SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING AGENDA
Wednesday, July 24, 2013
5:00 p.m. Open Session
(Closed Session will be held upon adjournment of the Open Session)

Location: Schantz Conference Room
Sonoma Valley Hospital – 347 Andrieux Street, Sonoma CA 95476

AGENDA ITEM	RECOMMENDATION	
MISSION STATEMENT *The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER	Nevins	
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.*	Nevins	
3. CONSENT CALENDAR: A. Quality Committee Minutes, 6.26.13	Nevins	Action
4. EDUCATION SESSION ON SERVICE RECOVERY, BETA HEALTHCARE GROUP	Renée Duncan	Inform
5. QUALITY REPORT	Lovejoy	Inform
6. ORGANIZATIONAL-LEADERSHIP POLICY AND PROCEDURES	Lovejoy	Inform/Action
7. REPORT AND DASHBOARD FROM QUALITY INDICATORS SUBCOMMITTEE	Hirsch	Inform/Action
8. CLOSING COMMENTS	Nevins	Inform
9. ADJOURN	Nevins	
10. UPON ADJOURNMENT OF THE REGULAR OPEN SESSION	Nevins	
11. CLOSED SESSION: Calif. Health & Safety Code § 32155 – Medical Staff Credentialing & Peer Review Report	Smith/Amara	Action
12. REPORT OF CLOSED SESSION	Nevins	Inform

4.

CONSENT CALENDAR

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING MINUTES
Wednesday, June 26, 2013
Schantz Conference Room

Committee Members Present	Committee Members Absent	Community Members	Administrative Staff Present
Sharon Nevins, Chair John Perez Leslie Lovejoy (call-in) Dr. Howard Eisenstark Susan Idell Dr. Robert Cohen, CMO Jane Hirsch Joel Hoffman Dr. Paul Amara Dr. Jerome Smith	Brenda Epperly		Mark Kobe Courtney McMahon Gigi Betta, Board Clerk

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
MISSION AND VISION STATEMENTS	*The mission of the SVHCD is to maintain, improve and restore the health of everyone in our community.* *The vision of the SVHCD is that SVH will be a nationally recognized, compassionate place of healing known for excellence in clinical quality. We serve as the guide and indispensable link in our community members' health care journey.*		
1. CALL TO ORDER/ANNOUNCEMENTS	*Nevins*		
	5:02 PM		
2. PUBLIC COMMENT	*Nevins*		
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.	No public comment.		
3. CONSENT CALENDAR	*Nevins*	Inform/action	
A. QC Meeting Minutes, 5.22.13	Correction to 5/22 Minutes: Dr. Jerome Smith's name appears twice under *Present.*	**MOTION:** by Eisenstark to approve (A) as amended and 2nd by Perez. All in favor.	
4. ANNUAL INFECTION CONTROL REPORT	McMahon	Inform	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
	Ms. McMahon presented the Annual Infection Control Board Report including 2013 goals, historical rates of infection, prevention methodology, and the Antimicrobial Stewardship Program (ASP).		
5. QUALITY REPORT AND BUILDING ACTIVATION TIMELINE	Lovejoy	Inform	
	Ms. Lovejoy presented the Quality Report for May 2013 which included the building activation project, utilization management and clerical informatics.		
6. ORGANIZATIONAL MATERIALS MANAGEMENT POLICIES AND PROCEDURES	Lovejoy	Inform/Action	
	Approved as amended. Ms. Lovejoy will correct the spelling on Mr. Boerum's name on the signature page.	**MOTION:** by Hirsch and 2nd by Eisenstark to approve #6 as amended. All in favor.	
7. REPORT FROM QUALITY INDICATIORS SUBCOMMITTEE AND DASHBOARD	Hirsch	Inform	
	Dr. Eisenstark suggested using a "rolling" quarterly format for the Dashboard and it was the general consensus of the group to do so. Ms. Lovejoy will reformat the data in the suggested way. Dr. Cohen comments that item 2.a. *ED Patient Performance*, is a benchmark (25 minutes) set by Valley Emergency Physicians and the national benchmark is 30 minutes. So SVH performs above the national average.		
8. CLOSING COMMENTS	*Nevins*		
9. ADJOURN	Nevins		
	6:01	.	
10. UPON ADJOURNMENTOF THE REGULAR OPEN SESSION	*Nevins*		
11. CLOSED SESSION	*Smith/Amara*	Inform/action	
12. REPORT OF CLOSED SESSION/ADJOURN	*Nevins*		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
	1. **May 22 revised** - approval contingent on one PPD by next QC meeting on July 24. 2. **June 26** - approved contingent on one PPD by next QC meeting on July 24. There was on emergency expedition" by Hirsch and Nevins. NOTE: Requested that the Board Clerk put Board Members' names on credentialing documentation at all future Board meetings and collect documentation at the end of the meeting. 6:15 PM		

5.

QUALITY REPORT

To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 7/24/2013
Subject: Quality and Resource Management Report

July Priorities:

1. Utilization Management
2. Laboratory Survey
3. Nursing Services
4. Patient Satisfaction
5. Quality Data

1. Utilization Management

The hospital has contracted with a physician based company called Executive Health Resource (EHR) to manage our Medicare and Medicaid denials and appeal process. At the end of June we began to send all outstanding RAC and other denials to them so that they could take them through the appeal process. The company has a 96% reversal track record so we expect to see some reversal of total claims that were presented in Finance Committee in June.

In addition, this company will assume the role of Physician Advisor and complete the second level reviews when the case managers are unable to find documentation for an inpatient stay. This concurrent process is expected to help us manage inpatient versus observation patient admissions so that we don't overdo observation status at the expense of potential inpatient revenue. This piece went live on July 15th. Training and Introductions for the senior team and key physicians was provided the week of July 8th and a letter was sent to medical staff physicians regarding the potential for physician to physician interactions. Dr. Cohen and I will be setting up in-depth physician education and webinars in the near future.

We will be receiving weekly, monthly and quarterly reports on progress and will provide an update later this year when the program has been hardwired and results have been reported.

We will also be training the nursing supervisors on how to admission reviews after the case managers leave for the day.

2. Laboratory Survey

We are expecting the Joint Commission to come by and do the laboratory survey. We are in the window of opportunity and it could happen any day now.

3. Nursing Services

The move from 2North over to 3North was completed successfully by the team lead by Mark. The move is in preparation for the merging of the two buildings. This fiscal year we have changed our patient placement and staffing assumptions to reflect the changing census and the shift to more outpatient/observation volumes. With the opening of the new building, the outpatient transfusions, infusions and miscellaneous outpatient procedures done in ACU on the third floor needed to occur elsewhere. Since July 1 we have moved them to the Med/Surg department to bring more volume to Med/Surg and hopefully stabilize staffing in that area. We are also making every effort to keep 4 patients in the ICU at all times, acuity permitting. This means that ICU will have a mix of Med/Surg and ICU patients at any given time; however, the staffing will remain 2 patients to 1 nurse. We have also shifted the clean GYN surgeries that are overnight stays to the Birth Center in an attempt to bring their productivity up. Our Nurse Supervisor Manager, Jan Preston is retiring in

August and we have elected to not fill that position. Mark, Pauline and Melissa will take on the role from 7am to 12 noon when a nursing supervisor relieves them.

4. Patient Satisfaction

Our Patient Satisfaction results have hit a plateau. We had our Studer coach out to meet with us a number of months ago. She provided education and suggestions for how to hardwire the best practices that we have been implementing. The Senior Leadership team has decided to place our focus on the eight (8) HCAPHS questions for our inpatients for this fiscal year with the goal of achieving 5 out of 8 scores at the 50th percentile rank. Mark is leading this challenge. I have attached the Jan 2013-May 2013 report, with questions, for discussion and the Jan- June 2013 graph. Effective July 1, all leaders will have this as a goal on the Leadership Performance Dashboard.

5. Quality Data

The Centers for Medicare and Medicaid Services has released the Hospital Compare report for hospital review this month. It will be published on their Internet site for public view this fall. I have attached both the Inpatient and Outpatient report for discussion.

Topic: Service Recovery Presentation with Renae Duncan from Program Beta.

Program Beta is our insurance carrier. Supportive discussion with Dr. Cohen, Mark Kobe and myself.

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital Performance

Reporting Period for Clinical Process Measures: First Quarter 2012 through Fourth Quarter 2012 Discharges

050090-SONOMA VALLEY HOSPITAL

Address: 347 ANDRIEUX ST
City, State, ZIP: SONOMA, CA 95476
Phone Number: (707) 935-5000
County Name: SONOMA

Type of Facility: Short-term
Type of Ownership: Government - Hospital District or Authority
Emergency Service Provided: Yes

Structural Measures

Participation in a Systematic Database for Cardiac Surgery	Does Not Have a Program
Participation in a Systematic Clinical Database Registry for Stroke Care	No
Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	No

	Hospital Quality Measures	Your Hospital Performance Aggregate Rate for All Four Quarters	10% of All Hospitals Submitting Data Scored Equal to or Better Than	State Performance	National Performance
Acute Myocardial Infarction (AMI)					
AMI-2	Aspirin Prescribed at Discharge	100% of 5 patients(1,3)	100%	99%	99%
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	N/A(3,7)	100%	77%	61%
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	N/A(3,7)	100%	95%	95%
AMI-10	Statin Prescribed at Discharge	83% of 6 patients(1,3)	100%	98%	98%
Heart Failure (HF)					
HF-1	Discharge Instructions	90% of 29 patients	100%	94%	94%
HF-2	Evaluation of LVS Function	95% of 42 patients	100%	99%	99%
HF-3	ACEI or ARB for LVSD	89% of 9 patients(1)	100%	97%	97%
Pneumonia (PN)					
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	100% of 57 patients	100%	97%	97%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	97% of 32 patients	100%	96%	95%
Surgical Care Improvement Project (SCIP)					
SCIP-Inf-1	Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision	97% of 99 patients	100%	98%	99%

Hospital Performance

Reporting Period for Clinical Process Measures: First Quarter 2012 through Fourth Quarter 2012 Discharges

050090-SONOMA VALLEY HOSPITAL

	Hospital Quality Measures	Your Hospital Performance Aggregate Rate for All Four Quarters	10% of All Hospitals Submitting Data Scored Equal to or Better Than	State Performance	National Performance
Surgical Care Improvement Project (SCIP)					
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	99% of 99 patients	100%	99%	99%
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	97% of 99 patients	100%	97%	98%
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6 A.M. Postoperative Blood Glucose	N/A(7)	100%	96%	96%
SCIP-Inf-9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery being Day Zero	95% of 109 patients	100%	96%	96%
SCIP-Inf-10	Surgery Patients with Perioperative Temperature Management	100% of 142 patients	100%	100%	100%
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	100% of 21 patients(1)	100%	96%	97%
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	98% of 124 patients	100%	98%	98%
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	98% of 124 patients	100%	97%	98%
Emergency Department					
ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients	248 Minutes based on 255 patients(2)	175 Minutes	321 Minutes	273 Minutes
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients	60 Minutes based on 158 patients(2)	42 Minutes	120 Minutes	96 Minutes
Immunization					
IMM-1a	Pneumococcal Immunization	84% of 359 patients(2)	98%	88%	89%
IMM-2	Influenza Immunization	89% of 148 patients(2)	99%	86%	88%

Footnote Legend

1. The number of cases/patients is too few to report.
2. Data submitted were based on a sample of cases/patients.
3. Results are based on a shorter time period than required.
4. Data suppressed by CMS for one or more quarters.
5. Results are not available for this reporting period.
7. No cases met the criteria for this measure.

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital CAHPS (HCAHPS) Survey

Reporting Period for HCAHPS Measures: First Quarter 2012 through Fourth Quarter 2012 Discharges

050090-SONOMA VALLEY HOSPITAL

Address: 347 ANDRIEUX ST
City, State, ZIP: SONOMA, CA 95476
Phone Number: (707) 935-5000
County Name: SONOMA

Type of Facility: Short-term
Type of Ownership: Government - Hospital District or Authority
Emergency Service Provided: Yes

HCAHPS Survey Completion and Response Rate

Number of Completed Surveys	285
Survey Response Rate	32

HCAHPS Composites and Individual Items

		Your Hospital's Adjusted Score			State Average			U.S. Average		
HCAHPS Composites		**% Sometimes to Never**	**% Usually**	**% Always**	**% Sometimes to Never**	**% Usually**	**% Always**	**% Sometimes to Never**	**% Usually**	**% Always**
Composite 1 (Q1 to Q3)	Communication with Nurses	4	20	76	6	20	74	5	17	78
Composite 2 (Q5 to Q7)	Communication with Doctors	5	15	80	6	16	78	4	15	81
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	7	23	70	13	26	61	9	24	67
Composite 4 (Q13 & Q14)	Pain Management	5	22	73	8	24	68	7	22	71
Composite 5 (Q16 & Q17)	Communication about Medicines	19	21	60	21	18	61	19	17	64
Hospital Environment Items		**% Sometimes to Never**	**% Usually**	**% Always**	**% Sometimes to Never**	**% Usually**	**% Always**	**% Sometimes to Never**	**% Usually**	**% Always**
Q8	Cleanliness of Hospital Environment	15	22	63	10	20	70	9	18	73
Q9	Quietness of Hospital Environment	17	37	46	17	32	51	10	30	60

		Your Hospital's Adjusted Score		State Average		U.S. Average	
Discharge Information Composite		**% Yes**	**% No**	**% Yes**	**% No**	**% Yes**	**% No**
Composite 6 (Q19 & Q20)	Discharge Information	88	12	83	17	85	15

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital CAHPS (HCAHPS) Survey

Reporting Period for HCAHPS Measures: First Quarter 2012 through Fourth Quarter 2012 Discharges

050090-SONOMA VALLEY HOSPITAL

HCAHPS Global Items

		Your Hospital's Adjusted Score			State Average			U.S. Average		
Q21	**Overall Rating of Hospital**	**% 0 to 6 rating**	**% 7 and 8 rating**	**% 9 and 10 rating**	**% 0 to 6 rating**	**% 7 and 8 rating**	**% 9 and 10 rating**	**% 0 to 6 rating**	**% 7 and 8 rating**	**% 9 and 10 rating**
Overall Rating of Hospital *(0 = Worst Hospital 10 = Best Hospital)*		8	28	64	10	23	67	8	22	70

		Your Hospital's Adjusted Score			State Average			U.S. Average		
Q22	**Willingness to Recommend this Hospital**	**% No: Definitely or Probably Not Recommend**	**% Yes: Probably Recommend**	**% Yes: Definitely Recommend**	**% No: Definitely or Probably Not Recommend**	**% Yes: Probably Recommend**	**% Yes: Definitely Recommend**	**% No: Definitely or Probably Not Recommend**	**% Yes: Probably Recommend**	**% Yes: Definitely Recommend**
Willingness to Recommend this Hospital		6	25	69	7	24	69	5	24	71

Footnote Legend

1. *The number of cases/patients is too few to report.*
3. *Results are based on a shorter time period than required.*
5. *Results are not available for this reporting period.*
6. *Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.*
10. *Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.*
11. *There were discrepancies in the data collection process.*

Hospital Performance

Reporting Period for 30-Day Mortality, Readmission Measures: Third Quarter 2009 through Second Quarter 2012 Discharges

Reporting Period for 30-Day Hospital-Wide Outcome Measures: Third Quarter 2011 through Second Quarter 2012 Discharges

050090-SONOMA VALLEY HOSPITAL

Address: 347 ANDRIEUX ST
City, State, ZIP: SONOMA, CA 95476
Phone Number: (707) 935-5000
County Name: SONOMA

Type of Facility: Short-term
Type of Ownership: Government - Hospital District or Authority
Emergency Service Provided: Yes

30-Day Risk-Standardized Mortality Measures

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Admissions	Your Hospital's Risk-Standardized Mortality Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate		Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small
Acute Myocardial Infarction (AMI)											
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	Number of Cases Too Small	22	Will Not Be Reported	15.2%		in the **Nation** that Performed ...	77	2579	19	1889
							in the **State** that Performed ...	7	219	1	103
Heart Failure (HF)											
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	No Different than U.S. National Rate	123	10.2% (7.5%, 13.6%)	11.7%		in the **Nation** that Performed ...	181	3732	139	725
							in the **State** that Performed ...	30	246	10	51
Pneumonia (PN)											
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	No Different than U.S. National Rate	84	10.5% (7.3%, 14.8%)	11.9%		in the **Nation** that Performed ...	203	4014	223	377
							in the **State** that Performed ...	34	244	19	45

Hospital Performance

Reporting Period for 30-Day Mortality, Readmission Measures: Third Quarter 2009 through Second Quarter 2012 Discharges

Reporting Period for 30-Day Hospital-Wide Outcome Measures: Third Quarter 2011 through Second Quarter 2012 Discharges

050090-SONOMA VALLEY HOSPITAL

30-Day Risk-Standardized Readmission Measures

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's Risk-Standardized Readmission Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate		Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small
Acute Myocardial Infarction (AMI)											
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	Number of Cases Too Small	22	Will Not Be Reported	18.3%		in the **Nation** that Performed ...	22	2333	24	2085
							in the **State** that Performed ...	1	201	1	122
Heart Failure (HF)											
READM-30-HF	Heart Failure (HF) 30-Day Readmission Rate	No Different than U.S. National Rate	130	18.9% (15.3%, 23.4%)	23.0%		in the **Nation** that Performed ...	105	3904	146	631
							in the **State** that Performed ...	8	282	3	46
Pneumonia (PN)											
READM-30-PN	Pneumonia (PN) 30-Day Readmission Rate	No Different than U.S. National Rate	87	15.7% (12.4%, 19.9%)	17.6%		in the **Nation** that Performed ...	25	4331	101	376
							in the **State** that Performed ...	3	293	2	46

Hospital Performance

Reporting Period for 30-Day Mortality, Readmission Measures: Third Quarter 2009 through Second Quarter 2012 Discharges

Reporting Period for 30-Day Hospital-Wide Outcome Measures: Third Quarter 2011 through Second Quarter 2012 Discharges

050090-SONOMA VALLEY HOSPITAL

30-Day Risk-Standardized Readmission Measures

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's Risk-Standardized Readmission Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate		Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small
Hip/Knee											
READM-30-HIP-KNEE	30-Day Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	No Different than U.S. National Rate	56	5.6% (3.8%, 8.1%)	5.4%		in the **Nation** that Performed ...	50	2740	37	665
							in the **State** that Performed ...	8	199	1	90
Hospital-Wide											
READM-30-HOSPWIDE	30-Day Hospital-Wide All-Cause Unplanned Readmission Rate	Better than U.S. National Rate	524	13.8% (12.4%, 15.7%)	16.0%		in the **Nation** that Performed ...	304	3983	364	158
							in the **State** that Performed ...	28	288	13	10

Hospital Compare Preview Report: Improving Care Through Information – Inpatient

Hospital Performance

Reporting Period for Complication Outcome Measures: Third Quarter 2009 through First Quarter 2012 Discharges

050090-SONOMA VALLEY HOSPITAL

Risk-Standardized Complication Measures

	Hospital Quality Measures	Your Hospital's Performance	Your Hospital's Number of Eligible Medicare Discharges	Your Hospital's Risk-Standardized Complication Rate (Lower Limit, Upper Limit of 95% Interval Estimate)	U.S. National Rate		Number of Hospitals...	Better than U.S. National Rate	No Different than U.S. National Rate	Worse than U.S. National Rate	Number of Cases Too Small
Surgical Complication											
COMP-HIP-KNEE	Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	No Different than U.S. National Rate	51	4.0% (2.4%, 6.6%)	3.4%		in the **Nation** that Performed ...	72	2658	68	687
							in the **State** that Performed ...	7	196	4	89

Footnote Legend

1. The number of cases/patients is too few to report.
4. Data suppressed by CMS for one or more quarters.
5. Results are not available for this reporting period.
7. No cases met the criteria for this measure.
13. Results cannot be calculated for this reporting period.

Hospital Performance

Reporting Period for Healthcare Associated Infection Measures: First Quarter 2012 through Fourth Quarter 2012 Discharges

050090-SONOMA VALLEY HOSPITAL

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City, State, ZIP: SONOMA, CA 95476
Phone Number: (707) 935-5000
County Name: SONOMA

Type of Facility: Short-term
Type of Ownership: Government - Hospital District or Authority
Emergency Service Provided: Yes

Healthcare Associated Infection

Hospital Quality Measures	Your Hospital's Reported Number of Infections	Device Days / Procedures	Your Hospital's Predicted Number of Infections	Ratio of Reported to Predicted Infections (SIR) (Lower Limit, Upper Limit of 95% Interval Estimate)	Your Hospital's Performance	State Standardized Infection Ratio, State Lower Limit, State Upper Limit of 95% Interval Estimate	U.S. National Standardized Infection Ratio
Central Line Associated Bloodstream Infection	0	217	0.326	N/A(13)	N/A	0.512 (0.482, 0.544)	0.551
Catheter Associated Urinary Tract Infections	0	560	0.728	N/A(13)	N/A	2.010 (1.923, 2.099)	1.097
SSI-Colon Surgery	0	7	0.184	N/A(13)	N/A	0.713 (0.656, 0.773)	0.808
SSI-Abdominal Hysterectomy	0	2	0.030	N/A(13)	N/A	0.887 (0.769, 1.019)	0.934

Footnote Legend

3. Results are based on a shorter time period than required.
4. Data suppressed by CMS for one or more quarters.
5. Results are not available for this reporting period.
8. The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.
12. This measure does not apply to this hospital for this reporting period.
13. Results cannot be calculated for this reporting period.

Hospital Compare Preview Report: Hospital Performance – Outpatient

Reporting Period for Clinical Process Measures: First Quarter 2012 through Fourth Quarter 2012 Encounters

Reporting Period for Outpatient Imaging Efficiency Measures: First Quarter 2011 through Fourth Quarter 2011 All Paid Medicare FFS Claims

050090-SONOMA VALLEY HOSPITAL

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Type of Facility: Short-term
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Emergency Service Provided: Yes

Structural Measures

OP-12	Does/did your facility have the ability to receive laboratory data electronically directly into your ONC certified EHR system as discrete searchable data?	Yes
OP-17	Does your facility have the ability to track clinical results between visits?	Yes
OP-22	Patient left before being seen	86/4742 (2%)

	Hospital Quality Measures	Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
AMI Cardiac Care					
OP-1	Median Time to Fibrinolysis	N/A(7)	20 Minutes	28 Minutes	29 Minutes
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	N/A(7)	100%	62%	56%
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention-Reporting Rate	45 Minutes based on 8 patients(1)	38 Minutes	59 Minutes	58 Minutes
OP-4	Aspirin at Arrival	93% of 28 patients	100%	97%	97%
OP-5	Median Time to ECG	13 Minutes based on 26 patients	3 Minutes	9 Minutes	7 Minutes
Surgical Care					
OP-6	Timing of Antibiotic Prophylaxis	100% of 20 patients(1)	100%	96%	97%
OP-7	Prophylactic Antibiotic Selection for Surgical Patients	100% of 20 patients(1)	100%	97%	97%

Hospital Compare Preview Report: Hospital Performance – Outpatient

Reporting Period for Clinical Process Measures: First Quarter 2012 through Fourth Quarter 2012 Encounters

Reporting Period for Outpatient Imaging Efficiency Measures: First Quarter 2011 through Fourth Quarter 2011 All Paid Medicare FFS Claims

050090-SONOMA VALLEY HOSPITAL

	Hospital Quality Measures	Your Hospital Performance for All Quarters	10% of All Hospitals Submitting Data Performed Equal to or Better Than	State Performance	National Performance
Outpatient Imaging Efficiency (OIE)					
OP-8	MRI Lumbar Spine for Low Back Pain	37.5% of 48 patients	N/A	32.9%	36.5%
OP-9	Mammography Follow-up Rates	5.7% of 895 patients	N/A	8.6%	8.8%
OP-10	Abdomen CT - Use of Contrast Material	8.5% of 236 scans	N/A	15.7%	12.7%
OP-11	Thorax CT - Use of Contrast Material	0.6% of 164 scans	N/A	3.4%	3.7%
OP-13	Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery	6.0% of 134 patients	N/A	5.7%	5.5%
OP-14	Simultaneous use of brain Computed Tomography (CT) and sinus Computed Tomography (CT)	N/A(1)	N/A	2.1%	2.8%
Emergency Department					
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients	122 Minutes based on 834 patients	92 Minutes	172 Minutes	138 Minutes
OP-20	Median Time from ED Arrival to Provider Contact for ED patients	9 Minutes based on 530 patients	14 Minutes	31 Minutes	28 Minutes
Pain Management					
OP-21	Median Time to Pain Management for Long Bone Fracture	60 Minutes based on 70 patients	38 Minutes	64 Minutes	60 Minutes
Stroke					
OP-23	Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival	25% of 12 patients(1)	88%	42%	47%

Footnote Legend

*OP-1 Measure data displayed on the preview report will be available through the download process and excluded from display on Hospital Compare.

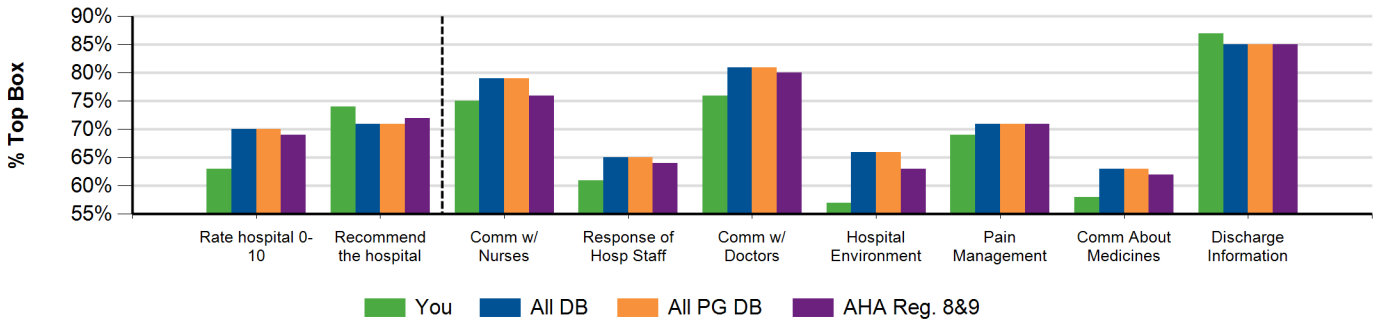
1. The number of cases/patients is too few to report.
3. Results are based on a shorter time period than required.
4. Data suppressed by CMS for one or more quarters.
5. Results are not available for this reporting period.
7. No cases met the criteria for this measure.

Sonoma Valley Hospital

Surveys Returned: March 2013 - May 2013

Global Comparison

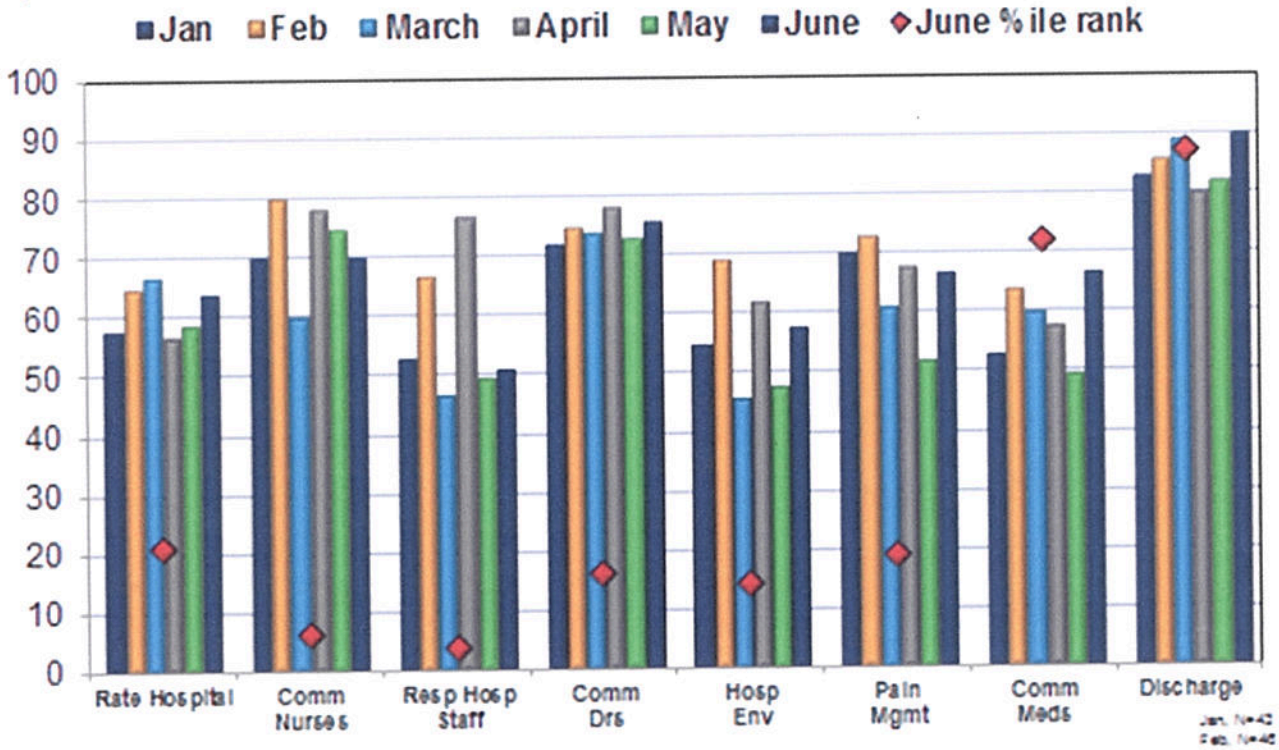
Domain Comparison



		Your Top Box Score			All DB N = 1770	All PG DB N = 1770	AHA Reg. 8&9 N = 261	
Domains and Questions	**n**	**Previous % Dec-Feb**	**Current % Mar-May**		**Percentile Rank**	**Percentile Rank**	**Percentile Rank**	
Rate hospital 0-10	98	67%	63%	▼	22	22	26	
Recommend the hospital	96	72%	74%	▲	57	57	49	
Comm w/ Nurses	99	76%	75%	▼	22	22	35	
Nurses treat with courtesy/respect	98	86%	91%	▲	86	86	91	
Nurses listen carefully to you	***99***	***70%***	***70%***	-	***15***	***15***	***26***	
Nurses expl in way you understand	99	72%	65%	▼	5	5	10	
Response of Hosp Staff	97	61%	61%	-	29	29	37	
Call button help soon as wanted it	***92***	***61%***	***59%***	▼	***28***	***28***	***35***	
Help toileting soon as you wanted	***63***	***62%***	***63%***	▲	***36***	***36***	***41***	
Comm w/ Doctors	100	77%	76%	▼	17	17	20	
Doctors treat with courtesy/respect	99	83%	87%	▲	48	48	56	
Doctors listen carefully to you	***97***	***73%***	***72%***	▼	***10***	***10***	***13***	
Doctors expl in way you understand	99	74%	70%	▼	13	13	15	
Hospital Environment	101	63%	57%	▼	13	13	17	
Cleanliness of hospital environment	99	75%	69%	▼	27	27	33	
Quietness of hospital environment	101	51%	46%	▼	9	9	15	
Pain Management	78	76%	69%	▼	29	29	28	
Pain well controlled	78	67%	59%	▼	19	19	14	
Staff do everything help with pain	78	84%	78%	▼	47	47	50	
Comm About Medicines	75	60%	58%	▼	21	21	24	
Tell you what new medicine was for	74	67%	76%	▲	42	42	49	
Staff describe medicine side effect	71	53%	41%	▼	11	11	12	
Discharge Information	94	84%	87%	▲	68	68	69	
Staff talk about help when you left	93	84%	91%	▲	94	94	94	
Info re symptoms/prob to look for	90	83%	83%	-	16	16	17	

n = number of respondents
Questions that are among this period's top ten priorities appear in bold italics.
Click here to access the Summary Report Guide

Sonoma HCAHPS Jan – June 2013
(discharge date ~ %top box, 7.14.13)



Jan, N=42
Feb, N=46
March, N=30
April, N=21
May, N=23
June, N=11

StuderGroup

6.

ORGANIZATIONAL-LEADERSHIP POLICY AND PROCEDURES

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

POLICY AND PROCEDURE
Approvals Signature Page

Review and Approval Requirements

The SVH departmental/organizational policies and/or procedures on the attached list have been reviewed and approved by the following organizational leaders for meeting all of the following criteria. All of these policies and procedures are:

- Consistent with the Mission, Vision and Values of the Sonoma Valley Health Care District
- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent with evidence-based practice

We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.

Departmental/Organizational Leadership	
APPROVED BY: **Leslie Lovejoy, RN, CQO**	DATE: July 10, 2013
Director's/Manager's Signature Leslie Lovejoy	Printed Name LESLIE LOVEJOY

Kelly Mather 7/10/13

Kelly Mather,
Chief Executive Officer **Date**

Robert D Cohen 7/10/13

Robert Cohen, MD
Chief Medical Officer **Date**

D. Paul Amara, MD
President of Medical Staff **Date**

Bill Boerum
Chair, Board of Directors **Date**

Policy Submission Summary Sheet

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Title of Document: Organizational Leadership P/P's

New document or revision written by: Leslie Lovejoy

Type: Leadership **X Revision (4) X New (2) Policy**	**Regulatory** **X CMS** **❑ CDPH** (formerly DHS) **X TJC** (formerly JCHAO) **❑ Other:**
X Organizational: Clinical *(circle which type)*	**❑ Departmental** **❑ Interdepartmental** *(List departments effected)*

Please briefly state changes to existing document/form or overview of new document/form here:
(include reason for change(s) or new document/form)

LD 8610-103 Clinical Practice Guidelines: reviewed only minor wording changes
LD 8610-311 Code of Conduct: reviewed only; no changes
LD 8610-312 Conflict Management: reviewed only, no changes
LD 8610-313 Culture of Safety: revised to update new training and orientation process

LD 8610-413 Good Catch Program: new policy outlining program and incentivizing proactive reporting of unsafe situations that place patients, visitor, employees potentially at risk for an event. Adjunct to Sentinel Event and Near Miss policy and part of Culture of Safety Program.

LD 8610-410 Scope and Integration of Services: replaces the cumbersome Plan for the Provision of Patient Care and meets CMS and TJC revised standards.

Reviewed By	Date	Approved (Y/N)	Comment
Courtney McMahon Infection control	2/13	Y	
Lorna Gantenbein Risk manager	2/13	Y	
Leslie Lovejoy, CQO	4/1/13	Y	
Chris Kutza, Dir Pharmacy	10/25/12	Y	
Approved by Safety Committee	10/12	Y	

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

POLICIES/PROCEDURES MANUAL
Organizational-Leadership
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A.	Title
B.	
C.	
LD 8610-103	Clinical Practice Guidelines
LD 8610-311	Code of Conduct
LD 8610-312	Conflict Management
LD 8610-313	Culture of Safety
D.	
LD 8610-	

E.	
LD 8610-	
F.	
LD 8610-	
G.	
LD 8610-413	Good Catch Program
H.	
LD 8610-	
I.	
J.	
K.	
L.	
M.	
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O.	
P.	
Q.	
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LD8610-416	Scope and Integration of Services
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7.

REPORT AND DASHBOARD QUALITY COMMITTEE SUBCOMMITTEE

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

BOARD QUALITY COMMITTEE DASHBOARD 2013

The following are quality and patient safety indicators selected by the Board Quality Committee for quarterly reporting as part of the oversight mandate for ensuring the organization has an effective quality assurance and performance improvement program (QAPI).

1. Surgical Services Volumes by Service Fiscal Year 2013

	Jul-Sept		Oct-Dec		Jan-Mar		Apr-Jun		Totals
SERVICE	**IP**	**OP**	**IP**	**OP**	**IP**	**OP**	**IP**	**OP**	
General	34	35	35	31	32	29	30	48	274
OBGYN	16	17	14	22	17	16	11	22	135
Ophthalmology	0	50	0	45	0	45	0	48	188
Orthopedic	62	107	51	118	55	106	57	101	657
Pain Management	0	39	0	36	0	37	0	39	151
Podiatry	1	12	1	16	0	15	3	4	52
Urology	3	9	3	5	3	3	1	5	32
Vascular Surgery	0	5	0	3	1	4	0	7	20
Endoscopy	24	80	13	84	24	66	14	82	387
Totals	**140**	**354**	**117**	**360**	**132**	**321**	**116**	**356**	**1896**

2. Emergency Department Patient Performance

a. **Time from presentation to the ED to time seen by MD based on a sampling of cases.**

Measurement:	Emergency Department Patient Throughput (Lower # is Better)
Category:	Patient Safety
Definition:	Time from arrival in ED to being seen by an MD in minutes (Average)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
25.85	26.36					N/A	30	

b. Time from decision to admit to bed on inpatient unit until patient departure from ED based on a sampling of cases.

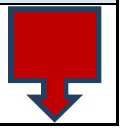
Measurement:	Time from admit decision to depart to bed (Lower # is Better)
Category:	Patient Safety
Definition:	Time from decision to admit patient to departure to assigned bed in minutes (Average)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
72.37	64.93					N/A	TBD	TBD

3. Patient Satisfaction: Quality Patient Experience

Patient satisfaction is measured by the Press Ganey Patient Satisfaction Questionnaire that is mailed to the patient's home two weeks post discharge. There are many questions on the survey and the hospital has shown a significant improvement over the past two years. We chose 3 questions upon which to focus our attention.

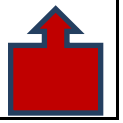
Measurement:	Noise Level in and around rooms (Higher # is Better)
Category:	Patient Satisfaction
Definition:	% of Patients responding to Press Ganey Survey who gave a score of 5 (Very Good)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
75.3%	69.1%					N/A	90.00%	

Measurement:	Explanations re: tests and treatments (Higher # is Better)
Category:	Patient Satisfaction
Definition:	% of Patients responding to Press Ganey Survey who gave a score of 5 (Very Good)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
87.1%	85.3%					N/A	90.00%	

Measurement:	Likelihood to recommend SVH to others (Higher # is better)
Category:	Patient Satisfaction
Definition:	% of Patients responding to Press Ganey Survey who gave a score of 5 (Very Good)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
89.6%	90.6%					N/A	90.00%	

4. Readmissions Rates: Quality Patient Outcomes

Data is captured for patients who return to SVH within 30 days. The hospital focuses on four specific diagnostic groups as they are currently tied to Medicare pay-for-performance.

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days - All Diagnosis

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
8.20%	**8.40%**	0.00%	0.00%	0.00%		**N/A**	**TBD**	**TBD**

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with Same Diagnosis

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
2.40%	**2.00%**	0.00%	0.00%	0.00%		N/A	**TBD**	**TBD**

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with AMI (Heart Attack)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
6.00%	**0.00%**	0.00%	0.00%	0.00%		**N/A**	**TBD**	**TBD**

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with CHF (Congestive Heart Failure)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
2.80%	**0.00%**	0.00%	0.00%	0.00%		N/A	**TBD**	**TBD**

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with PNE (Simple Pneumonia)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
8.50%	**0.00%**	0.00%	0.00%	0.00%		N/A	**TBD**	**TBD**

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with COPD (Chronic Obstructive Pulmonary Disease)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
0.00%	**16.50%**	0.00%	0.00%	0.00%		**N/A**	**TBD**	**TBD**

5. Hospital Acquired Infections: Quality Patient Outcomes and Safety

Infections are tracked for 19 different categories of infections are reported in detail only if quarterly or YTD performance does not meet the benchmark set and therefore potentially merits clinical and management remedial action. The following table summarizes those infection categories being tracked which are within benchmark.

Infection Category	Within Benchmark
Central line associated bloodstream infections	
Hospital acquired Cdiff infections	
Inpatient, MRSA infections	
VRE bloodstream infections	
Hip surgical site infections	
Knee surgical site infections	
Overall surgical site infections	
Class I SSI rate	
Class II SSI rate	
Total Joint SSI rate	
Ventilator Associated Events	
Hospital acquired Pneumonia	
Inpatient Hospital acquired Catheter associated urinary tract infections	
Home Care associated infections	
MRSA Active Surveillance cultures	
Flash sterilization measurements	

Infection categories which do not currently meet benchmarks are reported below:

	Hospital Acquired Infections (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	SNF acquired Catheter Associated Urinary Tract Infections (cases per catheter days)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
?	**2/237 =.84%**	0.0	0.0	0.0		**N/A**	**5/1000 =.50%**	

Measurement:	Hospital Acquired Infections (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	SNF acquired Cdiff Infections (cases per patient days)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
?	**9/2100 =.43%**	0.0	0.0	0.0		**N/A**	**2/1000 =.20%**	

Measurement:	Hospital Acquired Infections (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	SNF Central Line associated bloodstream infections (cases per central line days)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
?	**1/199 =.50%**	0.0	0.0	0.0		**N/A**	**1/1000 =.10%**	

Chart Definitions:	Calendar Year	Average of all quarters previous year
	Q Change	Change from previous quarter/calendar year
	YTD Trend	Change from previous calendar year based on an average of the quarterly values this year
	Benchmark goal	External standard or internally set benchmark for quality performance
	Benchmark Perform	Most recent quarter performance against the benchmark goal
		Red means performance declined or does not meet the benchmark goal
		Green means improved performance or meeting the benchmark goal