SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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SVHCD QUALITY COMMITTEE
AGENDA
WEDNESDAY, February 22, 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	*Hirsch*	
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.	*Hirsch*	
3. CONSENT CALENDAR • Minutes 01.25.17	*Hirsch*	Action
4. POLICY & PROCEDURES	*Lovejoy*	Action
5. QUALITY REPORT FEBRUARY 2017	*Lovejoy*	Inform/Action
6. PATIENT CARE SERVICES DASHBOARD	*Lovejoy*	Inform/ Discussion
7. QUALITY & RESOURCE MANAGEMENT DEPARTMENT ANNUAL REPORT	*Lovejoy*	Inform
8. UPON ADJOURNMENT OF REGULAR OPEN SESSION	*Hirsch*	
9. CLOSED SESSION: • Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report	*Sebastian/Hirsch*	Action
10. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
11. ADJOURN	*Hirsch*	

3.

CONSENT

+

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
January 25, 2017, 5PM
MINUTES
Schantz Conference Room

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

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Rymer*	
	Meeting called to order at 4:58 p.m.	
2. PUBLIC COMMENT	*Rymer*	
	No public comment.	
3. CONSENT CALENDAR	*Rymer*	Action
• QC Minutes, 12.14.16		**MOTION** by Idell to approve and 2nd by Eisenstark. All in favor
4. POLICY & PROCEDURES	*Lovejoy*	Action
	Ms. Lovejoy explained a new approval process for policies, where patient care policies will go in full to the Medical Staff, with a summary signoff sheet to this Committee. All new policies will still come to the Committee in full. Tonight's policies are all renewals, except for one patient care policy which has already been approved by the Medical Staff.	**MOTION** by Idell to approve and 2nd by Eisenstark. All in favor.
5. REVIEW OF 2017 DRAFT QUALITY COMMITTEE WORK PLAN	*Lovejoy*	Inform/Action
	Ms. Lovejoy announced some scheduling changes.	**MOTION** by Howard to approve ***as amended***, 2nd by Idell. All in favor.
6. QUALITY REPORT JANUARY 2017	*Lovejoy*	Inform/Action
	Ms. Lovejoy's report included PRIME grant activities, the new health coach program, and the	**MOTION** by Eisenstark to approve 2nd by Idell. All in favor.

AGENDA ITEM	DISCUSSION	ACTION
	self management of care program for patients. She also plans to work with departments to make quality improvement plans more relevant. SVH is in the window for a survey in March or April. Rescheduling of the November Committee meeting after the holiday was discussed, and Ms. Idell suggested combining the November and December meetings. This will be proposed to Ms. Hirsch.	
7. UPON ADJOURNMENT OF REGULAR SESSION	*Rymer*	
	Regular session adjourned at 5:19 p.m.	
8. CLOSED SESSION • Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report	*Rymer*	Action
9. REPORT OF CLOSED SESSION	*Rymer*	Inform/Action
	The Medical Staff Credentialing was unanimously approved.	
10. ADJORN	*Rymer*	
	Meeting adjourned at 5:24 p.m.	

4.

POLICY & PROCEDURES

SONOMA VALLEY HOSPITAL
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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.

Organizational: Multiple Policies October List	
APPROVED BY:	DATE: **10-03-16**
Director's/Manager's Signature	Printed Name **Mark Kobe, RN MPA**

Michael Brown, MD
Chair Surgery Committee — 2/16/2017 Date

Douglas S Campbell, MD
Chair Medicine Committee — 10-13-16 Date

Keith J. Chamberlin, MD MBA
President of Medical Staff — Date

Kelly Mather
Chief Executive Officer — 2/16/17 Date

Jane Hirsch
Chair, Board of Directors — Date

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Policy Submission Summary Sheet

Title of Document: **Organizational Policies**

New Document or Revision written by: **Multiple-October List**

Date of Document: **10-03-16**

Type:	**Regulatory:**
X **Revision** ❑ **New Policy**	X **CIHQ** X **CDPH** X **CMS** ❑ **Other:**
Organizational:	
X **Clinical** ❑ **Non-Clinical**	❑ **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)

IC8610-105 Aerosol Transmissible Diseases Exposure Control Plan- Reviewed; no changes

IC8610-130 Exposure, Patient and/or Visitor To Blood or Body Fluids Follow-Up- Revised; updated protocol for needlestick; complete eNotification describing incident; modified attendees responsibilities notifying patient

IC8610-132 Foodborne Illness Investigation- Reviewed; no changes

NS8610-106 Nursing Services Education Plan- Revised; removed MCN processes; updated references

PR8610-100 Advanced Directives- Reviewed; no changes

PR8610-104 Assessment and Disposition for Psychiatric Patients in the ED and Inpatient Departments- New Policy

PR8610-134 Informed Consent- Revised; added definition: Informed Consent: the provision of medical information in such a way that the patient has enough information to determine whether or not to submit to medical treatment

PR8610-140 Patient Abuse Reporting- Revised; If the Suspected Abuse occurred in a nursing home, adult residential facility, adult day program, residential care facility for the elderly or adult day health care center, complete the SOC 341 (attached) and FAX to CDPH at (707) 576 - 2418 and call the Long Term Care Ombudsman Program as soon as possible at (707) 526-4108. Notify Law enforcement if the patient is in immediate danger, threatened, or has sustained harm from physical abuse. The social worker or administrative coordinator can assist with obtaining and completing the SOC 341 form, but it is the primary responsibility of the mandated reporter to complete the necessary notifications

PR8610-144 Patient Abuse Prohibition for Patients at SVH-Revised; added Neglect: Failure to provide goods and services necessary to prevent physical harm, mental anguish or mental illness.

PR8610-170 Persons Injured on Hospital Premises Policy-Reviewed; no changes

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team		N/A	
Surgery Committee	11/02/2016	Y	
Medicine Committee	10/13/2016	Y	
P.I. or P. T. Committee			
Medical Executive Committee	11/17/2016	Y	
Board Quality	11/23/2016		
Board of Directors	12/01/2016		

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Policy and Procedure - Approvals Signature Page

Review and Approval Requirements

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- 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.

Organizational: Multiple Policies November 2016 List	
APPROVED BY:	DATE: **01-09-17**
Director's/Manager's Signature	Printed Name **Mark Kobe, RN MPA**

Michael Brown, MD
Chair Surgery Committee

2-16-2017
Date

Keith J. Chamberlin, MD MBA
President of Medical Staff

Date

Kelly Mather
Chief Executive Officer

2/16/17
Date

Jane Hirsch
Chair, Board of Directors

Date

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Policy Submission Summary Sheet

Title of Document: **Organizational/Department Policies**
New Document or Revision written by: **Multiple-November List**
Date of Document: **01-11-17**

Type:	**Regulatory:**
X **Revision** X **New Policy**	X **CIHQ** X **CDPH** X **CMS** ❑ **Other:**
Organizational:	
X **Clinical** ❑ **Non-Clinical**	❑ **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)

AN8610-102 Procedural Sedation- Revised; removed pentobarbital and chloral hydrate from Pediatric dosage

HR8610-366 Job Shadow/Healthcare Observer Requirements- New Policy

LB8610-110 Nursing Blood Product Administration Part 1-Patient Identification for Sample Collection- Revised; additional information regarding Blood Sample for Crossmatching; **Blood Bank Pre-Op Form**

OI8610-104 Surgical/Invasive Procedure and Site Confirmation/Verification- Reviewed; no changes

PC8610-141 Lidocaine Injection Prior to the Insertion of an IV Catheter, Use of - Reviewed; no changes

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	10/27/2016	y	
Surgery Committee	01/11/2017	y	
Medicine Committee	n/a		
P.I. or P. T. Committee	n/a		
Medical Executive Committee	2/16/17	y	
Board Quality	2/22/17		
Board of Directors	3/2/17		

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SUBJECT: Job Shadow/Healthcare Observer Requirements	POLICY # HR8610-366
	PAGE 1 OF 7
DEPARTMENT: Organizational	EFFECTIVE:
APPROVED BY: Director of Human Resources	REVIEW/REVISED:

Purpose:
Healthcare Observations are intended as a time limited arrangement to allow persons to observe clinical or non-clinical staff for education purposes.

Policy:
The following must be complete before the observation event can be scheduled:

- ☐ Review/sign/return the fact sheet entitled HIPAA Training Observers/Vendors – see Attachment A.
- ☐ Review/sign/return the Confidentiality and Non-Disclosure Agreement, see Attachement B.
- ☐ Obtain a signature and return the Mentor Agreement (mandatory if you are observing a physician, see Attachment C.
- ☐ Signed Parental Consent form if you are less than 18 years old, see attachment D.
- ☐ Produce evidence of the following Immunizations:
  - TB test within the last year prior to placement at SVH or a negative chest x-ray within the last year if TB skin test is positive
  - Documentation of 2 doses of MMR vaccine or documentation of positive antibody titers
  - Documentation of Tdap (tetanus, diphtheria and pertussis) vaccine, unless Td (tetanus and siphtheria toxiods) vaccine has been received within the past 2 years or less
  - Documentation of positive history of chickenpox, or positive antibody titer; if negative history and/or titer, 2 doses of varivax vaccine is required.
  - Documentation of seasonal flu vaccine
  - Hepatis B Vaccine or signed SVH declination.

Key Points
- Arrive on time to the designated location.
- Observers do not participate in patient care in any manner.
- Dress should be appropriate to the setting and/or as specified when scheduled.
- Observers should not carry cell phones or other electronic personal devices during the experience.
- Observers are not allowed to enter isolation rooms.
- Observation experiences are not allowed or will be suspended in the event of type of incident such as a disaster, or if the observer has evidence of any illness such as cough, fever, etc.
- Once all requirements are met the observation experience will be scheduled.
- Observers are expected to be respectful of patients, staff, and others they encounter and follow appropriate Standards of Behavior.

- Patients have the right to refuse having an observer in their room; respect this right and remain flexible if a patient is uncomfortable having you observe.

Reference:

CIHQ Standard of Care HR-4: Management of Contract / Volunteer Staff; CMS 482.23
CIHQ Standard of Care PR-7: Personal Privacy; CMS 482.13
Sonoma County Public Health Order October 2014
CDC, NHSN Healthcare Personnel Vaccination Module

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SUBJECT: Job Shadow/Healthcare Observer Requirements	POLICY # HR8610-366
	PAGE 3 OF 7
DEPARTMENT: Organizational	EFFECTIVE:
APPROVED BY: Director of Human Resources	REVIEW/REVISED:

Attachment A

HIPAA Training Observers/Vendors

HIPAA is a Federal law 3 Key Areas:

- Privacy of Protected Health Information (PHI)
- Security of electronically stored health care data
- Electronic transaction standards (financial billing standards)

PHI – Protected Health Information

- PHI includes demographic information such as: Name, address, phone, date of birth, Social Security Number and any other information that could identify the individual.
- PHI can be used for treatment, payment and operations only without authorization from the patient.

Mum's The Word

- Keep conversations out of elevators, cafeteria, and individuals not involved in the treatment of the patient.
- Do not view, share, discuss PHI without a need to know, or unless it is for the following: treatment, payment and operations.

Key Patient Rights:

- Notice of Privacy Practice – document outlining ways patient information can be used, shared and disclosed by law.
- Request Restriction – Patient may request a restriction such as "confidential status" no information given out to visitors.
- Access to PHI – Patient may request a copy of their medical record, refer patient to Health Information Management (HIM).
- Amendment to PHI – A patient requests a change in their medical record due to incorrect/inaccurate data. Refer to Privacy Officer.
- Accounting of the uses/disclosures of PHI – A patient may request a listing of disclosures of PHI made by the organization. Exceptions: treatment, payment and operations and applicable laws.
- Right to file a complaint - Privacy complaints are investigated by the Privacy Officer.

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SONOMA VALLEY HEALTH CARE DISTRICT
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SUBJECT: Job Shadow/Healthcare Observer Requirements	POLICY # HR8610-366
	PAGE 4 OF 7
DEPARTMENT: Organizational	EFFECTIVE:
APPROVED BY: Director of Human Resources	REVIEW/REVISED:

All Patient Rights have corresponding policies; you may request a copy of any policy, or contact the Privacy Officer, Rosemary Pryzmant, x5254 for any questions/concerns.

SVH Expectations:

- We take privacy seriously and our patients expect our Hospital to demonstrate this commitment.
- As a Vendor/Observer we expect compliance with our Confidentiality Agreement. Any inappropriate sharing, copying, and disclosing of PHI will result in the termination of your experience at SVH.

I have reviewed the above information and agree to coply with its contents.

Signed_____Date_____

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SONOMA VALLEY HEALTH CARE DISTRICT
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SUBJECT: Job Shadow/Healthcare Observer Requirements	POLICY # HR8610-366
	PAGE 5 OF 7
DEPARTMENT: Organizational	EFFECTIVE:
APPROVED BY: Director of Human Resources	REVIEW/REVISED:

Attachment B

Sonoma Valley Hospital
Confidentiality and Non-Disclosure Agreement
Non-Computer Access Version

Organizational information that may include, but is not liited to, financial, patient identifiable and, employee identifiable, from any source or in any form may be considered confidential. Information's confidentiality and integrity are to be preserved and its availability maintained. The value and sensitivity of information is protected by law and by the strict policies of SVH.

The intent of these laws and policies is to assure that confidential information will remain confidential through its use, only as a necessity to accomplish SVH's organizational mission.

1. I will not access or request any information I have no responsibilities for. In addition, I will not access any other confidential information, including personnel, billing, financial, health or other private information I do not need to perform the duties assigned me by SVH.
2. I will not disclose or communicate any Confidential Information to any person whatsoever, except in connection with the performance of my assigned duties.
3. I will not copy or reproduce, in whole or in part, or permit any other person to copy or reproduce, in whole orin part, any Confidential Information other than in the regular course of SVH business.
4. I will comply with all policies and procedures about the confidentiality of information.
5. I will not disclose protected health information or other information that is considered proprietary, sensitive, or confidential unless there is a need to know basis or unless I am otherwise required by law to do so.
6. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of business relationship, unless specifically waived in writing by the authorized party.

I further understand and agree that my failure to fulfill any of the obligations set forth in this Confidentiality Agreement or my violation of any terms of this Agreement may result in my being subjected to: 1) Volunteer opportunities would be terminated for the individual, in accordance with SVH policies and procedures, 2) termination of the individual and/or contract, 3) appropriate legal action and/or 4) other action as deemed appropriate by Hospital Administration.

Name_____ Date:_____
(Please Print)

Signature_____
Department_____

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SONOMA VALLEY HEALTH CARE DISTRICT
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SUBJECT: Job Shadow/Healthcare Observer Requirements	POLICY # HR8610-366
	PAGE 6 OF 7
DEPARTMENT: Organizational	EFFECTIVE:
APPROVED BY: Director of Human Resources	REVIEW/REVISED:

Attachment C

SONOMA VALLEY HOSPITAL MENTOR AGREEMENT

Participant Name:_____
(Please Print)

Name of Mentoring Physician:_____
(Please Print)

I have been in communication with the above person who would like to do an observation experience with me on this
date:_____

I agree to act as their mentor while they are in SVH. As such, I assume responsibility for directing this individual in their interactions with patients and staff.

I will be responsible for:

- Obtaining observation consent from patients for this person
- Facilitating this individual's learning objectives
- Encouraging his/her adherence to SVH behavior standards
- Helping him/her maintain patient confidentiality

I realize that SVH has a process for allowing observers, which includes necessary vaccinations, appropriate dress, and prior notification of units where observational activities will take place (among other requirements). I understand that permission for this observation experience will not be granted until these requirements have been satisfied by the individual to be mentored.

Signature of
Mentor:_____

Signature of
Participant:_____

Date:_____

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SONOMA VALLEY HEALTH CARE DISTRICT
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SUBJECT: Job Shadow/Healthcare Observer Requirements	POLICY # HR8610-366
	PAGE 7 OF 7
DEPARTMENT: Organizational	EFFECTIVE:
APPROVED BY: Director of Human Resources	REVIEW/REVISED:

Attachment D

SONOMA VALLEY HOSPITAL PARENTAL CONSENT FORM

If observer is under 18 years of age, parent/guardian must complete

Permission is granted for my son/daughter:

- To participate in a job shadowing experience with Sonoma Valley Hospital
- To be provided emergency medical care if injured while participating in the Job Shadow/Observer experience.

Observer's Name:_____

Parent/Guardian Name (please print):_____

Parent/Guardian Signature:_____

Date: _____

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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Policy and Procedure - Approvals Signature Page

Review and Approval Requirements

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- 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.

Organizational: Infection Prevention Policies October 2016	
APPROVED BY:	DATE: **10-03-16**
Director's/Manager's Signature Kathy Mathews	Printed Name **Kathy Mathews RN CIC**

Michael Brown, MD
Chair Surgery Committee

2/16/2017
Date

Douglas S Campbell, MD
Chair Medicine Committee

10-13-16
Date

Keith J. Chamberlin, MD MBA
President of Medical Staff

Date

Kelly Mather
Chief Executive Officer

2/16/17
Date

Jane Hirsch
Chair, Board of Directors

Date

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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Policy Submission Summary Sheet

Title of Document: **Infection Prevention & Control Policies**

New Document or Revision written by: **Kathy Mathews RN, CIC**

Date of Document: **10-03-16**

Type:	**Regulatory:**
X **Revision** ❑ **New Policy**	X **CIHQ** X **CDPH** X **CMS** ❑ **Other:**
Organizational:	
X **Clinical** ❑ **Non-Clinical**	❑ **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)

Organizational Policies:

IC8610-108 Bloodborne Pathogen Exposure Prevention & Control Plan- Revised; The plan was revised to identify the roles of Human Resources, Infection Prevention and Occupational Health during post exposure evaluation and follow up. References to Employee Health were removed. A Sharps Injury Log will be maintained by Occupational Health

IC8610-142 Influenza Vaccination Program for Staff- Revised; Healthcare workers that decline the influenza vaccination must wear a surgical mask in patient care areas during flu season i.e., November 1, 2016 through March 31, 2017.
Influenza Consent Form- updated
Influenza Declination Form- updated

IC8610-146 Management of MDRO Policy- Revised; Added ESBL and CRE to the Purpose; Unless otherwise indicated, patients that can ambulate may do so if accompanied by staff (to decrease the chance of contact with others). If a patient is incontinent of feces or urine, the patient needs to either wear an adult diaper or remain in their room until it is under control. Patients should complete a bath or shower, don a clean gown and any wounds should be covered. Observed hand washing by the patient is required before leaving their room. The patient may not have direct contact with other patients or environmental surfaces outside of their isolation room; Patients may be removed from isolation on a case by case basis with the approval of the Infectious Disease physician or Infection Preventionist; Upon discharge, secondary disinfection with the Xenex ultra violet light robot will be utilized after terminal cleaning

IC8610-148 MRSA Active Surveillance Culture (ASC)- Reviewed; no changes

Department Policy:

IC8750-137 Criteria for Defining Hospital-Acquired Infections- Reviewed; no changes

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team		N/A	
Surgery Committee	11/02/2016	Y	
Medicine Committee	10/13/2016	Y	
P.I. or P. T. Committee			
Medical Executive Committee	11/17/2016	Y	
Board Quality	11/23/2016	Y	
Board of Directors	12/01/2016		

5.

QUALITY REPORT
FEBRUARY 2017

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 02/22/17
Subject: Quality and Resource Management Report

February Priorities:

1. PRIME Grant Activities
2. Board Quality Scorecard Format
3. Medical Staff Office

1. *Prime Grant Activities*

The new Transitions Record has been implemented to all patients going home from Med/Surg. We have begun to implement for discharges from the ICU and are in the process of finishing the record for the Birthplace. I will bring a copy to the meeting. We have also started to provide patients going home with the File of Life magnet. We will help the patient start to fill in the information and follow-up during the post discharge phone calls. This month we have started to fax the Transition Record plus the Discharge Summary to the next provider or to the primary care provider. The metric requires that this be done within 24 hours of discharge.

We have identified a few issues with discharge medication reconciliation documentation and I have asked Chris Kutza, Pharmacy director, and Dr. Streeter to lead a PI project with nursing and the hospitalists/surgeons to identify systems issues and implement improvement strategies over the course of this year.

Our first Community Health Coach has been assigned a patient and is making home visits successfully. I have interviews with three more candidates over the course of the next two weeks.

I will be completing our next grant report prior to our next meeting. This is the last "infrastructure building" metric report. Going forward in September, we are paid for reporting baseline metrics and then performance metrics through 2018. From 2019-2020, we are paid for performance on those metrics compared to baseline and achievement goals.

2. Board Quality Scorecard Format:

Leslie will bring to the meeting for discussion regarding format and reporting.

3. Medical Staff Office:

I am currently managing the medical staff office functions as our Medical Staff Coordinator is off for a month for personal reasons. This has provided me with an opportunity to work more closely with our Credentialing Verification organization (Verge) and identify areas of opportunity in the systems and processes that we have developed for the functioning of the department. I am moving

to an all-electronic process that will decrease the clerical portions of the credentialing and privileging process.

Topic: Quality & Resource Management Annual Report. Since Dr. DeMartini can't join us again this month, I decided to use Joshua and Jane's template and do an annual for my department as a test to see if the template works.

6.

PATIENT CARE SERVICES DASHBOARD

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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Patient Care Services Dashboard 2016

Medication Scanning Rate	2016				
	Q1	Q2	Q3	Q4	Goal
SNF	81.0%	80.4%	89.5%	85.7%	80%
Acute	87.0%	90.1%	90.2%	89.7%	90%
ED	91.0%	95.4%	93.1%	90.9%	90%

Falls (Per 1000 days)	2016				
	Q1	Q2	Q3	Q4	50th %tile
SNF	1.0	1.8	8.4	1.2	
Acute	3.5	1.2	5.8	3.6	
TOTAL	2.3	2.9	7.5 *	2.4	2.32%

*Q3 falls r/t one pt. falling 3-4 x /day

Hospital Acquired Pressure Ulcer Incidents (Per 1000 admissions)	2016				
	Q1	Q2	Q3	Q4	National
SNF	0.0	0.0	0.0	0.0	3.17
Acute	0.0	0.0	0.0	1.0	3.68

Nursing Turnover	2016 RNs/Quarter				
	Q1	Q2	Q3	Q4	Goal
SNF (n=15)	0	2	0	0	≤1
Acute (n=84)	0	2	1	4	≤3
Healing at Home (n=11)	1	2	0	1	≤1
Total Nursing Turnover	1	6	1	5	≤5

Patient Experience (CAHPS)	2016				
	Q1	Q2	Q3	Q4	Goal
RN Communication					NRC Ave.
ED	81.4	78.4	78.8	n/a	77.9
Acute	80.5	79.7	86.8	n/a	79.3
Pain Management					NRC Ave.
ED	52.4	57.5	61.3	n/a	53.9
Acute	64.1	77.0	81.4	n/a	72.7
Communications re: Medications					NRC Ave.
Acute	66.7	61.9	68.3	n/a	64.5

Nurse Staffing Effectiveness: Adverse outcomes r/t staffing *	2016				
	Q1	Q2	Q3	Q4	Goal
	0	0	2	2	0

*Adverse outcomes r/t RN staffing as reported via e-notification in Midas

7.

QUALITY & RESOURCE MANAGEMENT DEPT. ANNUAL REPORT

QUALITY & RESOURCE MANAGEMENT DEPARTMENT ANNUAL REVIEW

Introduction and Overview: This department oversees the following clinical functions: Care Coordination (Case Management) for Inpatient, Skilled Nursing, Emergency Department, Surgical Pre-Admission and Community Case Management; Infection Prevention; Quality Management & Quality Data Analytics; Utilization/Resource Management; Risk Management and Patient Safety including medical staff case review; Accreditation & Licensing including policy/procedure management; Clinical Informatics; and Medical Staff Services.

Department Mission: To positively impact patient care by collaborating with the interdisciplinary care team to promote the right care, in the right setting, at the right time, for optimal patient outcomes.

Department Tag Line: We support your growth.

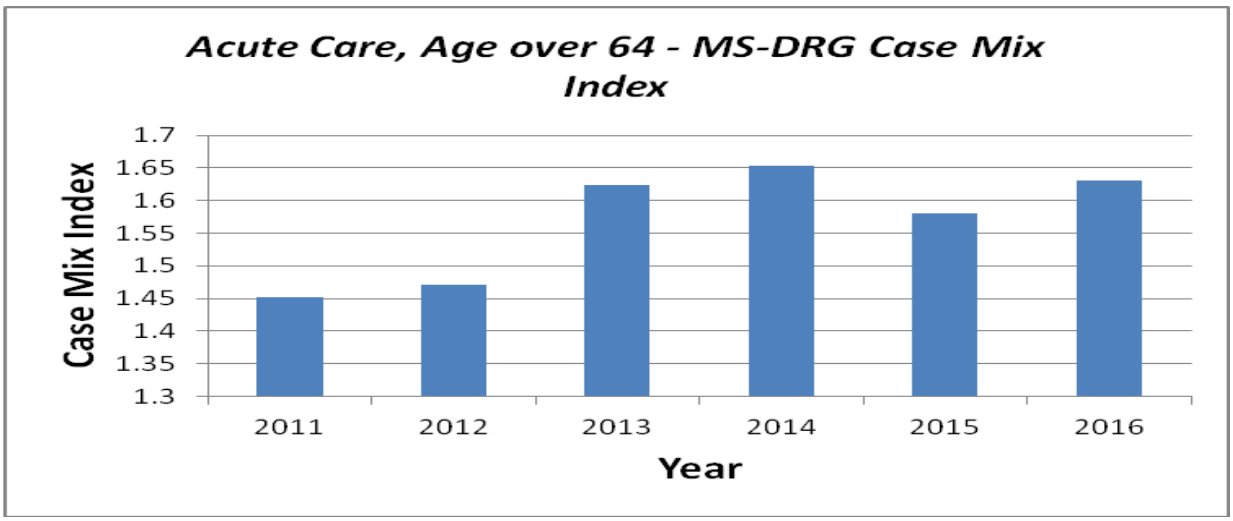
Leadership Team: Chief Quality Officer; Infection Preventionist; Medical Staff Coordinator

Statistical Overview:

Staff Category	Function	Total FTEs
Management IP. CQO, MSC	Oversees and does the hands on work of quality, risk, medical staff, and infection prevention.	2.3 (.2 Prime Grant)
Quality Data Analyst	Supports Quality, Risk, Pt Safety. Builds data systems, does organizational reporting to external agencies, Sound & VEP data.	1
Quality Coordinator	Support Surgical Pre-Admission chart development; Accreditation, QC monitoring for plans of correction; Supports IP, clerical tasks for CQO and Case Management, clinical contracts, policies and procedures.	1
Care Coordination	Case management & utilization management for inpatients, skilled, emergency and community care transitions. Provides social work.	.8 Social Worker 1.0 RN Community Care Manager (Prime Grant) 1.0 LVN Case Manager for Skilled Nursing 3.5 RN Case Managers
Clinical Informatics	Educates & improves the electronic health record to increase the ease of use for the clinical team. Trains new hires & runs Clinical Informatics team. This interdisciplinary team decides on projects and their priorities.	1 RN

Staffing decisions are made based on volume daily and work load. We staff 2 RN case managers for a census over 12 routinely with a Social Worker that covers acute, skilled and ED. There is always a case manager in Skilled Nursing except for holidays and weekends. Lower volumes result in flexing for the

RNs and all other team members. Each year I consider the case mix index, flexing patterns, throughput, volume trends and extended lengths of stay for budgeting. We have needed to increase case management staffing due to the climb in both case mix index (see below) and social needs. This was compensated for by deciding to use LVN case managers in Skilled Nursing. Historically, we added weekend coverage in 2013 which helped even out the load, and then one case manager is scheduled for Monday holidays in 2015 to maintain continuity. We are seeing a trend in increased need to focus on Utilization Management and increased focus on insurance company interactions. This is taking the nurses away from their primary role. I am working with patient financial services to re-allocate most of UM to their arena for the next budget.



This department impacts the financial bottom line through maintaining a low or on target length of stay and reducing extended stays. In 2012, the structural changes to the case management process resulted in reduced extended length of stays by $680,000 in one year and have continued to hold to an average length of stay of 3-4 days. This has improved our Medicare spending per beneficiary ratings with Medicare. Our quality initiatives have kept us for the most part maintaining VBP incentives and avoiding penalties.

Quality Metrics

This department measures the following indicators to ensure we meet regulatory, reporting and internal quality control standards. Quality metrics are used to determine the need for coaching and education; for identifying issues for case study review in the Case Management team meetings; and for identifying opportunities for a performance improvement project.

For 2016:

Case Management Indicator elements completed and accurate
Lace Tool completed for all patients over age 50
Assessment within 24 hours of admission
Admission status correct for medical necessity

Medicare choices provided
Updated note if plan of care changes
HCAHPS Care Transitions 70% or above for 6 months out of 12
Quality data reports to committees on time: UM; Med Staff QAPI; IC; BQC; Good Catch; Admin; Credentialing; Medical Necessity
NHSN IC data completed and entered on time
Grievance responses meet p/p timing requirements; 7 day response & 30 day final

Attached please find the 4th Quarter 2016 results.

For 2017: will add the following:

* Documentation of Discharge Delays in Midas Care Management by CM
* Care Transition Record provided to patient at discharge (Prime)
* Care Transition Record sent to next provider within 24 hours (Prime)
* Completeness of privileging/credentialing process within time frame (90/60) by Verge

Past and Future Plans for Performance Improvement:

In 2016, this department working on the following projects:

* *Physician On-boarding and Orientation process*: The purpose of the project was to improve the orientation process once new physicians are privileged. A process was identified and completed, followed by a key person leaving. Will pick it back up when she is replaced in the next few months. Team: IT, Admin, Medical Staff, CRO, CAO, and Quality.

* *Implementation of STATIT*, a statistical process control product within the Midas system that allows for the use of control charts and the ability to use data in meaningful ways. Complete the Transfusion Utilization Focused Study using the tool for the PI Fair and presented in medical staff committees. Team: IT, CNO, Manager HIM, CAO, Quality.

* *Implemented the Quality Management Module in Midas* for improved tracking and trending of case reviews for medical staff. Automated reports and storage of peer review information in an electronic format. Team: Quality, Medical Staff.

* *Oversight of CALHEN projects* to improve patient care based on best practices and evidence-based medicine. Two of three projects were completed and in monitoring stages. Third project stalled when Director/Project lead left.

In 2017 most of the PI projects for this department will revolve around the PRIME Grant. However, I anticipate that we will also be working on:

* Implementation and expansion in the use of the Credentialing Verification Organization

* Electronic reporting of Core Measure Data
* Departmental & organizational workflow changes related to the Paragon 14 upgrade

Conclusion:

The Quality & Resource Management Department is a lean, innovative, high functioning team with a clear mission and vision. Employee engagement is high and they like their work. We will be losing two team members to retirement over the next 1.5 years; one in December 2017, and one in June 2018. I am also working on a transition plan for my role for 2021.