



## SVHCD QUALITY COMMITTEE

### AGENDA

WEDNESDAY, OCTOBER 26, 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/98050082142?pwd=bWExcnlLRnpOT1I5TnVOcCtYaFgyZz09&from=addon>

and Enter the **Meeting ID: 980 5008 2142**

**Passcode: 423596**

To Participate via Telephone only, dial:

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

and Enter the **Meeting ID: 980 5008 2142**

**Passcode: 423596**

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a District meeting, please contact the Interim District Clerk, Stacey Finn, at <a href="mailto:sfinn@sonomavalleyhospital.org">sfinn@sonomavalleyhospital.org</a> or 707.935.5005 at least 48 hours prior to the meeting.		
<b>MISSION STATEMENT</b> <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Kornblatt Idell</i>	
<b>2. PUBLIC COMMENT SECTION</b> <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>	
<b>3. CONSENT CALENDAR</b> • Minutes 09.28.22	<i>Kornblatt Idell</i>	Action
<b>4. INPATIENT SERVICES QA/PI</b>	<i>Winkler</i>	Inform
<b>5. QUALITY INDICATOR PERFORMANCE PLAN</b>	<i>Cooper</i>	Inform
<b>6. PATIENT CARE SERVICES DASHBOARD Q3</b>	<i>Winkler</i>	Inform
<b>7. CONFIRM DECEMBER 14 MEETING DATE</b>	<i>Kornblatt Idell</i>	Action
<b>8. CLOSED SESSION:</b> a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		Action
<b>9. ADJOURN</b>	<i>Kornblatt Idell</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**

**September 28, 2022, 5:00 PM**

**MINUTES**

**Via Zoom Teleconference**

<b>Members Present – Via Zoom</b>	<b>Members Present cont.</b>	<b>Excused</b>	<b>Public/Staff – Via Zoom</b>
Susan Kornblatt Idell Carol Snyder Carl Speizer, MD Kathy Beebe, RN PhD Michael Mainardi, MD		Ingrid Sheets Howard Eisenstark, MD	John Hennelly, CEO Jessica Winkler, CNO Kylie Cooper, Quality and Risk Mgmt. Ako Walther, MD Vice Chief of Staff Celia Kruse De La Rosa

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Kornblatt Idell</i>	
	Meeting called to order at 5:00 p.m. Ms. Kornblatt Idell introduced the new members of the committee, Carl Speizer, MD and Kathy Beebe, PhD.	
<b>2. PUBLIC COMMENT</b>	<i>Kornblatt Idell</i>	
	None	
<b>3. CONSENT CALENDAR</b>	<i>Kornblatt Idell</i>	<b>ACTION</b>
<ul style="list-style-type: none"> <li>QC Minutes 008.24.22</li> </ul>		<b>MOTION:</b> by Mainardi to approve with revisions, 2 <sup>nd</sup> by Kornblatt Idell All in favor.
<b>4. REHAB SERVICES QI/PI</b>	<i>Gallo</i>	<b>INFORM</b>
	Mr. Gallo gave an overview of the rehab services offered. He spoke about the staffing improvements that have been made, which has been a significant struggle in the past years. He reviewed the outpatient and	

	<p>inpatient volumes for the past year compared to the year prior.</p> <p>Quality indicators reviewed have shown deterioration in distance ambulated per plan of care. Mr. Gallo spoke to clinical reasons that impacted this. Indicators have been adjusted to be more patient specific to assist in improvements. Discussion regarding when patients are ambulated post op, plan of care pre op considerations with ambulation and how the metrics are created.</p> <p>Inpatient knee extensor ROM improved, while inpatient knee flexion ROM showed deterioration.</p> <p>Outpatient chart audits showed improvement as did outpatient functional ability monitored PT. The target for outpatient function ability monitored OT had an undefined target and the outpatient timed get up and go score recorded for total knee patients deteriorated.</p> <p>Mr. Gallo said that the goals for the rehab services department are to develop aquatic program in conjunction with Sonoma Splash, develop vestibular/concussion program and EPIC integration.</p> <p>Discussion on patient status surrounding ambulation and how the metrics were captured were raised by Dr. Speizer and Ms. Beebe.</p>	
<b>5. QUALITY INDICATOR PERFORMANCE AND PLAN</b>	<i>Cooper</i>	<b>INFORM</b>
	<p>Ms. Cooper reviewed the quality indicator performance plan.</p> <p>Mortality rate of 1.6% meeting the target</p> <p>Patient Safety Indicator – no events reported</p> <p>Falls – no falls reported</p> <p>Readmissions showed improvements from the previous month.</p> <p>Blood Cultures – showed improvements. RN contamination rate met the target after much work in the Emergency Department. The overall rate is below target.</p> <p>Stroke Measures – all targets met.</p> <p>Utilization management – showed deterioration in 1 day stay for Medicare and MediCal, MS DRG case mix</p>	

	<p>index and CMI. The CMI is likely tied to longer length of stays for the month.</p> <p>Core measures for Sepsis – all targets met</p> <p>Infection Prevention – 1 CAUTI in the last month. All other metrics were met</p> <p>In patient satisfaction showed improvement in the response from hospital staff. Other metrics showed deterioration.</p> <p>Ambulatory Surgery Satisfaction – showed improvements in recommendations, cleanliness treatment, and communication.</p>	
<b>6. PATIENT SATISFACTION</b>	<i>Cooper</i>	<b>INFORM</b>
	<p>Ms. Cooper reviewed the Rate My Hospital scores: the Emergency Department had an average score of 4.65 out of 5. In Patient Care had an average score of 4.54. Medical Imaging average score was 4.77 out of 5. Hand and PT had an average score of 4.81. Out Patient Surgery had average score of 4.95.</p>	
<b>8. POLICIES AND PROCEDURES</b>	<i>Cooper</i>	<b>REVIEW/ RECOMMEND</b>
	<p><u>Ms. Cooper reviewed the following policies:</u></p> <p>Change for Natural gas to Propane</p> <p>COVID -19 Surge Planning Pharmacy</p> <p>Critical Tests Results Medical Imaging</p> <p>Electrical Lock Out Procedure</p> <p>Electrical Safety</p> <p>Emergency Battery Powered Lights</p> <p>Emergency Operations Plan</p> <p>Hospital Evacuation During Disaster</p> <p>Annual Performance Evaluations</p> <p>FNS Department Employee meals</p>	

	<p>Delegation of Responsibilities, Clinical Lab- Ms. Cooper addressed Dr. Eisenstarks comments regarding verbiage.</p> <p>Medical Cannabis use in the Terminally Ill – Ms. Cooper addressed Dr. Eisenstarks comments.</p> <p>The committee had no issues or concerns with the policy revisions and the new policies. Recommend for the Board approval.</p>	
<b>9. MEETING SCHEDULE NOVEMBER &amp; DECEMBER</b>	<i>Kornblatt Idell</i>	<b>ACTION</b>
	Ms. Kornblatt Idell recommends the November and December meeting be combined to either December 7 <sup>th</sup> or December 14 <sup>th</sup> . She will follow up with Dr. Eisenstark and Ms. Sheets on their preference for date.	<b>MOTION;</b> No action taken
<b>10. CLOSED SESSION/REPORT ON CLOSED SESSION</b>	<i>Kornblatt Idell</i>	<b>ACTION</b>
a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Medical Staff Credentialing was reviewed and approved.	<b>MOTION:</b> by Mainardi to approve, 2nd by Webber. All in favor.
<b>11. ADJOURN</b>	<i>Kornblatt Idell</i>	
	Pm	



# Quality Assurance Process Improvement

## *Inpatient Floor Team*

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

OCTOBER 2022

# Quality Assurance

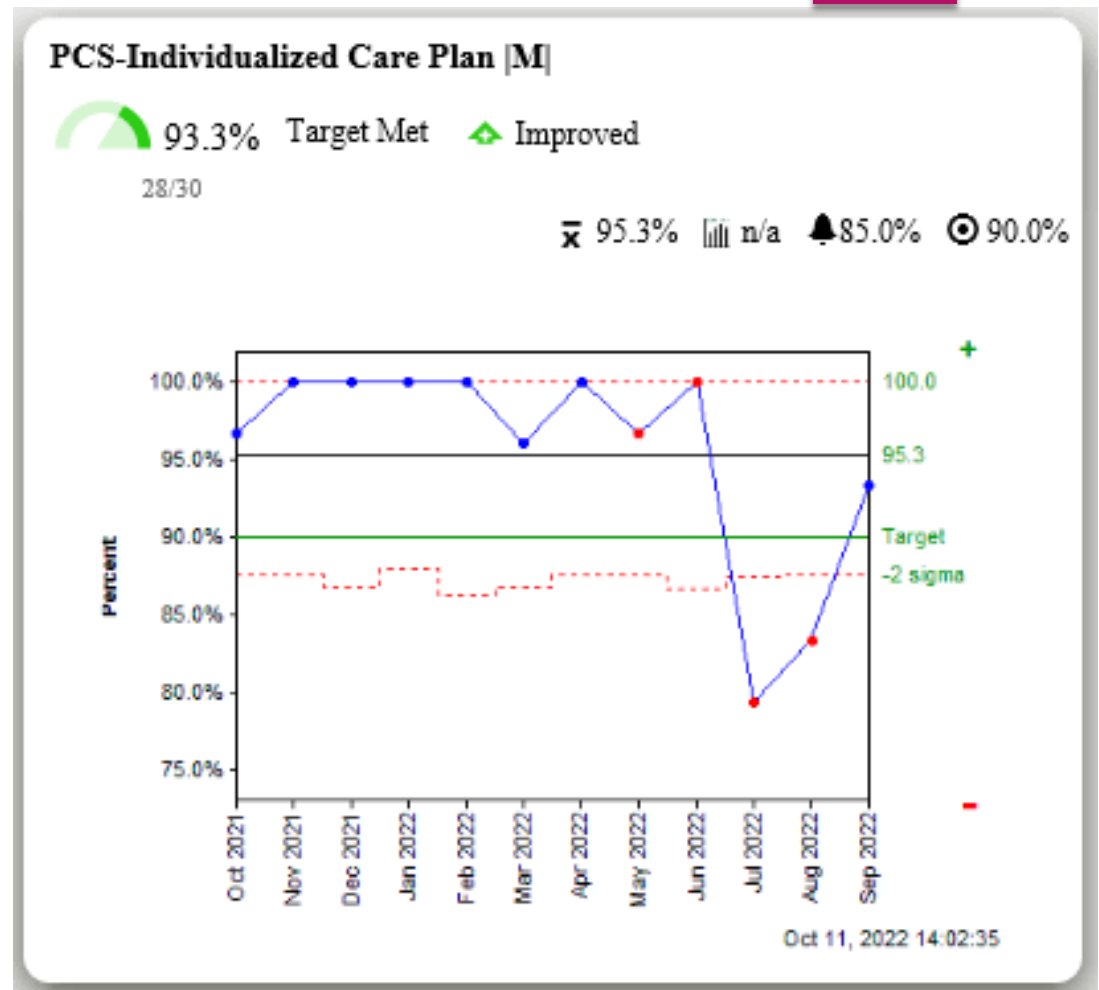
## 3<sup>rd</sup> Floor Inpatient Team

- ▶ Nursing Plan of Care
- ▶ Timely Antibiotic Administration
- ▶ Surgical Drain Tip Removal Assessment
- ▶ Respiratory Therapy Education



# Quality Assurance: Nursing Plan of Care

- ▶ Every patient receives a nursing care plan that documents patient needs and outlines planned nursing interventions to meet these needs
- ▶ Nursing care plans identify existing and potential problems, needs, or risks
- ▶ Care plans should be individualized to the patient and reflect nursing's contribution to the delivery of care
- ▶ Surveyors will always review nursing care plans

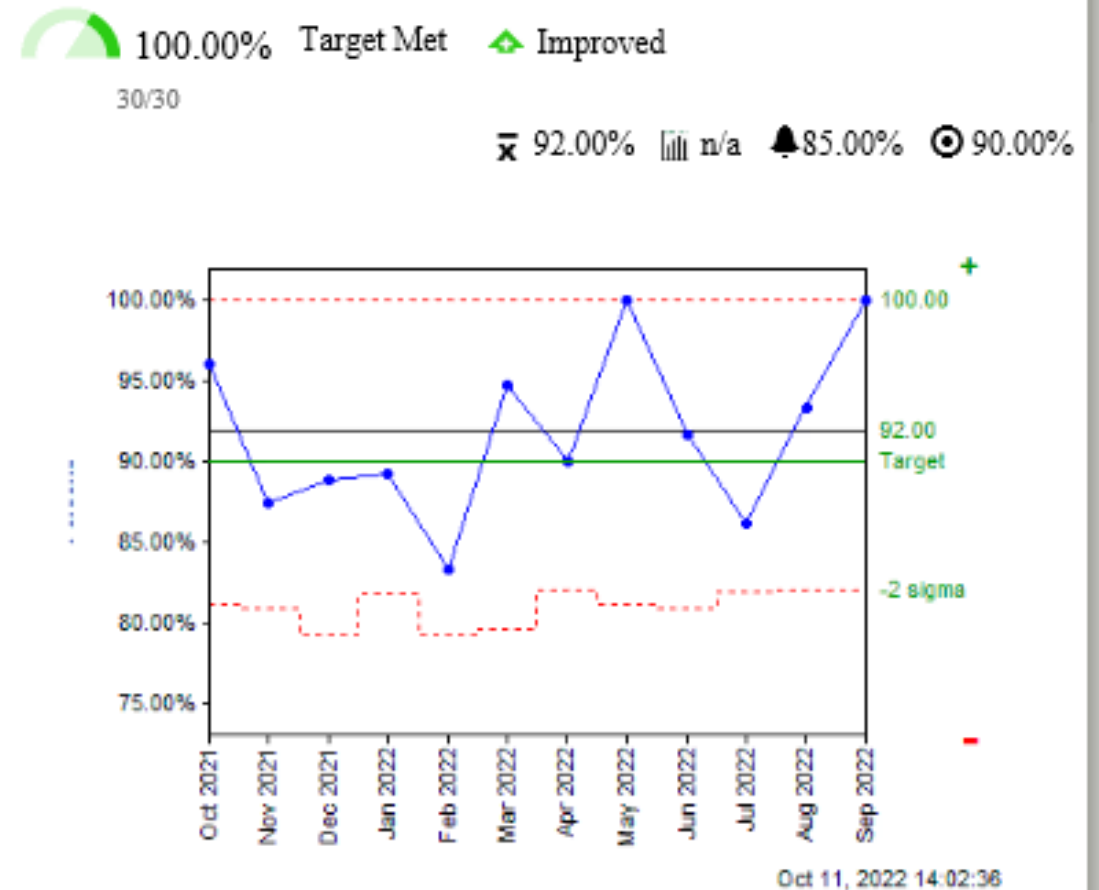




# Quality Assurance: Antibiotics Administration

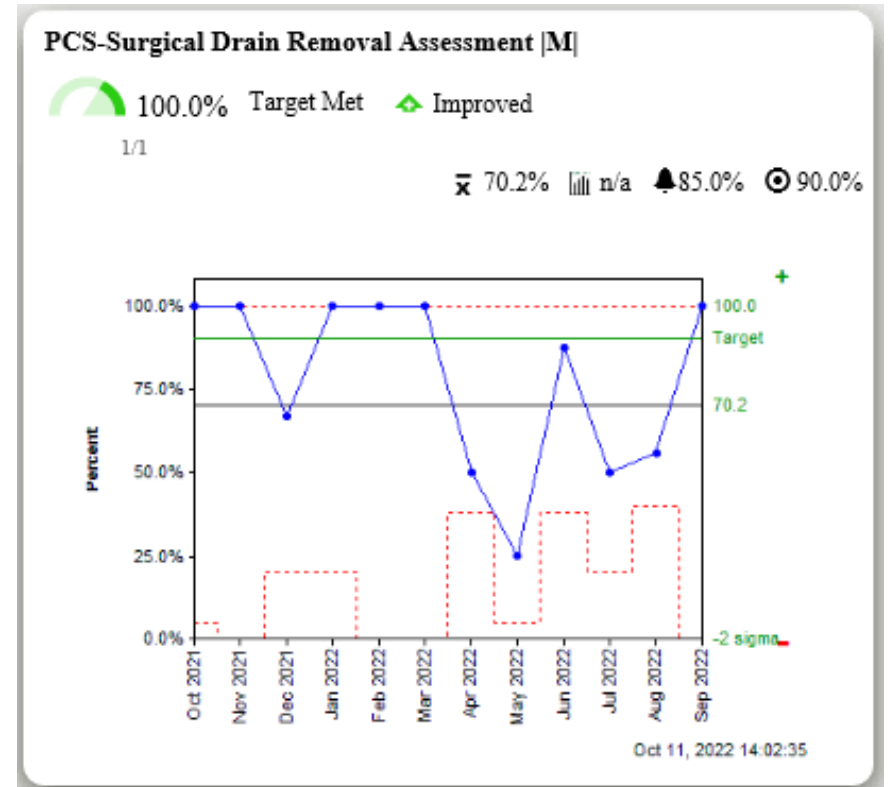
- ▶ Antibiotics should be given 30 minutes before or after the scheduled time
- ▶ Some antibiotics require lab tests to check the level of antibiotic in the blood, so timing is crucial
- ▶ Challenges to timeliness:
  - ▶ Orders change
  - ▶ Patient factors
  - ▶ Medication availability

## PCS-Antibiotics Given within 30 mins before/after sched...



# Quality Assurance: Surgical Drain Removal Assessment

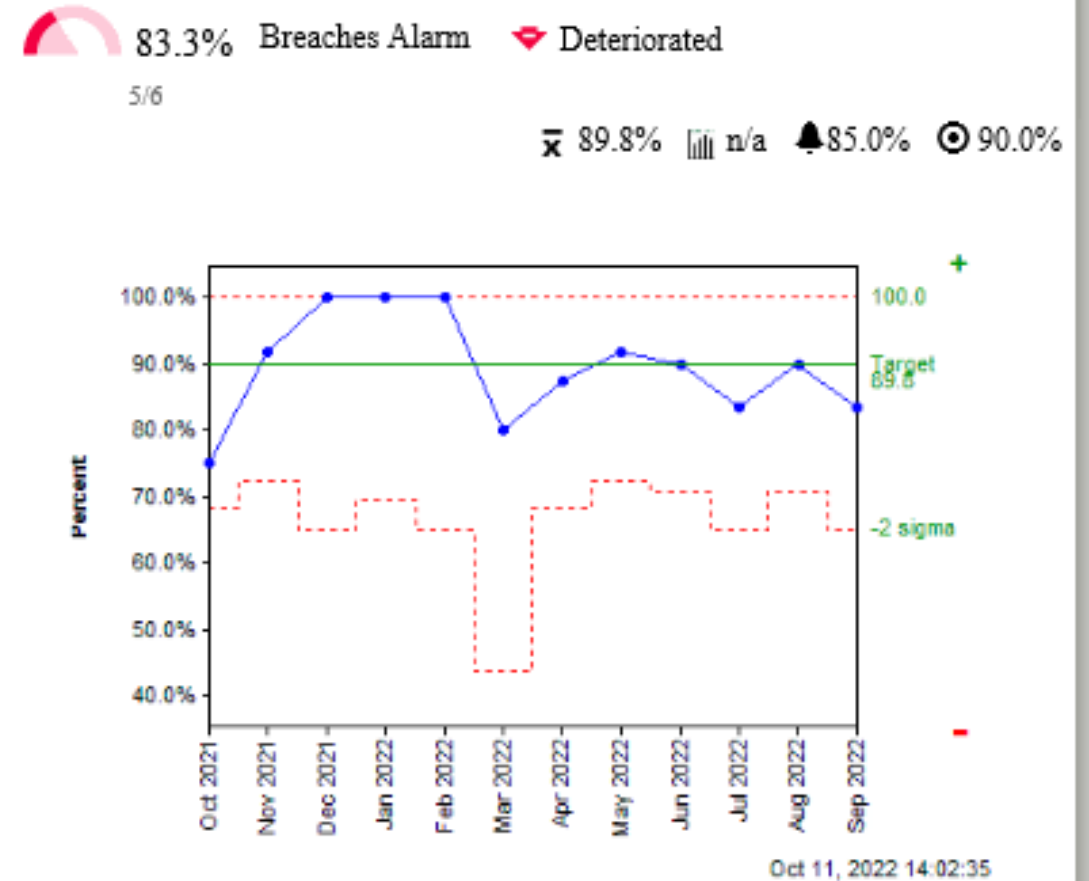
- ▶ Nursing assessment created
- ▶ Tip of drain must be observed to ensure it is intact
- ▶ Challenges
  - ▶ Small number of drains in use
  - ▶ Timing of drain removal
    - ▶ Removal by MD



# Quality Assurance: Respiratory Medication Education

- ▶ Respiratory Therapists explain medication side effects
- ▶ Most RT medications are given in the ED, and are “rescue”
- ▶ Challenges
  - ▶ Small number of inpatients receiving RT meds
  - ▶ Patient not ready for education while in distress

## PCS-RT-Respiratory Therapist Medication Education [M]



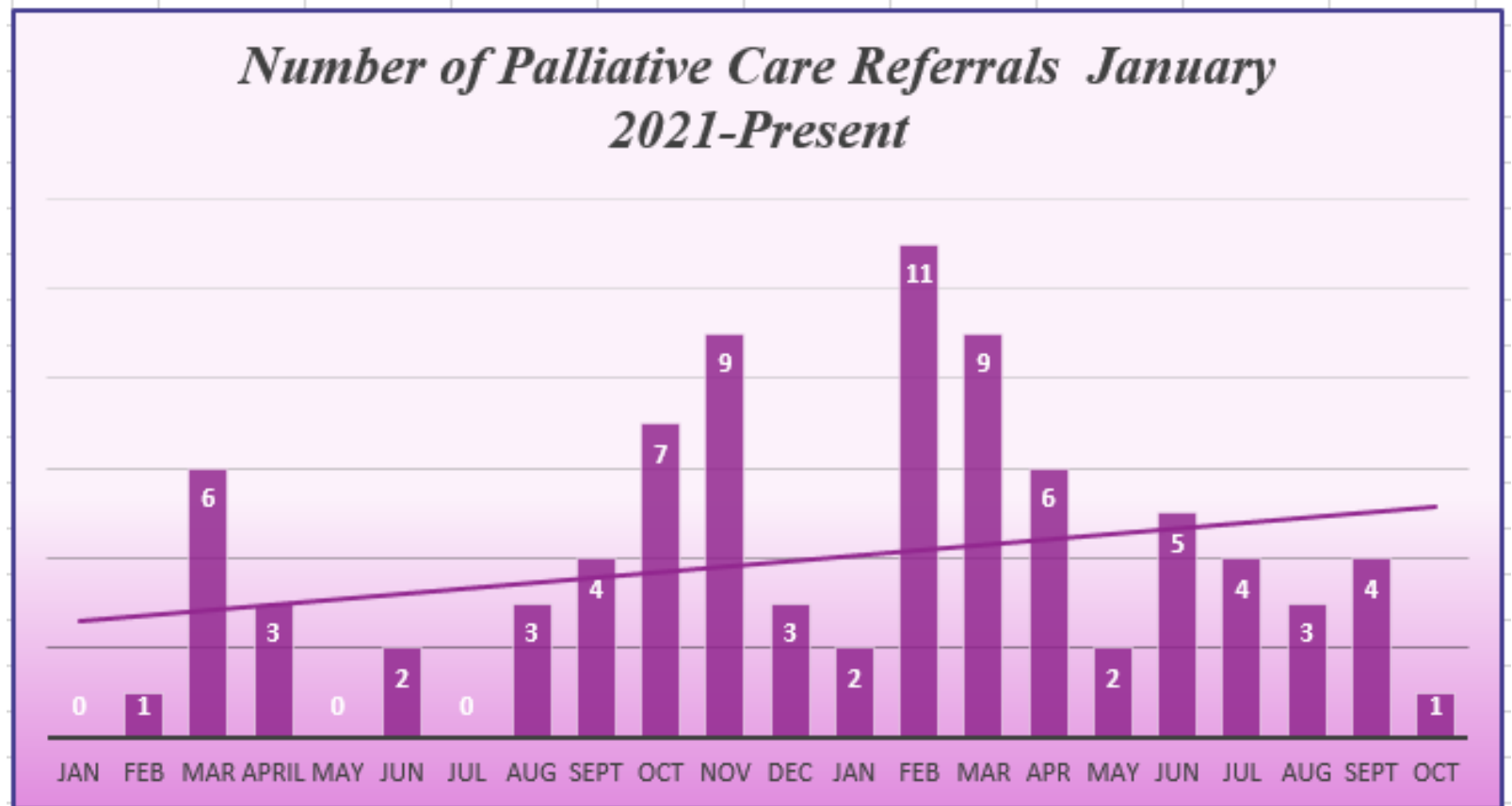


# Process Improvement Projects

- ▶ Palliative Care Project
  - ▶ To increase palliative referrals
- ▶ Post Operative placement of Foley Catheter
  - ▶ Baseline data collection
- ▶ Epic Implementation

# PI: Increasing Palliative Care Referrals

- ▶ Palliative Project started August 2022
- ▶ Challenges with outside provider (referral process)
- ▶ Epic should help streamline referral process
- ▶ Inpatient team more open and aware of Palliative Care
- ▶ Our Social Worker becoming certified in PC



## PI: Postoperative Placement of Foley Catheter

- Nursing staff identified trend
- Data collection commenced March 2022.
- Found great variation in practice
- Current solutions being developed

Awareness/Education of team

Develop standard practice across departments (PACU and MS)

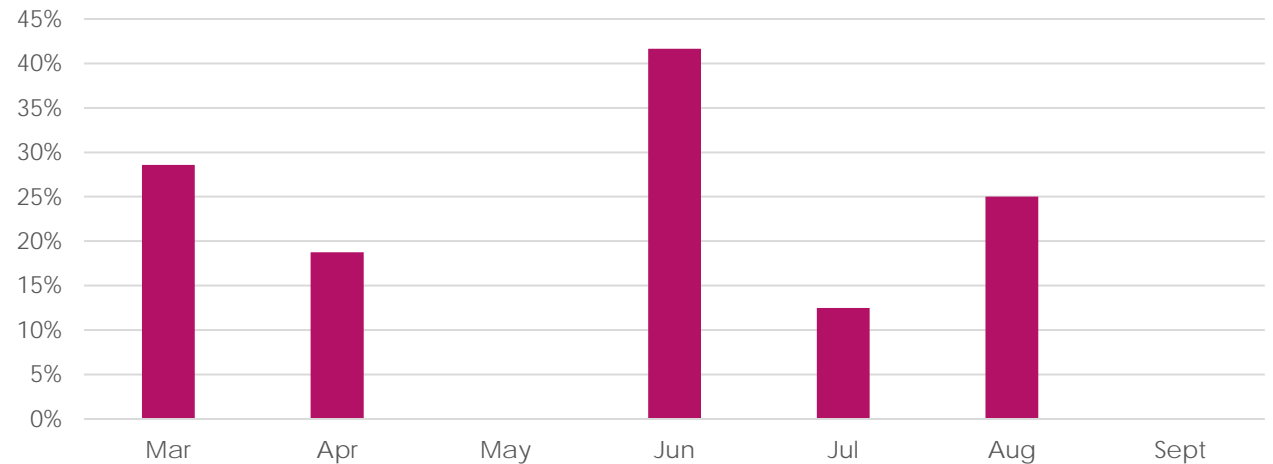
Literature Reviews

Develop intervention bundle

Create nurse driven protocols

- *16 out of 69 surgical patients: 23%*
- *Average Hours post-op: 9.47 (range 1-20 hours)*
- *Average days of having foley: 1.58 (range 0.5-4 days)*
- *10 patients had pre-cath bladder scan documented*
- *3 patients had straight cath attempt documented*

Percent of Post-Op Patients Who Received a Foley Catheter





# Epic Implementation

- ▶ Staff training
- ▶ Staffing plan for Go Live
- ▶ Assessment:
  - ▶ How will Epic change our data collection process?
  - ▶ What new QA-PI ideas will come from Epic?

# **Quality Indicator Performance & Plan**

**October Board Quality**







Data for September 2022

# Mortality

Mortality								
Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉
Acute Care Mortality Rate (M)								
<div><div></div></div> 100%	<div><div></div></div> Target Met	1.6% 1/62	— No Change	Sep 2022	15.3%	n/a	n/a	2.8%
History	<div><div></div></div>							
COPD Mortality Rate [M]								
<div><div></div><div></div></div> 66%34%	<div><div></div></div> Target Met	0.0% 0/6	— No Change	Sep 2022	8.5%	n/a	n/a	0.0%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
Congestive Heart Failure Mortality Rate [M]								
<div><div></div><div></div></div> 66%34%	<div><div></div></div> Target Met	0.0% 0/2	— No Change	Sep 2022	11.5%	n/a	n/a	10.0%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
Pneumonia Mortality Rate [M]								
<div><div></div><div></div></div> 75%25%	<div><div></div></div> Target Met	0.0% 0/1	— No Change	Sep 2022	15.6%	n/a	n/a	8.6%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
Ischemic Stroke Mortality Rate [M]								
<div><div></div></div> 100%	<div><div></div></div> Target Met	0.0% 0/3	— No Change	Sep 2022	13.8%	n/a	n/a	0.0%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
Hemorrhagic Stroke - Mortality Rate (M)								
<div><div></div><div></div></div> 80%20%	<div><div></div></div> Target Met	0.0% 0/1	📈 Improved	Aug 2022	0.0%	1.0%	n/a	20.0%
History	<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	🕒	🔔	📊	📉
Sepsis, Severe - Mortality Rate (M)								
<div><div></div><div></div></div> 91%9%	<div><div></div></div> Target Met	0.0% 0/8	— No Change	Sep 2022	25.0%	n/a	n/a	3.4%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
Septic Shock - Mortality Rate (Q)								
<div><div></div><div></div></div> 41%59%	<div><div></div></div> Target Met	0.0% 0/6	— No Change	Q3-2022	0.0%	n/a	n/a	11.6%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							

# AHRQ Patient Safety Indicators

[Quality](#) > [Patient Safety](#) > [AHRQ Patient Safety Indicators\\_PSI](#)

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📈
PSI 90 (v2021) Midas Patient Safety Indicators Composite, ACA (M)								
	 100%	 Target Met	0.00	No Change	Sep 2022	0.00	n/a	n/a
History		0/0.014						0.00
PSI 90 (v2021) Patient Safety Indicators Composite, ACA - Volume (M)								
	 100%	 Target Met	0	No Change	Sep 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></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>66%</div> <div>9%</div> <div>25%</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>Bet.</div>	3.97	🔴 Deteriorated	Sep 2022	3.75	4.00	n/a	2.14
History		Target & Alarm	1/252						
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days									
	<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>100%</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>Target</div>	0.00	🟢 No Change	Sep 2022	3.75	4.00	n/a	0.31
History		Met	0/252						

# 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>Target</div><div>Met</div></div>	5.45%	📈 Improved	Sep 2022	15.30%	15.50%	n/a
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>	3/55						8.15%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)								
	<div><div>50%</div><div>9%</div><div>41%</div></div>	<div><div>Target</div><div>Met</div></div>	16.7%	📉 Deteriorated	Sep 2022	19.5%	20.0%	n/a
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>	1/6						12.5%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	<div><div>75%</div><div>25%</div></div>	<div><div>Target</div><div>Met</div></div>	0.0%	📊 No Change	Sep 2022	21.6%	22.0%	n/a
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>	0/1						10.3%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	<div><div>83%</div><div>17%</div></div>	<div><div>Target</div><div>Met</div></div>	0.0%	📊 No Change	Sep 2022	4.0%	5.0%	n/a
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>	0/2						12.0%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	<div><div>75%</div><div>25%</div></div>	<div><div>Target</div><div>Met</div></div>	0.0%	📊 No Change	Sep 2022	16.6%	17.0%	n/a
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>	0/1						10.7%
Sepsis, Severe - % Readmit within 30 Days (M)								
	<div><div>100%</div></div>	<div><div>Target</div><div>Met</div></div>	0.0%	📊 No Change	Sep 2022	12.0%	13.0%	n/a
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>	0/7						0.1%
Septic Shock - % Readmit within 30 Days (M)								
	<div><div>100%</div></div>	<div><div>Target</div><div>Met</div></div>	0.0%	📈 Improved	Sep 2022	13.3%	14.0%	n/a
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>	0/1						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
Sep 2022	0	78	0.0%
Aug 2022	2	88	2.3%
Jul 2022	4	89	4.5%
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%

# CIHQ Stroke Certification Measures

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📅
CDSTK-03 Median- Code Stroke Called [M] elapsed time (mins)	<div><div></div><div></div></div>	2	🔴 Deteriorated	Sep 2022	10	11	n/a	3
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>							
CDSTK-04 Median- Door to Phys Eval [M] minutes	<div><div></div><div></div></div>	1.50	🔴 Deteriorated	Sep 2022	10.00	11.00	n/a	1.00
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>							
CDSTK-05 Median- Door to CT Scanner [M]elapsed time (minutes)	<div><div></div><div></div></div>	7.00	🟢 Improved	Sep 2022	25.00	26.00	n/a	6.00
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>							
CDSTK-06 Median- Neuro Consult Contacted [M] minutes	<div><div></div><div></div></div>	15.50	🟢 Improved	Sep 2022	30.00	31.00	n/a	18.75
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>							
CDSTK-07 Median- CT Read by Radiology [M] minutes	<div><div></div><div></div></div>	26.00	🟢 Improved	Sep 2022	45.00	46.00	n/a	27.50
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>							
CDSTK-08 Median- Lab Results Posted [M] minutes	<div><div></div><div></div></div>	35.50	🔴 Deteriorated	Sep 2022	45.00	46.00	n/a	31.00
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>							
CDSTK-10 Median- Door to EKG Complete [M] minutes	<div><div></div><div></div></div>	33.00	🟢 Improved	Sep 2022	60.00	61.00	n/a	40.00
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>							
CDSTK-12 Median-Door to tPA [M] minutes	<div><div></div><div></div></div>	26.00		Sep 2022	60.00	61.00	n/a	71.00
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>							

# Utilization Management

Utilization Management									
Indicator	Performance	Most Recent	Trend	Period					
1 Day Stay Rate Medi-Cal [M]		Target Met 0.00% 0/10	Improved	Sep 2022	2.61%		5.00%	n/a	5.93%
History									
1 Day Stay Rate-Medicare [M]		Breaches Alarm 10.26% 4/39	Improved	Sep 2022	8.10%		10.00%	n/a	10.22%
History									
Acute Care - Geometric Mean Length of Stay [M]		Bet. Target & Alarm 3.05 39.6125/13	Deteriorated	Sep 2022	2.75		3.23	n/a	3.14
History									
Acute Care Age over 64 - MS-DRG Case Mix Index [M]		Bet. Target & Alarm 1.53 58.2617/38	Improved	Sep 2022	1.56		1.40	n/a	1.50
History									
Acute Care- MS-DRG Case Mix Index [M]		Bet. Target & Alarm 1.49 92.5589/62	Improved	Sep 2022	1.55		1.40	n/a	1.51
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>	100.0%	5/5	— No Change	Sep 2022	88.0%	50.0%	n/a	97.3%
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>									
Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	⌵		
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)										
	<div><div>25%</div><div>8%</div><div>67%</div></div>	<div><div>Breaches Alarm</div></div>	160.00		⬇ Deteriorated	Sep 2022	132.00	140.00	n/a	157.00
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>									
Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	⌵		
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)										
	<div><div>58%</div><div>42%</div></div>	<div><div>Breaches Alarm</div></div>	2.7%	21/792	⬇ Deteriorated	Sep 2022	2.0%	2.5%	n/a	2.2%
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>									
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>66%</div><div>9%</div><div>25%</div></div>	<div><div>Target Undefined</div></div>	n/a			Sep 2022	72.0%	70.0%	n/a	94.4%
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>									

# Core Measures Sepsis

⤴ Core Measures > Sepsis -SEP-1-

Indicator		Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)									
	<div><div></div><div></div></div> <div>50%</div> <div>50%</div>	<div><div></div><div></div></div> <div>Breaches</div> <div>Alarm</div>	54.5% <div>6/11</div>	🔻 Deteriorated	Sep 2022	81.0%	80.0%	n/a	78.3%
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>								
SEPa - Severe Sepsis 3 Hour Bundle (M)									
	<div><div></div><div></div></div> <div>41%</div> <div>9%</div> <div>50%</div>	<div><div></div><div></div></div> <div>Bet.</div> <div>Target &amp; Alarm</div>	90.9% <div>10/11</div>	🔻 Deteriorated	Sep 2022	94.0%	90.0%	n/a	89.2%
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>								
SEPB - Severe Sepsis 6 Hour Bundle (M)									
	<div><div></div><div></div></div> <div>83%</div> <div>17%</div>	<div><div></div><div></div></div> <div>Breaches</div> <div>Alarm</div>	87.5% <div>7/8</div>	🔻 Deteriorated	Sep 2022	100.0%	90.0%	n/a	96.6%
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>								

# Infection Prevention

## ⤴ Infection Prevention

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📈
IC-Surveillance  HAI-C.DIFF Inpatient infections per 10k pt days [M]								
	<div><div>93%</div><div>7%</div></div>	<div><div>Target</div><div>Met</div></div>	0	— No Change	Sep 2022	1	1	n/a
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></div></div>							0
IC-Surveillance  HAI-CAUTI Inpatient infections per 10k patient days [M]								
	<div><div>86%</div><div>14%</div></div>	<div><div>Target</div><div>Met</div></div>	0	📈 Improved	Sep 2022	1	1	n/a
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></div></div>							0
IC-Surveillance  HAI-CLABSI Inpatient infections per 10k patient days [M]								
	<div><div>93%</div><div>7%</div></div>	<div><div>Target</div><div>Met</div></div>	0	— No Change	Sep 2022	1	1	n/a
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></div></div>							0
IC-Surveillance  HAI-MRSA Inpatient infections per 10k patient days [M]								
	<div><div>100%</div></div>	<div><div>Target</div><div>Met</div></div>	0	— No Change	Sep 2022	1	1	n/a
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></div></div>							0
IC-Surveillance  HAI-SSI infections per 10k pt days [M]								
	<div><div>91%</div><div>9%</div></div>	<div><div>Target</div><div>Met</div></div>	0	— No Change	Sep 2022	1	1	n/a
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></div></div>							0



# Inpatient Patient Satisfaction

## N= 11

⤴ Patients' Perspectives of Care Surveys > Hospital -HCAHPS-

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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><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><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div>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33%	17%	50%
-----	-----	-----



1

 Deteriorated

Aug 2022

60

30

n/a

41

50%	25%	25%
-----	-----	-----



88

Improved

Aug 2022

50

30

n/a

51

50%	8%	42%
-----	----	-----



96

Improved

Aug 2022

50

30

n/a

52

# Ambulatory Surgery Patient Satisfaction

N= 19

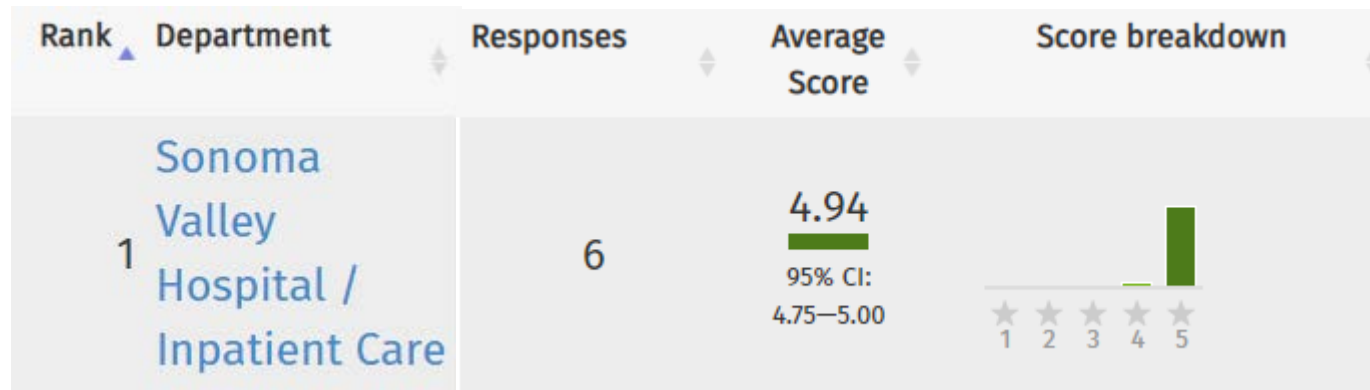
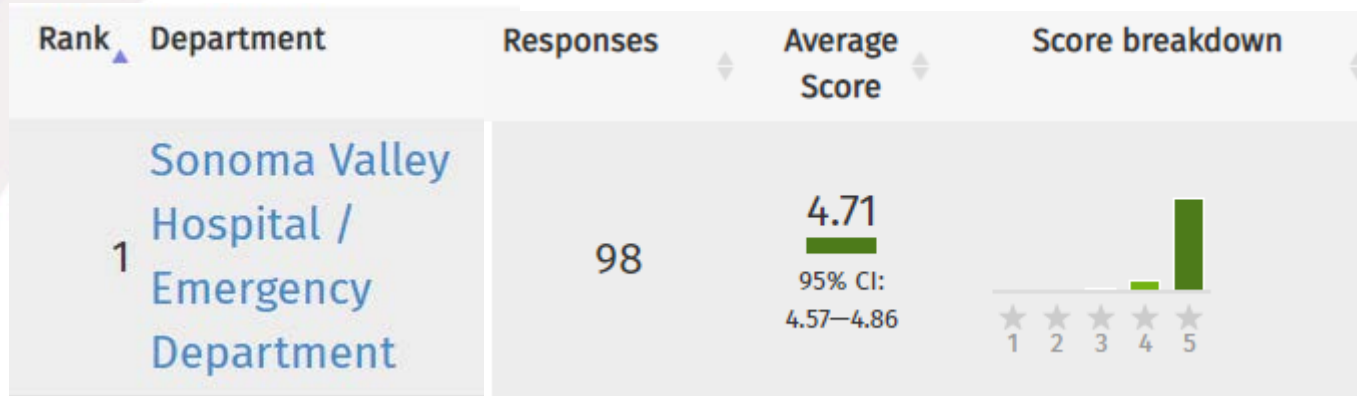
## Patients' Perspectives of Care Surveys

[illegible]

# Rate My Hospital

## Scale 1-5

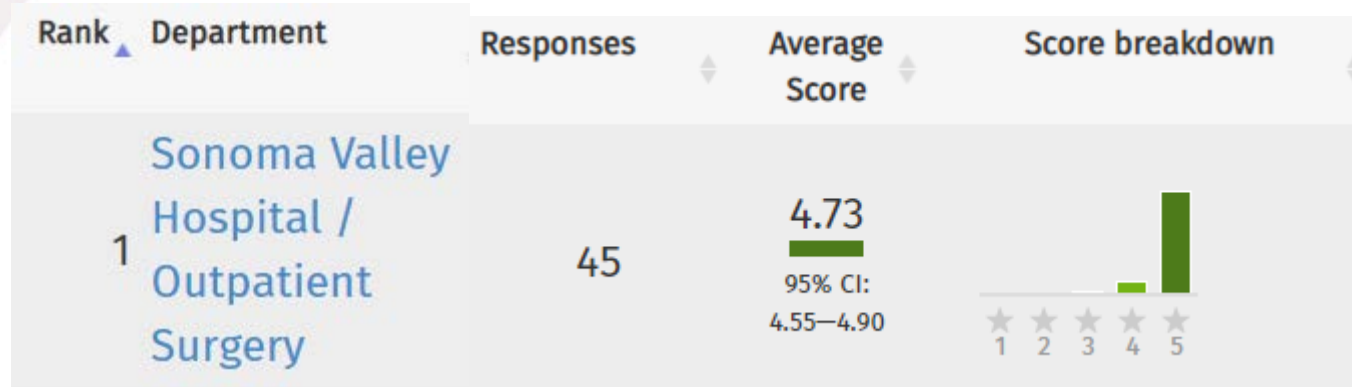
### August Data



# Rate My Hospital Scale 1-5

Rank ▲	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Medical Imaging	169	4.76 95% CI: 4.66—4.86	
Rank ▲	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Hand and Physical Therapy	32	4.92 95% CI: 4.81—5.00	

# Rate My Hospital Scale 1-5





Medication Scanning Rate	2021-22				
	Q4	Q1	Q2	Q3	Goal
Acute	95.8%	96.9%	96.0%	98.0%	≥90%
ED	78.1%	81.2%	78.3%	85.0%	≥90%
Preventable med errors R/T Med Scanning	0 (n=24)	1 (n=11)	0(n=4)	1 (6)	≤2

Quality Indicators (QAPI) 2021-22					
	Q4	Q1	Q2	Q3	Goal
Antibx admin within 30"-M/S and ICU	96.00	89.00	95.00	93.00	≥95%
Cont. OBS for Psych Pt-ED	100.0	90.0	90.9	100.0	100%
Drug Admin Errors- Pharmacy (per 10000 doses)	0.97	0.99	0.56	0.59	<1
Case Management/Utilization Management 2021-22					
	Q4	Q1	Q2	Q3	Goal
HCAHPS Care Transitions	47.0	75.0	45.5	93/96	53%

Nursing Turnover	2021-22 Staff/Quarter				
	Q4	Q1	Q2	Q3	Goal
# of RNs					
Acute (n=58)	17	5 (8.9%)	4 (6.9%)	4 (6.6%)	≤6
Patient Experience: Q-Reviews 2021-2022	2021-22				
	Q4	Q1	Q2	Q3	Goal
RATE MY HOSPITAL- PHYSICAL THERAPY					
Overall score	4.89	4.85	4.79	4.87	≥4.75
RATE MY HOSPITAL-OUTPATIENT SURGERY					
Overall Score	4.87	4.86	4.81	4.83	≥4.75
RATE MY HOSPITAL - ED					
Overall score	4.62	4.58	4.51	4.66	≥4.75
RATE MY HOSPITAL - MEDICAL IMAGING					
Overall score	4.84	4.85	4.82	4.76	≥4.75
RATE MY HOSPITAL-INPATIENT					
Overall score	4.72	4.68	4.67	4.79	≥4.75

Nurse Staffing Effectiveness: Transfers r/t staffing/beds					
2021-22	Q4	Q1	Q2	Q3	Goal
	1	3	1	1	≤0