



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, JANUARY 25, 2023

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/92261747301?pwd=WWg3N090dGtEamZiaFp2MmlvRy9YUT09>

and Enter the **Meeting ID: 922 6174 7301**

Passcode: 913906

To Participate via Telephone only, dial:

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

and Enter the **Meeting ID: 924 4247 2273**

Passcode: 073937

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 sfinn@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 12.14.22	<i>Kornblatt Idell</i>	Action
4. EMERGENCY DEPARTMENT QA/PI	<i>Brown</i>	Inform
5. QUALITY INDICATOR PERFORMANCE PLAN	<i>Cooper</i>	Inform
6. PATIENT CARE SERVICES DASHBOARD Q4	<i>Winkler</i>	Inform
7. POLICIES AND PROCEDURES	<i>Cooper</i>	Inform/Action
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		Action
9. ADJOURN	<i>Kornblatt Idell</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

December 14, 2022, 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Susan Kornblatt Idell Carol Snyder Carl Speizer, MD Kathy Beebe, RN PhD Michael Mainardi, MD Howard Eisenstark, MD		Ingrid Sheets, EdD, MS, RN	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Kylie Cooper, RN, BSN, CPHQ, MBA, Quality and Risk Mgmt. David Young Sujatha Sankaran, MD, CMO John Hennelly, CEO Judith Bjorndal, MD

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	
	Meeting called to order at 5:00 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 10.26.22 		MOTION: by Eisenstark to approve, 2 nd by Speizer. All in favor.
4. IMAGING SERVICES QA/PI	<i>Young</i>	INFORM
	Mr. Young reviewed Imaging Services quality measures for 2022 through the month of October.	
5. QUALITY INDICATOR PERFORMANCE PLAN	<i>Cooper</i>	INFORM
	Ms. Cooper reviewed quality indicators for the month of October. Notably, there were no readmissions	

	during the month. Ms. Winkler presented and explained the patient satisfaction scores. HCAHPS percentile ranking compares SVH to hospitals across the country. However, CMS only ranks on top box scores (the “always” ranking). Ms. Cooper reviewed Rate My Hospital scores. The Committee requested an annualized patient satisfaction report to be presented in February.	
6. POLICIES AND PROCEDURES	<i>Cooper</i>	INFORM/ACTION
	Ms. Kornblatt Idell reminded Committee members they are to review policies and send her their comments prior to the meeting. Most policy revisions seemed very minor; there were no questions or comments.	Approved by Mainardi, 2 nd by Eisenstark. All in favor.
7. DRAFT QUALITY COMMITTEE WORK PLAN 2023	<i>Kornblatt Idell</i>	ACTION
	There were no comments or changes. The Committee agreed to move forward with the plan.	No vote.
8. EPIC UPDATE	<i>Cooper</i>	INFORM
	Ms. Cooper also gave a brief update on the Epic implementation which has been going very well.	
9. 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, 2nd by Speizer. All in favor.
10. ADJOURN	<i>Kornblatt Idell</i>	
	Meeting adjourned at 5:55 p.m.	

Emergency Services QA/PI

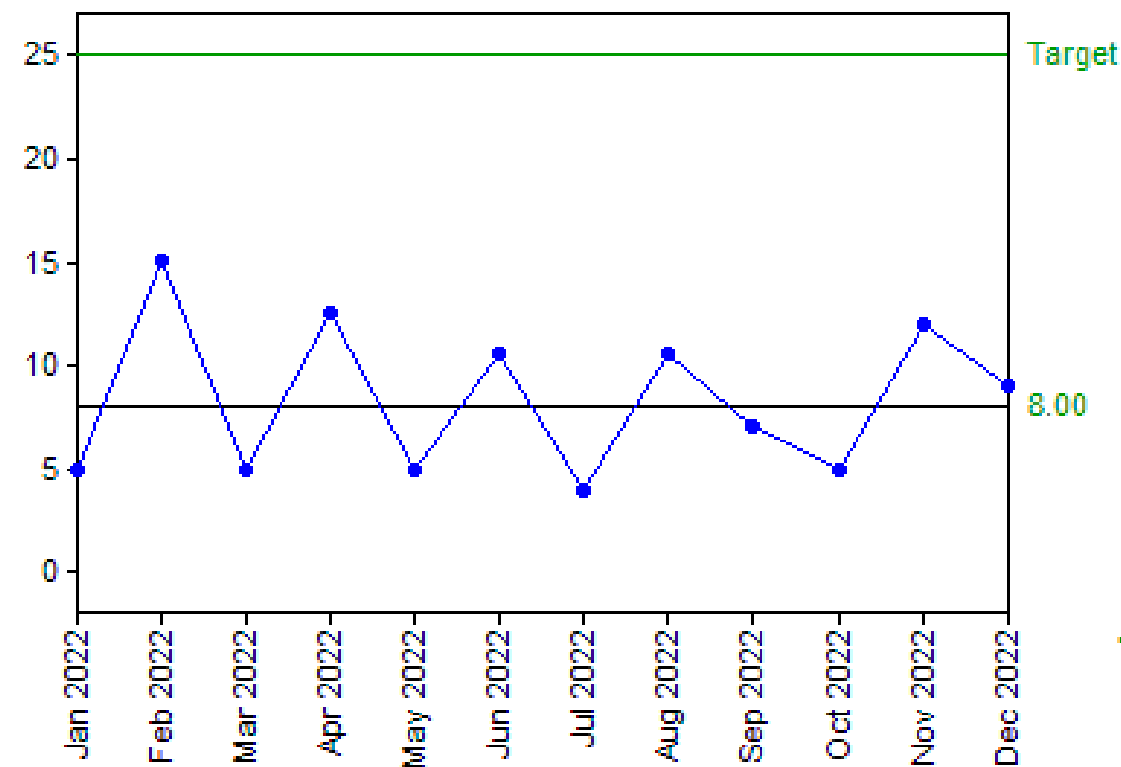
**SVHCD Quality Committee
January 25, 2023**

Emergency Services

Stroke Alert – Door to CT

5) Door To Ct Scanner	5) Door To Ct Scanner-elapsed Time	N
Dec 2022	9.00	8
Nov 2022	12.00	17
Oct 2022	5.00	3
Sep 2022	7.00	10
Aug 2022	10.50	8
Jul 2022	4.00	14
Jun 2022	10.50	20
May 2022	5.00	11
Apr 2022	12.50	18
Mar 2022	5.00	11
Feb 2022	15.00	5
Jan 2022	5.00	15

CDSTK-05|Median- Door to CT Scanner |M|elapsed time (minutes)
Reference Provider = ALL

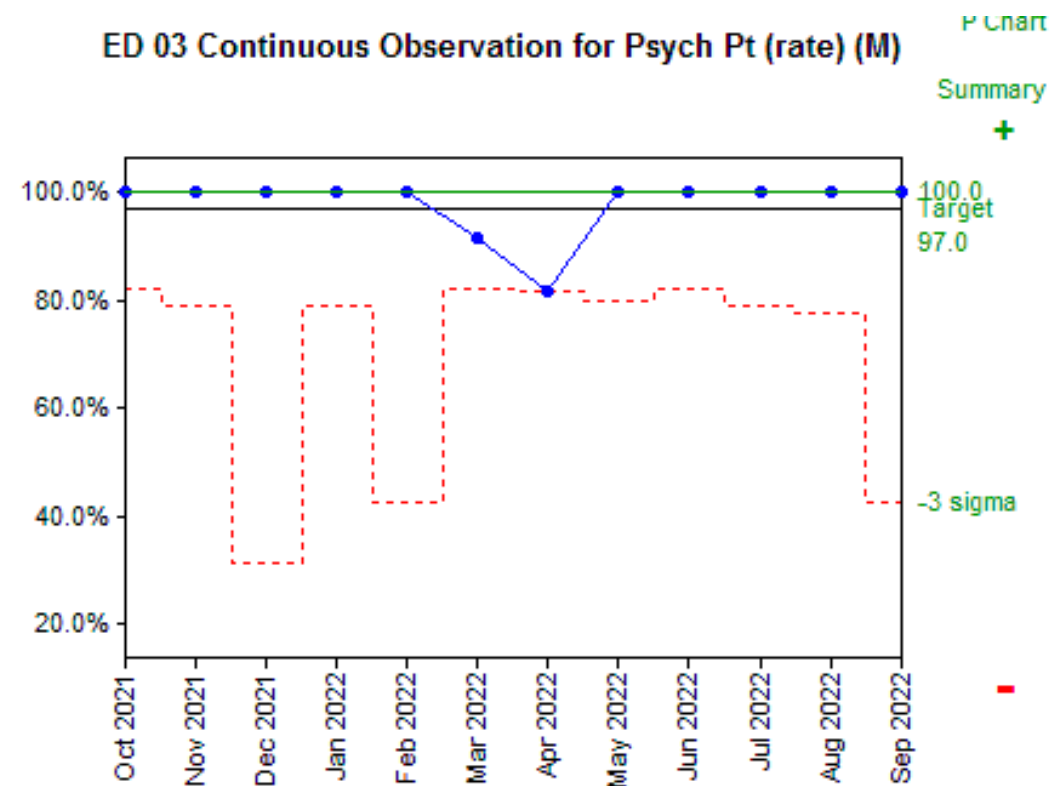


Jan 17, 2023 15:29:05

Emergency Services

Continuous Observation for Psych Pt

Audit Month	Numerator	Denominator	Percent
Sep 2022	5	5	100.0%
Aug 2022	7	7	100.0%
Jul 2022	8	8	100.0%
Jun 2022	12	12	100.0%
May 2022	9	9	100.0%
Apr 2022	9	11	81.8%
Mar 2022	11	12	91.7%
Feb 2022	5	5	100.0%
Jan 2022	8	8	100.0%
Dec 2021	4	4	100.0%
Nov 2021	8	8	100.0%
Oct 2021	12	12	100.0%

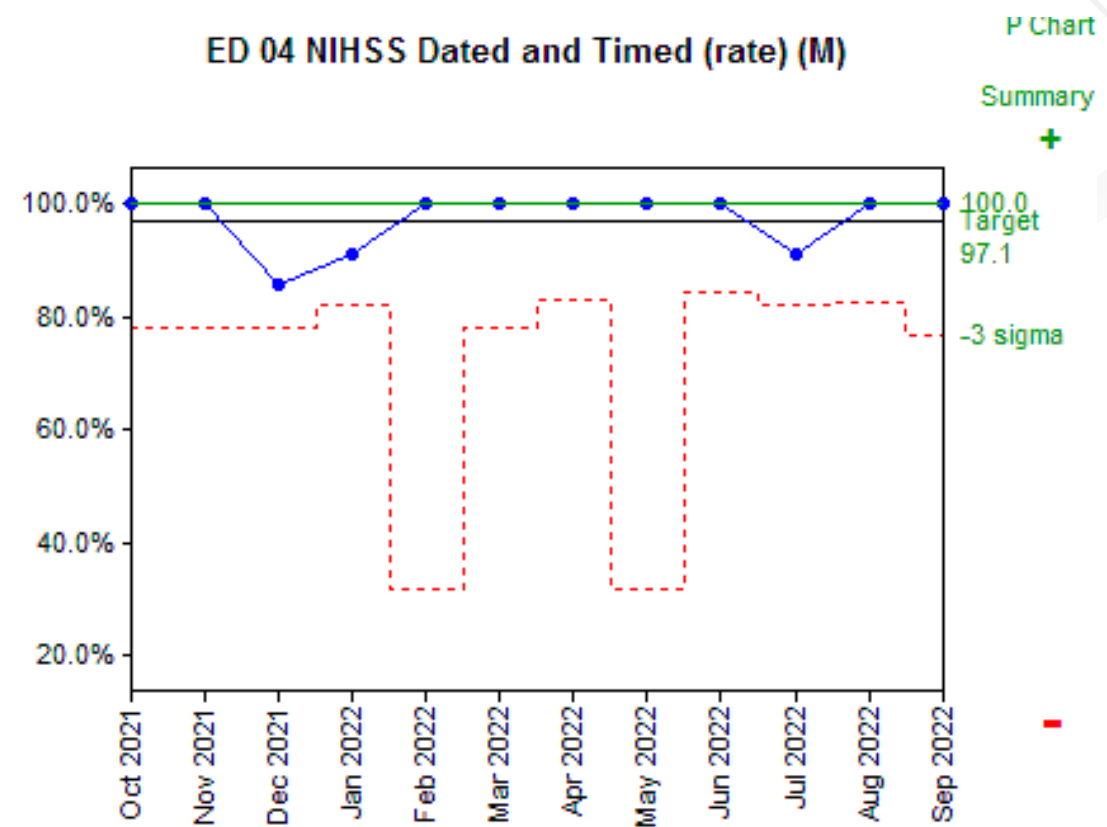


Jan 17, 2023 15:32:47

Emergency Services

NIHSS Scoring Sheet Dated & Timed

Audit Month	Numerator	Denominator	Percent
Sep 2022	6	6	100.0%
Aug 2022	12	12	100.0%
Jul 2022	10	11	90.9%
Jun 2022	15	15	100.0%
May 2022	4	4	100.0%
Apr 2022	13	13	100.0%
Mar 2022	7	7	100.0%
Feb 2022	4	4	100.0%
Jan 2022	10	11	90.9%
Dec 2021	6	7	85.7%
Nov 2021	7	7	100.0%
Oct 2021	7	7	100.0%

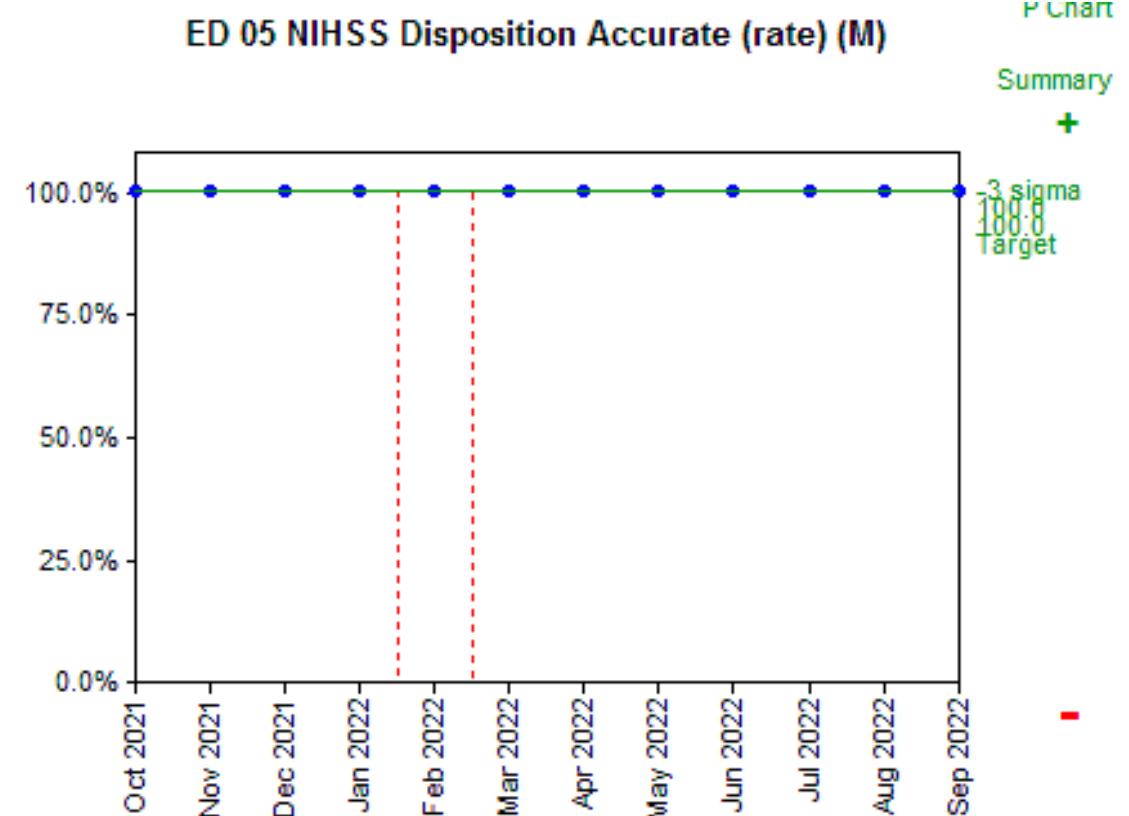


Jan 17, 2023 15:33:44

Emergency Services

NIHSS Disposition Accuracy

Audit Month	Numerator	Denominator	Percent
Sep 2022	6	6	100.0%
Aug 2022	12	12	100.0%
Jul 2022	11	11	100.0%
Jun 2022	15	15	100.0%
May 2022	12	12	100.0%
Apr 2022	13	13	100.0%
Mar 2022	7	7	100.0%
Feb 2022	4	4	100.0%
Jan 2022	11	11	100.0%
Dec 2021	7	7	100.0%
Nov 2021	7	7	100.0%
Oct 2021	7	7	100.0%

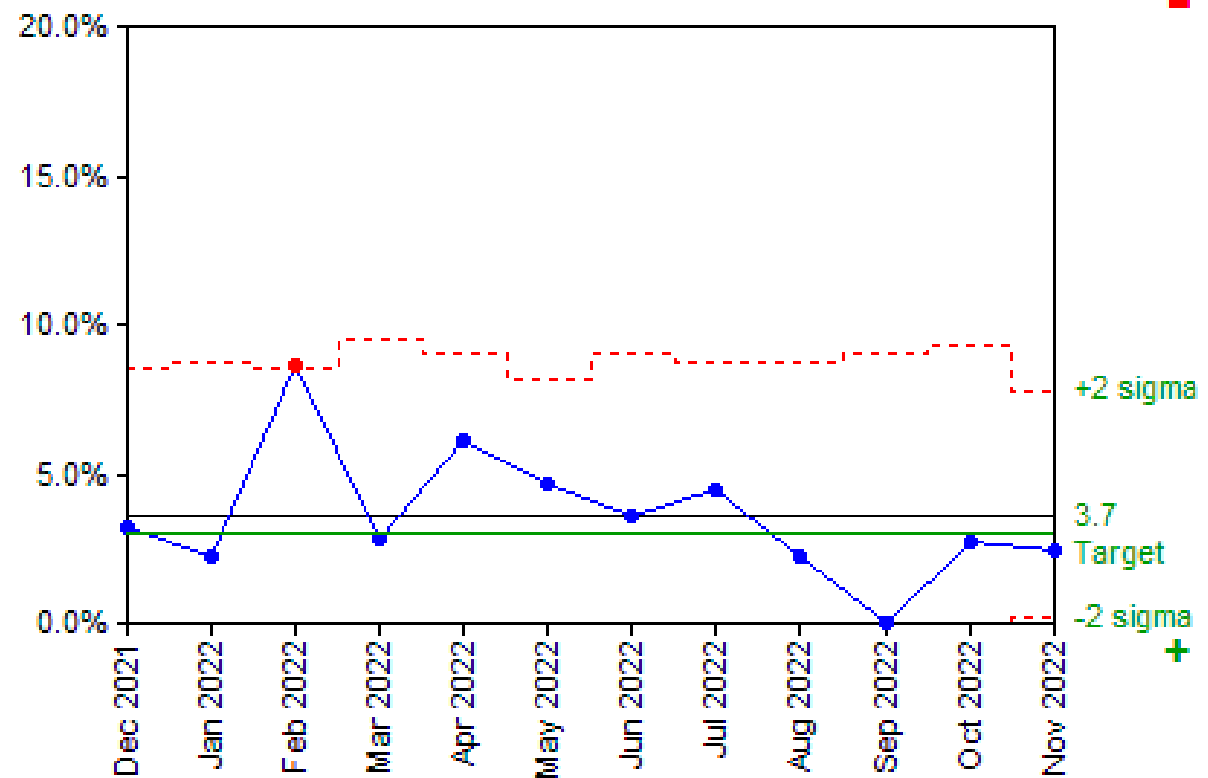


Jan 17, 2023 15:34:36

Emergency Services

Blood Culture Contamination

Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Nov 2022	3	124	2.4%
Oct 2022	2	74	2.7%
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%



Jan 17, 2023 12:59:41

Year 2022: 3.7%

Emergency Services

- New ED Medical Director – Dr. Piccinnatti
- Epic is robust with reports – look forward to new reports





Quality Indicator Performance & Plan

January Board Quality

Data for November 2022

Mortality

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉
Acute Care Mortality Rate (M)								
<div><div></div><div>100%</div></div> <div>History<div></div></div>	<div><div></div><div>Target Met</div></div>	0.0% <div>0/72</div>	— No Change	Nov 2022	15.3%	n/a	n/a	1.8%
COPD Mortality Rate [M]								
<div><div></div><div>83%</div><div>17%</div></div> <div>History<div></div></div>	<div><div></div><div>Target Met</div></div>	0.0% <div>0/5</div>	— No Change	Nov 2022	8.5%	n/a	n/a	0.0%
Congestive Heart Failure Mortality Rate [M]								
<div><div></div><div>66%</div><div>34%</div></div> <div>History<div></div></div>	<div><div></div><div>Target Met</div></div>	0.0% <div>0/3</div>	— No Change	Oct 2022	11.5%	n/a	n/a	9.8%
Pneumonia Mortality Rate [M]								
<div><div></div><div>83%</div><div>17%</div></div> <div>History<div></div></div>	<div><div></div><div>Target Met</div></div>	0.0% <div>0/9</div>	— No Change	Nov 2022	15.6%	n/a	n/a	5.3%
Ischemic Stroke Mortality Rate [M]								
<div><div></div><div>100%</div></div> <div>History<div></div></div>	<div><div></div><div>Target Met</div></div>	0.0% <div>0/2</div>	— No Change	Nov 2022	13.8%	n/a	n/a	0.0%
Hemorrhagic Stroke - Mortality Rate (M)								
<div><div></div><div>80%</div><div>20%</div></div> <div>History<div></div></div>	<div><div></div><div>Target Met</div></div>	0.0% <div>0/1</div>	📈 Improved	Aug 2022	0.0%	1.0%	n/a	20.0%
Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉
Sepsis, Severe - Mortality Rate (M)								
<div><div></div><div>91%</div><div>9%</div></div> <div>History<div></div></div>	<div><div></div><div>Target Met</div></div>	0.0% <div>0/4</div>	— No Change	Nov 2022	25.0%	n/a	n/a	1.8%
Septic Shock - Mortality Rate (Q)								
<div><div></div><div>41%</div><div>59%</div></div> <div>History<div></div></div>	<div><div></div><div>Target Met</div></div>	0.0% <div>0/6</div>	— No Change	Q3-2022	0.0%	n/a	n/a	11.6%

AHRQ Patient Safety Indicators

Indicator	Performance	Most Recent	Trend	Period	⊕	🔔	📊	⌵
PSI 90 (v2021) Midas Patient Safety Indicators Composite, ACA (M)								
	<div><div>100%</div></div>	<div><div>Target Met</div></div>	0.00 0/0.003	— No Change	Nov 2022	0.00	n/a	n/a
History	<div><div></div></div>							0.00
PSI 90 (v2021) Patient Safety Indicators Composite, ACA - Volume (M)								
	<div><div>100%</div></div>	<div><div>Target Met</div></div>	0	— No Change	Nov 2022	0	n/a	n/a
History	<div><div></div></div>							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



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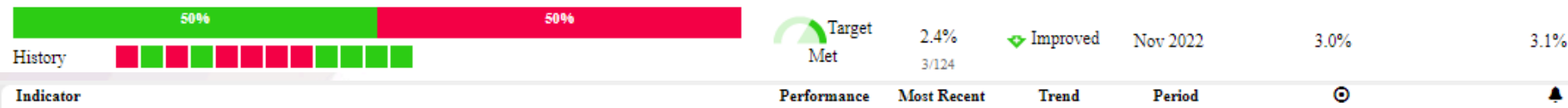


Readmissions

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 Met</div></div>	7.04%	🔴 Deteriorated	Nov 2022	15.30%	15.50%	n/a
History	<div><div></div></div>	5/71						8.13%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)								
	<div><div>66%</div><div>9%</div><div>25%</div></div>	<div><div>Target Met</div></div>	0.0%	🟢 No Change	Nov 2022	19.5%	20.0%	n/a
History	<div><div></div></div>	0/5						8.7%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	<div><div>75%</div><div>25%</div></div>	<div><div>Target Met</div></div>	0.0%	🟢 No Change	Oct 2022	21.6%	22.0%	n/a
History	<div><div></div></div>	0/3						10.0%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	<div><div>75%</div><div>17%</div><div>8%</div></div>	<div><div>Target Undefined</div></div>	n/a		Nov 2022	4.0%	5.0%	n/a
History	<div><div></div></div>	0/0						11.5%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	<div><div>75%</div><div>25%</div></div>	<div><div>Target Met</div></div>	12.5%	🔴 Deteriorated	Nov 2022	16.6%	17.0%	n/a
History	<div><div></div></div>	1/8						12.5%
Sepsis, Severe - % Readmit within 30 Days (M)								
	<div><div>100%</div></div>	<div><div>Target Met</div></div>	0.0%	🟢 No Change	Nov 2022	12.0%	13.0%	n/a
History	<div><div></div></div>	0/4						0.0%
Septic Shock - % Readmit within 30 Days (M)								
	<div><div>100%</div></div>	<div><div>Target Met</div></div>	0.0%	🟢 No Change	Oct 2022	13.3%	14.0%	n/a
History	<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
Nov 2022	3	124	2.4%
Oct 2022	2	74	2.7%
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%

CIHQ Stroke Certification Measures

Indicator		Performance	Most Recent	Trend	Period	Target	Actual	Benchmark	Variance
CDSTK-03 Median- Code Stroke Called [M] elapsed time (mins)									
	<div><div style="width:91%;"></div><div style="width:9%;">9%</div></div>	<div><div style="width:80%;"></div><div>Target Met</div></div>	7	Deteriorated	Nov 2022	10	11	n/a	3
History	<div><div style="width:100%;"></div></div>								
CDSTK-04 Median- Door to Phys Eval [M] minutes									
	<div><div style="width:100%;"></div></div>	<div><div style="width:80%;"></div><div>Target Met</div></div>	2.00	Deteriorated	Nov 2022	10.00	11.00	n/a	1.25
History	<div><div style="width:100%;"></div></div>								
CDSTK-05 Median- Door to CT Scanner [M] elapsed time (minutes)									
	<div><div style="width:100%;"></div></div>	<div><div style="width:80%;"></div><div>Target Met</div></div>	12.00	Deteriorated	Nov 2022	25.00	26.00	n/a	8.00
History	<div><div style="width:100%;"></div></div>								
CDSTK-06 Median- Neuro Consult Contacted [M] minutes									
	<div><div style="width:83%;"></div><div style="width:17%;">17%</div></div>	<div><div style="width:80%;"></div><div>Target Met</div></div>	27.00	Deteriorated	Nov 2022	30.00	31.00	n/a	18.75
History	<div><div style="width:100%;"></div></div>								
CDSTK-07 Median- CT Read by Radiology [M] minutes									
	<div><div style="width:91%;"></div><div style="width:9%;">9%</div></div>	<div><div style="width:80%;"></div><div>Target Met</div></div>	24.50	Deteriorated	Nov 2022	45.00	46.00	n/a	27.50
History	<div><div style="width:100%;"></div></div>								
CDSTK-08 Median- Lab Results Posted [M] minutes									
	<div><div style="width:83%;"></div><div style="width:8%;">8%</div><div style="width:9%;">9%</div></div>	<div><div style="width:80%;"></div><div>Target Met</div></div>	32.00	No Change	Nov 2022	45.00	46.00	n/a	31.75
History	<div><div style="width:100%;"></div></div>								
CDSTK-10 Median- Door to EKG Complete [M] minutes									
	<div><div style="width:100%;"></div></div>	<div><div style="width:80%;"></div><div>Target Met</div></div>	34.00	Improved	Nov 2022	60.00	61.00	n/a	40.00
History	<div><div style="width:100%;"></div></div>								
CDSTK-11 Median-Door to tPA Decision [M] minutes									
	<div><div style="width:100%;"></div></div>	<div><div style="width:80%;"></div><div>Target Met</div></div>	39.00	Improved	Nov 2022	60.00	61.00	n/a	36.75
History	<div><div style="width:100%;"></div></div>								
CDSTK-12 Median-Door to tPA [M] minutes									
	<div><div style="width:8%;"></div><div style="width:42%;">42%</div><div style="width:50%; background-color:#ccc;">50%</div></div>	<div><div style="width:80%;"></div><div>Target Met</div></div>	26.00		Sep 2022	60.00	61.00	n/a	71.00
History	<div><div style="width:100%;"></div></div>								

Utilization Management

Utilization Management

Indicator		Performance	Most Recent	Trend	Period	🕒	🔔	📊	⌵
1 Day Stay Rate Medi-Cal [M]									
	<div><div>50%</div></div>	<div><div></div><div>Target Met</div></div>	0.00%	📈 Improved	Nov 2022	2.61%	5.00%	n/a	6.02%
History	<div><div></div></div>		0/9						
1 Day Stay Rate-Medicare [M]									
	<div><div>50%</div><div>8%</div><div>42%</div></div>	<div><div></div><div>Target Met</div></div>	1.89%	📈 Improved	Nov 2022	8.10%	10.00%	n/a	9.15%
History	<div><div></div></div>		1/53						
Acute Care - Geometric Mean Length of Stay [M]									
	<div><div>8%</div><div>75%</div><div>17%</div></div>	<div><div></div><div>Breaches Alarm</div></div>	3.73	📉 Deteriorated	Nov 2022	2.75	3.23	n/a	3.06
History	<div><div></div></div>		37.3095/10						
Acute Care Age over 64 - MS-DRG Case Mix Index [M]									
	<div><div>25%</div><div>58%</div><div>17%</div></div>	<div><div></div><div>Breaches Alarm</div></div>	1.31	📉 Deteriorated	Nov 2022	1.56	1.40	n/a	1.48
History	<div><div></div></div>		61.7157/47						
Acute Care- MS-DRG Case Mix Index [M]									
	<div><div>25%</div><div>66%</div><div>9%</div></div>	<div><div></div><div>Breaches Alarm</div></div>	1.34	📉 Deteriorated	Nov 2022	1.55	1.40	n/a	1.51
History	<div><div></div></div>		84.117/63						

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 Sepsis

Core Measures > Sepsis -SEP-1-

Indicator		Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)									
	<div><div>58%</div><div>42%</div></div>	<div><div>Breaches</div><div>Alarm</div></div>	57.1%	📉 Deteriorated	Nov 2022	81.0%	80.0%	n/a	81.0%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		4/7						
SEPa - Severe Sepsis 3 Hour Bundle (M)									
	<div><div>50%</div><div>8%</div><div>42%</div></div>	<div><div>Breaches</div><div>Alarm</div></div>	87.5%	📉 Deteriorated	Nov 2022	94.0%	90.0%	n/a	92.9%
History	<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>75%</div><div>25%</div></div>	<div><div>Breaches</div><div>Alarm</div></div>	83.3%	📉 Deteriorated	Nov 2022	100.0%	90.0%	n/a	94.6%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		5/6						

Infection Prevention

↑ Infection Prevention

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉
IC-Surveillance HAI-C.DIFF Inpatient infections per 10k pt days [M]								
	<div><div>94%</div><div>6%</div></div>	<div><div>Target</div><div>Met</div></div>	0	— No Change	Nov 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></div><div></div><div></div><div></div><div></div></div>							0
IC-Surveillance HAI-CAUTI Inpatient infections per 10k patient days [M]								
	<div><div>88%</div><div>12%</div></div>	<div><div>Target</div><div>Met</div></div>	0	— No Change	Nov 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></div><div></div><div></div><div></div><div></div></div>							0
IC-Surveillance HAI-CLABSI Inpatient infections per 10k patient days [M]								
	<div><div>94%</div><div>6%</div></div>	<div><div>Target</div><div>Met</div></div>	0	— No Change	Nov 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></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	Nov 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></div><div></div><div></div><div></div><div></div></div>							0
IC-Surveillance HAI-SSI Inpatient infections per 10k pt days [M]								
	<div><div>83%</div><div>17%</div></div>	<div><div>Breaches</div><div>Alarm</div></div>	1	⬇ Deteriorated	Nov 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></div><div></div><div></div><div></div><div></div></div>							0

Inpatient Patient Satisfaction

N= 08

Patients' Perspectives of Care Surveys > Hospital -HCAHPS-

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	🔍
01-Rate hospital 0-10 [M] Rank								
<div><div></div><div>58%</div><div></div><div>33%</div><div></div><div>9%</div></div> <div>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>Target</div><div>Met</div></div>	99	📈 Improved	Oct 2022	50	30	n/a	65
02-Recommend the hospital [M] Rank								
<div><div></div><div>83%</div><div></div><div>17%</div></div> <div>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>Target</div><div>Met</div></div>	94	📈 Improved	Oct 2022	50	30	n/a	77
03-Communication w/ Nurses [M] Rank								
<div><div></div><div>41%</div><div></div><div>17%</div><div></div><div>42%</div></div> <div>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>Bet.</div><div>Target & Alarm</div></div>	36	📈 Improved	Oct 2022	50	30	n/a	53
04-Response of Hosp Staff [M] Rank								
<div><div></div><div>83%</div><div></div><div>17%</div></div> <div>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>Target</div><div>Met</div></div>	94	📈 Improved	Oct 2022	50	30	n/a	80
05-Communication w/ Doctors [M] Rank								
<div><div></div><div>58%</div><div></div><div>42%</div></div> <div>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>Target</div><div>Met</div></div>	66	📈 Improved	Oct 2022	50	30	n/a	48
06-Cleanliness of hospital environment[M] Rank								
<div><div></div><div>50%</div><div></div><div>16%</div><div></div><div>34%</div></div> <div>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>Target</div><div>Met</div></div>	94	📈 Improved	Oct 2022	50	30	n/a	52

Inpatient Patient Satisfaction

08-Communication About Medicines [M] Rank									
<div><div>41%</div><div>17%</div><div>42%</div></div>									
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>Breaches Alarm</div></div>	1	<div><div></div><div>Deteriorated</div></div>	Oct 2022	60	30	n/a	46
09-Discharge Information [M] Rank									
<div><div>50%</div><div>25%</div><div>25%</div></div>									
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>Breaches Alarm</div></div>	11	<div><div></div><div>Deteriorated</div></div>	Oct 2022	50	30	n/a	50
10-Care Transitions [M] Rank									
<div><div>58%</div><div>8%</div><div>34%</div></div>									
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>Breaches Alarm</div></div>	7	<div><div></div><div>Deteriorated</div></div>	Oct 2022	50	30	n/a	59

Ambulatory Surgery Patient Satisfaction

N= 14

⬆ Patients' Perspectives of Care Surveys

Indicator		Performance	Most Recent	Trend	Period	🕒	🔔	📊	🏠
01-OAS Recommend the Facility [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>	Breaches Alarm	10	⬆️ Improved	Oct 2022	50	30	n/a	42
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>								
02-OAS Communication [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>	Bet. Target & Alarm	39	⬆️ Improved	Oct 2022	60	30	n/a	41
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>								
03-OAS Facility/Personal Treatment [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>	Bet. Target & Alarm	37	⬇️ Deteriorated	Oct 2022	80	30	n/a	74
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>								
04-OAS Discharge [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>	Breaches Alarm	15	⬇️ Deteriorated	Oct 2022	70	30	n/a	37
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>								
05-OAS Staff treat w/courtesy and respect [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>	Target Met	99	— No Change	Oct 2022	60	30	n/a	84
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>								
07-OAS Facility Clean [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>	Target Met	99	— No Change	Oct 2022	60	30	n/a	92
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>								
ED-Time Physician Spent With Me Score (M)									
	<div><div></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. Target & Alarm	4.37	⬇️ Deteriorated	Nov 2022	4.50	4.30	n/a	4.50
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>								

Rate My Hospital

Scale 1-5

October Data

Rank ▲	Department
1	Sonoma Valley Hospital / Emergency Department

Total Responses

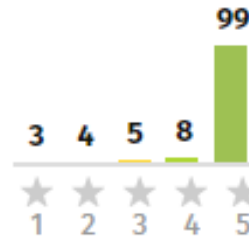
119

Average Score

4.65



Overall Score Breakdown



Rank ▲	Department
1	Sonoma Valley Hospital / Inpatient Care

Total Responses

6

Average Score

4.83



Overall Score Breakdown



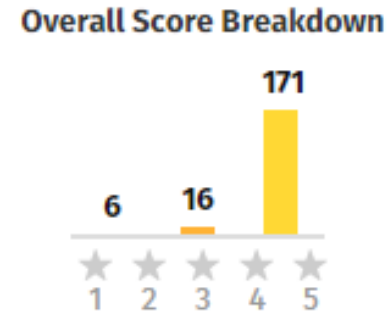
Rate My Hospital Scale 1-5

Rank ▲	Department
1	Sonoma Valley Hospital / Medical Imaging

Total Responses
193

Average Score
4.85

★★★★★

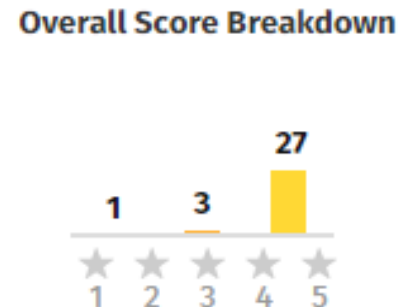


Rank ▲	Department
1	Sonoma Valley Hospital / Hand and Physical Therapy

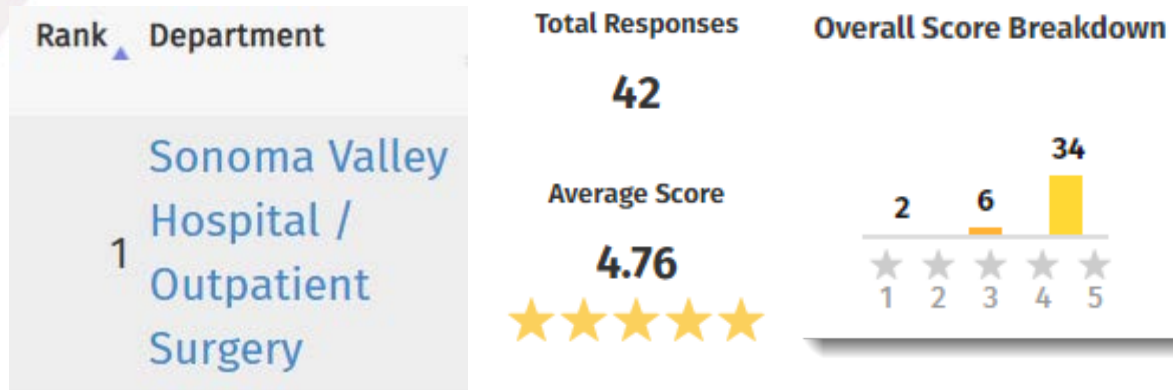
Total Responses
31

Average Score
4.84

★★★★★



Rate My Hospital Scale 1-5



Medication Scanning Rate	2022					Nursing Turnover	2022 Staff/Quarter				
	Q1	Q2	Q3	Q4	Goal	# of RNs	Q1	Q2	Q3	Q4	Goal
Acute	96.9%	96.0%	98.0%	96%	≥90%	Acute (n=58)	5 (8.9%)	4 (6.9%)	4 (6.6%)	1 (1.6%)	≤6
ED	81.2%	78.3%	85.0%	83.0	≥90%						
Preventable med errors R/T Med Scanning	1	0	1	0	≤2	Patient Experience: Q-Reviews 2021-2022	2022				
							Q1	Q2	Q3	Q4	Goal
Quality Indicators (QAPI) 2022						RATE MY HOSPITAL- PHYSICAL THERAPY					
						Overall score	4.85	4.79	4.87	4.9	≥4.75
	Q1	Q2	Q3	Q4	Goal	RATE MY HOSPITAL-OUTPATIENT SURGERY					
Antibx admin within 30"-M/S and ICU	89%	95%	93%	91%	≥90%	Overall Score	4.86	4.81	4.83	4.83	≥4.75
Cont. OBS for Psych Pt-ED	96%	90%	100%	100%	100%	RATE MY HOSPITAL - ED					
Drug Admin Errors-Pharmacy (per 10000 doses)	0.99	0.36	0.59	0.37	<1	Overall score	4.58	4.51	4.66	4.63	≥4.75
Case Management/Utilization Management 2022						RATE MY HOSPITAL - MEDICAL IMAGING					
						Overall score	4.85	4.82	4.76	4.82	≥4.75
						RATE MY HOSPITAL-INPATIENT					
						Overall score	4.68	4.67	4.79	4.66	≥4.75
	Q1	Q2	Q3	Q4	Goal						
HCAHPS Care Transitions	75.0	45.5	90	7/40	53%	Nurse Staffing Effectiveness: Transfers r/t staffing/beds					
						2022	Q1	Q2	Q3	Q4	Goal
							3	1	1	6	≤0

Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)
Run date: 01/19/2023 9:34 AM

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: 7

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

Committee Members: Finn, Stacey (sfinn), Newman, Cindi (cnewman), Woodall, Vivian (vwoodall)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Monitoring Sterilization Processes <i>Central Sterile Dept</i>	Pending Approval	1/19/2023	0
Summary Of Changes: Authors changes, references updated, the word integrator added in in several places where appropriate or interchangeable with indicators.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)			
Approvers: Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Organizational Accountability-Food & Nutrition Services <i>Food (Nutrition) Services Policies (NU)</i>	Pending Approval	1/19/2023	0
Summary Of Changes: Reviewed, no changes			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Finn, Bridget (bfinn)			
ExpertReviewers: Strathman, Melissa (mstrathman)			
Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE:: Cesarean Section Birth Roles, Responsibilities and Departmental Responsibilities During <i>Surgical Services/OR Dept</i>	Pending Approval	1/19/2023	0
Summary Of Changes: RETIRE:: recommend retirement since we do not perform C-sections			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)			
Approvers: Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Sterilization <i>Central Sterile Dept</i>	Pending Approval	1/19/2023	0

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 01/19/2023 9:34 AM

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

Summary Of Changes: **Removed the word "flash" and replaced with immediate use.
Removed the phrase "porous items only"
added #3 in the procedure section
changed wording in #2 of the IUSS Sterilization section
updated reference, changed owner, and authors**

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

Lead Authors: **Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**

Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Sterrad NX Policy	Pending Approval	1/19/2023	0
<i>Central Sterile Dept</i>			

Summary Of Changes: **Updated reference and authors**

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

Lead Authors: **Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**

Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Traffic Patterns	Pending Approval	1/19/2023	0
<i>Central Sterile Dept</i>			

Summary Of Changes: **Reviewed, some grammatical changes, updated reference and author.**

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

Lead Authors: **Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**

Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Ultrasonic Cleaner	Pending Approval	1/19/2023	0
<i>Central Sterile Dept</i>			

Summary Of Changes: **Reviewed, author changed.**

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

Lead Authors: **Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**

Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**