



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, AUGUST 26, 2020

5:00 p.m. Regular Session

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

TO BE HELD VIA ZOOM VIDEOCONFERENCE

To Participate Via Zoom Videoconferencing
use the link below:

<https://zoom.us/j/98792080549?pwd=VjIzS3lYM0lrTGwVwNm1EeVQ2MWhTUT09>

and enter the **Meeting ID: 987 9208 0549**

Password: 932037

To Participate via Telephone only (no video), dial:

1-669-900-9128 or 1-669-219-2599

and Enter the **Meeting ID: 987 9208 0549**

Password: 932037

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 vwoodall@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 07.22.20	<i>Hirsch</i>	Action
4. INPATIENT FALLS	<i>Winkler</i>	Inform
5. SVH QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Jones</i>	Inform
6. POLICIES AND PROCEDURES	<i>Jones</i>	Action
7. COVID-19 UPDATE	<i>Kidd</i>	Inform
8. CLOSED SESSION: a. <u>Calif. Health & Safety Code §32155</u> : Medical Staff Credentialing & Peer Review Report	<i>Hirsch</i>	Action
9. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
10. ADJOURN	<i>Hirsch</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
July 22, 2020 5:00 PM
MINUTES
Via Zoom Teleconference**

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch via Zoom Susan Idell via Zoom Ingrid Sheets via Zoom Cathy Webber (late via Zoom)	Howard Eisenstark, MD via Zoom Michael Mainardi, MD via Zoom Carol Snyder via Zoom		Sabrina Kidd, MD, CMO, via Zoom Danielle Jones, RN, Chief Quality Officer via Zoom Mark Kobe, Chief Nursing Officer via Zoom Dr. Judith Bjorndahl via Zoom

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Called to order at 5:01 p.m.	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	None	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 06.24.20 		MOTION: by Eisenstark to approve, 2 nd by Idell. All in favor.
4. SVH QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Jones</i>	Inform
	Ms. Jones reviewed quality indicator performance for the month of June.	
5. UTILIZATION MANAGEMENT	<i>Jones</i>	Inform
	Ms. Jones reviewed utilization management metrics for the month of June.	
6. PATIENT CARE SERVICES DASHBOARD	<i>Kobe</i>	Inform
	Mr. Kobe reported second quarter metrics on the patient care services dashboard. He then discussed transfers to UCSF for a variety of services, averaging 4-5 patients per	

AGENDA ITEM	DISCUSSION	ACTION
	month, with only 0-1 per month for cardiovascular issues or stroke. Transfer time is normally within 45 minutes.	
7. COVID-19 UPDATE	<i>Kidd</i>	Inform
	A townhall presentation on COVID-19 was held July 21 st for SVH employees. Another will be presented for the community on July 30 th . Numbers are on the rise nationally, statewide, and locally. Hospitalizations are at record highs. SVH is still seeing rising costs and scarcity of personal protective equipment. Remdesivir is available on a limited basis (the Hospital did receive treatments for two different patients). SVH is also participating in a convalescent plasma study through the Mayo Clinic. The mini-Incident Command Center is still in place. Surgeries have been at 75% of normal overall, but slightly up and down.	
7. CLOSED SESSION	<i>Hirsch</i>	
<ul style="list-style-type: none"> a. <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report b. <u>Government Code §54956.9(d)(2)</u>: Discussion Regarding Two Incidents of Significant Exposure to Litigation 	Called to order at 5:56 pm.	
8. 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.
9. ADJOURN	<i>Hirsch</i>	
	6:03 pm	

Quality Indicator Performance & Plan



















August 2020

Data for July 2020

MORTALITY

Scorecard Summary

Mortality

Quality > Autopsies Mortalities						
	 Acute Care Mortality Rate (M) 	0.0%	15.3%			Jul 2020
	 Congestive Heart Failure Mortality Rate M	0.0%	11.5%			Jul 2020
	 COPD Mortality Rate M	0.0%	8.5%			Jul 2020
	 Ischemic Stroke Mortality Rate M	0.0%	13.8%			Jul 2020
	 Pneumonia Mortality Rate M	0.0%	15.6%			Jul 2020
Quality > Process of Care > Sepsis Care						
	 Sepsis, Severe - Mortality Rate (M) 	0.0%	25.0%			Jul 2020
	 Septic Shock - Mortality Rate (M) 	0.0%	25.0%			Jul 2020

PREVENTABLE HARM EVENTS

Scorecard Summary

AHRQ Patient Safety Indicators








Quality > Patient Safety > AHRQ Patient Safety Indicators_PSI					
		PSI 02 (v2019) Death in Low-mortality DRGs - Per 1000 ACA (M)	0.00	0.21	Jun 2020
		PSI 03 (v2019) Pressure Ulcer - Per 1000 ACA (M)	0.00	0.51	Jul 2020
		PSI 04 (v2019) Death in Surgical IP w/Ser Comp, Overall - Per 1000 ACA (M)	0.00	146.36	Mar 2020
		PSI 05 (v2019) Retained Surgical Item/Device Fragment - Per 1000 ACA (M)	0.00	0.00	Jul 2020
		PSI 06 (v2019) Iatrogenic Pneumothorax - Per 1000 ACA (M)	0.00	0.21	Jul 2020
		PSI 07 (v2019) Central Venous Catheter-related BSI - Per 1000 ACA (M)	0.00	0.12	Jul 2020
		PSI 08 (v2019) In Hospital Fall with Hip Fracture - Per 1000 ACA (M)	0.00	0.08	Jul 2020
		PSI 09 (v2019) Perioperative Hemorrhage or Hematoma - Per 1000 ACA (M)	0.00	2.29	Jul 2020
		PSI 10 (v2019) Postop Acute Kidney Injury Requiring Dialysis - Per 1000 ACA (M)	0.00	0.73	Jul 2020
		PSI 11 (v2019) Postoperative Respiratory Failure - Per 1000 ACA (M)	0.00	5.53	Jul 2020
		PSI 12 (v2019) Perioperative Pulmonary Embolism or DVT - Per 1000 ACA (M)	0.00	3.45	Jul 2020
		PSI 13 (v2019) Postoperative Sepsis - Per 1000 ACA (M)	0.00	4.05	Jul 2020
		PSI 14 (v2019) Postoperative Wound Dehiscence - Per 1000 ACA (M)	0.00	0.69	Jul 2020
		PSI 15 (v2019) Accidental Puncture or Laceration - Per 1000 ACA (M)	0.00	1.06	Jul 2020
		PSI 90 (v2019) Midas Patient Safety Indicators Composite, ACA (M)	0.00	1.00	Jul 2020

The Patient Safety Indicators (PSIs) provide information on potentially avoidable safety events that represent opportunities for improvement in the delivery of care.

Scorecard Summary

Patient Falls

Preventable Harm

Quality > Patient Safety > Falls					
 ▼	 RM ACUTE FALL- NO INJURY (M) per 1000 patient days	3.09	3.75		Jul 2020
 ▲	 RM ACUTE FALL- WITH INJURY (M) per 1000 patient days	3.09	3.75		Jul 2020
 ▲	 Falls with injury % of all Acute falls M 	1.0%	0.0%		Jul 2020

MEDICATION EVENTS

Scorecard Summary

Adverse Drug Events

Quality > Pharmacy > Adverse Drug Events					
● ▲	Rx-ADEs-Administration Errors Per 10,000 Doses	0.85	1.00		Jul 2020
● ▲	Rx-ADEs-High Risk Med Errors Per 10,000 Doses	0.28	1.13		Jul 2020
▼	Rx-Adverse Drug Reactions	2	n/a		Q2-2020
▼	Rx-Adverse Drug Reactions-Antibiotics	0%	n/a		Q2-2020
▲	Rx-Adverse Drug Reactions-Anticoagulants	50%	n/a		Q2-2020
▼	Rx-Adverse Drug Reactions-Cardiovascular	0%	n/a		Apr 2020
● —	Rx-Warfarin-Inpatient	0.0%	5.0%		Dec 2019

CORE MEASURES

Scorecard Summary

Core Measures

Quality > Core Measures					
🔴 ▲	Core OP-18b - Median Time ED Arrival to ED Departure - Reporting Measure (M)	🔍	179.00	140.00	Jul 2020
	Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)		n/a	72.0%	Jul 2020
Quality > Core Measures > HOP Measures > HOP Colonoscopy					
	Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)	🔍	n/a	89.0%	Jul 2020
Quality > Core Measures > Sepsis					
🔴 ▼	SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)		0.0%	81.0%	Jul 2020
🔴 ▼	SEPa - Severe Sepsis 3 Hour Bundle (M)	🔍	0.0%	94.0%	Jul 2020
	SEPB - Severe Sepsis 6 Hour Bundle (M)	🔍	n/a	100.0%	Jul 2020
	SEPC - Septic Shock 3 Hour Bundle (M)	🔍	n/a	100.0%	Jul 2020
	SEPD - Septic Shock 6 Hour Bundle (M)	🔍	n/a	100.0%	Jul 2020
	SEP1aa - severe sepsis - initial lactate management (as of 1/20) (M)		n/a	94.0%	Jul 2020
🔴 ▼	SEP1ab - severe sepsis - broad spectrum antibiotic (as of 1/20) (M)		0.0%	94.0%	Jul 2020
	SEP1ac - severe sepsis - blood culture collection (as of 1/20) (M)		n/a	100.0%	Jul 2020
	SEP1b - severe sepsis - repeat lactate level measurement (as of 1/20) (M)		n/a	100.0%	Jul 2020
	SEP1c - septic shock - resuscitation w/ crystalloid fluids (as of 1/20) (M)		n/a	100.0%	Jul 2020
🟢 —	SEP1da - septic shock - vasopressors (as of 1/20) (M)		100.0%	100.0%	Jun 2020
	SEP1db - septic shock - repeat volume status/tissue perfusion assess (as of 1/20) (M)		n/a	100.0%	Jul 2020

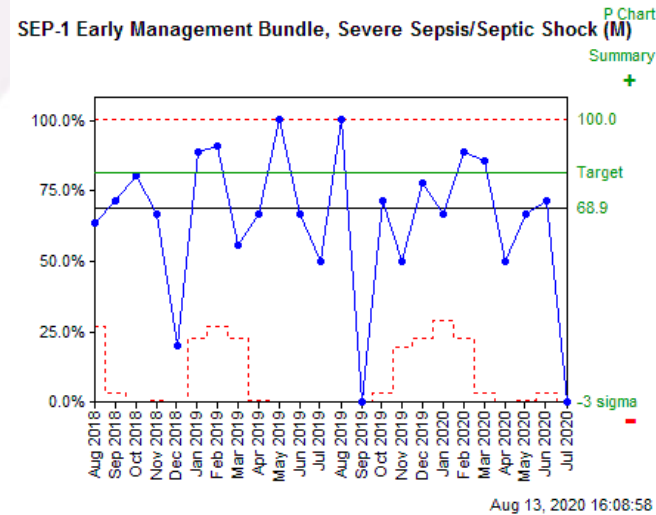
Sepsis Core Measure

■ Case Review

- July 2020 
- 1 fallout

- Antibiotics not ordered by physician with in three hours of severe sepsis onset
- Lactate reflex order canceled
 - Case review with Emergency physician and Chair of Emergency Department

Period	Numerator	Denominator	Percent
Jul 2020	0	1	0.0%
Jun 2020	5	7	71.4%
May 2020	4	6	66.7%
Apr 2020	1	2	50.0%
Mar 2020	6	7	85.7%
Feb 2020	8	9	88.9%
Jan 2020	8	12	66.7%
Dec 2019	7	9	77.8%
Nov 2019	4	8	50.0%
Oct 2019	5	7	71.4%
Sep 2019	0	3	0.0%
Aug 2019	1	1	100.0%

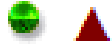














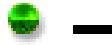







This measure focuses on patients with a diagnosis of severe sepsis or septic shock. Consistent with Surviving Sepsis campaign guidelines, it assesses measurement of lactate, obtaining blood cultures, administering broad spectrum antibiotics, fluid resuscitation, vasopressor administration, reassessment of volume status and tissue perfusion, and repeat lactate measurement. As reflected in the data elements and their definitions, the first three interventions should occur within 3 hours of presentation of severe sepsis, while the remaining interventions are expected to occur within 6 hours of presentation of septic shock.

READMISSION

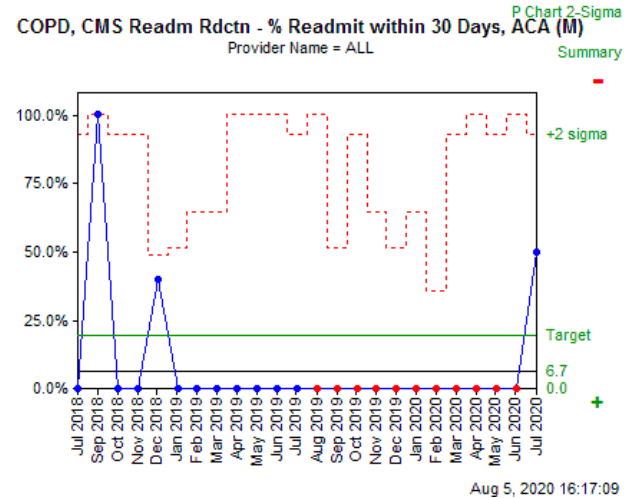
Scorecard Summary

Readmissions

Quality > Readmissions						
	 30-DV Inpatients - % Readmit to Acute Care within 30 Days (M) 	8.2%	15.3%		Jul 2020	
	 COPD, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	50.0%	19.5%		Jul 2020	
	 HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	50.0%	21.6%		Jul 2020	
	 Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	0.0%	4.0%		Jul 2020	
	 PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	0%	17%		Jul 2020	
	 Sepsis, Severe - % Readmit within 30 Days (M) 	0.0%	12.0%		Jul 2020	
	 Septic Shock - % Readmit within 30 Days (M) 	0.0%	13.3%		Jul 2020	

COPD Readmission Rate

Period	numerator	denominator	Percent
Jul 2020	1	2	50.0%
Jun 2020	0	1	0.0%
May 2020	0	2	0.0%
Apr 2020	0	1	0.0%
Mar 2020	0	2	0.0%
Feb 2020	0	8	0.0%
Jan 2020	0	3	0.0%
Dec 2019	0	4	0.0%
Nov 2019	0	3	0.0%
Oct 2019	0	2	0.0%
Sep 2019	0	4	0.0%
Aug 2019	0	1	0.0%



Case Review



July 2020

One readmission

- Three admissions Since June
- COPD exacerbation, acute respiratory failure, syncope
 - Benefit from palliative care
 - Home Health support
 - Home medical equipment malfunction

Percentage of encounters for which the patient was readmitted to the same facility within 30 days among COPD inpatient encounters

Heart Failure Readmission Rate

Case Review

■ July 2020

■ One readmission



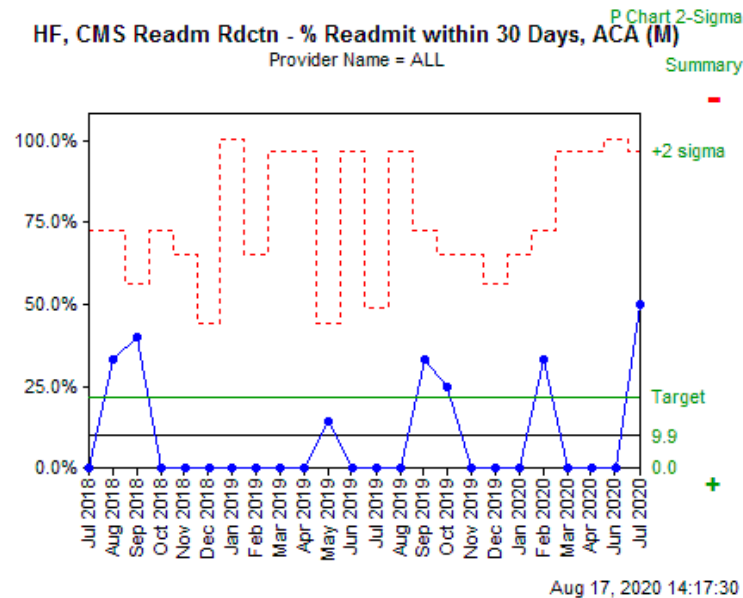
■ Acute on chronic congestive heart failure, dementia

■ Benefit from palliative care

■ Polypharmacy

■ Home Health support-medical social worker, speech therapist, cognitive assessment

Period	numerator	denominator	Percent
Jul 2020	1	2	50.0%
Jun 2020	0	1	0.0%
Apr 2020	0	2	0.0%
Mar 2020	0	2	0.0%
Feb 2020	1	3	33.3%
Jan 2020	0	4	0.0%
Dec 2019	0	5	0.0%
Nov 2019	0	4	0.0%
Oct 2019	1	4	25.0%
Sep 2019	1	3	33.3%
Aug 2019	0	2	0.0%
Jul 2019	0	6	0.0%



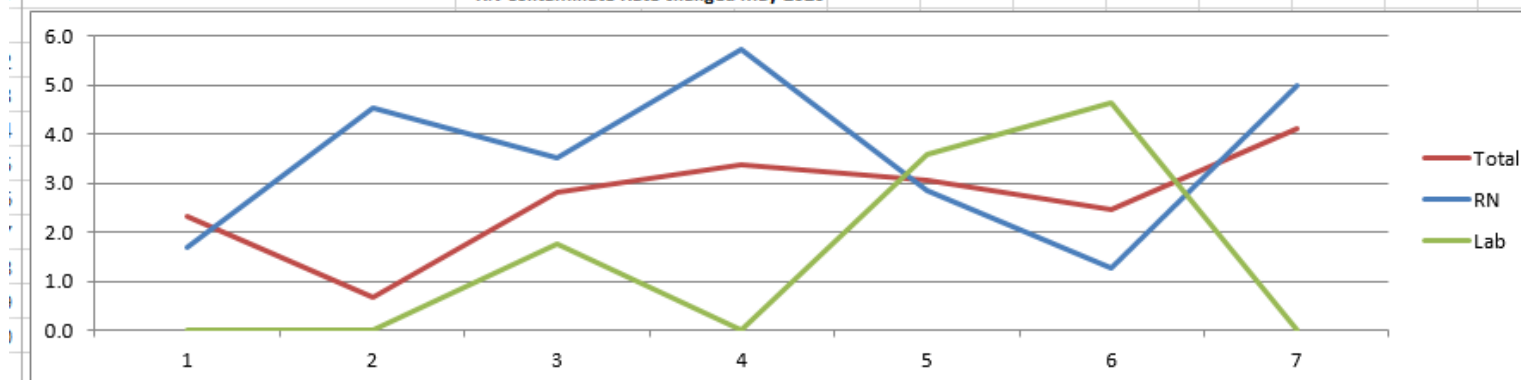
Percentage of encounters for which the patient was readmitted to the same facility within 30 days among Heart Failure inpatient encounters

BLOOD CULTURE CONTAMINATION

Blood Culture Contamination

Blood Culture Report - Monthly for 2020												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Blood Cultures Processed	130	147	142	118	98	122	146					
True Postive Cultures	6	11	7	11	8	8	8					
True Postive Culture Rate (percent)	4.6	7.5	4.9	9.3	8.2	6.6	5.5					
Total Contamination Cultures	3	1	4	4	3	3	6					
Total Contamination Rate (percent)	2.3	0.7	2.8	3.4	3.1	2.5	4.1					
Acceptable Contamination Rate $\leq 3.0\%$	Yes	Yes	Yes	No	No	Yes	No					
Blood Cultures Drawn by RN Staff	59	66	85	70	70	79	120					
Contaminated Culture Reported	1	3	3	4	2	1	6					
RN Contamination Rate (percent)	1.7	4.5	3.5	5.7	2.9	1.3	5.0					
Acceptable Contamination Rate $\leq 3.0\%$ *	Yes	Yes	Yes	No	Yes	Yes	No					
Blood Culture Drawn by Lab Staff	88	64	57	48	28	43	26					
Contaminated Culture Reported	0	0	1	0	1	2	0					
Lab Contamination Rate (percent)	0	0	1.8	0.0	3.6	4.7	0.0					
Acceptable Contamination Rate $\leq 3.0\%$	Yes	Yes	Yes	Yes	No	No	Yes					





* RN Contaminate Rate changed May 2020



UTILIZATION MANAGEMENT

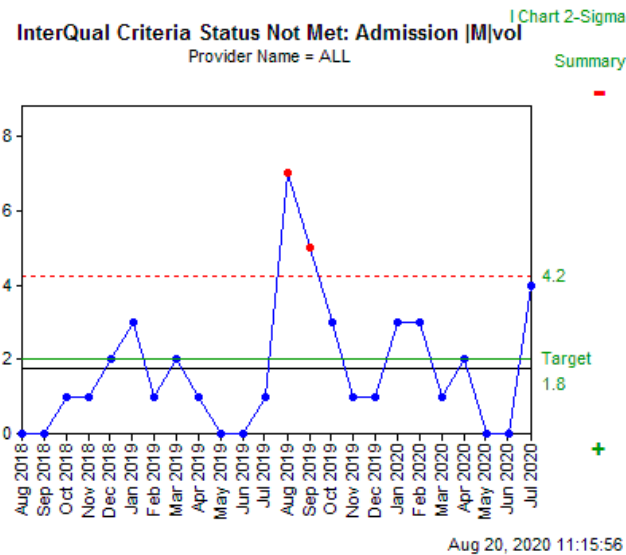
Utilization Management

Finance > Utilization Management

 	 1 Day Stay Rate-Medicare M		9.30%	8.10%		Jul 2020
 	 1 Day Stay Rate Medi-Cal M		6.67%	2.61%		Jul 2020
 	 Acute Care Risk-adjusted Average Length of Stay O/E Ratio M		0.98	0.79		Jul 2020
 	 InterQual Criteria Status Not Met: Admission M vol		4	2		Jul 2020
 	 InterQual Criteria Status Not Met: Continued Stay M vol		0	0		Jul 2020

InterQual not met

Period	C-HCM-NOT MET IQ Criteria-Admission
Jul 2020	4
Jun 2020	0
May 2020	0
Apr 2020	2
Mar 2020	1
Feb 2020	3
Jan 2020	3
Dec 2019	1
Nov 2019	1
Oct 2019	3
Sep 2019	5
Aug 2019	7



Case Review

July 2020

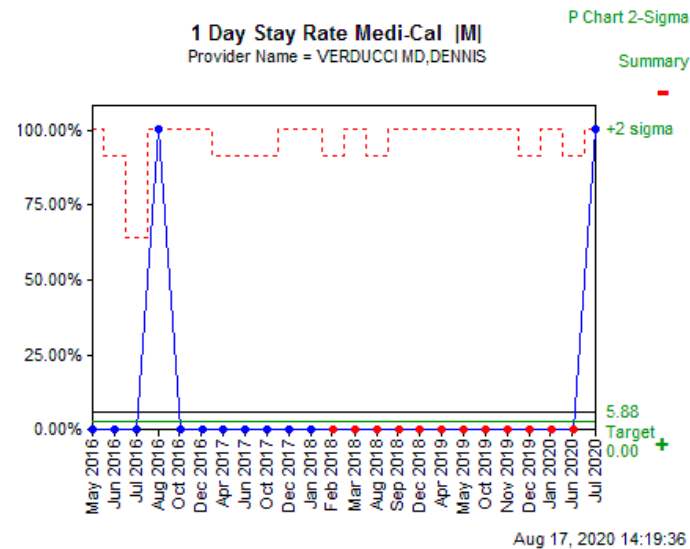
Four cases

- Surgeon order/request for inpatient status
- Admission due to request from spouse
- Two cases did not meet inpatient criteria based on acuity of illness

InterQual determines the appropriateness of admission, continued stay and discharge at acute care facilities for patients. InterQual criteria are objective and specific to better help ensure the most appropriate care and more consistent, defensible decision-making.

One day stay MediCal

Period	R-ENC-1 Day Stay Medi-Cal rate (numerator)	R-ENC-1 Day Stay Medi-Cal rate (denominator)	Percent
Jul 2020	1	1	100.00%
Jun 2020	0	2	0.00%
Jan 2020	0	1	0.00%
Dec 2019	0	2	0.00%
Nov 2019	0	1	0.00%
Oct 2019	0	1	0.00%
May 2019	0	1	0.00%
Apr 2019	0	1	0.00%



Case Review

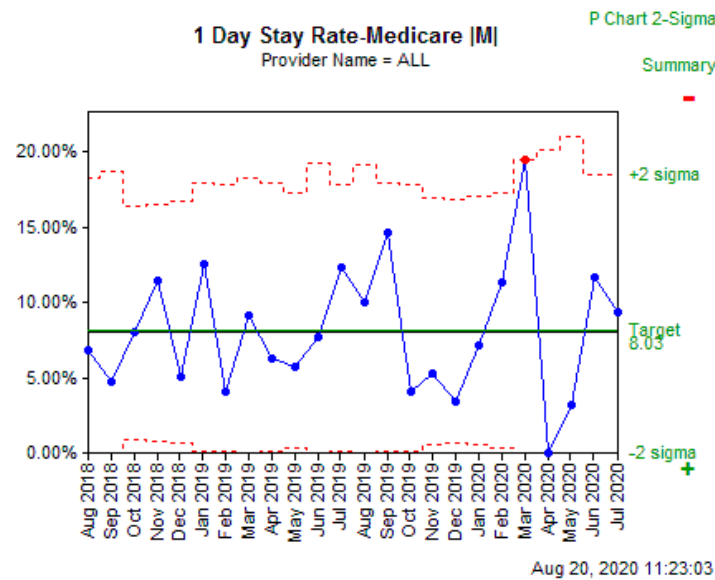
■ July 2020

■ 1 encounter

■ Homeless patient, treated and released per patient's request

One day stay Medicare

Period	R-ENC-1 Day Stay Medicare rate (numerator)	R-ENC-1 Day Stay Medicare rate (denominator)	Percent
Jul 2020	4	43	9.30%
Jun 2020	5	43	11.63%
May 2020	1	31	3.23%
Apr 2020	0	34	0.00%
Mar 2020	7	36	19.44%
Feb 2020	6	53	11.32%
Jan 2020	4	56	7.14%
Dec 2019	2	58	3.45%
Nov 2019	3	57	5.26%
Oct 2019	2	49	4.08%
Sep 2019	7	48	14.58%
Aug 2019	4	40	10.00%



Case Review

■ July 2020

■ 4 encounters

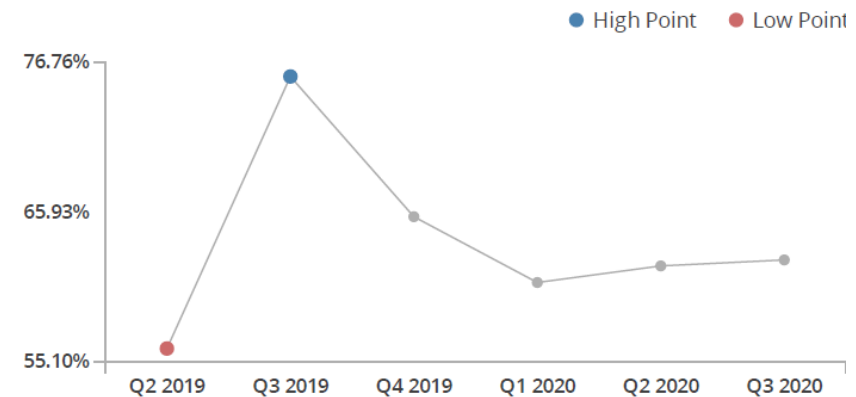
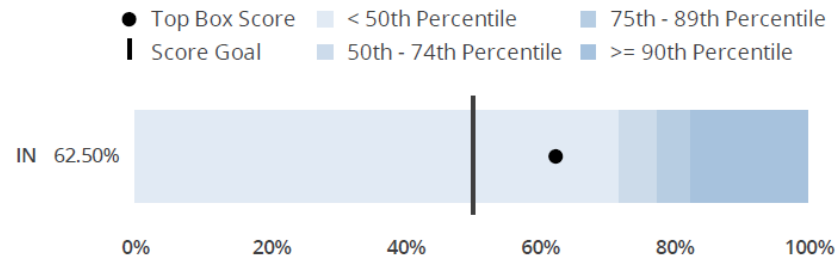
- Incorrect inpatient admission status by surgeon, Condition code 44
- Patient did not want to be admitted initially
- Patient transferred to higher level of care-appropriate
- Met inpatient criteria, stable for discharge-appropriate

HUMAN EXPERIENCE

Inpatient Patient Satisfaction

Service Line Performance ⓘ

CAHPS Rate 0-10



n	16
Top Box Score	62.50%
Score Goal	50.00%
Percentile Rank	15

Time Period	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020
n	41	33	32	46	29	16
Top Box Score	56.10%	75.76%	65.63%	60.87%	62.07%	62.50%
Percentile Rank	5	64	21	11	14	15

Dashboard Name: Performance Overview | System Name: Sonoma Valley Hospital - System | System ID: 15704 | Service Line: Inpatient | Measure: CAHPS Rate 0-10 | Metric: Top Box Score | Date Type: Received Date | Time Frame: Quarter To Date | Peer Group: All PG Database | Priority Index - Survey Type: CAHPS | Priority Index View: External | Phone Calibration: Applied | CMS Reportable Responses: Applied | Skip Logic: Applied | Current Benchmarking Period: 05/01/2020 - 07/31/2020 | Fiscal Start Month: 01 | Download Date & Time: Aug 12, 2020 3:31 pm EDT



CMS Star Rating

Facility Name	Measure Type	Measure Name	n	Top Box Score	Star Rating
Sonoma Valley Hospital	Domain	Comm w/ Nurses	132	73.23%	★★★★★
		Response of Hosp Staff	123	64.14%	★★★★★
		Comm w/ Doctors	131	76.35%	★★★★★
		Comm About Medicines	80	53.50%	★★★★★
		Discharge Information	125	84.62%	★★★★★
		Care Transitions	132	48.09%	★★★★★
	Question	Cleanliness of hospital environment	131	69.47%	★★★★★
		Quietness of hospital environment	130	48.46%	★★★★★
		Rate hospital 0-10	129	65.12%	★★★★★
		Recommend the hospital	125	66.40%	★★★★★

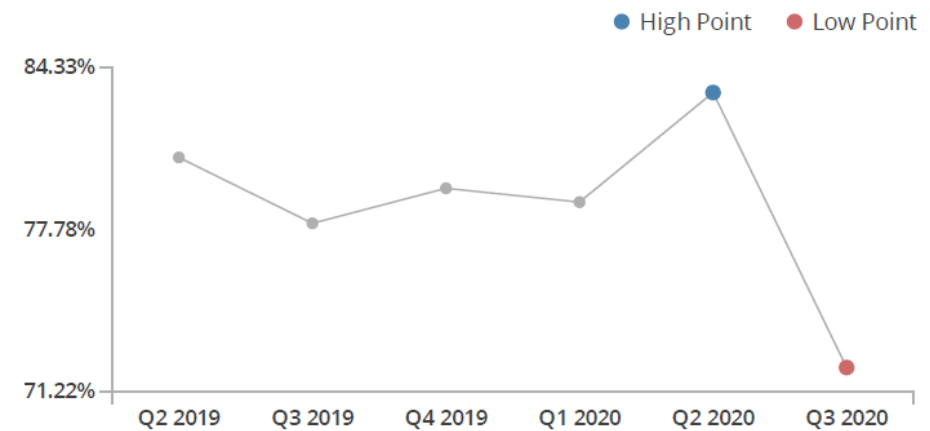
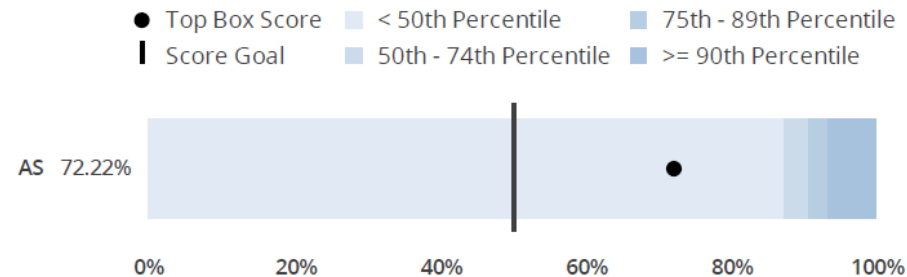
HCAHPS Summary Star Rating ⓘ



Surgery Patient Satisfaction

Service Line Performance ⓘ

CAHPS Rate 0-10



n	18
Top Box Score	72.22%
Score Goal	50.00%
Percentile Rank	2

Time Period	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020
n	197	164	112	128	54	18
Top Box Score	80.71%	78.05%	79.46%	78.91%	83.33%	72.22%
Percentile Rank	18	9	14	11	25	2

Dashboard Name: Performance Overview | System Name: Sonoma Valley Hospital - System | System ID: 15704 | Service Line: Ambulatory Surgery | Measure: CAHPS Rate 0-10 | Metric: Top Box Score | Date Type: Received Date | Time Frame: Quarter To Date | Peer Group: All PG Database | Priority Index - Survey Type: CAHPS | Priority Index View: External | Phone Calibration: Applied | CMS Reportable Responses: Not Applied | Skip Logic: Not Applied | Current Benchmarking Period: 05/01/2020 - 07/31/2020 | Fiscal Start Month: 01 | Download Date & Time: Aug 12, 2020 3:31 pm EDT



The Key to the Optimal Experience

Process Improvement

Efficiency



Remove Waste

Experience Improvement

Empathy



Human Connection

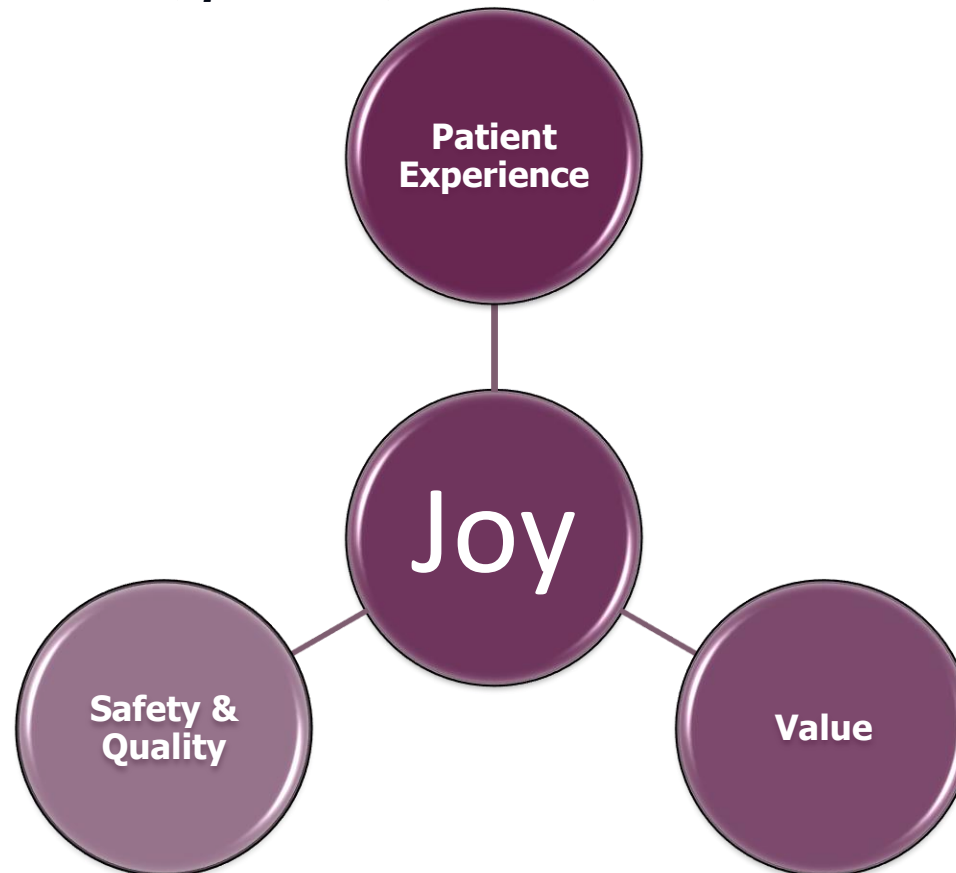
Human Experience



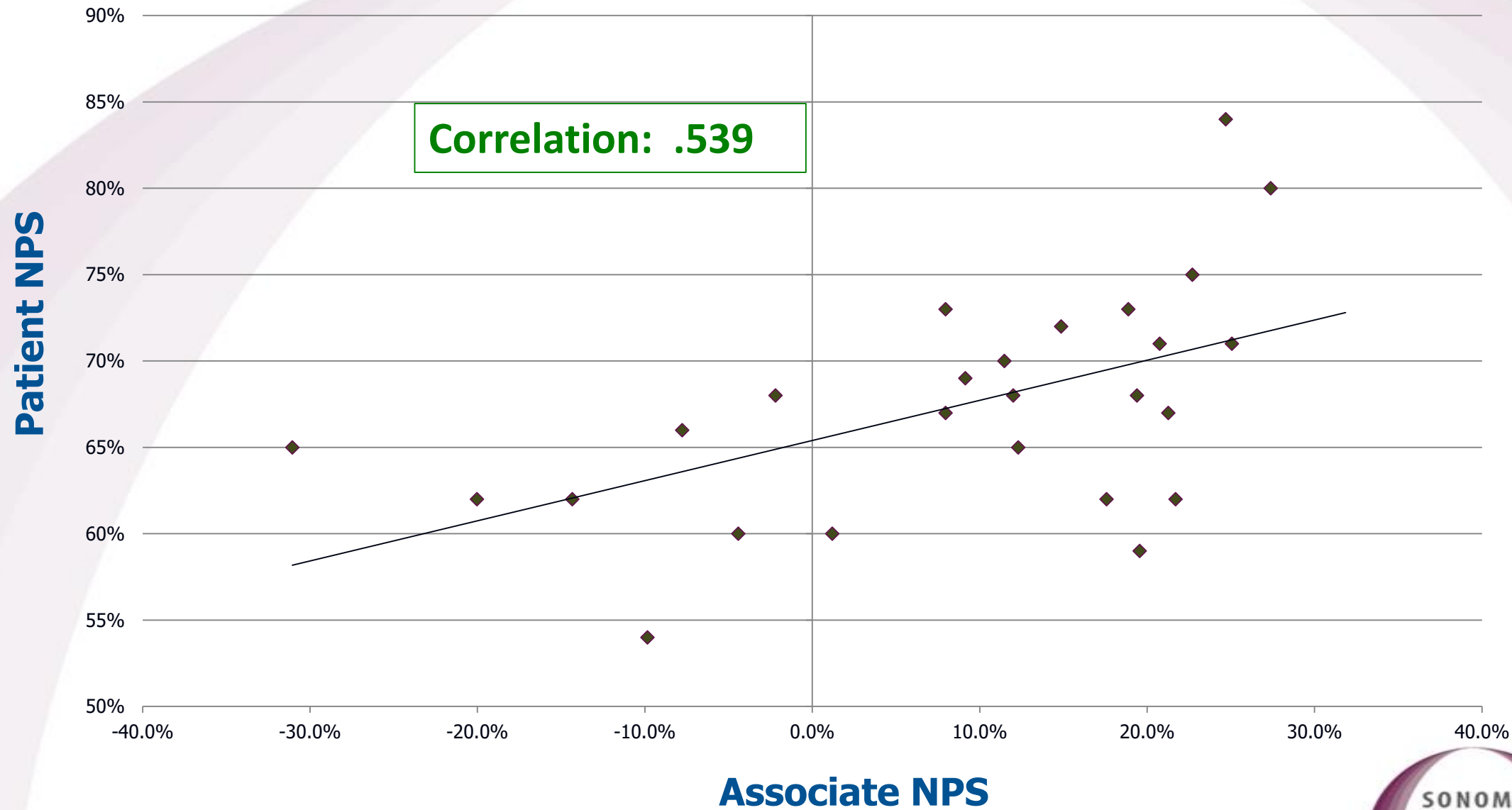
Loyalty for Life

What does it mean to improve *Human Experience*?

Improving Human Experience = Creating respectful, empathetic interactions that deliver joy and ease suffering for all people involved in healthcare, patients, families, and care team members.



Employee Experience Mirrors Patient Experience



Source: Ascension Health



Complex Work Requires Focus and Alignment

Organizational & Leadership Commitment to Experience Excellence

Strategy & Governance

Align the organization around clearly defined priorities

- ☐ Mission and Vision linking experience to outcomes
- ☐ Strategic planning, priorities, and metrics ("True North")
- ☐ Governance at all levels (from Board to Front Lines)
- ☐ Transparency and cascading communications

Culture & Performance Management

Define cultural standards and drive accountability

- ☐ Organizational values and behavioral standards defined for every role/associate
- ☐ Training and credentialing
- ☐ Interview process, hire-for-fit, and on-boarding
- ☐ Annual performance reviews, coaching, and incentives

Infrastructure & Operating Model

Organize and align resources for execution

- ☐ Active Daily Management (Rounds, Huddles, Visual Management)
- ☐ Alignment of quality, safety, and experience initiatives
- ☐ Human Experience Leadership
- ☐ Unit-Based Leadership Teams for spread and scale of initiatives

Improvement & Innovation

Engage front-line teams in transformation

- ☐ Stakeholder voice to inform and prioritize improvement efforts
- ☐ Implementation of evidence-based best practices
- ☐ Process for rapidly testing new solutions
- ☐ Forum to showcase successes and build momentum

SVH Has the Right Values

♥ Compassion → Welcomes and encourages feedback; Assists others to solve their problem

😊 Respect → Honors and acknowledges the value of the people

🏆 Excellence → Takes ownership to consistently improve processes; Embraces change

✓ Accountability → Actively takes responsibility for improving gaps

👥 Teamwork → Energizes others; Asks others how to best support them

💡 Innovation → Seeks new and creative solutions; Implements changes without resistance

🌱 Nurturing → Cultivates, develops and educates others to achieve their highest potential

👤 Guidance → Is a positive influence within the hospital

Example High-Level Opportunities & Touch Points

- *What about my job, pet, family...?*
- *Where are you taking me?*
- *How long?*
- *Will it hurt?*

- *Will I be safe?*
- *How will I manage my care?*
- *What will this cost me?*



- *What is happening?*
- *What do I/we need to do to get ready?*

- *Will I be okay?*
- *Is this normal?*
- *How do I manage the pain?/Why do I have more pain than I expected?*
- *Who is taking care of me?/How do I take care of my basic needs?*
- *How will I manage when I get home?*

- *Now what? Will life be normal again?*
- *Am I recovering like I'm supposed to?*

Document Tasks by Committee

Listing of currently pending and/or upcoming document tasks grouped by committee.

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 08/19/2020 3:30 PM

Report Parameters

Filtered by: Document Set: all applicable
Committee: BOD-Quality Committee of the Board
Include Current Tasks: Yes
Include Upcoming Tasks: No

Grouped by: Committee

Sorted by: Document Name, Document Location

Report Statistics

Total Documents: 2

Committee: BOD-Quality Committee of the Board

Committee Members: Woodall, Vivian (vwoodall)

Current Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
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Leaves - Organ and Bone Marrow Donor HR8610-172K	Pending Committee Approval	8/5/2020	14
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Human Resources Policies (HR)

Summary Of Changes: Updated language to add an additional 30-days of unpaid for organ donation, in accordance with new California legislation, AB 1223 - Labor Code 1510.

Moderators: Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)

Lead Authors: McKissock, Lynn (lmckissock)

Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)

Media Communications	Pending Committee Approval	8/5/2020	14
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Human Resources Policies (HR)

Summary Of Changes: Change in title for clarity; language change from "press" to "news media"

Moderators: Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)

Lead Authors: McKissock, Lynn (lmckissock)

Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)