SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, OCTOBER 27, 2021

5:00 p.m. Regular Session

TO BE HELD VIA ZOOM VIDEOCONFERENCE

To Participate Via Zoom Videoconferencing
use the link below:

https://sonomavalleyhospital-org.zoom.us/j/97694045982?pwd=L1JMd1FaWm9pUjhyV0RQcko5NWVwQT09

and Enter the **Meeting ID: 976 9404 5982**
Passcode: 825957

To Participate via Telephone only, dial:
1-669-900-9128 or 1-669-219-2599
and Enter the **Meeting ID: 976 9404 5982**
Passcode: 825957

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, Jenny Fontes, at jfontes@sonomavalleyhospital.org or 707.935.5005 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	*Mainardi*	
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.*	*Mainardi*	
3. CONSENT CALENDAR • Minutes 9.22.21	*Mainardi*	Action
4. MED-SURG/ICU QAPI PLAN FOR INPATIENT SERVICES	*Winkler*	Inform
5. QUALITY INDICATOR PERFORMANCE INDICATORS/SCORECARD SEPTEMBER 2021	*Kidd*	Inform
6. PATIENT CARE SERVICES DASHBOARD Q3	*Kobe*	Inform
7. QUALITY COMMITTEE ROLE IN POLICIES AND PROCEDURES MEMO - REVISED	*Mainardi*	Inform
8. POLICIES AND PROCEDURES	*Kidd*	Review and recommend
9. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		

10. ADJOURN	*Mainardi*	

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
September 22, 2021 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Michael Mainardi, MD Susan Kornblatt Idell Carol Snyder Ingrid Sheets Ako Walther, MD Howard Eisenstark Cathy Webber		John Hennelly, CEO	Sabrina Kidd, MD, CMO Mark Kobe, CNO Judy Bjorndal, Board Member Jenny Fontes, Board Clerk

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Mainardi*	
	5:02 pm	
2. PUBLIC COMMENT	*Mainardi*	
	None	
3. CONSENT CALENDAR	*Mainardi*	
• QC Minutes, 08.11.21		**MOTION:** by Kornblatt Idell to approve, 2nd by Sheets. All in favor.
4. SURGERY/CENTRAL STERILE PROJECT	*Fry*	
	Dana Fry, Director of Surgical Services, presented the Sterile Processing Quality Improvement Projects and Workflow Upgrades. This presentation included a summary of what has been done to insure the hospital is meeting and exceeding regulatory standards and providing the safest level of care. Employees are fully trained, and certified, new staff has been hired and training is ongoing, new equipment and PPE was purchased, vendors are being streamlined, appropriate accessory items have been purchased, temperature and humidity in Medivator room has been	

AGENDA ITEM	DISCUSSION	ACTION
	included, they have removed dangerous power strips, created instructions for use of all equipment, decluttered and reorganized Sterile Processing department and reprocessed most instruments.	
5. QUALITY INDICATOR PERFORMANCE INDICATORS/SCORECARD AUGUST 2021	*Kidd*	
	Dr. Kidd presented the Quality Performance Indicators score card for August 2021. This included reviews of patient mortality, AHRQ patient safety indicators, patient falls, readmissions, blood culture contamination, CIHQ stroke certification measures, utilization management, core measures, utilization management, core measures sepsis, infection prevention and overall inpatient patient satisfaction.	
6. COMMITTEE ROLE IN POLICIES AND PROCEDURES	*Mainardi*	
	Dr. Mainardi summarized the committee's role in policies and procedures. The Committee is no longer required to approve policies. They will review and comment. Any comments or requests for further information needs approval from the committee and if obtained will be forwarded to the policy maker. The policy maker chooses to respond or not respond to the committee's comments or requests. If the policy maker chooses not to respond, the denial is forwarded to the Board with a policy. The Board will then make a decision. The Board would like comments and procedures on the agenda to be forwarded to Dr. Kidd and the new Quality Director before the meeting.	
7. POLICIES AND PROCEDURES	*Kidd*	
	Dr. Kidd reviewed the revisions to the following 16 policies: **<u>No changes:</u>** Access to Medication When the Pharmacy is Closed Aminoglycoside Protocol Authorized Access to Medication Storage Areas Controlled Substance Management Dispensing of Medication Labeling Medications	

AGENDA ITEM	DISCUSSION	ACTION
	Licensed Pharmacy Employee Theft or Impairment Look Alike Sound Alike Medication Recalls **<u>Changes Made:</u>** Medication Shortages Ordering and Prescribing Pharmacist Review of Medication Orders Piperacillin-Tazobactam Extended Infusion Dosing Reporting Controlled Substance Theft or Loss Required Immunizations & Proof of Immunity Unapproved Abbreviations Dr. Kidd reviewed the Outpatient Infusion Service Scheduling form, policy and procedures. She and Mr. Kobe explained, the Outpatient Infusion Service form is intentionally vague. It is written at the level of the user. The Primary Care physician offices in Sonoma have a copy of the Outpatient Infusion Service form. If the physician does not fill out the form, they fax the form to them and make the physician complete the form. It must go through an approval process.	
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		
9. REPORT ON CLOSED SESSION	*Mainardi*	
	The Medical Staff credentialing report was approved.	**MOTION:** by Eisenstark, 2nd by Sheets. All in favor.
10. ADJOURN	*Mainardi*	
	6:36 pm	

Quality Assurance Process Improvement

Inpatient Team

JESSICA WINKLER RN. MSN. CCRN-K. NEA-BC

OCTOBER 2021

Quality Assurance

- Nursing Plan of Care
  - Always reviewed by surveyors
- Timely Antibiotic Administration
  - Maintain awareness
- Surgical Drain Tip Removal Assessment
  - Keep through the end of the year
- Respiratory Therapy Education
  - Medication Side Effects

Process Improvement

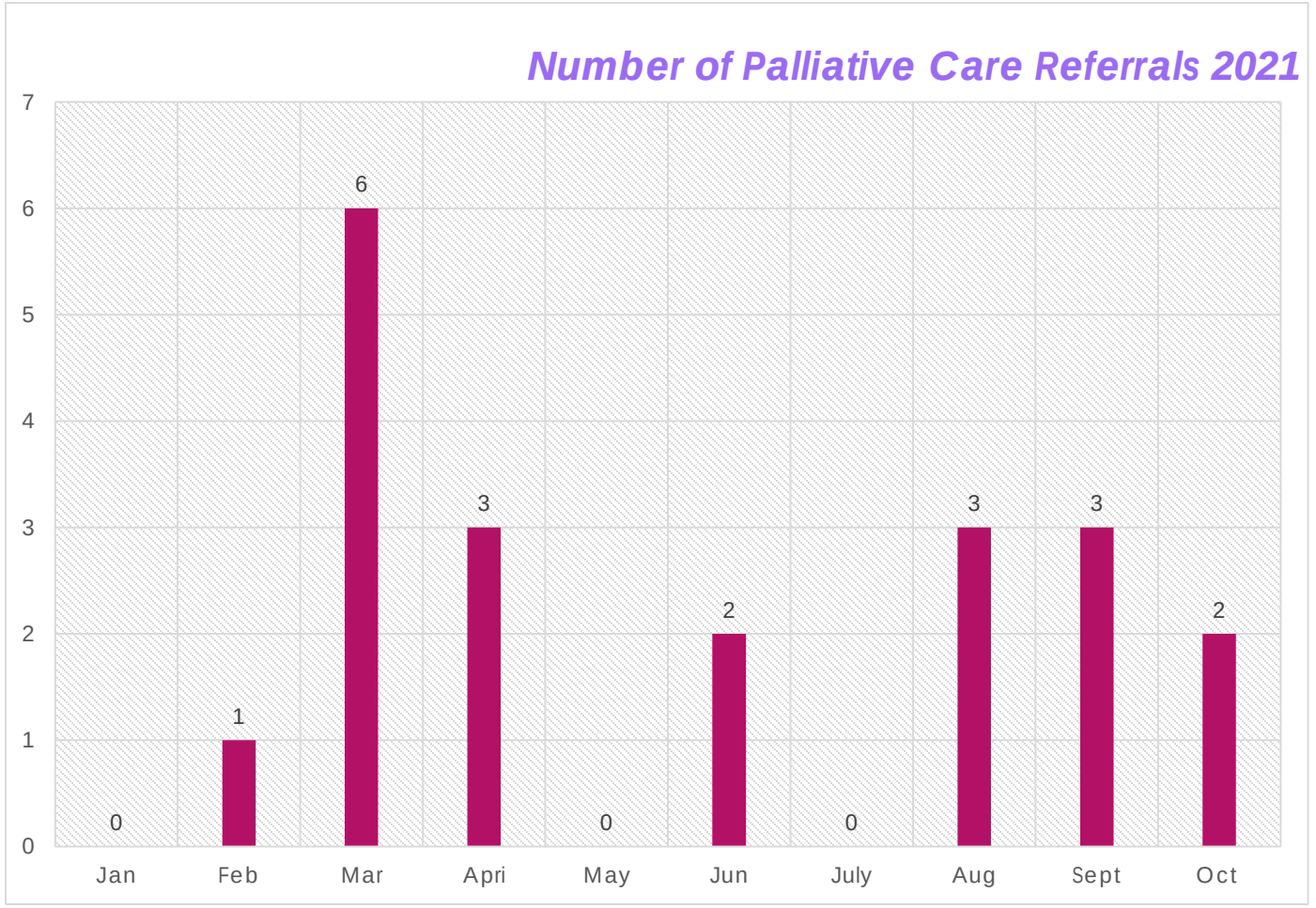
- Palliative Care Project
  - To increase palliative referrals
- Inpatient Stroke Care
  - Focusing on timeliness of neuro checks and vital signs
- HCAHPS
  - Multi-pronged approach

PI: Increasing Palliative Care Referrals

- Project over the course of the past several months
- Included education for staff and hospitalists
- Created Nursing Assessment for Palliative Care Needs
- Developed automated referral process
- Go-Live August 17th
- Data analysis and reporting end of November

PI: Increasing Palliative Care Referrals

- Very preliminary data
- Go-Live August
- October not complete yet
- Referrals are from Nursing Assessment only –



PI: Inpatient Care of the Stroke Victim

- Victims of stroke admitted to ICU and MedSurg
- American Heart Association Guidelines
- Aligning practice with UCSF
- Amend physician order sets
- Implement Stroke Specific Assessment tab
- 1:1 education with nursing staff

PI: HCAHPS

- Consistent, accurate reporting across the organization
- Establish context
- Engage all team leaders
- Education on HCAHPS for all care givers
- Culture of Transparency

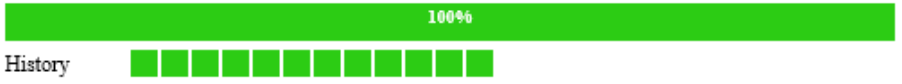
Quality Indicator Performance & Plan

September Board Quality

Data for September 2021

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

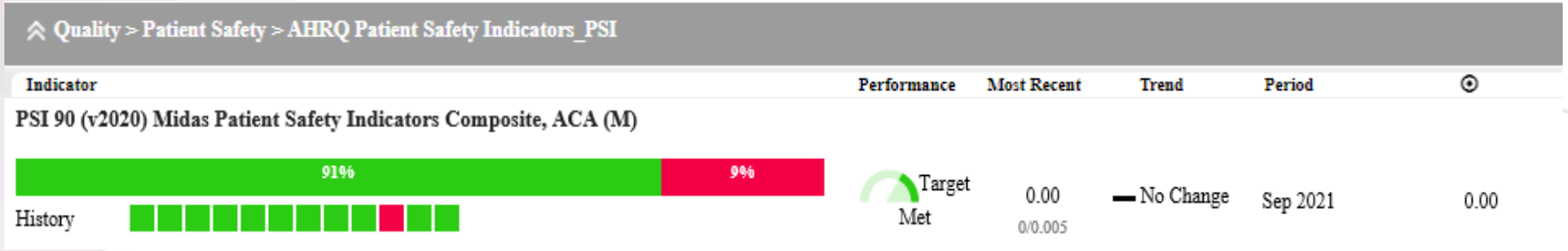
Mortality

Indicator	Performance	Most Recent	Trend	Period				
Acute Care Mortality Rate (M)								
	Target Met	6.9% 4/58	Deteriorated	Sep 2021	15.3%	n/a	n/a	3.6%
Congestive Heart Failure Mortality Rate |M|								
	Target Met	0.0% 0/1	No Change	Sep 2021	11.5%	n/a	n/a	2.6%
COPD Mortality Rate |M|								
	Breaches Alarm	33.3% 1/3		Sep 2021	8.5%	n/a	n/a	4.3%
Ischemic Stroke Mortality Rate |M|								
	Target Met	0.0% 0/1	No Change	Sep 2021	13.8%	n/a	n/a	0.0%
Pneumonia Mortality Rate |M|								
	Target Met	0.0% 0/1	No Change	Sep 2021	15.6%	n/a	n/a	6.1%

Quality > Process of Care > Sepsis Care

Indicator	Performance	Most Recent	Trend	Period				
Sepsis, Severe - Mortality Rate (M)								
	Target Met	0.0% 0/1	Improved	Sep 2021	25.0%	n/a	n/a	7.3%
Septic Shock - Mortality Rate (M)								
	Target Met	0.0% 0/3	No Change	Sep 2021	25.0%	n/a	n/a	14.7%

AHRQ Patient Safety Indicators



The Patient Safety Indicators 90 (PSIs)

- PSI 03 Pressure Ulcer
- PSI 06 Iatrogenic Pneumothorax Rate
- PSI 08 In Hospital Fall with Hip Fracture
- PSI 09 Perioperative Hemorrhage or Hematoma
- PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis
- PSI 11 Postoperative Respiratory Failure
- PSI 12 Perioperative Pulmonary Embolism or DVT
- PSI 13 Postoperative Sepsis
- PSI 14a Postoperative Wound Dehiscence, Open
- PSI 14b Postoperative Wound Dehiscence, Non-Open
- PSI 15 Accidental Puncture or Laceration

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Patient Falls
Preventable Harm

Quality > Patient Safety > Falls

Indicator	Performance	Most Recent	Trend	Period				
RM ACUTE FALL- All (M) per 1000 patient days								
91% 9% History	Target Met	0.00 0/240	No Change	Sep 2021	3.75	4.00	n/a	0.98
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days								
100% History	Target Met	0.00 0/240	No Change	Sep 2021	3.75	4.00	n/a	0.00

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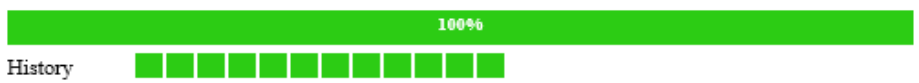
Readmissions

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)								
	Target Met	2.04% 1/49	Improved	Sep 2021	15.30%	15.50%	n/a	5.47%
AMI, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0% 0/1	No Change	Sep 2020	16%	16%	n/a	11%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/2		Sep 2021	19.5%	20.0%	n/a	0.0%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/1	Improved	Sep 2021	21.6%	22.0%	n/a	8.8%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/1	No Change	Sep 2021	4.0%	5.0%	n/a	5.0%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/1	No Change	Sep 2021	16.6%	17.0%	n/a	10.0%
Sepsis, Severe - % Readmit within 30 Days (M)								
	Target Met	0.0% 0/1	No Change	Sep 2021	12.0%	13.0%	n/a	0.2%
Septic Shock - % Readmit within 30 Days (M)								
	Target Met	0.0%	No Change	Sep 2021	13.3%	14.0%	n/a	0.1%

Blood Culture Contamination

	Comment	Action Plan
Sep 2021	Action plan from ED Director	1:1 conversation and return demonstration

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔
Blood Cultures -Contamination Rate |LAB| (M)	Target Met	1.9% 1/54	Deteriorated	Sep 2021	3.0%	4.0%
Blood Cultures -Contamination Rate|RN| (M)	Target Met	1.4% 1/71	Deteriorated	Sep 2021	3.0%	3.1%
Blood Cultures -Total Contamination Rate (M)	Target Met	1.6% 2/125	Deteriorated	Sep 2021	3.0%	4.0%

Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Sep 2021	1	71	1.4%
Aug 2021	1	96	1.0%
Jul 2021	3	74	4.1%
Jun 2021	0	65	0.0%
May 2021	1	72	1.4%
Apr 2021	4	60	6.7%
Mar 2021	4	85	4.7%
Feb 2021	4	43	9.3%
Jan 2021	2	89	2.2%
Dec 2020	8	130	6.2%
Nov 2020	1	93	1.1%
Oct 2020	2	81	2.5%

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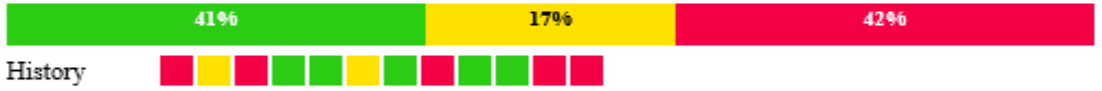
CIHQ Stroke Certification Measures

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
CDSTK-03|Median- Code Stroke Called |M| elapsed time (mins)								
100%	Target Met	2.50	Improved	Sep 2021	10.00	11.00	n/a	4.00
History								
CDSTK-04|Median- Door to Phys Eval |M| minutes								
100%	Target Met	1.00	Improved	Sep 2021	10.00	11.00	n/a	1.25
History								
CDSTK-05|Median- Door to CT Scanner |M|elapsed time (minutes)								
100%	Target Met	9.00	Improved	Sep 2021	25.00	26.00	n/a	8.00
History								
CDSTK-06|Median- Neuro Consult Contacted |M| minutes								
100%	Target Met	19.50	Deteriorated	Sep 2021	30.00	31.00	n/a	15.50
History								
CDSTK-07|Median- CT Read by Radiology |M| minutes								
100%	Target Met	25.50	Improved	Sep 2021	45.00	46.00	n/a	30.00
History								
CDSTK-08|Median- Lab Results Posted |M| minutes								
100%	Target Met	24.50	Improved	Sep 2021	45.00	46.00	n/a	29.25
History								
CDSTK-10|Median- Door to EKG Complete |M| minutes								
100%	Target Met	49.00	Improved	Sep 2021	60.00	61.00	n/a	40.50
History								
CDSTK-11|Median- Door to tPA Decision |M| minutes								
100%	Target Met	38.00	Deteriorated	Sep 2021	60.00	61.00	n/a	34.50
History								

Utilization Management

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔
1 Day Stay Rate Medi-Cal |M|						
	Breaches Alarm	10.00% 1/10	Deteriorated	Sep 2021	2.61%	5.00%
1 Day Stay Rate-Medicare |M|						
	Target Met	0.00% 0/32	Improved	Sep 2021	8.10%	10.00%
Acute Care - Geometric Mean Length of Stay |M|						
	Breaches Alarm	3.36 26.8706/8	Deteriorated	Sep 2021	2.75	3.23
Acute Care Age over 64 - MS-DRG Case Mix Index |M|						
	Target Met	1.36 48.8635/36	Deteriorated	Sep 2021	1.56	1.65
Acute Care- MS-DRG Case Mix Index |M|						
	Target Met	1.35 78.3669/58	Deteriorated	Sep 2021	1.55	1.65

Geometric mean is a statistical/mathematical term that is applied in many other areas outside of health care. This is calculated by multiplying all of the lengths of stay and then taking the nth root of that number (where n=number of patients). (Minimizes the impact of outliers).

The Case Mix Index (CMI) is the average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing the total by the number of discharges.

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Core Measures

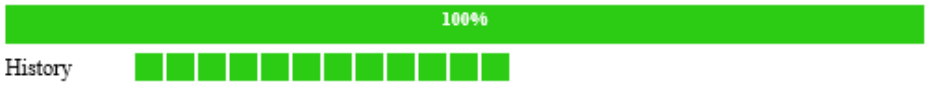
Quality > Core Measures > HOP Measures > HOP Colonoscpy

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)								
	Target Met	100.0% 8/8	— No Change	Aug 2021	89.0%	50.0%	n/a	100.0%

Quality > Core Measures > HOP Measures > HOP ED Throughput

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)								
	Bet. Target & Alarm	133.00	Improved	Sep 2021	132.00	140.00	n/a	123.50
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)								
	Target Met	0.4% 3/694	Improved	Sep 2021	2.0%	2.5%	n/a	1.2%

Quality > Core Measures > HOP Measures > HOP Stroke

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)								
	Target Met	100.0% 3/3	— No Change	Sep 2021	72.0%	70.0%	n/a	100.0%

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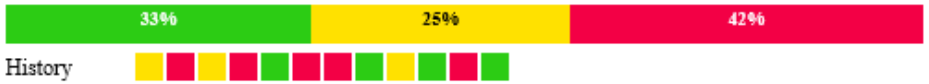
Core Measures Sepsis

Quality > Core Measures > Sepsis

Indicator	Performance	Most Recent	Trend	Period				
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)								
	Target Met	100.0% 2/2	Improved	Sep 2021	81.0%	80.0%	n/a	71.4%
SEPa - Severe Sepsis 3 Hour Bundle (M)								
	Target Met	100.0% 2/2	Improved	Sep 2021	94.0%	90.0%	n/a	85.2%
SEPb - Severe Sepsis 6 Hour Bundle (M)								
	Target Met	100.0% 2/2	No Change	Sep 2021	100.0%	90.0%	n/a	95.3%

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Infection Prevention

Quality > Infection Surveillance and Prevention

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
IC-Surveillance| HAI-C.DIFF Inpatient infections per 10k pt days |M|	Target Met	0	— No Change	Sep 2021	1	1	n/a	0
100%								
History								
IC-Surveillance| HAI-CAUTI Inpatient infections per 10k patient days |M|	Target Met	0	— No Change	Sep 2021	1	1	n/a	0
100%								
History								
IC-Surveillance| HAI-CLABSI Inpatient infections per 10k patient days |M|	Target Met	0	— No Change	Sep 2021	1	1	n/a	0
100%								
History								
IC-Surveillance| HAI-MRSA Inpatient infections per 10k patient days |M|	Target Met	0	— No Change	Sep 2021	1	1	n/a	0
100%								
History								
IC-Surveillance| All Inpatient infections |M|	Target Undefined	15	▼ Lower	Sep 2021	n/a	n/a	n/a	26
100%								
History								
IC-Surveillance| Inpatient Infections Reviewed |M|	Target Undefined	15	▲ Higher	Sep 2021	n/a	n/a	n/a	14
100%								
History								

HCAHPS

Inpatient Patient Satisfaction

Rate hospital 0-10 — Global Items

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	33	33	33	29	34	24
Top Box Score	72.73%	78.79%	63.64%	72.41%	61.76%	54.17%
Percentile Rank	50th	80th	18th	54th	15th	5th

Recommend the hospital — Global Items

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	33	31	33	29	33	24
Top Box Score	75.76%	80.65%	57.58%	79.31%	60.61%	66.67%
Percentile Rank	64th	82nd	11th	78th	17th	39th

Domain: Comm w/ Nurses — Comm w/ Nurses

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	34	33	34	29	34	24
Top Box Score	83.96%	85.61%	73.44%	79.31%	77.45%	75.14%
Percentile Rank	79th	87th	13th	51st	35th	24th

Nurses treat with courtesy/respect — Comm w/ Nurses

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	34	33	33	29	34	24
Top Box Score	88.24%	100.00%	90.91%	89.66%	91.18%	83.33%
Percentile Rank	63rd	99th	83rd	78th	85th	31st

Nurses listen carefully to you — Comm w/ Nurses

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	33	33	34	29	34	22
Top Box Score	84.85%	81.82%	70.59%	75.86%	76.47%	68.18%
Percentile Rank	89th	80th	15th	46th	49th	11th

Nurses expl in way you understand — Comm w/ Nurses

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	33	32	34	29	34	23
Top Box Score	78.79%	75.00%	58.82%	72.41%	64.71%	73.91%
Percentile Rank	70th	45th	1st	34th	5th	44th

Domain: Response of Hosp Staff — Response of Hosp Staff

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	32	28	30	25	32	22
Top Box Score	81.30%	68.41%	65.26%	71.11%	63.42%	66.19%
Percentile Rank	95th	69th	60th	83rd	49th	67th

Call button help soon as wanted it — Response of Hosp Staff

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	30	26	28	18	31	21
Top Box Score	80.00%	65.38%	71.43%	72.22%	67.74%	52.38%
Percentile Rank	94th	60th	83rd	86th	71st	16th

HCAHPS

Inpatient Patient Satisfaction

Help toileting soon as you wanted — Response of Hosp Staff

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	23	21	22	20	22	15
Top Box Score	82.61%	71.43%	59.09%	70.00%	59.09%	80.00%
Percentile Rank	95th	76th	26th	78th	28th	95th

Domain: Comm w/ Doctors — Comm w/ Doctors

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	32	32	34	29	34	24
Top Box Score	78.13%	77.08%	71.90%	78.82%	64.65%	80.37%
Percentile Rank	34th	27th	7th	44th	1st	59th

Doctors treat with courtesy/respect — Comm w/ Doctors

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	32	32	34	28	33	24
Top Box Score	81.25%	90.63%	82.35%	82.14%	69.70%	83.33%
Percentile Rank	15th	82nd	20th	22nd	1st	32nd

Doctors listen carefully to you — Comm w/ Doctors

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	32	32	33	29	33	23
Top Box Score	75.00%	68.75%	66.67%	79.31%	63.64%	86.96%
Percentile Rank	26th	7th	4th	56th	2nd	91st

Doctors expl in way you understand — Comm w/ Doctors

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	32	32	33	28	33	24
Top Box Score	78.13%	71.88%	66.67%	75.00%	60.61%	70.83%
Percentile Rank	65th	27th	9th	53rd	2nd	29th

Domain: Hospital Environment — Hospital Environment

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	33	33	33	29	33	24
Top Box Score	70.83%	62.17%	60.09%	62.79%	63.64%	70.29%
Percentile Rank	67th	27th	21st	36th	40th	73rd

Cleanliness of hospital environment — Hospital Environment

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	32	33	32	25	33	23
Top Box Score	75.00%	72.73%	65.63%	72.00%	69.70%	73.91%
Percentile Rank	59th	51st	21st	53rd	37th	62nd

Quietness of hospital environment — Hospital Environment

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	33	31	33	28	33	24
Top Box Score	66.67%	51.61%	54.55%	53.57%	57.58%	66.67%
Percentile Rank	68th	15th	27th	25th	42nd	75th

Inpatient Patient Satisfaction

Domain: Comm About Medicines — Comm About Medicines

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	23	23	24	17	20	16
Top Box Score	50.79%	52.07%	50.91%	62.50%	68.42%	53.13%
Percentile Rank	4th	6th	4th	58th	85th	10th

Tell you what new medicine was for — Comm About Medicines

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	23	23	24	16	19	16
Top Box Score	65.22%	56.52%	58.33%	75.00%	84.21%	62.50%
Percentile Rank	6th	1st	1st	53rd	93rd	4th

Staff describe medicine side effect — Comm About Medicines

Time Period	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
n	22	21	23	16	19	16
Top Box Score	36.36%	47.62%	43.48%	50.00%	52.63%	43.75%
Percentile Rank	4th	46th	22nd	61st	72nd	30th

SONOMA VALLEY HOSPITAL
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Ambulatory Surgery Patient Satisfaction

Peer Group: All PG Database
CAHPS Section/Domain Level N=2798

Domains	Questions	Current n	Previous Period (Q2 2021)	Current Period (Q3 2021)	Change	Percentile Rank
Global Items	Facility rating 0-10	57	82.98%	80.70%	-2.28%	15
	Recommend the facility	57	81.05%	84.21%	3.16%	46
Communication		57	87.76%	92.82%	5.05%	71
	Provided needed info re procedure	55	86.32%	94.55%	8.23%	79
	Instructions good re preparation	55	95.65%	96.36%	0.71%	82
	Procedure info easy to understand	57	93.62%	94.74%	1.12%	69
	Anesthesia info easy to understand	51	90.80%	94.12%	3.31%	57
	Anes side effect easy to understand	51	72.41%	84.31%	11.90%	52
Facility/Personal Trtment		57	97.15%	98.53%	1.39%	89
	Check-in run smoothly	57	91.40%	94.74%	3.34%	49
	Facility clean	56	100.00%	100.00%	0.00%	99
	Clerks and receptionists helpful	57	93.62%	100.00%	6.38%	99
	Clerks and reception courteous	57	98.94%	100.00%	1.06%	99
	Staff treat w/ courtesy, respect	57	100.00%	98.25%	-1.75%	56
	Staff ensure you were comfortable	56	98.92%	98.21%	-0.71%	77

Ambulatory Surgery Patient Satisfaction

Domains and Questions

Peer Group: All PG Database
CAHPS Section/Domain Level N=2798

Domains	Questions	Current n	Previous Period (Q2 2021)	Current Period (Q3 2021)	Change	Percentile Rank
Discharge		57	93.97%	95.10%	1.13%	44
	Written discharge instructions	56	97.73%	98.21%	0.49%	63
	Instructions regarding recovery	57	82.80%	80.70%	-2.09%	13
	Information re subsequent pain	44	91.46%	97.73%	6.26%	85
	Information re subsequent nausea	33	95.00%	93.94%	-1.06%	11
	Information re subsequent bleeding	37	96.83%	100.00%	3.17%	99
	Info on response to infection	41	100.00%	100.00%	0.00%	99

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Patient Care Services Dashboard 2020-21

Medication Scanning Rate	2020-21				
	Q4	Q1	Q2	Q3	Goal
Acute	70.4%	91.0%	96.0%	95.7%	≥90%
ED	21.8%	69.0%	74.0%	78.0%	≥90%
Preventable med errors R/T Med Scanning	0 (n=0)	0 (n=5)	0 (n=3)	0 (n=7)	≤2

Quality Indicators (QAPI) 2020-21					
	Q4	Q1	Q2	Q3	Goal
Antibx admin within 30"- M/S and ICU	N/A	94.40	86.70	91.00	≥90%
Cont. OBS for Psych Pt-ED	68.20	85.00	77.8	100.0	100%
Drug Admin Errors- Pharmacy (per 10000 doses)	N/A	N/A	0.00	1.00	1.00

Case Management/Utilization Management 2021					
	Q4	Q1	Q2	Q3	Goal
Medical Necessity Denials	N/A	N/A	N/A	N/A	0
HCAHPS Care Transitions	N/A	N/A	36.3	N\A	53%

Nursing Turnover	2020-21 Staff/Quarter				
# of RNs	Q4	Q1	Q2	Q3	Goal
Acute (n=52)	3	6	1	2	≤6

Outpatient Experience 2020-21	2020-21				
	Q4	Q1	Q2	Q3	Goal
RATE MY HOSPITAL- PHYSICAL THERAPY					
Overall score	4.91	4.95	4.82	4.93	≥4.9
RATE MY HOSPITAL-CARDIOPULM					
Overall Score	4.90	4.97	4.80	4.7	≥4.9
RATE MY HOSPITAL - ED					
Overall score	4.60	4.67	4.72	4.67	≥4.9
RATE MY HOSPITAL - MEDICAL IMAGING					
Overall score	4.81	4.81	4.86	4.78	≥4.9
RATE MY HOSPITAL-INPATIENT					
Overall score	N/A	N/A	4.81	4.43	≥4.9

Nurse Staffing Effectiveness: Transfers r/t staffing/beds					
2020-21	Q4	Q1	Q2	Q3	Goal
	0	0	1	0	≤0

Green = Goal Met Yellow = Below goal Red = Continues below goal or significantly below goal

Outpatient Experience Goal increased Q2 2021 from 4.5 to 4.9

SONOMA VALLEY HOSPITAL
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To:	**SVHCD Board of Directors**
From:	**Michael Mainardi, Board Member & Chair of Quality Committee**
Meeting Date:	**October 27, 2021**
Subject:	**Quality Committee Role in Policies and Procedures**

1. As background the committee is an extension of the Board of Directors and under its jurisdiction. The Board decides on the purview of the committee when reviewing items on the agenda.

2. It is the decision of the Board that Policies and Procedures will be listed as an inform item and not require approval. Our Quality Charter also states that the committee only review and not approve.

3. The Policy and Procedure review is for educational purposes allowing the committee to see what parameters are in place for patient safety. All policy and procedures not related to patient safety will no longer be on our agenda. The policy has been written or revised by the hospital staff member or members with the most knowledge of the reasons for its existence and approved by one or several hospital committees before arriving at Quality.

4. Although the Board welcomes comments from the committee on policy and procedure, any request beyond a typo or punctuation mistake that requires a change in wording or intent to the policy will require a full vote of the voting members before passing to the policy maker.

5. Upon receipt the policy maker has the choice to incorporate the recommendation into the policy or procedure or disregard it. Once incorporated the policy will be forwarded to the Board for approval. If the policy maker chooses not to incorporate the committee's recommendation, it still will be forwarded to the Board as part of the approval package and will include description of the Quality committees requested and rejected modifications (only when substantive) and a rationale for why it was not accepted. The Board then has the final say as to incorporating the committee's recommendation or following the policy maker's decision. The final result will then be reported to the Quality committee but no further comments from the committee will be accepted.

Document Tasks by Committee

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

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)
Run date: 10/21/2021 10:09 AM

Report Parameters

Filtered by: Document Set: all applicable
Committee: 07 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: 3

Committee: **07 BOD-Quality Committee of the Board**

Committee Members: **Finn, Stacey (sfinn), Fontes, Jenny (jfontes)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
DVT-PE Prophylaxis and Treatment Protocol *Medication Management Policies (MM)*	**Pending Approval**	9/16/2021	35

Summary Of Changes: **Reviewed, no changes**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
Managing Patients in Isolation Requiring Rehab Services *Infection Prevention & Control Policies (IC)*	**Pending Approval**	9/16/2021	35

Summary Of Changes: **Reviewed no changes.**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Kidd, Sabrina (skidd), Montecino, Stephanie (smontecino)**

Approvers: **Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> Kidd, Sabrina (skidd) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
Norovirus Outbreak Management *Infection Prevention & Control Policies (IC)*	**Pending Approval**	9/16/2021	35

Summary Of Changes: **Added "bleach" and "enteric contact precautions". Took out "Appendix" reference. Added public health phone number.**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Kidd, Sabrina (skidd), Montecino, Stephanie (smontecino)**

Approvers: **Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> Kidd, Sabrina (skidd) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**