

Quality and Patient Safety

Valley Presbyterian Hospital has embarked on a journey to increase safety and quality for the populations we serve. We are committed to providing our patients with the best quality of care and outcomes possible. As part of our dedication to quality and safety, we constantly work to refine and improve our processes, while being transparent.

Our teams have integrated performance improvement teams and work groups that develop evidence-based strategies and interventions. At the same time, we continue to monitor performance to demonstrate effectiveness of our interventions.

Valley Presbyterian Hospital is accredited by DNV Healthcare, the leading accreditation company of hospitals in the U.S. DNV integrates ISO 9001 quality compliances with the Medicare conditions of participation. This accreditation helps lay the foundation for quality management, and validates our commitment to excellence.

In addition to our hospital accreditation, we are recognized regionally for our cardiac care and STEMI receiving center, enabling us to care for heart attack patients within the

critical 90 minutes of an episode, 24/7; being a Certified Primary Stroke Center, providing immediate access to a neurologist and rapid treatment; our Pediatric Medical Center Designation, allowing our team of specialists to provide a higher level of care; and our Emergency Department Approved for Pediatrics (EDAP) designation, meaning that we have specialized pediatric teams who are ready at a moment's notice to assemble, triage, and fast-track children to get them care they urgently need.

We have started on our journey to be a Magnet recognized designation. As the highest honor in American nursing, we look forward to joining the 6 percent of the country's hospitals in achieving this recognition.

While our range of acute-care services and expertise has continued to expand, we remain a community-based hospital at heart. As one of the Valley's only independent, non-profit, and locally governed institutions, we provide an exceptional level of care that responds to the needs of our community.

Quality Transparency Dashboard Hospital Quality Institute						
Outcome Measures:	CLABSI	Colon SSI	NTSV	Sepsis Mortality	VTE	
	Lower is Better	Lower is Better	Lower is Better	Lower is Better	Lower is Better	Lower is Better
Valley Presbyterian Hospital	0.41 Jan.-Apr. 2019	0 Jan.-Mar. 2019	18.3 Jan.-Apr. 2019	17.6 Jan.-Apr. 2019	0.0 Jan.-Apr. 2019	
California Level	0.82	0.94	24.60	14.90	3.00	
National Level	1.00	1.00	26.00	25.00	3.00	
Measure Period	04/01/2017-03/31/2018	04/01/2017-03/31/2018	01/01/2017-12/31/2017	01/01/2017-12/31/2017	04/01/2017-03/31/2018	
Program Status Measures:						
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not a maternity hospital	This hospital has a Maternity Safety Program in place. A maternity safety program provides a coordinated approach and emergency response to risks associated with pregnancy and childbirth.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	This hospital has a Sepsis Protocol in place. A sepsis protocol provides guidance for a coordinated approach to identification and treatment of an infection and inflammatory response which is present throughout the body.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	This hospital has a Respiratory Monitoring program in place. Respiratory monitoring provides guidance for assessment of risk of respiratory depression, and includes continuous monitoring of breathing and functioning of the lungs and circulatory system when indicated.					
Outcome Measure Definitions:						
CLABSI - Central line-Associated Blood Stream Infection: A serious infection that occurs when germs enter the bloodstream through a central line. A central line is a special intravenous catheter (IV) that allows access to a major vein close to the heart and can stay in place for weeks or months. The value shown above is a Standardized Infection Ratio (SIR), which is the ratio of observed-to-expected infections during the measure period. SIRs below 1.00 indicate that the observed number of infections during the measure period was lower than would be expected under normal conditions, whereas values above 1.00 indicate that the observed number of infections was higher than expected. Limitations: In the calculation of the Standardized Infection Ratio (SIR), the CDC adjusts for differences between hospitals. However, patient risk factors are not taken into account. These patient-specific variables (e.g., poor skin integrity, immunosuppression) can increase the risk of developing a central line infection. Hence, the SIR for hospitals that care for more medically complex or immunosuppressed patients may not be adequately adjusted to account for those patient-specific risk factors.						
Colon SSI - Colon Surgical Site Infection: An infection (usually bacteria) that occurs after a person has colorectal surgery that occurs at the body site where the surgery took place. While some involve only the skin, others are more serious and can involve tissues under the skin, organs, or implanted material. The value shown above is a Standardized Infection Ratio (SIR), which is the ratio of observed-to-expected infections during the measure period. SIRs below 1.00 indicate that the observed number of infections during the measure period was lower than would be expected under normal conditions, whereas values above 1.00 indicate that the observed number of infections was higher than expected. Limitations: Some, but not all patient-specific risk factors are included in the adjustment of the SIR for these types of infections. However, not all relevant risk factors are included (e.g., trauma, emergency procedures). Hence, the SIRs for hospitals performing more complex procedures or with larger volumes of trauma or emergency procedures may not be adequately adjusted to account for those patient-specific risk factors.						
NTSV - Nulliparous, Term, Singleton, Vertex Cesarean Birth Rate: The percentage of cesarean (surgical) births among first-time mothers who are at least 37 weeks pregnant with one baby in a head down position (not breech or transverse). Lower values indicate that fewer cesareans were performed in the hospital among primarily low risk, first-time mothers. Limitations: NTSV rates do not take into account certain obstetric conditions, such as placenta previa, that may make Cesarean delivery the safer route for both mother and infant.						
Sepsis Mortality: Percent of patients, with a severe infection, who die in the hospital. Most sepsis cases (over 90%) start outside the hospital. Lower percentage of death indicates better survival. Limitations: Use of discharge/administrative data is limiting since such data has lower specificity for diagnoses than clinical data. In addition, without risk adjustment for differences in patient-specific factors, comparing rates among hospitals is difficult.						
VTE - Venous thromboembolism: The measure of patients who develop deep vein clots who had not received potentially preventive treatment. Limitations: Although not adjusted to account for patient-specific risk factors, this rate is helpful in distinguishing a hospital's adherence to the best practice of administration of appropriate VTE prophylaxis to all appropriate patients.						
Hospital Comments:						
Currently, there are hospital-wide multidisciplinary performance improvement initiatives focused on reducing surgical site infections (SSI) and reduction of sepsis mortality for FY2019. Improvement activities have resulted in improved outcomes for all measures where there was an opportunity to improve: CLABSI, sepsis mortality, colon SSI, and NTSV C-Section rates. Preventable VTE has remained at 0% since January, 2018 (16 months).						
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