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 company of hospitals in the U.S. DNV integrates ISO 9001 quality compliances with the company of hospitals in the U.S. 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.

Outcomes and Performance Measures:

- **Valley Presbyterian Hospital**
  - **CLABSI**
    - National Level: 0.41
    - California Level: 0.82
  - **Colon SSI**
    - National Level: 0.09
    - California Level: 0.94
  - **NTSV**
    - National Level: 0.00
    - California Level: 0.00
  - **Sepsis Mortality**
    - National Level: 0.00
    - California Level: 0.00

**Outcome Measures Definitions:**

- **CLABSI** - Central line-Associated Blood Stream Infection: An infection that occurs when germs enter the bloodstream through a central line. A central line is a special intravenous catheter 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 these patient-specific risk factors.

- **Colon SSI** - Colon Surgical Site Infection: An infection (usually bacteria) that occurs after a person has colorectal surgery at the body site where the surgery took place. While some locales 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 these 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.

**Quality Transparency Dashboard**

- **Mortality** - Mortality refers to a patient, with a serious infection, who dies in the hospital. Most sepsis cases occur when patients are admitted to the hospital with or are a recent history of a serious infection. Limitations: Use of discharge/administrative data is limiting since such data has lower specificity for diagnosis 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 thrombosis who did not receive potentially preventive treatment. Limitations: Although not adjusted to account for patient-specific risk factors, this is helpful in distinguishing a hospital’s adherence to the best practice of administration of appropriate VTE prophylaxis to all appropriate patients.