



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, MAY 28, 2025

5:00 pm Regular Session

Held in Person:

SVH Administrative Conference Room

To Participate Via Zoom Videoconferencing, use the link below:

<https://sonomavalleyhospital-org.zoom.us/j/99901004530?from=addon>

Meeting ID: 999 0100 4530

One tap mobile

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AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a District meeting, please contact the Board Clerk, Whitney Reese, at wreese@sonomavalleyhospital.org , 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>Daniel Kittleson, DDS</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>Daniel Kittleson, DDS</i>	
3. CONSENT CALENDAR • Minutes 04.23.25	<i>Daniel Kittleson, DDS</i>	Action
4. ANNUAL QUALITY DEPARTMENT REVIEW BY: Director of Quality, Risk Management, Patient Safety, Infection Control, Case Management & Regulatory	<i>Louise Wyatt, RN JD</i>	Inform
5. POLICIES AND PROCEDURES	<i>Louise Wyatt, RN JD</i>	Inform
6. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Daniel Kittleson, DDS</i>	Action
7. ADJOURN	<i>Daniel Kittleson, DDS</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

Wednesday, April 23, 2025, 5:00 PM

MINUTES

Members Present	Excused/Not Present	Public/Staff – Via Zoom
Daniel Kittleson, DDS Wendy Lee Myatt Michael Mainardi, MD Carl Speizer, MD Kathy Beebe, RN PhD Carol Snyder Paul Amara, MD, FACOG, via zoom	Howard Eisenstark, MD Susan Kornblatt Idell	Louise Wyatt, RN JD, SVH Director of Quality Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO Ben Armfield, SVH CFO & Interim SVH CEO Whitney Reese, SVH Board Clerk Leslie Petersen, SVH Foundation ED Alfred Lugo, MS, MLS(ASCP) ^{CM} DLM, SVH Lab Manager

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Daniel Kittleson, DDS</i>	
Kittleson called meeting to order at 5:00pm. Lee Myatt announced John Hennelly's departure as CEO. Ben Armfield, SVH CFO, will be filling in as Interim SVH CEO during joint recruitment by SVH and UCSF for vacant CEO position. SVHCD Board of Directors and SVH leadership team will actively support him during this transition. Ben's steady leadership ensures we are well positioned to continue to deliver the highest level of care to our patients during this period of change.		
2. PUBLIC COMMENT SECTION	<i>Daniel Kittleson, DDS</i>	
	No public comments	
3. CONSENT CALENDAR	<i>Daniel Kittleson, DDS</i>	ACTION
Minutes 03.26.25	<i>Motion to approve by, 2nd by Mainardi. All in favor.</i>	
4. LAB QA/PI	<i>Alfred Lugo, MS, MLS(ASCP)^{CM}DLM</i>	INFORM
Lugo presented for SVH laboratory, which operates with a mix of full-time, part-time, and per diem staff, providing 24/7 coverage. Services include phlebotomy, a broad range of clinical lab testing, microbiology, molecular diagnostics, and blood transfusions, as well as coordination		

with Quest and PathGroup. Recent accomplishments include integrating PathGroup results into EPIC, securing new analyzers, hiring a new lead microbiologist, and training 16 phlebotomy students. Upcoming projects focus on implementing new analyzers, upgrading lab infrastructure, and preparing for a CLIA inspection. Key challenges include staffing, compensation, space limitations, and poor lab design.		
6. PATIENT CARE SERVICES DASHBOARD 2025 Q1	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K</i>	INFORM
Winkler presented the PCS Dashboard for the first quarter of 2025, with a new format and updated targets, and highlighted the decision to streamline tracking by focusing on key areas like ED barcode scanning, high-risk patient observation, and individualized discharge education to improve patient confidence and HCAHPS scores. Positive strides include the purchase of mobility-enhancing reclining chairs and improvements in surgical services, with low same-day cancellations and ongoing efforts to boost first-case on-time starts. Medication safety remains a priority, now tracked across all departments, and nursing turnover is being monitored more precisely. Winkler also described creative interim solutions to improve patient flow from the ER to inpatient units and acknowledged continued collaboration to enhance timely critical lab reporting.		
6. QUALITY INDICATOR PERFORMANCE & PLAN	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt presented partnerships with Sonoma Post Acute, Valley of the Moon, and Broadway Villa skilled nursing facilities to improve care transitions, reduce readmissions, and support regulatory compliance. A readmission reduction project targeting CHF and COPD patients is underway. Additional efforts include relaunching the Sepsis Program, implementing a Med-to-Bed initiative in collaboration with Adobe Pharmacy, and developing a Pre-operative Prehabilitation process. The Infection Prevention Committee has also been reactivated. Performance data from Q1 2025 was reviewed, with most quality indicators meeting targets. The Q1 HCAHPS report is delayed until May due to survey methodology changes.		
6. POLICIES & PROCEDURES	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt presented small changes in existing policies and procedures. No new policies were introduced.		
7. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Daniel Kittleson, DDS</i>	INFORM
<i>Motion to recommend to Board of Directors for approval by Mainardi, 2nd by Snyder. All in favor.</i>		
8. ADJOURN	<i>Daniel Kittleson, DDS</i>	ACTION
Meeting adjourned at 6:12pm		

SONOMA VALLEY HOSPITAL PERFORMANCE IMPROVEMENT COMMITTEE

May 22, 2025

LOUISE WYATT, RN JD

**Director of Quality, Risk Management, Patient Safety,
Infection Control, Case Management & Regulatory**

AGENDA

UPDATE ON QUALITY INITIATIVES



DEPARTMENTAL ROUNDS
FINDINGS

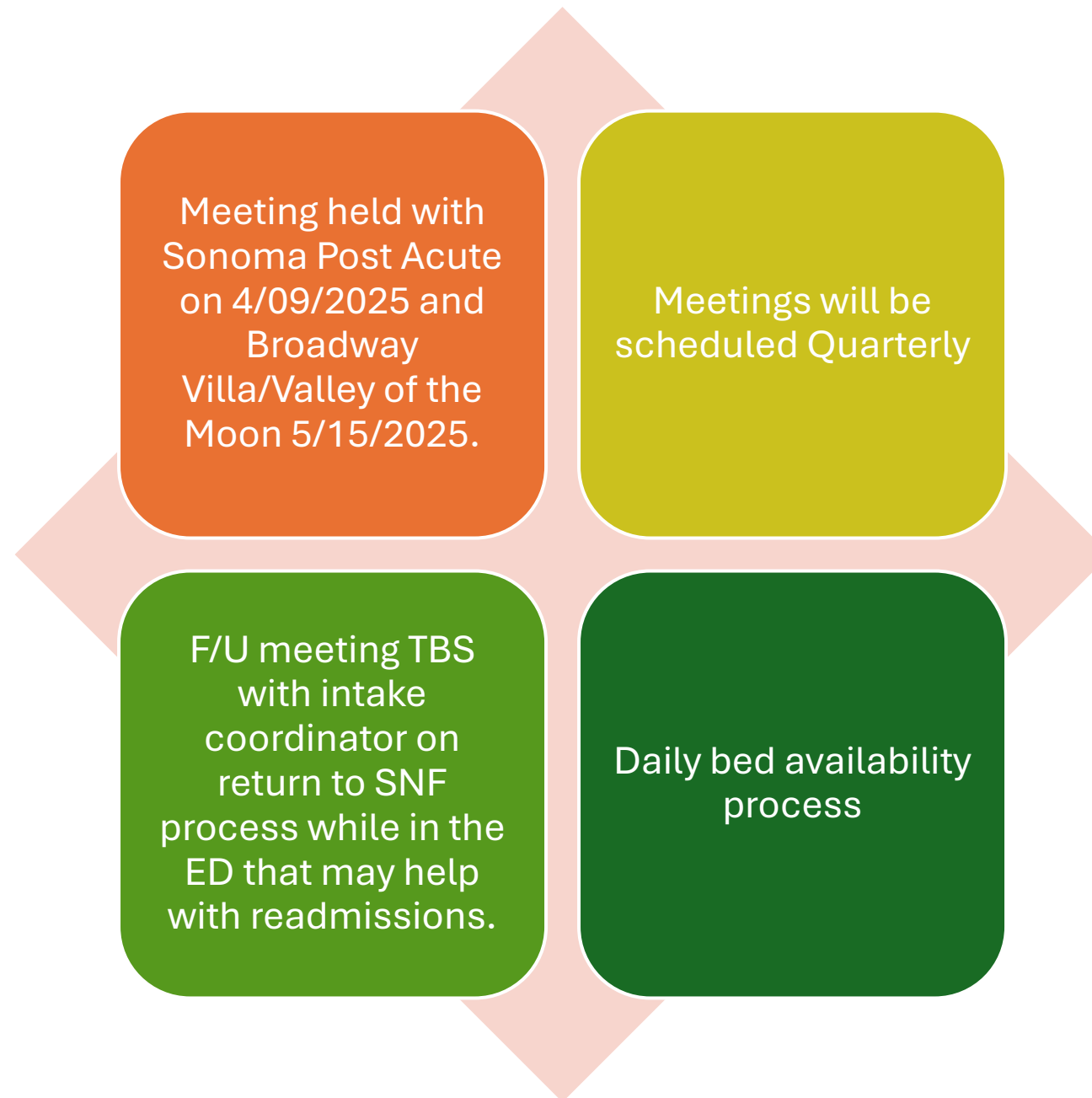


QUALITY SCORECARD



POLICY AND PROCEDURES

**QUALITY INITIATIVE: Skilled Nursing Facility Collaboration with
Sonoma Post Acute,
Valley of the Moon and Broadway Villa.**



QUALITY INITIATIVES: READMISSION REDUCTION PROGRAM



Final stages of planning.



Scheduled roll out 06/02/2025



Finalizing Adobe Pharmacy collaboration

UPDATE ON OTHER QUALITY INITIATIVES

Infection Prevention/Antimicrobial Stewardship Committee –

1st meeting May 2, 2025

Sepsis Program –

1st meeting held; 2nd meeting will be scheduled in June. Dr. Hart agreed to be the inpatient Sepsis Champion. Worked with EPIC on an easier data collection process. However, it will be all manual.

Pre-operative Prehabilitation Project –

Awaiting feedback from Surgeons on process.

Age Friendly Health Systems –

Policy completed. Committee formalized and the next meeting in June to approve policy. Dr. Ravi selected to be the Physician sponsor.

Charity Medication Program –

Policy updated. Will need to go through the approval process.

DEPARTMENTAL ROUNDS

Survey Readiness – Survey rounds completed in the following areas:

1. ICU/Med Surg unit
2. PACU/OR/Surgery
3. Radiology, MRI, Ultrasound

Findings-

- Chipped furniture
- Stained ceiling tiles
- Lack of storage for clean equipment
- Walls with dings
- Rust in some areas
- Expired items, chemical storage
- Paper secured to walls with tape
- Scaling on eye wash stations
- Boxes in equipment storage areas
- Shower cords too long
- Privacy curtains in rooms were not dated
- Dirty Vent with Rust in patients' room
- Item stored in drawer out of wrapper (diaper)
- Bathroom pull cord too long in shower (suicide hazard) and another cord touching floor in visitor/staff BR.
- Cleaner undated
- Chemicals in use not approved by Materials Management
- Hazmat/Spill Kit closet out of compliance

QUALITY SCORECARD

1st QTR. 2025

April 2025

QUALITY SCORECARD

INFECTION

Measures	2024	2025 Target	25- Jan	25- Feb	25- Mar	Q1.2025	25- Apr
IC-Surveillance HAI-C.DIFF Inpatient infections SIRs M	85	1	0%	0%	0%	0%	0%
IC-Surveillance HAI-CAUTI Inpatient infections SIRs M	0	1	0%	0%	0%	0%	0%
IC-Surveillance HAI-CLABSI Inpatient infections SIRs M	0	1	0%	0%	0%	0%	0%
IC-Surveillance HAI-MRSA Inpatient infections SIRs M	0	1	0%	0%	0%	0%	0%
IC-Surveillance HAI-SSI infections SIRs M	0	1	0%	0%	0%	0%	0%
QA-02 Hand Hygiene Practices Monitored % of compliance M	90%	90%	98	92	82%	91%	96%

Mortality

Measures	2024	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr
COPD Mortality Rate M	8.10%	8.5	0%	0%	0%	0%	0%
Congestive Heart Failure Mortality Rate M	0%	11.5	0%	0%	0%	0%	0%
Pneumonia Mortality Rate M	4.80%	15.60%	0%	22%	0%	7.10%	0%
Ischemic Stroke Mortality Rate M	0%	13.80%	0%	0%	0%	0%	0%
Hemorrhagic Stroke - Mortality Rate (M)	33.30%	0%	ND	ND	ND	ND	ND
Sepsis, Severe - Mortality Rate (M)	0.00%	25%	25%	0%	0%	10%	0%
Septic Shock - Mortality Rate (M)	30%	25%	43%	20%	0%	28.60%	ND

PSI 90 FALLS RX

Measures	2024	2025 Target	25- Jan	25- Feb	25- Mar	Q1.2025	25- Apr
PSI 90 (v2023-1) Midas Patient Safety Indicators Composite, ACA per 1000 pt days (M)	0	0	0.01	0	0	0.0004	0%
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M)	0	0	1	0	0	1	0%
RM ACUTE FALL- All (M) per 1000 patient days	2.94	3.75	3.17	3.25	0	2.08	0%
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days	1.1	3.75	0	0	0	0	0%
Rx-ADEs-High Risk Med Errors Per 10,000 Doses (M)	0.03	1.13	0%	0%	0%	0%	0%
Rx-Administration Errors Per 10,000 Doses Dispensed	0.45	1	0.1	0.1	0.19	0.14	0%

LAB/TRANSFUSIONS

BLOOD CULTURES

Measures	2024	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr
Lab Transfusion Effectiveness (M)	100%	100%	100%	100%	100%	100%	100%
Lab Transfusion Reaction (M)	0%	0%	0%	0%	0%	0%	0%
Blood Cultures -Contamination Rate RN (M)	3%	3%	2.70%	1.30%	5%	3%	4.20%
Blood Cultures -Contamination Rate LAB (M)	2%	3%	0%	0%	0%	0%	1.20%
Blood Cultures -Total Contamination Rate (M)	3%	3%	1.80%	1.00%	3.30%	2.00%	2.80%

STROKE

Measures	2024	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr
CDSTK-03 Median- Code Stroke Called M elapsed time (mins)	5	10	1	8	8	2	1
CDSTK-04 Median- Door to Phys Eval M elapsed time (mins)	1	10	0	2	0	0	0
CDSTK-05 Median- Door to CT Scanner M elapsed time (mins)	9	25	1	8	11	6	2
CDSTK-06 Median- Neuro Consult Contacted M elapsed time (mins)	25	30	8	14	20	14	12
CDSTK-07 Median- CT Read by Radiology M elapsed time (mins)	26	45	15	30	31	22	19
CDSTK-08 Median- Lab Results Posted M elapsed time (mins)	25	45	20	21	26	21	19
CDSTK-10 Median- Door to EKG Complete M elapsed time (mins)	29	60	21	28	25	25	22
CDSTK-11 Median-Door to tPA Decision M elapsed time (mins)	31	60	19	34	30	30	14
CDSTK-12 Median-Door to tPA M elapsed time (mins)	74	60	48	ND	ND	48	41

ALOS READMISSIONS

Measures	2024	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025
Acute Care Risk-adjusted Average Length of Stay, O/E Ratio M	0.86	0.99	0.99	0.99	0.99	0.99
Inpatients Risk-adjusted Average Length of Stay, O/E Ratio M	0.86	0.99	0.9	0.98	0.97	0.95
Medicare Risk-adjusted Average Length of Stay, O/E Ratio M	0.79	0.99	0.82	0.97	0.97	0.9
Acute Care - Geometric Mean Length of Stay M	3.59	2.75	4.15	2.85	3.46	3.22
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M	6.39	15.30%	13.43	6.35	7.14	9.00%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M	7.10%	19.50%	0.00%	40%	0.00%	22.20%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	13.50%	21.60%	0%	0%	0%	0%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M	0%	4.00%	0%	0%	0%	0%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M	7.10%	13.60%	8.30%	0%	0%	8.70%
Sepsis, Simple - % Readmit within 30 Days (M)*	0.03%	0.00%	0.27%	0%	0%	0.14%
Sepsis, Severe - % Readmit within 30 Days (M)	0%	12%	0%	0%	0%	0%
Septic Shock - % Readmit within 30 Days (M)	0.20%	13.30%	0%	0%	0.50%	0.20%

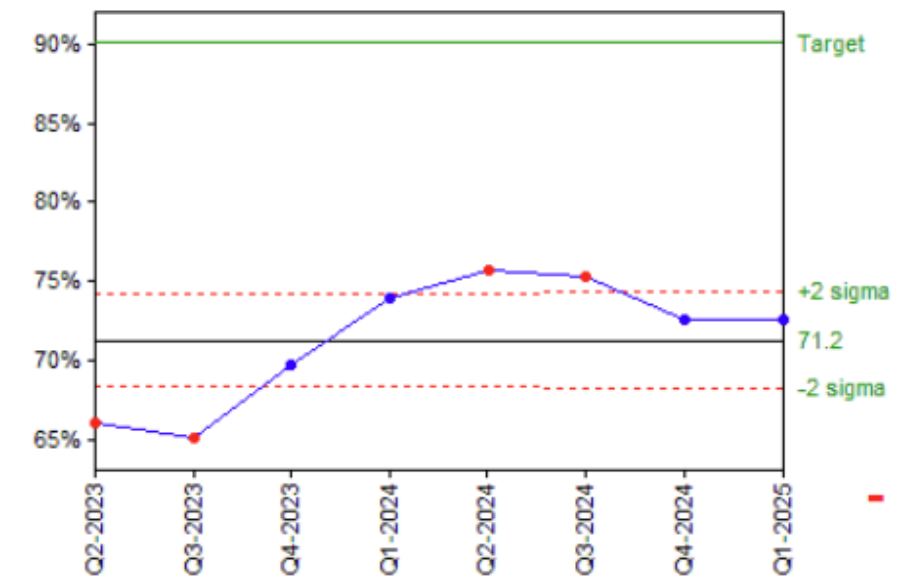
CORE OP MEASURES

Measures	2024	2025 Target	25- Jan	25- Feb	25- Mar	Q1.202 5	25- Apr
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M	0.30%	2.00%	0.40%	0.40%	0.40%	0.40%	0.60%
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)	100%	80%	100%	100%	ND	100%	100%
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M	100%	88%	100%	100%	100%	100%	100%
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M	140	132	154	120	105.5	126	76%

CIHQ Corrective Action Plan: Policies and Procedures Compliance Condition Level Finding

- 6 months of continuous compliance is required.
- Target is 90%
- Action plan: Assigning Policies and Procedures for presentation and approval at the monthly Policy and Procedure Committee meeting

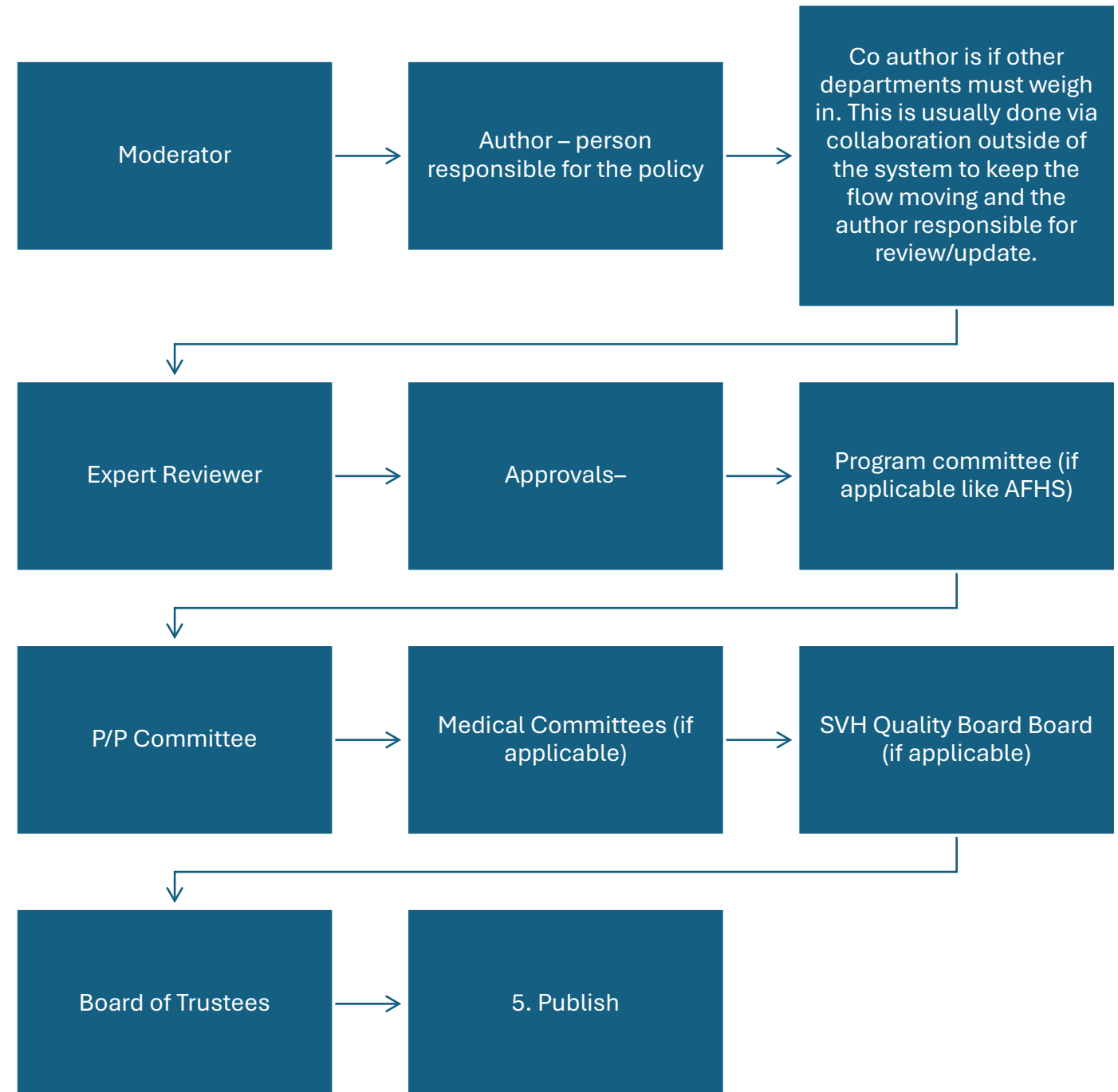
Date	Policies compliant for review/workf		Percent
Q1-2025	657	906	73%
Q4-2024	659	908	73%
Q3-2024	685	910	75%
Q2-2024	696	920	76%
Q1-2024	697	944	74%
Q4-2023	648	930	70%
Q3-2023	635	976	65%
Q2-2023	652	987	66%



Policy and Procedure Workflow

SVH Quality Board Responsibility for review of polices per charter:

1. Review only new and updated hospital patient care (clinical) policies for adherence to quality and safety priorities.
2. Monitor Policies and Procedures



Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Vossen, Alina (avossen)

Run date: 05/19/2025 12:22 PM

Report Parameters

Filtered by: Document Set: - All Available Document Sets -
Committee: 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee
Include Current Tasks: Yes
Include Upcoming Tasks: No
Grouped by: Committee
Sorted by: Document Title

Report Statistics

Total Documents: 1

Committee: 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee

Committee Members: Jervan, Monique (mjervan), Newman, Cindi (cnewman), Salcido, Melissa (msalcido), Vossen, Alina (avossen)

Current Approval Tasks (due now)			
Document	Task/Status	Pending Since	Days Pending
RETIRE: COVID-19 Monoclonal Antibody Therapy Medication Management Policies (MM)	Pending Approval	5/7/2025	12
Summary Of Changes:	Recommend retiring this policy. It spoke to processes pertinent to when COVID lockdown measures were in place.		
Moderators:	Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Kutza, Chris (ckutza)		
ExpertReviewers:	Winkler, Jessica (jwinkler)		
Approvers:	06 CMO/Designee for signature -> 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)		

WRAP UP/QUESTIONS



Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 05/23/2025 4:38 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: 3

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

Committee Members: Newman, Cindi (cnewman), Reese, Whitney (wreese)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
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Infection Prevention Program <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	7/18/2024	309
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Summary Of Changes: Reviewed. No Changes

Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)

Lead Authors: Montecino, Stephanie (smontecino)

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

RETIRE: Piperacillin-Tazobactam Extended Infusion Dosing <i>Medication Management Policies (MM)</i>	Pending Approval	5/19/2025	4
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Summary Of Changes: RETIRE-this policy is no longer needed due to Epic order sets automatically accomplishing the same purpose.

Moderators: Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)

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: Vacuum Assisted Wound Closure <i>Surgical Services/OR Dept</i>	Pending Approval	5/19/2025	4
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Summary Of Changes: Reviewed. Recommend retiring. EBSCO has a comprehensive procedure outlined (with videos) that mirrors this policy. Further, the policy as written is specific to certain brand/model of wound vac. Also, the wound care RN usually performs vac dressing changes.

Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)

Lead Authors: Winkler, Jessica (jwinkler)

Approvers: Medical Director-Wound Care -> 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)