording differences between Versions 1.0 and 2.0 are noted in red with underlining; 2) "R" = negatively worded item; 3) Item D1 of the Hospital Survey Version 2.0 can be cross walked to both items D1 and D2 of the 1.0 version of the survey.



Response to Error & Staffing

Hospital 1.0	Hospital 2.0	Your Hospital % Positive	Your Hospital Difference	Pilot Hospitals Average % Positive	Pilot Hospitals Average Difference
Nonpunitive Response to Error Staff feel like their mistakes are held against them. (A8R)	Response to Error <u>In this unit</u> , staff feel like their mistakes are held against them. (A7R)	61% 69%	8%	50% 57%	7%
When an event is reported, it feels like the person is being written up, not the problem. (A12R)	When an event is reported <u>in this unit</u> , it feels like the person is being written up, not the problem. (A9R)	60% 70%	10%	46% 54%	8%
Staff worry that mistakes they make are kept in their personnel file. (A16R)	Staff <u>in this unit</u> worry that mistakes they make are kept in their personnel file. (A20R)	46% 61%	15%	35% 44%	9%
Staffing We have enough staff to handle the workload. (A2)	Staffing and Work Pace <u>In this unit</u> , we have enough staff to handle the workload. (A2)	73% 69%	-4%	50% 52%	2%
Staff in this unit work longer hours than is best for patient care. (A5R)	Staff in this unit work longer hours than is best for patient care. (A4R)	63% 63%	0%	46% 51%	5%
We use more agency/temporary staff than is best for patient care. (A7R)	<u>This unit relies too much</u> on temporary, <u>float, or PRN</u> staff. (A6R)	56% 64%	8%	64% 62%	-2%
We work in "crisis mode" trying to do too much, too quickly. (A14R)	<u>The work pace in this unit is so rushed that it negatively affects patient safety.</u> (A13R)	64% 69%	5%	46% 59%	13%



Hospital 1.0
Hospital 2.0

Note: 1) Wording differences between Versions 1.0 and 2.0 are noted in red with underlining; 2) "R" = negatively worded item.



Handoffs & Transitions

Hospital 1.0	Hospital 2.0	Your Hospital % Positive	Your Hospital Difference	Pilot Hospitals Average % Positive	Pilot Hospitals Average Difference
Handoffs & Transitions Problems often occur in the exchange of information across hospital units. (F7R)	Handoffs and Information Exchange Problems often occur in the exchange of information across hospital units. (F2R)	<div>47%</div> <div>43%</div>	-4%	<div>39%</div> <div>23%</div>	-16%
Things "fall between the cracks" when transferring patients from one unit to another. (F3R)	When transferring patients from one unit to another, <u>important information is often left out.</u> (F4R)	<div>42%</div> <div>69%</div>	27%	<div>36%</div> <div>45%</div>	9%
Important patient care information is often lost during shift changes. (F5R)	<u>During shift changes,</u> important patient care information is often <u>left out.</u> (F5R)	<div>57%</div> <div>81%</div>	24%	<div>47%</div> <div>55%</div>	8%
Individual Items Please give your work area/unit in this hospital an overall grade on patient safety. (E1)	Individual Items <u>How would you rate your unit/work area on patient safety?</u> (E1)	<div>79%</div> <div>82%</div>	3%	<div>76%</div> <div>66%</div>	-10%
In the past 12 months, how many event reports have you filled out and submitted? (G1)	In the past 12 months, how many <u>patient safety</u> events have you <u>reported?</u> (D3)	<div>45%</div> <div>37%</div>	-8%	<div>43%</div> <div>45%</div>	2%

 Hospital 1.0
 Hospital 2.0

Note: 1) Wording differences between Versions 1.0 and 2.0 are noted in red with underlining; 2) "R" = negatively worded item.



Next Steps

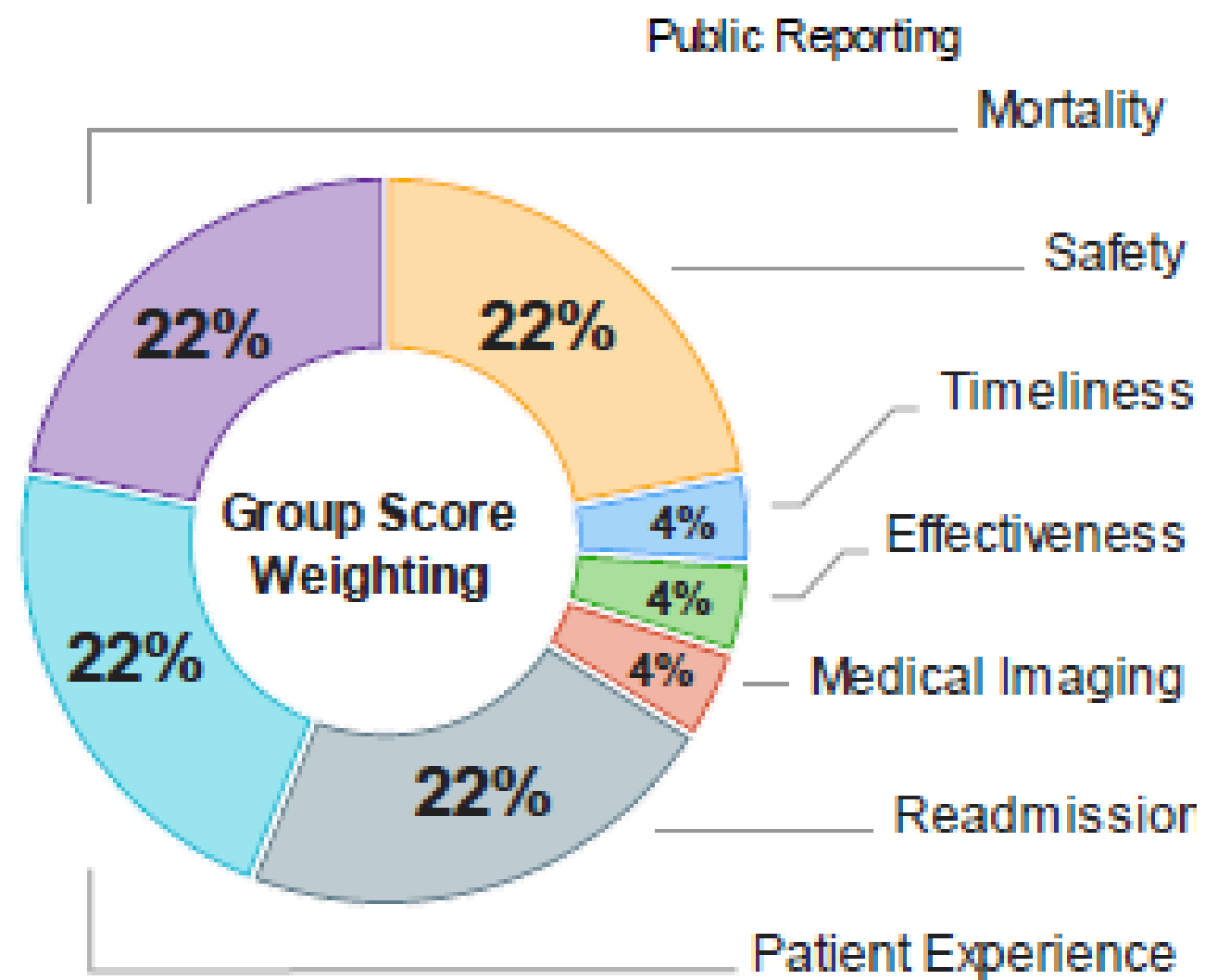
1. What patient safety culture areas do we want to focus on for improvement?
2. What are our organizational goals related to patient safety culture?
3. What initiatives will we implement?

CMS Star Rating Review

October 2019

5 star hospital

- CMS developed and implemented the Hospital Compare Overall Hospital Quality Star Rating in response to consumer feedback because they found Hospital Compare difficult to interpret and understand
- The 5 Star Rating is based on seven measure groups
 - Mortality
 - Readmission
 - Safety of Care
 - Patient Experience
 - Efficient Use of Medical Imaging
 - Timeliness of Care and Effectiveness of Care

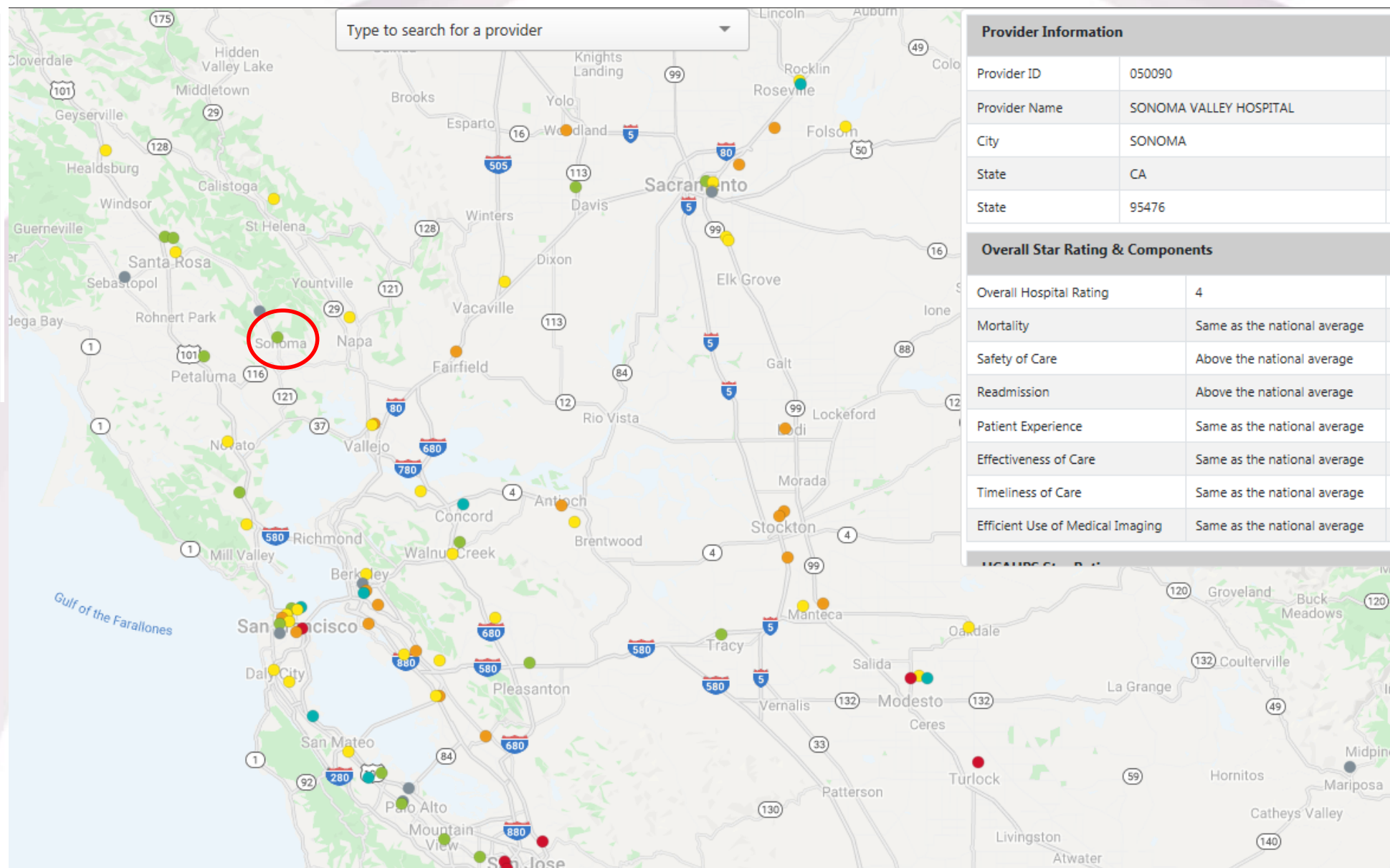


Measure Score Groups

- Safety of Care **Better**
- Mortality **Average**
- Readmission **Better**
- Patient Experience **Average**
- Effectiveness of Care **Average**
- Timeliness of Care **Average**
- Effective Use of Medical Imaging **Average**

Overall Star Rating

●	1
●	2
●	3
●	4
●	5
●	Not Available



SVH is currently rated as a 4 STAR hospital. The closest 5 Star hospitals are John Muir, Chinese Hospital and Saint Francis Memorial Hospital

Mortality

Measure Group [a]	Measure ID [b]	Measure Name [c]	Your Hospital's Measure Result on Hospital Compare [d]	Measure's National Mean of Scores [e]
Mortality	MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	N/A	12.8%
Mortality	MORT-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate	N/A	3.1%
Mortality	MORT-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	8.4%	8.5%
Mortality	MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	11.7%	11.6%
Mortality	MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	17.5%	15.8%
Mortality	MORT-30-STK	Acute Ischemic Stroke (STK) 30-Day Mortality Rate	15.1%	13.8%
Mortality	PSI-4-SURG-COMP	Death Rate Among Surgical Inpatients with Serious Treatable Complications	N/A	162.95

1. N/A = Measure will not be reported for your hospital on *Hospital Compare* in January 2020. Your hospital will not receive a standardized score for this measure.

Readmission

Measure Group [a]	Measure ID [b]	Measure Name [c]	Your Hospital's Measure Result on Hospital Compare [d]	Measure's National Mean of Scores [e]
Readmission	EDAC-30-AMI	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	N/A	6.9
Readmission	READM-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Readmission Rate	N/A	12.8%
Readmission	READM-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate	18.3%	19.5%
Readmission	EDAC-30-HF	Excess Days in Acute Care after Hospitalization for Heart Failure	2.9	4.4
Readmission	READM-30-Hip-Knee	Hospital-Level 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)	3.6%	4.1%
Readmission	EDAC-30-PN	Excess Days in Acute Care after Hospitalization for Pneumonia (PN)	-8.2	4.7
Readmission	READM-30-HOSP-WIDE	HWR Hospital-Wide All-Cause Unplanned Readmission	14.1%	15.3%
Readmission	OP-32	Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	SNL	SNL

1. N/A = Measure will not be reported for your hospital on *Hospital Compare* in January 2020. Your hospital will not receive a standardized score for this measure.

4. SNL = Measures with statistically significant negative loading are not included in the star rating calculation.

Safety of Care

Measure Group [a]	Measure ID [b]	Measure Name [c]	Your Hospital's Measure Result on Hospital Compare [d]	Measure's National Mean of Scores [e]
Safety of Care	HAI-1	Central-Line Associated Bloodstream Infection (CLABSI)	N/A	0.736
Safety of Care	HAI-2	Catheter-Associated Urinary Tract Infection (CAUTI)	N/A	0.806
Safety of Care	HAI-3	Surgical Site Infection from Colon Surgery (SSI-colon)	N/A	0.826
Safety of Care	HAI-4	Surgical Site Infection from Abdominal Hysterectomy (SSI-abdominal hysterectomy)	N/A	0.867
Safety of Care	HAI-5	MRSA Bacteremia	N/A	0.843
Safety of Care	HAI-6	Clostridium Difficile (C.difficile)	0.962	0.694
Safety of Care	COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)	2.1%	2.6%
Safety of Care	PSI-90-Safety	Patient Safety and Adverse Events Composite	0.86	0.99

1. N/A = Measure will not be reported for your hospital on *Hospital Compare* in January 2020. Your hospital will not receive a standardized score for this measure.

Patient Experience

Measure Group [a]	Measure ID [b]	Measure Name [c]	Your Hospital's Measure Result on Hospital Compare [d]	Measure's National Mean of Scores [e]
Patient Experience	H-CLEAN-HSP	Cleanliness of Hospital Environment	90	88
Patient Experience	H-COMP-1	Nurse Communication	90	91
Patient Experience	H-COMP-2	Doctor Communication	91	91
Patient Experience	H-COMP-3	Responsiveness of Hospital Staff	85	86
Patient Experience	H-COMP-5	Communication About Medicines	81	79
Patient Experience	H-COMP-6	Discharge Information	91	87
Patient Experience	H-HSP-RATING	Overall Rating of Hospital	87	88
Patient Experience	H-QUIET-HSP	Quietness of Hospital Environment	80	82
Patient Experience	H-COMP-7	HCAHPS 3 Item Care Transition Measure	82	82
Patient Experience	H-RECMND	Willingness to Recommend Hospital	90	88

Effectiveness of Care

Measure Group [a]	Measure ID [b]	Measure Name [c]	Your Hospital's Measure Result on Hospital Compare [d]	Measure's National Mean of Scores [e]
Effectiveness of Care	IMM-2	Influenza Immunization	93%	91%
Effectiveness of Care	IMM-3	Healthcare Personnel Influenza Vaccination	SNL	SNL
Effectiveness of Care	OP-22	ED-Patient Left Without Being Seen	1%	2%
Effectiveness of Care	OP-23	ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival	N/A	73%
Effectiveness of Care	OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	80%	87%
Effectiveness of Care	OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	78%	91%
Effectiveness of Care	OP-33	External Beam Radiotherapy for Bone Metastases	N/A	86%
Effectiveness of Care	PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation	0%	2%
Effectiveness of Care	SEP-1	Severe Sepsis and Septic Shock	61%	56%
Effectiveness of Care	VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism	N/A	3%

1. N/A = Measure will not be reported for your hospital on *Hospital Compare* in January 2020. Your hospital will not receive a standardized score for this measure.

Timeliness of Care

Measure Group [a]	Measure ID [b]	Measure Name [c]	Your Hospital's Measure Result on Hospital Compare [d]	Measure's National Mean of Scores [e]
Timeliness of Care	ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients	295	272
Timeliness of Care	ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients	125	101
Timeliness of Care	OP-2	Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department Arrival	TFH	TFH
Timeliness of Care	OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	N/A	63
Timeliness of Care	OP-5	Median Time to ECG	5	8
Timeliness of Care	OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	128	140

1. N/A = Measure will not be reported for your hospital on *Hospital Compare* in January 2020. Your hospital will not receive a standardized score for this measure.

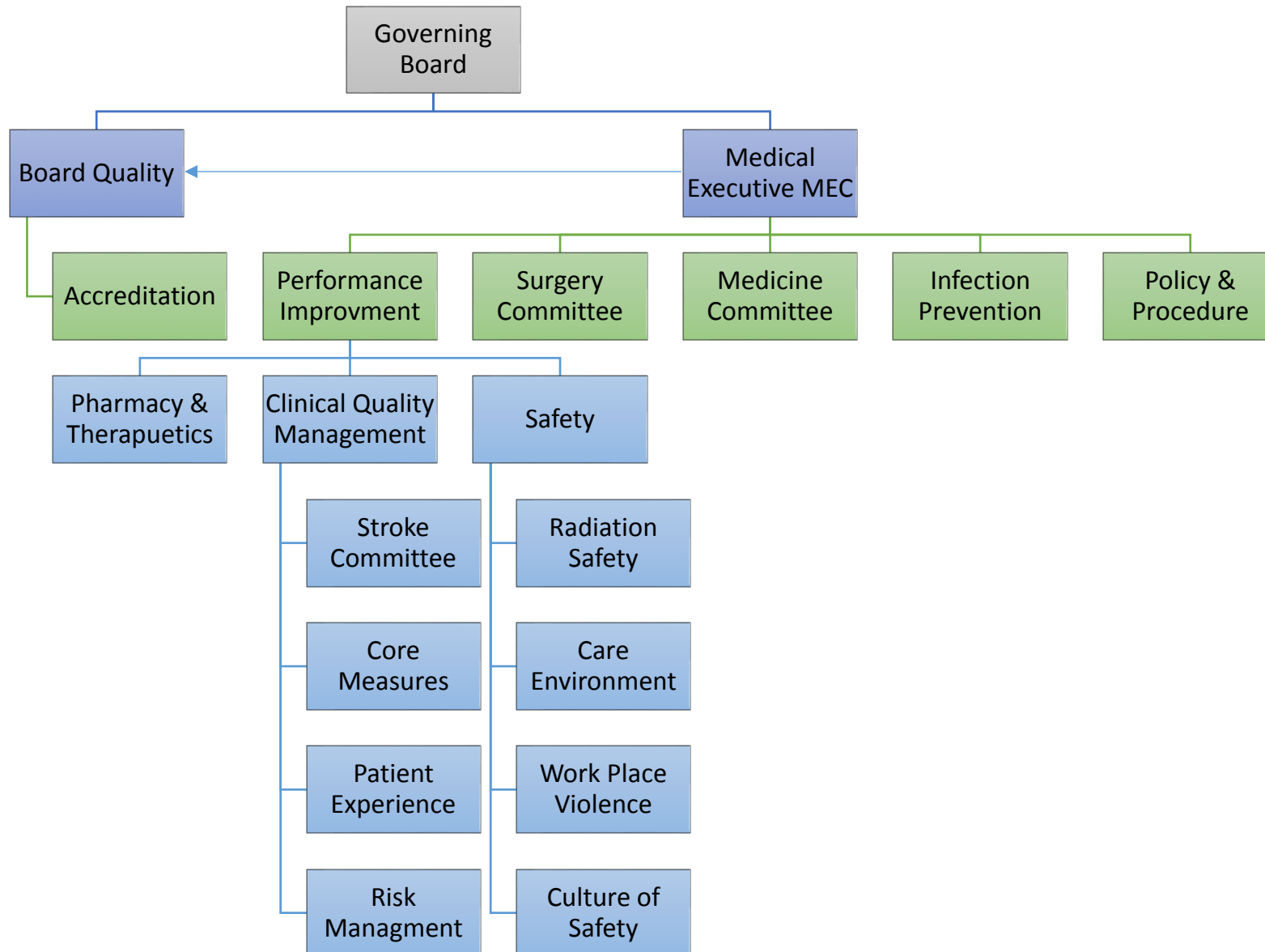
3. TFH = Measure results not available because there are too few hospitals reporting the measure for this reporting quarter. This measure is not used in the star rating calculation for this quarter.

Efficient Use of Medical Imaging

Measure Group [a]	Measure ID [b]	Measure Name [c]	Your Hospital's Measure Result on <i>Hospital Compare</i> [d]	Measure's National Mean of Scores [e]
Efficient Use of Medical Imaging	OP-8	MRI Lumbar Spine for Low Back Pain	N/A	39.7%
Efficient Use of Medical Imaging	OP-10	Abdomen CT Use of Contrast Material	4.8%	7.1%
Efficient Use of Medical Imaging	OP-11	Thorax CT Use of Contrast Material	1.6%	2.1%
Efficient Use of Medical Imaging	OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	9.3%	4.6%
Efficient Use of Medical Imaging	OP-14	Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT	0.5%	0.9%

1. N/A = Measure will not be reported for your hospital on *Hospital Compare* in January 2020. Your hospital will not receive a standardized score for this measure.

Sonoma Valley Hospital
Quality & Safety Accountability Reporting Flow



Quality Transparency Dashboard

Outcome Measures:	CLABSI	Lower is Better	Colon SSI	Lower is Better	NTSV	Lower is Better	Sepsis Mortality	Lower is Better	VTE	Lower is Better
Sonoma Valley Hospital	0.00		0.00		Not Available		7.26		Not Available	
California Level	0.79		0.98		23.50		14.30		3.00	
National Level	0.77		0.90		25.90		25.00		3.00	
Measure Period	10/01/2017-09/30/2018		10/01/2017-09/30/2018		01/01/2018-12/31/2018		01/01/2018-12/31/2018		10/01/2017-09/30/2018	

Program Status Measures:

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Not a maternity hospital	This hospital has a Maternity Safety Program in place. A maternity safety program provides a coordinated approach and emergency response to risks associated with pregnancy and childbirth.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	This hospital has a Sepsis Protocol in place. A sepsis protocol provides guidance for a coordinated approach to identification and treatment of an infection and inflammatory response which is present throughout the body.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	This hospital has a Respiratory Monitoring program in place. Respiratory monitoring provides guidance for assessment of risk of respiratory depression, and includes continuous monitoring of breathing and functioning of the lungs and circulatory system when indicated.

Outcome Measure Definitions:

CLABSI - Central line-Associated Blood Stream Infection: A serious infection that occurs when germs enter the bloodstream through a central line. A central line is a special intravenous catheter (IV) that allows access to a major vein close to the heart and can stay in place for weeks or months. The value shown above is a Standardized Infection Ratio (SIR), which is the ratio of observed-to-expected infections during the measure period. SIRs below 1.00 indicate that the observed number of infections during the measure period was lower than would be expected under normal conditions, whereas values above 1.00 indicate that the observed number of infections was higher than expected. **Limitations:** In the calculation of the Standardized Infection Ratio (SIR), the CDC adjusts for differences between hospitals. However, patient risk factors are not taken into account. These patient-specific variables (e.g., poor skin integrity, immunosuppression) can increase the risk of developing a central line infection. Hence, the SIR for hospitals that care for more medically complex or immunosuppressed patients may not be adequately adjusted to account for those patient-specific risk factors.

Colon SSI - Colon Surgical Site Infection: An infection (usually bacteria) that occurs after a person has colorectal surgery that occurs at the body site where the surgery took place. While some involve only the skin, others are more serious and can involve tissues under the skin, organs, or implanted material. The value shown above is a Standardized Infection Ratio (SIR), which is the ratio of observed-to-expected infections during the measure period. SIRs below 1.00 indicate that the observed number of infections during the measure period was lower than would be expected under normal conditions, whereas values above 1.00 indicate that the observed number of infections was higher than expected. **Limitations:** Some, but not all patient-specific risk factors are included in the adjustment of the SIR for these types of infections. However, not all relevant risk factors are included (e.g., trauma, emergency procedures). Hence, the SIRs for hospitals performing more complex procedures or with larger volumes of trauma or emergency procedures may not be adequately adjusted to account for those patient-specific risk factors.

NTSV - Nulliparous, Term, Singleton, Vertex Cesarean Birth Rate: The percentage of cesarean (surgical) births among first-time mothers who are at least 37 weeks pregnant with one baby in a head down position (not breech or transverse). Lower values indicate that fewer cesareans were performed in the hospital among primarily low risk, first-time mothers. **Limitations:** NTSV rates do not take into account certain obstetric conditions, such as placenta previa, that may make Cesarean delivery the safer route for both mother and infant.

Sepsis Mortality: Percent of patients, with a severe infection, who die in the hospital. Most sepsis cases (over 90%) start outside the hospital. Lower percentage of death indicates better survival. **Limitations:** Use of discharge/administrative data is limiting since such data has lower specificity for diagnoses than clinical data. In addition, without risk adjustment for differences in patient-specific factors, comparing rates among hospitals is difficult.

VTE - Venous thromboembolism: The measure of patients who develop deep vein clots who had not received potentially preventive treatment. **Limitations:** Although not adjusted to account for patient-specific risk factors, this rate is helpful in distinguishing a hospital's adherence to the best practice of administration of appropriate VTE prophylaxis to all appropriate patients.

Hospital Comments: