



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, January 25, 2017

5:00 p.m. Regular Session

(Closed Session will be held upon adjournment of the Regular Session)

Location: Schantz Conference Room

Sonoma Valley Hospital – 347 Andrieux Street, Sonoma CA 95476

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a District meeting, please contact the Interim District Clerk, Vivian Woodall, at vwoodall@svh.com or 707.935.5005 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	<i>Rymer</i>	
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.	<i>Rymer</i>	
3. CONSENT CALENDAR • Minutes 12.14.16	<i>Rymer</i>	Action
4. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
5. REVIEW OF 2017 DRAFT QUALITY COMMITTEE WORK PLAN	<i>Lovejoy</i>	Inform/Action
6. QUALITY REPORT JANUARY 2017	<i>Lovejoy</i>	Inform/Action
7. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Rymer</i>	
8. CLOSED SESSION: • <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report	<i>Sebastian/Rymer</i>	Action
9. REPORT OF CLOSED SESSION	<i>Rymer</i>	Inform/Action
10. ADJOURN	<i>Rymer</i>	

3.

CONSENT

+



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
December 14, 2016, 5PM
MINUTES
Schantz Conference Room**

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Carol Snyder Kelsey Woodward Howard Eisenstark, MD	Ingrid Sheets Cathy Webber Susan Idell Joshua Rymer Brian Sebastian, MD	Carol Synder Michael Mainardi, MD	Leslie Lovejoy Gigi Betta Mark Kobe

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
Ms. Hirsch wished everyone happy holidays and thanked the Committee for all of their service. Ms. Hirsch made a toast to Ms. Betta who has resigned from her position as Board Clerk. Tonight's Closed Session has been cancelled.		
2. PUBLIC COMMENT	<i>Hirsch</i>	
	No public comment.	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 11.16.16 		MOTION to approve by Idell and 2 nd by Sheets. All in favor
4. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
	The Committee suggested minor changes to Policy and Procedures which will be revised by Ms. Lovejoy and brought forward to the Board meeting on 1/5/17 for approval.	MOTION by Idell to approve Policy and Procedures <i>as amended</i> and 2 nd by Eisenstark. All in favor.
5. QUALITY COMMITTEE WORK PLAN	<i>Lovejoy</i>	Inform
	Ms. Lovejoy took feedback from the Committee on the Performance Improvement Fair in November	MOTION.

AGENDA ITEM	DISCUSSION	ACTION
	<p>2016. Overall, the Committee felt the annual PI Fair is very valuable and provides beneficial content on each of the Hospitals' departments.</p> <p>The Committee requested future presentations from the Emergency Department and CEO as well as all other applicable departments.</p> <p>Another educational session will take place in the fall.</p> <p>Ms. Lovejoy will bring a final Work Plan for 2017 to the next QC for approval.</p>	
6. QUALITY REPORT DECEMBER 2016	<i>Lovejoy</i>	Inform
	<p>Ms. Idell was inspired with the quality of presentations at the PI Fair and the depth of knowledge that Hospital Staff display.</p> <p>Ms. Lovejoy updated on Prime grant activities and the Board Quality Scorecard.</p>	
7. UPON ADJOURNMENT OF REGULAR SESSION		
	<p>Regular Session adjourned at 5:50pm.</p> <p>Ms. Hirsch will be excused from the QC meeting in January 2017 and Mr. Rymer will act as Chair.</p>	
8. CLOSED SESSION <ul style="list-style-type: none"> • <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report 	<p>A Medical Staff Credentialing & Peer Review Report was not submitted and therefore, Closed Session was cancelled.</p>	
9. REPORT OF CLOSED SESSION	<i>Hirsch</i>	
10. ADJORN	<i>Hirsch</i>	

4.

POLICY & PROCEDURES

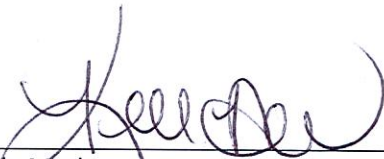


Review and Approval Requirements

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.



 Kelly Mather
 Chief Executive Officer

1/19/17

 Date

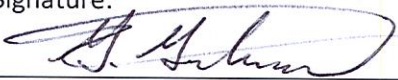
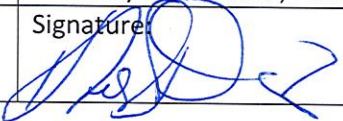
 Jane Hirsch
 Chair, Board of Directors

 Date

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	1/17/2017	Y	
Quality Committee	1/25/2017		
Board of Directors	2/02/2017		



Policy Submission Summary Sheet

Grigory Gatenian, Lead Engineer		Kimberly Drummond, Facilities Director	
Signature: 	DATE:	Signature: 	DATE: 1/18/17

ORGANIZATIONAL

REVISIONS

Rephrased minor text, replaced references from TJC to CIHQ, and updated contact information for agencies on the following:

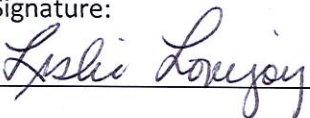
- CE8610-118 Electrical Safety Testing Policy
- CE8610-132 Extension Cords
- CE8610-134 Fire Alarm Testing Procedure
- CE8610-136 Fire Drill Procedure
- CE8610-138 Fire Safety Management Plan
- CE8610-146 Hospital-wide Fire Response and Evacuation Plan
- CE8610-152 Interim Life Safety Measures
- CE8610-156 Materials Flammability Standards
- CE8610-174 Safety Rounds Policy
- GL8610-190 Smoking Policy

DEPARTMENTAL - ENGINEERING

REVISIONS

Rephrased minor text, replaced references from TJC to CIHQ, and updated contact information for agencies on the following:

- CE8450-46 Patient Owned Electrical Equipment
- CE8450-96 Fire Damper Inspections
- CE8450-100 Exit Lights
- CE8450-101 Humidity and Temperature Monitoring in Surgery and Birthplace Surgical Suites

Leslie Lovejoy, Chief Quality Officer	
Signature: 	DATE: 1/19/16

ORGANIZATIONAL

REVIEWED / NO CHANGES

- PR8610-174 Withdrawal of Life Sustaining Treatment

REVISIONS

- GL8610-162 Policies and Procedures

Added approval process which was approved by MEC in December 2016. Leadership educated to new process Jan3, 2017.



GL8610-144 E-Notification System Policy

Updated to actual process flow. Retired previous process flow chart.

GL8610-184 Adverse Event Reporting

added the two appendices; took out sentinel event nomenclature

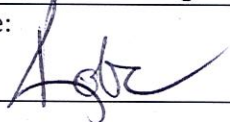
PR8610-112 Encouraging Patients and Families to Report Concerns about Safety

Reviewed, only format changes

RETIRE

PC8610-155 Case management Intervention

now included in newer Discharge Planning P&P

Mark Kobe, Chief Nursing Officer	
Signature: 	DATE: 1-19-17

ORGANIZATIONAL


REVIEWED / NO CHANGES

QS8610-116 Falls Management

REVISIONS

PR8610-168 Pediatric Informed Consent

Minor changes

Ken Jensen, Chief Financial Officer	
Signature: 	DATE: 1/19/17

ORGANIZATIONAL

REVISIONS

GL8610-122 Charity Care

Minor changes

5.

2017 DRAFT WORK PLAN

2017 Draft Quality Committee Work Plan

January 1/25	February 2/22	March 3/22	April 4/26
<ul style="list-style-type: none"> ▪ Review and Approval of 2017 Work Plan ▪ Dr. James W. DeMartini Medical Director, Medical Imaging 	<ul style="list-style-type: none"> • Annual Home Care Report (Barbara) ▪ New Quality Dashboard template and 3rd Q results 	<ul style="list-style-type: none"> ▪ Annual Infection Control Report* (Kathy) ▪ 2017 Contract Evaluation Report* 	<ul style="list-style-type: none"> ▪ Skilled Nursing Report (Melissa)* • Dr. Jared Hubbell & Deborah Bishop Medical Director Metrics & Department Review
May 5/24	June 6/28	July 7/26	August 8/23
<ul style="list-style-type: none"> ▪ Annual review of QA/PI Program ▪ Patient Care Services Report (Mark) w Lisa Miklos Medical-Surgical Department Report. 	<ul style="list-style-type: none"> ▪ Dr. David Streeter Hospitalist Services Report ▪ Annual Risk Management Report 	<ul style="list-style-type: none"> ▪ CEO/CFO Strategic Plan & Financial Stability • Ancillary Services Annual Report (Dawn) 	<ul style="list-style-type: none"> • Medication Safety Report *(Chris) • IT Departmental Report (Fe/Beverly)
September 9/27	October 10/25	November 11/29	December 12/20
<ul style="list-style-type: none"> ▪ Dr. Frederick Kretzschmar Clinical Laboratory Medical Director Report w Lois Valenzuela, Manager 	<p>Patient Safety/Quality education session</p>	<ul style="list-style-type: none"> ▪ Dr. Andrew Solomon Anesthesia Services Medical Director Report • Annual Culture of Safety AHRQ Report 	<ul style="list-style-type: none"> ▪ Evaluation of the Quality Committee Work Plan

*Required

6.

QUALITY REPORT
JANUARY 2017



To: Sonoma Valley Health Care District Board Quality Committee
From: Leslie Lovejoy
Date: 01/25/17
Subject: Quality and Resource Management Report

January Priorities:

1. PRIME Grant Activities
2. Board Quality Scorecard Format
3. Department QAPI plans & Quality Monitoring
4. 2017 Work Plan

1. Prime Grant Activities

I held an orientation and informational session for community members interested in learning more about the Community Health Coach role. Twenty community members attended and I am hopeful that we will have 5-7 actually come on board. The caliber of the community members was very high and a number of them do speak Spanish. I will be moving them through the paperwork, background checks and immunization requirements and get them signed up for Wellness University.

We have built our transition of care record and have rolled it out to Med/Surg and ICU. OB will be following in February as will our providing the record to the primary care provider. I will bring a packet to the meeting so you can see. Providing the transition record to the patient and faxing it to the provider within 24 hours of discharge as both metrics for the grant.

Case Management has assumed the responsibility for the 24-48 hour post discharge phone calls and we have built a database to capture the responses after each call. I will bring a screen shot of the tool to demonstrate how it works.

2. Board Quality Scorecard Format:

Cindi is working on the suggestions that were made and will have a template for the February meeting.

3. Department QAPI plans and quality monitoring:

I am working with the departments to improve their QAPI plans and give them feedback about last year's projects and quality monitoring reports. I am working with the leaders to take their plans to the "next level" in the hopes of continuing to build a "highly reliable" organization. This is the new language of quality and patient safety and the discussion is that in highly reliable organizations, leaders and staff work to reduce defects in processes and systems. The NO Harm concept originates from this language and encourages the development of a Zero Harm score, which is what we are attempting to define through our scorecard.

4. 2017 Draft Work Plan:

I have included the work plan on the agenda for discussion and approval. Dr. DeMartini could not make it to this session so we will need to move someone to another date.