SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, OCTOBER 23, 2024

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/97100197319

Meeting ID: 971 0019 7319

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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 *The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER/ANNOUNCEMENTS	*Kalos*	
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.*	*Kalos*	
3. CONSENT CALENDAR • Minutes 09.25.24	*Kalos*	Action
4. PT/OT QA/PI	*Christopher J. Gallo, PT MSPT*	Inform
5. PATIENT CARE SERVICES DASHBOARD 3RD QTR	*Jessica Winkler*	Inform
6. QUALITY INDICATOR PERFORMANCE & PLAN	*Jessica Winkler*	Inform
7. POLICIES AND PROCEDURES	*Jessica Winkler*	Inform
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Kalos*	Action
9. ADJOURN	*Kalos*	

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
Wednesday, September 25, 2024, 5:00 PM
MINUTES
Via Zoom Teleconference

Members Present – In Person	Excused/Not Present	Public/Staff – Via Zoom
Susan Kornblatt Idell	Michael Mainardi, MD	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO
Howard Eisenstark, MD	Denise Kalos	Whitney Reese, Board Clerk
Kathy Beebe, RN PhD	Paul Amara, MD, FACOG	Judy Bjorndal, MD, via zoom
Carol Snyder		David Young, via zoom
Carl Speizer, MD		Dan Kittleson, via zoom
Paul Amara, MD, FACOG, via zoom		Wendy Myatt Lee
		Sabrina Kidd, MD

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Kornblatt Idell*	
	Kornblatt Idell called meeting to order at 5:00pm.	
2. PUBLIC COMMENT SECTION	*Kornblatt Idell*	
	No public comments	
3. CONSENT CALENDAR Minutes 08.28.24	*Kornblatt Idell*	ACTION
		Motion to approve by Eisenstark, 2nd by Beebe
4. IMAGING QA/PI	*David Young, SVH Director*	INFORM
Young provided an overview of quality assurance measures for a radiology department, discussing both ongoing and new metrics being tracked for the year. Key measures include CT dose tracking, contrast complications, repeat analysis, MRI safety, and new metrics such as CT start times, mammography recall rates, and inventory management. He highlighted the department's compliance with national standards and praised the staff's performance, especially in stroke-related CT processes. Additionally, Young clarified that stroke performance data includes patients suspected of having a stroke, not just confirmed cases.		

6. QUALITY INDICATOR PERFORMANCE & PLAN	*Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO*	INFORM
Winkler presented the Quality department's August 2024 data. Key points included that mortality and readmission rates are within target, while one patient safety complication is still under review due to confusion about the timing of a pressure ulcer. Adverse events were minimal, with no significant medication errors or infections reported. Some falls occurred but without injury, and sepsis metrics showed a minor issue with order timing. Patient satisfaction scores (HCAHPS) reflect good communication with doctors but indicate areas for improvement in responsiveness and hospital environment. Overall, SVH maintains high ratings across outpatient and inpatient services.		
7. POLICIES AND PROCEDURES	*Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO*	INFORM
	Winkler presented for approval to the Board of Directors: • NEW: Delirium Screening Protocol • NEW: Hypersensitivity Reaction Medications/Treatment Protocol-Adult	*Winkler presented to committee.*
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Kornblatt Idell*	ACTION
	Motion to recommend to Board of Directors for approval by Eisenstark, 2nd by Mainardi	
9. ADJOURN	*Kornblatt Idell*	
	Meeting adjourned at 5:35 pm	

Rehab Services Report 2024

Current YTD Review

Therapy Staff

- Rehab Services Manager

- Lead Physical Therapist

- Physical Therapists   OP- 5.0 + 1.0 traveler

                          IP- 1.0

- PT Assistants   OP- 2.0

- Speech Therapy   .75

- Occupational Therapy   OP- 1.2
- Support Staff   3.0

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Scope of Services

Physical Therapy

- Rehabilitation

- Movement

- Pelvic health

- Pilates

- Vestibular/Concussion

- Pediatric

Speech Therapy

- Speech and language

- Swallow

- Cognition

- LSVT

- Dementia

- Pediatric speech and language delay/disorders

Occupational Therapy

- Rehabilitation

- Post-op care including wound care

- Static and dynamic splinting

- Neurologic

- ADL training

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Accomplishments

- Staffing **Addition of 1.6 OP physical therapists**

- **Growing Vestibular/Concussion Program**

- **Growing Pelvic Health Program**

- **Growing Pediatric Physical Therapy**

- **Mentoring students- internships, observation hrs**

- **Participation in Back to School, Active Aging Community Events**

- **Rate My Hospital last quarter(10/1/24)- 4.93 , 276 comments**

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Challenges

Space/noise and equipment issues as we await expansion.

OP PT-Volume of patients continues to be greater than our capacity- wait time 4 wks. (Most given opportunity to move up via cancellation list)

Volumes

- OP Rehab Visits

	FY 2021	FY 2022	FY 2023(Epic)	FY 2024
PT	10059	11523	10225	12384
OT	1321	870	1620	2236
ST	455	631	574	632
Totals	11835	13024	12419	15252
IP Visits				
PT	1534	1758	1880	3099
ST	414	415	407	416

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2024 Rehab Services Quality Data

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	x̄
Rehab Services IP| Fall Prevention EDU |M|								
8% / 25% / 34% / 33% — History	Bet. Target & Alarm	86% 19/22	Deteriorated	Sep 2024	90%	80%	n/a	74%
Rehab Services IP| Orthostatic condition for ortho post-ops|M|								
16% / 8% / 50% / 26% — History	Breaches Alarm	75% 9/12	Improved	Sep 2024	90%	80%	n/a	74%
Rehab Services IP| Speech-Use of FOIS tool |M|								
25% / 25% / 25% / 25% — History	Target Met	94% 16/17	Deteriorated	Sep 2024	90%	80%	n/a	85%
Rehab Services| Outpatient Therapy Chart Audits |M|								
83% / 17% — History	Target Met	97% 30/31	Deteriorated	Sep 2024	90%	80%	n/a	94%

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Goals for 2025

- Successful Expansion
- Additional Staff-PT, PTAs
- Reduced wait time for OP
- Lymphedema program
- Wellness-based community offerings-Pilates, Golf, Transitional training

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Medication Scanning Rate

Medication Scanning Rate	2024				
	Q4	Q1	Q2	Q3	Goal
Inpatient (ICU/MS)	96%	96%	97%	96%	>90%
Pre/Post Op	97%	92%	99%	97%	>90%
ED	84%	85%	82%	83%	>90%
Preventable med errors R/T Med Scanning	0	0	0	0	<2

Quality Indicators (QAPI) 2024

	Q4	Q1	Q2	Q3	Goal
Antibx admin within 30"- M/S and ICU	92%	93%	92%	94%	>90%
Cont. OBS for Psych Pt- ED**New Bundle Q2, May-June	67%	89%	64%	70%	100%
Drug Admin Errors- Pharmacy (per 10000 doses)	0.64 (n=22)	0.41 (n=22)	0.6 (n=29)	0.51 (n=71)	<1

Case Management 2024

	Q4	Q1	Q2	Q3	Goal
Patient Choice Form Completed	93%	91%	92%	94%	90%

Nursing Turnover

# of RNs	Q4	Q1	Q2	Q3	Goal
RNs, >0.5FTE (n=64)	4 (6.6%)	4 (8.1%)	5 (10.2%)	3 (6.3%)	<5

Patient Experience: Q-Reviews 2024

2024	Q4	Q1	Q2	Q3	Goal
	4.81	4.83	4.83	4.85	
RATE MY HOSPITAL- PHYSICAL THERAPY					
Overall score	4.92	4.94	4.91	4.93	>4.75
RATE MY HOSPITAL-OUTPATIENT SURGERY					
Overall Score	4.88	4.9	4.9	4.86	>4.75
RATE MY HOSPITAL - ED					
Overall score	4.61	4.6	4.7	4.74	>4.75
RATE MY HOSPITAL - MEDICAL IMAGING					
Overall score	4.87	4.91	4.88	4.89	>4.75
RATE MY HOSPITAL-INPATIENT					
Overall score	4.67	4.78	4.8	4.75	>4.75

Nurse Staffing Effectiveness: Transfers r/t staffing/beds

| 2023 - 2024	Q4	Q1	Q2	Q3	Goal
	1	0	0	0	<0

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

Quality Indicator Performance & Plan

Board Quality Presentation for October 2024

Data For September 2024

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Mortality

Indicator	Performance	Most Recent	Trend	Period	⊙
Acute Care Mortality Rate (M)					
100% — History ▮▮▮▮▮▮▮▮▮▮▮▮	Target Met	4.0% 2/50	◇ Improved	Sep 2024	15.3%
COPD Mortality Rate |M|					
75% / 25% — History ▮▮▮▮▮▮▮▮▮▮▮▮	Breaches Alarm	100.0% 1/1	▲ Deteriorated	Sep 2024	8.5%
Congestive Heart Failure Mortality Rate |M|					
100% — History ▮▮▮▮▮▮▮▮▮▮▮▮	Target Met	0.0% 0/1	— No Change	Sep 2024	11.5%
Pneumonia Mortality Rate |M|					
91% / 9% — History ▮▮▮▮▮▮▮▮▮▮▮▮	Target Met	0.0% 0/3	— No Change	Sep 2024	15.6%
Ischemic Stroke Mortality Rate |M|					
100% — History ▮▮▮▮▮▮▮▮▮▮▮▮	Target Met	0.0% 0/2	— No Change	Sep 2024	13.8%
Hemorrhagic Stroke - Mortality Rate (M)					
8% / 92% — History ▮▮▮▮▮▮▮▮▮▮▮	Target Undefined	n/a		Sep 2024	0.0%
Sepsis, Severe - Mortality Rate (M)					
83% / 17% — History ▮▮▮▮▮▮▮▮▮▮▮	Target Met	0.0% 0/1	— No Change	Sep 2024	25.0%
Septic Shock - Mortality Rate (M)					
41% / 42% / 17% — History ▮▮▮▮▮▮▮▮▮▮▮	Target Undefined	n/a		Sep 2024	25.0%

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AHRQ Patient Safety Indicators

Indicator	Performance	Most Recent	Trend	Period
PSI 90 (v2023-1) Midas Patient Safety Indicators Composite, ACA (M)				
75% 25% History	Target Met	0.00 0/0.01	— No Change	Sep 2024
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M)				
75% 25% History	Target Met	0	— No Change	Sep 2024

- ## *No PSI 90 events*

  - *CMS Patient Safety & Adverse Events Composite is a summary of patient safety events across multiple indicators, monitors performance over time, and facilitates comparative reporting and quality improvement. (https://www.cms.gov/priorities/innovation/files/fact-sheet/bpciadvanced-fs-psi90.pdf)*

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Adverse Events Reporting

Indicator		Performance	Most Recent	Trend	Period
Adverse Event | SE (M) volume					
	100%	Target Met	0	— No Change	Sep 2024
History					

- *No adverse events*

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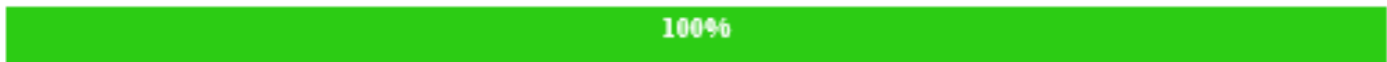
Patient Falls

Indicator	Performance	Most Recent	Trend	Period
RM ACUTE FALL- All (M) per 1000 patient days				
66% / 9% / 25% — History	Target Met	0.00 0/206	— No Change	Sep 2024
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days				
91% / 9% — History	Target Met	0.00 0/206	— No Change	Sep 2024

- *No patient falls*

Significant Medication Errors:
High Risk Meds and Administration Errors

Indicator	Performance	Most Recent	Trend	Period	⊙
Rx-ADEs-High Risk Med Errors Per 10,000 Doses (M)					
100% / History	Target Met	0.00 / 0/71381	— No Change	Sep 2024	1.13
Rx-Administration Errors Per 10,000 Doses Dispensed					
83% 17% / History	Target Met	0.42 / 3/71381	▲ Deteriorated	Sep 2024	1.00

- *No High Risk Medication Errors; Administration Error Rate below target*

Infection Prevention

Indicator	Performance	Most Recent	Trend	Period	⊙
IC-Surveillance| HAI-C.DIFF Inpatient infections per 10k pt days |M|					
91%　　9% / History	Breaches Alarm	2	Deteriorated	Sep 2024	1
IC-Surveillance| HAI-CAUTI Inpatient infections per 10k patient days |M|					
91%　　9% / History	Target Met	0	No Change	Sep 2024	1
IC-Surveillance| HAI-CLABSI Inpatient infections per 10k patient days |M|					
100% / History	Target Met	0	No Change	Sep 2024	1
IC-Surveillance| HAI-MRSA Inpatient infections per 10k patient days |M|					
100% / History	Target Met	0	No Change	Sep 2024	1
IC-Surveillance| HAI-SSI infections per 10k pt days |M|					
100% / History	Target Met	0	No Change	Sep 2024	1
QA-02 | Hand Hygiene Practices Monitored |M|					
83%　　17% / History	Target Met	98% 49/50	Improved	Sep 2024	90%

- *2 instances of HAI; HH target met*

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Blood Products: Transfusions

Indicator	Performance	Most Recent	Trend	Period	◉
Lab | Transfusion Effectiveness (M)					
83%　　　　　　　17%	Target Met	100.0% 3/3	— No Change	Sep 2024	100.0%
History					
Lab | Transfusion Reaction (M)					
91%　　　　9%	Target Met	0.0% 0/30	— No Change	Sep 2024	0.0%
History					

- *Transfusions effective; no transfusion reactions*

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Blood Culture Contamination

Indicator			Performance	Most Recent	Trend	Period	⊙
Blood Cultures -Contamination Rate |RN| (M)							
50%	16%	34%	Breaches Alarm	6.2% 5/80	⬠ Deteriorated	Sep 2024	3.0%
History 🟩🟩🟩🟩🟩🟥🟥🟩🟥🟨🟩🟨🟥							
Blood Cultures -Contamination Rate |LAB| (M)							
66%	25%	9%	Breaches Alarm	4.9% 2/41	⬠ Deteriorated	Sep 2024	3.0%
History 🟩🟩🟩🟩🟩🟩🟨🟩🟩🟨🟩🟨🟥							
Blood Cultures -Total Contamination Rate (M)							
50%	33%	17%	Breaches Alarm	5.8% 7/121	⬠ Deteriorated	Sep 2024	3.0%
History 🟩🟩🟩🟩🟨🟨🟨🟥🟨🟨🟩🟨🟥							

- *Total of 7 contaminated out of 121 samples*

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CIHQ Stroke Certification Measures

Indicator	Performance	Most Recent	Trend	Period	⊙
CDSTK-03|Median- Code Stroke Called [M] elapsed time (mins)					
100%	Target Met	8	◇ Improved	Sep 2024	10
History					
CDSTK-04|Median- Door to Phys Eval [M] minutes					
100%	Target Met	1	◇ Improved	Sep 2024	10
History					
CDSTK-05|Median- Door to CT Scanner [M]elapsed time (minutes)					
91% 9%	Target Met	12	◇ Improved	Sep 2024	25
History					
CDSTK-06|Median- Neuro Consult Contacted [M] minutes					
83% 17%	Target Met	22	◇ Improved	Sep 2024	30
History					
CDSTK-07|Median- CT Read by Radiology [M] minutes					
91% 9%	Target Met	26	— No Change	Sep 2024	45
History					
CDSTK-08|Median- Lab Results Posted [M] minutes					
91% 9%	Target Met	27	◇ Improved	Sep 2024	45
History					
CDSTK-10|Median- Door to EKG Complete [M] minutes					
100%	Target Met	29	◇ Improved	Sep 2024	60
History					
CDSTK-11|Median-Door to tPA Decision [M] minutes					
91% 9%	Target Met	27	▲ Deteriorated	Sep 2024	60
History					
CDSTK-12|Median-Door to tPA [M] minutes					
16% 34% 50%	Breaches Alarm	106	▲ Deteriorated	Sep 2024	60
History					

Utilization Management

Indicator	Performance	Most Recent	Trend	Period	⊙
MS-DRG Case Mix Index (CMI) [M] 41% / 59% History	Bet. Target & Alarm	1.46	Improved	Sep 2024	1.55
MS-DRG Case Mix Index (CMI) MEDICARE [M] 16% / 17% / 67% History	Breaches Alarm	1.36	Deteriorated	Sep 2024	1.55
1 Day Stay Rate Medi-Cal [M] 100% History	Target Met	0.00% 0/8	No Change	Sep 2024	2.61%
1 Day Stay Rate-Medicare [M] 100% History	Target Met	0.00% 0/44	No Change	Sep 2024	8.10%
Acute Care Risk-adjusted Average Length of Stay, O/E Ratio [M] 100% History	Target Met	0.89 219/244.87	Deteriorated	Sep 2024	0.99
Inpatients Risk-adjusted Average Length of Stay, O/E Ratio [M] 100% History	Target Met	0.90 225/251.1	Deteriorated	Sep 2024	0.99
Medicare Risk-adjusted Average Length of Stay, O/E Ratio [M] 100% History	Target Met	0.83 137/164.84	Deteriorated	Sep 2024	0.99
Acute Care - Geometric Mean Length of Stay [M] 25% / 75% History	Breaches Alarm	4.12 41.2187/10	Deteriorated	Sep 2024	2.75

Readmissions

Indicator	Performance	Most Recent	Trend	Period	◎
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)					
100%	Target Met	6.52% 3/46	▲ Deteriorated	Sep 2024	15.30%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)					
58% 34% 8%	Target Undefined	n/a		Sep 2024	19.5%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)					
66% 34%	Target Met	0.0% 0/1	— No Change	Sep 2024	21.6%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)					
50% 50%	Target Met	0.0% 0/1		Sep 2024	4.0%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)					
83% 8% 9%	Target Met	0.0% 0/3	— No Change	Sep 2024	16.6%
Sepsis, Severe - % Readmit within 30 Days (M)					
75% 25%	Target Met	0.0% 0/1		Sep 2024	12.0%
Septic Shock - % Readmit within 30 Days (M)					
83% 17%	Target Undefined	n/a		Sep 2024	13.3%

Readmission rates below targets

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Core Measures

Indicator	Performance	Most Recent	Trend	Period	⊙
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)					
100% — History	Target Met	100.0% 12/12	— No Change	Sep 2024	88.0%
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)					
16% / 9% / 75% — History	Breaches Alarm	163.50	▲ Deteriorated	Sep 2024	132.00
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)					
100% — History	Target Met	0.1% 1/779	▲ Deteriorated	Sep 2024	2.0%
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)					
50% / 9% / 41% — History	Target Undefined	n/a		Sep 2024	80.0%

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Core Measures: Sepsis

Indicator	Performance	Most Recent	Trend	Period	⊙
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)					
[bar: 33% green, 8% yellow, 50% red, 9% gray] History [green, red, red, red, green, red, green, red, red, yellow, red, green, gray]	Target Undefined	n/a		Sep 2024	81.0%
SEPa - Severe Sepsis 3 Hour Bundle (M)					
[bar: 50% green, 42% red, 8% gray] History [red, red, green, green, red, green, red, green, green, red, green, gray]	Target Undefined	n/a		Sep 2024	94.0%
SEPb - Severe Sepsis 6 Hour Bundle (M)					
[bar: 58% green, 25% red, 17% gray] History [green, gray, red, red, green, green, green, red, red, green, green, gray]	Target Undefined	n/a		Sep 2024	100.0%

- *There were no patients that met Core Measure criteria for severe sepsis in September*

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CIHQ Corrective Action Plan Monthly Compliance Condition Level Findings: Continuous Observation of High Risk of Self Harm Patients

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

25%	75%

History

Breaches Alarm   33% 1/3   Deteriorated   Sep 2024   100%

Full bundle compliance from Jan 2024

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Series1	100%	82%	89%	80%	63%	50%	67%	100%	33%

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HCHAPS Patient Satisfaction:
Inpatient
Ambulatory Surgery
Reported Quarterly

(please refer to August report for Q2)
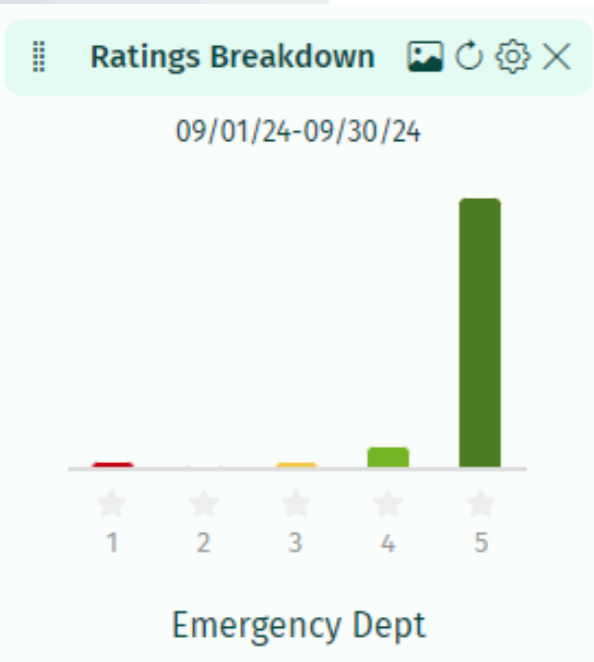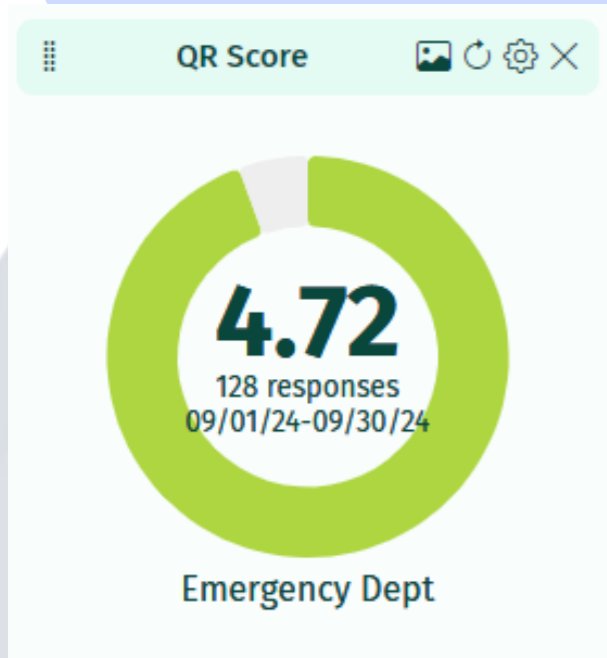
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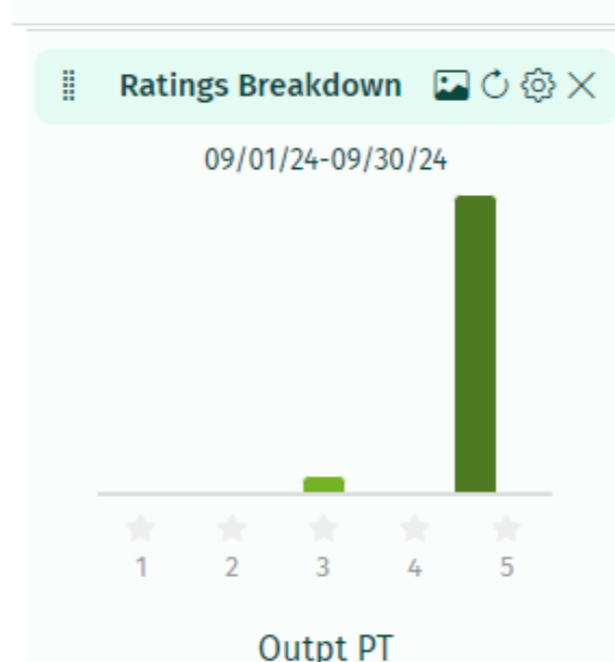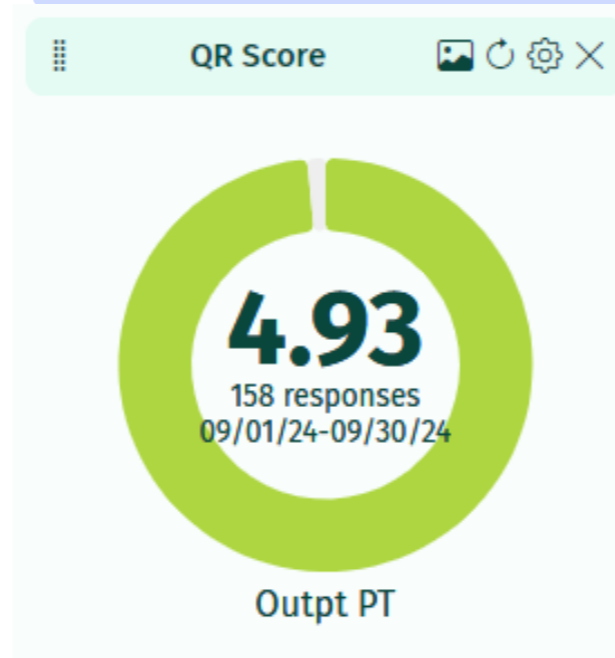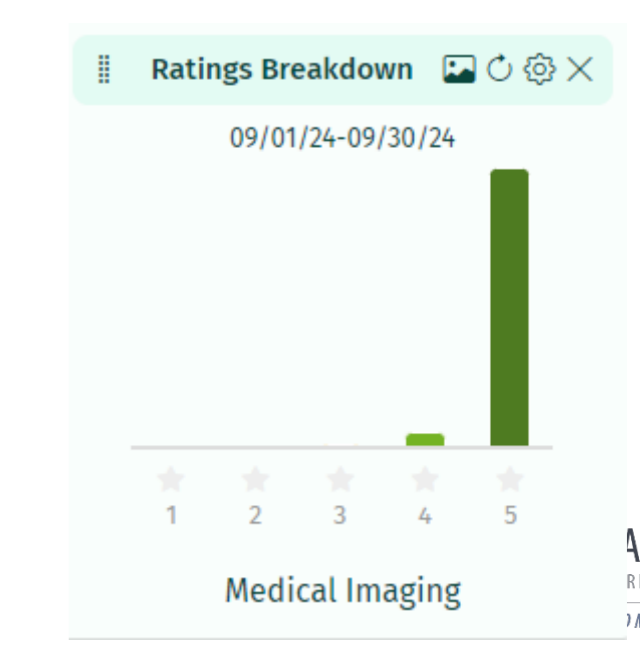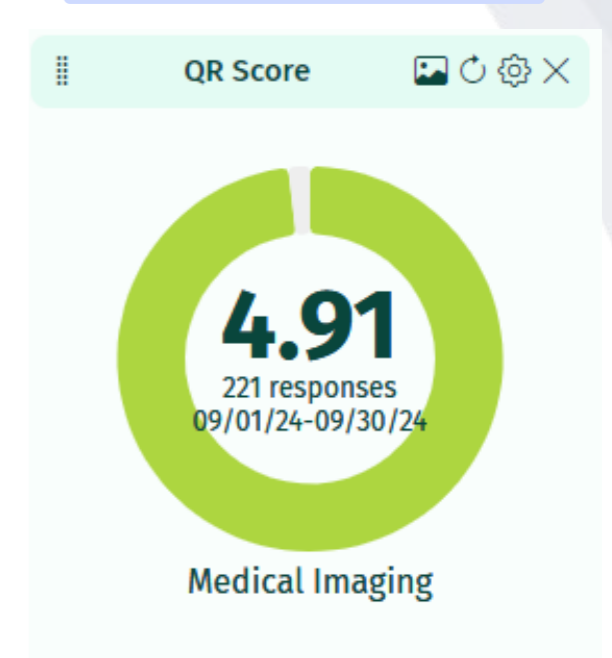
Q Reviews: Rate My Hospital September 2024

Q Reviews: Rate My Hospital September 2024
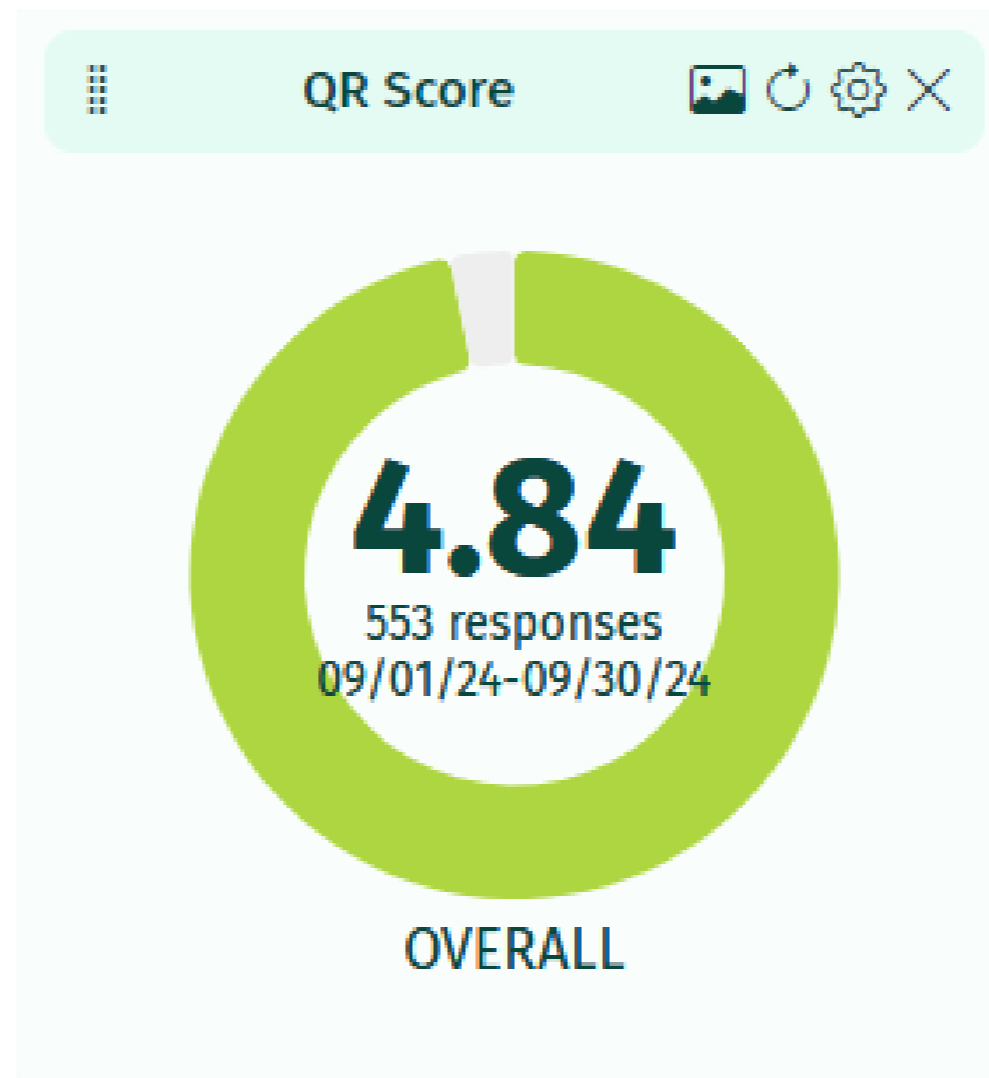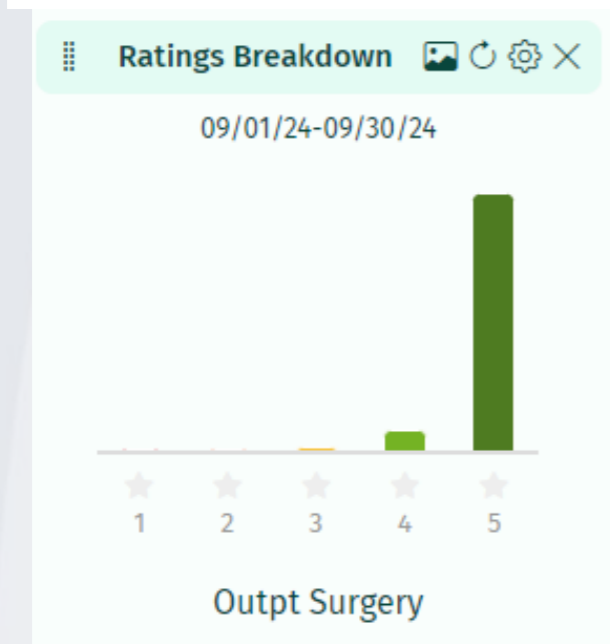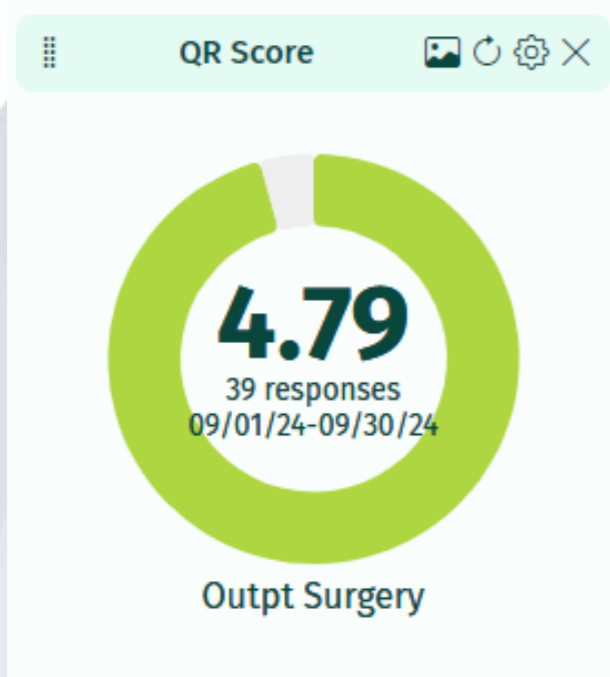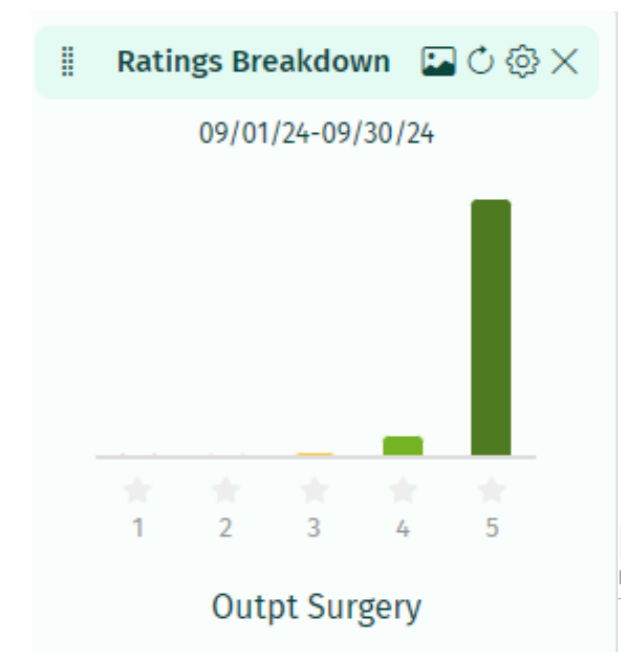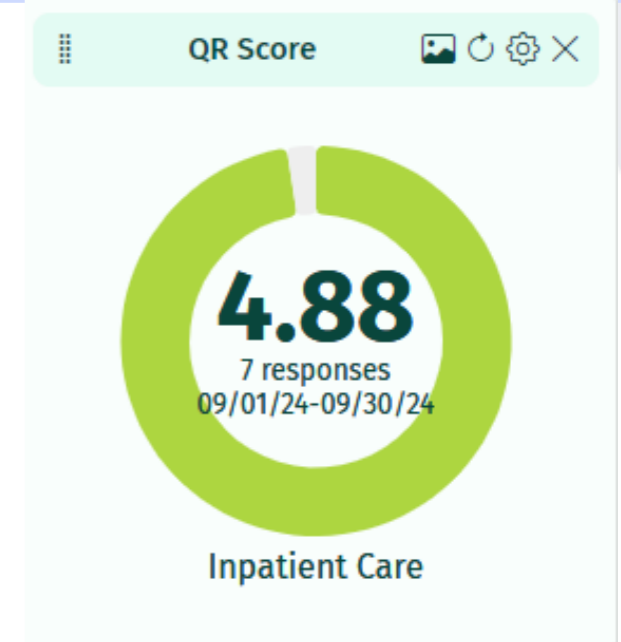
Document Tasks By Committee
Listing of currently pending and/or upcoming document tasks grouped by committee.

Sonoma Valley Hospital
Run by: Reese, Whitney (wreese)
Run date: 10/19/2024 9:29 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: 1

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

Committee Members: **Finn, Stacey (sfinn), Newman, Cindi (cnewman), Reese, Whitney (wreese)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Encouraging Patients and Families to Report Concerns About Safety	**Pending Approval**	10/1/2024	18
Patient Rights Policies (PR)			

Summary Of Changes:	**Reviewed no changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Director, QUALITY (QDIR)**
ExpertReviewers:	**Kidd, Sabrina (skidd)**
Approvers:	**Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**