



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, DECEMBER 6 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/97943924292>

Meeting ID: 979 4392 4292

One tap mobile

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Dial by your location

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Meeting ID: 979 4392 4292

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 Board 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 10.25.23	<i>Kornblatt Idell</i>	Action
4. 2024 QUALITY COMMITTEE WORK PLAN	<i>Kornblatt Idell</i>	Action
5. IN PATIENT SERVICES QA/PI	<i>Taylor</i>	Inform
6. PATIENT CARE SERVICES DASHBOARD Q3	<i>Winkler</i>	Inform
7. IMAGING QA/PI	<i>Young</i>	Inform
8. QUALITY INDICATOR PERFORMANCE & PLAN	<i>Cooper</i>	Inform
9. POLICIES AND PROCEDURES	<i>Cooper</i>	Inform
10. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Kornblatt Idell</i>	Action
11. ADJOURN	<i>Kornblatt Idell</i>	



SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
October 25, 2023, 5:00 PM
MINUTES
Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Susan Kornblatt Idell Carl Speizer, MD Kathy Beebe, RN PhD Judith Bjorndal, MD Michael Mainardi, MD Howard Eisenstark, MD Ingrid Sheets, EdD, MS, RN		Carol Snyder	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Kylie Cooper, RN, BSN, CPHQ, MBA, Quality and Risk Mgmt. Dawn Kuwahara RN BSN, Chief Ancillary Officer Chris Gallo Manager, Rehab Services John Hennelly, CEO Paul Amara, MD Sujatha Sankaran, MD Chief Medical Officer Fred Kretzschmar, MD Lab Medical Director Stacey Finn, Medical Staff Manager

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	

	Meeting called to order at 5:00 pm.	
2. PUBLIC COMMENT	<i>Kornblatt Idell</i>	
	None	
3. CONSENT CALENDAR	<i>Kornblatt Idell</i>	ACTION
<ul style="list-style-type: none"> QC Minutes 08.23.23 	<p>Minutes of the 08.23.23 meeting were approved with the following revisions:</p> <p>1) correction of a typo in minutes, top of page 3, under section 5, 'are hopeful that this well further add to the education' 'well' should be 'will'</p> <p>2) Clarification of language around continuous observation of high-risk patients.</p>	<p>MOTION: by Eisenstark to approve, 2nd by Bjorndal. All in favor.</p>
4. PT/OT QA/PI	<i>Gallo</i>	INFORM
	<p>Mr. Gallo presented the Rehab Services Report. He discussed the scope of services, and accomplishments for the past fiscal year including the addition of several new staff members. Mr. Gallo went on to discuss some of the department's challenges with managing space issues and volume during the upcoming PT expansion project. Finally, Mr. Gallo noted his 2024 goals:</p> <ul style="list-style-type: none"> ➤ Reduced wait time for OP ➤ Active participation in Age-friendly initiative across spectrum of care ➤ Develop Aquatic Program in conjunction with Sonoma Splash ➤ Wellness-based community offerings- Pilates, Golf, Transitional training 	
5. LAB POLICES	<i>Kuwahara</i>	INFORM
	<p>Ms. Kuwahara addressed questions around the Release of Placenta and Transfusion Transmitted Infectious Disease Policies. Ms. Kuwahara stated that she would work with Dr. Fred Kretzschmar to clarify language before finalizing both polices.</p>	

5. CREDENTIALING PROCESS	<i>Finn</i>	INFORM
	Medical Staff Manager, Ms. Finn overviewed the hospital's credentialing process.	
6. QUALITY INDICATOR PERFORMANCE PLAN	<i>Cooper</i>	INFORM
	<p>Ms. Cooper shared the quality indicator performance for the month of August/September 2023. Mortality no patient deaths in September and 1 in August. Patient Safety Indicator Events – 1 Pulmonary Embolus after Surgery. No Adverse Events for last 2 months. No Board Product Effectiveness and Transfusion reactions. No Lab Transfusion Effectiveness was 100% for both months. 1 Patient Fall in September and 0 in August. Significant decrease in re-admissions. Blood Culture Contamination for September is 1 and was 5.3 in August. Stroke Certification Measures have met goal. Utilization Management target met. 100% Colonoscopy follow-up. Left Without Being Seen committed to decreasing number. Sepsis in August was 66%. Infection Prevention nothing on surgery or post-op care that was concerning. Hand Hygiene 99% in August, 84 % in September. Condition Level Findings, Hair Clippers and Base Clean, Pill Crushers Clean are at 100 %. Ms. Cooper went on to Rate My Hospital results in August and September.</p> <p>Ms. Winkler discussed Continuous Observation of High Risk Patients.</p>	
7. POLICIES AND PROCEDURES	<i>Cooper</i>	INFORM
	<p>Summaries of changes were reviewed for the following policies:</p> <ul style="list-style-type: none"> Adverse Event Reporting Clinical Competency Cold Pack Usage Contested Decision to Discontinue Skilled Rehab Services Fluidotherapy Usage Frequently Used Terminology & Abbreviations 	

Hot Pack Heating Pad Usage
Ice massage
Imaging the Critically Ill Patient
Infection Control during Imaging Procedures
Initial Evaluation
Intravenous Administration of
Radiopharmaceuticals
Iontophoresis
Mammographic Compliance
Medical Imaging Operational Hours and Support
Services
MRI Safety
Non radiologist & Fluoroscopic Procedures
Paid Time Off
Paraffin Use
Patient Education
Patient Identification
Patient Pregnancy Inquiry
Patient Transport
Phonophoresis
Physician Orders-Verbal and Written
Pregnant Worker in a Radiation Environment
Premedication Protocol
Radiation Physicist
Radiation Safety Instructions
Radiation Safety-Staff
Reporting Critical Results
RETIRE: Clinical Information on Request
RETIRE: Criteria for PES
RETIRE: Critical Tests med imaging
RETIRE: Duties of Medical Director of Medical
Imaging
RETIRE: MRI Screening
RETIRE: Personal Protective
Equipment_Technologist Safety
RETIRE: Quality Control Procedures in Nuclear
Medicine
RETIRE: Records Management
RETIRE: Fentanyl Patch Pharmacist Verification

	<p>RETIRE: Medication History Review Standard Work</p> <p>RETIRE: Pharmacist Patient Discharge Medication Counseling</p> <p>Routine Department Disinfection Procedure</p> <p>Sign Posting Requirements</p> <p>Transcutaneous Electrical Nerve Stimulation</p> <p>Ultrasound</p> <p>Use and Cleaning of Gait Belts</p>	
8. CLOSED SESSION/REPORT ON CLOSED SESSION	<i>Kornblatt Idell</i>	ACTION
a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Dr. Amara presented the Medical Staff Credentialing for review and approval.	MOTION: by Mainardi to approve, 2nd by Speizer. All in favor.
9. ADJOURN.	<i>Kornblatt Idell</i>	
	Meeting adjourned at 6:02 p.m. Next meeting will take place on December 6 th at 5:00 pm. No November meeting. The committee recommended that Workplace Violence be added as an agenda topic for the next meeting.	

2024 Quality Committee Work Plan

January 1/24	February 2/28	March 3/27	April 4/24
<ul style="list-style-type: none"> ▪ ED QA/PI ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 4th Qtr ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Surgical Servies QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Annual Quality Department Review ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Infection Prevention Annual Risk Assessment / Plan ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 1st Qtr ▪ Policies and Procedures ▪ Credentialing
May 5/22	June 6/26	July 7/24	August 8/28
<ul style="list-style-type: none"> ▪ Pharmacy QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ ED QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures Credentialing 	<ul style="list-style-type: none"> ▪ Lab QA/P ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 2nd Qtr ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Imaging QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing
September 9/25	October 10/23	November No Meeting	December 12/11
<ul style="list-style-type: none"> ▪ PT/OT QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Inpatient Services QA/PI ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 3rd Qtr ▪ Policies and Procedures ▪ Credentialing 		<ul style="list-style-type: none"> ▪ Pharmacy QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing



Quality Assurance Process Improvement

Inpatient Team

JANE E. TAYLOR RN, MSN, CENP

NOVEMBER 2023

Quality Assurance

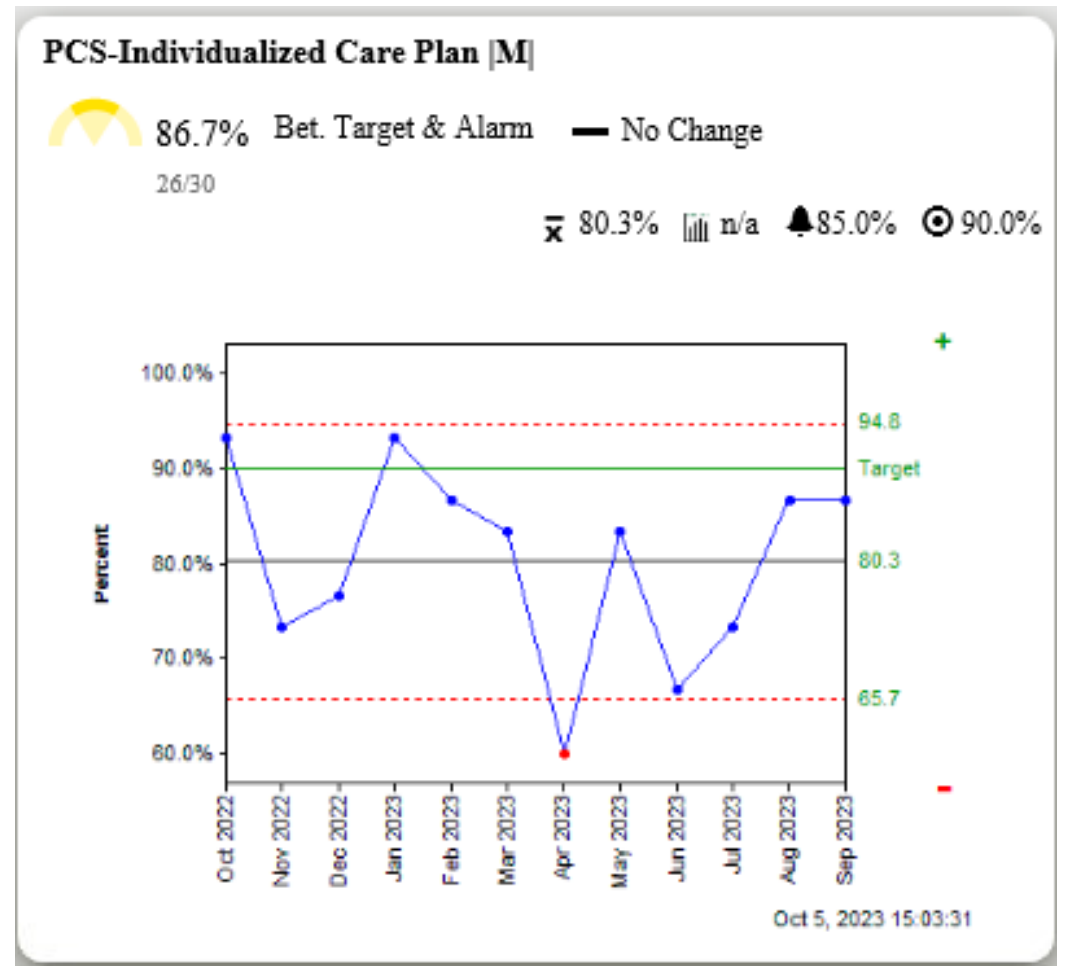
3rd Floor Inpatient Team

- ▶ Nursing Plan of Care
- ▶ Antibiotic Administration
- ▶ Surgical Drain Removal Assessment
- ▶ RT Respiratory Medication 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
- ▶ CIHQ Surveyors found our care plans to be compliant



Quality Assurance: Antibiotic Administration

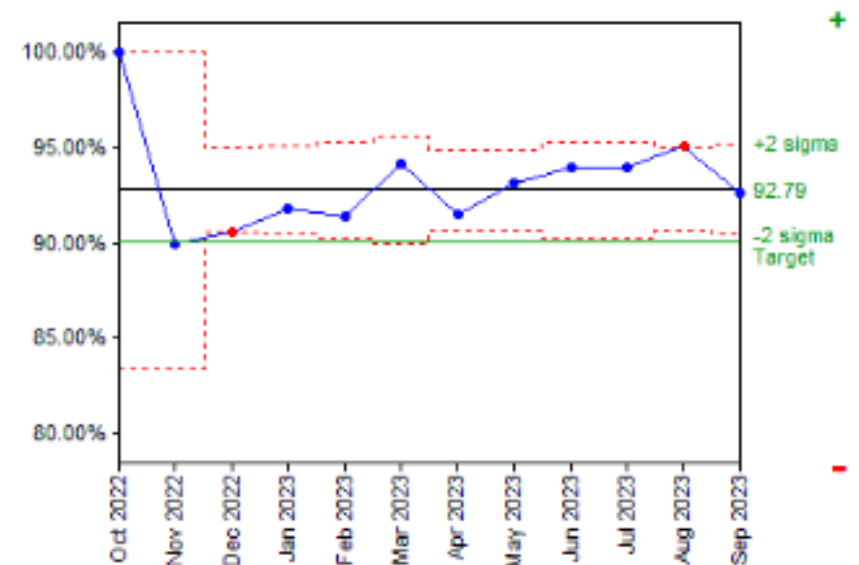
- ▶ Antibiotics should be given 30 minutes before or after the scheduled time
- ▶ Some antibiotics require lab tests to check the level of antibiotic in the blood, so timing is crucial
- ▶ Challenges to timeliness:
 - ▶ Consistent target for this past 12 months
 - ▶ Patient factors
 - ▶ Medication availability

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

 92.66% Target Met  Deteriorated

442/477

\bar{x} 92.79%  n/a  85.00%  90.00%



Oct 5, 2023 15:03:35

Quality Assurance: Surgical Drain Removal

- ▶ Nursing assessment created
- ▶ Tip of drain must be observed to ensure it is intact
- ▶ Challenges
 - ▶ Small number of drains in use, provider specific
 - ▶ Consistent monitoring and education to RNs enabled us to reach 100% for the last 2 months.

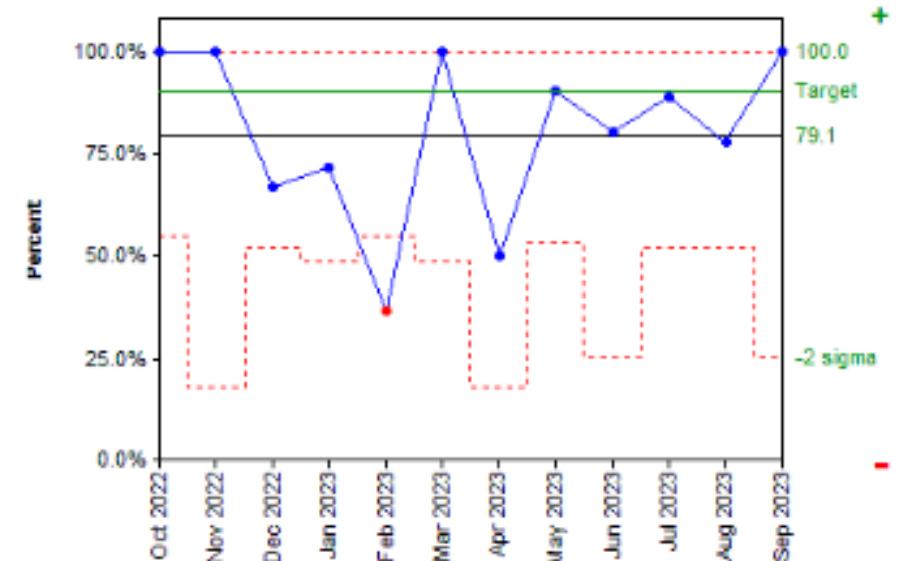
We will be moving to close this QA and develop new QA for Inpatient

PCS-Surgical Drain Removal Assessment [M]

100.0% Target Met ▲ Improved

5/5

\bar{x} 79.1% |||| n/a ▲ 85.0% ◎ 90.0%



Oct 5, 2023 15:03:31

Quality Assurance: Respiratory Medication Education

- ▶ Respiratory Therapists explain medication side effects
- ▶ Most RT medications given in the inpatient are maintenance, not new to patient
- ▶ Challenges
 - ▶ Small number of inpatients receiving RT meds
 - ▶ Patient are familiar with their home medications, RT provides reminders and assures proper administration technique

PCS-RT-Respiratory Therapist Medication Education [M]

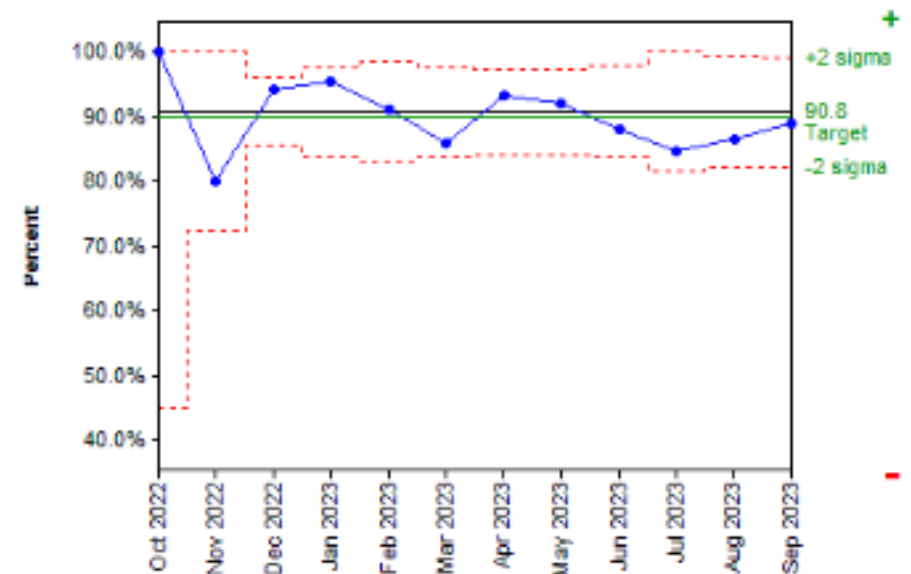


89.1% Bet. Target & Alarm

Improved

41/46

\bar{x} 90.8% n/a 85.0% 90.0%



Oct 5, 2023 15:03:34

Quality Assurance for 2024

3rd Floor Inpatient Team

- ▶ Individualized Care Plans
- ▶ Nursing Education on Discharge
- ▶ Hand Hygiene
- ▶ Patient Mobility

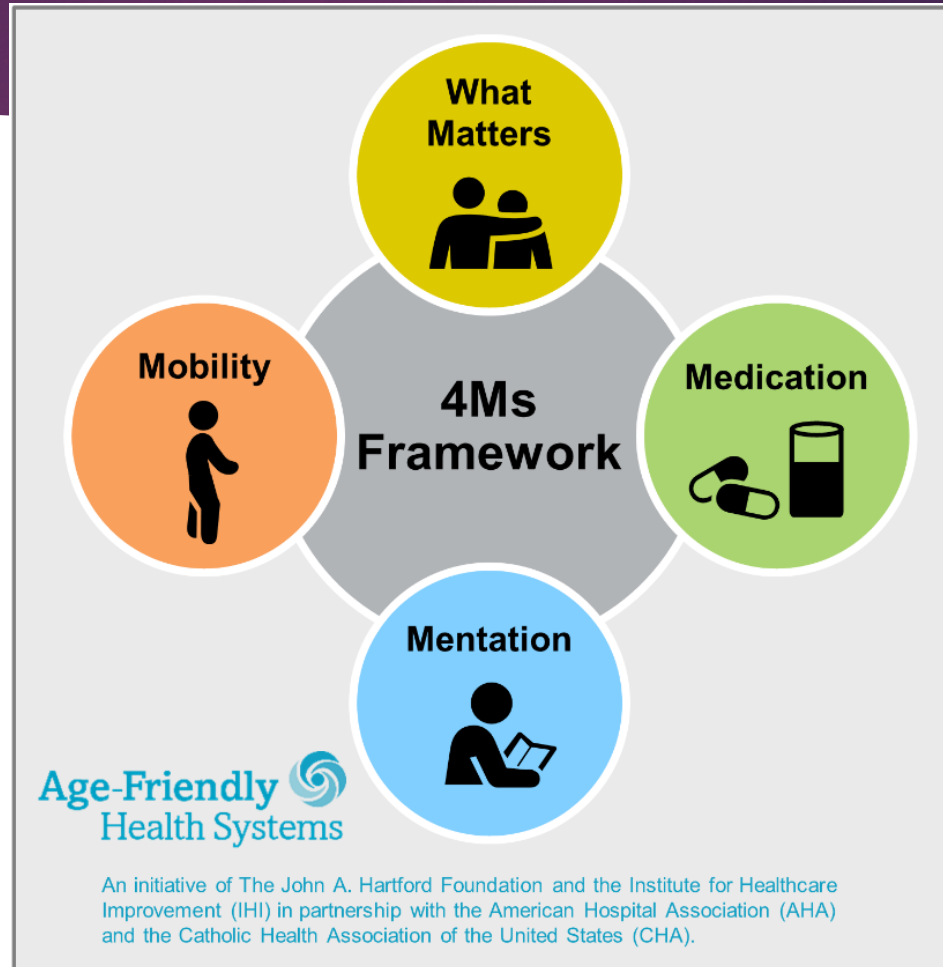


Process Improvement Projects

- ▶ Age Friendly Health System
 - ▶ Geriatric 4 M's Project
- ▶ Epic Optimization

IHI Age-Friendly Health System

- ▶ Collaboration with Geriatric NP, Becky Spears
- ▶ Utilizing best practice to ensure we are providing high quality care to older adults
- ▶ 4 Ms Framework Inpatient team more aware and knowledgeable of specific needs for older adults
- ▶ 10 Recliners purchased through Foundation Grant



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Epic Optimization

- Its been a year; how have we learned to utilize EPIC's many improvements and features
- ▶ Assessment:
 - ▶ How will Epic change our data collection process?
 - ▶ New PI projects utilizing EPIC reports:

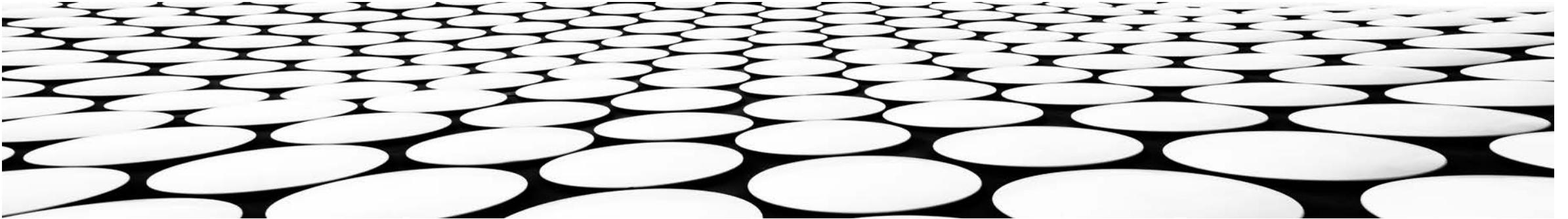


Medication Scanning Rate	2023					Nursing Turnover	2023 Staff/Quarter				
	Q4	Q1	Q2	Q3	Goal	# of RNs	Q4	Q1	Q2	Q3	Goal
Inpatient (ICU/MS)	96%	95%	96%	96%	≥90%	RN's, >0.5FTE (n=64)	1 (1.6%)	2 (3.1%)	3 (4.8%)	2 (3.4%)	≤5
Pre/Post Op		98%	94%	96%	≥90%						
ED	83.0	80%	78%	83%	≥90%	Patient Experience: Q-Reviews	2022				
Preventable med errors R/T Med Scanning	0	0	0	2	≤2		2023	Q4	Q1	Q2	Q3
							4.74	4.78	4.78		
Quality Indicators (QAPI) 2023						RATE MY HOSPITAL- PHYSICAL THERAPY					
	Q4	Q1	Q2	Q3	Goal	Overall score	4.9	4.91	4.92	4.94	≥4.75
Antibx admin within 30"-M/S and ICU	91%	91%	93%	94%	≥90%	RATE MY HOSPITAL-OUTPATIENT SURGERY					
Cont. OBS for Psych Pt-ED**New Bundle Q2, May-June	100%	100%	20%	34%	>90%	Overall Score	4.83	4.84	4.81	4.83	≥4.75
Drug Admin Errors-Pharmacy (per 10000 doses)	0.37	0.43 (n=19)	0.12 (n=19)	0.35 (n=18)	<1	RATE MY HOSPITAL - ED					
						Overall score	4.63	4.5	4.6	4.61	≥4.75
Case Management 2023						RATE MY HOSPITAL - MEDICAL IMAGING					
	Q4	Q1	Q2	Q3	Goal	Overall score	4.82	4.85	4.87	4.81	≥4.75
Patient Choice Form Completed		94%	93%	93%	90%	RATE MY HOSPITAL-INPATIENT					
						Overall score	4.66	4.74	4.69	4.83	≥4.75
						Nurse Staffing Effectiveness: Transfers r/t staffing/beds					
	Q4	Q1	Q2	Q3	Goal	2022 - 2023	Q4	Q1	Q2	Q3	Goal
							6	1	1	0	≤0

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

DIAGNOSTIC SERVICES – QUALITY ASSURANCE

DECEMBER 2023



Quality Indicator Performance & Plan

December Board Quality

Data for October 2023

AHRQ Patient Safety Indicators




Indicator	Performance	Most Recent	Trend	Period	⊕	🔔	📊	⚖️
PSI 90 (v2021) Midas Patient Safety Indicators Composite, ACA (M)	 91% 9%	 Target Met	0.00 0/0.013	 Improved	Oct 2023	0.00	n/a	n/a
History								1.27
PSI 90 (v2021) Patient Safety Indicators Composite, ACA - Volume (M)	 91% 9%	 Target Met	0	 Improved	Oct 2023	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

Adverse Events Reporting

- Zero Adverse events including Pre-Op/Post Op discrepancies, adverse events from Anesthesia or operative adverse events

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📄
Adverse Event SE (M) volume	 100%	 Target Met	0	— No Change	Oct 2023	0	1	n/a
History								0

Blood Products

Lab | Transfusion Effectiveness (M)







Lab | Transfusion Reaction (M)







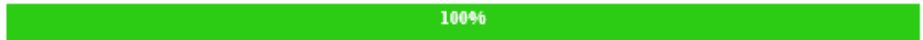



Significant Medication Errors and Adverse Drug Reactions

- No Adverse Drug Reactions










Indicator	Performance	Most Recent	Trend	Period	⊙	⚠	📊	⚖
Rx-ADEs-High Risk Med Errors Per 10,000 Doses (M)	 History 	Target Met 0.00 <small>0/75819</small>	Improved	Oct 2023	1.13	2.00	n/a	0.10
Rx-Administration Errors Per 10,000 Doses Dispensed	 History 	Target Met 0.13 <small>1/75819</small>	Improved	Oct 2023	1.00	3.00	n/a	0.28

Patient Falls

Preventable Harm

Indicator	Performance	Most Recent	Trend	Period	⊕	🔔	📊	⌵	
RM ACUTE FALL- All (M) per 1000 patient days	 History 	 Target Met	0.00 0/291	 Improved	Oct 2023	3.75	4.00	n/a	0.62
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days	 History 	 Target Met	0.00 0/291	 No Change	Oct 2023	3.75	4.00	n/a	0.00

Blood Culture Contamination













Indicator	Performance	Most Recent	Trend	Period	Target	Alert
Blood Cultures -Contamination Rate LAB (M)		2.4% 2/85	 Deteriorated	Oct 2023	3.0%	4.0%
History						
Blood Cultures -Total Contamination Rate (M)		2.4% 5/212	 Deteriorated	Oct 2023	3.0%	4.0%
History						
Blood Cultures -Contamination Rate RN (M)		2.5% 3/122	 Deteriorated	Oct 2023	3.0%	3.1%
History						

Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Oct 2023	3	122	2.5%
Sep 2023	1	97	1.0%
Aug 2023	5	94	5.3%
Jul 2023	2	89	2.2%
Jun 2023	3	98	3.1%
May 2023	1	111	0.9%
Apr 2023	7	104	6.7%
Mar 2023	6	103	5.8%
Feb 2023	2	95	2.1%
Jan 2023	4	88	4.5%
Dec 2022	4	109	3.7%
Nov 2022	3	124	2.4%

CIHQ Stroke Certification Measures

Indicator	Performance	Most Recent	Trend	Period	🕒	📈	📊	📄	
CDSTK-03 Median- Code Stroke Called [M] elapsed time (mins)	 91%	 Target Met	6	 Deteriorated	Oct 2023	10	11	n/a	6
History									
CDSTK-04 Median- Door to Phys Eval [M] minutes	 100%	 Target Met	4	 Deteriorated	Oct 2023	10	11	n/a	2
History									
CDSTK-05 Median- Door to CT Scanner [M] elapsed time (minutes)	 100%	 Target Met	9	 Improved	Oct 2023	25	26	n/a	9
History									
CDSTK-06 Median- Neuro Consult Contacted [M] minutes	 100%	 Target Met	22	 No Change	Oct 2023	30	31	n/a	16
History									
CDSTK-07 Median- CT Read by Radiology [M] minutes	 100%	 Target Met	24	 Improved	Oct 2023	45	46	n/a	29
History									
CDSTK-08 Median- Lab Results Posted [M] minutes	 100%	 Target Met	27	 Deteriorated	Oct 2023	45	46	n/a	22
History									
CDSTK-10 Median- Door to EKG Complete [M] minutes	 100%	 Target Met	39	 No Change	Oct 2023	60	61	n/a	36
History									
CDSTK-11 Median-Door to tPA Decision [M] minutes	 83%	 Target Met	33	 Improved	Oct 2023	60	61	n/a	38
History									
CDSTK-12 Median-Door to tPA [M] minutes	 16%	 Target Met	n/a	 No Change	Oct 2023	60	61	n/a	68
History									

Utilization Management

Indicator	Performance	Most Recent	Trend	Period	🕒	🚨	📊	⚖️
1 Day Stay Rate Medi-Cal [M]			0.00% 0/11	No Change	Oct 2023	2.61%	5.00%	n/a
History								0.00%
1 Day Stay Rate-Medicare [M]			0.00% 0/48	No Change	Oct 2023	8.10%	10.00%	n/a
History								0.20%
Acute Care - Geometric Mean Length of Stay [M]			3.28 36.0409/11	Deteriorated	Oct 2023	2.75	3.23	n/a
History								3.33
MS-DRG Case Mix Index (CMI) [M]			1.33	Deteriorated	Oct 2023	1.55	1.40	n/a
History								1.40

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)	 History	Target Met 100.0% 15/15	— No Change	Oct 2023	88.0%	50.0%	n/a	100.0%
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)	 History	Breaches Alarm 149.00	↕ Improved	Oct 2023	132.00	140.00	n/a	148.50
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)	 History	Target Met 0.3% 2/752	↕ Improved	Oct 2023	2.0%	2.5%	n/a	0.7%
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)	 History	Breaches Alarm 66.7% 2/3	↕ Improved	Oct 2023	72.0%	70.0%	n/a	60.0%

Core Measures Sepsis

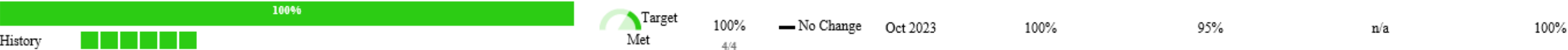
Indicator	Performance	Most Recent	Trend	Period	📍	🔔	📊	☒
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)	 History	Target Met 87.5% <small>7/8</small>	Deteriorated	Oct 2023	81.0%	80.0%	n/a	60.0%
SEPa - Severe Sepsis 3 Hour Bundle (M)	 History	Breaches Alarm 87.5% <small>7/8</small>	Deteriorated	Oct 2023	94.0%	90.0%	n/a	80.3%
SEPB - Severe Sepsis 6 Hour Bundle (M)	 History	Target Met 100.0% <small>5/5</small>	No Change	Oct 2023	100.0%	90.0%	n/a	89.8%

Infection Prevention

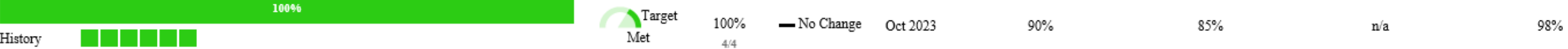
Indicator	Performance	Most Recent	Trend	Period	📍	🔔	📊	☰	
IC-Surveillance HAI-C.DIFF Inpatient infections per 10k pt days [M]	 89% 11%	 Target Met	0	— No Change	Oct 2023	1	1	n/a	0
IC-Surveillance HAI-CAUTI Inpatient infections per 10k patient days [M]	 92% 8%	 Target Met	0	— No Change	Oct 2023	1	1	n/a	0
IC-Surveillance HAI-CLABSI Inpatient infections per 10k patient days [M]	 96% 4%	 Target Met	0	— No Change	Oct 2023	1	1	n/a	0
IC-Surveillance HAI-MRSA Inpatient infections per 10k patient days [M]	 100%	 Target Met	0	— No Change	Oct 2023	1	1	n/a	0
IC-Surveillance HAI-SSI infections per 10k pt days [M]	 91% 9%	 Target Met	0	— No Change	Oct 2023	1	1	n/a	0
QA-02 Hand Hygiene Practices Monitored [M]	 8% 16% 25% 51%	 Bet. Target & Alarm	86%	⬆ Improved	Oct 2023	90%	85%	n/a	83%
History			79/92						

CIHQ Corrective Action Plan Monthly Compliance Condition Level Findings

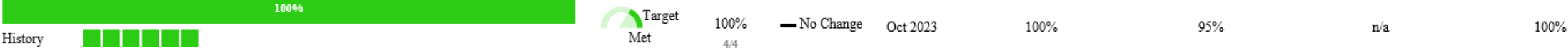
GL-04 | Condition Level Findings Reported to BQC [M]



IC-03 | Hair Clippers and Base Clean [M]



MM-24 | Pill Crushers Clean [M]



QS-10 | Documentation: Continuous Observation of High Risk Pts [M]



Patient Satisfaction

Inpatient

Questions	Top Box	n	STATE CA Score	All PG Database Score
*Rate hospital 0-10	70.69	58	72.74	70.42
*Recommend the hospital	62.50	56	73.33	69.46
*Comm w/ Nurses Domain Performance	83.14	58	78.21	79.18
*Nurses treat with courtesy/respect	91.23	57	84.54	85.79
*Nurses listen carefully to you	82.76	58	75.93	76.59
*Nurses expl in way you understand	75.44	57	74.15	75.16
*Response of Hosp Staff Domain Performance	78.64	49	63.68	64.13
*Call button help soon as wanted it	77.27	44	62.82	62.55
*Help toileting soon as you wanted	80.00	25	64.48	65.18
*Comm w/ Doctors Domain Performance	83.63	57	79.27	79.60
*Doctors treat with courtesy/respect	89.47	57	84.69	85.56
*Doctors listen carefully to you	84.21	57	77.81	78.16
*Doctors expl in way you understand	77.19	57	75.31	75.08
*Hospital Environment Domain Performance	64.11	57	63.74	66.25
*Cleanliness of hospital environment	73.68	57	73.61	72.45
*Quietness of hospital environment	54.55	55	53.87	60.03
*Comm About Medicines Domain Performance	60.86	39	62.65	60.66
*Tell you what new medicine was for	74.36	39	75.57	74.31
*Staff describe medicine side effect	47.37	38	49.76	46.99
*Discharge Information Domain Performance	93.27	52	87.19	86.37
*Staff talk about help when you left	90.38	52	85.08	84.42
*Info re symptoms/prob to look for	96.15	52	89.29	88.31
*Care Transitions Domain Performance	53.22	57	54.05	52.50
*Hosp staff took pref into account	42.11	57	48.68	46.95
*Good understanding managing health	50.88	57	53.34	51.70
*Understood purpose of taking meds	66.67	45	60.20	58.87

*CAHPS

Patient Satisfaction

Ambulatory Surgery

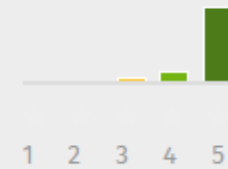
Questions	Top Box	n	All PG Database Score	State of California Score
*Facility rating 0-10	85.09	114	88.16	86.28
*Recommend the facility	74.78	115	85.47	84.20
*Communication Domain Performance	92.45	117	92.27	90.60
*Provided needed info re procedure	92.24	116	92.54	91.13
*Instructions good re preparation	96.58	117	94.40	93.08
*Procedure info easy to understand	93.97	116	93.87	92.60
*Anesthesia info easy to understand	96.12	103	94.47	92.83
*Anes side effect easy to understand	83.33	102	86.06	83.37
*Facility/Personal Trtment Domain Performance	97.26	117	97.14	96.26
*Check-in run smoothly	95.73	117	95.56	94.36
*Facility clean	98.29	117	98.01	97.26
*Clerks and receptionists helpful	96.55	116	96.36	95.28
*Clerks and reception courteous	97.39	115	97.70	97.04
*Staff treat w/ courtesy, respect	97.37	114	98.12	97.45
*Staff ensure you were comfortable	98.23	113	97.06	96.17
*Discharge Domain Performance	95.58	115	96.83	96.02
*Written discharge instructions	96.36	110	97.71	97.25
*Instructions regarding recovery	84.96	113	87.86	85.15
*Information re subsequent pain	97.96	98	98.39	97.99
*Information re subsequent nausea	97.67	86	98.50	97.93
*Information re subsequent bleeding	97.67	86	98.98	98.55
*Info on response to infection	98.84	86	99.53	99.28
Nurses Overall	90.58	113	89.25	87.14
Nurses concern for comfort	90.83	109	89.82	87.69
Info nurses gave to prep for proc	91.96	112	88.66	86.66
Nurses response concerns/questions	88.89	108	89.30	87.05
Care Provider Overall	81.19	112	84.27	80.29
CP explanation about proc	84.55	110	84.96	81.28
Info CP shared re how proc went	77.98	109	83.07	78.09
CP response to concerns/questions	81.82	110	86.86	83.31
CP expln why proc important	80.37	107	82.13	78.30
Staff worked together care for you	88.60	114	90.35	88.37

Rate My Hospital Scale 1-5 October Data

Sonoma Valley Hospital / Emergency Department

96

4.632
95% CI:
4.574–4.689



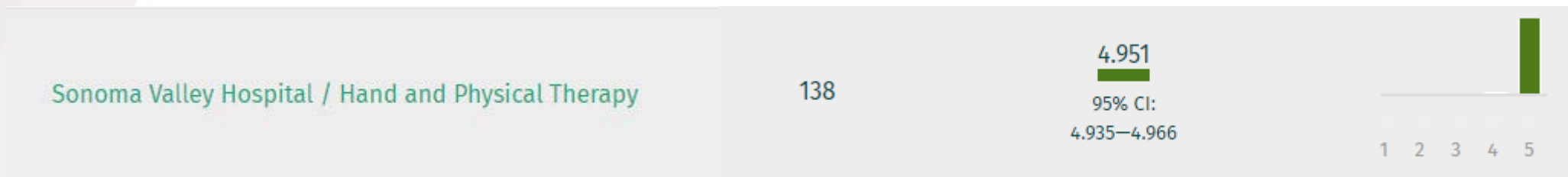
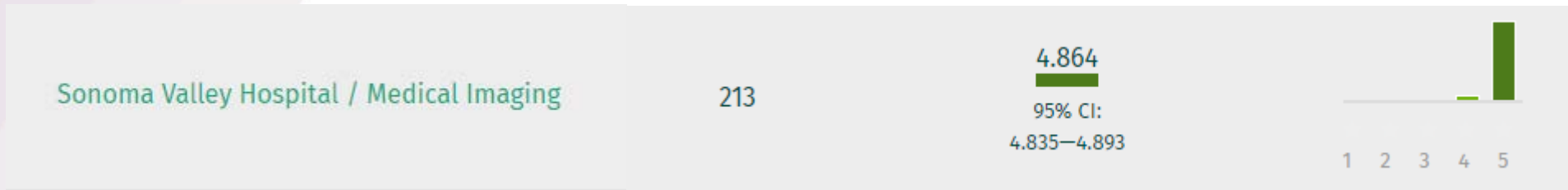
Sonoma Valley Hospital / Inpatient Care

9

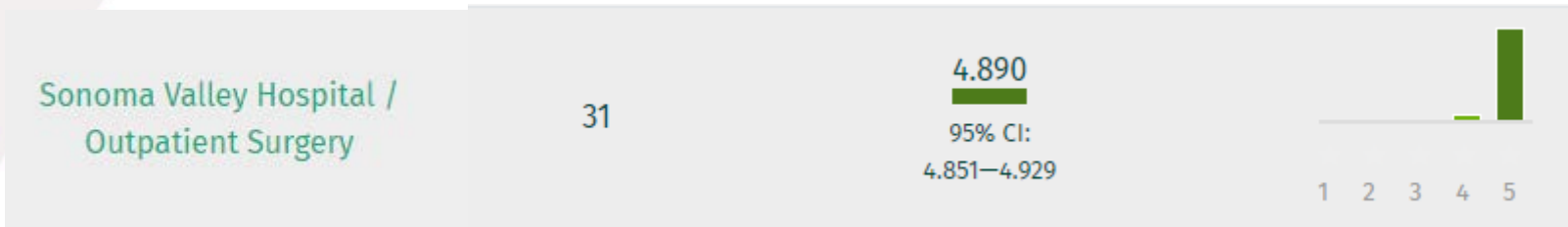
4.889
95% CI:
Not enough samples



Rate My Hospital Scale 1-5



Rate My Hospital Scale 1-5



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: 11/29/2023 1:14 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: 17

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

Committee Members: Crayton, Monique (mcrayton), Finn, Stacey (sfinn), Newman, Cindi (cnewman)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Access to Medication When the Pharmacy is Closed <i>Medication Management Policies (MM)</i>	Pending Approval	11/16/2023	13
Summary Of Changes: Defined ADC = Automated Dispensing Cabinet Added reference to policy MM8610-166 On Call Pharmacist			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Kutza, Chris (ckutza)			
Approvers: 01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Clinical Nursing Procedures <i>Patient Care Policy</i>	Pending Approval	11/16/2023	13
Summary Of Changes: Reviewed, no changes			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Taylor, Jane (jtaylor)			
ExpertReviewers: 00 Clinical P&P multidisciplinary review, Medical Director-Patient Care Services			
Approvers: Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Critical Care Transport <i>Emergency Dept</i>	Pending Approval	11/16/2023	13
Summary Of Changes: updated reference, added line F, outlining SVH RN responsible for returning SVH equipment and record documentation			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)			
Approvers: Winkler, Jessica (jwinkler) -> Medical Director-Emergency Dept. - (Committee) -> 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)			
Hoyer Lift <i>Rehabilitation Services Dept</i>	Pending Approval	11/16/2023	13

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/29/2023 1:14 PM

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

Summary Of Changes:	Updated referenced MoLift instructions or similar mechanical lift.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Gallo, Christopher (cgallo)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 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)		
Labeling Medications On and Off Sterile Field	Pending Approval	11/16/2023	13
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Changed wording to read "scrub person" instead of scrub nurse since it is not always a nurse.		
	Updated to match current practice:		
	"5. Any irrigating solution to which medication has been added will be labeled by the circulating nurse and is hung only on the IV pole that is attached to the suction machine to help avoid inadvertent IV administration. "		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Medication Reconciliation	Pending Approval	11/16/2023	13
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Added wording describing the need to provide information on any medications being dispensed at discharge		
	Added Reference BPC 4047e		
	Need to update formatting of authors/reviewers to remove people's names.		
	Add either/or CNO or Director of Quality as expert reviewers		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Medication Shortages	Pending Approval	11/16/2023	13
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Reviewed, no changes		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Pharmaceutical Representatives MM8610-159	Pending Approval	11/16/2023	13
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Reviewed no changes		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Post Procedure Instructions Procedure	Pending Approval	11/16/2023	13
<i>Diagnostic Services Dept Policies</i>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/29/2023 1:14 PM

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

Summary Of Changes: **Updated Authors and Reviewers.**

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

Lead Authors: **Young, Dave (dyoung)**

ExpertReviewers: **Medical Director-Diagnostic Radiology**

Approvers: **Kuwahara, Dawn (dkuwahara) -> 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)**

Pregnant Patients

Pending Approval

11/16/2023

13

Diagnostic Services Dept Policies

Summary Of Changes: **Recommendation: retire policy. Screening for pregnancy is covered in polices 7620-193, 215 and 216.**

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

Lead Authors: **Young, Dave (dyoung)**

ExpertReviewers: **Medical Director-Diagnostic Radiology**

Approvers: **Kuwahara, Dawn (dkuwahara) -> 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)**

Rapid Sequence Intubation (RSI) Kit MM8610-161

Pending Approval

11/16/2023

13

Medication Management Policies (MM)

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

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

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

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

Renal Dosing-Pharmacy Protocol

Pending Approval

11/16/2023

13

Medication Management Policies (MM)

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

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

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

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

RETIRE: Antimicrobial Stewardship Monitoring Procedure 8390-01

Pending Approval

11/27/2023

2

Pharmacy Dept

Summary Of Changes: **Retire: This policy is no longer needed. It was originally written to describe the complex process to follow when using Paragon. Epic's workflow is standardized and clear so does not warrant a department procedure to follow it.**

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

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

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

RETIRE: MRI, Patient Preparation

Pending Approval

11/16/2023

13

Diagnostic Services Dept Policies

Summary Of Changes: **Retire policy. Screening (prep) requirements are in the MRI Safety policy.**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 11/29/2023 1:14 PM

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

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Young, Dave (dyoung)**
 ExpertReviewers: **Medical Director-Diagnostic Radiology**
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 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)**

RETIRE: Scheduling Biopsies Procedure <i>Diagnostic Services Dept Policies</i>	Pending Approval	11/16/2023	13
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Summary Of Changes: **Retire policy. Current practice is covered in the Scheduling Procedure policy.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Young, Dave (dyoung)**
 ExpertReviewers: **Medical Director-Diagnostic Radiology**
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 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)**

RETIRE: Scribes in the Emergency Department <i>Emergency Dept</i>	Pending Approval	11/16/2023	13
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Summary Of Changes: **suggest sunseting this policy as the ER physicians no longer use scribes**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)**
 Approvers: **Winkler, Jessica (jwinkler) -> Medical Director-Emergency Dept. - (Committee) -> 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)**

Scheduling Procedures <i>Diagnostic Services Dept Policies</i>	Pending Approval	11/16/2023	13
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Summary Of Changes: **Added Purpose statement
 Updated to reflect current processes and reference to Centralized Scheduling.
 Referenced Medical Staff policy- Ordering of Outpatient Services MS8610-122.
 Updated Authors/Reviewers.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Young, Dave (dyoung)**
 ExpertReviewers: **Medical Director-Diagnostic Radiology**
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 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)**