

**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

+16692192599,,97100197319#

+16699009128,,97100197319#

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 <a href="mailto:wreese@sonomavalleyhospital.org">wreese@sonomavalleyhospital.org</a> , at least 48 hours prior to the meeting.		
<b>MISSION STATEMENT</b> <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Kalos</i>	
<b>2. PUBLIC COMMENT SECTION</b> <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>Kalos</i>	
<b>3. CONSENT CALENDAR</b> • Minutes 09.25.24	<i>Kalos</i>	Action
<b>4. PT/OT QA/PI</b>	<i>Christopher J. Gallo, PT MSPT</i>	Inform
<b>5. PATIENT CARE SERVICES DASHBOARD 3<sup>RD</sup> QTR</b>	<i>Jessica Winkler</i>	Inform
<b>6. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Jessica Winkler</i>	Inform
<b>7. POLICIES AND PROCEDURES</b>	<i>Jessica Winkler</i>	Inform
<b>8. ADJOURN</b>	<i>Kalos</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**

**Wednesday, September 25, 2024, 5:00 PM**

**MINUTES**

**Via Zoom Teleconference**

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

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Kornblatt Idell</i>	
	Kornblatt Idell called meeting to order at 5:00pm.	
<b>2. PUBLIC COMMENT SECTION</b>	<i>Kornblatt Idell</i>	
	No public comments	
<b>3. CONSENT CALENDAR</b> Minutes 08.28.24	<i>Kornblatt Idell</i>	<b>ACTION</b>
	<i>Motion to approve by Eisenstark, 2<sup>nd</sup> by Beebe</i>	
<b>4. IMAGING QA/PI</b>	<i>David Young, SVH Director</i>	<b>INFORM</b>
<p>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.</p>		

<b>6. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i>	INFORM
<p>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.</p>		
<b>7. POLICIES AND PROCEDURES</b>	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i>	INFORM
	<p>Winkler presented for approval to the Board of Directors:</p> <ul style="list-style-type: none"> <li>• NEW: Delirium Screening Protocol</li> <li>• NEW: Hypersensitivity Reaction Medications/Treatment Protocol-Adult</li> </ul>	<i>Winkler presented to committee.</i>
<b>8. CLOSED SESSION:</b> a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Kornblatt Idell</i>	ACTION
<i>Motion to recommend to Board of Directors for approval by Eisenstark, 2<sup>nd</sup> by Mainardi</i>		
<b>9. ADJOURN</b>	<i>Kornblatt Idell</i>	
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

# 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



# 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

# 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

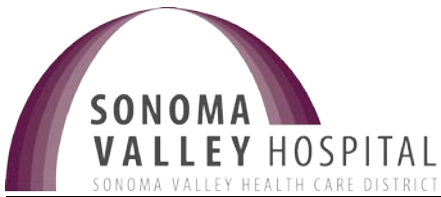
■	PT	1534	1758	1880	3099
■	ST	414	415	407	416

# 2024 Rehab Services Quality Data

Indicator	Performance	Most Recent	Trend	Period	🎯	🚨	📊	📄	
Rehab Services IP  Fall Prevention EDU [M]			86% 19/22	📉 Deteriorated	Sep 2024	90%	80%	n/a	74%
Rehab Services IP  Orthostatic condition for ortho post-ops[M]			75% 9/12	📈 Improved	Sep 2024	90%	80%	n/a	74%
Rehab Services IP  Speech-Use of FOIS tool [M]			94% 16/17	📉 Deteriorated	Sep 2024	90%	80%	n/a	85%
Rehab Services  Outpatient Therapy Chart Audits [M]			97% 30/31	📉 Deteriorated	Sep 2024	90%	80%	n/a	94%

# Goals for 2025

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



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	2024 Staff/Quarter				
	Q4	Q1	Q2	Q3	Goal
# of RNs					
RNs, >0.5FTE (n=64)	4 (6.6%)	4 (8.1%)	5 (10.2%)	3 (6.3%)	≤5

Patient Experience: 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





































# Quality Indicator Performance & Plan







Board Quality Presentation for October 2024

Data For September 2024

# Mortality

Indicator	Performance	Most Recent	Trend	Period	
<b>Acute Care Mortality Rate (M)</b>  History 	 Target Met	4.0% 2/50	 Improved	Sep 2024	15.3%
<b>COPD Mortality Rate [M]</b>  History 	 Breaches Alarm	100.0% 1/1	 Deteriorated	Sep 2024	8.5%
<b>Congestive Heart Failure Mortality Rate [M]</b>  History 	 Target Met	0.0% 0/1	 No Change	Sep 2024	11.5%
<b>Pneumonia Mortality Rate [M]</b>  History 	 Target Met	0.0% 0/3	 No Change	Sep 2024	15.6%
<b>Ischemic Stroke Mortality Rate [M]</b>  History 	 Target Met	0.0% 0/2	 No Change	Sep 2024	13.8%
<b>Hemorrhagic Stroke - Mortality Rate (M)</b>  History 	 Target Undefined	n/a		Sep 2024	0.0%
<b>Sepsis, Severe - Mortality Rate (M)</b>  History 	 Target Met	0.0% 0/1	 No Change	Sep 2024	25.0%
<b>Septic Shock - Mortality Rate (M)</b>  History 	 Target Undefined	n/a		Sep 2024	25.0%





# AHRQ Patient Safety Indicators

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

# Adverse Events Reporting

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

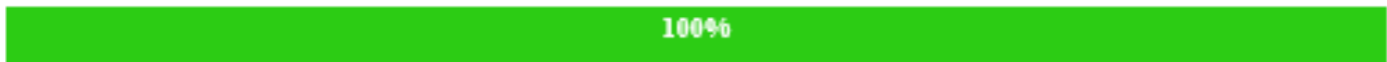





- *No adverse events*

# Patient Falls

Indicator	Performance	Most Recent	Trend	Period
<b>RM ACUTE FALL- All (M) per 1000 patient days</b>  History 	 Target Met	0.00 0/206	— No Change	Sep 2024
<b>RM ACUTE FALL- WITH INJURY (M) per 1000 patient days</b>  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		
<b>Rx-ADEs-High Risk Med Errors Per 10,000 Doses (M)</b>	 100% History 	 Target Met	0.00 0/71381	— No Change	Sep 2024	1.13
<b>Rx-Administration Errors Per 10,000 Doses Dispensed</b>	 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%	 Breaches Alarm	2	Deteriorated	Sep 2024	1
IC-Surveillance  HAI-CAUTI Inpatient infections per 10k patient days [M]	 91% 9%	 Target Met	0	No Change	Sep 2024	1
IC-Surveillance  HAI-CLABSI Inpatient infections per 10k patient days [M]	 100%	 Target Met	0	No Change	Sep 2024	1
IC-Surveillance  HAI-MRSA Inpatient infections per 10k patient days [M]	 100%	 Target Met	0	No Change	Sep 2024	1
IC-Surveillance  HAI-SSI infections per 10k pt days [M]	 100%	 Target Met	0	No Change	Sep 2024	1
QA-02   Hand Hygiene Practices Monitored [M]	 83% 17%	 Target Met	98% 49/50	Improved	Sep 2024	90%

- 2 instances of HAI; HH target met

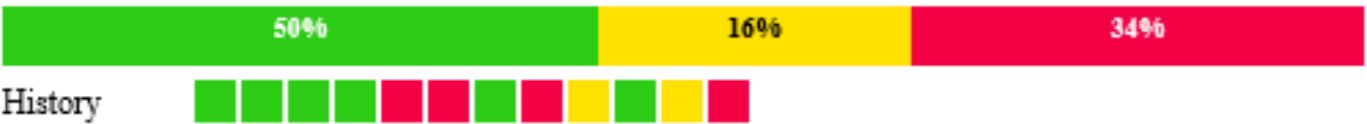








# Blood Products: Transfusions

Indicator	Performance	Most Recent	Trend	Period	
<b>Lab   Transfusion Effectiveness (M)</b> 	 Target Met	100.0% 3/3	— No Change	Sep 2024	100.0%
<b>Lab   Transfusion Reaction (M)</b> 	 Target Met	0.0% 0/30	— No Change	Sep 2024	0.0%

- *Transfusions effective; no transfusion reactions*



# Blood Culture Contamination

Indicator	Performance	Most Recent	Trend	Period	🔍
<b>Blood Cultures -Contamination Rate  RN  (M)</b> 	 Breaches Alarm	6.2% 5/80	 Deteriorated	Sep 2024	3.0%
<b>Blood Cultures -Contamination Rate  LAB  (M)</b> 	 Breaches Alarm	4.9% 2/41	 Deteriorated	Sep 2024	3.0%
<b>Blood Cultures -Total Contamination Rate (M)</b> 	 Breaches Alarm	5.8% 7/121	 Deteriorated	Sep 2024	3.0%

- *Total of 7 contaminated out of 121 samples*















# 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





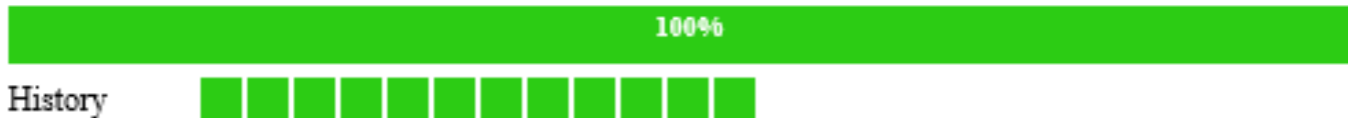

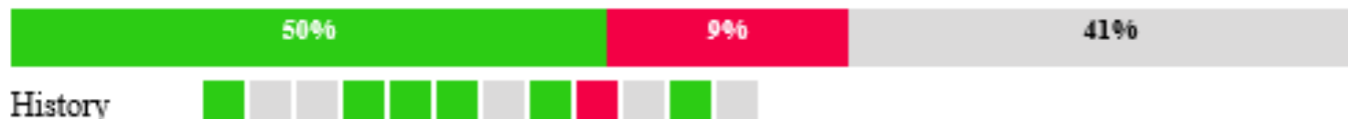

Indicator	Performance	Most Recent	Trend	Period	
MS-DRG Case Mix Index (CMI) [M]		1.46	Improved	Sep 2024	1.55
History					
MS-DRG Case Mix Index (CMI) MEDICARE [M]		1.36	Deteriorated	Sep 2024	1.55
History					
1 Day Stay Rate Medi-Cal [M]		0.00% 0/8	No Change	Sep 2024	2.61%
History					
1 Day Stay Rate-Medicare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

# 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%
History						
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)	 58% 34% 8%	Target Undefined	n/a		Sep 2024	19.5%
History						
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	 66% 34%	Target Met	0.0% 0/1	No Change	Sep 2024	21.6%
History						
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	 50% 50%	Target Met	0.0% 0/1		Sep 2024	4.0%
History						
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%
History						
Sepsis, Severe - % Readmit within 30 Days (M)	 75% 25%	Target Met	0.0% 0/1		Sep 2024	12.0%
History						
Septic Shock - % Readmit within 30 Days (M)	 83% 17%	Target Undefined	n/a		Sep 2024	13.3%
History						

 Readmission rates below targets

# Core Measures

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

# Core Measures: Sepsis

Indicator	Performance	Most Recent	Trend	Period		
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)			Target Undefined	n/a	Sep 2024	81.0%
SEPa - Severe Sepsis 3 Hour Bundle (M)			Target Undefined	n/a	Sep 2024	94.0%
SEPB - Severe Sepsis 6 Hour Bundle (M)			Target Undefined	n/a	Sep 2024	100.0%

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

# 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]



33%  
1/3

Deteriorated

Sep 2024

100%

Full bundle compliance from Jan 2024





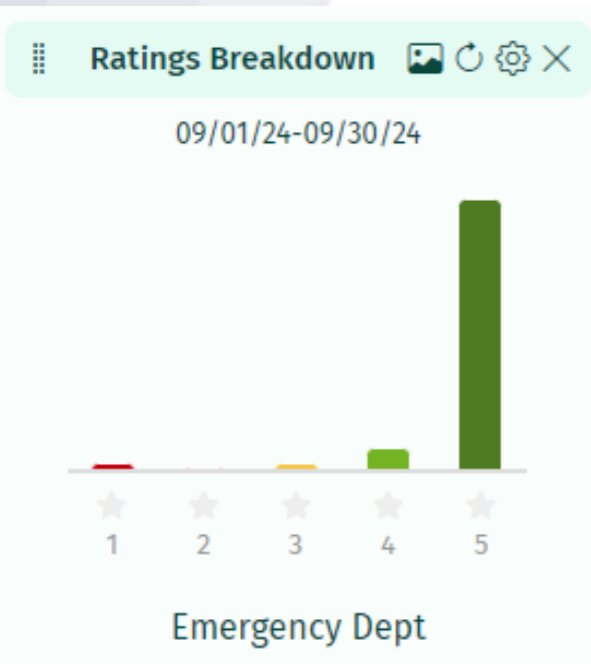
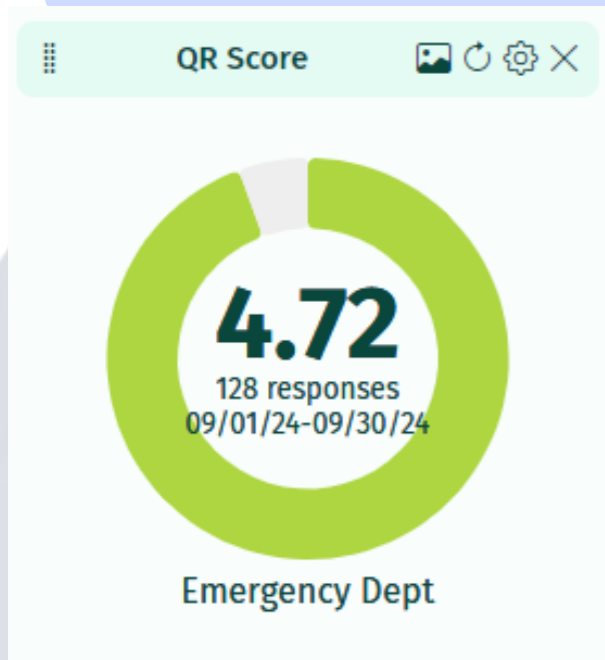
**HCHAPS Patient  
Satisfaction:  
Inpatient  
Ambulatory Surgery**  
*Reported Quarterly*

(please refer to August report for Q2)

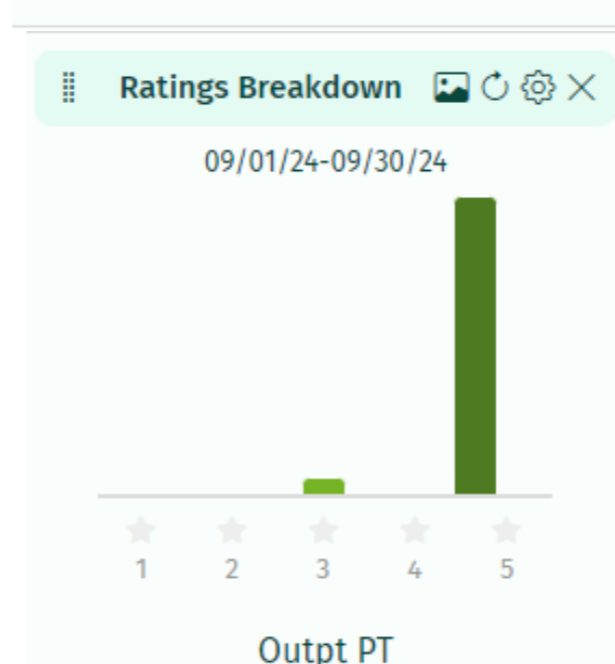


# Q Reviews: Rate My Hospital September 2024

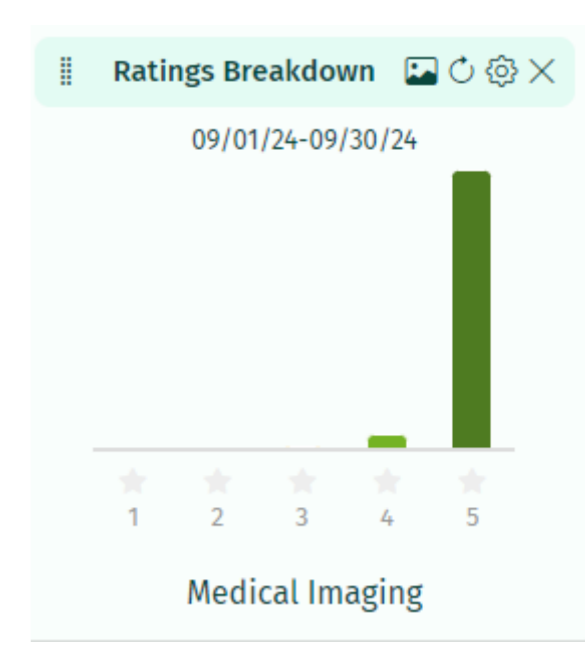
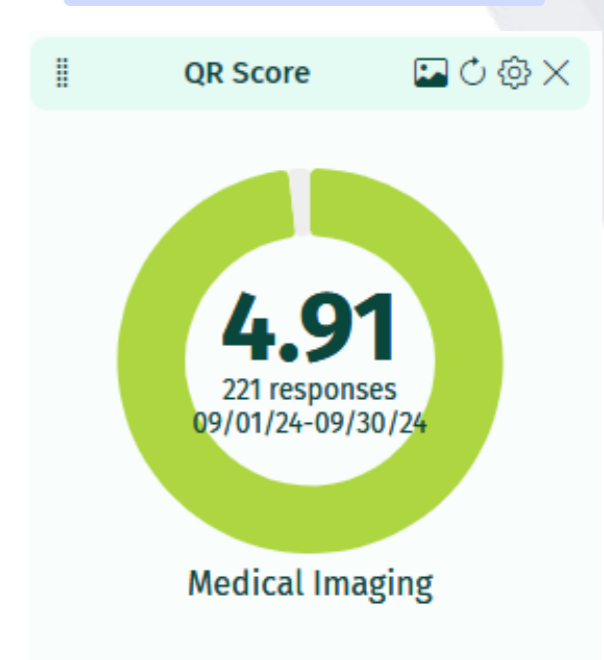
## Emergency Department



## Outpatient Physical Therapy

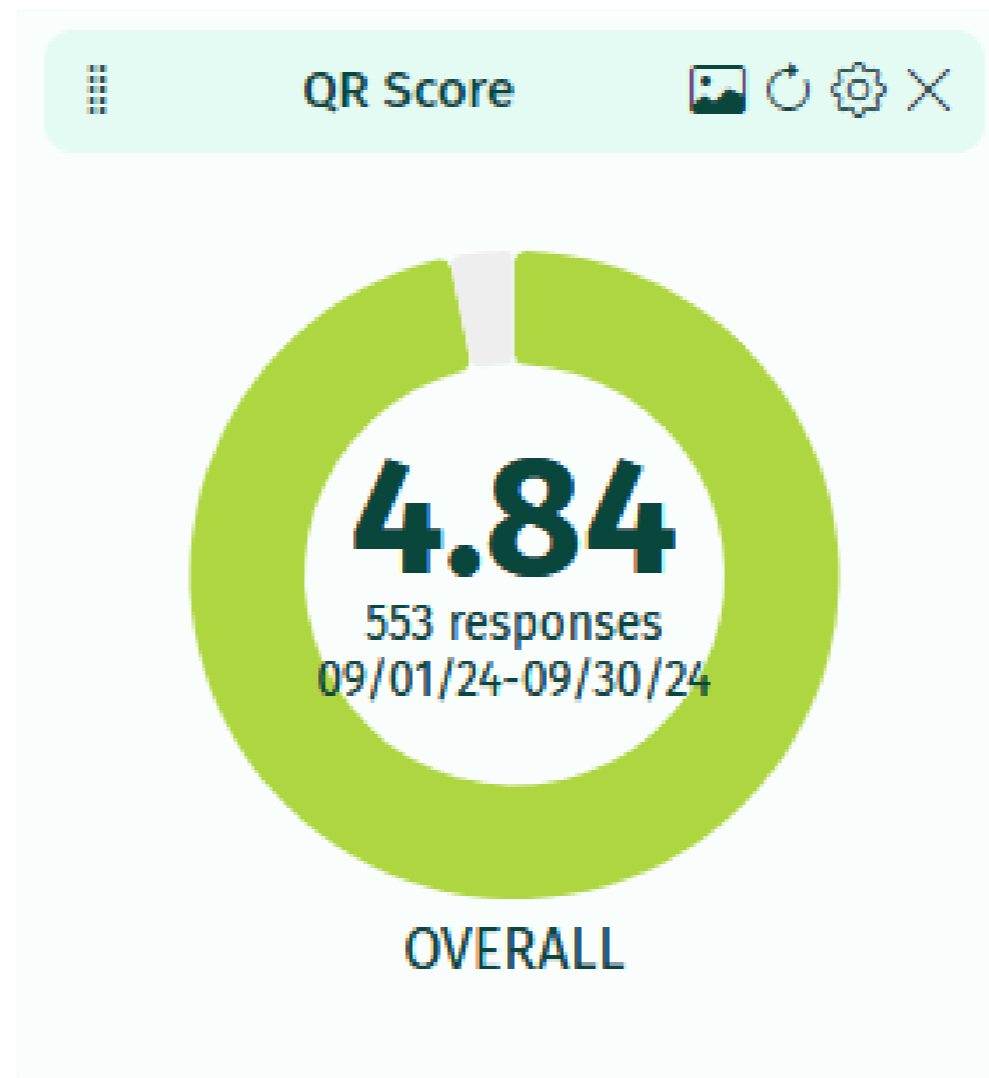
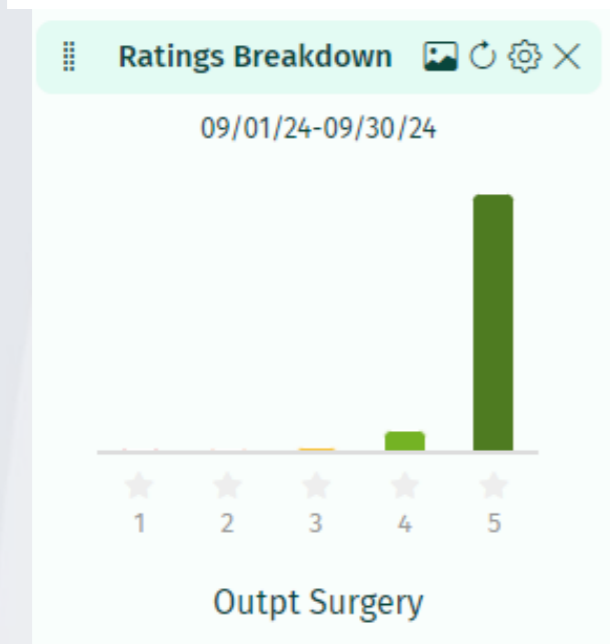
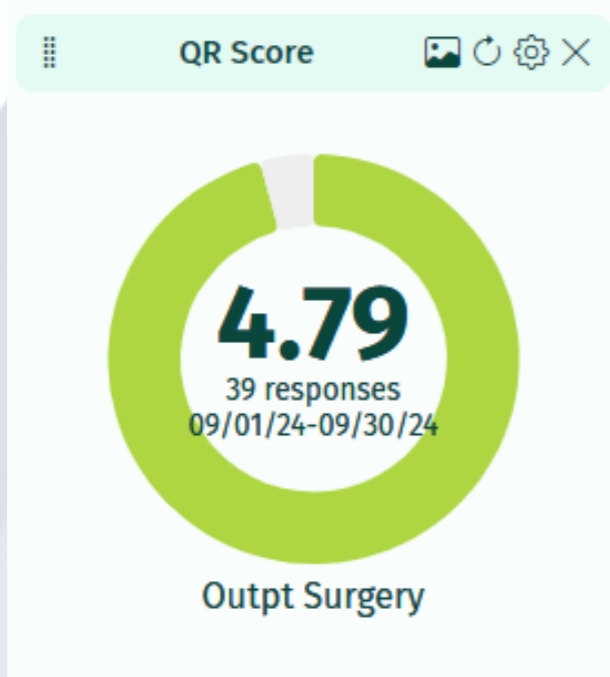


## Medical Imaging

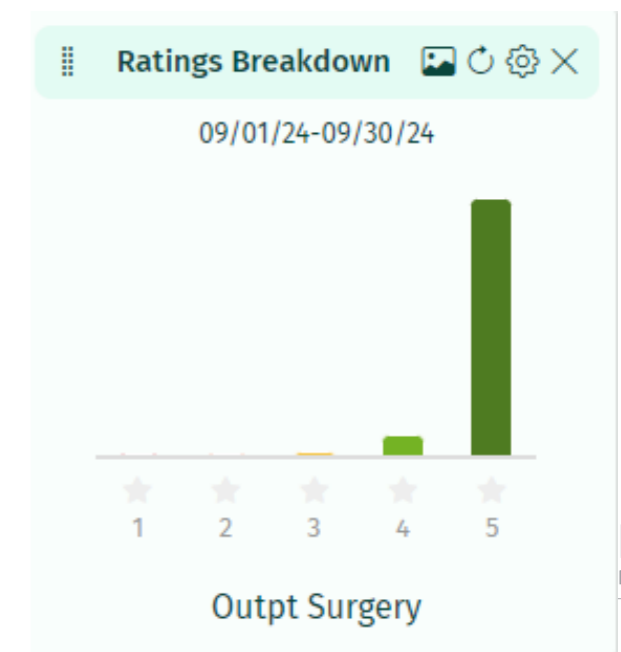
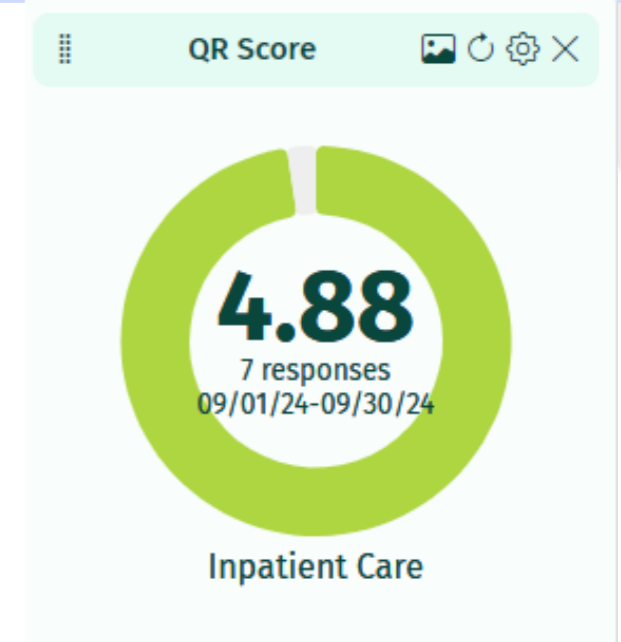


# Q Reviews: Rate My Hospital September 2024

## Outpatient Surgery



## Inpatient Care



## 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
<b>Encouraging Patients and Families to Report Concerns About Safety</b> <i>Patient Rights Policies (PR)</i>	Pending Approval	10/1/2024	18

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)**