SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, FEBRUARY 23, 2022

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	*Kornblatt Idell*	
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.*	*Kornblatt Idell*	
3. CONSENT CALENDAR • Minutes 01.26.22	*Kornblatt Idell*	Action
4. PHARMACY QA/PI	*Kutza*	Inform
5. QUALITY INDICATOR PERFORMANCE AND PLAN	*Cooper*	Inform
6. POLICIES AND PROCEDURES	*Cooper*	Review/ Recommend
7. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report b. RCA Discussion		
8. ADJOURN	*Kornblatt Idell*	

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
January 26, 2021 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Susan Kornblatt Idell Michael Mainardi, MD Ingrid Sheets Howard Eisenstark Carol Snyder		Cathy Webber	John Hennelly, CEO Sabrina Kidd, MD, CMO Philip Brown, ED Kylie Cooper, Quality and Risk Mgmt Mark Kobe, CNO Jenny Fontes, Board Clerk

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Kornblatt Idell*	
	Meeting called to order at 5:00 pm	
2. PUBLIC COMMENT	*Kornblatt Idell*	
	None	
3. CONSENT CALENDAR	*Kornblatt Idell*	**ACTION**
• QC Minutes 1.26.22		**MOTION:** by Mainardi to approve with changes, 2nd by Snyder. All in favor.
4. ED QA/PI	*Brown*	
	Emergency Department Director Mr. Phillip Brown reviewed the ED QA/PI presentation. He said they are meeting the goal for continuous observation for psych patients, NIHSS scoring sheet dated and timed, and the NIHSS disposition accuracy. He reviewed the sepsis action items and reported they are doing a real time review of sepsis patients and 100% of sepsis cases are reviewed.	

5. HOSPITAL QUALITY INDICATOR PERFORMANCE AND PLAN	*Cooper/Kobe*	
	Ms. Kylie Cooper presented the Hopital Quality Indicator Performance and Plan for December 2021. This included reviews of mortality, AHRQ patient safety indicators, patient falls (preventable harm), readmissions, blood culture contamination, CIHQ stroke certification measures, utilization management, core measures sepsis, infection prevention. Mr. Mark Kobe, Chief Nursing Officer reviewed the inpatient patient satisfaction and ambulatory surgery patient satisfaction results. Ms. Cooper will add the N for patient satisfaction reporting.	
6. PATIENT CARE SERVICES DASHBOARD FOR 4TH QUARTER FY 2021	*Kobe*	
	Mr. Kobe reviewed the Patient Care Services Dashboard. He reported on the medication scanning rate, which continues to improve. The ED is stable because of turnover in the ED. He reviewed the quality indicator (2021) and said the numbers look good. They are working with IT to develop a report to determine who their denials are for case management/utilization management. He also reported on nursing turnover, outpatient experience and nurse staffing effectiveness.	
7. POLICIES AND PROCEDURES	*Cooper*	**Action**
	Ms. Cooper reviewed the following policies: **<u>Policies with changes made:</u>** Acuity Ratio and Staffing Plan-Nursing Administrative Call Administrative Responsibility Aid in Dying ALARA Annual Medical Surveillance C-arm Equip Operation and Maintenance 7630-111 C-arm Equipment Exemption 7630-113 Care of the Patient with Acute Alcohol Withdrawal or Delirium – *Retired* Compounding Policies, Annual Review Construction or Renovation Projects, Infection Control e-Notification System Health Screening of Contract Workers and Students	**MOTION:** by Eisenstark to approve with revisions to new policies, 2nd by Snyder. All in favor.

	Lidocaine Injection Prior to IV Cath - *Retired* Management of the Social Needs Patients Menu Planning Nursing Blood Product Administration Part 2-Pre-Transfusion Patient Preparation Nursing Staffing Floating and Call-Off Ordering of Outpatient Services Performance Improvement Plan Post Offer Pre-Employment Screening HR8610-164.1 Required Immunizations & Proof of Immunity Respiratory Protection Program HR8610-164.14 Avoidable Abbreviation List - *Retired* Risk Management Program Surge Policy to Manage Patient Influx Tuberculosis Screening Unit Dose Packaging Unusual Occurrence Report to Governmental Agencies Wound Classification **New Policy** Casirivimab-Imdevimab Monoclonal Antibody (policy deferred.) COVID 19 State and Federal Reporting (recommendations will be made.) COVID-19 On-Site Vaccination Protocol(policy will be revised.) On Call Pharmacist (policy back to author.) **Policies with no changes made:** CMS 1135 Waiver for Disaster Conditions Employee Food Refrigerator Temperature Monitoring Encouraging Patients and Families to Report Concerns About Safety IV Compounding Outside of the Pharmacy Preparation of Methotrexate IM Doses Using ChemoClave System Procedure 8390-05 Pyxis Medstation, Management and Use QAPI Procedures Sampling Plan-IV Room 8390-02 Standing Orders and Protocols Sterile Compounding Procedures 8390-03	

9. REPORT ON CLOSED SESSION	*Kornblatt Idell*	
	The Medical Staff credentialing report was approved.	**MOTION:** by Eisenstark, 2nd by Mainardi. All in favor.
10. ADJOURN	*Kornbloatt Idell*	
	6:13 pm	

Pharmacy Department

Adverse Drug Events

Antimicrobial Stewardship

Controlled Substances

Pyxis Utilization

IV Room

Pharmacy Services

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

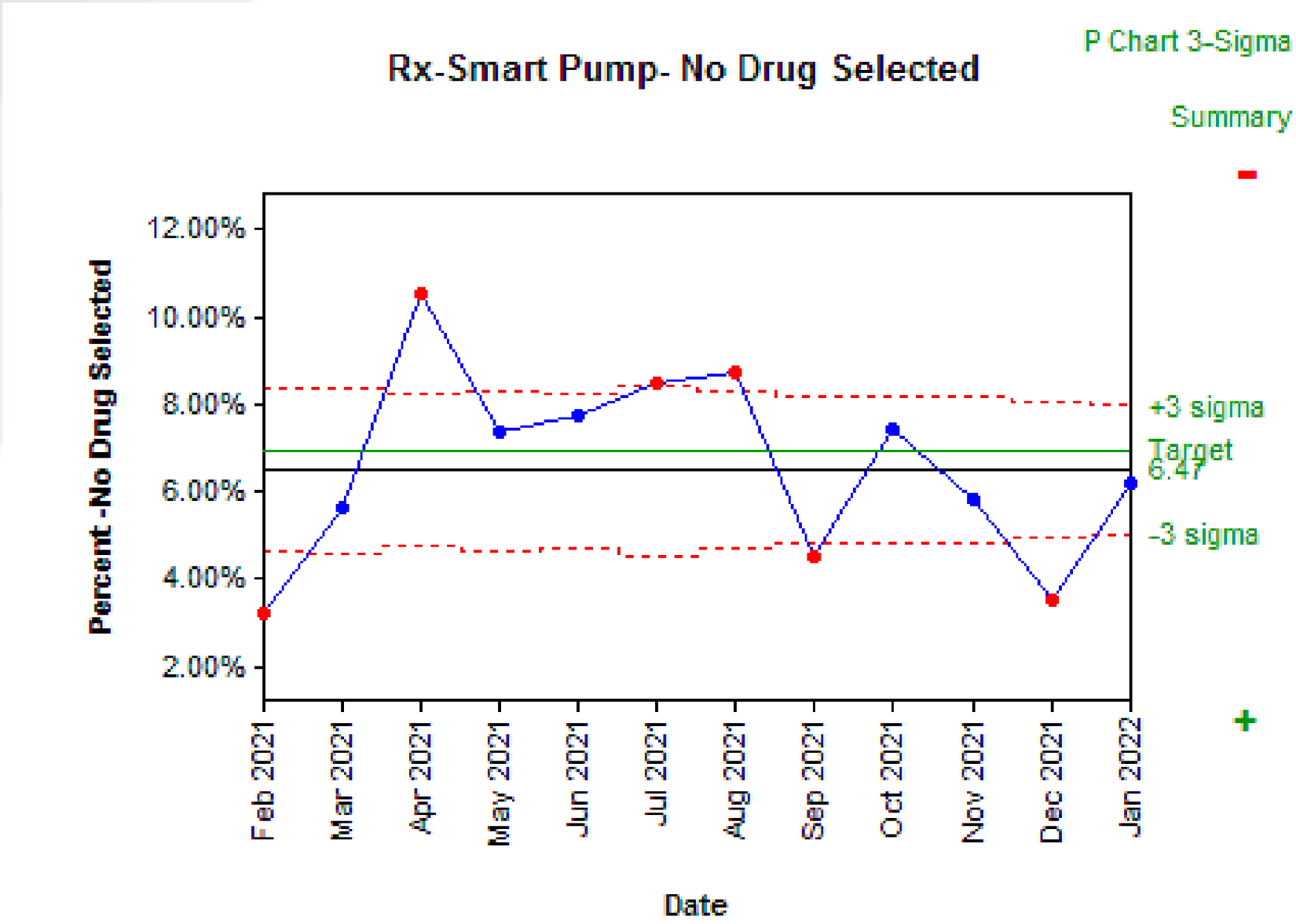
Pharmacy Department

Adverse Drug Events

- Administration Errors Per 10,000 Doses
- High Risk Med Errors Per 10,000 Doses
- Near Miss %
- *Smart Pump- No Drug Selected
- *Smart Pump- Hard Alerts
- *Smart Pump- Soft Alerts

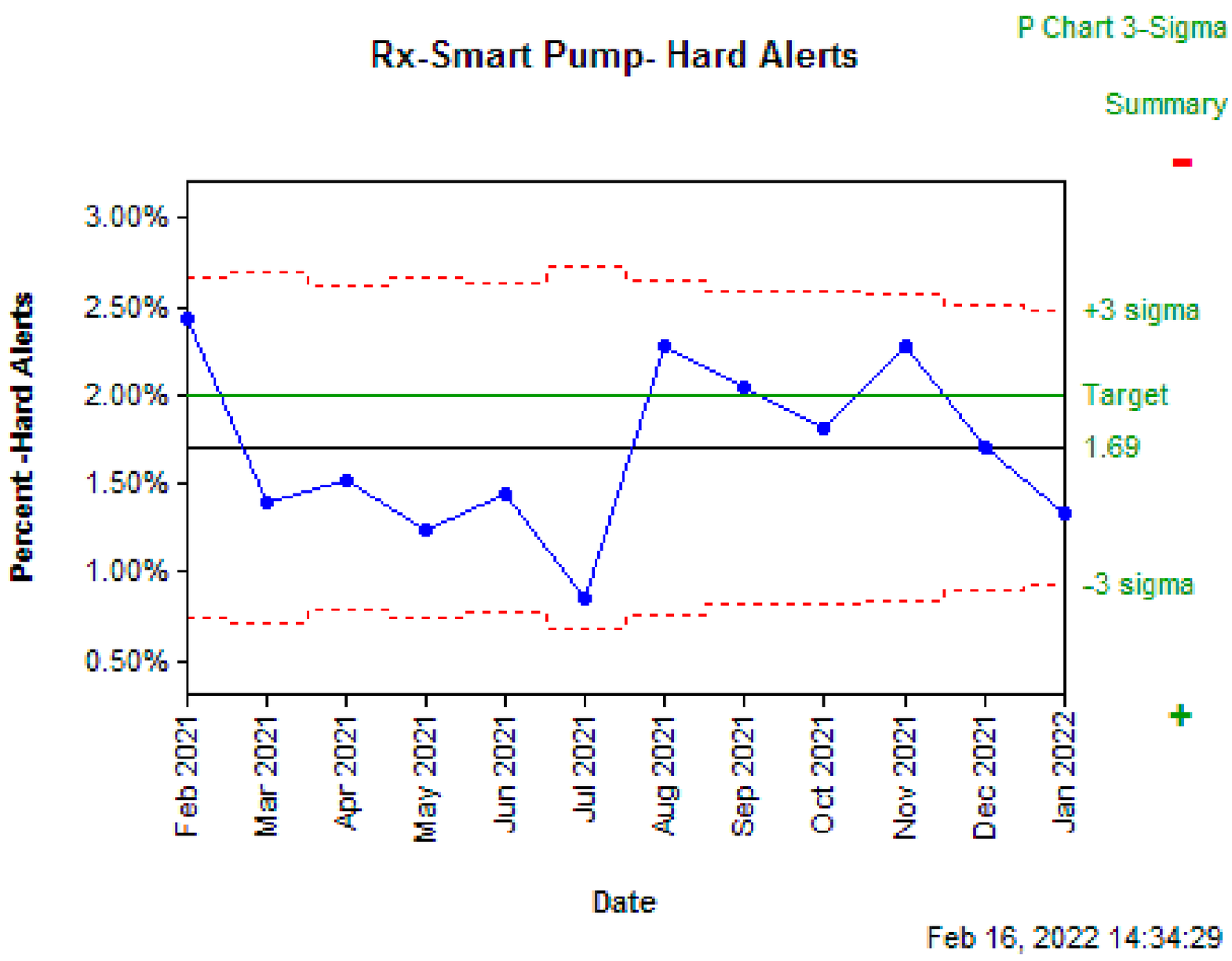
SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Pharmacy Department



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

Pharmacy Department



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

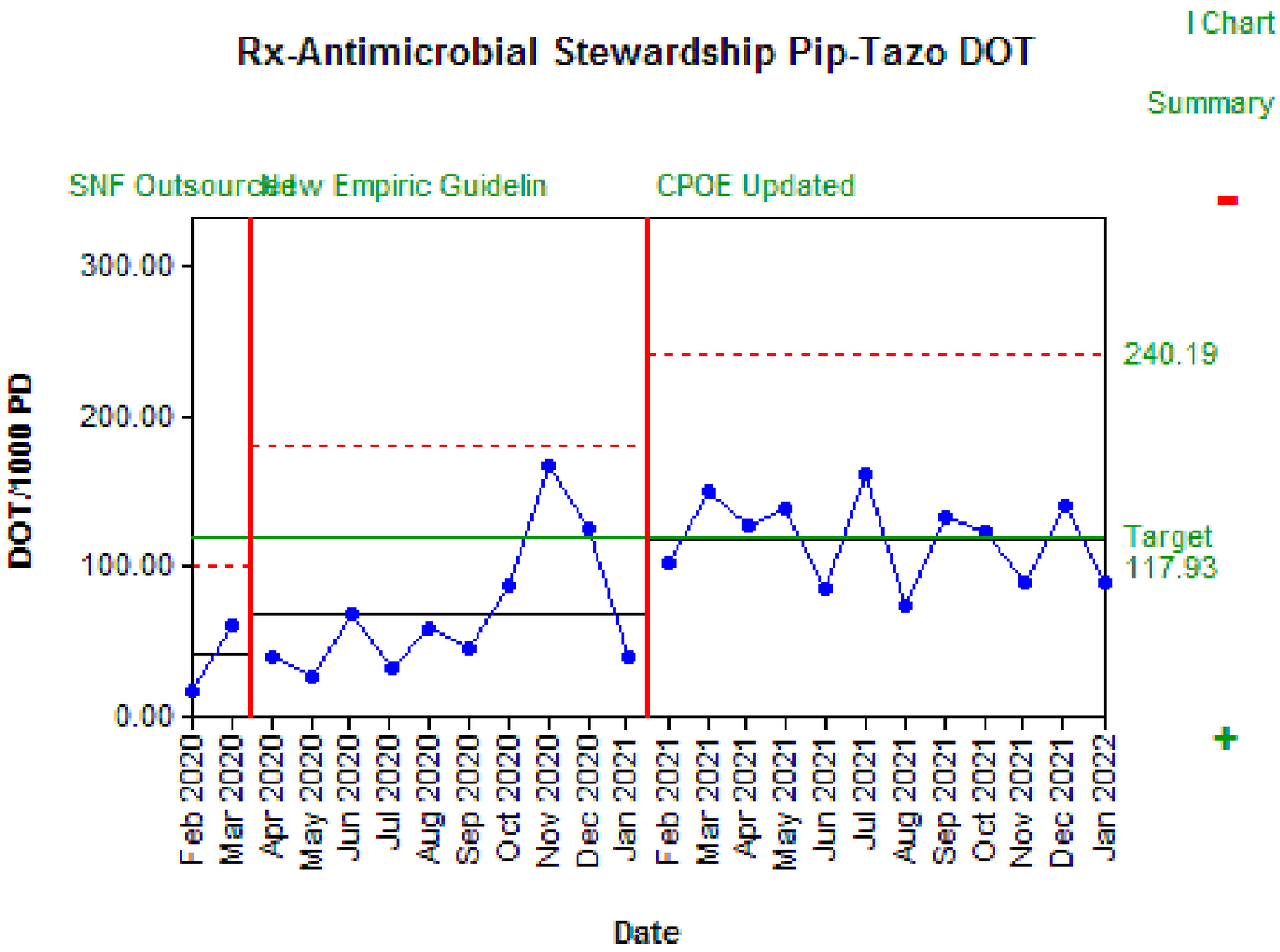
Pharmacy Department

Antimicrobial Stewardship

- Cefepime DOT
- Ertapenem DOT
- Levofloxacin DOT
- Meropenem DOT
- Pip-Tazo DOT
- Antimicrobial Spend PAPD ($)

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

Pharmacy Department



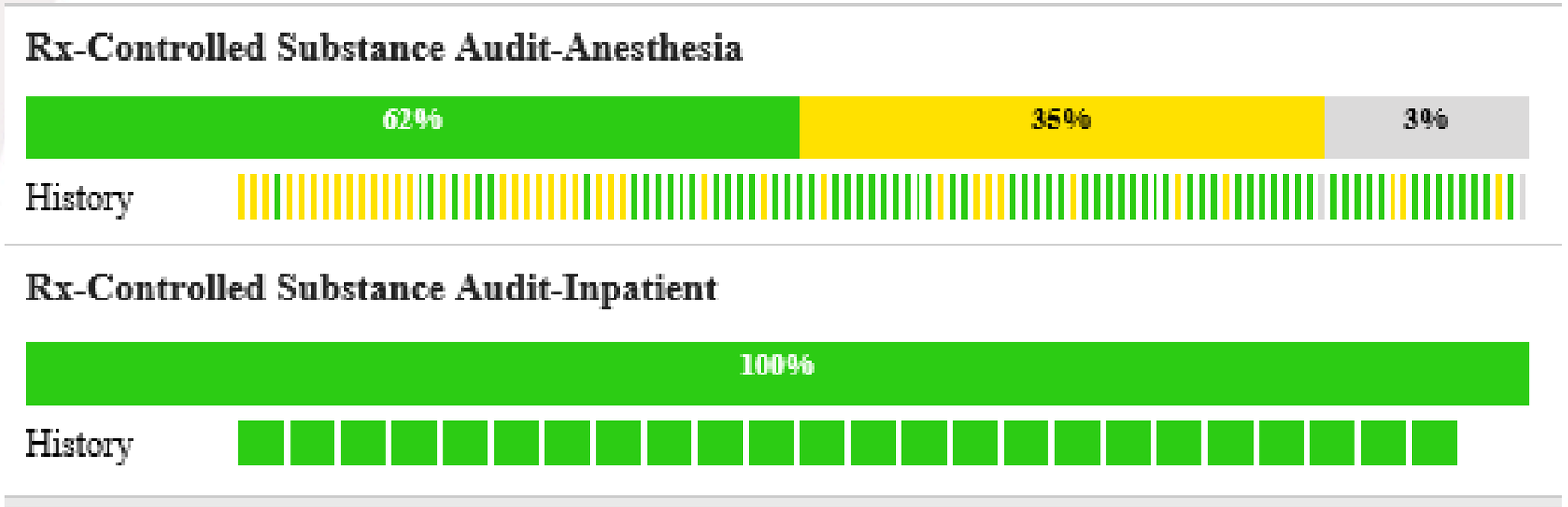
Feb 16, 2022 14:47:41

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

Pharmacy Department

Controlled Substances

- Controlled Substance Audit-Anesthesia Ertapenem DOT
- Controlled Substance Audit-Inpatient



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

Pharmacy Department

IV Room

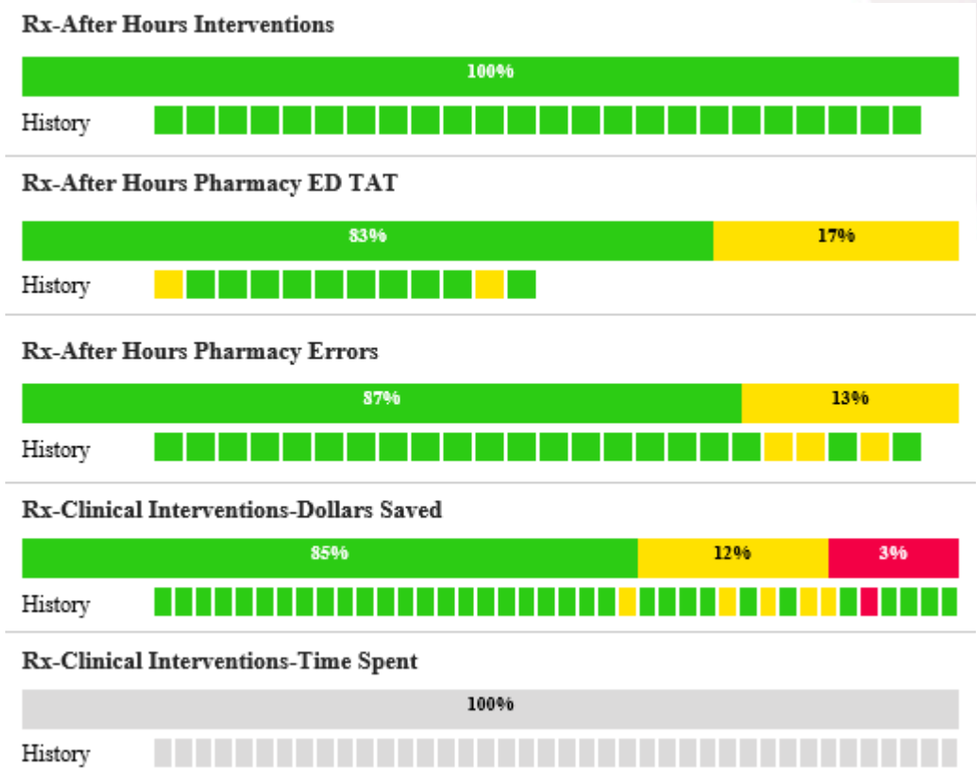
- Cleanroom Certification
- Cleanroom Contact Plates
- Cleanroom End Product Testing
- Cleanroom Glovetip Testing
- Cleanroom Hood Cleaning
- Cleanroom Quantitative Analysis
- Cleanroom Room Cleaning-Daily
- Cleanroom Room Cleaning-Weekly
- Cleanroom Written Competencies

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

Pharmacy Department

Pharmacy Services

- After Hours Interventions
- After Hours Pharmacy ED TAT
- After Hours Pharmacy Errors
- Clinical Interventions-Dollars Saved
- Clinical Interventions-Time Spent

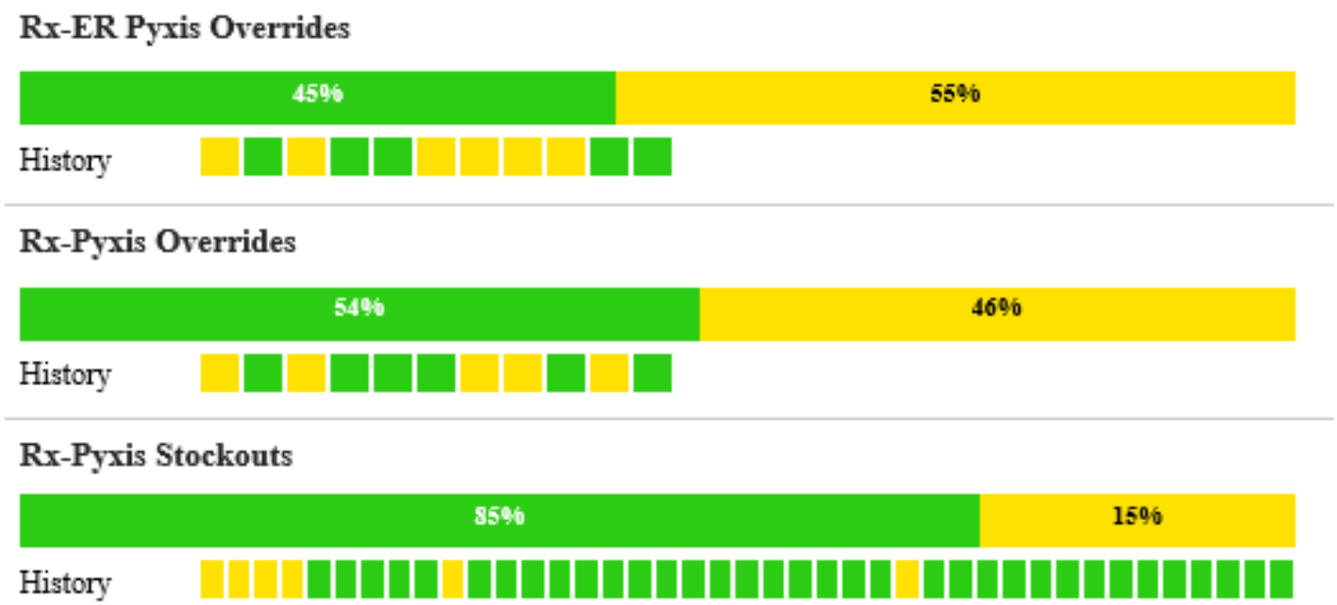


SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Pharmacy Department

Pyxis

- ER Pyxis Overrides
- Pyxis Overrides
- Pyxis Stockouts



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

Quality Indicator Performance & Plan

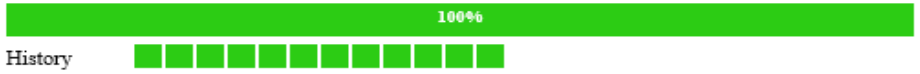
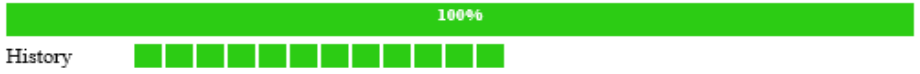
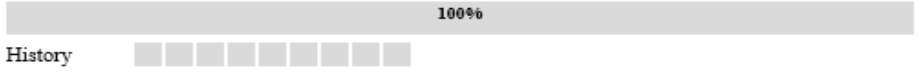
February Board Quality

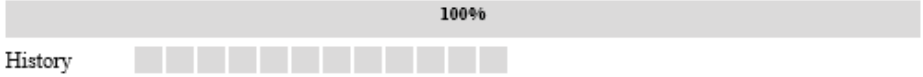
Data for January 2022

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

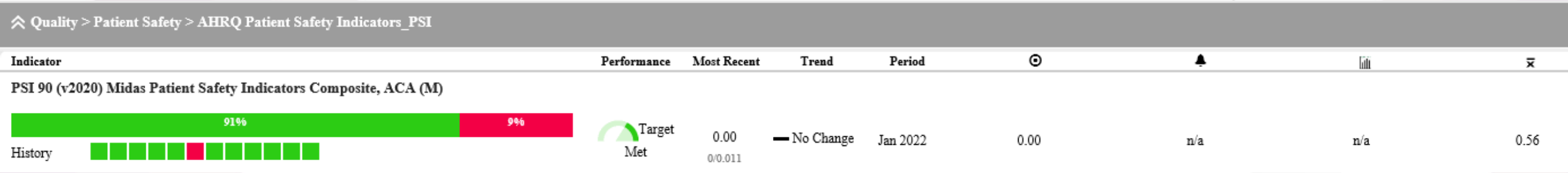
Mortality

Mortality

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Acute Care Mortality Rate (M)								
History 	Target Met	6.2% 4/64	Deteriorated	Jan 2022	15.3%	n/a	n/a	3.5%
COPD Mortality Rate |M|								
History 	Target Met	0.0% 0/1	No Change	Jan 2022	8.5%	n/a	n/a	5.9%
Congestive Heart Failure Mortality Rate |M|								
History 	Breaches Alarm	20.0% 1/5	Deteriorated	Jan 2022	11.5%	n/a	n/a	8.3%
Pneumonia Mortality Rate |M|								
History 	Breaches Alarm	33.3% 1/3	Deteriorated	Jan 2022	15.6%	n/a	n/a	8.3%
Ischemic Stroke Mortality Rate |M|								
History 	Target Met	0.0% 0/3	No Change	Jan 2022	13.8%	n/a	n/a	0.0%
Hemorrhagic Stroke - Mortality Rate (M)								
History 	Target Undefined	100.0% 1/1	Deteriorated	Jan 2022	n/a	n/a	n/a	22.2%

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Sepsis, Severe - Mortality Rate (M)								
History 	Target Met	0.0% 0/7	No Change	Jan 2022	25.0%	n/a	n/a	6.4%
Septic Shock - Mortality Rate (Q)								
History 	Target Undefined	33.3% 1/3	Deteriorated	Q4-2021	n/a	n/a	n/a	13.8%

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

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

Patient Falls
Preventable Harm

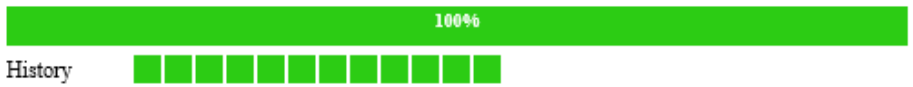
Quality > Patient Safety > Falls

Indicator	Performance	Most Recent	Trend	Period				
RM ACUTE FALL- All (M) per 1000 patient days								
83% / 17%	Target Met	0.00 0/276	No Change	Jan 2022	3.75	4.00	n/a	1.90
History								
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days								
100%	Target Met	0.00 0/276	No Change	Jan 2022	3.75	4.00	n/a	0.32
History								

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

Readmissions

Readmissions

Indicator	Performance	Most Recent	Trend	Period				
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)								
	Target Met	8.77% 5/57	Improved	Jan 2022	15.30%	15.50%	n/a	6.50%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/1	No Change	Jan 2022	19.5%	20.0%	n/a	0.0%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Breaches Alarm	33.3% 1/3	Deteriorated	Jan 2022	21.6%	22.0%	n/a	10.3%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/1	Improved	Jan 2022	4.0%	5.0%	n/a	11.5%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/2	Improved	Jan 2022	16.6%	17.0%	n/a	10.0%
Sepsis, Severe - % Readmit within 30 Days (M)								
	Target Met	0.2% 1/6	Deteriorated	Jan 2022	12.0%	13.0%	n/a	0.2%

Blood Culture Contamination

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

Lab

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔
Blood Cultures -Contamination Rate |LAB| (M)						
91% / 9% — History	Target Met	1.1% (1/91)	Improved	Jan 2022	3.0%	4.0%
Blood Cultures -Contamination Rate|RN| (M)						
58% / 42% — History	Target Met	2.3% (2/88)	Improved	Jan 2022	3.0%	3.1%
Blood Cultures -Total Contamination Rate (M)						
83% / 8% / 9% — History	Target Met	1.7% (3/179)	Improved	Jan 2022	3.0%	4.0%

Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Jan 2022	2	88	2.3%
Dec 2021	3	92	3.3%
Nov 2021	2	91	2.2%
Oct 2021	2	92	2.2%
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%

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

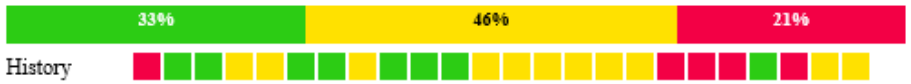
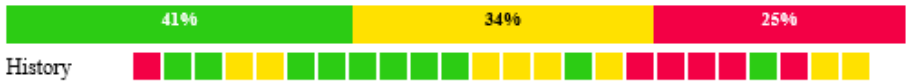
CIHQ Stroke Certification Measures

Stroke > Code Stroke Elapsed Time

Indicator	Performance	Most Recent	Trend	Period				
CDSTK-03|Median- Code Stroke Called |M| elapsed time (mins)								
100% History	Target Met	4.00	Deteriorated	Jan 2022	10.00	11.00	n/a	3.00
CDSTK-04|Median- Door to Phys Eval |M| minutes								
100% History	Target Met	3.50	Deteriorated	Jan 2022	10.00	11.00	n/a	1.00
CDSTK-05|Median- Door to CT Scanner |M|elapsed time (minutes)								
100% History	Target Met	8.50	Improved	Jan 2022	25.00	26.00	n/a	8.00
CDSTK-06|Median- Neuro Consult Contacted |M| minutes								
83% 17% History	Breaches Alarm	34.00	Deteriorated	Jan 2022	30.00	31.00	n/a	17.50
CDSTK-07|Median- CT Read by Radiology |M| minutes								
100% History	Target Met	26.00	Deteriorated	Jan 2022	45.00	46.00	n/a	23.25
CDSTK-08|Median- Lab Results Posted |M| minutes								
100% History	Target Met	43.00	Deteriorated	Jan 2022	45.00	46.00	n/a	30.25
CDSTK-10|Median- Door to EKG Complete |M| minutes								
100% History	Target Met	45.00	Improved	Jan 2022	60.00	61.00	n/a	38.00
CDSTK-12|Median-Door to tPA |M| minutes								
33% 8% 59% History	Breaches Alarm	69.50	Improved	Dec 2021	60.00	61.00	n/a	67.00
CDSTK-11|Median-Door to tPA Decision |M| minutes								
100% History	Target Met	52.00	Deteriorated	Jan 2022	60.00	61.00	n/a	23.50

Utilization Management

Utilization Management

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
1 Day Stay Rate Medi-Cal [M]								
	Target Met	0.00% 0/14	No Change	Jan 2022	2.61%	5.00%	n/a	4.35%
1 Day Stay Rate-Medicare [M]								
	Breaches Alarm	12.20% 5/41	Deteriorated	Jan 2022	8.10%	10.00%	n/a	9.09%
Acute Care - Geometric Mean Length of Stay [M]								
	Breaches Alarm	4.09 36.8131/9	Deteriorated	Jan 2022	2.75	3.23	n/a	3.27
Acute Care Age over 64 - MS-DRG Case Mix Index [M]								
	Bet. Target & Alarm	1.50 65.9429/44	Improved	Jan 2022	1.56	1.40	n/a	1.51
Acute Care- MS-DRG Case Mix Index [M]								
	Bet. Target & Alarm	1.52 97.0319/64	Improved	Jan 2022	1.55	1.40	n/a	1.49

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.

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

Core Measures

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)								
	Target Met	100.0% 9/9	Improved	Jan 2022	88.0%	50.0%	n/a	99.2%

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)								
	Breaches Alarm	2.8% 19/668	Deteriorated	Jan 2022	2.0%	2.5%	n/a	1.3%

Emergency > HOP ED Throughput

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)								
	Target Met	118.00	Improved	Jan 2022	132.00	140.00	n/a	132.50

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% 2/2	No Change	Jan 2022	72.0%	70.0%	n/a	100.0%

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

Core Measures Sepsis

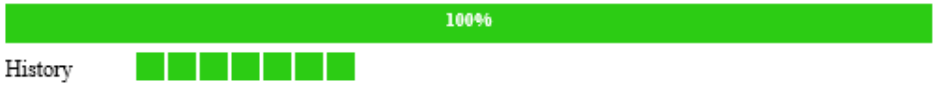
Core Measures > Sepsis -SEP-1-

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)								
	Target Met	100.0% 5/5	Improved	Jan 2022	81.0%	80.0%	n/a	71.8%
SEPa - Severe Sepsis 3 Hour Bundle (M)								
	Target Met	100.0% 5/5	Improved	Jan 2022	94.0%	90.0%	n/a	81.8%
SEPb - Severe Sepsis 6 Hour Bundle (M)								
	Target Met	100.0% 4/4	No Change	Jan 2022	100.0%	90.0%	n/a	97.9%

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

Infection Prevention

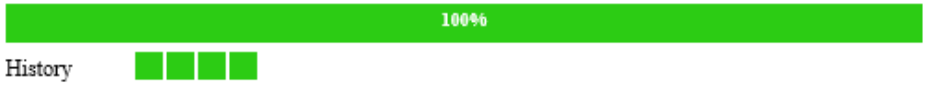
Infection Prevention

Indicator	Performance	Most Recent	Trend	Period				
IC-Surveillance| HAI-C.DIFF Inpatient infections per 10k pt days |M|								
	 Target Met	0	— No Change	Jan 2022	1	1	n/a	0
IC-Surveillance| HAI-CAUTI Inpatient infections per 10k patient days |M|								
	 Target Met	0	— No Change	Jan 2022	1	1	n/a	0
IC-Surveillance| HAI-CLABSI Inpatient infections per 10k patient days |M|								
	 Target Met	0	— No Change	Jan 2022	1	1	n/a	0
IC-Surveillance| HAI-MRSA Inpatient infections per 10k patient days |M|								
	 Target Met	0	— No Change	Jan 2022	1	1	n/a	0

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

Inpatient Patient Satisfaction
N= 8

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
01-Rate hospital 0-10 |M| Rank	Target Met	58	Deteriorated	Dec 2021	50	30	n/a	61
02-Recommend the hospital |M| Rank	Target Met	94	Improved	Dec 2021	50	30	n/a	83
03-Communication w/ Nurses |M| Rank	Breaches Alarm	29	Improved	Dec 2021	50	30	n/a	28
04-Response of Hosp Staff |M| Rank	Breaches Alarm	22	Deteriorated	Dec 2021	50	30	n/a	64
05-Communication w/ Doctors |M| Rank	Target Met	78	Improved	Dec 2021	50	30	n/a	46



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

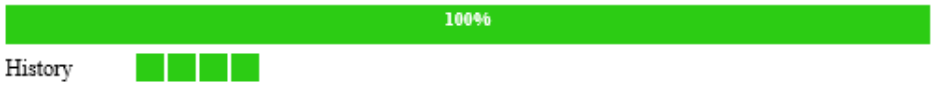
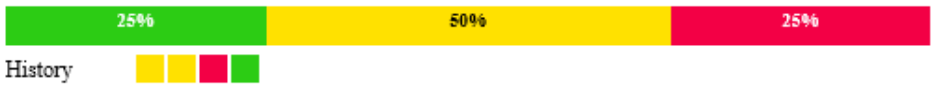
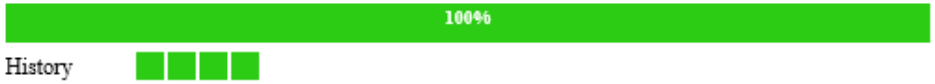
Inpatient Patient Satisfaction

HCAHPS

06-Cleanliness of hospital environment|M| Rank  History	Breaches Alarm	1.00	Deteriorated	Dec 2021	50.00	30.00	n/a	26.50
08-Communication About Medicines |M| Rank  History	Bet. Target & Alarm	42	Improved	Dec 2021	60	30	n/a	15
09-Discharge Information |M| Rank  History	Bet. Target & Alarm	42	Improved	Dec 2021	50	30	n/a	15
10-Care Transitions |M| Rank  History	Breaches Alarm	3	Deteriorated	Dec 2021	50	30	n/a	13

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

Ambulatory Surgery Patient Satisfaction
N= 21

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
01-OAS Recommend the Facility |M| Rank								
	Target Met	54	Deteriorated	Dec 2021	50	30	n/a	74
History								
02-OAS Communication |M| Rank								
	Target Met	86	Improved	Dec 2021	60	30	n/a	49
History								
03-OAS Facility/Personal Treatment |M| Rank								
	Target Met	96	Improved	Dec 2021	80	30	n/a	63
History								
04-OAS Discharge |M| Rank								
	Target Met	75	Improved	Dec 2021	70	30	n/a	54
History								
05-OAS Staff treat w/courtesy and respect |M| Rank								
	Target Met	99	Improved	Dec 2021	60	30	n/a	59
History								
07-OAS Facility Clean |M| Rank								
	Target Met	99	No Change	Dec 2021	60	30	n/a	99
History								
ED-Time Physician Spent With Me Score (M)								
	Breaches Alarm	4.26	Deteriorated	Jan 2022	4.50	4.30	n/a	4.55
History								

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: 02/17/2022 10:49 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: 5

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

Committee Members: **Fontes, Jenny (jfontes)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Code Blue-Broselow Carts and Emergency Medications *Emergency Code Alerts Policies*	**Pending Approval**	2/17/2022	0

Summary Of Changes: **Updated defibrillator daily checks performed by RT. Revised contents of Broselow cart to reflect current availability of supplies. The Intubation tray (drawer 4 is replaced by Respiratory Therapy**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza), Kobe, Mark (mkobe)**
ExpertReviewers: **Kutza, Chris (ckutza), Safety Committee**
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)**

Patient Admitting *Patient Care Policy*	**Pending Approval**	2/17/2022	0

Summary Of Changes: **Reviewed, changed title from: Patient Admitting**
to: Patient Admitting and Registration Responsibilities

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
ExpertReviewers: **Medical Director-Patient Care Services**
Approvers: **Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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)**

Patient Grievance and Complaint Policy *Patient Rights Policies (PR)*	**Pending Approval**	1/28/2022	20

Summary Of Changes: **Changed Patient experience Manager to Quality Management Department**
Changed CQO to Director of Quality

Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Service of Legal Proceedings | **Pending Approval** | 2/1/2022 | 16

Governance and Leadership Policies

Summary Of Changes:	**Removed email for BETA.** **Author/Review responsibility changed from Director of Quality to CEO.** **Replaced "Executive" with "Administrative"** **Renamed policy as the policy does not address complaints.** **NEW::"Service of Legal Proceedings"** **OLD:: "Complaints and Service of Legal Proceedings"**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
Approvers:	**Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Unannounced Survey Response Plan | **Pending Approval** | 2/1/2022 | 16

Governance and Leadership Policies

Summary Of Changes:	**Removed 1st floor Solarium Conference room- replaced with Schantz Conference Room** **Updated Attachments added- Dirty Dozen, attachment F, Attachment A, Attachment A1 and Attachment G**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Newman, Cindi (cnewman), Cooper, Kylie (kcooper)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**