SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, APRIL 29, 2026

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/91652223647?from=addon

Meeting ID: 916 5222 3647

One tap mobile
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AGENDA ITEM		
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 *The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER/ANNOUNCEMENTS	*Daniel Kittleson, DDS*	
2. PUBLIC COMMENT SECTION *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.*		
3. CONSENT CALENDAR • QC Minutes 03.25.26	*Daniel Kittleson, DDS*	Action
4. INFECTION PREVENTION	*Ashley Wilder*	Inform
5. QUALITY INDICATOR PERFORMANCE & PLAN	*Louise Wyatt, RN JD*	Inform
6. ADJOURN	*Daniel Kittleson, DDS*	
CLOSED SESSION: Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Alex Rainow, MD*	Action

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
Wednesday, March 25, 2026, 5:00 PM
MINUTES

Members Present	Excused/Not Present	Public/Staff
Daniel Kittleson, DDS Wendy Lee Myatt Michael Mainardi, MD Carol Snyder Carl Speizer, MD Alex Rainow, MD, SVH Vice COS, via zoom	Kathy Beebe, RN PhD Howard Eisenstark, MD Susan Kornblatt Idell	Kelley Kaiser, SVH CEO Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO Whitney Reese, SVH Board Clerk Louise Wyatt, RN JD, SVH Director of Quality, Risk Management & Patient Safety, Infection Prevention and Case Management Lynn McKissock, SVH Chief HR Leslie Petersen, SVH Foundation ED Patrick Okolo III, MD MPH, SVH CMO

AGENDA ITEM	PRESENTER	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Daniel Kittleson, DDS*	Called to order at 5:00pm
2. PUBLIC COMMENT SECTION	*Daniel Kittleson, DDS*	No public comments
3. CONSENT CALENDAR • QC Minutes 01.28.26 • QC Minutes 02.25.26	*Daniel Kittleson, DDS*	ACTION
Motion to approve by Mainardi, 2nd by Snyder. Five in favor, zero opposed.		
4. ANNUAL QUALITY REPORT 2025	*Louise Wyatt, RN JD*	INFORM
Wyatt presented the 2025 Annual Quality Report, highlighting a year of significant operational transitions and sustained clinical excellence for SVH. A primary achievement was the successful migration to Press Ganey for safety event tracking. SVH received a perfect 100% score in the 2023-24 Partnership's Hospital Quality Improvement Program Award. Overall metrics for mortality, stroke care, and infection control remain strong. To address challenges, the hospital launched several high-impact initiatives in 2025, including a charity medication program, a "med-to-bed" service, and a dedicated sepsis committee. Emergency Department efficiency remains high, supported by rapid, evidence-based stroke protocols. Looking toward 2026, the strategic focus will shift toward fostering a "just culture" to increase error reporting, implementing Social Determinants of Health (SDOH) screenings for better discharge planning, and maintaining continuous state survey readiness while navigating new CMS financial programs.		
5. QUALITY INDICATOR PERFORMANCE & PLAN	*Louise Wyatt, RN JD*	INFORM

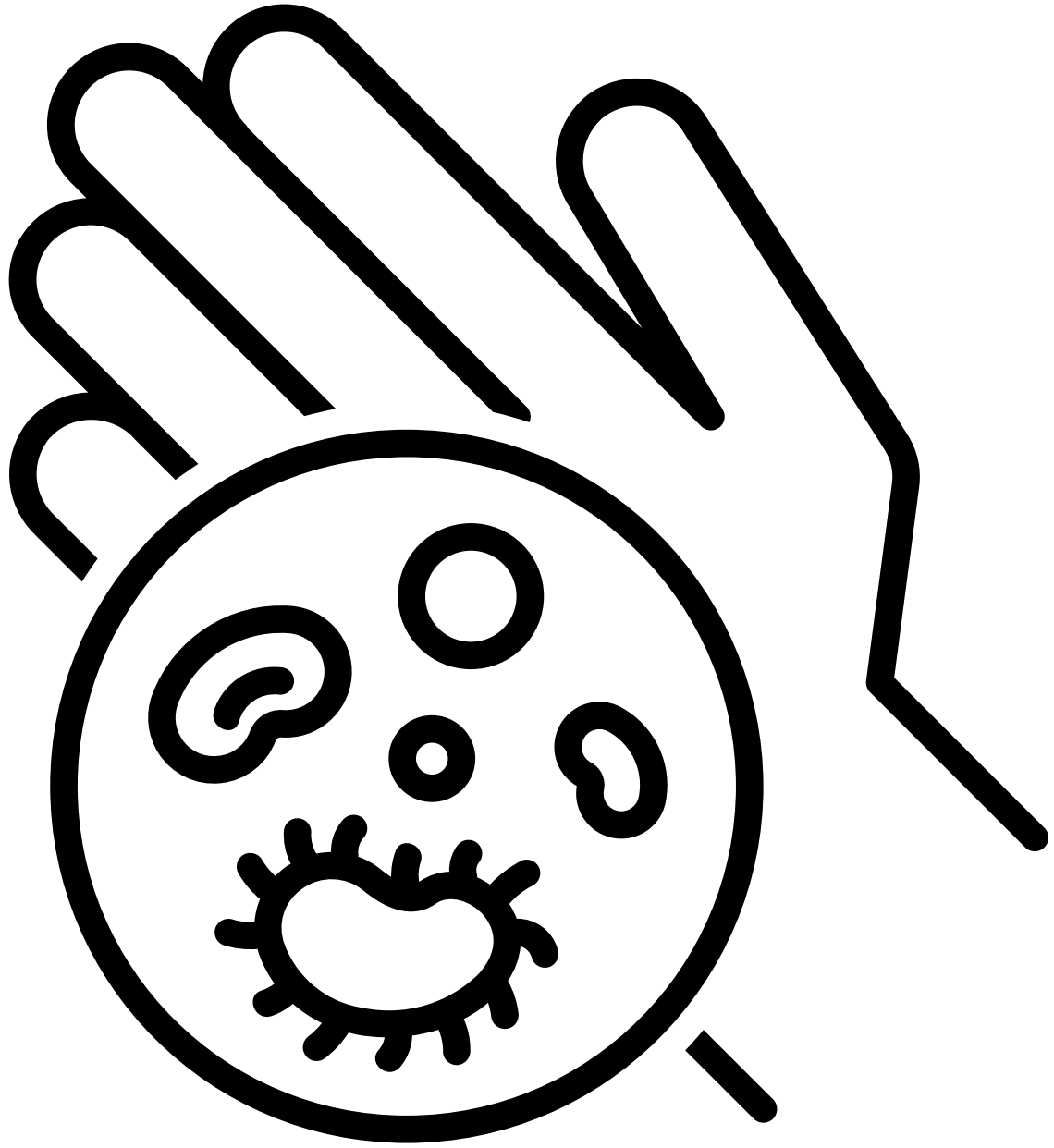
The team had a highly successful February, highlighted by receiving the Partnership Quality Award for their Medi-Cal services. Most performance metrics are currently "in the green," and the group is making steady progress on updating essential policies and procedures. Everyone is feeling proactive and well-prepared as they focus on staff readiness for their upcoming survey window.		
7. POLICIES & PROCEDURES	*Louise Wyatt, RN JD*	INFORM
The committee reviewed and minor revisions were agreed upon to clarify clinical language.		
8. ADJOURN	*Daniel Kittleson, DDS*	Adjourned at 6:02 p.m.
CLOSED SESSION: Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Alex Rainow, MD*	ACTION
Motion to approve by Mainardi, 2nd by Lee Myatt. Six in favor, zero opposed.		

Sonoma Valley Health Care District

Board Quality Committee

April 2026

Ashley Wilder
Infection Preventionist (IP)



Cases Reported to the Department of Health (DOH) in 2025

Reportable Condition	Count of Patient
AIDS	1
Animal Bite	14
Campylobacteriosis **(GI – foodborne)**	1
Carbapenem-resistance Enterobacterales **(CRE)**	2
Carbapenem-resistant Pseudomonas aeruginosa	2
COVID	22
Gonorrhea	1
Haemophilus Influenzae **(Sputum)**	2
Hemolytic Uremic Syndrome **(GI – foodborne)**	1
Hepatitis C	1
HIV	1
Listeriosis **(GI – foodborne)**	1
Meningitis	2
Pesticide-Related Illness or Injury	1
Salmonellosis **(GI – foodborne)**	4
Streptococcal Disease (Group A)	1
Grand Total	**57**

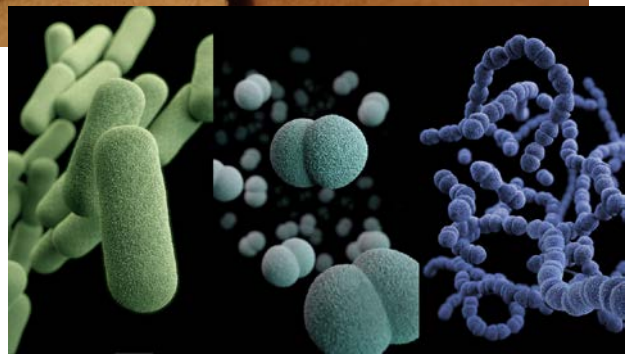
2025 Hospital-Acquired Infections & Hand Hygiene Compliance Data

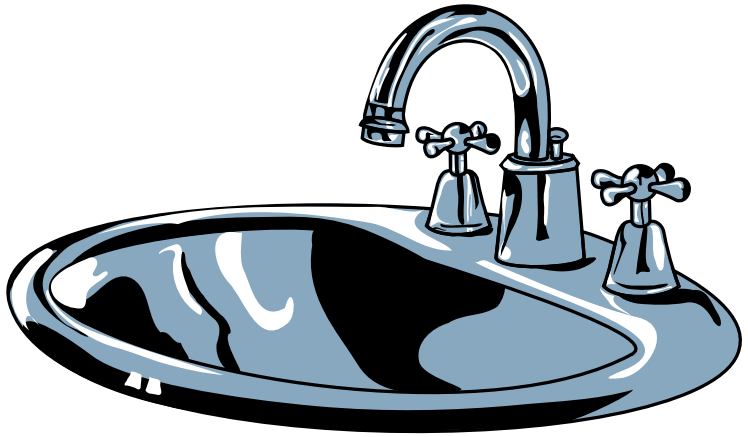
Measures	*2024 Results*	*2025 Target*	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr	25-May	25-Jun	Q2.2025	Jul-25	Aug-25	Sep-25	Q3 2025	Oct. 25	Nov-25	25-Dec	Q4 2025	2025 Annual Results
IC-Surveillance| HAI-C.DIFF Inpatient	*2*	*1*	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1
IC-Surveillance| HAI-CAUTI Inpatient infections SIRs	*0*	*1*	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1
IC-Surveillance| HAI-CLABSI Inpatient	*0*	*1*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IC-Surveillance| HAI-MRSA Inpatient	*0*	*1*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IC-Surveillance| HAI-SSI	*0*	*1*	0	0	0	0	0	1*	0	1	0	0	0	0	0	1	0	0	2
QA-02 | Hand Hygiene Practices Monitored % of	*90%*	*90%*	98	92	82%	91%	96%	92%	94%	94%	88%	94%	96%	93%	0.96%	94%	ND	95%	93%

*Infection Present at the Time of Surgery (PATOS)

2025 Environment of Care Rounds: Infection Prevention Findings

- Corrugated cardboard (specifically outside shipping boxes) in clean storage areas
- Storage of clean patient supplies too close to sinks
  - Need to maintain **3 feet** from sinks to prevent contamination from splashes
  - Or install splash guard
- Expired supplies
- Dusty vents/equipment
- Tape
- Ceiling tiles with holes or stains
- Untreated wood (furniture)





Laundry Facility Visit – Mission Linen Supply

- Joseph (EVS Manager) and I visited our contracted laundry facility to ensure compliance with Infection Control and Prevention practices
  - Separation of clean and dirty, etc.

- Very impressive facility, almost entirely automated, most infection control concerns eliminated by physical separation of clean and dirty throughout facility and process

- No concerns noted

Mission Linen Supply
MISSION LINEN & UNIFORM SERVICE

THANK YOU!

QUESTIONS?

Mortality	2025 Results	2026 Targets	26-Jan	26-Feb	Mar-26	1st QTR
Risk Adjusted Acute Mortality Rate O/E [M]	0.7	≤ 0.95	0.42 3/7.1468	0.77	0.31	0.53
Patient Safety Measures						
Age Friendly Mobility	98.35%	90%	98.70%	98.68%	100%	99%
SDOH Inpatient Screening	ND	≥ 70%	93.67%	91.89%	96.74%	94.13
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M)	0	0	0	0	0	0
Bar Code Scanning Rate	94.60%	95%	96.80%	96.00%	96%	96.20%
Falls without injury (numeric value)	12	≤2	2	3	0	5
Falls with injury (numeric value)	0	≤2	0	1	0	1
Pressure Injuries ≥ Stage 2(numeric value)	0	0	0	0	0	0
Critical Lab Value Reporting (IP, OP, and ED Critical values Called within 30 minutes, read back and documented per policy)	98.80%	≥ 93%	92%	96%	95.10%	94.36%
HAI Measures						
IC-Surveillance| HAI-C.DIFF Inpatient infections |M|	1	1	1	1	0	2
IC-Surveillance| HAI-CAUTI Inpatient infections |M|	1	1	0	0	0	0
IC-Surveillance| HAI-CLABSI Inpatient infections |M|	0	1	0	0	0	0
IC-Surveillance| HAI-MRSA Inpatient infections |M|	0	1	0	0	0	0
IC-Surveillance| HAI-SSI infections |M|	0	1	1	0	0	1
QA-02 | Hand Hygiene Practices Monitored % of compliance|M|	93%	≥ 90%	88%	92%	74%	85%
Stroke Measures						
CDSTK-05|Median- Door to CT Scanner |M|elapsed time (mins)	3	≤ 25	10	4	5	5
CDSTK-06|Median- Neuro Consult Response |M|elapsed time (mins)	ND	20 Mins	ND	2	3	2
CDSTK-12|Median-Door to TNK |M| elapsed time (mins)	48	≤ 60	59	45	25	45
Utilization Review						
Acute Care Risk-adjusted Average Length of Stay, O/E Ratio |M	0.95	≤ 1.00	0.97	0.95	0.79	0.9
Observed/Expected Length of Stay	0.8	≤ 1.00	0.89	0.79	0.77	0.82
All cause Readm - % Readmit within 30 days, ACA (M)	10.92%	≤ 14%	11.3% (8/71)	3.4% (2/59)	9.5% (6/63)	8.30%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)	16.70%	≤ 22%	0% (0/9)	0% (0/4)	33.3% (1/3)	6.2% (1/16)
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	7.40%	≤ 20%	0% (0/4)	0% (0/1)	25% (1/4)	11.1% (1/9)
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M	10.50%	≤ 17%	33.3% 2/6	14.3% (1/7)	0% (0/6)	15.8% (3/19)
Sepsis, Simple - % Readmit within 30 Days (M)*	0.17%	≤ 20%	0.40% (2/5)	0% (0/6)	0.2% (2/9)	.20% (4/20)
READM-30-Hip-Knee30-day readmission rate following elective primary Total Hip N/A Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	0%	≤ 0.95	0% 0/1	0%	0%	0%
CoreOp Measures						
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M	0.30%	≤ 3.0%	0.2% (2/937)	0.1% (1/846)	0.3% (3/1052)	0.2% (6/2835)
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)	94%	≥ 85%	ND 0/0	100%	100%	100%
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M	100%	≤ 0.90	100%	100%	100%	100%
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)	117.5	≤ 260 min	87	132	130	116
Sepsis Measures						
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)	85.20%	≥ 70%	100% (1/1)	100%	66.7 2/3	88.90%
CIHQ Action Plan Measures (2023)						
Documentation Observation of High Risk Patients	74.30%	100%	100%	100%	75%	88.90%
Policies in Compliance for Reviews	78%	90%	ND	76%	76%	76%
QA-02 | Hand Hygiene Practices Monitored % of compliance|M|	93%	≥ 90%	88%	92%	74%	85%