



SVHCD QUALITY COMMITTEE

REVISED AGENDA

WEDNESDAY, AUGUST 24, 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 <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>Kornblatt Idell</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>Kornblatt Idell</i>	
3. CONSENT CALENDAR • Minutes 07.27.22	<i>Kornblatt Idell</i>	Action
4. PHARMACY QI/PI	<i>Kutza</i>	Inform
5. QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Cooper</i>	Inform
6. PATIENT SATISFACTION DISCUSSION	<i>Cooper</i>	Inform
7. COMMITTEE MEMBER OPENING	<i>Kornblatt Idell</i>	Inform
8. POLICIES AND PROCEDURES	<i>Cooper</i>	Review/ Recommend
9. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		Action
10. ADJOURN	<i>Kornblatt Idell</i>	



SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
July 27, 2022, 4:00 PM
MINUTES
Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Susan Kornblatt Idell Ingrid Sheets Howard Eisenstark			John Hennelly, CEO Ako Walther, MD Kylie Cooper, Quality and Risk Mgmt. Judy Bjorndal, Board Member Jenny Fontes, Board Clerk and EA Michael Musong, Lab Technical Supervisor Nicolaos Hadjiyianni, Lab Manager Dr. Carl Speizer, Public

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	
	Meeting called to order at 4:02 p.m.	
2. PUBLIC COMMENT	<i>Kornblatt Idell</i>	
	None	
3. CONSENT CALENDAR	<i>Kornblatt Idell</i>	ACTION
<ul style="list-style-type: none"> QC Minutes 06.29.22 		MOTION: by Eisenstark to approve, 2 nd by Sheets. All in favor.
4. LABORATORY REPORT	<i>Musong/ Hadjiyianni</i>	INFORM
	Mr. Musong reviewed the current YTD review for the Laboratory. He presented the scope of services, accomplishments, upcoming projects, challenges, volumes, and Covid data from 2021 to present. Mr. Musong said the surveys take place every two years. Ms. Cooper said it is a state requirement that two transfusions per quarter need to be observed, from ordering to completion.	
5. PATIENT CARE SERVICES DASHBOARD	<i>Winkler</i>	INFORM

	Ms. Winkler reviewed the patient care services dashboard. She reviewed the medication scanning rate, quality indicators, case management/utilization management, nursing turnover, outpatient experience, and nurse staffing effectiveness. Ms. Winkler said she is working with Ms. Dinger-Stone to help improve the reporting on case management/utilization data. Ms. Winkler said the texting service response rate for rate your hospital is better with outpatient and ER than with inpatients. Survey data is around 30%.	
6. QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Cooper</i>	INFORM
	Ms. Cooper reviewed the Quality Indicator Performance and Plan for June 2022, which included mortality, AHRQ patient safety indicators, patient falls, readmissions, blood culture contamination, CIHQ stroke certification measures, utilization management, core measures, core measures sepsis, and infection prevention, inpatient patient satisfaction and ambulatory surgery patient satisfaction.	
7. PATIENT SATISFACTION DISCUSSION	<i>Cooper</i>	INFORM
	Ms. Kornblatt Idell said she would like Ms. Winkler and Ms. Cooper to figure out what satisfaction scores mean and how to change them, and what can the committee do to help address patient satisfaction scores. Ms. Winkler said she believes more community engagement will improve scores. She is collaborating with staff to improve patient experience. Ms. Kornblatt Idell said this discussion will remain on the agenda, to determine if there are any changes, and what the next steps will be.	
8. COMMITTEE MEMBER OPENING	<i>Kornblatt Idell</i>	INFORM
	Ms. Kornblatt Idell asked the committee to reach out to people they know that may be interested in being committee members in Quality.	
9. POLICIES AND PROCEDURES	<i>Cooper</i>	REVIEW/ RECOMMEND
	<u>Ms. Cooper reviewed the following policies:</u> Admission-Discharge Alcoholic Beverages Policy Biological Indicator Use 7471-102	

	CAIR Utilization Case Management Intervention Change in Patient Condition Code Blue Management for Patient Emergency Color Coded Wristbands and Door Placards Condition Code 44 Inpatient to Observation Status Critical Value Reporting Dress Code, Central Sterile Employment Conditions Filming and Recording of Patients General Food Service Information Important Message from Medicare Guideline PR8750-108 Intensity of Service Severity of Illness Screening Process Intravenous Contrast Admin 7630-159 Leaving Against Medical Advice Multidisciplinary Teams NEW Version:: Patient Abuse Reporting Observation Status Oral Care Paging Codes Overhead Patient Status Determination Philosophy of Resource and Case Management DC8750- 114 Physician Advisor Respiratory Care Practitioner (RCP) Protocols RETIRE::Implanted Port Access and Management RETIRE::Patient Abuse and Neglect Protection RETIRE::Patient Abuse Prohibition at Sonoma Valley Hospital RETIRE::Patient Abuse Prohibition Prevention RETIRE::Patient Abuse Prohibition-Identification RETIRE::Patient Abuse Prohibition-Investigating Instructions RETIRE::Patient Abuse Prohibition-Protection during Investigation RETIRE::Patient Abuse Prohibition-Screening RETIRE::Patient Abuse Prohibition-Training RETIRE::Patient Abuse Reporting-legacy pp RETIRE::Patient Rights RETIRE::Patient Rights & Responsibilities RETIRE::Pediatric Assessment Social Work Referrals Standby, Call-back, Call-in and Call-off Pay	
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	Texting by Case Managers PR8750-122 Wound Care Protocol NEW: Patient Abuse <u>Policies awaiting approval:</u> Stroke Admission Transfer Guidelines NEW: Patient Abuse	
10. CLOSED SESSION/REPORT ON CLOSED SESSION	<i>Kornblatt Idell</i>	ACTION
a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Medical Staff Credentialing was reviewed and approved.	MOTION: by Eisenstark to approve, 2 nd by Sheets All in favor.
11. ADJOURN	<i>Kornblatt Idell</i>	
	4:58 pm	

Pharmacy Department

Adverse Drug Events
Antimicrobial Stewardship
Controlled Substances
Pyxis Utilization
IV Room
Pharmacy Services

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

Pharmacy Department

Rx-Smart Pump- No Drug Selected



10.01%

Bet. Target & Alarm



Deteriorated

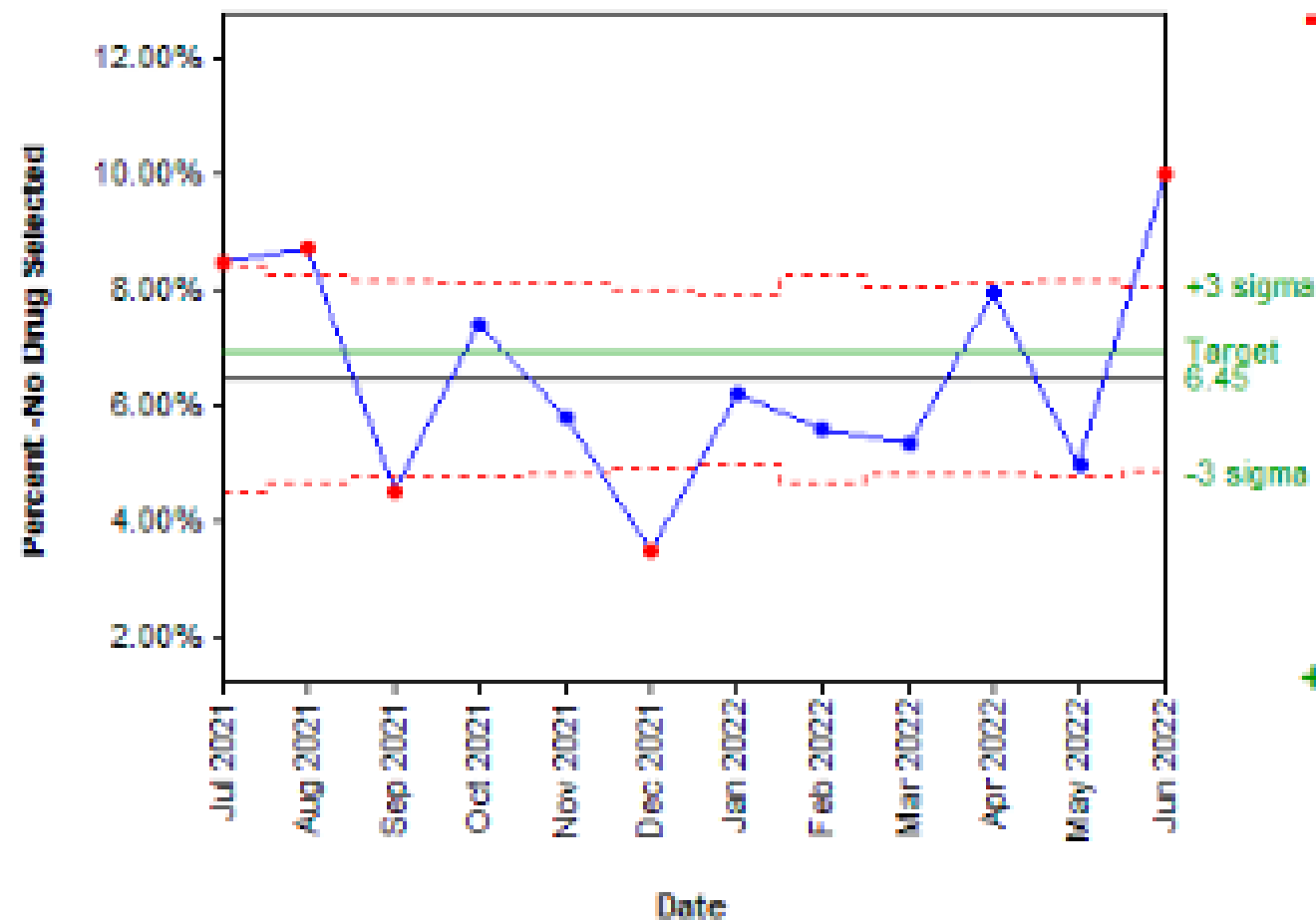
209/2088

\bar{x} 6.45%

|||| n/a

▲ 12.00%

◎ 6.90%



Jul 13, 2022 14:00:47

Pharmacy Department

Rx-Smart Pump- Hard Alerts



1.87%

Target Met



Deteriorated

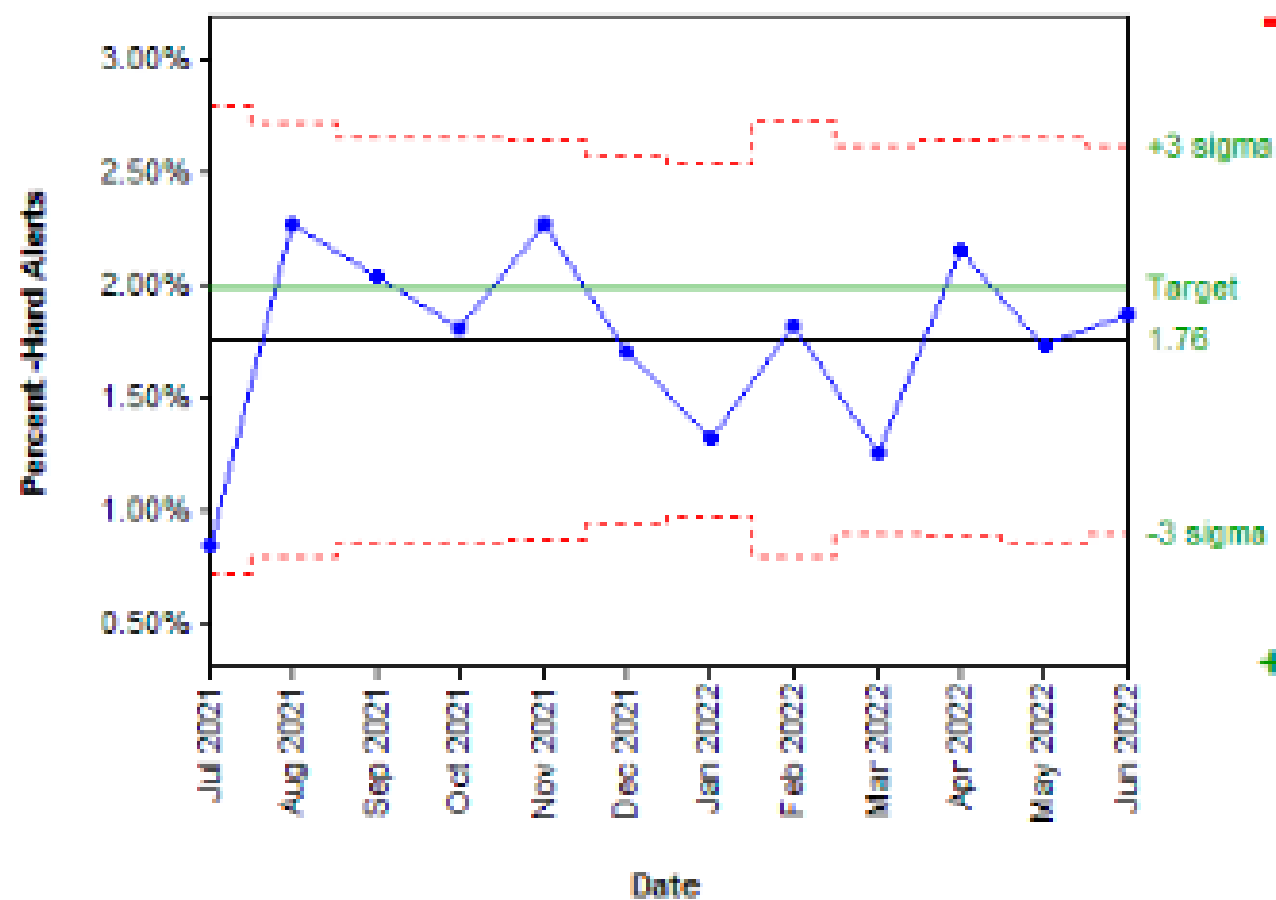
39/2088

\bar{x} 1.76%

n/a

5.00%

1.99%



Jul 13, 2022 14:00:47

Pharmacy Department

Antimicrobial Stewardship

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

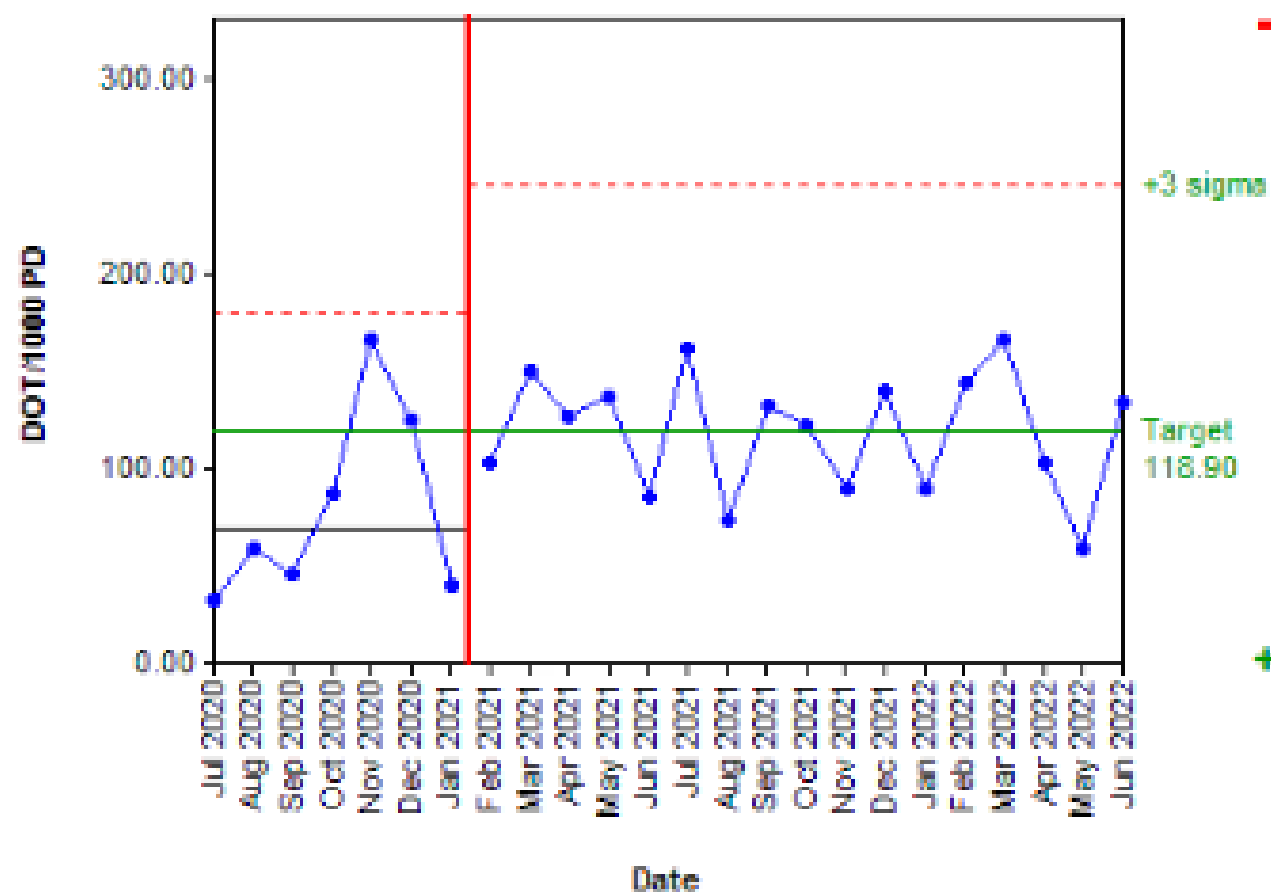
Pharmacy Department

Rx-Antimicrobial Stewardship Pip-Tazo DOT



134.02 Bet. Target & Alarm  Deteriorated

\bar{x} 118.90  n/a  200.00  120.00



Jul 13, 2022 14:00:49

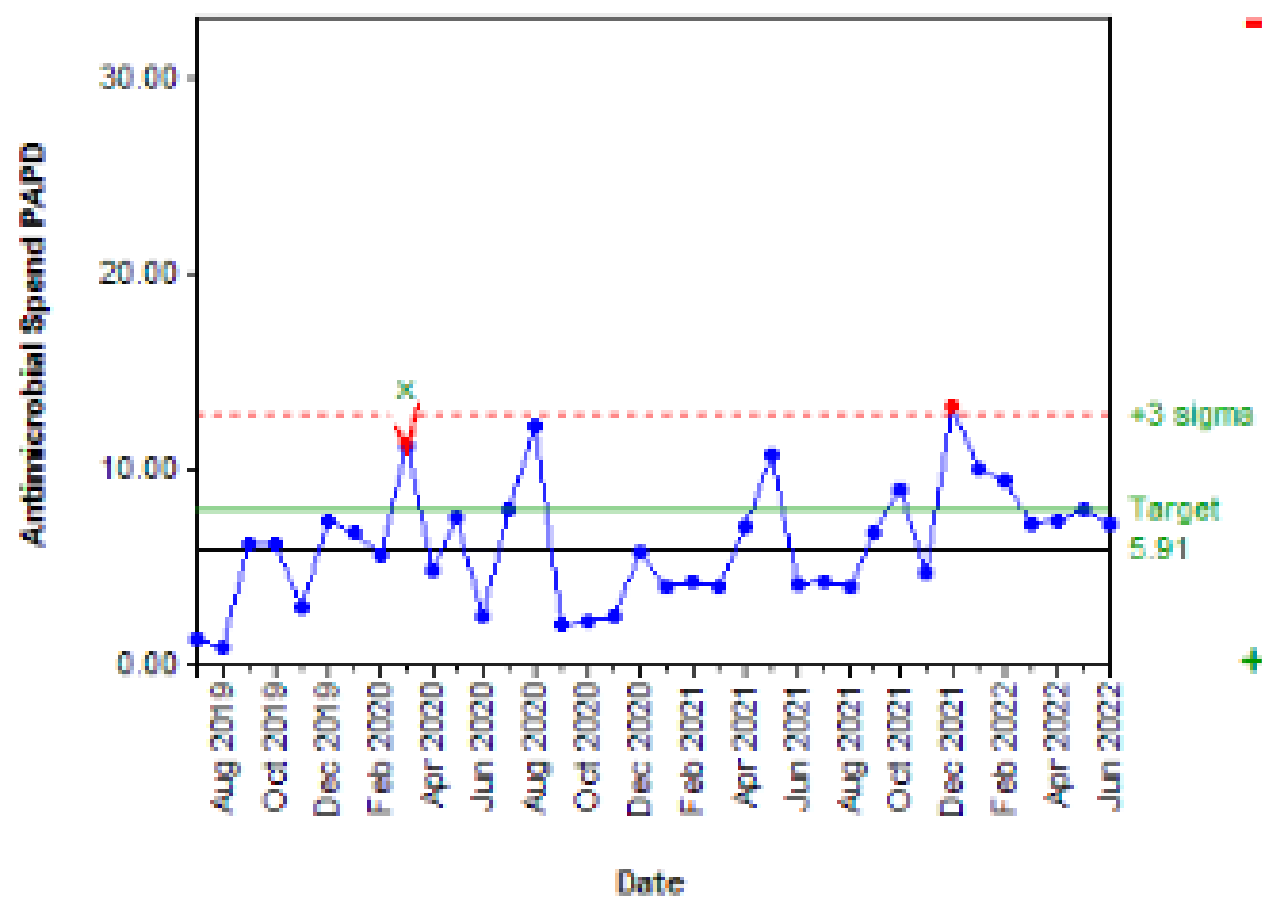
Pharmacy Department

Rx-Antimicrobial Stewardship-Antimicrobial Spend PA...



7.21 Target Met  Improved

\bar{x} 5.91  n/a  10.00  8.00



Jul 13, 2022 14:01:28

Pharmacy Department

Controlled Substances

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

Rx-Controlled Substance Audit-Anesthesia



Rx-Controlled Substance Audit-Inpatient



Pharmacy Department

IV Room

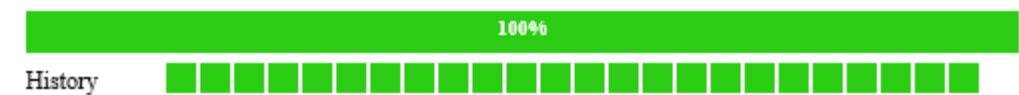
- Cleanroom Certification
- Cleanroom Contact Plates
- Cleanroom End Product Testing
- Cleanroom Glovetip Testing
- Cleanroom Hood Cleaning
- Cleanroom Quantitative Analysis
- Cleanroom Room Cleaning-Daily
- Cleanroom Room Cleaning-Weekly
- Cleanroom Written Competencies

Pharmacy Department

Pharmacy Services

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

Rx-After Hours Interventions



Rx-After Hours Pharmacy ED TAT



Rx-After Hours Pharmacy Errors



Rx-Clinical Interventions-Dollars Saved



Pharmacy Department

Pyxis

- ER Pyxis Overrides
- Pyxis Overrides
- Pyxis Stockouts

Rx-ER Pyxis Overrides



Rx-Pyxis Overrides



Rx-Pyxis Stockouts



Quality Indicator Performance & Plan

August Board Quality

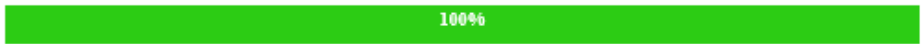





Data for July 2022

Mortality

⌵ Mortality

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	⚖️
Acute Care Mortality Rate (M)								
<div><div></div></div> <div>History</div>	<div><div></div></div> <div>Target Met</div>	0.0% 0/59	📈 Improved	Jul 2022	15.3%	n/a	n/a	3.2%
COPD Mortality Rate [M]								
<div><div></div></div> <div>History</div>	<div><div></div></div> <div>Target Met</div>	0.0% 0/2	➡️ No Change	Jul 2022	8.5%	n/a	n/a	7.1%
Congestive Heart Failure Mortality Rate [M]								
<div><div></div></div> <div>History</div>	<div><div></div></div> <div>Target Met</div>	0.0% 0/5	➡️ No Change	Jul 2022	11.5%	n/a	n/a	10.8%
Pneumonia Mortality Rate [M]								
<div><div></div></div> <div>History</div>	<div><div></div></div> <div>Target Met</div>	0.0% 0/4	➡️ No Change	Jul 2022	15.6%	n/a	n/a	8.8%
Ischemic Stroke Mortality Rate [M]								
<div><div></div></div> <div>History</div>	<div><div></div></div> <div>Target Met</div>	0.0% 0/2	➡️ No Change	Jul 2022	13.8%	n/a	n/a	0.0%
Hemorrhagic Stroke - Mortality Rate (M)								
<div><div></div></div> <div>History</div>	<div><div></div></div> <div>Breaches Alarm</div>	100.0% 1/1	📉 Deteriorated	Jan 2022	0.0%	1.0%	n/a	22.2%
Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	⚖️
Sepsis, Severe - Mortality Rate (M)								
<div><div></div></div> <div>History</div>	<div><div></div></div> <div>Target Met</div>	0.0% 0/3	➡️ No Change	Jul 2022	25.0%	n/a	n/a	5.9%
Septic Shock - Mortality Rate (Q)								
<div><div></div></div> <div>History</div>	<div><div></div></div> <div>Target Met</div>	0.0% 0/11	➡️ No Change	Q2-2022	0.0%	n/a	n/a	12.8%

AHRQ Patient Safety Indicators

Indicator	Performance	Most Recent	Trend	Period	⊕	🔔	📊	⌵
PSI 90 (v2020) Midas Patient Safety Indicators Composite, ACA (M)								
	 100%	 Target Met	0.00	No Change	Jul 2022	0.00	n/a	n/a
History		0/0.019						0.00
PSI 90 (v2020) Patient Safety Indicators Composite, ACA - Volume (M)								
	 100%	 Target Met	0	No Change	Jul 2022	0	n/a	n/a
History								0

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

Patient Falls

Preventable Harm

Quality > Patient Safety > Falls

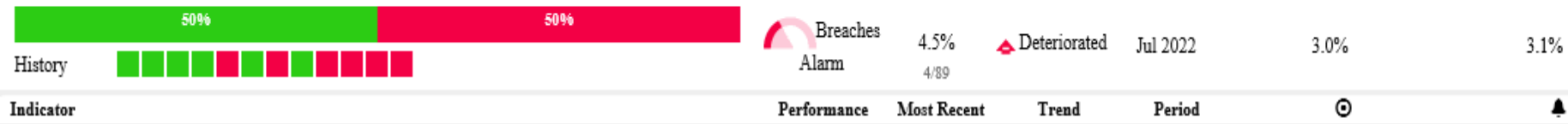
Indicator		Performance	Most Recent	Trend	Period	🕒	🔔	📊	⚡					
RM ACUTE FALL- All (M) per 1000 patient days														
	<div><div></div><div></div></div>	<div><div></div><div></div></div>	75%	25%	<div><div></div><div></div></div>	Breaches Alarm	7.04 2/284	<div><div></div><div></div></div>	Deteriorated	Jul 2022	3.75	4.00	n/a	1.82
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>													
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days														
	<div><div></div><div></div></div>	<div><div></div><div></div></div>	100%		<div><div></div><div></div></div>	Target Met	0.00 0/284	<div><div></div><div></div></div>	No Change	Jul 2022	3.75	4.00	n/a	0.30
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>													

Readmissions

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📈
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)								
	<div><div>100%</div></div>	<div><div></div></div> Target Met	1.82% 1/55	📈 Improved	Jul 2022	15.30%	15.50%	n/a
History	<div><div></div></div>							7.63%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)								
	<div><div>41%</div><div>9%</div><div>50%</div></div>	<div><div></div></div> Target Met	0.0% 0/2	📊 No Change	Jul 2022	19.5%	20.0%	n/a
History	<div><div></div></div>							9.1%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	<div><div>66%</div><div>34%</div></div>	<div><div></div></div> Target Met	0.0% 0/5	📈 Improved	Jul 2022	21.6%	22.0%	n/a
History	<div><div></div></div>							14.3%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	<div><div>83%</div><div>17%</div></div>	<div><div></div></div> Target Met	0.0% 0/2	📊 No Change	Jul 2022	4.0%	5.0%	n/a
History	<div><div></div></div>							12.5%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	<div><div>75%</div><div>25%</div></div>	<div><div></div></div> Target Met	0.0% 0/4	📊 No Change	Jul 2022	16.6%	17.0%	n/a
History	<div><div></div></div>							11.1%
Sepsis, Severe - % Readmit within 30 Days (M)								
	<div><div>100%</div></div>	<div><div></div></div> Target Met	0.0% 0/2	📊 No Change	Jul 2022	12.0%	13.0%	n/a
History	<div><div></div></div>							0.1%
Septic Shock - % Readmit within 30 Days (M)								
	<div><div>100%</div></div>	<div><div></div></div> Target Met	1.0% 1/1	📉 Deteriorated	Jul 2022	13.3%	14.0%	n/a
History	<div><div></div></div>							0.2%

Blood Culture Contamination

Blood Cultures -Contamination Rate [RN] (M)



Blood Cultures -Contamination Rate [LAB] (M)



Blood Cultures -Total Contamination Rate (M)



Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Jun 2022	3	82	3.7%
May 2022	5	107	4.7%
Apr 2022	5	81	6.2%
Mar 2022	2	71	2.8%
Feb 2022	8	92	8.7%
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%

CIHQ Stroke Certification Measures

CDSTK-03|Median- Code Stroke Called [M] elapsed time (mins)



3

Improved

Jul 2022

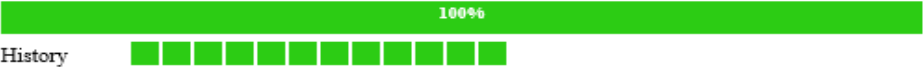
10

11

n/a

3

CDSTK-04|Median- Door to Phys Eval [M] minutes



0.00

Improved

Jul 2022

10.00

11.00

n/a

1.00

CDSTK-05|Median- Door to CT Scanner [M]elapsed time (minutes)



4.00

Improved

Jul 2022

25.00

26.00

n/a

5.00

CDSTK-06|Median- Neuro Consult Contacted [M] minutes



17.50

Improved

Jul 2022

30.00

31.00

n/a

21.00

CDSTK-07|Median- CT Read by Radiology [M] minutes



33.00

Deteriorated

Jul 2022

45.00

46.00

n/a

27.50

CDSTK-08|Median- Lab Results Posted [M] minutes



30.00

Improved

Jul 2022

45.00

46.00

n/a

31.00

CDSTK-10|Median- Door to EKG Complete [M] minutes



39.50

Deteriorated

Jul 2022

60.00

61.00

n/a

40.00

CDSTK-11|Median-Door to tPA Decision [M] minutes



43.00

Deteriorated

Jul 2022

60.00

61.00

n/a

33.50

CDSTK-12|Median-Door to tPA [M] minutes



72.00

Improved

Jul 2022

60.00

61.00

n/a

71.00

Utilization Management

Utilization Management

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📈
1 Day Stay Rate Medi-Cal [M]		Breaches Alarm	8.33% 1/12	📈 Improved	Jul 2022	2.61%	5.00%	n/a 6.15%
History								
1 Day Stay Rate-Medicare [M]		Bet. Target & Alarm	9.76% 4/41	📉 Deteriorated	Jul 2022	8.10%	10.00%	n/a 8.94%
History								
Acute Care - Geometric Mean Length of Stay [M]		Bet. Target & Alarm	3.11 28.0211/9	📉 Deteriorated	Jul 2022	2.75	3.23	n/a 3.25
History								
Acute Care Age over 64 - MS-DRG Case Mix Index [M]		Target Met	1.60 62.3262/39	📈 Improved	Jul 2022	1.56	1.40	n/a 1.51
History								
Acute Care- MS-DRG Case Mix Index [M]		Target Met	1.67 97.0157/58	📈 Improved	Jul 2022	1.55	1.40	n/a 1.50
History								

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.



Core Measures

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⌵	
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)									
	<div><div>83%</div><div>17%</div></div>	<div><div>Target Met</div></div>	<div><div>100.0%</div><div>4/4</div></div>	<div><div>No Change</div></div>	Jul 2022	88.0%	50.0%	n/a	97.6%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⌵	
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)									
	<div><div>25%</div><div>16%</div><div>59%</div></div>	<div><div>Breaches Alarm</div></div>	<div><div>190.00</div></div>	<div><div>Deteriorated</div></div>	Jul 2022	132.00	140.00	n/a	144.75
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⌵	
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)									
	<div><div>66%</div><div>34%</div></div>	<div><div>Breaches Alarm</div></div>	<div><div>3.7%</div><div>29/776</div></div>	<div><div>Deteriorated</div></div>	Jul 2022	2.0%	2.5%	n/a	1.9%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⌵	
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)									
	<div><div>75%</div><div>9%</div><div>16%</div></div>	<div><div>Target Met</div></div>	<div><div>100.0%</div><div>1/1</div></div>	<div><div>Improved</div></div>	Jul 2022	72.0%	70.0%	n/a	95.2%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								

Core Measures Sepsis

Indicator		Performance	Most Recent	Trend	Period	🎯	📈	📊	📅
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)									
	<div><div>50%</div><div>50%</div></div>	<div><div>Breaches</div><div>Alarm</div></div>	75.0%	📉 Deteriorated	Jul 2022	81.0%	80.0%	n/a	80.2%
History	<div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div></div>		6/8						
SEPa - Severe Sepsis 3 Hour Bundle (M)									
	<div><div>41%</div><div>59%</div></div>	<div><div>Breaches</div><div>Alarm</div></div>	87.5%	📉 Deteriorated	Jul 2022	94.0%	90.0%	n/a	86.6%
History	<div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div></div>		7/8						
SEPB - Severe Sepsis 6 Hour Bundle (M)									
	<div><div>91%</div><div>9%</div></div>	<div><div>Target</div><div>Met</div></div>	100.0%	📊 No Change	Jul 2022	100.0%	90.0%	n/a	98.0%
History	<div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div><div>■</div></div>		3/3						

Infection Prevention

⤴ Infection Prevention

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉
IC-Surveillance HAI-C.DIFF Inpatient infections per 10k pt days [M]	<div><div></div><div></div></div> <div>92%8%</div>	0	— No Change	Jul 2022	1	1	n/a	0
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
IC-Surveillance HAI-CAUTI Inpatient infections per 10k patient days [M]	<div><div></div><div></div></div> <div>92%8%</div>	0	— No Change	Jul 2022	1	1	n/a	0
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
IC-Surveillance HAI-CLABSI Inpatient infections per 10k patient days [M]	<div><div></div><div></div></div> <div>92%8%</div>	0	— No Change	Jul 2022	1	1	n/a	0
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
IC-Surveillance HAI-MRSA Inpatient infections per 10k patient days [M]	<div><div></div><div></div></div> <div>100%</div>	0	— No Change	Jul 2022	1	1	n/a	0
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
IC-Surveillance HAI-SSI infections per 10k pt days [M]	<div><div></div><div></div></div> <div>91%9%</div>	0	— No Change	Jul 2022	1	1	n/a	0
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							

Inpatient Patient Satisfaction

N= 8

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📈	
01-Rate hospital 0-10 [M] Rank									
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>60%</div> <div>30%</div> <div>10%</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Bet.</div> <div>Target & Alarm</div>	37	📉 Deteriorated	Jun 2022	50	30	n/a	63
History									
02-Recommend the hospital [M] Rank									
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>90%</div> <div>10%</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Target</div> <div>Met</div>	99	📈 Improved	Jun 2022	50	30	n/a	80
History									
03-Communication w/ Nurses [M] Rank									
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>50%</div> <div>10%</div> <div>40%</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Target</div> <div>Met</div>	71	📉 Deteriorated	Jun 2022	50	30	n/a	51
History									
04-Response of Hosp Staff [M] Rank									
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>70%</div> <div>10%</div> <div>20%</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Breaches</div> <div>Alarm</div>	26	📉 Deteriorated	Jun 2022	50	30	n/a	72
History									
05-Communication w/ Doctors [M] Rank									
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>60%</div> <div>40%</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Target</div> <div>Met</div>	94	📈 Improved	Jun 2022	50	30	n/a	53
History									
06-Cleanliness of hospital environment[M] Rank									
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>40%</div> <div>20%</div> <div>40%</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Breaches</div> <div>Alarm</div>	17	📉 Deteriorated	Jun 2022	50	30	n/a	42
History									

Inpatient Patient Satisfaction

08-Communication About Medicines [M] Rank



85

Deteriorated

Jun 2022

60

30

n/a

41

09-Discharge Information [M] Rank



96

Improved

Jun 2022

50

30

n/a

48

10-Care Transitions [M] Rank



93

Improved

Jun 2022

50

30

n/a

43

Ambulatory Surgery Patient Satisfaction

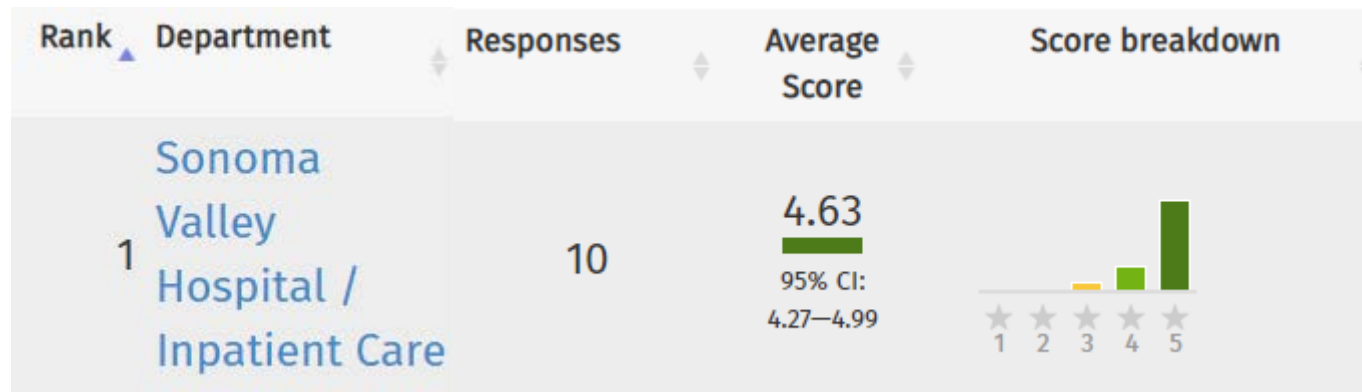
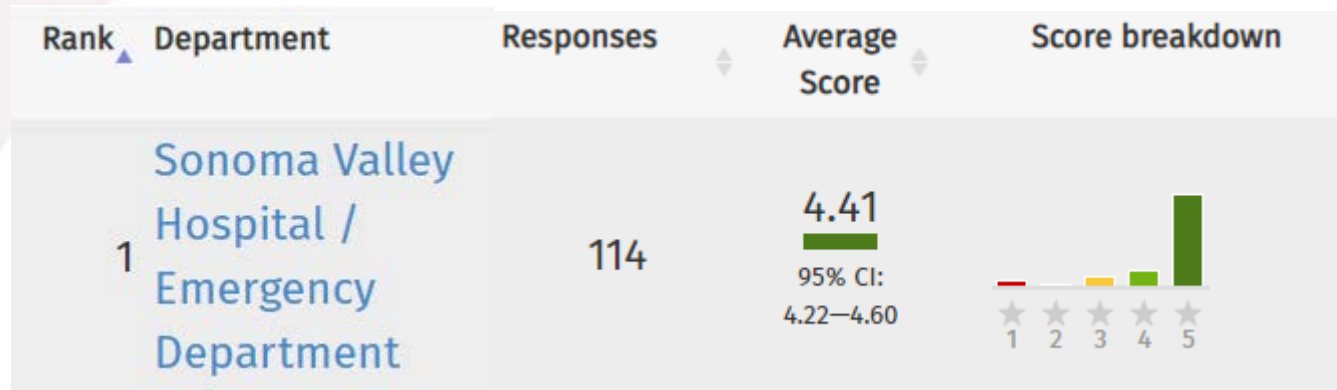
N= 21

Indicator	Performance	Most Recent	Trend	Period	🕒	🚨	📊	📈
01-OAS Recommend the Facility [M] Rank								
	<div><div>60%</div><div>40%</div></div>	<div><div>🚨 Breaches Alarm</div></div>	7	📈 Improved	Jun 2022	50	30	n/a
History	<div><div>🟢🟢🟢🟢🟢🟢🟢🟢🟢🟢</div></div>							51
02-OAS Communication [M] Rank								
	<div><div>30%</div><div>20%</div><div>50%</div></div>	<div><div>🚨 Breaches Alarm</div></div>	1	📉 Deteriorated	Jun 2022	60	30	n/a
History	<div><div>🟡🟡🟡🟡🟡🟡🟡🟡🟡🟡</div></div>							39
03-OAS Facility/Personal Treatment [M] Rank								
	<div><div>60%</div><div>30%</div><div>10%</div></div>	<div><div>🟢 Target Met</div></div>	97	📈 Improved	Jun 2022	80	30	n/a
History	<div><div>🟡🟡🟡🟡🟡🟡🟡🟡🟡🟡</div></div>							75
04-OAS Discharge [M] Rank								
	<div><div>40%</div><div>20%</div><div>40%</div></div>	<div><div>🚨 Breaches Alarm</div></div>	25	📈 Improved	Jun 2022	70	30	n/a
History	<div><div>🟡🟡🟡🟡🟡🟡🟡🟡🟡🟡</div></div>							48
05-OAS Staff treat w/courtesy and respect [M] Rank								
	<div><div>70%</div><div>30%</div></div>	<div><div>🟢 Target Met</div></div>	99	📈 Improved	Jun 2022	60	30	n/a
History	<div><div>🟡🟡🟡🟡🟡🟡🟡🟡🟡🟡</div></div>							73
07-OAS Facility Clean [M] Rank								
	<div><div>90%</div><div>10%</div></div>	<div><div>🚨 Breaches Alarm</div></div>	11	📉 Deteriorated	Jun 2022	60	30	n/a
History	<div><div>🟢🟢🟢🟢🟢🟢🟢🟢🟢🟢</div></div>							90
ED-Time Physician Spent With Me Score (M)								
	<div><div>33%</div><div>58%</div><div>9%</div></div>	<div><div>🟢 Target Met</div></div>	4.64	📈 Improved	Jul 2022	4.50	4.30	n/a
History	<div><div>🟡🟡🟡🟡🟡🟡🟡🟡🟡🟡</div></div>							4.47

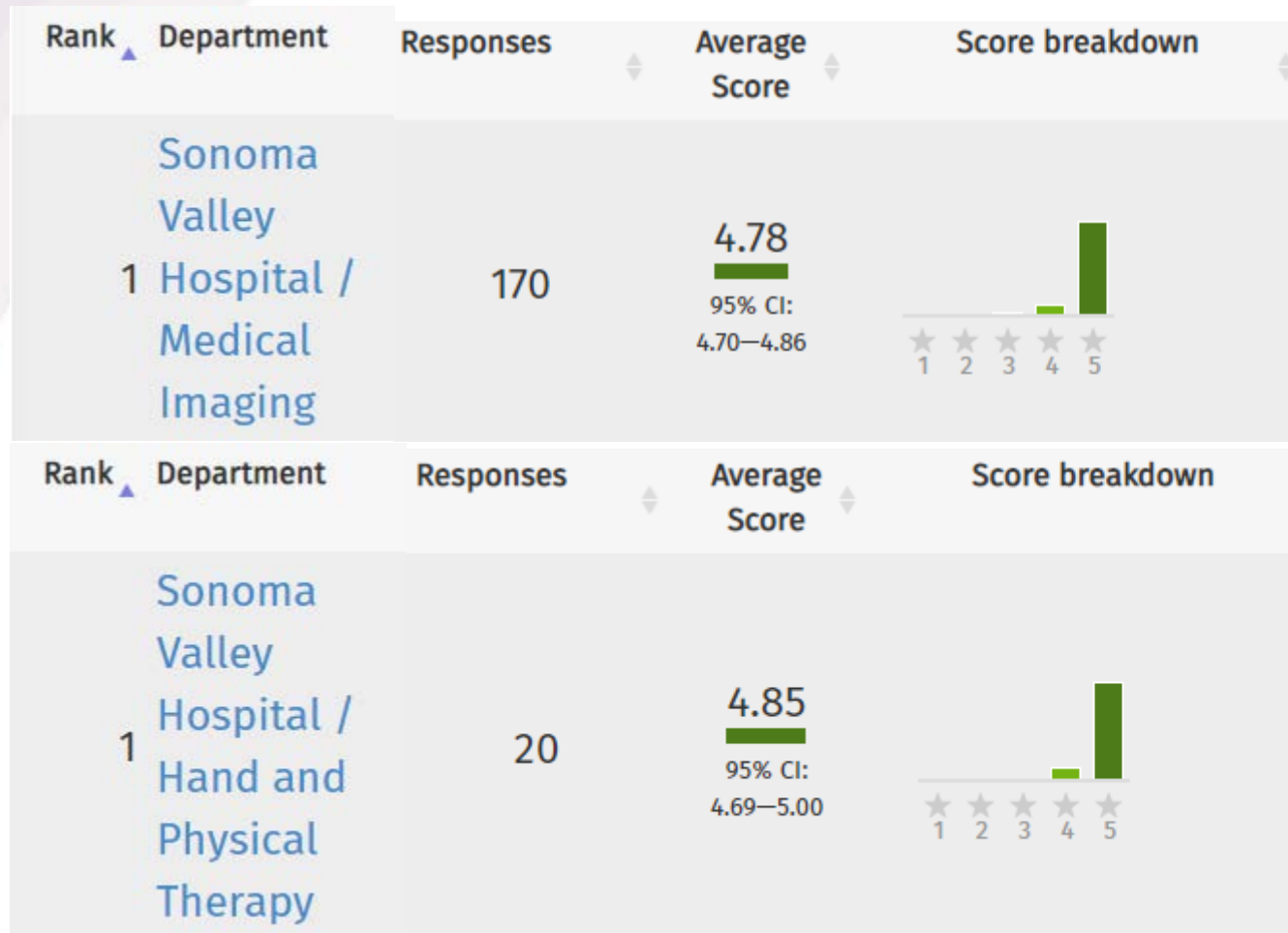
Rate My Hospital

Scale 1-5

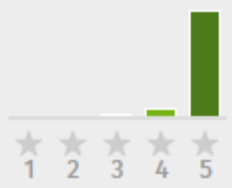
June Data



Rate My Hospital Scale 1-5



Rate My Hospital Scale 1-5

Rank ▲	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Outpatient Surgery	37	4.82 95% CI: 4.67—4.97	

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: 08/18/2022 4:02 PM

Report Parameters

Filtered by: Document Set: - All Available Document Sets -
Committee: 07 BOD-Quality (P&P Review)
Include Current Tasks: Yes
Include Upcoming Tasks: No

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 2

Committee: 07 BOD-Quality (P&P Review)

Committee Members: Fontes, Jenny (jfontes), Newman, Cindi (cnewman)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
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PPE 90-day Supply Policy (EP) <i>Emergency Preparedness Policies (EP)</i>	Pending Approval	8/9/2022	9
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Summary Of Changes: **No Substantive Changes.**

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

Lead Authors: **Dugger, James (jdugger)**

Approvers: **Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Stroke Admission Transfer Guidelines <i>Patient Care Policy</i>	Pending Approval	8/1/2022	17
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Summary Of Changes: **Reviewed, no changes.**

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

Lead Authors: **Kobe, Mark (mkobe)**

ExpertReviewers: **Medical Director-Patient Care Services**

Approvers: **00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**